MENTAL HEALTH SERVICES IN PRIMARY CARE IN CHILE

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Chile
MENTAL HEALTH SERVICES IN PRIMARY CARE IN CHILE

1. General health situation
2. Mental health situation
3. Mental health in primary health care
4. A good practice: mental health at Felix de Amesti Family Health Centre (Macul)
5. Conclusions
1. General health situation
CHILE: A FAST DEVELOPING COUNTRY

- Population of 15.9 million people (87.7% urban)
- Upper middle income country (World Bank)
- Poverty decreased from over 30% to below 15% between the years 1990 and 2006.
- The literacy rate is over 95%
- 70% of the population is covered by the public health insurance (FONASA)
POVERTY REDUCTION IN CHILE

1990-2006

(Percentage of population)

• MIDEPLAN, Encuesta CASEN
CHILE HAS SOME OF THE BEST HEALTH INDICATORS IN LATIN AMERICA

- Maternal mortality ratio: 31 /100,000 live births
- Infant mortality ratio: 7.9 /1,000 live births
- HIV/AIDS prevalence (15-24 yrs): 0.24 %
- The life expectancy at birth is 74 for males and 81 for females
- The population is aging: 9% of 65 yrs and older

Although the per capita expenditure on health is low: international $707 (6.1% of GDP)
HEALTH REFORM IN CHILE (2005)

- **Principles**: right to health, equity, solidarity, efficiency, social participation
- **Health objectives and goals for 2010**
- **Creation of 15 Regional Health Authorities** (public health)
- **More autonomy to 28 public health districts** (services)
- **Creation of a Health Superintendence**
- **Health guarantees**: access, opportunity, quality and financial protection
PHC centres are evolving towards family health centres (National Policy)

- The unit of the health attention is the family.

- Health care is provided by a multidisciplinary team (general physician, dentist, nurse, obstetric nurse, nutritionist, social worker, psychologist and nursing aid).

- Each family chooses a family health team.

- Each family health team covers a sector of the population.
PHC centres are evolving towards family health centres (National Policy)

- Health teams are trained and apply family health strategies.
- Health education and promotion
- Early detection of risk factors.
- Early diagnoses and treatment.
- Rehabilitation and palliative care
- Monitoring of users’ satisfaction.
## Types and Numbers of Primary Health Care Facilities in Chile 2008

<table>
<thead>
<tr>
<th>Type of PHC Facility</th>
<th>Principal characteristics</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family health centre</strong></td>
<td>Each multidisciplinary team working with a small sector of the population (family approach)</td>
<td>229</td>
</tr>
<tr>
<td><strong>Community family health centre</strong></td>
<td>A small satellite of the family health centre</td>
<td>147</td>
</tr>
<tr>
<td><strong>Urban general health centre</strong></td>
<td>Professionals working with the total population (individual approach) (in a large city)</td>
<td>71</td>
</tr>
<tr>
<td><strong>Rural general health centre</strong></td>
<td>Professionals working with the total population (individual approach) (in a small rural town)</td>
<td>220</td>
</tr>
<tr>
<td><strong>Rural health post</strong></td>
<td>A small health centre placed in an isolated rural area and usually staffed only by a nursing aid.</td>
<td>1168</td>
</tr>
<tr>
<td><strong>Primary care emergency service</strong></td>
<td>A physician based centre for mild and moderate health emergencies</td>
<td>200</td>
</tr>
</tbody>
</table>

Total Number of PHC facilities 2,035
2. Mental health situation

Moon’s Valley (North of Chile)
Lifetime prevalence for mental disorders in 4 Chilean cities (1992-1999): CIDI in population 15 years and older

- Alcohol dependence: 4.6%
- Major depressive disorder: 9.2%
- Simple phobia: 9.8%
- Social phobia: 10.2%
- Agoraphobia: 11.1%
burden of disease in Chile 2004
percentage of DALYs

- neuropsychiatric: 22%
- gastrointestinal: 16%
- cardiovascular: 12%
- traumas: 8%
- musculoskeletal: 8%
- sensory: 4%
- carcinoma: 7%
- suicide: 17%
- others: 6%

% distribution among disease categories.
the National Mental Health Plan of 2000 has achieved major improvements for the MH services in Chile through:

1. The facilitation of the exchange of information and economic resources between the public health and the financial sectors.

2. The implementation of community based services, which are progressively offering an alternative to psychiatric institutions.

3. The increasing role of primary health care centres in providing mental health treatment and care as well as promotion and prevention programs.
CHILE: PERCENTAGE OF HEALTH EXPENDITURE TOWARDS MENTAL HEALTH IN THE PUBLIC SECTOR 1999-2004

% of health expenditure

- 1999: 1.20%
- 2007: 3.10%
CHILE: PERCENTAGE OF MENTAL HEALTH EXPENDITURE TOWARDS MENTAL HOSPITALS IN THE PUBLIC SECTOR 1999-2006

1999

- Mental Hospitals Expenditures: 43%
- All Other Mental Health Exp.: 57%

2006

- Mental Hospitals Expenditures: 29%
- All Other Mental Health Exp.: 71%
Number of short-stay psychiatric beds in mental and general hospitals

[Bar chart showing the number of short-stay psychiatric beds in mental and general hospitals from 1990 to 2008.]
Number of psychiatric outpatient facilities and day hospitals

<table>
<thead>
<tr>
<th>Year</th>
<th>Outpatient Facilities</th>
<th>Day Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>20</td>
<td>50</td>
</tr>
<tr>
<td>2000</td>
<td>80</td>
<td>70</td>
</tr>
<tr>
<td>2008</td>
<td>100</td>
<td>90</td>
</tr>
</tbody>
</table>
number of beds in long-stay wards in mental hospitals and in community residences. Chile 2000-2008
3. Mental health in primary health care
Chile Primary Health Care: Number of New Persons with Mental Disorders Treated in 2006

<table>
<thead>
<tr>
<th>Disorder</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol and drug problems</td>
<td>29.227</td>
<td>8.9</td>
</tr>
<tr>
<td>Victims of domestic violence</td>
<td>21.013</td>
<td>6.4</td>
</tr>
<tr>
<td>Attention deficit/hyperactivity</td>
<td>15.465</td>
<td>4.7</td>
</tr>
<tr>
<td>Depressive episode</td>
<td>179.943</td>
<td>54.9</td>
</tr>
<tr>
<td>Anxiety disorders</td>
<td>55.947</td>
<td>17.1</td>
</tr>
<tr>
<td>Personality disorders</td>
<td>7.183</td>
<td>2.2</td>
</tr>
<tr>
<td>Other disorders</td>
<td>18.936</td>
<td>5.8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>327.714</td>
<td>100</td>
</tr>
</tbody>
</table>
MENTAL HEALTH IN PRIMARY HEALTH CARE CENTRES 1999-2004

% OF PHC CENTRES

1999 to 2004: % of PHC centres with MH protocols, psychological consultation, and user group participation.
Mental Health Consultation

- Successful activity introduced with the National MH Plan 2000

- Conjoint activity of the PHC team with the MH team in order to improve the capacity of the PHC team to treat people with mental disorders and to articulate the mental health network

- Psychiatrists and other members of the MH team (nurses, social workers, psychologists or occupational therapists) visit the PHC centre ½ day once a month

- Different activities according to local realities: analysis of difficult cases, clinical support, training, definition of referral criteria, resolution of administrative issues, etc
Number of MH sessions in PHC and psychiatric outpatient.
Chile, public sector, 1993-2006.
NATIONAL DEPRESSION PROGRAMME
(PRIMARY CARE & PSYCHIATRIC CENTRES)
NUMBER OF NEW USERS

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>0</td>
</tr>
<tr>
<td>2002</td>
<td>20000</td>
</tr>
<tr>
<td>2003</td>
<td>40000</td>
</tr>
<tr>
<td>2004</td>
<td>60000</td>
</tr>
<tr>
<td>2005</td>
<td>80000</td>
</tr>
<tr>
<td>2006</td>
<td>100000</td>
</tr>
<tr>
<td>2007</td>
<td>120000</td>
</tr>
<tr>
<td>2008</td>
<td>140000</td>
</tr>
<tr>
<td>2009</td>
<td>160000</td>
</tr>
<tr>
<td>2010</td>
<td>180000</td>
</tr>
<tr>
<td>2011</td>
<td>200000</td>
</tr>
</tbody>
</table>

Diagram showing the number of users from 2001 to 2008 with a significant increase post-GES intervention.
Significant improvement of symptoms with treatment of depression in Chile PHC, Alvarado R 2005

![Graph showing symptom intensity pre and post treatment for depression, anxiety, and somatic symptoms.](image-url)
Chile Grows with You started in September 2007

A primary care programme to promote early child development (from pregnancy to the age of 4)

A strong mental health component and several intersectorial actions

All children will benefit from mass education and improved laws to protect their rights

The most vulnerable children (40%) will receive reinforced health care, home visits, family allowance, access to nursery and preschool center, and other benefits according to needs
Home visits to families with pregnant women and psychosocial risks

Chile grows with you

number of visits

2007 2008

0 1000 2000 3000 4000 5000

1 2 3 4 5 6 7 8 9 10 11 12
4. A good practice: mental health at Felix de Amesti Family Health Centre (Macul)

Osorno volcano
South of Chile
Example of a good practice integrating MH into PHC

Felix de Amesti Family Health Centre
Macul municipality

- population served: 38,936 persons (22,258 women and 16,678 men),
- urban (Santiago)
- four multidisciplinary family health teams;
- each team has 2 general physicians, 1 dentist, 1 nurse, 1 obstetric nurse, 1 social worker, 1 nutritionist, 1 psychologist (part time) and 3 nursing aids.
Macul mental health programme has defined the following priorities:

- **Child mental health:**
  - Child physical abuse
  - Conduct and emotional disorders
  - Attention deficit/hyperactivity disorders
  - Life skills for 1st and 2nd grade school children

- **Adolescent mental health**
  - Alcohol and drugs problems
  - Child physical abuse and domestic violence sequels
  - Mood disorders

- **Adult mental health**
  - Depression
  - Domestic violence
  - Alcohol and drug dependence and abuse
  - Severe psychiatric disorders
  - Health integral programme for victims of military dictatorship
MH activities of the members of family health teams (FHT)

• All members of the FHT detect MH problems

• The treatment is carried out principally by general physicians (psychotropic drugs) and psychologists (individual, family and group interventions)

• Any member of the FHT makes a home visit when needed

• Each FHT has a few health volunteers, who detect MH problems and make home visits

• MH consultation by psychiatrists, psychologists and other professionals from Community MH Centre
Felix de Amesti FHC: Number of MH Sessions in One Year by Different Professionals
Barriers to integrating mental health (MH) into primary health care (PHC)

1. Resistance from some public health professionals to MH (national and local)
2. Low MH teaching for health professionals in undergraduate training
3. Psychologists are trained for private practice and not for the public health system
4. PHC nurses & social workers have decreased their MH activities as the number of psychologists have increased
5. Heavy workload and severe time constraints of PHC teams
6. High turnover of professionals (specially GPs) in PHC teams
HUMAN RESOURCES IN MENTAL HEALTH
(rate per 100,000 population) 2004

rate of professionals per 100,000

CHILE
5. Conclusions
Lessons learned about integrating mental health (MH) into primary health care (PHC)

1. Political and administrative support (MH coordinators at health districts and PHC centres)
2. Mental health community centre to provide ongoing support and consultation to PHC teams
3. Treatment guidelines and pathways with lines of responsibility and referral
4. PHC multi-disciplinary teams with both medical and non-medical interventions
5. MH with the highest integration into the general health system as possible
Lessons learned about integrating mental health (MH) into primary health care (PHC)

6. Adequate training for PHC teams

7. A defined range of problems that primary care practitioners are expected to see (gradual increase)

8. Volunteers from the community to detect mental health problems and to collaborate with PHC team

9. National Mental Health Plan, funding, support and guidance from a national level (MH coordinators at the Ministry of Health)

... and integrating MH into PHC is a process, in Chile we started in 1991
Challenges for mental health (MH) and primary health care (PHC) in Chile

1. To achieve a new definition about MH integration into PHC according to our 18 years experience and to the new stakeholders (Family Health Centres, etc.)

2. To formulate a policy about human resources and training for MH in PHC:
   - Functions of different professionals & technicians
   - Undergraduate & postgraduate training
   - Role of traditional health workers
Challenges for mental health (MH) and primary health care (PHC) in Chile

3. To improve access to MH interventions for children & adolescents in PHC:
   - Prenatal & early infancy interventions for health & MH promotion & prevention
   - Treatment for attention-deficit/hyperactivity disorder

4. To improve quality for MH in PHC:
   - To design standards
   - To establish evaluation procedures
   - To integrate MH quality improvement into management
Thank you!

Eastern Island
Oceanic Chile