

Primary mental health care

There is often confusion about the concept of primary mental health care as it has taken on different meanings and labels in the past. For example, primary mental health care has often been incorrectly equated with community psychology. Community psychology is a very diverse field and although it involves community care, its interventions are varied and often involve only curative care.

Perhaps a working definition of primary mental health care is the front line contact of mental health workers with fellow community members, and their interventions in common psychological difficulties on a curative and preventative level. It is involved with the promotion of mental health and the prevention of mental illness. Important in primary mental health care is the accessibility of services and accountability of primary mental health care workers to their communities.

Organisation for Appropriate Social Services in South Africa (Oasssa)

OASSSA, which consists of psychologists, psychiatrists, social workers and other mental health workers, is attempting to develop expertise in the field of primary mental health care.

OASSSA has attempted to deal with psychological issues that affect the majority of the population, with the aim of exploring and extending primary mental health care, as well as providing immediate services such as education and training.

Research and training

Because of the lack of psychological knowledge in the general population, for example of the psychological effects of stress, the effect of detention and torture, the effects of early separation of mothers and infants, OASSSA is engaging in

research in these areas to provide information to affected people, which will enable them to take greater control over their mental health and mental health needs.

Because of the great shortage of mental health professionals, particularly in the black townships and the rural areas, OASSSA, in conjunction with other organisations, has developed a training course to train lay counsellors from these areas.



There is a great shortage of mental health professionals in the townships.

The training has changed and is still being developed to meet the specific needs of the trainees. If trainees are aware of particular problems in these areas, associated feelings and stresses may be explored in order to learn how best to deal with them. Trainees are thus trained in basic counselling skills and to differentiate between psychological problems which they can and cannot deal with, in order to identify when it is appropriate to refer a person to a psychologist or psychiatrist.

It is hoped to extend this programme and perhaps in a future health care system, greater use will be made of lay counsellors living in different areas, who, knowing the problems within their communities, will be able to intervene at an early stage.

New approaches

New therapies have had to be developed to deal with specific problems in South Africa. For example, OASSSA, in conjunction with DPSC, counsels detainees on a daily basis, for which the one-off session has been developed.

In a one-off session, there is no specific time limit, so a session may take a couple of hours, the length of the session being determined by the client's need. During this time, therapist and client try to achieve some form of resolution to a particular problem or difficulty.

Other brief term interventions are also being explored.

The political situation

Fundamental to all working the mental health field is the recognition that the political situation in South Africa directly affects the mental health of its population in an adverse way.

Apartheid engenders numerous psychological difficulties, but few psychological services for the majority of the people. There are sufficient psychological services for white and privileged people but very scant services for the black and working class populations. In the rural areas, psychiatric services are almost non-existent. Consideration of a future mental health care delivery system must therefore be done within the context of the transformation of our society. However a start may be made towards improving psychological services by developing primary mental health care.

Community involvement

Primary mental health essentially involves an emphasis on community involvement, a better distribution of services, a stress on prevention and a multi-disciplinary approach. This implies that:

- (a) Mental health centres should be accessible to the community and not on the outskirts of residential areas. Too often people fear the mentally ill and like to put institutions and centres on the outskirts of towns so that no one has to be reminded that people do have psychological difficulties.
- (b) Mental health difficulties differ in every geographical area and therefore require different solutions. Also if democracy is to be achieved, it has to pervade all spheres of life, including mental health. Thus it is essential that there is active participation by the community in their mental health care.
- (c) Prevention as well as cure must be the focus. This means that mental health workers must look at how to promote mental health and not just learn how to deal with psychological difficulties.
- (d) Appropriate interventions need to be applied. This may mean developing new types of psychotherapy and removing ECT as a form of treatment.
- (e) Mental health must be seen as only one part of health care, in addition to sufficient food, good water, shelter etc.

Medical and psychological training

Too often there is a separation of related disciplines e.g. medicine and psychology. The result is that doctors sometimes know little about how the mind and our emotions affect our body and our health; and psychologists know little about the

body and how it may affect an individual's behaviour. The result is that there is enormous specialisation and common problems are not easily dealt with.

It is estimated that 1 in 12 times a medical doctor sees a patient, the person will be suffering from severe anxiety and depression. Thus, if health workers are to be trained, it is vital that their training includes an understanding of mental health and psychological treatment or counselling skills. It is of course crucial that doctors also learn these skills and take the issue of mental health more seriously.



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The community mental health worker

One way we can develop primary mental health care in South Africa is to learn from the experiences of other developing countries e.g. Nicaragua. There, individuals in communities are trained to become mental health workers.

The major task of a primary mental health worker in Nicaragua, is to detect at an early stage if someone is experiencing a psychological problem. Early detection ensures that the problem does not get worse. The mental health worker is also able to counsel those with emotional problems and to provide support for families who are under stress.

The psychiatric nurse also has a valuable contribution to make in primary mental health care. He/she should preferably work in a mental health centre in a community, and would for instance help to deal with patients who have been discharged from a psychiatric hospital. By being in continual contact with the patient and his/her relatives, the nurse would be trained to recognise if there is a relapse or to monitor the side effects of drug therapy.

The present government talks about prevention but allocates a small percentage

of the health budget to it. However, primary mental health care requires sufficient material, financial and training resources as well as rhetoric.

Finally, as has been the case in Nicaragua, the success of any primary mental health project is dependant on the strong desire of mental health workers to develop psychological skills, their lack of rigidity, their ability to initiate projects which promote mental health (for example, programmes to help people cope with the stress of parenting) and their accountability to the community.

Political and social transformation

An effective primary mental health care delivery system can only be achieved in South Africa by a transformation in the political, social and economic spheres. This would also entail a transformation in the present health services. Primary mental health care is not seen in a vacuum, and the struggle for an effective, accessible, accountable primary mental health care service is part of the larger struggle for a non-racial, unified, democratic South Africa.



The struggle for an effective primary mental health care service is part of a broader struggle for a democratic South Africa

(The work of G Marsh and M Meacher - "The Primary Health Care Team: The Way Forward for Mental Health Care" and S Walt and P Vaughan - "An Introduction to the Primary Health Care Approach in Developing Countries" are central to many ideas of this article.)

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