Editorials

An Innovative Approach to Enhance Competency of Family physician to Pick-up and Deal with Mental Health Problems: ٥-Steps Patients ' Interview for Providing Mental Health Care

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The Primary Mental Health Care (PMHC) problems cause ٦٠٪ of the PHC patients' suffering, mostly depression and anxiety cases.[١] These disorders interfere with their chronic diseases controlling and presented as physical complains; the majority of them are miss-diagnosed. Not only missed but, increase the medication persecutions, investigations, and the clinics' visit frequency. The reason behind that is the PHC physicians were not well prepared in their undergraduate training for providing a comprehensive (organic-psychological-social) approach. Where the site of psychological and social parts mostly missed in medical care (WHO/WONCA Report ٢٠٠٨, ٢٠١٧).[١,٢]

The Global Happiness Policy Report (٢٠١٨) stated that "Mental illness is a major block on the economy; treating it would save billions. It is the main illness among people of working age. It reduces national income per head by some ٥ percent-through non-employment, absenteeism, lowered productivity, and extra physical healthcare costs. Mental illness accounts for a third of disability worldwide".[٣] When it was applied in a country such as Saudi Arabia (٢٠١٨), is estimated at a loss of ١٤٧ billion Saudi riyals each year as a result of non-response to mental health problems.[٤]

Therefore, WHO has worked in this gap by creating a plan called "mhGAP plan:٢٠١٣-٢٠٢٠, and now it is extent till ٢٠٣٠,[٥] However, without empowering the Family/PHC doctors' skills to pick-up the psychological and social causes of the patients' presenting problems it will be failed like the previous efforts for integrating mental health in PHC since the Alma-Ata declaration, ١٩٨٧,[٦] The reason behind that the gap is not how to deal with mental health problems but, the ability of pick-up, not even to diagnose, them. Therefore, mental health problems usually missed in non-psychiatric clinics.

Also, well-defined Family/PHC doctors' scope and taking their responsibilities in PHC, and the collaboration channels with the specialists in the hospitals for providing mental health care is needed.

The traditional intervention training courses failed to enhance the family/ PHC doctors' competencies in dealing with mental health problems.[٧] Thus; there should be a new approach to fulfill this gap. Therefore, this innovated approach has been created based on practical experience since ١٩٩٥. It applied in Saudi Arabia (since ٢٠٠٣)[٨], Egypt (since ٢٠١٨), and Morocco (since April ٢٠١٩) for integrating mental health in PHC.

This approach is called "٥-steps patients' interview for providing mental health care," (Figure- ١). It was reviewed and agreed by various expert psychiatrists and family doctors internationally. It was included in the "WONCA Working Party Group on Mental Health Report, ٢٠١٧". This approach has been proved as an effective and efficient approach to enhance the family doctors and PHC staff competency to pick-up and deal with a mental health problem in a short time (does not exceed ١٠-minutes). In the same time, it defines clearly the service scope of family/PHC doctors in their clinics.

١. Suspected step: it is the important stage, the key step.

When should the patient be interviewed for a mental health problem? A patient who presents with frequent consultations, any uncontrolled chronic case such as diabetes mellites, hypertension, bronchial asthma ….etc. The doctor should suspect a mental health problem. *If the case is not one of these, the doctor can proceed toward the traditional patient interview*.

٢. Screening step: for hidden agenda and stress presence.

A. Discover if a patient has a hidden agenda, using "ICE technique." Thus,

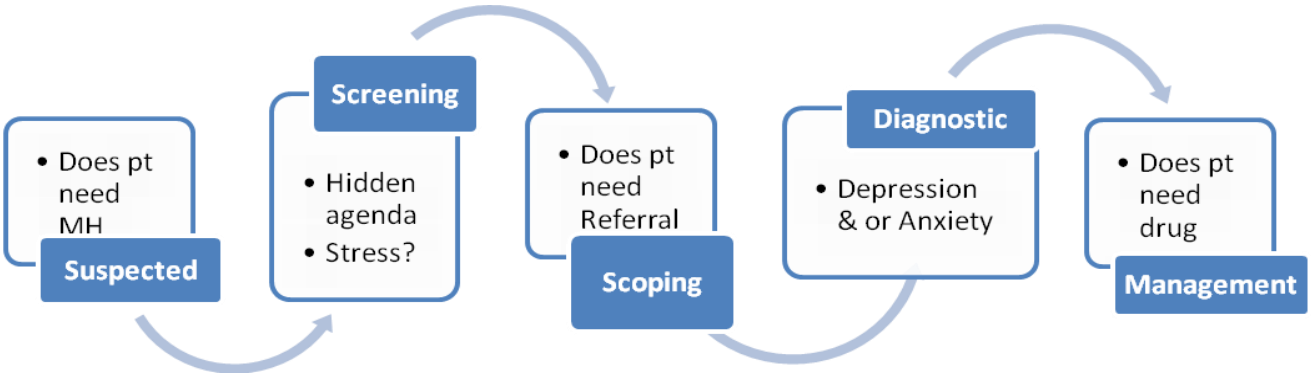

Figure (١): Five Steps patient interview for providing mental health Care Available at https://youtu.be/yKK٧a٧sMBjI

ICE technique aims are to identify the hidden agenda. You should specify the presented complain as headache, abdominal pain, un-control hypertension….etc.

- **I idea:** What do you think the cause of your presenting symptom? Don't say, "what do you know about the problem?"(here, the patient will say me the doctor, or you are!)
- **C concern:** Why do you worry about this presented symptom?
- **E expectation:** what do you expect from me to do for your presenting symptom?

B. Discover if the patient has stress, using "Impact technique" on sleep, performance, and relationship. Thus, Impact technique aims are to define the stress presence, and it's severity, ask for a period of the last two weeks. Doctor can't control chronic cases without control the stress effects of increase cortisone and adrenalin in the patient's body (Figure- ٢).

I.Sleep: sleep disturbance has high specificity (98.7%) (when there is no sleep disturbance is a good indicator to exclude the mental health problem, but it has a low sensitivity (42.2%) [9].

- When you put your head on the pillow, Do you get to sleep easily? "Early insomnia" happens mostly in mild cases.
- When you get to sleep, "is it interrupted"? happen mostly in a moderate case
- Get up early morning with a difficult

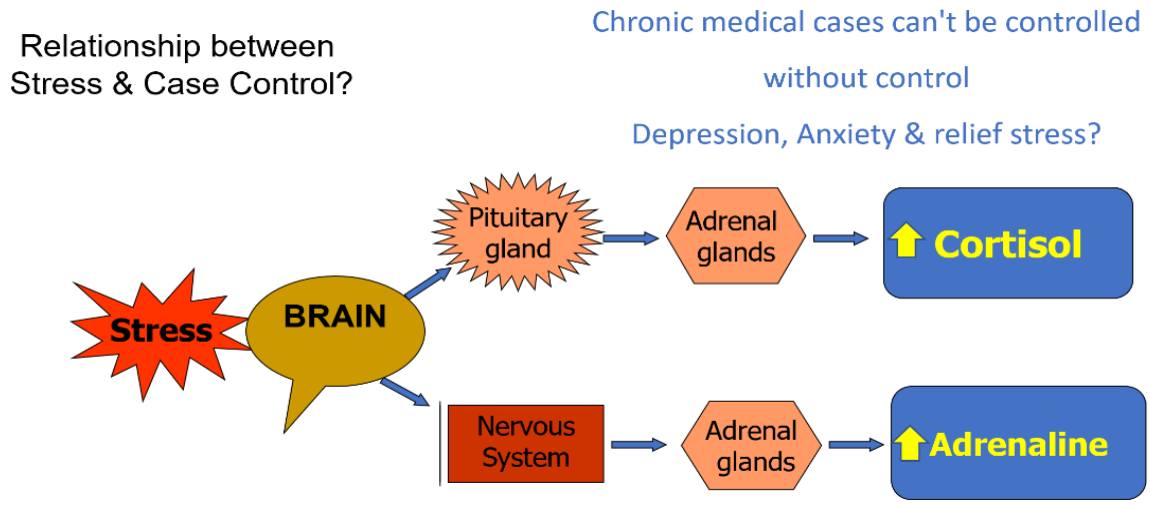

Figure (٢): Relation between stress and case control

to sleep again? Late insomnia; mostly occurs in a severe case.

- Do you have a prolong sleep? Happen in atypical depression.

II. Performance: compare your performance with before. When there is a marked decline usually occurs in a moderate to severe case.

III. Relationship: How is your relationship with the surrounding people? The patient has changed relationship style, isolation (with depression), or a problem maker (with anxiety). Mostly occurs in a severe case.

N/B If no hidden agenda and stress means the patient doesn't need mostly for mental health care and the traditional approach is quite enough to help the patient.

٣. Scoping step: This step defines the scopes the family/PHC doctors and the mental specialties.

It defines if the patient needs to be referred to a specialist or served by the family/PHC doctors. The cases need to be referred to the hospital are suicidal, psychotic symptoms, e.g., hallucination or delusion, drug abuse or alcohol misuse, child MH problems apart of enuresis, bipolar, postpartum depression, un-respond cases.

٤. Diagnostic step: After excluded the cases which needed a referral to the specialist, two disorders are left to be diagnosed and managed in PHC [depression and anxiety disorders].

A. Depression: need one criterion to diagnose depression: sad mood or loss of interest.
B. Anxiety: anxious tense of mood or fear worry is needed to be diagnosed. How to define the stress level (mild, moderate, severe)? it based on the stress screening step, e.g. early insomnia with sad mood = mild depression; effected performance with anxious = moderate anxiety; interrupted sleep and isolation with sad mood and worry = severe anxious depression (ICD ١١-PC)

٥. Management step: Cases with moderate to severe level in impact questions think in antidepressant medication (SSRI drugs), except in two types of cases:

a. In coping with life events. The action is to apply the narrative therapy (externalized the problem).[١٠] as the first intervention action. The second exceptional case is as a side effect of medication (B-blockers, steroid, hormonal contraceptive. The action is to stop medication and follow-up ١week appointment. If the case doesn't respond to

the applied action, then start on the antidepressant.

Narrative Therapy

- It used for supporting and help patients to cope with their problems
- Each person has the psychological capacity
- Exposing to stress in continue matter will fill in the capacity container till person couldn't tolerate further.
- Then, feel tense or depressed because he couldn't cope with his/her problems, which manage by narrative therapy
- Besides these events affect serotonin level, which manage by drug therapy
- When a patient is unable to cope and solve problems, a doctor can support by narrative therapy
- Let the patient imagine his/her friend has the same problem and come to the patient asking help for solving that problem.
- What patient will tell that friend
- Not proceed with patient till patient goes out of his/her problem.
- Encourage any improvement even it is a minimum
- Don't think the problem will solve from one sitting need follow-up weekly till the situation improve.

Please may you access this link for more clarification and explanation "https://www.youtube.com/watch?v=٠wgbrWRUL_k"

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