

UNIT NO. 6

MENTAL HEALTH CURRICULUM

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ABSTRACT

There is a worldwide recognition that mental health well being is important. Also, primary care doctors and psychiatrists need a mindset change to develop a new health care system where primary care doctors can play a bigger role in delivering this care. WHO has developed the Mental Health Gap Action Programme to upscale the capacity of primary care doctors. The mhGAP-Intervention Guide provides guidance on evidence-based interventions to identify and manage a number of priority conditions. The priority conditions included are depression, psychosis, bipolar disorders, epilepsy, developmental and behavioural disorders in children and adolescents, dementia, alcohol use disorders, drug use disorders, self-harm / suicide and other significant emotional or medically unexplained complaints. These priority conditions were selected because they represent a large burden in terms of mortality, morbidity or disability, have high economic costs, and are associated with violations of human rights. These 11 mhGAP-IG topics are already included in the GDFM/MMed (Family Medicine) modular course and in the Graduate Diploma in Mental Health. Aligning the content of these topics in the notes and mhGAP-IG will be useful.

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INTRODUCTION

There is a worldwide recognition that mental health well being is important. Also, primary care doctors and psychiatrists need a mindset change to develop a new health care system where primary care doctors can play a bigger role in delivering this care.

As has been pointed out by Margaret Chan in the foreword of the Mental Health Gap Action Programme Intervention Guide published in 2010 (WHO, 2010): "There is a widely shared but mistaken idea that all mental health interventions are sophisticated and can only be delivered by highly specialized staff. Research in recent years has demonstrated the feasibility of delivery of pharmacological and psychosocial interventions in non-specialized health-care settings."

"The reality is that most of the mental, neurological and substance use conditions that result in high morbidity and mortality can be managed by non-specialist health care providers. What is required is increasing the capacity of the primary care system for delivery of an integrated package of care by training, support and supervision."

MENTAL HEALTH GAP ACTION PROGRAMME (mhGAP)

Based on this worldview, WHO has since 2008 developed the Mental Health Gap Action Programme (mhGAP) aimed at upscaling the capacity of primary care doctors to play a bigger role. The vision of this programme was the contribution of three WHO senior officers: Ala Alwan, Assistant Director-General, Noncommunicable Diseases and Mental Health, WHO; Benedetto Saraceno, former Director, Department of Mental Health and Substance Abuse, WHO; Shekhar Saxena, Director, Department of Mental Health and Substance Abuse, WHO working with WHO country officers and a panel of international experts.

MENTAL HEALTH GAP ACTION PROGRAMME INTERVENTION GUIDE (mhGAP-IG)

Supporting this mhGAP is a set of guidelines out of which is a intervention guide (mhGAP-IG). This intervention guide has been developed through an intensive process of evidence review. Systematic reviews were conducted to develop evidence-based recommendations.

The process involved a WHO Guideline Development Group of international experts, who collaborated closely with the WHO Secretariat. The recommendations were then converted into clearly presented stepwise interventions, again with the collaboration of an international group of experts. The mhGAP-IG was then circulated among a wider range of reviewers across the world to include all the diverse contributions. The mhGAP-IG is based on the mhGAP Guidelines on interventions for mental, neurological and substance use disorders (http://www.who.int/mental_health/mhgap/evidence/en/). The mhGAP Guidelines and the mhGAP-IG will be reviewed and updated in 5 years. Any revision and update before that will be made to the online version of the document.

The mhGAP-IG includes guidance on evidence-based interventions to identify and manage a number of priority conditions. The priority conditions included are depression, psychosis, bipolar disorders, epilepsy, developmental and behavioural disorders in children and adolescents, dementia, alcohol use disorders, drug use disorders, self-harm / suicide and other significant emotional or medically unexplained

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PURPOSE OF THE MHGAP INTERVENTION GUIDE

The mhGAP-IG has been developed for use in non-specialized health-care settings. It is aimed at health-care providers working at first- and second-level facilities. These health-care providers may be working in a health centre or as part of the clinical team at a district-level hospital or clinic. They include general physicians, family physicians, nurses and clinical officers. Other non-specialist health-care providers can use the mhGAP-IG with necessary adaptation. The first-level facilities include the health-care centres that serve as first point of contact with a health professional and provide outpatient medical and nursing care. Services are provided by general practitioners or physicians, dentists, clinical officers, community nurses, pharmacists and midwives, among others. Second-level facilities include the hospital at the first referral level responsible for a district or a defined geographical area containing a defined population and governed by a politico-administrative organization, such as a district health management team. The district clinician or mental health specialist supports the first level health-care team for mentoring and referral.

The mhGAP-IG is brief so as to facilitate interventions by busy non-specialists in low- and middle-income countries. It describes in detail what to do but does not go into descriptions of how to do. It is important that the non-specialist health-care providers are trained and then supervised and supported in using the mhGAP-IG in assessing and managing people with mental, neurological and substance use disorders.

MENTAL CURRICULUM IN SINGAPORE

Strategically, there is a progression of psychiatry training – UG posting, GDFM for all Primary Care Doctors, and GDMH for GPs with special interest in Psychiatry (GPSIs).

There are thus two medical courses on mental health for the primary care doctor – the Family Medicine Modular Course in the MMed(Family Medicine Programmes which started in 1993 and in the Graduate Diploma in Family Medicine (GDFM) which started in 2000. For those who wish to pursue a more in-depth GP special interest course in mental health there is the GDIM programme which was launched earlier this year.

Many of the topics identified in the mhGAP-IG are covered both the Family Medicine modular course in the MMed (Family Medicine) programme. See Table 1 which shows the conditions covered. Certainly the mhGAP-IG topics can be used to align the approach to key mental health topics.

GDFM/MMed(Family Medicine) Modular Course

We have 4 study units of psychiatry in the Grad Dip Family Medicine (GDFM) which is a 2 year course of 64 units. The topics covered are:

- Unit 421 -- Psychiatric assessment, Anxiety disorders, Stress & PTSD
- Unit 422 -- Personality disorders, Abnormal illness behaviour (Somatisation)
- Unit 423 -- Schizophrenia, Psychiatry in old age
- Unit 424 -- Mood disorders, Suicide, Grief, Addiction

In addition there is a study unit on Developmental Disorders in Childhood (Unit 213) and a study unit in Behavioural disorders in Childhood (Unit 214). There is also a study unit on psychogeriatrics in the modular course.

The focus of these study units in the GDFM/MMed Modular Course are – knowledge (distance learning); application & problem solving (face-to-face workshop case studies).

Table 1. Modules in the WHO mhGAP Intervention Guide

I.	Introduction
II.	General Principles of Care
III.	Master Chart
IV.	Modules
1.	Moderate-Severe Depression
2.	Psychosis
3.	Bipolar Disorder
4.	Epilepsy / Seizures
5.	Developmental Disorders
6.	Behavioural Disorders
7.	Dementia
8.	Alcohol Use and Alcohol Use Disorders
9.	Drug Use and Drug Use Disorders
10.	Self-harm / Suicide
11.	Other Significant Emotional or Medically Unexplained Complaints
V.	Advanced Psychosocial Interventions 82

Graduate Diploma in Mental Health

The Graduate Diploma in Mental Health consists of six 10-hour modules (taught by psychiatrists):

- Introduction to Psychiatry
- Psychosis
- Mood / Anxiety / Grief disorders
- Addiction / Personality Disorders
- Child and Adolescent Mental Health including Learning Disabilities
- Psychogeriatrics

It is jointly offered by the Institute of Mental Health (IMH) and the Division of Graduate Medical Studies, National University of Singapore (NUS), the one- year course provide a comprehensive and structured training programme for GPs in psychiatry and counseling by training them appropriately and adequately for the role of providing mental health services to the community.

CONCLUSIONS

There is a need to upscale the capacity of primary care doctors in mental health care. The Mental Health Gap Action Programme and Intervention Guide cover 11 key topics to upscale the primary care doctors' capability. These mhGAP-IG topics are already included in the GDFM/MMed (Family Medicine) modular course and in the Graduate Diploma in Mental Health. Aligning the content of these topics in the notes and mhGAP-IG will be useful.

REFERENCES

World Health Organisation. Mental Health Gap Programme – Intervention Guide. Geneva:WHO, 2010.

LEARNING POINTS

- **There is a need to upscale the capacity of primary care doctors in mental health care.**
 - **The Mental Health Gap Action Programme and Intervention Guide cover 11 key topics to upscale the primary care doctors' capability.**
 - **These mhGAP-IG topics are already included in the GDFM/MMed (Family Medicine) modular course and in the Graduate Diploma in Mental Health. Aligning the content of these topics in the notes and mhGAP-IG will be useful.**
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