

Guest editorial

Mental health and primary care: family medicine has a role

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Mental health problems constitute a substantial part of the burden of illness of patients in the community and are a regular reason for contact with a family doctor. In fact, mental health problems are part of patients' and families' daily life experience, which is why it is vital that family doctors address such problems. The character of the problems encountered is specific to each patient, reflecting each person's psychological, relational, and social functioning. The context in which these encounters take place is also specific. Patients often present with physical symptoms that may not lend themselves to medical explanation. The challenge in primary care is to sort out whether the physical complaints represent new medical problems or new symptoms of chronic medical problems, or somatic manifestations of psychological problems.

These unique conditions make 'mental health problems' a core aspect of primary care, and determine to a large extent the skills, knowledge and competencies that family doctors must be able to demonstrate. Successful treatment depends on a patient-centred approach, which integrates bio-psycho-social components of health and takes into account individual needs. The mission of primary care should be seen against this background, in order to make sure that mental health is an integral and central part of medical care.

People are more than a collection of disconnected parts. The woman with a history of myocardial infarction is depressed that she can no longer care for her aged mother – and her depression puts her at risk for

another heart attack. The man who uses alcohol to control his chronic anxiety symptoms develops pancreatitis – and worries obsessively that he will be doomed to a life of chronic pain. Even developed countries that spend extraordinary sums on health-care perform below expectation. An important reason for underperformance is the fragmentation of care across many clinicians. The family doctor is the one professional prepared to address the whole person and to re-connect the mind and body. In countries rich or poor, developed or not, helping family doctors better manage both mental and physical health concerns is a key challenge for all health systems.

The World Organization of Family Doctors (Wonca)¹ has a global mission: to promote health through high quality family medicine in all communities of the world. Wonca has 119 member organisations, involving family doctors in 115 countries, and is well positioned to address culture and societal values from an international perspective. A family doctor for every family in every community is a tall ambition. Integrating mental health into medical care is an essential part of that challenge, which in turn requires sensitivity to each patient's cultural context and values. Mental health is particularly shaped by culture and social values.

Together Wonca and the World Health Organization (WHO) are working to strengthen the provision of mental healthcare through primary care. A statement on Integrating Mental Health Services into Primary Health Care has been released and is available through the WHO website.² A joint document is

also under development on training primary health-care providers to include mental health as part of their daily work. Joint training and support activities are underway in a number of regions of the world, with special efforts to assure that mental healthcare through primary care is accessible on an equitable basis to all people. These are enormous challenges.

Since its founding in 2005, the Wonca Working Party on Mental Health has energetically tackled these challenges. The inaugural issue of this journal is a clear signal of how rapidly the Working Party has grown to this task. Wonca especially congratulates the members of the Working Party on their excellent work with the WHO. The WHO has recognised that mental healthcare is a core component of family medicine and primary care. When it comes to mental health, all medical students need education; all trainees in family medicine or other areas of primary care need training; all practicing family doctors need continuing professional development. Access to appropriate therapies, medications, and referral services is essential. Research must be conducted on rates of mental health problems in communities and the diagnosis and management of mental health problems in primary care.

We look forward with high expectations to the original papers, discussions, case studies, and other contributions that will fill the pages of this journal and to the important continuing work of the Wonca Working Party on Mental Health.

REFERENCES

- 1 www.globalfamilydoctor.com (accessed 07 March 2008).
- 2 World Health Organization and the World Organization of Family Doctors. *Integrating Mental Health Services into Primary Health Care*. 2007. www.who.int/mental_health/policy/services/3_MHintoPHC_Infosheet.pdf

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