12 Integrating mental health into health care platforms

12.1 Health care platforms

The physical body and the mind work very closely together. If one is affected for any reason, often the other suffers too. Thus, mental health is an integral part of all health care work. Paying attention to mental health will make your work more rewarding and the person who you are working with more satisfied. Caring for a person's mental health should be as natural a part of your daily responsibilities as looking after their physical health. Equally important, remember to take as good care of the physical health of people with mental health problems as you do with your other patients.

12.1.1 The 5C model of integration

Let us start by thinking of the principles underlying all types of integrated care for mental health problems. These are the same principles as those you might use for other health conditions which affect people for long periods of time. Common examples of such chronic conditions are diabetes, heart disease and HIV/AIDS. Many common mental disorders last up to a year or more if not treated, and many relapse over time. Severe mental disorders and disabilities can last a lifetime. Therefore, we can consider mental disorder as an example of a 'chronic condition'.

There are five principles guiding the effective integration of care of mental health problems in routine care platforms, which we call the '5C' model.

- **Collaborative:** this word simply means a partnership. The care of people with mental health problems always involves a partnership between you and the person and all other people involved in the person's mental health care, including family members, other health care workers and, where available, a mental health worker. Your role is central in this team: you act as the link or the glue between all the other people.
- **Coordinated:** this means that the care of the person across care platforms should be smoothly connected. The most important platforms are: the community (e.g. in schools), the primary care facility, and specialist care. For coordinated care, there should be clearly defined care pathways, for example, defining when, how and to whom people should be referred when moving from one platform to another. To achieve this, you should identify the relevant contact person in each platform, establish a relationship with them, and agree on the procedures for communicating with them. In some places, coordination may also involve working closely with traditional healers and faith healers in the community.
- **Continuing:** this means recognising that many people with mental health problems will need support and care for long periods of time, from months to years, to achieve the goals of recovery. This will require you to actively monitor the person's health through regular reviews, even just through a brief chat on the phone or sending them a mobile phone text message to find out how they are; contacting the person if they miss an appointment to suggest a new time to meet; encouraging people to take their medications or complete the counselling treatments as required; engaging family members to support the person where needed; and referring people who do not show expected improvements to a specialist.
- **Person-Centred:** this means placing the person at the heart of the care plan in all respects, from deciding which issues to focus on in

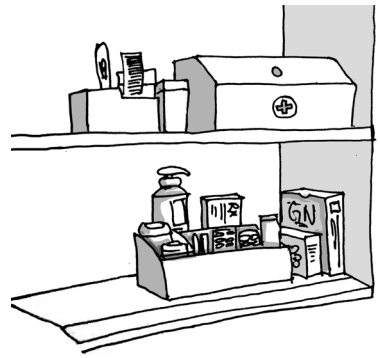
counselling, to being flexible with consultation times so that the person's convenience is considered, to being sensitive to the person's concerns at all times, to promoting self-management and mobilising existing resources at home and in the community.

- **Compassionate:** this means caring equally for all your patients, irrespective of their complaints, gender, age or any other characteristic.

12.1.2 The barriers to integration

There are many barriers which can get in the way of integrating mental health in general health care. The most important ones are as follows.

- Health workers feeling stressed by mental health work: most community and general health workers are already very busy and adding mental health care can lead to them feeling overwhelmed. In addition, mental health care can be stressful. Be aware of the negative effects of stress and how to maintain positive mental health (☞2.2.3).
- The lack of support from other health workers: this could be addressed by demonstrating the additional value of addressing mental health, for example, by increasing the person's satisfaction with care and improving recovery rates.
- The non-availability of essential medications for mental health problems: this could be addressed by demonstrating to the authorities the numbers of people with mental health problems who could benefit from medications, and mobilising people to demand medications from their political representatives or health care managers.

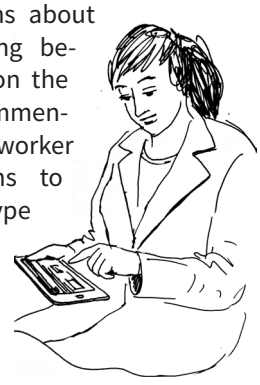


- The lack of time or skills to detect mental health problems or deliver psychosocial treatments; this could be addressed by asking all people a few quick and simple questions regarding their mental health (☞3.9), reorganising your schedule so that you deliver these treatments during 'quieter' periods in the day (e.g. many clinics are less busy in the afternoons) and finding courses (including those which are available on the internet ☞15.9) to get training and peer support.
- The lack of engagement of the person or their family with the treatment: this could be addressed by always taking time to explain to the person (and family) about the nature of the problem; avoiding the use of labels which can cause fear or shame; discussing the person's thoughts about their health condition without judging them negatively; and exploring barriers to care such as the person having small children to look after and finding ways to get around this, for example, by visiting the person at home.
- Resistance from specialists: some mental health specialists do not like to 'share' their responsibility of care with those who do not have a specialist degree in mental health. Some may actively obstruct efforts to improve community mental health care. Remember, these specialists are a minority and you should try to find a different person who is willing to work in a team with you. If there is no alternative, be patient and hope that the good work you are doing will ultimately change the specialist's mindset.

12.1.3 Using appropriate technology

A variety of technologies may be available which can make mental health care easier to deliver. The main examples of such technologies are the following.

- **The mobile phone:** the mobile phone is now used by most people in the world. The simplest technology is to use the phone to make calls to follow up people receiving mental health care and provide psychosocial support. You can also use mobile phone text messages to: remind people about appointments or taking medication; find out how they are ('How have you been'?); send encouraging messages ('Hope your sleep has improved'); and deliver psychosocial interventions ('Just a reminder to try meeting up with your friends').
- **The electronic medical record:** in ☞Chapter 2 (p. 25) we discussed the importance of keeping good case notes. In some places, you can now keep case notes in the form of electronic records by entering the person's information into a computer (either a desktop or a tablet). These data, if backed up on to a server, can be accessed from any location and can be updated by any health care provider. They are very useful for coordinated and continuing care. These records can also be used to automatically send reminders for appointments and help health workers track people who do not follow up on time.
- **Tablet-based decision support systems:** these are computerised guidelines which guide the health worker in asking and recording relevant health information (e.g. standardised questions about depression or drinking behaviour) and, based on the responses, give recommendations to the health worker on what medications to prescribe and what type of counselling to provide. These systems can be linked to the electronic medical records.



- **Internet-based counselling, support and learning:** a larger number of psychological treatments are now available for people to use themselves for the management of a range of mental health problems, in particular, the common mental disorders and substance use problems. The internet is also becoming a medium for people with mental health problems, or their family members, to form support networks and groups. A third way the internet is making mental health care easier to deliver is by enabling health workers to learn how to deliver counselling through online learning platforms.
- **Telemedicine:** this technology enables a person to be assessed remotely by using videoconferencing, either through a telemedicine network (which requires an appropriate telephone connection) or the internet (e.g. using communication programs such as Skype). This is similar to using the mobile phone to call a person, with the main additional value that you and the person can see each other, so that you can have a better understanding of how they are doing.

While these technologies offer a lot of promise, remember that there are some potential risks which you need to be aware of. You can address them in the following ways.

- Using a separate phone for work and personal use so that people do not call your personal phone at times when you are not available.
- Checking with the person if it is OK to call or send a mobile phone text message, as the phone may be used by more than one person and there is a risk of breaking confidentiality.
- Checking about the quality of mobile coverage in the person's area before relying on the phone as a way of communicating with them.
- Keeping your computing devices secure (e.g. password-protected), safe from theft and damage by dust or extreme weather conditions.

12.2 Primary health care

Primary health care is the point in the health care system to which a person first goes with a health complaint. It is the backbone of a health care system. In some places, a government primary health centre is the main primary care provider. In other places, private physicians and nursing homes provide primary care. In most places, primary health care is provided by a combination of private and public health care providers.

If we use a parallel from how we manage physical health problems, we can say that most mental health problems are like simple fractures or respiratory tract infections – they are best treated by the primary health care workers. However, some severe types of fracture (such as compound fractures) and respiratory infections (such as pneumonia) need specialist care. In the same way, just a minority of mental health problems need to be referred to the specialist. The added advantage of receiving care in primary health care is that it is less expensive, more accessible and is more acceptable to most people. The detection, diagnosis and management of mental health problems described in Part 2 are consistent with primary health care. But always remember your limits: ☞4.10 for advice on when you would need to refer someone with a mental health problem for specialist care.

12.2.1 Improving the system

Some health workers may be in a position to play an important part in improving the overall primary health care system. For example, if a health worker is a member of a district health committee, their views may be sought on various policy issues. There are some specific steps which can improve primary mental health care:

- providing training in the detection, diagnosis and treatment of common mental disorders to community and primary health care workers using this manual;
- using screening instruments to detect common mental disorders or alcohol-related problems;

- ensuring regular supervision and mentoring of primary health care workers by mental health professionals, and clear referral pathways;
- ensuring the supply of at least one antidepressant, one antipsychotic, one antiepilepsy medication and a benzodiazepine in the primary health care facility (☞Boxes 5.2 to 5.8);
- providing afternoon sessions for counselling when the regular out-patient clinic is less busy;
- establishing a system to detect when people with severe mental disorder drop out of care and plan outreach to them in their homes;
- increasing the number of social workers and psychologists in the health service, as these professionals are less expensive than a doctor and bring different skills which are important in mental health care;
- establishing an information system where different mental health problems are counted and recorded;
- advocating for mental health during planning meetings and countering stigmatising attitudes among planners and managers.

12.3 Reproductive and maternal health care

Reproductive health concerns physical, mental and social well-being in all matters relating to the reproductive system. In practice, a number of different subjects are included, such as

gynaecological health, domestic violence, adolescent health, maternal health and HIV/AIDS. There are important mental health issues relevant to each of these. Many are considered elsewhere in this manual (e.g. ☞10.2, ☞12.5). The broader issue of gender and mental health is discussed in ☞13.12. Here, the focus is on the mental health issues in relation to gynaecological morbidity and maternal health.

12.3.1 Gynaecological health and mental health

Three specific types of gynaecological problem are important from a mental health perspective.

1. **Gynaecological complaints.** Gynaecological complaints are common, particularly vaginal discharge and pain in the lower abdomen. Many women with such problems also suffer from tiredness and weakness, and depression and anxiety.

2. **Menstrual complaints.** Some women complain of feeling unwell just before the monthly period. This is sometimes called the 'premenstrual syndrome'. Women with this syndrome may complain of feeling irritable, depressed, having poor concentration and feeling tired. During the menopause, when menstrual periods stop in later life, some women complain of headaches, crying, irritability, anxiety, sleep problems, fatigue and lack of sexual feelings.
3. **Following surgery** on the gynaecological organs. Women who have surgery, such as family planning operations (e.g. tying of the Fallopian tubes) and operations on the womb (e.g. removal of the uterus) or breast (e.g. for breast cancer) may experience mental health problems. Gynaecological surgery poses a unique stress for women because of the identification of the reproductive organs both with sexuality and with a woman's sense of femininity.

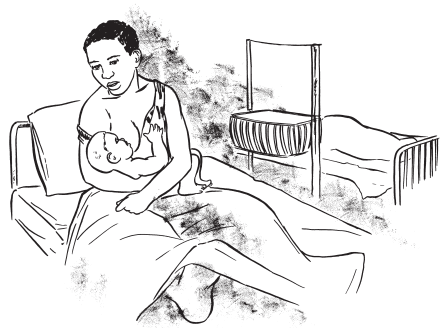
As with patients in primary health care, you should always ask women with gynaecological complaints about depression and anxiety.

12.3.2 Integrating mental health with maternal health care

Motherhood can be one of the most enjoyable and rewarding periods in the life of a woman. Yet it is also a period of enormous change in the woman's body, relationships and work. For example, relationships with her partner and other children may be affected. The workload may increase considerably with a new baby. These changes can affect emotions. Mental health problems are important in a number of maternal health situations (☞7.7).

Health workers in maternal health settings, such as midwives and antenatal clinic staff, can play an important part in preventing depression associated with pregnancy loss (☞7.7.2) or childbirth (☞7.7) and providing additional support and care for mothers who have existing mental disorders or substance use problems. Counselling may be given, for example, to those mothers who are drinking heavily, mothers whose babies have died or who have miscarried, mothers whose marriages are unhappy and who have little support from other family members. Counselling should focus on the following.

- To empower the mother to cope with her difficulties and with caring for her newborn baby, by giving advice on baby care, of the need for



adequate rest and nutrition (for the mother) and the benefits of sharing her feelings with family members.

- To inform both parents (and extended family members where relevant) about the need for shared responsibilities in parenting, which is especially important in those communities where men do not traditionally contribute to parenting, seeing this as a woman's job. Fathers need education that parenting is not only a shared responsibility, but a joyful experience and very important for the baby's healthy development as well. A key role for parents is to play with the child in a way which is age appropriate, for example, games like 'peek-a-boo' for babies aged about 5 months, as this stimulates the baby's brain to develop and helps them to reach their full potential when they go to school. Encourage all couples to discuss and plan pregnancies. Planned pregnancies help to ensure better maternal physical and mental health.
- To support mothers who have had a miscarriage or stillbirth or whose baby has died, for example, by respecting the woman's wishes if she wants to see the stillborn baby, or to understand that miscarriage is more than just a biological malfunction but also similar to losing one's child.
- To support mothers who have existing mental disorders to continue their treatment and those with drinking or drug problems to reduce and, ultimately, completely stop this substance use to protect the baby's health.

12.4 The care of chronic diseases

The word 'chronic' is used to describe a health condition which lasts for a long time. There is no hard and fast rule about how long a condition should last for it to be considered 'chronic', but most such conditions can last for many years or even the lifetime of the affected person. Many mental disorders, and all mental disabilities, fall into this category, as do some infectious diseases such as HIV/AIDS. However, the term 'chronic diseases' is most commonly used to describe non-communicable conditions such as diabetes, heart disease, kidney and lung diseases, joint diseases (arthritis) and cancer. These conditions, although extremely diverse in their clinical features, causes and treatment, all share several things in common:

- they typically start in mid-life
- they last for the person's lifetime
- they are often the main reason the person will ultimately die
- they are associated with pain and various disabilities
- their treatment requires both lifestyle changes and medications on a regular basis
- the person's health status needs regular monitoring.

Chronic diseases are now the leading cause of death in the world and in most countries, and are most often associated with ageing.

12.4.1 Mental health problems in the elderly

In most countries, as physical health improves, people are living longer. In many countries, the average number of years that a person may expect to live is now well over 60 and, in some, even over 70. It means longer lives to share, learn, experience and contribute. For most elderly people, old age is a positive and rewarding period. It is a period in which to enjoy grandchildren. It is a time to read books or do things which could not be done during working years. It is a period to spend time with friends.

However, it is also true that, as people grow older, so their bodies and minds become more

vulnerable to health problems, in particular, chronic diseases. People retire from regular work and earn less than they used to. Their daily routine changes. Their children become adults and may leave the home and start their own families. Social lives change and there may be less contact with friends and family.

While most elderly people enjoy good mental health, some develop mental health problems. There are many reasons for these problems.

- **Loneliness.** In many places, joint family systems are giving way to smaller families. More and more elderly people are living alone with little support from their children. Loneliness is marked when an elderly person loses a spouse (☞10.4). The risk of a person dying is especially high in the period after they lose their spouse.
- **Chronic diseases.** Some elderly people develop chronic diseases which cause pain and disability.
- **Brain diseases.** Some types of brain disease, especially dementia (☞7.8) and stroke, are more common in elderly people. By affecting the brain, they can also lead to mental health problems.
- **Financial difficulties.** Elderly people generally do not work. They are therefore reliant on pensions and savings which, in a world of rising costs, may be inadequate.

Keeping regular contact with elderly people provides an excellent opportunity to support them and to detect mental health problems early on. Update the resources section of the manual (☞Chapter 15) to record nursing homes and other services geared for the elderly. These can be valuable when you need to provide an elderly person with shelter or help address other practical problems, such as loneliness. Finally, some physical diseases, such as cancer, lead to a slow and painful death. Remember to take care of the mental health needs associated with palliative care (Box 12.1).

12.4.2 Why mental health care and chronic disease care must be integrated

Not surprisingly, mental health problems and chronic diseases often occur together. The reasons for this are complex and can be grouped into three pathways: (1) factors associated with living with a mental disorder lead to the chronic disease (e.g. the side-effects of antipsychotic medications, smoking); (2) factors associated with the chronic disease lead to mental disorders (e.g. disability and pain); and (3) some factors cause both (e.g. drinking alcohol and stressful environments).

Beyond the simple fact that these two groups of conditions often occur together, there are many other good reasons for the health worker to have the skills and motivation to help manage mental disorder and chronic illness.

- When they occur together, they make the impact of each condition worse; for example, levels of disability in people with diabetes are much greater if the person also has depression, and depression increases the risk of dying in people with heart disease.
- The care of chronic diseases in people with severe mental disorders is often neglected, because they do not receive the same quality of medical care as people without severe mental disorders. This is one reason people with severe mental disorders die much younger than those without.

BOX 12.1 CARE IN TERMINAL ILLNESS

People who are suffering from a terminal illness such as cancer or AIDS can suffer mental health problems for many reasons, such as pain, fear of dying and sadness at leaving behind loved ones. You can help promote mental health by integrating mental health with terminal care (also called palliative care) by:

- establishing a good relationship with the person by visiting regularly;
- talking about what dying means to the person (What are the person's worries and how can they be best tackled now?);
- involving the family, especially close relatives, in sharing concerns (family disputes which may have not been resolved for a long time could be tackled);
- advising the person to close unfinished business, such as financial or legal matters;
- ensuring the person understands the nature of the illness and is getting the best possible treatment available, especially for pain relief;
- giving counselling, antidepressants or other medications if there is depression or another mental health problem;
- with children, trying to get the family to meet a wish that the child has;
- caring for the carer (☞12.6).

- Mental health problems may interfere with the person's ability to stick to the treatment programme for chronic diseases, for example, being more likely to forget to take medications or less motivated to exercise.

In short, the occurrence of both a chronic disease and a mental health problem leads to poorer quality of care, higher health care costs, and poorer outcomes for both conditions.

It is also important to note that the impact of mental health problems and chronic diseases extends beyond the people who are directly affected: there are also adverse effects on the health of their family members. Caring for a person with a chronic, disabling disease or mental disorder, such as cancer or dementia, is stressful and associated with an increased risk of chronic diseases, including depression, hypertension, sleeping problems and alcohol problems. These impacts of caring (also ☞12.6), can lead to several members of the same household suffering one or more chronic disease or mental health problems, and require the health worker to shift their attention from the sick person to the entire household.

12.4.3 Integrating mental health care and care for chronic diseases

The 5C model of integration is very relevant to integrate mental health and chronic disease care. In particular, the health worker should:

1. always be alert for common mental disorders and alcohol and tobacco use in persons with chronic diseases; asking a few questions about these conditions every 6 to 12 months is good practice;
2. always carry out a general examination (or arrange for one in a primary health care centre) and relevant laboratory tests in people with severe mental disorders and disabilities, especially those receiving antipsychotic medication, to check for chronic diseases;
3. always encourage people with either chronic diseases or mental health problems to engage in healthy lifestyles, for example, avoiding sugary foods or too much salt, abstaining from tobacco, drinking alcohol in moderation and exercising regularly;
4. put a special focus on encouraging people to take their medications regularly and, where indicated, monitor their health condition (e.g. taking medications and checking blood sugar in people with diabetes);
5. adapt the care for chronic diseases to be suited to people with severe mental disorders; some may need more flexible care arrangements and information presented in a way which is easier to understand.

12.5 HIV/AIDS care

AIDS is a disease which is caused by HIV, the human immunodeficiency virus, which destroys those cells in the blood which are responsible for protecting the body from infections and cancers.

Owing to advances in the treatment of HIV and the efforts of the global community and advocacy by community groups, today AIDS is no longer such a deadly disease. With adequate medication, most people with AIDS can expect to live a long life, and thus we can now think of AIDS as a chronic disease like diabetes.

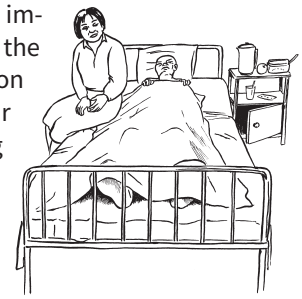
However, many people continue to die of this disease. This may be because treatment began too late, because they cannot access the treatments easily or because the disease does not respond to the medications. Thus, even today, in many countries, especially in southern Africa, AIDS is a leading cause of death. HIV can only be transmitted through direct contact with the bodily fluids of a person who is infected, for example, through sexual intercourse, blood transfusion, sharing needles (as some drug users do) or from an infected mother to her newborn child. Needle-stick injuries, when a health worker accidentally jabs a needle used to inject an HIV-positive person (e.g. while collecting blood) is a rare cause of transmission. Treatments are now available which can minimise the risk of transmission in these situations, and to stop mother-to-child transmission.

12.5.1 HIV/AIDS and mental health problems

HIV/AIDS can affect mental health in many ways.

- **Pain.** Many diseases associated with AIDS cause severe pain. Pain, in turn, can make a person miserable.
- **Disability.** People who feel so weak and tired that they are unable to function at work or at home can feel helpless and angry.
- **Fear of dying.** The person may be scared of death. They may be worried for the future of their family, particularly their spouse and children, who may also be infected.
- **Expense.** The medications for HIV infection may be expensive. Even if the medications are free, there may be costs related to having to go regularly to clinics to get the medications. Some families cannot afford them, and those that can must bear considerable financial hardship.
- **Resentment of others in the family.** People who cannot contribute to the family and, instead, need constant help and support, may be seen as a burden. The spouse may be angry that the person has been sexually unfaithful and brought the disease on themselves and exposed them to the disease too.
- **Stigma and discrimination.** There is much misunderstanding of HIV and discrimination against those infected. This is especially true of those groups in the population who are at higher risk, such as sex workers, men who have sex with men, and intravenous drug injectors, all of whom are also shunned by society.
- **Direct involvement of the brain.** The brain can be affected by HIV or other diseases such as dementia. This can lead to seizures and severe mental disorders.

Mental health problems can complicate the treatment of HIV/AIDS in many ways, but most importantly by increasing the chances that the person may not adhere to their treatment plan. Being irregular with medications for HIV/AIDS can greatly increase the risk of resistance to these treatments.



12.5.2 Integrating mental health with HIV care

Mental health can be affected at two different times: when people are first faced with the news that they have HIV/AIDS; and later, when the reality and implications of taking life long treatment or the risk of dying begin to sink in. In the first instance, many people will react with shock and disbelief. Thoughts such as 'It can't be true' may come to mind. People may feel sad and angry. They may develop depression some weeks after the diagnosis. This early reaction to finding out about the sickness can be reduced by a sensitive way of sharing the information. Mental health problems can occur at any stage after this initial discovery, but are especially likely when

AIDS-related illnesses occur or the treatment is not working as well as hoped. The 5C model provides the ideal model for integrating mental health care with HIV care. During later stages of the disease, counselling must be combined with other steps which may help promote the person's mental health, for example:

- providing good pain relief
- supporting and counselling the family and carers (☞12.6)
- ensuring that good and affordable care for HIV infection is available
- providing care in the terminal stages of the illness (Box 12.1).

Some people who are HIV-positive may need medication for a mental disorder. Depression is not a natural result of HIV/AIDS, although it can make the suffering much worse. Treating it with antidepressants or counselling can give relief and help the person cope better with the sickness. Psychoses in people with HIV/AIDS are often the result of an infection in the brain. Treating the symptoms of the psychosis (☞7.3) should be combined with treating the infection. Some HIV medication combinations also lead to mental health side-effects, although these only rarely need treatment with mental health medications. Ideally, these problems should be treated in a specialised clinic.

12.6 Mental health care for carers

Do not ignore the mental health needs of carers with chronic or terminal illnesses, like HIV or cancer, or those with a mental health problem. Most often family members provide care, and they are usually women: wives, daughters, mothers, daughters-in-law. Caring is associated with stresses which can affect health. Yet the health problems of people providing care often go unnoticed because of the presence of a sick person in the home.

12.6.1 The stresses of caring

Caring for a sick person can have a variety of consequences for family members.

- **Physical burden.** When the sick person is unable to look after their basic needs, such as toileting and feeding, caring requires much physical exertion.
- **Emotional burden.** Seeing a loved one suffer is not easy, especially when the illness begins to get worse.
- **The difficulty of dealing with symptoms of mental health problems.** Caring for a person with mental health problems poses special challenges. Three types of symptoms are especially distressing. Aggressive and agitated behaviour can be seen in psychoses and dementias. The sick person may hit out or abuse the carer, who is only trying to help the person with daily activities. Memory loss in dementia is another painful symptom for carers; it can be very distressing when the spouse you have lived with for 40 years no longer recognises you. The third symptom type is suicide attempts or threats.
- **Sickness in the person providing care.** Carers can of course themselves suffer from health problems. In the case of AIDS, the spouse who is caring for the sick person may also be HIV-positive. Many sick people are of older age and so are the people caring for them.
- **Expense.** As a sickness becomes chronic, expenses rise. Money for other household things, such as food, may become less.

- **Loss of other activities.** The person providing care may have to push aside their own interests and perhaps give up work.
- **Loss of social contact.** When someone is sick, the home environment changes so that people may stop coming for social visits.
- **Grief.** This will follow when the person who has been sick dies.

12.6.2 The mental health of carers

Carers can experience all types of distressing emotions:

- anger at the sick person for having made life difficult
- sadness at seeing a loved one suffer
- guilt because of negative thoughts about the sick person
- fear of catching the disease from the sick person
- hopelessness about the future for the sick person and themselves
- frustration at finding that, no matter what they do, the sickness remains
- shame because of what neighbours and other community members may think or say about the sickness.

These emotions are common in all carers, especially during the earlier days of caring. However, most people cope admirably well in the long term. Love for the sick person, receiving practical help from others, talking about feelings with friends and family, and finding time to enjoy personal pleasures are some of the ways in which people cope with caring for someone. Some, however, do not cope as well. Their negative feelings can get worse with time, and the person who is caring for someone may themselves begin to feel depressed and anxious (☞7.4).

12.6.3 Promoting the mental health of carers

The first step is to recognise a person providing care who is at risk of experiencing mental health problems and may benefit from your support.

When the person providing care is elderly, isolated and/or suffering from physical health problems themselves, they are more likely to suffer from the stresses of caring. You must act to promote mental health before the person providing care becomes depressed. Whenever you visit the sick person, take a few minutes to talk to them about their own health. Do this in private, away from the sick person. Most carers would not be frank about their negative feelings in front of the person they are caring for. Keeping in regular touch with the sick person and the person providing care is the best way of promoting their mental health.

12.6.4 Helping a person providing care who is distressed

Helping a person who is providing care who is distressed requires patience and empathy, that is, the ability to put yourself in their situation and imagine what it must feel like.

- Listen to the person's experiences. Many carers will display an outward picture of strength, even when they are feeling sad. Always ask about feelings of sadness and, where appropriate, suicidal thoughts.
- Counsel for grief. Often, the person providing care is faced with the imminent death of the sick person. Preparing them for death and counselling them for grief (☞10.4) is an important task.
- Treat depression using both antidepressants and counselling (☞Box 4.1).

- Provide information on support groups for related health conditions (☞5.26) and help put the person in touch with other carers of people with long-term illnesses.
- Involve other members of the family. Speak to them and share your concerns about the stress on the person who is providing the mainstay of care. Suggest ways in which caring can be shared.
- Practical advice can be of great help. The tasks of feeding, bathing and toileting the sick person, and other daily activities, can be a struggle. Simple hints and suggestions on how this may be made easier will make a lot of difference (☞5.24).

CHAPTER 12 SUMMARY BOX
THINGS TO REMEMBER ABOUT INTEGRATING MENTAL HEALTH INTO HEALTH CARE PLATFORMS

- Mental health care needs to be integrated into all aspects of health care, including primary care, maternal and child health care, chronic disease care, reproductive health care, elderly care, and care for people with HIV/AIDS.
- The 5Cs (Collaborative, Coordinated, Continuing, person-Centred and Compassionate) are the key principles for the integration of mental health care.
- Take care to address the mental health needs of people caring for those who are sick.

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