

# INTEGRATING MENTAL HEALTH SERVICES INTO PRIMARY CARE IN THE ETHIOPIAN CONTEXT: A MULTIPLE METHOD STUDY

## Authors

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## Introduction

- Mental disorders substantially contribute to disability.
- Access to mental health services remains limited, with nearly a 90% treatment gap in Ethiopia.
- The impact of untreated mental disorders extends beyond clinical symptoms.
- Devastating impact on individuals, communities, and broader economic systems
- Primary care offers an important platform for service delivery.
- However, studies that examine integration of mental health services into primary care remain limited.

## Specific Objectives

- 1 Study 1: Map out evidence on the integration of mental health services into primary care across Africa
- 2 Study 2a: Understanding the health system-level support available for the integration of mental health services into primary care in Ethiopia
- 3 Study 2b: Examine the real-world integration of mental health services into primary care in Ethiopia

## Current Evidence in Africa

### METHOD

- JBI: Arksey and O'Malley methodology

### RESULT

- Several African countries are integrating mental health services into Primary care
- Services include screening/prevention, assessment, management, and referral of Mental disorders.
- Providers including nurses, midwives, physicians, physician assistants, pharmacists, community health workers, and lay counsellors were involved.

### GAPS IDENTIFIED

- Under-resourced mental health infrastructure
- Limited political commitment,
- Low community awareness
- Individual-level challenges include negative attitudes, knowledge, and skill gaps of providers.
- Unstructured and unstandardized implementation process.

## Ethiopia's Policy Approach

### METHOD

- Walt and Gilson's policy triangle.

### RESULTS

- Policies and strategies that support integration of mental health service are in place.

### GAPS IDENTIFIED

- Service focused on acute episodic care
- Limited guidance on Work-force training and retention.
- Key indicators missing from the Health Service Information Management System.
- Lack of protected budget for ongoing mental health services
- Limited community and service user involvement.
- sustainability concerns emerged as many initiatives were reliant on donors as sources of financial support.

## Real-World implementation in Gondar

### METHOD

- Multiple case study: Yinian Case study.

### RESULTS

- Integration followed a multi-prong approach
- Services included screening, counselling, health education, medication refills and specialist referrals.
- Positive patients and providers experience

### GAPS IDENTIFIED

- Limited training opportunities,
- Constrained clinical resources for practice
- Weak referral feedback loop,
- Excessive workload
- Limited monitoring and evaluation
- Limited community awareness & engagement
- However, some patients experienced dismissive attitudes while seeking care

## Impact

**PRACTICE :** The findings highlight the need to have designated office and trained providers.

Intalling and using e-mhGAP application would tackle screening tools scarcity

**POLICY:** Future policy making should actively involve patients and community members.

Guidance on strong monitoring and evaluation of implementation is needed.

**RESEARCH:** Evaluation and Implementation studies would further uncover crucial insights.



## Overall aim

To examine how and in what ways mental health services are currently being integrated into different primary care sites in Ethiopia

## Key Sources & Acknowledgements

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