# The 5-Steps Approach for Providing Mental Health care in PHC

#### Dr. Abdullah Dukhail Al-Khathami

ABF, FFCM, DTQM, MSc Med Educ (Cardiff-UK), Diploma/MSc PMHC (Nova-Lisbon, Portugal)

Consultant of Family & Community Medicine

Director PMHC initiative Program-MOH KSA

Vice - Chair Wonca WG on MH - EMRO

### 5-Steps Approach for providing PMHC in PHC

(approved by WHO,2019)

Does patient need MH

**Suspected** 

#### **Screening**

- Hidden agenda
- Stress?

Does patient need Referral?

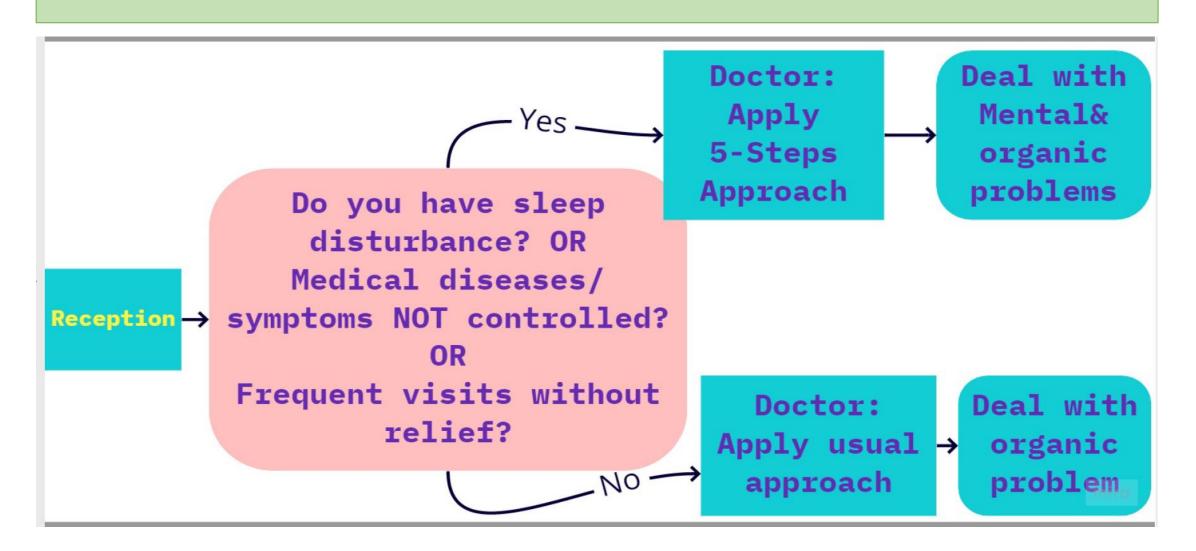
**Scoping** 

#### Diagnostic

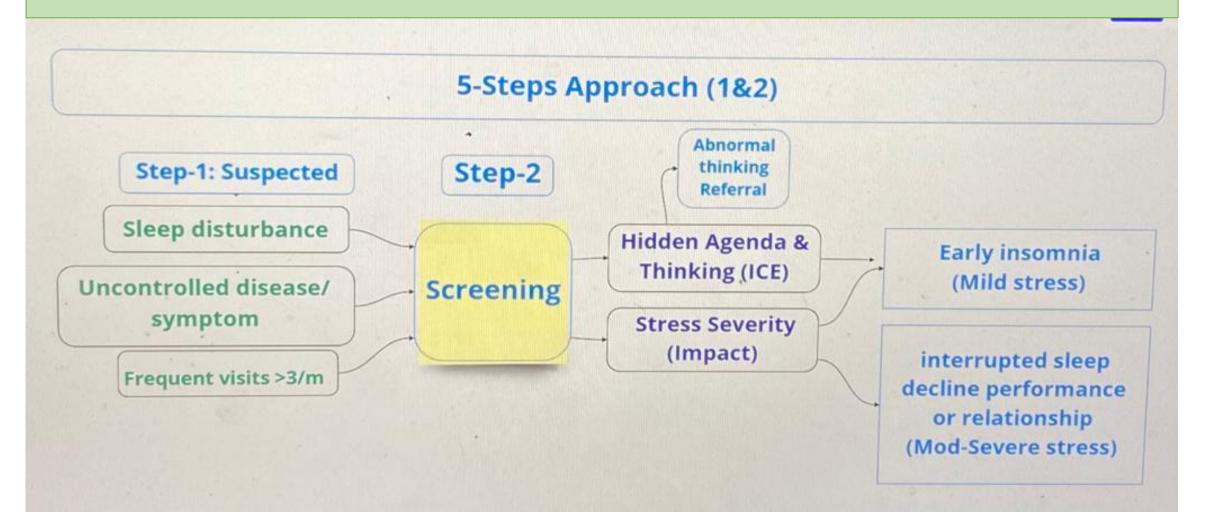
Depression & Anxiety Does patient need drug

Management

## **Step-1: Scoping**



## **Step-2: Screening**



## **Step-3: Scoping**

#### Aim:

#### Dose patient need referral?

- > Referral cases to specialist:
  - \* Emergency Psychiatry
  - \*\*OPD Psychiatry
  - # ODP psychology

- Suicidal\*
- Bipolar disorder\*
- Psychotic symptoms, e.g., hallucination or delusion\*
- Postpartum depression\*
- Child MH problems\*\* except enuresis
- Eating & Sexual disorders\*\*
- Drug abuse or alcohol misuse\*\*
- Personality disorders#
- Un-respond cases\*\*



## **Step-4: Diagnosis**

#### كيف يشخص الاكتئاب والقلق



عيادة الإرشاد الشامل - برنامج الرعاية النفسية الأولية

## **Step-5: Management**

Rule-ONE: mild Cases – Don't start on drug immediately

Rule-TWO: Moderate-severe Cases Start on drug Except 2 types

- 1. Side effect of medication: B-blockers, Steroid, Hormonal contraceptive
  - stop medication, modify & follow-up 1-week
- 2. Incooping with life event: conflict, divorce, loss, taking responsibility....
  - Try Narrative therapy as first step,
  - if no well-respond start SSRI e.g. Escitalopram 5mg for 1wk then 10mg

## **Prognosis**



## 1-2 wks Improvement



6-8 wks Remission



# Increase controlled chronic diseases

Safe health care resources

Decrease unnecessary medication & investigations

Proposed Outcomes

Relief patients & families sufferings

Increase Patient's & staff satisfaction

Decline Patients' frequent visits