



Therapeutic Approach to Mental Health within the First Level of Care. A Need for Awareness in Medical Work.

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Abstract: Mental health research revolves around the presence of disorders, an advanced stage in mental health loss. Currently for the comprehensive approach to health, more active participation from primary care is required, not for its treatment; but if for early detection, referring patients to specialized care from the beginning of what may be psychological or psychiatric problems.

This study is transverse of a qualitative type and was taken as a population shows 109 physicians from the District of Health III. The information was collected based on a previously developed tool, Likert-like scale, with the addition of open questions to gather the perceptions of doctors regarding the topic of interest, comprehensive health care.

The increased demand for perceived consultation revolves around entities whose cause-effects predominate in the biological sphere. Regarding emotional conflicts, doctors said they were uncomfortable at the patient's expression of these. Social problems were found absent within medical management.

Keywords: mental health, first level of care, perceptions

1. INTRODUCTION

One of the great achievements in health was in April 1948, when the World Health Organization began the search for the integral well-being of the individual, including biological, psychological and social management, which in a holistic way are combined in the concept of health in force until our present age¹.

It is in this "complete state of physical, mental and social well-being" that the subjectivity of the individual becomes important, and it is clear that it is not only the absence of conditions or diseases that should be seen as health. So, in this sense of well-being, the different processes related to thought, emotions, and behavior of people within society must be included, which shows how fragile the state of health can be.²

Current research documents the presence of mental disorders, which could be considered as an advanced stage in mental health loss, requiring for their management of specialized personnel. In this context, in 2001 more than 20% of the world's population had an emotional disorder that was a source of medical treatment, a percentage that would be exponentially increased if we took into account the initial stages, and that could be involved with diseases such as dyspepsia or irritable bowel syndrome³.

In the hard work of maintaining or recovering the integral health of individuals, doctors focus their efforts on the management of the biological area, which is best known to them, often leaving aside the intervention of the psychological and social sphere, thus delaying the patient's referral to specialized personnel for their treatment.

Proposing an approach to mental health by top doctors and especially within Latin America, is complex, due to the language and variety barriers in the worldview, product of the presence of great diversity of ethnicities. In this context, timely care, and the promotion of preventive factors in the population is complex⁴.

In addition to the above, there are some other conditions that put the health of the inhabitants at risk, such as migration flows, unemployment, and violence, which directly impact mental health⁵.

Assessing how top-level physicians address events that put patients' mental health at risk is an approach to finding strategies to achieve comprehensive patient care. Knowing the therapeutic approach currently performed by doctors in patients with adverse events for their mental health, gives the Mexican health system, the country where the study was conducted, the possibility of prioritizing resources in the areas of opportunity that need to be strengthened⁶.

Timely management and prevention of events that put mental health at risk allows actions to be implemented that reduce the costs involved in the treatment of complex nosocomial entities, reduces absenteeism, school and makes it easier for health personnel to find the health status of patients requesting their service⁷.

In the new prevention proposals, individuals with medically unexplained symptoms, functional disorders or who present the so-called body distress syndrome are conglomerate, pretending to protect them from excessive treatments, seeking the interaction of scientific theories such as the social sciences, anthropology, psychology that allows to solve their conflicts through ethically acceptable actions.

Achieving recognition of the main objective by health professionals and patients would be one of the first conflicts to overcome, a purpose described in the main postulate in *primum non nocere* medicine (first, not to harm), without losing sight that prevention is also not the panacea and that it is not intended to reject the medical interventions that would benefit patients⁸.

Preserving or restoring the health of individuals is one of the concerns of the institutions responsible for seeking social welfare, for which nations have health systems, which pour their efforts into achieving the optimal conditions for this purpose. Governments allocate resources to prevent, cure or rehabilitate diseases that are presenting over time, in the different environments in which societies develop.

Despite the recommendations issued by the World Health Organization, countries have not provided an adequate response in mental health management, which is further complicated by the poor quality of care provided, the 2011 Mental Health Atlas compiled by WHO reveals data demonstrating how limited resources countries provide to address mental health needs.

Mexico legally bases mental health care based on Article 72 of the General Health Law: "Article 72. Prevention and care of mental and behavioral disorders is a priority. It will be based on knowledge of factors affecting mental health, the causes of behavioral disturbances, methods of multidisciplinary prevention and control of such disorders, as well as other aspects related to the diagnosis, conservation and improvement of mental health."

From the Mexica legal frame work it is understood as mental health to the welfare state that the person perceives as an adequate result functioning of his cognitive, affective and behavioral sphere, which allow him for the proper development of his qualities, coexistence, work and recreation⁹.

In Mexico, as in the rest of the world, mental health has been seen solely as the absence of disease, so that the planning of mental health strategies initiates and ends again from the proposals for the management of pathologies.

This perception is evident in how health systems focus their efforts on the management and prevention of psychiatric entities, ignoring the fact that mental health, as well as biological health, is a plural and interdisciplinary field, where ideologies and conceptualizations provide enriching contributions, but at the same time require health workers to prepare and manage multidisciplinary management¹⁰.

Mexico's epidemiological transition makes laggards more noticeable in different health programs, multicultural environments existing at the national level make it even more difficult to implement centralized care models, insecurity and high rates of violence are a constant concern for the Mexican population, situations that have an intimate relationship and affect the mental health of individuals¹¹.

It is necessary to take into account the social factors that determine the presence and evolution of mental disorders, since, given their appearance and multifactorial etiology, factors such as

stigmatization and discrimination, can lead to late diagnosis and management, with the consequent deterioration of the individual in their other areas, therefore, the rapid detection of the balance between these depends on prevention and timely management¹².

There are theoretical approaches that with inclusive vision seek social participation to achieve the strengthening of health, in Chiapas the model Avila-Reyes represents an opportunity to ensure that, based on education, population groups become promoters of health and since it takes into account the symbolic interactionism of individuals facilitates that individuals achieve the empowerment of their own life, which results in increased self-care capacity¹³.

With these measures, the health system would be able to reduce the complications currently present in management, and by resuming prevention as a tool to reduce up to 30% of the burden currently posed by mental disorders, it must be recognized that the benefits of preventive interventions will be captured with greater consistency in the long term.

2. RESEARCH METHOD

In the Secretary of Health of the State of Chiapas, Mexico, 2,882 physicians work in first-level care, which corresponds to the working universe of this research. It was taken as a population to n.109 doctors from the District of Health III Border, who work directly in the care of patients with remarkably diverse pathologies, and who function as a filter in accessing more complex levels of care.

Selection criteria: All qualified physicians or interns who are caring for patients at the first level were included. Intern or first-class care physicians who are performing administrative or medical functions that are not in spaces for external consultation were excluded. Specialist doctors, general doctors or passing physicians in the second level of care were eliminated.

Study period: It was carried out in the period from 02 June 2019 to 28 March 2020 requesting authorization with the district chief to carry out the investigation.

Type of study: A transverse study of qualitative type was carried out, since it was desired to have, regardless of statistical support, the perceptions of doctors. The information was collected based on a previously crafted tool, Likert scale, and a semi-structured interview.

3. RESULTS AND ANALYSIS OF INVESTIGATIONS

The District of Health III, based in Comitán, Chiapas, Mexico, was the scene of this research, is composed of environments of rural predominance, where there is population that still speaks native languages with different levels of Spanish.

As in the rest of the state, there is an important cultural and economic diversity, the participating doctors, for the most part, are living immersed in this context and since the survey was not targeted on the basis of training characteristics, behavioral or labor, can be considered a representative sample of the State.

The medical staff who participated in the study are composed of individuals listed as young adult, 20 to 40 years old, (43), intermediate adult, 41 to 60 years, (65) and late adult (61 and up) (1).

The classification of the groups was carried out according to some considerations of the human development process described by Papalia, Olds and Feldman, observing that the greatest number of events corresponds to intermediate adults, having their apex in the age of 41 to 45 age (32), presenting the graph a greater trend in the number of events directed at that age, placing only one doctor within the heading corresponding to the late adult group.

In relation to the sex of the participants, the predominance of the female gender (62) over the male (47) corresponds to 56% of the total individuals studied, with a percentage difference of 13.7% in favour of women.

A female gender dominance was presented among the workers who make up this district, which, while not interfering with the activities carried out by the health system, could be a flattering factor for the management of patients, with emotional conditions at risk of their mental health. That is, considering the social roles described by Marta Lamas¹⁴ in her article: Feminist anthropology and the category "gender", which mark a greater sensitivity in the female gender, and that were present in this

research, being those who feel less discomfort, before patients who express some emotional vulnerability, a situation that has not been properly documented in the existing mental health studies and that could contribute to a more humane management of emotional conflicts.

It is these same social roles, which probably influenced men by feeling more uncomfortable by the expression of feelings, than by the presence of problems of daily life that need to be solved, a situation that requires the development of a practicality, which when making the decision to request multidisciplinary management, was not reflected in males, which would be explained by not considering it necessary, given the perceived relevance of the problem, on the part of the practitioner.

Causes of request for medical service by users (Reason for care): They were grouped in such a way that they were exposed to doctors by categories agglomerating those whose main component cause-effect goes in relation to the biological component (pregnant, chronic degenerative diseases, gastrointestinal), mixed (eating disorders) and psychological (depression and anxiety), existing within all risk factors that predispose to the existence of alterations to mental health. A peculiar fact found is that, the greater number of events resulted from the union of entities with mixed and psychological cause-effect.

In the report by doctors in relation to the request for services, the increased demand for perceived consultation is around entities whose cause-effect has predominance in the biological sphere (86%), contrast to the psychological sphere, which accounted for only 7%.

Relevance of health aspects addressed during the consultation: Doctors reported as the main activity to be carried out within health care, diagnosing organic problems (44%), followed by health promotion (29%) and thirdly remains interdisciplinary management (20%). Finally, emotional conflicts 6%. When the doctor determines the relevance of the topics addressed within the appointment, social problems were found absent.

Main source of knowledge in aspects related to mental health by doctors: This main source is the university in 68% of cases, self-taught preparation 30%; and 2% say they use the information obtained at conferences and conferences. Less than 1% mentioned receiving training from the institution where they work.

The remaining percentage (4%) it mentions as main sources of knowledge the acquisition of skills in the experience of their own therapeutic management, mass media and talks with specialized personnel in the area.

Doctors at the expression of emotional conflicts in patients: Doctors said they were uncomfortable at the expression of emotional conflicts experienced by the patient (69%), while 31% refer not to feel discomfort when this situation occurs, being mostly female doctors. Of the 75 doctors who express discomfort, 57% belong to the male gender and 42% to the female gender.

Among the generic responses obtained from the reason for such discomfort are mostly the perception of technical difficulties for the management of the patient during the consultation period: [It generates conflict by not knowing how to act or what to say at the time] [or, because in recent years they have not taken any training or course on these topics].

The answers obtained from doctors who did not perceive conflict at the time of the consultation revolve around the search for improvements of the condition that is cause for consultation, [since in many cases the problem of the patient is psychosomatic and listening to it helps a lot to its improvement].

Before a patient who in the external consultation declares to have family, work, or social problems, 71% of doctors allow the patient to express themselves, followed by 17% who refer to requesting a consultation with other disciplines. The remaining percentage change the conversation by returning to what they consider the main reason for the (biological) consultation or slows down the conversation with the patient (12%).

However, the discomfort that doctors may feel about the emotional expression of their patients is related to the inadequacy of the technical knowledge that facilitates the handling of these cases... and they said this in their answers to open questions: "Because sometimes we have to interfere in those aspects and we do not have the delicacy to face those problems as third parties"; "Because sometimes

I don't know what to answer them and I try to calm them down only and tell them that there are people who specialize in the subject”.

Physician's perception of nonverbal language. Of the respondents, the 65%, most women say they spend time to perceive the nonverbal language of patients, characterized by postures, gestures, crying, smile, nervousness, direct eye contact, voice tones, or repetitive movements, while 35% said they did not.

Source of information used by the physician to support the emotional state of patients: When feedback is needed due to the emotional state of the patient 36% of doctors referred as a source of information conferences or books, 24% have other sources such as the internet, movies, videos. For 40% say they make use of their own experiences, or close experiences.

4. CONCLUSION

Among the most important findings, the trend is demonstrated that doctors tend to direct their activity to the presence of alterations related to the biological sphere, considering emotional conflicts, as processes with less relevance during their activity, thus objectively losing the considering the individual as a whole, situation described in 2009 by Leon-Sanromà and collaborators in *Family Medicine and Mental Health*¹⁵.

It can be observed that the problems related to mental health were underestimated, demonstrated by the poor report that doctors made in relation to the request for care of patients who take data of depression or anxiety, even though the conditions of the region facilitate the presence of these clinical entities, considered to be the main cause of mental health problems worldwide, in the 2017¹⁶ report of Depression and other common mental disorders issued by WHO.

Indirectly we can warn that, doctors recognize the presence of conflicts in the daily life of the patient and that some relate the need for expression of the same with the search for well-being, allowing, in the space and time intended for medical care, the patient to verbalize their problems, which turns out to be one of the principles of emotional therapy, as Greenberg and Elliott¹⁷ describe in "The Focused Therapy on Emotions: An Overview".

This is a situation that is beneficial to the patient, however, it does not seem like a deliberate action, but the product of a passivity aimed at gathering information, since doctors seem not to conflict when deciding the direction to take its intervention, adopting an intermediate position, in the presence of a patient with manifestations of some emotional alteration.

The physician performs his activity as set by the guidelines of the Integrator Model of Health Care, which standard for staff to provide integrated health care, health promotion and multidisciplinary management, activities that were presented as priority in most of the clinical management evaluated, which is why within the consultation, the relevance of social problems went unnoticed and emotional alterations, when warned were directed to the corresponding area of attention.

It is necessary to take into account, that the current health program does not clearly mark the activities that have to be developed around mental health, so, although the staff shows a willingness to actively listen to the patient, to the detection of expressed emotional alterations of nonverbal behavior and to the timely reference with the area in charge of management, there is a risk of considering that the right thing is being done and from this approach perpetuating inappropriate practices, as reported by Vargas and Villamil¹⁸ in the article "Mental health and primary care in Mexico. Experiences of a collaborative care model."

It is risky that, within the consultation, social problems, present in the context in which the patient is immersed, are not considered relevant, since, in all research carried out around mental health, they are marked as an important factor for the development of disorders.

Working for mental health is not about doing one more activity within the office, but realizing that the damage caused by its omission is a real public health problem, and that as this conflict is not resolved we will continue very far from achieving the integral health of individuals.

It is appropriate to review the origins of medical activity and to return some of its initial philosophy, not in order to an absurd and impossible setback in time, nor to strip away the activity of scientific

advances made over the years, but with the vision of the enrichment that historical experience has given us, pointing out that an attitudinal change is necessary, in order to resume the ageing consciousness, where the doctor was not only a cluster of knowledge, but a human being concerned with the physical, mental and spiritual health of the sick.

REFERENCES

- [1] Alcántara, G. La definición de salud de la Organización Mundial de la Salud y la interdisciplinaria. *Sapiens. Revista Universitaria de Investigación*. 2008; 9(1): p. 93-107.
- [2] OMS. WHO. [Online]; 2019. Acceso 10 de febrero de 2020. Disponible en: https://www.who.int/features/factfiles/mental_health/es/.
- [3] Instituto Nacional de las Mujeres. CEDOC. [Online]; 2019. Acceso 10 de Enero de 2020. Disponible en: http://cedoc.inmujeres.gob.mx/documentos_download/100779.pdf.
- [4] Reyes-Guillén I. *Revista Médica Electrónica Portales Médicos*. [Online]; 2016. Acceso 10 de febrero de 2020. Disponible en: <https://www.revista-portalesmedicos.com/revista-medica/muerte-materna-percepciones/>.
- [5] Nazar A y Zapata E. Género, pobreza y salud mental. *Revistas ECOSUR*. 2004; p.14-17.
- [6] Madrigal E. Fortalecimiento de la salud mental en México: recomendaciones para una psiquiatría comunitaria. *Salud Mental*. 2016; 39(4): p. 235-237.
- [7] OMS. *Invertir en Salud Mental*. Ginebra: Organización Mundial de la Salud, Asamblea Mundial de la Salud.
- [8] Martins C, Godycki-Cwirko M, Heleno B, Brodersen J. Quaternary prevention: reviewing the concept. *European Journal of General Practice*. 2018; 24(1).
- [9] Becerra-Partida O. La salud en México, una perspectiva, histórica, jurídica y bioética. *Persona y Bioética*. 2014; 18(2).
- [10] Macaya X, Pihan R, Benjamín V. Evolución del constructo de Salud mental desde lo multidisciplinario. *Humanidades Médicas*. 2018; 18(2): p. 215-232.
- [11] Berenzon S, Saavedra N, Medina-Mora M, Galván J. evaluación del sistema de salud mental en México: ¿hacia dónde encaminar la atención? *Revista Panamericana de Salud Pública*. 2013; 33(4).
- [12] Reyes-Guillén I, Villafuerte M, et al. *Revista Médica Electrónica Portales Médicos*. [Online]; 2018. Acceso 11 de febrero de 2020. Disponible en: <https://www.revista-portalesmedicos.com/revista-medica/tuberculosis-pulmonar-estigma-y-pobreza/>.
- [13] Ávila F, Reyes-Guillén I. Modelo AR_ Abordaje de la salud comunitaria basado en la educación, pensamiento, lenguaje y simbolismo. *Espacio I+D Innovación más Desarrollo*. 2017; 13(100-111). doi: 10.31644/IMASD.13.2017.a06).
- [14] Lamas, Marta. La antropología feminista y la categoría de género. *Nueva antropología [internet]* 1986; VIII(30): 173-198. Recuperado de <https://www.redalyc.org/pdf/159/15903009.pdf>
- [15] León-Sanromá, M, Aragonés Benaiges E, Echelbaum Sánchez, D y Pascual Pascual P. *Medicina de Familia y Salud Mental. Atención Primaria*. 2009. 41(8).
- [16] OMS. *Estrategia mundial para la prevención y el control de las enfermedades no transmisibles*. Ginebra: Organización Mundial de la Salud, Asamblea Mundial de la Salud. 2017. A53/14.
- [17] Greenberg y Elliott¹⁸ en “La Terapia Focalizada en las Emociones: Una Visión de Conjunto”. 2015. Consultado en: <https://studylib.es/doc/8252927/la-terapia-focalizada-en-las-emociones--una-visi%C3%B3n-de-con...>
- [18] Vargas B, Villamil V. La salud mental y la atención primaria en México. *Experiencias de un modelo*. *Salud Mental*. 2016; 39(1): p. 3-9.

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Citation: *PhD Flor Ivett Reyes Guillén, et.al. "Therapeutic Approach to Mental Health within the First Level of Care. A Need for Awareness in Medical Work." International Journal of Research in Sociology and Anthropology (IJRSA), vol 6, no. 2, 2020, pp. 07-13. doi: <http://dx.doi.org/10.20431/2454-8677.0602002>.*

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