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### Integration of mental health services into primary health care

**Usha Rani Chadalawada**

Government Siddhartha Medical College, India

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life and work productively and fruitfully. The concept of mental health has been discussed in the ancient Ayurvedic treatise on childhood diseases, disabilities in Sri Lankan medical chronicles and literature, Jathaka's stories dealing with the life of Buddha and also well attested in the sermons of the Prophet Muhammed. There are principles for integrating mental health into primary health, several myths, scientifically proven successful ventures due to intervention carried out for babies who were at high risk. There are well founded preventive strategies for mental illnesses and the role of communities in rehabilitations. A number of justifications are presented in support of integrating mental health into primary care, the tasks that lie ahead of primary care services and benefits of well organized programs of primary health care.

[dr.usha1@gmail.com](mailto:dr.usha1@gmail.com)

### Addressing future health priorities: Impending explosion, possible solutions

**V L Gupta**

Avanti Institute of Cardiology Pvt. Ltd., India

WHO projections of burden of illness and future health sector priorities in developing economies of the world, like India, clearly shows non-communicable diseases, NCDs will dominate the health sector scenario by 2015. Though it has not happened but it is certainly waiting to happen and we must be prepared to handle the same before it is late. NCDs that are in priority listing are cardio-vascular diseases (CVDs), cerebro-vascular episodes (CVEs), cancers, road traffic accidents (RTAs), bipolar depression, chronic kidney disease (CKDs) and others. There is almost three fold rise in incidence of CVDs in last decade in India. CVEs & CKDs are following the trend, partly because of common risk factors viz., diabetes mellitus, hypertension etc. At least, two of these, i.e., CVDs and CKDs complement each other and act as catalyst in increasing the combined morbidity and mortality. CVEs can be grouped because of common risk factors, therefore for ease of comprehensive preventive program. Outcome of either of them is affected or worsened by onset of or presence of other. So there is substantial rise in mortality. This is the impending explosion we need to foresee and deal with. Vision, therefore, to tackle this explosion includes targeting primary prevention in high risk population. Secondary prevention, i.e., measures to de-accelerate or delay progression of CKD & CVD and thereby reducing the end stage disease and combined bad outcome. Possible Approach and road map is outlined by proposing National Prevention Program, NPP for NCDs probably comprehensive combined single program for CVD, CVE & CKD which will also include, primary prevention & secondary prevention parts. The primary prevention envisage the regular screening and follow up for patients at risk of developing one of these NCDs viz., diabetes mellitus, hypertension, obesity, dyslipidaemias, etc. Arranging health education and awareness camps and many more activities through community based approach. Secondary prevention: Once NCD is diagnosed, secondary prevention should target slowing down and de-accelerating the progress and reduce complications, morbidity & mortality, so the ultimate burden is reduced. All evidence based measures to slow down the progress should be implemented scrupulously, best done by establishing "NCD CLINICS" with regular follow up schedule and multidisciplinary management, through hospital based approach. Outreach of such a program in a country like India can be enhanced by using disruptive technologies like smart phone based apps, wider use of internet, to create awareness, health education, discriminate evidence based management guide lines, follow up and to answer question like, "what should be done now?" Goals of Management, Tackling CKD Explosion are reduce incidence of NCD through primary prevention under national prevention program, community based approach. Slow down progression of NCD to end stage, through secondary prevention under NPP thereby reducing number of incident end stage disease, hospital based approach. Enhance outreach, by use of disruptive technologies. Provide, evidence based conservative and palliative care for end stage NCDs, through NCD clinics, thereby improving survival and quality of life.

[vigupta14@rediffmail.com](mailto:vigupta14@rediffmail.com)