
POSTER ABSTRACT

Experience, challenges and recommendations for integrated care in mental health in Mexico

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Introduction: Depression, anxiety and suicide are serious psychiatric conditions that affect young Mexicans (1), depression in itself shows a prevalence greater than 16%. Suicide deaths rank second among youth aged 10-24 with rates of 6/100,000 deaths, while the first place of deaths is due to violence by firearms with 15/100,000 deaths (1). In addition, young people are among those with the least access to effective mental health interventions.

Mexico faces great challenges in the search for an efficient integrated care model in mental health (MH), the medical care processes are fragmented in the healthcare systems and uncoordinated within them, generating a loss of continuity in medical care with resources insufficient and poorly distributed (2). In this perspective, the objective of this work is to propose an integrated care model in MH for the detection and care of depressive disorders in young people, based on Primary Health Care (PHC) and linked to specialized services. The research is based on the implementation science framework, which proposes different phases and specific activities to increase the probability of success (3). The Exploration Stage, incorporates the perception, needs and mental symptoms of young people, identifies resources for healthcare considering uses, customs and care preferences in their community. The Installation Stage, serves to design the intervention, enable and/or generate resources for care. The Initial Implementation Stage, identifies candidates, start ups and evaluates the feasibility of the model. The Total Implementation Stage, lies in the scaling of the model. For the purposes of this presentation, we will only present the experience of the 1st Stage of the study.

Conclusions: Integrated care in MH in young people implies transforming the form of PHC, how promotion of MH is done, prevention of depression, early diagnosis, and timely treatment. To approach the community, we resorted to a mapping identifying key social actors, we carried out promotion of MH and dissemination of the project using previously prepared graphic-written material. A community situational diagnosis allowed us to identify the available resources necessary for the investigation. Young people and other people from the community were invited to integrate into focal interviews, to incorporate the care needs, as well as become an active agent of change through the mental health education provided.

Implications: The integrated care models for MH in PHC--Specialized care, could be an efficient alternative in the care of MD, by incorporating the care needs of the target population, their preferences, and resources available in their own community (4). Providing MH education to young people, their families and other people in the community as social actors, enables empowerment and involvement as active agents of change, facilitating the care process and its sustainability.

Keywords: Mental disorders, Youth, Primary-Care, Integrated-Care.

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