Given the high prevalence of chronic diseases such as diabetes or HIV/AIDS among individuals with mental disorders, there is a need to undertake special efforts to identify and address both mental health and other medical issues in this population on a timely basis.

In order to address mental health problems more effectively, health professionals need better tools and strategies for their detection and management. For this reason, one key project of the World Health Organization (WHO) Department of Mental Health and Substance Abuse is that the development of the classification of mental and behavioral disorders in the forthcoming ICD-11 (International Classification of Diseases, Eleventh Revision) to more effectively identify people in need of mental health services. In the words of the International Advisory Group for this project:

“People are only likely to have access to the most appropriate mental health services when the conditions that define eligibility and treatment selection are supported by a precise, valid, and clinically useful classification system.” (International Advisory Group for the revision of the ICD-10 Mental and Behavioural Disorders, 2011, pp. 90).

Due to the significant treatment gap for mental disorders, as well as the shortage of mental health professionals around the world, it has been proposed that the identification and management of common mental disorders needs to be carried out in primary care settings. For this reason, in addition to a version of ICD-11 mental and behavioral disorders for use by mental health specialists, it was considered important to develop a version for use by primary health care providers. In accordance with the mission of WHO to reduce the global burden of disease, an important goal of this process has been to improve the clinical usefulness of this nosological system.

The proposed ICD-11 classification of mental disorders for primary care consists of 27 mental disorders considered to be most clinically relevant in these settings, either because they are common (such as depression) and/or because it is important that they are recognized by first-contact health care providers (e.g., schizophrenia or autism, which although not common in primary care, are important to identify so that they are properly addressed or referred for specialized treatment when possible and appropriate) (Goldberg, 2011). The ICD-11 classification of mental disorders for primary care practice has been developed not simply by summarizing the specialist classification but rather based on an evaluation of the needs and priorities of primary care practice (Gask, Klinkman, Fortes & Dowrick, 2008).

Additionally, as has been done with the ICD-11 classification of mental disorders for specialists, the revised proposals have been evaluated in field studies. ICD-11 studies in primary care settings have emphasized high-prevalence disorders associated with significant disease burden, and for which clinical descriptions have been modified substantially. This includes mood and anxiety disorders, as well as the occurrence of multiple somatic symptoms associated with significant distress and functional impairment (Lam et al., 2013; Goldberg et al., 2017; Goldberg et al., 2016).

The WHO Department of Mental Health and Substance Abuse has also developed and evidence-based management guidelines specifically designed for implementation in primary care settings as part of the WHO Mental Health Gap Programme (WHO, 2016). Using these management guidelines, first-contact health care provider who has identified any of the mental disorders included in the significant mental health issues, can determine
the best way to begin managing the condition, or whether
the best course of action is to refer the individual to a mental
health specialist (when this is feasible within the particular
environment).

Finally, in the case of new diagnoses proposed for the
ICD-11 classification of mental disorders for primary care,
treatment models, based on techniques that have proven ef-
fective, are being designed and evaluated. For example, in
the case of the new proposed category called “Body Stress
Syndrome” (BSS) a modular treatment for depression, anxi-
ety and somatic symptoms was designed –considering the
relationship of the somatic responses to stress with symp-
toms of depression and anxiety as confirmed in one of
the field studies (Goldberg et al., 2016). This intervention
was based on having confirmed cognitive behavioral tech-
niques: behavioral activation, training in deep breathing
and in Jacobson’s muscle-pair relaxation, identification and
modification of thoughts related to depression and anxiety,
and exposure and significance of physical symptoms. This
intervention proved effective in Mexican patients with BSS,
and several primary care providers from different countries
its relevance and feasibility for implementation in their
workplaces (Robles, 2016).

In conclusion, it is evident that these tools can make
an important contribution to the development of the capac-
ity of primary care professionals to be more involved in the
management of the mental health problems experienced by
their patients. However, adoption of these practices will also
depend on the raising awareness and providing training for
primary care professionals in their particular contexts. Only
through reducing stigma and fear through motivation and
knowledge can the identification and treatment of primary
care mental disorders in primary care settings become a daily
reality.

REFERENCES

the case for a new classification system for mental disorders in primary care.
European Psychiatry, 23(7), 469-476.
settings: the ICD-11-PHC. International Psychiatry, 8(1), 1-3.
Goldberg, D. P., Reed, G. M., Robles, R., Minhas, F., Razzaque, B., Fortes, S., … &
Saxena, S. (2017). Screening for anxiety, depression, and anxious depression
in primary care: A field study for ICD-11 PHC. Journal of Affective Disorders,
213, 199-206.
Goldberg, D. P., Reed, G. M., Robles, R., Bobes, J., Iglesias, C., Fortes, S., … &
ICD-11 PHC, WHO’s revised classification of mental disorders in primary care
International Advisory Group for the Revision of ICD-10 Mental and Behavioural
Disorders. (2011). A conceptual framework for the revision of the ICD-10 clas-
sification of mental and behavioural disorders. World Psychiatry, 10(2), 86-92.
Lam, T. P., Goldberg, D. P., Dowell, A. C., Fortes, S., Mbatia, J. K., Minhas, F. A.,
& Klinkman, M. S. (2013). Proposed new diagnoses of anxious depression and
bodily stress syndrome in ICD-11-PHC: an international focus group study.
Family practice, 30(1), 76-87.
Robles R. (2016). Tratamiento psicosocial de pacientes con síntomas somáticos sin
causa médica: el caso de México. En el taller: Diagnosing and treating medical-
ly unexplained symptoms: proposals from ICD-11 PHC. Trabajo presentado en
el 21st WONCA World Conference of Family Doctors. Rio de Janeiro, Brasil, 2
al 6 de Noviembre de 2016.
World Health Organization. (2016). mhGAP intervention guide for mental, neurolog-
Ginebra: World Health Organization.