ABSTRACT: Some of the theoretical tenets of family therapy such as emphasis on the activation and utilization of existing family resources and the importance it accords to context appear to have a good fit with primary health care’s commitment to empowering individuals in their struggle against ill health and the circumstances in which it occurs. This paper explores the possibility of teaching a problem-solving approach to family therapy to nurses in a South African primary health care system. Training consisted of conceptual, pragmatic, and self-growth exercises, and trainees' conceptual and performance skills were compared to the skills of a group of untrained nurses.

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This paper describes an attempt to teach basic skills in family therapy to primary health care nurses in Soweto. It assumes that including psychological services at a primary health care level will help meet an under-provided for set of needs, and contribute to the World Health Organisation's goal of Health for All by the year 2000.

Research in the Netherlands shows that the inclusion of psychological services in primary health care appears to raise the quality and lower the costs of health care. In areas where psychological services are available, mental health hospital admissions have been reduced from the national rate of 2.4 to 1.1 per 1,000 population (Derkson, 1986). In the United States, Goldberg, Krantz, and Locke (1970) examined the effects of short-term outpatient mental health treatment on the use of general medical services by 256 patients in Washington DC. The number of patients seen for non-psychiatric medical services decreased by 13.6%, and there was a 15.7% decrease in the number seen for laboratory and X-ray procedures. These changes were associated with reduced costs to clients and providers.

Focusing on the economic benefits of introducing mental health services, Borus and others (Borus, Olendzki, Kessler, Burns, Brandt, Broverman, & Henderson, 1985) examined the medical records of 400 patients for a five-year period. Patients using ambulatory mental health care facilities made less use of medical services than patients who did not use such facilities. They concluded that:

By the second post-treatment year, the untreated group used 1.53 as much non-psychiatric medical care as the treated group, and averaged more than $94 per year in increased non-psychiatric medical costs compared to the treated group (Borus et al., 1985).

These data support the assumption that including mental health services at a primary health care level may reduce the number of hospital admissions, and the costs born by clients. However, they do not explain these effects.

DISEMPOWERMENT AND AGENCY

One explanation is taken from the perspective of critical medical anthropology. This is that individual experience is fitted to popular