

MAINSTREAMING MENTAL HEALTH: CONTEXT, CHALLENGES AND CRITICAL PATHWAYS

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GLOBAL MENTAL HEALTH

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What is mental health?

- ▶ Mental health is defined by WHO as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”.

GLOBAL MENTAL HEALTH

- ▶ WHO Video – Introduction to Mental Health
- ▶ <https://www.youtube.com/watch?v=L8iRjEOH41c>

GLOBAL MENTAL HEALTH

Prevalence of mental disorders – GBD study

Mental Health Disorder	Estimated prevalent cases in 2013 (millions)
Anxiety Disorders	265.6
Major depressive disorder	253.3
Dysthymia	102.4
Alcohol Use Disorders	76.9
Alzheimer's Disease	53.1
Bipolar Disorder	48.8
Schizophrenia	23.6

GLOBAL MENTAL HEALTH

How common are common mental disorders?

- ▶ 174 surveys - pooled sample 829,673 people
- ▶ Last 12 months - 1 in 6 (17.6%, CI:16.3-18.9%)
- ▶ Lifetime ever – 3 in 10 (29.2%, CI: 25.9-32.6%)
- ▶ Women : Men - Mood disorders - 7.3% : 4.0%
Anxiety disorders - 8.7% : 4.3%
Substance use disorders - 2.0% : 7.5%

Steel Z, Marnane C, Iranpour C, et al. The global prevalence of common mental disorders: a systematic review and meta-analysis 1980–2013. *Int J Epidemiol* 2014; 43: 476–93.

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Global Burden of Disease study

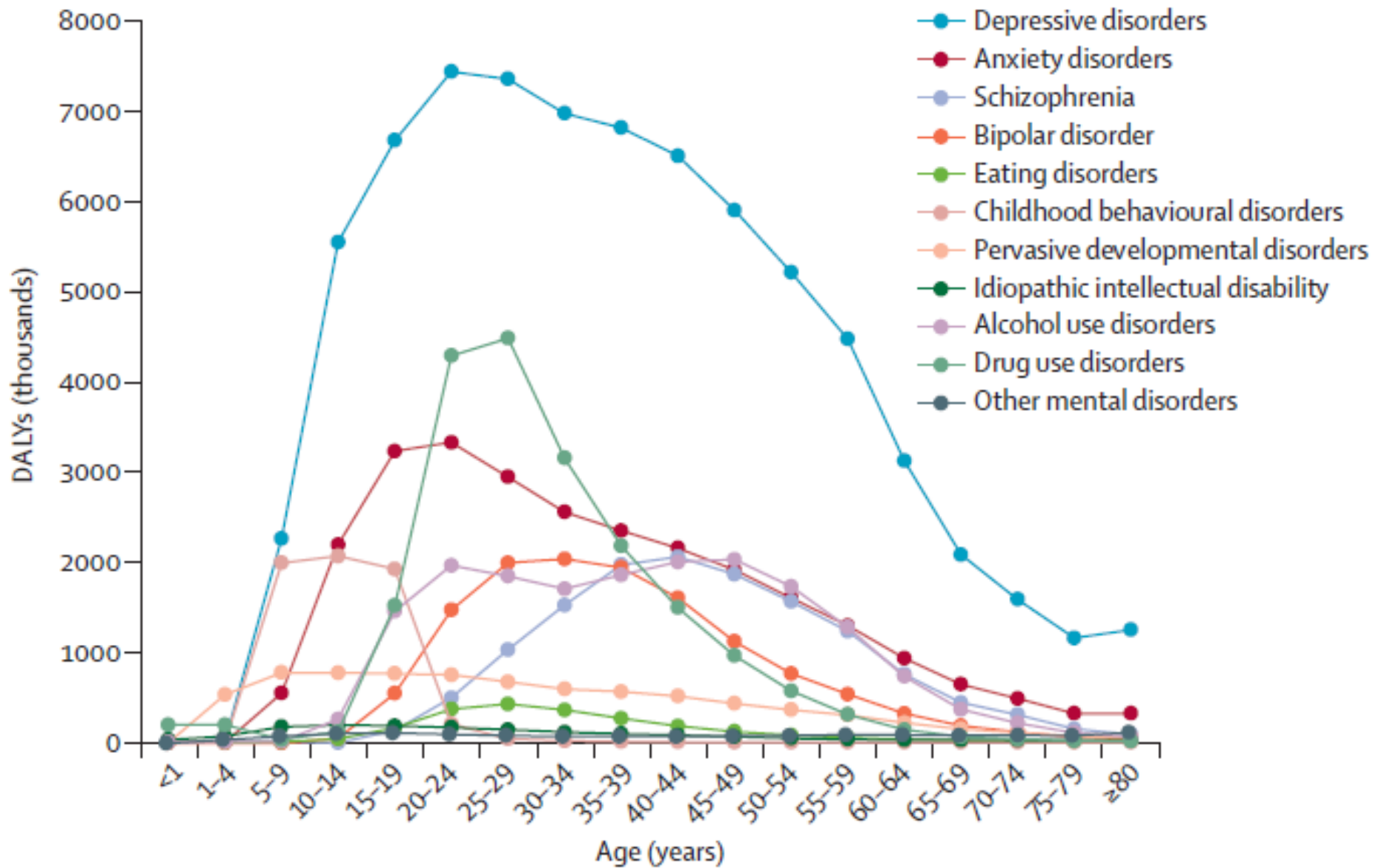
YLDs – Years Lived with Disability

- ▶ Major depressive disorder – 2nd Anxiety disorders – 7th
- ▶ Schizophrenia – 11th Dysthymia – 16th Bipolar Disorder – 17th

Mental Health is 1st leading cause of YLD (22.9%)

Mental Health is 5th leading cause of all DALYs (7.4%)

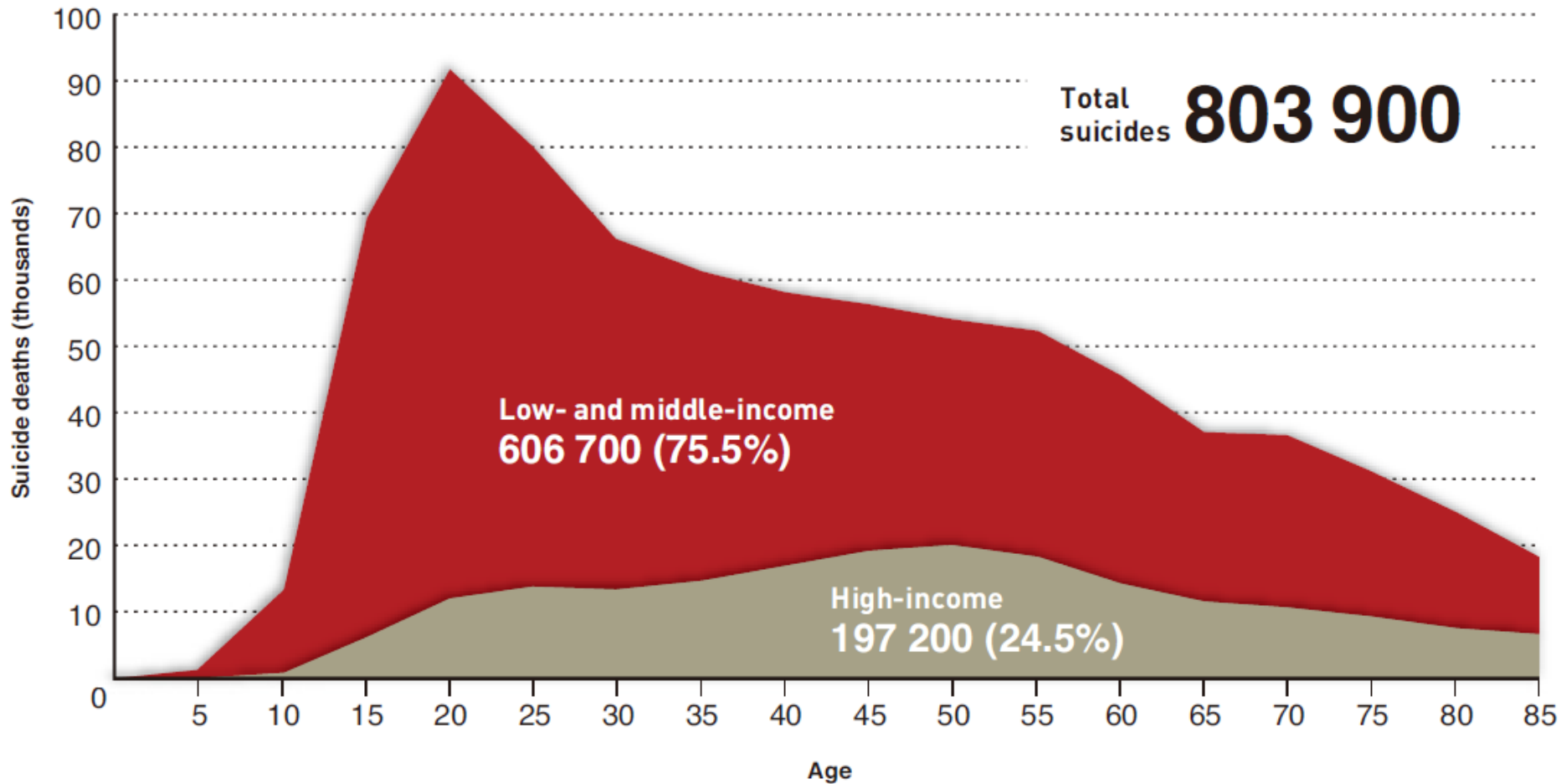
GLOBAL MENTAL HEALTH



Whiteford et al
2013 Global
burden of disease
attributable to
mental and
substance use
disorders:
findings from the
Global Burden of
Disease Study
2010. Lancet 382:
1575-86

GLOBAL MENTAL HEALTH

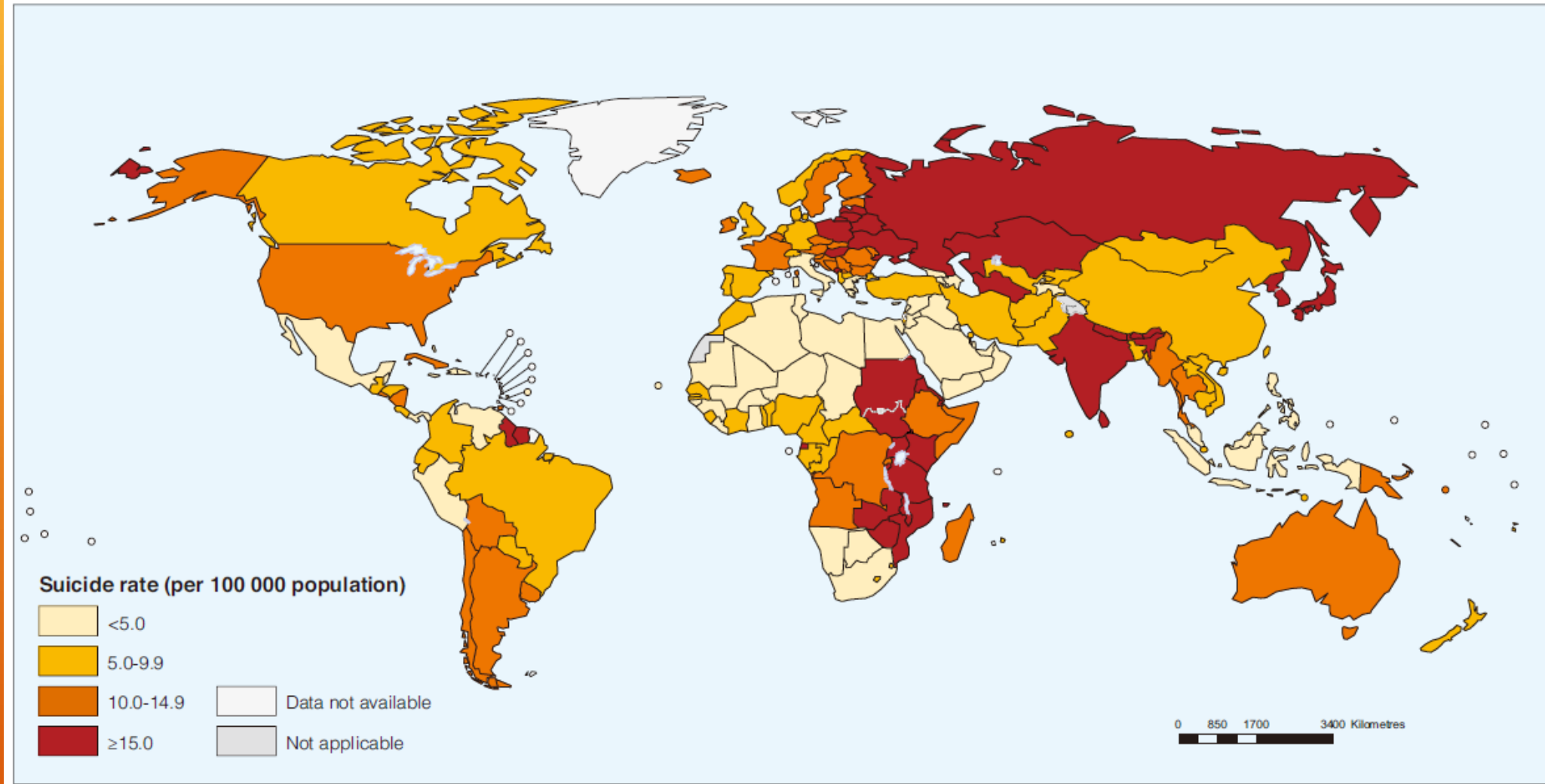
Figure 2. Global suicides by age and income level of country, 2012



GLOBAL SUICIDE RATES

Source: Preventing Suicide: A Global Imperative, WHO 2014

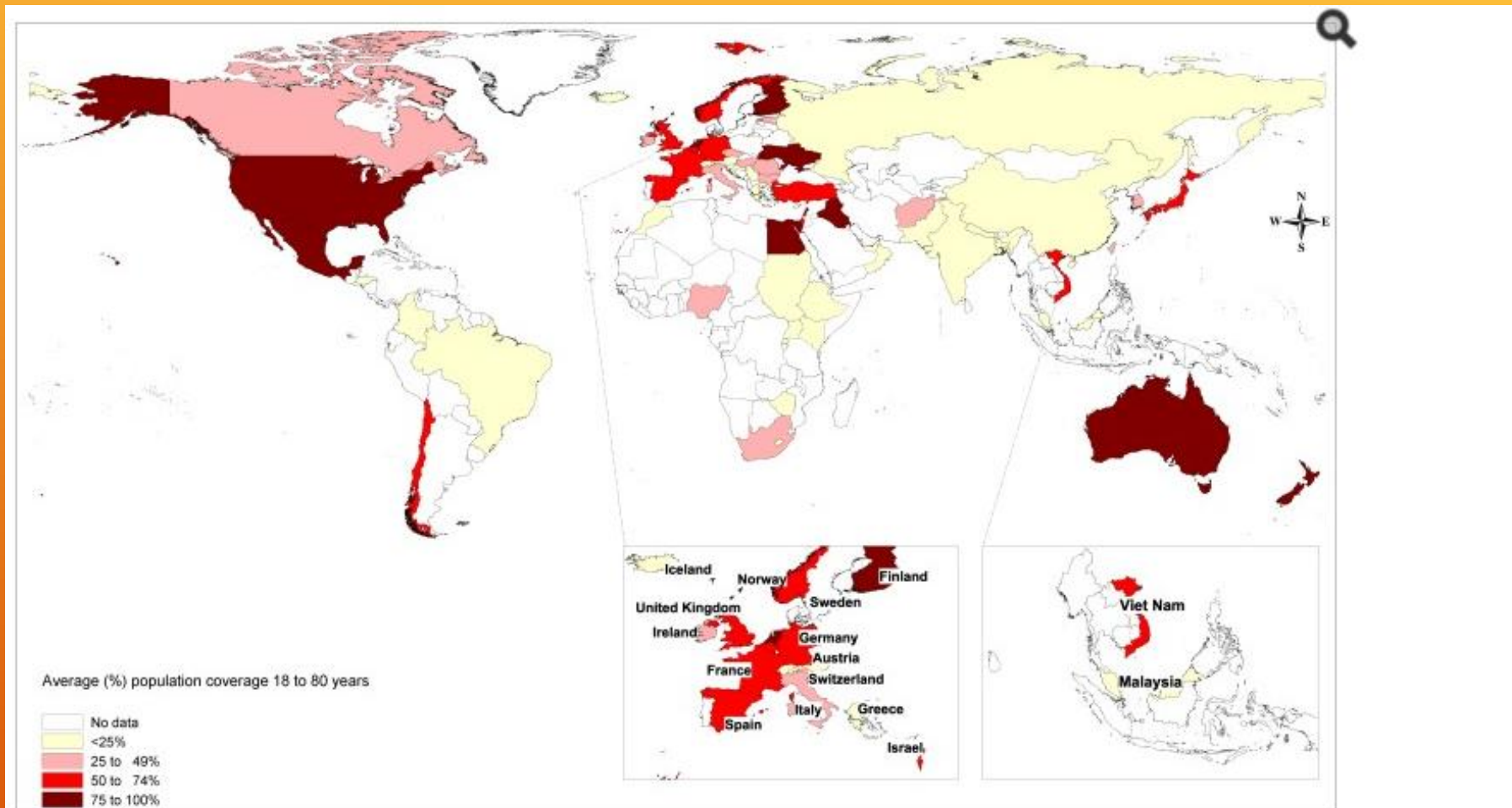
Map 1. Age-standardized suicide rates (per 100 000 population), both sexes, 2012



GLOBAL SUICIDE RATES

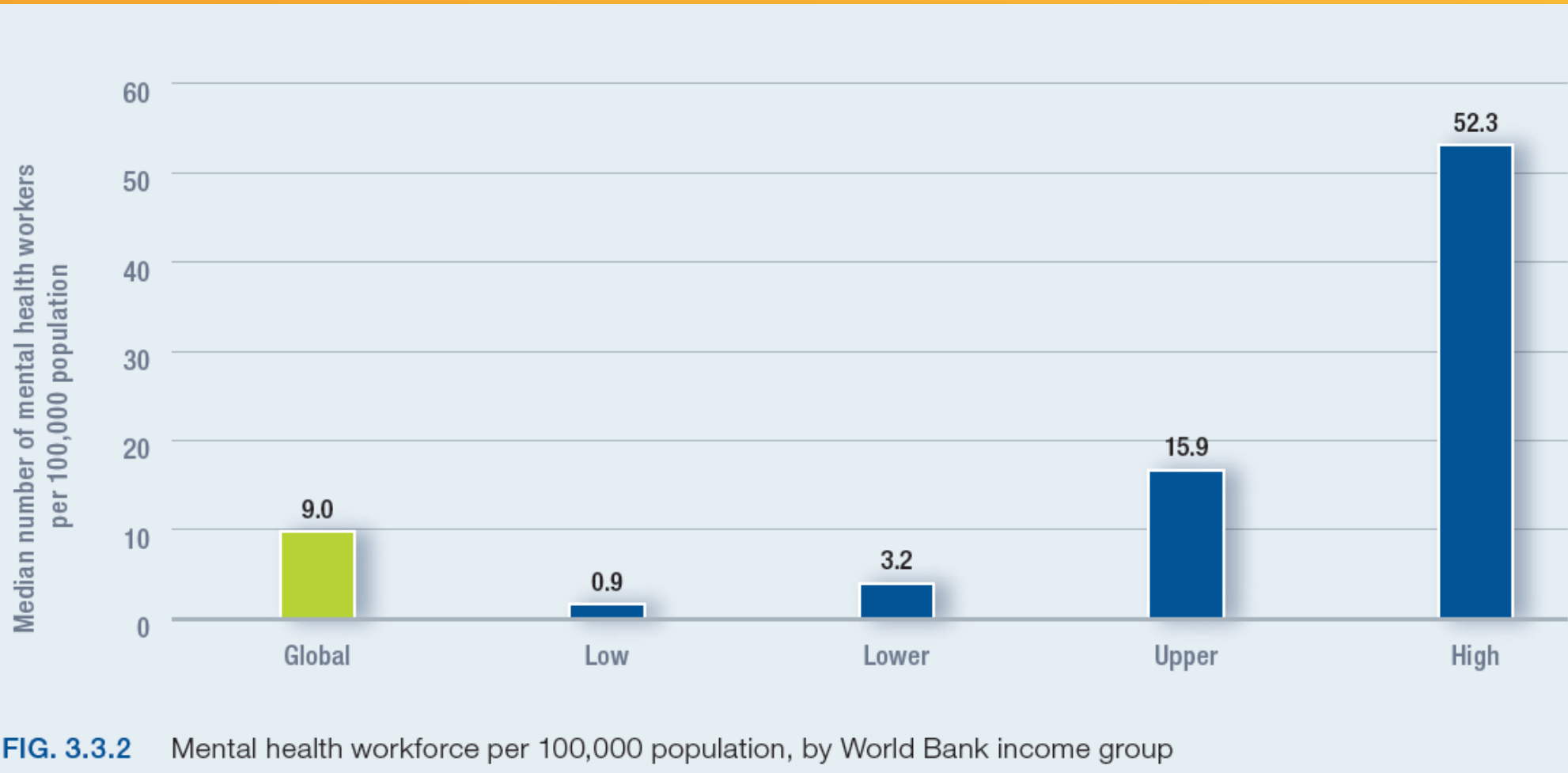
Source: Preventing Suicide: A Global Imperative, WHO 2014

GLOBAL MENTAL HEALTH - SURVEYS



Population coverage of prevalence data for common mental disorders: averaged across major depressive disorder, dysthymia and anxiety disorders.

GLOBAL MENTAL HEALTH - WORKFORCE



Source: Mental Health Atlas 2014, WHO

SOCIAL DETERMINANTS OF MENTAL HEALTH

- ▶ Demographic factors such as age, sex, and ethnicity
- ▶ Socioeconomic status: low income, unemployment, income inequality, low education, low social support
- ▶ Neighbourhood factors: inadequate housing, over-crowding, neighbourhood violence
- ▶ Environmental events: natural disasters, war, conflict, climate change, and migration
- ▶ Social change associated with changes in income, urbanisation, and environmental degradation



GLOBAL MENTAL HEALTH – HUMAN RIGHTS

Denial of economic, social and cultural rights –

- ▶ the rights to **work** and **education**,
- ▶ **reproductive** rights
- ▶ unhygienic and inhuman **living conditions**,
- ▶ physical and sexual **abuse, neglect**, and **harmful** and **degrading treatment** practices in **health facilities**.
- ▶ the right to **marry** and found a **family, personal liberty**, the right to **vote**
- ▶ the right to exercise their **legal capacity** on other issues affecting them, including their **treatment and care**.

► Financial Burden of Mental Disorders Globally (US\$ billions)

	Low- and Middle-Income Countries			High-Income Countries			World		
	Direct Costs	Indirect Costs	Total Cost of Illness	Direct Costs	Indirect Costs	Total Cost of Illness	Direct Costs	Indirect Costs	Total Cost of Illness
2010	287	583	870	536	1,088	1,624	823	1,671	2,493
2030	697	1,416	2,113	1,298	2,635	3,933	1,995	4,051	6,046

► Lost economic output 2011-2030 (US\$ trillions)

Country income group	Diabetes	Cardiovascular diseases	Chronic Respiratory diseases	Cancer	Mental Illness*	Total
High	0.9	8.5	1.6	5.4	9.0	25.5
Upper-middle	0.6	4.8	2.2	2.3	5.1	14.9
Lower-middle	0.2	2.0	0.9	0.5	1.9	5.5
Low	0.0	0.3	0.1	0.1	0.3	0.9
LMIC	0.8	7.1	3.2	2.9	7.3	21.3
World	1.7	15.6	4.8	8.3	16.3	46.7

GLOBAL MENTAL HEALTH - COSTS

MOVEMENT FOR GLOBAL MENTAL HEALTH

- ▶ Informal networks and advocacy
- ▶ Lancet series 2007
- ▶ Global 'treatment gap'
- ▶ Human rights
- ▶ Financial resources
- ▶ Integration of MH in other health platforms

“Now we need political will and solidarity, above all from the global health community, to translate evidence into action...

The time to act is now”

<http://globalmentalhealth.org/>



GLOBAL MENTAL HEALTH - POLICY

▶ WHO Mental Health Action Plan 2013-20

http://www.who.int/mental_health/action_plan_2013/en/

- ▶ Goal – “To promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders”



GLOBAL MENTAL HEALTH - EVIDENCE

What works in prevention -

- ▶ Life-skills training in schools
- ▶ Regulate alcohol
- ▶ Control means of suicide (eg, pesticides)
- ▶ Parenting programmes
- ▶ Awareness campaigns

What works in Self-Care –

- ▶ Physical activity and relaxation training
- ▶ Education about early symptoms
- ▶ Web-based and smartphone-based psychological therapy and treatment
- ▶ Self-monitoring of substance use

GLOBAL MENTAL HEALTH - EVIDENCE

What works in Primary Care –

- ▶ Diagnosis and management of depression
- ▶ Continuing care of schizophrenia and bipolar disorder
- ▶ Collaborative stepped care by non-specialist case managers
- ▶ Psychological treatment for mood, anxiety, ADHD, and disruptive behaviour disorders
- ▶ Interventions to support caregivers of patients with dementia
- ▶ Screening and brief interventions for alcohol use disorders

What works in Hospital/Tertiary Care –

- ▶ Diagnosis and management of acute psychoses
- ▶ Management of severe maternal depression
- ▶ Management of depression and anxiety disorders in other health platforms e.g. HIV, other NCDs, maternal health
- ▶ Specialist health-care packages for underlying MNS disorders for self-harm/suicide
- ▶ Psychological treatments (e.g. cognitive behavioural therapy) for refractory cases of substance abuse disorders

MENTAL HEALTH SITUATION IN NEPAL: WHAT DO EVIDENCES SAY?

SUDEEP UPRETY

*Acknowledgement:
Bipul Lamichhane*

MENTAL HEALTH AS UNDERSTOOD IS ...

- ▶ "psychological state of someone who is functioning at a **satisfactory** level of emotional and behavioral adjustment“
- Mental Health Commission, Government of Western Australia



MENTAL HEALTH AT INDIVIDUAL LEVEL INCLUDES

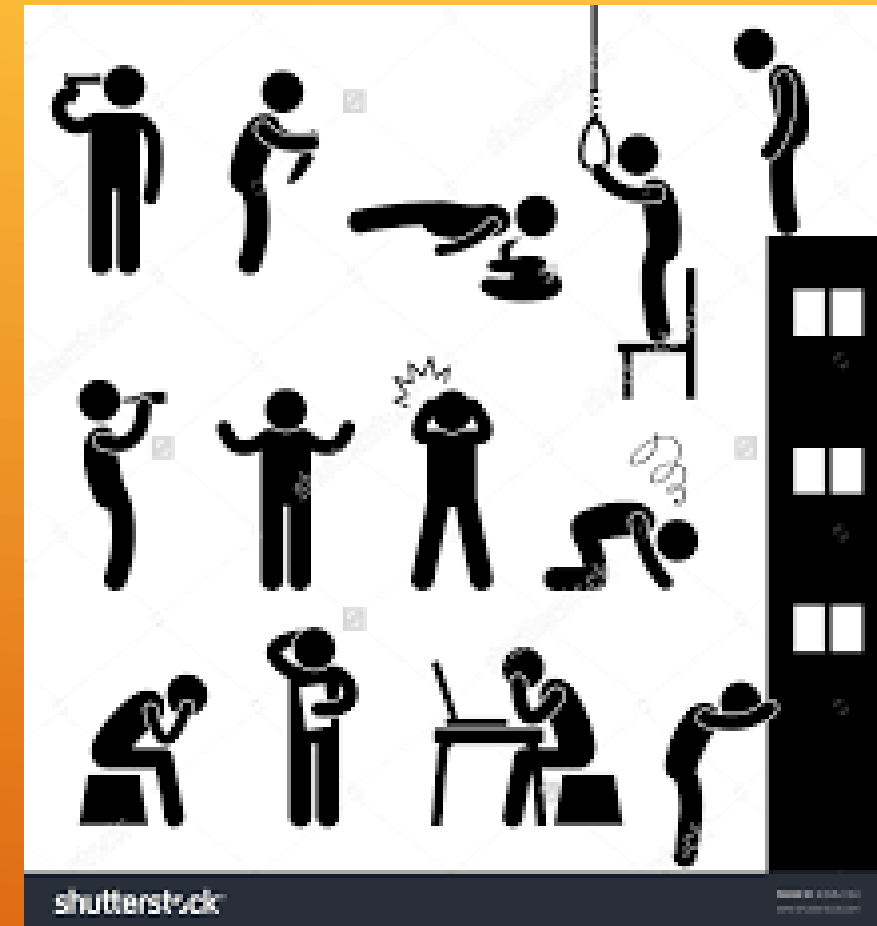
...

- ▶ **Subjective** well-being, **perceived** self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential ...



CAUSES OF MENTAL ILLNESS

- ▶ The global **burden of mental illness** projected to rise above **\$6 trillion by 2030**.
- ▶ Around **20% of the world's children and adolescents** have **mental disorders/problems**.
- ▶ Most low- and middle-income countries have **only one child psychiatrist for every 1 to 4 million people**.
- ▶ Over **800,000 people die due to suicide every year**; 75% occur in low- and middle-income countries.
- ▶ **Unemployment rates** among individuals with mental health disorders can be as high as **90%**.



GLOBAL STATUS OF MENTAL HEALTH

- ▶ **1 in 3 people** in Nepal are suffering from psychiatric problems.
- ▶ Over 90 percent of the population who needs mental health services has no access to treatment.
- ▶ Government spending **is less than 1% of its total healthcare budget** on mental health.
- ▶ Mental health services are concentrated in the big cities, **with 0.22 psychiatrists and 0.06 psychologists per a population of 100,000.**
- ▶ There are approximately only **50 psychiatric clinics and 12 counseling centers.**



MENTAL HEALTH IN NEPAL

- ▶ There are **only 1.5 beds per a population of 100,000** for mental health patients.
- ▶ The number of suicides among reproductive women had increased from **22 per 100,000 in 1998 to 28 per 100,000 in 2008.**
- ▶ Only **2% of medical and nursing training** is dedicated to mental health

MENTAL HEALTH IN NEPAL

A SHORT VIDEO...

□ <https://www.youtube.com/watch?v=yyeIffZR6Ek>

❑ Draft Mental Health Policy 1996 (not endorsed yet)

- ▶ Ensure the **availability and accessibility of minimum mental health services** for all **by 2000**
- ▶ **Integrate mental health services into the general health service system**
- ▶ **Mental Health training of all health workers, preparation of specialist Mental Health manpower**
- ▶ Protect the fundamental **human rights of the mentally ill** in Nepal.
- ▶ **Improve awareness** about mental health, mental disorders, and the **promotion of mentally healthy lifestyles**, in the community by participation of community structures, and amongst health workers.

POLICY PROVISIONS ON MENTAL HEALTH

□ National Health Sector Strategy (2015-2020)

OUTCOME	KEY INTERVENTION
Outcome 3 - Equitable distribution and utilization of health services	Update basic healthcare package by including emerging health care need like psychosocial counselling, mental health , geriatric health, oral health, standard NCD package, Ayurveda and rehabilitative services

POLICY PROVISIONS ON MENTAL HEALTH

ORGANIZATIONS

Nepal Mental Health Foundation

Center for Mental Health and Counseling- Nepal (CMC-Nepal)

KOSHISH

Maryknoll Nepal

Chhahari Nepal for Mental Health

Trans-cultural Psychosocial Organization (TPO) Nepal

Autism Care Nepal

Terre des hommes Nepal

Down Syndrome Association of Nepal (DSA Nepal)

Antardristi Nepal

Patan Community Based Rehabilitation Organization

Ankur Counseling Center

ANTARANG Psychosocial Research & Training Institute

Could be more...

ORGANIZATIONS WORKING ON MENTAL HEALTH IN NEPAL

- ▶ **Lack of adequate mental health professionals and treatment facilities.**
- ▶ At present, most psychiatric wards are staffed and run by general nursing staff **without specialized training in mental health or disorder.**
- ▶ Although legislation is planned, there is **currently no division for mental health under the Ministry of Health**
- ▶ There are **very few professional organizations that advocate on mental health** issues.

CHALLENGES TO MENTAL HEALTH IMPROVEMENT

▶ LET'S DISCUSS...

**CORE PROBLEMS, POTENTIAL
SOLUTIONS**

&

**HOW CAN WE CONTRIBUTE TO
IMPROVE MENTAL HEALTH SITUATION
IN NEPAL?**

SO WHAT NEXT?

GROUP 1 and 2:

As a policy maker, what would you do to mainstream mental health agenda in Nepal?

GROUP 3 and 4:

How would you ensure that mental health issues are prioritized and addressed at the community level?

- ▶ Allocation of more budget – at least 5 percent of total health care budget
- ▶ Increase awareness of mental health from policy to community level
- ▶ Considering Mental Health as a health problem similar to any other health problem
- ▶ Advocacy through mass media – posters, documentaries, success stories informing the public like in HIV/AIDS
- ▶ Operational Research on Mental Health
- ▶ Decentralization of Mental Health Services to peripheral level providing more access
- ▶ Increase number of mental health professionals
- ▶ Training to health professionals
- ▶ Create a government body responsible for overlooking all mental health issues
- ▶ Influence the donors on mental health issues
- ▶ Conducting national level prevalence survey
- ▶ Integrating mental health as a basic health service
- ▶ Awareness campaigns at macro level
- ▶ More rehabilitation and care centres

POLICY GROUP SUGGESTIONS

- ▶ Raise awareness at community level that mental illness is like any other health problem and not a consequence of past sins/taboo
- ▶ Training to health workers
- ▶ Encourage family members to take proper care/not ignore them
- ▶ More research at community level – ground level work
- ▶ Patient friendly services
- ▶ Proper counselling
- ▶ Coordinate with CSOs/NGOs/INGOS/Pressure groups
- ▶ Inclusion in School curriculum

COMMUNITY GROUP SUGGESTIONS

PHYSICAL EXERCISE

Friends

Community

FAMILY

Work

Managing our own mental health...

Money

Sleep

DIET

SPIRITUALITY

TAKE HOME MESSAGE