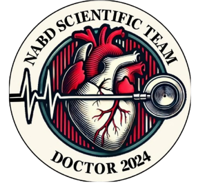


Mental Health

Complete Study Guide for Exam Preparation

1. Definitions

WHO Definition of Mental Health

The WHO defines mental health as a state of well-being in which individuals:

- Recognize their own abilities
- Are able to cope with the normal stresses of life
- Work productively and fruitfully
- Make a contribution to their communities

Key Concepts of Mental Health

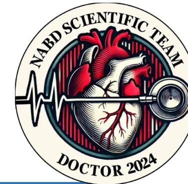
Concepts of mental health include:

- Subjective well-being
- Perceived self-efficacy
- Autonomy
- Competence
- Recognition of the ability to realize one's intellectual and emotional potential

2. The Health Triangle

Health is the measure of our overall well-being. The health triangle measures the different aspects of health. It consists of three equally important, interconnected sides:

Side	Core Activity	What It Covers
Physical	Eat well, take exercise	Body health, fitness, nutrition
Mental	Be happy, cope with stress	Emotional well-being, stress management
Social	Communicate well, reach your potential	Relationships, community contribution



3. Mental Health — Core Principles

- Mental health is an integral part of health
- **"There is no health without mental health"**
- Mental health is MORE than the absence of mental disorders
- Determined by a range of socioeconomic, biological, and environmental factors
- Deals with how we think, feel, and cope with daily life
- Encompasses:
    - Learning to cope with stress
    - Stress management
    - Mental illnesses or disorders

4. Global Burden of Mental Illness

Why the Burden is Underestimated

The global burden of mental illness is underestimated due to the following causes:

- High prevalence, early age of onset, chronicity, and associated functional impairment
- Overlap between psychiatric and neurological disorders
- The grouping of suicide and self-harm as a separate category
- Blending of all chronic pain syndromes with musculoskeletal disorders
- Exclusion of personality disorders from disease burden calculations
- Inadequate consideration of the contribution of severe mental illness to mortality from associated causes

1. High prevalence, early onset, chronicity, and functional impairment

الأمراض النفسية:

- منتشرة كثير (high prevalence)
- بتبدأ بعمر صغير (early onset) — مثلاً الاكتئاب بيجي من الشباب
- بتدوم فترة طويلة (chronicity)
- بتأثر على قدرة الشخص يشتغل ويعيش طبيعي (functional impairment)

كل هاد بيخلي العبء **أكبر بكثير** مما بنحسبه

2. Overlap between psychiatric and neurological disorders

أحياناً نفس المريض عنده مرض نفسي ومرض عصبي مع بعض — مثلاً الزهايمر والاكتئاب. فبيتسجل المرض تحت قسم واحد بس، والقسم الثاني بيتجاهل ✗

3. Suicide/self-harm grouped as a separate category

الانتحار وإيذاء النفس هم **نتيجة** أمراض نفسية — بس في الإحصائيات بيحسبوهم كقسم منفصل فعبء الصحة النفسية بيبان أقل لأن هاد الجزء منفصل عنه

4. Chronic pain blended with musculoskeletal disorders

الألم المزمن (مثل آلام الظهر المستمرة) كثيراً ما يكون سببه نفسي — بس بيتسجل تحت **أمراض العظام والعضلات** مش تحت الصحة النفسية ✗

5. Exclusion of personality disorders

أمراض مثل اضطراب الشخصية الحدية (Borderline) أو النرجسية — **ما بتتحسب** أصلاً في حسابات عبء المرض، مع إنها تأثيرها كبير جداً على حياة الناس

6. Inadequate consideration of severe mental illness contributing to mortality

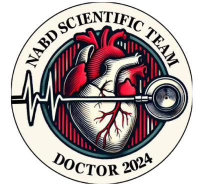
المرض النفسي الشديد بيقصر عمر الشخص — لأنه بيأثر على صحته الجسدية، بيخليه يهمل علاجه، إلخ. بس لما الشخص يموت من مشكلة قلبية مثلاً، بيتسجل سبب الوفاة "قلب" مش "مرض نفسي" ✗

الخلاصة:

كل هاد الأسباب الستة بتخلي الأرقام المسجلة **أصغر من الحقيقة** — والعبء الحقيقي للصحة النفسية أكبر بكثير مما تبينه الإحصائيات 📊

Key Global Statistics (2021)

- **13.9%** of the world's population experienced mental disorders in 2021
- **17.2%** of the total DALYs in the world were due to mental disorders in 2021
- **71%** of global anxiety disorder burden could be avoided if all people with anxiety disorders accessed optimal treatment
- Mental disorders are among the top 10 leading causes of DALYs worldwide
- Anxiety and depressive disorders are ranked as the most common across all age groups and locations
- **Since 1990:** mental disorders rose in global disease burden ranking from 9th to 6th place



Depression Statistics

- **Over 300 million** people worldwide are affected by depression
- Affects people regardless of culture, age, gender, religion, race, or economic status
- **More than 75%** of people in low- and middle-income countries receive NO treatment for depression

Anxiety Statistics

- **284 million** people suffer from an anxiety disorder worldwide
- Anxiety disorders disproportionately affect women more than men
  - 2.8% of males suffer from an anxiety disorder; 4.7% of females suffer from anxiety disorders
- **COVID-19:** In the first year of the pandemic, global prevalence of anxiety increased by 25%

5. Global Suicide Statistics

Key Facts

- Mental disorders and harmful use of alcohol and drugs contribute to many suicides around the world
- **More than 1 in every 100** deaths results from suicide
- **~800,000 persons** die from suicide globally each year
- Actual rates may be even higher due to stigma, misclassification, and limited surveillance systems

وصمة عار
يعني يقولوا انه وقع مو انتحر عشان

Demographic Breakdown

- **80%** of suicides occur in low- and middle-income countries (LMICs)
- Suicide is the 4th leading cause of death globally in 15–29-year-olds
- Young adults and elderly women in LMICs have much higher suicide rates than counterparts in high-income countries
- **For every 1 adult who died by suicide,** there may have been more than 20 others attempting suicide

The real reason is the METHOD used:

- Women tend to use **less lethal methods** (like pills/medication overdose)
- Men tend to use **more violent and lethal methods** (like firearms, hanging)

So women **survive** their attempts more often — not because the attempt was "weak" or less serious, but because the method gave more chance of survival or intervention.

Gender Differences in Suicide

Factor	Males	Females
Diagnosis of depression	Less common	More likely to be diagnosed
Suicide attempts	Less likely to attempt	More likely to attempt suicide
Death from suicide (global)	More than 2x more likely to die	Less likely to die
Rate in high-income countries (HIC)	3x higher than women	—
Highest suicide rates	High-income countries	Lower-middle-income countries
Contributing factors معايير المجتمع انت شب معقول يكون عندك مشاعر!!! ^^	More substance/alcohol use; masculinity norms; less likely to seek help; more violent methods	Depression diagnoses more common
Lowest rates globally	Eastern Mediterranean region (both sexes)	Eastern Mediterranean region

6. Substance Abuse Disorder Statistics

- **178 million** people worldwide suffer from a substance abuse disorder (drugs + alcohol)
- **11.8 million deaths** annually caused by substance abuse — that is 1 in 5 deaths globally
- **More than half** of those who die from alcohol or drug overdoses are younger than 50
- Substance abuse disproportionately affects men more than women
  - 2% of males experience a substance abuse disorder vs. only 0.8% of females

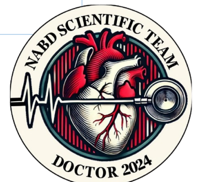
7. Global Access to Mental Health Services

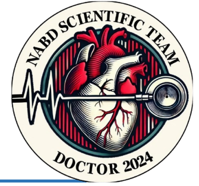
- Mental health care services are often not available or underutilized, particularly in developing countries
- Huge inequity in the distribution of skilled human resources for mental health

  likely due to Socioeconomic differences.
- Shortages of psychiatrists, psychiatric nurses, psychologists, and social workers in LMICs

Treatment Gap = % of individuals who need mental health care but do NOT receive treatment:

Country Type	Treatment Gap
Developed countries	44% to 70%
Developing countries	Up to 90%





8. Determinants of Mental Health

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point in time.

Social / Environmental Risk Factors

- Violence and sexual abuse
- Persistent socio-economic pressures
- Stressful work conditions
- Gender discrimination
- Social exclusion
- Unhealthy lifestyle
- Physical ill-health
- Human rights violations
- **War and disasters:** have a large impact on mental health — rates of mental disorder tend to DOUBLE after emergencies

Memorise those (they can trick you as they appears biological from first look).

Psychological Risk Factors

- Psychological and personality factors that make some people vulnerable to mental health problems

Biological Risk Factors

- Genetic factors

Human Rights Issues

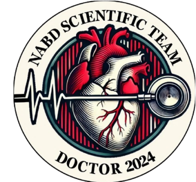
- Violations of people with mental and psychosocial disability are routinely reported in many countries
- These include: physical restraint, seclusion, and denial of basic needs

التقييد الجسدي ، العزل ، الحرمان من الاحتياجات الاساسية

- Few countries have a legal framework that adequately protects the rights of people with mental disorders

9. Barriers to Mental Health Care

System / Governance Barriers



- Lack of mental health governance
- No prioritization of mental health in the public health agenda
- Insufficient mental healthcare policies
- Lack of universal health coverage and poor funding of mental health care
- Limited availability and affordability of mental health care services
- Deficiency in the organization of mental health services at all levels
- Lack of integration at the primary healthcare level
- Inadequate human resources for mental health
- Financial resources to expand services are relatively modest متواضعة
- Governments, donors and groups representing mental health service users and their families need to work together to increase mental health services, especially in LMICs

Patient / Social Barriers

- Challenges in accessing mental health clinics
- Under-diagnosis of problems and underutilization of mental health services
- Stigma of mental illness
- Lack of awareness of mental health problems
- Denial or underreporting of symptoms الإنكار او عدم الافصاح عن الأعراض
- Attributing behavioral change to physical illness

يمكن يفكر انه مش مكتئب بل عنده مرض معين مثل وشحة او التلوث!

Barriers to Access, Affordability and Quality — The Iron Triangle

Three interconnected dimensions where improving one often compromises another:

- **Access:** Transportation cost, geographical distribution, lack of services (e.g. rural vs. urban)
- **Quality — Donabedian Framework:**
  - Structural problems (setting and resources)
  - Process problems (care delivery and coordination)
  - Outcome problems (health results) المريض ما عم يتحسن
- **Cost:** Financial burden on patients and systems

Patient/Social Barriers :القسم الثاني

يعني العوائق من جهة المريض نفسه أو المجتمع

حتى لو الخدمات موجودة — في أسباب تمنع الناس من استخدامها:

- **Stigma (وصمة العار):** "الناس بتخاف يقولوا عنهم "مجانين"
- **Lack of awareness:** كثير ناس ما يعرفوا إنهم أصلاً عندهم مشكلة نفسية
- **Denial (الإنكار):** "أنا بخير، مش محتاج دكتور"
- **Underreporting:** يحسوا بالأعراض بس ما يقولوا لحدا
- **Attributing to physical illness:** يقولوا "رأسي بيوجعني" بدل ما يقولوا "أنا متوتر ومكتئب"
- **Under-diagnosis:** حتى الدكتور أحياناً ما يشخص المشكلة النفسية صح

❌ **النتيجة:** المريض موجود، المشكلة موجودة — بس ما يوصل للعلاج

Iron Triangle :القسم الثالث

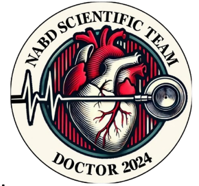
المثلث الحديدي — الأصعب في الفهم

تخيل مثلث عنده 3 أضلاع:

المشكلة: لو حسّنت ضلع واحد، الضلعين الثانيين بيتأثروا سلباً

مثال عملي:

لو حسّنت...	النتيجة
الجودة (دكاترة أحسن، معدات أحسن)	التكلفة ترتفع، والوصول يصعب
الوصول (عيادات في كل مكان)	التكلفة ترتفع، أو الجودة تنخفض
التكلفة (خدمات رخيصة أو مجانية)	الجودة تنخفض، أو الوصول يتحدد



Donabedian Framework for Assessing Quality

The Donabedian model (1966) evaluates quality of healthcare through three linked components, always within a CONTEXT:

Component	Meaning	Examples
Structure	The setting and resources available for care	Number of psychiatrists, hospital beds, equipment, policies
Process	Care delivery and coordination	How treatment is provided, referral pathways, follow-up
Outcomes	Health results achieved	Patient recovery rates, symptom improvement, quality of life

10. Stigma

- Stigma and discrimination against patients and families prevent people from seeking mental health care
- Misunderstanding and stigma surrounding mental ill health are widespread
- Despite effective treatments existing, there is a false belief that mental disorders are untreatable, or that people with mental disorders are not intelligent or are incapable of making decisions
- Stigma can lead to: abuse, rejection, isolation, and exclusion from health care or support
- Within some health systems, people are treated in institutions which resemble human warehouses rather than places of healing

11. Community and Social Exclusion

Marginalization is Regressive — a Self-Reinforcing Cycle

- Exclusion leads to greater exclusion
- Exclusion can lead to lost opportunities for employment, housing, and other opportunities
- This in turn leads to further isolation and exclusion

Social Capital

Social capital refers to the value that comes from social relationships, networks, trust, and cooperation among people. It is the resources and benefits individuals or groups gain through their connections with others.

- Exclusion means less social capital
- **Key stat:** 40% to 70% of people find their jobs through contact persons in their social network *(Putnam & Feldstein, 2003; Fernandez & Weinberg, 1997; Granovetter, 1995)*

12. Mental Health Services at the Primary Care Level

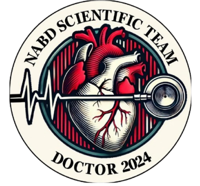
Why Integrate Mental Health into Primary Care?

- Physical and mental health problems often occur at the same time
- Most people try to seek help for their mental health problems from their Primary Care Provider first
- **One half** of all care for common psychiatric disorders can be managed at the Primary Care setting
- People with mental health issues experience a statistically higher rate of common medical disorders like diabetes, obesity, nicotine addiction, and high blood pressure
- Many prefer to receive mental health services in Primary Care because it is not perceived as 'mental healthcare' — this reduces stigma
- Growing evidence that mental health integrated at primary care is cost-effective
- Separating patients' problems into physical and mental leads to:
    - Duplication of effort
    - Undermines comprehensiveness of care
- Primary Care Providers deal with patients' untreated psychological problems — identified or not
- Psychosocial/behavioral problems take up Primary Care Provider time regardless of whether they are the explicit focus
- Many mental health Primary Care patients will refuse referral to a mental health professional
- Patients who refuse referral (to Psychatrist) tend to be high utilizers of primary healthcare with unexplained physical symptoms (براجعوا كثير بأعراض غير مفسرة.)
- Mental illness can increase the risk of developing physical illnesses such as cancer, diabetes, heart, and neurological disease
- Mental illness can exacerbate the severity of existing illnesses and compromise recovery from illness and injury
- **Early identification and effective management** are key to ensuring that people receive the care they need

Barriers to Providing Mental Health Services in Primary Care

Provider-Side Barriers:

- Competing demands and tasks of Primary Care Providers
- Average primary care visit lasts only 10 to 15 minutes
- Inadequate time to adequately assess for mental health problems and manage once assessed
- PHC Providers are not trained to address mental health problems common in primary care settings



Patient-Side Barriers:

- Concerns about the stigma of psychiatric diagnosis
- Fear of the negative consequences for pursuing mental health care:
  - Stigma, criticism, violence or abuse from family or community
- Patient Somatization: problems not perceived as psychological
- Patient has no psychiatric diagnosis but is still in need of psychological care

13. WHO Recommendations

1. Strengthen effective leadership and governance for mental health
2. Provide comprehensive and responsive mental health care at the PHC level, integrated with social care services in community-based settings
3. Implement strategies for promotion of mental health, combating stigma, and prevention of mental health disorders
4. Strengthen information systems, evidence, and research for mental health
5. Protection and promotion of human rights; strengthening and empowering civil society are at the core of community-based care

١٢. الصحة النفسية على مستوى الرعاية الأولية

ليش ندمج الصحة النفسية مع الرعاية الأولية؟

1. المشاكل الجسدية والنفسية كثيراً بتيجي مع بعض
2. معظم الناس بيطلبوا مساعدة نفسية من دكتور الرعاية الأولية أول شي
3. نص الحالات النفسية الشائعة ممكن تتعالج في الرعاية الأولية
4. اللي عندهم مشاكل نفسية عندهم نسب أعلى من: السكري، السمنة، إدمان التدخين، وضغط الدم
5. كثير مرضى بيفضلوا الرعاية الأولية لأنها ما تنصف عليهم إنهم يروحوا "لطبيب نفسي" — فبتقلل الوصمة
6. في أدلة متزايدة إن دمج الصحة النفسية بالرعاية الأولية فعّال من حيث التكلفة
7. الفصل بين الجسدي والنفسي بيسبب:
   - تكرار الجهود
   - يضعف شمولية الرعاية
8. أطباء الرعاية الأولية بيتعاملوا مع مشاكل نفسية غير معالجة سواء حددوها أو لا
9. كثير مرضى نفسيين برفضوا التحويل لمختص ← وهؤلاء عادةً بيراجعوا الرعاية الأولية كثير بأعراض جسدية غير مفسرة
10. المرض النفسي بيزيد خطر الإصابة بالسرطان، السكري، أمراض القلب، والأمراض العصبية
11. المرض النفسي بيزيد حدة الأمراض الموجودة ويعيق الشفاء
12. التشخيص المبكر والعلاج الفعّال هم المفتاح

عوائق تقديم خدمات الصحة النفسية في الرعاية الأولية:

عوائق من جهة مقدم الخدمة:

- متوسط الزيارة ١٠-١٥ دقيقة بس
- وقت غير كافٍ لتقييم وإدارة الصحة النفسية
- أطباء الرعاية الأولية مش متدربين على التعامل مع المشاكل النفسية

عوائق من جهة المريض:

- الخوف من وصمة التشخيص النفسي
- الخوف من العواقب السلبية (الانتقاد، العنف، الإساءة من الأهل أو المجتمع)
- السوماتيزيشن — المريض ما يحس إن مشكلته نفسية (بيحسها جسدية)
- المريض ما عنده تشخيص رسمي بس لسه محتاج رعاية نفسية

١٣. توصيات منظمة الصحة العالمية (WHO)

1. تعزيز القيادة الفعّالة والحوكمة في مجال الصحة النفسية
2. توفير رعاية صحية نفسية شاملة وفعّالة على مستوى الرعاية الأولية، مدمجة مع خدمات الرعاية الاجتماعية في البيئات المجتمعية
3. تطبيق استراتيجيات لتعزيز الصحة النفسية، ومكافحة الوصمة، والوقاية من الاضطرابات النفسية
4. تقوية أنظمة المعلومات والأدلة والبحث العلمي في مجال الصحة النفسية
5. حماية وتعزيز حقوق الإنسان وتمكين المجتمع المدني هم جوهر الرعاية المجتمعية

EXAM QUICK-REFERENCE SUMMARY

Topic	Key Number / Fact
World population with mental disorders (2021)	13.9%
DALYs due to mental disorders (2021)	17.2%
Anxiety burden avoidable with optimal treatment	71%
Mental disorders ranking shift (1990 → 2021)	9th → 6th place
Annual global suicide deaths	~800,000
Suicide as proportion of all deaths	>1 in 100 deaths
Suicide attempts per 1 death	>20 attempts per 1 death
Suicides occurring in LMICs	80% of all suicides
Suicide rank in 15–29-year-olds	4th leading cause of death
Male vs female suicide deaths (global)	Males >2x more likely to die
Male vs female suicide rate in HICs	Males 3x higher
People affected by depression worldwide	>300 million
Untreated depression in LMICs	>75%
People with anxiety disorder worldwide	284 million
Anxiety disorder: female vs male rate	4.7% vs 2.8% Almost Doubled.
COVID-19 anxiety prevalence increase (year 1) first year of pandemic	+25%
Substance abuse disorder globally	178 million
Substance abuse annual deaths	11.8 million (1 in 5 deaths globally)
Overdose deaths under age 50	>50%
Substance abuse: male vs female rate	2% vs 0.8%
Treatment gap — developed countries	44%–70%
Treatment gap — developing countries	Up to 90%
Jobs found through social networks	40%–70%
Psychiatric care manageable at primary care level	About half
Mental disorder rates after war/disasters	Tend to double
Lowest global suicide rates region	Eastern Mediterranean region