

Mental Health

By Hana Taha



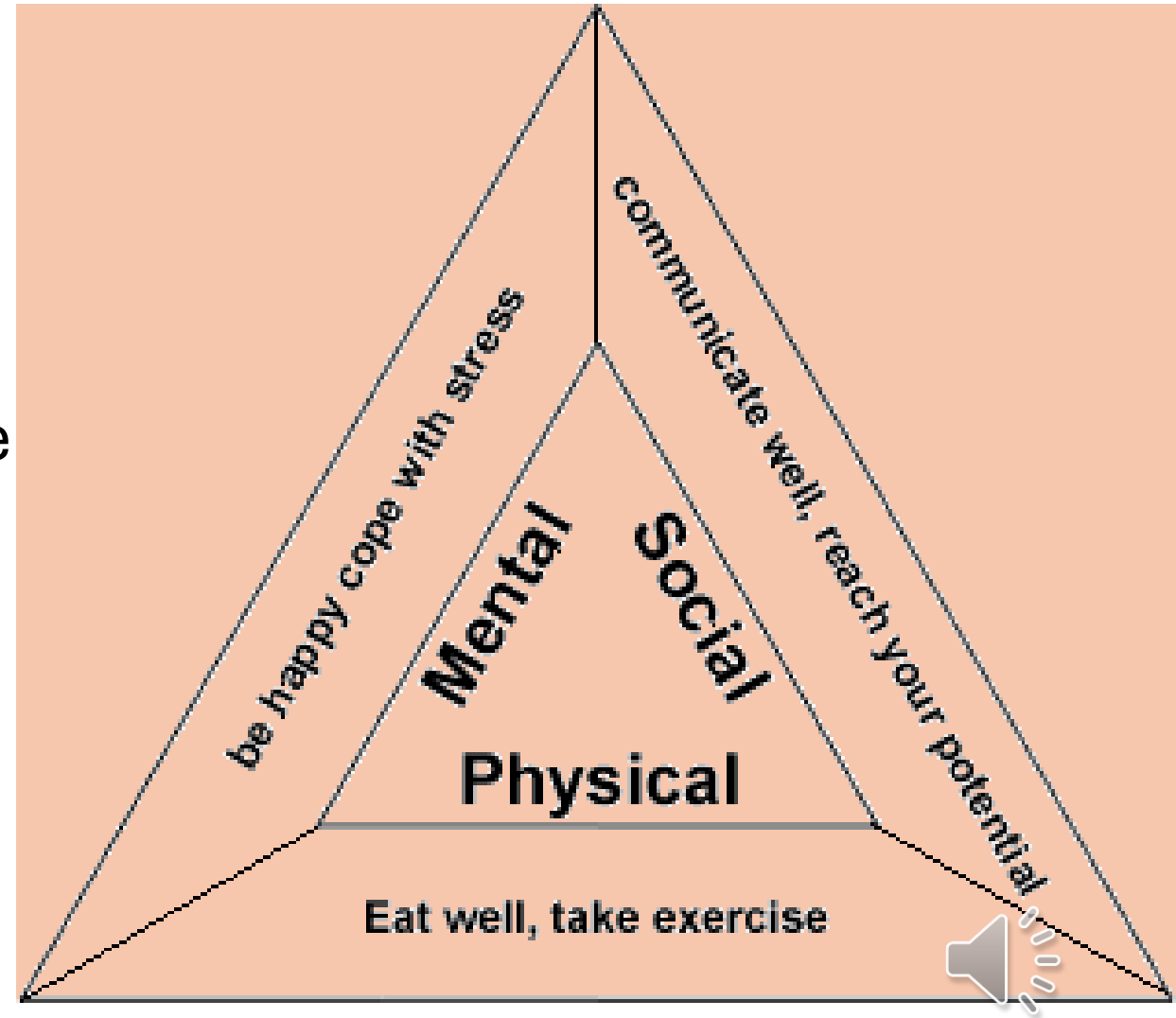
Definitions

- The WHO defines mental health as “a state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities”
- Concepts of mental health include subjective well-being, perceived self-efficacy, autonomy, competence and recognition of the ability to realize one’s intellectual and emotional potential.



The Health Triangle

- Health is the measure of our over-all well-being.
- The health triangle is a measure of the different aspects of health.
- The health triangle consists of: Physical, Social, and Mental Health.



Mental Health

- 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.
- Mental health is determined by a range of socioeconomic, biological and environmental factors.
- Mental health deals with how we think, feel and cope with daily life.
- Mental health encompasses learning to cope with stress , stress management, and mental illnesses or disorders.



Global burden of mental illness

- Mental disorders are important risk factors for other diseases, as well as unintentional and intentional injury.
- Mental disorders increase the risk of getting ill from other diseases such as HIV, cardiovascular diseases, diabetes, and vice-versa.
- Global and national Governments must work to alleviate the human, social, and economic costs of mental illness.



Global burden of mental illness

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.



Global burden of mental illness

- **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, with anxiety and depressive disorders ranked as the most common across all age groups and locations.**

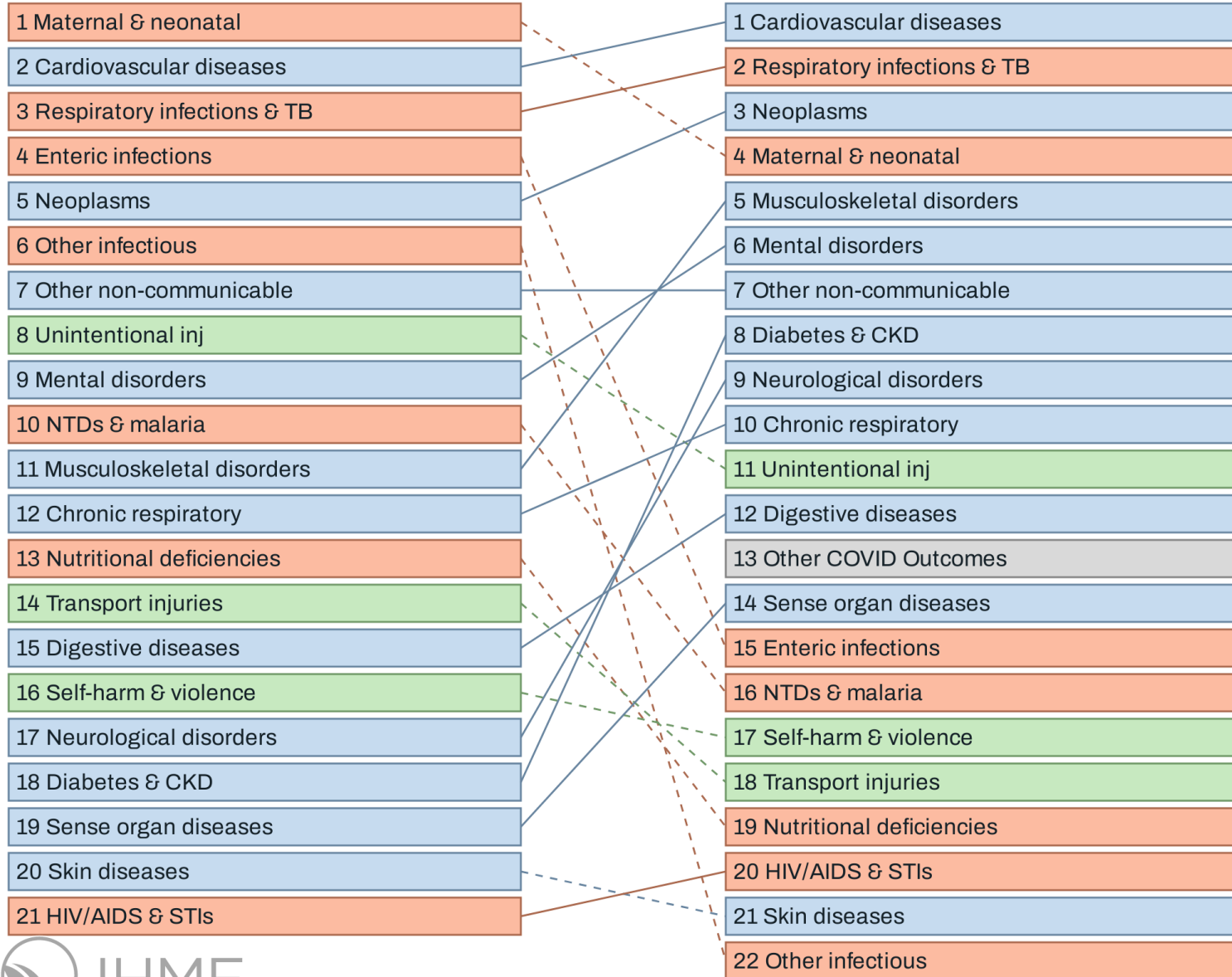


Global
Both sexes, All ages, DALYs

1990 rank

2021 rank

- Communicable, maternal, neonatal, and nutritional diseases
- Non-communicable diseases
- Injuries
- Other COVID-19 pandemic-related outcomes



Since 1990, mental disorders have jumped up in the ranking of top causes of burden of diseases worldwide – from 9th to 6th place.



Global burden of mental illness

- Depression affects over 300 million people worldwide, 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.
- 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, where 4.7% of females suffer from anxiety disorders
- In the first year of the COVID-19 pandemic, global prevalence of anxiety increased by a massive 25%



Global suicide statistics

- Mental disorders and harmful use of alcohol and drugs contribute to many suicides around the world.
- More than one in every 100 deaths result from suicide.
- **800 000** persons approximately die from suicide globally each year
- More alarmingly, actual suicide rates may be even higher than reported owing to stigma, misclassification, and limited surveillance systems.



Global suicide statistics

- 80% of suicides occur in low- and middle-income countries.
- Suicide is the fourth leading cause of death globally in 15-29-year-olds.
- Young adults and elderly women in low- and middle-income countries have much higher suicide rates than their counterparts in high-income countries.
- There are indications that for each adult who died of suicide there may have been more than 20 others attempting suicide.



Suicide, globally

- **Women are more likely to be diagnosed with depression and to attempt suicide.**
- Globally, more than twice as many males die due to suicide as females.
- In HIC, men have a rate of suicide death more than three times that of women.
- More substance use and alcohol use among men, due to masculinity perceptions and social norms, men less likely to seek mental healthcare and they use more violent suicide methods.
- Suicide rates among men are generally higher in high-income countries
- For females, the highest suicide rates are found in lower-middle-income countries.
- **The lowest suicide rate was are seen the Eastern Mediterranean region**



Substance Abuse Disorder Statistics

- 178 million people worldwide suffer from **a substance abuse disorder**, including drugs and alcohol.
- Globally, substance abuse is responsible for **11.8 million deaths annually** This is one in five deaths globally.
- **More than half of those who die from alcohol or drug overdoses are younger than 50.**
- **Substance abuse disproportionately affects more men than women, with 2% of males experiencing a substance abuse disorder, where only 0.8% of females experience a substance abuse disorder.**



Global access to mental health services

- Mental health care services are often not available or are under-utilized, particularly in developing countries.
- In developed countries, the treatment gap (the % of individuals who need mental health care but do not receive treatment) ranges from 44% to 70%.
- In developing countries, the treatment gap can be as high as 90%.
- Huge inequity in the distribution of skilled human resources for mental health
- Shortages of psychiatrists, psychiatric nurses, psychologists and social workers in low- and middle-income countries.



Determinants of mental health

- Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time.
- For example, violence, sexual abuse and persistent socio-economic pressures are recognized risks to mental health.
- Poor mental health is also associated with stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, physical ill-health and human rights violations.
- Psychological and personality factors that make some people vulnerable to mental health problems.
- Biological risks include genetic factors.



Determinants of mental health

- War and disasters have a large impact on mental health and psychosocial well-being
- Rates of mental disorder tend to double after emergencies.
- Human rights violations of people with mental and psychosocial disability are routinely reported in many countries
- These include physical restraint, seclusion and denial of basic needs.
- Few countries have a legal framework that adequately protects the rights of people with mental disorders.



Barriers of mental health care

- Lack of mental health Governance
- No prioritization of mental health in the public health agenda and 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 and lack of integration at the primary healthcare level.



Barriers of Mental Health care

- 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
- Attributing behavioral change to physical illness



Barriers of mental health care

- Inadequate human resources for mental health
- Financial resources to expand services are relatively modest
- Governments, donors and groups representing mental health service users and their families need to work together to increase mental health services, especially in low- and middle-income countries.

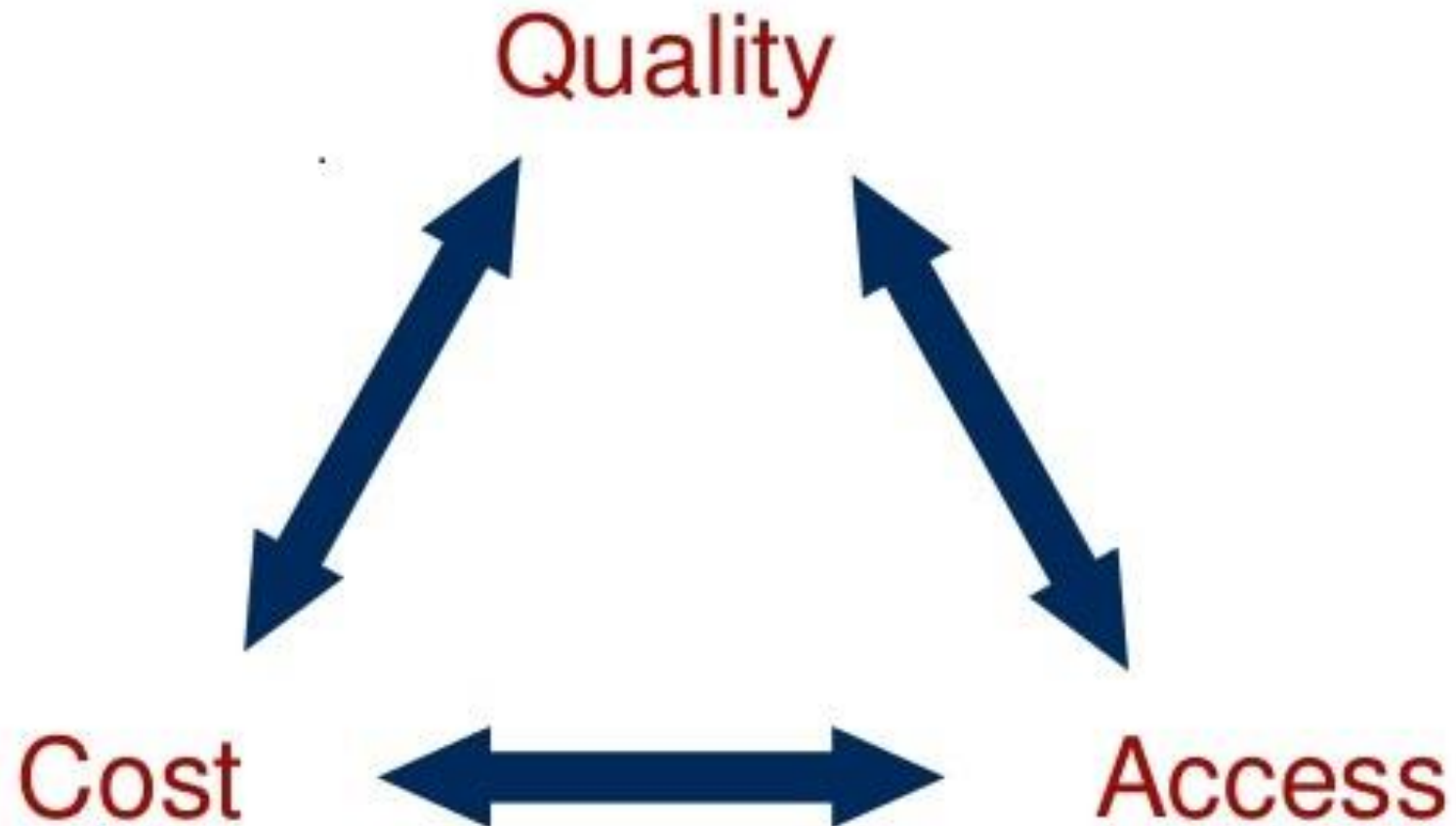


Barriers to access, affordability and quality of mental health

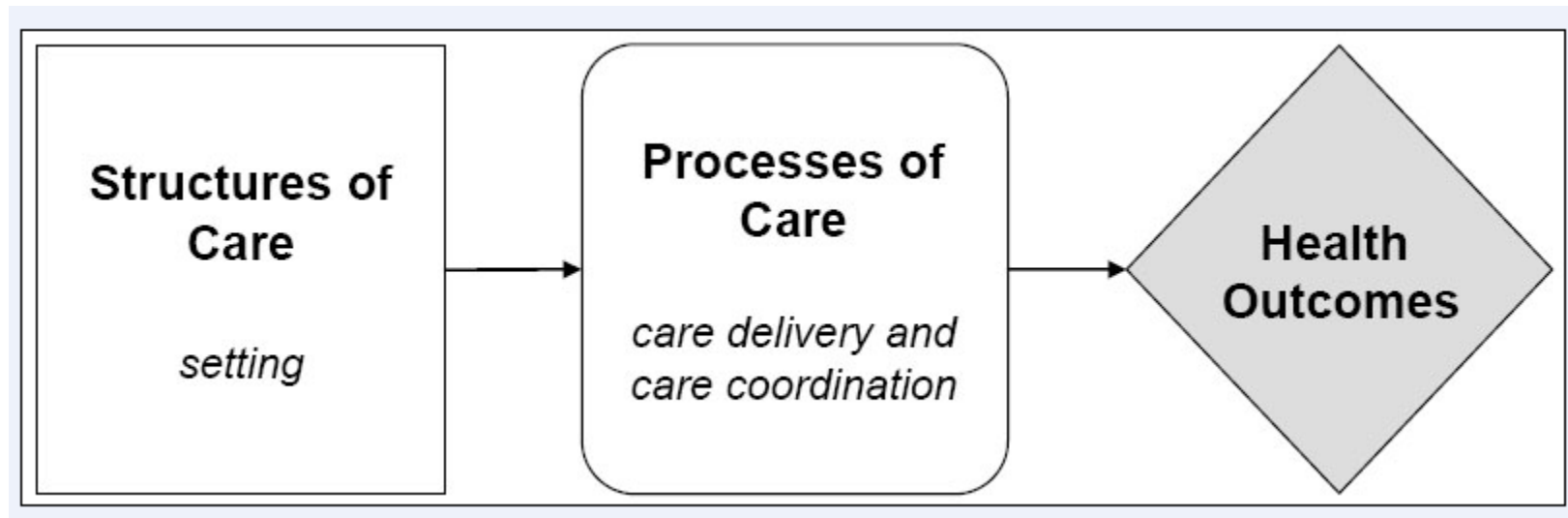
- Access
 - Transportation cost, geographical distribution and lack of services, e.g. rural area residents versus urban.
- Quality (Donabedian framework)
 - Structural problems
 - Process problems
 - Outcome problems
- Cost



Health Care's Iron Triangle



Assessing the Quality of Mental Healthcare using (Donabedian)



CONTEXT

Donabedian, A (1966). Evaluating the quality of medical care. *Milbank Quarterly*, 44 (Suppl.), 166-206.



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 the existence of effective treatments for mental disorders, there is a belief that they are untreatable or that people with mental disorders are not intelligent, or incapable of making decisions.
- This stigma can lead to abuse, rejection and isolation and exclude people from health care or support.
- Within some health systems, people are too often treated in institutions which resemble human warehouses rather than places of healing.



Community and social exclusion of those suffering from mental disorders

Marginalization and exclusion are regressive.

- 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:

- Exclusion means less social capital.
- An example of the importance of social capital. 40% to 70% of people find their jobs through contact persons in their social network (Putnam and Feldstein, 2003; Fernandez and Weinberg, 1997; Granovetter, 1995)



Mental Health Services at the Primary Care level? Why?

- 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.
- One half of all care for common psychiatric disorders can be managed at the Primary Care settings.
- People with mental health issues experience a statistically higher rate of common medical disorders like diabetes, obesity, addiction to nicotine, and high blood pressure.



Mental Health Services at the Primary Care level? Why?

- Many prefer to receive MH services in Primary Care because it is not taken as “mental healthcare”
- With exception of seriously mentally ill, basic MH services can be managed in Primary Care setting
- Growing evidence that MH integrated at the primary care is cost-effective
- Separating patients’ problems into physical & mental leads to:
 - Duplication of effort
 - Undermines comprehensiveness of care



Mental Health Services at the Primary Care level? Why?

- Primary Care Providers deal with patient's untreated psychological problem- identified or not
- Psychosocial/behavioral problems take up Primary Care Provider time regardless of degree to which problems are the explicit focus of his/her practice
- Many mental health (MH) Primary Care patients will refuse referral to a MH professional
- Patients who refuse referral tend to be high utilizers of PHC with unexplained physical symptoms



Mental Health Services at the Primary Care level? Why?

- Mental illness can increase the risk of a person 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 to Primary health Care Patients

• *Competing Demands and Tasks of Primary Care Providers*

- Average primary care visit last 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 Barriers to Providing Mental Health Services*

- 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 still in need of psychological care

WHO Recommendations

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





**MENTAL HEALTH
& WELL-BEING**
FOR ALL