Mental Health in Developing Countries: Secrets and Lies, Shame and Denial

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Road Map

- Introduction
- Range of Psychiatric Disorders
- Burden of Disease
- Inadequacy of MH services
- Data from one private practice
  - Frequency by diagnostic category
  - clinical observations
- Role of therapist
- Psychiatry and Public Health in Dev Countries

Introduction

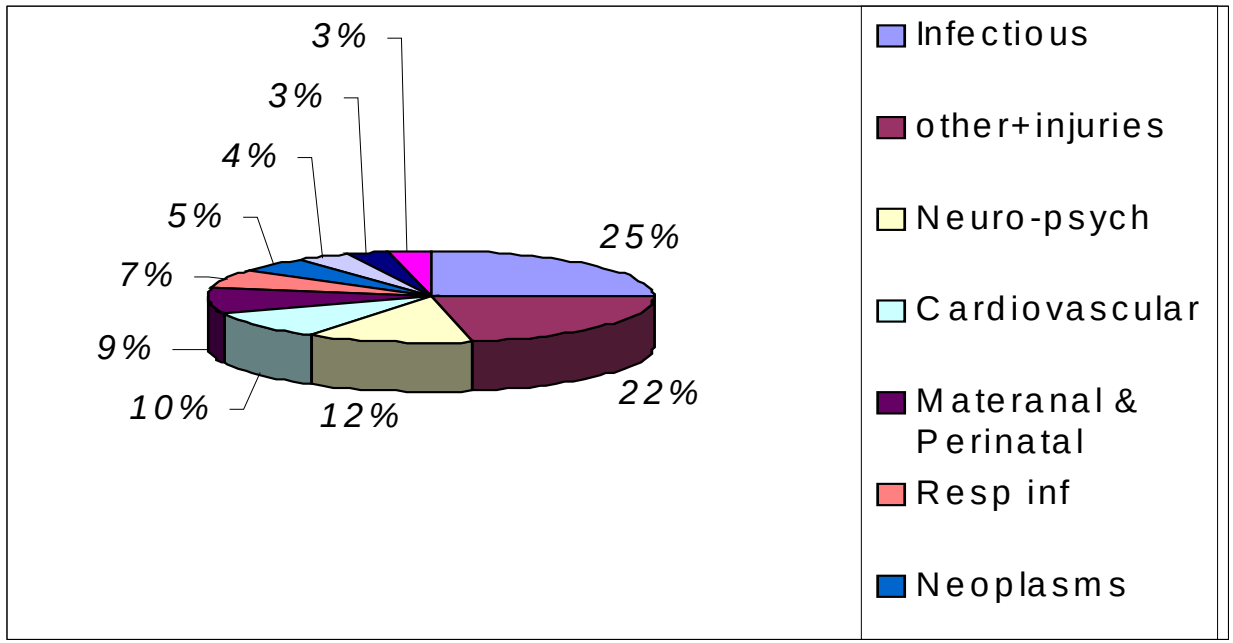
- Largely neglected, unexplored, underserved and under financed
- Secrets, Lies, Shame and Denial
- Supernatural, character flaws
- MH are brain disorders no different than any other physical disorder

Range of Psychiatric Disorders

- Psychotic Disorders
- Mood Disorders—Uni and Bipolar
- Anxiety-OCD, PANIC
- Substance Abuse/Dependence
- Personality Disorders
- Cognitive Dysfunction-Dementia
  - Eating Disorders
  - Sleeping Disorders
  - Sexual Dysfunction
  - Somatoform
  - Dissociative

BURDEN OF DISEASE

DALY burden in Low & Middle Income Countries



Burden of Disease within Mental Health

- Mood d/o app 55%
  - Unipolar Depression= 33%
  - Intentional self injury=12%
  - Bipolar disorder =10%
- Psychotic d/o—7.5%
- Anxiety d/o—app 11%
- Substance abuse—7%
- Other-20%

Table 1. Percent reporting Specific Disorders in the U.S. general popn

Chapter 66; Psychiatry Update. Stern and Herman, 2000

	Ever had during Lifetime	Active (during past 1 year)
Phobias	14.3	8.8
Alcohol abuse/dependence	13.8	6.3
Generalized Anxiety	8.5	3.8
Major depressive episode	6.4	3.7
Drug abuse/dependence	6.2	2.5
Dysthmia (mild depression)	3.3	n/a
Anti-social personality	2.6	1.2
Obsessive Compulsive	2.6	1.2
Panic	1.6	0.9
Schizophrenia	1.5	1.0
Bipolar disorder	0.8	0.6
Cognitive impairment: severe	NA	0.9
Somatization	0.1	0.1

Inadequacy of MH services

- One physician per 4000 people in Bdesh vs 1/400 in US and 1/2500 in India
- One psych per 7500 people in the US
- 5.4% of all US physicians are psychiatrists
- 0.4% of all Bdesh physicians are psych
- Roughly 1psych/million in Bdesh-overest
- Hardly any psychologists/social workers
- Very few MH researchers

Private Practice Data on Frequency

- Middle & Upper Mclass
- 45% relationship issues
- 22% Bipolar disorder
- 10% Anxiety d/o (panic, OCD, GAD)
- 5% Psychotic disorder
- 4% Substance Abuse
- 2.5% Unipolar depression
- 11% Other (dementia, Parkinson, BPD,etc)
- clientele-people not visits

Practice related observations

- Delayed acknowledgement-stigma
  - Character flaws
- Don’t understand chronicity-no quick fix
  - Diabetes as a model for MH
- Dhaka more med savvy than Boston
  - Change doctors, dose
- Doctors don’t explain diagnosis or meds
  - Too much medication not enough therapy

Role of Therapist

- Psychiatrists last resort—families often make things worse—blame game
- Therapist not friend, judge or advice giver
- Confidentiality and rapport essential
- Therapy takes time and is empowering
- Therapist is a facilitator not a coach

Psychiatry and Public Health

- Provide Rx in primary care
- Make psychotropic meds available
- Give care in the community
- Educate the public
- Involve communities, families, consumers
- Establish National policies & legislation
- Develop human resources
- Link with other sectors
- Monitor Community health
- Support more research

Provide Rx in primary care

- 15-30% in PHC have MH problems
- Easier said than done
  - patient ed/fu/monitor; lack of health worker knowledge about MH
- Resource shortages
- Organizational barriers:
  - Diff PH priorities in diff countries (HIV)
  - Varying levels of risk factors—level of violence
  - Hetrogeneous nature of primary hlth care systems
  - Big private sector

Make psychotropic meds available

- Variable but reasonable access – Urban much more than rural
- Poor and rural access “old” meds—more side effects
- Polypharmacy
- Better education about app use
- Bio-psycho-social model

Give care in the community

- Deinstitutionalization should? be norm but is not
  - Increase quality and rights of patients
- MH hospitals instead of general hospital
- Talk therapies do work in Low inc communities.
- Community Based Rehab--Ashagram

Educate the public

- Low awareness of MH problems and treatment options—stigmatization
- School education programs help in raising awareness both in students and wider community—e.g. Pakistan
- NGOs can be very effective
- Role of Media is essential

Involve communities, families, consumers

- Local NGOs led by families in Schizophrenia care
- Befriender Intl—helps suicidal persons
- Drug rehab—Alcoholics anonymous model
- Characteristics of successful NGOs
  - Strong community orientation-solicit views
  - Advocacy to policy makers, media and other sectors in health systems
  - Document and disseminate rel MH facts
  - Lobbying for changes in laws—Mental disabilities
  - Support groups and networking

Establish National policies & legislation

- National MH policies needed—48% of dev countries have them
  - Vision for the future—model for action
  - Plan implements objectives of policies
  - Broader scope than just psych services—primary, specialized care, prevention, rx and maintenance
  - Co-ordination of services within health care system and housing, education, employment
  - Financial reimbursement
- Legislation is key—WHO has models
  - Commitment, incapacity to make decisions, inheritance, stand trial etc.

Develop human resources

- Very low level of resources in Developing Countries
- Mostly urban based
- Countries need estimates of needs
- Provide resources for training, cont ed.
- Need specialized clinicians to oversee training of generalists:
  - psychiatrists, psychologists, psychiatric nurses, mental health occupational therapists, social workers

Link with other sectors

- MH linked to employment, education, housing and criminal justice
- Focus on schools, workplace, comm MH needs
- Inapp imprisonment, treatment in prisons. MH impacts of imprisonment on prisoners and families
- Involvement of traditional healers—reduce harmful interventions and promote equally beneficial interventions

Monitor Community health

- Big gap is lack of Community MH indicators
- Integrate MH in routine demog surv
- New short screening measures
  - e.g. K6 questionnaire, Audit alcohol quest
  - WHO short screens—internationally validated

Support more research

- Research in MH in dev countries inadequate
- <10% of published research in High impact journals from dev countries
- Lack of local evidence hampers policy
- Need intervention trials not just prevalence
- Raise skills, access to literature and peer review
- Mental Health Research Networks essential

Discussion Questions

- Mental Health is a luxury for Dev countries: True or False and why
- Psych classifications based on developed country experience. How relevant are these classification systems to Developing countries?
- How do we address low numbers of MH workers in developing countries? Specialist vs Generalist
- Evidence of poverty and MH problems as a spur to Public Health action?
- Describe relative role of biology and society/environment in etiology of MH disorders. How does understanding etiology help with prevention and treatment?

Bibliography

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