Health For All
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View Point

Are we just in providing Health for all?

Hans Kristian Maridal,[1] Netra Prasad Bhatta[1], Sushma Rajbanshi[1]
[1]United Mission to Nepal

After the publication of the paper, the authors themselves reported unacceptable level of irregularities in the paper. The authors successfully provided justification, and helped the editors to prepare the revised paper.

Do we really believe that health should be provided for all?

If so, it is then time to question why mental health problem is one of the largest single contributors to global disease burden and the major killer among women of reproductive age in Nepal is still one of the most under prioritized, most stigmatized, forgotten and least developed health issues in Nepal?

In most people's understanding, physical health is important, such as vaccinations, maternal health, treatment of tuberculosis and HIV, and they are indeed important. But there is also another entity to health that has shown to be of great importance. This entity on its own can lead to a great decrement in all aspects of disease burden. It will also interact with other physical illnesses to decrease its compliance and recovery. There is a growing understanding of a greater importance of mental health and WHO has therefore strongly promoted the slogan "No Health Without Mental Health". But if this is really true, why haven't we prioritized it in Nepal?

The notion that mental disorders are problems only in the industrialized and richer parts of the world and that traditional societies, with strong family values are unaffected by the high pace and demands of modern society is just a myth [1]. According to WHO, approximately 450 million people around the globe are suffering from neuropsychiatric diseases [1] and they account for nearly 13 percent of the global disease burden.

Mental disorders are common and according to WHO, it affects more than 25% of us during our lifetime [2]. Despite some cultural differences in expression, mental disorders are universal and affect people of all countries and societies, all ages, men and women, rich and poor and are present in both urban and rural areas. They have great impact both economically and socially in the community and on the quality of life for individuals and families (2)

Do you know that by 2030, depression alone will be the leading cause of disease burden worldwide? For women aged 15-44 depression is already the leading cause of disease burden, ahead of TB and HIV / AIDS in both low-and high income countries [2]. Even though larger prevalence studies is lacking in Nepal, smaller studies have shown that the prevalence of mental illness like depression in Nepal is similar to the prevalence in the developed world [3, 4]. In one study from Nepal, one fourth of the patients attending a rural health posts and a district hospitals were found to have psychiatric morbidity. But since they all first presented with physical complaints like headache, abdominal pain or other psychosomatic complaints, only 29% of them were correctly diagnosed by the inadequately trained health workers [3].

Among the non-communicable diseases, neuropsychiatric disorders are the main contributors to the global disease burden, more than cardiovascular diseases or cancer [5]. A study of more than 240,000 people in 60 countries showed that depression alone can lead to the greatest decline in health compared with other chronic conditions such as angina, arthritis, asthma and diabetes [6]. The study has also showed that having co-morbid depression with other illness worsens health more than any combination of other chronic diseases. [5]

Mental health problems constitute a serious public health problem [5] and are an important cause of long term disability and dependency and accounts for 31.7% of all years lived with disability. [5] In many countries they are the reasons for 35-45% of work absence [1]. Mental health problems have huge impacts not only on

the individuals but on economy and society as a whole.

Recommended interventions for depression and anxiety by WHO is considered to be highly cost-effective. Investment in mental health is considered as a cost-effective intervention as anti-viral treatment for AIDS or glycemic control for diabetes [7]. There are also evidences for efficacy and cost-effectiveness of psychological and pharmacological interventions for mental disorders in developing countries and it is important that these are adopted by health policy makers ([8, 9]).

However it seems that the poorer a country is, less of its health budget will be spent on mental health. Nepal is among the countries that is spending the least of its health budget on mental health. But isn't this a priority? And what consequences will this under priority bring in a longer run?

Treatment of depression will positively affect the country's economics by a whole range of other conditions. As an example from Pakistan, Prince & Patel estimated that by treating postpartum depression alone would reduce growth inhibition (stunting) by 20% and this reduction could save the country for $ 1.99 million annually in addition to that for every 10% reduction in stunting the proportion who complete basic schooling will be 8%. [5]

Person living with mental disorders in Nepal are grossly under prioritized and mostly forgotten. Just to give you an idea: For a population of 26.6 million, according to a WHO report, Nepal has 32 psychiatrists, 6 psychologists, no psychiatric social workers and no Occupational Therapist working in the mental health. Even though this numbers have increased a bit since the publication of report, the numbers are still very low. In the whole country, there is only one mental hospital, and only a few patients receives psychosocial intervention [10]. Officially approved treatment manuals and referral procedures do not exist and the majority of primary health care doctors and nurses have not received official in service training on mental health in the last five years [11]. Even though there is a screaming need for research in this field, only 3% of health research from Nepal is in mental health and only about 19 out of approximately 27,000 NGOS are working in this field.

About 81% of Nepal population is living in rural areas [12] but only 14 out of 75 districts have psychiatric treatment facilities and 95 % of psychiatrists and 100% of psychiatric nurses are working in the largest cities and 80% of the psychiatry beds in the country are located in or near the capital according to the National Mental Health Network- Nepal (NMHN-Nepal). And with a lack of integration of mental health into primary care the situation for most people in Nepal is that they do not receive adequate help for their mental health problems. In a global context Dr. Kleinman has called the gross neglect of mental problems for "a failure of humanity" [13]. The sufferings here in Nepal both for the individuals affected and their families are indescribable. Not only does mental illness affect the individual suffering but having a family member with a serious mental health problem who is not receiving proper help can be an enormous burden to the whole family. With no medicine or services available, some are forced to even lock up the mentally ill in chains for years. Others are forced to roam on the streets of the larger cities in inhumane conditions.

There is a vicious, self-reinforcing cycle of poverty associated with mental illness. Getting a mental illness often leads a sufferer and his family to a very vicious spiral of even worse condition of both mental and physical health and eventually to poverty. In addition, the stigma attached with mental illness can be utterly destructive for the whole family and leads to even more stress. Just think about the depressed father who cannot work any longer, pay for housing and food for his family or pay school fees for his children. Also imagine the depressed mother who fails to give proper care, food and attention for her little child or the schizophrenic son who becomes a huge burden to the whole family. The approximate financial burden that falls on a family when a member is mentally ill has been calculated to be about Rs. 25 000 per year[14]. Not only can the medicines be costly, but the loss of earnings and loss of working hours of the patient and the caregivers is significant. Add this to a disturbed home environment, heavy stigma and discrimination and the result can be devastating. According to WHO, the majority of people in Nepal can therefore not afford treatment.[10]

The development of mental health problems is a complex interaction between genetically inherited factors from our parents and the environment in which we grew up that puts us all in ascertain vulnerability for developing mental disease. Life events and the environment, positive and negative, that we are in, will then interact with this vulnerability. Mental problems show no border and affects both rich and poor, however the pressure

of life often falls extra heavily on marginalized people and leads to increased risk of developing mental health problems. For example a study from Nepal showed that Dalits have nearly double risk of depression and anxiety compared to high caste people. Those stressful life events like having few livestock, no household income and lack of social support were important mediators [15]. Not only are the services for mentally ill people unevenly distributed, but being marginalized is also a great risk factor for developing mental health problems. Having a mental health problem is in turn a great risk factors for developing poverty. This leaves the poor and marginalized double burdened. The lack of infrastructure in mental health and service availability among the poor and remote areas adds on to this burden. Sadly people living with mental illness often suffer disconnection, alienation and discrimination instead of receiving help.

The disease in itself can also make them more isolated and less capable to fight for their own rights and in some diseases, like schizophrenia their ability to make good choices for life and understanding that they need help might be affected. However, these patients and their relatives often have no capacity to confront their own needs, therefore they far too often ends up in the back of the queue when resources are distributed, both in acute emergencies, and in the health care in general.

Despite their vulnerability, high prevalence and economical impact on families and communities and the associated stigmatization, discrimination and exclusion, people with mental health diseases have been largely overlooked as a target even from development work. On the contrary, they are sadly often subjected to stigma and discrimination, and they experience extremely high rates of physical and sexual abuses. Often they also encounter restriction in exercising their political and civil rights and their ability to participate in society. Most of the time they face great barriers in attending school and employment and are much more likely to experience disability and even die prematurely compared to the general population. [16]

In developing world, people suffering from mental health problems are often not capable of accessing or expressing their needs for help and the result is often that those who needed it the most do not receive help. According to the WHO "All development stakeholders have the responsibility to ensure that people with mental health conditions, as a vulnerable group, are provided with the opportunity to improve their living conditions and lead fulfilling lives within their communities." [16]

"The rate of mental disorders and the need for care is the highest among disadvantaged people – yet these are precisely the groups with the lowest access to appropriate services. At the same time, fear of stigma leads many to avoid seeking care. The consequences are enormous in terms of disability, human suffering and economic loss. We have a pressing obligation to scale up care and services for mental disorders, especially among the disadvantaged, while stepping up efforts to protect the human rights of those affected." —UN Secretary-General Ban Ki-moon[17]

At present there is no mental health law in Nepal and the mental health policy drafted in 1996 has not yet been implemented. Even though Nepal has signed the CRPD there is no monitoring mechanism to inspect mental health facilities and prevent human rights violations. However a draft of mental health legislation has been prepared. Good functioning mental health legislation would be welcomed to insure the rights and dignity of people living with mental disability and could be a first step in ensuring accountability when it comes to prioritizing mental health.

To ensure equity and accessibility of health for all, mental health and particularly for the most vulnerable and under privileged groups is essential. Integration of mental health into the general health service at all levels, including primary health care and at regional and district level. There is also a great need to train more specialist mental health professionals and facilities that can supervise and take referrals from primary care. The integration of mental health services into primary care must therefore also be a part of a larger plan involving who primary care workers can turn to for supervision, support and referrals and refresher training.

It is important that primary care workers get training in diagnosing and treatment of common mental health disorders. Just as clinicians must treat tuberculosis even if they cannot get rid of the overcrowding, we must too challenge the despair of clinicians who argue that if their patients are poor they must be depressed and there is little they can do about it argues one of the world leading capacities on global mental health Vikram Patel [18]

To challenge the enormous gaps both in human resources, knowledge, research and service facilities we need a broad and joint effort with public and private partnership. There are already several NGOs with a lot of experience in training of health personnel and interventions in mental health and these organizations experience and knowledge of local context is of great value. Therefore, a larger collaboration with other non governmental organizations, village and community health workers, and volunteers is required. [16]

The strategy should include general public awareness, stigma reduction and empowerment of people with mental health problems to claim their rights and to hold the institutions meant to uphold their rights accountable.

There is a great challenge to make the health care system inclusive and available locally for all those who need it the most. Mediators of poor mental health like poverty for vulnerable groups should also be targeted. This could be done for example through focusing on livelihood programs, micro credit programs and inclusion of vulnerable groups in education and government jobs. Research has shown that efforts to reduce the burden of mental health disease will be limited if we only target individual level interventions. However interventions that promote security, education and social welfare and health safety nets will help protect the mental ill populations, and allow their full potential development.[19]

On the other hand we also need to develop a more including, warmer and open society where people living with mental disabilities can live life to their full potential. The preventive measures of creating a more child friendly environment both at home and in school are also essential to prevent future psychiatric morbidity.

Since mental health issues are so profound and important both at an individual and society level, we should all fully applaud and support the slogan “No health without mental health”. Ultimately we are left with the challenge to improve mental health in Nepal, and how to especially include vulnerable and marginalized groups.

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