

Editorial**Mental Health – A review**

This Journal of the Ceylon College of Physicians is dedicated to Mental Health. This Editorial review, several articles and a supplement on aspects of mental illness is designed to give this emphasis.

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The publication of *Global Burden of Disease* by Murray and Lopez in 1996 renewed interests in mental health not only among health professionals but also in international agencies, national governments and in public. The fact that more than twelve percent of the global burden of disease calculated on the basis of disability adjusted life years is due to mental and behavioural disorders was a revelation to many including public health specialists and policy makers.

World Mental Health Problems and Priorities in Low-income Countries published in 1995 by a group of Harvard academics, which was subsequently presented to the General Secretary of the United Nations, also had a strong influence in facilitating discussions on mental health in the United Nations and other influential international agencies.

Following these publications, there has been intense interest at international, regional and national levels to address the issue of mental health.

In 1999 the World Health Organisation accepted the recommendation to consider mental health as a priority area in its agenda of action. This took effect by publishing the *World Health Report 2001* on mental health, dedicating World Health Day for mental health and ministerial round table conference 2001 to Mental Health.

By doing this world body was trying to get the governments of member countries to address the issue of mental health as a priority in their own countries. In order to facilitate this process a global action programme – mhGAP was prepared by the Department of Mental Health and Substance Dependence in Geneva.

Similarly the *Surgeon Generals Report of 1999*, which was entirely on mental health, was another step in expressing the importance of mental health in the

United States of America. These developments complemented the efforts by the World Psychiatric Association, and a number of other non-government agencies that were trying to get the decision makers, the profession and public to address the issue of mental health over a long period of time.

In its very comprehensive analysis the *World Health Report* reviewed the global developments in mental health and came out with a series of recommendations to promote mental health and improve mental health care in member countries.

Today there is a greater understanding of various aspects of mental health and mental illness. The greatest challenge is to translate this reality towards the development of services to meet the needs of the community. The close relationship that exists between physical health and mental health is well known. These are two vital strands of life that are closely interwoven and deeply interdependent. Health is known to be a result of a complex interaction between biological psychological and social determinants. Physical illness and mental illness though appear to be distinct, have a close and a complex association with each other. Those with certain physical illnesses have a higher incidence of mental illness. Similarly those with mental illnesses have a higher incidence of physical illnesses.

There is better understanding about the nature of mental illnesses now. Certain mental illnesses such as schizophrenia and mood disorders have a predominantly biological basis, however psychological and social factors are known to play an important role in the development of certain other mental disorders.

The prevalence of a mental disorder is estimated to be around ten percent and it is estimated that one percent of global deaths are due to mental illness. The disability associated with mental illness is very significant indeed and in 1990 of the ten leading causes of disability five were psychiatric conditions.

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Social stigma continues to be a very significant factor in mental health and leads to marginalisation, discrimination and isolation of those with mental disorders. Direct and indirect economic loss due to expenditure for treatment and loss of productivity is staggering and this impacts the individual, family and the society.

There is increasing evidence that promotion of mental health and prevention of mental disorders are achievable, realistic and cost effective. This aspect has been reviewed in the publication titled *Prevention and Promotion of Mental Health by the World Health Organisation in 2002*. Similarly rehabilitation has improved the quality of life in a large number of people with mental disorders.

In spite of the availability of effective treatments most people either do not receive care for mental illness or the care is delayed. The funds allocated to mental health from the national health budget is very low, often less than two percent with a large proportion of this going to the mental hospitals.

In view of the enormity of the problem, availability of effective interventions and also because of barriers to treatment the World Health Organisation has recommended a public health approach in mental health.

The World Health Report 2001 having reviewed the available information has come out with the following recommendations for action:

- Provide treatment in primary care
- Make psychotropic drugs available
- Give care in the community
- Educate the public
- Involve communities, families and consumers
- Establish national policies, programmes and legislation
- Develop human resources
- Link other sectors
- Monitor community mental health
- Support more research.

The need to develop mental health care in Sri Lanka has been articulated by those in high positions at all levels especially in recent times. Unfortunately most of the time these good intentions have never been translated to action.

Major mental illness such as schizophrenia and mood disorders continue to form bulk of clinical practice

among psychiatrists. Most of the public psychiatric services have evolved to respond to the psychiatric needs of patients suffering from these illnesses. The present public services often do not address social and psychological needs of these patients and their families.

Further the large numbers of patients suffering from other forms mental health and behavioural disorders have very limited organized care especially in the state sector. The services for those with suicidal behaviour, alcohol problems, child and elderly mental health problems, effects of trauma, disabilities and other forms of psycho-social distress are not well established as part of psychiatric services.

The organisation of public mental health services, development and implementation of policies and resource mobilization both funds and personnel at the national level have received very little attention from the governments during the last few decades. Compared to many other areas of health the progress of mental health has been very slow. Similarly mental health care in Sri Lanka has significantly lagged behind most of the South Asian countries.

It is indeed heartening to note that there have been very significant developments in certain areas of mental health largely due to the efforts of individuals and agencies at local levels.

Mental health training in the undergraduate medical education programme: The replacement of the behavioural science course with the Behavioural Stream to complement the basic, applied and clinical sciences in the Colombo Medical Faculty at the time of the recent curriculum reform is an important development. This reform has been aimed at making general doctors more responsive to psychosocial and behavioral aspects of health, health care and clinical practice.

Similarly expanding the undergraduate training programme in psychiatry with evaluation at the final year along with other clinical subjects has been aimed at improving the knowledge and skills of doctors so that they are likely to be more responsive to psychiatric needs of the patients in general practice.

Development of services: Extension of psychiatric services to base and district hospitals by posting trained medical officers and opening up out patient clinics has improved mental health care coverage. Similarly the establishment of long term care units

in each province has introduced the concept of rehabilitation out of the mental hospital setting.

Non-medical mental health professionals: Gradual emergence of non-medical mental health professionals from psychology, social work, counseling and other backgrounds is a positive development towards the manpower expansion in mental health care. With adequate training and coordinated work these professionals could perform a very useful function in mental health care.

Community care: Increasing efforts to provide services in the community to meet the needs of the mentally ill are indeed a positive development that took place in the recent past. A range of professionals, approaches, facilities and models has been developed to serve people with mental disabilities, suicidal behaviour, drug and alcohol dependence, effects of trauma and psychosocial distress. Most of these initiatives have come from non government organizations.

Non-government organizations: The establishment of non-governmental organizations in mental health care is a recent phenomenon. They have been able to mobilize finances, manpower and a range of other resources to provide a range of useful services in mental health care. Along with this, the slow emergence of advocacy groups is a very positive development.

The development of a comprehensive mental health service, which is accessible and affordable, is the responsibility of the government. During the

last few decades, in many low-income countries successive governments have failed to consider mental health as a priority area needing government attention and investment. It was in this background that the World Health Organisation produced the landmark report with the aim of bringing the issue of mental health to the national development agenda.

In many countries professional organizations, advocacy groups, politicians and policy makers have joined hands with other influential groups and have used this report to justify the allocation of resources for the development of mental health services. It is to be seen whether individuals and agencies will make use of this opportunity to develop the much-neglected area of mental health at the national level in Sri Lanka.

References

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