

Psychiatry and Mental Health for Developing Countries, Challenges for the 21st Century

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1. INTRODUCTION:

As we enter the new Millennium, developing countries face a number of burning issues challenges that affect all aspects of health including mental health. Population explosion, unplan urbanization, scarcity of human resources, lack of reliable data, lack of systematic approach to he delivery and referral and a number of cultural issues are among these. On the other hand, it is fair to that since the mid decades of this century general attitude towards mental health has been changing both developing and developed countries. Reasons for this change include the coincidence of m factors like scientific and technological advancements and socio-economic changes. The introduction more accurate and holistic definition of *Mental Health*, new scientific discoveries regarding the etiology treatment of mental illnesses and their treatment, and the possibility of returning a considerable numbe patients to their homes and the community are among these factors. One of the major by-product these developments is the introduction of much better co-ordination between the general and mental he services. Integration of mental health within Primary Health Care systems is a major product of this ordination. Accordingly, the objective of the almost all of the national programmes of mental health i: develop proper systems for the realization of such integration. Such programmes that have been pu test in a number of developing countries including ones in the Eastern Mediterranean Region of W during the last decade have been blessed by a number of opportunities and struggled with a numbe constraints. Thus, the future success and/or failure of such programs would depend on the cor understanding of these opportunities and constraints and finding ways to deal with them. In other wo as we enter the 21st Century we need to realistically assess our programmes and determine v challenges we face, what assets and opportunities we have and what constraints are ahead of us.

2. OPPORTUNITIES AND POSSIBILITIES :

2.1 Improved Awareness Regarding the Relative Importance of Mental Health:

Many studies in both developed and developing countries have shown that mental health iss have an importance that from many points of view exceeds the previous estimations. A part of th studies are done to discover psychiatric cases among the patients seen in general and specialized mec facilities. Epidemiological studies about the mental illnesses also show their prevalence and incidenc be more than what was expected previously. The following are examples of such studies:

- A major WHO study during late and early eighties showed high prevalence of psychiatric ca particularly depression among patients seen in general medical facilities.⁽¹⁾
 - Other internationally known studies on the extent of psychiatric cases in the daily worl other medical facilities conducted, among others, by Goldberg,⁽²⁾ Sartorius and Ustun⁽³⁾ , their associates.

- The *International Pilot Study of Schizophrenia (IPSS)*,⁽⁴⁾ which was done by a distinguished group under the supervision of Jablensky by WHO. This study has shown that schizophrenia exists in all races and countries. Furthermore, it has shown that prevalence of this condition is more than what was previously thought.
- The very famous relatively new study called *Global Burden of Disease (GBD)*,⁽⁵⁾ recently conducted by Harvard University, WHO and World Bank is the first major epidemiological study that its focus is not only on mortality. Instead, this study tries to measure the total effect of an illness on individual, family and the community. What is actually measured is the useful life wasted due to the illness. Such life may be wasted either through premature death, the shortening of natural expected life, or wasted years due to disability caused by the illness which is called *Disability Adjusted Life Years (DALY)*. This study has shown that mental illnesses constitute eleven per cent of the GBD, and Major Depression alone which is fourth cause of GBD at present would be the second cause in the year 2020.
- Many studies regarding *vulnerable groups* like women and children and issues like *Domestic Violence* have shown a high percentage of both *unmet* and *unfelt needs* in these groups.⁽⁶⁾
- Extensive research has been undertaken regarding the role of *stress* in the etiology of many physical illnesses and new evidence in this area is being discovered everyday. *Psycho-Neuro-Immunology* findings, which are increasingly based on evidence generated by newer, more reliable and more practical technology, are in favor of such role. Although the etiological role played by stress in cardio-vascular diseases, a number of gastro-intestinal dysfunction's and disorders, many dermatological conditions and some malignancies is of greater importance, it is also a determining factor in determining the course and outcome of many other conditions including infectious diseases. The effect of *lifestyle* and *behavior* on different illnesses should also be taken into consideration.

2.2 Development of Better Service Delivery Systems:

There have been many innovations in the area of delivering mental health services during the past decades, which can provide national mental health administrators with better models for success. Some of these are:

- The movement of *Community Mental Health Centers*: The main characteristic of this movement is the introduction of comprehensive services for prevention of mental illness and also diagnosis, treatment and rehabilitation of the patients, without reliance on large psychiatric hospitals. The aim is to replace hospitals with these centers. Such systems are not necessarily an integral part of the general health.
- *Integration of mental health within Primary Health Care System*. In this approach, general health facilities are utilized to provide mental health services. Mental health - as an integral part - contributes to the better functioning of general health. This system is based on careful *Leveling* of services, problems and resources and the existence of an efficient *Referral System*. Experiences with this type of approach are documented in countries like India, Iran and Pakistan.^{(8) (9) (10)(11)}
- *School Mental Health* in which the *whole school system* is utilized not only to receive services but also to provide services. Schools are particularly useful institutions for *Promotion of Mental Health*.
- Innovative approaches in the area of *Urban Mental Health* of which, we can point to the *Integration of Mental Health within Healthy City projects*.^{(9),(12)}
- In the past few decades there has been an increasing appreciation of *teamwork* in psychiatry and mental health. Utilization of teams and reliance on the spirit of cooperation between different professionals would decrease chronicity and the duration of hospitalization and provides more opportunities to support the patients.

- The introduction of *psychiatric wards in general hospitals* is one of the great developments in the area of service delivery during the recent decades. One of the main advantages of such a system is decreasing the negative reaction and stigma towards patients.
- The development of facilities for *Crisis Intervention* which, in addition to assisting patient crisis situations, would help in economizing the time and human and material resources.

2.3 Improvement in Knowledge and Attitude and Increased Demand for Better Quality of Life

- The results of Knowledge and Attitude Tests from different countries and cultures show a relative increase of both following the training and public awareness campaigns.
- Studies performed by using the WHO instrument called WHO Quality of Life Instrument (WHOQOL) has shown the demand of diverse groups of people for better Quality of Life based on a more relaxed, happier and more quiet lives.

2.4 General Changes in Science And Scientific Methodology:

A number of gradual developments throughout this century and particularly during the past decades have brought the absolute validity of the Classical Newtonian-Pascalian science under serious question. The discoveries in *Quantum Physics*, *Neuroscience* and particularly the working of the *Synapse* innovation and development of concepts and scientific disciplines of *Information Systems* and *Cybernetics* and also development of *Holistic Methodology* based on *General System Theory* are just a few. Medicine in general and psychiatry in particular have been affected by these developments. This in turn has caused a need to develop new approaches to face new dilemmas.⁽¹³⁾ The following points seem to be relevant some of these approaches and also contain some observations.

- One example is *Holistic Medicine*, which is a much-talked about issue these days. Examples of more holistic approaches are *Problem Oriented* practice or studying of seemingly *Physical Methods* for treatment of physical conditions.
- In psychiatry the holistic approach is usually interpreted as *Bio-Psycho-Social*. This is a rather simplistic and limiting view that needs more elaboration. *The Holistic Human*, health and disease-, has additional dimensions like *Historical*, *Mythological* and *Spiritual* well.
- Many of the most recent studies on neuroscience and synapse have proved the validity of the holistic approach.⁽¹⁴⁾
- Only a holistic approach can open the way for the understanding and evaluation of effects of cultural and human conditions upon the organism.
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2.5 Availability of More Effective Treatments and Interventions:

Examples of such methods are:

- Development of *Community Based Services*. Half way and community supported houses are an example. Another example is the use of volunteers to help in mental health. The *Healthy City Project* in south Tehran is one model of such intervention.
- Discoveries regarding the etiology and different treatment modalities which have enabled professionals to discharge a large number of patients from psychiatric hospitals. Improvements and innovations in *neuroscience* and *psychopharmacology* are among the most important in this area.⁽¹⁵⁾
- Advent of simpler and more effective methods of *Psychotherapy* like cognitive and behavior therapy.⁽¹⁵⁾

3. CONSTRAINTS

Unfortunately, the national programmes of mental health are also faced with a great number of obstacles that in many instances slow down or even stop their development. The most important of these obstacles are:

3.1 Fables, Stigmas and the Negative Attitude of the General Public

Examples of this major, universal phenomenon, which functions as a great obstacle to development of mental health programs, are:

- Mental illnesses are *Untreatable*.
- Mental patients are *Dangerous*.
- Mental illnesses are *Luxury* and do not constitute a group with high priority.
- Mental patients are *not capable* of performing any useful *social role*.
- Mental illness, Mental Retardation and Dementia are the same.
- All mental illnesses have *Metaphysical Causes*.

3.2 Knowledge and Attitude of Different Levels of Professionals:

- Officials who are in a decision making position and also most of the senior health service professionals are generally accustomed to Mortality Oriented Statistics. Many times they are forced to make decisions under the pressure of special demands and circumstances. Also in many cases, they simply have not had the necessary training.
- Most of physicians have not gone through proper mental health training. In general and on a global basis the attitude of medical schools towards mental health is negative. In many instances, medical education is *Reductionist* and has *No Concern for the Wholeness of Human Being*. This issue should be addressed by different means and at different levels. At the level of medical schools it is necessary to take serious, concerted action for revision of curriculum. Recently, World Psychiatric Association in collaboration with World Federation for Medical Education has published a Core Curriculum of Psychiatry for Medical Students⁽¹⁶⁾, which can be used as a model.

Training general Practitioners in form of courses and Continuing Medical Education is a completely different story. They are usually quite busy and realistically speaking do not have the time, interest and stamina to go through formal training or formats similar to that of medical schools. Therefore Special packages, courses and manuals are necessary for this group.⁽¹⁷⁾ A number of such manuals have been produced in Iran and other countries of the region. The same rules apply for different groups of health workers like Multipurpose Health Workers. Manuals and training for each level should be separate and should clearly correspond with the duties they are assigned in the national program.

- A minority of psychiatrists at times may be under the impression that they know everything and other professionals cannot add anything to what they know. Many of us earnestly believe other people are incapable of understanding psychiatric and other mental health issues. Many of us are not interested in teamwork. Needless to say, these attitudes do not change. The other side of the reality is that working in chronic, long-term and large mental health institutions drains the energies of a great part of the psychiatric work force with chronic fatigue and *Burn out Syndrome*. It is also a reality that in comparison with other medical professionals, psychiatrists work harder and are not as well off economically. None of them contribute positively to the development of mental health. A plan of action needs to take into account all of these factors and also the need for refreshing courses and continuous training should be given consideration. Such plan should also provide opportunities for international contacts.
- Many times, other general and mental health professionals like psychologists, nurses and pharmacists stand against treatment modalities like medications or Electro-convulsive therapy.

Therapy (ECT) prescribed by physicians. This takes away the patient's and family confidence and can be quite counterproductive. On the other hand, most of the non-psychiatrist mental health professionals also are in need of better recognition of their valuable contributions and standard of living. Unfortunately, due to lack of the spirit of teamwork, many times their knowledge and expertise are not used and a gradual feeling of alienation and decreased self-esteem ensue. They also are in danger of becoming demoralized by years of working in the non-awarding condition of chronic hospitals.

3.4 Legal and Financial Issues :

- The famous GBD study has shown that mental disorders are responsible for 11 per cent of GBD in the world. However, in few countries of the world even 2 per cent of the health services resources are given for mental health services.
- Most of the meager mental health budget of the countries is absorbed by large psychiatric hospitals.
- Most of the developing countries either do not have Mental Health Act or their mental health acts are copied from the purely western models that are not compatible with their realities and therefore remain non-enforceable in practice.

4. The Future

In most countries of the region, the *comprehensive nature of mental health*, with interwoven elements for prevention, promotion, early diagnosis, treatment and rehabilitation has started to emerge. However, in many circles, psychiatry and mental health are still understood interchangeably and in many instances are limited to clinical practice, medications and hospitals. A major challenge for the future is to continue developing different kinds of community services with reliance on Primary Health Care and other similar mechanisms. The mental health programs of the countries should gradually become more comprehensive and pay real and practical attention to prevention of mental illnesses and promotion of mental well being. At the same time, when it comes to mental illnesses the programs should look for a means that would decrease dependence on mental hospitals. This needs serious change of attitude at political, professional, community, family and individual levels requiring many interventions in training and also requires political will and introduction of necessary legislation.

- *Future of psychiatry as a medical discipline* has been the subject of many debates. No doubt psychiatry as a discipline would continue to exist. A major change in the future may be a more accurate definition of roles for other professionals like psychologists and social workers. Today's trend is to push psychiatry towards a primarily biological discipline. This is partly a reaction to over-psychologism of the early part of this century and strong influence of psychoanalysis and partly a product of overgeneralization of biological findings without due respect for the information medium in which brain -as a biological system- functions. Although this trend is becoming the order of the day in many countries of Europe and North America, we should be aware of our needs for a more comprehensive approach to mental health and illness and psychiatry. We need an approach to psychiatry capable of understanding the **whole**. *The human being with all the bio-psycho-social, spiritual, historical and even mythological aspects of his being.* Psychiatry can only survive if it preserves its comprehensive approach in the future and develop pragmatic means in everyday practice using all possible resources to understand and help.
- *Team approach* to all aspects of prevention, promotion, diagnosis, treatment and rehabilitation should be encouraged and hopefully will increase in the future. There is no other way. What needs to be done is promotion of team spirit. Medical schools, nursing schools, schools of clinical psychology and social work should be responsive to this need in all areas of curriculum development and practical training. Residency programmes in psychiatry should also pay more attention to this need. The future mental health belongs to teams of experts working in harmony and co-ordination.

- If the role of *psychiatric hospitals* is going to be minimized and the issue of chronic patients is going to be addressed through different mechanisms in the community and general health system, then we need fresh approaches to issues like *stigma*. This issue needs to be addressed at different levels: decision makers and politicians, professionals including psychiatrists and other physicians, employers and employer associations, community and religious leaders, special groups like teachers, judiciary, police, families of patients and the like. This also requires policy and technology to work with media.
- For a long time to come, developing countries would not be able to train highly specialized *human resources* they need for psychiatry and mental health. Innovative approaches are necessary to fill the gap. Such approaches could include broadening the concept of specialization from pure psychiatry to a combination with neurology and rehabilitation, special diploma courses, more reliance on training of general practitioners and other health workers etc.
- *Emerging priorities of mental health* are problems of youth, women, children, refugees and elderly. They also include service development for urban areas. Hard demographic data and the trend of events in the region show that these priorities need to be addressed swiftly. Those of us in charge of mental health and psychiatry in this region need to think of best ways to deal with these dilemmas. Here also we need to think of multisectoral approaches, dividing the issues and tasks to levels and using all the possible resources. For instance pediatricians can provide for much of the mental health needs of the children. Obstetricians and gynecologists and midwives can cater for many mental health needs of women. Nurses can provide for the elderly. Services for urban areas can be integrated with already existing programmes like Healthy City. However, the most important fact in this regard is to make sure that mental health finds its place in all developmental programmes of the countries.
- The basis of meaningful *research* in our region is not strong. We need to integrate real, useful and practical research activities into all levels of work. Fear of research work can be overcome by devising simple tasks for each level and showing that the achievement of these tasks is possible. If we succeed in the future a simple health worker in a village will be the provider of a level of information. This has two types of benefits, the first is collection of data at the site the patient or client is seen first and second is the increased self esteem of the health worker who would feel him/ or herself as a part of research work.
- In the near future there will be more realization of the role *Non Governmental Organizations* can play. In an ideal condition, such organizations would form in line with religious and cultural traditions of the region. In Islamic countries the financial support for such organizations can come from *Waqf*, Islamic taxation like *Zakat* and the like. The important thing is to guide such NGO's towards issues like advocacy, patient rights etc.
- *Global Professional associations* like *World Psychiatric Association*, *World Federation of mental Health* and *National Professional Associations* are the most important organizations for promoting mental health and psychiatry and sharing of experiences. More collaboration among them at regional level is necessary.
- *Prevention of mental illnesses and promotion of mental health* would require more evidence to compete with many other programmes in the ministries of health priorities. Such evidence needs to be provided for the availability and effectiveness of the interventions. Making mental health evidence based work will be another challenge.
- Among other areas one can think as one looks at the future of mental health in the region are *cultural acceptable treatments* and *legislation*. Working on these issues has started and will continue in many countries.

5. WHAT NEEDS TO BE DONE?

Any programme for action should start from a realistic *Situation Analysis*. Such analysis should be done to identify both positive and negative aspects of the existing situation. This should not necessarily be a large, expensive and technically complicated exercise. An assessment of some patterns of *Help Seeking Behavior* and also *Needs* is advisable. Upon the completion of such analysis, plans should be made to make use of all positive opportunities and address different constraints. Such action would need a comprehensive approach, which can be arranged only through a *National Program for Mental Health*. Such a programme needs to contain many elements for general health sector, media, religious leaders, schools, artistic and sport activities and the like. The following are the main principles and essential activities of a programme:

- Clear identification of different *Levels*. There are different levels for each *Problem*. In a given *Health System*, needs of each of these levels can be best addressed by a certain level of *Expertise* and *Human Resource*. Each level of problem and expertise, in turn, needs corresponding level of *Facilities*.
- In the area of *Education* and *Training*, activities related to formal education like development of proper curriculums and revision of the existing ones need special attention. The necessity of up-to-date curriculums should be reinforced through proper legal acts. Need exists to develop close links between all parties that can have a role. Public education needs the media. In all health related issues the media can function as a double-edged sword. A free, well-informed, caring and responsible media is fundamental to promoting mental health and decreasing the stigma. On the contrary a tabloid, scandalous and non-informative media can be a source of many mental health problems. Media representatives should be involved in multisectoral national mental health committees. Production of special training packages for media can be quite helpful.
- Human resources for addressing all the mental health needs can not only be limited to mental health professionals. It is not only due to shortages of these professionals, but also because at some level non-mental health personnel can provide better, more acceptable services. Comprehensive national planning should take this issue into consideration. Therefore, plans for training of *General Practitioners* and other health workers and also groups like teachers are very important.
 - In today's world, *Research* should be an in-built part of any development program. Therefore national Programmes of Mental Health should integrate some research activity to all levels of work and Research projects should make use of all levels.

CONCLUSION

Whatever the outcome of these observations, this author believes that *the future should see better understanding, care and attention to mental health and illness*. The future should see *respect for human rights and the dignity of people with mental illness*. As conscientious citizens of our communities, we should work towards the realization of these goals. Those of us charged with special responsibilities in the area of mental health at national, regional or international levels undoubtedly have a much higher responsibility to design and work towards the development of technical and legal systems capable of helping the ones in need to receive them. Families of the patients need to be informed of their rights and empowered to organize and actively ask for the rights of their dear ones. Religious leaders, intellectuals, the women and men of conscience, thought and wisdom, government officials, parliamentarians and the like should be made aware of the importance of mental health and invited to assist in the development of better, more efficient and affordable systems of care. One thing is certain; it would not be possible to meaningfully improve the condition of mental health and the mentally ill without the involvement of all.

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