

MENTAL HEALTH

The need for integration into all programs

12th December 2023

Mugdha Barik and Dr. Ratna Devi

R
E
P
O
R
T



Table of Contents

INTRODUCTION.....	2
Access to Mental Health in Asia Pacific	3
Mental Health for young people: challenges and opportunities	4
Mental Health and palliative care	7
NCDs and Mental Health.....	9
Way Forward.....	Error! Bookmark not defined.

INTRODUCTION

As stated in WHO's constitution defining health as “a state of complete physical, mental and social well-being”, health has both physical and mental implications. Strong research evidence has revealed the multidirectional links between mental and physical health and illness like mental disorders can be precursors to physical health problems, or consequences of physical health problems. However, many primary healthcare systems in countries around the world focus on physical care, failing to provide mental healthcare to their populations, leading to failure in addressing the holistic well-being of individuals. The most frequently reported barriers to integration of mental health services into the health care system are (1) attitudes regarding program acceptability, appropriateness, and credibility (2) knowledge and skills (3) motivation to change (4)

management and/or leadership, and (5) financial resources.

Today, 45 years after the adoption of the Alma Ata Declaration, the world seeks to re-affirm primary healthcare as essential healthcare, universally accessible to individuals, presenting an important opportunity to integrate mental health as a priority in the system to stimulate awareness and acceptance. The collaborative report between WHO and Wonka “**Integrating mental health into primary care: A global perspective**” gives a detailed analysis of how a range of health systems in over 10 countries across the world have successfully integrated mental health services into primary care. As a result of analyzing and synthesizing these best practices, WHO and Wonka identified 10 common principles that can be applied to all mental health integration efforts.

10 principles for integrating mental health into primary care

1. Policy and plans need to incorporate primary care for mental health.
2. Advocacy is required to shift attitudes and behaviour.
3. Adequate training of primary care workers is required.
4. Primary care tasks must be limited and doable.
5. Specialist mental health professionals and facilities must be available to support primary care.
6. Patients must have access to essential psychotropic medications in primary care.
7. Integration is a process, not an event.
8. A mental health service coordinator is crucial.
9. Collaboration with other government non-health sectors, nongovernmental organizations, village and community health workers, and volunteers is required.
10. Financial and human resources are needed.

Mental health conditions across all age groups are highly prevalent, affecting a significant portion of the global population due to factors such as work stress, relationship and familial obligations, heightened expectations, and domestic violence. The World Health Organization estimates that one in four people will experience a mental health issue at some point in their lives, leading to profound effects on the person's quality of life, productivity, and overall functioning. The Moderator **Dr. Nand Kumar**, Prof. In charge ICMR CARE in Neuromodulation for Mental Health brought together some of the most diverse representations of mental health advocates in the form of 4 esteemed speakers to discuss the

session topic “**Mental Health- The Need For Integration Into All Programs**” as follows:

- Access to Mental Health in Asia Pacific- **Dr. Vinay Kumar**, President, Indian Psychiatric Society
- Mental Health for young people: challenges and opportunities- **Dr. Harshita Umesh**, Mental Health Advocate, Internal Lead, YOUNGO Health Working Group, UNFCCC
- Mental Health and palliative care- **Smriti Rana**, Head, Strategic Programs and Partnerships, Pallium India
- NCDs and Mental Health- **Lopa Ghosh**, Country Coordinator, Global Health Advocacy Incubator, India

Access to Mental Health in Asia Pacific

Dr. Vinay opened the discussion on mental health by underscoring the harsh reality that unlike a few physical ailments that are visible, mental illnesses will always exist as a silent disease with any externally visible signs and symptoms. At any one time, a diverse set of individual, family, community, and structural factors may combine to affect a person's mental health. Although most people are resilient, those who are exposed to adverse circumstances such as poverty, violence, disability, and inequality are at higher risk of developing a mental disorder. Furthermore, with growing civilization, events

happening in a country in the west not only affect the local population, but also have big impacts on countries in the east, and vice versa. This phenomenon only reaffirms the fact that there is an immense need for swift action to increase awareness and containment of mental health.

Global Burden of Disease (GBD) 2019 showed that mental disorders remained among the top ten leading causes of burden worldwide, with no evidence of global reduction in the burden since 1990. This can be largely due to the fact that mental disorders are not always visible i.e.

“Invisible Mental Health Problems” are asymptomatic, and even if they do manifest as symptoms, are neglected. The Asia-Pacific region has close to half of the estimated 450 million people affected by mental illness globally, even though mental health care is available in the form of community care, OPD, mental hospitals, tele- psychiatry, and mental health promotional services. Some of the initiatives undertaken in the Asia-Pacific region are:

- Asia-Pacific Community mental health development (APCMHD) – 14 countries
- Kyonggi Provincial Mental Health Program – Korea 1998
- 686 Program – China
- Community mental Health Nursing – Indonesia
- EXITERS – Hong Kong
- District mental health programme (DMHP) Model and Telemanas, MANAS Mitra – India

“During my time at WHO, I had the opportunity to interact with professionals in more than 100 countries. I learned that when it comes to mental health, all countries are developing countries, including economically developed countries like the United States”.

- *Shekhar Saxena, Director of the Department of Mental Health and Substance Abuse at World Health Organization*

Mental Health for young people: challenges and opportunities

Dr. Harshita echoed the previous speaker’s sentiment that mental health goes beyond mental health professionals and emphasized on the need for youth as mental health advocates to promote inclusivity and create a safe space for

the adults of the future to be vulnerable yet empowered. She further spoke about the necessity for a change in the perspective of viewing mental health from “individualistic” to “multi-faceted” as seen in the image below:



Figure: The Ripple Effect – Triggers of poor mental health at different levels of a person’s life showcasing a multi-faceted perspective

The sheer number of triggers for low mental health certifies that different people respond to different events/triggers differently, due to which connectivity and communication is vital for mental health advocacy. Social media glamorizes reality and puts pressure on people to keep up with the trends to feel a sense of belonging. Although a lot of awareness and outreach is generated via social media, due to

the propensity of anonymous people to cyber bully, it is also very dangerous for an individual to be candid about their mental health on social media platforms. This can lead to the individual feeling a sense of loss and isolation which is only amplified by the misuse of scientific terminology (ex: “OCD” instead of clean and meticulous and “depression” instead of sadness). Semantic satiation is a phenomenon used to define the

desensitization of these scientific terms due to improper repetitive usage, leading to reduction in the gravity of the issue and loss of seriousness towards the person's symptoms. There are several reasons for this casualization of mental health such as:

- Ignorance
- Romanticizing Mental Illnesses
- Because it is Cool/Trendy
- Thoughtlessness

- Attention-Seeking Tendency
- Self-Diagnosis

A change can be brought about by empowering and engaging the youth to co-design and co-plan mental health initiatives owing to the fact that the current generation puts a lot of emphasis on cultural appropriation, peer support, and innovative approaches that might have been overlooked previously

MEANINGFUL YOUTH ENGAGEMENT:

“ There is no, I win, You lose. It is we lose!”

1. Inclusion from conception to implementation
2. Training and Capacity Building
3. Education and Awareness
4. Youth Advisory Boards
5. Technological Integration
6. Acessibility and Affordability
7. Creative Outlets and Support Groups
8. Campaigns
9. Youth-Friendly Spaces
10. Financing and Funding Youth-led Initiatives



Empower the youth today and they will build a better world tomorrow

Mental Health and palliative care

According to The World Health Organization, palliative care is an approach that improves the quality of life of patients and their families who are facing problems associated with life-threatening illness by preventing and relieving suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual. Ms. Smriti brought to attention the 2015 quality of death index that ranked India 67th out of 80 countries, owing to lack of awareness and over-the-top costs of healthcare. She highlighted the National Crime Records Bureau of India's article stating that chronic advanced illnesses are the second highest reason for suicide with 7.2% rise in the suicide rates in 2021. Lack of sufficient initiatives for palliative care and pain relief leads to negligence in ensuring good

quality of life for the patient, focusing solely on treating the ailment. Ms. Smriti outlined the main differences between "having a disease" and "feeling ill" by emphasizing on how a person can be diseased while not suffering from illness associated discomforts. At the same time, there are patients who get the correct treatment for their disease, but their quality of life continues to decline. "A disease is something an organ has; illness is something a man has" - how a disease is experienced by the patient in terms of illnesses greatly impacts the progression of the disease. For example, if a person is too tired to go for the treatment, has experienced severe side effects and change of emotions, or is suffering from low mental health, then they might be incapable of going further treatments for the disease.

"One of the greatest barriers to effective palliative care is the access to pain relief medication. The Narcotic Drugs and Psychotropic Substances (NDPS) Act India, has posed a hindrance in acquiring medication like morphine that is essential for patients dealing with chronic and fatal diseases such as stage-4 cancer. After 19 years of advocacy, even after the successful amendment of the act, less than 4 percent patients in India get pain relief on time. Access to palliative care is often forgotten in the large spectrum of things and needs to be advocated more."

Ms. Smriti correlated the lack of palliative care when treating a physical ailment with the development of illness-related mental health conditions such as anxiety, delirium, and trauma. Anxiety caused due to the patient dreading treatment in fear of the side effects, decrease in functionality and freedom, loss of control over one's life and the decisions being made, lack of understanding of the disease, and the guilt of "what if" are some of the several reasons why there is a need for empowering the patient to preserve their mental health by providing appropriate palliative care. It is imperative for

the healthcare professionals to understand the patients and see them as people who need relief, as opposed to disease bearers who need to be treated. Furthermore, people grieving in anticipation of death cannot be treated in the same way as someone suffering from depression. Although mental health is heavily influenced by physical ailments, it is essential to view mental illnesses in the context of availability of palliative care.

Information

- Listen
- Understand what they know
- What do they understand of what they know?
- Elicit unstated fears/ worries
- Medical Anxiety Vs Death Anxiety
- Goal setting – short, medium, long term
- Problem solving through shared decision making
- Restoring a sense of control



"There's no easy way I can tell you this, so I'm sending you to someone who can."

PALLIUM
INDIA

NCDs and Mental Health

Ms. Lopa deliberated on the multilayered aspects of mental health issues and how they tie in with people suffering from NCDs. She noted that working towards changing policies is one of the most cost effective and efficient ways of saving lives, however, unless the unrecognized burdens of mental illnesses are acknowledged, mitigating the NCD disaster is difficult. NCDs are the cause of death for 41 million people each year and account for 74% of global deaths. About 86% of these deaths are from LMICs (Low- or Middle-Income Country), highlighting the shortcomings of the healthcare systems. Health systems are unprepared for shocks like pandemic, climate change and economic crisis and the loss of jobs due to these crises impacts people's access to health care, thus accentuating their low mental health.

Ms. Lopa further discussed how the links between NCDs and mental health are heavily under-researched, even though people suffering from mental illness have a higher inclination of indulging in substance abuse like tobacco and alcohol which are the top risk factors for NCD. Moreover, people with mental illnesses are at

high risk of discontinuing treatment leading to double burden on the health. It is a common occurrence that people who have suffered from strokes or are battling with cancer often develop depression which calls for the narrative to be shifted from patients "suffering from NCDs" to "living with NCDs" to help empower them to live a good quality of life. There is a need for advocacy for stronger health systems and policy change using insights from the lived realities of people living with NCDs or those who are victims and survivors of public health concerns since a compelling story speaks louder and clearer than data and helps give a clear insight to the policymakers.

While closing the session, Ms. Lopa suggested a few immediate steps that can help shift the paradigm:

- Integrate mental health with the NCD agenda.
- Develop country action plans
- Create treatment protocols that consider comorbidity
- Build empathetic and skilled health systems
- Population based measures for prevention