BRIDGING MENTAL HEALTH GAPS:

FOCUSING ON ACCESS & QUALITY OF CARE FOR CHRONIC MENTALLY ILL

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THIS PRESENTATION

- GAPS IN MENTAL HEALTH
- WHAT NEEDS TO BE LEARNT
- DIRECTIONS FOR FUTURE

MENTAL HEALTH IN THE WORLD

- **Mental Health Problems prevalent in all regions of the world & accounts for major global burden**
- **Every year up to 30% of the population worldwide suffer from some form of mental disorder, and at least two-thirds of those receive inadequate or no treatment, even in countries with the best resources**

Major gaps

as insufficient & inequitable services

- ***in needs and availability of the services***
- ***& resources for mental health are***

DEVELOPMENT OF MENTAL HEALTH CARE

International emphasis

Theme of World Health Report (2006)

Working together for health,

Improving access to health care,

providing treatment in primary care

However Mental Health singles

out with grossly inadequate resources in the developing countries

WHO FIGURES

WHO Regions	Community Care	Median Bed per 10 000 population	Mental health Policies coverage (%)	Number of Psychiatrists Per 100.000
Africa	56.5	0.34	69.4	0.04
Americas	75.0	2.6	64.2	2.00
Eastern Mediterranean	68.2	1.07	93.8	0.95
Europe	79.2	8.00	89.1	9.80
South-East Asia	50.0	0.33	23.6	0.20
Western Pacific	66.7	1.06	93.8	0.32
World	68.1	1.69	68.3	1.20

DELIMMA OF CARE

- National plans mostly on papers
- insufficient & ineffective resources
- Disparity in distribution of available resources
- Teaching, training & manpower development limited
- Limited manpower in allied mental health disciplines
- Institutional care still a norm in many countries
- Community care based psychiatry still in infancy
- Most patients are in the community and not a part of the mental health care system
- Limited opportunities for training of General or Family Physicians in Psychiatry

HUGE GAPS BETWEEN DEVELOPED & UNDERDEVELOPED COUNTRIES

Developed countries

- human rights
- political correctness
- rights of care
- life skills education
- sophisticated technology
- quality of life
- development of new drugs

Underdeveloped / developing Countries

- poverty
- Shelter, basic health needs
- severe deprivations
- chronic stress
- "forgotten diseases" *(e.g vitamin deficiency)*
- survival in disasters
- Mental health with no priority

TREATMENT GAPS: KEY FACT

25-30% of global population has mental illness each year

More than 2/3 of people with mental illness receive no treatment

Under treatment

occurs

even in richest countries

ISSUES

Stigma & discrimination

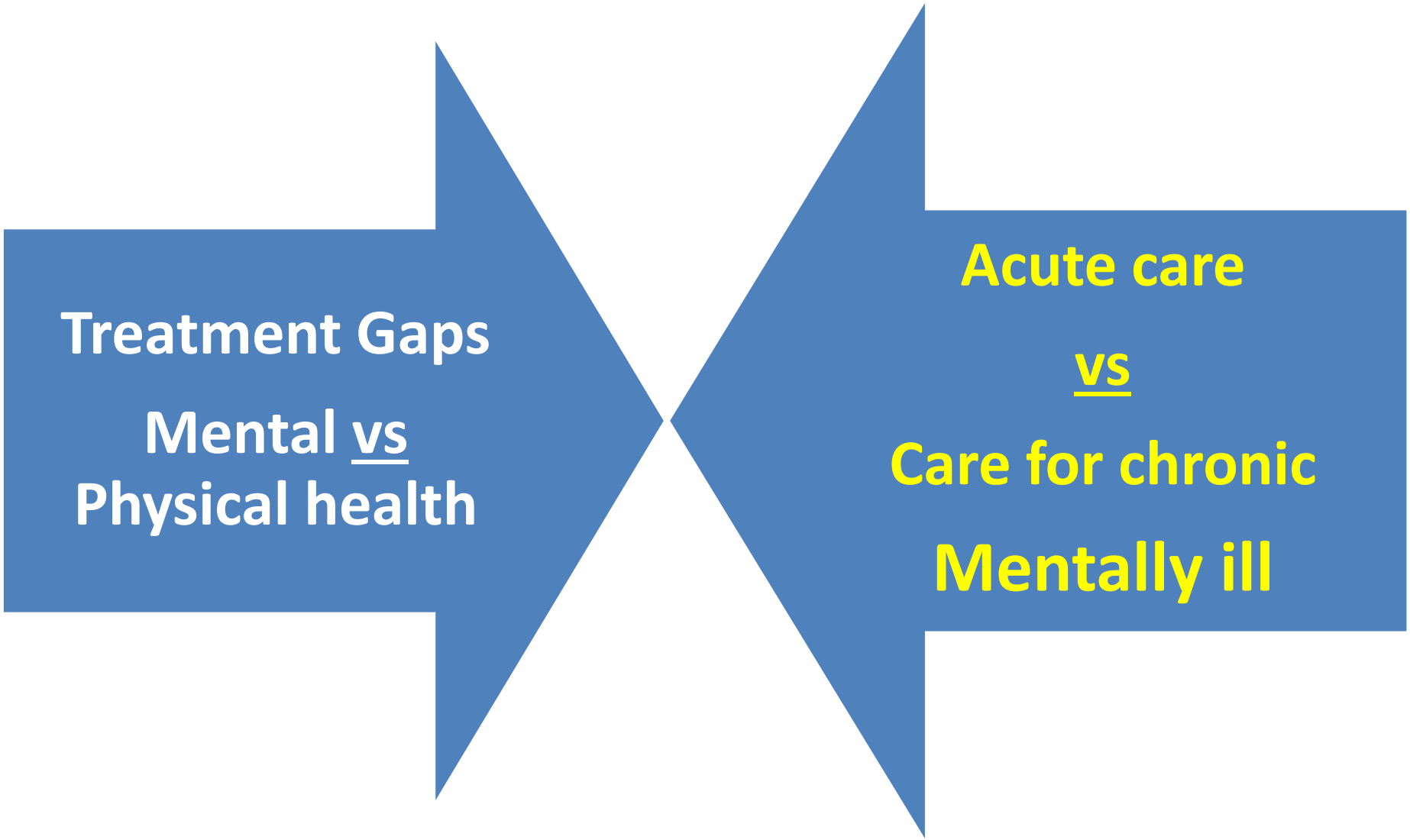
Limited human resources

Lack of Government policies

Awareness & recognition of needs

Gaps in service provisions & Facilities

ISSUES


Treatment Gaps
Mental vs
Physical health
Acute care
vs
Care for chronic
Mentally ill

MENTAL vs PHYSICAL

TREATMENT GAPS

Physical disorders are more likely to be treated than the mental disorders

- **In Higher Income countries, 65% of all physical disorders treated as compared to 23% of all mental disorders**
- **In low & middle income countries 53% of physical disorders are treated as compared to 8% of mental disorders**

TREATMENT GAPS: KEY FACTS

British Journal of Psychiatry, 2008.192, 368-375

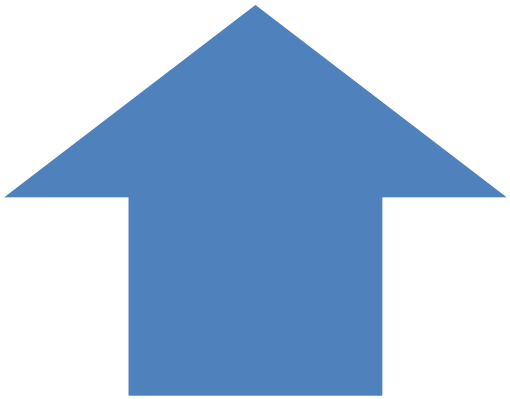
Physical disorders	*Treatment prevalence High income*	*Treatment prevalence Low & middle income*
Diabetes	94%	77%
Heart disease	78%	51%
Asthma	65%	44%

Mental disorders	*Treatment prevalence High income*	*Treatment prevalence Low & middle income*
Depression	29%	8%
Bipolar disorder	29%	13%
Panic disorder	33%	9%

DISPARITY IN SERVICE PROVISIONS

ACUTE SERVICES

FOR CHRONIC ILLNESSES



PSYCHOSOCIAL REHABILITATION

- A neglected and forgotten field
- Lack of awareness even among professionals and policy makers
- Limited policies or directions
- Lack of training facilities for professional development

HISTORY

During 20th Century different dimensions of Rehabilitation programmes emerged generally from psychopathology, range and severity of symptoms

Concept gradually included areas like meaningful occupation, appropriate housing, stability in relationship and financial autonomy

REHABILITAION PSYCHIATRY

20th Century Models

- HANDICAPS MODEL
- DISABILITY MODEL
- IMPAIRMENT MODEL

WHAT IS REHABILITATION?

- Limiting Disability
- Minimising the Handicaps & Impairments
- Promoting a culture of healing & hope
- Emphasis on Recovery & Partnership
- Citizenship & Quality of Life
- Social inclusion, Empowerment
- Skills training & meaningful occupation
- Resettlement & re-housing

RECOVERY

conceptual changes in practice of rehabilitation

Shifting Professional role from authority to coach

Focusing on core significance of hope & optimism

Working with risks: shift from risk avoidance to risk taking

Promoting self management & empowerment

RECOVERY MODEL

FOCUS & INTEREST ON PERSON

PERSONAL MEANINGS & STRENGTHS

PERSONAL RESPONSIBILITY

WHAT IS RECOVERY?

Stability in functioning

Amelioration of symptoms to a degree that allow functioning

Independent assessment of symptoms & functioning

Empowerment & Self responsibility

Personal meaning of cure & outcome

REHABILITATION / RECOVERY
SIMILAR OR DIFFERENT CONCEPTS

REHABILITATION & RECOVERY	REHABILITATION or RECOVERY

REHABILITATION / RECOVERY

Rehabilitation refers to the services and technologies that are made available to disabled persons…

Recovery refers to the process of rehabilitation based on the lived or real life experience of persons as they accept or overcome the challenge of the disability

WHO CARES ?

Psychiatrists

Social workers

Nurses

Occupational Therapists

Employment & Accommodation workers

Psychologists

Advocacy services

?

WHO CARES?

Psychiatrists

Social workers

Nurses

Occupational Therapists

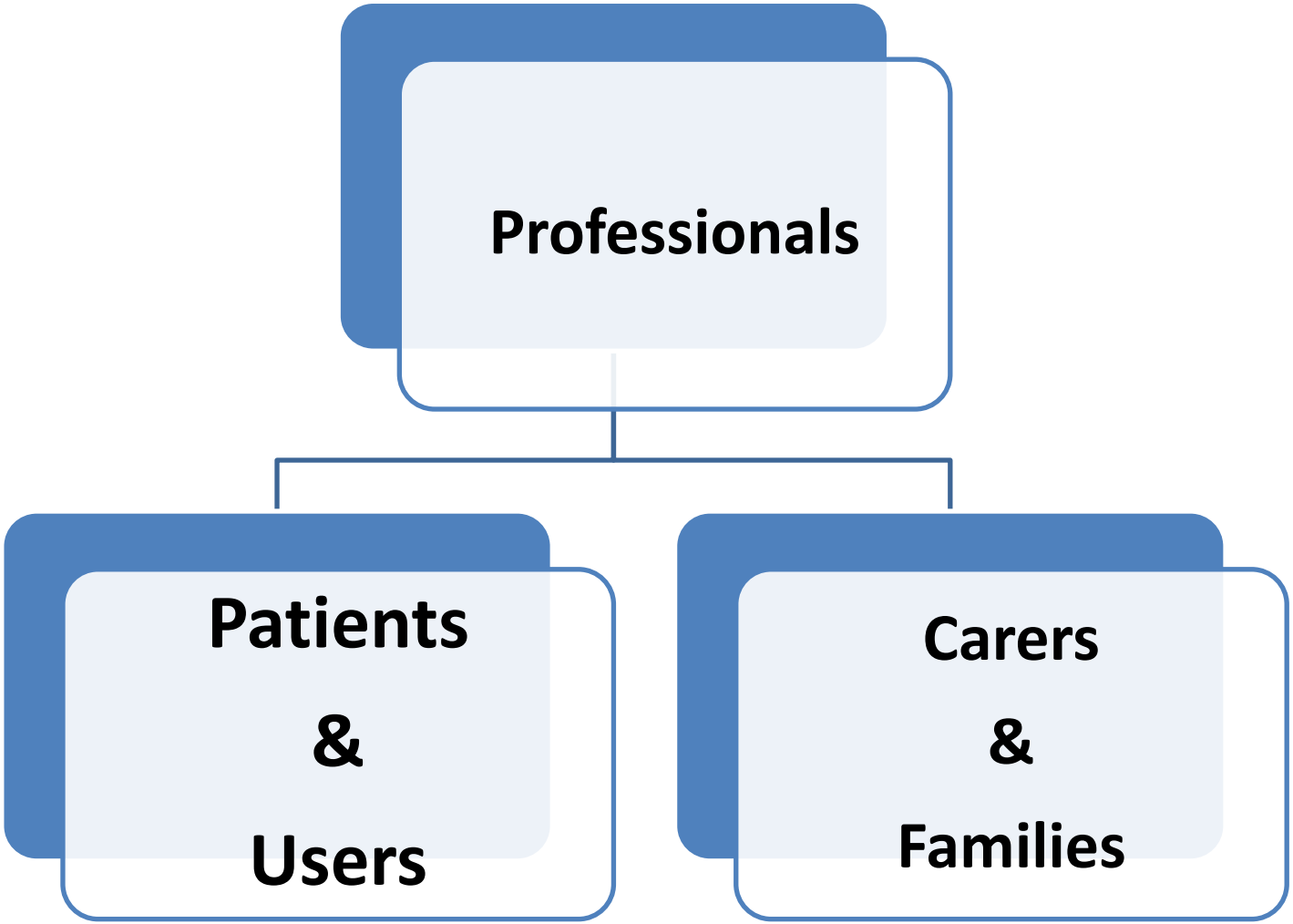
Employment & Accommodation workers

Psychologists

Advocacy services

Carers & Families

STAKE HOLDERS



WORKING WITH

Patients, Users & Carers

- **Clinical importance**
- **Treatment implications**
- **Impact on future care & possible barriers**
- **Empowerment**
- **Shared decisions**

KEY FACTS

SUMMARY

KEY FACTS

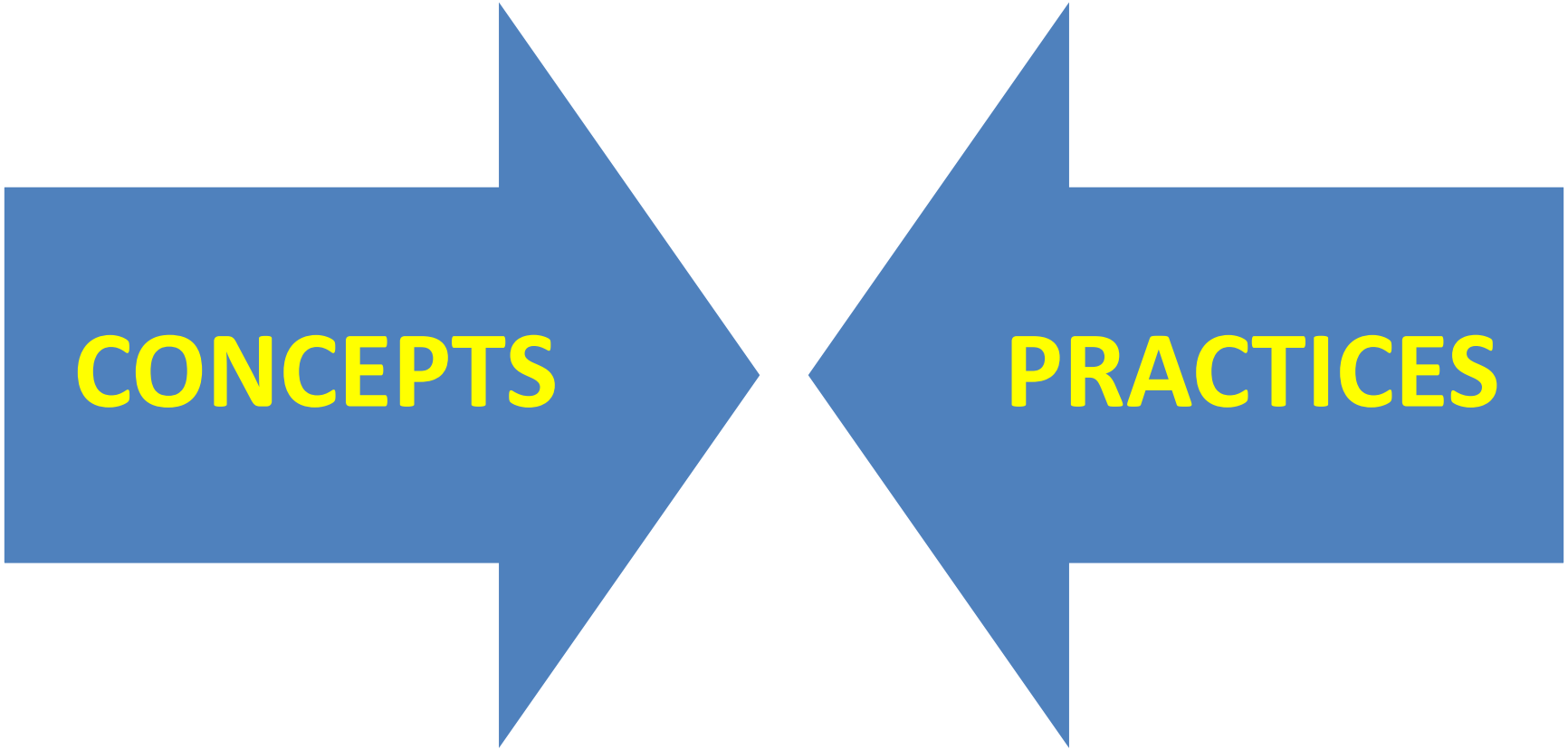
Health systems in many countries are characterised by:

- **Massive under-investment in mental health**
- **More reliance on institutions, where quality of treatment and care is generally poor.**
- **Less availability of community mental health services**
- **a serious shortage of skilled mental health professionals**

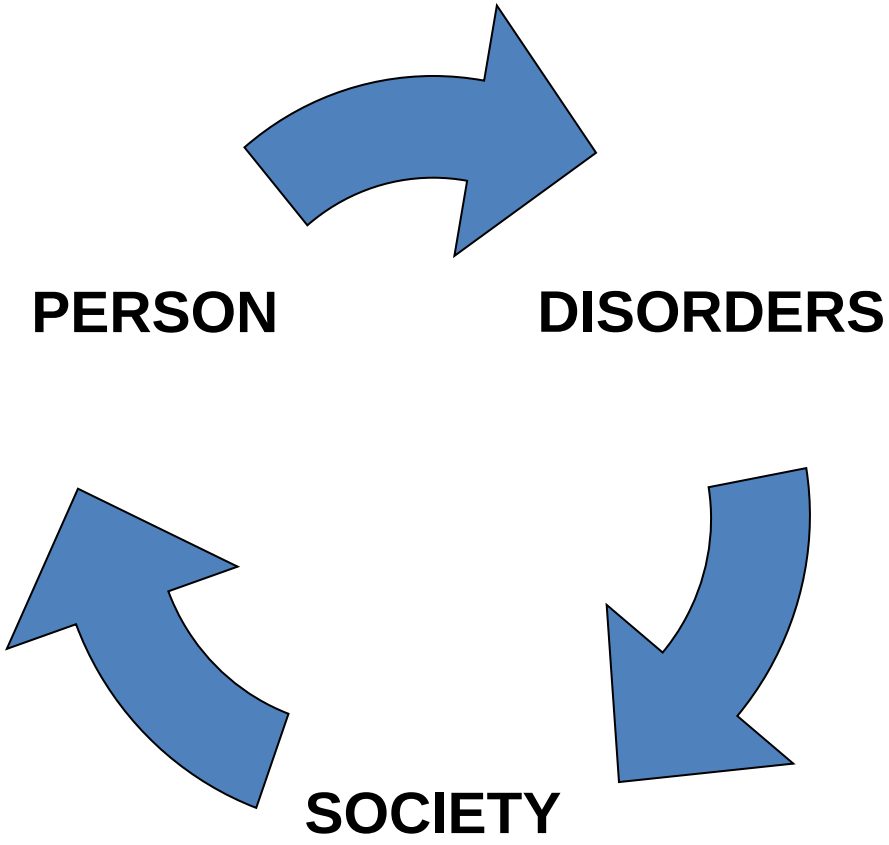
Poor facilities and lack of skilled mental health workers too often results in neglect and abuse of the human rights of people with mental illness and their families

WHAT CAN BE DONE?

UNDERSTANDING MENTAL HEALTH PERSPECTIVES



CHANGING DIMENSIONS



- Changes in concept about Mental Illnesses
- Different perspectives of level of severity
- Changes in pattern and presentation of mental Illnesses
- Bio – psycho – social based treatment approaches

PRIORITIES

To enhance

the status of mental health within public health

To protect

human rights of the mentally ill more effectively

To increase

allocated resources for community based services

To develop

workforce & capacity building & a balance in acute and chronic care services

SETTING PRIORITIES

For lasting improvements, service changes may need to be developed

based on needs

Developing

Services for acute & chronic mentally ill

SETTING PRIORITIES

Changes in policies

as per

burden of diseases

Increasing resources allocated to mental health;

Using allocated resources to strengthen community based rather than hospital-based services;

SETTING PRIORITIES

Looking for "deinstitutionalised" asylums

&

Changing training curricula & capacity building

listening to patients

&

family members

TRIANGLE OF CARE

- Involvement of carers & families in the care planning and treatment of people with mental ill-health.
- Developing better partnership working between Patients, carers, and professionals.

CHANGES IN ATTITUDE & POLICY

KEY MESSAGES

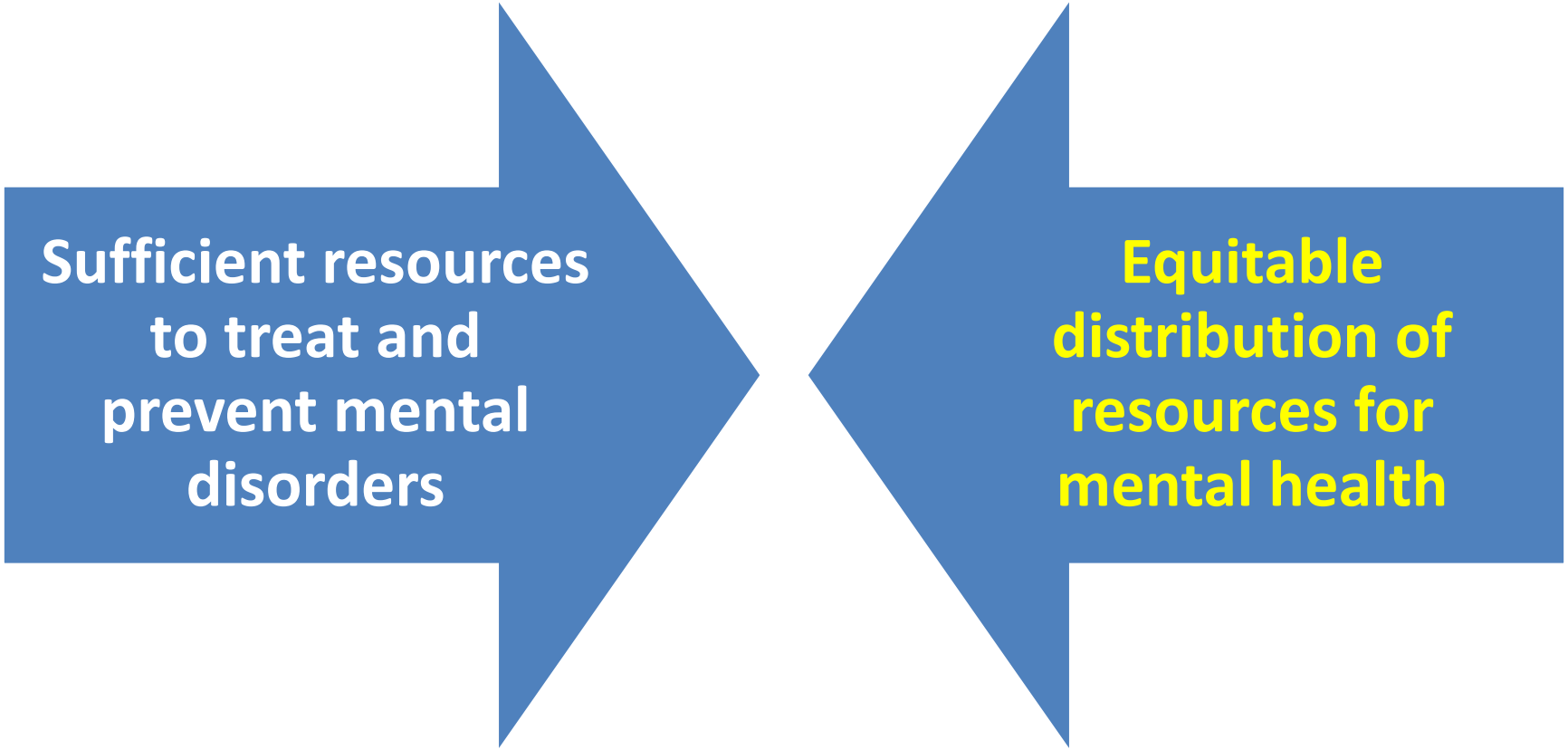
Changes

based on needs

Policies

as per burden of diseases

KEY MESSAGES

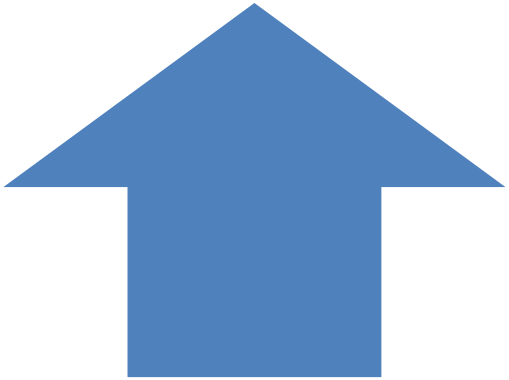


PSYCHOSOCIAL REHABILITAION

FUTURE CHALLENGES

Who needs Rehabilitation?

Who does not need Rehabilitation?



THANKS