

GIVING VOICE TO THE UNHEARD - SOLUTION FOR MENTAL HEALTH NEEDS OF LOW AND MIDDLE INCOME COUNTRIES

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There are wounds that lie bare on the body but then there are wounds that inflict the mind and the soul. They are not visible yet they are more pronounced. They are hidden, yet they are more painful. They are silent, yet their echo sends shudders down our spine. They are obscure, yet they are more damaging than a bleeding wound. Explicit wounds are dealt with immediately whereas hidden psychological wounds are left to heal by themselves. They leave behind deep scars that render the human body hapless and crippled for years. Their resonance is felt years after the wounds have closed, leaving behind malformed psychological marks.

Trauma plays havoc to our psychosocial well being. Healing is an overused and misused term and that is why it loses relevance when it comes to dealing with mental health trauma. Facing it, struggling through the tough times and growing out of it underlie the essential steps towards recovery. Healing may or may not be achieved but that is not the end point. That could be a destination but not all destinations are achieved rather it is the journey that is more rewarding and fulfilling. It lays the foundation for growth and resilience. Help at this stage is the call of the hour.

Until recently, the emphasis on looking at the illness was in terms of how life threatening the disease was. But only recently, the focus shifted from mortality related to a disease to morbidity caused by it. The parameter used for this is called DALYs i-e Disability adjusted life years. It recognizes the overall impact of the disease and that is where mental health diseases can be truly measured. Mental health diseases contribute to 15% of the global burden of diseases and suicide is the leading cause of death in adolescents world over. Ironically the world's poorer and less resourced countries house the major portion of this burden and it will continue to grow over the coming decade¹.

Pakistan has been at the forefront of a decade long war on terrorism and it has witnessed events ranging from killings, bloodshed, military operations, food shortages, natural calamities and mass displacement of people. It is huge in terms of stress on both physical and mental human resources. There is ample scientific evidence to suggest there is a surge in mental health problems after a traumatic event. Illnesses ranging from Depression and Anxiety to substance use and Psychosis see a substantial rise during and after disasters. Add to it the already present huge burden of mental health illnesses in the country, the load of the problem becomes humungous.

We live in a developing world, where mental health patients are

stigmatized and mental health comes down the list of public health priorities. Health care resources are scarce, number of mental health professionals is minimal and access to available healthcare is poor. Even in the developed world half of the patients with mental illnesses don't receive treatment but this treatment gap (gap between prevalence of disorder and treatment provided for it) for mental health illnesses in the developing countries like Pakistan goes to a whopping 70-85%². It shows that seven to eight out of ten people with mental health problems don't receive any treatment at all. If we draw a parallel with the UK's health system, for our population of 18 million we need roughly 30,000 psychiatrists, but unfortunately we only have around 400 or may be less. One country alone (the US) enjoys more psychiatrists than the world's most populous countries (India and China) and an entire continent (Africa) put together³. These are depressing figures and the need for care is more extensive than ever.

Considering the prevailing situation this void is too big to be filled any time sooner and geopolitical situation of the country is throwing up new psychosocial challenges every few months, so where lies the solution? As suggested by the World health organization (WHO), treatment gap for mental health disorders is too big to be filled by churning out specialists to treat mental ill health; infact the developing countries need to shift their focus on taking the task of mental health care delivery at the level of the community. It would involve advocating and training local community workers in recognizing mental illnesses and offering necessary psychosocial interventions. This would enable them to pick up cases at the community level and refer difficult cases to the nearby healthcare facilities. There is sufficient evidence to suggest that local community and healthcare workers such as LHWs can be effectively trained to provide basic psychosocial interventions to address psychosocial issues faced by the community⁴. But this comes at a price; it would demand a change of roles for the psychiatrists to shift their focus from urban centered medical practice to training and supervising the local community workers. That would consume extra energy and time, which are two of the most scarcely available resources from a physician consumed by the centralized and specialized tertiary health care delivery. This is essential for enhancing effectiveness and sustainability of the services⁵. Any effort short of that would find difficulty in achieving the ultimate goal of necessary and accessible mental healthcare delivery. This effort is imperative in light of perilous needs of the people suffering from mental health problems in our part of the world.

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