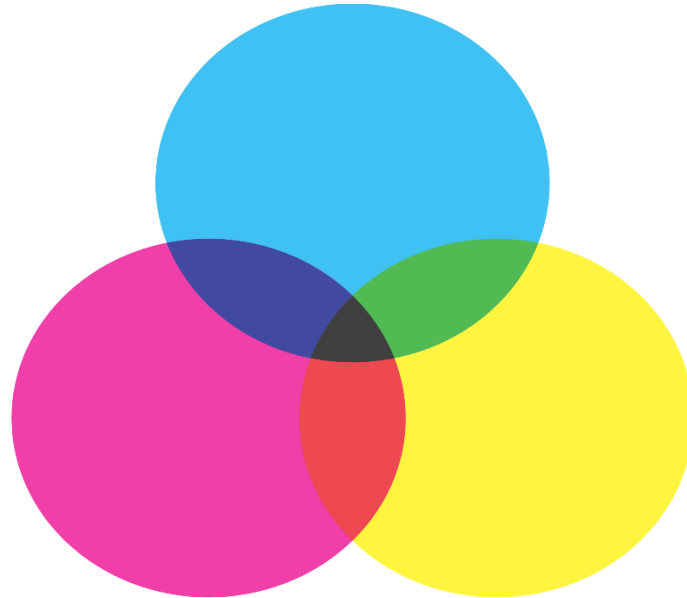


A 2021 AUGMENTA HEALTH EPUBLICATION



INTRODUCTION TO PUBLIC MENTAL HEALTH

A PUBLIC HEALTH APPROACH TO MENTAL HEALTH

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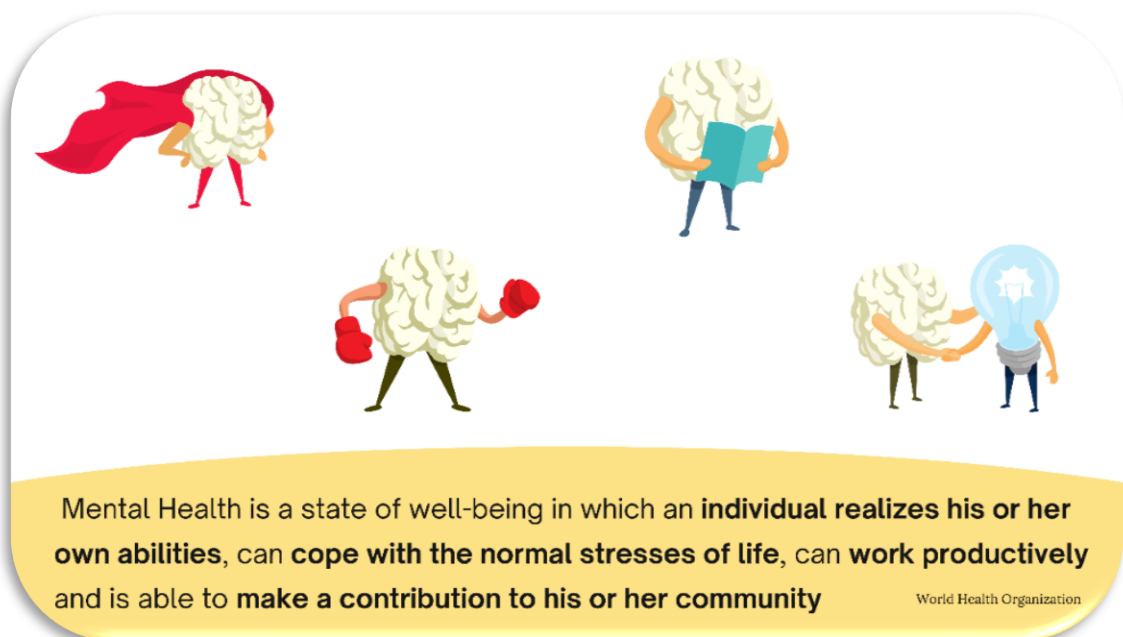
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I. What is Mental Health?



The World Health Organization's health definition has two important consequences for mental health. First and foremost, mental health is a vital component of overall health. Second, mental health is more than the lack of mental disorders or disabilities.

Mental health and well-being are critical to our individual and social well-being. It is essential to our collective and individual ability as humans to engross in thoughts, emote, engage with one another, earn a living, and enjoy leisure activities. Thus, it is of utmost importance for individuals, families, and societies worldwide to promote, preserve, and restore mental health.



The larger mental health community has acknowledged that mental illness is given much too much attention in our community. In contrast, mental health receives less attention than it should.

Gordon Allport (1937) stated in his research that mental well-being and illness are not two distinct structures. They are the two poles of a linear series and continue to move throughout one's lives.

Allport defines a fully formed and well-functioning person as having the following characteristics:

- ✓ Wide range of desires, as well as the passion for exploring them.
- ✓ Capacity to complete everyday tasks, including self-care.
- ✓ A mature understanding of his inner and outer worlds.

Failure to experience or demonstrate any of the three qualities indicates a deviation from optimum functioning and a transition from the 'well-being' to the 'seriously ill' end of the spectrum.

A life stressor causes mental distress and is usually less serious and lasts less time than Mental Disorder. When the life stressor diffuses, the distress also resolves itself over time.

On the contrary, Mental illness is a psychological condition or mental disorder.

A combination of thoughts, feelings, or behaviours that affect one's ability to function effectively in daily life characterizes a mental illness. It includes

- ✓ *Clinically diagnosable dysfunction in thoughts, feelings or behaviours*
- ✓ *Significant distress to self and others*
- ✓ *Actions and reactions atypical of a person considered deviant from the norms within the culture*
- ✓ *Significant decline in personal, interpersonal, social, academic, work or societal functioning*

Here's a clear illustration of a mental health continuum as a spectrum of mental health and mental illness at opposite ends.

An individual may lie at one point of the continuum, depending on his internal and external abilities, and change position as his condition improves or deteriorates.

Asmi

Bisma

A & B are college students. A is generally happy, cheerful. Shares a healthy relationship with others, regularly attends classes, can cope with daily stressors. She performs well and is working on her goal to become a doctor. B struggles with social anxiety, isolates herself from others, holding her back from forming and keeping healthy relationships. Sometimes skips attending classes. **A, otherwise healthy, lost her mother. B is very anxious and undergoes treatment for the same. A and Bs mental health is not FIXED. They change as a result of internal and external factors influencing their lives.**

Distinguishing between distress, disorder, and disability

Mental Health
Well being

Mental Distress

Mental Disorder
Mental Disability

Seema is a **healthy** 20-year-old girl.

She recently had a break up with her boyfriend of two years. She feels sad and upset by the same (**distress**). Three months later, she is sad, withdrawn, demotivated, has poor sleep & appetite, and feels hopeless & helpless (**Disorder**). It reaches a point where she has stopped self-care, attending college and performing her responsibilities (**disability**)

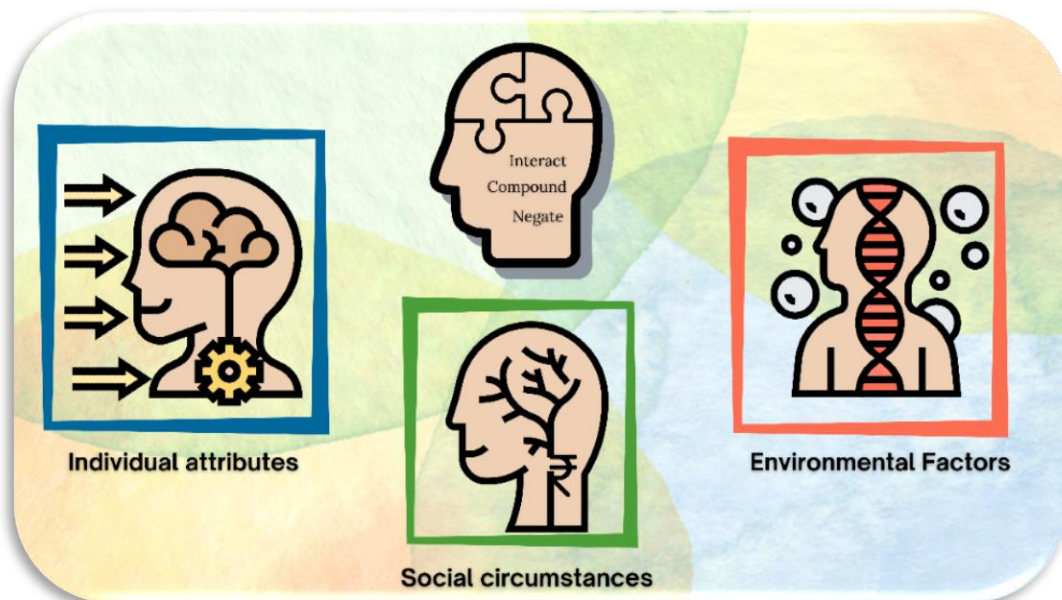
Three Key Takeaways

1. Mental health is an important component of overall health.
2. Mental health is more than the absence of mental disorders or disabilities.
3. Mental well-being and illness are not two separate entities. They are the two poles that shift during one's life in a linear series.

II. What factors contribute to Mental Health?

Who is at risk from mental disorders?

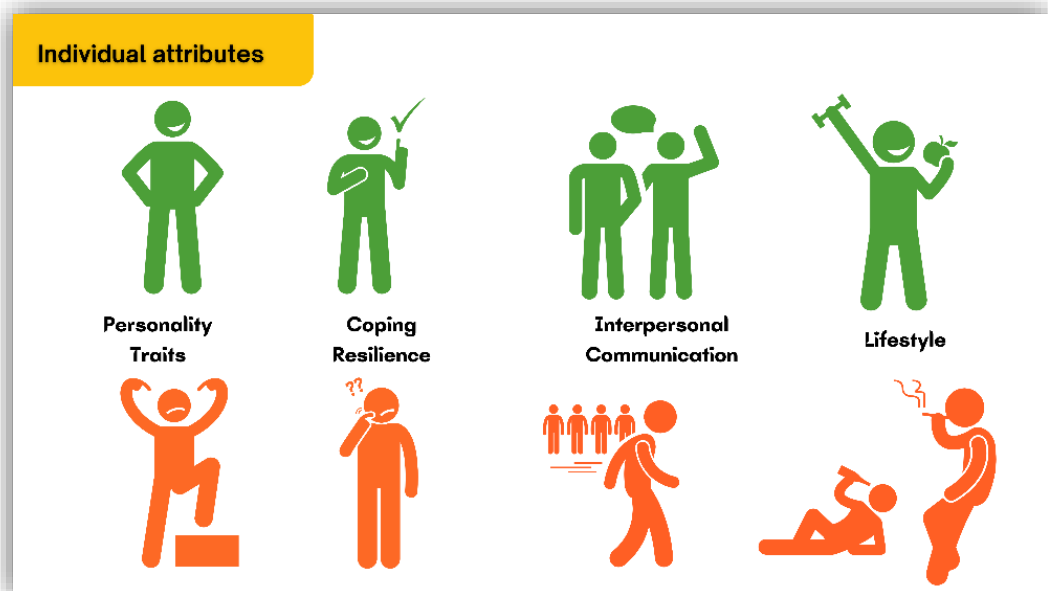
- ✓ The determinants of mental health are the factors that affect mental health and cause mental disorders.
- ✓ The World Health Organization categorizes possible contributors to mental health and well-being into three groups:
 - Individual characteristics and behaviours:
 - specific genetic factors or personality traits;
 - social and economic circumstances, and environmental factors



- ✓ Under these three groups, the table shows the WHO's breakdown of possible adverse and protective factors for mental health.
- ✓ These factors often interact, compound, or negate one another and, as a result, should not be regarded as individual characteristics or exposures.
- ✓ Specific individual characteristics can make a person more vulnerable to mental health problems when a specific economic or social situation occurs.
- ✓ The presence of one does not typically result in a mental health disorder. Still, when it occurs together, there is a significantly higher vulnerability.

Level	Adverse Factors	Protective Factors
Individual attributes	Low self-esteem	Self-esteem, confidence
	Cognitive/emotional immaturity	Ability to solve problems & manage stress or adversity
	Difficulties in communicating	Communication skills
	Medical illness, substance use	Physical health, fitness
Social circumstances	Loneliness, bereavement	Social support of family & friends
	Neglect, family conflict	Good parenting/family interaction
	Exposure to violence/abuse	Physical security & safety
	Low income & poverty	Economic security
	Difficulties or failure at school	Scholastic achievement
	Work stress, unemployment	Satisfaction & success at work
Environmental factors	Poor access to basic services	Equality of access to basic services
	Injustice & discrimination	Social justice, tolerance, integration
	Social & gender inequalities	Social & gender equality
	Exposure to war or disaster	Physical security & safety

- Because of certain psychological and personality factors, people are more vulnerable to mental health problems.
- Genetic factors are among the biological threats.
- Personal characteristics include individual characteristics such as regulating one's thoughts, feelings, actions, and interaction with others.



- Social, cultural, economic, political, and environmental influences include National policies, social security, living standards, working conditions, and community support.



- Stress, genetics, nutrition, perinatal infections, and environmental hazards all play a role in mental disorders.
- Availability of health and aid - The stigma of mental illness has yet to be properly addressed by healthcare providers. Subsequently, there is a significant difference between the demand for care and its availability across the world. In low- and middle-income nations, between 76 and 85 percent of people suffering from mental illnesses do not receive care.



- A further complication is the low quality of care received by many of those who do receive treatment. People with mental illnesses also need social support and treatment in addition to healthcare services. They also need assistance in gaining access to educational programmes that meet their needs and finding jobs and housing that allows them to live and participate in their communities.
- Multiple social, psychological, and biological factors influence a person's mental health at any given time. Abuse, for example, and persistent social stresses are well-known threats to mental health. Link with sexual assault is the most visible evidence.

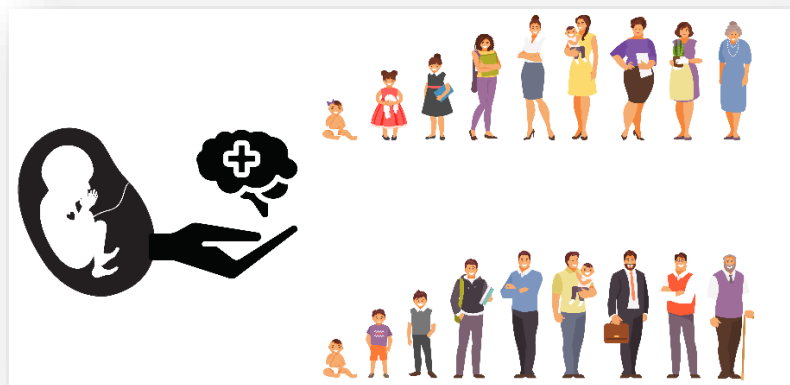
- Rapid social change, unstable job environments, gender discrimination, social isolation, unhealthy lifestyle, physical ill-health, and human rights abuses are all associated with poor mental health.

Three Key Takeaways

1. The causes, onset, and severity of mental health conditions are complex and rarely linked to a single factor. A range of socio-economic, biological and environmental factors determines mental health.
2. Identifying potential risk factors is a vital component in clinical research, potential mitigation, and, in some cases, appropriate treatment.
3. Moreover, many risk factors are simply markers of observed patterns in mental health. As a result, approach them with caution.

III. What effect does Mental Health have over the course of a person's life?

Risk factors across one's life and gender differences - The following are known risk factors for a particular life stage.



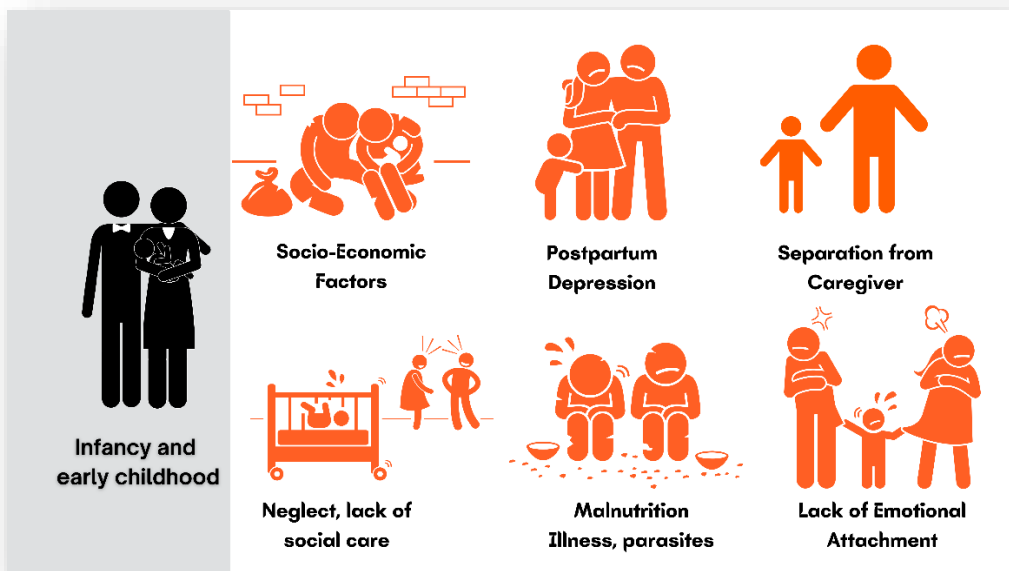
Preconception and prenatal period

- ✓ Factors present before pregnancy or birth may affect a person's mental health and well-being. Unwanted or adolescent pregnancies can increase the risk of the mother's harmful behaviours during pregnancy and the environmental or family conditions of childhood.
- ✓ Tobacco, alcohol, and substance use throughout pregnancy may increase the risk of children developing later mental health disorders; malnutrition, low birth weight, and micronutrient deficiency (for example, iodine deficiency) may also affect mental health later.



Infancy and early childhood

- ✓ A substantial body of research demonstrates that emotional attachment in early childhood has a significant effect on subsequent susceptibility to mental health and well-being.
- ✓ Separation from the primary caregiver, post-natal depression in mothers (which may result in suboptimal attachment), and parents who struggle with communication and social interaction are all risk factors.
- ✓ Child neglect and maltreatment impact mental well-being vulnerabilities significantly.
- ✓ Malnutrition, a lack of social care, and illness and parasites are all significant contributors.



Childhood

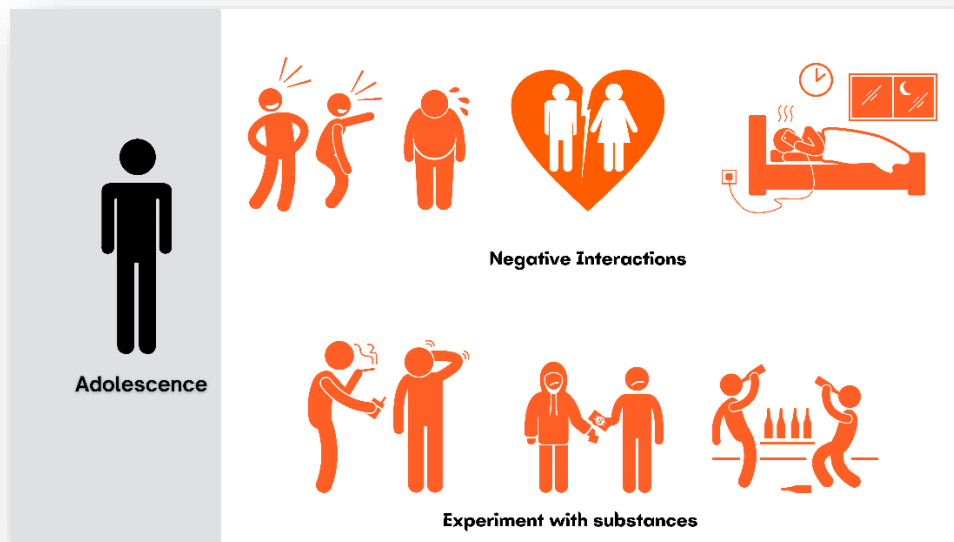
- ✓ Childhood illnesses are a significant contributor to later-life health and well-being. Negative interactions, whether at home or elsewhere (for example, bullying in school), may have long-term consequences for developing core cognitive and emotional skills.
- ✓ Poor socio-economic factors also substantially impact susceptibility to mental health disorders. In a Swedish study, the authors discovered that children raised in low-income families had an increased risk of psychosis.
- ✓ Poor economic opportunities, such as poor housing conditions, may be perceived as shameful or degrading by adolescents, affecting facets of childhood learning, communication, and interaction with peers.
- ✓ Children having a parent who has a mental illness or a drug use disorder are more likely to develop health issues themselves. This generational impact may occur due to genetic, biological, psychological, or social risk factors.



Adolescence

- ✓ Adolescence is usually the period of life that mental health conditions become more visible. The risk factors and contributors to well-being that exist in childhood also exist in adolescence. Besides, many other contributing factors emerge. Adolescents are the first to experiment with substances such as alcohol and narcotics.
- ✓ Adolescents are particularly vulnerable to the dangers and harms of substance abuse because they are still growing psychologically and physically. Peer pressure and media pressures have also grown in importance over the years.

- ✓ Substance use is a risk factor for other mental health conditions. It also relates to worse educational performance, riskier sexual conduct, and increased exposure to abuse and conflict.



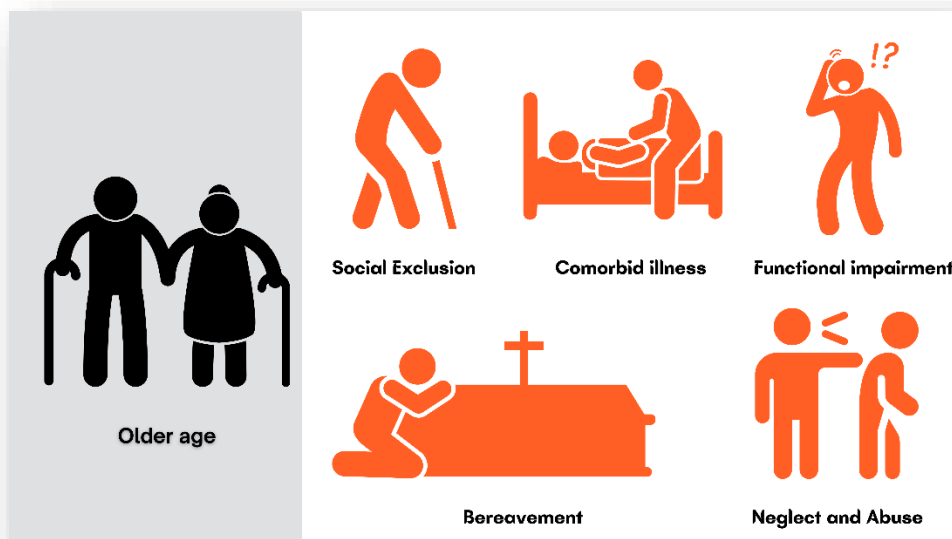
Adulthood

- ✓ Childhood and adolescent experiences and emotional capacities play an essential role in the impact that specific incidents and scenarios have on adulthood's mental health outcomes.
- ✓ According to the WHO, the distribution and alignment of work and leisure time are vital to adult well-being. The proportion of time spent working, caring for others, or being in an uncertain economic climate has a significant impact on high stress and anxiety exposure. Individuals with low socio-economic stability, especially unemployment, are at a higher risk of developing mental health disorders.
- ✓ When paired with the amount of time spent on 'consumption activities, such as leisure time and supportive family and friends, these factors determine the risk for poor mental health and well-being. Individuals that lack access to such communities due to social isolation, neighbourhood crime, or a lack of respite care are more likely to develop mental health disorders.
- ✓ Physical health affects mental well-being; an individual's "physical capital" may affect their sense of esteem and social inclusion. Individuals suffering from chronic disease or disability are more likely to suffer from poor mental health, especially stigmatized conditions like HIV/AIDS.



Older age

- ✓ Those who are 65 and older are much more likely to have poor mental health and quality of life. It is typically the result of drastic changes in one's life circumstances. It includes work loss, which affects both one's sense of commitment and economic freedom, increased social exclusion, and loneliness. It is especially true when an older adult starts to lose close family and friends. In general, bereavement is a strong indicator of mental health conditions such as depression.
- ✓ Deterioration in physical health can significantly affect an individual's life capabilities by limiting mobility and independence. Older adults are often more likely to be abused or neglected by caregivers and, in some cases, family members.

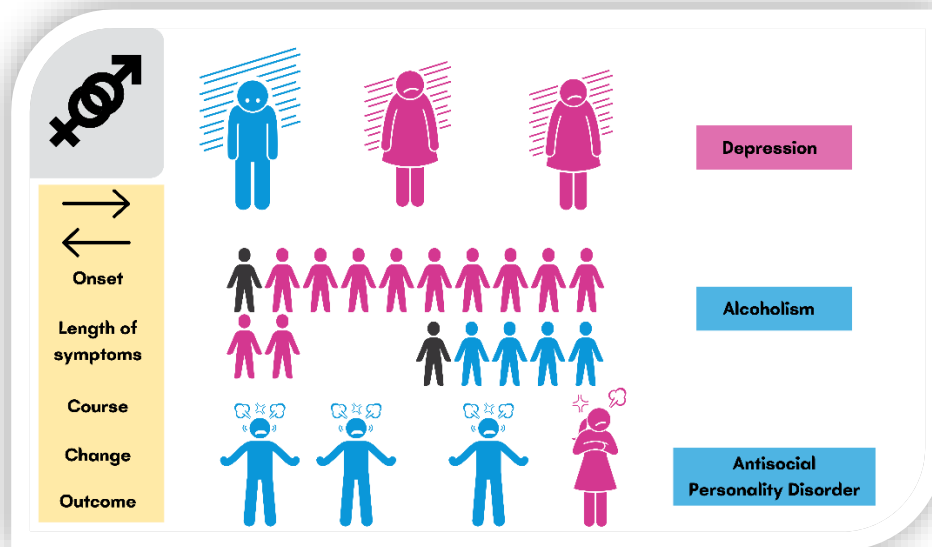


Factors that raise the risk of mental health problems in the elderly

- ✓ Older adults, those aged 60 and up, contribute significantly to society as family members, volunteers, and active participants in the labour force.
- ✓ Most older adults have good mental health. At any point in life, there could be several risk factors for mental health issues.
- ✓ Older people may experience life stressors common to all people and more common stressors in later life. It includes significant ongoing loss of capacities and a decline in functional capacity.
- ✓ Older adults, for example, may have diminished mobility, chronic pain, frailty, or other health issues. They would need long-term treatment.
- ✓ Furthermore, older people are more likely to feel grief or a decline in social status due to retirement. These stressors can lead to isolation, loneliness, and psychological distress in the elderly. They would need long-term treatment.
- ✓ Mental health affects physical health, and vice versa. For example, older adults with physical health problems, such as heart disease, have higher rates of depression than healthier adults.
- ✓ Furthermore, unresolved depression in an older adult with heart disease may have a detrimental impact on the disease's outcome.
- ✓ Elder violence, including physical, verbal, psychological, financial, and sexual abuse; abandonment; neglect; and severe loss of integrity and respect, affects older adults.
- ✓ According to recent studies, abuse happens in one out of every six older adults. Elder violence can result in physical injuries and severe, often long-term psychological effects such as depression and anxiety.
- ✓ Many are at risk of developing mental illnesses, neurological disorders, drug use problems and other health issues such as diabetes, hearing loss, and osteoarthritis. Furthermore, as people get older, they are more likely to suffer from many illnesses simultaneously.

Disparities in gender and mental health

While the overall mental illness rates are almost equal for men and women, there are significant gender variations in mental illness trends.



Why gender?

- ✓ Gender is a significant predictor of mental health and mental illness. The morbidity of mental illness has received much more attention than the gender-specific determinants and mechanisms that foster mental well-being and promote resilience to stress and adversity.
- ✓ Gender defines men's and women's differential power and influence over the socio-economic determinants of their mental well-being and lives, social standing, status, and care in society and their susceptibility and exposure to particular mental health threats.
- ✓ Women are twice as likely as men to suffer from unipolar depression.
- ✓ Depression is not only the most common mental health condition in women, but it may also be more persistent in women than in men. Further research is warranted.
- ✓ Reducing the overrepresentation of depressed women would significantly lower the global burden of disability caused by psychiatric disorders.
- ✓ Another prevalent disease, alcoholism, has a lifetime prevalence rate that is more than twice as high in men as in women. In developing countries, roughly one in every five men and one in every twelve women develop alcohol dependency at some point in their lives.
- ✓ Men are also three times more likely than women to be diagnosed with an antisocial personality disorder.
- ✓ There are no discernible gender differences in the prevalence of severe psychiatric illnesses such as schizophrenia and bipolar disorder, which affect less than 2% of the population.
- ✓ There are gender differences in symptom onset, length of psychotic symptoms, course of these conditions, social change, and long-term outcome.
- ✓ Those suffering from three or more comorbid conditions bear the brunt of the impairment associated with mental illness. Women, once again, predominate.

Risk factors that differ by gender

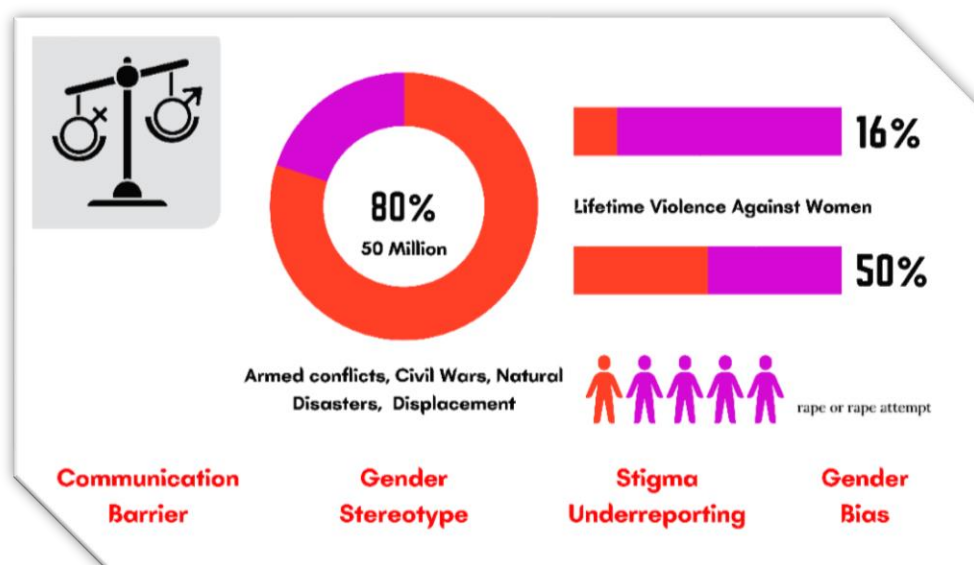
- ✓ Depression, anxiety, somatic symptoms, and elevated comorbidity rates are interconnected and co-occurring risk factors such as gender roles, stressors, and stressful life experiences and events.
- ✓ There are risk factors for common mental illnesses that disproportionately affect women. It includes gender-based abuse, socio-economic poverty, income inequality, low social status, and key caregiver roles.
- ✓ Because of the high incidence of sexual assault against women and the correspondingly high rate of Post-Traumatic Stress Disorder (PTSD) resulting from such violence, women are the largest single group of people affected by this disorder.
- ✓ The mental health consequences of long-term, accumulated psychosocial adversity have received insufficient attention.
- ✓ Restructuring has a gendered effect on mental health.
- ✓ Economic and social policies trigger uncontrollable or avoidable abrupt, disruptive, and dramatic changes in wages, employment, and social capital. It increases gender disparities and the prevalence of common mental disorders.



Gender bias

- ✓ In the treatment of psychiatric problems, gender inequality exists. Doctors are more likely to diagnose depression in women than in men, even though they perform similarly on standardized depression tests and present with equivalent symptoms.
- ✓ The gender of a woman is a significant indicator of being prescribed mood altering psychotropic drugs.
- ✓ There are gender disparities in patterns of seeking treatment for a psychiatric condition. Women are more likely than men to pursue and report mental health issues to their primary care provider. In contrast, men are more likely to seek speciality mental health care and primary inpatient care consumers.

- ✓ Men disclose alcohol problems to their healthcare providers more often than women.
- ✓ Gender stereotypes about women's susceptibility for emotional issues and men's predisposition for alcoholism reinforce social stigma. It, therefore, restricts help seeking along stereotypical lines. They obstruct correct diagnosis and treatment of psychiatric disorders.
- ✓ Despite these discrepancies, most women and men experiencing mental distress and a psychiatric illness are not diagnosed or treated by their doctor.
- ✓ Violence-related mental health issues are still under-reported. Women are unable to reveal a history of violent victimization unless doctors specifically inquire about it.
- ✓ When victimization goes undetected, the complexity of violence-related health effects rises, resulting in high and expensive use of the health and mental health care systems.



Women's Mental Health

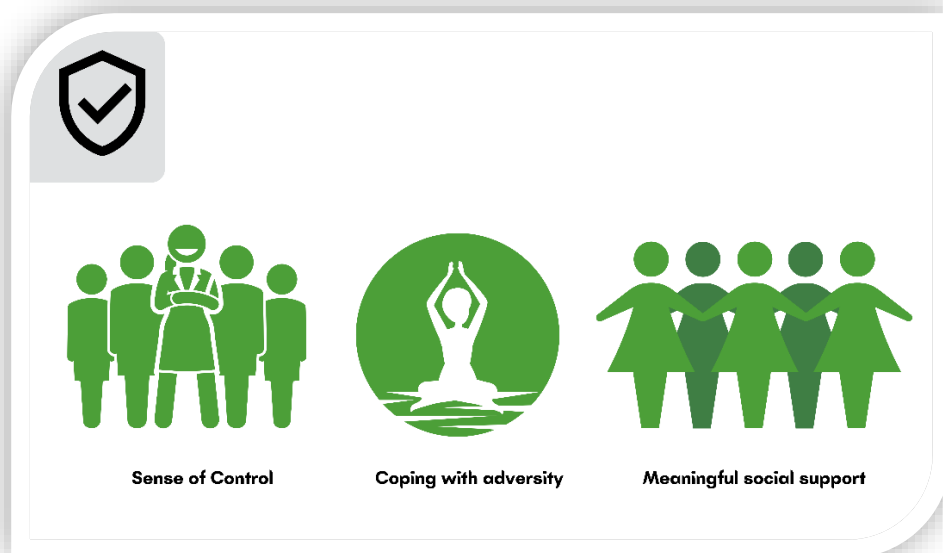
- ✓ Depressive conditions account for about 41.9 percent of neuropsychiatric illness impairment in women, compared to 29.3 percent in men.
- ✓ Depression, organic brain syndromes, and dementia are the most common mental health issues in older adults. The vast majority are female.
- ✓ Women and children make up an estimated 80% of the 50 million people impacted by armed conflicts, civil wars, natural disasters, and displacement.
- ✓ Violence against women in lifetime rates varies between 16% and 50%.
- ✓ In her lifetime, rape or a rape attempt happens in at least one out of every five women.
- ✓ Depression, anxiety, psychological distress, sexual harassment, domestic violence, and rising drug use rates impact women more than men in various countries and settings.
- ✓ Work pressure, gender inequality, and other factors such as poverty, hunger, malnutrition, overwork, domestic violence, and sexual harassment contribute to women's poor mental health. The occurrence and severity of social factors and the occurrence and severity of mental health issues among women are related. Severe life

events that trigger feelings of loss, inferiority, embarrassment, or entrapment may foreshadow depression.

- ✓ Anxiety and depressive disorders affect up to 20% of those seeking primary health care in developing countries. Many hospitals do not accept these patients and, as a result, do not treat them. In many nations, communication between health professionals and female patients is highly authoritarian, rendering a woman's disclosure of psychological and emotional distress challenging and sometimes stigmatized. Many health professionals have gender biases that cause them to either over-treat or under-treat women when they dare to report their problems.

According to research, three key factors are highly protective against the development of mental disorders, especially depression. They are as follows:

- ✓ Ability to have and retain agency (a sense of control).
- ✓ Having the necessary skill sets or resources to cope with adversity.
- ✓ Access to meaningful social support and quality professional mental health care system

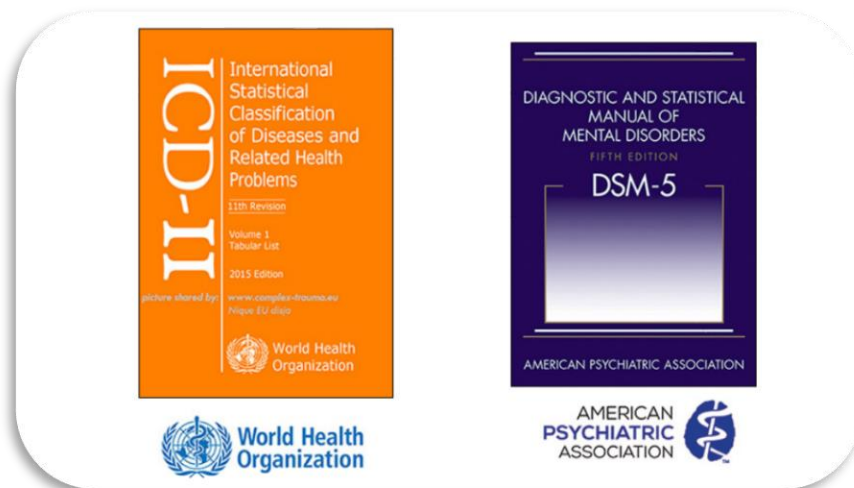


Three Key Takeaways

1. Individuals' risk factors and mental health influencers significantly change as they age and with the gender, they belong.
2. Risk for mental illness evolves right from preconception through infancy, childhood, adolescence, adulthood and older age.
3. Gender has a significant influence on mental health and illness. Gender differences in the prevalence of common mental disorders such as depression, anxiety, and somatic symptoms are most evident. These disorders, which mostly impact women, affect about one out of every three people in the population and are a major public health concern.

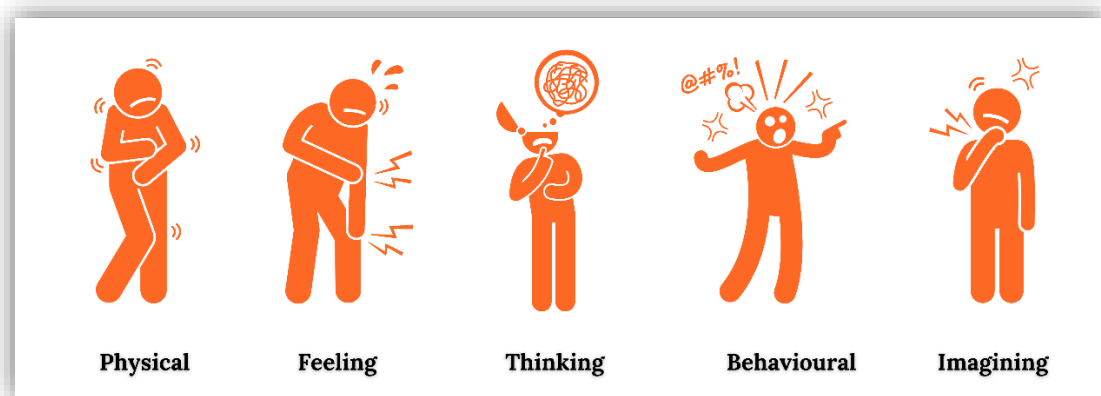
IV. How to identify common and severe Mental Health Disorders in a community?

- ✓ At the outset, diagnosing a mental disorder seems straightforward. Patients present with symptoms or visible indications of illness; doctors make diagnoses based solely on these symptoms and signs and recommend medication and psychotherapy.
- ✓ Mental disorders are clinical syndromes diagnosed based on criteria.
- ✓ The two commonly used diagnostic criteria for diagnosing a mental illness are:
 - DSM-5 (Diagnostic and Statistical Manual of Mental Disorders), developed by the American Psychiatric Society, is predominantly followed in the US.
 - ICD (International Classification of Diseases (ICD), developed by WHO for all illness, covers mental illness and is accepted and practised in the rest of the world.
- ✓ DSM 5 is currently in use, and ICD 10 is in use until the end of 2021. ICD – 11, the most recent and revised diagnostic criteria, takes effect on January 1, 2022.












Simply put, mental disorders may be categorized as common or severe depending on the symptoms one presents.

Symptom Categorization












Physical




			
Tiredness	Sleep Disturbance	Muscle Tension Aches, Pains	Pounding Heart
			
Feeling Short of Breath	Stomach Aches	Lack of Appetite	Lack of energy






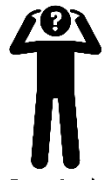


Feeling

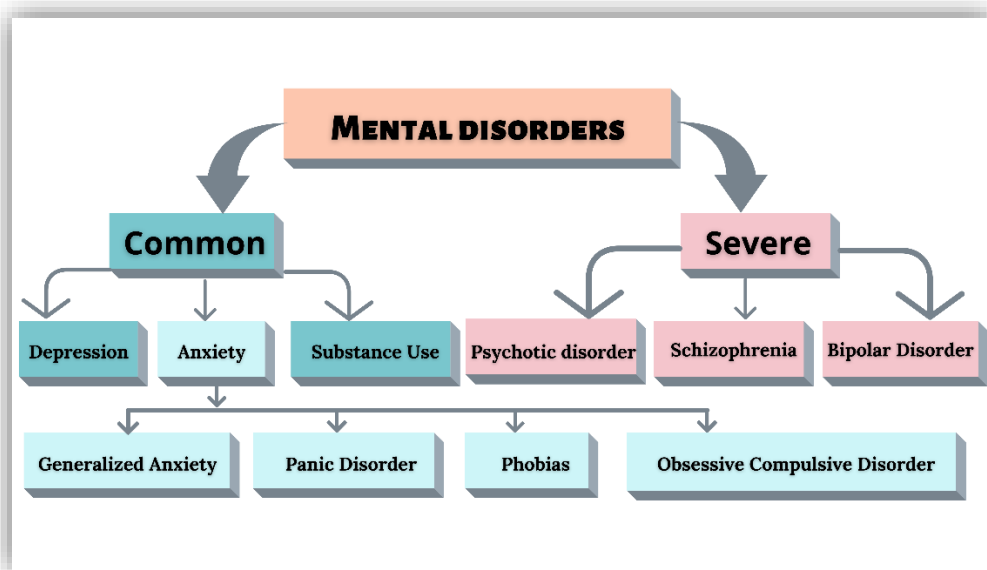
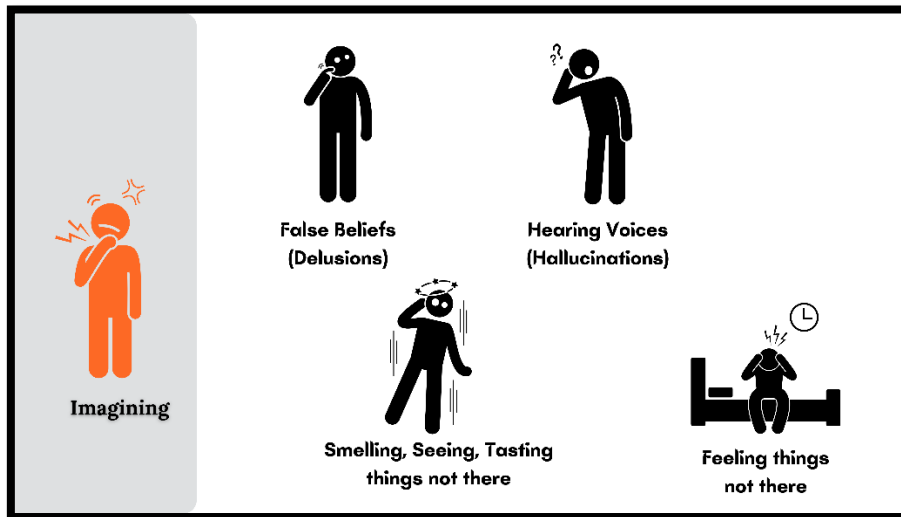
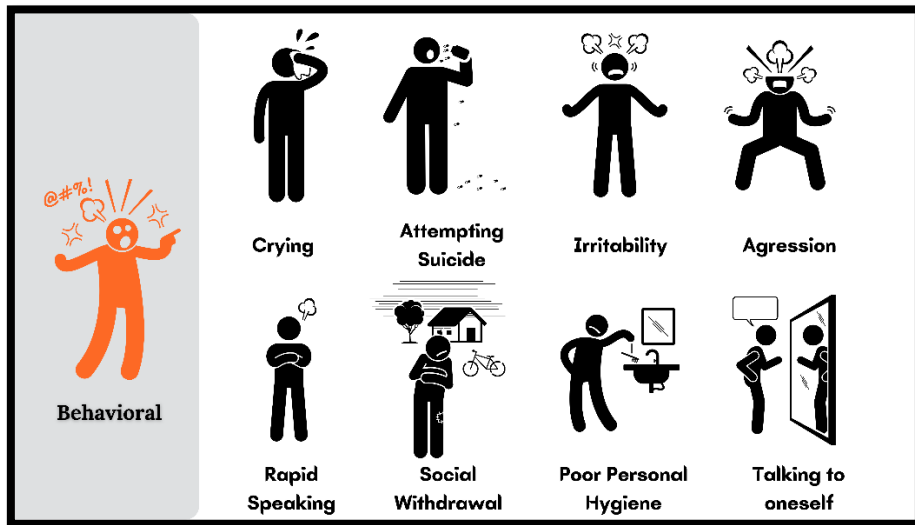


			
Excessive Fear	Anxiety	Guilt	Helplessness
			
Hopelessness	Mood Swings	Loss of motivation	Low Self Esteem

Thinking



			
Excessive Worry	Criticism	Rapid Thoughts	Thoughts of Suicide, Death
			
Self Blame	Impaired Decision Making	Poor Judgement	Poor Concentration



Common Mental Disorders



Depression

A low mood that does not go away



Anxiety

Excessive fear, nervousness, worry



Substance Use

Excessive use of alcohol, nicotine other drugs

DEPRESSION

- ✓ Depression is distinct from ordinary mood swings and short-lived emotional reactions to daily challenges.
- ✓ Two weeks or more of persistent and pervasive low mood
- ✓ People who are depressed can also have many physical complaints that have no apparent physical cause.
- ✓ Depression can be dangerous to one's health, mainly if it lasts for a long time and has a moderate or extreme severity.
- ✓ Depression may cause a person to suffer greatly and perform poorly at work, school, and the family.
- ✓ In its most severe form, depression can lead to suicide.

Symptoms – SIG E CAPS

To meet the diagnosis of major depression, a patient must have four of the symptoms plus depressed mood or anhedonia for at least two weeks.

1. **Sleep changes:** Changes in quality and quantity of sleep, commonly insomnia.
2. **Interest:** Loss of interest in previously pleasurable activities (anhedonia)
3. **Guilt:** Excessive and inappropriate guilt
4. **Energy:** Low in energy and tired (fatigue)
5. **Cognition/Concentration:** reduced cognition &/or difficulty concentrating
6. **Appetite:** Decreased appetite and significant loss of weight are common.
7. **Psychomotor activity:** Excessive agitation or slowness, impairing daily functioning
8. **Suicidal Ideas:** Thoughts of dying or self-harm

Types

- ✓ According to the number and severity of symptoms, a depressive episode is classified as mild, moderate, or severe.

- ✓ Among the various forms of depression are: Major Depressive Disorder, Persistent Depressive Disorder, Seasonal Depression, Psychotic Depression and Postpartum Depression
- ✓ A person suffering from a mild depressive episode will find it difficult to continue with routine work and social activities. Still, he or she will most likely not stop functioning entirely.
- ✓ During a severe depressive episode, the sufferer is unlikely to proceed with social, work, or domestic activities, even to a small degree.
- ✓ Both forms of depression may be chronic (that is, lasting a long time) with relapses, mainly if left untreated.

ANXIETY/PANIC DISORDER

- ✓ More in females than males
- ✓ Comorbid with depression

Symptoms

- ✓ Excessive or unreasonable fear
- ✓ Excessive worrying
- ✓ Unable to rest or remain calm
- ✓ Preoccupied with negative outcomes
- ✓ Avoidance behaviour
- ✓ Somatic (bodily) symptoms like – palpitations, sweating, breathing discomfort, chest discomfort, instability, gastrointestinal distress

Contributing Factors/ Events to Anxiety

- ✓ Workplace stress
- ✓ School-related anxiety
- ✓ For instance, marriage can be stressful in a personal relationship.
- ✓ Financial concerns
- ✓ Stress caused by emotional trauma, such as the loss of a loved one
- ✓ Stress from a serious medical illness
- ✓ Medication's side effect
- ✓ The use of illicit drugs like cocaine
- ✓ Medical condition symptom (such as heart attack, heat stroke, hypoglycemia)
- ✓ Oxygen deficiency in conditions as diverse as high altitude sickness, emphysema, and pulmonary embolism (a blood clot in the vessels of the lung)

Types of Anxiety

- ✓ Generalized Anxiety Disorder (GAD)
- ✓ Social Anxiety Disorder (SAD)
- ✓ Panic Disorder

- ✓ Phobias
- ✓ Obsessive-Compulsive Disorder (OCD)
- ✓ Post-Traumatic Stress Disorder (PTSD)

Gul often feels anxious around people and often avoids going out & meeting others	Social Anxiety Disorder
Uma has an irrational & excessive fear of closed spaces such that she never uses the elevator	Phobias
Ram survived a car crash that killed his friend. He often has 'flashbacks' of the same, is on high alert in public and has stopped using cars altogether	Post-Traumatic Stress Disorder
Illa has unpredictable severe bouts of short-lasting and severe anxiety attacks in which she feels like she is going mad and losing control	Panic Disorder
Eva is constantly worried about her health, the future, unable to relax & appears nervous most times.	Generalized Anxiety Disorder
Omi has unwanted, disturbing thoughts that harm will come to him and his family, so he spends hours of the day praying	Obsessive-Compulsive Disorder

SUBSTANCE USE

- ✓ Using nicotine, alcohol, or drugs does not mean the person has a mental disorder.
- ✓ It becomes a disorder when alcohol or drug use harms the person's physical, mental, or social health.
- ✓ Comorbid with depression & anxiety.
- ✓ Drinking and smoking is a common habit, and most people engage in the same without having severe problems. It becomes harmful when the amount consumed is large. The person cannot stop, resulting in consequences to well-being and functioning.
- ✓ They experience
 - Withdrawal
 - Salience
 - Craving
 - Tolerance
 - Continuous use
 - Unsuccessful attempts to cut down
 - Impaired psychosocial and occupational functioning
- ✓ Common drugs of abuse are tobacco, alcohol and cannabis
- ✓ Outcomes of excessive use include
 - Dependence on drugs

- Problems at work, school, relationships or with law
- Physical and mental health issues secondary to use of alcohol & drugs
- Low Immunity; can experience psychoses; troubled marital and familial relationships; engage in risky and impulsive behaviour, violence, road traffic accidents and even suicide.

SEVERE MENTAL DISORDERS

- ✓ Are not uncommon.
- ✓ These disorders are caused by are multifactorial agents spread across the biopsychosocial system of the individual
- ✓ Early diagnosis and treatment remain key for positive outcomes of these disorders
- ✓ Are more noticeable due to 'strangeness.'
- ✓ Need many times long term treatment, rehabilitation, and sometimes requiring admission in intensive care setups.

Psychosis

- ✓ Sudden, acute or chronic onset
- ✓ Severe behavioural problems & unusual ideas
- ✓ Schizophrenia is the commonest type of psychosis seen, but there are other types of psychosis-like the delusional disorder, unspecified psychosis and psychosis co-occurring with other mood disorders and mental illness

Schizophrenia

- ✓ It usually starts during late adolescence or early adulthood.
- ✓ Distortions of thought, perception, emotions, language, sense of self, and behaviour characterize schizophrenia and other psychoses.
- ✓ Hallucinations, or hearing, seeing, or seeing things that aren't there, delusions, or fixed false beliefs or fears that persist despite evidence to the contrary, are typical psychotic experiences.
- ✓ People suffering from the condition can find it difficult to function or study in general.
- ✓ False beliefs and perceptions, odd conduct, a lack of motivation, inappropriate reactions, poor personal hygiene, and a failure to make sense to others.

Typical encounters include:

- **Hallucination:** hearing, seeing, or sensing items that are not present;
- **Delusion:** fixed false beliefs or suspicions that are not shared by others in the person's community and that exist despite evidence to the contrary;
- **Abnormal behaviour:** disorganized behaviour such as wandering, mumbling or laughing to self, strange appearance, self-neglect or appearing unkempt;
- **Disorganized speech:** incoherent or irrelevant speech;

- **Disturbances of emotions:** noticeable apathy or disconnect between registered emotion and observed facial expressions or body language

BIPOLAR DISORDER

It is a chronic, episodic, relapsing mood disorder characterized by episodes of depression, mania or mixed affective states. Manic and depressive episodes describe bipolar disorder interspersed with periods of normal mood. Elevated or irritable mood, excessive movement, rapid speech, inflated self-esteem, and a reduced need for sleep characterize manic episodes. Bipolar disorder diagnosis is common in people who have manic episodes but do not have depressive episodes.

Manic Symptoms

- ✓ Delighted mood
- ✓ Risky & impulsive behaviour
- ✓ Poor sleep
- ✓ Irritability
- ✓ Unable to relax
- ✓ Rapid talking
- ✓ A belief that she/he is superhuman

Depressive Symptoms

- ✓ Sad mood
- ✓ Fatigue
- ✓ Excessive sleep
- ✓ Lack of pleasure
- ✓ De-motivated
- ✓ Suicidal & self-harm ideation

OTHER IMPORTANT COMMON MENTAL DISORDERS

- ✓ **Developmental Disorders:**
 - The word "developmental disorder" refers to intellectual disability and chronic developmental disabilities such as autism.
 - Developmental disorders typically begin in infancy but continue into adulthood, impairing or delaying functions related to central nervous system maturation.
 - They usually take a steady course as opposed to the remissions and relapses that mark many mental disorders.

- Deficits describe intellectual impairment in skills across various developmental domains, including cognitive functioning and adaptive behaviour.
 - Lower intelligence reduces one's capacity to adapt to the demands of everyday life.
 - Autism, along with other developmental disorders, is characterized by abnormal social behaviour, speech, and language and a limited range of interests and behaviours unique to the individual and repeated.
- ✓ **Dementia:** Dementia is a chronic or progressive disorder marked by impairments in memory, vision, behaviour, and ability to perform everyday activities. It primarily affects the elderly, although it is not a standard part of the ageing process.

Other important mental disorders in the community are:

- ✓ Personality disorders
- ✓ Dissociative disorders
- ✓ Eating disorders
- ✓ Sleep disorders
- ✓ Sexual and gender-related disorders

SUICIDE

Identifying those at risk for suicide

- ✓ High-income countries recognize the correlation between suicide and mental disorders (particularly depression and alcohol use disorders).
- ✓ Many suicides occur impulsively in crisis times due to a breakdown in coping with life pressures such as financial difficulties, relationship break-ups, or chronic pain and illness.
- ✓ Furthermore, conflict, catastrophe, crime, abuse, loss and a sense of isolation closely correlate with suicide.
- ✓ Suicide is also common among vulnerable groups who face discrimination, like refugees and migrants; indigenous peoples; lesbian, gay, bisexual, transgender, intersex (LGBTI) people; and prisoners.
- ✓ A prior suicide attempt is by far the most significant risk factor for suicide.

Try to identify the disorder



Jishma, 58, is a widow whose husband died.



Her children have all grown up and moved out to follow their careers.



She has had insomnia and a loss of appetite since her husband's death.

Her symptoms have worsened after her children left.



She went to the nearest doctor several times for headaches, backaches, and stomach aches.

She was otherwise healthy and was given sleeping pills and vitamin tablets.



She felt fine and slept better after taking the tablets.



However, after two weeks, it felt much worse.

She went back to the clinic, where she was given more sleeping pills.



It has been going on for months, and she is unable to sleep without her medication.



Nisha appears to be happy when she is at home.



Still, when she is asked to go out, she begins to shake and gives numerous reasons why she cannot go out and stay at home, such as her heart isn't working properly.


She can't breathe, so she needs to lie down.





Nisha has been at home for several weeks.




She will get up about a half-hour later and appear fine until her mother asks her to go out again, and the same thing will happen.




 Amal, a 25-year-old bachelor, began locking himself in his room many months ago
Amal was a successful student before he failed his last exams.

 According to his mother, Amal sometimes spends hours gazing into space.
He mutters to himself at times as if he were conversing with an imaginary human.

His parents convinced him to go to the clinic. He initially declined.

 After a while, he revealed that he suspected his parents and neighbours of planning to murder him.
He said he could hear his neighbours gossiping about him.

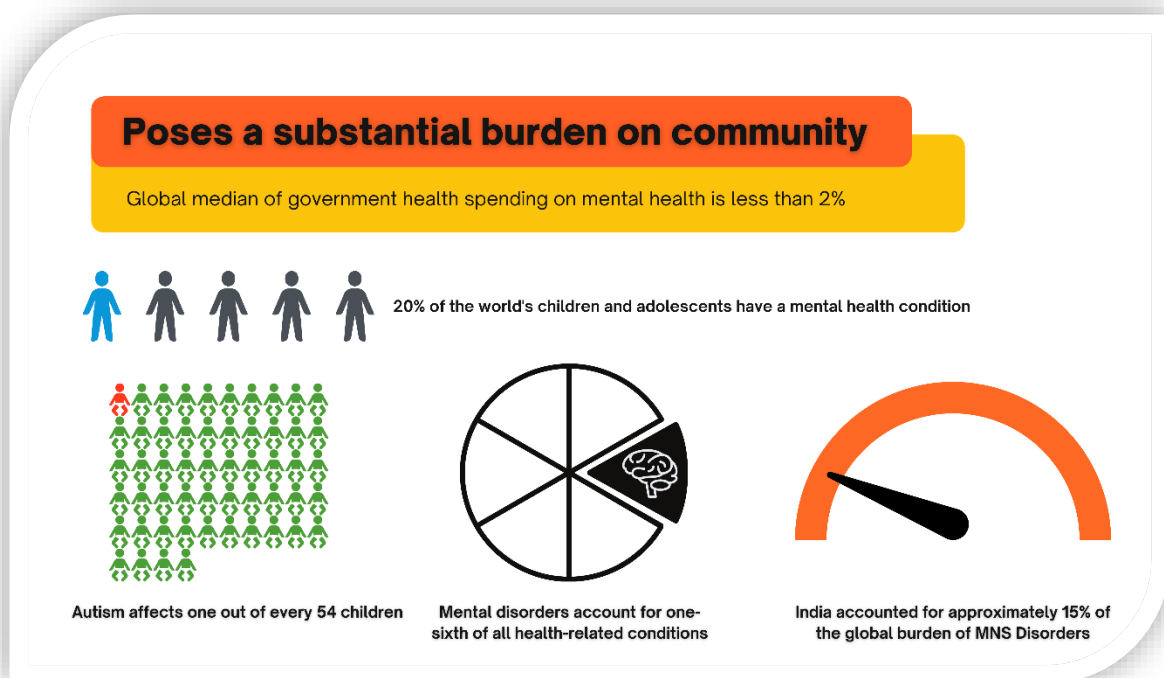
He didn't see the point of seeing a doctor because he didn't believe he was sick.



Three Key Takeaways

1. There are many mental disorders, each with a unique presentation. They are described by a combination of dysfunctional thoughts, perceptions, feelings, behaviour, and interpersonal relationships.
2. Common Mental disorders include depression, anxiety and substance use disorder. The severe mental disorders includes psychosis, schizophrenia, bipolar disorder.
3. Other less common mental health conditions in society include neurodegenerative disorders, personality disorders, dissociative disorders, eating disorders, gender identity disorders, dementia, developmental disorders, including autism and other pervasive developmental disorders.

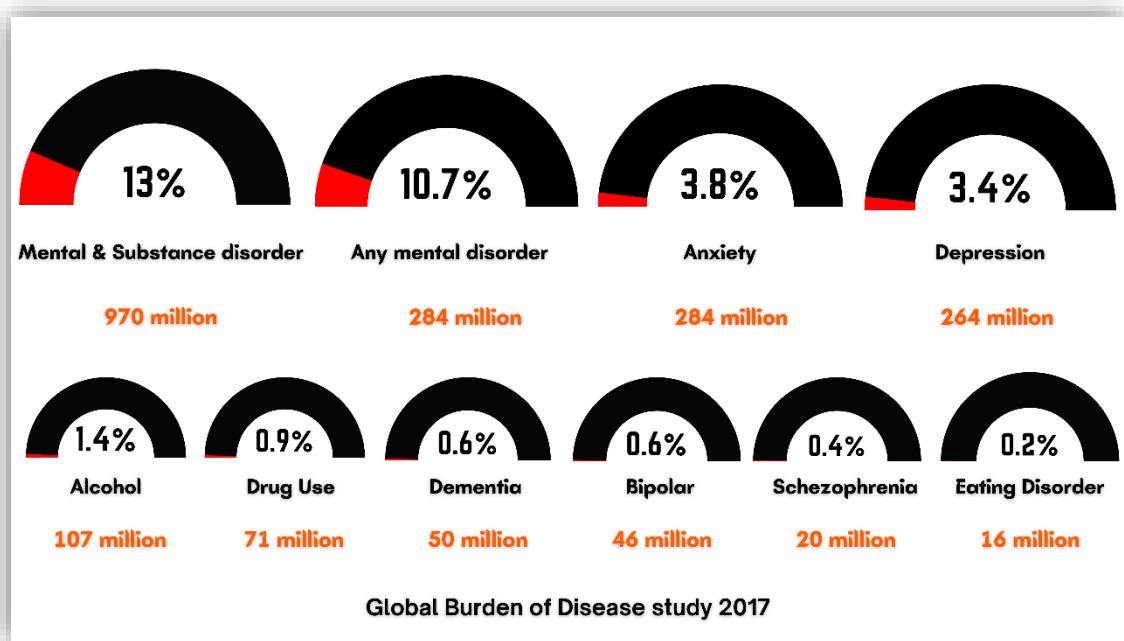
V. Why is Mental Health considered a Public Health Issue?



- ✓ Mental, neurological, and substance use (MNS) disorders are universal, affect every community, age group and gender across all income levels.
- ✓ Over the last decade, globally, there has been a 13 percent increase in MNS disorders primarily because of the changing demographics.
- ✓ Mental disorders account for one-sixth of all health-related conditions. India accounted for approximately 15% of the global burden of mental, neurological, and substance abuse disorders.
- ✓ Around 20% of the world's children and adolescents have a mental health condition i.e
- ✓ A mental disorder affects approximately one in every five children and adolescents worldwide. Autism now affects one out of every 54 children, with more than half having an intellectual disability or borderline intellectual disability.
- ✓ For those between 15 and 29 years of age, suicide is the leading cause.
- ✓ About 800,000 individuals die per year by suicide, with one person dying every 40 seconds.
- ✓ In 2016, 79% of all suicides took place in developing countries.
- ✓ There are reports that for every adult who died by suicide, more than 20 others attempted suicide.
- ✓ Mental Health conditions account for 13% of the global disease burden; the overwhelming majority of those affected, 75% in many low-income countries, lack necessary treatment access.

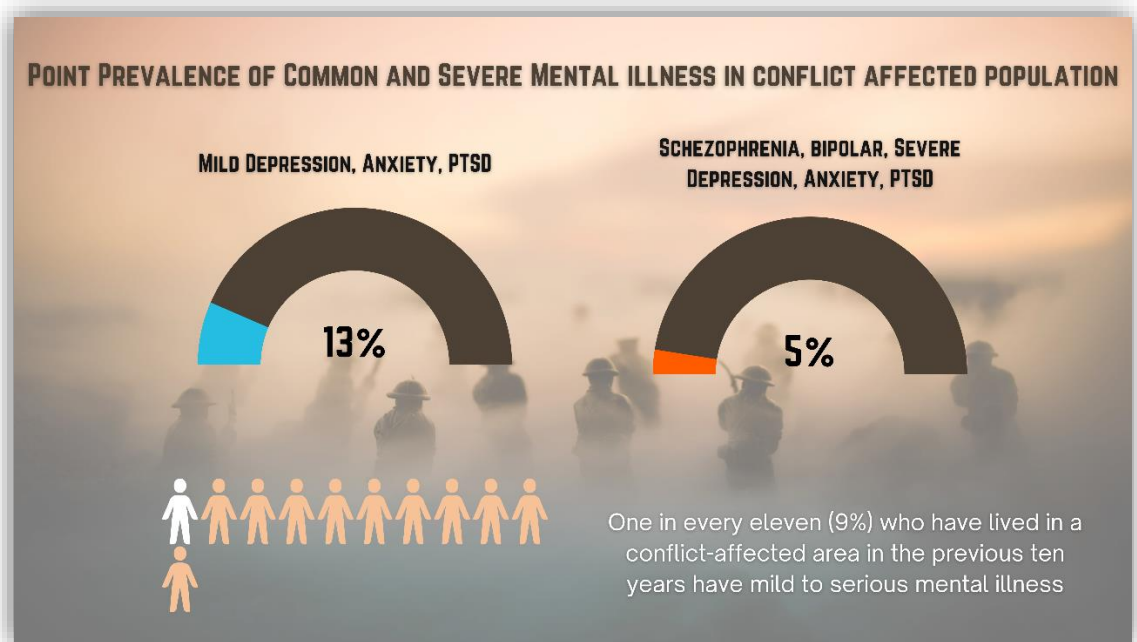
Mental Disorder	Million	%	Males %	Females%
Any mental disorder or substance use Disorder	970	13	12.6	13.3
Any mental disorder	792	10.7	9.3	11.9
Anxiety	284	3.8	2.8	4.7
Depression	264	3.4	2.7	4.1
Alcohol	107	1.4	2	0.8
Drug Use	71	0.9	1.3	0.6
Dementia	50	0.6		
Bipolar	46	0.6	0.55	0.65
Schizophrenia	20	0.4	0.26	0.25
Eating	16	0.2	0.13	0.29

Ref: Hannah Ritchie and Max Roser (2018) - "Mental Health". Published online at [OurWorldInData.org](https://ourworldindata.org/mental-health). Retrieved from: 'https://ourworldindata.org/mental-health' [Online Resource]

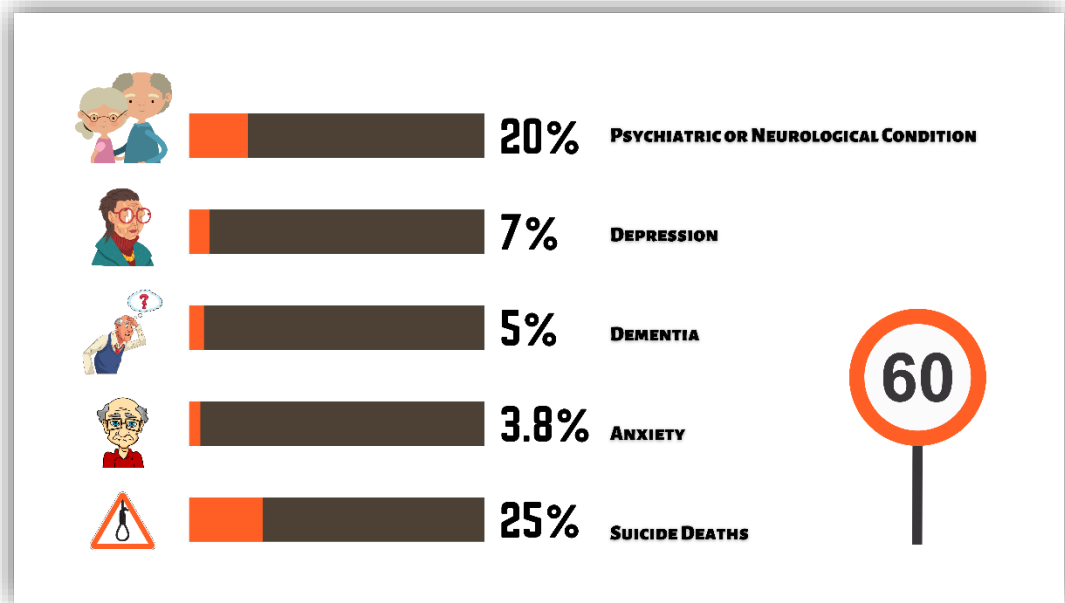


- ✓ A WHO World Mental Health report states that the Indian population has an estimated seven and a half percent of people who suffer from mental disorders.
- ✓ The prevalence of mental illnesses in conflict-affected populations is extraordinarily high. According to the WHO study, the estimated prevalence of psychiatric illnesses at any given point in time (point prevalence) in conflict-affected populations is
 - 13% for mild depression, anxiety, post-traumatic stress disorder.
 - 5% for severe disorders (Schizophrenia, bipolar disorder, severe depression, severe anxiety, and severe post-traumatic stress disorder)
- ✓ Estimates are one in every eleven people (9%) who have lived in a conflict-affected area in the previous ten years may have a mild to serious mental illness.

- ✓ WHO conducted a meta-analysis of 129 studies in 39 countries. It found that one in every five people (22 percent) had depression, anxiety, post-traumatic stress disorder, bipolar disorder, or schizophrenia in the previous ten years.



- ✓ In people aged 60 and up
 - Over 20% have a psychiatric or neurological condition (excluding headache disorders).
 - Dementia and depression are the most prevalent psychiatric and neurological illnesses in this age group, affecting approximately 5% and 7% of the world's older population, respectively.
 - Anxiety disorders affect 3.8 percent of people over the age of 65.
 - Substance abuse issues affect nearly 1% of the population.
 - Account for about a quarter of suicidal deaths.
 - Mental and neurological disabilities account for 6.6% of all disability (disability-adjusted life years-DALYs). These disabilities account for 17.4 percent of Years Lived with Disability in older people (YLDs).
 - Globally, dementia affects approximately 50 million people, with approximately 60% of those affected living in low- and middle-income countries. According to projections, the total number of dementia patients could exceed 82 million by 2030 and 152 million by 2050.



Despite these estimates, the global median of government health spending on mental health is less than 2%. The global burden of mental disorders is increasing, with severe implications for health and significant social, human rights, and economic consequences in all countries. Mental disorder is associated with a significant morbidity and impairment burden. The lifetime prevalence of any psychological illness is higher than previously believed, is rising in recent cohorts.

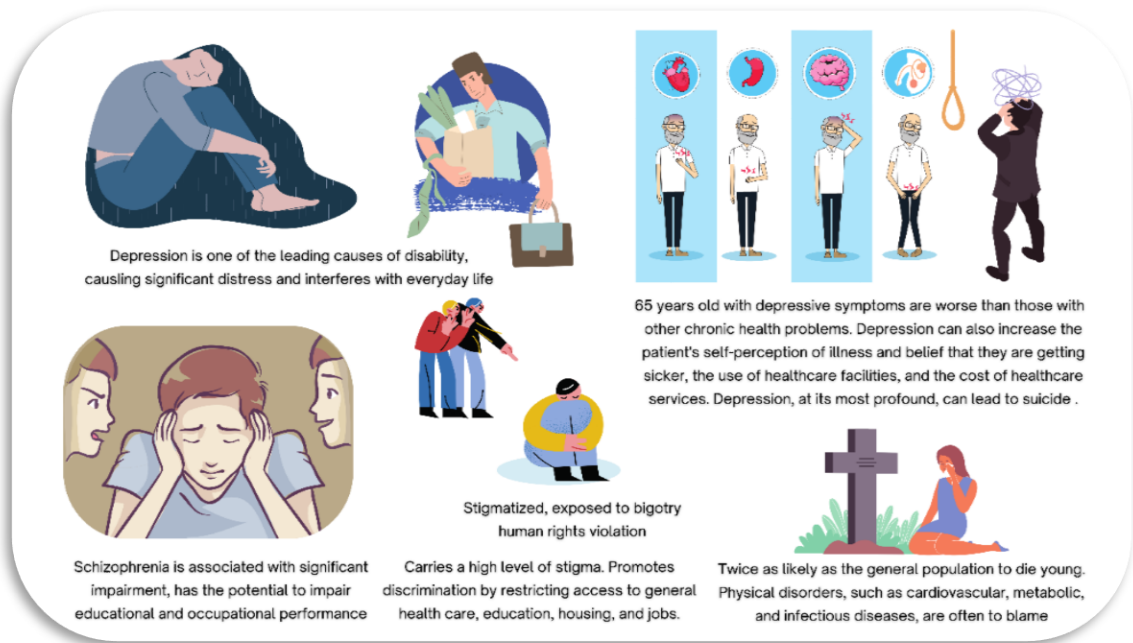
Have significant impact on person & community

Global median of government health spending on mental health is less than 2%

Depression and anxiety cost the global economy approximately \$1 trillion in lost productivity

MENTAL HEALTH CONDITIONS NOW CAUSE 1 IN 5 YEARS LIVED WITH DISABILITY

Profoundly affect all aspects of life - academic, occupational, relationships with family and friends, community participation.



- ✓ Suicide is a major public health problem affecting people of every age, family, society and country. It has long-term consequences for those who are left behind.
- ✓ Men are also more likely than women to develop schizophrenia at a younger age. Schizophrenia is associated with significant impairment and has the potential to impair educational and occupational performance.
- ✓ People with schizophrenia are less likely than the general population to seek treatment.
- ✓ People with schizophrenia are vulnerable to human rights abuses both within and outside of mental health institutions.
- ✓ People with schizophrenia are often stigmatized, exposed to bigotry, and have their human rights violated. The disease carries a high level of stigma. It promotes discrimination by restricting access to general health care, education, housing, and jobs.
- ✓ Individuals with schizophrenia are twice as likely as the general population to die young. Physical disorders, such as cardiovascular, metabolic, and infectious diseases, are often to blame.
- ✓ People suffering from serious mental disorders die prematurely – up to two decades early – resulting from preventable physical conditions.
- ✓ In an emergency, people suffering from severe mental illnesses can be particularly vulnerable. They need both basic needs and professional care.
- ✓ In every significant emergency, there are different forms of social and mental health issues.

Social problems include

Pre-existing: for example, poverty and discrimination based on the marginalized community;

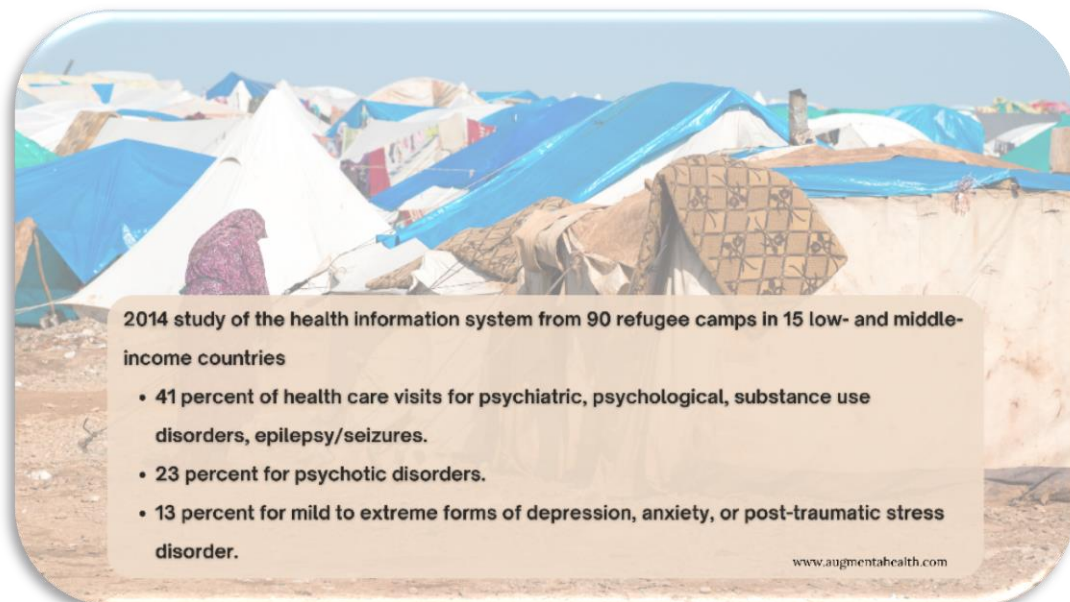
Emergency-induced: for example, family separation, lack of protection, loss of livelihoods, fragmented social networks, and low confidence and resources; and

Humanitarian response-induced: for example, overcrowding, lack of privacy, and weakening of community or conventional help.

Mental health problems include

Pre-existing: for example, psychiatric illnesses such as depression, schizophrenia, or unhealthy alcohol use;

- Grief, acute stress responses, unhealthy use of alcohol and medications, and depression and anxiety, including post-traumatic stress disorder, are examples of **emergency-induced symptoms**.
 - Anxiety caused by a lack of knowledge about food distribution or access to essential services is one example of **humanitarian response-induced anxiety**.
- ✓ The majority of people who are affected by an emergency would be distressed. Anxiety, depression, hopelessness, difficulty sleeping, fatigue, irritability, frustration, and aches and pains are common. It is natural and, for the most part, will change over time. However, during a humanitarian crisis, the incidence of common mental disorders such as depression and anxiety is expected to more than double.



- ✓ As people grow older, depression and anxiety become more prevalent. Mental health issues are under-diagnosed by both healthcare practitioners in older adults.
- ✓ Despite some progress, people suffering from mental disorders are reluctant to seek help because of the stigma associated with these disorders. They face serious human rights abuses and discrimination.

Complex Causal Interaction

Multifactorial causes, Complex Treatment, Diverse Approach!



Depression is a dynamic interplay of social, psychological, biological causes

People who have experienced adversity throughout their lives (such as unemployment, grief, or psychological trauma) are more likely to develop depression.

Depression, in turn, may lead to increased stress and instability, worsening both the affected person's life condition and the depression itself.

There are links between depression and physical health. Cardiovascular disease, can lead to depression and vice versa.

Combination of genes, a variety of environmental factors cause schizophrenia. Psychosocial causes can also play a role in schizophrenia.

A myriad of complex causes manifests to cause mental illness as several factors combine and interact.

Huge Treatment Gap

Prevalence of mental disorders versus the proportion of patients who receive treatment

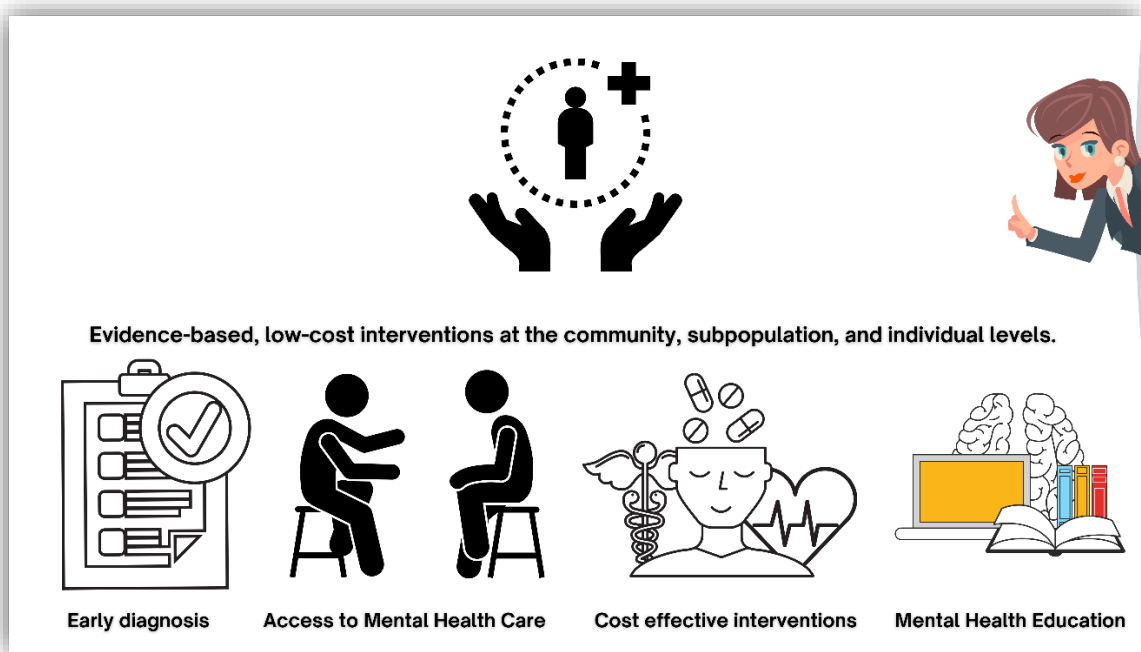


www.augmentahealth.com

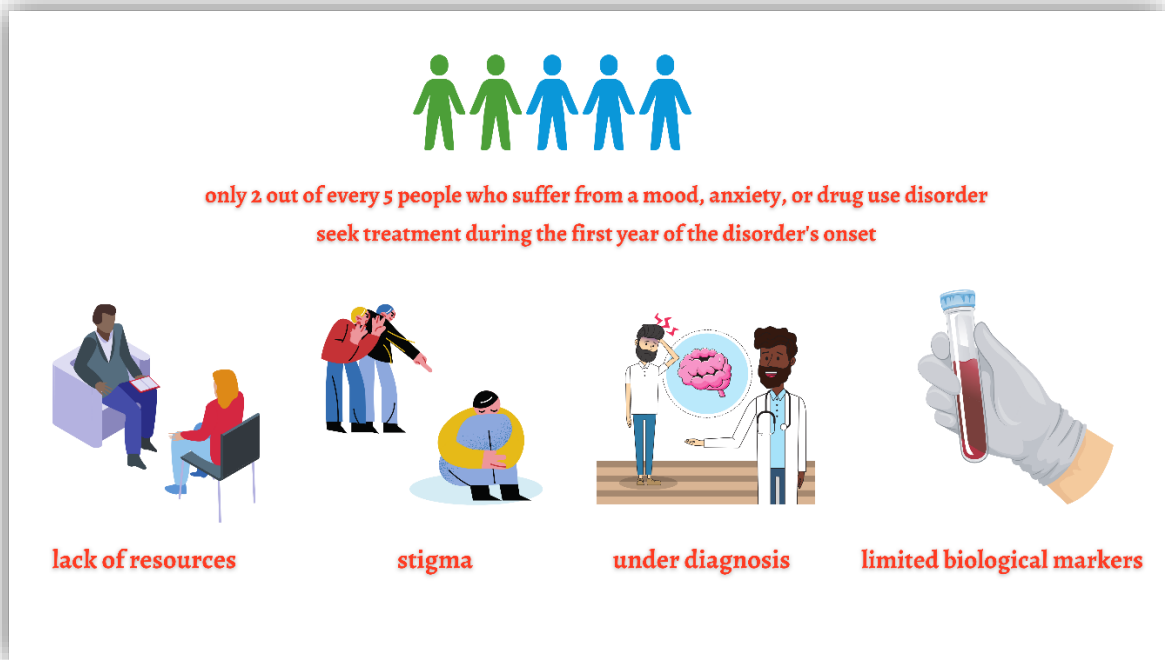
Huge treatment gap despite the availability of reliable and evidence-based approaches

- ✓ The number of mental health workers ranges from less than 2 per 100,000 people in low-income countries to more than 70 per 100,000 people in high-income countries.

- ✓ The treatment gap is defined as the prevalence of mental disorders versus the proportion of patients who receive treatment. AWHO report highlights, India has a treatment gap of more than 70%.
- ✓ Low-cost interventions are available to treat any mental health disorders. Nonetheless, there is a significant gap between those in need of services and those who have access to care.
- ✓ Effective healthcare coverage remains woefully inadequate. In low- and middle-income countries, 76 and 85 percent do not receive treatment.



- ✓ Despite its prevalence, a mental disorder is underdiagnosed by doctors. Doctors recognize just about half of those who meet the medical criteria for psychiatric disorders.
- ✓ Patients tend to be reluctant to obtain psychiatric help as well. Just two out of every five people who suffer from a mood, anxiety, or drug use disorder seek treatment during the first year of the disorder's onset.
- ✓ A lack of resources, a shortage of trained healthcare providers, and the social stigma associated with mental illness are all obstacles to effective treatment. The lack of biological markers is a barrier to an accurate diagnosis.



- ✓ Suicides may be prevented with timely, evidence-based, and often low-cost interventions at the community, subpopulation, and individual levels.
- ✓ A broad multisectoral national suicide prevention strategy and Increased investment at all fronts, including awareness of mental health to enhance understanding and stigma reduction, improve access to quality mental-based services and effective interventions, and identify alternative solutions and improve existing treatments for all mental disorders are the requirements.
- ✓ There has been a rising understanding over recent years of the crucial role played by mental health in fulfilling global development objectives. The inclusion of mental health in the sustainable development objectives is a shining example of this.

Three Key Takeaways

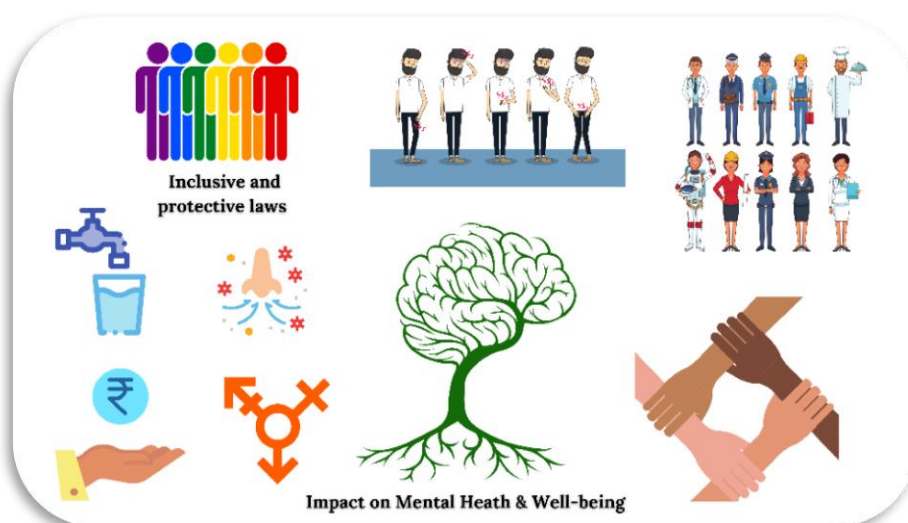
1. Mental health poses a substantial burden on the community, has a significant impact on both the person and the community.
2. A myriad of complex causes manifests to cause mental illness. Several factors combine and interact, huge treatment gap despite the availability of reliable and evidence-based approaches.
3. Despite the availability of effective and evidence-based approaches, there is a significant care gap.

VI. What is a Public Health Approach to Mental Health Intervention?

In recent years, there has been a growing recognition of the vital role that mental health plays in fulfilling global development goals. Public health aims to improve health by addressing the societal factors that affect it.



- ✓ The environment in which we live has a profound impact on our health.
- ✓ Doctors and medicines are independent of various factors. Many other resources impact our well-being. That makes up the air we breathe, the water we drink, our societies, jobs, and more.
- ✓ For example, income and race are linked to asthma risk; income and geography are linked to life expectancy. These conditions have an effect on our mental health as well as our physical well-being. Income disparity, for example, has been related to an increased risk of depression.
- ✓ Laws that permit anti-LGBT discrimination can lead to various emotional and psychological issues inefficiencies among sexually fluid adults.



Mental health care in individuals

- ✓ Mental health promotion entails taking steps to enhance one's psychological well-being. It could include developing an atmosphere that promotes mental health.
- ✓ Mental health requires an atmosphere that recognizes and preserves fundamental legal, political, social, and cultural rights. Without the protection and independence provided by such rights, a high level of mental well-being cannot be maintained.

Among the different strategies for improving mental health and well-being over the lifespan and across different populations are:

- ✓ Early childhood strategies.
 - Providing a safe atmosphere conducive to children's health and nutritional needs and
 - protection from hazards,
 - early learning opportunities,
 - receptive, emotionally engaging, and developmentally stimulating interactions.
- ✓ Children's support.
 - life skills initiatives,
 - child and youth development programmes
- ✓ Women's socio-economic empowerment.
 - improved access to education and
 - microcredit schemes
- ✓ Social assistance for the elderly.
 - Befriending programmes,
 - Neighbourhood and daycare centres for the elderly
- ✓ Programmes directed at vulnerable groups, such as minorities, aboriginal groups, refugees, and people impacted by conflicts and disasters.
 - Post-disaster psychosocial interventions
- ✓ Promotional events for mental well-being in schools
 - Initiatives involving supportive environmental improvements in schools
- ✓ Workplace mental well-being initiatives
 - Stress reduction programmes
- ✓ Housing policies
 - Housing improvement
- ✓ Violence prevention programmes
 - Limiting the availability for consumption of alcohol and access to firearms
- ✓ Programmes for community development
 - Integrated rural development
- ✓ Poverty alleviation and social security for the underprivileged
- ✓ Anti-discrimination regulations and campaigns
- ✓ Promotion of the rights, opportunities, and advocacy for and accommodation of people with mental illnesses
- ✓ Treatment and care for mental illness

- ✓ Promoting Active and Healthy Aging will help improve the mental health of older adults.
- ✓ Mental health-specific health promotion for older adults' entails developing living conditions and environments that foster well-being and empower people to live healthier lives.
- ✓ Policies play a significant role in promoting elderly mental health. It aims to ensure that older people have access to the services they need. It includes
 - providing security and freedom
 - ensuring adequate housing by supportive housing policies;
 - assisting older adults and their families with social support;
 - focusing health and care interventions on vulnerable groups such as the elderly, those living alone, rural populations, and people suffering from chronic or relapsing mental or physical illnesses;
 - preventing and responding to elder abuse; and
 - community development programmes.

Mental health care in the community

Over the last decade, our understanding of handling the rising burden of mental illness has improved dramatically. An increasing body of evidence demonstrates the efficacy and cost-effectiveness of vital therapies for high-priority psychiatric illnesses in countries with varying economic growth levels. Cost-effective, practical, and affordable interventions include the following:

- ✓ Prevention initiatives minimize depression
 - School-based programmes that teach children and youth coping and problem-solving techniques to improve their resilience are examples of effective community-based depression prevention strategies.
 - Protection and psychological help after physical or sexual abuse
 - Parents of children with behavioural issues may benefit from interventions that alleviate parental anxiety and enhance their children's outcomes.
 - Exercise programmes for the elderly fostering physical activity can also aid in the reduction of depression.
 - Psychosocial assistance after disasters and conflicts
- ✓ Treatment of depression
 - Person and community face-to-face psychiatric services provided by practitioners and supervised lay therapists are among the different psychological care formats to consider.
 - Cognitive behavioural therapy or interpersonal psychotherapy, for example, may help relieve mild to moderate depression.
 - Antidepressants (including selective serotonin reuptake inhibitors (SSRIs) and tricyclic antidepressants (TCAs)) may be effective medications for moderate to severe depression. However, using it as the first line of defence

in mild depression, treating depression in children is not warranted. It should be used cautiously as the initial treatment option in adolescents. Healthcare providers should consider the potential side effects of antidepressant drugs, their ability to deliver any intervention (in terms of competence and treatment availability), and their patients' preferences.

- Depression treatment should include psychosocial factors such as recognizing stressors such as financial issues, job struggles, or physical or emotional violence, as well as support networks such as family members and friends. It is vital to maintain or reactivate social networks and social events.
- ✓ Effective treatments for the acute phase of bipolar disorder as well as relapse prevention are available. These are mood-stabilizing drugs. Psychosocial support is critical to the recovery process.
- ✓ Treatment of Psychosis includes Antipsychotic medications and psychosocial support. Schizophrenia is treatable. Medication and psychosocial support are effective interventions. The majority of individuals with chronic schizophrenia, however, do not have access to treatment.
- ✓ Extend and Intensify efforts to transfer mental health services from hospitals to the community. It is essential to take the support of family members and the broader community.
- ✓ Affected individuals will lead productive lives and be integrated into society if they receive adequate care and social support.
- ✓ Facilitating independent living, assisted living, subsidized housing, and supported employment for people with schizophrenia, if at all possible. It may serve as a foundation for people who have schizophrenia to reach their rehabilitation goals. People who have schizophrenia also struggle to find or keep stable jobs or housing.
- ✓ Stigma and prejudice can compromise access to health and social care. Furthermore, individuals who have psychosis are at a high risk of being subjected to human rights abuses, such as long-term institutional detention.

Several programmes in low- and middle-income countries (for example, Ethiopia, Guinea-Bissau, India, Iran, Pakistan, and the United Republic of Tanzania) have shown the viability of providing services to people with serious mental illnesses through the primary healthcare system by:

- ✓ Training primary healthcare workers, ensuring access to essential drugs; and assisting families in delivering home care.

- ✓ Educate the general population to minimize stigma and prejudice.
- ✓ Enhancing independent living skills in people with schizophrenia, their families, and caregivers through recovery-oriented psychosocial therapies (For example, life skills training and social skills training);
- ✓ Dementia is typically chronic or progressive, with loss in cognitive function (i.e. the ability to process thought) that exceeds what would be associated with normal ageing. Memory, thinking, orientation, understanding, estimation, learning ability, vocabulary, and judgement are all affected. Often, regression of emotional control, social behaviour, or motivation accompanies, and in some cases, preceded impaired cognitive function.
- ✓ Various brain disorders and trauma, such as Alzheimer's disease or stroke, cause dementia. While no drug is currently available to cure dementia, some drugs are being tested in clinical trials. However, more should be done to assist and strengthen the lives of people living with dementia and their caregivers and friends.
- ✓ There are significant social and economic problems regarding the direct costs of medical, educational, and informal treatment associated with dementia. Furthermore, physical, emotional, and financial stresses may trigger significant stress in families and caregivers. Dementia patients and their caregivers need assistance from the health, educational, financial, and legal systems.
- ✓ It is crucial to identify and treat behavioural, physiological, and drug use problems in older adults as soon as possible. Advise of both psychosocial treatments and medications is warranted.
- ✓ Nonetheless, to help and support the lives of people living with dementia, plenty of options are available. Early detection encourages early and optimal treatment by improving physical and mental well-being, functional capacity, and well-being; recognizing and handling accompanying physical illness; anticipating and coping with problematic behaviour; and providing caregivers with the knowledge of long-term support.
- ✓ Alcohol and nicotine-containing items are taxed, and their availability and advertisement are limited.
- ✓ Family participation is essential in the treatment of persons with developmental disabilities. Understanding what triggers impacted people's anxiety and well-being is vital to treatment. It determines which conditions are more conducive to enhanced learning. Daily activities with regular times for eating, playing, studying, socializing, and sleeping help avoid excessive stress. Regular health services surveillance of children and adults with developmental disabilities and their careers is essential.
- ✓ Society must play a part in ensuring the rights and interests of people with disabilities. Good general health and social care are essential for improving older people's health,

preventing disease, and managing chronic illnesses. It is also vital that all health care providers undergo training in coping with age-related problems and disorders. Primary mental health care at the neighbourhood level is critical for older people. It is also vital to concentrate on the long-term treatment of older adults with mental disabilities and provide caregivers with education, training, and support.

- ✓ An efficient and supportive legislative structure based on widely accepted human rights principles is needed to ensure the highest standard of services to people with mental illnesses and their families.

Prevention and control of suicides

- ✓ Suicides are preventable. A variety of effective interventions are also available for suicide prevention, mental illness prevention and treatment in children, dementia prevention and treatment, and substance use disorder treatment.
- ✓ Suicide methods - Pesticide self-poisoning is estimated to account for approximately 20% of global suicides. The majority occur in rural agricultural areas of low- and middle-income countries. Hanging and firearms are two other common methods of suicide. Awareness of the most widely used suicide interventions is needed to establish successful preventive measures, such as limiting access to means of suicide.
- ✓ Suicide is a complex issue. As a result, suicide prevention efforts necessitate cooperation and collaboration across multiple sectors of society, including education, labour, agriculture, industry, justice, law, defence, politics, and the media. These efforts must be systematic and interconnected, as no one solution can affect a complex problem like suicide.
- ✓ Multiple interventions introduced at the population, sub-population, and person levels can help avoid suicide and suicide attempts. There are some examples:
 - Limiting access to suicide means (e.g., pesticides, weapons, some medications)
 - Responsible media reporting
 - Interventions in schools
 - Enacting alcohol laws to minimize unsafe alcohol use
 - Individuals suffering from mental and substance use disorders, chronic pain, and acute emotional distress should be diagnosed, treated, and cared for as soon as possible.
 - Non-specialized health practitioners may be trained in the evaluation and treatment of suicidal behaviour.
 - Follow-up treatment for those who have attempted suicide, as well as community assistance
 - Community Suicide Gatekeeper Training www.helpie.co.in

Challenges and obstacles

✓ **Stigma and taboo**

- There is significant stigma, particularly around mental disorders and suicide. It means that many people considering suicide or who have attempted suicide do not seek help and therefore do not receive it.
- There is little discussion about Suicide prevention due to a lack of awareness of suicide as a major public health problem and the stigma associated with openly discussing it in many cultures. Suicide prevention is only one of a few countries' health targets.
- Just 38 countries have confirmed that they have a national suicide prevention plan.

✓ **Data quality**

- Globally, statistics on suicide and suicide attempts are sparse and of low quality. Just 80 Member States have high-quality critical registry data on which to estimate suicide rates.
- Poor-quality mortality data is not specific to suicide. Given the sensitivity of suicide and the illegality of suicidal activity in certain nations, under-reporting and misclassification are likely to be more severe for suicide than for most other causes of death.
- Work towards strengthening of suicide and suicide attempt monitoring and tracking to enforce suicide prevention measures effectively.
- Cross-national differences in suicide patterns and changes in suicide rates, characteristics, and methods highlight each country's importance in enhancing the comprehensiveness, accuracy, and timeliness of their suicide-related data.
- It consists of a critical suicide registry, hospital-based suicide attempt registries, and nationally representative surveys that gather self-reported suicide attempts.

Treatment and care plans for older adults' mental health needs

It is essential to educate health providers and communities to address the unique needs of older populations, which include:

- ✓ Training for health practitioners in delivering treatment to the elderly; preventing and treating age-related chronic conditions such as behavioural, neurological, and drug use disorders
- ✓ Establishing long-term and palliative care plans that are sustainable; developing age-friendly facilities and environments.

Effective emergency response

- ✓ Interagency mental health and psychosocial service recommendations approved by WHO for an effective emergency response recommend programmes at various levels, ranging from essential services to clinical treatment. Clinical mental health care should be provided or supervised by mental health specialists such as psychiatric nurses, psychologists, or psychiatrists.
- ✓ Reiterate the importance of group self-help and social support. For example, form or re-form community groups. Participants address issues collaboratively and participate in disaster relief or learning new skills while ensuring disabled and disadvantaged individuals, including people with mental disabilities, participate.
- ✓ Psychological first aid provides immediate emotional and physical assistance to acutely upset people due to a recent incident. Field personnel, such as doctors, teachers, and competent volunteers, can make it available.
- ✓ Primary clinical mental health services for priority conditions (e.g., depression, psychotic disorders, epilepsy, alcohol and drug abuse) should be delivered by qualified and supervised general health staff in every healthcare facility.
- ✓ To provide psychological services (e.g., problem-solving approaches, group interpersonal counselling, cognitive-behavioural therapy-based interventions) for people suffering from long-term depression by professionals or trained and supervised community workers in health social sectors.
- ✓ During humanitarian crises, it is especially important to protect and promote the rights of people suffering from severe mental disabilities and psychosocial disorders. It entails paying visits to, monitoring, and assisting people in treatment centres and care homes.
- ✓ Mental health providers, general healthcare practitioners, community-based support, and other programmes must establish links and referral networks. Other Programmes include schools, social services, and emergency response services that provide food, water, and shelter/housing.


In the future, emergencies will help to create stronger mental health services.

- ✓ Individuals', communities', and countries' overall social and economic recovery after crises depend on their mental health.
- ✓ Improve global progress in improving mental health. After each crisis, make attempts to turn the short-term rise in exposure to mental health problems, coupled with an infusion of aid, into support for long-term programme expansion. Many countries have used emergencies to create stronger mental health services in the aftermath of crises.


- ✓ Despite – or maybe because of – the continuing war, mental health services and psychosocial assistance are becoming more readily accessible in the Syrian Arab Republic than ever before. Community and women's centres and school-based programmes now provide mental health and psychosocial assistance in primary and secondary health and social care facilities.
- ✓ Mental health was a high priority in Sri Lanka in the immediate aftermath of the 2004 tsunami. It resulted in a mental health system reform. World Health Organization provided significant support to the government to address the shortage of mental health human capital, such as different dedicated mental health workers cadres. As a result, mental health care infrastructure is now available in 20 of the country's 27 districts, up from ten before the tsunami.
- ✓ When Typhoon Haiyan wreaked havoc on the Philippines in 2013, only two facilities offered critical mental health services. The number of people willing to help was inadequate to satisfy the demand. WHO and partners advocated a significant expansion of government mental health programmes. As a result, all general health facilities in the Philippines' affected area now have personnel skilled in managing mental disorders.
- ✓ Include Mental Health in National emergency preparedness plans as well. WHO and the Pan-American Health Organization are assisting countries in the Americas' Caribbean sub-region in providing good mental health and psychosocial care to people in need following hurricanes and other natural disasters.





A man and a woman were fishing along the riverbank when they found a woman struggling against the current.



They came to her aid.




They soon noticed a man struggling.





They also rescued him. It went on all afternoon.


Finally, the tired couple wanted to go upstream to figure out where and why so many people drowned.




They came across a lovely overlook along the river's edge that was devoid of any warning signs or security barriers.



The couple went to community leaders to inform them of the number of people they had saved and clarify the unprotected overlook's link.




Local representatives decided to put up a security guard and put up warning signs.



The problem was avoided, which saved money, energy, and lives.

This parable moves the focus from *downstream (individual treatment)* to *upstream (systemic treatment)* (prevention strategies for the whole community).



Three key takeaways

1. In the context of a nation's efforts to establish and enforce a mental health policy, it is vital to safeguard and promote its citizens' mental health and meet the needs of people with identified mental disorders.
2. Mental illnesses and broader topics that foster mental well-being should focus on national mental health policies. All levels of government and non-government organizations' policies and programmes should integrate Mental health promotion. It is vital to include education, labour, justice, transportation, the environment, housing, welfare, and the health sector.
3. Raising community awareness and dismantling taboos are critical for countries to make progress in suicide prevention.

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