Mental Health Day: What have we learned?

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Health as defined by WHO is not only the absence of disease or infirmity. Health encompasses a state of complete physical, mental and social well-being. [1] Being healthy means one is able to function to his/her optimum capacities.

A state of complete well-being in which the individual realizes his/her full potential, performs up to his maximum, and is able to deal with normal stressors of life, this is regarded as Good Mental Health. Problems arise when there are impairments in the individual`s level of functioning, to an extent that they start to affect his/her life on different paradigms. [2] There can be impairments at work, falling grades at school, not able to take care of routine household responsibilities, depending upon the person.

Multiple Biological, psychological and social factors interplay in causing mental Health Disorders. A person may complain of sad mood as a result of a heart break, another person can have worrying thoughts regarding an exam or a job interview. These can be short-term and subside and never come back. However, in some instances, the complains of thought, emotions and feelings reach a severe level and start impairing the individual`s life. Admission to a Psychiatric Facility and timely treatment with Biological and or Psychological therapies are then needed. [3]

Problem Statement

Mental Health Disorders are on a rise in the Global Burden of Diseases List [4] They require prompt identification and appropriate treatment to lessen the Disease Burden.

The impact of Mental Health Disorders is life long, to the patient and the care-givers. [5] Although the mortality rate in comparison to other health problems is less, Distress and Disability are long-term consequences. The Mental Health Legislation in Pakistan made use of The Lunacy Act of 1912 as the initial and the sole code of law for the Mental Health. The Act with its redundant clauses has been highly criticized and under-utilized. Efforts are underway to bring out newer, fresher codes of law which can cater to the needs of the Patients better. The National Mental Health Policy' and 'Mental Health Act' in 2001 are being worked on.

Priority Mental Health Conditions

Schizophrenia: Schizophrenia remains a difficult entity to diagnose and manage. Positive symptoms of Hallucinations, Delusions and interference with flow of thought are given particular weight in the diagnosis. DSM V and ICD 10 give the Diagnostic criteria for Schizophrenia. Etiology of Schizophrenia can be viewed with respect to biological, psychological and social factors causation. Genetic influence has been identified with about 80% of the risk for inheritance. (Tandon., *et al.* 2008) With an incidence of about 1% (Jablensky., *et al.* 2011) and almost similar prevalence in all populations (Mc Grath., *et al.* 2008), there may be some exceptions in relation to gender and rural/urban differences.

The Life-time Prevalence is 4 per 1000 (Mc Grath., *et al.* 2008). The usual age of onset is between 15-54 years. Men have a single peak in their early twenties, whereas women have a broader range of onset. Grossman., *et al.* highlights the gender difference in age of onset, with a male to female ratio of 1:4. Schizophrenia runs a chronic course with substantial functional impairment. Barraclough., *et al.* 1998 report an increased mortality in patients with schizophrenia. Suicide, sedentary life style, cardiovascular disease, smoking, Diabetes, Metabolic syndrome, all have been identified as the causes of increased mortality. (De Hart., *et al.* 2010) Schizophrenia patients require an extensive management plan based on biological, psychological and social components. Medications: Oral or parenteral anti-psychotics play a key role in stabilizing the Acute Illness, in preventing relapse and long term management of chronic illness. Multi-centre Drug trials such as CATIE and CUTLASS have made the choice of anti-psychotics easier. Psycho-social Management emphasizes on building a therapeutic alliance with the patient and carers, integrated, multi-disciplinary heath care plan, psycho-education, appropriate psychotherapeutic interventions, to name a few. [4-6]

Depression: Depression is one of the common and important Psychiatric disorders. Globally on the rise, the clinical presentation may vary from mild mood changes and decreased interest in daily activities to more severe forms with self-harm and hallucinations in some cases. DSM V and ICD 10 give the Diagnostic criteria for Depression. Depression has multi-factorial etiology, based on the bio-psycho-social entities. The Life time Prevalence of Depression is 4-30%. One year Prevalence is 2-5%. There is a two-fold more common presentation in women, across different cultures. Mean age of onset is about 27 years. With early treatment, there are more chances of recovery. [7-13]

Globally, October 10th is celebrated as Mental Health Day. Seminars, camps, talks are organized to raise awareness and address stigma related to mental health conditions. This years theme Mental Health in Workplace is equally important. Mental Health related problems leads to increased absenteeism, low productivity of the employees. A healthy workplace benefits workers and employers equally. From improving self care, maintaining social networks, keeping balance between work and family life, an individual can safeguard their mental health. Organizations can work towards creating a supportive environment, ensuring availability of support systems to identify early signs of burn outs.

In Conclusion, Celebrating Mental Health Globally is indeed a positive step in raising awareness and addressing Stigma. Good Mental Health is mandatory for all individuals, to help them reach their optimum levels of Performance and live life fully.

Improving Mental Health Care

Future Goals/Recommendation

1. Raise Awareness
2. Advocate the rights of persons with mental disorders
3. Actions to combat stigmatization.

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