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Case Review

Gap in the Treatment Delivery in Mental Health

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Abstract

Mental disorders are prevalent worldwide. Mental disorders affect all age groups.

Mental disorders affect all racial groups. 154 Million people suffer from Depression, 25 million people suffer from Schizophrenia, 91 million from Alcohol abuse. As many as 24 million people suffer from Dementias and approximately 1 million commit suicide per year. Mental disorders are equally prevalent in both the genders. Overall one-year prevalence across countries 4%-26%.

Keywords: Mental Health; Mental Disorders; Depression

Country	Percentage prevalence of any mental disorder (95% CI)	
China (Beijing)	9.1	(6.0–12.1)
China (Shanghai)	4.3	(2.7–5.9)
Belgium	12.0	(9.6–14.3)
Colombia	17.8	(16.1–19.5)
France	18.4	(15.3–21.5)
Germany	9.1	(7.3–10.8)
Italy	8.2	(6.7–9.7)
Japan	8.8	(6.4–11.2)
Lebanon	16.9	(13.6–20.2)
Mexico	12.2	(10.5–13.8)
Netherlands	14.9	(12.2–17.6)
Nigeria	4.7	(3.6–5.8)
Spain	9.2	(7.8–10.6)
Ukraine	20.5	(17.7–23.2)
United States of America	26.4	(24.7–28.0)

Table

Approximately one in five children suffers from a mental disorder. In the USA, estimates of mental disorders among children and adolescents receiving medical care lie between 15% and 30%. The population of the world is ageing rapidly. At the global level, the number of people aged 60 years and older will rise from 606 million in 2000 to 1.9 billion in 2050. The burden of Geriatric Mental disorders will be huge. By 2030 Depression will be the second largest cause of disability. The full impact of mental disorders extends well beyond that which is represented by burden of disease.

Many people with mental disorders are ostracized from society, descend into poverty and become homeless as they fail to receive the treatment and care they require. Mental disorders were thought to be – magical, supernatural, dangerous and physically exiled from society. Many also are discriminated against in seeking employment or education, and others are dismissed from their jobs. Mental disorders are very common in Primary care. The prevalence among adults has been documented to range between 10% and 60%. High prevalence rates were confirmed by follow-up survey, Santiago Chile. Commonest disorders found in primary care level are – Depression, GAD, Alcohol Dependence, Somatization. In Children the prevalence was quite high – 20% Nigeria, 30% Spain & 43% in UAE. Among Elderly in Primary care the prevalence may be as high as 33% in Brazil.

Alma Ata Declaration 1978 for the first time emphasized on Primary health care to achieve Health for All by 2000. Health was considered a Human Right. Even after 40 years of Alma Ata declaration, the vision of primary care for mental health has not yet been realized in most countries. Lack of political support, inadequate management, overburdened health services and, at times, resistance from policy-makers and health workers have hampered the development of services. A fundamental paradigm shift is needed from institutionalized care to Primary care to improve outcome and human rights. Mental health services that are integrated into general

health care at a primary care level. Pertains to all diagnosable mental disorders, as well as to mental health issues that affect physical and mental well-being. Primary health workers include medical doctors, nurses and other clinicians who provide first line general primary health care services. Services include – First line interventions as an integral part of general care provided by skilled Primary care workers. Primary care for mental health forms a necessary part of comprehensive mental health care, as well as an essential part of general primary care. In isolation it is never sufficient to meet the full spectrum of mental health needs of the population.

The burden of mental disorders is great –prevalent in all societies, they cause significant personal, familial and social burden and loss of productivity. Physical and Mental Illness are interwoven. Treatment Gap is enormous. Primary care for Mental health enhances access. Promotes respect for human rights. Primary care for Mental Health is affordable and cost effective. Primary care for Mental Health generates good outcome. Integration increases the likelihood of positive outcomes for both Physical and Mental disorders.

The global neglect of mental health is well-documented. Mental health issues are neglected in policy, planning, funding. In all countries, there is a significant gap between the prevalence of mental disorders, on one hand, and the number of people receiving care and treatment, on the other hand. In LAMIC countries the gap is more, 67% treatment gap for major depression in Africa, compared with a 45% gap in Europe. In many parts of the world, primary care workers fail to detect mental disorders. The detection rate of Mental disorders ranges from 10%-75%. Depression & Somatization disorders are easily diagnosed. Even if a disorder is accurately diagnosed, provision of evidence-based treatment is far from assured. One multicenter study on Depression showed that the proportion of people receiving any potentially effective treatment ranged from a high of 40% in Seattle, to a low of 1% in St. Petersburg. Few people with major depression in developing countries are receiving antidepressants or other evidence-based treatments. Antidepressants may be used in doses that are too low to be effective. Many reasons for under detection and under treatment of Mental illness at Primary care level. Patient factors, health worker factors, health system factors, and societal and environmental factors.

Many patients do not recognize they have symptoms of a mental disorder. Others underestimate the severity of their problems and mistakenly believe they can manage without the help of formal health services. Many health workers do not receive adequate training on mental health issues. Primary care worker training ranges from a few hours to a maximum of one or two weeks. Prejudice, excess work load and lack of interest are other factors. Inadequate financial and human resources also contribute to the lack of adequate mental healthcare. Most LAMIC nations devote less than 1% of their health expenditure to mental health. Social factors include stigma, discrimination and misconceptions about mental disorders [1-17].

Bibliography

1. Revised Global burden of Disease 04, WHO Mental Health Survey Consortium 04. Child mental health policy WHO 2005.
2. World population prospect UN 2003, World health report (2004).
3. WHO resource book on mental health, human rights and legislation. Geneva, World Health Organization (2005).
4. V Patel., *et al*. “Outcome of common mental disorders in Harare, Zimbabwe”. *British Journal of Psychiatry* 172 (1998): 53-57.
5. Prevalence of mental disorders in childhood in pediatric primary care. Actas Luso Españolas de Neurología, Psiquiatría y Ciencias Afines 24 (1996): 173-190.
6. “Barriers to improvement of mental health services in low-income and middle income countries”. *The Lancet* (2007).
7. Integrating Mental Health into Primary Health Care WHO & WONCA (2008).
8. Jacob KS., *et al*. “Mental health systems in countries: where are we now?”. *The Lancet* 370.9592 (2007):1061-1077.
9. Kohn R., *et al*. “The treatment gap in mental health care”. *Bulletin of the World Health Organization* 82.11 (2004): 858-866.
10. Simon GE., *et al*. “Prevalence and predictors of depression treatment in an international primary care study”. *American Journal of Psychiatry* 161.9 (2004):1626-1634.
11. Üstün TB and Sartorius N. “Mental illness in general health care: an international study”. Chichester, Wiley, (1995).
12. Das AK., *et al*. “Depression in African Americans: breaking barriers to detection and treatment”. *The Journal of Family Practice* 55.1 (2006): 30-39.
13. “Consensus Statement on the undertreatment of depression”. *Journal of the American Medical Association* (1997).
14. Sareen J., *et al*. “Perceived barriers to mental health service utilization in the United States, Ontario, and the Netherlands”. *Psychiatric Services* 58.3 (2007): 357-364.

15. Manote Lotrakul and Ratana Saipanish. "Psychiatric services in primary care settings: a survey of general practitioners in Thailand". *BMC Family Practice* 7 (2006): 48.

16. "Common mental disorders and primary health care: current practice in low-income countries". *Harvard Review of Psychiatry* 11.3 (2003): 166-173.

17. Mental health atlas Geneva, World Health Organization, (2005).

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