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HEALTH REPORTER: focus on mental health and stigma

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This is our monthly email bulletin, bringing together research to inform policy debates on health in developing countries.

The Health Reporter aims to provide readers with a more in-depth look at a particular area of health policy. This month's theme is [mental health and stigma](#). The bulletin also features summaries of new documents and other additions to the [Health Resource Guide](#)

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Feature: mental health and stigma

Mental and neurological disorders and behavioural problems affect 450 million people worldwide. They include schizophrenia, depression, Alzheimer's disease, epilepsy, anxiety disorders, alcohol abuse and dependence. In developing countries mental disorders account for 5 to 10 per cent of the burden of disease, yet government spending on mental health services rarely exceeds 1 per cent of national health budgets. In low income countries, formal mental health services either do not exist or are funded directly by patients through out-of-pocket payments.

Mental health remains a low priority on the global public health agenda partly because of the stigma associated with mental health disorders. Myths and misconceptions such as beliefs that people with illnesses are dangerous to others or that disorders are self inflicted, fuel negative attitudes and stereotypes. Consequently, stigma results in people being isolated by family members or the community, and makes them vulnerable to human rights violations such as discrimination in employment or education. In some countries, people with mental health disorders are prevented from getting married and having children.

Mental health legislation is important for ensuring that the rights of people with mental disorders are protected, that they are treated with dignity and respect, and that a sufficient level of high quality care is provided to meet their health needs and other requirements. Despite this, nearly a quarter of all countries have no mental health legislation. Implementation of progressive mental health laws is an important step towards tackling stigma. Other measures to reduce stigma and dispel misconceptions include: providing community-based mental health services; educating health professionals; making the public more aware about the causes, symptoms and treatment of mental health problems and promoting positive attitudes and behaviours.

For more information see:

- Mental health section on health resource guide
www.eldis.org/health/other/mental.htm/
- Denied Citizens: World Health Organisation feature on mental health and human rights
www.who.int/features/2005/mental_health/en/index.html
- 'Open the Doors' global programme against stigma and discrimination associated with schizophrenia
www.openthedoors.com/

Recommended readings on mental health and stigma

The treatment gap in mental health care

Authors: Kohn, R.; Saxena, S.; Levav, I.; Saraceno, B.

Produced by: Bulletin of the World Health Organization (WHO): the International Journal of Public Health (2004)

This article in the Bulletin of the World Health Organization examines the extent of the treatment gap for selected mental disorders. The treatment gap represents the difference between the true prevalence of a disorder and the treated population of individuals affected by the disorder. The paper discusses factors which might be obstacles to treatment including limited availability of services and lack of knowledge and stigma. It finds that the treatment gap for schizophrenia was 32 per cent. For other disorders the gap was: major depression, 56 per cent; bi-polar disorder, 50 per cent; panic disorder, 56 per cent; obsessive compulsive disorder 60 per cent. Alcohol abuse and dependence had the largest treatment gap at 78 per cent.

The paper concludes that the treatment gap across all the psychiatric disorders examined is wide. The rates presented are an underestimation as data does not exist for many developing countries where services are scarce. The paper discusses recommendations to address the treatment gap made by the World Health Organisation. These include: mental health treatment should be made accessible in primary care; the public should be educated about mental health; care should be shifted away from institutions and towards community facilities.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC23627>

Perception and beliefs about mental illness among adults in Karfi village, northern Nigeria

Authors: Kabir, M.; Iliyasu, Z.; Abubakar, I. S.; Aliyu, M. H.

Produced by: BMC International Health and Human Rights (2004)

This article, published in BMC International Health and Human Rights, reports on a study of knowledge, attitudes and beliefs about mental illness among adults in a rural community in northern Nigeria. The study found that the most commonly perceived symptoms of mental illness were aggression, destructiveness, being excessively talkative or behaving eccentrically. Other causes identified by the respondents included drug and alcohol misuse, divine punishment, sorcery or spirit possession. Approximately 46 per cent advocated orthodox medical care for the mentally ill, while 34 per cent preferred spiritual healing. Findings also showed that almost half the respondents had negative feelings towards the mentally ill. However, literate respondents were seven times more likely than non-literate subjects to view the mentally ill in a positive way.

The authors conclude that a better understanding of mental illness among the public is needed to address common fears and misconceptions, and reduce the stigma against mentally ill members of the community. They recommend educational programmes aimed at demystifying mental illness. They also suggest their findings may be useful to health policy-makers designing community mental health education programmes and services in existing primary health centres in Nigeria. [adapted from author]

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC15725>

How are mental health problems perceived by a community in Agaro town

Authors: Deribew, A.; Tamirat, Y. S.

Produced by: Ethiopian Journal of Health Development (2005)

This paper, from the Ethiopian Journal of Health Development, explores people's awareness of mental health problems and assesses their attitudes towards people living with these problems in Agaro town, Ethiopia. Participants perceived the symptoms of mental health problems to be: talking to oneself, sleep disturbance, strange behaviour and aggression. The paper finds that poverty, "gods will", evil spirits and stress were implicated as causes of mental health problems; only 15 per cent of people recognised major depression as a mental health problem, possibly because it has less severe manifestations than more overt mental health illnesses.

The paper also finds that less educated people had more negative attitudes concerning the marital prospects and work opportunity of schizophrenic patients; and also towards educational opportunities for people with epilepsy. The authors recommend that information, education and communication approaches should be used to teach communities about the symptoms, causes and treatment of mental health problems, and the roles of people with mental illness in society in order to change the irrational beliefs and negative attitude towards mental health problems.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC23623>

The global fight against the stigma of schizophrenia

Authors: Kadri, N.; Sartorius, N.

Produced by: Public Library of Science Medicine (PLoS Medicine) (2005)

This article in PLoS Medicine discusses the effects of stigma attached to mental illness. It argues that stigma is the greatest obstacle to the improvement of the lives of people living with mental illness. Stigma results in: a lower priority for mental health services; difficulty of getting staff of good quality to work in these services; social isolation of people diagnosed with a mental health problem; and poor quality of care for physical illness occurring in people diagnosed as having a psychiatric illness.

The paper discusses initiatives set up to reduce stigma relating to mental illness including the Global Programme Against Stigma and Discrimination Because of Schizophrenia by the World Psychiatric Association. Interventions to reduce stigma include: provision of information about schizophrenia; the introduction of specific legislation or rules for

the behaviour of selected target groups; support for the development of (physical) health services for people with mental disorders; and introduction of anti-stigma activities into the training of different types of professionals, for example psychiatrists, police officers and teachers.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC23624>

Beyond evidence: the moral case for international mental health (editorial)

Authors: Patel, V.; Saraceno, B.; Kleinman, A.

Produced by: American Journal of Psychiatry (2006)

This editorial in the American Journal of Psychiatry makes the case for more attention to be given to mental health. It argues that mental health is closely linked with virtually all global public health priorities, and that mental health interventions must be tied to any programme dealing with physical health. Clinical trials have demonstrated that treatments for illnesses such as depression, schizophrenia, and substance abuse, can work in developing countries. The article also describes how the human rights of people with mental disorders are violated, and how the "brain drain" of mental health professionals out of poor countries compounds the problem.

The authors call for a global mental health advocacy initiative that makes the moral case for the mentally ill. Mental health professionals in rich countries have an important role to play. Specific recommendations include: excluding mental illnesses from the Trade Related Intellectual Property Rights charter, which limits the ability of developing countries to produce cheaper generic versions of psychiatric drugs; and providing technical and financial support for hospitals, community care programmes, mental health literacy, and monitoring and enforcement of basic rights. It also suggests that mental health indicators should be used to evaluate the social impact of globalisation.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC22868>

Other recommended readings

Has the 2005 measles mortality reduction goal been achieved? A natural history modelling study

Authors: Wolfson, L. J.; Strebel, P. M.; Gacic-Dobo, M.; et al

Produced by: The Lancet (2007)

This article, published in the Lancet, describes efforts and progress towards the UN General Assembly Special Session on Children goal to reduce deaths owing to measles by half by the end of 2005, compared with 1999 estimates. It assesses trends in immunisation against measles and the provision of a second opportunity for measles immunisation. The paper finds that between 1999 and 2005, mortality owing to measles was reduced by 60 per cent. The largest percentage reduction in estimated measles mortality was in the western Pacific region (81 per cent), followed by Africa (75 per cent). Africa achieved the largest total reduction, contributing to 72 per cent of the global reduction in measles mortality.

The paper concludes that intensified large-scale vaccination efforts, particularly in priority countries with the highest burden of measles, have substantially decreased reported incidence of measles and the estimated number of deaths from measles worldwide. The achievement of the 2005 global measles mortality reduction goal is evidence of what can be accomplished for child survival in countries with high childhood mortality when safe, cost-effective, and affordable interventions are backed by country-level political commitment and an effective international partnership. [adapted from authors]

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Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC23474>

Progress for children: a report card on water and sanitation

Authors: UNICEF

Produced by: United Nations [UN] Children's Fund (UNICEF) (2006)

This issue of Progress for Children by UNICEF reports on whether the world is on course to reach Millennium Development Goal (MDG) 7, and the 2015 targets of reducing by half the proportion of people without sustainable access to safe drinking water and basic sanitation. It is estimated that unsafe water and a lack of basic sanitation and hygiene every year claim the lives of more than 1.5 million children under five years old from diarrhoea. The report finds that if current trends continue the world is on track to meet the target for access to safe drinking water. However in order to meet the sanitation target it is necessary to double the rate of improvement since 1990.

The report highlights disparities in safe drinking water and sanitation between urban and rural populations: globally, access to improved drinking water sources is 95 per cent in urban areas, compared with 73 per cent in rural areas. The urban divide in drinking water is at its widest in sub-Saharan Africa where 81 per cent of people in urban areas are served compared with 41 per cent in rural areas. The authors suggest several steps that should be taken to reach the MDG targets including: increase government funding of water and sanitation improvements; focus on essential and sustainable low-cost services; encourage household water security; and strengthen partnerships to help mobilise concern and commitment for action to achieve the MDGs.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC23312>

Partnerships for malaria control: engaging the formal and informal private sectors

Authors: HLSP institute; World Health Organisation

Produced by: HLSP Institute, UK (2006)

This review, conducted by the HLSP institute, examines the role of the private sector in malaria control. The private sector comprises all providers who exist outside the public sector whether their aim is philanthropic or commercial. The paper discusses key interventions for effective malaria control: insecticide treated nets (ITN) and malaria treatment; and assesses how they might be financed, distributed and accessed by end users. It finds that commercial markets for nets exist in many parts of Africa, but they are concentrated in urban areas. Provision of antimalarial treatment is dominated by the informal and formal private sector, and suffers problems including inefficiency, low quality commodities, and counterfeit drugs.

The document discusses options for engaging the private sector in malaria control. Ways of supporting consumers in using private sector providers include voucher schemes, verbal instructions and insurance schemes. On the supply side key options include pre-packaging of anti-malarial drugs; promotion of rapid diagnostic tests; social marketing. The paper concludes that policy makers need to acknowledge the role played by formal and informal private sector providers and integrate them as major actors in health sector development plans and strategies. Commercial sector production of nets is effective, but insecticide treatment requires public-private partnerships and policy interventions to ensure greater equity in access.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC22712>

The economic divide and tuberculosis

Authors: van Helden, P.D.

Produced by: EMBO Reports

This article, published in EMBO Reports, examines the links between social inequality, poverty and tuberculosis (TB). It traces the history of tuberculosis and notes that the differences between previous epidemics and the current situation include the global extent of the problem, density of human population, globalisation and extensive population movements, and the HIV epidemic. It describes how TB epidemics can increase in size rapidly, particularly in an environment where immune systems are suppressed due to HIV, poverty and malnutrition, such as in sub-Saharan Africa. For instance, in Zimbabwe in 1990, 100 people per 100,000 had had TB, but by 1996 this had increased to 300 per 100,000.

The article argues that medical intervention at the individual level will not solve the problem of TB. Instead there must be the political will to address the problems of poverty, inadequate health care and inequality. Specific recommendations include differential drug pricing, on the basis of each country's per capita income; and providing incentives to form partnerships such as the Global Alliance against Tuberculosis, to encourage companies and countries to control the disease and to develop new drugs and vaccines. Finally, the author argues that biomedical researchers need to strengthen their interaction with public health services.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC22544>

Mobilising financial resources for maternal health

Authors: Borghi, J.; Ensor, T.; Somanathan, A.; et al

Produced by: The Lancet (2006)

This paper is part of a Lancet series of articles about maternal survival. It begins by making the case for investment in maternal health and then considers how financial resources can be channeled to maternal health within countries. The paper examines the limitations and successes of conventional financing mechanisms including user fees; tax revenue; and insurance. It also highlights some alternative methods in providing quality care and ensuring access to the poor such as conditional cash transfers (providing money to individuals or households, which is conditional on their use of pre-specified services); and voucher schemes.

The paper concludes that there is a strong case for public investment in maternal health in view of its multiple health and social benefits and current investment in maternal health is insufficient to meet MDG-5 (to improve maternal health). User fees have impeded access to maternal health care, especially for the poor. The authors recommend that substantial resources are needed to scale up coverage of maternal health services and to create demand for these services through appropriate financing initiatives. Donors will need to pledge substantial increases in financial contributions for maternal health in low-income countries to help fill the resource gap.

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