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Mental disorders, health inequalities and ethics: A global perspective

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INTRODUCTION

- The global burden of neuropsychiatry diseases and related mental health conditions is enormous, underappreciated and under resourced, particularly in the developing nations.

- The high prevalence of common mental disorders and the disabling effect is a worrying trend that should be reversed.

- Absence of adequate and quality mental health infrastructure, workforce and existing inequality is gaining global attention.

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- The ethical implications of inequalities in mental health for people and nations are profound and must be addressed in efforts to fulfil key bioethics principles of medicine and public health: -
  - ✓ respect for individuals (human rights)
  - ✓ justice, beneficence (individual benefit)
  - ✓ non-malfeasance (do no harm.)

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KEY ISSUES IN GLOBAL MENTAL HEALTH

1. Burden of mental disorders

- Annually, about 30% of the population worldwide is affected by a mental disorder and over two thirds of those affected do not receive the care they need.

- Depression, alcohol and substance abuse and psychoses are among the most prevalent conditions.

- Mental health problems have major economic and social cost.

- Many nations have limited capacity (e.g. infrastructure, workforce, resources) needed to assess, identify and treat mental health disorders.

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2. Ethical and human right injustices

- Human rights and social justice frameworks are critical in understanding and addressing mental health inequalities.
- In many nations, limited or no policies exist to address basic needs and human rights of people with mental illness.

3. Mental health inequalities and unmet needs

- Poverty increases the risk of developing mental disorders
- Unmet mental health needs contribute to profound suffering and deaths largely because people cannot access needed treatment.
- Shortage of mental health providers and resources result in unnecessary institutionalization of people with mental illness
- In most developing nations, the burden of caring for people with mental illness disproportionately falls on women and children.

4. Integration of mental health into primary health care services

- In many developing nations, mental health services are provided at the tertiary level.
- The majority of individuals with mental disorders and their families live in overt poverty.
- Extreme and growing shortage of mental health workers further compounds the problem of access to mental health services.

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5. Impact on economic development

- Mental disorders significantly impair economic growth through their effects on labour supply, earnings, participation, and productivity.

- Unmet mental health care needs are associated with increased risk of social problems (e.g. school dropout, alcohol and drug use, disability, unemployment, unsafe sexual behaviors, crime and poverty).

- Mental health promotion is an integral part of health promotion theory and practice where persons with mental illness need affordable, available, accessible, and appropriate sustainable mental health services for them to continue education (children and youth) or remain in an economic sustaining livelihoods (employment).

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6. Mental health data

- Lack of reliable mental health data within and across nations is pervasive and a critical barrier in addressing unmet mental health needs.
- Limited data hinder better understanding of mental health needs, limit policy, interventions, and resources needed to address mental disorders.
- Data limitations put mental health needs on the back burner of policy development and resource allocation.
- Better collection of mental health data are needed in the developing nations and among rural and racial groups in developed nations.

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THE DILEMMA

- Shortage of resources - It is highly unlikely that Low and Middle Income Countries (LMIC)will catch-up with a High Income Countries (HIC)in the foreseeable future.

- Even the HICs as they are today have not completely bridged the treatment gap which stands at 35-40% as opposed to 85-95% in LMICs.

- On the other hand, we in LMIC have a demand for services that **cannot wait for tomorrow**

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THE DILEMMA – cont…….

- We cannot afford neither is it ethical to opt to wait for that time when we will catch up with HICs in terms of resources.

- The context in HICs and LMICs are not the same nor can we copy and paste models that are applicable in HICs.

- **This is the real challenge and dilemma - in fact, it is the real ethical issue we have to face today and not tomorrow when it comes to mental health.**

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SOLUTIONS

- We have to do with the resources that we already have.

- We have to be innovative and find solutions that are context appropriate .

- Perhaps we should focus less on pity partying and whining that we do not have the resources found in HICs and instead focus on what we have in our hands.

- This has been the thrust of our research at Africa Mental Health Research and Training Foundation (AMHRTF) with very encouraging initial results.

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