

Editorial

Mental Health Services Rooted in Primary Care: Why is this so relevant for Pakistan

I Q MIRZA

Department of Psychiatry, St. Bartholomew, The Royal London Hospital, Stepney Way, London

Correspondence to Dr. Ilyas Mirza, Specialist Registrar in Adult Psychiatry E mail. ilyasmirza@ntlworld.com

World Health Report 2001, Mental health: New Understanding, New Hope¹ was launched on 10th October 2001. World Health Organisation devoted this first report of the 21st century to highlight the burden of mental disorders, as it is envisaged that these will present a major public health challenge in the future. The report highlights much that is already common knowledge for mental health professionals, that is mental illness is common, 1 in 4 or 25% of the population will suffer from a mental health problem during their lives. World Health Report 2001 makes ten recommendations to improve mental health with three "scenarios for action" according to varying level of national resources. The recommendations include provisions of service in primary care, involving communities and care in the community. In addition, the report emphasizes the need for availability of essential psychotropic drugs, the importance of educating the public, supporting research, establishing national policies and programmes, linking with other sectors and developing human resource.

Over the last decade, a lot of evidence has accumulated regarding costs of mental disorders to the individual and society. In their classic Global Burden of Disease (GBD) study, Murray and Lopez² highlighted the previously underestimated burden of mental disorders. Following the incorporation of disability into disease burden estimates, mental disorders ranked as high as cardiovascular and respiratory diseases and exceeded all malignancies combined or HIV. The study projected that depressive disorders will be the second commonest cause of disability by 2020 and of the ten commonest causes of disability, five belong to the category of neuropsychiatric disorders. Thus this influential study provided justification for greater investment in treatment and recognition of neuropsychiatric disorders.

Two issues make this report particularly relevant to Pakistan. Firstly, research evidence of psychiatric morbidity from Pakistan; secondly, known association between poor prognosis of physical disorders with psychiatric comorbidity. These are summarised below.

Research from Pakistan, despite limitations, point towards a high prevalence of common mental disorders (a term used to denote depressive and anxiety disorders). Community studies report a prevalence estimate varying from 28% to 66% depending on the methodology used^{3,4}. Associated factors include those in common with physical

disorders like poverty and level of income; (highly relevant in a country like Pakistan) and specific to mental disorders such as size of the household and life event^{4,5}.

The interdependent nature of physical and mental illness is made explicit in the World Health Report. Mood symptoms are quite common during the course of an acute physical illness. These may impede recovery from an acute episode of physical illness. In addition, mental disorders are independently associated with the development of certain physical illnesses e.g., cardiovascular disease with depression, anxiety and schizophrenia; reduced bone mineral density in depressive disorders⁶. In the case of severe mental illness, almost all the physical systems are affected⁷. With these advances in our understanding of the intimate relationship between mental and physical disorders, we cannot ignore one at the expense of the other.

International standards of medical education require that all fresh medical graduates are able to detect and treat common mental disorders and this is also reflected in the medical curriculum in Pakistan. It is based on the realization that no country can afford to train enough psychiatrists to provide effective treatment for common mental disorders and the main emphasis needs to be treatment in primary care. The majority of these disorders can be treated effectively in primary care with only a small number of more complicated cases needing referral to psychiatrists.

There is a need for greater awareness of the importance of recognition and treatment of these disorders. Every medical professional in Pakistan has an important role to play in efforts to control this emerging epidemic. This can be done by public education of the consequences of these disorders and taking a lead in efforts to reduce the stigma associated with them. The report gives a simple message: every fourth person will sometime in their lives suffer from these disorders, but with our new understanding of these disorders, we can give new hope as healers.

An interested reader can refer to the detailed report available on the web at www.who.int/whr.

References

1. The world Health Report: 2001: Mental health: new understanding, New Hope, World Health Organisation: Geneva, 2001.

Mental Health Services Rooted in Primary Care: Why is this so relevant for Pakistan

2. WHO and World Bank. The Global Burden of Disease (ed. C.J.L. Murray and A.D. Lopez) Published by the Harvard School of Public Health on behalf of the World Health Organisation and the World Bank: Cambridge: MA.
3. Mumford DB, Nazir M, Jilani F et al. Stress and psychiatric disorder in the Hindu Kush. *Br. J Psychiatry* 1996; 168: 299-307.
4. Rabbani R, Raja FF. The minds of mothers: maternal mental health in an urban squatter settlement of Karachi. *Journal of Pakistan Medical Association* 2000; 50: 306-312.
5. Rabbani R. Views about women's mental health: study in a squatter settlement of Karachi. *Journal of Pakistan Medical Association* 1999; 49: 139-142.
6. Dinan TG. The physical consequences of depressive illness. *BMJ* 1999; 318: 826.
7. Mirza I, Phelan M. Managing physical illness in people with severe mental illness. *Hospital Medicine*: in press.