

# Mental Health- Importance, Burden and Impacts

Public Mental Health in Nepal: Training of District Public Health Officers

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# Mental Health

- Helps determine how we handle stress, relate to others and make choices.
- Affects how we think, feel and act.
- Includes our emotional, psychological and social well-beings.
- Important at every stage of life from childhood and adolescence through adulthood.

# Prevalence of Mental Health

- Prevalence: 1 in 4 in lifetime, ¼ of disabilities
- Importance of DALY in revealing burden of NCDs, including mental health
- Mental health problems are major contributor to global burden of disease (13%)
- Depression is the single largest contributor to non-fatal burden (disability) and fourth leading cause of disease burden (in DALYs) globally; is projected to increase to second leading cause of disease burden in 2030.
- 1.1% of total DALYs lost are because of schizophrenia. 2.8% of total years lived with disability are due to schizophrenia, since the disorder is associated with early onset, long duration, and severe disability.

# Prevalence of Mental Health

- In Nepal, 25-30% of OPD patients, more than 85% untreated
- Mental health problems are major contributor to global burden of disease (13%)
- In Nepal, NCDs account for 60% total burden of disease and mental health represents an estimated 18%
- The number of suicides in women of a reproductive age increased from 22 per 100,000 in 1998 to 28 per 100,000 in 2008[a].

# Drivers of increasing burden of NCDs/mental health problems

- Aging population
- Demography and medical geography, epidemiological transition is a phase of development witnessed by a sudden and stark increase in population growth rates brought about by medical innovation in disease or sickness therapy and treatment, followed by a re-leveling of population growth from subsequent declines in fertility rates.
- "Epidemiological transition" accounts for the replacement of infectious diseases by chronic diseases over time due to expanded public health and sanitation. This theory was originally posited by Abdel Omran in 1971

# Epidemiological Transition

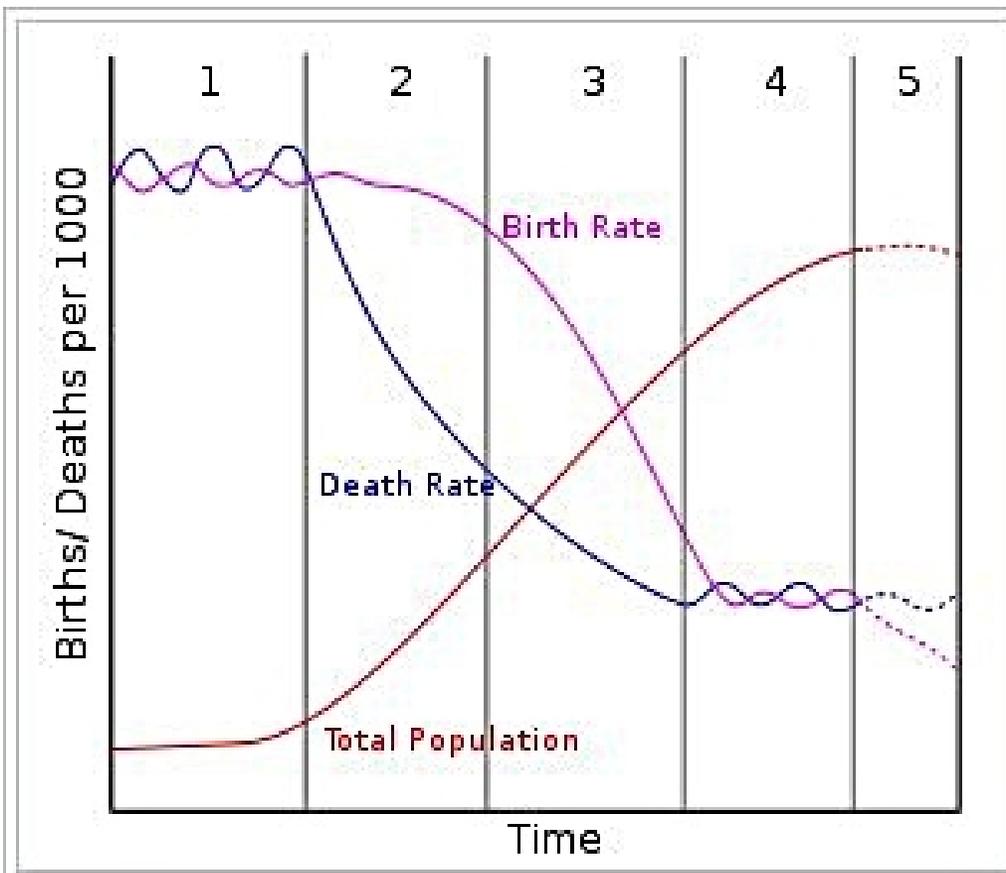


Diagram showing sharp birth rate and death rate decreases between Time 1 and Time 4, the congruent increase in population caused by delayed birth rate decreases, and the subsequent re-leveling of population growth by Time 5.

# DALY (Disability-Adjusted Life Year)

- Mortality does not give a complete picture of the burden of disease borne by individuals in different populations. DALYs was developed in the 1990s as a way of comparing the overall health and life expectancy of different countries.
- It is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death.
- DALYs= The sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability.

# DALY (Disability Adjusted Life Year)

## DALY

Disability Adjusted Life Year is a measure of overall disease burden, expressed as the cumulative number of years lost due to ill-health, disability or early death.

$$= \text{YLD} + \text{YLL}$$

Years Lived with Disability + Years of Life Lost

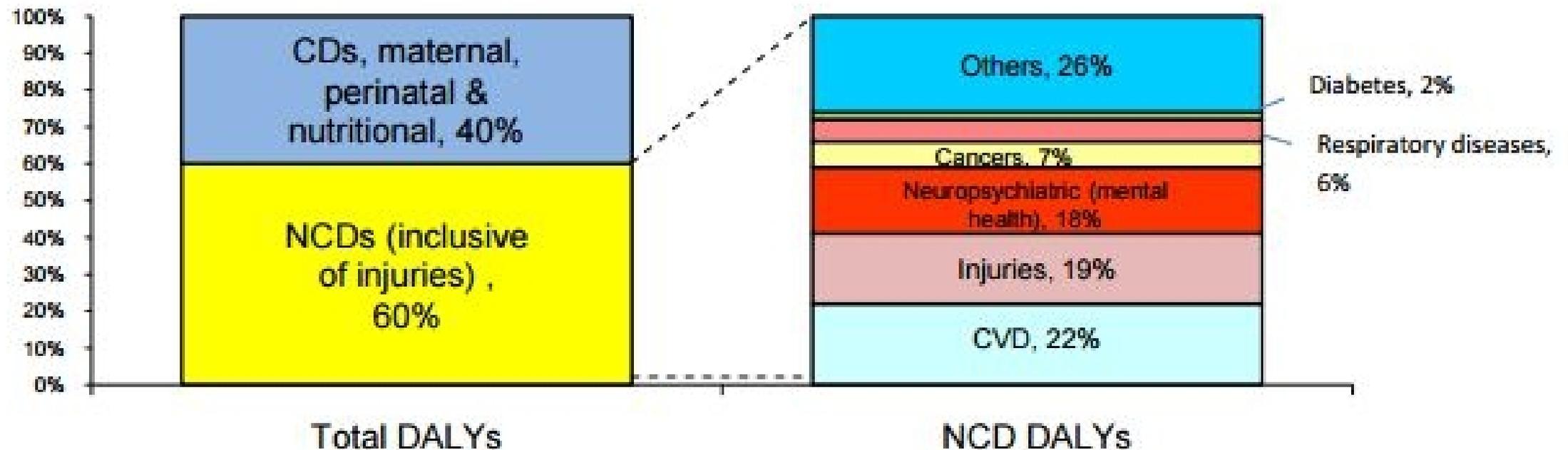


# DALY (Disability-Adjusted Life Year)

- One DALY represents the loss of the equivalent of one year of full health.
- Globally, The proportion of total DALYs borne by children under 15 years old globally declined from 40% in 2000 to 30% in 2012,
- But adults aged 15-59 years old found 43% of total DALYs in 2012 (up from 38% in 2000), and people aged 60 years and older found the remaining 27% (up from 22% in 2000).
- It is the summary measure used to give an indication of overall burden of disease.

# Major Contributor of Burden of Diseases

**Figure 2:** Pattern of overall DALYs (age standardized) and NCD related DALYs in Nepal, 2004



Source: World Health Organization, Global Burden of Diseases [http://www.who.int/healthinfo/global\\_burden\\_disease/estimates\\_country/en/index.html](http://www.who.int/healthinfo/global_burden_disease/estimates_country/en/index.html)

# Drivers of increasing burden of NCDs/mental health problems cont.

- Globalization of economic process
- Urbanization
- Dietary transition: unhealthy diet, tobacco, alcohol
- Lifestyle : Physical inactivity

# Impact: Health

- Mental disorders often affect, and are affected by, other diseases such as cancer, cardiovascular disease and HIV infection/AIDS.
- For example, there is evidence that depression predisposes people to myocardial infarction and diabetes, both of which conversely increase the likelihood of depression.

# Economic impact of mental health problems:

- Disability
- Reduced productivity,
- Illness cost
- There is a two-way link between Mental Health and household poverty. Poverty exposes populations to risk behaviours and poor health outcomes; Mental Health in turn exacerbate poverty due to expenses incurred on unhealthy behaviours, expenses on health care and loss of wages.

# Social impact:

- A good quality of life was characterized by the feeling of being in control (particularly of distressing symptoms), autonomy and choice; a positive self-image; a sense of belonging; engagement in meaningful and enjoyable activities; and feelings of hope and optimism.
- Conversely, a poor quality life, often experienced by those with severe mental health difficulties, was characterized by feelings of distress; lack of control, choice and autonomy; low self-esteem and confidence; a sense of not being part of society; diminished activity; and a sense of hopelessness and demoralization.
- Reduced quality of life, happiness & productivity suffer

# Impact on Development

The macroeconomic burden is also enormous and includes health care costs, loss of productivity due to premature deaths and decreased gross domestic product (GDP).

There is significant evidence that untreated mental illness negatively affects economic development at a societal level

# Calls to Actions

- World Health Report 2001– Mental Health: New Understanding, New Hope
- Mental Health Gap Action Programme (mhGAP) for scaling up care for priority mental, neurological, and substance use disorders
- Sustainable Development Goals (SDGs) for 2030

# Video Show

“WHO: Introduction to Mental Health” (5.24)

Queries?

Thank You