

34th lecture:

Mental Health

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Headlines:

- General reflections
- Magnitude of the problem
- Classifications
 - Disorders
 - Etiology
- Prevention and control
- Integration into PHC



Management History of Mental Disorders Europe / USA

- 1600 → chains and **confinement in prisons**
- 1700 → **bloodletting, swinging chairs**
- 1800 → **public viewing for entertainment** they were put for people to watch them
- 1900 → **asylums, above treatments banned**
- 1900 → **sterilization** because they thought that these disease are genetic and they didn't want them to spread, **overcrowded institutions, insulin coma, electroconvulsive therapy**

Bloodletting (or **blood-letting**) is the withdrawal of often small quantities of blood from a patient to cure or prevent illness and disease.

Asylums: Shelter or protection from danger.

USA President Kennedy commitment 1963

- He said that **600,000 people** in private/public institutions were **affected by the harsh conditions** on a daily basis.
- He argued; that **people with mental illness could live in more natural community settings**; suggesting Congress to **allocate funds to train more mental health professionals, to build more programs and facilities and to continue research.**
- His **goal** was to reduce by 50 percent the number of patients in state mental hospitals in 10 to 20 years.
- As a **result** of Kennedy's legislation, **the number of patients in state mental hospitals declined by 62 percent by 1975.**

In 1963, there used to be theaters and drama movies about mental diseases.

Mental Health Act

- The **Mental Health Act 1983** (UK) which applies to people in **England and Wales**. It covers the reception, care and treatment of mentally disordered persons, the management of their property and other related matters. In particular, it provides the **legislation** by which people diagnosed with a **mental disorder** can be detained in hospital or police custody and have their disorder assessed or treated **against their wishes**.

Now

- Today, we use the Diagnostic and Statistical Manual (DSM) of Mental Disorders **to help diagnose patients**. While the DSM says nothing about treatment, there is hope that a proper diagnosis will lead to proper treatment. Research is continually changing what we know about the causes and treatments of mental disorders.
- We need to respect and protect the person who may be suffering.

Teaching and Learning Aims

- There is ignorance, superstition, stigma and fear around Mental Illness
- Etiology, pathogenesis diagnosis and treatment are imperfect.
- There is a different paradigm and a less rigorous epidemiology

Often sad, sometimes mad, occasionally bad

- The medical model is:
 - **Insufficient**
 - **Diagnosis is largely clinical and experiential**

More of an art than a science

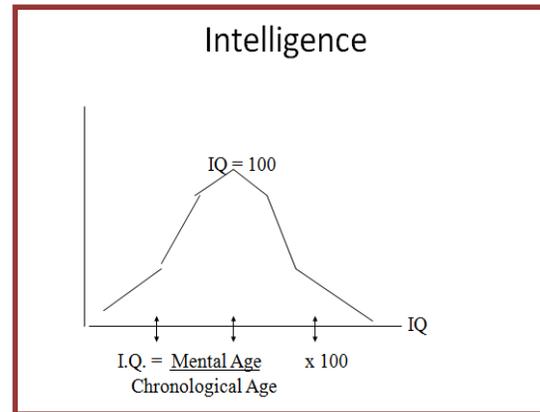
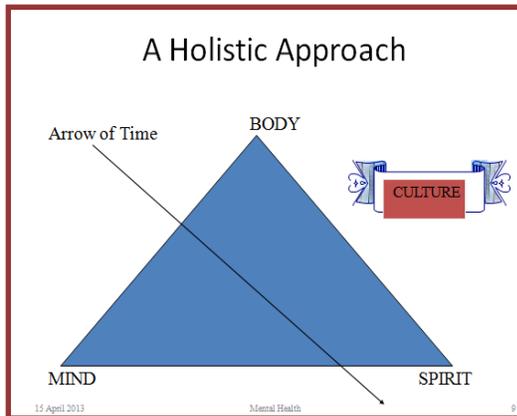
- Treatment is *pragmatic*
- Prevention is about the politics of health
- “populations, people pressures, poverty”

Mental Health is a worldwide problem

We are all vulnerable

KSA Estimates

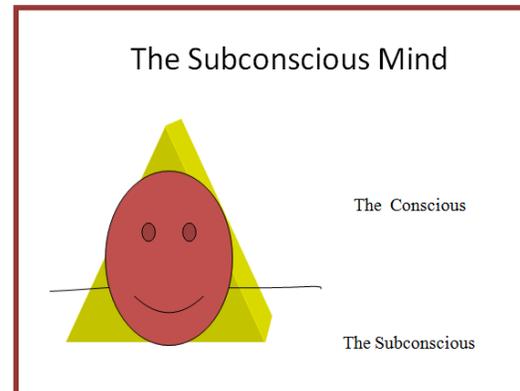
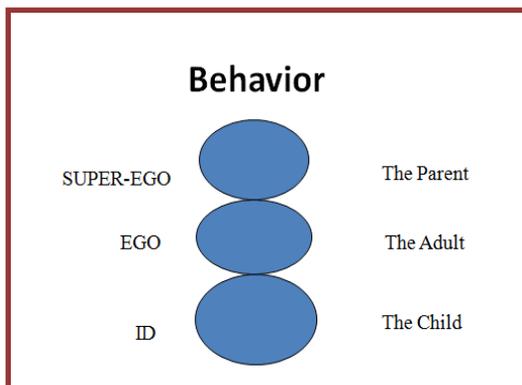
- Riyadh: 30 – 40 % of PHC patients had mental disorders (mostly undiagnosed)
- Al-Khobar: 22 % of health clinics patients had mental health disorders (8 % diagnosed)
- Central province: 18 % of adults with minor disorder, with rates higher among:
 - Young: 15-29 years (23 %)
 - Divorced and widows (40 %)
- Suicidal rates: 1.1 per 100,000 mostly among:
 - Men
 - Age: 30-39 years
 - Immigrants



- Holistic approach: it catches between mind, body and spirit within the culture you're living in. so if the culture is highly competitive; this balance could be disrupted. Also, spiritual health supports the physical health so it should be looked after.
- Intelligence: this is an intelligent caution where it compares the IQ to the age.

Personality

- Each human being is unique
- We all have different personalities
- My personality reflects genetic inheritance and Environment



- Behavior: each person has a child, an adult and a parent in him/her.
- The subconscious mind: the subconscious takes over even if you don't admit it.

Classification of Mental Illness (1)

The Neuroses: e.g. depression, anxiety, mania, obsessions and compulsions (usually the patient retains insight and orientation; they experience deep distress and may commit suicide)

The Psychoses: e.g. schizophrenia, puerperal psychosis (the patient is disorientated, deluded, and lacking in insight)

The Dementias: e.g. progressive deterioration with loss of recent memory and deterioration of a

normal personality. They may be primary or more commonly secondary to another condition e.g. alcohol, cerebro-vacular stroke.

Classification of Mental Illness (II)

- Affective Disorders: Anxiety, depression, mania, obsessional disorders
- Schizophrenia: Simple, Hebephrenic, Catatonic, paranoid
- Organic states: Delirium, dementia
- Personality Disorder: Abnormal personality, Psychopathy
- Substance abuse problems: Drugs, alcohol
- Learning disorders: Subnormality

Classification of Mental Illness (III)

- **Drug Problems**
 - Addictive drugs, (Heroin, Cocaine, Amphetamines,) alcohol and drug related illness- psychosis, delirium and dementia
- **Personality Disorders**
 - A personality and behavior that is damaging to the individual and/or to society and which is not tolerated by the dominant culture
- **Mental subnormality / learning disorders:**
 - Problems around intelligence and ability to learn on the basis of teaching and experience

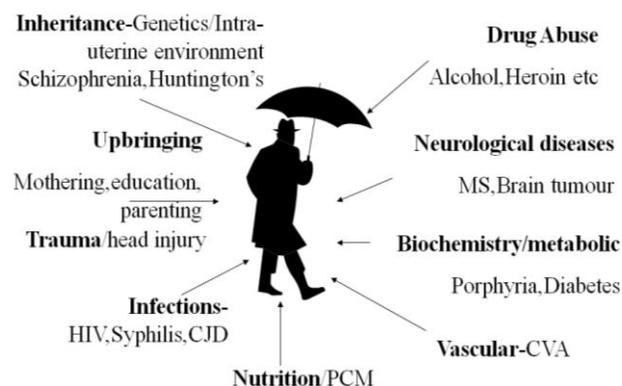
Mental Handicap/learning disability:

The mind of a young child in the body of an adult

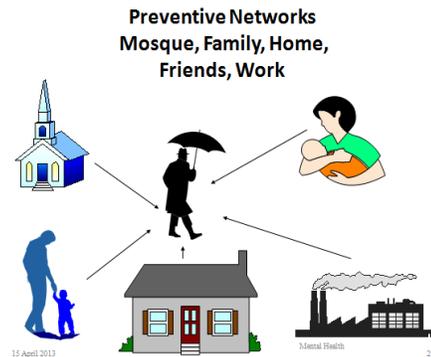
Etiology of Mental Illness (I)

- Multiple factors (individual, family and community)
- Genetic factors
- Social / environmental factors (e.g. stress, deprivation)
- Physical factors (e.g. trauma, disease as: syphilis and pellagra)

Etiology of Mental Illness (II)



Prevention and control



Integration of Mental Health into PHC

- The morbidity burden is great
- Mental and physical health problems are interwoven
- Treatment **gap is enormous**
- PHC care for mental health
 - Enhances success
 - Promotes respect for human rights
 - Is affordable and cost-effective
 - Generates good health outcomes

Prevention of Mental Illness

- Protection of the very young (promotion of family life)
- Prevention of social stress and insecurity
- Protection of the aged who may suffer from cerebral degeneration, depression and/or psychopathic states
- Prevention of brain damage
- Public education in mental health
- Premarital consultations and medical examination
- Provision of suitable institutions
- Legislation as regards drug abuse, compulsory admission to residential hospitals and guardianship
- Rehabilitation

Learning new languages and mathematics prevents mental disabilities.

Treatment and care: hospital based and community based.

Management and Care



Hospital Care



Community Care

KSA Mental Healthcare Facilities

Facility	Number	Beds
MoH Psychiatric Hospitals	14	30-120 each
Al-Taif Hospital	1	570
Military, National Guards and University Hospitals		165 total
Private Hospitals		146 total
Hospitals for R of Drug Dependence	3	280 each
Departments / Clinics attached to General Hospitals	61	20-30 each

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