

Mental health planning: A public health need

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THE developments in the field of mental health over the last three decades have seen a rising interest, albeit very slowly, in integrating mental health services with public health discipline. While outgrowth and practice of public health principles gained an unreported strength and effectiveness almost everywhere in the globe over almost whole of twentieth century, the mental health remained in a world apart, expropriated in the remote corners of mental hospitals, and in the hands of handful of professionals and overwhelmingly traditional healers. The necessity for finding out a comprehensive planning in that effect has been realised only after a long struggle to find out solutions to the illnesses and related dysfunctions. Research efforts over decades revealed that, like in public health measures, many preventive strategies in case of mental illness may be lying in the fabrics of our everyday living. Epidemiological data available from both developed and developing countries suggest that the toll of mental dysfunction is huge enough to pose a public health problem. Despite the accomplishments of past few decades, we would really have major problems in our efforts to reduce the prevalence of mental disorders and associated disabilities, and all treatment strategies would end up in a futile venture, if above facts remain unattended.

In order to address the public health issues related to mental health, I would try to focus on two very specific components: requirements for a comprehensive public mental health planning and the constraints one has to address. A comprehensive mental health planning, at this stage, in this country essentially needs developing core functional units and supplementary systems of care. In formulating such a planning, one has to take in account the reality that ground in this country to develop such a strategy is not that fertile as it happened in North America and Europe. The earlier developments in those countries that facilitated later transformation of strategic planning are either absent or in a very rudimentary stage of its development in our situation. A balanced public mental health planning would require changes in certain key operating areas viz. administrative structure and system, manpower development, treatment options and modalities, service delivery strategies, consultation strategies, prevention initiatives and finally, educational intervention and awareness campaign.

Changes in administrative structure and system should be a dynamic process depending on the context, and at times it is demand driven. It may need considerable time and effort in the face of budgetary constraints and increasing service loads. However, administrative changes always require taking substantial care so that the most vulnerable and needy segment of the population do not remain unaccessed and unserved. In order to achieve a more transparent and responsible utilisation of public funds and to protect basic rights of the people what is needed at the outset is a careful need assessment, establishment of priorities and to develop timely planning with community and people's participation. An objective management paradigm should rationally address management information and record system, stringent work and employee supervision, human

time bound requirements. In addition, there should be broadened utilisation of paraprofessionals, non-professionals and indigenous workers. Above three categories of people may perform many useful tasks in a variety of settings in intake, outreach services, after-care, and also in community care programmes. Indigenous workers in particular not only complement the services of professionals but also can develop and reach new local need-based services at the doorstep of people at a lower cost. However, the services would only become useful if the workers are carefully screened, their tasks are carefully selected, and adequate measures are taken for their motivation, orientation to their duties, pre- and in-service training and effective supervision of their activities. Attitude, functional values and capacity to develop, among others, should be priority criteria for selection of

ing and expanding of social and emotional rehabilitation resources to ensure community based after-care support programmes for many with chronic disability. Therefore, the mental health treatment planning of these days would not be complete without a comprehensive mandate for psychosocial rehabilitation within the purview of available resources in reach of one's own community. There should be a judicial balance between different modalities of treatment.

Service delivery strategy in the field of mental health in this country could move very little beyond institution based care, where more severe conditions get its priority. A complete planning should have commitment to provide services for all kinds of disorders at any level of severity. Identifying and providing services for milder disorders needs increased competence of professionals and paraprofessionals, and

component in comprehensive mental health community programmes.

Prevention in mental health is relatively a new concept. Over the years, prevention received only a desultory support from the governments and professionals of even developed countries. Prevention does not only mean primary prevention. Secondary and tertiary prevention can bring many cost-effective consequences in the care of mental illnesses. In our situation, small and low-cost prevention initiatives may be instituted and tried. Ingenious ways may be devised to lower the stressor loads on groups of vulnerable or exposed population in workplaces or similar other situations. Similarly, services may be innovated and tested with the aim to build up coping mechanisms or emotional resilience in times of crisis. New models of preventive interventions are being forged and

policy levels, there is more concern about the grueling business of popular public health issues and any new addition may appear unrealistic and often difficult to accommodate. Popularising a new emerging issue may take its own time and it may need patient persuasion. The scale of reckoning at both service provider and consumer level may not find long-term strategic planning, as it is required in many mental health issues, worthy enough for a visible impact. Contributions of professionals are often not given due recognition and bureaucratic stereotype may not yield a purposeful planning scheme. There are many myths prevailing in our society about the treatment outcome of mental illness and evidence about the effectiveness of psychiatric treatment is not usually a common knowledge. Therefore, investment of time and financial resources may appear, to many people, as wasteful. Epidemiological evidence of country prevalence of different mental disorders is scarce and lack of adequate data may be enough reason for not getting a priority in planning and intervention. Moreover, mental illnesses are not an epidemic and the mental health as a discipline remained poorly attended for a long time. Thus, at decision making level, whatever data is available may be met with quiet resignation and there may be very little initiative to act. There are overt hostility and attitudinal antagonism against the mental health issues among other medical disciplines, and resulting fallacy that mental health is competing with other health problems may appear more damaging.

There is no easy answer to problems of health and illnesses. It is also true for mental health. In fact, mental health component of national health programmes is, in reality, of decisive importance for community health promotion. The social and political processes have as much to do as would mental health expertise. The purpose of all our efforts for an effective planning, taking into consideration the inherent constraints, is to provide humane and effective care to the mentally ill. We cannot deny that there have at least been some progresses over the years in some parts of the world, and if a decisive planning is in place, things will be better in the years to come in our situation also. As more effective planning is done, more issues will unfold. Then if basic public health philosophy and methods are taken into cognisance, the accomplishments will be easier.

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resource development and appraisal of programmes, periodic programme review and outcome evaluation, assessment of quality of care and human rights issues. All the deliberations, operations and utilisation of funds should be more open to community review and public accountability. This kind of changes cannot be brought in for any single discipline in isolation. It would need a comprehensive planning and holistic interagency and interdisciplinary coordination and collaboration. Coordination and collaboration at different levels would include working together of mental health services and other community agencies in the services for mentally ill, and designing and implementing mental health delivery systems in such ways as to promote interagency complementarity.

One of the priority issues requiring much of the attention at the policy level is the effective development and utilization of mental health manpower. It needs training and professional education, both basic and continuing. Updating of manpower development need entirely depends on periodic operational research to that effect. There should be consistency between demand and supply indicators, and manpower development planning and training should serve the purpose of

such categories of people. Periodic upgrading of manpower development plans is all the more important because of the changing trend in the field of mental health. Some of the important changing trends are new techniques of intervention, deinstitutionalisation and development of outpatient and community services, development of self-help and community support groups, provisions for rehabilitation and restoration of patients to community settings, more acceptability and increased rush of people to the mental health facilities, and redefining legal aspect of mental illness and their consequences, to mention a few.

The dichotomy of explaining human behaviour and its dysfunction purely on the basis of either psychological or biological anomaly alone created a major hindrance in the progress of treatment scope of mental illnesses. The advent of psychopharmacological provisions brought in a balance in the use of biological and psychological treatment modalities. Psychopharmacological research in fact opened the door of new thinking about the relationship between biological and psychological paradigms. There is also additional insight that biological or psychological interventions alone or together may not be enough for many of the sufferers. It also needs strengthen-

ed evaluated compassion of rest of the community. In order to respond to increasing public expectations and heightened people's demand, and also to merit public trust and support, a series of provisions should be included in expanded service planning. In current prevailing situation of service delivery, significant proportions of population with mental health needs are not able to seek necessary services from health agencies. Therefore, making consultations available and accessible should be a key issue in all the service delivery strategies. In the face of budgetary and manpower constraints, the only better option available is to integrate mental health services with other human service agencies, for many of the loads of multi-problem cases carried by those agencies are recognisably mental health related. Individual case-centred service planning, especially in the case of mental health, may not reach majority in need of such services, rather identifying problems in the areas of people's functioning may contribute in identifying many mild and moderate cases. Programmes may be developed with such a principle and that may be supplemented by provisions for training, diagnostic evaluation procedure and progress appraisal services. Problem based consultation may become an important

evaluated, and accordingly new interventions are being designed to protect the vulnerable population. The thematic perspective of all those intervention strategies is to anticipate and prepare for expected life crises, and to promote psychological growth and the capacity to cope with or endure stresses.

It is not too long ago that mental health educational interventions were considered ineffectual and evanescent. Research findings and their application, time and again, proved that educational intervention not only increases the impact of services on those who are in need, but also augments the acceptability and participation of community people in the services. Educational intervention would not need a separate programme development; it may be easily integrated or diffused into many existing popular educational and awareness programmes.

An essential prerequisite for developing time bound situation specific mental health planning is to identify and recognise the inherent constraints from national perspective. Developing countries like one of ours are faced with multiple health problems where mental health may not get its due cognisance. Moreover, the discipline itself is not yet free from stigma and taboos. At decision making and

Ramadan promise

NAZNEEN HUSSAIN

THE holy month of Ramadan is here. You must be knowing the significance of this special month. The Holy Quran was revealed by Allah-Suob-Hana-wa-taalaa through the Angel "Gebraiel", (as known to Christians) to Prophet Mohammed (peace be upon him). It was sent in stages to be revealed to the entire mankind (not just Muslims). The Holy Quran itself is a miracle and a clear guidance to the entire human race. Even non-Muslims who once read the God's Messages with an open mind admit its universal appeal. We all worship

only one God who is not the God of yours or mine; He is the true and only lord of the universe — belongs to you, me and all of us. There is no other gods besides him.

Significance of number 40: The number 40 has a great significance to all most all religion and faiths and also in HIS creation. It was raining continuously for 40 days during prophet Noah's journey with the Ark. Prophet Moses (peace be upon him) was in the Mount Sainai meditating for 40 days to see God. According to the Christian faith, Issa (Jesus Christ) (peace be upon him) was in the wilderness for 40 days. Prophet

Mohammed (peace be upon him) received his prophet hood at the age of 40 and soon...

Full maturity of a person comes during 40(s), the formation of human life in mothers' womb changes its stages in every 40 days, blood cells in our body also live for around 40 days once it is produced from our bone marrow.....

What is a "Ramadan promise" ? The "Ramadan Promise" is a device or mechanism to practice (consciously and continuously) by an individual for 40 days including 29 or 30 days of Ramadan to remove few bad habits he may have in him and replace it with few good habits. The skill helps a believer to replace his/her one bad habit at a time with at least one good practice during a period of one-year (may be Ramadan to Ramadan). If one can sincerely implement this skill (to keep his/her promises) at least for 40 days then this noble practice becomes part of one's habit by the grace of Allah and remains with him/her for the rest of his/her life. One can witness the fruits of "Ramadan promises" in this life as well as in the life hereafter.

Give up at least one bad habit for good: Quitting any one of the bad habits within a year could be a personal achievement to a person. Undesirable habits like smoking, drinking, gambling, lying, taking bribes, backbiting, breaking promises, wasting (own and others) time, being selfish, bad-tempered, making funny comments to hurt some one's feelings, coming late to and going early from work, doing injustice to others etc. Few more bad habits may be added to this list, which usually we take very lightly and could be very personal. It is highly unlikely that a single individual may have combination of all these bad habits in him. Statistics shows that an average normal individual may have maximum of 5-8 bad habits known to his close associates (wife, children or friends or colleagues). There may be very few personal bad habits only known to oneself.

Replace one bad habit by at least one noble practice (Sunnah): A believer may make a "Ramadan promise" to himself to quit Smoking or gambling for good starting from this very Ramadan while implanting in his character a noble habit like start memorising

(with meanings) few verses of the Holy Quran to be used in his daily prayers. One may vow to quit drinking or back-biting and replace it with a discipline to perform five time prayers regularly in Jamat (congregations). The list of bad habits may not be many in one particular person but he can replace one with many good habits like practicing regular charity even it may be a smile to one who comes across him or making a habit of offering Salam (greetings of peace) first to a Muslim (including children) or to start every task with the name of Allah (Bismillah) or place his left leg out first while leaving house and do the reverse when entering, same goes for entering and leaving mosques. The lists of personal improvements using prophet's very simple Sunnah (are innumerable. One should start with simple and easy ones. It should be practiced step-by-step year-by-year very consciously to bring it under one's personal habits while removing one bad habit out of one's character. It does not cost one anything extra except to make a vow to one self to raise oneself in the eye of Allah. Ramadan is the best time to start this noble practice.

Normal average people usually have more goodness than faults in them. If one practices this technique for 5-8 years one will soon find himself/herself a different person as years passed by. He will receive respect not only from his immediate family members but also from his neighbours, friends, colleagues and relatives. Tangible benefits like health, wealth, feeling of well-being, success in achieving career goals are noticeable in one's life. Above all Allah makes it easy for him/her to pass all tests in this very life. The most important one soon becomes worthy of receiving special favour from Him.

Mechanism (how to go about it): a. One should evaluate his failure or success in his daily life and ask himself why he was successful in some occasion and failed on others. Take an account of his own bad habits (if possible in the month of Shawal, the month before Ramadan). Ironically, only few bad habits of his own are transparent to himself or considered by him as bad habits, most of it may be known to his close associates i.e. wife or other family members, colleagues and friends. Make a list of your

easily avoidable bad habits and easily achievable good practices (prophet's Sunnah) on your personal notebook, keep it handy for frequent review. Go first with easily removable faults and replace it with an easily acceptable decent habits or Prophet's Sunnah.

b. In a relax atmosphere (may be during a weekend breakfast), the head of the family should bring about the issue of Ramadan promise, explain its noble sides and personal benefits to other family members. He may request other family members to identify any bad habits they may find in him. To the surprise of all, while every one is quite, the youngest one in the family may jump and start first giving the list of his/her Dad's bad habits, "You did not buy me a pack of chocolate on the other day while shopping at the super market, or you shouted at me and Mom on the other day, you smoke cigarettes which pollutes our house....."(at one stage you may have to stop her/him to save yourself from real embarrassment). This may open the gate for others to identify some more which you should make a note of. Well, at this stage you may ask them to find few faults in "Mom" so far who was very vocal to help the little one to make Dad's list a bit longer (may be justly or unjustly). Gradually go to other members of the family one by one. Please do not bring out any very personal faults, which may be taken up with the individual privately and not publicly. Most of the time these faults may or may not be transparent to oneself but may be well known to other family members. Start with yourself. Ask them to criticize you without any prejudice. Note their comments, think about it for gradual rectification and replacement with good habits. Thank them for their honest observations. While going with each of the family members one by one care must be taken to avoid any insulting or funny comments to any one even to the youngest one in order to preserve the light atmosphere. Ask them to make a "Ramadan promise" for themselves.

c. Single person who does not live with his family or a bachelor can discuss the 'Ramadan promise' with his friends (trusted ones only) to identify his faults and also encourage them to join him in practicing the exercise from this Ramadan.

d. One should clearly identify and decide for only one bad habit to be removed at a time from his/her personality starting from this Ramadan and to be repeated through all Ramadan(s) one may be fortunate to be alive.

e. Make oneself intellectually prepared for undertaking the task. One may inform his/her close friends or wife/husband children about the current topic of his "Ramadan promise" (only when it is not very personal) for this year. In case he/she breaks his/her promise, say talking ill of others forgetfully during these 40 days, others can remind him/her of the pledge. If one breaks the promise by chance, not to worry, promise to be continued consciously till the 40-day period is over and one should seek Allah's help. By the time 40 days are over, Inshallah the practice will be a part of his/her personal habit. The gifts of the "Ramadan promise" are bound to reflect in his/her personality soon.

Note

One must not take this vow as part of our religion or Sunnah, it is just a tool to draw oneself to the nearness of Allah to receive His favour in both the worlds.

& One must be sincere to oneself while making the Ramadan promise.

& One should not try to get rid of his/her all bad habits at one go (in one year)

& If one forgets to practice the vow during the year, he/she should continue it as soon as it is remembered. Alternatively the promise may be continued during the next Ramadan.

& There is no harm if one starts and continues his Ramadan promise for 40 days any other months of the year when one feels the urge to go for it.

& **Result:** Those who have practiced this simple technique seriously for many years admitted that the result was overwhelming. With the help of Allah, not only the person alone, his/her entire family benefited through this "Ramadan promise". The mechanism is very simple. You need nothing extra; all you need is a firm commitment to yourself to improve yourself in front of omnipresent Allah.



All health information to keep you up to date

Baby massage

Having a proper massage is claimed and widely believed to be beneficial. This is to slow down the mind and body. Latest research now shows that babies can benefit from massage too. According to experts in 'baby massage', when babies were massaged, they gain more weight, sleep and eat better, and have a better relationship with their parents. Some research results are amazing. It has been found that when premature babies are massaged daily, they gained 47 per cent more weight than other premature babies. Dr Tiffany Field, a world expert in baby massage, believes the massage stimulates the 'Vagus nerve' (it is a mixed nerve, having motor and sensory functions and a wider distribution than any of the cranial nerves), in the brain, which in turn activates the release of food absorption hormones, like glucose and insulin, in the gastro-intestinal tract.

It is also an important boost to a baby's immune system. Researchers now have enough evidence to say that massage should be exercised on a daily basis. Full term babies can also enjoy the same benefits. As well, massage is effective for bed sleepers.

According to experts, 'after bath' is the perfect time for a massage; as it works best if the baby is naked. Full term babies benefit most by being massaged once a day, premature babies need three massages a day, 15 minutes each for at least 10 days.

Tips for baby massage: Use oil/Apply some pressure -- observe slight change in skin colour/six slow/ rhythmic strokes per minute on each area of the body.

Did you know?

Many people ask for a window seat on an airplane. But many of them do not know this is good for a different reason. Injuries from falling objects from over-head bins can cause serious accidents inside the airplane, 9 out of 10 of them to the head. More than a third of these require medical attention.