

WORLD MENTAL HEALTH DAY

## Incorporating mental health in primary healthcare

DR AHMED HELAL SOTON

The incidence of mental disorder is rising by and by. Wave of migration, industrialisation, individualism, changing socio-cultural norms, changing family pattern, over careerist drive and drug addiction are the important factors considered behind this rising trend. In Bangladesh, a community based research on mental illness conducted in 2005 reported that 16.1 per cent adult populations suffer from various mental disorders.

It is the scenario of only from adult population and no research has been conducted among the children. The situation is more scary when we look at the statistics that say there is only one psychiatrist for 1500000 persons. There are only 120 psychiatrists in our country that depicts the pitiable condition.

After calculation, it has been found that there are only 813 psychiatric beds in

Bangladesh to serve the whole nation. That means 172000 people share one bed. In 2005 only 0.44 percent was allotted for mental health in total health budget which was obviously insufficient.

In this situation, we will observe World Mental Health Day today. This year, the World Federation for Mental Health has decided the theme "Mental health in primary care: enhancing treatment and promoting mental health". The theme is intended to emphasise the benefits of enhancing overall health and promoting mental health by integrating healthcare services.

National survey on mental health in Bangladesh reveals, about 14 lacs people have been suffering from major mental disorders (schizophrenia, mood disorders etc.), 65 lacs people have been suffering from depressive disorder and 1 crore 18 lacs people have been suffering from minor mental disorders (anxiety,



In order to increase the availability of mental health services, there are five key barriers that need to be overcome:

- the absence of mental health from the public health agenda and the implications for funding;
- the current organisation of mental health services;
- lack of integration within primary care;
- inadequate human resources for mental health; and
- lack of public mental health leadership

phobia, conversion disorder etc).

Besides, about 46 lacs to 70 lacs people are drug addicted. Most of these patients are found in general practice, outpatient service at hospital and primary health care centers.

Mental disorder creates a substantial personal burden for affected individuals and their families. They produce significant economic and social hardship that affects the society. Many people suffer from both physical and mental health problems. Integrated primary care services help ensure that people are treated in a holistic manner, meeting the mental health needs of people with physical disorders as well as the physical health needs of people with mental disorders.

If the mental health care is included in the primary healthcare, our mental health service will reach the outreach. Patients and families can avoid indirect costs

associated with seeking specialist care in distant locations. Treatment of common mental disorders is cost effective. Investments by governments can bring important benefits.

To include the mental health component in primary health care service, it should be first included in the health policy. There is dire need of intensive attention to mental health.

There is also a need of fundamental training in mental health with ensuring the supply of common psychotropic drugs in field level. To build a healthy nation we should promote mental health by enhancing treatment facilities in primary health care system. To survive on the runway to globalisation we should not observe this World Mental Health Day only as one-day event, rather give cordial effort to realise the theme for healthy nation.

E-mail: soton73@yahoo.com



### How do you know you have the flu?

REUTERS, Washington

Here are some questions and answers about flu symptoms and what to do about swine flu.

#### What is influenza and what are the symptoms of H1N1 swine flu?

Influenza is a virus that infects the nose, throat and lungs. Seasonal flu typically kills 250,000 to 500,000 people globally, mostly the elderly but also very young children, pregnant women and people with chronic diseases.

H1N1 swine flu is a new strain of influenza. Like seasonal flu, H1N1 is usually mild and requires no medical care. But H1N1 also differs from seasonal flu because it is more likely to infect children and young people than the elderly.

Most H1N1 symptoms are the same as seasonal flu: fever, coughing or sore throat, runny or stuffy nose, headaches, body aches, chills and fatigue. But swine flu also can cause vomiting and diarrhoea.

Dozens of other viruses cause similar symptoms but one hallmark of influenza is a sudden onset of symptoms.

An illness that develops gradually is likely to be from another virus.

#### What if someone gets sick?

People who get infected by the H1N1 virus may be contagious as early as one day before they show symptoms.

Because H1N1 is now the overwhelming flu strain circulating globally, health authorities say anyone with influenza should assume it is the swine flu.

Quick flu tests may not detect H1N1 so doctors are advised not to even bother testing people with flu-like symptoms.

The U.S. Centers for Disease Control and Prevention recommends

that people with H1N1 stay home from work, school, travel, shopping, social events and public gatherings until at least 24 hours after the fever has disappeared.

Officials also urge the sick to avoid contact with anyone in a high risk group, including pregnant women, children and infants and people with chronic medical conditions including asthma, diabetes or heart disease.

In the meantime, officials recommend frequent hand-washing, covering coughs and sneezes, and in some cases use of face masks to avoid spreading infection.

The main remedies for mild illness are rest and ample fluids such as water, broth, sports drinks or electrolyte beverages made to prevent dehydration in small children.

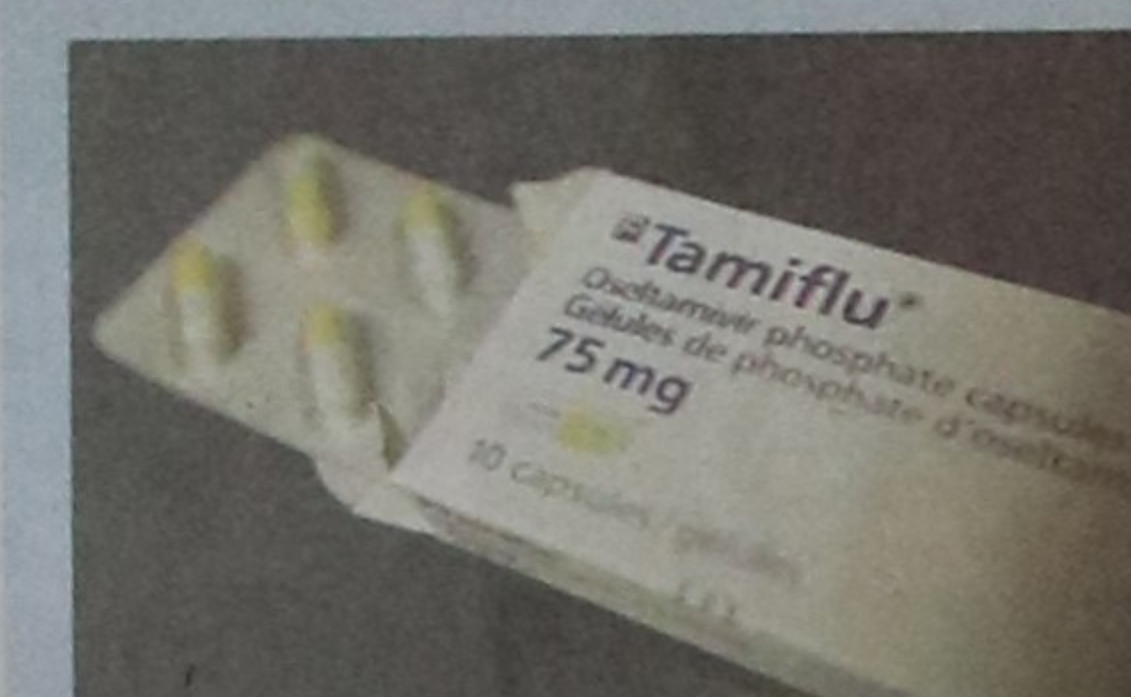
#### What if someone gets really sick?

Medical attention is recommended if the sick person has difficulty breathing or chest pain, appears blue or purple around the lips, vomits and cannot keep liquids down or shows signs of dehydration including dizziness.

People with chronic conditions who come into contact with an H1N1 patient should seek treatment with antiviral drugs such as oseltamivir or zanamivir.

Pregnant women are urged to take special care, as they are always at heightened risk from flu and especially H1N1.

Parents should especially seek treatment for children with flu-like symptoms who cannot be awakened easily, who appear blue or gray, or who become ill again after getting better — as this last symptom may indicate they have a secondary bacterial infection that can be more serious after a bout of flu.



### Max Cancer Care programme with the versatile Novalis Tx™

STAR HEALTH DESK

Recently Max Healthcare in New Delhi, India has launched its Oncology Programme — Max Cancer Care offering the latest and most technologically advanced treatment in surgical, radiation and medical disciplines of Oncology, says a press release.

MAX Cancer Care has installed the Novalis Tx radiosurgery platform; which is one of the most precise and non-invasive radiosurgery technologies available in the world and can treat cancerous and non-cancerous conditions of the brain and body.

The Novalis Tx radiosurgery platform uses a treatment beam,

precisely contoured to the shape of the tumour to accurately and painlessly deliver treatment. It facilitates IMRT and IGRT, SRS and SRT treatment that offers state-of-the-art, non-invasive treatment for a wide range of malignancies and other potentially debilitating conditions, without harming nearby healthy tissue and without involving traditional surgery.

With RapidArc, a form of volumetric modulated arc therapy, MAX Healthcare can perform complex conformal treatments delivered in a fraction of the time required by conventional radiotherapy treatments — the press release also informed.

## Ensuring equal access to eye care a dire need of the time

DR MD RAJIB HOSSAIN

Irrespective of gender and age, everyone has the equal right to see the beauty of this world. But access to eye care services for women and girls is not equal to that of men and boys. Only 35 percent of eye care services are received by women and girls who are blind and remaining 65 percent services are received by their male counterparts.

Experts identified gender discrimination, customary social attitude, lack of women empowerment, lack of education and awareness, fissure in national policy for eye health are the barriers to equal access to eye care services.

Nearly two-thirds of blind people worldwide are women and girls. Less access to eye care services than men is one important fact behind the huge number of blind women and girls. Moreover, certain eye conditions like trachoma and cataract affect women more than men contributing to the rising number.

The theme of World Sight Day 2009 that was being observed on October 8 was "Gender and eye health — equal access to care". It was dedicated to ensure gender equality in the access of eye care services, which is unfortunately not the case in Bangladesh.

There is urgent need to step up focus on women and girls who unnecessarily have already become blind or becoming blind where simple interventions can prevent blindness and help them get back their precious sight.

Women and girls face the discrimination in receiving proper eye care services due to certain factors that should be eliminated.

"We have common social attitude that women should always get less priority not only in getting eye care but also in all social services. Male people of the family hold the decision making power and they are reluctant to bring women and girls under eye care services as they are not earning members of the families", said renowned ophthalmologist

Dr M A Muhit, Clinical Research Fellow of International Centre of Eye Health, London.

"Women are also not aware of the fact that they have equal right to access eye care as male. Moreover, many women have accepted the condition as their fate; rather they prefer treatment of their husbands or children. But very few of them know that 80 per cent of the blindness can be prevented with early intervention and sight restoring surgery", Dr Muhit added.

Although female gender are more in number and deprived more, there is no gender analysis or gender sensitive issue in the national plan for eye health in Bangladesh. Health authorities in the national level need to recognise the existing gender differences in access to eye care services. This could be an important step to reducing the disparity in eye care treatment for women.

Dr Muhit opined that the existing programmes to eradicate avoidable blind-

ness and improve eye health in Bangladesh must give emphasis on counselling, education, awareness and empowering women. Along with women, men as they are considered decision makers, must be motivated and make aware about the significance of sight restoring operations or treatment for women to help them get back their sight.

Blind women cannot contribute to the well-being of the family with ease. Motivating men and women together can have the tremendous impact on community mobilisation. With access to timely treatment of women with impaired vision or avoidable blindness can bounce back and lead more fulfilling lives, Dr Muhit suggested.

Women need better access to eye care services. Without ensuring equal access to eye care for them, we cannot meet the target to eradicate avoidable blindness within 2020. Let's make a cumulative move to reach the goal.

E-mail: rajibsmc@gmail.com

## A hospital converting darkness into light

STAR HEALTH REPORT

Mrs Saleha came from a remote village of Natore district to a hospital in Dhaka for treatment of her 4-year-old son Mubarak who was born blind. Mubarak had congenital cataract and could not see things properly. Mrs Saleha heard from a local school teacher that surgery could restore the sight of her blind child. But she was worried about the cost of the surgery.

Once, she heard about a hospital providing cataract surgery for poor children at almost zero cost. The hospital named Wahida Matin Memorial CSF Child Vision Centre has been converting darkness into light to the children who are born blind or became blind in course of their childhood for more than one year.

So far, more than 12 thousand children have been screened, 1500 children have been treated and cured with cataract surgery. In order to expand access to



A 5-year-old baby girl sits in the hospital bed of Wahida Matin Memorial CSF Child Vision Centre after undergoing sight-restoring eye surgery for a congenital cataract. Congenital cataract (a cloudiness or opacification on the lens of the eye present at birth) is a major cause of childhood blindness that is easily treatable. Cataract surgery is one of the most cost-effective treatments that should make accessible throughout Bangladesh to eliminate avoidable blindness.

care, 10 local NGOs of the Child Sight Network and 1000 community volunteers have been trained and

encouraged to detect and refer blind children to the hospital for sight restoring surgery.

They screen out blind children in different rural areas of Bangladesh, provide counselling and motivate them to undergo sight restoring surgery. They send them to their hospital with all expenses they need.

The hospital with the help of Dark and Light Blind Care, Netherlands has been providing all these services with free of cost including medication, cost of surgery, travel cost and children's accommodation with their family members during hospital stay.

Md Jahidul Islam Chowdhury, coordinator of the project said that the ophthalmologists working in the hospital are extremely dedicated and particularly skilled to deal with children.

He informed that in addition to treating patients, they provide counselling to the family members of the children to motivate other people in the community so that no children left untreated in the community due to ignorance.

## Levemir does not increase risk of cancer: Studies

REUTERS, Vienna

Novo Nordisk's insulin Levemir was not associated in any increase in incidence of cancer when compared with human insulin in studies including some 9,000 patients, according to a new analysis revealed recently.

Levemir is long-acting insulin analogues used by diabetics to control their blood sugar. Scientists analysed data from 21 randomised trials and concluded Levemir was associated with a

statistically significant lower rate of cancer than human insulin treatment.

Novo Nordisk says Levemir does not bind any more than human insulin to the insulin-like growth factor 1 (IGF-1) receptor, which is known to be involved in promoting tumour growth. Unlike human insulin, a hormone normally produced by the pancreas that helps the body use glucose for energy, Levemir allows them to last longer in the body.

### End-of-life care

When a loved one is dying, conversations about the end of life can be uncomfortable and painful. Still, discussing end-of-life care is important.

Depending on the circumstances, you might be able to help your loved one make important end-of-life decisions — such as whether to remain at home or in a nursing home, or the type of hospice care. Also, you can work with your loved one's health care team to make sure your loved one remains comfortable at the end of life. Pain, anxiety and other end-of-life symptoms can often be treated.

Even at the end of life, you can continue to support and nurture your relationship with your loved one. Simply being there can be an important source of strength and comfort for everyone.