



Poor suffer the most from mental illness

WHO estimates that more than 75 percent people with mental, neurological and substance use disorders living in developing countries do not receive any treatment or care due to lack of services in primary level although inexpensive and effective treatment can be implemented

DR MD RAJIB HOSSAIN

There is noteworthy negligence exists in the attitude towards the word 'mental illness'. Mental health has never been placed as priority in the healthcare system of a developing country like Bangladesh. For long, people with mental illness have been treated with chain, beaten brutally, indigenous and irrational ghostly system. As there is significant lack of mental health services in the primary level, the poor, rural and marginalised people are the common victim of maltreatment, stigma and discrimination.

Contrary to the popular belief, mental healthcare is not a luxury item on the health agenda of a developing country. Improvement in mental health services does not require sophisticated and expensive technologies. "It costs \$2 per person per year — it is one of the best buys," said WHO Director-General Margaret Chan. Experts opined that increasing capacity of the primary healthcare system for delivery of simple and inexpensive care to recognise, treat mental health illness should be implemented immediately. For this, WHO has recently launched



guidelines for primary care doctors and nurses to treat patients debilitated by depression and psychosis as well as neurological ailments including epilepsy, Alzheimer's disease and other dementias.

In order to shed the light of proper knowledge, improve mental health through pri-

mary care, World Mental Health Day is going to be observed tomorrow with the theme "Mental Health in Primary Care: Enhancing Treatment and Promoting Mental Health".

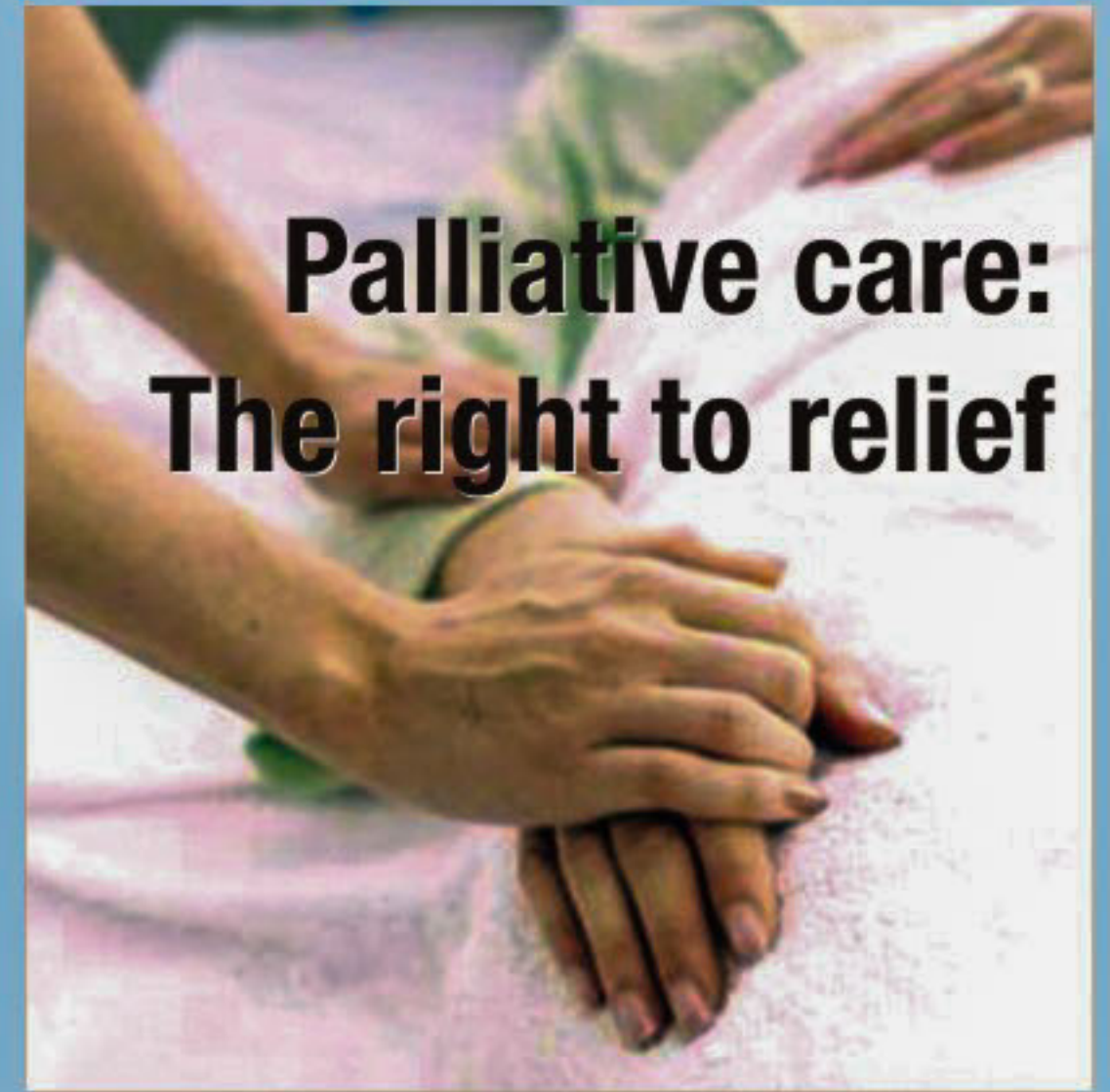
An estimated one in four people globally will experience a mental health condition in their lifetime. One national survey in Ban-

gladesh reveals 16.1 percent of adult population and 18.4 percent children are suffering from mental illness. But a large majority of these people are poor, maroon and living rural areas where mental health is a least priority in health care and receive no medical care at all or seek indigenous treatment.

Most often, physical and mental health illness go hand in hand. People with chronic illness like diabetes, cancer, heart illness have coexisted mental illness that often undetected and untreated. So, better integration is crucial between mental illness and physical health specially at the primary level where first contact is made.

Most importantly, we need to shift our attitude towards mental illness. As a general people, we need to raise our voice against the odds, stigma and maltreatment. As a physician, we need to treat the patient as a whole, not only treat the body as disease identity. As a policy maker, we should prioritise mental health with appropriate policy implementation, awareness programme and proper fund allocation.

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Palliative care: The right to relief

The concept itself is relatively new in Bangladesh. In short, 'Palliative care' means 'taking care of patients suffering from pain for a long time'. Any patient suffering from intense pain like cancer to renal diseases or paralysis requiring long term care can get benefit from this. The objective of this is to improve the quality of life and render living acceptable.

People requiring palliative care have different types of problems. Some of them are— a. Physical problems: These arise out of pain, nausea and vomiting, breathlessness, ulcers that do not heal. b. Psychological problems: depression, anger or denial in response to the illness, emotional isolation. c. Social problems: Unemployment, inadequate finance for medical treatment / hospitalisation. Loneliness and abandonment by children or relatives.

Bangladesh Palliative & Supportive Care Foundation has been formed recently. While Asians have a long tradition of home-based spiritual and religious care of the dying, there has been no proper contemporary palliative care until relatively recently in our country. But certainly Bangladesh Palliative Care Foundation needs consultation with World Health Organisation and the government of Bangladesh to form a forum for activities aimed at caring people with life limiting illness such as Cancer, AIDS and end-stage chronic medical diseases. Their main mission is to promote affordable and quality palliative care across the country.

In fact, with some changes in objectives, facilities, staff training and physical infrastructure, many of the existing 'old homes' in our country can be converted into reasonably good palliative care centers right away. Today is the 'World Palliative Day'. This year's message is "Sharing the care". Let's work on this discipline more seriously and sincerely.



REUTERS

British physiologist Robert Edwards (L), who helped revolutionise the treatment of human infertility, has clinched the 2010 Nobel prize for medicine or physiology.

IVF pioneer wins medicine Nobel prize

REUTERS, Stockholm

British physiologist Robert Edwards, whose work led to the first test-tube baby, won the 2010 Nobel prize for medicine, the prize-awarding institute announced recently. Sweden's Karolinska Institute lauded Edwards, 85, for bringing joy and hope to the more than 10 percent of couples worldwide who suffer from infertility.

Known as the father of in-vitro fertilisation (IVF), Edwards picked up the prize of 10 million Swedish crowns (\$1.5 million) for what the institute called a "milestone in the development of modern medicine".

As many as 4 million babies have been born since the first IVF baby in 1978 as a result of the techniques Edwards developed, together with a now-deceased colleague, Patrick Steptoe, the institute said in a statement.

Altering attitude to fight stigma in mental illness

DR NAFIA FARZANA CHOWDHURY

Mental illness can be called the invisible illness. Often, the only way to know whether someone received a diagnosis with a mental illness is if they tell you. Having someone in the family mentally sick or being oneself with any psychiatric disorder is still stigmatised.

Getting around a psychiatric hospital for any reason is considered very disgraceful in the society. Whenever we come to know a person having psychiatric disorder we just discriminate the person from the rest; we try to find his drawback, we try to make our own conclusion about the family having someone mentally ill. For someone with a mental illness, the consequences of stigma can be devastating. Stigma include trying to pretend nothing is wrong thus refusal to seek treatment, rejection by family and friends, difficulty finding housing and earning, being subjected to physical violence or harassment and inadequate health service coverage.

We can battle stigma when we know the myths about mental illness. Like a mentally ill person will remain so for the rest of his life, mentally ill people should never get married as they will bring same unfortunate kids with mental problems; it is a family disorder so never get involved in any relationship with this sort of family.

Like all other diseases mental illness can be due to genetic inheritance along with environmental stress factors. It is about the imbalance of neuro-chemicals in the brain. For someone with a mental illness these imbalance become persistent and overwhelming. They may not cope with such stresses. Sometimes counselling works to gain the self esteem, sometimes medication is required.

People with mental health problems often find it hard to

tell others about their problem, because they fear their reaction. Psychiatric patients are four times more likely than the average not to have a close friend. So, do not speak to yourself only. Speak out to win the battle against the stigma.

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DR MD RAJIB HOSSAIN

Morning sickness may signal healthier pregnancy

REUTERS, New York

New research confirms that women plagued by morning sickness in early pregnancy are less likely to miscarry. But women who do not experience nausea and vomiting during their first trimester should not be alarmed, Dr Ronna L Chan of The University of North Carolina at Chapel Hill, one of the study's authors, told. "Not all pregnant women who go on to have successful pregnancies experience nausea and vomiting early on or at all. In addition, pregnancy symptoms can vary from one pregnancy to the next, even for the same woman."

From 50 percent to 90 percent of women have morning sickness in early pregnancy, Chan and her team note in the journal Human Reproduction, and previous studies have found that women who have these symptoms are less likely to miscarry.

The women who had no nausea or vomiting during their first trimester were 3.2 times as likely to miscarry as the women who did have morning sickness, Chan and her team found. This relationship was particularly strong for older women; women younger than 25 who had no morning sickness were four times as likely to miscarry compared to their peers who had nausea and vomiting, while miscarriage risk was increased nearly 12-fold for women 35 and older with no morning sickness.

And the longer a woman had these symptoms, the lower her miscarriage risk, the researchers found; this association was especially strong among older women. Women 35 and older who had morning sickness for at least half of their pregnancy were 80 percent less likely to miscarry than women in this age group who didn't have these symptoms.

Knowing for better living

In Bangladesh...

50,800 children die every year due to diarrhea !

Take plenty of liquid foods

Take ORS during diarrhea

Wash your hands properly before meal

Drink water after boiling properly

Consult your Doctor in case of emergency



Courtesy...

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