Mental Health Matters: Everyone’s Responsibility

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According to World Health Organization (WHO), one in four people is affected by mental or neurological disorder once in the lifetime. With around 450 million suffering from these conditions, mental disorders are now placed among the leading causes of ill health and disability worldwide. Annual Health Report 2018, published by Ministry of Health, Bhutan showed that a total of 3158 new cases of mental disorder were recorded in 2017, and mortality due to suicide was 12 per 100 000 population. Suicide has become very common and many young people are visiting the hospital with suicidal behaviour. In last one year, we saw around 75 deaths due to suicide.

Alcohol and substance use disorders have become common; significant number of students in their prime ages are affected. Many of these young people have poor academic performance further aggravating stress leading to various mental disorders. Anxiety and depression related to social pressure have become very common.

Competition in academics to secure scholarships for higher education has become tough. Unemployment is on the rise and preference for white collar jobs in the civil service has made competition ever more daunting. Rural urban migration has attracted many able-bodied people to the cities. Most villages are left with old people without much social support and more and more of these people have started showing symptoms of mental disorders.

Until 1997 Bhutan didn’t have any mental health professionals in the country. Mostly traditional forms of treatment prevailed; many resorted to shamans, religious and traditional healers for most types of mental health issues. Patients with mental disorders who were difficult to manage, had to be locked up and incarcerated in unhygienic condition. A WHO consultant from Myanmar started providing clinical care to mentally ill patients in Thimphu General Hospital. The mental health program was established in the same year. It was only in 1999 that we had our first psychiatrists.

The first psychiatrist and the mental health program put in a lot of efforts in enhancing the mental health care at the primary health care settings. Currently all health professionals are trained in diagnosing and treating common mental disorders. In spite of having come a long way from the traditional system of patient care to the modern westernized medical care, we are still faced with issues in addressing the treatment gap. We are still constrained with well qualified professionals in mental health. The two regional referral hospitals don’t have any psychiatrists and even at the national referral hospital we have three Psychiatrists who depend on volunteers from overseas for more specialized counselling and psychotherapy. We still don’t have our own psychologists, psychiatric social workers, qualified mental health counsellors and occupational therapists.

Awareness on mental health is still poor and people with mental disorders don’t enjoy enough support from relatives. Employing agencies still have mixed feelings about supporting people with mental disorders and are considered unfit to perform any work. Even though treatments are available, nearly two third of these people never seek help from health professionals because of discrimination and stigma attached with mental disorders. The only way to promote mental health is through collaborative approach and commitment from the government. Without addressing mental health “Gross National Happiness” will only remain a philosophy.

REFERENCES