

# **Mental Health Care in South Asia: Need for a Regional Model of Care**

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# South Asian Region



- **Population:**
    - 1500 M (20% world)
  - **Literacy:** 41-90%( 40% of total educationally deprived world population)
  - **Religion**
  - **Language**
  - **Economy:**
    - Only 1.5% of the global income (GDP\$ 1770 – 4798)
    - Per capita income (US\$) in 2004
      - BD-460,IND-620,PAK-600,SL-1010, MDV-2510, BTN-760, NPL-2600
- (World Bank, 2005)**

# Unity within Diversity

- **Similar Psychiatric Problems**
  - shared geo-socio-cultural inheritance
- **Nearly Similar Care, Training and Research:**
  - substandard care
  - inadequate training
  - under-funded research

# Mental Health in South Asia

- **Epidemiology:**

- similar prevalence

- **Socio-cultural:**

- myth of spirit possession
- role of faith healers and village doctors
- cultural attitudes
- professional attitude
- strong family support

- **Presentation:**

- more somatization
- religious content in OCD
- pseudo-psychotic presentation of hysteria
- earlier onset dementia

- **Prognosis:**

- Better in schizophrenia

# Psychiatry in South Asia

- **Teaching and Training Situation:**
  - inadequate undergraduate training
  - limited opportunity for postgraduate training
- **Service Facilities:**
  - less concern of policy makers
  - inadequate funding and resources
  - lack / inadequate MDT
  - poor integration with general health care
  - vast gap between need and provision
  - unsuitability of Western models of care

# Need for Regional Strategy

- **Failure of the western models of care and training**
  - lack of funding and poor resources
  - lack of properly trained psychiatrists
  - cultural differences
  - unable to meet the need for the majority of the people

# **Ideal Regional Model of Mental Health Care**

## **Ideal Regional Mental Health Model:**

- **affordable**
- **based on available resources to need**
- **part and parcel of NHS**
- **collaborative between South Asian countries**
- **active involvement at private level**

# Basis for a Regional Model of Mental Health Care

- **Common Socio-Cultural Background**
  - Traditional society, strong family support and a high degree of cohesiveness within the family
- **Excellent Health Infrastructure**
  - Adequate potential manpower
  - Good number of non-government agencies
  - Growing awareness at all level
- **SAARC Commitment**
  - to implement socio-economic-cultural and educational programs



# Components of a Regional Model of Mental Health Care

- **Short Course in Mental Health Training**
  - GPs, health workers, social workers
- **Integration of Mental Health Services**
  - with general health service at all levels
- **Collaborations Among**
  - public and private sectors, media
- **Collaborations with Drug Companies**
  - To provide essential drugs at low cost
- **Culture-sensitive Treatment Approach**
  - family, religious and other community leaders
- **Health Services Research in Psychiatry**

# Role of SPF in Regional Model of Mental Health Care

- **Need for Collaborations**
  - regional national psychiatric organizations
  - in improving psychiatric training
  - in exchange programs, e.g., experts
  - in research projects
- **Dialogue and coordinated initiatives**
- **Commitment and partnership**
- **SAARC Institute of Mental Health**
- **SPF Fellowship program**

# Conclusions

- **Psychiatry in South Asian Region is:**
  - In the state of need based development
  - Significant improvement recent years in:
    - awareness on need, importance of regional communication and collaboration
  - Excellent room for further improvement
- **Potential collaboration with neighboring nations**
- **Critical role of the SPF in :**
  - developing regional model of care

# A Psychiatrist's Prayer: Love Thy Patient

Life is indeed darkness

**save when there is urge,**

And all urge is blind

**save when there is knowledge**

And all knowledge is vain

**save when there is work**

And all work is empty

**save when there is love**

**Kahlil Gibran**



Thank You

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