

Mental Health First Aid: Need for grass root approach?

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Mental illness is fast reaching the stage of a 'global epidemic'. It carries a huge economic burden, morbidity, mortality and physical ailments. Much is being said about its serious magnitude and W.H.O. has identified this menace as a serious public health problem. W.H.O.¹ recommends the adoption of preventive strategy. It emphasizes on the different levels of prevention aiming at primary, secondary and tertiary stages. Promotion of mental well-being is another matter on agenda. According to W.H.O., it is important to gather information in a region about: prevalence and incidence of mental disorders, population at risk, community perceptions of risk and the need for preventive actions and to ascertain the health, social and economic outcomes of disorders.¹ There is further elaboration by the same organization about possible risk factors like: access to alcohol and drugs, displacement, isolation and alienation, lack of education, transport and housing, peer rejection, poor social circumstances, poor nutrition, poverty, urbanization, discrimination, injustice, war, violence, work stress and unemployment. The identified protective factors are: empowerment, social integration, tolerance, social services, strong social support and community network.² Depression which is the commonest mental illness is known for its grave complications. According to an estimate, 121 million people worldwide suffer from it and this disorder can be diagnosed and treated in primary care³. There is an emphasis on its prevention with the aim to train primary care personnel and improve the capacity of countries to create supportive policies in this regard.³ In terms of mental health manpower, there is shortage especially in the developing countries and hence a huge segment of population remains deprived of essential mental health care. Pakistan is no exception when it comes to mental health. As per earlier estimates in 2001 by W.H.O., there were only 320 psychiatrists in Pakistan based in urban areas of the country.⁴ Environment play a very crucial role in development of mental ill health. The current environment in Pakistan is highly no-conducive because of violence and terrorism that is rampant. Violence has been identified as a major contributory factor in causing mental ill health. A policy paper⁵ describes the rising incidence of PTSD (Posttraumatic Stress Disorder) in Swat Valley of Pakistan where terrorism and violent incidents gripped the inhabitants for a significant time period. The paper mentions the government's incapacity to address the issue in the face of overwhelming rise in mental disorder. There are a number of press reports and articles written on the

deteriorating mental health of people in general because of the current situation in Pakistan. It is a matter for urgent attention to handle this situation. Prevention of mental disorders is most appropriate way out in view of shortage of mental health manpower. How could this be addressed? The concept of "Mental Health First Aid" seems helpful. A course⁶ has been designed in Australia with a number of factors in mind. The basic idea is that the first aid preserves life, prevents deterioration of injury or illness, promote healing and provides comfort to the ill and injured. In terms of mental health, it would preserve life where a person may be danger to himself or others, prevent further deterioration in mental health problems, promote recovery and comfort to the sufferer. This course is a 12-hour Mental Health First Aid course that is available in every Australian state and territory with information on (www.mhfa.com.au). The manual covers topics like: depression, anxiety disorders, psychosis and substance use disorders. Training like this to workers can help the mental health system of any country. This course has been translated to other countries like: Scotland, Finland, Singapore, England, Canada and Hong Kong. The programme was developed in Australia in 2001 and by the end of 2007, there were 600 instructors and 55,000 people trained as mental health first aiders. The project was evaluated and it was found that early intervention by members of public for mental disorders and crises was easy.⁷ In a study,⁸ it was concluded that this training produces positive changes in knowledge, attitudes and behavior when the course is given to members of public by instructors from the local health service. The other studies⁹⁻¹² also indicated benefits and positive outcome of this training.

Coming back to Pakistan, with a large population, dearth of psychiatrists and adverse social circumstances leading to huge upsurge of mental illnesses, a training course like this is worth looking at. Involvement of trainers meeting the eligibility criteria as outlined in original course design will provide us with a force of instructors taking on board the task of early intervention in mental health crisis.

Why we cannot take a lead from the platform of the developing world?

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