

Population health aims to improve the health of the **entire population** and **reduce health inequities**

What is Health Equity ?

- “Equity in health entails that ideally everyone should have a fair opportunity to attain their full health potential . . . No one should be disadvantaged from achieving this potential”
- “Equity in health care requires that resource allocation and access to health care be determined by health needs”

Inequity

Health **inequity**: unjust differences in health between persons of different demographic, social, economic, cultural and ethnic groups; a normative concept

- An **unfair or unjust** difference in health
- It is **systemic, socially produced**
- **Avoidable or changeable** by policy
- Includes **Determinants of Health**

Inequality

- Health **inequality**: observable health differences between subgroups within a population; can be measured and monitored

Sameness



vs.

Fairness



Factors that contributes to Health Inequity?

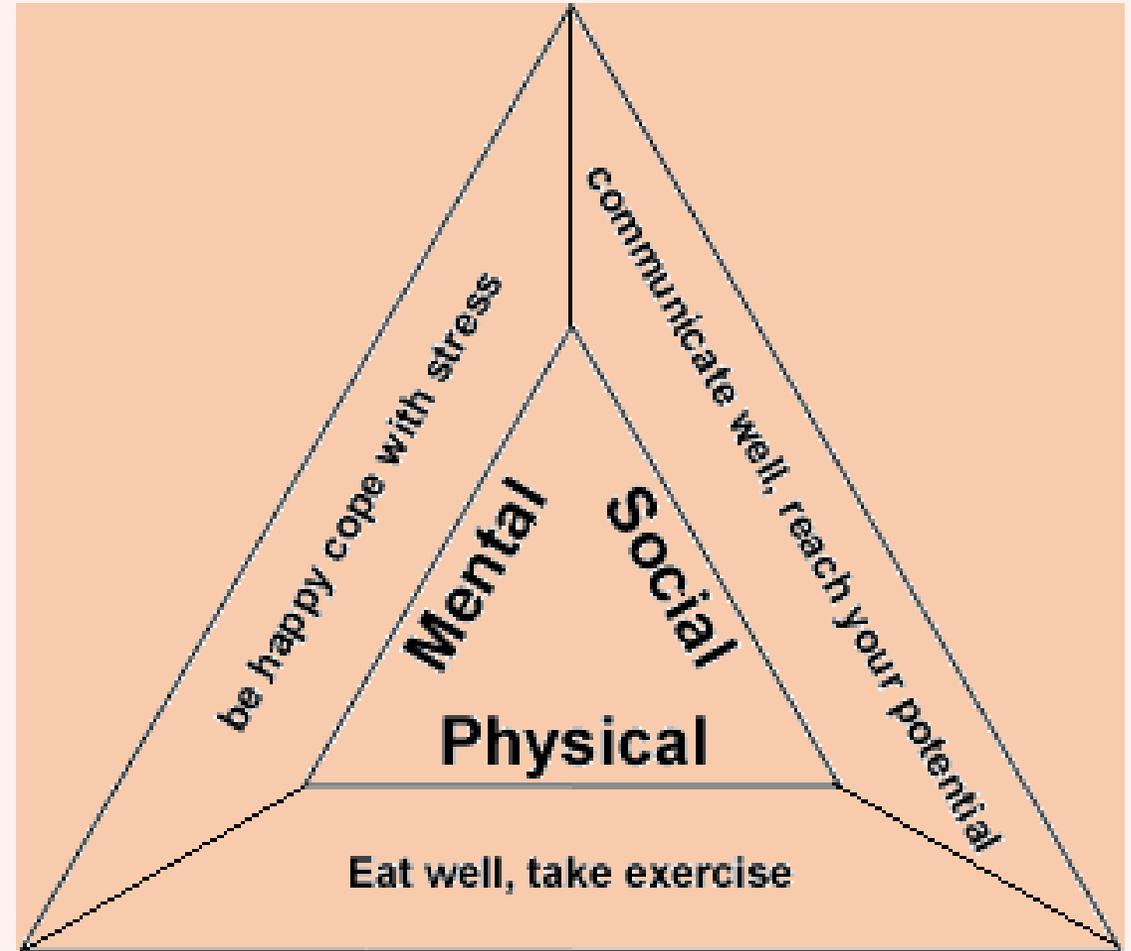
- Income and Income Distribution
- Education
- Unemployment and Job Security
- Employment and Working Conditions
- Early Childhood Development
- Food Insecurity
- Housing
- Social Exclusion
- Social Safety Network
- Health Services
- Ethnicity
- Gender
- Race
- Disability

WHO definitions

- WHO definition of health: "Health is a state of complete physical, **mental** and social well-being and not merely the absence of disease or infirmity."
- **Mental Health** is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

The Health Triangle

- Health is the measure of our body's efficiency and over-all well-being.
- The health triangle is a measure of the different aspects of health.
- The health triangle consists of: Physical, Social, and Mental Health.



Mental Health

- Mental health is an integral part of health
- There is no health without mental health.
- Mental health is more than the absence of mental disorders.
- Mental health is determined by a range of socioeconomic, biological and environmental factors.
- Mental health deals with how we think, feel and cope with daily life.
- Mental health encompasses learning, stress management, and mental illnesses or disorders.

The global burden of mental illness

The global burden of mental illness is underestimated due to the following causes:

- High prevalence, early age of onset, chronicity and associated functional impairment.
- overlap between psychiatric and neurological disorders;
- the grouping of suicide and self-harm as a separate category;
- blending of all chronic pain syndromes with musculoskeletal disorders;
- exclusion of personality disorders from disease burden calculations;
- Inadequate consideration of the contribution of severe mental illness to mortality from associated causes.

Recent estimates of the global burden of mental illness

- It accounts for 32.4% of years lived with disability (YLDs) and 13.0% of disability-adjusted life-years (DALYs), instead of the earlier estimates suggesting 21.2% of YLDs and 7.1% of DALYs.
- This places mental illness a distant first in global burden of disease in terms of YLDs, and level with cardiovascular and circulatory diseases in terms of DALYs.
- Mental disorders are important risk factors for other diseases, as well as unintentional and intentional injury.
- Mental disorders increase the risk of getting ill from other diseases such as HIV, cardiovascular diseases, diabetes, and vice-versa.
- Global and national Governments must work to alleviate the human, social, and economic costs of mental illness.

Global suicide statistics

- Mental disorders and harmful use of alcohol contribute to many suicides around the world.
- **800 000** persons approximately die from suicide globally each year (one death every 40 seconds)
- 75% of suicides occur in low- and middle-income countries.
- Suicide is the second leading cause of death in 15-29-year-olds.
- Young adults and elderly women in low- and middle-income countries have much higher suicide rates than their counterparts in high-income countries,
- Middle-aged men in high-income countries have much higher suicide rates than middle-aged men in low- and middle-income countries.
- There are indications that for each adult who died of suicide there may have been more than 20 others attempting suicide.

Global access to mental health services

- Mental health care services are often not available or are under-utilized, particularly in developing countries.
- In developed countries, the treatment gap (the % age of individuals who need mental health care but do not receive treatment) ranges from 44% to 70%.
- In developing countries, the treatment gap can be as high as 90%.
- **2.8 %** was the median amount of the health budget allocated to mental health in 2011
- Huge inequity in the distribution of skilled human resources for mental health
- Shortages of psychiatrists, psychiatric nurses, psychologists and social workers in low- and middle-income countries.
- Low-income countries have 0.05 psychiatrists and 0.42 nurses per 100 000 people.
- **60 countries** had less than 1 psychiatrist per 100 000 population in 2014.
- The rate of psychiatrists in high income countries is 170 times greater and for nurses is 70 times greater.

Determinants of mental health

- Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time.
- For example, violence, sexual abuse and persistent socio-economic pressures are recognized risks to mental health.
- Poor mental health is also associated with stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, physical ill-health and human rights violations.
- Psychological and personality factors that make some people vulnerable to mental health problems.
- Biological risks include genetic factors.

Determinants of mental health

- War and disasters have a large impact on mental health and psychosocial well-being
- Rates of mental disorder tend to double after emergencies.
- Human rights violations of people with mental and psychosocial disability are routinely reported in many countries
- These include physical restraint, seclusion and denial of basic needs and privacy.
- Few countries have a legal framework that adequately protects the rights of people with mental disorders.

Barriers of mental health care

- No prioritization of mental health in the public health agenda and insufficient mental health care policies.
- lack of public mental health leadership
- limited availability and affordability of mental health care services
- lack of universal health coverage and poor funding of mental health care.
- Deficiency in the organization of mental health services and lack of integration within primary care;
- inadequate human resources for mental health;

Barriers of Mental Health care

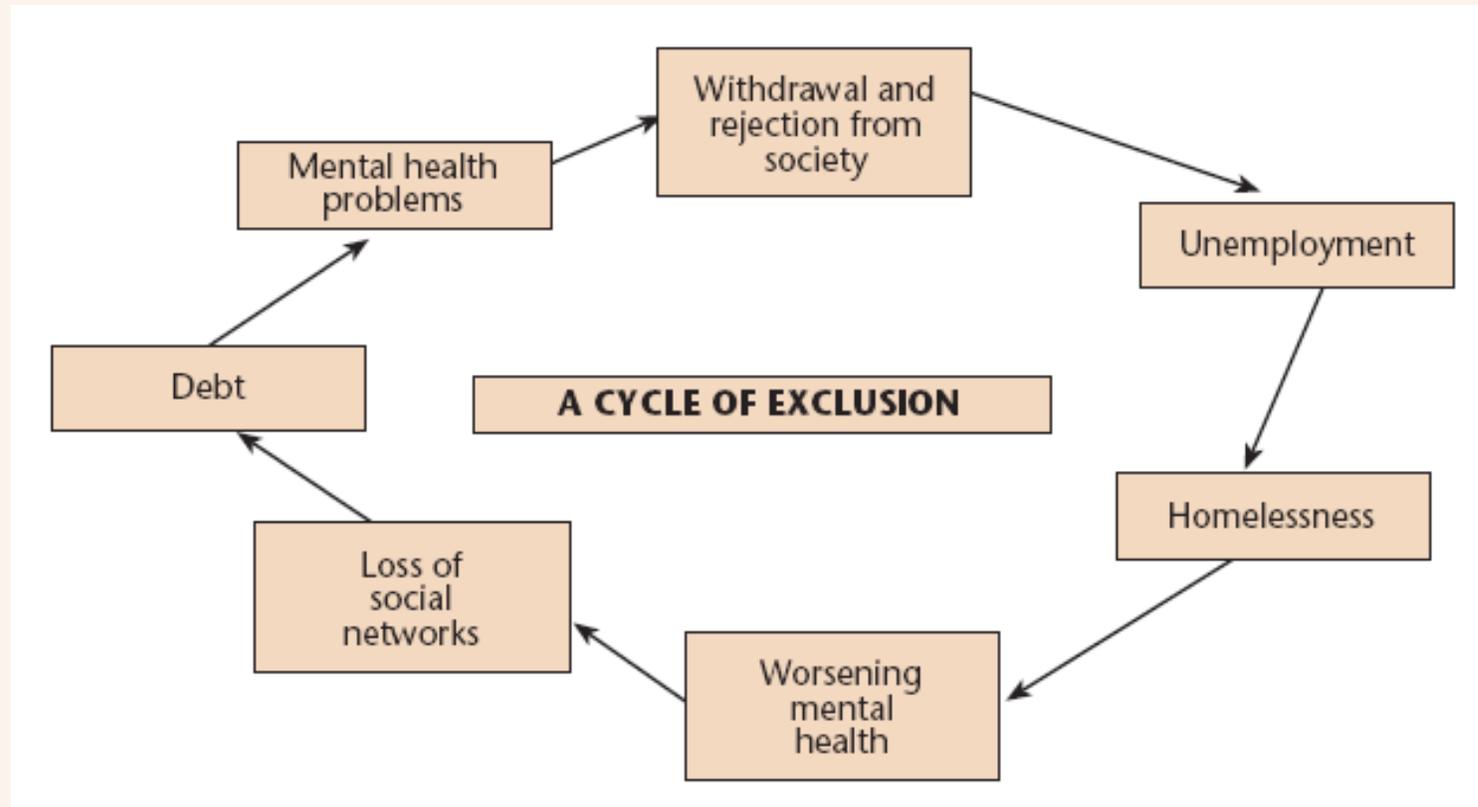
- Challenges in accessing mental health clinics – e.g. poverty, not having transportation cost.
- Under diagnosis of problems and underutilization of mental health services
- Stigma of mental illness
- Lack of awareness of mental health problems
- Denial or underreporting of symptoms
- Attributing behavioral change to medical illness

Stigma

- Stigma and discrimination against patients and families prevent people from seeking mental health care
- Misunderstanding and stigma surrounding mental ill health are widespread.
- Despite the existence of effective treatments for mental disorders, there is a belief that they are untreatable or that people with mental disorders are not intelligent, or incapable of making decisions.
- This stigma can lead to abuse, rejection and isolation and exclude people from health care or support.
- Within the health system, people are too often treated in institutions which resemble human warehouses rather than places of healing.

Community / Social Inclusion

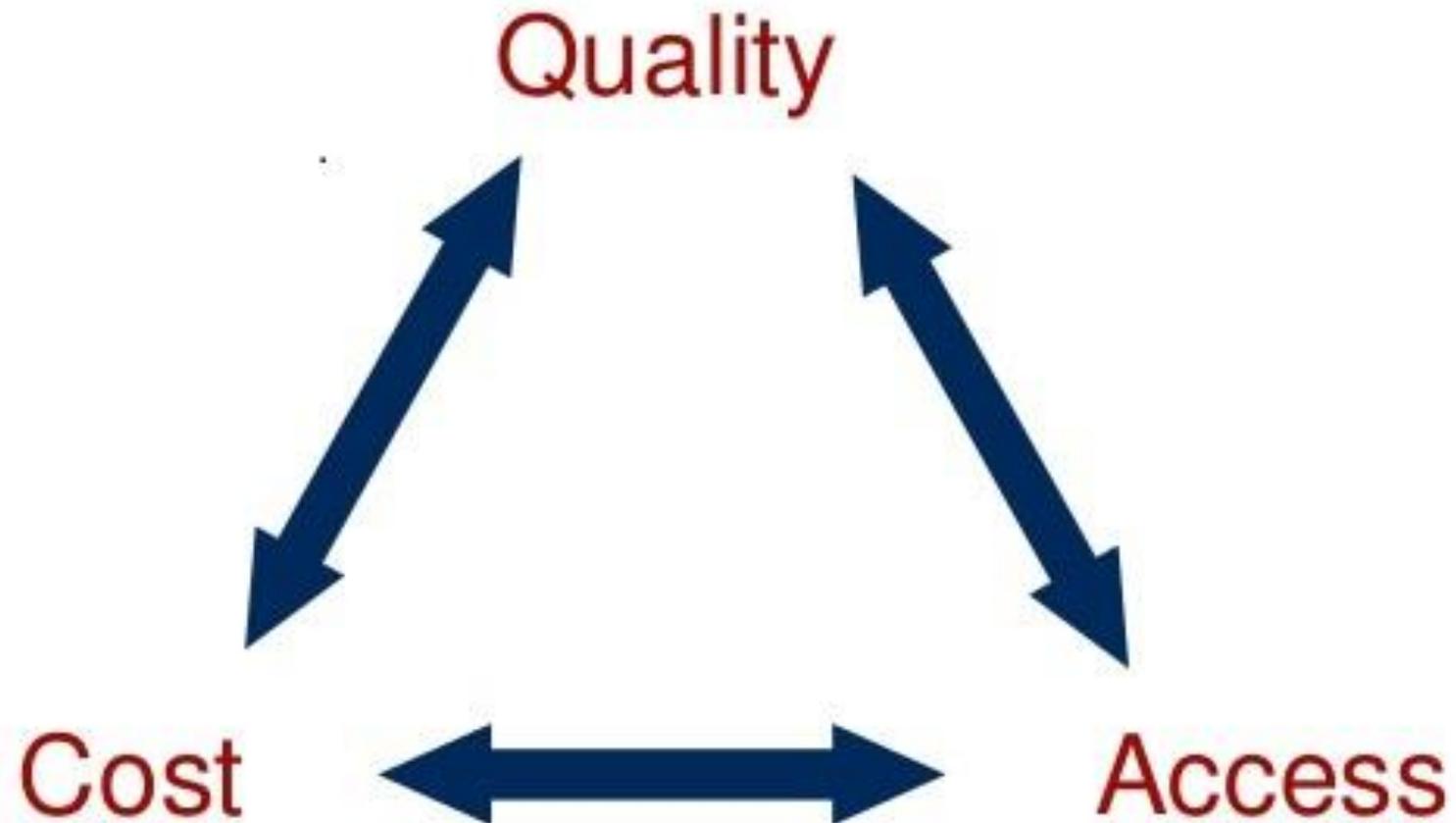
Downward Spiral of Marginalization



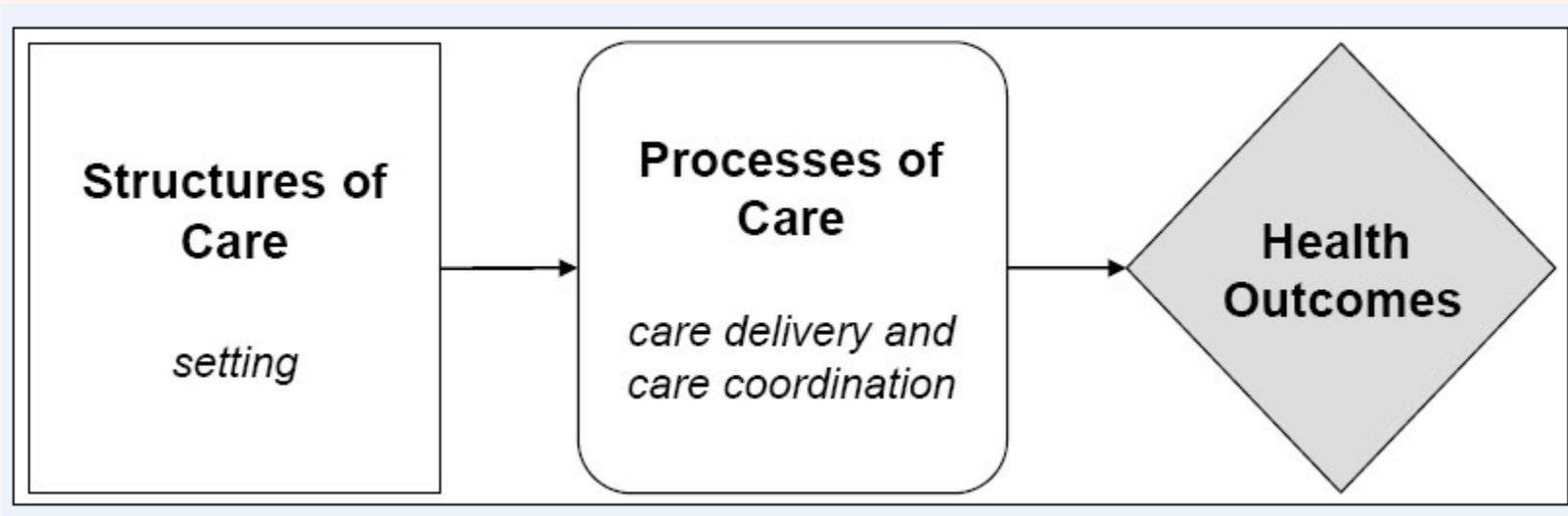
What are the barriers to access, affordability and quality of mental health

- Access
 - General access problems (transportation, geographical distribution and lack of services)
 - Special access problems (e.g. rural area residents versus urban)
- Quality (Donabedian framework)
 - Structural problems
 - Process problems
 - Outcome problems
- Cost
 - Value-based care (healthcare delivery model in which providers, including hospitals and physicians, are paid based on patient health outcomes)

Health Care's Iron Triangle



Assessing the Quality of Mental Healthcare using(Donabedian)



CONTEXT = SAFETY CULTURE

Mental health quality measures: key examples

Structure

Description

Are adequate personnel, training, facilities, quality improvement infrastructure, information technologies, and policies available for providing care?

Examples

Adequate number of components available in assertive community treatment program
Availability of mental health specialists in primary care practices
Presence of a mental health care manager

Mental health quality measures: key examples

Process

Description

Are evidence-based processes of care delivered?

Examples

Percent of patients in mental health program who have documented substance use screening
Receipt of adequate dose of psychotherapy
Outpatient follow-up within 7 days after mental health hospitalization discharge

Mental health quality measures: key examples

Outcome

Does care
improve
clinical
outcomes?

Functioning (e.g., assessed by
WHO-Disability Assessment
Schedule (DAS))
Employment (% patients
returning to work)
Symptoms (e.g., depressive and
recovery state are assessed by
Patient Health Questionnaire
and Diagnostic criteria of the
American Psychiatric
Association.

Mental Health services - Recommendations

- Increase screening for mental disorders in primary health care and connect to treatment and supports.
- Early assessment and treatment critical to prevent progression mental health problems.
- Integrated care **focuses on wellness and recovery**; with the goal to treat physical and mental health issues together while providing the most efficient and effective results.
- Integrated and collaborative treatment strategies between mental health professionals with primary care providers and social workers is a more effective treatment approach .

Integrated and collaborative treatment strategies*Why ??*

- Physical and mental health problems often occur at the same time.
- Most people seek help for mental Health problems from their Primary Care Provider.
- One half of all care for common psychiatric disorders happen in Primary Care settings.
- People with mental health issues experience a statistically higher rate of common medical disorders like diabetes, obesity, addiction to nicotine, and high blood pressure.

Why Should Primary Care Providers Integrate MH Services Into Primary Care?

- Primary Care Providers deal with patient's untreated psychological problem- identified or not
- Psychosocial/behavioral problems take up Primary Care Provider time regardless of degree to which problems are explicit focus of practice
- Many mental health (MH) Primary Care patients will refuse referral to MH professional
- Patients who refuse referral tend to be high utilizers with unexplained physical symptoms
- Many prefer to receive MH services in Primary Care because not construed as "mental healthcare"
- With expectation of seriously mentally ill, basic MH services can be managed in Primary Care setting
- Growing evidence that integrated primary care is cost-effective
- Dichotomizing patients problems into physical & mental leads to:
 - Duplication of effort
 - Undermines comprehensiveness of care

Barriers to Providing Mental Health Services to Primary Care Patients

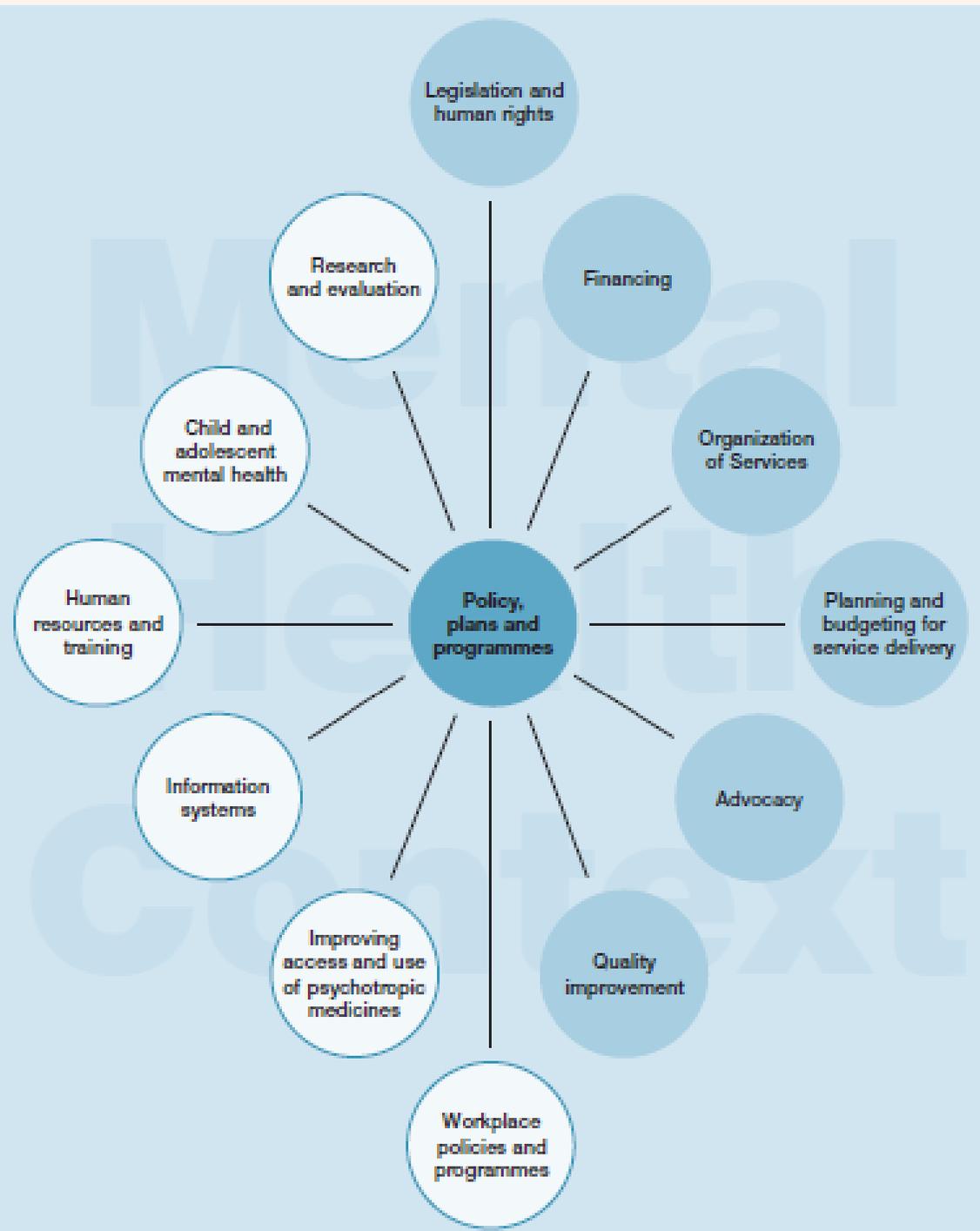
- ***Competing Demands and Tasks of Primary Care Providers***
 - Average primary care visit last 10- to 15 minutes
 - Inadequate time to adequately assess for mental health problems and manage once assessed
 - PHC Providers not trained to address psychological/behavioral problems common in primary care settings

Possible barriers to Providing Mental Health Services to Primary Care Patients

- ***Patient Barriers to Providing Mental Health Services***
 - Concerns about stigma of psychiatric diagnosis
 - Negative consequences for pursuing mental health care
 - Stigma or criticism from family
 - Patient Somatization: Problems not perceived as psychological
 - Patient has no psychiatric diagnosis, but still in need of psychological care

WHO response

- WHO supports governments in the goal of strengthening and promoting mental health.
- In 2013, the World Health Assembly approved a "Comprehensive Mental Health Action Plan for 2013-2020".
- The Plan is a commitment by all WHO's Member States to take specific actions to improve mental health and to contribute to the attainment of a set of global targets.
- The Action Plan's overall goal is to promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders.



Health implications

- Mental health disorders pose a notable burden to health systems, social welfare and economic output.
- Many risk factors such as stress, low socioeconomic status and substance use are common risk factors of mental disorders.
- People with mental illness experience high rates of disability and mortality stigma and the social impact can be severe, affecting their daily life, relationships, education and employment.
- Mental illness can increase the risk of a person developing physical illnesses such as cancer, diabetes, heart and neurological disease.
- Mental illness can exacerbate the severity of existing illnesses and compromise recovery from illness and injury.
- Early identification and effective management are key to ensuring that people receive the care they need.
- Cost-effective public health and inter-sectoral strategies and interventions exist to promote, protect and restore mental health.

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