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Transforming mental health services in Ghana: Blending traditional healing with contemporary medicine

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The West African country of Ghana is situated just north of the equator bordering the Atlantic Ocean. Ghana's tropical beaches and picturesque countryside are starkly contrasted by the destitute and inhumane living environments of people living with mental health conditions who often find themselves subjected to archaic treatment regimes as articulated in the report "Like a Death Sentence", Human Rights Watch (2012). The MHFGH was formed as a direct result of this report and comprises mental health professionals and academics mainly based in the diaspora. It is a registered charity and contributes to government, community and private efforts to promote mental health and wellbeing and reduce stigmatization of mental illness in Ghana. I am a mental health nurse working in Australia, but originally from Ghana, I lead the MHFGH as its current president. As a Ghanaian, I bring knowledge of local culture and health beliefs and partner them with my contemporary western health qualifications and expertise bridging the void between cultures. This mix is mirrored by many of the members of the MHFGH and builds strength and confidence in the work we are initiating in Ghana. Our work has led to numerous achievements. We host an international conference each year in Ghana, which we coincide with the annual world mental health day. In addition we are involving local mental health clinicians in research projects and education programs in partnership with Ghanaian and overseas educational institutions. We are already seeing the beginnings of mental health transformation. The aim of this paper is threefold; to discuss important stories of the foundation's development, to explore some of the personal stories of those living with mental health conditions and to raise awareness of shared concerns about health and wellbeing that cross trans-cultural borders.

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Gender differences in risk of myocardial infarction and stroke in population with high levels of personal anxiety in Russia/Siberia: WHO program MONICA-psychosocial

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Purpose: To evaluate the influence of personal anxiety on risk of CVD in the population of Russia/Siberia.

Methods: In frame of the third screening WHO program "MONICA-psychosocial" a random representative sample of the population aged 25-64 in Novosibirsk in 1994 (men n=657, women n=870) was surveyed. The program included: registration of socio-demographic data; personal anxiety was studied with Spielberger test. Over 16-year period cases of MI and stroke incidence in women (15 and 35) and men (30 and 22) were identified, respectively. Cox regression model was used for relative risk assessment (HR).

Results: Over 16 years, the risk of myocardial infarction and stroke in women with high anxiety level (HLA) was 4.19-fold and 3.5-fold higher, respectively. HR was 3.7 and 4.43 in men, respectively. After adjustment for age and social parameters, HR risk of MI and stroke was 5.16 and 3.5, respectively for women; HR=1.79 and HR=3.2 for men with HLA, respectively. The risk of MI was higher in women aged 55-64 years with HLA (HR=5.95), than men (HR=3.56). The greatest risk of stroke in presence of high anxiety was in divorced (HR=5.017) and widowed men (HR=3.848), aged 55-64 years (HR=5.8).

Conclusion: Anxiety is the most potent psychosocial risk factor for myocardial infarction and stroke in general population. The risk of MI was higher in women and stroke in men over 16-years period.

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