

Breaking the Taboo: Let's Talk Mental Health

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Introduction

With one mental health hospital in the CARICOM region, coupled with an increased burden of mental health issues, there is significant impact on health and major social outcomes, human rights, and economic conditions in the region. Mental Health, while once overlooked by most of the population as a result of the Caribbean culture, has been, of late, receiving a lot of attention through sensitization and knowledge of the seriousness of the matter. However, research suggests that there is a stigma attached to the issue of mental health, especially in the Caribbean and there is a lack of knowledge and willingness surrounding treatment of these illnesses.

Mental Health vs. Mental Illness

'Mental health' and 'mental illnesses' are increasingly being used as if they mean the same thing, but they do not. Everyone has mental health, just like everyone has health. During a lifetime, not all people will experience a mental illness, but everyone will struggle or have a challenge with their mental well-being (mental health) just like we all have challenges with our physical well-being from time to time [1].

When we talk about mental health, we're talking about our mental well-being: our emotions, our thoughts and feelings, our ability to solve problems and overcome difficulties, our social connections, and our understanding of the world around us. A mental illness is a clinically diagnosable disorder affecting the way people think, feel, behave, or interact with others. To be clinically diagnosed, an individual's day to day competence must be significantly impaired.

There are 4 D's of abnormality that assists in diagnose a mental illness are deviance (DSM-V Classification of the disorder), dysfunction (if the symptoms are significant enough to interfere in the individual's life in some major way), distress (how is the individual coping) and danger (is this individual a danger to self and danger to others) [2].

Contributing factors of mental disorders

Determinants of mental health and mental disorders include not only individual attributes such as the ability to manage one's thoughts, emotions, behaviours and interactions with others, but also social, cultural, economic, political and environmental factors such as national policies, social protection, standards of living, working conditions, and community support. Stress, Genetics, nutrition, perinatal infections, and exposure to environmental hazards are also contributing factors to mental disorders [3].

Youth population

WHO/PAHO (2016) reported that 4% of the regional population were treated for mental illnesses across the region in 2015. The most prevalent mental disorders were schizophrenia and depression with the highest diagnosis rate in the 18-30 age categories. Suicide is an important possible outcome of mental illness with a mortality rate of 7.3 per 100,000 in the region. Furthermore, greater than 90% of suicide victims have a diagnosable chronic mental disorder such as depression and substance use disorders. Depression in the region aligns with global trends where 35.6% of females and 24.8% of males suffer from it [4].

Though mental health is acknowledged as an essential component of overall health, evidence from the Region shows critical treatment gaps among people suffering from Mental, neurological, and substance use (MNS) disorders with of up to 73.5% among adults with severe/moderate disorders and 82.2% among children and adolescents.

Health and support

WHO/PAHO (2016) regional data reveals that health systems have not yet adequately responded to the burden of mental disorders. Consequently, the gap between the need for treatment and its provision is wide all over the region and between 76% and 85% of people with mental disorders receive no treatment for their disorder.

A further compounding problem is the poor quality of care for many of those who do receive treatment. In addition to support from health-care services, people with mental illness require social support and care. They often need help in accessing educational programmes which fit their needs, and in finding employment and housing which enable them to live and be active in their local communities.

Service delivery tends to be fragmented and there is poor coordination between health care levels. Mental institutions are emphasized at the expense of the development of community-based services. Ideally, community-based services should be primary services accessed to manage and treat mental illness and reduce centralized burden. The material and human resources allocated are scarce, unbalanced, and inefficiently distributed.

According to WHO/PAHO (2017), only 3.50% of the total health budgets in the CARICOM region is allocated to mental health (MH) (meaning the main psychiatric hospital and other MH facilities). The social and economic cost that Mental, neurological, and substance use (MNS) disorders represent for individuals and communities can be overcome with more investment and a shift in paradigms and models placing people and not illness in the centre of the system and focusing on recovery rather than cure.

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