

Better mental health awareness for better lives

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The World Mental Health Day is marked today, as it has been every year on 10 October since 1992. It gives us an opportunity to focus on mental health issues for one whole day, and in some countries, a whole week. That's nothing, of course, because change doesn't come from spot checks and quick fixes. Lasting change only comes from persistent activities, with broad overall and specific policies and plans. Along the way, the results must be checked and evaluated and the course adjusted – to help give better lives to the individuals, families and communities who need assistance in the various fields of mental health.

When I sat down to write this article, I was lucky to be advised by Gulzar Wazir, who just happened to call me, all the way from Australia. Usually, he resides in Peshawar where he is head of an NGO named "Friends of the MIND". It provides support to mentally ill and drug addicts in the city. Gulzar Wazir, a retired major, has himself suffered from mental health challenges and substance abuse, making him a particularly effective advocate in creating better mental health awareness, and advice on treatment and policy.

Mental health is as important as physical health. It should be given attention as part of overall health policies, and it should also be given separate attention. Ten to twenty percent of people in any given country will at some stage in life have mental health problems; a small percentage has chronic illnesses and needs treatment and care throughout life. Some conditions are congenital and inherited while others are acquired. Difficult daily life conditions can lead to depression and other mental disorders. Drug and alcohol abuse is often combined with mental illnesses, either partly caused by them or leading to such.

It is often said that the mental health is the most neglected part of the health sector; there is little understanding for it, even among doctors and other health workers, and certainly among politicians, employers and the society at large. Although investments in the mental health sector will initially be an outlay, there are major gains to be made since people with mental health disorders, who receive treatment, will become more productive citizens. For example, it has been proved that the occurrence of sick leave in workplaces will go down markedly.

This article is about mental health awareness. Much of what laypeople can do is to try to understand mental health issues better. We all have a duty to learn about ourselves, our fellow human beings and the communities we live in. We also have a duty to speak up if we see that there is neglect, ignorance and outdated attitudes in the way people with mental health challenges are treated. If we work as teachers, journalists, NGO staff, or in other jobs where we influence people directly, we have a special duty to be aware and up-to-date.

At all education levels, and indeed at university level, it should be ensured that there is created awareness about mental health issues. Any university graduate should not only be a specialist in his or her field, say engineering or zoology, but should be a well-rounded person who has knowledge about life in general, which includes mental health issues, too. In teacher training, we must include special education subjects so that every trained teacher has the ability and skills to discover when children have mental health needs, and other special education needs. Many needs would be psychosocial, which could be

related to abuse or neglect in the home or community, bullying at school, and so on. Such cases can lead to serious trauma and chronic mental disorders.

We must also be careful not to pressurize average or poor students to score better at tests and exams than they would naturally do, also considering that the quality of the education they are provided, is not always good, or the environment does not give support. Sometimes, the school system can be a serious burden on students, whereas it should be the opposite. In rare cases, youth may commit suicide, usually caused by a combination of factors, including economic hardship at home and other reasons, but also failure to perform well at exams.

School teachers who have training in special education will not only be able to do a better job for all children, but they will also be a resource in the community when dealing with parents and others. In literacy and other adult education, which I hope will expanded very much in the near future, knowledge of mental health issues is essential .

On Tuesday this week, Pakistan observed the National Disaster Awareness Day. We were reminded of the earthquake on 8 October 2005. There were many victims of the devastating earthquake. Other natural disasters have happened, indeed major floods in Sindh, South Punjab and KPK. Pakistan has for more than three decades been host country for millions of Afghan refugees, and more recently, there have been large numbers of internally displaced persons (IDPs), especially in Swat and FATA. Such experiences lead to trauma and psychological illnesses even in otherwise strong and healthy human beings, adults more than children.

I have spent over a decade working with refugee education, mostly in Pakistan. When I dealt with Afghan refugee education, we estimated that at least twenty-five percent, sometimes double that figure, of the refugees had psychosocial needs, some suffering from serious mental disorders. Except for common sense and family support, and some limited specialist support, most refugees received no professional help at all. Many became addicted to drugs and other substances, to make it a bit more bearable to get through the day and night. The situation for many Pakistanis, especially IDPs and other affected by disasters, is not entirely different from that of the Afghan refugees. Multiple disasters, including economic hardship, unemployment, and so on, can wipe any person off his or her feet and can contribute to mental illnesses.

In this article, I have not seen it as my task to argue for a higher number of qualified mental health workers, specialists and institutions. That need is indeed obvious. Today, I argue for better general knowledge and information in the general population; I would like all of us to have better awareness, attitudes and values so that we in a more positive way can try to understand more about mental health issues. There is often stigma and discrimination attached to mental health disorders. We are even ashamed of telling others about such disorders and suffer alone.

In Pakistan, where there are only four major psychiatric hospitals, it goes without saying that the possibility for treatment is limited. General medical practitioners and psychologists can help, and so can nurses, social workers, and teachers. We should be realistic and realize that for many years to come, we will have to settle for the help to be provided by semi-specialists, together with the patient himself or herself, family members and friends. Neutral persons are sometimes better to assist and treat than family members, and sometimes, the causes lie within the family. Generally, there are more women than men suffering from mental health disorders, or admit they need help – and women are often better social workers and providers of care in the family than men.

Congratulations on the World Mental Health Day 2103. The theme this year is ‘mental health and older adults’, as advised by the UN World Health Organization and World Federation of Mental Health. Last year, the theme was ‘depression in a global crisis’, and before that, ‘investing in mental health’, and in 2010, the theme was ‘mental health and physical illnesses’. Next year, the theme is ‘living with schizophrenia’. Yes, it is possible to live with such an illness. Gulzar Wazir, the intelligent and highly committed mental health advocate I mentioned above, is an excellent proof precisely of that.

The writer is a senior Norwegian social scientist with experience from university, diplomacy and development aid