Theme Guide

American Mock World Health Organization at UGA

Regional Conference 2020

Mental Health

AMWHO
University of Georgia.

Introduction

We are incredibly excited to welcome you to the AMWHO at UGA Regional Conference 2020, and it is our pleasure to present to you this theme guide on the topic of Mental Health. The three sub themes that are discussed in this theme guide are essential to understanding the topic of mental health and its effect across the globe:

- Mental Health Care Accessibility

-Mental Health and Substance Abuse

-Social Stigma of Mental Health

According to the World Health Organization (WHO), mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".

This was the World Health Organization's definition of Mental Health in 2015, and since then the WHO has had to reevaluate the definition and update it to include a number of very important factors. "Mental health is more than the absence of mental disorders. Mental health is an integral part of health; indeed, there is no health without mental health. Mental health is determined by a range of socioeconomic, biological and environmental factors. Cost-effective public health and intersectoral strategies and interventions exist to promote, protect and restore mental health."

All this to say that mental health is an extremely complex topic that even the World Health organization has struggled to define. Mental Health is an experience that is different for everyone, and, due that reason, is incredibly difficult to define. There are many factors that must be taken into account when discussing mental health and the care provided for mental health around the world. The way in which mental health is prioritized varies greatly from country to country, and it has been this way for generations. The stigma is slowly deteriorating, but there is still a lot of work that must be done to combat the social stigma of the mental health. Social stigmas against mental health leads to discrimination, which, can make mental health problems worse and prevent individuals from getting help. It also prevents accessible mental healthcare, which completely halts the cycle of care for individuals suffering with mental health. An additional conversation needs to be made for the increased substance abuse and its direct correlation to mental health. For many individuals that are addicted to drugs, they use drugs in order to combat their mental illness. Others that are drug addicts have struggled with mental illnesses such as depression and anxiety, because of their addiction. A conversation needs to be had about the increasing relevancy of mental health, and what can be done to help those that area struggling with it.

<u>Subtheme 1</u>: Mental Health Care Accessibility

In the United States, the Centers for Disease Control estimates 5 percent of adults (43.8 million individuals) live with a mental illness which has caused a major health crisis. Though there is increased awareness surrounding disorders, a discrepancy still exists between those who receive care and the large portion of the population diagnosed with mental illnesses. Many of the issues arising from lack of access to care are due to social stigma and negative views. While strides are being made to combat this, lack of awareness is directly linked with limited resources.

Access to care is defined as being "concerned with helping people to command appropriate health care resources in order to preserve or improve their health" (Gulliford, 2002). This includes medication, therapy or counseling, and access to specialized facilities. As previously stated, the stigma surrounding mental health has existed throughout history. Since those diagnosed with disorders were viewed as "crazy" and ostracized from society, help was not readily available. Reform only began recently as more people are starting to understand the importance of mental health care but access is limited to those who can afford the services. Along with this, rural areas are extremely limited in what they offer because many people are not properly educated on the importance of mental health, types of mental health disorders, how to identify mental health issues, and ways to address the problem. Lack of access worsens the cycle by limiting awareness and education, which in turn inhibits those who suffer with mental illnesses from obtaining help.

Though this is one of the biggest problems related to insufficient mental health care, there are changes that can be made to help counter this. One method of increasing access is through education. By integrating information about the importance of mental health and ways to treat illnesses, individuals are more likely to take action in caring for themselves and others. If a community adopts preventative policies, more people will become aware of what resources are needed. This includes an increase in locations for services, accounting for a community's proximity to medical facilities with sufficient resources, and the number of mental health professionals available to help. If any or all of these factors are not fulfilled, the lack of access to mental health care is worsened. While it takes time to make changes to improve access for individuals, small steps can be taken to improve these factors and alleviate the burden felt by those suffering from mental illnesses while offering hope for the future.

Location

Research publicized by the Institute of Medicine that operates in Washington D.C. presents that in order to properly discuss accessibility to health services and treatment options, a definition for availability to healthcare must be created, and they have defined accessibility to health services as the "timely use of personal services to achieve the best health outcomes for individuals." Often in this definition of providing adequate health care services to the majority, the inclusion of the physical or virtual access to health care services is largely ignored; especially in low income communities where wealth disparities are higher, the overall majority cannot afford to pay upfront for healthcare costs, and since these communities also have poor access to primary care, there is also a higher rate of growth of chronic diseases that are left untreated. Consequently, the physical location of healthcare is limiting to the group of people who are in dire need of access to healthcare, and services as simple as yearly checkups and screenings are disregarded and overlooked.

Improving overall health care, physical locations of clinics, hospitals, and other mechanisms of healthcare can serve as incentives or deterrents for individuals to be motivated to go and get yearly checkups, necessary screenings, and quality healthcare services. For individuals to have direct access to healthcare means that individuals should be able to "enter the healthcare system, find care easily and locally, pay for care, and get their health needs met in an effective manner." Sadly, a situation in which individuals have the technological access to look up healthcare near them via the internet or by having access to a telephone is slimmer in communities with lower socioeconomic status and prevents certain groups of people from getting access to adequate healthcare. Furthermore, the impact of location on human health and accessibility to healthcare is variant on multiple factors including but not limited to a geographical location of where individuals live, human mobility within geographical regions of the world, socioeconomic circumstance, behavioral risk factors such as drinking alcohol and smoking cigarettes, and genetic determinants of predisposition to certain diseases. As geographical location serves as a large barrier to some seeking healthcare service, it is not the only deterring factor that discourages individuals from receiving adequate healthcare services.

In addition to being geographically close to proper healthcare, the importance of accessibility to primary care for increasing overall access to healthcare is crucial, as even governments and private enterprises such as The Economist have realized that providing accessibility to good primary care among low income communities is the core foundation that should be established to implement a sustainable form of healthcare services all over the world. In a case study sponsored by the National Institute of Health that took place in Gambia, mortality rates among children ranging to be about 5 years old was significantly higher in areas where families did not have direct and quick access to primary care for their children, supporting the notion that introducing primary healthcare services in poorer communities' decreases rates of mortality and also could decrease rates of illnesses primarily experienced by children.

Other innovations that social health enterprises are implementing all over the world is increasing the reach of providing low-income families with access to primary care. One of these social health

enterprises that operates under a collective group called Innovations in Healthcare has established an initiative allowing for low-income communities within regions of Colombia to receive access to check-ups and screenings provided by the company instead of regulated by privatized healthcare agencies or governmental funding. As the healthcare business has realized that gaps in healthcare services exist largely due to lack of government funding and sustainable healthcare practices within peripheral countries of the world, they have increased the implementation of hiring more doctors to help with communities who are in need of these services. Although healthcare businesses are easily helping those in need get direct access to primary care in a simple and affordable manner, these businesses do not operate for the long-term and as a result, are not sustainable for the future. Increasing the accessibility for solely primary care in lower income regions allows for communities to have a better overall health as well as rely less on urgent care hospitals and systems that are not cost effective.

<u>Subtheme 2</u>: Social Stigma of Mental Health

Mental Illness has long been stigmatized in societies across the globe for many generations. Although treatment for mental illness has come a long way, the perceived stigma related to it has not evolved as much. The public stigma and discrimination can worsen someone's mental health problems and can make their difficulties harder. It can also prevent them from getting help and treatment, and can impede their recovery. Social isolation, poor housing, unemployment and poverty are all linked to mental ill health. Therefore, stigma and discrimination can trap people in a cycle of illness.

Stigma has come about from a lack of understanding and fear. This can lead to isolation and shame. Stigma can also lead to harassment, bullying, and even violence. People with mental illnesses have faced discrimination in seeking employment and even housing. Stigma also prevents people from seeking help or getting treatment, and as a result, their symptoms become worse and more difficult to treat. Therefore, when considering ways to address mental illness in various countries, it's important to also consider the stigma related to mental health and how it differs across regions. Solutions to reducing the perceived social stigma should address education, open discussion, equality and discrimination, perception created by the media and empowerment.

Misconceptions about mental illness can lead to stereotypes and prejudice that can rob those with mental illness of a quality life with a good job, safe housing, adequate healthcare and a sense of community. Stereotypes are negative beliefs about a group such as the belief that people with mental illness should be feared and are violent. Other stereotypes include the idea that they are irresponsible and childlike but, conflictingly, are perceived to be in control of their disabilities and are even responsible for causing them. Prejudice is the agreement with such negative beliefs and a negative emotional reaction to it such as fear and anger. Discrimination is an actionable response to prejudice such as avoidance, withholding employment and housing opportunities. The behavioral impact that results from public stigma takes four forms:
- a.) *Withholding help*
- b.) *Avoidance*
- c.) *Coercive treatment*
- d.) *Segregated institutions*

Studies suggest that the majority of citizens in the United States and many Western European nations have stigmatizing attitudes towards mental illness. The views in Asian and African countries are not as negative and profound towards mental illness, but possibly due to not as much research conducted and cultural reasons. Additionally, stigmatizing views are not reserved only for the general public, but even trained and educated professionals can succumb to such notions and affect the quality of healthcare and attitude towards them. According to research, the public seems to disapprove people with psychiatric disabilities significantly more than those with related conditions such as physical illness in hiring for jobs and approval for housing.

The Equality Act 2010 in the United Kingdom is one step towards ending such discrimination in society. This act makes it illegal to discriminate directly or indirectly against people with mental health problems in public services and functions, access to premises, work, education, associations and transport. Change strategies for public stigma have been grouped into three approaches: protest, education, and contact. Protest is a reactive strategy that diminishes negative attitudes about mental illness, but fails to promote more positive attitudes that are supported by facts. Education provides information so that the public can make more informed decisions about mental illness. Stigma is further reduced when the general public comes into contact with those that have mental illness who are able to maintain a steady job or live as upstanding members of the community.

The stigma attached to mental illness is the main obstacle in providing care for these people. Stigma doesn't just end at those that are ill, but it affects their families, the institutions that provide treatment, mental health workers and more. Stigma makes community decision makers see people with mental illness with low regard which results in hesitancy in investing resources into mental healthcare. Change must begin with changing the perceived attitudes of the general public first and the media can play a large role in this as well by discontinuing reporting wrong representations of mental illness.

Subtheme 3: Mental Health and Substance Abuse

Currently, drug abuse is an area of major concern within the United States as noted by Surgeon General Jerome M. Adams. According to the Surgeon General's Report on Alcohol, Drugs, and Health, 45.5 percent of those with substance abuse disorders also have mental disorders, with only 51 percent of them receiving treatment for either disorder, and a smaller number receiving treatment for both. The occurrence of both problems at the same time is referred to as dual diagnosis or co-occurring disorders. It is important to treat both disorders simultaneously because mental health and substance abuse are interlinked in a cause-and-effect relationship. They share similar external (environmental) and internal (genetic) causes and express themselves as symptoms or effects of one another.

Childhood trauma, otherwise known as Adverse Childhood Experiences or ACEs, is a leading environmental cause behind dual diagnosis. Genetic stressors include the development of neonatal abstinence syndrome (NAS) in newborns due to the uncontrolled and unhealthy consumption of narcotics during pregnancies, resulting in respiratory, gastrointestinal, and autonomic complications in infants. Both types of stressors, whether encountered individually or in conjunction with one another, result in serious mental ailments. The most common mental disorders that either lead to or result in abusing drugs involve depression, anxiety disorders, schizophrenia, and personality disorders. To attain feelings of euphoria, patients misuse opioids such as cocaine, heroin, and marijuana, all of which are among the most abused drugs within the United States according to the National Institute of Drug Abuse.

The first step in treating dual diagnosis is to recognize its symptoms.
Behavioral indicators include:
- Changes in appetite or sleep patterns
- Mood swings and violent outbursts
- Drop in attendance and performance at work or at school
- Appearing fearful or anxious without reason

Physical indicators include:
- Bloodshot eyes and abnormally sized pupils
- Sudden loss or gain in weight
- Unusual smells in breath or body odor
- Deterioration of physical appearance

Social indicators include:
- Sudden changes in friends, hangout, and hobbies
- Unexplained need for money or financial problems
- Abusing substances despite problems in relationship
- Legal problems related to substance abuse

Although treatment options for drug abuse and mental disorders are currently separate, they are operated on similar principles of communication and togetherness. While twelve-step programs like Narcotics and Cocaine Anonymous exist for drug abusers, treatments psychotherapy and Electroconvulsive Therapy (ECT) exist for those struggling with mental illness. The twelve-step programs offer an open environment for drug addicts to talk about their addiction and the people that they have harmed in order to overcome guilt and addiction through religious discipline. Psychotherapy is a talk therapy that helps those with mental and emotional difficulties cope with trauma and the struggles of everyday life. Both programs aim to offer a supportive community that aids in the healing process. Additional treatments like ECT, which are electrical impulses supplied to the brain to change brain chemistry and reverse symptoms of mental disorders, are offered along with medications while patients undergo psychotherapy.

Drugs' illicit status, and the craving that they induce, blind users to considerations regarding their quality and source. As a result, impurities such as talcum powder and cement particles that are indistinguishable from powdered drugs are mixed with the doses sold on the streets. Lack of access to the right equipment further exacerbates the problem by prompting unsafe needle exchanges that spread HIV and hepatitis C, making the mentally ill community all-the-more vulnerable.

Luckily, injection sites such as Insite in Vancouver provide addicts with the clean doses and equipment that they need to safely consume drugs. According to an interview with Liz Evans, a leading nurse at Insite, "Insite has prevented countless deaths from overdose, and referred nearly 4000 people to detox programs." Portugal also has several injection sites in addition to prescription programs that offer periodic prescriptions of heroin and other types of drugs to users. Both harm reduction programs have nurses and staff that educate users on the proper intake of drugs; for example, they help users learn how to find the right veins so as to keep them from overusing and rupturing the same veins. Doing so has reduced deaths related to overdose by over 50%.

Those with mental disorders are referred to specialty treatment facilities for care. However, these psychiatric residential units do not always accept patients with a diagnosis for drug abuse. In order to care for and treat patients with dual diagnosis, interdisciplinary teams, programs, and treatment facilities are necessary. Currently, establishing programs that combine facets of both specialty treatment facilities and harm reduction programs are an area of focus and debate in health policy, along with debates about legalizing drugs for medical use.

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