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My No: DMH/A/2004/05
Ministry of Healthcare Nutrition
& Uva Welassa Development
"Suwasiripaya"
385, Deans Road,
Colombo 10.
13th September 2004

To;
All Provincial Directors of Health Services
All Dy. Provincial Directors of Health Services
All Directors of Specialized Campaigns
All Heads of Institutions / MOOH
Diabetic Association of Sri Lanka

World Mental Health Day – 2004

October 10th 2004 marks the World Mental Health Day.

1. The theme: THE RELATIONSHIP BETWEEN PHYSICAL AND MENTAL HEALTH: CO-OCCURRING DISORDERS.

- 2. **Objectives:** To eliminate the gaps in treatment that has existed.
To focus attention on identification, understanding and treatment of co-occurring disorders.
To promote an awareness of viewing health as a "whole body" concern.
To encourage learning more about mental health issues and to support improved services regarding health and co-occurring disorders.

3. Activities to be undertaken: -

- 1. Conduct awareness programme for health staff to recognize and manage mental health issues among pregnant mothers and children.
- 2. Conduct awareness programme for medical officers, nurses and paramedical staff of the general medical, surgical, pediatric wards regarding mental health issues.
- 3. Awareness programmes for staff in psychiatry units/clinics to recognize and manage physical, mental health and co-occurring disorders.
- 4. Organize lectures, lecture discussions and other relevant activities with GOVT/NGOO to enlighten them on mental health issues.
- 5. Promote awareness among media personnel on the theme of World Mental Health Day and its objectives.
- 6. Draw up a plan regarding the activities to be undertaken.

4. Introduction- The relationship between Physical and Mental Health

Mind and body are inseparable. A serious physical illness and the treatment for it, can affect the way we think and feel in every area of life. Our relationships, our work, our spiritual beliefs and how we socialize with other people may all be affected. A serious illness can make us feel sad, frightened, worried or angry.

People with mental disorder experience far more physical health problems influencing overall health and life expectancy than people in the general population. Many of these problems result from **behaviour issues** causing obesity, smoking, and substance abuse that lead to hypertension, heart disease, diabetes, and cancer and, in turn, may increase or even cause depression and anxiety. It's a vicious cycle. Others relate to medications given for one disease that create other illness. Individuals with schizophrenia tend to be either reluctant or unable to report other problems. These patients also often delay going to the doctor for treatment. It appears that detection of physical illness in people living with schizophrenia is very poor.

Anxiety and depression often cause adverse changes in a person's immune system thus making way for any number of physical illnesses. A person's mental health has a profound effect on his or her behaviour as far as diet, exercise, sexual practices, smoking, etc. which may further the chances of adverse physical illnesses. Mentally ill individuals can have difficulty communicating their physical needs and problems. Many mentally ill people have a very high tolerance for pain and a reduction in pain sensitivity due to antipsychotic medications.

People frequently seek help for physical ailments that may actually be symptoms of depression, such as allergic reactions, ulcers, or other disorders. It is clear that primary care physicians should look at potential mental health causes and consequences of physical illness in order to provide the best possible treatment. Too often this important link is overlooked.

Depression is a brain disease profoundly affecting the physical being, including the structure of the brain. Thus, the same chemistry that affects the brain also affects major physical illnesses such as diabetes, cardiovascular disease, and others.

The World Health Organization has reported that 4 of the 10 leading causes of disability are mental disorders, including major depression, bipolar disorder, and schizophrenia and has supported the movement to integrate mental health care into general health services. In developing countries with limited resources this has meant a new beginning of care for people with mental disorders.

We live in an exciting time for innovations in treatment of illnesses. Many of the most feared illnesses of the body, such as cancer, heart disease, diabetes and more are increasingly seen as treatable, survivable, even curable ailments. Yet mental health is not given the priority that it deserves.

The good news is that appropriate treatment for emotional problems can greatly improve the functioning of someone with physical illness. This demonstrates that primary care providers must learn to recognize, treat, or make referrals for people with mental health problems. Approximately a third of all family practice patients have identifiable mental health problems and the statistics may be even higher for teenagers and the elderly.

This emphasizes the importance of primary care as a setting for mental health care. Good mental health care is a collaborative effort that includes primary care physicians, nurses, school counselors, and mental health professionals. A barrier to the integration of mental health services and primary health care is the lack of motivation on the part of consumers, providers, and payors. We must focus our efforts on educating health systems to help change existing assumptions that split the person into unequal parts of "body" and "mind." We encourage everyone to continue to learn more about physical and mental health and empower change in our communities and in our lives.

5. Diabetes and Mental Disorders

Diabetes is considered one of the most psychologically demanding of the chronic illnesses because it requires such a strict daily routine and often experience substantial stress and negative affect.

Diagnosing depression in those with diabetes is challenging. Both depression and diabetes share many of the same symptoms. In addition, there are studies that show that diabetes disturbs the natural balance of bodily hormones and brain chemistry. As well, depression induces hormonal changes that directly affect the body's resistance to insulin, in turn aggravating the underlying diabetes. When depression occurs in people with diabetes, it usually is associated with poor metabolic control, poor diet and adherence to treatment, and negative effects on quality of life. Those with both conditions find it more difficult to control their diabetes. Certain symptoms associated with depression, such as loss of energy and changes in eating habits, can impede a patient's ability to follow the recommended diabetes care regimen. This increases their risk for developing diabetic complications such as heart disease, blindness, stroke, kidney disease, birth defects, nerve damage and amputation.

Diabetes could also be associated with an increased likelihood of anxiety disorders and eating disorders. People with schizophrenia are at increased risk for Type II diabetes because of the side effects of antipsychotic medication, poorer overall physical health, less healthy lifestyles, and poorer health care.

This is a strong case for the need to bring both the mind and the body into an overall health care approach and reduce the chances of damaging health care issues going unnoticed. Psychiatric care should be modified to include routine screening for diabetes, hypertension, and obesity.

6. Cancer and Mental Disorders

The diagnosis of cancer can sometimes lead to depression and anxiety, which can have a profound effect on the overall health of the person dealing with the illness. Treatment can, have a positive effect on the quality of life of the individual and decrease the number of hospital visits and increase survival rates. It is important that people diagnosed with cancer benefit from early intervention. Primary care clinicians and oncologists should be able to identify mental health symptoms in their clients. Suicide is the most serious concern in cancer patients with depression. Fear of death, interruption of life plans, changes in body image and self-esteem, changes in the social role and lifestyle, and money and legal concerns are important issues in the life of any person with cancer. When people discover that they have cancer, they may have feelings of disbelief, denial, or despair. All patients may well benefit from counselling but when symptoms are intense and long-lasting, more intensive treatment is important.

Whatever the treatment, the clinicians needs to have a proactive approach, making sure that therapy fits the needs of each individual patient based on the clinical needs. The question as to whether depression is a factor in causing cancer is still being studied but there is some evidence that shows that there may be some truth to the association. There are several psychiatric therapies that have been found to be beneficial for the treatment of depression related to cancer. These therapies are often used in combination and may include crisis intervention, psychotherapy, and thought/behaviour techniques. These

therapies explore methods of lowering distress, improving coping and problem-solving skills; enlisting support; reshaping negative and self-defeating thoughts; and developing a close personal bond with an understanding health care provider.

7. Cardiovascular Disease and Mental Disorders

Major depression among people with heart disease is higher than in the general population at any given time. The risk of heart disease is double in people with depression. Mental stress and depression can have a profound effect on cardiovascular disease, serving as causation and implications of recovery.

Psychological symptoms among women may increase their risk of cardiovascular disease directly because of biological changes or indirectly because of unhealthy lifestyle. Psychosocial treatment that reduces stress can reduce the rates of re-hospitalization and death rates and both men and women respond favorably to these programmes. Individuals who receive treatment for depression after a stroke have a better chance of restoring mental abilities, which are often damaged during a stroke, such as orientation, memory, language, and hand-eye coordination.

We have often heard the saying "think positively." There is hard medical evidence for the benefits of this idea in terms of heart disease. It appears, unfortunately, that the physicians who treat heart disease rarely address the possibility of depression.

Other mental illnesses also have an impact on the person experiencing cardiac disease. Cardiovascular disease is the most common cause of mortality among people with schizophrenia. It is clear that the lack of integration of the medical and mental health care systems can result in numerous additional problems for individuals with schizophrenia as well as other mental disorders. Diagnosis and treatment of mental disorders in conjunction with treatment of cardiovascular diseases goes a long way in the successful outcomes of both categories of illnesses. These diseases should not be viewed as isolated entities if any treatment is to achieve the maximum effectiveness.

8. HIV/AIDS and Mental Disorders

Common psychological disorders associated with HIV/AIDS are depression, anxiety, and dementia. Psychiatric symptoms arise in HIV/AIDS for numerous reasons, including the direct effect of the illness on the central nervous system and the psychological reactions secondary to the stigma and fear associated with this condition. Mental health care for the person with HIV infection should be a collaborative effort involving primary care practitioners, patients, mental health clinicians, case managers, and also, when appropriate, substance abuse counselors or domestic violence service providers.

Anxiety may cause a sort of numbness and emotional detachment. There is a kind of dementia called AIDS Dementia Complex (ADC) that is very common among people with advanced HIV disease. Treatment for mental disorders and dementia include medications and professional counselling; while one can be used without the other, results are best when the two methods are used together. Side effects of medications may also be quite different than in the non-HIV population.

9. The Mind and Body Connection

People who are beset with poverty, job dissatisfaction, prejudice, cultural dislocation, long-term loneliness, or the sudden loss of a loved one are far more vulnerable to illness and death than those who are fulfilled in their social and interpersonal world. Mind-body medicine is considered by many to be a revolutionary 21st century approach to health care that includes a wide range of behavioural and lifestyle interventions, as important as traditional medical interventions. In the modern world of today, many illnesses are caused as much by lifestyle, dietary habits, activity level and stress as by traditional causes such as infection, virus, bacteria, and physical trauma. Mood, attitude, and belief can affect every chronic illness: fear, cynicism, hopelessness and helplessness can have a bad effect on health; whereas courage, good humour, a sense of control and hopefulness can have a beneficial effect.

10. The Impact of Physical Health Problems for Persons with Severe Mental Disorders

People with mental illnesses are among the most marginalized people in our community. The separation of health care for physical illnesses from mental health care often fragments the total care offered to this group. These factors often result in people with a mental illness not receiving adequate health care in relation to their overall health needs. This is a call to action to mental health professionals, advocates and patients/consumers throughout the world, in developing an integrated approach to health care for those who experience major mental health problems.

Higher rates of physical illness among people with mental illness add to the difficulties of living with a mental illness. Proper treatment of physical and mental conditions at the same time improves the overall well being of the consumer. The separation of mental health services has led to fragmented care for people with mental illnesses.

People with mental illness have not benefited from public health campaigns aimed at reducing major health risk factors. Specially targeted programmes would be welcome. More outreach services and more proactive health care is needed for people with mental illness; otherwise, they risk missing out on vital health care; Health care services must adapt to the needs of people with mental illness; otherwise this vulnerable group will continue to have an unacceptably high death rate and reduced life expectancy.

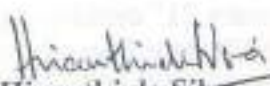
**Any further information on this may be obtained by visiting the following web site
www.wfmh.org or www.wmhdaily.net**

Please bring the contents of this circular to the notice of all officers concerned in your province/division/Institution who should take a special interest in the above activities. The above suggestions are intended to serve as guidelines only. Details could be worked out to suit local situations.

All PDHSS, DPDHSS should ensure the full participation of preventive and curative health staff in these activities.

The Health Education Officers attached to your division should provide the necessary assistance and guidance in organizing the World Mental Health Day.

Please send a summary of the World Mental Health Day activities carried out in your province/division/Institution with your observations to reach the office of Director Mental Health Services by 30th October 2004.


Dr. Hiranthi de Silva
Director / Mental Health Services

Sgd. Dr. H.A.P Kahandaliyanage
Director General of Health Services

Cc: Hon Minister of Healthcare, Nutrition & Uva Wellassa Development
Hon. Dy. Minister of Healthcare, Nutrition & Uva Wellassa Development
Hon. Provincial Ministers of Health
Secretary, Ministry of Healthcare, Nutrition & Uva Wellassa Development
Addl. Secretary, Ministry of Healthcare, Nutrition & Uva Wellassa Development
All provincial Secretaries of Health Services
All Dy. Director Generals of Health Services
Epidemiologist
All Regional Epidemiologists
All MOOMH
All DDHS/MOH
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WHO Representative for Sri Lanka
Director, Health Education Bureau
Director, Family Health Bureau
Director, NCD
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