



12-2013

Challenges Posed by Mental Disorders, Substance Abuse and Neurological Disorders: Need for a Joint Action by Psychiatrists and Neurologists

Mowadat H Rana

College of Physicians and Surgeons, Pakistan

Haider A Naqvi

College of Physicians and Surgeons, Pakistan

Follow this and additional works at: <https://ecommons.aku.edu/pjns>

 Part of the [Neurology Commons](#)

Recommended Citation

H Rana, Mowadat and A Naqvi, Haider (2013) "Challenges Posed by Mental Disorders, Substance Abuse and Neurological Disorders: Need for a Joint Action by Psychiatrists and Neurologists," *Pakistan Journal of Neurological Sciences (PJNS)*: Vol. 8 : Iss. 4 , Article 2.
Available at: <https://ecommons.aku.edu/pjns/vol8/iss4/2>

CHALLENGES POSED BY MENTAL DISORDERS, SUBSTANCE ABUSE AND NEUROLOGICAL DISORDERS: NEED FOR A JOINT ACTION BY PSYCHIATRISTS AND NEUROLOGISTS

Mowadat H Rana¹; Haider A Naqvi²

¹Editor, *Journal of Pakistan Psychiatric Society*

Dean of Psychiatry, College of Physicians and Surgeons, Pakistan

²Associate Editor, *Journal of Pakistan Psychiatric Society*

Correspondence to: Mowadat H Raza, Editor, *Journal of Pakistan Psychiatric Society*
Dean of Psychiatry, College of Physicians and Surgeons, Pakistan. Email: mhrana786@gmail.com

The famous American philosopher Sir Ralph Waldo Emerson (1803 - 1882) is credited with the quote "Beware of an idea whose time has come". This is apt for a joint mental and neurological health care in the context Pakistan. The United Nations Millennium Development Goals (MDGs) envisioned comprehensive care and improved quality of life for patients with mental and neurological disorders and substance abuse (MNS) by 2015¹. This provides a unified framework to work towards a common goal by International community. Subsequent to this there was a recognition by World Health Organization (WHO) that gaps exist in the (need and delivered) care of patients with MNS. The Mental Health Gap Action Programme was launched as early as Oct, 2008 in order to redress the problem². The programme focuses on the priority disorders for which effective intervention strategies exist. Lancet series (2007) on mental disorders, neurological disorders and substance abuse (MNS) demonstrates the feasibility of scaling up the services to reach individuals in low-and-middle income countries³. It provides guidance on identifying, developing and testing interventions which could be delivered through minimally trained health workers. The amount needed to scale-up the services is estimated to be \$US 2 in low income countries and \$US 3-4 in low and middle income (LAMI) countries^{4,5}. As a resource constrained nation, with gross paucity of trained health professionals, particularly in the field of neurology and mental health, Pakistan can benefit immensely from initiatives which aims to meet the MDGs as a joint effort and contribute towards the Mental Health Gap Action programme of WHO.

In this editorial we aim to raise the possibility of a joint action by the neurology and mental health fraternities to come together in order to meet the challenges posed by MNS. History suggests that the two sets of health professionals have often worked in isolation, even when they are tied up by their common realms of anatomy, physiology and pathology. The two professionals are witness to the fact that Pakistan is undergoing rapid demographic, socio-cultural and political transition. Nearly all its provinces, regions, cultures and subcultures are challenged by the changing ideological, geopolitical, and even more importantly, socioeconomic changes. At the interface of the internal and external world, the organ of the body likely to get affected foremost and most severely has to be the mind and the brain. Both are known to work in unison. The exponents of each i.e. mind and brain however train differently, pursue divergent course in their delivery of health care, and often remain weary of each other's therapeutic approaches. Yet neither can imagine running clinical services without adequate understanding and expertise of each other's specialties⁶. Consequently the patients reporting to neurologists remain often underserved as regards their psychosocial needs, while those with the mental health professionals may lament about a lack of understanding of the neurological basis of their ailments. The existing divide and isolation between the two professionals becomes even harder to understand given their small number in the country. There are reportedly less than five hundred psychiatrists and less than a hundred neurologists in Pakistan⁷.

These numbers become significant when we take into account the health statistics which show that mental, neurological and substance use (MNS) disorders account for the loss of 7.4% of disability-adjusted life-years and for 22.9% of the years lived with disability globally⁸. Despite the burden and economic impact of MNS disorders, the median investment in mental health care of US\$ 0.15 per person in Eastern Mediterranean countries (WHO Regional Office for the Eastern Mediterranean, 2011) is well below the US\$ 3-9 needed for a selective package of cost-effective mental health interventions in low-and middle income countries⁹. According the mental health ATLAS for the Eastern Mediterranean region, WHO, 2.8% of training budget for medical doctors and 3.4% of training budget for nurses is devoted to psychiatry and mental health related subjects. These rates are comparable to investment in training in other regions. They are also comparable to the rates for number of nurses and doctors, per 100,000 populations per year being trained in

mental health. Almost 60% of the mental health workforce is working in institutional setting with scarce community based mental health services (WHO, Regional Office, the Eastern Mediterranean, 2011). Pakistan has 1.95% of the world medical schools. It is estimated that Pakistan will have 150,500 physicians for 208.4 million populations by 2020¹¹, The Government of Pakistan invests less than 1% on health care system and Pakistan's contribution in domain of research publications is less than 0.04%, inclusive of health science¹².

These statistics clearly highlight the magnitude of the issues at hand. An urgent need for the mental health professionals and neurologists to come together to meet these challenges cannot be over-emphasized. Following measures are suggested to bring the two fraternities for joint action:

A starting point could be to jointly organize the first ever National Mental Health, Neurological and Substance Abuse Survey in Pakistan. It is sad to notice that over the last 66 years since the inception of the country there has been no single demographically representative survey undertaken on scientific grounds, using robust neuro-diagnostic and psychometric tools to assess the prevalence, incidence, patterns, severity, morbidity, disability or mortality consequent to diseases of mind and brain. In the absence of such data, it is difficult if not impossible to design a need-based, relevant health services for the country. In its absence we continue to quote prevalence figures that are based on anecdotal, unscientific, and poorly designed surveys which cannot be taken seriously while designing mental or neurological preventive, therapeutic or rehabilitative health services. This is in the context when more than one tenth of the population in Pakistan is expected to suffer from disorders of mind and brain. It is therefore mandatory that neurologists and psychiatrists come together and make concerted efforts to mobilize political will through an advocacy campaign. This editorial could become the vanguard initiative in this pursuit.

An equally important joint strategy is training of general practitioners, primary health care staff and other allied health workers in early detection and referral of common neuro-psychiatric disorders.

Although the research-funding support to the private and public sector Universities by Higher Education Commission was a welcome start, it is yet to be translated in to joint research and training initiatives by the neurologists and psychiatrists, that effectively address the priority disorders in the domain of neuropsychiatry¹³. Pakistan has launched the Mental Health Gap Programme from the Institute of Psychiatry, WHO Collaborating Centre for Mental Health Research and Training, at Rawalpindi from 22nd November, 2013. Neuropsychiatric disorders like epilepsy, dementia, and alcohol abuse are priority areas identified in this programme¹⁴. The neurology fraternity can become an important partner in this initiative.

The scientific societies and journals of the two professionals can also play a critical role in promoting joint research and publications on neuropsychiatric disorders where the psychiatric and neurological overlap is consistent and elaborate. A recent publication on dementia management guidelines by Dr. Ahmed et al in the Pakistan Journal of Neurological Sciences speaks volumes of the work done by the group¹⁵. Papers like these not only update the best practice evidence but also identify gaps in the areas of research. They are (also) useful in terms of advocacy for evidence based practice and resource allocation for research. This is one such effort in a series of paper published in the Pakistan Journal of Neurological Society (PJNS). The Pakistan Neurology Society needs to be credited for an excellent service in the cause of mental and neurological health care in Pakistan. Provision of space for articles on psychiatry and neurology in each of the two representative journals, namely Journal of Pakistan Psychiatric Society, and Pakistan Journal of Neurology Society may serve as a landmark in bringing the 'mind and brain' together.

REFERENCES

1. Patel V, Garrison P, Jesus Mari J, Minas H, Pince M, Saxana S et al. The lancet Series on Global Mental Health: 1 year on. *Lancet* 2008; 372: 1354-57
2. Lancet Global Mental health Group. Scaling up services for mental disorders - a call for action. *Lancet* 2007; 370: 1241-1252
3. World Health Organization. Mental Health Gap Action Programme: Scaling up care for mental, neurological and substance use disorders. WHO, Geneva: 2008.
4. Jacob KS, Sharan P, Mirza I. Mental health systems in countries: where are we now? *Lancet* 2007; 370: 1061-1077.
5. Patel V, Araya R, Chatterjee S. Treatment and prevention of mental disorders in low-income and middle-income countries. *Lancet* 2007; 370: 991-1005.

6. Naqvi HA, Kamal AK. For the sake of your patients, talk to each other! *J Pak Med Assoc.* 2009 Sep;59(9):585-6.
7. Karim S, Saeed K, Rana MH, Mubbashar MH et al, Jenkins R. Pakistan Mental health country profile. *Int Rev Psychiatry* 2004; 16(1-2):83-92.
8. Murray CJ, Lopez AD. The Global Burden of Disease: A comprehensive assessment of Mortality and Disability from Disease, Injury and Risk Factors in 1990 and projected to 2020. Boston: Harvard School of Public Health, WHO and World Bank, 1996.
9. Hyman S., Chisholm D., Kessler R., et al (2006) Mental Disorders. In *Disease Control Priorities in Developing Countries* (ed Jamison D.T., Breman J.G., Measham A.R., et al): 2nd edition. World Bank, Washington (DC).
10. WHO Regional Office for the Eastern Mediterranean (2012) Regional strategy on mental health and substance abuse. WHO-EM/MNH/191/E. WHO.
11. Mufti SA. Capacity-Building in Bio-Medical Research in Pakistan. In: Khan HA, Qurashi MM, Hussain T, Hayee I, Siddiqui ZH, editors. *Capacity Building for Science and Technology*. Islamabad: M/s Kamran Printers; 2003; pp 57-63.
12. Langer A, Diaz-Olavarrieta C, Berdichevsky K, Villar J. Why is research from developing countries underrepresented in international health literature, and what can be done about it? *Bull World Health Organ* 2004; 82: 802-3.
13. Research output by universities of Pakistan. (Higher Education Commission, Pakistan). (Online) (Cited 2012). Available from URL: [http://www.hec.gov.pk/publishingImages/HEC%20final%20\(3\).jpg](http://www.hec.gov.pk/publishingImages/HEC%20final%20(3).jpg).
14. World Health Organization. *mhGAP Intervention Guide for mental, neurological, and substance abuse disorders global, and substance abuse in non-specialized health settings*. Geneva: WHO, 2010.
15. Ahmad A, Owas K, Siddiqui M et al. Dementia in Pakistan: National Guidelines for Clinicians. *PJNS* 2013; 8(3): 17-27.