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Burden of stigma on mentally ill and social exclusion

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Available at: https://works.bepress.com/amreshsrivastava/149/
"Poverty is the worst form of violence." – Mahatma Gandhi
Socio-economic deprivation

Global Burden of Diseases

Mental disorders

Socio-economic deprivation

Social determinants of health
Poverty

Income & health inequality

Social exclusion

Poverty

Income & health inequality

Social exclusion
Poverty and social exclusion
Poverty to Poverty: 

Risk for mental disorders

PART A
Prevalence of common mental disorder in low income countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indonesia</td>
<td>20</td>
</tr>
<tr>
<td>Lesotho</td>
<td>27</td>
</tr>
<tr>
<td>Pakistan</td>
<td>22</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>15.7</td>
</tr>
</tbody>
</table>
Mental disorders in Low & Middle Income countries (LMIC)

Schizophrenia: 8 times
Common mental disorders: 2 times
Mentally ill are poor in rich countries also.

4 OUT OF 10 PATIENTS LIVE BELOW POVERTY LINE IN AUSTRALIA UK AND USA
People with mental disorder are socially underprivileged
Mental disorder Vs without mental disorder

<table>
<thead>
<tr>
<th></th>
<th>Mental Illness</th>
<th>Without Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>to be employed</td>
<td>41.2</td>
<td>70.2</td>
</tr>
<tr>
<td>to have an individual income</td>
<td>31.3</td>
<td>52</td>
</tr>
<tr>
<td>to benefit from food security</td>
<td>46</td>
<td>61</td>
</tr>
<tr>
<td>to have house ownership</td>
<td>59</td>
<td>71</td>
</tr>
</tbody>
</table>

**Local Challenges to ‘Global’ Mental Health, UCL (Indian data)**
Developing countries

Poverty in children

Poverty in urban societies

• High rates
• Poor access to care
• GBD
• Economic loss
• Mortality
- Education
- Employment
- Marriage
- Human right issues
Prejudice
Family and society
Unawareness
Risk & Delay in treatment
Poverty

• Risk for mental disorder
• Increased rates of mental disorder
• Social impact: homelessness
Mental disorders \rightarrow Socio-economic deprivation \rightarrow High economic crisis
Risk factors for mental illness

- BOH (Bad obstetric history)
  - Low birth weight
  - Deprivation and physical illness
  - Poor brain development
  - Poor mother-child bond

Risk factor for mental disorders
Child and adolescent mental disorder
Adult mental disorder
Poverty
Exclusion
Poor maternal health
Increased mental disorders
Trajectory & neurobiology of MH consequences of poverty

- Biological conditions
- Social environment
- Psychological environment
- Consequences

- Decreased IQ
- Cognitive impairment
- Functional brain changes

- Poor psycho-social stimulation
  - Physical health and immunity

- Trajectory & neurobiology of MH consequences of poverty
Research on brain development allows the identification of the differences in the cognitive and affective neural systems that underlie these effects.
Poverty → Cognition → Academic achievement → Mental health
Childhood Poverty and Neurocognitive Development

Effect size

- **Language**: 0.98 (Significant)
- **Working memory**: 0.52 (Significant)
- **Cognitive control**: 0.4 (Non-Significant)
- **Reward Processing**: 0.11 (Non-Significant)
- **Memory**: 0.62 (Significant)
- **Spatial cognition**: 0.4 (Non-Significant)
- **Visual Cognition**: 0.38 (Non-Significant)

Cognitive impairment

Reduced cognitive achievement (IQ)

Neurocognitive mechanism: not known

Higher SES was associated with better performance on the tasks,

A major barrier today is the poverty of adequate groupware


Main Observations

Poverty and mental disorders are cause and consequences
One leads to another
Treatment of mental disorder can reduce poverty???
Can improving economic condition reduce mental disorder- GBD
Mental health spending and resources

Mental health spending

- Low: 0.2
- LMIC: 0.59
- Upper-middle: 3.6
- High: 44.84
Human resources

2.8

Doctors

dedicated to mental health

3.3

Nurses
dedicated to mental health
Global mental health initiative

Newer avenues for intervention
Collaborative care and research
Knowledge translation
Global mental health initiative

Innovative experiments

Treatment gaps

Global response to local needs

Networking for global needs
Suicide and Poverty
A close relationship
Percentage share of suicide victims by educational standard – 2012

Matriculate/ Secondary 19.2
Diploma 1.5
Primary 23.0
Graduate 3.4
Post Graduate and above 0.6
No Education 19.7
Higher Secondary 9.7

British people are committing suicide to escape poverty. Is this what the State wants?

By SONIA POULTON


In the last few months of his life, Craig Monk attempted several overdoses and was described as ‘vulnerable’ by his family.
Stigma and mental health
Study 1 & 2

Common findings. Stigma and Discrimination: Patient's Perception and relatives perception: Mumbai experience

AMRESH SHRIVASTAVA
Patients perception (N=100)

- Marietal: 35
- Occupational: 62
- Social: 73
- Personal: 69
- Familial: 81
Patients perception

Origin-Nature of Stigma

- **co-workers**: 42
- **Community factors**: 68
- **Nature of Illness**: 74
- **Relatives attitude-lack of cooperation**: 75
- **Social**: 79
- **Family**: 84
- **Unawareness**: 99
### Relatives perception (N=300)

#### Experience and Consequences of Stigma

<table>
<thead>
<tr>
<th>Experience and Consequences of Stigma</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pushed into unacceptable situations</td>
<td>26</td>
</tr>
<tr>
<td>having to live alone unsupported</td>
<td>26</td>
</tr>
<tr>
<td>Unaccepted in Family</td>
<td>32</td>
</tr>
<tr>
<td>Turned down in Jobs</td>
<td>26</td>
</tr>
<tr>
<td>Hiding the illness (avoid disclosure)</td>
<td>33</td>
</tr>
<tr>
<td>being isolated</td>
<td>45</td>
</tr>
<tr>
<td>seen as liability</td>
<td>24</td>
</tr>
<tr>
<td>discarded in family</td>
<td>3</td>
</tr>
<tr>
<td>Overhearing offensive comments</td>
<td>41</td>
</tr>
<tr>
<td>Avoided due to illness</td>
<td>61</td>
</tr>
<tr>
<td>Unable to cope with marriage</td>
<td>45</td>
</tr>
<tr>
<td>Low self esteem</td>
<td>69</td>
</tr>
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</table>
Can stigma be reduced?

Measures to reduce stigma: patients Opinion
93 Mumbai Study. (open-the-doors. WPA) 1998

Awareness: 93
Complete treatment: 85
Early Intervention: 81
Rehabilitation: 79
Anti-stigma Intervention

- Involvement in patient: 64
- Reducing complication: 69
- Public Involvement: 60
- Early identification: 74
- Education: 80
- Rehabilitation: 80
- Better treatment: 83
- Complete Treatment: 84
- Relapse prevention: 88
Study 3.
Stigma A clinical risk
Mean SQS score > 2.0 and significant clinical variables

- Suicide: 42
- Violence: 64
- Hospitalization: 60
- Compliance: 42

Clinical parameters:

- Mean SQS score > 2.0 and significant clinical variables
significant clinical parameter associated with abnormal SQS score (Total and 4 domains)

- Age (Yrs)
- Suicide more than 1 attempt
- Duration of Illness (months)
- Violence more than once
- Positive family history

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<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Psychological (&gt;1.67, N=28)</td>
<td>33.8%</td>
</tr>
<tr>
<td>Social (&gt;2.10, N=25)</td>
<td>32.1%</td>
</tr>
<tr>
<td>Illness-related (&gt;2.1, N=30)</td>
<td>44%</td>
</tr>
<tr>
<td>Coping (&gt;3.75, N=26)</td>
<td>46.7%</td>
</tr>
<tr>
<td>Total SQS (2.08, N=31)</td>
<td>64.5%</td>
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A way forward: recommendations

1. Promoting education and mental health
2. Treatment services and prevention
3. Poverty reduction and income generation
4. Implementation of the UN Convention on the Rights of Persons with Disabilities (CRPD)
A way forward
recommendations

5. Integrate mental health in international and regional partnerships. Adopt appropriate policies and laws.

6. Systematically integrate mental health services into all health services, starting with primary care.

7. Support inclusive and accessible education.
A way forward recommendations

8. Promote the creation of employment opportunities

9. Promote research examining impact and outcomes

10. Promote the participation of people