Facing Mental Health Challenges in Afghanistan

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I. Brief History
II. The State of MH in Afghanistan
III. Afghanistan’s MH Strategies
IV. Recent MH Developments
V. Remaining Challenges
I. Brief History
Afghanistan: No single disaster but a *series* of disasters…

- 1979: Soviet invasion and resistance by mujahedeen
- 1989: Soviet withdrawal. Afghan communists continue fighting
- 1992: Communists fall, mujahedeen fight among themselves.
- 1992-4: Destruction of Kabul
- 1996: Taliban
- 2001: US led invasion and start guerilla by alliance of Taliban and some former mujahedeen.
II. State of Mental Health in Afghanistan
Impact of 30 Years of War on Health Status

- Life expectancy at birth 43 years (WDR, 2004)

- Under-5 mortality rate 257/1000 (2nd highest in world)

- Maternal mortality rate 1900/100,000 (second highest in the world) (UNICEF, 2010)
Prevalence of MH Disorders Post Taliban, East Afghanistan

- Estimated prevalence rates -

- **Depression**: total 38%
  - women 58% → men 16%

- **Anxiety**: total 52%
  - women 78% → men 22%

- **PTSD**: total 20%
  - women 32% → men 7%

(Ventevogel, Scholte, Olff, JAMA, 2004)
Other Estimates on Prevalence of MH Problems Among Afghans

- 50-60% depression in clinical settings
- 10% severe depression (Afghan MoPH, 2008)

- 50 female suicides in 2007 in a small town of 1500 (IAM, 2007)

- 1320 patients: 69% family conflict with domestic violence (Medica Mondiale, 2009)

- 11,123 patients in 3 years (Caritas, 2009)
  - 65.4% depressive symptoms
  - 35.4% with a severe family conflict
  - 80% domestic violence
Prevalence of MH Problems Among Children in Afghanistan

- Multi-stage random sample of 1,011 schoolchildren (between 11 and 16 yrs)
- Experiences of trauma, suffering and adversity.
- Risk factors for poor child mental health outcomes:
  1. Exposure to trauma events
  2. MH of the child’s caregiver

(Panter-Brick C. et al., Lancet, 2010)
MH & Psychosocial Problems after Collective Trauma

- **Moderate or severe psychological distress**
  - 30-50%

- **Mild psychological distress**
  - 20-40%

- **Mild to moderate MD**
  - 5-10% increase 15% after years

- **Severe MD**
  - 3-4%

MH in General Health Care

Community Interventions
III. Afghanistan’s Mental Health Strategies
Afghanistan’s Current Health Priorities

1. Maternal and newborn health
2. Child health and immunization
3. Communicable diseases
4. Nutrition

Mental health
Basic and Essential Packages of Health Services (BPHS & EPHS) - Afghan health system’s referral system

- Health Post (CHW)
- Basic Health Center (CHS, Vaccinator, Community Midwife Nurse +/– Physician)
- Comprehensive Health Center (CHS, Vaccinator, Community Midwife Nurse & Physician)
- District Hospital (CHS, Vaccinator, Community Midwives Nurses, GPs and Specialists)
- Provincial Hospital
- Regional Hospital
What is Being Done in MH Area?

A public MH approach:

1. Integration of (primary) mental health in the (primary) health care system

2. Addressing psychosocial problems in the communities
Current MH Capacity

Currently in Afghanistan, there are:

- Two trained psychiatrists (total pop. 30 million!!)
- A few psychiatric nurses
- No psychologists
- No other MH professionals

(WHO, Mental Health Atlas, 2006)
Strategy Implementation

1. Create MH awareness in general population
2. Improve MH knowledge and skills of general health workers → integrating MH into primary health
3. Strengthen the MH professional workforce
4. Build MH training capacity
1. General Population

**Goals:**
- Increase mental health awareness (mental health literacy)
- Combating stigma
- Improving coping mechanisms
- Identification of possible cases

**How?**
- Not imposing views, interactive, simple, adaptive, not using written materials due to high illiteracy rate → flipcharts, radio programs, radio drama, narrative theatre.
2. General Health Care Professionals

**Goal:**

→ Development of MH competencies in general health care professionals:

- Appropriate to their role within the health care system (BPHS/EPHS).

- Competency based: immediately useful for them in their everyday clinical practice.

- Teaching only realistically available treatment options
3. Mental Health Professionals

Mental health workers:

- Psychiatrists
- Psychiatric nurses
- Psychologists
- Psychosocial counselors
- Social workers
4. MH Trainers

- Group of trainers
- Training of Trainers approach (WHO model): rapid build up of capacity through addressing
  1. Specific contents/skills
  2. Training skills
Referral System of Mental Health Services Within BPHS

Health Post
Case identification, Referral, Follow-up

Basic Health Center
Assessment, Basic counseling, Referral

Comprehensive Health Center
Assessment, Diagnosis, Treatment, Referral

District Hospital

Provincial Hospital

Regional Hospital
### Table 5: Mental Health Services by Type of Facility

<table>
<thead>
<tr>
<th>INTERVENTIONS AND SERVICES PROVIDED</th>
<th>HEALTH POST</th>
<th>BASIC HEALTH CENTER</th>
<th>COMPREHENSIVE HEALTH CENTER</th>
<th>DISTRICT HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Education and Awareness</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Case detection</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Psychosis: Identification and biopsychosocial management</td>
<td>To be referred</td>
<td>Yes (follow up)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Anxiety Disorders e.g. PTSD, Panic disorder</td>
<td>No and refer</td>
<td>Yes (follow up)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Depression: Identification and biopsychosocial management</td>
<td>No and refer</td>
<td>Yes (mild and follow up)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Epilepsy: Identification and treatment</td>
<td>To be referred</td>
<td>Yes (follow up)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance abuse: identification and education</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Mental retardation: Identification and education to parents and community</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Follow up of psychiatric patients</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Community Based Rehabilitation (Linked to Disability component)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Support group for drug addicts, psychiatry patients/families and women</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Inpatient treatment</td>
<td>No</td>
<td>No</td>
<td>To be referred</td>
<td>Yes</td>
</tr>
<tr>
<td>Reporting</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Supervision and monitoring</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
IV. Recent Developments in Mental Health in Afghanistan
Important Recent MH Activities Within Afghanistan’s MoPH

**Revision of BPHS**

- Establishment of MH Directorate within MoPH in 2002.
- More attention for MH (each new version of BPHS since 2003 has more MH!)
- Strengthening of the psychosocial aspects of treatment
- Installing psychosocial counselors in Comprehensive Health Clinics
- Appointment of focal point MH in District Hospital
- MH materials in PHC revised for all levels of health care system: MD, nurses, midwives, PS counselors, CHW
- Pilot with integrated approach (training primary care staff + psychosocial counselors)
- A comprehensive **Mental Health Strategy** was finalized by MoPH (March, 2010) which will be of great help to all stakeholders
Important Recent MH Activities Within Afghanistan’s MoPH (cont.)

- Integration of MH into primary healthcare in 7 provinces with the funding of EU.
- Outcome evaluations conducted on the recent integration which showed good results.

(Le Roy, J., 2008. External Evaluation Report Integrating Mental Health into the Primary Health Care system of Afghanistan)
V. Remaining Challenges
However, major challenges remain…

- Funding for MH activities lacking.
- Sustainability of integration of MH in the health facilities is at risk.
- The psychosocial community-based services are not yet sustainable.
- The financial sustainability is a matter of high concern both for the BPHS and MH center in Afghanistan
- Stigma is a significant barrier for many to come and seek help.
- Building up a pool of national Trainers in MH for MDs as well as for Psychosocial Counselors
- Mental health is on the verge of becoming medicalized → prescribing and abusing psychotropic medications is a huge problem.
- Recent survey showed that 30% of Afghan population abusing tranquilizers (Afghanistan Research and Evaluation Unit, 2008).
Thank You
References


