Major Mental Disorders Areas To Be Improved

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Major Disorders identified:

- Depression (Mild, Moderate, Severe, Severe With Psychotic Symptoms)
- Anxiety Disorders (Generalized Anxiety Disorder, Mixed Anxiety-Depression, PTSD)
- Adjustment Disorders (With Mixed Anxiety-Depressive Mood)
- Somatoform Disorders (Conversion Disorder)

More than 60 percent of the population have “mental problems” in general (BBC World Service, 2010)
Mental Illness at Another Level

- Psychotic Disorders (Schizophrenia, Substance-Induced Psychosis, Brief Psychotic Disorder)
- Substance Use Disorders (Cannabis, Opium, Heroin, Morphine)
- Benzodiazepine Use and Dependence

But...

How about trauma?
How about trauma?

- Most of the disorders are related to domestic and community violence, but does the criteria for PTSD effectively apply among Afghan citizens?
- Is it under-diagnosed?
- How is it displayed?

So what is missing here?
The answer might be *Complex Trauma*
Prevalence of Mental Problems Among Afghan Children

- Multi-stage random sample of 1,011 schoolchildren between 11 and 16 yrs (Panter-Brick, et al., 2006)

- Experiences of trauma, violence, adversity, and suffering

- Risk factors for poor child mental health outcomes:
  - Exposure to traumatic events
  - Mental health of the child’s caregiver
The concept of complex trauma

Complex trauma generally refers to traumatic stressors that are interpersonal, that is, they are premeditated, planned, and caused by other humans, such as violating and/or exploitation of another person.

Interpersonal traumatization causes more severe reaction in the victim than does traumatization that is impersonal, the result of a random event or an "act of God," such as a disaster or an accident.
The concept of complex trauma

- Child abuse of all types (physical, sexual, emotional, and neglect) within the family is the most common form of chronic interpersonal victimization.

- Parents and other caregivers abuse/exploit a child's physical and emotional immaturity and dependent status to meet their own needs.
The concept of complex trauma

- Rather than creating conditions of protection and security within the relationship, abuse by primary attachment figures instead becomes the cause of great distress.

- When it occurs with a member of the family or someone else in close proximity and in an ongoing relationship with the child (i.e., a clergy member, a teacher, a mullah), it often occurs repeatedly and, in many cases, becomes chronic and escalates over time.
Causes

- Poverty and ongoing economic challenge and lack of essentials or other resources
- Community violence and the inability to escape/re-locate
- War and exposure to armed conflicts
- Ongoing physical and sexual re-victimization and re-traumatization in the family or other contexts, including prostitution and sexual slavery
Causes

- Human rights violations including political repression and torture
- Displacement, refugee status, and relocation
- Developmental, intellectual, physical health, mental health/psychiatric, and age-related limitations, impairments, and challenges
- Exposure to death
- Homelessness
- Disenfranchised ethno-racial, religious, and/or sexual minority status and repercussions
Conversion Disorder

- According to my hypothesis, the same thing applies to Conversion Disorder due to repressive culture and internalized anger and frustration

- Therefore, I believe there is a higher rate of this disorder in Afghanistan
What else is missing?

- A quick glance at the relationship between healthcare professional and patient

The *therapeutic relationship* or *therapeutic alliance* refers to the relationship between a healthcare professional and a patient/client/consumer. It is the means by which the professional hopes to engage with, and affect change in clients/patients.
More on TR

Improving the doctor-patient relationship requires effectively engaging at both the cognitive level (the doctor will learn more about the patient), and the emotional level (the doctor will feel the patient's pain and suffering).

In terms of time spent with each patient, this change would be front-loaded: While it might initially mean spending more time actively listening to each patient, it serves two major purposes:
Therapeutic Relationship

- It is therapeutic

- It permits the professional to distinguish those with possible mental disorders from those with a medical condition so the former can be referred to a mental health center for appropriate treatment.
New research

- There is new evidence indicating that empathy is an important medical tool and it can be acquired and taught in medical school.

- The behavioral aspects of empathy - the empathic response - can be assessed and integrated into medical schools' core communication skills training."
The integration is required

- A subject on clinical empathy in medical schools
- The continuing emphasis on doctor-patient relationship during rotation and residency
- A course on ethical issues
References