

A Call for Action for Mental Health: Medical Students and Physicians' roles

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In 2015, the World Health Organization (WHO) published the Mental Health Atlas, a survey carried out by WHO's 194 member States with an 88% (171) response rate.¹ The results state that low- and middle-income countries (LMIC) invest little into the area of mental health. In agreement with the report, these countries spend less than 2 US dollars per capita yearly on the treatment and prevention of mental health conditions.¹ In consequence, people suffering from mental health disorders rarely receive preventive care that would decrease further damage and improve well-being.

The magnitude of the problem is well understood. Globally, one in three years lived with disability (YLD) is caused by a mental disorder. Most people (80%) with a mental disorder come from a LMIC,¹ and the conditions is associated with a significant economic burden as well as other life threatening conditions, such as non-communicable and infectious diseases.^{1,2} In 2010, mental and substance use disorders accounted for 7.4% (183,9 million Disability-adjusted life year [DALYs]) of all DALYs worldwide. Depressive and anxiety disorders accounted for 40.5% and 14.6% of DALYs of mental and substance use disorders, respectively.³

Mental health is caused by severe life circumstances, including violence, displacement, disasters, and environmental factors. There is a relationship between social determinants such as poverty, violence, low of education, sex, ethnic minorities and mental disorders, and an inverse relation between living conditions and mental health disorders, where the probability of a mental disorder increases as living conditions worsen.⁴ Therefore, focused interventions that improve living conditions should be prioritized in order to stop the cycle of mental health disorders. If we treat patients without paying attention to their circumstances and needs, they will relapse into their previous situations and have even worse health consequences.

Mental health disorders are preventable and treatable, and every individual deserves a good state of health. Medical students and physicians are obligated to promote this well-being. We choose this career in order to help others, save lives, and change human life conditions. Although this is challenging, it is not an impossible task. We can do something everyday to improve people's quality of life, albeit through education, research, or practice.

Innovative research approaches are necessary to analyze populations living in poor conditions. Qualitative and quantitative research methods are integral if we want to truly understand the problem.⁵ Methods such as concept mapping need to be employed in order to understand the needs of the people and the institutional support that they receive.⁶

Mental health disorders are subject to stigma even in this era of technology and over-diagnosis. Such disorders are neglected by health staff, decision makers, companies and organizations. Furthermore, sustainable development cannot be achieved unless mental health is a global priority.⁷ Recently, two United Nations (UN) collaborative efforts included mental health in their agendas: the UN Sendai Framework for Disaster Risk Reduction 2015–30,⁸ and the 2030 Agenda for Sustainable Development and the Sustainable Development Goals.⁹ Although mental health was not a specific topic in either of these collaborations, it was mentioned in most of the agenda items that promoted well-being and actions against non-communicable diseases. These agendas make 2015 a historical year, as the agendas will guide UN members around the world for the next 15 years. Each Member State of the UN will now need to report mental health policies, systems, and programs, and this will pave the way for future advances in mental health.¹⁰

We acknowledge Anto Sg, the cover artist for Volume 3 of the International Journal of Medical Students' (IJMS), for showing us a new perspective on mental health disorders. Through his art in IJMS, Anto Sg exclusively shared a side of mental health that is not yet well understood. In acknowledgement for his kindness, bravery, and efforts, we are publishing all of his works in the last issue of 2015.¹¹

Mental health cannot be addressed on a small scale; international collaboration is mandatory by organizations, researchers, practitioners, local organizations and governments.¹² The Executive Committee of IJMS shares volume 3 of the journal with the hopes of calling the readers' attention to Anto's story and the new UN developments for the well-being of everyone.

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References

1. World Health Organization (WHO). Mental health atlas 2014. France: WHO; 2015.
2. Prince M, Patel V, Saxena S, Maj M, Maselko J, Phillips MR, et al. No health without mental health. *Lancet*. 2007 Sep 8;370(9590):859-77.
3. Whiteford HA, Degenhardt L, Rehm J, Baxter AJ, Ferrari AJ, Erskine HE, et al. Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010. *Lancet*. 2013 Nov 9;382(9904):1575-86.
4. Blas E, Kurup AS, World Health Organization. Equity, social determinants and public health programmes. Geneva: World Health Organization; 2010.
5. Pacichana-Quinayáz SG, Osorio-Cuellar CV, Gonzalez S, Bonilla-Escobar FJ, Gutiérrez-Martínez MI. Relevance of qualitative research approach in evaluating mental health interventions among victims of violence. *Int J Med Students*. 2015 Sep-Dec;3(3):170-1.
6. Burke JG, O'Campo P, Peak GL, Gielen AC, McDonnell KA, Trochim WM. An introduction to concept mapping as a participatory public health research method. *Qual Health Res*. 2005 Dec;15(10):1392-410.
7. United Nations (UN), United Nations University (UNU). United Nations Expert Group Meeting on Mental Well-being, Disability and Development: Conclusions and recommendations for inclusion of mental well-being and disability into key goals and outcomes of upcoming international conferences. Kuala Lumpur: UN University; 2013.
8. United Nations (UN). Sendai Framework for Disaster Risk Reduction 2015-2030. New York: UN; 2015.
9. United Nations (UN). Transforming our world: the 2030 Agenda for Sustainable Development. New York: UN; 2015.
10. Izutsu T, Tsutsumi A, Minas H, Thornicroft G, Patel V, Ito A. Mental health and wellbeing in the Sustainable Development Goals. *The lancet Psychiatry*. 2015 Dec;2(12):1052-4.
11. Ming Lim H. Artist Featured in Volume 3 IJMS: Anto Sg. *Int J Med Students*. 2015 Sep-Dec;3(3):172-4.
12. Patel V, Prince M. Global mental health: a new global health field comes of age. *JAMA*. 2010 May 19;303(19):1976-7.

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