Tackling perceptions to address mental health in Myanmar

Summary and recommendations

Mental health issues are widely prevalent across the world. Left unmanaged, they cause stress to families and communities, raise suicide rates and weaken economies through impacting the productivity of workforces. In Myanmar, there is limited data on mental health and the low rates of disorders found in the data that is available suggests underreporting, stigma and a lack of understanding about these conditions are issues that need to be overcome. A new qualitative study by the University of Public Health reflects this, looking at mental health issues within the health system and local communities. Its findings suggest that more research, greater investment in education and awareness, and the dismantling of barriers that prevent access to care are all needed to ensure a holistic approach to mental health care in Myanmar.

Mental disorders affect people's mood, thinking and behaviour to cause distress or impair day-to-day functioning. They include depression and anxiety, psychotic conditions such as schizophrenia, cognitive decline such as dementia, intellectual disabilities, developmental disorders and conditions related to substance abuse. Mental disorders are a leading cause of disability-adjusted life years, which consider both mortality and the years lived with a disability, and almost 800,000 die each year due to suicide – one every 40 seconds.[1]

Mental disorders can be treated, and healthcare and social care services play a critical role in addressing them. However, nearly two-thirds of people with a known mental health disorder never seek help,[2] and stigma, discrimination and neglect are often a deterrent. Health professionals may have negative perceptions and attitudes towards mental health, which impacts the quality of healthcare provided and contributes, in turn, to the low uptake of healthcare services for patients with mental disorders.[3] What's more, people may avoid seeking help if it increases their likelihood of being exposed. In low and-middle income countries, where these barriers are more pronounced, access to treatment is even worse, with between 76 and 85 per cent of people with mental disorders receiving no treatment. In high-

income countries, the figure is between 35 and 50 per cent.[4]

How prevalent are mental disorders in Myanmar?

Of the 970 million people worldwide currently struggling with their mental health, 284 million live with anxiety, 264 million with depression, 180 million with either drug or alcohol abuse and 46 million with bipolar.[5] Data in Myanmar indicates, however, that mental disorders may go unreported. A survey in Hlaingthaya Township in Yangon in 2018 found that the prevalence of psychosis and depression are both less than one per cent. Similar rates were reported in the 2016 Ministry of Health and Sports report *Public Health Statistics (2014-2016)*. Although a separate study reported the prevalence of mental disorders higher at 10.7 per cent in 2017 and ranked mental health as the second highest cause of years of life lived with disability.[6]

Compared to international data, these figures are very low, suggesting that mental health issues in Myanmar, driven by stigma, remain largely undiagnosed and underreported, which makes getting accurate and representative data difficult.

Particularly concerning is the lack of data on anxiety and post-traumatic stress disorder, and these are likely the two most prevalent mental health problems in the country due to widespread and long-lasting conflicts. Similarly, studies assessing perceptions towards people with mental disorders are limited in Myanmar. These research gaps need to be addressed to ensure that evidence-based policies can be implemented. Given the lack of data and awareness, it is unsurprising that health systems have not yet adequately responded to mental disorders in Myanmar. This is of great concern because when mental illnesses are not addressed by the health system, it places a heavy burden on households, communities and society at large who have to step in to fill the gap. When mental health is not taken seriously lack of management or treatment leads to loss of productivity, stress to families and communities, higher rates of suicide and an overall massive economic cost.

Understanding perceptions of mental health

To dismantle the barriers people in Myanmar face seeking mental health services and improve the quality of those services, it is important to explore communities' perceptions of and experiences with these conditions to understand their impacts and what prevents people from accessing treatments. This enables policymakers to develop strategies that tackle the causes of mental disorders and end the stigma people experience, empowering individuals to better take control of their own health.

A new study conducted by Myanmar's University of Public Health explored these issues with healthcare providers, caregivers and community members. Between August 2018 and July 2019, 104 interviews took place across six townships in Myanmar – four that have dedicated psychiatrists and two without. The locations represented the varied contexts of the country, including coastal, delta and hilly areas.

When asked about the perceived causes and risk factors of mental disorders, interviewees showed a good understanding, citing:

- drug and alcohol abuse
- psychological stress or post-traumatic stress, particularly in relation to Cyclone Nargis in the delta region
- the emotional toll of physical illnesses
- family issues, isolation
- financial constraints
- a lack of employment opportunities.

However, some caregivers thought mental disorders could be due to divine punishment, bad karma, irregular menstruation and even finding a hair in food. This lack of understanding illustrates why education is very important.

On what barriers prevent uptake in mental health services, respondents mentioned:

- human resources shortages
- medication shortages
- lack of psychiatric wards in hospitals
- inadequate privacy during consultation, which can prevent patients from opening up about their experiences
- language barriers preventing effective delivery of mental health education sessions with communities
- poor understanding of mental health issues among patients and caregivers
- inadequate referral and follow-up processes due to stigmatisation and discrimination
- financial limitations and expected high costs of treatment.

"There is a shortage of manpower. Although there are 1,200 beds in the hospital, the number of appointed staff is just enough for 200 beds," said a medical superintendent in a mental health hospital.

"When we refer the patient to the psychiatrist, they do not want to go. The reason is that they do not want other people to know [about] their disease," said a GP, while another said alcohol and drug health education is limited.

When asked about the perceived impacts of mental health disorders, respondents mentioned the:

- financial burden due to healthcare and travel costs
- emotional toll on caregivers
- caregivers' responsibilities mean missing out on work and leisure opportunities
- stigma of mental disorders leading to discrimination among patients and caregivers
- wider community perceiving that, in severe cases, those with mental disorders may cause "disturbances", with one community leader citing a time when someone with a mental disorder caused cultural offence.

"I can't work because I need to care for my son who has autism," said a caregiver.

How mobile psychiatrists support townships with no permanent services

In the two townships that have no regular psychiatrists in their hospital, psychiatrists from Ywar Thar Gyi Hospital in Yangon, visit twice a month. They attend community clinics to provide free consultation services and drugs to patients from the immediate townships and other nearby areas, with follow-up appointments arranged according to the patient's condition. Nearly 200 patient visit the clinic. Although some of the caregivers complained of long waiting times, almost all were satisfied with the care and treatment they received, and felt grateful to the psychiatrists for their time. Despite the success of the clinics, some improvements should be made:

- Reduce the workload for the psychiatrists who have responsibilities at their usual hospital and the mobile clinic.
- Ensure there are enough doctors for the number of patients.
- Expand the size of clinic spaces, as the small areas limits the privacy and quality of the services.

Daw Aye Yae, who has been living alone for 45 years, face isolation that can affect mental health

Through these interviews, it is clear mental disorders cause financial hardship, emotional strain, worsen physical health, and impact social relationships between individuals and within the wider communities. It also reveals a lack of understanding around the causes and treatment of mental health. The study recommends:

- improving caregivers and community leaders' knowledge and awareness of mental disorders and the health care services to treat and manage them
- improving access to care by addressing the barriers, including a lack of staff, brain drain among specialists and shortages of medication
- developing approaches to address stigma
- enforcing alcohol and substance use laws.

The findings are similar to those in other countries. However, with only 104 participants from just six townships in Myanmar interviewed, more research is needed to ascertain the degree to which these findings and recommendations can be applied to the country as a whole.

References

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Endnotes

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HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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