# Poverty and Social Exclusion

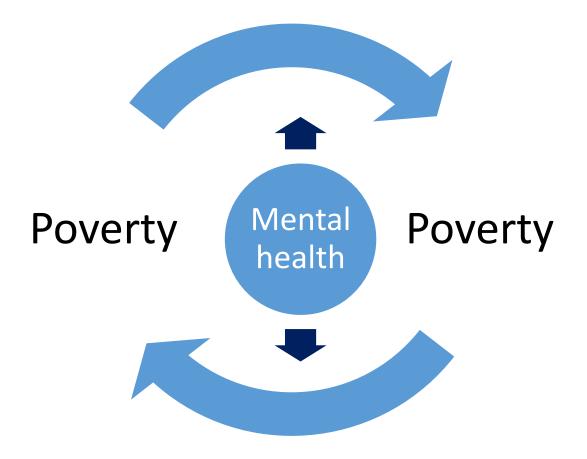
## Amresh Shrivastava

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#### NO CONFLICT OF INTEREST

#### Learning objectives

- 1. Interface
- 2. Impact
- 3. Mechanism
- 4. Stigma
- 5. Interventions



# 1. Interface

Stop exclusion Dare to care



Scaling up care for mental, neurological, and substance use disorders



WORLD HEALTH DAY 2001 World Health Organization

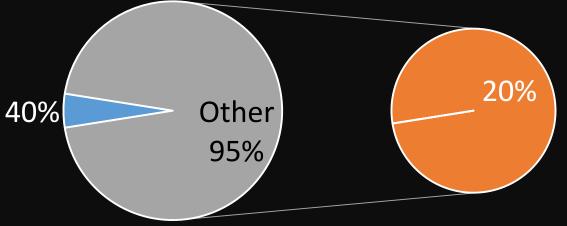
# One billion in 21 Century

### 22,00 children die each day



# 80% world's population is below poverty line

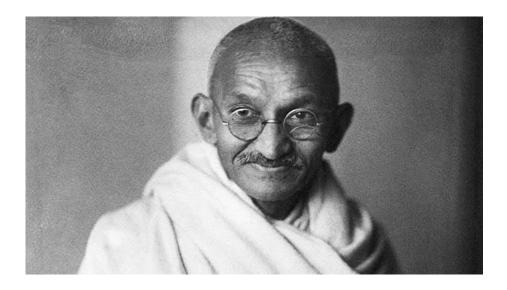
# \$/% 1/40 World's Income By 40% World's Population By 20% Rich





Rich Countries are not Rich For mentally ill patients

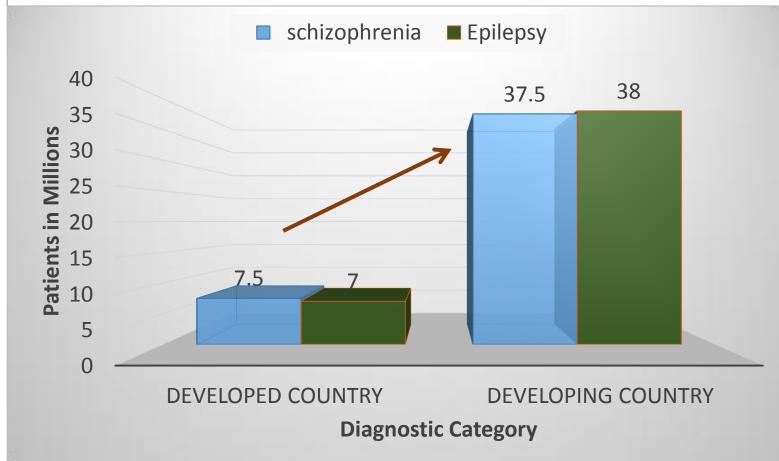
40% live in Poverty



# "Poverty is the worst form of violence." – Mahatma Gandhi

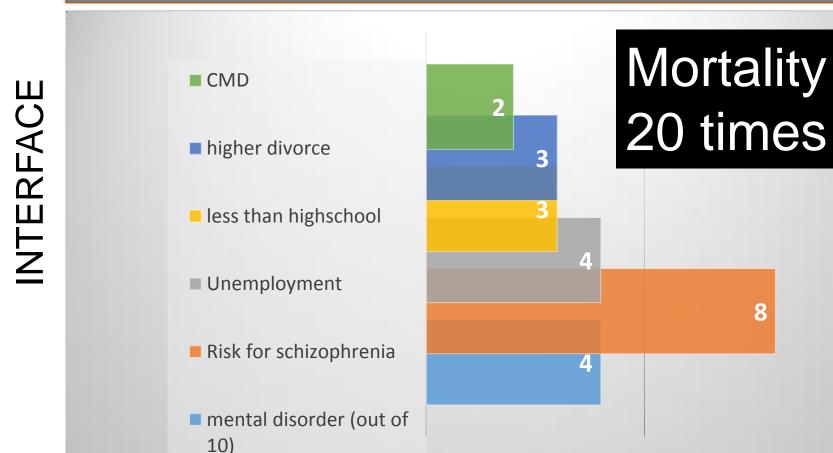
# Story of mentally ill in developing countries

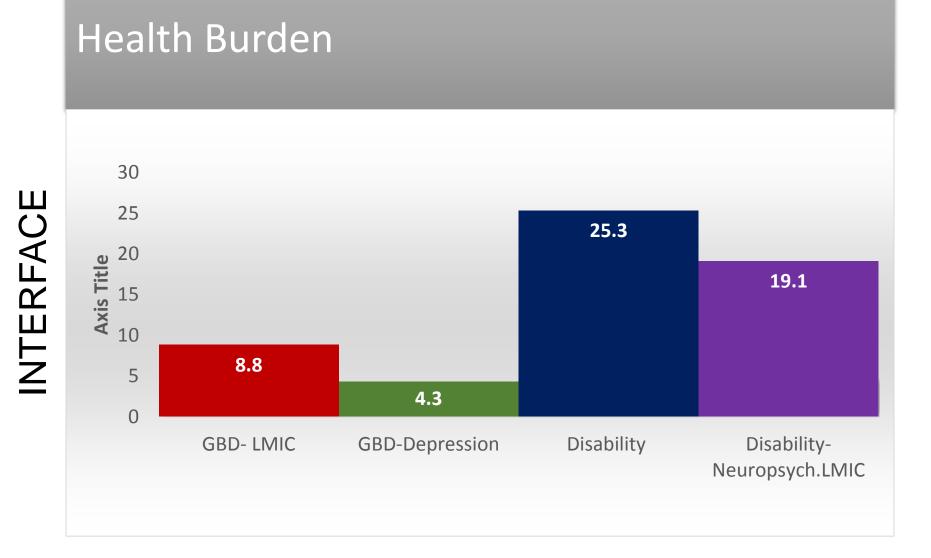
#### High prevalence of mental disorder in Developing countries: WHO Study



# INTERFACE

#### Mental disorders should be an important concern for development strategies





## Mental illness

Educational opportunities and outcomes Income generation and employment opportunities Human rights impact Economic impact Poverty Economic development Health impact Social impact Morbidity and mortality rates

Health burden Homelessness

Poor access to quality health services

**Prison populations** 

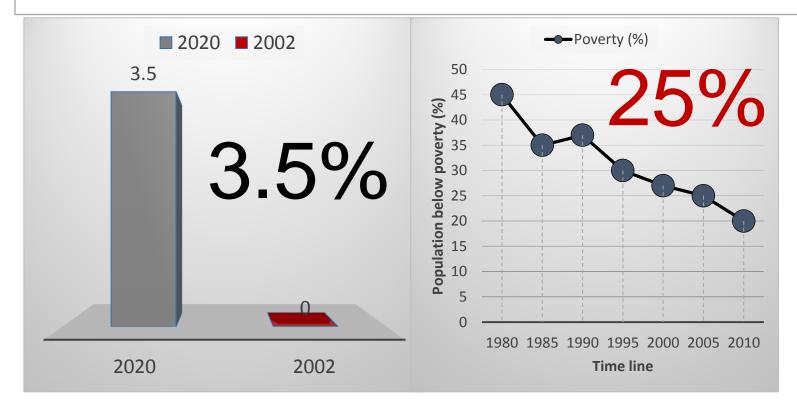


## Psychiatric morbidity amongst Homeless people

### Mental illness in poverty & Exclusion

Poverty and exclusion in mental illness

# Mental Disorders : 450 million 4 out of 10 in LMIC



This graph shows the proportion of world population in extreme poverty 1981–2008 according to the World Bank

# What is the impact and common consequences?

## Stigma: WHO-WPA Study.





The Sveriges Riksbank Prize in Economic Sciences in Memory of Alfred Nobel 1994

"for their pioneering analysis of equilibria in the theory of noncooperative games"



John F. Nash Jr. USA

Princeton University Princeton, NJ, USA b. 1928

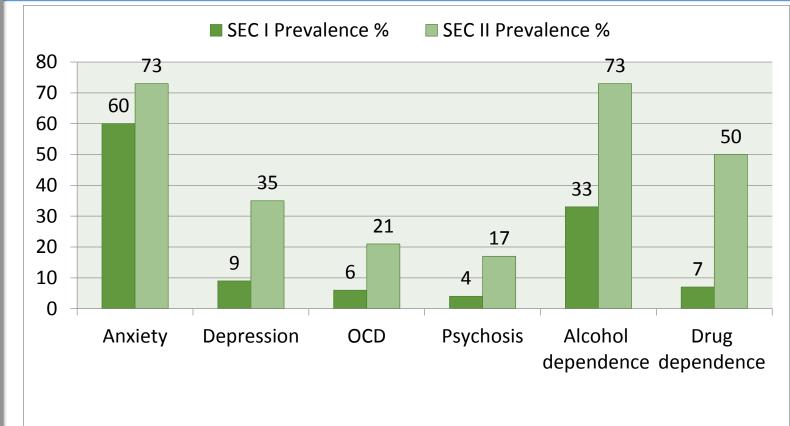
 Mental disorders, stigma & exclusion among poor and individuals with mental illnesses

#### High Rates of Common Mental Disorders in LMIC More mental illness in poor countries



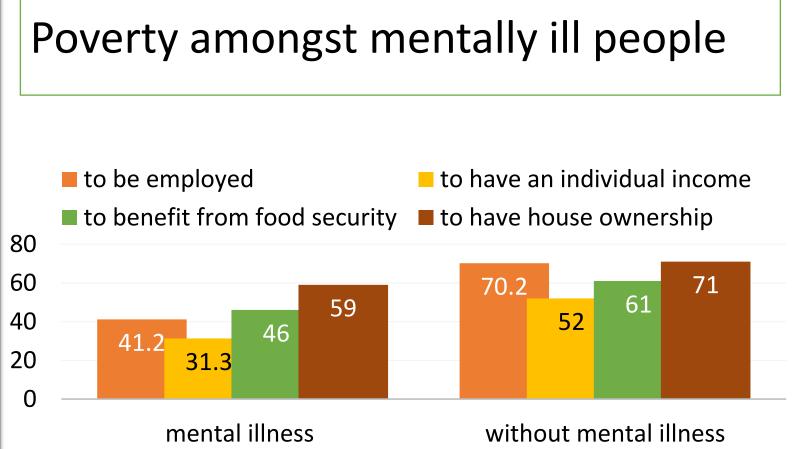
http://www.globalissues.org/article/26/poverty-facts-and-stats

# High prevalence of mental disorder in low socio-economic condition



Vijaya Murali Femi Oyebode./Poverty, social inequality and mental health Advances in Psychiatric treatments, September 2013

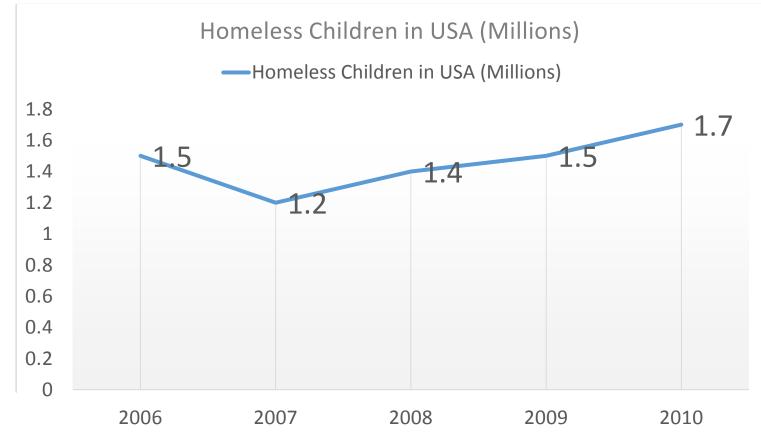
**IMPACT** 



LOCAL CHALLENGES TO 'GLOBAL' MENTAL HEALTH, UCL (Indian data)

IMPACT

# Homelessness amongst psychiatric illnesses (common in schizophrenia)



Homelessness has been found to be relatively common among people with schizophrenia. In rula clima a ten-yeaf study of a cohort of people with schizophrenia found that 7.8% had experienced homelessness compared to only 0.9% among the general population (Ran et al., 2006); and in Nigeria a 13-year follow-up of clinically stable outpatients found that 4% were homeless or had an unstable abode (Gureje and Bamidele, 1999).

## Likelihood of unemploymentmentally ill

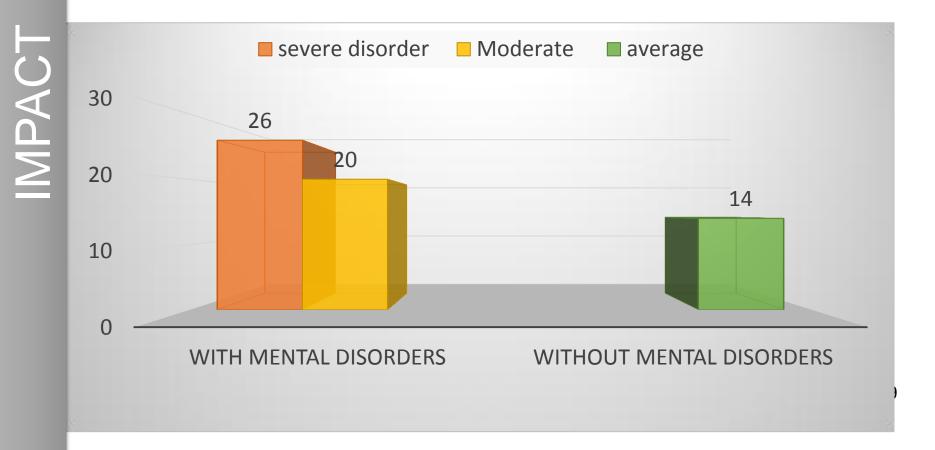
chances of unemployment 6
7
4
2
3
0
severe mental Common mental no mental

disorder dosorder disorder

IMPACT

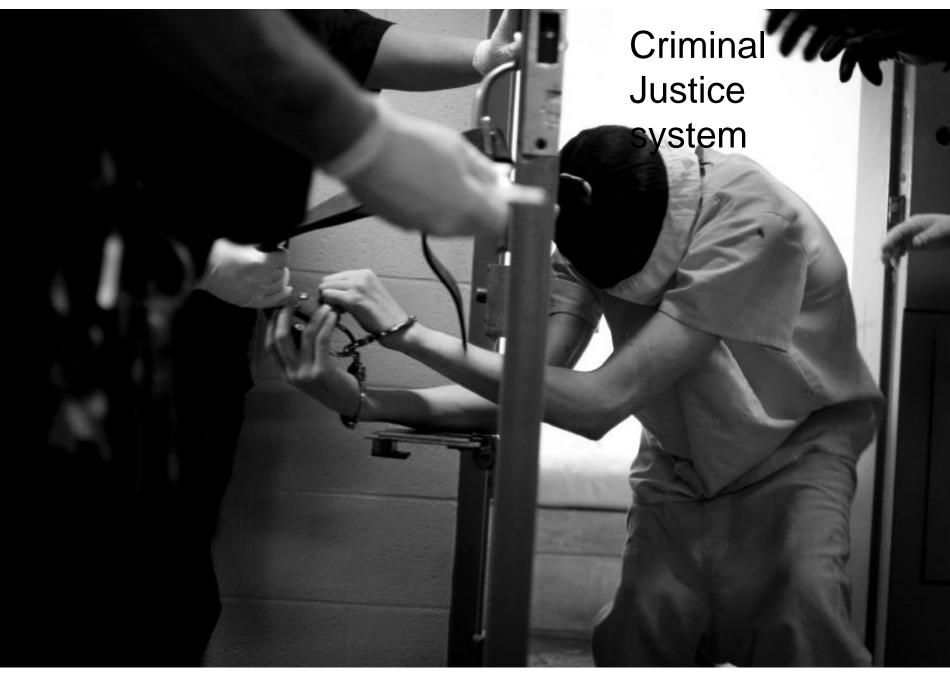
# Mentally ill are away from education

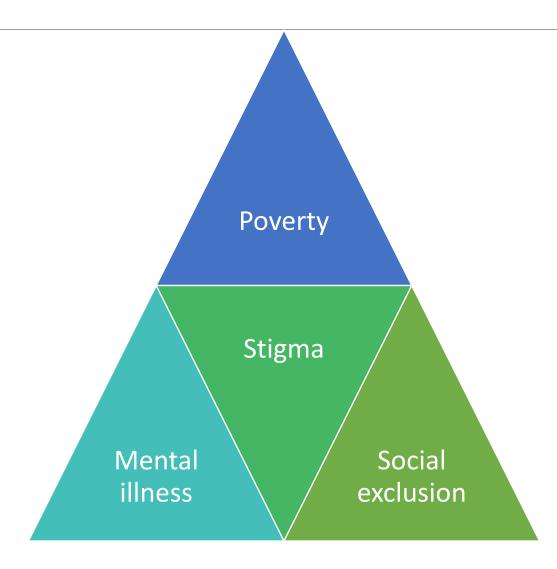
percentage of children who left full-time education before age 15



## **Vulnerability**

## Human Rights violation

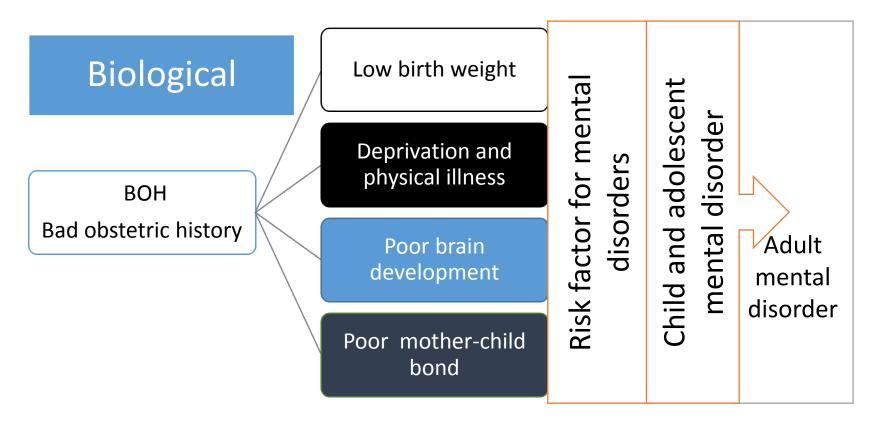




Arboleda-Florez J. What causes stigma?: World Psychiatry 2002;1:25-6.

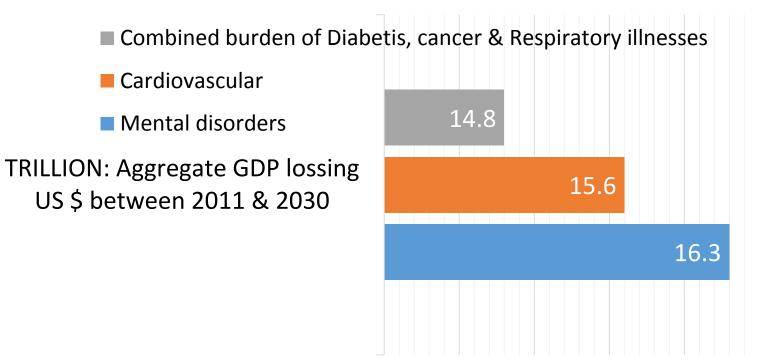
Brohan E, Slade M, Clement S, Thornicroft G. Experiences of mental illness stigma, prejudice and discrimination: a review of measures: BMC Health Serv Res 2010;10:80

# Poverty is a risk factor for mental illness



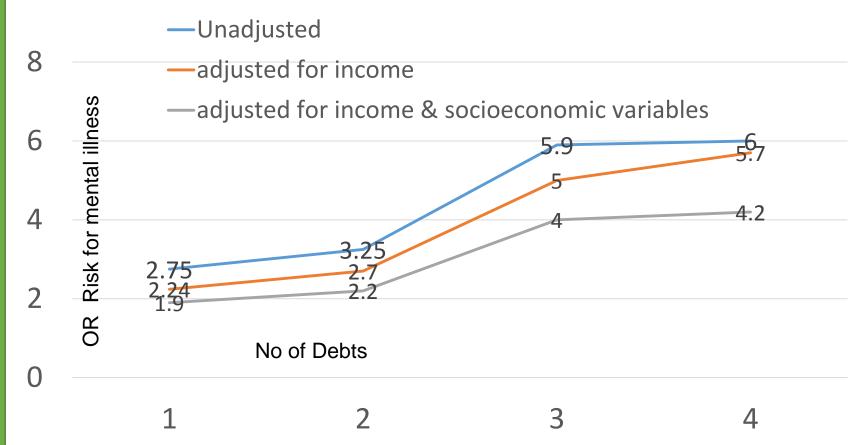
# Main concerns about poverty and mental illness

#### Economic burden in Trillion



14 14.5 15 15.5 16 16.5

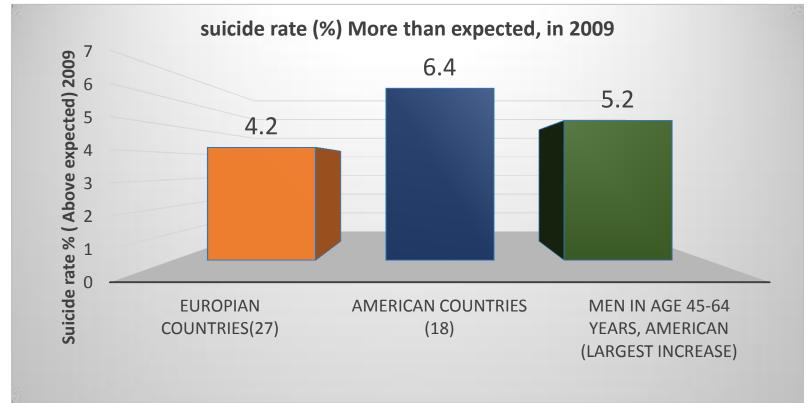
#### More debt people have, worse in their mental health



• Risk behaviour, Smoking, Alcoholism, etc.

MECHANISM

# Suicide rate and economic crisis, Sept 2013



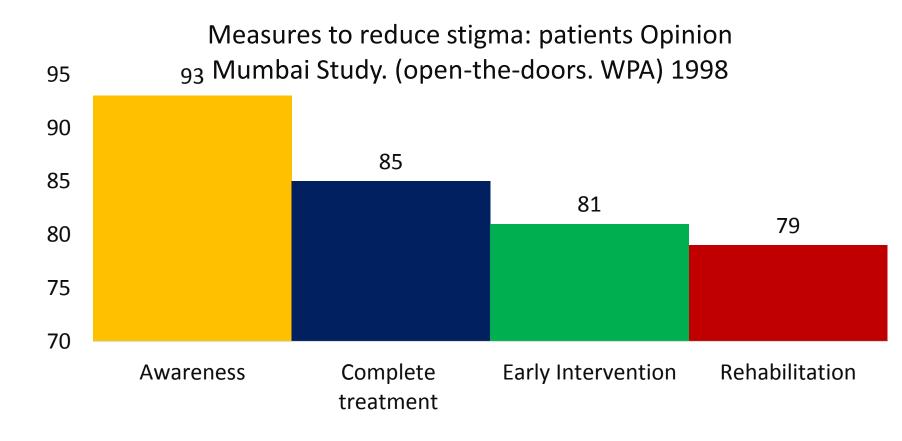
Chang SS, Stuckler D, Yip P, Gunnell D.Impact of 2008 global economic crisis on suicide: time trend study in 54 countries.\_BMJ\_ 2013 Sep 17;347:f5239. doi: 10.1136/bmj.f5239

# 4. Stigma Research

#### Stigma in employment

27 country study 723 people schizophrenia 70% unemployed 35-49% experienced discrimination at work (Thornicroft et al., 2009).

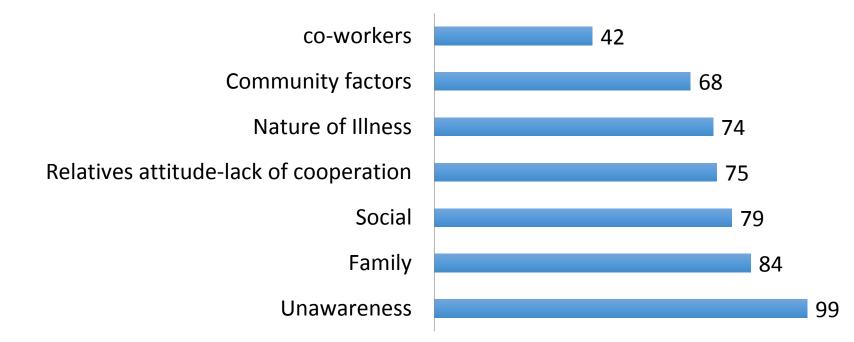
# Can stigma be reduced?



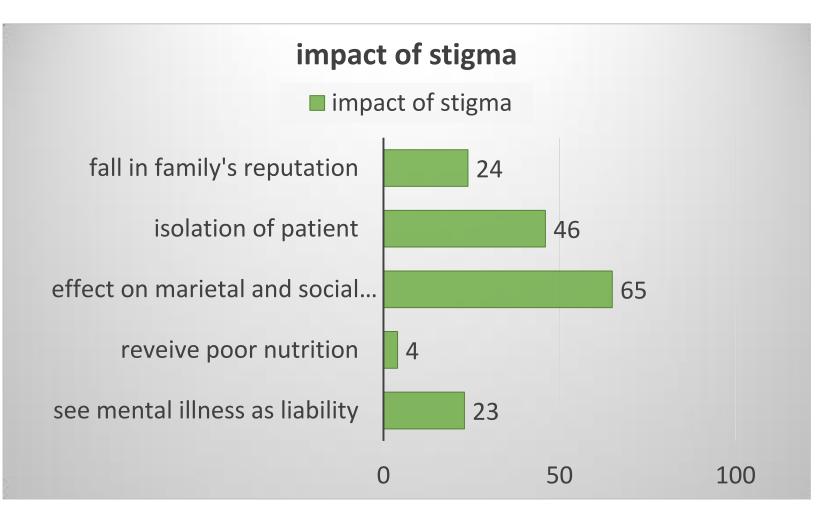
## Patients perception: What is the source of stigma?

#### **Origin-Nature of Stigma**

Origin-Nature of Stigma



## What is the impact of stigma

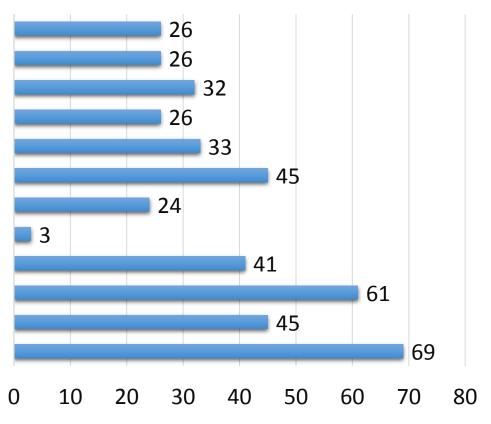


Shrivastava et al, Stigma Research and Action, 2011

#### Relatives perception (N=300)

#### **Experience and Consequences of Stigma**

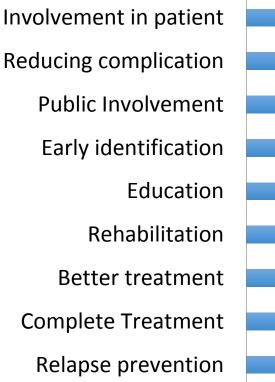
Pushed into unacceptable situations having to live alone-unsupported Unaccepted in Family Turned down in Jobs Hidding the illness (avoid disclosure) being isolated seen as liability discarded in family Overhearing offensive comments Avoided due to illness Unabke to cope with marriage Low self esteem

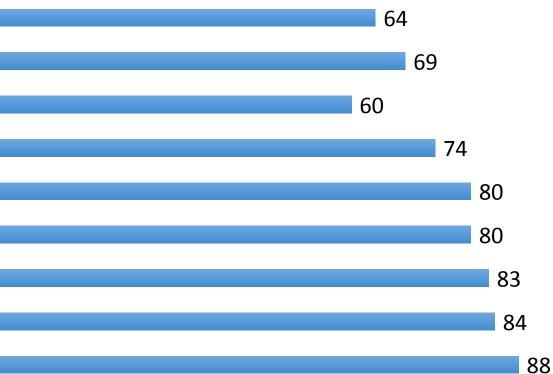


Experience and Consequences of Stigma

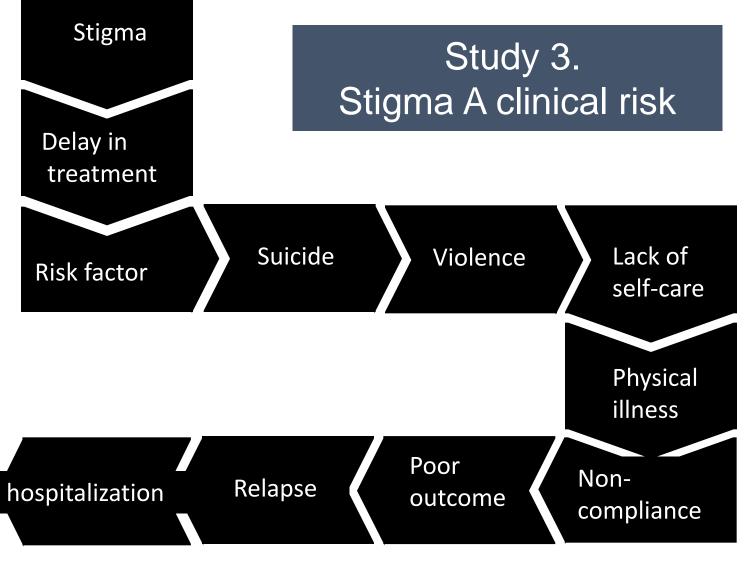
#### **Anti-stigma Intervention**

Anti-stigma Intervention









Baxter H, Singh SP, Standing P, Braganza D. The attitudes of 'tomorrow's doctors' towards mental illness and psychiatry: changes during the final undergraduate year: Med Educ 2001;35:381-3

Appelbaum PS, Robbins PC, Monahan J. Violence and delusions: Data from the MacArthur violence risk assessment study: American Journal of Psychiatry 2000;157: 566 -72.

Shrivastava et al, MSM, 2012 Shrivastava et al, Ind. J. Psychiatry, 2013

# Proposed Concept of stigma & measurement scale

SQS:Validity		
Domains of SQS	Crohnbach's alpha	Validity - Internal Consistency
Psychological	0.925	Good
Social	0.782	Good
Illness-related	0.788	Good
Coping Strategies	0.416	Moderate

Shrivastava et al, Abstracted. Half day Annual Conference proceedings. RMHC.2013

Shrivastava et al, Abstracted. American Psychiatric Association Annual Conference proceedings.2013

### Stigma and symptoms of clinical risk

#### MEAN SQS SCORE > 2.0 AND SIGNIFICANT CLINICAL VARIABLES



#### CLINICAL PARAMETERS

Shrivastava et al, Abstracted. Half day Annual Conference proceedings. RMHC.2013 Shrivastava et al, Abstracted. American Psychiatric Association Annual Conference proceedings.2013 5. Interventions

# What can be done?

- 1. Governmental,
- 2. Health and
- 3. Economic agenda Resource allocation

POLITICA L, POLICY, PRIORITY

#### Global Action Program (GAP): WHO

Resource estimates in 2011

A shortage of

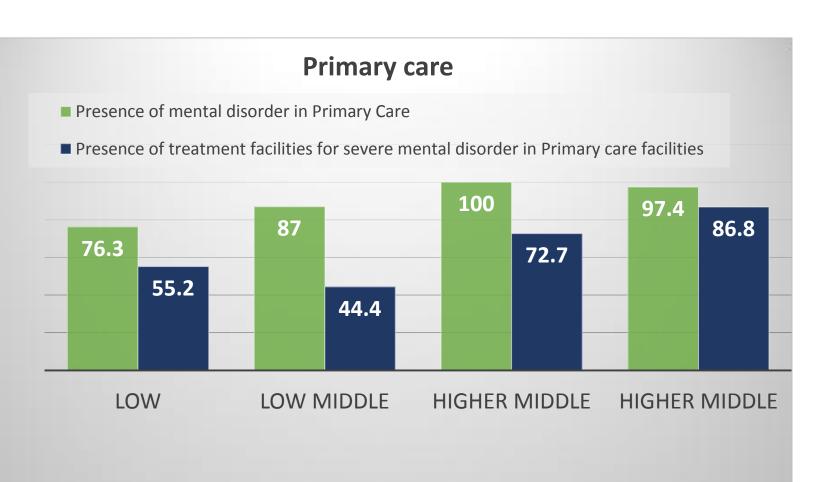
1.18 million mental health professionals Including 55,000 psychiatrists,

628,000 nurses in mental health settings, and

493,000 psychosocial care providers needed to treat mental disorders in 144 low- and middle-income countries.

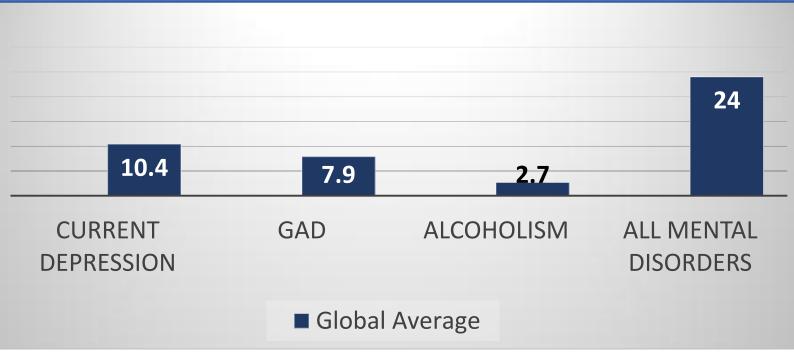
# \$ 4.4 billion. The annual wages bill for this shortage

#### SPECIFIC MEASURES: RESPONSE TO TREATMENT GAP



#### PREVALENCE OF MAJOR PSYCHIATRIC DISORDERS IN PRIMARY HEALTH CARE (%)- 16 COUNTRY WHO STUDY

# Integration with general health and primary care and with faith healers



Sartorius N et al 2001

# Effective and evidence based treatment

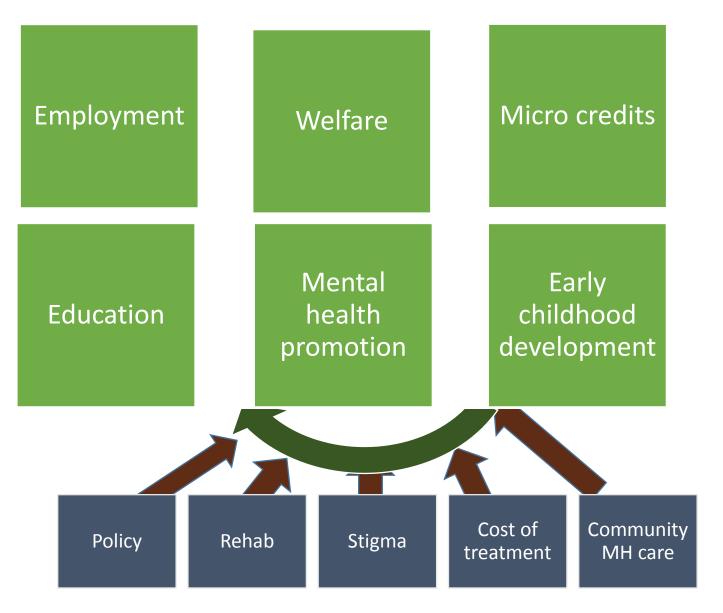
- 50% population seek treatment for depression but only 42% of those treated received adequate treatment (Kessler et al., 2005b).
- 69% of people with schizophrenic disorders are not receiving treatment.
- Treatment gap for schizophrenia in LMIC is highest

# SPEAK UP

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People hide suicide due to stigma. They do not know or believe that it can be prevented.



### MENTAL HEALTH ACTION PLAN 2013-2020

# M E

World Health Organization

#### MINISTERIAL ROUND TABLES 2001

54TH WORLD HEALTH ASSEMBLY



#### MENTAL HEALTH

A Call for Action by World Health Ministers



World Health Organization Geneva



# •Poverty is not an accident,

- •...Slavery and apartheid,
- •can be removed...

### •ACTION OF HUMAN RIGHT



Mental health is too important to be left to mental health professionals

