Improving basic mental health services in Myanmar's primary healthcare system

Key messages

- There is no policy on mental health in Myanmar, and, as a result, it is not a priority in primary healthcare, preventing thousands of people from accessing the mental health services they need.

- Staff are not adequately trained and there is little infrastructure to facilitate providing these services, particularly in rural areas.

- Awareness-raising on mental health within communities, access to consultations and counselling, and referrals to secondary and tertiary healthcare facilities are needed to improve diagnosis and treatment.

- A policy and planning shift informed by evidence that shows, for example, prevalence, geographic spread, and the effectiveness of treatment and prevention methods in the country, is desperately needed.

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The prevalence of mental health and psychiatric disorders is increasing. Globally, 15 per cent of people have a mental health condition or is suffering from substance abuse.[1] To address this, countries need mental health policies and implementation plans to coordinate effective mental health services.[2] Around one-third of countries have no such policy or plan, and nearly 40 per cent of countries that do have policies have not revised them since 1990,[3] which means they do not incorporate the substantial recent developments in mental health care.

In many low- and middle-income countries, the budget for mental health is less than one per cent of total health budgets.[4] This is common where scarcity of resources means budgets focus on other areas of health deemed a higher priority, which can further increase prevalence.

Mental health in Myanmar

Better mental health services are desperately needed in Myanmar. To achieve this, a clear policy on mental health is crucial. Between 2013 and 2017, the number of patients treated for mental illness in institutions increased 58 per cent from 18,922 to 30,100, according to the Mental Health Hospital in Yangon.[5] Depression and anxiety account for five per cent of disability-adjusted life years, which puts them in the top 10 contributors in Myanmar.[6]

The latest figures on mental health spend indicate it is just 0.3 per cent of an already very low per capita spend on health.[7] Although growing, health comprised just 2.3 per cent of the budget in 2015. This means services are lacking, infrastructure is underdeveloped and there are few adequately trained staff at the primary and secondary levels, particularly in rural areas. There are:

- two specialist mental health hospitals – both in urban centres Yangon and Mandalay – as well as 22 psychiatric wards in general hospitals and 35 outpatient facilities

- 0.016 psychiatrists per 100,000 people

- 0.3 inpatient beds per 100,000 people across 17 community-based inpatient units

- 2.5 beds per 100,000 people in the two mental health hospitals - a density of beds more than 10 times greater than the rest of the country.[8]

While there is no data in Myanmar on how stigma impacts mental health, studies from other, similar countries suggest it has serious consequences. The spread of misinformation can lead to people thinking those who have mental health problems are weak, rather than sick, or that they are unpredictable or dangerous. This can result in discrimination that leaves people isolated, disrupts relationships, prevents individuals' getting work and impacts their self-esteem. It can also deter people from seeking medical help. This is an area that requires further research to understand its extent and impact in Myanmar to address it.

A lack of evidence on, for example, prevalence, geographic spread and what the best practices are for treating mental health in Myanmar, is a major barrier to tackling the problem. This ultimately means thousands and thousands of people are not getting the help they need. Gathering this evidence and using it to inform a national mental health policy is key to improving the mental wellbeing of Myanmar's people.

What steps is Myanmar taking to tackle mental health?

In recent years, the Government of Myanmar's health budget has been growing. While spending on health is low, it has increased from 0.2 per cent of GDP in 2009 to 2.3 per cent in 2015. The Ministry of Health and Sports has also set up a unit to tackle non-communicable diseases and aims to achieve universal health coverage by 2030.

When it comes to mental health, specialised clinics where psychiatrists visit once every two weeks have been set up in three townships in the Yangon Region and a mental health policy is being drafted with the support of the Myanmar Medical Association and the National Mental Health Society. There are also commitments in the National Health Plan to provide basic, essential mental health services to all communities by 2021 and mental health is listed as a priority area in the National Strategic Plan on Non-communicable Diseases (2017-21). There is movement to tackle issues that cause mental health problems too, with State Counsellor Daw Aung San Suu Kyi calling for collaborative efforts to tackle drug and alcohol abuse.

What can Myanmar learn from other countries in south-east Asia?

Brunei implemented a mental health order in 2014 that aims to improve treatment of mental health conditions, and to protect the rights of people who have these illnesses. There are also community mental health teams comprised of psychiatric nurses, and mobile doctors visit districts to provide services.

Cambodia has no mental health law or policy. However, some mental health interventions were incorporated in the Mental Health and Substance Misuse Strategic Plan (2011-2015).

Indonesia revised its mental health policy in 2001 and mental health services have been merged with the overall health system. The health workforce has been trained with a standardised curriculum for treating mental health illness.

Malaysia's mental health policy was formulated in 1998 and revised in 2012 to incorporate psychiatric services at primary care level and to introduce 40-day rehabilitation treatment centres. Mental health stigma has been addressed through public awareness-raising campaigns.

The Philippines implemented a mental health policy in 2001 and the latest mental health act in 2017 saw the mental health budget increase to five per cent of health expenditure. It aims to establish access to comprehensive integrated mental health services and protect the rights of the people with mental health illnesses. The Philippines' social insurance scheme covers mental health in instances of acute inpatient care – severe but brief episodes of illness. The public can access mental health services through the private sector and supplementary care is provided by voluntary organisations, while prisoners also have access to services.

Thailand revised its mental health policy in 2005. It promotes the mental health of communities through the active participation of communities themselves. Mental health teams exist at primary care units, community health centres, general hospitals and psychiatric hospitals. Specific services are available for prisoners and the media is being used to promote better mental health.

Vietnam has no specific mental health policy, but many general health laws and regulations are tackling mental health and providing mental health services. Essential medicines to treat mental health are available in all hospital facilities

Laos and **Timor-Leste** have no mental health policy in place.

Older people like Daw Aye Byine, who has been living alone for nearly 30 years, risk facing isolation and neglect

What steps is Myanmar taking to tackle mental health?

Preventing and treating mental health within primary health services, tackling stigma and promoting better mental health are essential. This requires increased investment and attention on mental health, which, evidence from the region suggests, will happen with the passing of a mental health policy in Myanmar. Indeed, other countries in south-east Asia that have implemented evidence-based policies or laws have seen investment in sustainable and effective mental health services within primary care systems.

But it is not just about primary care systems. To prevent mental health conditions and promoting better mental wellbeing in Myanmar, policymakers must draw on these experiences and on data to move towards a multidisciplinary approach that includes the community, family, medical support and counselling to address known risk factors, including alcohol and drug abuse, unemployment and underlying medical conditions. It is key that this leads to an integrated system in which cost-effective treatments are made accessible to the rural poor.

Meanwhile, people with mental illness need greater financial protection to ensure they are not deterred from accessing services or impoverished by out-of-pocket health expenditures. This is a challenge due to the high costs and low availability of mental health medication.

There is political commitment in Myanmar on mental health and successes in neighbouring countries to draw upon to develop an effective policy and to ultimately improve the mental health of the whole country. Without taking action, Myanmar will not be able to achieve universal health coverage, as it intends, by 2030.

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Endnotes

For more information, please contact:

- Prof Anil Krishna, Public Health Technical Lead, HelpAge International, anilkrishna@helpagemyanmar.org

Contributors:
- Prof Anil Krishna, Public Health Technical Lead, HelpAge International
- Pyone Yadanar Paing, Project Officer, HelpAge International Myanmar
- Dr Winpa Sandar, Assistant Lecturer, University of Public Health, Yangon
- Ben Small, Communications Coordinator, HelpAge International Myanmar

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HelpAge International Myanmar
No 5, Zizawa Street, Parami Avenue,
8 Ward, Yankin Township
Yangon, Myanmar

+95 1 663 815

www.helpage.org

Registered charity no. 288180

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