Global Health & Tropical Medicine course

#3: Global Mental Health

Recap of lectures

Marieke Oostvogels, AIGT MIH and GP in training, worked in a local hospital in Sierra Leone as a doctor when the Ebola outbreak started in 2014, and later in Liberia.

Maartje Goudswaard, AIGT, works with refugees at iMMO and shared a local dimension of Global Health.

- Marieke discussed the epidemic and the national response initiated to curb it which rests on three pillars: early detection, isolation and treatment.
- The Ebola outbreak had grave consequences for daily (social) life, economic implications and the health care systems, vividly illustrated by her examples.
- As a result of violence, disaster or oppression there are about 20 million refugees globally. In 2016, 1 million people applied for asylum in the EU and 30.000 in the Netherlands.

Medical assessment can play an important role in the asylum procedure as signs and symptoms can serve as evidence of torture, punishment or traumatic events, which can otherwise be hidden.

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Global Burden of Disease (GBD)
- 13% of GDB Disability Adjusted Life Years (DALY’s) is due to mental, neurological and substance use disorders (MNS). Depression, anxiety disorders, substance abuse, schizophrenia and bipolar disorder are most common.

Physical & mental health & poverty
- Mental disorders are closely related to other health conditions (incl. HIV/AIDS, maternal and child health and non-communicable diseases). There is a vicious circle between poverty and mental health.

Public mental health approach
- A primary care and community oriented approach. Focuses on health promotion and disorder prevention. Health promotion and disorder prevention on three levels/platforms: population, community and health care.

Mental Health gap
- There is a substantial global disparity between the number of people in need of mental health care and the availability of professionals and services.

Urgent to address this because of the persisting increase in MNS disorders: e.g. with 18% global rise in depression between 2005-2015.

Claudi Bockting - clinical psychologist and professor of Clinical Psychology UU & Arq

Rembrandt Aarts - psychiatrist and AIGT, Equator Foundation/Arq

Promising interventions for LMCs
- 1. Low-intensity psychological interventions by non-specialists
- 2. Use of transdiagnostic treatment
- 3. New technology (internet, mobile phones)

Internet-based interventions for mental health show promising results in high income countries: encouraging mental health outcomes and efficient in the need for professionals.

More RCTs are highly needed, especially in LMCs.

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Young migrants
- Children <5 are in need of the circle of security: a secure base and safe haven. Yet, young migrants deal with extreme complicated life situations, such as separation and loss, and fear and shame. Although children are resilient, there is a risk of PTSD or complex trauma later in life.

Resilience
- The capacity to restore health after shocking events among which natural disasters, man-made trauma and attachment trauma. Resilience greatly depends on social support, feeling of safety, self regulation and perspective for the future.

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