CHAPTER 1
Introduction

1.1 Mental health

Mental Health problems are of significant public health importance. A World Bank report estimated that these problems account for 10.5% of all disability. This is more when compared with much lower rates for cancer, heart disease and cerebral vascular disease. In addition behavioral related problem such as violence, substance abuse, sexually transmitted diseases, diarrhea, malnutrition, tuberculosis, accident and injury were responsible for over 30% of all disability. The burden resulting from mental and behavioral problems is as significant in developing countries as it is in industrialized countries. Yet in many developing countries many patients suffering from mental disorders and or behavior related problems are not recognized and therefore do not receive adequate treatment or intervention. (Murry and Lopez 1996)

In developing countries mental illness is often confounded by the presence of preventable etiological factors. Infections and infestations may contribute to the development on mental illness, especially when accompanied by reduced food supplies, low quality of drinking water and low lever of vital nutrients. Insufficient level of iodine has many detrimental effects including lowering of mental ability. (Adhikari & Denison, 1999)

Those suffering from serious and/or chronic physical diseases and also from war and trauma experience mental problems. People who live in extremely difficult circumstances are at special risk of being affected by mental problems. These problems can affect the functioning and thinking processes of individual, diminishing his or her social role and productivity in the community. The stigma associated with all forms of mental illness is strong but generally increases the more an individual's behavior differs that from the norm. The economic and social burden of problems and illness for families, communities and countries is not easily efficiently measured and the burden stays largely as unidentified. Mental health problems will only be addressed when there is sufficient awareness, commitment and resource allocation. World widely mental health legislation has seen as a necessary requirement to protect the rights of mentally ill. (World mental health Day 2001, WHO)

Community studies have been conducted in Nepal to find out the prevalence and distribution of mental problems and illness. Generally community based studies give lower percentage of problems rather than those studies, which are done with in-patient samples. Pol et al. (1998) studied Yala Urban area and found around 11 % of the population of 252 had mental disorders assessed by SRQ. In Adhikari and Denison study (1999) percentage of non-psychotic mental disorders, measured by SRQ, was 10.2 %. The rates were higher with women (11.8%) than men (8.5%). The study was conducted at South Lalitpur, Gotikhel. Adhikari, Huttunen and Kiljunen (2000) found non-psychotic mental disorders to be 13.1% in their sample of 414 people in Anandaban Rupandehi. Women's rates, measured by SRQ, were higher (17,6%) than men (8,5%). Wright et al. (1990) took 146 patients from Chapagaun health post and 150 patients form Patan Hospital OPD and found out that psychiatric "caseness" by SRQ was from 23% to 28%.