Addressing mental health in Myanmar
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Addressing mental health in Myanmar

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6th September 2022
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>54.8 million (2021)</td>
</tr>
<tr>
<td>UHC service coverage index</td>
<td>61 (2019)</td>
</tr>
<tr>
<td>Adult Literacy</td>
<td>89% (2019)</td>
</tr>
<tr>
<td>Life-expectancy in years</td>
<td>67 (2020)</td>
</tr>
<tr>
<td>Gross national income per capita, Atlas method (current US$)</td>
<td>1,140 (2021)</td>
</tr>
<tr>
<td>Government spending on mental health as a percentage of spending on health</td>
<td>1.4% (2019)</td>
</tr>
<tr>
<td>Government spending on health per capita (US$)</td>
<td>9.4 (2019)</td>
</tr>
<tr>
<td>Government spending mental health per capita (US$)</td>
<td>0.046 (2019)</td>
</tr>
<tr>
<td>Doctors per 100,000</td>
<td>70 (2019)</td>
</tr>
<tr>
<td>Nurses and midwives per 100,000</td>
<td>110 (2019)</td>
</tr>
</tbody>
</table>

The burden of mental health problems

- No national level data are available at present on the prevalence of mental disorders or the treatment gap.

- A survey carried out in Hlaing Thar Yar Township, Yangon Region in 2017 showed that the prevalence of psychosis was 0.86%, depression 0.89% and epilepsy 0.81%.

- In 2004, a community survey in Paragyi village, Kyauktan Township, Yangon found that the prevalence of anxiety disorders was 38 per 1000, depression 5 per 1000, epilepsy 2 per 1000, alcohol dependence 23 per 1000 and dementia 2 per 1000.
Mental health policies, programmes and laws

The National Mental Health Policy and Strategic Plan 2021–2025 has been approved.

A new mental health law has been drafted and is awaiting approval.

Separate laws for tobacco, alcohol and drug use are in place but the level of implementation varies.

- The National Mental Health Policy and its Strategic Plan 2021–2025 was developed following a process of systematic review and revision of the previous Mental Health Policy of 2006, through multisectoral consultations. It is aligned to the National Health Policy and Plan and to the WHO Mental Health Policy guidelines to meet international human rights standards. It was approved by the government in February 2021. Implementation is to commence.

- The current Lunacy Act 1912 is outdated though minor amendments have been made. Though well-structured and systematic, it does not emphasize human rights, rehabilitation, treatment and care. Development of a new law commenced in 2013 and is awaiting approval of the Attorney General’s Office. This law covers human rights, treatment etc. There are separate acts for tobacco, alcohol and drug use.
Prevention and promotion activities: organization and coverage

Early childhood and good parenting
UNICEF and the Save The Children International are working in this area. The Ministries of Health and Education, Departments of Psychology Teacher Training Colleges and Myanmar Maternal and Child Welfare Association need to become involved.

Preventing bullying
There are no specific programmes, although the data from the Global School Health Survey 2016 found high levels of bullying.

Alcohol, tobacco and drug use prevention
These topics are covered in the school health life skills curriculum for children at all levels. The National HIV/AIDS Programme is working with many stakeholders, including international nongovernment organizations (NGOs) on drug dependency treatment and rehabilitation.

Mental health literacy
There are no specific programmes. The World Mental Health Day campaign is conducted every year.

Stigma reduction
There is no specific programme yet.

Suicide prevention
This is included in the Mental Health Strategic Plan. National-level workshops were conducted during the past two years but there are no countrywide programmes yet.

Epilepsy, dementia, neurodevelopmental disorders
The Myanmar Epilepsy Initiative is a pioneer project providing community-based epilepsy care covering nearly two thirds of townships countrywide. Through the Myanmar Medical Association Elderly Programme, training on I-Cope is provided for general practitioners. No specific programmes are conducted for dementia and other neurological disorders for both adults and children. There are some small-scale programmes for the care of children with autism by the Myanmar Autism Association under the Myanmar NCD Alliance.

Caregiver programmes
There are no nationwide programmes, although there are very small-scale programs for caregivers of those with neurological disorders and dementia.

Social support programmes
Government health and social welfare sectors and other local and international organizations are running social support programmes. Effectiveness and coverage of these programmes are not known. There are medical social workers in hospitals, but the numbers are not adequate.
Mental health services: organization and coverage

• The Mental Health Programme is one of the programmes under the Noncommunicable Diseases Unit of the Ministry of Health. It is headed by a Deputy Director-General of the Ministry of Health.

• Mental health services are provided in the public health-care system starting from the primary health care (PHC) level. Medical officers, basic health staff (BHS), including health assistants, lady health visitors and midwives receive mental health training during their training course and can provide some basic mental health-care services to patients attending their clinics. If needed, patients are referred to secondary- and tertiary-level health care.

• Treatment for conditions such as alcohol dependence and depression need to be

At the grass-roots level (i.e. rural health centres and sub rural health centres), health assistants, lady health visitors and midwives can provide basic mental health care in a mental health emergency by providing basic psychosocial counselling, psychosocial treatment and using available drugs, e.g. chlorpromazine, haloperidol and amitriptyline (but not controlled drugs such as diazepam). However, the availability and usability of these controlled drugs depend on Township Medical Officer’s approval and guidance. The WHO mental health Gap Action Programme (mhGAP) training has been provided to health assistants (20–30 participants in each training) in all states and regions.
included in the essential package of health services (EPHS) for primary health care. A series of workshops are ongoing in the Ministry of Health to include mental health care in the EPHS of National Health Plans.

- There is no specific system for estimation or forecasting of medications for mental health disorders. Hospitals order by themselves through a tender system after getting a consensus of hospital management committee members biennially, depending on the budget availability and approval of medical superintendents.

- There are two mental health hospitals, two drug treatment hospitals (tertiary level) and 17 general hospitals with attached mental health units (secondary level). There are no half-way homes and community rehabilitation centres.

### Human resource development

- Despite the increase in the mental health workforce over time between 2014 and 2020, it is less than one mental health worker per 100 000 population. This does not match the growing mental health needs of the community and ensure integration of mental health services into PHC in the country.

- In medical universities, undergraduate students receive lectures on mental health. Practical training is provided for two weeks (20- teaching hours).

- Postgraduate training for Masters’ and PhD courses on mental health are provided at the Universities of Medicine 1, 2 and Mandalay, and produce psychiatrists for hospitals.
- Health assistants receive mental health training for a few hours during their 4 years training course for the bachelor's degree.

- Universities of Nursing have mental health departments, and it is one of the major subjects out of the five subjects during the 4-year bachelor's degree training. A mental health curriculum is included in the lady health visitor's and midwife's curricula. Therefore, professionals who can provide basic mental health care are produced. However, the numbers are not sufficient. There are only a limited number of psychiatrists, qualified counsellors, mental health nurses, social workers and psychiatric rehabilitation specialists.

### Multisectoral involvement

Multisectoral involvement needs strengthening in Myanmar. The main stakeholders are the Ministry of Health, Ministry of Social Welfare, Ministry of Education (University Psychology departments), Myanmar Police Force, Ministry of Legal Affairs, international and local NGOs, community-based organizations and United Nations organizations such as UNICEF, UNODC and WHO. High-level advocacy and coordination is needed for effective collaboration.

### Mental health human resources per 100,000 population, 2019

- **Psychiatrists**: 0.2 (Total: 117)
- **Psychologists**: 0.0 (0)
- **Mental health nurses**: 0.6 (Total: 302)
- **Social workers**: 0.1 (Total: 49)
- **Mental health hospitals**: 17 (221 beds)
- **Mental health units in general hospitals**: 2.3
- **Primary health facilities having basic mental health drugs**: <25% (1581 beds)

Source: Mental Health Atlas, 2020 data
Mental health information system and research

- Common mental health disorders such as anxiety, depression, psychosis, alcohol use, developmental disorders and epilepsy are included in the reports submitted by the midwives. Due prominence to such data needs to be given in health situation reports published by the Ministry.

- A clear research agenda needs to be formulated for mental health. Both funding allocation and commitment are not strong yet for improving the capacity for intervention research on mental health. Mental health research is driven by individuals and is yet to be institutionalized. Most intervention research is conducted as academic dissertations by master’s and doctoral students. Generally, there are around 30 master’s students and six to ten doctorate students every year.
Analysis

Issues requiring urgent attention

• Mental health is not regarded as a priority due to other competing priorities, as families are looking for ways to survive in the context of various crises.

• Decades of protracted conflict, the recent political crisis and its aftermath in the context of the Covid-19 pandemic have had a significant impact on citizens’ mental well-being.

• Although there is no nationally representative study, many are affected by depression, anxiety, post-traumatic stress disorder, bipolar disorder and schizophrenia.

• Mental health problems related to alcohol use is high among middle-aged males.

• There are very limited resources for providing effective care and services for dementia.

• The mental health sequalae of gender-based violence is also a major concern.

What needs to be sustained and supported

• Provision of services for mental health needs to be in the EPHS.

• Awareness raising on the importance of mental including de-stigmatization is important.

• Establishment of community-based mental health services, including preventive programmes, needs to be prioritized.

• Mental health services provided at the primary care level need strengthening through capacity-building, monitoring and supportive supervision of health-care workers.

• Community-based volunteer training should be established for screening and provision of psychosocial support in their own communities.
Issues following the recent crisis

- Even before the changes of February 2021, the capacity of the Ministry of Health for implementation of mental health policies and programmes was limited in terms of resource allocation and service readiness. Government spending on mental health was just 1.4% of total government health expenditure in 2020. Around 85% of the allocated resources were distributed to hospitals, whereas the availability of mental health services was not prioritized at the PHC level.

- The context after February 2021 will further weaken the health system due to political crisis, which has made financial instability and the ability to spend on mental health much less. As the result, provision of mental health services would be severely affected.

Main challenges

- There is widespread stigma at the community level.
- Poor investment and the lack of human resources need urgent attention.
- The training given to health workers on mental health is insufficient for effective service provision at the PHC level.
- There is a need for standard operating procedures for mental health services at the primary care level.
- Professional support given in the current services is inadequate, resulting in poor access to consultations and counselling services for mental health.
SWOT

Strengths

Community-level workers are trained in provision of psychosocial support and basic treatment.

Mental health services are provided at the primary, secondary and tertiary care levels.

The comprehensive National Mental Health Policy and Strategic Plan 2021-2025 has been approved.

Separate laws for tobacco, alcohol, and drug use are in place.

The Myanmar Epilepsy Project significantly reduced the treatment gap for epilepsy at places where it was located.

Training on mental health is available for doctors, nurses and health assistants in universities.

Opportunities

A new mental health law has been drafted and is awaiting approval.

Suicide prevention is included in the Mental Health Strategic Plan.

Medical–social workers are available in hospitals.

Nurses, midwives and lady health visitors are trained in mental health during the basic training.
Weaknesses

There is a need to strengthen multisectoral collaboration for which high-level coordination is required.

Though a range of mental health professionals are produced, the numbers are inadequate.

There is a lack of guidelines and standard operating procedures for mental health services at the primary care level.

There is no national plan for suicide prevention at present.

There are no recent national level data available on mental health.

The treatment gap is not known.

Operational research needs institutionalization.

Threats

The National School Health Survey showed high levels of bullying.

Stigma is widespread.

The current sanctions and the civil disobedience movement will cause disruptions in the health system.

Mental health is not regarded as a priority by the population due to many competing and pressing needs.

Alcohol-related mental health problems are high in some segments of the population, which can further escalate.
Notes