Bridging the Gap

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The 'Friendship Bridge' between Khorog (Gorno-Badakshan, Tajikistan) and the village of Shugnan (Afghan Badakshan, Afghanistan) stands over the clear rushing water of the Pyanj River, tucked between the snow-capped mountains at the heart of Central Asia. Since its opening in 2004, the bridge has helped foster plurality and enabled exchange and understanding by opening up local markets and stimulating regional trade. However, it has also served as a medium for the exchange of illicit goods, including narcotics and arms. More specifically, opium drugs are supplied readily from Afghanistan in the form of processed heroin, a derivative of opioid, and sold across the bridge in Tajikistan. This consequence is evidenced by the fact that the number of injected opioid drug users (IDUs) in Central Asia has increased exponentially over the past decade, making opioid overdose a substantial hurdle to an improved standard of living. In 2009, it was estimated that in Tajikistan alone the number of IDUs neared 25,000 in a population of approximately 7.4 million.

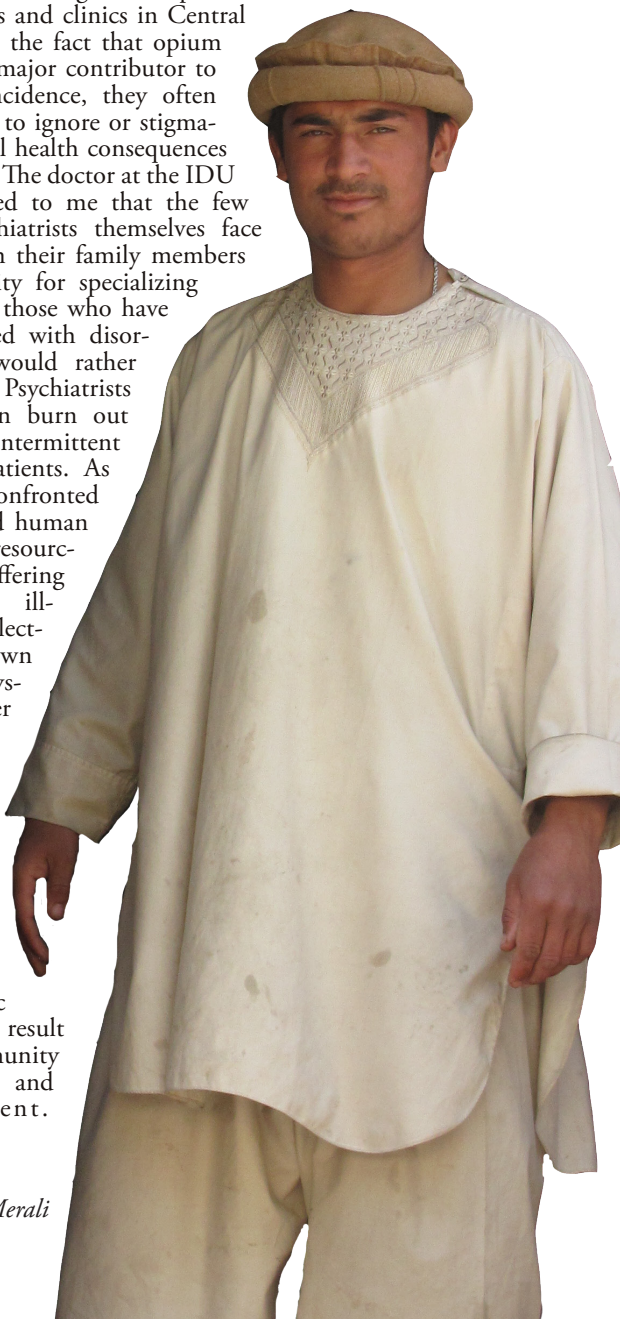
Having lived in Tajikistan for six years, I was drawn to get involved with Columbia University's Global Health Research Center of Central Asia and was assigned to a team of five different non-governmental organizations (NGOs) in the field to create a database that would help us better understand drug use in the region. Our findings shed light on the complicated web that intertwines drug use and mental health issues, the latter being particularly taboo in the region.

In Khorog's only drop-in clinic for IDUs, I met a 19-year-old girl, Nargis (all names in this article were changed), who suffered from a heroin addiction. With the help of a translator, she told me how she and a group of friends had once shared a needle. Soon after, she was diagnosed with HIV. "I am healthier now," she said, "but my parents will still not speak to me and the owner of the shop I used to work at told me to leave my job." Her doctor later told me that she had developed signs of depression as a result of her experiences but refused to see a psychologist for fear of further alienation. Sitting with Nargis, we discussed ways that she could better communicate with those who are unaware of what she may be going through and set up a time for her parents to come to the clinic and meet with consultants. Despite our efforts, her hesitant and somewhat unfazed expression told me that it was unlikely to happen.

The following day at the clinic I met Firoz, a 26-year-old man who owned a fruit stall at the local market. He had been diagnosed with mild schizophrenia as a child. Soon after Firoz was refused entrance to high school. He then became depressed, developed a heroin addiction and attempted suicide. He was turned away by his father, and for a long time could not build up the courage to seek help, dreading more rejection. Firoz had heard about the clinic from a friend who had been an IDU and is now slowly learning how to move past drug use. But Firoz, having been ostracized by his school and friends, still finds it difficult to see the world in a positive way.

Though Nargis and Firoz recalled their personally devastating experiences, to which many other locals could closely relate, the long-term impact of addictive drugs extends beyond the primary drug users, affecting the development and security of the local community and region. When these drugs are acquired in areas such as Khorog, which lacks sufficient educational opportunities, it feeds a cycle of elevated stress, depression and consumption of opioid drugs and alcohol. The doctor at the IDU clinic also highlighted the fact that opioids themselves have adverse psychological effects such as anxiety and depression, making drugs both a cause and catalyst of psychological distress. Mental illness and drug use have always resulted in high comorbidity, even in developed nations, but when this cycle occurs in an impoverished population that lacks an adequate knowledge of the mental health situation, there is little motivation for the government or society to remedy poor mental health. Those who have been labeled as having a psychiatric disorder are set aside as incompetent and helpless, further weakening an already fragile infrastructure.

The absence of motivation for remedying the mental health situation only scratches the surface of a problem that is much more deeply rooted. Although health professionals in hospitals and clinics in Central Asia recognize the fact that opium injection is a major contributor to HIV/AIDS incidence, they often forget, choose to ignore or stigmatize the mental health consequences of opium use. The doctor at the IDU clinic explained to me that the few working psychiatrists themselves face prejudice from their family members and community for specializing in the care of those who have been diagnosed with disorders people would rather forget exist. Psychiatrists therefore often burn out following intermittent visits from patients. As clinics are confronted with decreased human and material resources, those suffering from mental illnesses are neglected by their own healthcare system. Even after IDUs have recovered from the physical side effects of drug use, they are mentally scarred by the drastic social and economic changes that result from community estrangement and unemployment.



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This further plunge in mental health can undermine one's sense of wellbeing and quality of life, negatively affect societal interactions and lead to increased suicide rates.

Despite such grave consequences, psychiatric care and mental health still remain very low priorities compared to other sectors of health care in Central Asia. In most regions, mental health does not hold legislative urgency and a minimal number of community-based services are available. In 2008, it was reported that the number of recorded patients with mental health disorders was 59,010, although the total number is estimated to be much higher. In Tajikistan, as of 2009, the percentage of the Government Health Department expenditure put towards mental health was merely 1%. Of that 1%, the majority (84%) was directed towards mental health hospitals leaving only three community-based inpatient facilities in operation. Moreover, only 14 hospitals out of the approximately 500 hospitals in Tajikistan were reported to administer mental health treatment and the number of psychiatrists per 100,000 people was 1.8. As of today, Tajikistan's Ministry of Health still does not have a department of mental health, and the nation's primary health care staff do not receive training in mental health treatment.[4]

Tajikistan already faces unyielding corruption and poverty, limited local access to education and the perpetual problem of brain drain; the medical school in Khorog continues to attract students but graduate retention remains a problem as health workers seek the prospect of higher wages abroad. So how does one convince the country that mental health care is a worthy investment? Currently, one of the biggest hurdles in overcoming the lack of attention paid to mental health care is the prejudice against and stigmatization of those suffering from psychiatric disorders. Not only do patients receive insufficient care, but their illnesses are also inadequately recognized, which only exacerbates the problem. Because people refuse to see doctors or therapists, the data that is collected misrepresents the true nature of the situation. In reality, the number of mental health patients that is recorded is insignificant in comparison to the number of people who suffer from these disorders and do not receive treatment. Subsequently, national information on the mental health system is not readily available, and reports that do exist are often outdated or have substantial gaps and inconsistencies. Before attempting to obtain reliable and systematic data, efforts are first needed to raise awareness and lift the veil that prevents people from coming forward about mental health issues—an effort that applies equally to doctors and patients. Governmental and health authorities also need to be reminded that mental health and the well being of the population go hand-in-hand with the economic health and development of their country. Only then do countries like Tajikistan stand a chance of implementing effective mental health legislation.

Currently, one of the biggest hurdles in overcoming the lack of attention paid to mental health care is the prejudices and stigmatization of those suffering from psychiatric disorders.

Although financial barriers play a part in deterring the advancement of the mental health system in Tajikistan, they are secondary compared to the role local people have in addressing the subject. Governments have a higher chance of responding to mental health if the issue at hand matters to their people. While in the long run, the implementation of a strong foundation in mental health professionals and facilities would be the preferable course of action, in the short-term, addressing the social barriers that exist for those who need treatment is just as important. If traditional attitudes and practices are first overcome by individuals, forward thinking can be utilized as a contagious force to slowly spread awareness and tolerance throughout communities.

There is a preliminary need for those suffering from mental illness to gain self-confidence before being able to effectively communicate with those who may initially be ignorant of their condition. People diagnosed with mental health illnesses in Tajikistan perceive themselves as inept because society has decreased expectations for them. If a person has been rejected in a community for being "unable," he or she first needs to realize the potential in him- or herself before others can do the same. One of the main reasons people do not speak up against the stigma associated with mental health issues is that they fear that no one will be able to grasp or relate to their side of the story. This segregation can be eliminated if an opportunity is given to meet others in similar circumstances. Existing IDU clinics and community-based services can implement phone helplines and hold frequent group therapy sessions for people to share familiarities and opinions as well as to discuss ways to approach those who may not comprehend the subject. Through these sessions, patients can gain insight into the prevalence of the situation in their community and build self-confidence to express their experiences openly, knowing that people are there to listen and understand.

A challenging, but particularly crucial, step in combatting stigma is better informing those who have rejected people who needed psychiatric care and helping them to understand that the words "disorder" and "illness" are not synonymous with incapability. Society is partially responsible for the decline in the wellbeing of those who have experienced discrimination. This sequence of events comes to a halt once individuals see themselves as having self-worth; it

opens the door to their family's acceptance and allows employers to give them another chance to prove their competency. Treating people who have experienced a downfall in their mental health as full members of society, with equal privileges and responsibilities, is essential in order for a community to accept that the state of one's mental health is a shared liability and not the fault of an individual.

Undoubtedly, solutions should include preventative measures in addition to treatment. Education lies at the heart of motivating society to eliminate gaps in the mental health system and preventing further ignorance. This strategy includes implementing training centers for local volunteers who can then hold mandatory mental health information sessions at schools for teachers, parents and children. Such teaching would explain how to recognize signs of depression and emphasize that mental health issues are not the fault of the person who experiences them but instead due to their genes and environment. In classes, students can be given scenarios depicting people with mental health disorders and then be asked how they would respond. This will ease young kids into talking openly about such subjects and prepare them to respond positively and knowledgably to similar issues in the future. For those who do not attend school, volunteers can also make presentations in community or religious centers. At the macro level of this educational process, once volunteers have received sufficient training, they can serve as community health promoters and train others to do the same. Such educators must be local people if the effect of minimizing stigma is to be long-term. As for teachers in further education, psychology and mental health should be incorporated into the medical school curriculum. Education, both at a micro and macro level, will not only empower people and enable them to speak about mental health with confidence and openness but also enable them to approach treatment with better understanding.

Thwarting the various causes of poor mental health may be difficult when it necessitates additional financial growth and human resources, yet there are actions that should be taken in the near future. Drug trafficking can be more vigilantly monitored, and an underage alcohol intake law can be implemented. Projects that focus on mental health-related issues, such as drug abuse prevention, need to take on a more community-centered approach. Using advertising to make services publicly known, rather than relying predominately on word of mouth as the clinic in Khorog did, would mark a big step in combatting stigmatization. For example, making presentations and holding open discussions on fundamentals of mental health and available support in schools and hospitals will relieve the anxiety of those who feel like they face the overwhelming effects of psychological troubles alone without the availability of treatment. In urban areas where recognition of mental health may have already occurred, the pace of reform will accelerate when prejudices surrounding the topic are lifted.

Mental health issues manifest and evolve differently in different cultures over time, but the negative reactions provoked by Tajik communities have remained ingrained in habit for far too long. This issue requires immediate attention, as it not only undermines healthcare, economics and development, but also human rights. In his address to the government of Tajikistan, United Nations Special Rapporteur Mr. Anand Grover stated, "The right to be free from discrimination based on one's health status is a core component of the right to health." Thus, any future advancements and strategies should be centered on equality and non-discrimination in addition to the medical aspect of mental health. Tajikistan needs to see its people invest in what is still a foreign concept. It is essential to stimulate the willpower to cross into uncharted territories, much in the same way that the Friendship Bridge unites two different entities through a common thread of dialogue and understanding.

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