



Defining Behavioral Healthcare

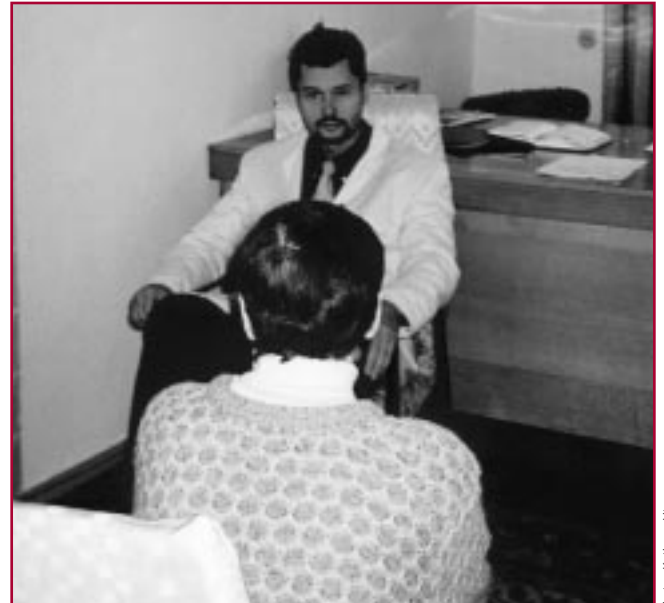
BY KATHRYN UTAN

The term “behavioral health” is rooted in the concept that mental and physical well-being are inextricably linked. In other words, the things people think and the actions they take can directly affect the way they feel both emotionally and physically. Behavioral disorders often manifest themselves as physical ailments just as physical illnesses can commonly cause psychological conditions. Mental illness is most often attributed to brain chemistry disorders and affects a person’s physical, psychological, and social functioning. Rather than looking at each of these domains individually, the concept of behavioral healthcare acknowledges that the domains, in fact, cannot be separated. The term “behavioral healthcare” was coined through the evolution of managed care in the United States. The Joint Commission on Accreditation of Health Care Organizations—the preeminent US credentialing body for hospitals and other healthcare facilities—quickly followed suit by developing evaluation standards for inpatient behavioral healthcare services.

Mental health is often defined as a state of well-being in which an individual realizes his or her own abilities; can cope with the normal, everyday stresses of life; can work productively and fruitfully; and is able to make a contribution to his or her community. Mental illness, on the other hand, is a collective term that encompasses a plethora of diagnosable conditions characterized by alterations in thinking, mood, and/or behavior that impair a person’s ability to function. In reality,

“Stigmatization of mental illness is an excuse for inaction and discrimination that is inexcusably outmoded.”

the serious conditions traditionally associated with mental illness—schizophrenia, manic-depression, and psychoses, for example—represent only a small portion of the rising global burden caused by emotional problems. In his 1999 report on mental health—the first of its kind—US Surgeon General David Satcher emphasizes that “mental health” and “mental illness” are not polar opposites, but rather should be viewed as points on a continuum. In keeping with this, the broader concept of behavioral health encompasses not only acute



Traditionally, those suffering from mental illness in the NIS were treated only by specialists such as this psychiatrist at Kiev’s Psychiatric Hospital #2. As healthcare reform throughout the region moves toward the family medicine model, primary care practitioners must learn to recognize mental and behavioral disorders and integrate treatment and prevention programs into the services they provide.

Photo: Kathryn Utan.

emotional disorders, but more common conditions such as depression, stress, and substance abuse.

Identifying the Components

In many cases, the relationships between multiple behavioral maladies and physical ailments can blur the resultant symptoms, making proper diagnosis and treatment difficult. Although it is difficult to identify the specific components of behavioral health, the general areas it includes can be broken down into the following categories: mental health, mental disabilities, domestic violence, at-risk populations, and substance abuse.

Mental health problems can be further divided into two subcategories. Severe mental illnesses include such brain chemistry anomalies as schizophrenia, bipolar disorders, major depression, and obsessive-compulsive disorders. Other mental health concerns—anxiety, depression, adjustment disorders, sexual deviance, and post-traumatic stress disorders—can also be significant problems, but are usually shorter in duration and create less functional impairment. Mental disabilities include mental retardation, epilepsy, and a host of learning and developmental disabilities (see Table 1).

Domestic violence, whether directed at children, the elderly, or intimate partners, falls under the aegis of behavioral health because the act of abuse—itsself a behavioral problem—results

in both physical and emotional damage, most commonly major depression, post-traumatic stress disorders, and even suicide.

At-risk populations are those that, by virtue of the situation in which they find themselves, are more likely to suffer from mental and physical illnesses. Examples of such high-risk populations include:

- refugees and internally displaced persons (IDPs);
- people living in poverty;
- children—especially orphans, “throw-aways” (those whose parents have kicked them out of their homes), those living in abusive situations, or those living with substance abusers; and
- people who have lived through—or are currently living through—war or conflict.

Substance abuse refers to overuse of or addiction to alcohol and/or drugs and often results in a host of mental and physical complaints. All too often, substance abuse is linked to violent and abusive behavior, depression, and corporeal ailments.

The Current Burden of Behavioral Health Disorders

The burden of mental illness on health and productivity has long been underestimated, according to WHO reports. On a global level, this burden is very grave indeed. According to the landmark *Global Burden of Disease* study conducted by WHO, the World Bank, and Harvard University, four of the 10 leading causes of disability worldwide among persons aged 5 and

older are mental disorders. These and other behavioral conditions affect hundreds of millions of people in developing countries and industrialized nations alike. The study showed that major depression—the second leading cause of disease burden as measured in disability adjusted life years (DALYs)—along with schizophrenia and bipolar, obsessive-compulsive, panic, and post-traumatic stress disorders, significantly contributed to the total burden attributable to mental illness. In established market economies, mental illnesses account for more than 15 percent of the disease burden, or healthy, productive years prematurely lost due to death or illness (see Table 2, page 6). In her foreword to the 1999 Surgeon General’s Report, US Secretary of Health and Human Services Donna E. Shalala notes, “Mental disorders are also tragic contributors to mortality, with suicide perennially representing one of the leading preventable causes of death . . . worldwide.”

Both these reports illustrate the heavy toll behavioral disorders take on the individuals afflicted with them, but it is important to note that it is not just the people who are suffering from such conditions who feel the effects—loved ones, family members, the community, and society in general must also bear the burden. Calculating this domino effect is exceedingly difficult, but the far-reaching consequences underscore the need for addressing mental illness in a proactive manner.

Breaking Down Barriers

Speaking in Beijing last November, WHO’s Director-General, Dr. Gro Harlem Brundtland, cautioned that the grim statistics detailed in the *Global Burden of Disease* study will only grow worse if they are not promptly and effectively addressed. Noting that today’s world is characterized by rapid change, poverty, and an aging population—all conditions rife with strain and the potential to lead to behavioral health disorders—she challenged healthcare professionals, health authorities, medical researchers, politicians, and policy-makers to give increased attention to behavioral health issues.

While there are many effective interventions available to treat mental disorders, there is an alarmingly wide gap between availability and implementation. This gap, Brundtland says, can be attributed to a number of factors including the:

Acknowledging that “mental” and “physical” are not separate functions of the human body is the first step toward addressing the overall health and well-being of individuals.

Worldwide Prevalence of Behavioral Health Problems and Disorders

Mental Problems and Neurological Disorders	Number of Cases (Millions)
Major depressive disorders	340
Alcohol-related problems	288
Mental retardation	60
Epilepsy	40
Dementia (including Alzheimer’s disease)	29
Schizophrenia	45
Attempted suicides	10-20
Completed suicides	1

Table 1. According to numerous studies, mental and behavioral disorders are plaguing increasing numbers of people worldwide. The great majority of these suffer from major depressive disorders or problems caused by alcohol and/or substance abuse.

Source: WHO Fact Sheet No. 217, April 1999.



- low priority given to mental health in most public health agendas;
- long-held stigma associated with mental illness;
- outdated and ineffectual centralization of mental health services; and
- poor or limited application of current, cost-effective treatment, prevention, and awareness strategies.

Of these obstacles that limit both the availability and accessibility of behavioral health services, one of the most formidable impediments is the stigma that has traditionally been attached to mental illness. In his 1999 Surgeon General’s report, Satcher writes, “Stigmatization of mental illness is an excuse for inaction and discrimination that is inexcusably outmoded.” Nevertheless, stigmatization of those who suffer from mental disorders has persisted throughout history and has manifested itself in bias, distrust, fear, anger, embarrassment, and avoidance, Satcher explains. Acknowledging that “mental” and “physical” are not separate functions of the human body is the first step toward addressing the overall health and well-being of individuals.

Making Behavioral Health a Global Priority

In the past, mental health professionals often focused on those with severe psychiatric conditions. As the field has progressed and matured, that focus has begun to encompass disease prevention and health promotion. Every person, Satcher notes, should be encouraged to seek help when questions arise about mental and behavioral health, just as every person is encouraged to seek help when questions arise about their physical condition.

The Leading Sources of Disease Burden in Market Economies, 1990

Health Problem	Percentage of DALYs Lost
Ischemic heart disease	9.0
Unipolar major depression	6.8
Cardiovascular diseases	5.0
Alcohol use	4.7
Road traffic accidents	4.4
Lung and upper respiratory cancers	3.0
Dementia and degenerative central nervous system	2.9
Osteoarthritis	2.7
Diabetes	2.4
Chronic obstructive pulmonary disease	2.3

Table 2. Disability adjusted life year (DALY) is a measure that expresses years of healthy life lost due to premature death and/or years lived with a disability. The burden of these wasted years on an individual level is alarming, but it is even more grave when the suffering and loss of productivity of friends, caretakers, and family members is added into the equation.

Source: NIMH Fact Sheet, The Impact of Mental Illness on Society, www.nimh.nih.gov/publicat/burden.cfm.

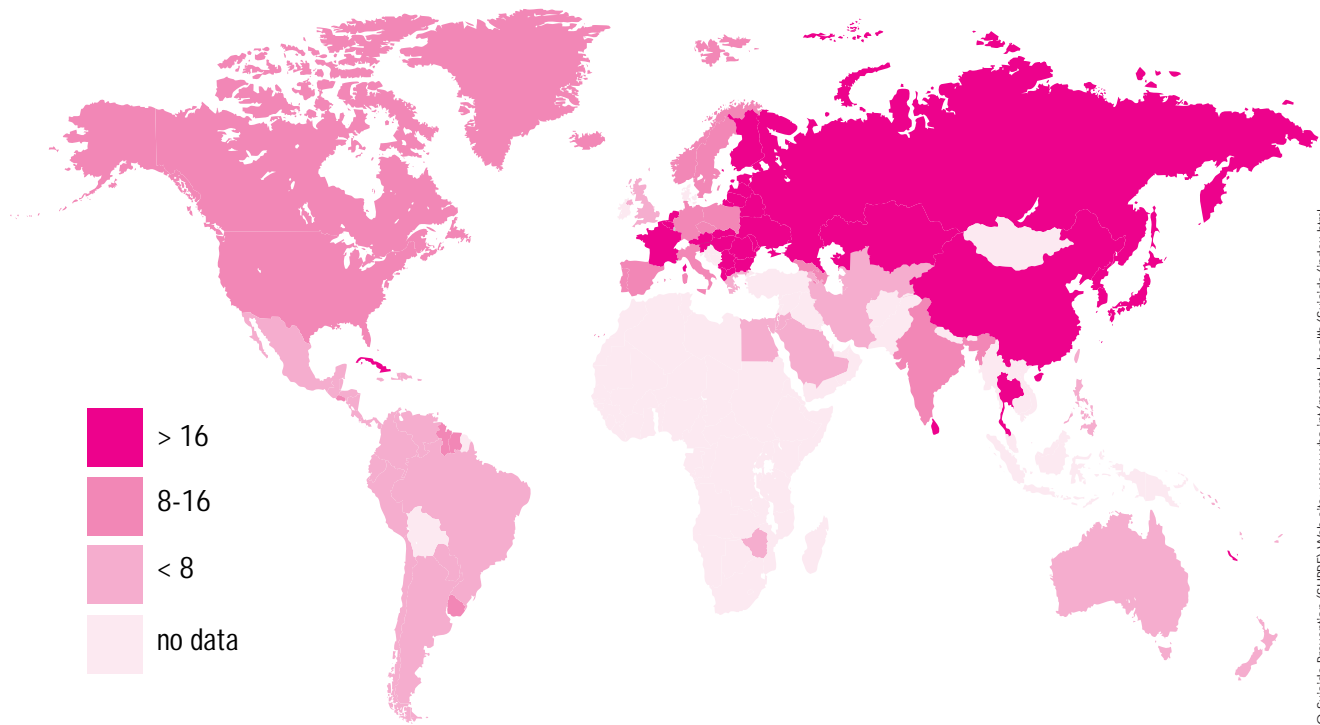
“Just as each person can do much to promote and maintain overall health regardless of age, each can also do much to promote and strengthen mental health at every stage of life,” he continues.

Speaking last October in Tampere, Finland, WHO’s Brundtland noted that it is not enough to react to mental illness, rather

Common Symptoms of Acute Anxiety	Common Symptoms of Depression	Common Symptoms of Mania
<p>Feelings of fear or dread</p> <p>Trembling, restlessness, and muscle tension</p> <p>Rapid heart rate</p> <p>Lightheadedness or dizziness</p> <p>Perspiration</p> <p>Cold hands and/or feet</p> <p>Shortness of breath</p>	<p>Persistent sadness or despair</p> <p>Insomnia or hypersomnia</p> <p>Decreased appetite</p> <p>Psychomotor retardation</p> <p>Inability to experience pleasure</p> <p>Irritability</p> <p>Apathy, poor motivation, social withdrawal</p> <p>Hopelessness</p> <p>Poor self-esteem and/or feelings of helplessness</p> <p>Suicidal ideation</p>	<p>Persistently elevated or euphoric mood</p> <p>Grandiosity (inappropriately high self-esteem)</p> <p>Psychomotor agitation</p> <p>Decreased sleep</p> <p>Racing thoughts and distractibility</p> <p>Poor judgment and impaired impulse control</p> <p>Rapid or pressured speech</p>

The list above highlights symptoms associated with three common mental problems—anxiety, depression, and mania. Clinicians should be aware that patients presenting with such symptoms should be evaluated for mental, as well as physical, ailments.

Worldwide Map of Suicide Rates



Rapid change, poverty, and an aging population are especially fertile breeding grounds for mental illness. WHO statistics indicate nine of the 10 countries with the highest suicide rates in the world are in Eastern Europe.

it is necessary to anticipate future changes and arm people with the skills to cope. “Rapid change for the worse, as we have periodically seen in our neighbors to the east over the past decade, is an especially fertile breeding ground for mental illness,” Brundtland admonished. “It is no coincidence that nine of the 10 countries with the highest suicide rates in the world are in Eastern Europe” (see map above). She explained the organization’s new strategy for addressing behavioral health focuses on three components: advocacy, policy, and cost-effective interventions. According to Brundtland:

- Advocacy means raising the profile of behavioral health on the political and health and development agendas of international governments and NGOs alike;
- Policy means ensuring the integration of behavioral health concerns into the overall agenda of healthcare reform by making clear recommendations for management, financing, and legislation of appropriate programs and services; and
- Cost-effective interventions are those that incorporate mental and behavioral health services into all aspects of

the delivery system from primary healthcare facilities to inpatient treatment centers and social service organizations.

Noting that behavioral healthcare is a process that starts with the individual in the family and continues through the work place and local community to the public health infrastructure, Brundtland declared, “It is no secret that the local [healthcare provider] is the person who first and most often encounters [behavioral] health problems.” Just as primary care practitioners have a responsibility to expand their traditional scope of practice to include mental and behavioral concerns, she continued, so too must mental health professionals “go outside their own [sphere] and talk to politicians, law-makers, and other [medical] professionals” in order to effectively serve their patients. This process can begin when healthcare providers and community stakeholders implement programs and services that increase public awareness of the fact that mental and behavioral health are just as important to an individual’s overall well-being as physical health.

Kathryn Utan is AIHA’s staff writer.