



Mental Health and Mental Disorder Recommendation Programs

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Abstract: Background: The characteristic differences among the Greater Mekong Subregion (GMS) countries in terms of trade and investment, society and cultural values, medical information and technology, and the living and working environment have become major health problems in terms of mental disorders. The purpose of this article is to identify the gaps in those aspects, to propose mental health and mental disorder recommendation programs, and to recommend policies for policy makers and research investors.

Methods: A comparative analysis and literature review of existing policy, including overviews of previous research were used to generate a synthesis of the existing knowledge of the mental health and mental disorder recommendation programs.

Results: The review results recommend mental health and mental disorder programs for policy makers, research investors, and stakeholders in order to strengthen the directions for implementing these programs in the future.

Conclusion: The healthcare provision in each country will not be limited only to its citizens; the healthcare markets and target groups are likely to expand to the neighboring countries in the context of changes in domestic and international factors, which have both positive and negative impacts according to the political, economic, and social situations of the influencing countries.

Keywords: Mental health programs, mental disorder recommendation programs, determinants, disparities, industrialization, pharmacological.

1. INTRODUCTION

As the Greater Mekong Subregion (GMS) integration is likely to bring about tremendous change to the Southeast Asia region in this era, it can subsequently cause many health problems. This includes mental health and mental disorder issues of the people living there. The characteristic differences among the GMS countries in terms of the people's perceptions of trade and investment, society and cultural values, medical information and technology, and the living and working environment have become major health problems in terms of mental disorders such as depression, stress, and substance abuse [1, 2]. In fact, the GMS people have a very high risk of mental disorders because some of the people in this region are sometimes trafficked for forced sex work and various forms of forced labor. In these situations, victims often endure violence and abuse from trafficking recruiters, employers, and other individuals [3].

In addition to the factors leading to mental disorders, especially severe depression and suicide, it was found that

the economic factor is the main reason among those factors [4, 5]. Family incomes can affect the mental health of family members because adequate income is the basic need of people to survive for their well-being in accordance, for example, with Maslow's hierarchy of needs [6, 7]. It has been found that families with good incomes are able to satisfy their daily living needs easily [8-11]. This is congruent with a previous study which found that the differences in the social and economic status of people in most countries are related to mental health and mental disorders, especially suicidal rate [4, 12].

Moreover, according to the changes in the industrial development of the GMS countries and the expansion of urban areas, the family and community structures are affecting the mental health of people tremendously [12] and this has also caused the failure of existing psychosocial support systems. This means that individuals, families, and communities have less capacity to bear the burden of suffering, illnesses, disabilities, and other burdens. As a result, mental health problems come to the surface more easily, including alcoholism or drug addiction, and criminal activity. This also has changed the GMS people's attitudes towards society and the cultural values that occur in parallel with economic development, industrialization, and urbanization. Social determinants not only lead to the wrong values, beliefs, and atti-

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tudes, but to the occurrence of psychosis and neurosis as well [9, 13, 14]. For example, the changes in the social environment cause people to face many problems when there are differences and contrasts in values and practices, such as the roles and psychosocial support between rural and urban areas, small towns and big cities, and the livelihoods that stem from agriculture and industry. In such situations, people tend to behave differently and this leads to conflicts, frustration, anxiety, and so forth, finally also resulting in mental health problems and mental disorders [15, 16].

The World Health Organization (WHO) defines mental health (MH) as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his/her community.” [17] This means that MH is a term used to describe either the level of cognitive or psychological well-being or the absence of mindfulness or a mental disorder (MD) [18, 19]. MDs place a heavy burden on individuals, families, and communities nationwide and worldwide. In 2003, the world overall had 450 patients with mental illness, or 12-13% of total illnesses, and this is predicted to increase to 15% by the year 2020. Additionally, it was found that 90 percent of suicides worldwide are the result of MD or depression [20]. This is in line with a review by the Global Forum for Health Research and the WHO, which states that MDs are responsible for 13% of the global burden of disease. Despite this evidence, MH and MD issues are neglected and represent an under-researched area in the health service system. In addition, most low- and middle-income countries devote less than 1% of their expenditure to MH and MD issues [21].

This article raises questions concerning which determinants, such as the economy in terms of trade and investment, society and cultural values, the living and working environment, the availability of medical information and technological development in the health service system, and so forth, are related to the MH and MDs of the GMS people, and among those determinants, which ones are able to reasonably predict the GMS people's health and affect their mental health resulting in mental disorder. Therefore, it is hoped that this article will provide useful information about MH and MDs from the literature review of the results of capacity-building efforts, with a translation of research results to drive the GMS mental health policies and recommendation programs [21].

2. OBJECTIVES

1. To identify the gaps in the aspects of trade and investment, medical information and technology, social and cultural values, and the living and working environment among the GMS countries.
2. To propose mental health and mental disorder recommendation programs, and
3. To recommend policies for policy makers and research investors.

3. METHODS

A comparative analysis and a literature review of existing policy, including an overview of previous research, were

used to generate a synthesis of the existing knowledge of mental health and mental disorder recommendation programs. Therefore, this literature review used a simple method as follows: 1) collecting data from articles, texts, and related research, and from the institutions involved, in relation to the determinants affecting the mental disorders of the people in the GMS countries; and 2) dialogue with experts in the areas of mental health and psychiatry concerning the determinants of the mental health and mental disorders of the GMS people.

4. DISCUSSION

4.1. The Similarities and the Differences Among the GMS People's Perceptions and Attitudes Toward the Key Determinants Affecting their Mental Health and Well-being

The contexts of the GMS countries have similarities and differences. In terms of the society, economy, culture, and environment in the GMS countries, they are viewed in a somewhat similar way through the lens of investors. This is because the integration of the GMS aims to transform it into a single market with the free flow of products, services, and skilled labor as well as investment openness, which will ultimately bring about regional economic growth. Those aspects are the key determinants affecting the holistic health of the GMS people [22]. In terms of the similarities regarding the health issue, the perceptions of the living and working environment and the people's attitudes towards society and their cultural values are the predominant predictive factors that affect the GMS peoples' holistic health and well-being in terms of mental health because the living and working environment, along with the society and cultural values, impact those people all the time. Those environmental and cultural contexts may create stressful conditions, resulting in mental disorders. A study by M. Ruchiwit [22, 23] also found that in terms of the average monthly household income, which was divided into 2 groups, a group with a higher than average income (Thailand) and a group with a lower than average income (Lao, Vietnam, and Cambodia) [22], the GMS people perceived that the living and working environment was the only determinant that played an important role in their health and well-being. This finding suggests that if the monthly household income in Lao, Vietnam, and Cambodia increases in the future, the people in those countries will place more importance on their living and work environment rather than attitudes towards and cultural values. Regarding the differences of GMS contexts, in Thai society, the influx of information and technology from around the world has been seen to affect people's holistic health, including their mental health, and this applies equally to the other GMS countries [24]. Many Thais perceive that the availability of medical information and technology is essential to their health. In fact, for Thailand, the health service system and health status of Thais are significantly influenced by medical information and technology because of the government's initiatives in improving the healthcare quality through the use of modern technology. This result is consistent with previous international research that has focused on the impact of the use of medical information and technology on health and well-being [25-28]. Research from many countries [29-32] has indicated that at the present time, the world

has changed because of economic growth and technological development, and those changes cause social inequality, cultural disparities, and environmental damage, and their impact also influences people's mental health. In terms of Cambodia, the Cambodians are likely to perceive that trade and investment are important and have an impact on people's health and well-being. This is because the GMS integration enhances technological development and the distribution of manufacturing knowledge, along with encouraging investment at both national and international levels among the regional countries, especially in Cambodia [33]. This provides opportunities for Cambodians to develop and improve the manufacturing sector, resulting in Cambodian consumers being able to buy cheaper products and earn higher incomes [22]. However, it cannot be denied that the National Economic and Social Development Plan of Thailand has begun only gradually to create integrated development [34]. From now on, Thailand 4.0 will focus more rigorously on human development, research, and innovation as well as entrepreneurship development similar to that in developed countries [35]. On the other hand, Lao, Vietnam, and Cambodia have only recently and gradually turned to more industrialization.

4.2. Mental Health and Mental Disorder Recommendation Programs

This review offers recommendation programs in relation to the key determinants of the GMS peoples' mental health that result in mental disorders. Therefore, mental health recommendation programs [21] should be involved in the following: a) elevating the people's incomes concerning trade and investment in order to assist with the decrease of their poverty; b) developing sustainable green growth for a better living and work environment; c) managing the quality of the health service system in terms of developing a medical information and technology system; and d) being aware of the necessity to change the social and cultural values in each country because of the multicultural values that have come into being when becoming a part of ASEAN. In addition, this article is an attempt to benchmark some of the issues related to the mental disorders of the GMS people in order to deal with the gaps revealed in the studies in this area. The results led to proposed models for policy and its directions regarding mental health promotion and the prevention of mental disorders for the GMS people. Regarding the treatments of mental disorders that have empirical support, it has been indicated that these treatments, including pharmacological treatments and psychological treatments such as mindfulness-based cognitive therapy, biofeedback technique, and music therapy, are effective [36]. Useful guidance regarding the prevention and treatment of mental disorders should be provided to the GMS people in order to develop effective treatment modalities that will help promote a better quality of life for them in the future.

CONCLUSION

As the GMS becomes a part of ASEAN, a free trade agreement regarding medical care has been signed in order to create regional opportunities and challenges under the ASEAN Economic Community (AEC). The medical care business will be a subcategory of the healthcare service sec-

tor, one of the urgent service sectors for trade liberalization under the AEC [37]. The AEC member countries are bound to repeal the restrictions before entering the market and increase their investment proportion in this business, as well as reduce restrictions in order to facilitate the migration of skilled laborers related to medical care [37, 38]. The healthcare provision in each country will not be limited only to its citizens; the healthcare markets and target groups are likely to expand to the neighboring countries in the context of changes in domestic and international factors, which have both positive and negative impacts according to the political, economic, and social situations of the influencing countries [37, 39-41]. For example, the development of medical information and technology has become crucial for the Thai healthcare industry. In addition, the proportion of the elderly in Vietnam, Lao, Cambodia, and Thailand will likely increase more than two-fold, making these countries attractive medical care markets with a relatively high demand. The increased number of the elderly population is forecasted to reach 27% in 2015-2060 [36]. The GMS people perceive that all of these affect their living and work environment and may change their society and cultural values.

POLICY IMPLICATIONS

This thematic issue has led to questions concerning determinants, such as: 1) perceptions of trade and investment; 2) attitudes towards society and cultural values; 3) perceptions of the availability of medical information and technology; and 4) perceptions of the living and working environment, and so forth, which are associated with the mental health or mental disorders of the people in the GMS countries. Among those determinants, which ones can reasonably predict mental health status and mental disorders? Therefore, building the capacity of international mental health networks in public and private settings is necessary in order to gain more information for dealing with those mental issues in the GMS countries. According to previous study results [22, 23], this article provides recommendation programs for the policy makers, research investors, and stakeholders involved in establishing mental health and mental disorder programs in the GMS in the future.

POLICY RECOMMENDATIONS

For Policy Makers

The GMS integration includes not only free trade but also investment liberalization and free movement of capital, services, and workers [39]. The recommendations are as follows:

1. Free trade in medical care, in terms of the aging population, especially care for people with mental illness, is a great opportunity to expand investment and to export the medical care services of Thai entrepreneurs to the ASEAN market [37].
2. Each country should particularly focus on its living and work environment, together with the peoples' attitudes towards their society and the cultural values that affect their mental health and mental disorders. For Thailand and Cambodia, the perceptions of medical information

and technology, along with trade and investment, play important roles when becoming the regional integration.

3. More systematic reviews and knowledge regarding mental health and mental disorder recommendation programs provided to the public in the GMS should be carried out as follows: a) information on mental health policy together with knowledge of how to promote mental health and to prevent mental disorders among the GMS countries are recommended; and b) the exchange of lessons learned from experts both at the national and international levels among the GMS countries is also strongly recommended.
4. Mental health recommendation programs should be involved in the four aspects, as discussed above, that affect the health and well-being of the people in the GMS countries. Mental disorder recommendation programs for therapeutic modalities in primary healthcare services consist of effective treatments with inexpensive medicines, and interventions should be provided.
5. The GMS healthcare governors should pay close attention to domestic healthcare needs, including enhancing their country's economic growth, by opening effective and efficient healthcare markets for the convenient accessibility of their people.

FOR RESEARCH INVESTORS

There are various determinants that have been seen to affect the GMS people's mental health and that can lead to mental disorders, especially depression and suicide. Research capacity is a tool that can help the GMS countries deal with national mental health problems in an effective and efficient manner as possible. This review synthesized the existing knowledge of mental health and mental disorder issues among the GMS countries from a comparative analysis of the literature, and an overview of previous research—only selected factors were explored, and therefore the following issues are recommended for research investors [40].

1. More empirical study of the factors affecting the people's mental health problems in those countries, together with more large-scale research in low- and middle-income countries, needs to be carried out in the future.
2. Further comparative research analyses of the predictive factors influencing the people's mental health and mental disorders in the low- and middle-income countries are recommended in order to have a clear direction that is able to effectively improve the people's mental health, along with reducing their mental disorders.
3. Researchers' expertise and knowledge regarding the mental health and mental disorders of the GMS people could add great value to the academic and business sectors, especially other budding researchers and entrepreneurs in the GMS countries that require guidance and path-breaking ideas to lead their way. Therefore, more large-scale research should be invested in by corporations in the public and private settings.
4. Other socio-demographic and psychosocial determinants affecting the mental health and mental disorders of the GMS people should be studied in detail, especially the

economic differences that have an impact on the monthly household incomes of the people.

5. Since mental health research is not well coordinated with the health research systems in the GMS countries, a more systematic and managed approach to mental health research, including the integration of mental health research with the health research system, can help address the mental health problems of the GMS people.

CONSENT FOR PUBLICATION

Not applicable.

CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

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