**The Minutes of the Meeting for Health-related Organizations**

**“Mental Health Issues in Mongolia”**

**Wednesday, 26th February 2014**

Meeting place: Meeting place: 2nd floor conference room, Asian Development Bank (MCS

Plaza), Ulaanbaatar, Mongolia

Meeting time: 3:00 - 5:00 pm

Discussion topic: **“Mental Health Issues in Mongolia”**

Chairperson: Dr. Odontsetseg Brown, Coordinator for HROs’ monthly regular

 meetings, Chairperson, Foundation for Health Policy Promotion

Speaker: Dr. L. Nasantsengel
General Director, National Center of Mental Health,
Ministry of Health of Mongolia

**Agenda**

1. Record those attending
2. Apologies for absence
3. Minutes for the meeting in December 2013, on **“**HIV/AIDS & STIs in Mongolia: *An Update for World AIDS Day*"
4. Matters arising from the Minutes
5. “Secretary’s report” (any correspondence or other communications)
6. Agenda items:

**“**Mental Health Issues in Mongolia”

1. Speakers & Presentations:

Dr. L. Nasantsengel, General Director, National Center of Mental Health,
Ministry of Health of Mongolia

**“**Mental Health Issues in Mongolia: Current Situation and Challenges"

1. Any other business
2. Date and time of the next meeting

**Those present:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Position & Organization** | **Email & Telephone** |
| 1 | Dr. Odontsetseg Brown | Coordinator, HROs monthly regular meetingsChairperson, Foundation for Health Policy Promotion | odnoo1220@yahoo.com99149656 |
| 2 | Nasantsengel Lkhagvasuren | General Director, National Center of Mental Health, Ministry of Health of Mongolia | nasantsengel\_lkh@yahoo.com99182664 |
| 3 | Erdenechimeg Dulamjav | Researcher, National Center for Public Health | Erd\_chimgee@yahoo.com99838138 |
| 4 | Enkhtuya Palam | Board Member, Foundation for Health Policy Promotion | P\_enkhee2001@yahoo.com99290496 |
| 5 | Amgalan Gombotseren | Researcher, Department for Environmental Health and Human Ecology  | agombotseren@yahoo.com88089542 |
| 6 | Joann Hoffman, MPH, PhD | Post Doctoral Fellow, Institute for Social Innovation, University of California | joann@hoffmanclark.org94368119 (Mongolia), 8583508916 (US) |
| 7 | Erdenetsetseg Myagmar  | International Relations Officer, School of Nursing, Health Sciences University of Mongolia | nursinginfo@hsum-ac.mn 95128045, 687633 |
| 8 | Otgonjargal Sereenen | Researcher, Department for Environmental Health and Human Ecology, NCPH | otgo\_81@yahoo.com96062971 |
| 9 | Charley Montgomery | Economic and Environmental Officer, US Embassy | montgomerycl@state.gov99097523 |
| 10 | Laura Ingrum  | Med Attache, US Embassy | inqruml@ state.gov 99040261 |
| 11 | Sarah Kilgore | Nurse, US Embassy | kilgoresc@state.gov |
| 12 | K.Elena  | National Center of Mental Health, Ministry of Health of Mongolia | neweraelena\_k@yahoo.com99232367 |
| 13 | V.Bayarmaa | Deputy Director in charge of Public Health Research, Training and Foreign Relations,National Center of Mental Health, Ministry of Health of Mongolia | vbayarmaa\_1974@yahoo.com99263262 |
| 14 | S.Munkhtuya | National Center of Mental Health, Ministry of Health of Mongolia | munkhtuya11@yahoo.com91161898 |
| 15 | L.Chantsalnyam | Development Officer, “Sante Sud” French NGO | chantsaa2003@yahoo.com96680480 |
| 16 | N.Tuya | Association of Mental Health, Mongolia | nai.tuya@yahoo.com99190538 |
| 17 | Kh.Mandukhai | Board Member, FHPP | mandu.kh@yahoo.com89011028 |
| 18 | Tuul.O | Adolescent doctor, Bayanzurkh District Health Center | tuul\_bz@yahoo.com99688554 |
| 19 | Kh.Shurentsetseg | Head, Department of Environmental Health, NCPH | shure763@yahoo.com99013028 |
| 20 | D.Erdenechimeg | Lawyer, FHPP | eenee0111@yahoo.com99997200 |
| 21 | Ganragchaa Khainzan | Member, Foundation for Health Policy Promotion | 96455188 |

**Item 2**

**Apologies for absence**

Apologies for absence were received from:

1. Oyunchimeg.M, Member, Foundation for Health Policy Promotion
2. Buhuu Tserendagva, Project Coordinator, “Sante Sud” International NGO
3. Batbayar.O, Department for Tuberculosis Research and Surveillance, National Center for Communicable Diseases

**Item 3**

**Minutes for December 4th 2013 meeting, “HIV/AIDS and STIs in Mongolia. The Current Situation and Future Trends & Considerations”**

The minutes for December 4th 2013 meeting on **“HIV/AIDS and STIs in Mongolia.**The Current Situation and Future Trends & Considerations” had been circulated by email, and were distributed at the meeting; they were approved by the meeting participants.

**Item 4**

**Matters arising from the minutes**

There were no matters arising from the December 2013 meeting minutes.

**Item 5**

**“Secretary’s report” / Correspondence (any communications)**

At a previous meeting, Ulambayar Badarch, Manager for Cooperative Programs of Chingeltei District Health Center, proposed that their partner and guest trainer professor Manfred Cierka, Medical Director of the Institute of Psychosomatic Cooperation Research and Family Therapy, University Hospital Heidelberg will provide a lecture “Understanding the baby” at the August HRO meeting. Professor Manfred Cierka will talk about how parents could get to know and understand their babies from 38 weeks of antenatal period to 18 months old.

As we discussed at the previous meetings, now we have scheduled a meeting in July 2014 on “Understanding your babies” by Professor Manfred Cierka.

**Item 6**

**Matters for discussion** (such as proposals, or reports on ongoing projects)

Speakers & Presentations:

Dr. L. Nasantsengel, General Director, National Center of Mental Health,
Ministry of Health of Mongolia

**“**Mental Health Issues in Mongolia: Current Situation and Challenges"

The presentation will be posted shortly on the website at [www.mongolhealthnetwork.org](http://www.mongolhealthnetwork.org/)

***See addendum at the end of these Minutes for notes on this presentation.***

**Item 7:**

**Any other business**

The chair thanked Ms. Nasantsengel for the informative and interesting presentation.

The chair asked the participants to note that, normally, there were no meetings scheduled in June-August. However, as a response to Dr.Ulambayar from Chingeltei District Health Center, now we have scheduled an HRO meeting in July on “Understanding your babies” by Professor Manfred Cierka.

Any members who had not attended this meeting are welcome to add their comments and suggestions for the proposed topics for future meetings by emailing healthnetting@yahoo.co.uk .

**Item 8**

Date and time 3:00 - 5:00 pm

of the next meeting: March 26, 2014, Wednesday

Meeting place: Meeting Room at the Asian Development Bank (MCS

 Plaza).

Topic of the next meeting: "World Tuberculosis Day"

Speaker: Dr Batbayar, Department of Tuberculosis

Research and Surveillance,

National Center for Communicable Diseases

**Addendum to Minutes**

**Discussion on “Mental Health Issues in Mongolia”**

**THE FULL POWERPOINT PRESENTATION FROM THE MEETING WILL BE POSTED SHORTLY ON THE** [**www.mongolhealthnetwork.org**](http://www.mongolhealthnetwork.org) **WEBSITE**

***Below are working notes for this presentation, followed by a summary of the Questions and Answers on the subject raised at the meeting.***

**The main points raised by the speaker:**

* Mental health disorders present at 12-14 percent among the general population in highly developed countries, 6-8 % in developed countries, whereas this percentage is 6-8% in former socialist countries, and 2-4% in developing countries. In Mongolia, 2.5% (or 60,000 people) of the population has mental health illnesses.
* 1 in 4 adults worldwide have mental health problems at any one time (WHO), and 5 out of the 10 causes of work disability is put down to mental health disorders.
* In Mongolia, 15 percent of people with work disability (not able to work) are people with mental disabilities
* As of 2005, 10 percent of all registered diseases were mental disorders, and the WHO estimates suggest that this rate will rise to 15 percent by 2020.
* Worldwide, 450 million people suffer from mental health related illnesses and disorders
* In developed countries of the WHO’s Western Pacific Region, 27% of population has mental and behavioural disorders, whereas this percentage is just 15 % in developing countries of the same region.
* There were no studies on the prevalence of the mental health problems conducted during the past 20 years in Mongolia. WHO estimates suggest that 23.3 percent or approximately 628.000 people in Mongolia are affected by mental disorders (by Wilton, WHO Advisor, 1998)
* What is mental health?
* Health of the mind
* Connected to the body - if body is ill, the mind is vulnerable to illness too.
* If the mind is ill, the body is vulnerable to illness (Centre for Disease Control, 2004)
* Mental health is a continuum. The “Mind” is never 100% and never 0%.
* We are all on the continuum and we all move up and down depending on our current life events.
* Mental health is our mind’s way of surviving difficult situations.

**Types of Mental Health Problems**

* Depression
* Anxiety
* Psychosis
* Eating Disorders
* Phobias
* Addictions
* Obsessive Compulsive Disorder
* Anger
* Mania
* Personality Disorder
* Learning Disability
* Anyone can get mental health problems
* People are more likely to get mental health problems if:-

 high stress, bad diet, bad sleep, bad health, money worries, family problems

**Mental Health in Mongolia**

* Mental health is not well understood and is under-recognized: people think that mental health is “Western problem”
* Mental health problems may not be recognized, detected and diagnosed
* May be seen as a spiritual problem
* There is no data: We do not know what sort of mental health problems Mongolians face or by how many.
* Changing of society leads to an increasing risk due to changing roles and expectations, making Mongolians even more susceptible to mental health problems.
* No services: The Mental Health State Hospital for severe cases … or nothing.
* Stigma and discrimination:

People with mental health problems face discrimination, violence and abuse in all aspects of their lives.

* Alcoholism and domestic violence are widespread problems in Mongolia - - These problems are bad for the quality of life of the person and their friends/family.
* Smoking rate, specially smoking among adolescents and young adults is still very high
* There is no verifiable data on drug abuse rate in Mongolia
* Children in these families are at high risk of mental health problems and suicide

**Why do we need to talk and have concern about the mental health issues?**

* Quality of Life: We can live with mental ill health but important to value ourselves and our happiness
* People with mental health problems are more likely to be out of work – not contributing to economic growth and using government services
* Mental health problems affect people’s relationships People in prison, the homeless and the unemployed are more likely to have mental health problems.

**Mental Health Care System in Mongolia:**

* Mental Health Care provided in all levels of the Health care system of Mongolia: primary, secondary, and tertiary.
* There are specialized services provided by the National Center of Mental Health (under the Ministry of Health, both out-patient and in-patient services with 450 beds), Narcology Center with 50 beds (under Ulaanbaatar city Health department), Hospital for alcohol and drug dependents (under the Ministry of Justice, with 300 beds)
* In every Aimag/Province of Mongolia, there is a mental health ward or clinic

Currently in Mongolia, per 1,000 mental health patients there are:

* 0.25 beds
* 0.05 doctors in mental health (135 doctors)
* 0.076 nurses
* 0.002 psychologist

For the general population, there is 1 bed designated for patients with mental health disorders, per 4,000 population, and 1 doctor specialized in mental health per 20,000 population.

NCMH (National Center of Mental Health) is currently conducting a study: “Prevalence of common mental disorders among the Mongolian population” funded by Health Promotion Foundation of Mongolia, and led by Dr.Nasantsengel, General Director of the NCPH. In addition, NCMH’s researchers are conducting a study on suicide attempts. The preliminary results of this study show that suicide and suicide attempt rates are higher among young adults, adolescents, and males, compared to those of other age groups and females.

**The future actions to improve mental health care:**

* Switch from hospital-based services to community-based care
* Introduce and adapt up-to-date technologies and best practices from the developed countries in mental health services
* Improve legal environment for the mental health care, and increase the Government’s participation and support
* Successfully implement the “National Programme on Mental Health-Phase II”
* Improve medication/drug supply in mental health, add some necessary drugs to state registration of essential medicines
* Draft required amendments to the Mongolian Law on Fighting against Alcoholism
* Improve the state control and inspection on imports and trade of alcohol products
* Conduct epidemiological studies on the prevalence of drug abuse among the general population, and establish a national database
* Integrate and coordinate the activities of state agencies and non-governmental and civil society organizations
* Train relevant officials and professionals such as social workers, primary level government officials, journalists and health workers on stigma reduction and basic counseling skills
* Train soum and family doctors and other primary health care providers on mental health counseling
* Provide mental health education in all levels, in pre-schools, primary, middle, and high schools, colleges and universities, work places and for elderly citizens
* Provision of updated IEC materials

**Q & A and Comments:**

**Q:** You mentioned that NCMHdoctors are conducting a study on suicide attempts, and some preliminary results are available now. Do you think that suicide attempts are all recorded or registered? Due to social stigma and discrimination, and lack of proper counseling services and social support, people might tend to prefer not reporting those cases. When they see doctors or go to trauma hospitals, they may refer to domestic or traffic accidents, trying to hide the real causes. As the result, suicide attempts might not be fully recorded or registered in the health information system.

**A:** It’s possible, and we recognize the problem that people do not report suicidal attempts, therefore, officially registered numbers are do not reflect the real situation. To reduce this under-reporting, and improve health care seeking behavior, we need to educate both medical and other relevant officials, as well as raise awareness among the public - - educate on mental health issues covering stigma reduction and emphasize the importance of social support.

**Q:** I’m curiousto learn your thoughts as a mental health professional about why the suicide and suicide attempt rates are higher among young adults and adolescents compared to other age groups, and higher in males than females. Also, is there any difference in what type of ways certain particular population groups use?

**A:** We think that the transition period, with changes in many different physiological aspects, and lack of life experiences might make adolescents and young adults more vulnerable. Regarding males having suicidal attempts more than females, that tendency might be related to social expectations and norms towards men, overall expectations for men to be a head, provider and supporter require men to be strong and successful, pressure from families, friends, communities and society. Traditionally, families in Mongolia tend to provide more opportunities and social support to girls by providing higher or advanced education, whereas boys will take harder chores, with fewer educational opportunities, but higher expectations to be “strong and successful”. These are just my personal thoughts. There should be more research done on the causal patterns of this issue for scientific based evidences.

Regarding the ways, yes there are certain ways that are characteristic for certain population groups, such as men would choose hanging, jumping from heights, cutting their blood vessels, whereas women choose taking mice poisons, drug overdoses and chemicals. Also, the preliminary results of the study showed that men succeed more in suicidal attempts compared to women.

**Q:** Are there any special services for the attempted suicide survivors? Do you have a follow-up counseling or any that kind of service?

**A:** In developed countries, a team of professionals provide this kind of mental health service. Here in Mongolia, only mental health doctors and family doctors provide all services. Our family doctors are in need of mental health training. Also, we need to train and engage more social workers, nurses and health volunteers in this kind of service.

 **Q:** You mentioned the number of doctors per 2000 population. Is that number higher or lower compared to other countries? How about mental health services in rural areas?

**A:** We lack trained doctors, and the situation in rural areas is even worse. Most of the doctors are based in UB, and some rural towns and soums do not have any specialized services, with trained doctors and nurses.

**Q:** What is the rate of diagnosed development-related disorders among children, such us ADHD and Asperger’s syndrome or autism, and age-related disorders like Alzheimer’s disease in Mongolia?

**A:** In this country**,** both autism and Alzheimer’s disease rates are lower compared with those in developed countries. It might be related to poor detection and diagnosis capacity. Alzheimer’s disease can be seen as old age dementia, and taken as one of the aging symptoms and therefore be ignored by families. As the result, incidences of Alzheimer’s disease might be under-diagnosed and not reported.

**Q:** As we haveseveral westerners attending this meeting, I’d like to take this opportunity to ask them - - what do you think of the quality of and access to proper mental health services in your countries compared to the Mongolian situation?

**A:** In the US, we probably have more options and better access to mental health services. But, we still have all the challenges and difficulties you mentioned during this meeting, including stigma and discrimination.

**Comment / Information sharing by Erdenetsetseg, International Relations Officer, School of Nursing:**

As you mentioned in your presentation, healthcare service for people with mental disorders is not adequate in the primary healthcare level. I agree that nurses at family health practices and secondary level hospitals are not trained properly to work with people with mental disorders. I work at the School of Nursing. Our school offers a three-year nursing diploma program and four-year bachelor degree nursing program. But all nurses graduate in general nursing, unlike nurses in the UK who are trained as an adult nursing, a mental health nursing and a pediatric nursing. So, I would like to propose a suggestion to you.  My suggestion is, if we work closely, the National Center for Mental Health and School of Nursing, we may bring about change in mental health service. Apart from nursing programs School of Nursing trains other health professionals, such us lab technicians, pharmacy technicians, dental technicians, physical therapists etc. From the next academic year we are going to start 4-year bachelor degree program in Occupational Therapy which is one of the important parts of services for people with mental disorders.

At the moment, the school is in the middle of nursing curriculum innovation process, and we would value your feedback if you can give us your opinion.

What you expect from nurses, what skills and knowledge nurses should be able to have when they have graduated.

**Discussions and recommendations:**

**What can we do about it?**

* Mental Health services:

Teams of trained professionals can provide advice, medication, support, help back into work, counseling and more

* Psychology: understanding of how the person’s problems started and what they can do to make them better.
* Understanding and empathy are very powerful
* Work-life balance:- too much work will cause stress for anyone
* Health: Good health means less vulnerability to stress
* Establish services, with somewhere people can go if they have mild-moderate mental health problems

**To achieve this we need:**

* Health professionals with knowledge of mental health: Doctors and nurses, primary health care providers to recognize mental health problems when they see them.
* To refer people appropriately to the mental health services.
* Raise a public awareness - - Members of the public to know what mental health problems are and to know it is okay to ask for and receive help.
* Research and public awareness campaigns
* Improve Mental Health services: Teams of trained nurses, doctors, psychologists and social workers.
* Government bodies to understand what mental health is and why it is important to treat it
* To create jobs for people working in mental health

Trained psychologists

In-house training

International relations

Peer-training

Support groups

* Networks like these HRO monthly regular meetings are important to share ideas, act as a forum to contact other professionals, arrange joint training opportunities.
* Need to know what mental health problems people in Mongolia have: Need research
* Every country is different – but similar too: work life pressures, family pressures, changing society. Naïve to think any country is free of mental health problems.
* What is the social and economic impact of these mental health problems? Need Research
* Government knowledge of mental health: Evidence drives governmental change and service provision.
* If Mongolia is to become a first world country, it needs to focus on how good mental healthcare affects both the quality of life for its people and the economic consequences on the country.
* Public Awareness

**End of recorded discussion.**

**Note:** The NCMH team and the meeting participants collectively contributed to addressing the questions and clarification raised, as well as developing recommendations.