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1. *What is mental illness?*

Mental illness, also called mental health disorders, refers to a wide range of mental health conditions or disorders that affect your mood, thinking and behavior. Mental illness refers to mental health conditions that have a negative effect on the way an individual think, feels, and behaves causing mild to severe disturbances in thought and/or behavior, resulting in an inability to cope with life’s ordinary demands and routines. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors.

According to American Psychiatric Association (August 2018), nearly one in five (19 percent) U.S. adults experience some form of mental illness, one in 24 (4.1 percent) has a serious mental illness and one in 12 (8.5 percent) has a diagnosable substance use disorder.

Signs and symptoms of mental illnesses include;

* Feeling sad or down
* Confused thinking or reduced ability to concentrate
* Excessive fears or worries, or extreme feelings of guilt
* Extreme mood changes of highs and lows
* Withdrawal from friends and activities
* Significant tiredness, low energy or problems sleeping
* Detachment from reality (delusions), paranoia or hallucinations
* Inability to cope with daily problems or stress
* Trouble understanding and relating to situations and to people
* Problems with alcohol or drug use
* Major changes in eating habits
* Sex drive changes
* Excessive anger, hostility or violence
* Suicidal thinking

While other symptoms and signs of mental health disorder appear as physical problems, such as stomach pain, back pain, headaches, or other unexplained aches and pains.

**Causes**

Mental illnesses, in general, are thought to be caused by a variety of genetic and environmental factors including:

* Certain genes may increase the risk of developing a mental illness. It is inherited from one generation to another hence a blood relation with one with a mental illness means higher chances of becoming mentally ill.
* Exposure to environmental stressors such as inflammatory conditions, toxins, alcohol or drugs while in the womb can sometimes be linked to mental illness. Alcohol for example affects the unborn leading to retarded mental performance hence mental illness.
* Neurotransmitters are naturally occurring brain chemicals that carry signals to other parts of your brain and body. When the neural networks involving these chemicals are impaired, the function of nerve receptors and nerve systems change, leading to depression and other emotional disorders.

While some factors may increase the risk of developing a mental illness, including:

* A history of mental illness in a blood relative, such as a parent or sibling
* Stressful life situations, such as financial problems, a loved one's death or a divorce and loss of job.
* A chronic medical condition, such as diabetes that does not heal
* Brain damage (traumatic brain injury), such as a bang on the head during RTA
* Traumatic experiences, such as military combat or assault
* Use of alcohol or recreational drugs
* A childhood history of abuse or neglect
* Few friends or few healthy relationships
* A previous mental illness

There may be no certain way to prevent mental illness but taking steps to control stress, to increase your resilience and to boost low self-esteem may help keep under control. Also taking the following actions may help in the prevention of mental illness.

* Learning what might trigger mental illness symptoms such as use of a close friend to watch out for warning signs is a better way too.
* Getting routine medical care and checkups from a health care provider especially if unwell.
* Seeking help the earliest when needed especially during stress or when feeling any abnormality.
* Taking good care of one’s self giving enough sleep time, healthy eating and regular physical activity.

1. *Briefly describe the major categories of mental illness and their treatment*

Mental illness or mental health disorders refers to a wide range of mental health conditions that affect the mood, thinking and behavior of an individual. Examples of categories of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors.

Some mental illnesses may look normal but when a mental illness makes one miserable and can cause problems in one’s daily life such as problems at school, work, society or in relationships

There are many different conditions that are recognized as mental illnesses. The more common categories and types include:

[**Anxiety disorders**](https://www.webmd.com/anxiety-panic/default.htm)**:**

People with this type of disorder respond to certain objects or situations with fear and dismay and physical signs of anxiety or panic which may include a rapid heartbeat and sweating. Diagnosis of anxiety disorder is based on the person's response to an object or situation which is usually not appropriate for the situation. The response is either more than normally expected or less. Anxiety disorders include generalized anxiety, panic anxiety disorder and specific phobias such as phobia to a cat or a dog.

**Situational Depression**

This isn't a technical term in psychiatry. But you can have a depressed mood when you're having trouble managing a stressful event in your life, such as a death in your family, a divorce, or losing your job also called "stress response syndrome."

**Treatment**

Psychotherapy can often help you get through a period of depression that's related to a stressful situation.

**Atypical Depression**

This type is different than the persistent sadness of typical depression. It is a specifier that describes a pattern of depressive symptoms. If you have [atypical depression](https://www.webmd.com/depression/guide/atypical-depression), a positive event can temporarily improve your mood.

Other symptoms of atypical depression include:

* Increased appetite
* Sleeping more than usual
* Feeling of heaviness in your arms and legs
* Oversensitive to criticism

Antidepressants can help. Your doctor may suggest a type called an SSRI (selective serotonin reuptake inhibitor) as the first-line treatment.

She may also sometimes recommend an older type of antidepressant called an MAOI (monoamine oxidase inhibitor), which is a class of antidepressants that has been well-studied in treating atypical depression.

**Post-traumatic stress disorder (**[**PTSD**](https://www.webmd.com/mental-health/post-traumatic-stress-disorder)**)**

PTSD is a condition that can develop following a traumatic and/or terrifying event, such as a sexual or physical assault, the unexpected death of a loved one, or a natural disaster. People with PTSD often have lasting and frightening thoughts and memories of the event and tend to be emotionally traumatized.

**Stress response syndromes/ adjustment disorders**

Stress response syndromes occur when a person develops emotional or behavioral symptoms in response to a stressful event or situation such as natural disasters including earthquake or tornado or events such as RTA, death of loved one, loss of Job, diagnosis of a major illness and interpersonal problems, such as a divorce. It usually begins few months after the event. Post traumatic stress disorder is in one way or the other a stress response syndrome.

**Peripartum (Postpartum) Depression**

Women who have major depression in the weeks and months after [childbirth](https://www.webmd.com/baby/guide/delivery-methods) may have peripartum depression. This is all because of the stress experienced during labor.

Treatment

Antidepressant drugs can help similarly to treating major depression that is unrelated to childbirth.

**Premenstrual Dysphoric Disorder (PMDD)**

Women with PMDD have depression and other symptoms at the start of their menstrual periods.

Besides feeling depressed, you may also have: Mood swings, Irritability. [Anxiety](https://www.webmd.com/anxiety-panic/default.htm), Trouble concentrating, [Fatigue](https://www.webmd.com/sleep-disorders/ss/slideshow-fatigue-causes-and-remedies) , Change in appetite or [sleep](https://www.webmd.com/sleep-disorders/ss/slideshow-sleep-disorders-overview) habits and Feelings of being overwhelmed

**Treatment**

Antidepressant medication or sometimes oral [contraceptives](https://www.webmd.com/sex/birth-control/default.htm) can treat PMDD.

**Seasonal Affective Disorder (SAD)**

This is a period of major depression that most often happens during the winter months, when the days grow short and you get less and less sunlight. It typically goes away in the spring and summer.

**Treatment**

Antidepressants can help and light therapy by sitting in front of a special bright light box for about 15-30 minutes each day.

[**Eating disorders**](https://www.webmd.com/mental-health/eating-disorders/signs-of-eating-disorders)**:**

This type of disorder involves extreme emotions, attitudes, and behaviors involving [weight](https://www.webmd.com/webmd/consumer_assets/controlled_content/healthwise/special/weight_management-are_you_at_a_healthy_weight_special_aa126305.xml) and food. Examples include [Anorexia nervosa](https://www.webmd.com/mental-health/eating-disorders/anorexia-nervosa/default.htm), [bulimia nervosa](https://www.webmd.com/mental-health/eating-disorders/bulimia-nervosa/default.htm), and [binge eating disorder](https://www.webmd.com/mental-health/eating-disorders/binge-eating-disorder/default.htm) are the most common [eating disorders](https://www.webmd.com/mental-health/eating-disorders/video/teen-eating-disorders).

**Impulse control and addiction disorders:**

People with impulse control disorders are unable to resist urges, or impulses, to perform acts that could be harmful to themselves or others. Pyromania (starting fires), kleptomania (stealing), and compulsive gambling are examples of impulse control disorders. Alcohol and drug are common objects of addictions. Often, people with these disorders become so involved with the objects of their addiction that they begin to ignore responsibilities and [relationships](https://www.webmd.com/sex-relationships/default.htm).

[**Mood disorders**](https://www.webmd.com/mental-health/mood-disorders)**:**

These disorders, also called affective disorders, involve persistent feelings of sadness or periods of feeling overly happy, or fluctuations from extreme happiness to extreme sadness. The most common mood disorders are

[**Depression**](https://www.webmd.com/depression/default.htm)

Feeling sad most of the time affects the daily life diagnosed clinically as depression a condition that can be treated with medicine, talking to a therapist as well as lifestyle changes.

Major Depression is when one feels depressed most of the time for most days of the week.

Some other symptoms might include loss of interest or pleasure in your activities, being tired and without energy, feeling worthless or guilty, Trouble concentrating or making decisions, lack of sleep and feeling restless and agitated etc.

**Treatment**

Talk therapy can help also known as counselling is helpful in the management of depression. It helps in identifying the causes and how to deal with these causes. [Antidepressants](https://www.webmd.com/depression/guide/depression-medications-antidepressants) such as Olanzapine with fluoxetine that make Symbyax (a drug combination used for bipolar depression and treatment-resistant major depression) is however the medicine of choice.

Two other options of treatment also include Electroconvulsive therapy (ECT) that uses electrical pulses and Repetitive transcranial magnetic stimulation (rTMS) that uses magnet to stimulate certain areas in the brain hence helping the part of the brain responsible for the mood to work healthier.

**Persistent Depressive Disorder**

Persistent depressive disorder is depression that lasts for 2 years or longer, it's called persistent depressive disorder which include both low-grade persistent depression and chronic major depression. Symptoms include; Change in your appetite too little or much sleep, fatigue, low self-esteem and hopelessness.

**Treatment**

The treatment is either psychotherapy by talking to a psychotherapist, medications or both for better outcome.

**Bipolar Disorder**

Someone with [bipolar disorder](https://www.webmd.com/bipolar-disorder/ss/slideshow-bipolar-disorder-overview), which is also sometimes called "[manic depression](https://www.webmd.com/bipolar-disorder/default.htm)," has mood episodes that range from extremes of high energy with an "up" mood to low "depressive" periods.

When the patient is in the manic phase or the high phase, the symptoms include;

* Excessive happiness, hopefulness, and excitement
* Sudden changes from being joyful to being irritable, angry, and hostile
* Restlessness
* Rapid speech and poor concentration
* Increased energy and less need for sleep
* Unusually high sex drive
* Making grand and unrealistic plans
* Showing poor judgment
* Drug and alcohol abuse
* Becoming more impulsive

When in the low phase, the symptoms are same as for major depression as mentioned above.

**Treatment**

Medication can help bring your mood swings of upper and lower moods under control with the use of a mood stabilizer, such as [lithium](https://www.webmd.com/vitamins-supplements/ingredientmono-1065-lithium.aspx?activeingredientid=1065&activeingredientname=lithium).

Other medications include;

[Medication](https://www.webmd.com/drugs/index-drugs.aspx) is the main treatment, usually involving "mood stabilizers" such as [Carbamazepine](https://www.webmd.com/drugs/mono-5-CARBAMAZEPINE+-+ORAL.aspx?drugid=1493&drugname=Carbamazepine+Oral) ([Tegretol](https://www.webmd.com/drugs/2/drug-13503/tegretol+xr+oral/details)), [lamotrigine](https://www.webmd.com/drugs/mono-7217-LAMOTRIGINE+-+ORAL.aspx?drugid=4582&drugname=lamotrigine+oral) ([Lamictal](https://www.webmd.com/drugs/2/drug-8486/lamictal+oral/details)), [lithium](https://www.webmd.com/vitamins-supplements/ingredientmono-1065-lithium.aspx?activeingredientid=1065&activeingredientname=lithium), or valproate ([Depakote](https://www.webmd.com/drugs/2/drug-1788/depakote+oral/details)).

Sometimes antipsychotic drugs are also used such as [olanzapine](https://www.webmd.com/drugs/2/drug-89043/olanzapine+intramuscular/details) ([Zyprexa](https://www.webmd.com/drugs/2/drug-1699/zyprexa-oral/details)), [quetiapine](https://www.webmd.com/drugs/mono-8274-QUETIAPINE+-+ORAL.aspx?drugid=4689&drugname=quetiapine+fumarate+oral) ([Seroquel](https://www.webmd.com/drugs/2/drug-4718/seroquel-oral/details)), lurasidone ([Latuda](https://www.webmd.com/drugs/2/drug-155134/latuda-oral/details)) and cariprazine (Vraylar)), as well as [antidepressants](https://www.webmd.com/depression/guide/depression-medications-antidepressants). Combinations of medicines are often used. [Psychotherapy](https://www.webmd.com/mental-health/guide-to-psychiatry-and-counseling), or "talk therapy," is often recommended, too.

The FDA approved medications for treatment of this mental disorder at the low mood include [Seroquel](https://www.webmd.com/drugs/2/drug-4718/seroquel+oral/details) , [Latuda](https://www.webmd.com/drugs/2/drug-155134/latuda+oral/details) and [Olanzapine](https://www.webmd.com/drugs/2/drug-89043/olanzapine+intramuscular/details)-[fluoxetine](https://www.webmd.com/drugs/2/drug-1774/fluoxetine+oral/details) combination to treat the depressed phase:

While other anticonvulsant such as [lamotrigine](https://www.webmd.com/drugs/mono-7217-LAMOTRIGINE+-+ORAL.aspx?drugid=4582&drugname=lamotrigine+oral) may also be prescribed for treatment of bipolar depression.

However, traditional antidepressants are not always recommended as first-line treatments for bipolar depression. This is because some of these antidepressants may increase the high phase or the frequency of the episodes.

Psychotherapy can also help support the patient and his/her family.

[**Psychotic disorders**](https://www.webmd.com/schizophrenia/guide/mental-health-psychotic-disorders)**:**

Psychotic disorders involve distorted awareness and thinking. Two of the most common symptoms of psychotic disorders are [hallucinations](https://www.webmd.com/schizophrenia/what-are-hallucinations) which is the experience of images or sounds that are not real and [delusions](https://www.webmd.com/schizophrenia/guide/delusional-disorder) which are false fixed beliefs that the ill person accepts as true, despite evidence to the contrary. An example of a Psychotic disorder is [Schizophrenia](https://www.webmd.com/schizophrenia/default.htm).

**Schizophrenia**

Schizophrenia is a psychotic disorder that distorts the way a person thinks, acts, perceives reality, and relates to others.

***Symptoms***

The symptoms include positive psychotic symptoms: Hallucinations, such as hearing voices, paranoid delusions and exaggerated or distorted perceptions, beliefs and behaviors. While the negative symptoms are a loss or a decrease in the ability to initiate plans, speak, express emotion or find pleasure.

Other symptoms include confused and disordered thinking and speech, trouble in logical thinking and sometimes bizarre behavior or abnormal movements where you find the patient moving from one place to another within a short distance the way other street preachers do as they preach on the street and Problems with attention, concentration, memory and declining educational performance.

Though there is no cure for schizophrenia, many patients do well with minimal symptoms. Medication such as risperidone which is a depot injection that is a **slow-release, slow-acting** form of antipsychotic medicine that can reduce symptoms and greatly reduce future worsening of symptoms.

Psychological treatments such as cognitive behavioral therapy or supportive psychotherapy may reduce symptoms and enhance function, and other treatments are aimed at reducing stress, supporting employment or improving social skills.

**Psychotic Depression**

People with psychotic depression have the symptoms of major depression along with "psychotic" symptoms, such as:

* [Hallucinations](https://www.webmd.com/schizophrenia/what-are-hallucinations) which is the seeing or hearing of things that aren't there or real
* Delusions which is a false belief especially of one’s self
* Paranoia is wrongly believing that others are trying to harm you

[**Tic disorders**](https://www.webmd.com/brain/tic-disorders-and_twitches)

People with tic disorders make sounds or display non-purposeful body movements that are repeated, quick, sudden, and/or uncontrollable. (Sounds that are made involuntarily are called vocal tics.) [Tourette's syndrome](https://www.webmd.com/brain/tourettes-syndrome) is an example of a tic disorder.

***Treatment***

The treatment is a combination of antidepressant and antipsychotic drugs to treat psychotic depression. ECT may also be an option.

**Personality disorders**

A personality disorder is a type of mental disorder in which you have a rigid and unhealthy pattern of thinking, functioning and behaving. A person with a personality disorder has trouble perceiving and relating to situations and people. This causes significant problems and limitations in relationships, social activities, work and school.

People with personality disorders have extreme and inflexible personality traits that are distressing to the person or others and/or cause problems in work, school, or social [relationships](https://www.webmd.com/sex-relationships/rm-quiz-sex-fact-fiction). In addition, the person's patterns of thinking and behavior significantly differ from the expectations of society and are so rigid that they interfere with the person's normal functioning.

Examples include;

**A**[**ntisocial personality disorder**](https://www.webmd.com/webmd/consumer_assets/controlled_content/healthwise/nord/antisocial_personality_disorder_nord_nord672.xml)

Antisocial personality disorder, sometimes called sociopathy, is a mental condition in which a person consistently shows no regard for right and wrong and ignores the rights and feelings of others. patients with the disorder tend to irritate, manipulate or treat others harshly or with heartless indifference and show no guilt or regret for their behavior.

The signs and symptoms may include conduct behavior as;

* Aggression toward people and animals with arrogance and the sense of being superior to others
* Destruction of property and lack of empathy for others and lack of regret about harming others
* Dishonesty, Persistent lying and intimidation
* Theft and being heartless, cynical and disrespectful of others
* Serious violation of rules including criminal behavior
* Disregard for right and wrong

Although antisocial personality disorder is considered lifelong, in some people, certain symptoms particularly destructive and criminal behavior may decrease over time although it remains unclear whether this decrease is a result of aging or an increased awareness of the consequences of antisocial behavior.

## **Prevention/ treatment**

Early, effective and appropriate discipline, lessons in behavior modification, social and problem-solving skills, parent training, family therapy, and psychotherapy may reduce the chance that at-risk children go on to become adults with antisocial personality disorder.

[**Paranoid personality disorder**](https://www.webmd.com/mental-health/paranoid-personality-disorder).

Paranoid personality disorder is cluster ‘A’ personality disorders characterized by odd, eccentric thinking or behavior.

* Pervasive distrust and suspicion of others and their motives
* Unjustified belief that others are trying to harm or deceive you
* Unjustified suspicion of the loyalty or trustworthiness of others
* Hesitancy to confide in others due to unreasonable fear that others will use the information against you
* Perception of innocent remarks or nonthreatening situations as personal insults or attacks
* Angry or hostile reaction to perceived slights or insults
* Tendency to hold grudges
* Unjustified, recurrent suspicion that spouse or sexual partner is unfaithful

**Obsessive-compulsive disorder (**[OCD](https://www.webmd.com/mental-health/obsessive-compulsive-disorder)**)**:

Obsessive-compulsive disorder (OCD) features a pattern of unreasonable thoughts and fears (obsessions) that lead you to do repetitive behaviors (compulsions). These obsessions and compulsions interfere with daily activities and cause significant distress.

You may try to ignore or stop your obsessions, but that only increases your distress and anxiety. Ultimately, you feel driven to perform compulsive acts to try to ease your stress. Despite efforts to ignore or get rid of bothersome thoughts or urges, they keep coming back. This leads to more ritualistic behavior — the vicious cycle of OCD.

OCD often centers around certain themes — for example, a fear of getting contaminated by germs. To ease your contamination fears, you may compulsively wash your hands until they're sore and chapped.

If you have OCD, you may be ashamed and embarrassed about the condition, but treatment can be effective.

**Symptoms**

Obsessive-compulsive disorder usually includes both obsessions and compulsions. But it's also possible to have only obsession symptoms or only compulsion symptoms. You may or may not realize that your obsessions and compulsions are excessive or unreasonable, but they take up a great deal of time and interfere with the daily routine and social or work functioning.

#### **Obsession symptoms**

#### OCD obsessions are repeated, persistent and unwanted thoughts, urges or images that are intrusive and cause distress or anxiety. You might try to ignore them or get rid of them by performing a compulsive behavior or ritual. These obsessions typically intrude when you're trying to think of or do other things.

Obsessions such as; Fear of contamination or dirt, needing things orderly and symmetrical, aggressive or horrific thoughts about harming yourself or others and unwanted thoughts including aggression, sexual or religious subjects

#### **Compulsion symptoms**

OCD compulsions are repetitive behaviors that you feel driven to perform. These repetitive behaviors or mental acts are meant to prevent or reduce anxiety related to your obsessions as mentioned above preventing them from happening. However, engaging in the compulsions brings no pleasure and may offer only a temporary relief to the patient from anxiety as the patient is dragged by the obsessions.

As with obsessions, compulsions typically have themes, such as repeated washing and cleaning of hands to prevent getting dirty, checking to see things are in order, counting to be sure the numbers are as were, orderliness of things such as bed making and following a strict routine as well as demanding reassurances.

**Treatment**

Obsessive-compulsive disorder treatment may not result in a cure, but it can help bring symptoms under control so that they don't rule your daily life. Some people need treatment for the rest of their lives.

The two main treatments for OCD are psychotherapy and medications. Often, treatment is most effective with a combination of these.

***Psychotherapy***

Cognitive behavioral therapy (CBT), a type of psychotherapy, is effective for many people with OCD. Exposure and response prevention (ERP), a type of CBT therapy, involves gradually exposing you to a feared object or obsession, such as dirt, and having you learn healthy ways to cope with your anxiety. ERP takes effort and practice, but you may enjoy a better quality of life once you learn to manage your obsessions and compulsions.

***Medications***

Certain psychiatric medications can help control the obsessions and compulsions of OCD. Most commonly, antidepressants are tried first.

Antidepressants approved by the Food and Drug Administration (FDA) to treat OCD include:

* Clomipramine (Anafranil) for adults and children 10 years and older
* Fluoxetine (Prozac) for adults and children 7 years and older
* Fluvoxamine for adults and children 8 years and older
* Paroxetine (Paxil, Pexeva) for adults only
* Sertraline (Zoloft) for adults and children 6 years and older

**Dissociative disorders:**

Patients with these disorders suffer severe disturbances in memory, consciousness, identity, and general awareness of themselves and their surroundings usually associated with devastating stress, such as the result of traumatic events, accidents, or disasters that might have been experienced or seen by the individual.

Examples include dissociative identity disorder and depersonalization disorder are examples of dissociative disorders.

**Factitious disorders:**

Factitious disorders are conditions in which a person knowingly and intentionally creates or complains of physical and/or emotional symptoms to place the individual in the role of a patient or a person in need of help.

**Sexual and gender disorders:**

These include disorders that affect sexual desire, performance, and behavior. Sexual dysfunction, gender identity disorder, and the paraphilias are examples of sexual and gender disorders.

**Somatic symptom disorders:**

A person with a somatic symptom disorder, formerly known as a psychosomatic disorder or [somatoform disorder](https://www.webmd.com/mental-health/somatoform-disorders-symptoms-types-treatment), experiences physical symptoms of an illness or of pain with an excessive and disproportionate level of distress, regardless of whether or not a doctor can find a medical cause for the symptoms.

*2. Explain how social factors affect the health outcomes of individuals/communities*

Many chronic and infectious diseases cluster in populations that experience social and economic constraints to good health. These constraints, often referred to as social determinants of health (SDH), are the economic and social conditions that influence the health of individuals and communities.

According to Plante (2018), Social determinants of health are the [conditions in which people are born, grow, live, work and age](https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/), and they play a large role in determining health status and disparities.

They include such factors as environment, access to healthy food and clean water, and availability of safe and secure housing. They also include language and culture, which impact communication between patients and providers as well as in health education and promotion. Lastly, socioeconomic status is a social determinant of health, as it impacts ability to afford health insurance, and addresses other important, health-related social needs including access to health service and communication.

They determine the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal goals, satisfy needs, cope with the environment, and achieve optimal health.

These determinants are broadly divided into Economic stability, Necessities, Demographics and social contexts, Environment and Development and Education.

**Economic stability**

***Employment status***

Employment status is a key determinant of health. Many employed people have better economic status making them able to access better medical services. Employment status means better income enabling the employed to have better housing as well as better access to quality and adequate foods.

***Health insurance***

Health insurances means better access to health services. For instance, in Uganda, only 2 % of the population have health insurances and these are mainly people or dependents of employed staff either with the government or Non-Governmental Organizations (NGOs). This limits the access to better and quality health care system as those without insurance policies end up receiving health services in the government owned health infrastructures which are under developed and under stocked/equipped.

***Income level***

People with high income means better access to quality foods and a better access to better health services than people with low income. Taking the case of countries in the low-income country category, they have poor health service delivery than the high-income countries. Health is determined by the level of income one has as well the country’s income.

***Access to Family planning services***

Access to family planning means better child spacing which leads to healthy children and mothers.

Promotion of family planning and ensuring access to preferred contraceptive methods for women and couples is essential to securing the well-being and autonomy of women, while supporting the health and development of communities. Family planning carries several advantages to both the mother, the child and the entire community and/ or the nation. Some family planning methods, such as condoms, help prevent the transmission of HIV and other sexually transmitted infections. Family planning / contraception also reduces the need for abortion, especially unsafe abortion, reinforces people’s rights to determine the number and spacing of their children and preventing unintended pregnancy as well as prevention of deaths of mothers and children (WHO 2014).

Evidence exists that if couples can space their pregnancies by at least two years apart using family planning, up to 35% of maternal deaths and up to 13% of child mortalities could be averted (Cleland J et al 2006) whilst 25% of under – five mortalities could be averted if birth intervals were at least three years (Rutstein S. O 2008).

**Necessities**

***Safe secure and quality housing***

Having a safe and secure house means safety from weather and other dangerous animals such as snakes and other biting insects including mosquitos. People with poor housing possessing poor structures can be endangered when the house collapses leading to loss of life or injury. Poor housing conditions such as congested small shared rooms with no or poor sewage drainage leads to contracting of infectious diseases.

***Access to affordable healthy food options***

Poor nutrition means weak immunity, hence diseases. Poor nutrition also leads to malnutrition which is either over or under nutrition. Access to affordable healthy foods means healthy body and healthy mind. Lack of some foods or micro nutrients such as vitamin c leads to diseases such as scurvy. Access to affordable healthy foods with balanced diet is a key determinant of health.

***Access to safe drinking water***

Water is life. Access to clean and safe drinking water means better health. Safe water prevents the spread of water born diseases such as Amoebiasis, Typhoid fever, cholera and many others. People who do not have access to safe drinking water usually suffer from water borne diseases while people with access to safe and adequate water are free from these diseases.

***Quality fresh and safe Air***

Infectious diseases such as Tuberculosis which is spread through breathing in air contaminated with the bacteria from droplets form infected person. Where the housing is not adequate, and rooms are overcrowded as they are shared, there is contamination of the air with breaths and sneezes from the people sharing the room hence leading to spread of such air borne diseases.

***Access to affordable utilities such as electricity and heating equipment***

Utilities such as electricity, heating equipment and sewerage lines are key in determining health. Where temperatures can go to as lo as zero degrees centigrade without electricity and heating equipment one can freeze and die. Such utilities are key in determining the health of and individual or the community.

**Demographics and social contexts**

***Gender***

According to the Journal of health, population and nutrition March 2007, Gender refers to “the array of socially constructed roles and relationships, personality traits, attitudes, behaviors, values, relative power and influence that society ascribes to the two sexes on a differential basis. Gender is relational—gender roles and characteristics do not exist in isolation but are defined in relation to one another and through the relationships between women and men, girls and boys”. Sex refers to biological differences, whereas gender refers to social differences.

Several researches have been conducted in gender and health in the past years, including gender differences in vulnerability to, and the impact of, specific health conditions and gender has been shown to influence how health policies are conceived and implemented, how biomedical and contraceptive technologies are developed, and how the health system responds to male and female clients (Vlassoff C. et al 2002).

the degree to which women are excluded from schooling, or from participation in public life, affect their knowledge about health problems and how to prevent and treat them.

The subordination of women by men, a phenomenon found in most countries, results in a distinction between roles of men and women and their separate assignment to domestic and public spheres.

In developing countries which South Sudan is one, men seek treatment more frequently at formal health services, whereas women are more likely to self-treat or use alternative therapies due to factors, such as multiple roles of women which limit their activities mainly to the domestic sphere and make it difficult for them to go to clinics during opening hours hence making them more vulnerable.

The lower social status of women influences how society responds when they are affected by stigmatizing illnesses, such as HIV/AIDS, leprosy, tuberculosis, and mental illness. While both men and women suffer considerable discrimination from society, women are more marginalized by these health problems.

***Sexual orientation / discrimination***

## While the Duhaime’s legal dictionary defines sexual orientation as an individual's preference in terms of sexual relationship with others - whether homosexual or heterosexual

According to Logie C. (2012), Homosexuality is criminalized in 76 countries and punishable by death in five, underscoring the impact of powerful sociopolitical factors on the lives of sexual minorities. This therefore means lives of homosexuals are in danger. This also scares homosexuals from seeking treatment in public facilities. Homosexuals are also more stigmatized in these countries and they tend to live life in hiding meaning they are depressed due to the lack of freedom to identify.

***Ethnicity / racism***

In America, the blacks or the African Americans live in a lower income belt than the indigenous white Americans leaving in higher income belt. It has also been noticed that in America, health insurance has not had better coverage for the black Americans than the whites. This limits the access by the black Americans to better health services.

Another example of racism as it was the case of South Africa during the Pantheid was that the blacks were not allowed to mix and access health services in the well-off health facilities which were meant for the whites. This led to the blacks living in poor health status. Then taking away of land by the whites also deprived the blacks of land to cultivate food for their families leading to malnutrition.

***Cultural identity***

In the Latuko tribe of South Sudan, when a woman is married to a family she is not supposed to share the latrine or toilet with her father and mother in laws, this therefore means that, either the woman or the parents in law are to use another alternative place to easy themselves. In their villages, a home has only one toilet or latrine and the other end up using the bushes in respect of their culture.

Also, in the same tribe, it has only been of recent that they use latrines to dispose their human waste, however in the past they believed defecating in the latrine is a taboo which means you have been buried as your feaces is in the hole. This discouraged the people from using latrines and ended up in open defecation. Also, in this same tribe, when a man gets married, he is not supposed to use the toilet but defecate in the open for the parents to witness the size of feaces. The more the feaces the good job the daughter in law has done. This has led to open defecation which leads to spread of food borne and water borne diseases and diarrhea.

***Language barrier***

Language barrier is a major determinant of health. When delivering a health promotion messages, the message needs to be passed using the easily understandable language. Communication is key in health education and language barrier is a major barrier in communication, thence, in health promotion and education. When the language used can not be understood then the whole message will be missed meaning there will be no health protection and promotion leading to diseases.

***Immigration status***

As I mentioned earlier, immigrants are deprived of some social services such as health insurances and access to better health service. The nationals have privileges of better health services than the immigrants hence better health. Immigrants such as refugees have no access to enough land for cultivation of food making them food insecure and hence poor health with malnutrition.

***Social and support networks***

Social support groups are good at disseminating health messages. Peer influence is powerful in health promotion and disease prevention. To disseminate a message on how to protect one from acquiring HIV to sex workers, it is usually better to use a sex worker because they identify well. Other social support groups can pass health message with confessions of personal experiences. This will help the group members to take up the message from him easily.

**Environment**

***Crime rate***

Where the crime rate is high, there are cases of robbery, killings as well as displacement. These alone leaves one stressed at night with little or no sleep. Lack of sleep leads to depression. The lives lost is also another effect of crime rate to the public. It also leads to lives lost during emergencies that occur at night where people will be scared to access health facility for medical help as the thugs and robbers may cause panic. Cases of rape are also high in high crime rate areas leading to high HIV infections, unwanted pregnancies and early pregnancies (teenage pregnancies).

***Violence (civil unrest)***

Violence leads to destruction of health and social infrastructure limiting the access to health services.

Following several decades of civil war with Sudan, industry and infrastructure in landlocked South Sudan are severely underdeveloped and poverty is widespread. Subsistence agriculture provides a living for the vast majority of the population *(*5thSudan Household and Population Census 2008).

***Access to transportation***

Poor roods jeopardize the access to health facilities. This has led to several deaths especially of pregnant mothers during labor.

***Safety of build environment***

Construction of homes in places prone to natural disasters such as earth quakes, floods and volcanoes exposes lives to danger. Earth quakes can cause destruction of houses leading to injuries if not death.

***Parks (game parks)***

Settling in parks is unhealthy as it exposes people to threat from wild animals such as lions and snakes. It also leads to contraction of diseases whose reservoir hosts are game animals. Example of such diseases is the Ebola virus disease which is got from the game animals such as the Monkys and has led to several deaths with the latest outbreak being the one in DRC.

***Availability of health care***

Where the health care service is available, people will seek these health services which however must be accessible. For example, if in a health center there is Family planning service, people in the locality tend to take it up as they become aware but where the service is available in a distant facility say more than 5 kilometers away, people will always feel reluctant to seek the service.

***Recreation and leisure opportunities***

Places such as swimming pools and play grounds for basket ball and foot ball always encourage people to participate in the games. These games keep the body active. Physical inactivity is one of the three threats to health. In the absence of such facilities such as in a field location work place, workers become physically inactive making them prone to diseases.

**Development and Educational status**

***Quality and level of education obtained***

Several studies show that the quality and level of education obtained plays a major role in ensuring a healthy living. A study on an econometric analysis of data for a sample of over 4000 children in India, between the ages of 1 and 2 years, with a view to studying two aspects of the neglect of children in their likelihood of being immunized against disease and their likelihood of receiving a nutritious diet.

there was no gender discrimination between children of literate mothers; on the other hand, when the mother was illiterate, girls were 5 percentage points less likely to be well-fed relative to their brothers and the presence of a literate father did little to dent this gender gap ([Vani K. Borooah](https://www.sciencedirect.com/science/article/abs/pii/S0277953603003423?via%3Dihub#!) 2004)

***Health literacy***

People with healthy literacy are better off health wise than those with no health literacy. Mothers who often attend antenatal clinics healthier kids than those who do not. Health education is good as it gives preventive interventions to health threats.

***Early childhood development***

The 1,000 Days movement, a response to recent, devastating food crises and new research on the economic and social costs of childhood hunger and stunting, is focused on providing proper nutrition during the first 1,000 days of children's lives, beginning with their mother's pregnancy. Proper nutrition during these days can profoundly influence an individual's ability to grow, learn, and work-and determine a society's long-term health and prosperity ([Thurow](https://www.amazon.com/Roger-Thurow/e/B0025L9J18/ref=dp_byline_cont_book_1) R. 2016)

***Early childhood experiences***

Children who are exposed to violence such as during civil wars will live with trauma that lasts life long keeping them live with depression a major cause of mental illness.

*3. Explain how psychosocial factors affect health behavior*

Psychosocial factors are any exposure that may influence a physical health outcome through a psychological mechanism. Psychosocial factors such as stress, hostility, depression, hopelessness, and job control seem associated with physical health, particularly heart disease. Social factors include general factors at the level of human society concerned with social structure and social processes that impose on the individual. Psychological factors include individual-level processes and meanings that influence mental states. Sometimes, these words are combined as psychosocial. This is shorthand term for the combination of psychological and social, but it also implies that the effect of social processes are sometimes mediated through psychological understanding (Stansfeld & Rasul, [2007](https://link.springer.com/referenceworkentry/10.1007%2F978-1-4419-1005-9_422#CR04226)).

# Major psychosocial issues included family problems, depression, anxiety, substance abuse, sexual abuse, and violence. Women were more likely to have suffered violence while many of the men had problems dealing with their own aggression toward others.

The individual behavior (Psychologic) plays a major role in determining the health of individual and many factors (Social) influence the individual behavior.

According to Macleod J and Davey G. Smith (2003), it is worth considering how psychosocial hardship might cause physical disease. It could foster unhealthy behavior such as smoking which is associated with cancer and health diseases or it could lead directly to neuroendocrine agitation that influences disease risk of mental illness. Smoking has been found to have a relationship with cancer and lung cancer and other cancers of the respiratory tract. Many youths are involved in drug abuse such as cigarette smoking, and the use of petroleum products as seen in Juba by the juba street boys.

Adverse psychosocial exposure and material disadvantage have direct relation which is characterized as misery. Thus, misery and material disadvantage seem associated with poor health (Macleod J and Davey G. Smith 2003). This means that social disadvantage is associated both with poor physical health and with heightened exposure to various psychosocial factors both with negative social implications. For example, where access to health facility requires travel from one location to another, those with transport means like bicycles, motorcycles and cars will seek for health services than those who do not possess any means of transport, hence the disease will progress leading to death or they will be exposed to the disease in case of immunization services. Material disadvantages such as poorly constructed housing structures exposes people to danger during natural disasters such as during floods and earth quakes.

In 1978, Mechanic invented the term illness behavior to refer to both the adaptive and maladaptive ways that individual perceive, evaluate and act on their symptoms. Psychosocial factors affect both psychological and physical functioning over time leading to adaptive or maladaptive illness behavior. The adaptive illness behavior includes active coping, social support, patient optimism and use of humor and positive cognitive appraisal and acceptance.

Active coping behaviors considered beneficial to patients in various diseases include

* Optimal use of medication and health care resources to ensure better health and disease clearance in the body
* Exercising in the case of rehabilitation of a patient recovering from a fracture of the leg or arm and health promotion and protection in the case of physical activity.
* Anxiety and arousal control to minimize stress and depression
* Optimal sleep hygiene for a better rest of the body to minimize heart diseases and others
* Return to roles such as work roles, occupation, parenting and spouse
* Control on interpersonal behavior such as irritability which can cause unhealthy actions and effects

Social support groups and the individual group members are key in the adaptive illness behavior. The actions in a group that can influence others to do same.

* Action by significant others that enable those positive behaviors such as social support group members.

Patient optimism and use of humor

Positive cognitive appraisal and acceptance involves combining the following to achieve the desired adaptive illness behavior

* Patient training in these coping behavior
* Conceptual training on the interactive nature of the symptoms, feelings, behaviors and thoughts thereby shifting attention to behavior and thinking and
* Training in general problem-solving principles to help in stress management.

Pilowsky (1984) described abnormal illness behavior as an inappropriate or maladaptive mode of experiencing, perceiving, evaluating or responding to one’s own state of health which persists despite the fact that doctors and other appropriate social agents has offered an accurate and reasonably lucid explanation of the nature of the person’s health status and the appropriate course (if any) of management with provision of adequate opportunity for discussion, clarification and negotiation based on a through examination of all parameters of functioning. This means the illness behavior is only abnormal if the physician has enough understanding of the presence or absence of potentially relevant pathology and its implications for symptom generation, disability and methods of recovery.

Maladaptive illness behaviors have challenges which include;

Increased clinician time that limits the scope of specialist input on recovery while rendering it insufficient to foster adaptive illness behavior. This also wastes the time of specialist that would have been used on others leading to more ill health for others and at same time longer working hours of the specialist.

The time-consuming interaction with the clinician may however lead to incorrect perception by the clinician of the real patient distress. The clinician may perceive it to be beyond or outside their scope which may cause the conclusion that further use of medical resources is unnecessary because the problem is not medical. This is seen in cases where after clinicians have tried tirelessly to work on a patient who in turn will say for all this time you have wasted on me I think it enough I will seek traditional treatment because of such and such reasons then the doctor also may get convinced leading to the believe that nothing can be done beyond what they/he has done.

According to Julie M. Goldsmith Cwikel et al (1988), one proposal was that social ties affect health through health behavior as socially integrated persons take better care of their health and socially isolated persons take more health risks. This is seen in the cases of a community initiative to fight diseases such as malaria. When the social setting act, the whole social community will act and achieve their goal unlike when individuals only it in their household do while others in the neighborhood do not. In one of the villages in Uganda, there was a program to fight malaria which was initiated by a school which was then later adapted by the community. The program succeeded in fighting malaria and the village became free of malaria with only few cases registered in a year than were before.

The second mechanism proposed was that social ties encourage more successful coping styles. A more active problem focused coping style has been shown to be more effective in dealing with stress than avoidance and withdrawal. Successful coping contributes to an overall sense of social competence or self esteem which in turn may positively affect health.

Perception of the benefit of personal action in relation to illness are hypothesized as being central attributes in helping people succeed in efforts to improve their health such as quitting smoking or loosing weight which is important in the initiation and conservation of health behavior. When one beliefs that quitting smoking will have a positive impact on one’s health (known as perceived benefit in Health Belief Model of change), the individual will take action that will be beneficial to his/her health.

Rotter formulated that, the concept of locus of control proposes that those with a stronger sense of internal influence are more likely to engage in actions that prevent adverse outcomes because people with more internal locust of control have more active approach to coping with problem (Rotter J. 1966). People who have a stronger believe of self-efficacy will always succeed in achieving the intended outcome of an intended action which in this case is a positive health outcome.

Langlie (1977) found out that, socially isolated people engaged in fewer behavior such as immunization, dental care, medical checkups, screening exams, seatbelt use, nutrition and exercise which are health behavior that mitigate indirect health risks. One may be doing something wrongly until is told with another person the right way to do it. Isolated individuals usually learn nothing or little from because of their attitude of being concentric and isolated leading to poor health behavior which affects the health.

Socioeconomic status including income, education and occupational status are factors that are strongly associated with each other and accounts in part for the health differences. It also accounts in part for the health differences by sex, race and marital status. People with lower socioeconomic status have poorer health status than people with better or higher socioeconomic status. The mortality rates and morbidity rates of diseases are more in the ones with lower socioeconomic status than the ones with higher socioeconomic status. Occupational hazards related to the occupations people undergo have a lot of effect on health and contributes a lot to the differences in health. People working in lumbering industry can be more prone to injuries due to the machines they use while some one working in the microbiology laboratory is more prone to microbial infections if safety measures are not taken care of properly.

*4. Identify and explain three major threats to public health*

# Public health is defined as the science of protecting the safety and improving the health of communities through education, policy making and research for disease and injury prevention. However, despite all these, public health faces challenges that affect the efforts of public health, these challenges are referred to as public health threats which jeopardize the health of the population.

Over the last two centuries, Public health has made huge progress in the fight against infectious diseases. But the biggest battles may still be to come. With tens of thousands of people taking planes every day and the use of vehicular transport means (Physical inactivity), contagious illnesses (New emerging infectious diseases) have extraordinary opportunities to spread farther and faster and antibiotics that once cured diseases like tuberculosis now do not always have an effect (Antimicrobial resistance) and old immunizable enemies like polio refuse failed to clear despite the public health struggle to eliminate it due to either failure of people to take up vaccinations or social challenges such as civil unrests (Vaccine hesitancy/ poor healthcare setting) while others like smallpox threaten a devastating comeback if released (Fragile and vulnerable setting).   
WHO listed the following as the key public health threats in 2019;

# **Air pollution and climate change**

[Industry, transport and agriculture emits high volumes of air pollutants. According to WHO (2019), nine out of ten people breathe polluted air](https://www.who.int/news-room/detail/02-05-2018-9-out-of-10-people-worldwide-breathe-polluted-air-but-more-countries-are-taking-action) every day. In 2019, air pollution is considered by WHO as the [greatest environmental risk to health](https://www.who.int/air-pollution/news-and-events/how-air-pollution-is-destroying-our-health) where the microscopic pollutants emitted into the air penetrate respiratory and circulatory systems, damaging the lungs, heart and brain causing death to around 7 million people prematurely every year from diseases such as cancer, stroke, heart and lung disease with around 90% of the deaths occurring in low- and middle-income countries which South Sudan is one. As mentioned above, with the increased use of automobile means of transport, there is increased emission of pollutants. Taking for example South Sudan, there are no laws regulating the importation of machinery such as manufacturing industries, cars for transportation and agricultural machineries. This puts the population in danger of inhaling polluted air which is a major cause of cancer and other noncommunicable diseases.

Air pollution is a major contributor to [climate change](https://www.who.int/globalchange/en/), which impacts people’s health in different ways such as the frequent floods in areas such as the twice hit Mozambique in less than a month. This leads to poor food production leading to malnutrition and loss of property and lives.

**Noncommunicable diseases**

Noncommunicable diseases, such as diabetes, cancer, hypertension and heart disease, are collectively responsible for over 70 percent of all deaths worldwide, or 41 million people which includes 15 million people dying prematurely, aged between 30 and 69 with   
over 85 percent of these premature deaths are in low- and middle-income countries. The major drivers or risk factors of these noncommunicable diseases which also exacerbate mental health issues, that may originate from an early age are;

* Tobacco use which is closely associated with cancers especially of the lungs
* Physical inactivity which leads to obesity a major cause of cardiovascular diseases
* The harmful use of alcohol closely associated with cancers and mental illnesses
* Unhealthy diets responsible for hypertension, obesity and cancers
* Air pollution associated with the cancers and cardiovascular diseases

**Antimicrobial resistance**

The development of antibiotics, antivirals and antimalarials are some of public health’s greatest successes. Now, time with these drugs is [running out](https://www.who.int/who-campaigns/world-antibiotic-awareness-week/world-antibiotic-awareness-week-2018). Antimicrobial resistance which is the ability of bacteria, parasites, viruses and fungi to resist these medicines threatens to send us back to a time when we were unable to easily treat infections such as pneumonia, tuberculosis, gonorrhea, and salmonellosis. This has seriously compromised public health in the fight against diseases through infection control. Example to antimicrobial resistance has been seen by the Tuberculosis drug resistance of TB bacteria strains. According to WHO, Tuberculosis causes around 10 million people to fall ill and 1.6 million to die every year and in 2017 alone, 600,000 cases of Tuberculosis were resistant to rifampicin which is the most effective first line drug and 82% of the 600,000 had multidrug resistant Tuberculosis.

Therefore, generally, the global health threats are air pollution and climate change, noncommunicable diseases, antimicrobial resistance, new emerging diseases such as the global influenza, HIV and EVD, weak primary health care systems, fragile and vulnerability setting and vaccine hesitance. For us to be able to fight these public health threats, we have to fight the causes of these threats which include, body inactivity, poor nutritional habits and diet, cigarette smoking, improper use of antimicrobial drugs such as incomplete dosages and in animal feeds, harmful use of alcohol, political instability responsible for the poor health care settings and fragile and vulnerability setting.

*5. What are some of the psychosocial interventions for mental health and substance use disorders in your country*

Mental health and substance use disorders affect approximately 20 percent of Americans and are associated with significant morbidity and mortality. Substantial progress is needed to bring effective interventions to the treatment of those suffering from these disorders.

# The World Health Organization’s (WHO’s) Global Burden of Disease Study 2010 evaluates disability across all major causes of disease in 183 countries, using disability-adjusted life-years (DALYs) ([Whiteford et al., 2013](https://www.ncbi.nlm.nih.gov/books/NBK321284/)). Findings indicate that mental health and substance use disorders accounted for 7.4 percent of all DALYs and ranked fifth among 10 categories of disease.

# According to Merriam-Webster dictionary, the term intervention means “the act or a method of interfering with the outcome or course especially of a condition or process (as to prevent harm or improve functioning)” while Oxford English Dictionary defines intervention as “acting to intentionally interfere with an affair so to affect its course or issue” which both emphasize two constructs of an action and an outcome.

# Psychosocial interventions for mental health and substance use disorders are interpersonal or informational activities, techniques, or strategies that target biological, behavioral, cognitive, emotional, interpersonal, social, or environmental factors with the aim of improving health functioning and well-being.

The psychosocial interventions include;

**Assertive community treatment**

Assertive/confident community treatment encompasses a collection of services and interventions provided by a community-based, interdisciplinary, mobile treatment team such as the work done by TPO where a team consisting of case managers, peer support workers, psychiatrists, social workers, psychologists, nurses, and vocational specialists go into the community and render services to the community.

The approach provides comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious mental health and substance use disorders, such as bipolar disorder and schizophrenia with its fundamental goal of providing supports and help to consumers to develop skills so they can maintain community living, avoid hospitalization, improve their quality of life, and strive for recovery as being the key intended outcomes of intervention. The groups were always available to offer services with flexibility and are readily available as they also tend to use the members of the community in the approach.

**Cognitive-behavioral therapy**

Cognitive-behavioral therapy is used for a wide range of mental health and substance use disorders and it combines behavioral techniques with cognitive psychology and it is the scientific study of mental processes, such as perception, memory, reasoning, decision making, and problem solving with the goal to replace maladaptive behavior and faulty cognitions with thoughts and self-statements that promote adaptive behavior that improves health and wellbeing.

For example, to replace a pessimistic belief, such as “I can’t do anything right,” due to the self-belief of not being able to do it with a positive expectation, such as “I can do this right.” Usually done through restructuring, exposure techniques, behavioral activation, relaxation training, self-monitoring, and relapse prevention.

**Contingency management**

Contingency management is a set of techniques that focus on changing specified behaviors. In drug misuse, it involves offering incentives for positive behaviors such as abstinence or a reduction in illicit drug use such as alcohol abuse and smoking or participation in health-promoting interventions such as physical activity and healthy eating habits. It is a psychosocial intervention designed for substance use disorders that uses conditioning principles and it is incentive-based approach that rewards a client contingent upon meeting desired outcomes. This has been practiced by many NGOs in the protection of civilian sites (POCS) in the UN compounds.

**Brief interventions**

Brief interventions can be used opportunistically in a variety of settings for people not in contact with drug services such as in mental health, general health and social care settings, and emergency departments or in limited contact such as attendees at needle and syringe exchanges and community pharmacies where drugs are dispensed. During these routine contacts, staff should provide information and advice to all people who misuse drugs about reducing exposure to blood-borne viruses. This should include advice on reducing sexual and injection risk behaviors for health protection. Nurses and pharmacists while administering drugs will discuss with the client dangers of drug abuse or the dangers of a behavior, how it can be prevented and the benefits of choosing a healthy lifestyle. Generally during this intervention, health education messages are passed on to the client by the staff to achieve a healthy living.

**Residential, prison and inpatient care**

The psychosocial interventions present in the community should be available in inpatient and residential settings and which include contingency management, behavioral couples’ therapy and cognitive-behavioral therapy. Services should encourage and facilitate participation in self-help groups.

Residential treatment may be considered for people who are seeking abstinence and who have significant comorbid physical, mental health or social problems and who should have completed a residential or inpatient detoxification program and have not benefited from previous community-based psychosocial treatment while people who have relapsed to opioid use during or after treatment in an inpatient or residential setting should be offered an urgent assessment to prompt access to alternative community, residential or inpatient support, including maintenance treatment, should be considered.

Prison-based treatment options should be comparable to those available in the community because the prison occupants are a community by itself and Health-care professionals should consider additional considerations specific to the prison setting, which include the length of sentence or remand period, and the possibility of unplanned release, and risks of self-harm, death or post-release overdose. This has been seen in the provision of psychotherapeutic programs in prisons in South Sudan by international NGOs such as ICRC while providing also Psychiatric treatment.

People in prison who have significant drug misuse problems may be considered for a therapeutic community developed for the specific purpose of treating drug misuse within the prison environment.

**Self-Help**

Staff should routinely provide people who misuse drugs with information about self-help groups, for example, Narcotics Anonymous and Cocaine Anonymous.

If a person who misuses drugs has expressed an interest in attending a 12-step self-help group, staff should consider facilitating initial contact with the group, for example by making the appointment, arranging transport, accompanying him or her to the first session, and dealing with any concerns. However, this isn’t happening in South Sudan in part due to the low level of literacy and the unwilling ness of the clients to come forward also due in part to stigmatization.

*6.Describe two psychological models of health behavior*

Psychological models are theories in psychology to predict outcomes and explain specific psychological processes that results to the desired outcome usually a positive one aimed at improving health.

Individual behavior plays a major role in determining a person’s health, yet many factors influence a person’s behavior including the social environment which is useful in maintaining or reinforcing health behavior. It’s the responsibility of Public health to understand how these factors affect health and what interventions can be used to promote a healthy behavior.

Social and behavioral scientists have therefore developed the psychological models to explain the effects of these factors on health with focuses on both the individual behavior and the social environment. These models include;

* The health believe model
* The theory of planned behavior
* The transtheoretical model also known as stages of change

**The health believe model**

The Health Belief Model developed in the early 1950s by social scientists at the U.S. Public Health Service to understand the failure of people to adopt disease prevention strategies or screening tests for the early detection of disease was later used for patients' responses to symptoms and compliance with medical treatments.

It suggests that, a person's belief in a personal threat of an illness or disease together with a person's belief in the effectiveness of the recommended health behavior or action will predict the likelihood of a person to adopt the behavior. This means that when the person believes that his or her behavior such as smoking is a threat to his or her health and that there is an effective way that will save his or her health such as quitting smoking then the person will be ready to adapt the behavior of not smoking which will lead to a healthy body.

The health believe model explains the two aspects of the desire to avoid illness, or conversely get well if already ill and the belief that a specific health action will prevent or cure illness. The sequence however of the individual’s action depends on the individual’s perceptions of benefits and barriers relating to the health behavior which consists of six concepts as follows;

**Perceived susceptibility**

This refers to a person's subjective perception of the risk of acquiring an illness or disease. Here the person looks at how he or she can get infected of is vulnerable for a specific health problem. For example, when one wants to educate sex workers to practice safer sex, they will first look at whether they are susceptible or not. Being sex workers and knowing HIV is transmitted through sex they will know that they are susceptible and will take up the behavioral change basing on their perceived risk being sex workers than with faithful people such as church leaders and catholic priest who may not perceive themselves as susceptible hence not acting.

**Perceived severity**

This refers to a person's feelings on the seriousness of contracting an illness or disease. It looks at how serious the problem will be if no action is taken. For example, in South Sudan, it has been a saying among the SPLA soldiers when they just came from the bush that, what is HIV that kills in several months or even years compared to a bullet that kills instantly. This means they consider a bullet shot to be more severe as it kills instantly than HIV which takes long to take the life of one. With this perception it led to the SPLA soldiers not to adapt the safer sex behavior of using a condom to prevent HIV but rather feared to return to war because the bullet kills instantly. There is wide variation in a person's feelings of severity, and often a person considers the medical consequences such death, disability and social consequences such as family life and social relationships when evaluating the severity.

**Perceived benefits**

This is the person's perception of the effectiveness of various actions available to reduce the threat of illness or disease or to cure illness or disease. For example, a faithful person to his wife or husband will stick to his or her one partner instead of using a condom because the condom may not be 100 percent in preventing the infection with HIV while those who can’t abstain and be faithful by sticking to their one partner will go for the condom use as they will consider that beneficial to them. The course of action a person takes in preventing or curing illness or disease relies on consideration and evaluation of both perceived susceptibility and perceived benefit, such that the person would accept the recommended health action if it was perceived as beneficial.

**Perceived barriers**

This refers to a person's feelings on the obstacles to performing a recommended health action. For example, one may prefer to use a condom but is there no barrier to the condom use such as the cost of buying a condom or its accessibility. Here the person will have to look at the cost verses benefit analysis. The person weighs the effectiveness of the actions against the perceptions that it may be expensive, dangerous (side effects), unpleasant (painful), time-consuming, or inconvenient.

**Cue to action**

Cue to action is the stimulus needed to trigger the decision-making process to accept a recommended health action. These cues can be internal such as chest pains, wheezing or external such as advice from others, illness of family member or newspaper article. For example, when a close friend or family member is suffering or had suffered from HIV, it will trigger the decision of the person to take action in practicing safer sex in order not to get to what the friend or family member is going or had gone through. People who have witnessed a patient with HIV will always be careful and practice behavior that will prevent them from HIV infection. The friend or family member’s suffering acts as the trigger for the action of the safer behavior. Another example is the availability of the desired behavior. Where there are free condoms accessible by the population, the population will be encouraged to use condom. The availability of condoms is a stimulus to encourage the health behavior of condom use.

**Self-efficacy**

This refers to the level of a person's confidence in his or her ability to successfully perform a behavior. When a person chooses to use a condom, the person still must evaluate how well he can consistently and persistently use the condom. The person will weigh the perfection in the use including properly putting it on, consistently using it throughout the session and persistently using it in the next session. It directly relates to whether a person performs the desired behavior correctly as desired. It is concern about self-perfection.

With the above, the Health Believe Model has some limitations which include;

* It does not account for a person's attitudes, beliefs, or other individual determinants that dictate a person's acceptance of a health behavior.
* It does not consider behaviors that are habitual and thus may inform the decision-making process to accept a recommended action (e.g., smoking).
* It does not consider behaviors that are performed for non-health related reasons such as social acceptability.
* It does not account for environmental or economic factors that may prohibit or promote the recommended action.
* It assumes that everyone has access to equal amounts of information on the illness or disease.
* It assumes that cues to action are widely prevalent in encouraging people to act and that "health" actions are the main goal in the decision-making process.

**Theory of planned behavior or theory of reasoned action**

The Theory of Planned Behavior also known as the Theory of Reasoned Action when it started in 1980 to predict an individual's intention to engage in a behavior at a specific time and place. It was intended to explain all behaviors over which people can exert self-control with the key component being behavioral intent. Behavioral intentions are influenced by the attitude about the likelihood that the behavior will have the expected outcome and the subjective evaluation of the risks and benefits of that outcome.

This theory states that behavioral achievement depends on both motivation (intention) and ability (behavioral control). It distinguishes between three types of beliefs which are;

* Behavioral beliefs
* Normative beliefs and
* Control beliefs

The theory is comprised of the following six constructs that collectively represent a person's actual control over the behavior;

**Attitudes**

This is the degree to which a person has a favorable or unfavorable evaluation of the behavior of interest. It entails a consideration of the outcomes of performing the behavior. The individual will only take up a behavior only when he or she sees it as favorable to him or herself

**Behavioral intention**

This refers to the motivational factors that influence a given behavior where the stronger the intention to perform the behavior, the more likely the behavior will be performed. When a behavior is intended for example, to fight a disease or prevent one from death then the behavior will be taken up easily by the individual than when the intension is weaker.

**Subjective norms**

This refers to the belief about whether most people approve or disapprove of the behavior. It relates to a person's beliefs about whether peers and people of importance to the person think he or she should engage in the behavior.  For example, when the behavior in question to adopt is not approved by the community, the behavior will not be taken up because individuals intending to take up will feel disowned by their peer or community. This brings in the aspect of involving and empowering the community when designing an intervention for a community.

**Social norms**

This refers to the customary codes of behavior in a group or people or larger cultural context. Social norms are considered normative or standard in a group of people. When it is a customary norm that needed to be changed, it will be resisted by the social group. This means that behaviors that are in line with the social norms are easily adapted than those parallel to the norms. For example, in Eastern Equatoria region of South Sudan, the Latuko have not changed till now their habit of open defecation because it’s their social norm that when you use the latrine or toilet to dispose the waste you have already been buried alive.

**Perceived power**

Perceived power refers to the perceived presence of factors that may facilitate or hinder performance of a behavior. Perceived power contributes to a person's perceived behavioral control over each of those factors. For example, kids will always practice proper hygiene through hand washing when they see their parents or other elders near them observing what they are doing than when there is no other near them.

**Perceived behavioral control**

This is the person's perception of the ease or difficulty of performing the behavior of interest. Perceived behavioral control varies across situations and actions, which results in a person having varying perceptions of behavioral control depending on the situation. When a person perceives a behavior as difficult to perform, the person will not take action to take the behavior whereas when the person perceives a behavior as doable or easy to perform he or she will then take up the behavior.

The Theory of Planned Behavior has been used successfully to predict and explain a wide range of health behaviors and intentions including smoking, drinking, health services utilization, breastfeeding (incorporated in the CMAM and IYCN guidelines of South Sudan) and substance use, among others.

This theory has shown more utility in public health than the Health Belief Model, but it is still limiting in its inability to consider environmental and economic influences. Some of the limitations include;

* The theory assumes the person has acquired the opportunities and resources to be successful in performing the desired behavior, regardless of the intention.
* It does not account for other variables that factor into behavioral intention and motivation, such as fear, threat, mood, or experience.
* While it does consider normative influences, it still does not consider environmental or economic factors that may influence a person's intention to perform a behavior.
* It assumes that behavior is the result of a linear decision-making process and does not consider that it can change over time.
* While the added construct of perceived behavioral control was an important addition to the theory, it doesn't say anything about actual control over behavior.
* The time frame between "intent" and "behavioral action" is not addressed by the theory.

**The Transtheoretical Model**

The Transtheoretical Model also called the Stages of Change Model was developed by Prochaska and DiClemente in the late 1970s and evolved through studies that examined the experiences of smokers who quit smoking on their own with those requiring further treatment to understand why some people were capable of quitting on their own.

It was determined that people quit smoking if they were ready to do so. Thus, the Transtheoretical Model focuses on the decision-making of the individual making it a model of intentional change operating on the assumption that people do not change behaviors quickly and authoritatively but rather, change in behavior intentionally, especially habitual behavior that occurs continuously through a cyclic process.

In this model, individuals move through six stages of change as mentioned below, where at each stage of change, different intervention strategies are most effective at moving the person to the next stage of change and subsequently through the model to maintenance which is the ideal stage of intended behavior change.

**Precontemplation**

In this stage, people do not intend to act in the foreseeable future which is defined as within the next 6 months. People do not know anything concerning a behavior change and have no interest and belief of any change in the next six months as they are often unaware that their behavior is problematic or produces negative consequences and do not believe there is any better behavior than the current one they have.

**Contemplation**

In this stage, people are intending to start the healthy behavior in the foreseeable future as defined above (next 6 months). At this stage they have known and are aware of the need to change their behavior because o they have recognized the negative or gad effect of their current behavior that need to be changed. They are in a more thoughtful and practical consideration of the pros and cons of changing the behavior. Even with this recognition, people may still feel hesitant toward changing their behavior.

**Preparation**

In this stage also known as determination, people are ready to act within the next 30 days. They start to take small steps toward the behavior change such as collection of materials for latrine construction/ digging the hole, and they believe changing their behavior can lead to a healthier life. They have at this stage been convinced that changing the behavior will be beneficial than detrimental.

**Action**

In this stage, people have recently changed their behavior (defined as within the last 6 months) and intend to keep moving forward with that behavior change. For example, in the case of latrine use, they have gathered materials and dug the pit latrine as well as made it, they started to use the latrine and keeping on using it. People may exhibit this by modifying their problem behavior or acquiring new healthy behaviors. If in the case of modification of a behavior, if they have been using and somewhat abandoned the use of latrines due to full pit latrines then they have dug new ones and using the new ones. Here they are at maximum usage and they expect healthier outcomes due to their healthy behaviors.

**Maintenance**

In this stage, people have sustained their behavior change for a while which is defined as more than 6 months and intend to maintain the behavior change going forward. People in this stage work to prevent relapse to earlier stages. At this stage when they fail to realize tangible desired outcome they can relapse or fall back to the previous stages. Maintenance stage is always a push to keep at that desired behavior without falling back and people at this stage have realized the benefit of the behavior and will always keep on that behavior.

**Termination**

In this stage, people have no desire to return to their unhealthy behaviors and are sure they will not relapse. Since this is rarely reached, and people tend to stay in the maintenance stage, this stage is often not considered in health promotion programs.

There are ten cognitive, affective and evaluative processes of change that have been identified in the progression through these six stages and they include;

* Consciousness Raising or increasing awareness about the healthy behavior intended to be adapted
* Dramatic Relief which is an emotional arousal about the health behavior, whether positive or negative arousal. It determines whether to take the behavior or not
* Self-Reevaluation or Self reappraisal to realize the healthy behavior is part of who they want to be. The people will first have to see if the behavior applies to them for example do I have to stop smoking? Do I smoke to leave smoking anyway? And so on.
* Environmental Reevaluation or Social reappraisal to realize how their unhealthy behavior affects others and how the intended behavior will benefit the environment.
* Social Liberation is the environmental opportunities that exist to show society is supportive of the healthy behavior.
* Self-Liberation is the commitment to change behavior based on the belief that achievement of the healthy behavior is possible and beneficial to the individual.
* Helping Relationships - Finding supportive relationships that encourage the desired change such as peer support.
* Counter-Conditioning - Substituting healthy behaviors and thoughts for unhealthy behaviors and thoughts.
* Reinforcement Management - Rewarding the positive behavior and reducing the rewards that come from negative behavior.
* Stimulus Control - Re-engineering the environment to have reminders and cues as mentioned in the previous model of the health belief model that support and encourage the healthy behavior and remove those that encourage the unhealthy behavior.

This model like the others have limitations which should be considered when using it and they include;

* The theory ignores the social context in which change occurs, such as SES and income.
* The lines between the stages can be arbitrary with no set criteria of how to determine a person's stage of change. The questionnaires that have been developed to assign a person to a stage of change are not always standardized or validated.
* There is no clear sense for how much time is needed for each stage, or how long a person can remain in a stage.
* The model assumes that individuals make coherent and logical plans in their decision-making process when this is not always true.

***References***

1. Cleland J, Bernstein S, Ezeh A, Faundes A, Glasier A, Innis J. Family planning. The unfinished agenda. Lancet. 2006;368 (9549):1810–1827. doi: 10.1016/S0140-6736(06)69480-4.

2. Dean HD, Fenton KA. Addressing social determinants of health in the prevention and control of HIV/AIDS, viral hepatitis, sexually transmitted infections, and tuberculosis. Public Health Rep. 2010;125

3. England MJ, Butler AS, Gonzalez ML 18 September 2015. Psychosocial Interventions for Mental and Substance Use Disorders: A Framework for Establishing Evidence-Based Standards. Committee on Developing Evidence-Based Standards for Psychosocial Interventions for Mental Disorders; Board on Health Sciences Policy; Institute of Medicine. Washington (DC): [National Academies Press (US)](http://www.nap.edu/); <https://psychologydictionary.org/psychological-model/> (Accessed 18/July 2019)

4. Goldberg J. November 7 2017. WebMD Medical Reference Review. <https://www.webmd.com/mental-health/mental-health-types-illness#2>

# 5. [http://sphweb.bumc.bu.edu/otlt/MPH Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories\_print.htl](http://sphweb.bumc.bu.edu/otlt/MPH%20Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories_print.htl)

6. <http://www.duhaime.org/LegalDictionary/S/SexualOrientation.aspx> (Accessed 25 June 2019)

7. <https://www.plannedparenthood.org/learn/sexual-orientation-gender/sexual-orientation> (Accessed 25 June 2019)

8. Journal of health, population and nutrition March 2007. Gender differences in determinants and consequences of health and illness

9. Langlie, J. K. (1977). Social networks, health beliefs, and preventive health behavior. Journal of Health and Social Behavior, 18(3), 244-260.<http://dx.doi.org/10.2307/2136352> (Accessed 13/07/2019)

10. Macleod J & Davey G. Smith 2003. Journal of Epidemiology and community health. Psychosocial factors and Public Health. A suitable case for treatment

11. Mechanic D. 1986. The concept of illness behavior. Culture, situation and personal predisposition. Psycho med

# 12. National Institute for Health and Care 2007. National Institute for Health and Care Excellence and National Collaborating Centre for Mental Health. [UK]. Drug Misuse in over 16s. Psychosocial interventions <https://www.nice.org.uk/guidance/cg51>.

13. Parekh R. August 2018. American Psychiatric Association. Mental Illnesses <https://www.webmd.com/mental-health/mental-health-types-illness#1> (Accessed 20/June/2019)

14. Pilowisky I 1969. Abnormal illness behavior. Br Journal of Medical Psychology 1969. 42; 347- 351

15. Plante J. Oct. 18, 2018. Understanding the Social Determinants of health <https://www.christenseninstitute.org/blog/understanding-the-social-determinants-of-health/> (Accessed 24/June/2019)

# 16. [Roger Thurow](https://www.amazon.com/Roger-Thurow/e/B0025L9J18/ref=dp_byline_cont_book_1)May 3, 2016**.** The First 1,000 Days: A Crucial Time for Mothers and Children and the World

17. Rotter J. 1966. Generalized expectancies for internal verses external control of reinforcement. Psychological Monographs: General and Applied, 80(1), 1-28. <https://psycnet.apa.org/doi/10.1037/h0092976> (Accessed 13/07/2019)

18. Rutstien S.O. Sep. 2008. Further evidence of the effects of preceding birth intervals on neonatal, infant, and under-five years mortality and nutritional. Calverton, Maryland: Macro International, MEASURE DHS, 2008 Sep. [86] p. (DHS Working Papers No. 41; USAID Contract No. GPO-C-00-03-00002-00)

# 19. Stansfeld, S., & Rasul, F. (2007). Psychosocial factors, depression and illness. In A. Steptoe (Ed.), Depression and physical illness (pp. 19–52). Cambridge: Cambridge University Press.

20. Sudan 2008. Sudan Household and Population census survey 2008.

21. [Timothy J. Legg, PhD, CRNP](https://www.healthline.com/medical-team) September 19, 2018. Mental Health Basics: Types of Mental Illness, Diagnosis, Treatment, and More. Written by Kimberly Holland <https://www.healthline.com/health/mental-health>

# 22. [Vani K. Borooah](https://www.sciencedirect.com/science/article/abs/pii/S0277953603003423?via%3Dihub#!) 2004. [Social Science & Medicine](https://www.sciencedirect.com/science/journal/02779536) [Volume 58, Issue 9](https://www.sciencedirect.com/science/journal/02779536/58/9), May 2004. Gender bias among children in India in their diet and immunization against disease Pages 1719-1731 <https://doi.org/10.1016/S0277-9536(03)00342-3>

23. Vlassoff C. 1994. Gender inequalities in health in the third world: uncharted ground. Soc Sci Med. 1994;39:1249–59.

24. WHO 2008. World Health Organization, Commission on Social Determinants of Health. Geneva: Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health.

# 25. WHO 2014. Family planning and the post-2015 development agenda**.** *Bulletin of the World Health Organization* 2014;92:548-548A. doi: <http://dx.doi.org/10.2471/BLT.14.142893>

26. WHO 2019. Ten threats to global health in 2019 <https://www.who.int/emergencies/ten-threats-to-global-health-in-2019> (Accessed 17/07/2019)