SUMMER PROJECT

Submitted by-
Dipshi Aggarwal
HM 24
Roll Number :0911
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Under the guidance of
Mentor- Dr. Arindam Das

IIHMR UNIVERSITY

PART I

PERSPECTIVE OF PARENTS AND THEIR CHILDREN ON THE NEED FOR MENTAL HEALTH COUNSELLING IN SCHOOLS OF INDIA

1. INTRODUCTION

- According to the clinical descriptions and diagnostic guidelines for ICD-10 mental and behavioral disorders, mental disorder is defined as “a clinically recognizable set of symptoms or behaviors associated in most cases with distress and with interference with personal functions”.
- Around 197.3 million people had mental health problems in India in 2017(Sagar et al, 2017).
- Nearly 50 million children aged 5 to 15 years suffer from mental disorders in India (Shastri, P., 2009).
- All the mental health conditions which become chronic, a substantial portion occur in children and adolescents (Kessler et al,2007).
- Among the many interventions used school-based mental health services (SBMHS) were found to be very beneficial for children and adolescents. In an evidence based study by Kern L. et al (2007) school-based mental health services (SBMHS) have the greatest probability of reaching youth in need.

2. LITERATURE REVIEW:

- According to WHO , Mental health can be defined as a “state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities.”

- Mental disorders are the 2nd leading cause of disease burden in terms of years lived with disability (YLDs) and the 6th leading cause of disability-adjusted life-years (DALYs) in the world in 2017.
- Mental disorders contributed to 4·7% of the total DALYs and 14·5% of the total YLDs in India in 2017 (Sagar et al, 2017).

- According to a WHO report (2013), The developed countries are having a treatment gap of around 44%-70% whereas the treatment gap in developing countries is about 90%. This is also corroborated for child and adolescent population in India who are also shown to have a treatment gap of around 90% only (Shastri PC., 2009).

- Besides this mental health proves to be harmful because of its comorbidities with other disorders like chronic diseases or substance abuse. People suffering from depression are at a higher risk of cancer and heart diseases. People suffering with learning difficulties or schizophrenia have higher chances of developing behavior or emotional disorders (WH0, 2013).

SCHOOL MENTAL HEALTH PROGRAMS

- Along with the fact that school-based mental health services (SBMHS) are the most likely option to reach to the youth (Kern L. et al, 2017), they are also merged with education system due to lack of resources. SBMHS reduce the cost, transportation, and accessibility that commonly hinders its access (Weist M. D et al, 2005). It also proves helpful for the students who display some signs of mental health problems but do not qualify the clinical criteria for mental health services but display early signs of mental health difficulties (Barrett P. et al, 2001).
- According to Rones and Hoagwood (2000), some of the key aspects for successful implementation and running of the school mental health program are consistency of implementation, involvement of different stakeholders, like parents, teachers, and peers, integration of program elements into regular school syllabus and establishing a developmentally relevant program elements.

- As stated by another researcher Kapur (1995), SBMHS should have interventions for primary, secondary, and tertiary preventions. Inclusion of all the stakeholders, parents, teachers, and mental health professionals in the program was also seen as essential.

- School based counselling is found to be more effective for the children than the professional out of school counselling because the inclusion of teachers and school in school based counselling giving it a more holistic approach (Adelman et al, 2010). Another research points towards the same thing that, school based counseling and psychosocial programs for children which have involvement of both parent and teachers can prove to be more effective and cost friendly as compared to out of school mental health services (Goldstein et al, 2007).

PARENTAL ROLE IN CHILD'S MENTAL HEALTH AND HELP SEEKING BEHAVIOUR

- In a study done to study the influence that the parents think they have on their children as opposed to the perception of the children on this matter suggests that children are more influenced by their parents if they are supportive and positive whereas parents thought themselves to be more influential when they had control over their children (McElhaney et al, 2008).
- Parents can have a positive as well as negative influence on the treatment seeking of their children. According to a study done by Draucker (2005) children found their parents push in the time of their resistance towards the treatment as beneficial later. So the negative side of this was shown by a study done by Rorty M. et al (1993) where study participants told that the resistance from their parents towards the treatment proved detrimental.

PROBLEMS IN MENTAL HEALTH TREATMENT SEEKING BEAHVIOUR

- Stigma was a big problem which made people uncomfortable in seeking treatment (Rebecca A. Vidourek et al, 2019). But another problem which has been recognized as a major difficulty is that many individuals with mental health problems do not believe that they need any type of professional treatment. In a study done by Meadows et al (2009), 86% people who needed the care did not believe so.

3. AIM AND OBJECTIVES OF THE STUDY

3.1. Aim of the study:

The aim of the study is to assess the need of mental health education in schools in India according to the perspective of parents and their children.

3.2. Objective of the study:

- To assess the views of the parents regarding need of mental health education in schools of India.
- To assess the perception of the students pertaining to need of mental health counselling in the schools.

4. METHODS AND MATERIALS:

4.1. Sample Design:

The study is a descriptive cross sectional design in nature.
Further, qualitative technique of data collection was adopted to fulfil the goal of the study.

4.1.1. Sample:

The respondents were parents of school going children and students (10-17 years) living in India. The data was collected from 18 states of India.

4.1.2. Sampling Technique :

To approach the respondents, an online survey form was circulated, having bilingual questions (both English and Hindi).
The study was purposive in nature as the parents agreed to be respondents were approached for this study.

4.1.3. Tools for data collection:

Primary data was collected with the help of in-depth interviews.
Telephonic interview was conducted to have the information and views of the respondents.
By and large, the interview guide had two different sections, one for the parents and another for the students.
The majority of the questions were open ended.

4.2. Sample Size:

Data was collected from 39 parents and 31 students residing in India. From the states in which people were interviewed, till the saturation point was achieved.

4.3. Period of data collection:

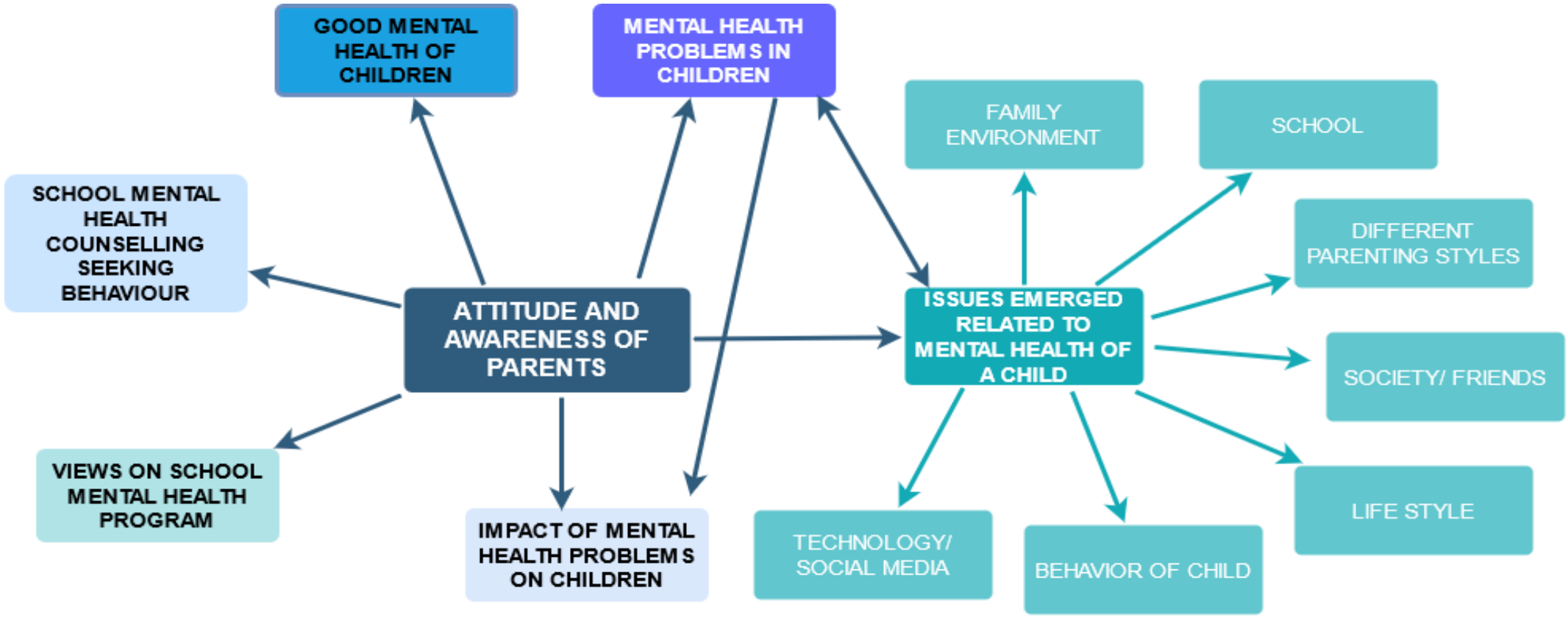
The data for this study was collected during 14, April to 24, April 2020.

5. RESULTS AND ANALYSIS

5.1. ATTITUDE AND AWARENESS OF THE PARENTS REAGRDING MENTAL HEALTH

For this part parents (either mother or father) were interviewed.

Figure 1: Concept Map for Attitude and awareness of the parents



5.1.1. GOOD MENTAL HEALTH OF CHILDREN

- Every parent had a different perspective on when do they consider a child mentally healthy.
- But some of the main themes that were identified were, when children are stress free, they have good lifestyle, good concentration, no pressure, when they are happy and able to do their daily chores.

5.1.2. MENTAL HEALTH PROBLEMS IN CHILDREN

Some mental health problems recognized were:

- depression
- anxiety
- mood variation
- learning disabilities
- stress
- phobia

5.1.3. ISSUES EMERGED RELATED TO MENTAL HEALTH OF THE CHILD

i. FAMILY ENVIRONMENT

- Parents believe that environment in which the child is growing should be a healthy and nurturing environment.
- Some believed that having a joint family created an additional pressure on the children of trying to fulfill everyone's wises , others believed that having joint family is beneficial.
- Other major problem identified were generation gap between parents and students and working parents having less time.

ii. SCHOOL

- The factors identified in school were bullying, the loads of homework given, examination stress, and the pressure to perform best in extra-curricular activities as well as studies.
- Some parents also identified that teachers are putting undue pressure on the students and others believed that the teachers taught everyone in the same pattern and do not pay attention on the mediocre students in the class

iii. DIFFERENT PARENTING STYLES

Differentiated as per Maccoby and Martin (1983) .

1. Neglecting parents

According to the respondents this is a harmful trait which will cause harm to the child. In such cases there are high chances of any mental health problem of the child going undetected for long durations.

2. Permissive parents

These parents are usually indulgent. No parent among the respondents commented on any such behavior.

3. Authoritarian parents

The respondents believed this creates a barrier for communication between the parents and the children and also causes mental health problems for the child.

4. Authoritative parents

All the parents believe this parenting style to be the most successful. They believe that they should be strict as well as lenient with the child as the situation demands. Also they think that it is important to understand the child.

iv. SOCIETY / FRIENDS

- Peer pressure and the competition in today’s society were said to be big factor affecting the mental health of the students.

v. LIFE STYLE

- Parents believed living a bad life style also affects the mental health. Because mental health is also associated with physical health.

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vi. BEHAVIOUR OF CHILD

- Some parents believed that the over possessive and demanding nature of the children is leading to increased anger issues that might be affecting child’s mental health.

vii. TECHNOLOY/ SOCIAL MEDIA

- Technology and social media were thought to be great influencers on the mental health of children. They are said to be limiting human-human interaction.
- There is a growing worry about mobile addiction.
- Parents also worry that the children might be getting misused by other people through social media, creating stress in the students.

5.1.4. MENTAL HEALTH PROBLEMS AFFECT ON STUDENTS

Mental health problems was found to be affecting-

- behavior namely mood variations, angry, irritable, change in food habits or sleep,
- deteriorating academic performance
- suicide has become an increasing prevalent problem when the children are not able to cope with their problems
- substance addiction was also reported

5.1.5. VIEWS ON SCHOOL MENTAL HEALTH PROGRAM

- Maximum parents thought it was very essential for schools to have mental health counselling. The parents reasons being:

- Generation gap
- Children might not want to discuss the problem with their parents
- Parents may be working, so they may not have time
- Students may want to discuss some family problem only
- Parents also recognized that they sometimes themselves may need help

- Two parents were totally against school counselling. One mother believed that counselling has become kind of a fashion and that when counselling happens in schools in front of everyone it might do the child more harm than good. The other parent believed that there is no need of counselling because no counselor can be better than the parent.

- Three parents shared their experiences with the school counselling.

- Two parents were satisfied with the counselling provided in the school.
- But one parent had a bad experience with the school counseling. She was not satisfied with the counselling provided and according to her the counsellor in the school was provided more out of compulsion without checking the quality of counselling provided.

5.1.6. SCHOOL MENTAL HEALTH COUNSELLING SEEKING BEHAVIOUR

Most parents believed that parents will not have any problem in sending their children to the school counsellor. Parents also believed that they should themselves go with their kids to the counsellor.

The factor identified which caused problem in health counselling seeking behavior were lack of awareness and the stigma attached around mental health counselling.

One parent also said that she has seen a child being teased at school for going to the counsellor, which might prove to be a hindrance for the child.

5.2. ATTITUDE OF STUDENTS TOWARDS SCHOOL COUNSELLING PROGRAMS

The children interviewed were from age groups 10-17 years.
Almost all the students interviewed thought that they required the school mental health counselling programs.

Most of the students shared they get very anxious before board exams and get a lot of pressure from everywhere or even during the whole IX to XII standards.

They need help, motivation and guidance during that time for which they thought counselling would help.

EXPERIENCE SHARED: But some students had a pretty bad experience with the school counsellor. The students complained that their counsellor shouted at them, or started comparing between the students. And according to one child in their school only the students who have done something wrong is sent to the counsellor, making it a negative thing for other students.

6. DISCUSSION:

Three major issues were identified as to why children might need the counsellor to solve their problems instead of their parents:

- children may have a problem which they are not comfortable sharing with their parents,
- they have working parents so the parents are not able to give them that much time,
- and parents identified that they themselves might need help because they cannot solve every problem of their children.

Some challenges recognized in the mental health counselling in schools were:

- Stigma is still attached to mental health that it is something bad.
- In some schools students are teased for going to the counsellor.
- In some cases students believe that students go to counsellor only when they have done something bad.
- The standard of counselling provided in some schools is subpar.

Some of the steps required that might improve this situation are:

- Starting a uniform evidence based school mental health counselling program.
- The problems of the students should be solved individually and not in a group. And comparison should not be made between different students.
- Creating awareness about mental health not only among the students but also among the parents and teachers is important.
- Parents and children should be asked for feedback so that any problem in the existing counselling program can be weeded out.

7. CONCLUSION:

The increasing and vast number of mental health cases in children and adolescents i.e., 50 million cases of children aged between 5 to 15 years in India (Shastri, P., 2009) along with the serious impact of these problems on the children necessitates the need of mental health counselling in schools in India.
The help parents might need to solve their children's problems and the requirement of counselling as expressed by the students all further entail its need.

8. **LIMITATIONS OF THE STUDY:**

- Although the researcher tried to collect data from all states of India but was able to collect it only from 18 states of India because of either the language barrier or the denial consent for the interview.
- The online survey form was filled by 82 parents but 13 had denied the permission to call them. In other 30 cases either they were unavailable during the calls or did not give consent for the interview after asking their permission for the interview during the phone call.
- Also the student’s replies might be biased because they were with their parents at that time and might not want to share their problems in front of their parents.
- The responses may also be biased because they may not want to share their problems with a stranger or because they might have gotten nervous because the conversation was being recorded.

ANNEXURE 1

The survey

1. Your Name (parent's) नाम
2. Phone number फ़ोन नंबर
3. Which state do you live in? आप किस राज्य से है ?
4. Name of your child/children बच्चे का नाम
5. Age of your child/ children आपके बच्चे की उम्र
6. Is counselling provided in your child's school? क्या आपके बच्चे के स्कूल में परामर्श प्रदान किया जाता है?

i) Yes ii) No iii) Don’t know

7. Do you think counselling should be provided in schools? क्या आपको लगता है कि स्कूलों में परामर्श प्रदान किया जाना चाहिए?

i) Yes ii) No iii) Don’t know

8. I am doing a research to know the stressful problems students go through and if a counsellor could help with those. Would it be okay if I call you to know more about your child's experiences with school? मैं उन तनावपूर्ण समस्याओं के बारे में जानने के लिए एक शोध कर रहा हूं जो छात्रों को होती हैं और यदि कोई काउंसलर उन लोगों की मदद कर सकता है। क्या यह ठीक होगा यदि मैं आपके बच्चे के अनुभवों के बारे में जानने के लिए कॉल कारू?

i) Yes ii) No

ANNEXURE 2 (CHECKLIST)

FOR PARENTS

1. What do you understand by ‘mental health of your child’?
   (Probe – when would you say a child is mentally healthy)
2. What are the most common mental health problems in children according to you?
   (Probe for problems like tension, stress, sadness, depression, anxiety or fearfulness and low confidence, Probe for causes like family problems, love problems, problems with peers, studies, etc.)
3. How do you think these problems impact the lives of the young persons?
   (Probe for - life at school, at home)
4. How do young persons of your child’s age generally deal with such problems?
5. How do you think do the parents generally deal with such problems among their children?
6. What are your thoughts on having a school based mental health program in the school?
   (Probe for anticipated benefits to children
   Probe for anticipated challenges and concerns)
7. Will parents have any concerns about sending a child for counselling in school?

FOR STUDENTS

1. What are your thoughts on having a school based counselling program for mental health problems in your school?
(Probe regarding benefits and concerns of such a program,
Probe if students would go to the counsellors themselves to seek help
Probe for problems that they would like to discuss with the counsellor)

2. What are some of your concerns about counselling in schools?
(Probe for feeling shy or embarrassed or concerned with other students and teachers knowing about them going to the counsellors.)

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PART II

COURSE: ESSENTIALS OF GLOBAL HEALTH

AIM OF COURSE: To write learnings of the online course of Essentials of Global Health.

OBJECTIVES OF COURSE:

- Articulate key public health concepts related to global health
- Analyze the key issues in global health from a number of perspectives
- Discuss with confidence the burden of disease in various regions of the world; how it varies by sex, age, and location; key risk factors for this burden; and how the disease burden can be addressed in cost-effective ways
- Assess key health disparities, especially as they relate to the health of low-income and marginalized people in low- and middle-income countries
- Outline the key actors and organizations in global health and the manner in which they cooperate to address critical global health concerns
- Review key global health challenges that are likely to arise in the coming decades.

COURSE DESCRIPTION:

- Essentials of Global Health is a comprehensive introduction to global health. It is meant to introduce us to this topic in well-structured, clear and easy to understand ways.
- Much of the course is focused on five questions:
  i. What do people get sick, disabled and die from;
  ii. Why do they suffer from these conditions?
  iii. Which people are most affected?
  iv. Why should we care about such concerns?
  v. What can be done to address key health issues, hopefully at least cost, as fast as possible, and in sustainable ways?
- The course is global in coverage but with a focus on low- and middle-income countries, the health of the poor, and health disparities.

LEARNING METHODOLOGY USED IN COURSE: The course was taught through videos, research papers and a book, Global Health 101. Quizzes were taken on regular intervals to test our knowledge.

KEY LEARNINGS OF COURSE:

MODULE 1: INTRODUCTION TO GLOBAL HEALTH

➢ Global health

- Definition

➢ Key perspective of Global Health:

- Risk factors of health
- Social determinants of health

➢ Key actors in Global Health

MODULE 2: THE BURDEN OF DISEASE

- Key gaps that remain in improving human health

- Key indicators for measuring progress in Global Health

- Life expectancy at birth
- Maternal mortality ratio
- Neonatal mortality ratio
- Infant mortality ratio
- Under-5 mortality ratio

- Health trends:

- Demographic transition
- Epidemiological transition

- Burden of Disease:

  DALY=YLL+YLD

MODULE 3: HEALTH SYSTEMS AND VALUE FOR MONEY IN HEALTH

- Value of money in health

- Cost effectiveness analysis

- Health system
  - WHO Health framework
  - Alma Ata and primary care

- Health expenditure
  - Result based financing
  - Conditional case transfers
  - Universal health coverage

MODULE 4: CROSS-CUTTING THEMES IN GLOBAL HEALTH

- Health disparities
  - Definition
  - Key factors associated with health disparities

- Environment, health and climate
  - Definition
  - Key environmental risk factors
  - Climate change – short term and long term impacts

- Nutrition and global health
  - Factors used to measure nutritional status of children and infants
  - Addressing undernutrition

- Women’s Health
  - Importance of women’s health
  - Addressing reproductive and maternal health

➢ Child health
- Life course perspective

➢ Childhood immunization
- Benefits
- Pentavalent vaccine

➢ Adolescent health
- Key issues affecting adolescents
- Measures to improve adolescent health

➢ Complex humanitarian emergencies
- Drought
- Hurricanes, typhoons and cyclones
- Earthquake
- Volcanoes
- Tsunamis

MODULE 5: CRITICAL CAUSES OF ILLNESS AND DEATH

➢ Emerging and remerging infectious disease and antimicrobial resistance
- Factors contributing to development Drug Resistance
- Selected measures to address the emerging and re-emerging infectious
- Selected measures to address anti-microbial resistance

➢ HIV
- Main consequences of HIV
- Evidence based practices to address HIV

➢ Tuberculosis
- Three important ways to reduce HIV-TB Co-infection:

➢ Malaria
- Key malaria interventions
- Key challenges to malaria control

➢ Neglected Tropical Disease
- 17 neglected tropical diseases

➢ Non Communicable disease
- Global NCD action plan

➢ Cancer and diabetes
- Interventions to address cancer
- Interventions to address diabetes

➢ Tobacco and alcohol
- Steps to reduce it’s consumption

➢ Mental health

- Selected policy measures to address mental health disorders in LMICs

➢ Injuries

- The largest causes of unintentional injuries are:
    i) Road injuries
    ii) Poisoning
    iii) Falls
    iv) Fires
    v) Drownings
- Few risk factors and determinants for unintentional injuries

MODULE 6: LOOKING FORWARD

- Inter sectoral approaches to enabling better health
- Science and technology for global health
- Key challenges for the future

THANK YOU