

Adult Mental Health in Lebanon: Where are we in Lebanon today?



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Adults (above age 18y) in Lebanon and so far everywhere in the world constitute not only the largest sector of the population and by far the largest purveyors in the political, economic and educational systems. How we think, what we think, how we get along with others, how we educate our children, how we protect them, which groups we belong to, how we care for the elderly, how we invest, how we react to threats, how we avoid disasters etc. depend on what is scientifically referred to as the mental phenotypes of adults of any society. This phenotype is the resultant of the genes we inherit and the interaction of those with the environment we live in as children and adults. Although about 50% of who we are mentally is probably present at birth, yet the expression of these genes becomes firmly established during our early adulthood. Early childhood experiences, positive and negative alike, accumulate during our so called formative years to produce this phenotype which to a large degree becomes apparent by the late teens. The “apparatus” which will decide on the course of our lives and that of others is more

completely understood when enough time as elapsed for its expression.

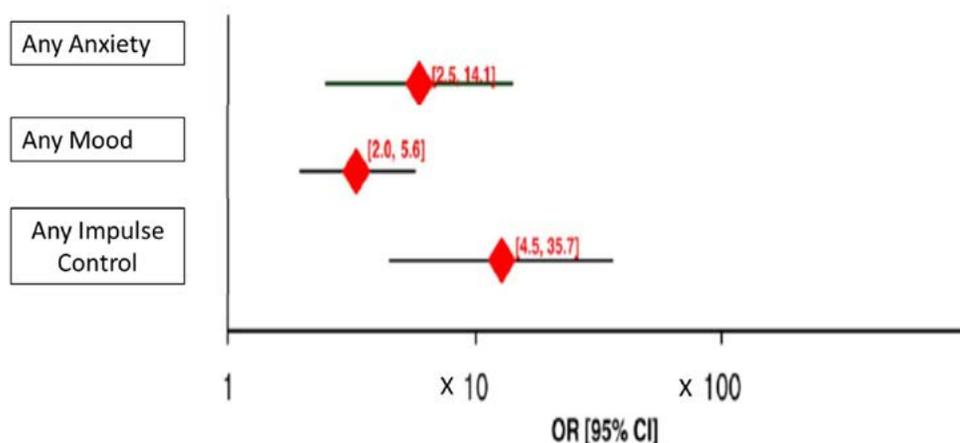
How Common are Mental Disorders in Lebanon?

Where are we in Lebanon today?

Lebanon is the first country in the Arab world to have a national study which was based on the best available research methodology. It covered all of Lebanon. Our group, IDRAAC, carried this first national study under the leadership of Harvard University (USA) and WHO (Geneva). This study, we called the L.E.B.A.N.O.N. Study (Lebanese Evaluation of the Burden of Ailments and Needs Of the Nation).

We found that in Lebanon at least one out of every four Lebanese has a mental health disorder during her /his life: this is already clear in the early adult years (18-34) (see Fig 1)¹, females are more likely than males to have mental disorders. Notable exceptions to this gender difference are Bipolar disorders, Schizophrenia and related disorders (prevalence of schizophrenia however was not evaluated in the national survey). The prevalence of mental disorders in Lebanon is average when compared to the rest of the world

Figure 1: Effect of Cumulative War Trauma on First Onset of Psychiatric Disorders

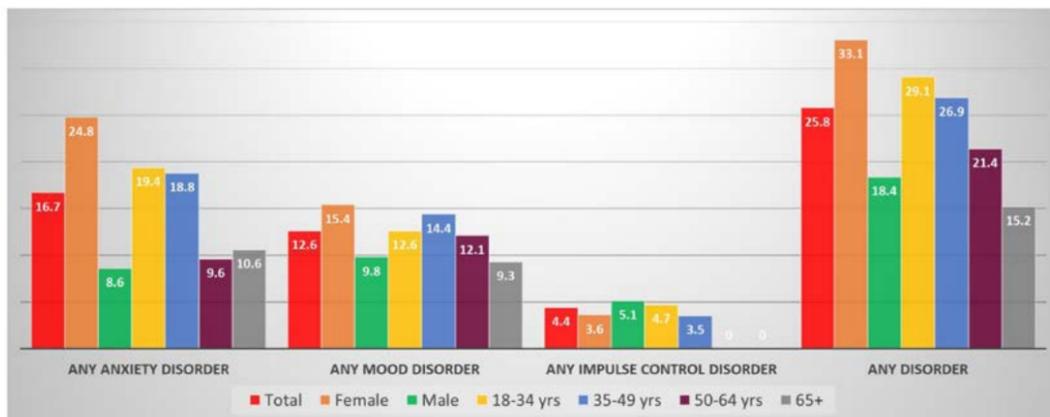


where identical methodology was used within the context of the World Mental Health Surveys².

Lebanon Wars

Briefly and within the constraint of space here, we are assessing the effect of exposure to war and the effect it had on the emergence of mental disorders in Lebanon. We studied this in children, adolescents³ and adults¹. We have shown that exposure to war has a clear effect on the first onset of mental disorders in adults in Lebanon. (Figure 2)². What is to be remembered is that exposure to war not only leads to suffering from a variety of mental disorders but also and specifically to an increase in impulsivity which has long term consequences on society as a whole.

Figure 2: Lifetime Prevalence of Mental Disorders, Gender and Age



Suicide

The issue of suicide is a hot issue and a very serious one. We do not have reliable data on suicide not only in Lebanon but also, as we have shown, all over the Arab World^{5,6}. Our national figures are not reliable because of underreporting and an effort had been started to address this important concern⁶. It is practically impossible to have accurate data on suicide in the absence of official certificates of death by experts in the field. Thus we have suggested that all death certificates to be delivered by Forensic Physicians and / or by Hospital based certified personnel. Our research has shown that the wars in Lebanon have contributed in 2 ways to suicide attempts in Lebanon: through their impact in increasing the prevalence of mental disorders and through the interaction of exposure to war with prior presence of impulsivity⁷.

Prevention

Lastly prevention of mental disorders of adulthood resides in early recognition of childhood conditions⁸. These range from assessing *childhood adversities* to recognizing early onset disorders. Thus in our collaborative studies with several countries of excellence we found that by avoiding childhood adversities we could reduce Mental disorders over a lifetime by 29.8%⁹. Similarly, if we are attentive to the emergence of *phobias* in children and treat them successfully, we could potentially wipe out 20 % of mental disorders of adulthood¹⁰.

The same is true for *Attention Deficit Disorders*¹¹ which have an impact not only on school attainment but also of major impact on reaching higher levels of education and quite importantly on effective organization and output of work.

Its early recognition can literally change the course of many lives.

Treatment

Treatment of mental disorders in Lebanon is still lagging behind many countries in the world. We have found that only 1 in 10 Lebanese gets treated (1 in 5 of the every severe mental disorders

gets any treatment)². Yet we think most of this low treatment is due to lack of awareness: we do not know that many conditions we suffer from are in fact true disorders of health and that we have effective treatments for these disorders. Add to this effectiveness is the clear satisfaction of most Lebanese in their treatment of their mental problems as we have shown in a recent publication¹².

Education

Mental disorders of adulthood have a direct impact on all spheres of our lives and it is imperative to “know our selves” all along to be able to choose what is best for us. Part of this knowledge is to identify the potential effects of mental disorders which have a profound effect on these choices.

Thus education about mental health should be a must, not

only in childhood, but also throughout adulthood and older age and this by using all forms of available education: school, university, TV, Social media, conferences, etc. Lack of education leads to a downward spiral of unnecessarily suffering and role dysfunction on an individual and global level.

One facet of education is to be exposed repeatedly to both the description and also to the up-to-date treatments of mental disorders, as we have witnessed in various areas of medicine (Obesity, Hypertension, Cancer etc.). This would help, not only in seeking the best advice early on but also how to prevent adult disorders and its consequences.

Conclusion

Adulthood is in many ways the continuation of childhood and adolescence and is the expression of the interactions of our genes, the environment and how those interactions have shaped in turn the expression of those genes through epigenetics with an additional twist: as we graduate from adolescence to adulthood we are not only shaping our environment but also choosing the one we want to live in. The rates of mental health disorders in Lebanon are the world average (1 in 4 Lebanese). Yet our treatment rates are still low (1 in 10) compared to other countries with comparable levels of expertise in the mental health section. Prevention is needed and early recognition in childhood is essential. Education of the public is needed so that sufferers recognize that the problems they have in their daily lives, be it profession, studying, family relations or social relations at large could be due to mental health disorders and not simply as “problems of life” or “bad luck” or “all of us are like that”. Learning about the symptoms of mental disorders could help our community achieve a higher level of wellbeing and productivity.

Interested readers can refer to our publications or contact us at idraac@idraac.org.

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