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Integrated Health Care
Local to Global

Alcohol consumption is on a sharp rise in Vietnam with an increase in alcohol consumption per capita from 2003-2005 from 3.1 liters to 8.3 liters in 2015-2017 (Hanh, Assanangkorhehai, Geater, Hanh, 2019). Alcohol use prevalence was 80.3% for males and 11.2% for females aged 24-69 years old, with 44% of the males engaged in heavy episodic drinking (Hanh et al., 2019). The WHO reported that 8.9% of males and 0.9% of females have an alcohol use disorder; whereas, 5.9% of males and 0.1% of females are alcohol dependent (Luu et al., 2014).

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CSWPD

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Editor's Note

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A Promising Social Worker
Founding President
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We would like to convey our sincere regards to all distinguished authors for their precious thoughts to signify the title of the newsletter "Integrated Health Care: Local to Global". We, on behalf of the Community Social Work Practice & Development (CSWPD) Foundation, Bangladesh and Daegu Association of Social Workers-DASW, South Korea, would love to whole heartily recognize your contribution on accomplishing the publication of Vol-03, Issue No-02 of the *Community Talks International Newsletter*, which includes 26 free format articles on Integrated Health Care: Local to Global issues.

You might know that CSWPD Foundation is a non-profit and purely non-political, Bangladesh-based, registered community service organization, which has been moving forward, leaving notable remarks in social work practice and keeping a global focus. In this issue, we are focusing on Integrated Health Care and are highlighting the scenarios both locally and globally.

We know that Integrated Health Care is one of the most important aspects in the world today and especially in Bangladesh. In this post-Covid-19 pandemic scenario, the socio-economic, mental, and physical conditions of people have taken a nosedive. Hence there is immense demand in the field of Integrated Health Care. It is truly believed that your engagement and contribution would be our future inspiration towards progress in this field for the improvement of the global social conditions regarding Integrated Health Care.

We are very thankful to the working teams, editorial boards, advisors, and volunteers; who really extended tremendous efforts to make this event and publication successful. We express our heartiest felicitation and indebtedness to them.

We, on behalf of the entire teams of both organizations, would like to dedicate this issue to all the social workers who are toiling diligently to provide a better future all over the world.

Md. Habibur Rahman

Sug Pyo Kim

PREVIOUS EVENTS

The Current Status of Psychological Interventions in Vietnam

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Introduction

There is a need to make psychological interventions (PIs) available to individuals with mental health disorders globally, especially in low- and middle-income countries (LMICs). Mental health problems such as depression, anxiety, and stress-related symptoms are increasing globally, but there is a gap between the demand for services and the availability of mental health clinicians to provide these services. To address this problem, the Ministry of Health in Vietnam recently passed policies and procedures to support improved guidelines for PIs for mental health services. This author was selected to be a consultant for the World Health Organization (WHO) of Vietnam to join a local consulting group to write these guidelines.

This technical report **The Current Status of Psychological Interventions in Vietnam** describes the status of delivery of psychological (non-pharmacological) interventions (PIs) for mental health in Vietnam. This report is a deliverable for the author's short-term international consultation by the World Health Organization (WHO), Vietnam, to develop national clinical practice guidelines in psychological interventions for mental health for psychologists in Vietnam. The report is based on a selective literature review of publications in peer-reviewed journals, technical reports from government or other stakeholders.

Literature Review

This is a selective literature review focused on the most recent (e.g., past five years) and representative publications in peer-reviewed journals and technical reports by other stakeholders. Notably, most publications on these mental health conditions are descriptive, such as prevalence data. Publications on psychological interventions for these conditions are relatively sparse.

WHO Mental health in Viet Nam

"Mental health is the foundation for the well-being and effective functioning of individuals. It is more than the absence of a mental disorder; it is the ability to think, learn, and understand one's emotions and the reactions of others. Mental health is a state of balance, both within and with the environment. Physical, psychological, social, cultural, spiritual and other interrelated factors participate in producing this balance. There are inseparable links between mental and physical health. "**https://www.who.int/vietnam/health-topics/mental-health"**

In Viet Nam, according to the National Mental Hospital, the prevalence of 10 common mental disorders in 2014 was 14.2%, 2.45% of which were depressive disorders. The rate of suicide in 2015 was 5.87 per 100 000 populations. Currently, WHO Viet Nam supports the government in developing a model of integration of mental health into general health focusing on primary healthcare.

Mental Health Literacy

Interviews with mental health professionals showed most perceived low or very low levels of mental health literacy. Barriers were misinformation in the media regarding mental health, lack of licensure for non-medical mental health clinicians, and lack of interest in mental health from leadership (Dang et al., 2020). Mental health literacy among mothers in Vietnam and Cambodia was low, with biological causes and adverse childhood experiences most frequently reported causes of mental health problems. Medication, parent training and family counseling were reported most positively by parents (Dang et al.., 2021).

Barriers to Mental Healthcare in Vietnam

Significant challenges to implementation and sustainability included a lack of mental health providers, medical providers being overburdened with medical cases, low levels of psychological mindedness among patients, and a lack of recognition of depression as a condition amenable to treatment (Murphy et al., 2018). Persistent challenges, including inadequate services and facilities, limited resources, gaps in social health insurance coverage, and restricted access to care, particularly for older adults, exemplify the pressing needs within the system (Chau et al., 2021; Thi et al., 2023).

The Vietnam government has prioritized integrated health treatment of depression in primary health care to address inequitable access, cultural stigma, heightened mental health concerns, increased diabetes-related symptoms, and reduced social connections (Sorkin et al., 2015; Murphy et al., 2018). Barriers to integration include limited mental health training among primary care providers and a system that segregates mental health from general services (Murphy et al., 2018).

Depression and Anxiety Prevalence

It's worth noting that depression prevalence can vary among different demographic groups, such as age, gender, and socioeconomic status. Additionally, stigma surrounding mental health issues may result in

underreporting or reluctance to seek help, potentially affecting prevalence estimates. Efforts to address depression and other mental health issues in Vietnam include increasing awareness, improving access to mental health services, and integrating mental health care into primary care settings. However, challenges such as a shortage of mental health professionals and limited resources for mental health services remain significant barriers to addressing the burden of depression in Vietnam.

A meta-analysis of depression prevalence in Vietnam during the COVID-19 pandemic revealed that the pooled prevalence of depression was 14.63% (Tran et al., 2022). The prevalence of depression symptoms in older adults was estimated to be around 16.2% (Vu et al., 2019). Among medical students, the prevalence of self-reported depression was 15.2% and suicidal ideation was 7.7% (Pham et al., 2019).

The prevalence of anxiety disorders in Vietnam, like depression, can vary based on different studies and methodologies. Anxiety disorders are also a significant mental health concern globally, and Vietnam is no exception. Several factors contribute to anxiety prevalence in Vietnam, including socioeconomic status, urbanization, cultural factors, and access to mental health services. Rapid economic development and urbanization may lead to increased stress and anxiety among the population.

While specific prevalence rates for anxiety disorders in Vietnam may vary, estimates suggest that anxiety disorders are common. Anxiety prevalence in adults during COVID-19 was reported as 8.5% (Tam et al., 2021). A study during the Vietnam nationwide partial lockdown reported the prevalence of depression (4.9%), anxiety (7.0%), and stress (3.4%) (Let et al.., 2020). A late study among recovered COVID-19 patients found overall prevalence of depression, anxiety, and stress were 24.8%, 41.5%, and 25.3%, respectively (Trang et al., 2023). An online survey found the prevalence of self-reported anxiety was 8.5% (Nam et all, 2021).

Depression, Anxiety, and Co-morbid Medical Conditions

A study of depression among elderly diabetic patients found 79.4% reporting depressive symptoms (Vu, Nguyen, Nguyen et al., 2018). The prevalence of serious depression was 28% for cancer patients (Yen, Weiss and Trung, 2016). A study of lung cancer patients found prevalence of anxiety/depression was 92.8% and pain/discomfort was 81.2% (Khu, Thom, Minh, Quang & Hoa, 2019). Among chronic hepatitis B patients, 37.5% experienced symptoms of depression (Vu, Le, Dang et al., 2019). A study of industrial workers found that 38.6% reported symptoms of depression (Tran, Vu, Pham et al., 2019), a study of shoe factory workers found that 18.8% reported work-related depression (Ming, 2014), and a study of male casual laborers found that 25% reported depressive symptoms (Van Huy, Dunne and Debattista, 2015). A study of elderly in an urban area found that 66.9% reported depression (Dao, Nguyen, Nguyen and Nguyen, 2018) and a study of elderly in a rural setting showed 26.4% were positive for depression (Vu, Lin, Pham, Nguyen et al., 2019). A study of patients in Vietnam, Cambodia, and Myanmar found prevalence for anxiety at 17% and depression at 39.1% (Peltzer and Pengpid, 2016a). Depression was greatest among patients with COPD (62.1%), kidney disease (55.5%), Parkinson's disease, (53.7%) and cardiovascular disease (52.6%) and anxiety was greatest with cancer (7.8%). A related study of alcohol uses in these three countries found that 9.3% of the population were problem drinkers and diagnoses of liver disease, gout and other musculoskeletal conditions, kidney disease and dyslipidemia were positively associated with problem drinking (Peltzer and Perngid, 2016b).

Post-traumatic Stress Disorder (PTSD)

Estimating the prevalence of post-traumatic stress disorder (PTSD) in Vietnam's general population can be challenging due to various factors, including differences in study methodologies, cultural attitudes toward mental health, and access to healthcare services. However, PTSD is recognized as a significant issue in Vietnam, particularly among populations directly affected by traumatic events such as war, natural disasters, and interpersonal violence.

A survey of PTSD, anxiety, and depression during the fourth wave of the COVID-19 pandemic found prevalence rates of 22.9, 11.2, and 17.4 percent, respectively. Risk factors were older age, higher education, COVID-19 infection, knowing a person who died from COVID-19, and high perceived threat. Protective factors included help with mental health from family and friends, a larger support network, living with a low-risk person, and a higher salary (Nguyen et al., 2023). A study of PTSD and psychological distress among healthcare workers in COVID-19 field hospitals found the prevalence of PTSD at 21.2%, most cases were mild. The prevalence of depression, anxiety, and stress was 46.8%, 38.3%, and 60.2, respectively (Tran, Nguyen, Vuong, et al., 2023).

PIs for Post-traumatic Stress Disorder (PTSD)

There appear to be no published studies of PTSD PIs in Vietnam.

Prenatal and Postpartum Depression

Brief screening for prenatal depression of pregnant women reported about one-third with significant stress and 12% moderate to severe depression during pregnancy (Do, Baker, et al., 2021). Nguyen, Hoang, et al., (2023) reported that about 20% of women

experience postpartum depression. The most reported symptoms were fatigue, the feeling of being ignored, lack of interest in the baby, poor appetite, and sleep problems. A review of studies of risk factors for PPD in Vietnam from 2020 to 2020 found a range of 8.2% to 48..1%, with risk factors clustered into three groups: personal, family, and environment (Nguyen, Hoang, Do, et al.., 2021).

PIs for Depression

There is a growing body of research on PIs for depression in Vietnam. The government prioritized depression care in primary healthcare (Murphy et al., 2018). However, in practice, activities are limited to referrals and pharmacotherapy only and access to evidence-based care for depression is still very limited (Murphy et al., 2018). Barriers to integration such as low level of knowledge of depression treatment among physicians, low resource availability in primary care, limited mental health training, and a primary care system that sets mental health apart from general services (Murphy et al., 2018).

An initial study found the collaborative care model of integrated care for depression was effective in improving depression outcomes (Ngo et al., 2014). Due to the shortage of psychologists in Vietnam, the collaborative care model used task shifting from psychologists to lay community health workers for the delivery of behavioral interventions. In addition, a stepped-care model was applied, with the intensity of interventions matched to the level of patient depression severity. The behavioral interventions included psychoeducation and behavioral activation (Ngo et al.., 2014). A group-based psychotherapy program led by nonspecialists in primary health centers was effective in reducing depression, at 12 months 90% reported improvement and 96% recovered (Do et al., 2023). The program ran 8 consecutive weeks using a manual that consisted of psychoeducation about depression, and behavioral activation, with the topics: motivation, mood, and activity, doing healthy activities, choosing activities and keeping life balance, goal setting, activity planning, problem-solving skills, social support, and mood, communication skills, relapse prevention. The results of a supported self-management (SSM) intervention for depression in primary care suggested improvement for depression symptoms (Murphy, Xie, Nguyen, Chau, et al., 2020). The intervention was delivered by non-specialists in commune health centers and consisted of a two-month course SSM based on CBT, consisting of an Antidepressant Skills Workbook (Bilsker & Paterson, 2009) and supportive coaching. A community-based depression management intervention that included psychoeducation and yoga in primary care was found to significantly improve depression (Niemi, Kiel, Alleeck and Hoan, 2016).

These findings support the feasibility of PIs for depression based on psychoeducation, problem-solving therapy, CBT, and behavioral activation, delivered individually or in group therapy modalities in Vietnam. In addition, these findings support the collaborative care model, and task-shifting to nonspecialists, stepped care. Psychologists are well-suited to deliver these PIs in Vietnam and may also serve as supervisors of lower-skilled clinicians (e.g., social workers) and nonspecialists, such as community health workers.

Suicide

A study of the crude suicide rate in Vietnam was about 7.5 deaths per 100,000 inhabitants (Statistica, 2023).

PI's for Suicide Risk

Screening for suicide risk in adult patients using both a validated assessment tool and a clinical interview is recommended (Chee et al. 2022). A suicide risk stratification – incorporating both severity and timeline or using a prevention-focused risk formulation – should be implemented. For a patient with depression with a low risk of suicide, the use of antidepressants, and psychotherapy in combination with pharmacological treatment are both recommended approaches. For a patient with depression with a high risk of suicide, or imminent risk of suicide requiring a rapid clinical response, or for a patient who had received adequate antidepressants but still reported suicidal behavior, recommended treatment strategies include antidepressant augmentation, combination use of psychotherapy or electroconvulsive therapy with pharmacological treatment, and inpatient care. Suicide-specific psychosocial interventions are important for suicide prevention and should also be part of the management of patients with MDD with suicidal behavior (Chee et al. 2022).

Harmful Alcohol Use and Alcohol Use Disorder

Alcohol consumption is on a sharp rise in Vietnam with an increase in alcohol consumption per capita from 2003-2005 from 3.1 liters to 8.3 liters in 2015-2017 (Hanh, Assanangkorhehai, Geater, Hanh, 2019). Alcohol use prevalence was 80.3% for males and 11.2% for females aged 24-69 years old, with 44% of the males engaged in heavy episodic drinking (Hanh et al., 2019). The WHO reported that 8.9% of males and 0.9% of females have an alcohol use disorder; whereas, 5.9% of males and 0.1% of females are alcohol dependent (Luu et al., 2014).

Harmful alcohol use is normalized socially with peer encouragement to drink to intoxication (Lincoln, 2016). Culturally adapted brief interventions for alcohol (motivational enhancement and cognitive-behavioral therapy) in Vietnam were effective, increasing the days abstinent compared to usual care (Go et al., 2020). A mixed methods follow-up study found

improved readiness to change, improved abstinence, and self-efficacy, but no significant differences in social support and alcohol stigma, indicating a need to enhance support and stigma reduction for harmful alcohol (Nguyen et al, 2022).

PIs for Hazardous Alcohol Use and Alcohol Disorders

Cultural adaptations of evidence-based brief interventions for harmful alcohol in Vietnam include motivational enhancement therapy (MET), CBT, and brief alcohol intervention (BI) and are described in Hutton et al. (2019). The MET approach is used to provide feedback on alcohol use and risk and enhance motivation to change, and CBT us used to teach problem-solving and coping skills to reduce alcohol, and both of these are incorporated into Bis for alcohol in a 1-2 session format. These BI for alcohol have been widely studied in the context of research on HIV and hazardous alcohol use (Go et al., 2020). Go et al (2020) compared a MET and CBT (6 in-person sessions and 3 optional group sessions) with a BI consisting of 2 in-person and 2 telephone sessions for HIV patients with alcohol problems. The BI resulted in a significant increase in days abstinent and improved viral suppression after 12 months. A subsequent study demonstrated that MET and CBT for alcohol in HIV patients resulted in improved depression and anxiety symptoms (Nguyen, Reyes, et al., 2022). A brief MET intervention for young adults presenting with alcohol intoxication in the emergency department resulted in reduced heavy drinking (Gaume et al., 2022). These findings demonstrate the MET, CBT and Bis for hazardous are effective in Vietnam and should be practiced in mental health settings.

Schizophrenia

The lifetime prevalence of schizophrenia was estimated at 0.5 % (Vuong et al., 2011; Steel et al., 2014). The prevalence of severe mental illness such as schizophrenia or psychotic disorder in Vietnam was 8.2% for severe mental illness such as schizophrenia or psychotic disorder or severe and 14/4% for common mental health conditions (Nguyen, Tran, Tran, Tran, & Fisher et al.., 2019).

PIs for Schizophrenia

Mental health recovery has become a common approach to empowering patients diagnosed with schizophrenia in Western nations, but there is a lack of evidence for this approach in Southeast Asian countries (Murwasuminar, Munro, & Recoche, 2023). A review of studies consistent with the recovery model in Southeast Asia found close neighborhood social support, including peer support and support groups, and using religious activity to increase hope as positive examples. Barriers included the tendency for patients diagnosed with schizophrenia to remain in a passive position, unemployment, and lack of social support (Murwasuminar, Munro, & Recoche, 2023).

A *Family Schizophrenia Psychoeducation Program* (FSPP) was studied in a psychiatric hospital. The FSPP consists of three sessions of about ninety minutes' duration with the patient and family members (Ngoc, Weiss, & Trung, 2016). The interactive psychoeducation sessions include a discussion of the nature of schizophrenia, its causes, treatment, and prognosis, as well as stigma. How the family can support the patient, including reasonable expectations, and how to integrate the patient into the community. Sessions were led by a psychiatrist, psychologists, and nurses. The results showed significant improvements in quality of life, stigma, and medication adherence (Ngoc, Weiss, & Trung, 2016). A mental health support group in a commune health center was acceptable and feasible, with improved physical functioning and reduction and stigma and discrimination and was found to reduce the financial burden on family caregivers (Nguyen, Tran, Green, et al., 2020). The SMI and caregivers attended group meetings with eight topics (personal hygiene, diet, physical and mental self-care, patient rights, rehabilitation, community integration, and stress management for caregivers). Meetings were facilitated by Women's Union staff over a twelve-month duration intervention, typically one topic per month, two group meetings and one home visit. (Nguyen, Tran, Green, et al.., 2020).

In a general population survey of treatment recommendations for depression and schizophrenia in Hanoi, respondents recommended psychotherapists, and psychiatrists for both conditions, and psychotherapy was the most favored treatment approach. Treatments such as relaxation, meditation, yoga, and psychotropic medications were recommended for both, and schizophrenia seeing a psychiatrist or psychologist was rated higher than depression (Boge, Hanh, et al., 2018). A cost-effectiveness study concluded that pharmacological plus family intervention was significantly more effective and less costly than pharmacotherapy only (Anh et al., 2015). The authors noted that PIs such as occupational therapy, behavioral therapy, group therapy, and family intervention are recommended in Vietnam for functional recovery, social and vocational integration into the community. The most common PI was family intervention, consisting of health education and communication for the patient and family to reduce criticism and stigma, and increase emotional support and medication adherence (Murwasuminar, Munro, & Recoche, 2023).

Bipolar Disorder

There appear to be no peer-reviewed publications on bipolar disorder prevalence or treatment in Vietnam. A meta-analysis of a group CBT and group psychoeducation program for prevention of relapse for patients diagnosed with bipolar disorder

found that group CBT and group psychoeducation significantly reduce relapse rates as an adjunct to treatment as usual (Tan, Chia, Tam, et al., 2022).

Child and Adolescent Mental Health Problems

The prevalence of mental health problems ranges from 8% to 29% for children and adolescents, with varying rates across provinces and by gender (Samuels, et al, 2016). An epidemiological survey found overall prevalence of child mental health problems about 12%, translating to more than 3 million children in need of mental health services (Weiss et al, 2014). The most common child mental health problems are internalizing (anxiety, depression) and externalizing (ADHD). The prevalence of depression and anxiety in Vietnam adolescents (up to 41.1% and 22.8%, respectively, are among the highest globally (Nguyen, Dedding, et al., 2013). A study of mental and psychosocial support needs among Vietnamese families during the first wave of the COVID-19 pandemic found that 5.1% of children reported high levels of emotional problems and coping difficulties, a lack of prosocial behavior, lack of peers, and 7.7% of parents reported mental health distress (Dang, Hong, et al., 2022).

A study of Vietnamese secondary school students found that Suicide was seriously considered by 26.3%, 12.9% had made a suicide plan and 3.8% had attempted suicide (Nguyen, Dedding, et al., 2013). Major risk factors related to anxiety and depression were physical or emotional abuse by the family and high educational stress. A study found non-suicidal self-injury in nearly half (43.9% of high school students in Ho Chi Minh City (Thai, Jones, Nguyen, et al., 2021). Common self-injury included hitting or biting oneself, and more severe forms such as scraping, burning, or erasing skin were reported by 17.2%. Reasons for engaging in these behaviors were bad feelings, self-punishment, to get control of situations, or to relieve stress. Depression, anxiety, and stress were significantly associated with self-injurious behaviors (Thai, Jones, Nguyen, et al., 2021).

Cyberbullying is a growing problem among adolescents, a study of secondary and high school students found cyber-victimization was reported by 36.5 % of students and nearly 25% experienced multiple types (Thai et al., 2022). Those experiencing cyberbullying were at greater risk for depression. Excessive internet use was reported by 30.7% of high school students in northern Vietnam, and of those 19.6 experienced depression, 14.5% anxiety, and 58.8% poor sleep (Nguyen, Yang, Lee et al., 2021). The authors recommend school-based interventions to educate and address suitable time on the Internet, interventions to improve attitudes, and educational interventions for parents (Nguyen, Yang, Lee et al., 2021).

PIs for Child and Adolescent Mental Health Problems

There is a lack of research on PIs for child and adolescent mental health problems. Most published research is focused on prevalence, consequences and comorbidities. These researchers typically conclude their studies with recommendations for PI's. The most common recommendations for PIs are school-based psychoeducation and counseling programs for children and adolescents, and outreach programs to educate and engage parents.

The Resourceful Adolescent Program for Adolescents (RAP-A) designed to build psychological resilience and promote positive mental health named "Happy House" was adapted with a six-session format and found successful (La, Schochet et al., 2022). RAP-A combines CBT and interpersonal psychotherapy (IPT) to target adolescent depression.

Attention Deficit Hyperactivity Disorder

The prevalence of ADHD in primary school children in Vinh Long was 7.7% (Pham, Nguyen, & Tran, 2015). ADHD among first-year elementary students was 4.6% (boys 6.5%, girls 2.1%) (Hoang et al., 2021).

PIs for Attention Deficit Hyperactivity Disorder

ADHD is a relatively new condition in Vietnam, is likely underdiagnosed due to a shortage of experienced physicians and lack of clinics for diagnosis and treatment (Le, 2019).

Behavioral therapy is the primary treatment for ADHD in Vietnam, followed by life skill coaching, play therapy, group therapy, and counseling. Alternative treatments include acupuncture and herbal supplements, but their effectiveness is still open to question (Le, 2019). The main treatments are behavioral therapy and acupuncture (Le, 2019). There are special education schools for children with a range of developmental and behavioral disorders including ADHD (Le, 2019).

Autism Spectrum Disorder

The prevalence of ASD in a population-based cross-sectional study of children aged 18 months to 30 months was high, .759%, or 1 in 132 children (Vui et al., 2021). The authors concluded that ASD may be increasing in Vietnam, and this rate is similar to other low- and middle-income countries but lower than Western nations. Further, ASD is likely under-detected and under-diagnosed, and the public has poor health literacy for ASD. Screening, assessment and treatment services are lacking (Vui et al., 2021). A study of ASD knowledge, training and communication barriers among clinicians, educators, and caregivers in Vietnam found that lack of communication between pediatricians or primary care physicians, psychologists and psychiatrists, educators, and parents results in poor ASD health literacy and poor coordination of care.

PIs for Autism Spectrum Disorder

There appear to be no peer-reviewed research publications on ASD in Vietnam.

Elderly Mental Health

Several studies have attempted to estimate the prevalence of depression among the elderly in Vietnam. **A study published in the International Journal of Geriatric Psychiatry in 2017** reported a prevalence of depressive symptoms of around 29.1% among Vietnamese elderly individuals residing in rural areas. **Another study published in the Journal of Affective Disorders in 2019** estimated the prevalence of depression among Vietnamese older adults to be approximately 14.5%, and 17% prevalence of depression among the elderly (Vietnam MOH, 2016). These figures indicate a significant proportion of the elderly population in Vietnam experiencing depressive symptoms or depression, highlighting the importance of addressing mental health issues among older adults.

Factors contributing to depression among the elderly in Vietnam may include social isolation, loss of social support networks, chronic health conditions, financial insecurity, and other life stressors. Additionally, cultural factors and attitudes toward mental health and aging may influence the recognition and reporting of depressive symptoms among older adults. Efforts to address depression among the elderly in Vietnam may include increasing awareness, providing access to mental health services, implementing community-based support programs, and integrating mental health care into primary care settings. However, challenges such as limited resources, stigma, and a shortage of mental health professionals may impact the effectiveness of these efforts.

Psychoanalysis

Psychoanalysis, specifically the free association technique, was recommended as effective for religious clients at the start of counseling (Nguyen, 2021).

Crisis Intervention

The PSYCARE model included a 24-hour hotline and referral to crisis intervention and counseling group for patients in need of urgent care (Huynh et al., 2022).

Synthesis of Research Findings

Research on PIs for mental health conditions in Vietnam is mixed. While there is a growing body of research on the prevalence of mental health conditions and consequences, comorbidities, and adverse health outcomes, research on PIs is lacking for most conditions. There are notable exceptions. The growing body of research on collaborative care approaches for depression including CBT and behavioral activation in particular show excellent results, even more impressive in that these programs are often delivered by nonspecialists. The brief interventions for hazardous alcohol use in the context of HIV research are also impressive, showing positive results using CBT and MET interventions. The growing body of research on PIs for schizophrenia is also encouraging, especially the movement to establish mental health recovery, patient psychoeducation, and family interventions.

Areas that are lacking research on PIs include child and adolescent, including ADHD and ASD. There is a lack of PI research on elderly mental health, bipolar disorder, PTSD, psychoanalysis, and crisis intervention. There is a need for additional research on these topics.

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The Women Waste and Sanitation Workers of Faridpur in Central Bangladesh

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A visit to Faridpur in central Bangladesh to see for ourselves the living conditions, social situations, housing, occupational health and safety and wages of the low-caste "*Dalit"* (Horizon) people was an eye-opening for us. Socially stigmatized, these people were neglected for long for their manually operated occupations in an unhealthy manner. Living in shanties in municipality *khas* land with broken tin roof and poor latrines, they have been living a miserable life. They are the most temporary working class and work on "No Work No Pay" basis without nay leave for sickness or delivery. With a total wage for husband and wife of Tk 10,000/ per month (US$ 90), they lead a terrible life. For the widows or divorcees, life is more difficult. During their off period, they work for cleaning in private households of the locality.

Because of their "*Dalit*" class, they are socially looked down upon and often face difficulties in attending schools or joining social feasts in community centers. They complained of maintenance of no quota restriction for cleaning jobs (although, the govt. document says 20% quota restriction for them for performing odd jobs).

Some of these workers (including local Bengalee) are engaged in co-composting and vermicomposting in municipal landfills in an unsanitary condition. As the municipal wastes are mixed waste with no segregation, these workers spend a considerable part of the working hours for segregation in order to prepare organic fertilizer by drying the wastes. Some of the leading municipalities are researching on establishing "pyrolysis plant" by extracting crude oil (diesel, petrol) from burning plastics and polythene, mainly Single Use Polythene (SUP). Most of these landfills in the southern cities are running below capacity. Plastic materials are recycled. However, mountains of inorganic substances like clothes, leather, shoes are occupying precious land of the landfills- another worries for the town planners.

One good thing is that with the initiative of Practical Action- an international NGO, they have now formed a cooperative in the name of "Madhumoti Women Cleaners' Cooperatives" (All Women-*Horizon* class) and have been working since 2018. There are as many as 46 cooperatives of more than 1500 waste and sanitation workers all over Bangladesh. Registered with the Department of Cooperatives, they contribute Tk 100-200/- per month in their collective fund and take loans whenever needed to meet emergency expenses, like daughter's marriage, children's education, medical treatment etc. They are also insured by Delta Life Insurance Company for injuries or death of the workers and Municipality pays the major share of their premium. Political blessing of the city Mayor and ward counsellors is necessary for the general wellbeing of these waste and sanitation workers. Efforts are to be taken that AGM of these cooperatives held regularly; monthly meetings done with resolutions duly written and signed. Regular weekly, monthly training (local and national level) needed to help them maintain a good house-keeping activities, maintenance of accounts, monthly reports etc. "Shramik Kollyan Tahobil" (Workers' Welfare Fund") under the Ministry of Labour and Employment is accessed regularly for financial assistance like buying sewing machines, vacu tags, small faecal carriers; and vermi-compost. Linkages with local Department of Inspection of Factories and Establishments (DIFE) and the Department of Labor (DOLE) are to be established for easy accessing the workers' welfare Fund for any injury or death.

As we were leaving the *Horizon Palli*, we asked the association members, Alo Rani Das, Jamuna Rani, Boishakhi, Rupali- what were their dreams and aspirations, what they would like to see reflected in the proposed "National Policy on Waste and Sanitation Workers of Bangladesh"? They beamed with light and suggested some income-generation activities for themselves-like homemade sanitary napkins, handcrafts, sweeping materials etc. No matter stigmatized, the women workers were found very confident, nicely clad and enthusiastic to change their lot. They were for a dignified life, socially acceptable, economically self-reliant and capable of contributing in national building activities.

Yoga and Mental Health: Traditional Indian Approach of Well-being

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A 3,000-year-old tradition, yoga, is now regarded in the Western world as a holistic approach to health and is classified by the

National Institutes of Health as a form of Complementary and Alternative Medicine (CAM). The word "yoga" comes from a Sanskrit root "yuj" which means union, or yoke, to join, and to direct and concentrate one's attention. According to the views of Pantajali regular practice of yoga promotes strength, endurance, flexibility and facilitates characteristics of friendliness, compassion, and greater self-control, while cultivating a sense of calmness and well-being. Sustained practice also leads to important outcomes such as changes in life perspective, self-awareness and an improved sense of energy to live life fully and with genuine enjoyment. The practice of yoga produces a physiological state opposite to that of the flight-or-fight stress response and with that interruption in the stress response, a sense of balance and union between the mind and body can be achieved.

Yoga is a form of mind-body fitness that involves a combination of muscular activity and an internally directed mindful focus on awareness of the self, the breath, and energy. Four basic principles underlie the teachings and practices of yoga's healing system. The first principle is the human body is a holistic entity comprised of various interrelated dimensions inseparable from one another and the health or illness of any one dimension affects the other dimensions. The second principle is individuals and their needs are unique and therefore must be approached in a way that acknowledges this individuality and their practice must be tailored accordingly. The third principle is yoga is self- empowering; the student is his or her own healer. Yoga engages the student in the healing process; by playing an active role in their journey toward health, the healing comes from within, instead of from an outside source and a greater sense of autonomy is achieved. The fourth principle is that the quality and state of an individual's mind is crucial to healing. When the individual has a positive mind-state healing happens more quickly, whereas if the mind-state is negative, healing may be prolonged.

In recent times, there has been increased interest in integrating yoga as a holistic healthcare model in the US due to the evidence-based research supporting its potential physical and mental health benefits, some of which are noted in the previous section. There are several potential areas where yoga could be incorporated into the existing US healthcare framework, including preventive medicine, chronic disease management, behavioral health, and rehabilitation. As yoga's incorporation into the US healthcare system acquires popularity, it is essential to address the challenges and consider evidence-based recommendations for its successful incorporation.

Challenges & recommendations of incorporating yoga into the US healthcare system

Integrating yoga into preventive medicine practices in the United States faces challenges due to insufficient awareness of evidence-based studies in the literature. Studies have identified several barriers to practicing yoga in the US, including the perception that it does not provide enough physical and weight loss benefits, fear of injury, low self-efficacy to perform the practices, preference for other physical activities, and scheduling difficulties. These barriers impede the widespread implementation of yoga as a complementary therapy in the healthcare industry. There are several challenges to integrating yoga into the US healthcare system, although evidence-based recommendations to overcome them do exist.

Yoga philosophy and practice were first described by Patanjali in the classic text, *Yoga Sutras*, which is widely acknowledged as the authoritative text on yoga. Today, many people identify yoga only with asana, the physical practice of yoga, but asana is just one of the many tools used for healing the individual; only three of the 196 sutras mention asana and the remainder of the text discusses the other components of yoga including conscious breathing, meditation, lifestyle and diet changes, visualization and the use of sound, among many others. In *Yoga Sutras*, Patanjali outlines an eightfold path to awareness and enlightenment called *ashtanga*, which literally means "eight limbs".

The eight limbs are comprised of ethical principles for living a meaningful and purposeful life; serving as a prescription for moral and ethical conduct and self-discipline, they direct attention towards one's health while acknowledging the spiritual aspects of one's nature. Any of the eight limbs may be used separately, but within yoga philosophy the physical postures and breathing exercises prepare the mind and body for meditation and spiritual development. Based on Patanjali's eight limbs, many different yogic disciplines have been developed. Each has its own technique for preventing and treating disease. In the Western world, the most common aspects of yoga practiced are the physical postures and breathing practices of H0atha yoga and meditation.

Hatha yoga enhances the capacity of the physical body through the use of a series of body postures, movements (asanas), and breathing techniques (pranayama). The breathing techniques of Hatha yoga focus on conscious prolongation of inhalation, breath retention, and exhalation. It is through the unification of the physical body, breath, and concentration, while performing the postures and movements that blockages in the energy channels of the body are cleared and the body energy system becomes more balanced. Although numerous styles of Hatha yoga exist, the majority of studies included in

this manuscript utilized the Iyengar style of yoga. The Iyengar method of Hatha yoga is based on the teachings of the yoga master B.K.S. Iyengar. Iyengar yoga places an emphasis on standing poses to develop strength, stability, stamina, concentration and body alignment. Props are utilized to facilitate learning and to adjust poses and instruction is given on how to use yoga to ease various ailments and stressors.

Yoga is recognized as a form of mind-body medicine that integrates an individual's physical, mental and spiritual components to improve aspects of health, particularly stress related illnesses. Evidence shows that stress contributes to the etiology of heart disease, cancer, and stroke as well as other chronic conditions and diseases. Due to the fact that stress is implicated in numerous diseases, it is a priority to include a focus on stress management and reduction of negative emotional states in order to reduce the burden of disease. Viewed as a holistic stress management technique, yoga is a form of CAM that produces a physiological sequence of events in the body reducing the stress response. The scientific study of yoga has increased substantially in recent years and many clinical trials have been designed to assess its therapeutic effects and benefits.

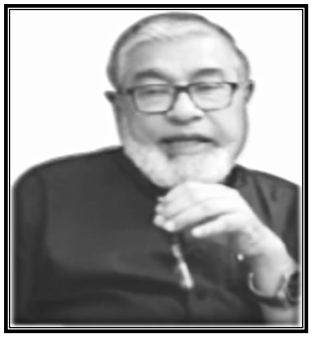
As participation rates in mind-body fitness programs such as yoga continue to increase, it is important for health care professionals to be informed about the nature of yoga and the evidence of its many therapeutic effects. Thus, this review of the literature is timely and important and provides information regarding the therapeutic effects of yoga in various populations concerning a multitude of different ailments and conditions. Therapeutic yoga is defined as the application of yoga postures and practice to the treatment of health conditions. Yoga therapy involves instruction in yogic practices and teachings to prevent reduce or alleviate structural, physiological, emotional and spiritual pain, suffering or limitations. Yogic practices enhance muscular strength and body flexibility, promote and improve respiratory and cardiovascular function, promote recovery from and treatment of addiction, reduce stress, anxiety, depression, and chronic pain, improve sleep patterns, and enhance overall well-being and quality of life.

Action plan

A multi-faceted approach would be necessary to further the implementation and integration of yoga within the US healthcare system. Initiatives, such as NIMHANS implemented by the Indian healthcare system, may promote the potential physical and mental health benefits of yoga and its integration into people's daily routines. It is crucial to acknowledge the potential limitations and challenges associated with integration to ensure effective implementation. One of the primary challenges is the perception that yoga does not provide enough physical and weight loss benefits discouraging people from engaging in regular practice. Moreover, the cost of yoga classes may pose a significant obstacle for individuals with lower incomes, ultimately limiting access to those who need it the most. More limitations include the lack of standardized protocols for yoga therapy, fear of injury, and scheduling difficulties due to time constraints. Healthcare providers must embrace yoga as an adjunct therapy for respiratory, cardiac, musculoskeletal, and psychiatric disorders. Incorporating yoga into school curricula, workplaces, and community centers and establishing community-level programs for yoga educators and leaders may aid in promoting the practice of yoga. To guarantee the quality and standardization of yoga practice, institutes of excellence, such as those in India, may support high-quality research regarding yoga and the development of treatment protocols.

Policymakers play a vital role in this action plan by spreading awareness about the potential benefits of yoga, evaluating the cost-effectiveness of incorporating yoga into US healthcare systems and supporting policies that advocate for integrative medicine and its inclusion in mainstream healthcare practices. They can allocate funding for research supporting clinical trials to gather robust evidence. They can work towards integrating training about yoga into medical school curricula to make future physicians knowledgeable about incorporating yoga as part of patient treatment plans. Moreover, they can collaborate with relevant stakeholders to establish evidence-based guidelines and standardize yoga therapies. Lastly, policymakers can advocate for insurance coverage for yoga classes as a reimbursable and accessible healthcare service for all.

Integrated Healthcare Service Delivery: A Holistic Approach to Patient-Centered Care



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Introduction

In recent years, the landscape of healthcare has been undergoing a transformative shift, moving towards a more patient-centered and collaborative model known as Patient Centered Integrated

Healthcare Service Delivery. This approach aims to break down traditional silos within the healthcare system and create a seamless and comprehensive experience for patients across various stages of their healthcare journey. Integrated Healthcare Service Delivery emphasizes coordination, communication, and collaboration among healthcare providers, ensuring a holistic approach to patient care. More so it tries to bring the current curative system inter operate with the preventive based, non-intrusive alternate medical therapies.

Integrated Healthcare Service Delivery involves the coordination and collaboration of different healthcare providers, disciplines, and systems to provide comprehensive, continuous, and patient-focused care. This aims to enhance the quality of care, improve patient outcomes, and optimize the use of healthcare resources.

Major approaches

The key components of Integrated Healthcare Service Delivery involve the following:

Interdisciplinary Collaboration: Integrated healthcare involves breaking down the barriers between different healthcare disciplines. Physicians, nurses, specialists, mental health professionals, and other healthcare providers such as the alternate medical therapists, those who collaborate seamlessly to address the diverse needs of patients. This interdisciplinary approach ensures that the patient receives holistic care that considers both physical and mental health aspects.

Care Coordination: Care coordination is a crucial element of integrated healthcare. It involves the organization and management of patient care across various healthcare settings and providers. This ensures that there is a smooth transition of information and services as patients move through different stages of their healthcare journey.

Optimum use of Health Information Technology: Integrated Healthcare Service Delivery heavily relies on health information technology to facilitate communication and information sharing among healthcare providers. Electronic health records (EHRs) and other digital tools play a pivotal role in ensuring that relevant patient information is accessible to all members of the healthcare team.

Patient Engagement and Empowerment at all levels: Integrated healthcare emphasizes actively involving patients in their care. This includes providing patients with access to their health information, involving them in decision-making processes, and promoting self-management strategies. Engaged and empowered patients are more likely to adhere to treatment plans and achieve better health outcomes.

Preventive Care and Public Health: Integrated healthcare places a strong emphasis on preventive care and managing the health of populations. By focusing on preventive measures and addressing underlying health determinants, healthcare providers can reduce the incidence of chronic diseases and improve overall community health.

Use of alternate medical therapies: Alternate medical therapies, often referred to as complementary and alternative medicine (CAM), encompass a diverse range of healing approaches outside the conventional medical mainstream. These therapies prioritize holistic well-being by considering the interconnectedness of mind, body, and spirit. Practices such as acupuncture, reflexology, herbal medicine, yogic breathing exercises, chiropractic care, meditation, and naturopathy fall under this umbrella. While scientific evidence varies for different CAM modalities, their popularity continues to grow, and some therapies have demonstrated efficacy in certain conditions. The appeal lies in their emphasis on individualized care, prevention, and the empowerment of individuals to actively participate in their health journey.

Benefits of Integrated Healthcare Service Delivery

Improved Patient Outcomes: The holistic approach of integrated healthcare often leads to improved patient outcomes. By addressing all aspects of a patient's health, healthcare providers can better manage chronic conditions, reduce hospital readmissions, and enhance overall well-being.

Enhanced Efficiency and Resource Utilization: Integrated healthcare promotes the efficient use of resources by avoiding redundant tests and services. Care coordination helps prevent gaps in care, reducing the likelihood of unnecessary emergency room visits and hospitalizations.

Increased Patient Satisfaction: Patients experience a higher level of satisfaction when they receive care that is well-coordinated, personalized, and considers their overall health. This, in turn, fosters a positive relationship between patients and healthcare providers.

Cost Savings: While the initial investment in health information technology and care coordination may be significant, the long-term benefits include cost savings through reduced hospitalizations, emergency room visits, and improved management of chronic conditions.

Challenges and Future Directions

Despite its many benefits, implementing Integrated Healthcare Service Delivery comes with challenges, including interoperability issues, data privacy concerns, and resistance to change within the healthcare system. Overcoming these challenges requires ongoing collaboration, commitment, and the continuous improvement of health information technology infrastructure.

As we look to the future, the evolution of Integrated Healthcare Service Delivery will likely involve

advancements in predictive analytics, personalized medicine, and a greater focus on social determinants of health. By addressing these challenges and embracing innovation, healthcare systems can continue to evolve towards a more integrated, patient-centered, and efficient model of care delivery. Integrated healthcare is not just a goal but a journey towards a healthier, more connected future for both healthcare providers and the individuals they serve.

Integrated/Assimilated Health Care: A North Indian Perspective

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In the realm of healthcare, the North Indian perspective presents a tapestry woven with diverse cultures, beliefs, and practices that converge to shape a unique approach to integrated and assimilated health care. From traditional Ayurveda and Yoga to modern allopathic medicine, North India showcases a rich amalgamation of health ideologies, each contributing to a holistic view of well-being. Healthcare in North India is a vibrant tapestry woven from the threads of diverse cultures, age-old traditions, and modern medical practices. It's a region where the ethos of integrated and assimilated healthcare finds its roots in the convergence of ancient wisdom and contemporary advancements. From Ayurveda to allopathic medicine, North India embodies a holistic approach to health, nurturing a unique perspective that resonates across local communities and global platforms.

Cultural Tapestry and Health Practices/ Traditional Wisdom and Practices:

At the core of North Indian healthcare lies the treasure trove of ancient wisdom, prominently represented by Ayurveda, a system of natural healing that dates back thousands of years. Ayurveda, rooted in the understanding of the body's inherent connection with nature, emphasizes holistic well-being. It embraces herbal remedies, dietary modifications, yoga, and meditation as essential elements for maintaining health and treating illnesses.

The integration of Ayurvedic principles into modern healthcare has gained momentum, with practitioners recognizing its potential in providing personalized and holistic care. Yoga, another ancient discipline originating from this region, complements Ayurveda, offering not only physical fitness but also mental and spiritual wellness. Yoga therapy, now an integral part of healthcare, transcends boundaries, attracting individuals seeking holistic healing.

At the heart of North India lies a cultural mosaic, where health is perceived not merely as the absence of disease but as a harmonious balance between body, mind, and spirit. Ayurveda, an ancient system of medicine, holds sway in the region, emphasizing the importance of natural remedies, personalized diets, and lifestyle modifications for health maintenance.

The practice of Yoga, deeply rooted in North Indian heritage, complements Ayurveda by offering physical, mental, and spiritual wellness. Its integration with modern healthcare has gained prominence, with yoga therapy being incorporated into mainstream treatments for various ailments, promoting overall well-being.

The Allopathic Confluence

In recent times, allopathic medicine has also entrenched itself in North India. Hospitals equipped with modern technology and trained professionals stand as symbols of progress, catering to a population seeking advanced healthcare solutions. This allopathic approach often intersects with traditional practices, fostering an integrated healthcare system.

In parallel, North India has witnessed the burgeoning growth of allopathic medicine. Advanced hospitals, medical research centres, and a skilled cadre of healthcare professionals represent the modern facet of healthcare in the region. Allopathic medicine, with its focus on evidencebased practices, advanced diagnostics, and specialized treatments, stands as a testament to scientific progress and innovation.

The interweaving of traditional practices with modern allopathic medicine has led to the emergence of an integrated healthcare system. Collaborative efforts between practitioners from different backgrounds aim to harness the strengths of both traditional and modern systems, offering patients a comprehensive spectrum of care.

Challenges and Opportunities

However, this assimilation of health ideologies is not without challenges. Disparities in accessibility to healthcare facilities persist, particularly in rural areas, where traditional practices might be the primary source of health management. Bridging this gap while respecting cultural beliefs poses a significant challenge, the assimilation of diverse healthcare practices presents its own set of challenges. Disparities in accessibility to healthcare persist, especially in remote areas where traditional practices might be the only available form of treatment. Balancing the integration of traditional wisdom with standardized medical protocols remains a delicate task, requiring a nuanced approach that respects cultural beliefs while ensuring patient safety and efficacy.

Bridging the gap between rural and urban healthcare facilities, promoting education and awareness about integrated healthcare practices, and fostering collaboration between traditional healers and modern practitioners are key to overcoming these challenges.

Moreover, the need for standardization and regulation without undermining traditional practices remains a delicate balancing act. Encouraging collaboration between traditional healers and modern medical practitioners could harness the strengths of both systems, ensuring comprehensive and inclusive healthcare.

Community Engagement and Global Influence

North India's approach to integrated healthcare extends beyond local boundaries. The region serves as a hub for alternative medicine, attracting global attention. Ayurveda, Yoga, and meditation retreats draw individuals seeking holistic healing experiences, contributing to the region's influence on global health practices.

Furthermore, collaborative research initiatives between local practitioners and international healthcare organizations have propelled North India into a forefront of innovation. This exchange of knowledge and practices holds the promise of refining healthcare methodologies on a global scale.

Future Trajectory/ The Path Ahead

Looking ahead, the future of integrated healthcare in North India hinges on fostering synergy between diverse health systems. A concerted effort to integrate traditional wisdom with modern medical advancements, coupled with a focus on education and awareness, can propel the region towards a comprehensive healthcare framework.

In this journey, embracing technology can play a pivotal role. Telemedicine and digital health platforms can extend healthcare access to remote regions, incorporating traditional practices into the digital realm while ensuring inclusivity and affordability. Looking to the future, the trajectory of integrated healthcare in North India hinges on collaboration, innovation, and inclusivity. Embracing technological advancements like telemedicine and digital health platforms can bridge geographical gaps, bringing healthcare to remote areas and integrating traditional practices into the digital realm. A concerted effort towards standardization, regulation, and continued research can further enhance the credibility and efficacy of integrated healthcare practices. Moreover, promoting cultural appreciation and mutual respect between different healthcare modalities will be crucial in fostering a cohesive and inclusive healthcare ecosystem.

Conclusion

The North Indian perspective on integrated/assimilated healthcare epitomizes a harmonious coexistence of ancient wisdom and modern advancements. By embracing diversity, leveraging strengths, and addressing challenges, North India stands poised to influence global healthcare paradigms positively.

The convergence of traditional wisdom, allopathic medicine, global collaborations, and technological innovations heralds a promising era in healthcare—an era where the holistic well-being of individuals transcends boundaries and becomes a shared global pursuit.

In the intricate tapestry of North Indian healthcare, the threads of tradition and modernity intricately weave together to form an integrated and assimilated approach to well-being. The region stands as a testament to the harmonious coexistence of ancient wisdom and contemporary medical practices, presenting a model that reverberates across local communities and global health landscapes.

The foundation of this integrated healthcare system in North India rests upon the pillars of Ayurveda, Yoga, and traditional healing practices. These time-honoured methodologies, deeply rooted in the understanding of the interconnectedness of mind, body, and spirit, offer holistic approaches to health that transcend mere symptomatic treatments.

Simultaneously, the landscape has evolved to embrace modern allopathic medicine, characterized by scientific rigor, technological advancements, and specialized interventions. This integration of traditional wisdom with evidence-based medical practices has paved the way for a comprehensive healthcare ecosystem that caters to diverse needs.

Challenges persist, notably in bridging the gap between urban and rural healthcare accessibility, standardizing practices while honouring cultural beliefs, and ensuring equitable healthcare for all. However, these challenges serve as catalysts for innovation, propelling the region towards inclusive and sustainable healthcare solutions.

North India's influence extends far beyond its borders, attracting global attention for its alternative healing practices. Collaborations between local practitioners and international healthcare organizations foster an exchange of knowledge that not only enriches healthcare within the region but also contributes to global health advancements.

As we look ahead, the trajectory of integrated healthcare in North India relies on continued collaboration, technological integration, and a commitment to inclusivity. Embracing digital innovations, promoting cultural appreciation, and nurturing a collaborative environment between different healthcare modalities will pave the way for a more robust and accessible healthcare framework.

In essence, the North Indian perspective on integrated/assimilated healthcare serves as an emblem of harmony—a convergence where ancient wisdom and modern progress intertwine, creating a tapestry of comprehensive

well-being that transcends boundaries and resonates with the global pursuit of holistic health for all.

Healthy Taxes, a Strategy for Social Health Care, and a Global Proposal

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Since ancient Rome, the tax figure in the modern State, being that which is limited by laws, has figured to this day, with different nuances than those of then, given that the legal principles of those were applicable to subject peoples (Mexican legal dictionary, 2007, definition).
In this way, the financing of public expenses of a State like Mexico or Colombia, for example, is a reality, also through the payment of taxes.

Extra-fiscal purposes of taxes

However, currently taxes not only seek to be the main financing engine of the State, but also to drive economic, and even social health, understood as the capacity of the "community, immersed in a culture and in a territory.", to relate healthily, harbouring feelings of support and trust" (Robledo-Martínez, 2015).

Hence the extra-fiscal purposes of taxes, where they seek to "promote, guide or discourage certain activities or social uses, depending on whether they are considered useful or not for the harmonious development of the country" (Supreme Court of Justice of the Nation. Plenary. Contradiction of thesis 32/2006-PL).

In this case we can see tax charges on harmful products such as tobacco, alcoholic beverages, fossil fuels and sugary drinks, to repress consumption, increasing the sales price with additional economic charges strategically designed for this.

Healthy taxes

The Pan American Health Organization (PAHO), regional office of the World Health Organization (WHO) has indicated that healthy taxes seek to tax unhealthy products, since their consumption generates risk factors for various non-communicable diseases. (NCDs) such as cardiovascular diseases, cancer, respiratory diseases and diabetes, which is why the WHO has adopted this type of taxes within its Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020 (Pan American Organization of Health, sf).

In greater perspective, these taxes seek to mitigate bad consumption habits of the general population, since according to WHO data, of the total deaths in the world, 71% are caused by this type of diseases (Bello Sua, J.R. 2022).

Relevance of Healthy Taxes in any State

To justify this type of taxes we can point out the following objectives:

1. Higher population indices in health.
2. Cost reduction for long-term medical care.
3. Increase in labor productivity.
4. The generation of tax revenues.

In summary, the main reason that we could establish for this type of taxes, given their extra-fiscal purposes, would be the redirection of consumption for specific sectors by creating filters by income levels and the reduction of mortality due to bad consumption habits (Pan American Organization of the Health, nd).

An example, the case of Smoking

The World Bank has pointed out that, according to information from the WHO, as of 2018, tobacco causes the death of more than 7 million people each year (World Bank, nd) and an additional 1.2 million correspond to non-smoking people (Pan American Organization of Health, 2022).

At a global level, the problem of smoking requires strong and intelligent public policies to counteract its harmful effects. Many examples could be cited, but we would like to refer to 2 specifically: In Colombia, the Sub directorate of Non-Communicable Diseases indicated that 12.9% of the population was addicted to cigarettes, with figures as of 2017. (Ministry of Health, 2017). For its part, in Mexico, the figures are very similar, given that as of 2017, 17.49% of the population is a smoker. (Secretary of Health, 2017).

WHO has monitored the global tobacco epidemic through the MPOWER package which represents (M) monitoring the prevalence of tobacco use and tobacco control policies; (P) protect against exposure to tobacco smoke; (O) offer help to quit tobacco; (W) warn about the dangers of tobacco; (E) enforce bans on tobacco advertising, promotion, and sponsorship, and (R) increase taxes on tobacco products. (Pan American Health Organization, 2022).

In this way, it is observed that the package contemplates healthy taxes, considering as part of the measures, increasing the consumer price through additional taxes (letter R). PAHO presents in its report that 28 American nations, out of a total of 35, are already implementing the consumption tax, ranging at rates ranging from 13.1% to 73.1% (Pan American Health Organization, 2022**). (**1)

Challenges regarding healthy taxes, the case of video games and a practical proposal

According to the Newzoo consultancy report, by 2022, it is estimated that there are approximately 3.2 billion video gamers in the world who generate 184.4 billion dollars (Newzoo, 2022).

This is relevant, when considering the criteria reflected in the Diagnostic and Statistical Manual of Mental Disorders V (DSM-5) of the American Psychiatric Association (APA) and the eleventh version of the International Classification of Diseases (ICD-11) of the World Health Organization (WHO) where both postulate **addictions** to video games (gaming disorder) within the section of mental disorders (Sotés Martínez, et. al., 2022).

Two specific aspects are established, such as: a) sychological dependence, observed tn toss of control, tntense desire, mood fluctuation and focus; and b) Serious, tntrapersonal (physical and/or psychological) and/or tnterpersonal (academic, work, family, economic, tegal) consequences Carbonell, X., 2020)

The general agreement between the DSM-5 and ICD-11 i s that video games can generate an addiction, if this occurs within a period of 12 months of diagnosis (2), both consider those that are online and the study is aimed at adults; For its part, only the ICD-11 indicates that the disorder can also occur in those who do not connect to the internet (Carbonell, X., 2020).

The ICD-11 came into force in January 2022, which means that countries that are members of the WHO must establish action strategies for the diagnosis and treatment of addiction, without seeking to pathologize everyday life. In China, the use of video games by minors is already limited to 3 hours per week (FEW, 2021).

In that sense, considering healthy taxes as a containment formula to create the necessary filters within the universe of video game consumers could be a measure that would seek to mitigate the negative effects that we have pointed out, thereby seeking to reach 4 points, which has all healthy taxes, within this type of consumption.

Conclusions

We consider that the use of healthy taxes is a great tool that allows States to provide fiscal resources and at the same time direct healthy consumption.

WHO member countries will have to consider the use of Healthy Taxes as a mechanism for prevention and attention to health problems that arise in the general population, from a broad and modern approach to illnesses, such as the diagnosed addiction of gaming disorder.

Notes

(1) The nations are Antigua and Barbuda, Argentina, Bahamas, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Ecuador, El Salvador, United States of America, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Dominican Republic, Saint Lucia, Suriname, Trinidad and Tobago, Uruguay, Venezuela.

(2) This period is necessary to distinguish between a mental disorder and a temporary discomfort (Carbonell, X., 2020).

Conflict of interests

The author declares the absence of conflicts of interest.

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Judicial Accompaniment of the Social Worker, With People Who Suffer from Psychosocial Disability and Face a Criminal Process in Mexico

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The Social Worker is an agent of change, an agent who works based on the principles of social justice, human rights, collective responsibility and respect for diversity (FITS, International Federation of Social Work). As an agent of change and respectful of human rights, it intervenes in various areas where people interact and one of them is the legal field where it performs an important function such as Judicial Support for people with psychosocial disabilities who are carrying out criminal proceedings within the System. of Justice in Mexico.

People who suffer from psychosocial disabilities are those people who have limitations in the functions of the mind, which can lead to temporary or permanent dysfunctions, citing some examples such as depression, anxiety disorder, bipolar disorder, schizophrenia, among others; affecting the performance of daily activities and this, in circumstances of facing a criminal process (Special Criminal Procedure with reasonable legal adjustments and technical adjustments with respect to communication mechanisms) as there are elements of having committed an act that appears to be a crime, regulated and punished in the laws of the country.

The Social Worker in this Judicial Support function will ensure the essential interests of the person with psychosocial disabilities, such as their autonomy and decision-making, and will ensure the promotion and protection of the rights of people with psychosocial disabilities, including the right to equality, non-discrimination, inclusion and to have their opinion taken into account; Among other actions, it will ensure that the efforts with the family and mental health institutions are carried out for the benefit of the mental health of the person with disabilities, responding to said actions to the ethical and professional commitment that Mexico has with its Constitution (CPEUM).), regarding the issue of Human Rights recognized therein since 2011. It should be noted that the person who has guaranteed the presence of a Multidisciplinary Team in Mexico City (He is the H Judge of the Criminal Procedure Court, Master Israel Pérez Cuevas, a Since the implementation of the New Criminal Justice System in Mexico, 2011, in Mexico City), it has given life to the essential role of Judicial Support by the Social Worker, which is complemented in the company of other specialists who perform various functions. , as is the Psychiatrist who is the one who in hearings will ensure that the person with a psychosocial disability is in favorable conditions with respect to their condition, that they are medicated, that they can have interaction and communication to the extent possible and establish the time maximum duration and permanence in the hearings of the process, which is taking place and avoid generating stress or even a crisis for the person with a psychosocial disability. There is also the Technical Consultant, who is a specialized professional from a civil institution (DOCUMENTA ASOCIACIÓN CIVIL) who, through innovative and scientific strategies, seeks to support, within litigation, effective communication with people who suffer from psychosocial disabilities and helping to build **in** general, a justice system that is empathetic to Human Rights.

However, for the Social Worker it is important to know the guidelines that are reflected in the Universal Declaration of Human Rights, as well as the International Covenants on Human Rights that have distinguished people as holders of rights, instruments that share the objective of the Convention on the Rights of Persons with Disabilities and the Social Model of Disability and that take up the dignity of each person as a guide to respect for diversity, such as disability, where the main struggle is to eliminate the barriers imposed by attitude of people, physical and social environments that prevent the participation of people with disabilities, fully and effectively within society on equal terms with other people.

In this regard, the United Nations in September 2015 approved the 2030 Agenda, where 193 member states opt for sustainable human development throughout the planet, this development based on the principle of "leaving no one behind", whose objectives cover all aspects. of human rights as economic, civil, political and social aspects, of solidarity or third generation, to a healthy environment, with the Sustainable Development Goals being a world-class instrument that points out disability in the goals (SDG), considering in said goals (4. Education, 8. Decent work and economic growth, 10. Reduction of inequalities, 11. Sustainable cities and communities and 17. Alliances to achieve the objectives), these being considerations for vulnerable people, at risk, to the diversity, equality and inclusion of people.

On the other hand, the World Health Organization on disability (WHO) also works to eliminate

barriers that are related to disability since it is considered that disability is universal, a public health problem, where attention should be given. to health, to live a dignified life and develop human potential to the maximum.

Now, the Social Worker who provides Judicial Support must know both the previous instruments and the Convention on the Rights of Persons with Disabilities, for effective Judicial Support of people who have psychosocial disabilities and who face criminal proceedings; **Therefore,** you should know the following:

- Every human life is equally worthy
- There are a variety of people with disabilities, including those who have physical, mental, intellectual, sensory deficiencies, among others.
- Any accusation made to people due to their disability is a violation of their human rights.
- There is a need to promote the Human Rights of all people with disabilities.
- Within society there are barriers that prevent or limit people with disabilities from participating on equal terms with other people.

Therefore, the Social Worker must carry out his Judicial Support interventions, always based on the principles of the Convention on the Rights of Persons with Disabilities, acting as follows:

- Act with respect for the inherent dignity of people with psychosocial disabilities.
- Act respecting individual autonomy, in defense of the decision-making and independence of people with psychosocial disabilities.
- Act under non-discrimination towards people with psychosocial disabilities.
- Respect and defend the full and effective participation and inclusion of people with psychosocial disabilities.
- Respect at all times the difference and acceptance of people with psychosocial disabilities as part of diversity and the human condition.
- Advocate for equal opportunities for people with psychosocial disabilities.
- Promote equality between men, women, adolescents, girls and boys, among others.

Finally, in response to the Social Model of Disability, the Social Worker will be able to collaborate giving meaning to the life of each person, but will also support the paradigms of this model that aims to rescue different human capacities and enhance them, instead of accentuating them. the differences.

Conflict of interests

The author declares the absence of conflicts of interest.

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Child Marriage and Maternity: A Mediational Analysis from Laws to Public Health

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'Child marriage' is a common phenomenon from Bangladesh to the developing countries of the world; like India, Pakistan, Indonesia, Kenya etc. Girls are mostly forced to get married in the time of puberty. First of all, we need to manifestly know the appropriate definition of "Child Marriage". Child marriage understandably means a marriage in which either the bridegroom or groom is child according to the existing laws from local to global. In Bangladesh, child marriage refers to any formal marriage or informal union between a child under the age and an adult or another child (below 18 years for boys, and below 16 years for girls respectively by Bangladesh law). At present, child marriage is considered as one of the social problems in Bangladesh. Here, the trend of child marriage has been rapidly increasing from rural to urban areas of

Bangladesh. Therefore, child marriage is undoubtedly treated as one of the major concerns not only for Bangladesh but also many countries of the globe.

There are several laws from local to global contexts that exist in terms of discouraging child marriage. According to Special Marriage Act-1872, the boys who belong at 18 years, and girls at 14 years may enter into a marriage in Bangladesh with the permission of his or her guardians. But the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1979 specifies the minimum age for marriage is 18 years. Although CEDAW suggests that 21 years of age for marriage are vastly acceptable by CEDAW-1979 conviction.

However, there are so many reasons behind this social problem in involving to getting child marriage. According to United Nation International Children Emergency Fund (UNICEF) and state of the World's Children Report (2005), there are enormous reasons that work on the proliferation of child marriage, namely; poverty, lack of awareness, social normative beliefs, traditional customary, dowry, superstition, and so forth. Reasons of child marriage simultaneously get involved to increase child marriage (NOT limited to Bangladeshi community, but other parts of the world).

By contrast, the definition of 'Maternity' is the state of being a mother of a child. In a wider extent, 'Maternity' is well-known related to receive supports and medical care provided to a mother of a child. In addition, it is associated with providing health care before, during, and after birth of a newborn baby along with mother. Motherhood is more than a long-term physical happening. Things are more complex for those, who have become mother at teenage or before adult. Therefore, mothers of the newly born babies are responsible to care children for a long time.

Teenage maternity effects on the natural growth of human body to the enhancement of immunity. In reality, teenage maternity has negatively detrimental effects on girl's education at school than boy's education. Few approaches have been applied for understanding its negative effects on child marriage. 'Human Life Course' approach suggests that child marriage and its subsequent events (e.g. unexpected pregnancy, abortion, maternity, child birth, child rearing etc.) have been influenced on health, education, career of boys and girls over the years.

Family Life Cycle (FLC) model is often used as a tool of measuring different schemas on the diversified stages of family life. FLC model has been revealed that child marriage to early motherhood has more negative effects on girl's health than boy's health. The argument has been established that when a girl gets married in early age, the possibility of getting pregnant within a year of her marriage is scientifically proven by global scientists. That means, unexpected maternity can be seriously threatened on girl's health and mortality. Hence, mortality rate of mother and newly born baby must be enhanced, if child marriage occurs frequently.

Child marriage and maternity also have negative impacts on health, intellectual, psychological matters; and it also causes dropout from school. Marriage in early age has risk of sexually transmitted diseases, cervical cancer, unintended pregnancy, delivery of low birth weight babies, maternal and child death during labor and obstetric fistulas. But in Bangladesh, it mostly effects on education, health and well-being of girls particularly, and perpetuates cycles of poverty. In this regard, child brides experience the detrimental physical, psychological and social consequences of child marriage.

Integrated medical facilities should be improved by the collaboration of public and provide health care organizations for reducing mortality rate of mother and newly born babies (particularly teenage mothers and their children). Few important areas need to be empathized for mitigating child marriage and early motherhoods of girls. These are, as following: -

- ❖ Child marriage as a predictor variable needs to be stopped by executing laws urgently, then the rate of maternity as an outcome variable might be reduced proportionately;
- ❖ To avoid lower educational outcomes of girls and boys at school (e.g. less attendance at classroom, poor performance at academic assignments and examination, year/school dropout etc.), the effective initiatives by implementing laws should be manipulated for reducing child marriage and mortality rate with applying zero tolerance;
- ❖ To improve the development of children from first day of birth (e.g. physical growth, mental development through socialization, and schooling of children), child marriage should be stopped anyway, because mature or educated mothers are more aware to take special care of children than teenage or immature mothers;
- ❖ Socio-economic attainments (e.g. education, occupation, social dignity, sources of income etc.) must be hampered for those girls who get married in early ages. Therefore, child marriage and unexpected motherhood should be pulled up by laws for ensuring equity and justice in family and community settings;
- ❖ Child marriage and early motherhood can be contradicted between child care and family responsibility; there girls are convicted by husband or other male family members for numerous events of family (etc.)

To sum up, the impact of child marriage and maternity negatively effects on girl's health and family life. The concerned citizens should spend more times to overcome other than discussing causality of this

phenomenon. Besides, we need to know what laws existing to protect child marriage in both national and international levels. Moreover, awareness is more important for mitigating child marriage instead of providing punishment. Whenever child marriage occurs, legal protection must be applied with zero tolerance.

Virtual Reality Systems for the Development of Daily Living Skills for Children with Autism Spectrum Disorder in Thailand and Southeast Asia

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Globally, 52.9 million children under the age of five suffered from developmental disabilities in 2016. Approximately 95% of these children lived in low- and middle-income countries (LMICs), with autism spectrum disorder (ASD) being the fourth most common disability. ASD is estimated to be prevalent worldwide at 0.72% (Olusanya et al., 2018). The prevalence of ASD in ASEAN countries was estimated to be 0.36% (Qiu et al., 2019). ASD prevalence rates were estimated at 0.76%, 0.74%, 0.70%, and 0.69% in LIMCs such as India, Bhutan, Thailand, Malaysia, and Myanmar (Olusanya et al., 2018).

Individuals with autism spectrum disorders exhibit dominant impairments in social communication and restricted and repetitive behavior. Due to stigma, a lack of professional resources, and cultural, political, and economic barriers, ASD consequences are particularly severe in LMICs (Malik-Soni et al., 2021). In addition to causing psychological problems, reducing social interaction and life satisfaction, and affecting families' financial status, as well as having a long-term impact on family dynamics, ASD can negatively affect the lives of parents and families. It is common for individuals ASD to have difficulties with vestibular, proprioceptive, tactile, auditory, and visual processing. DLS impairments were found in 50% of those with ASD who had an average intelligence quotient (Duncan & Bishop, 2013). In addition, the development of DLS in ASDs ages two to twenty-one is slower than that of non-ASDs at the same age (Bal et al., 2015). In order to address these issues, DLS training is required during the transition between childhood and adolescence.

ASDs are persistent problems related to social interaction and communication, as well as restrictive repetitive behaviors. ASD severity levels ranging from mild to severe require daily living skills (DLS) support due to the difficulty they have in processing vestibular, proprioceptive, tactile, auditory, and visual information. During the period of two to twenty-one years, DLS develops more slowly in individuals with autism spectrum disorders (ASD) than in non-ASD individuals (Pandey & Vaughn, 2021). ASD children are inherently drawn to visual media, and they are more comfortable interacting with inanimate objects digitally than in reallife social situations (Pandey & Vaughn, 2021). The majority of DLS interventions used for ASD children between 2010 and 2020 involved live images, video prompts, iPod Touch selfenhancement, backward chaining, video games, and self-monitoring (Carruthers et al., 2020). In spite of this, DLS interventions usually fail when individuals with ASD deviate from the specific task because they are unable to apply their knowledge to new situations (Carruthers et al., 2020).

In the community, DLS can refer to the ability to manage basic needs and live independently. The benefits of this approach include promoting independence and self-reliance, promoting safe and productive living, and providing additional opportunities for participation in higher education and employment. Deficient DLS in ASD can exacerbate parent distress, negatively impact the family's quality of life, and place a long-term burden on caregivers, communities, and society as a whole (Edemekong et al., 2020).

The majority of studies involving DLS interventions for children with ASD have been conducted in high-income countries and very few have been conducted in LMICs. Chiang Mai

University's Faculty of Public Health in Thailand conducted a preliminary study in 2022, which indicated that the use of virtual reality (VR) could improve DLS among individuals with autism spectrum disorders, but further field tests and randomized control trials are needed.

It can be useful to immerse ASD children in computer-generated environments that closely resemble real-world situations in order to teach them new skills in a safe environment. Furthermore, VR provides a safe, controlled environment for continuous skill practice, complementing traditional DLS training and helping children comprehend abstract concepts (Dechsling et al., 2021).

Several studies have been conducted using virtual reality interventions for children with ASD, including those targeting phobias, crossing streets, and shopping (Josman et al., 2008; Adjorlu et al., 2017; Maskey et al., 2019). In addition, VR interventions for ASD require more gender-balanced samples, studies at low average intelligence, clear theoretical

underpinnings, rigorous designs and controls, and disciplinary collaboration between technology and software developers, ASD experts, and ASD patients (Dechsling et al., 2021).

It is estimated that there are very few VR interventions in Asian LMICs which may limit Internet access. A majority of modern VR systems require powerful computers with advanced specifications and high-speed broadband Internet access that can cost thousands of dollars (Kumm et al., 2021). The feasibility of using mobile VR to access interventions was required in order to fill this gap. A VR intervention was developed to improve the DLS of Thai children with ASD with the aim of expanding the intervention to a global level.

During the pilot testing phase of the intervention, it was found that children who were given second and third chances spent less time together and performed better on the test. VR was found to be feasible in 93% of cases. Parents and occupational therapists rated the quality program as excellent due to its clear explanations of the theme and storyboards, age-appropriate content and storyboard sequences, scene designs, text in the content, sequences in the presentation, and activities that were easily understood by children. Moreover, participants are satisfied with VR, reporting excellent results in terms of content, visuals, sound, and technical aspects (Sullivan, 2017).

If VR technology is implemented correctly, it has a promising future for the population with autism spectrum disorders. It is possible for the intervention to be beneficial global scale if it is successfully developed locally in Thailand with the appropriate grant and support.

Role of Psychiatric Social Worker in Integrated Health Care Services

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Introduction

Integrated health care services often referred to as inter-professional health care, is an approach characterized by a high degree of collaboration and communication among health professionals, what makes integrated health care unique is the sharing information among team members related to the patient care and the establishment of a comprehensive treatment plan to address the biological, physiological and social needs of the patients. The inter-professional health care team includes group members (e.g. physician, nurses, psychologist, social worker and health professional) depending on the needs of the patients.

Conceptual Clarification

- **Psychiatric Social Work:**

Is specialized types of medical social work which involves supporting, providing therapy and care of individual who are severely mentally ill and requires hospitalization and other intensive psychiatric help.

Psychiatric Social Worker

Provides mental health services to individual who are in urgent need of psychotherapy and who are seeking advice for mental illness.

Role of Psychiatric Social Worker

Social workers are a large group of Psychiatric service providers. They are employed in a wide range of situations to tackle the patient suffering from mental illness and Psychiatric dysfunction. It improves mental health and well-being of the patients and provide them with the necessary interventions. Psychiatric social worker plays an important role in providing social and Psychiatric services to the patients in treatment centers, medical outpatient clinics, substances abuse treatment facilities, etc. the following important roles are played by a Psychiatric social worker

Evaluation and Estimation

A social worker is the first professional that maintains contact with the patient in need of Psychiatric treatment. Before a patient can receive treatment, evaluation and estimation of his/her social and psychological conditions is performed so that appropriate intervention can be provided.

Psychiatric social worker meets the clients, performs evaluation, and obtains general information, previous history of medical and Psychiatric intervention, treatments, medication and social and community problems of the patient.

Critical evaluation and assessments are required to the degree of intervention required to be given to the patient, the type of treatment to be provided to the patient and diagnosis required for the patient and his family.

Making Treatment Plans

Once the evaluation and assessments is complete, the social worker, working in a Psychiatric setting, formulates a treatment plan. The treatment plan consists of a proposed procedure of treatment based on patient problem and many other social or community problems, concerning the patient. It includes all the issues that have been evaluated during the first stage of evaluation.

Patent specific Psychological and social concerns and problems that

have been identified during the evaluation are taken in to account during the course of treatment. Other professionals such as Psychiatrists, Psychologists, and family and community members of the patient are also consulted while designing the treatment plan.

The mode of intervention is decided by the workers, on the basis of the situation. For example, a patient having severe Psychiatric symptoms such as delusion and suicidal tendencies require immediate and more intense form of intervention than the patient with more mild symptoms.

Intervention During Crisis

A Psychiatric worker is usually involved in crisis intervention which includes providing immediate emergency treatment and assistance to the patient in need of such treatment. Psychiatric emergencies require interventions without any delay to the patients to save him from mortal danger or any other serious consequences.

The Psychiatric social worker ensures that there are no physical or organic cause of the Psychiatric problem. It requires a careful check and screening of the situation to assess and find out any suicidal tendencies, homicidal tendencies, and aggressive behavior.

The social worker provides the patient with immediate Psychological and Psychiatric treatment. The main goal of Psychiatric social worker is to evaluate that whether the patient can return to normal levels with short-term intervention or long-term assistance.

Providing Treatment and Services

Psychiatric social worker provides a wide range of treatments and other services to the patient based on their specific problems. Some of the treatments and services that Psychiatric social worker provides are short-term psychotherapy. Play therapy, substance abuse counselling, cognitive behavior capabilities, group counselling, family therapy, supportive counselling, case management and advocacy.

A Psychiatric social worker also provides consultations to other professionals involved with a Psychiatric patient. This includes discussing a patient progress in treatment with

families, doctors, private therapists, etc.

There are some other roles of Psychiatric social worker. It includes

- Collaboration with other professionals to evaluate patient needs according to its medical or physical conditions
- Advocate for patient and clients to resolve their issues
- Investigate in to cases of mental or psychological abuse
- Monitor, evaluate and record the progress of clients according to goals in the treatment plan
- Organize institutions, family and support groups so that they can assist them in understanding and dealing with the patient.

Function and Responsibilities of Psychiatric Social Worker

A Psychiatric social worker helps the mental health professionals and Psychiatrists in assessing and developing specific plans for the patients. They assess the patient and develop their specific plan for care. They also provide counselling and therapy services to the patients. Their main functions include working for the Psychiatric patients and advocating for their care. The following major functions are performed by a Psychiatric social worker:

- They interview admitted patents, members of their families, staff of hospital and other community members to decide the plans and treatments to be provided to the patient
- They review the resident, family and community situations as necessary and modifies social plan of care as necessary
- They maintain case record and prepare reports of the patient health. They facilitate development of comprehensive plans and care strategies. The Psychiatric worker explains the reason for the diseases or illness of the patients. He explains the causes behind the reoccurrence of. disease and its impact on the individual and the community. It helps in better development of treatments and procedure
- The Psychiatric worker helps the patient and the family find out a way toward better social adjustment. They provide emotional support and bring environmental modifications by working with the community in which the patient lives
- Psychiatric social arranges for the financial and economic resources so that the patient receives appropriate medical and Psychiatric care
- Social workers help clients in rehabilitation. It helps the patient to return to normal life following a serious injury or illness. Rehabilitation may be social, psychological or individual
- Social workers also refer the clients or patients to get the Psychiatric services. Referral usually links a client or patient with an agency or professionals so that necessary services can be availed by the patient
- The Psychiatric social worker arranges special living facilities for the patients in hospitals, homes, communities and assist them in living independently.
- These workers also help in future employment and housing needs of the patient. They also provide the patients

with financial help and assistance from government and non-profit organizations

Apart from providing these work interventions, a social worker also performs the following functions:

- To promote mental health
- To conduct counselling sessions and workshops for patients
- To provide referral services and recreational therapies
- To administer community services and programs
- To advocate on behalf of patients
- To provide human rights to Psychiatric patients
- To analyze and develop social welfare policy
- To provide training to health volunteers
- To protect vulnerable
- To provide case management for complex and high risk cases
- To coordinate and evaluate service delivery

Conclusion

The role of psychiatric social worker in intergrated health care is over emphasized, effective services cannot be provided if social workers are not involved. Due to their effected roles as professional service providers, since from evaluation and estimation, treatment planning, crisis intervention and treatment and services stages.

In developing and under developing society where social welfare services institutions and programs are grossly in adequate, different social work approaches are employed to support communities to have accessible and affordable services.

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Culturally Informed Dialectical Behavior Therapy (DBT) - a Guide to DBT Skills for a Life Worth Living

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This introductory guide to DBT skills has been put together as a peer support resource by and for the volunteers with the Gamarada Community Healing program in Redfern, under a dialogue project facilitated between 2013-2023 by Ken Zulumovksi and Carolyn Minchin.

Gamarada means friends with a common purpose in Gadigal language. We hope that whoever reads this guide will find themselves surrounded by friends on the journey to recover culture and overcome the barriers of intergenerational trauma. This guide is intended to support community empowerment and mental health literacy, and is not intended to be a replacement for clinical mental health support. If you are experiencing thoughts of suicide or self-harm, or if you or the people you are caring for are in any risk, please seek professional help, alongside peer support.

We acknowledge the depth of healing and wisdom we have around us in this country in the form of Indigenous practice wisdom, and we invite our communities to explore the creative synergies between Indigenous wisdom and the Zen practices and behavioural science which underpin DBT.

This powerful quote from Indigenous social worker, Dr Tom Calma AO, reminds us of the importance of the work of deep listening and the power of the yarning circle: "For most people, when they come into a healing environment, if they sit down, listen and share stories, they find that Culture re-emerges".

Indigenous mental health leader, Ken Zulumovski and social worker, Carolyn Minchin, presented the idea of exploring the synergies concept of 'wise mind' in DBT and Dadirri – deep listening at the ATSISPEP Indigenous-led suicide prevention conference in Alice Springs (2016) and Perth (2018). Dialectical Behavior Therapy (DBT) skills are taught in four modules: mindfulness, distress tolerance, interpersonal effectiveness or negotiation skills, and emotional regulation skills.

In this guide we have combined the practice of Dadirri, deep listening as a practice of mindful awareness and wise mind alongside examples of our favourite distress tolerance, emotional regulation and negotiation skills. We hope this peer guide to DBT skills will help us all to STOP and TIP into culture, healing and wisdom. We encourage you to explore the references at the end of this guide, and connect with your local mental health team, for further assistance. DBT is an evidence-based approach developed specifically for working with people in crisis and this treatment can be accessed through both public and private health systems.

Distress tolerance - STOP and TIP into culture and wisdom, IMPROVE the Moment

The first set of skills we focus on at

Gamarada are all about crisis survival: in a crisis, don't make things worse. STOP stands for Stop, take a Breath, Observe and Proceed mindfully, according to values. TIP stands for temperature, intense exercise, paced breathing and progressive muscle relaxation. Temperature: the mammalian dive reflex is triggered by cold water and acts as a circuit-breaker for intense emotional and psychological distress. Have you ever escaped a tense situation by splashing water on your face? It works! Intense exercise: a session at the gym will make most problems much more manageable. This is accessible even in the most difficult situations - star jumps, plank, running on the spot, running around the block - pick your favourite exercise and create the time and space in the day to practice the important act of self-care. Paced breathing and progressive muscle relaxation are effective in connecting us to the body, and therefore allowing greater access to our internal wisdom.

IMPROVE the moment stands for Imagery, Meaning, Prayer (or affirmation) Relaxation, One Thing in the Moment, Vacation and Encouragement. This creative skill reminds us that in any difficult moment we can draw on our inner wisdom and creativity to bring what matters to us the most into the moment. Your safety plan can contain reminders about how to improve the moment as a reminder when things get tough.

In DBT we consider four options for dealing with problems; solving the problem, changing our perception of the problem, radically accepting the situation, or staying miserable. Each week at Gamarada we share examples of problems we have faced and worked through in a positive manner.

Emotional Regulation - emotions, flow, grounding and breathing

The six levels of validation in DBT fit beautifully with what we do every week in the healing group - walking alongside each other, being present, understanding how our behaviours and feelings are connected. What we think and feel makes sense given our complex histories and the impact of colonisation.

We support each other to normalise our emotions and to meet in a genuine place of commitment to making things better, showing up for this challenging human journey we all share. We all face times when we are in situations we don't want to be in, and we need to take action that doesn't fit with the way we wish to be in the world, right?

At these times we need opposite action to emotion.

We may be experiencing anger that fits the facts of the situation, and at the same time we know that our anger won't be the best way to respond. We may feel fear and want to run or avoid the situation, when we need to build the courage to act.

Opposite action to emotion is the DBT skill we need when our emotions do not fit the facts of our situation, or the emotions fit the facts of the situation but will not assist us to be effective and present as the person we want to become.

Opposite action to emotion

So many complex emotions come and go during times of upheaval.

DBT teaches us to have gratitude for the insight these emotions give us into who we are and what we need to do next. What are the functions of our emotions, and how do we balance our emotions with reason in times of stress?

Shame can make us feel like running away, and opposite action encourages us to show up and seek support to overcome past mistakes. If we allow shame to run our minds, we can miss out on valuable support from those who can guide us back onto the path to healing and connection.

Anger is a useful emotion that can protect us. Anger can also get in the way in our daily life, where we have many moments in our day of brief interactions with strangers. Being angry in front of our loved ones can cause hurt and lead to actions we regret. Sensing the connection between all people, events, places and things can help us to deepen our compassion for ourselves and others, and to transform our anger into determination to improve our lives and our daily interactions. 'Willing hands', a practice for transforming wilfulness and anger into willingness and effective action.

DBT teaches us to have gratitude for the insight these emotions give us into who we are and what we need to do next. What are the functions of our emotions, and how do we balance our emotions with reason in times of stress?

'Check the facts' is one of the core skills in the DBT Emotion Regulation module. Sometimes our emotions are a genuine response to our context, and at other times our thinking/worry/rumination can keep us stuck in moods and emotional roller-coasters we would prefer to be free of.

In DBT we accept and validate our emotions, and we also invite change in our emotional experience through self-care (ABC PLEASE MASTER), naming emotions and checking the facts, and balancing radical acceptance of all that is with the willingness to change our own behaviours.

DBT is always about balancing change skills and acceptance skills

Emotion regulation skills are underpinned by a combination of radical acceptance of 'what is' and taking action on self-care towards a life worth living. PLEASE MASTER reminds us to build our self-care skills while simultaneously working on mastery of the unique and diverse gifts each of us carry within us. We can sail through life when we are clear about who we are, what we need and what we have to offer. Our emotions and thoughts change through taking action.

Negotiation skills: DEAR MAN GIVE FAST

Building a life worth living is the

ultimate goal of our DBT skills practice. DEAR MAN skills allow us to express our legitimate wants, needs and dreams in an appropriately assertive manner: Describe, Express, Assert, Reinforce. We learn to request change or say no assertively and calmly, respecting the other party in the negotiation through the GIVE skills: be Gentle, interested in the response to your assertive request, Validate the other party (and yourself) and maintain an Easy manner. FAST skills are for maintaining self-respect in conflict. FAST stands for being Fair to ourselves and others. No Apologies - there are times for apologies, however over-apologizing is not helpful, it's important to stand up for your legitimate wants, needs and dreams. Stick to values - back yourself, you know what matters to you. Truth - being truthful is crucial in recovery.

Dadirri, a mindfulness practice for All Seasons

In the Gamarada healing program, we base our practice of Dadirri – deep listening, on the work of Dr Miriam Rose Ungunmerr Baumann. Dadirri is a cultural way of practising presence in the moment and understanding the connections between all things. Through listening and connecting with others and continuing the practice at quiet times during the week when alone, we deepen our understanding of the connection to country, the changes of the seasons, knowing how to grieve and what to do when people pass, learning how to ask for help and to give help in return, and knowing what to do and when. Practising mindfulness through Dadirri allows us to explain DBT skills in ways that are culturally safe and responsive to the deep well of Indigenous practice wisdom.

Motivation

Finally, a DBT skill for increasing our motivation: check your VITALS. Validate emotions, including any difficult emotions that may be a barrier to attempting an action. Imagine yourself being calm and productive. Take small steps towards your goal.

Applaud Yourself. Lighten the Load, Sweeten the pot - enjoy your accomplishment, share it with the group, and reward yourself.

Any problem is a journey through different perspectives. We hope you find DBT skills useful and we welcome you to our peer support practice community. Please reach out for help when you need it and please pass these skills on to your networks and communities.

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Integrated Health Care in Egypt

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Egypt, with its rich history and vibrant culture, has made significant strides in healthcare development over the years. In recent years, the concept of integrated healthcare has gained prominence, emphasizing the interconnectedness of physical, mental, and emotional well-being. This approach aims to provide comprehensive care that addresses all aspects of an individual's health, promoting overall wellness.

Integrated healthcare in Egypt is characterized by a collaborative approach that brings together a diverse range of healthcare professionals, including physicians, nurses, psychologists, nutritionists, and social workers. This multidisciplinary team works cohesively to create personalized care plans that cater to everyone's unique circumstances and preferences.

The Comprehensive Health Insurance System (CHIS), launched in 2018, stands as a testament to Egypt's commitment to integrated healthcare. This ambitious initiative aims to provide universal health coverage for all Egyptian citizens, encompassing preventive care, early detection, and treatment for chronic diseases. The CHIS is steadily expanding its reach across the country, with the goal of providing comprehensive healthcare to all Egyptians by 2027.

Examples of Integrated Healthcare Initiatives in Egypt

1. **Telemedicine Initiative:** Telemedicine has emerged as a crucial aspect of integrated healthcare in Egypt, particularly in remote areas with limited access to healthcare facilities. The Ministry of Health and Population has implemented telemedicine programs to provide consultations, diagnostic services, and remote monitoring for patients in rural and underserved communities. This initiative has improved access to healthcare and reduced travel time and costs for patients.
2. **Integrated Primary Care Centers:**

The Ministry of Health and Population is establishing integrated primary care centers across Egypt,
providing comprehensive healthcare services at the community level. These centers offer preventive care, chronic disease management, maternal and child health services, and mental health support, promoting a seamless and coordinated patient experience.

3. **Community Health Programs:**
Various community health programs have been implemented in Egypt to address the social determinants of health, which influence overall well-being. These programs focus on promoting healthy lifestyles, enhancing access to education and employment opportunities, and addressing sanitation and housing issues, contributing to a more equitable and healthy society.
4. **Collaborative Care Models:**
Collaborative care models are being adopted in Egypt to integrate mental health services into primary care settings. These models bring together mental health professionals, primary care physicians, and social workers to provide coordinated and comprehensive care for individuals with mental health conditions, improving access to mental health treatment and reducing stigma associated with mental illness.
5. **Integration of Traditional Medicine:**
Traditional medicine, including herbal remedies and alternative therapies, is widely practiced in Egypt, and efforts are underway to integrate these practices into the healthcare system. The government has established traditional medicine centers and training programs to promote the safe and effective use of traditional medicine alongside modern medical practices.
6. **Community-Based Health Promotion Initiatives**
Community-based health promotion initiatives are being implemented to empower communities to take ownership of their health. These initiatives involve educating communities about health risks, promoting healthy behaviors, and establishing local health committees to address health concerns.
7. **Mobile Health Apps and Platforms:**
Mobile health apps and digital platforms are being developed to provide accessible and convenient healthcare services to individuals in Egypt. These platforms offer health education, symptom checkers, appointment scheduling, and telemedicine consultations, expanding access to healthcare and promoting preventive care measures.

Integrated health care programs in Egypt

1. **The Egyptian Ministry of Health's "1000 Healthcare Centers" program**: This program aims to establish 1000 healthcare centers across the country, providing comprehensive primary healthcare services to underserved communities. The centers will offer a range of services, including preventive care, chronic disease management, and mental health services.
2. **The Egyptian Society of Integrated Healthcare (ESIH):** ESIH is a non-profit organization that aims to promote the concept of integrated healthcare in Egypt. The organization provides training and support to healthcare providers to improve the quality of care and promote collaboration between different healthcare providers.
3. **The Egyptian Medical Association's "Healthy Cities" program**: This program aims to improve the health of urban populations by providing integrated healthcare services, including preventive care, chronic disease management, and mental health services. The program also focuses on community engagement and participation in healthcare decision-making.
4. **The World Health Organization's (WHO) "Health Systems Strengthening" program**: WHO is working with the Egyptian government to strengthen the country's health system, with a focus on integrated healthcare services. The program aims to improve the quality of care, increase access to healthcare services, and promote the use of technology in healthcare delivery.
5. **The United States Agency for International Development's (USAID) "Healthy Lives" program**: This program aims to improve the health and well-being of Egyptians by providing integrated healthcare services, including family planning, maternal and child health, and infectious disease control. The program also focuses on strengthening health systems and promoting community engagement in healthcare decision-making.
6. **The Egyptian Ministry of Higher Education and Scientific Research's "Healthcare Innovation" program:** This program aims to promote innovation in healthcare delivery, with a focus on integrated healthcare services. The program provides funding and support for research and development of new healthcare technologies and approaches.

7. **The Egyptian Red Crescent Society's "Healthcare and Social Services" program**: This program provides integrated healthcare services, including preventive care, chronic disease management, and mental health services, to vulnerable populations, such as refugees and displaced persons.
8. **The Islamic Development Bank's "Healthcare Development" program**: This program aims to improve the health and well-being of Egyptians by providing integrated healthcare services, including preventive care, chronic disease management, and mental health services. The program also focuses on strengthening health systems and promoting community engagement in healthcare decision-making.
9. **The Arab Fund for Economic and Social Development's "Healthcare Development" program**: This program aims to improve the health and well-being of Egyptians by providing integrated healthcare services, including preventive care, chronic disease management, and mental health services. The program also focuses on strengthening health systems and promoting community engagement in healthcare decision-making.

Statements of Egyptian presidents about integrated health care

- **Gamal Abdel Nasser (1956-1970)**
  - "Health is the most important asset of a nation. A healthy nation is a strong and productive nation." (Address at the opening of the new Kasr El-Ainy Hospital, 1960)
- **Anwar El-Sadat (1970-1981)**
  - "We must invest in our people's health if we want to achieve development and prosperity. Healthy people are the foundation of a strong economy." (Speech at the inauguration of the Egyptian Maternal and Child Health Initiative, 1976)
- **Hosni Mubarak (1981-2011)**
  - "Healthcare is a fundamental right of every Egyptian. We are committed to providing quality, accessible healthcare to all citizens." (Statement during the launch of the Universal Health Insurance Scheme, 2008)
- **Abdel Fattah El-Sisi (2014-present)**
  - "Health is a pillar of development and prosperity. Without a healthy society, we cannot achieve our aspirations for a better future." (Address at the opening ceremony of the Comprehensive Health Insurance System (CHIS) conference, 2018)
  - "Investing in healthcare is an investment in the future of our nation. A healthy population is a productive population, and a productive population is essential for economic growth and development." (Speech at the inauguration of the new Ain Shams University Hospital, 2022)
  - "We are committed to providing every Egyptian with access to quality, affordable healthcare. This is a fundamental right of every citizen, and we will not rest until we have achieved this goal." (Statement during the launch of the National Health Insurance Initiative, 2019)
  - "Prevention is better than cure. We must focus on promoting healthy lifestyles and early detection of diseases to reduce the burden of chronic illnesses on our healthcare system." (Address at the World Health Organization's Regional Committee for the Eastern Mediterranean, 2021)
  - "We are working to strengthen our healthcare infrastructure and train more medical professionals to meet the growing needs of our population." (Speech at the opening ceremony of the new Assiut University Hospital, 2023)

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Strengthening Integrated Health Care Support Through Mahila Arogya Samity in Urban Slum of West Bengal

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Addressing community health issues particularly maternal and child health & nutrition is one of the important aspects. The health care situation in urban slums is

adequately poor with minimal access to government services. This article is based on field experience from an urban slum in West Bengal, where health service integration has been done with active participation from community women. The population at Naya Basti urban slum in Maheshtala have migrated from rural and peri-urban areas. They have been staying at this place for over 40 years with regular connection with their native places. Searching for improved livelihood was the prime factor for which they have migrated to urban locations and settled at the unauthorised slums. This resulted in exclusion from all basic services of the government and people had no option than drinking water from river Ganges along with bathing, washing and cleaning of utensils.

Apart from access to basic services, the major challenges to the community people were to access healthcare and sanitation facilities along with other social protection benefits owing to not having appropriate entitlement documents. The worst situation found among pregnant and lactating women as they were not aware about the care and support required during such period. As a result, they were dependent on traditional method of household-based care, delivery and post-natal care through the elder women in the family or from the neighbours. Male members had no involvement in the care and protection of the pregnant and lactating women. Subsequent to this, child marriage situation was alarming with over 50 percent adolescent girls were marriage before reaching 18 years of age. Early pregnancy, malnourished mother and newborn with over 40 percent neonatal death. Families having at least 3 to 5 children with repeated pregnancy with no care and support either from the family and nor from the government health services. Being identified as an unauthorised slum, the government duty bearers did not find it important to extend the services to these communities. Multidimensional vulnerabilities continued to exist in these communities, before BITAN Institute for Training Awareness and Networking had started their intervention over 8 years ago.

The initial situation was terrible as community people were reluctant to take part in any of the initiatives taken from the organisation. Stringent e1orts have been made by the organisation team members to bring the women of the communities in the training programmes and gradually the situation started changing but behaviour change towards institutional care and delivery remained a challenge. During the process of conducting the training, some of the women came up as articulate with leadership skills. They were additionally provided with knowledge and leadership training so that they can act as community changemaker.

These women leaders also faced with several challenges in motivating the pregnant women to ante-natal care checkups and registration with government hospitals for institutional delivery. In the meantime, the organisation project team members continued to liaise with the Ward Councillor and health functionaries for provisioning of health care facilities at the community level and also at the government hospitals. It was also another challenge to mobilise the administration and health functionaries in creating opportunities for the community people and allocate required resources. Constant follow up with the government service providers, it was possible to register the pregnant women with Janani Suraksha Yojana (JSY Scheme) through which they could avail free institutional delivery, conditional cash transfer and free ambulance service. The women leaders started taking initiative in negotiating with the Ward Councillor and other stakeholders and facilitating the women in the communities for institutional care and accessing services. In view of this progressive gesture among the women leaders, the organisation decided to form women collectives where the members would lead the change making process in a sustained manner. The 'Mahila Arogya Samity (MAS) was thus framed with the collective members. This has been a remarkable step towards integration of government services through an umbrella approach involving the MAS members.

The changes over last 5 years have been significantly remarkable with active participation of the MAS members. They have not only facilitated the pregnant and lactating women but also ensuring institutional delivery, exclusive breast feeding, routine immunization and birth registration of the new born babies. The MAS members have been able to integrate all the services available for the women, children and adolescents and link them with existing government health services. While the SDG -3 has a global focus on creating accessible good health and accessible services, this local initiative in an urban slum certainly is an example of contributing to the SDG.

The MAS members have been able to bring about meaningful change in the situation, where complete ante-natal care checkup status has increased close to 65 percent compared with less than 30 percent during the initial days of intervention. **Similarly,** institutional delivery has also improved to 45 percent, compared with less than 20 percent. More than 70 percent eligible couples have been using di1erent forms of family planning methods compared with less than 20 percent during the initial days. The integration of all the services facilitated by BITAN team and on-ground activation by the MAS members is an example of integration of health and other allied services with the underprivileged communities, which was never been addressed earlier over the years. The government service providers have now recognised the community

people and extending the available services to them.

Integrated services for the underprivileged communities is a priority under SDG-3 and this example of integration by the MAS members may be learning opportunity for other working on similar issues. MAS leaders are well connected with all the stakeholders and managing the entire mobilisation, facilitation and aftercare services by themselves on a volunteering approach. This model is replicable as it has been replicated in other four urban slums and resulted in similar manner.

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Addressing Global Mental Health: From Local Realities to Unified Solutions

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In recent years, mental health has emerged as a paramount global concern, shedding light on the challenges faced by individuals, families, and communities worldwide. Despite its broad discussions, it's crucial to delve deeper into the localized manifestations of these issues to understand their profound implications on a global scale.

Communities across the globe grapple with diverse mental health challenges influenced by unique cultural, socioeconomic, and environmental factors. For instance, rural areas often encounter limited access to mental health resources compounded by the stigma attached to mental health issues. Conversely, urban settings witness elevated stress levels due to fast-paced lifestyles and increased societal pressures, leading to soaring rates of anxiety and depression.

These localized struggles underscore the imperative need for tailored approaches in mental health intervention and support systems. Understanding the intricacies of each community's challenges is pivotal in designing effective interventions.

While these mental health issues are experienced locally, their repercussions reverberate globally. The widespread reach of technology and media contributes to the dissemination of awareness and shapes the discourse on mental health. The implications of unaddressed mental health challenges extend beyond individual well-being, impacting economic productivity due to decreased workplace efficiency and contributing to social disruptions and public health crises.

Recognizing these interconnections emphasizes the necessity of a coordinated global response to mental health. Several global initiatives have been instrumental in this endeavor. The World Health Organization's Mental Health Action Plan stands as a beacon advocating for equitable mental health care worldwide. Additionally, numerous non-governmental organizations (NGOs) collaborate with local partners to deliver vital mental health services in underserved areas, serving as models for broader-scale initiatives.

Policymaking holds a pivotal role in addressing mental health needs, prioritizing funding and resource allocation while combatting stigma through education and awareness campaigns. Equally crucial are advocacy efforts, influencing policy changes that cater to diverse local needs while addressing global mental health concerns.

Technological advancements offer innovative solutions, bridging gaps in mental health services between local communities and global resources. Telehealth and mobile applications provide remote access to therapy and support, while AI-driven tools assist in early detection and personalized treatment plans. These technological interventions have the potential to revolutionize mental health support on a global scale, making services more accessible and personalized.

To forge pathways to comprehensive global mental health solutions, it's imperative to understand and address local mental health struggles. Collaborative efforts involving local communities, policymakers, advocates, and global organizations are vital. By fostering ongoing dialogue and action, we can strive towards a more inclusive and effective approach to mental health on a global level.

The urgency to address mental health locally while acknowledging its global ramifications calls for collective action—a unified front to create a world where mental health is a priority and accessible to all.

Telemedicine: Most Integrated, Affordable and Accessible Medium of Basic Medical Treatment for Rural Communities

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Telemedicine is considered to be the integrated remote diagnosis and treatment of patients by means of telecommunications technology, thereby providing substantial healthcare to low-income regions. Earliest published record of telemedicine is in the first half if the 20th century when ECG was transmitted over telephone lines. Telemedicine found its role in disaster management when NASA first used telemedicine services during the 1985 Mexico City earthquake, and in 1988, during the Soviet Armenia earthquake, where the estimated casualties were more than, With the disruption of all other modes of communication, satellite technology used in telemedicine proved to be quintessential in breaking technological barriers and made a mark in history. From then to today, telemedicine has come a long way in terms of both healthcare delivery and technology.

The modern day telemedicine uses existing computing devices belonging to the patient or physician and inexpensive, self-owned equipment like smartphone cameras etc. for gathering clinical data which made it easier to use without any requirement of special training. It also reduces travel expenses, saves time, reduces medical costs, provides easier access for the common man to specialist doctors without disrupting their daily responsibilities. It also makes the life of healthcare providers easy by decreasing the load of missed appointments and cancellations, increasing revenue and patient load and improving follow up and health outcomes which becomes a win- win situation for both the health care providers and care recipients in terms of affordability.

WHO recommends a doctor-population ratio of 1:1000 while the current doctor population ratio in India is only 0.62:1000 and 0.52:1000 in Bangladesh. Training of new physicians is a dire need for both the countries whereas it also almost unaffordable for most of the doctor aspirants in both India and Bangladesh due to a large gap of proper medical education infrastructure and processes. Hence the doctor to patient ratio can be expected to remain low for a long time to come. This deficit is partly being made up by the active telemedicine services in various parts of both the country.

The technology involved in telemedicine allows providers and patients to be almost anywhere, this is one of the key factors in providing quality healthcare to the needy. With the advent of telemedicine, distance is no longer a hurdle in providing healthcare to the remote areas. Therefore, telemedicine could be one of the most easily accessible way for the patients.

I would like to share one of the telemedicine initiatives which is a Corporate Social Responsibility (CSR) project of a global company operating in India being implemented by a Hospital chain in Bengaluru location and being evaluated by our organization last year. We have observed that the initial phase of the implementation though was bit challenging to get people involved in the process of accessing tele-medicine support but gradually the level of acceptance has improved with intense involvement of the health support staff and entire implementing agency team. The ground realities show that this intervention has been immensely useful during the pandemic, while the major health care institutions were focusing mainly on to the COVID affected people as general health care service was at halt. Over 98 percent people have expressed their satisfaction over the doctor consultation, guidance of the health support staff and medicine support. In addition to the doctor consultation, mental health counselling support has added value to the entire intervention and people with chronic ailments and old age have certainly got benefited out of the counselling support.

The intervention has been able to reach out to over 40,000 populations across India and this has laid down a pathway for further scaling up of the intervention through wider dissemination, involving adequate manpower and resources. The doctors involved in the processes have been found to be cordial to the patients, as came up from the community consultations and such behavior has attracted them to avail the service for all their family members.

The most important aspect of this intervention has been the cost effectiveness approach. Generally, the community people require to commute at least 5 to 7 kilometers to access government health care services and it involves wage for a day, travelling cost and other expenses. This project has opened the window of opportunity for the rural community people to access quality health care service almost at their doorstep. This intervention has created a benchmark in the arena of tele-medicine support and reached out to the rural communities who were in dire need of health care support during the pandemic.

Lastly, Telemedicine cannot be the answer to all health problems, but it can be very important in addressing a vast range of problems. Services like tele-health, tele-education and tele-home healthcare are proving to be wonders in the field of healthcare across the world. The importance of satellite communications is emphasized in the field of disaster

management when all terrestrial modes of communication are disrupted. International telemedicine initiatives are bringing the world closer and distance is no longer a barrier in attainment of quality healthcare. Despite having so much potential still telemedicine has not attained the 'boom' which it was meant to create. Lack of awareness and acceptance of new technology both by the public and the professionals are holding it back. Governments are now starting to take a keen interest in developing telemedicine practices resulting in a slow but steady rise in its utilization in public health. Hopefully in a few years, telemedicine practices will reach their true potential.

How Far Healthcare Policy of Bangladesh Speak for Transgender?

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Introduction

One of the most significant variables affecting economic growth in any economy is human health. According to the World Health Organization (WHO), "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". Accordingly, one's health serves as a tool rather than an aim in and of itself to support one's role in the larger society. One can live a complete life with meaning and purpose if they follow a healthy lifestyle. The provision of health care is essential to raising human productivity. A nation's National Health Policy (NHP) serves as a roadmap for determining the importance of its healthcare needs, allocating resources based on their priority, and achieving its healthcare objectives. Therefore, several countries throughout the world have collaborated on health budgets in their spending by allowing policies to maintain a healthy country. The first health policies were introduced by the Americans in 1854, the British in 1948, Germany in 1880, France in 1880, China in 1949, and Japan in 1927, in that order (Ali, 2018). However, Bangladesh implemented it in 2000, and it was revised in 2011 (Ministry of Health and Family Welfare, 2012). The primary aim of this health policy is to make sure that everyone in society has access to basic healthcare, nutrition, and public health initiatives (Biswas et al., 2017). Therefore, health policy determines the nation's top health priorities based on its health issues and helps the government set budget priorities based on the nation's health requirements.

Why Transgender?

Most probably, when someone thinks of the term "*hijra*," he/she pictures someone who is neither male nor female or who is both, due to their biological orientation. The majority believe they are "intersex," which refers to those who are born with sexual or reproductive anatomy that defies classification as "male" or "female" (Raidah, 2022). Despite being human, transgender and third-gender individuals are denied basic rights that all people are entitled to. In Bangladesh, a group of people known collectively as "*hijra*" includes castrated men, transsexual women, and intersex people (assigned male at birth) (The Daily Star, 2022). Because of their gender identity and sexual orientation, transgender persons in Bangladesh are among the most marginalized and underprivileged populations (Barua & Khan, 2023). From our personal research experiences with a transgender community at Manab Palli, Dinajpur, Bangladesh we found how this community became deprived of their fundamental rights. While talking to the transgender for a research purpose, one of them stated *"When we feel sick and call doctors they don't want to come to our community or visit us. And in the hospital, they ask us if they will admit us to the men's or women's ward!"* This statement guided us to critically look into the healthcare policy of Bangladesh.

The Bangladesh Bureau of Statistics census report for 2022 states that there are approximately 12,629 transgender persons living in the nation (BBS, 2022) even though other sources as well as the transgender communities themselves estimate the number to be much more. It is clear from the status of transgender individuals in Bangladesh that their fundamental human rights are not fully respected. *Hijras* in Bangladesh generally live in groups that are led by a "guru" or community leader and thus they live as a community or "family." Therefore, it is rightfully said that *hijra* is a community rather than a gender. This is where the policy falls short, as it does not provide a precise definition of the various gender categories that fall under the umbrella of "*transgender*" (Raidah, 2022).

The Health Policy of Bangladesh VS the Health Status of *Hijra*

The Institute of Medicine (1993) defined access to healthcare as the "timely use of personal health services to achieve the best personal outcomes" (Grover, 2007). The choices, strategies, and initiatives made to accomplish particular healthcare objectives within a community are referred to as health policy. The national health care policy of Bangladesh primarily aims to provide accessible primary and emergency care for all of its citizens. This policy also states the establishment of gender quality in

healthcare services. However, the saddening truth of the experiences of transgender while seeking healthcare services is well evident. The interpersonal and structural hurdles to healthcare access that transgender persons face can cause them to delay or avoid seeking medical attention, which can harm their physical and mental well-being (Kcomt et al., 2020). Even though they were recognized as the "third gender" by the Bangladeshi government in 2013, there hasn't been any meaningful legislative action to protect and enhance their political and fundamental rights (Hossain, 2024). There are no healthcare facilities in Bangladesh where these people can get quality medical care without being harassed. As found in the existing literature and our field experience, their treatment in hospitals is frequently inhospitable; even many of them aren't permitted admittance and are also given limited access to the right drugs. Transgender individuals are one of five categories that are disproportionately affected by HIV worldwide, according to WHO's Guidelines on HIV Prevention, Diagnosis, Treatment, and Care for Key Populations, published in 2013 (Snigdha, 2023). In 2019, the Bandhu Social Welfare Society conducted a survey of transgender which revealed that ninety percent of transgender individuals experience sexual and mental harassment when they seek medical attention. Additionally, eighty-eight percent of them claimed that their requirements related to sexual and reproductive health were not frequently met (Jahan, 2021). In Bangladesh, there is a higher chance of HIV and other sexually transmitted illnesses (STIs) among Hijra and transgender people (Snigdha, 2023). This is partially caused by a dearth of healthcare services, as well as prejudice and stigma that keep transgender people from having access to resources and information about safer sex.

Typically, hospitals in Bangladesh offer separate wards for patients who identify as male or female, but they don't have special accommodations for patients who identify as transgender. As a result, when people of different genders need emergency medical attention and are admitted to a male or female ward, they often experience hostile attitudes from other patients and hospital administrators along with frequent negligence which results in their early discharge with little to no main treatment (Hossain, 2024). In addition, healthcare providers frequently lack the expertise required to treat transgender patients appropriately (Snigdha, 2023). Therefore, it is well evident that transgender people lack fundamental healthcare facilities in all phases of their lives only because of their gender orientation which goes against the primary aim of the national health policy.

Conclusion

The Sustainable Development Goals (SDGs) aim to ensure a decent life for all. Therefore, every person has the fundamental right to assess maximum health care services, regardless of their socioeconomic situation. Transgender people are an integral part of our society but still, they endure several stigmatization and negligence in assessing their fundamental rights. Therefore, it is important to address the stigmatization and discrimination faced by them in all phases of their lives. However, families, society, and the government must acknowledge that they must treat the transgender community with dignity and compassion and make sure their unhindered access to medical care. It may require adequate modification and addition to the national healthcare policies immediately. Besides, increased advocacy and awareness campaign is required to reveal the untold sufferings of transgender in terms of seeking healthcare services. In a word, the country must step forward to minimize the stigmas and prejudices against the transgender to ensure the basic healthcare facilities that all other individuals enjoy as citizens of the country.

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Embracing the Tapestry of Life: An Orphan's Journey Through Integrated Health Care

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From an early age, life has woven a unique tapestry for me, intertwining the threads of loss, mental health struggles, and a profound passion for helping others. As an orphan, psychologist, teacher, clinical social worker, and mindfulness practitioner, I have navigated the depths of depression, seeking solace in the concept of impermanence, the pursuit of meaning, and the resilience of the human spirit.

The Threads of Loss and Mental Health

Loss casts a long shadow on the human experience in its myriad forms. For me, the loss of my parents at a young age left a void that seemed impossible to fill. The absence of their physical presence, their guiding voices, and their unwavering love triggered a whirlwind of emotions – grief, guilt, anger, and an overwhelming sense of isolation.

Amidst the overwhelming grief, depression emerged, casting its shadow over my journey. The symptoms – feelings of worthlessness, hopelessness, and persistent sadness – amplified the pangs of loss, making it difficult to find solace and meaning in life.

Integrated Health Care: A Path to Healing

As I struggled with the weight of my experiences, I sought solace in psychology, immersing myself in studying human behavior and the intricacies of the mind. Through my education and training, I discovered the profound impact of integrated health care, which recognizes the interconnectedness of physical, mental, and emotional well-being.

This holistic perspective resonated deeply with my own experiences. As I delved into the world of clinical social work, I witnessed firsthand the transformative power of integrated health care for those struggling with mental health challenges. I saw how addressing the underlying causes of depression, fostering meaningful connections, and cultivating mindful practices could lead to significant improvements in overall well-being.

Embracing Impermanence: A Beacon of Hope

In the face of adversity, impermanence, a cornerstone of many mindfulness practices, offered a beacon of light. Impermanence, the inherent transience of all things, reminded me that nothing remains constant, not even my suffering. Just as the sun dips below the horizon each evening, only to rise again with renewed brilliance, so too can our moods and circumstances shift and transform.

Embracing impermanence allowed me to acknowledge the impermanence of my emotional states, recognizing that even the darkest nights would eventually give way to the dawn of a new day. This acceptance did not diminish the depth of my grief or the challenges of depression but instead opened a space for compassion and patience with myself.

Finding Meaning in Suffering: A Guiding Light

Viktor Frankl, a renowned psychiatrist and Holocaust survivor, famously stated, "He who has a *why* to live can bear almost any *how*." In the face of unimaginable suffering, Frankl discovered that finding meaning in life, even amidst adversity, could be a potent antidote to despair.

For me, the pursuit of meaning has been a lifelong journey. I have found purpose in helping others navigate their mental health struggles, providing a listening ear, offering therapeutic support, and empowering them to rediscover their strength and resilience. I have also found solace in teaching, imparting knowledge, and nurturing the minds of young learners.

Keeping Going Even When Things Are Hard

The path toward healing is rarely linear. There have been days when depression cast its shadow, obscuring the light of hope. But I have learned to embrace these challenges as part of my unique story, reminding myself that every step forward, no matter how small, is a step towards brighter horizons.

Self-compassion has been an essential tool in navigating the challenges of depression. It involves treating myself with kindness and understanding, recognizing that my struggles are not a reflection of my worth but a testament to human inherent vulnerability.

Mindfulness practices, such as meditation and deep breathing, have cultivated a sense of calm and clarity, providing respite from the relentless chatter of negative thoughts. These practices gently guide me to the present moment, away from the vortex of regrets and worries.

Integrated Health Care: A Global Imperative

My experiences have instilled in me a deep appreciation for the power of integrated health care. I believe that this holistic approach holds the key to addressing the growing mental health crisis not only in my community but globally.

As a psychologist, teacher, clinical social worker, and mindfulness practitioner, I am committed to bridging the gaps between mental health services, physical health care, and community support systems. I envision a world where integrated health care is accessible to all, empowering individuals to live fulfilling lives, free from the shackles of mental health challenges.

Conclusion: A Tapestry of Resilience

My journey has been a tapestry woven with threads of loss, depression, and resilience. Through impermanence, the pursuit of meaning, and the power of integrated health care, I have learned to embrace the complexities of life, finding strength and purpose amid adversity.

Health Disparities: Addressing Inequities in Integrated Care Systems

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Introduction

Health disparities in integrated care systems denote the uneven distribution of health outcomes, access to healthcare services, and the quality of care across diverse population groups. This encompasses differences in health status and disease prevalence among various demographics, including but not limited to race, ethnicity, socioeconomic status, geographical location, and other relevant factors (Agency for Healthcare Research and Quality AHRQ, 2021). Acknowledging these disparities is crucial as they underscore systemic inequalities, impacting individuals' well-being and their access to high-quality healthcare services (LaVeist, Gaskin, & Trujillo, 2011).

Definition and Scope of Health Disparities in Integrated Care

Health disparities encompass a range of factors contributing to variations in health outcomes and access to healthcare across diverse population groups. This involves discrepancies in chronic disease prevalence, infant mortality rates, life expectancy, and healthcare utilization based on social determinants of health such as income, education, and race (Institute of Medicine, 2003; Williams & Mohammed, 2013). Within integrated care systems, these disparities manifest as barriers to receiving comprehensive and equitable care, thereby intensifying existing health gaps (Chin et al., 2007).

Significance of Tackling Inequities within Integrated Health Care Systems

Addressing health disparities within integrated care systems is pivotal for attaining health equity and enhancing overall population health. This imperative is not only driven by ethical considerations but also by the imperative of promoting the efficient functioning of healthcare systems (Kum, Chow, & Chan, 2017). By recognizing and proactively working to mitigate these disparities, healthcare systems can aspire to deliver impartial, high-quality care to all individuals, regardless of their background or socio-economic status (Smedley, Stith, & Nelson, 2003). Achieving health equity through integrated care necessitates the restructuring of healthcare delivery models, the augmentation of cultural competence, the elimination of biases, and the formulation of inclusive policies that ensure equitable and just access to healthcare services for everyone (Shi & Singh, 2015).

Unpacking Health Disparities in Integrated Care

- **Socioeconomic Influences on Access to Care**

Socioeconomic factors, such as income levels, education, employment status, and insurance coverage, exert a substantial impact on the accessibility of healthcare services (Braveman et al., 2011). Disparities frequently emerge as a result of financial barriers, restricted health literacy, and the inability to afford high-quality care, thereby perpetuating inequalities in health outcomes (CDC, 2020).

- **Geographical and Urban-Rural Disparities**

Healthcare access disparities are present not only between urban and rural areas but also within urban centers (Kumar et al., 2014). Rural communities frequently encounter obstacles related to healthcare infrastructure, a scarcity of healthcare providers, and increased travel distances to reach medical facilities. These

challenges contribute to disparities in the availability and utilization of healthcare services (Narayan et al., 2018).

- **Racial and Ethnic Health Inequities**

Racial and ethnic minorities encounter notable disparities in accessing healthcare, as well as disparities in quality and outcomes. Structural racism, discrimination, and biases within healthcare systems play a role in contributing to diminished health outcomes within these groups (Williams & Wyatt, 2015). Elements like implicit bias, stereotype threat, and uneven treatment further contribute to these disparities (van Ryn & Burke, 2000).

Obstacles Hindering Equitable Health Care Integration

- **Inadequacies in Health Care Infrastructure**

Inequities in healthcare infrastructure pose a significant barrier to the establishment of equitable healthcare systems. Disparities in the availability of healthcare facilities, medical technologies, and specialized services persist between urban and rural areas, worsening disparities in access to quality care (WHO, 2020). The absence of essential medical equipment, a scarcity of healthcare professionals, and underfunded healthcare facilities in marginalized areas constrain the delivery of comprehensive care to underserved populations (Sharma et al., 2018).

- **Regulatory and Policy Impediments**

Regulatory and policy barriers present considerable challenges to the establishment of equitable healthcare systems. Fragmented policies, differing regulations across regions, and inconsistent implementation strategies impede the consistent delivery of healthcare services (Bleich et al., 2018). Policy gaps in health insurance coverage and reimbursement schemes additionally worsen disparities in accessing affordable care (Blendon et al., 2017). Furthermore, bureaucratic complexities hinder the implementation of innovative healthcare models designed to address health disparities (Cacari-Stone et al., 2014).

Strategies and Initiatives for Mitigating Health Disparities

- **Community-Based Health Programs and Their Successes**

Community-based health programs are instrumental in tackling health disparities by involving local communities actively. Developed through collaborations between healthcare providers and community organizations, these programs prioritize health education, preventive care, and customized interventions for underserved populations (Chinman et al., 2012). Effective initiatives incorporate community health workers to boost health literacy, encourage healthy behaviors, and improve access to essential healthcare services, particularly in remote areas (Viswanathan et al., 2010).

- **Culturally Sensitive Health Services Models**

Ensuring equitable care requires the development of culturally sensitive healthcare models. Adapting healthcare services to align with the cultural beliefs, languages, and customs of diverse populations not only fosters trust but also enhances communication, ultimately leading to increased healthcare utilization among marginalized groups (Horvat et al., 2014). Healthcare providers who are culturally competent acknowledge and respect diverse backgrounds, making a substantial contribution to the reduction of disparities in healthcare access and outcomes (Betancourt et al., 2003).

- **Technological Innovations in Health Equity**

Innovative technologies have the tremendous potential to address health disparities by improving both access and the quality of care. Telemedicine, mobile health applications, and remote monitoring systems effectively dismantle geographical barriers, enabling the delivery of healthcare services to underserved communities (Kruse et al., 2017). The utilization of technology not only fosters health education but also promotes self-management of chronic diseases and enhances healthcare coordination, particularly for populations confronting geographical or economic constraints (Kvedar et al., 2014).

Real-Life Cases and Success Stories

- **Exemplary Programs that Bridge Health Disparities**

Demonstrating the success of effective interventions that have notably diminished health disparities, real-life success stories highlight impactful initiatives. Examples such as the "Healthy Neighborhoods" initiative in Baltimore and the

"PATHWAYS" project in Los Angeles underscore the effectiveness of community-engaged interventions in enhancing health outcomes among disadvantaged populations (Sadler et al., 2012; Alberti et al., 2019).

- **Analyzing Impact and Lessons from Successful Interventions**

Examining successful interventions is crucial for comprehending their influence and drawing insights for broader implementation. These instances highlight the significance of community engagement, culturally competent care, multi-sectoral collaboration, and sustained funding in addressing health disparities (Ahmed et al., 2017; Truong et al., 2020).

Conclusion

- **Summarizing Key Insights and Recommendations**

In conclusion, the exploration of health disparities within integrated care systems has revealed crucial insights demanding prompt attention. Persistent contributors such as socioeconomic factors, cultural barriers, geographical disparities, and racial inequities underline the urgency of addressing disparities in healthcare access and outcomes. To counter these challenges, the identified key strategies include community-based interventions, culturally competent care models, technological innovations, and policy reforms, collectively aiming to alleviate health disparities and promote equitable healthcare.

- **Reinforcing the Importance of Addressing Health Disparities**

Tackling health disparities is not solely a moral imperative but a crucial aspect of establishing a resilient and inclusive healthcare system. These disparities impact not only individual well-being but also place a strain on economies and perpetuate social injustices. Neglecting marginalized populations compromises the overall health and prosperity of our communities and societies. Acknowledging this, it is imperative to commit to dismantling barriers and ensuring equitable access to quality healthcare for all.

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Menstrual Hygiene Practices at Workspace

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Background

Adolescent girls and women need access to WASH facilities, affordable and suitable menstrual hygiene products and disposal services, awareness on best practices, and a supportive environment in which they are able to deal with their menstrual cycle without embarrassment or stigma in order to manage it effectively. In order to end poverty, donors and development organizations are targeting more on girls and women. A key component of this is aiding women in finding employment. The provision of adequate, private, hygienic, and secure restrooms, water supplies, and disposal systems, as well as guaranteeing adequate bathroom breaks and identifying how current WASH shortcomings affect girls' and women's health and productivity in working contexts, have all gone unaddressed. A large number of LMIC do not adhere to adequate WASH standards that enable MHM in their workplaces. Concerns about rights, equity, wellness, and health are raised by the lack of facilities for girls and women. (Sommer et al., 2016)

Attitude Towards Periods at Workspace

Period-related stigma takes many different forms, and it frequently presents a formidable barrier in the workplace. With 15.3 million women over 16 working in 2018, there were 71.4% more women overall employed than there were in 1971, when data first began to be kept (Anna Flockett, 2020). Everyone is affected by menstruation differently because no two people or periods are alike, yet the fact remains that it affects the majority of women physically and mentally occasionally to the point that it interferes with their ability to work.

In a recent survey, it was shown that one-third of males believe discussing menstruation at work is unprofessional. Additionally, research has shown that women would prefer to admit a mistake at work than discuss their sanitary products, such as maternity towels, in front of male coworkers. This is because periods are seen as a source of embarrassment in the workplace. Upon further investigation, a YouGov study revealed that only 27% of women whose performance was impacted by period discomfort had ever disclosed this to their employer, and a further 33% claimed they had previously made up an excuse. At the moment, it appears that women have little choice than to suffer in silence, forgo their required sick days, or deal with the stigma associated with menstruation. This is completely unacceptable in the year 2020 (Anna Flockett, 2020).

Period Stigma

Recent studies have shown that the stigma associated with periods still makes many people feel uneasy or unwelcome in the workplace. Nearly half (47%) of 2,000 menstrual women and trans males who participated in a poll conducted by HR and CIPD training provider DPG acknowledged experiencing period stigma at work. The perception that menstruation is in some way filthy or humiliating, whether conscious or unconscious, is the cause of period stigma. Women may feel oppressed by it, and it may have negative health effects for them. In addition to making people uncomfortable discussing their periods, this stigma restricts them from knowing about the resources they require. Deficits at work serve as a reflection of this.

Period Poverty

Many people already use paid and unpaid sick leave as a result of period poverty and the unwillingness to disclose symptoms owing to shame. These factors also have an impact on work performance. Many menstruating women around the world are unable to purchase tampons and pads. According to the Borgen Project, 500 million menstruation people worldwide experience period poverty each month. According to estimates, 12% of women in India and 65% of men in Kenya cannot afford menstrual products. Period products are subject to taxes in some nations that can reach 27%, as in Hungary, and 25%, as in Sweden, further restricting availability for families with lower incomes. This "period poverty" can result in a lack of focus at work and even missed deadlines, which lowers productivity.

Period-Friendly Workspace

As 26% of the world's population, or roughly half of all females, are of reproductive age, they menstruate. Women are joining the workforce in greater numbers, and many of them are doing so while employed. It would be foolish to assume that these two things will never clash or, at the absolute least, that they won't have an impact on some aspect of their workweek. Men and women have distinct needs and ways of functioning, and it is acceptable to acknowledge so. Our ability to concentrate, productivity, feel good about ourselves, be confident in ourselves, and communicate successfully are all influenced by these demands. It makes sense for a workplace to actively and truly care about a woman's menstrual cycle.

The following are some things to empower female employees and fostering a period-friendly workplace.

Provide free period products

A lot of folks may choose to stay at home since they are unable to buy period products. The anxiety of being unprepared is removed by offering things at work, which really provides an additional motivation to show up. Furthermore, periods frequently arrive unannounced, and they might not have anything with them or enough to survive the day. They must be concerned about leakage if there are no products. Being concerned about leakage makes it difficult to focus on their work and prevents them from getting up to go to meetings or to their colleagues' desks because they are frightened to move in case something bad happens. This hinders productivity and increases the person's stress.

Contribute to managing the stress of the employees

We are aware that stress has a negative impact on our creativity, innovation, and general level of employee engagement in addition to our physical and emotional health. Increased inflammation, a slowed metabolism, difficulty sleeping, fatigue, memory loss, and many other effects are possible outcomes. It makes sense to make an effort to reduce the staff's stress in order to improve performance. This might entail anything from offering yoga and mindfulness workshops to just giving someone a place to unwind and breathe. It is priceless, but allowing workers to take 10-minute breaks to relax with a hot water bottle or go outside for some fresh air could be quite valuable to both the worker and the business as a whole.

Provide more Washrooms

Women frequently have to wait in a long line to use the restroom, which is a well-known cultural phenomenon. A woman will constantly consider the possibility that there won't be a bathroom available for a while whether she is at a concert, festival, book signing, or really anywhere. Women may need to use the restroom more frequently owing to a variety of problems. She may spend longer in the restroom, increasing the line and demand for women's restrooms. When a woman's behaviors are somewhat constrained by inadequate access to restrooms, this phenomenon is referred to as the "urinary leash." This is made worse by the fact that she has to use the restroom more frequently and for longer periods of time during her period, for example, to replace a tampon or pad. Women would spend less time waiting for a bathroom if there were more of them, which would reduce the amount of time they spend away from their desks. In order to avoid having to use a different floor, there should be a women's restroom on every floor. Additionally, there should be additional cubicles in each bathroom so that nobody has to wait.

Provide Menstrual Leave

Period or menstrual leave is a subject that has generated some debate. In essence, it refers to granting women a set amount of time off each month to deal with the numerous symptoms they could encounter prior to, during, or after their period. Many believe that this will make it more likely for women to face discrimination at work and that we will be seen as being weak, sickly, or unique. Many people believe we don't need it, and while many of them may be right, many others do for important and sincere reasons. Since we probably already have systems in place for other types of leave, such as annual or sick leave, implementing period leave is not a difficult undertaking.

Conclusion

In order to recruit and keep the best and the brightest talent, organizations of all sizes—large, medium, and small—must adopt this as a best practice as soon as feasible. The advantages of this method will far outweigh the expense of making the necessary changes. The advantages an organization will experience by implementing this practice are listed below.

- Lower attrition levels
- Increased sense of engagement and essential talent retention
- Increased productivity in work
- Creating a growing number of brand ambassadors
- Teams feel better collectively

In the end, organizations must seriously consider this approach and cautiously adopt this beneficial shift in order to foster a culture of openness and empathy toward women, make a significant advancement toward gender equality/neutral behavior, and significantly increase their brand equity.

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The Comparative Analysis of Healthcare Expenditure in The Social Welfare Systems of Pakistan and Germany

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1. Introduction

Global healthcare systems are uniquely designed to address diverse population needs. As new health challenges arise and populations expand, it's vital for these systems to adapt, recognize limitations, and strive for ongoing improvement. Comparing different models allows countries to learn and enhance their healthcare structures.

1.1. Pakistan

Pakistan, home to 220 million people, grapples with unique healthcare challenges. With a GDP contribution of 0.37 percent in 2015 (USD 270.96 billion), it faces a life expectancy of 66.4 years (2016) and gender-based disparities. Unlike Germany's unified healthcare system, Pakistan's lacks cohesion, leading to unequal access across socio-economic levels.

1.2. Germany

Germany, with 80.6 million people, is a key EU nation. It contributed 5.42 percent to global GDP in 2015. Its healthcare relies on the Statutory Health Insurance (SHI) system, emphasizing compulsory insurance and social coverage. Spending about 11% of its GDP on healthcare, Germany has a strong social welfare system.

1.3. Healthcare Expenditure Disparity

Pakistan spends 2.8% of its GDP on healthcare, facing resource challenges. In contrast, Germany allocates 11% of its GDP to healthcare, with vastly different per capita expenditures: around $40 in Pakistan versus approximately $6,600 in Germany. This starkly contrasts the healthcare accessibility and resource priorities between the two nations.

2. Problem Formulation

Pakistan allocates a mere 2.8% of GDP to healthcare, contrasting sharply with Germany's 11%. This difference impacts healthcare access and quality. With approximately $40 per capita expenditure compared to Germany's $6,600, Pakistan faces resource deficiencies, affecting infrastructure and care quality, leading to poorer health outcomes. Addressing these challenges is vital for improving healthcare accessibility and the well-being of Pakistan's population.

3. Data Formulation

In Germany, Federal Minister Jens Spahn focuses on improving care quality, nursing staff support, recruitment in the care sector, preventive medicine, and healthcare digitization. Prioritized groups include the elderly, nursing staff, care sector employees, and high-risk patients like those susceptible to HIV.

In Pakistan, the healthcare system involves federal, provincial, private, and NGO sectors. It offers various services through national programs, community health workers, and primary healthcare facilities, covering around 10% of the population. The private healthcare sector, with diverse professionals, significantly contributes to overall healthcare provision.

3.1. Comparative analysis of health care priorities: Pakistan and Germany

Pakistan's healthcare priorities center on accessibility, preventive care, and combating prevalent diseases, with a focus on upgrading facilities and implementing universal health insurance. Germany, with a developed system, prioritizes quality care for the elderly, nursing staff, and preventive medicine, addressing diseases linked to aging. In Pakistan, communicable diseases and maternal health are key, while Germany focuses on aging-related issues like cardiovascular diseases and mental health.

Comparative Analysis:

Pakistan prioritizes diseases with significant population impact, emphasizing infectious diseases due to resource challenges. Germany, with a mature healthcare system, focuses on addressing aging-related health needs. This comparison underscores the contextual

disparities in healthcare priorities, essential for tailored strategies in each country.

4. Further Discussion On the Data

1. Health Expenditure: Pakistan's health spending reached 2.95% of its GDP in 2020, whereas Germany's per capita expenditure rose by 7.5% to 5,699 euros in 2021, indicating a significant increase.
2. Disease Prevalence: Pakistan grapples with a 23.3% malaria prevalence, while Germany faces over 50% of its elderly population dealing with chronic diseases.
3. Health Workforce: Pakistan maintains 1.1179 physicians per 1,000 people, while Germany holds 13.3 nurses per 1,000 populations, emphasizing workforce density.
4. Technological Integration: Pakistan's extensive healthcare facilities lack complete technological integration, while Germany invests significantly, expecting a EUR 57 billion digital health market by 2025, aiming for advanced healthcare quality.

5. Conclusion

The healthcare contrast between Pakistan and Germany is stark. Pakistan's minimal 2.95% GDP allocation pales against Germany's substantial 11%, affecting accessibility and quality. Per capita, Pakistan spends $40 while Germany dedicates $5,699 annually, impacting treatment options and outcomes. Pakistan's infrastructure struggles due to inadequate funding, while Germany boasts advanced facilities. Statistically: Pakistan allocates 2.95% of GDP and $40 per capita, Germany allocates 11% of GDP and $5,699 per capita. Addressing this disparity demands strategic reforms for equitable healthcare in both nations.

6. Recommendation

Addressing the identified disparities in healthcare expenditure between Pakistan and Germany necessitates a multifaceted approach that combines strategic policy interventions, targeted investments, and collaborative efforts from various stakeholders. The following recommendations outline potential avenues for mitigating the challenges faced by Pakistan's healthcare system and fostering an environment conducive to equitable and accessible healthcare.

6.1. Increase Financial Allocation

Pakistan should consider increasing the percentage of GDP allocated to healthcare to enhance the overall resilience and effectiveness of the healthcare system. A gradual increment, guided by thorough financial assessments and cost-benefit analyses, can contribute to improving healthcare accessibility.

6.2. Prioritize Preventive Healthcare Measures

Emphasizing preventive healthcare measures can significantly alleviate the burden on the healthcare system. Public health campaigns, education programs, and community engagement initiatives can play a pivotal role in promoting healthier lifestyles and reducing the demand for costly curative interventions.

6.3. Implement Healthcare Reforms

Introduce comprehensive healthcare reforms that address the structural challenges within the healthcare system. This includes the establishment of a unified healthcare scheme that ensures equitable access to quality healthcare services across all socio-economic strata, mitigating the current disparities.

6.4. Enhance Healthcare Infrastructure

Invest in upgrading healthcare infrastructure by allocating resources to acquire advanced equipment, maintain facilities, and improve the overall quality of care. Collaborations with international organizations, public-private partnerships, and leveraging innovative technologies can aid in strengthening the healthcare infrastructure.

6.5 Strengthen Health Insurance Programs:

Expanding health insurance coverage and enhancing the efficiency of existing programs can contribute to reducing the financial burden on individuals. Implementing inclusive health insurance policies ensures that a larger segment of the population has access to essential healthcare services without facing prohibitive financial barriers.

6.6. Foster Research and Innovation

Encourage research and innovation in healthcare delivery to identify cost-effective solutions and improve treatment outcomes. Investing in medical research, technology integration, and training healthcare professionals in the latest advancements can contribute to a more efficient and responsive healthcare system.

6.7. International Collaboration

Engage in international collaborations to leverage best practices from countries with successful healthcare models. Collaborating with global health organizations, participating in knowledge exchange programs, and seeking partnerships for capacity-building initiatives can enhance the overall effectiveness of Pakistan's healthcare system.

6.8. Community Involvement

Promote community involvement in healthcare decision-making processes. Engaging communities in health promotion, education, and local healthcare initiatives

fosters a sense of ownership and ensures that interventions are culturally sensitive and tailored to the specific needs of the population.

In conclusion, implementing these recommendations requires a concerted effort from government bodies, healthcare professionals, policymakers, and the broader community. By adopting a holistic and collaborative approach, Pakistan can work towards achieving a more equitable, accessible, and resilient healthcare system that addresses the unique challenges faced by its diverse population.

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Community Mental Health Promotion in Nepal

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Mental health issues globally pose a significant public health concern, with four out of five severe mental illness patients in LMICs lacking effective treatment. Mental health issues are a significant public health concern globally, accounting for 7.4% of disability adjusted life years and 22.9% of all years lived with disability.

According to the World Health Organization "A condition of well-being in which a person recognizes their own potential, is able to manage life's typical pressures, is able to work effectively and profitably, and is able to contribute to their community is known as mental health."

Mental health conditions are prevalent globally, but many lack access to effective interventions. World Mental Health Surveys show minimally adequate mental health services in low- and lower middle-income countries are only 3.7% for major depressive, 2.3% for anxiety, and 1.0% for substance use conditions, compared to high-income countries (Alonso et al., 2018).

Nepal, located between India and China, is the poorest South Asian country with a 157th place ranking on the UN Human Development Index. According to the Census Report 2021, the population of Nepal has reached 29,192,480. Nepal, a diverse nation with 125 ethnic groups and 123 languages, is characterized by its interconnected nature. According to the 2011 National Population and Housing Census, 81% of the population follows Hinduism, Buddhism, Islam, Kirat Mundhum, Christianity, or no religion.

Mental health stigmatization hinders public health awareness, with NGOs focusing on specific populations with limited resources, while no public health system has implemented such programs. In Nepal, there are few initiatives to support mental health, and mental health is a neglected field. Before launching mental health promotion efforts, it is necessary to investigate the many socioeconomic determinants of mental health that are firmly ingrained both outside and inside the health system. A mental health promotion and preventative program must take social and public health methods and be culturally and locally relevant, cost-effective, and suitable. One useful tactic to enhance health among the mentally ill population is to put community mental health strategies right at their doorstep.

Social Determinants and Mental Health: The war has had a profound effect on mental health. Many

people are recovering after a ten-year political battle that claimed thousands of lives and left many more injured. Many of them are war victims. Poverty and socioeconomic issues are significant contributors to mental disorders, with depressive and anxiety disorders prevalent in marginalized individuals at higher risk. Nepal's mental well-being is influenced by their relationship with God, with problems often stemming from this relationship, leading to mental health issues involving natural healers.

Community Mental Health Promotion in India-Nepal: Mental health is a positive concept, with health promotion and socio-ecological models highlighting its determinants. Addressing social determinants from a life course and multisectoral perspective is crucial. Current frameworks and competence enhancement approaches are discussed.

Mental health literacy (MHL) is a crucial aspect of understanding and managing mental health disorders. However, studies reveal a lack of public recognition of symptoms and a preference for self-help over traditional treatments. The research on mental health literacy, focusing on individual differences like age, gender, and education, as well as cultural and national differences, and discusses implications for application and future research. Mental health literacy, an evolving construct, is being developed with a comprehensive approach, aiming to improve individual and population mental health outcomes through contextually appropriate interventions.

Schools are crucial for fostering positive mental health in children and young people. Stress at school is a serious problem; 46% of K–12 teachers, like nurses and doctors, report high levels of stress on a daily basis. According to the American Federation of Teachers, 78% of educator's report feeling both emotionally and physically worn out. High rates of teacher turnover result from this stress's negative effects on educators' passion and longevity in the field. Up to 70% of instructors in urban districts quit during the first year of employment due to greater turnover rates. The difficulties of modern education also cause a lot of seasoned teachers to quit.

A whole-school approach is a key strategy, focusing on social, emotional, and behavioral competencies. This approach includes evidence-based interventions for social and emotional learning and bullying prevention. Teachers are crucial in developing students' academic, social, and emotional skills, such as effective communication and emotion regulation. Social and emotional learning (SEL) is an essential part of education, focusing on developing healthy identities, managing emotions, empathy, and decision-making. SEL programs are available for all ages and grades, starting from preschool.

The role of the workplace in promoting mental health and well-being, highlighting risk factors and protective measures, and presents strategies for creating mentally healthy workplaces, including legislation and management practices. The interventions for addressing mental health problems in the workplace, including reducing anxiety and stigma, managing employment transitions, and reintegrating those with mental disorders. The importance of employment in promoting recovery and implementing evidence-based approaches.

Recent initiatives aim to reduce the treatment gap for mental health issues, with evidence showing that primary healthcare workers can effectively deliver services through community-based programs and task-sharing approaches. The Nepalese health system is plagued by poor policy implementation, relying heavily on foreign aid and local volunteers. The system lacks adequate manpower, leading to non-specialist treatment. Local paramedics and undergraduate doctors serve remote areas, eventually shifting to cities.

The global recognition of the connection between traditional healers and mental illness is on the rise. Faith healers are the first caregivers for a significant percentage of patients with bipolar affective disorders, psychotic disorders, and substance use disorders, but less for depressive illnesses and neurotic/stress-related disorders. They perform rituals, prayers, and spiritual amulets.

Traditional healers in Nepal have been promoted as primary care providers or referral agents but delegating them to other providers or simplifying psychotherapies may limit their unique ability to treat patients' teleological needs. Medical providers should consider Nepal's diverse mind cosmologies.

Future researchers suggest allowing traditional healers to practice their theories and interventions without sub-serving biomedicine. Medical providers could adopt a holistic bio-psycho-social-spiritual collaborative care model, involving multi-disciplinary teams to address opposing illness causality models. This approach could empower the underserved in Nepal by providing mental health resources without invasiveness or imperialism, promoting social, individual, and spiritual empowerment.

Mental health conditions, including emotional distress and clinical disorders, and emphasizes community-based, locally accessible services. It advocates for a rights-based approach to healthcare, shifting from centralized psychiatric hospitals to more accessible, humane services in clinics within communities, reducing suffering and functional impairment. The C4 framework is a comprehensive, collaborative, and community-based approach aimed at addressing the lack of accessible psychotherapeutic and social services. It shares similarities with the WHO's Transforming Mental Health for All services delivery model and draws on

other global mental health models but has significant differences. The C4 Framework categorizes workers into five groups: Community Psychosocial Workers, Primary Health Care Providers, Primary Mental Health Counselors, Hospital-Based Care Providers, and Specialized Mental Health Services Providers. The framework consists of three levels of MHPSS: brief psychosocial interventions by Community Psychosocial Workers, evidence-based psychotherapeutic interventions by mental health counselors, and pharmacological interventions by trained physicians, nurses, or psychiatrists. It can be expanded by training workers, establishing community-based referral mechanisms, mobilizing people with lived experiences, integrating MHPSS into programs, and implementing post-treatment follow-up mechanisms.

Creating Child Friendly Space – Attempts to Explore its Scope & Role of Stakeholders: Field Findings from Poor Clusters of Kolkata, India

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Backdrop:

Attempts have been made by both Govt. and Non-govt. sectors to address quality of education system at schools in India and other countries. This in a way captures the roles and responsibilities of teaching communities and other support staffs at schools, educational institutions in facilitating a productive career for young citizens. However, there have been considerable scopes to address the roles of families and local institutions in preparing children for future life.

Families in India are as varied as its languages, culture and food habits. This variation is more marked across its social and economic disaggregation. Thus in light of a mainstreamed education cum life enrichment process families by and large cannot respond to the rising needs of children in an equal manner leaving ample blanks to be filled in by additional approaches from policies. It is in this context that a need is felt to evaluate levels of child friendliness at home, in neighbourhood in order to understand the reciprocal role of families, the care givers along with schools, in raising a child to its optimum potentials. A panel study based framework can be shared with researchers, policy management committed to a holistic welfare for children in societies recording significant socio-economic disparities.

Spatial Context:

Dakshindari Slum in north of Kolkata with select 500 households having children (5 to 10 years - a formative age group before they enter into secondary level of school education) remain the prime focus of need based action points for children selected here.

Objective:

To measure spatial child friendliness in order to make care givers understand their roles in preparing children for future.

Methods Applied:

(*to be tested over a period of three years wherein the data details upon completion of a year have started showing encouraging trends so far. Perceptible reduction in school drop-outs, domestic violence, child marriage, child labour, poor performance in school evaluations, malnourishment, aimlessness, are few parameters planned for estimating the variance over a period of time.)*

= Focused Group Discussions (FGDs) of Children on their preferences and problems vis-à-vis the role of institutions

= Evidence based FGDs across families, schools, guides, peers, relations, opinion makers of varied background are conducted in select *paras*. / localities

= In-depth Interviews of Child Psychologist, Family Counsellor, Teachers, Paediatricians, Master of Social Workers, Public Representatives, Local networks and other Opinion makers are planned to explore avenues for need based guidelines before children, their immediate care givers and local institutions

= Institutions like Media, legal provisions para –statal bodies to come up with realistic policy support

Preliminary Findings of Intervening Organization: MANTRA, an NGO working in Dakshindari slums in Kolkata to build on child friendliness has come up with following field realities. These are in view of initiatives, functionality, supervision and sustainability behind this intervention.

i. Role of Family: Scopes for bridging gaps between existing levels of family care and its optimization are evaluated in a measurable manner and initiatives are on to bridge those gaps in a planned way
ii. Role of Other Individuals: Based on evidences schools, other local

institutions e.g., health workers, education guides/private tutors, clubs, NGOs are to have reciprocal support from other end – the family. Accordingly, other Institutions like Teachers, Guides, Coaches are being oriented to realize their actions of coordination in children's life.

iii. Roles of Institutions: As data suggest (from methods stated above) actions of community bodies like Clubs, NGOs, and Informal Networks in bringing stakeholders together to aim for a holistic enrichment of children in these poor urban clusters of Kolkata, their responsibilities have been appropriately marked off across time and tasks.

Subsequent Outcome of this Study based Intervention & Ways Forward:

a) A child's life and priority rights are better protected through this strategy
b) Institutions to understand their roles in an evident manner
c) Community initiatives may find interesting areas to act in a combined manner
d) Area based monitoring inclusive of family is expected to bring about meaningful outcome in lives of future manpower for the country.

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Breathing-led Exercises: A Path to Mental Health Well-being for Students

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Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships, and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development. Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case (World Health Organization June 2022).

In a recent survey titled "The Impact of Academic Pressure on Mental Health and the Suicidal Propensity of University Students," conducted by the Aachol Foundation, a youth-based social organization, found that 75.85% of university-level students in Bangladesh are dealing with various mental health issues, indicating that the post-pandemic period is showing a worrying trend of the vulnerable mental condition of the country's future generation. The survey stated out of the students interviewed, 46.65% of the students said they have given up on their academic careers in the post-pandemic era and are affected by emotional tiredness due to increased study pressure and the obligation to finish the syllabus swiftly while 10.30% said they are facing difficulties in coping up with the frequent exams.- The students are currently experiencing session jams as a result of long academic class suspensions, indifference about studying, frustration over academic results, and difficulty following lectures as a result of post-COVID-19-generated academic stress.

The survey also revealed that an average of 45 students committed suicide in the first nine months of 2023 due to not coping with mental stress. Out of the total number of students who committed suicide, the highest 219 school students took their lives followed by 57 university students, 84 college students, and 44 madrasa students, it said. 242 of them were female students and 162 of them male students. The highest 76 per cent of the victims were aged 13–19 years and girls account for 63 per cent of all victims.

Unlike other diseases, mental health-related issues are the ones that get neglected the most in our country. Many people blame the ignorance of people regarding the importance of good mental health. However, there is another thing that might be playing its role like a ghost in terms of discouraging people from taking any mental health counseling, which is the high fees that are being charged for premium mental health services. According to the National Institute of Mental Health (NIHM), almost 17 per cent of adults of this country suffer from mental health issues and among them 16.8 per cent

are male and 17 per cent are female. Unfortunately, 92.3 per cent of them don't seek any counseling. Where lack of mental health experts is a reason for this, we cannot overlook the high fees a psychiatrist or psychologist charges for each session. The students facing mental health problems cannot seek support and services, and this is only worsening the problems. Lack of counseling, proper guidance, and an exam-based evaluation system as reasons for creating unnecessary stress and pressure on students. One student shared her experience that she felt the urge to visit a counselor, but the charge that she has to pay for mental health makes her more anxious. Mental health is still not considered an issue among the lower or middle class. This is why people like prefer to struggle with the mental issue as it is a normal thing rather than going to a specialist for remedy (Financial Express, March 2022). Experts underscored that mental health always remains ignored, with taboos affecting the factors regularly.

Besides, there is lack of a policy attention on mental health issues, especially when the situation is worsening. Clinical psychologists too are critical of the unwillingness of educational institutions to respond to the crisis. There are barely any educational institutions that have resources to support students with mental health concerns. There is also the unaddressed issue of stigma around mental illness, which prevents students from seeking help. Mental health issues may not be as visible as physical ailments, but their consequences are as fatal, which is evident in an increase in student suicide.

Against this backdrop, breathing exercises should be introduced among students which have numerous benefits but not cost. For example, breathing exercises can reduce our stress, reduce anxiety, and improve our sleep by helping us relax. These techniques are very easy to apply and offer many benefits to our body and mind. Breathing exercises can be done anywhere and anytime, making them an ideal intervention or coping mechanism when we are feeling overwhelmed – and they're backed by science. Studies have shown that practicing breathing exercises and mindfulness can lead to better mental health and positive emotions, and alleviate stress and depression. Breathing exercises also allow us to think more clearly and reduce feelings of anxiety. Doing breathing exercises regularly can have a positive impact on our overall health and well-being.

Research shows that our brain associates different emotions with different breathing patterns, and breathing exercises work because they trick our brain into thinking our emotional state is different than it is. When we are happy, our breathing is regular and steady. However, when we are stressed, anxious or fearful, our breathing becomes irregular, shallow and quicker. According to Harvard Medical School, deep breathing exercises provide several medical benefits like- reduction in feelings of stress or anxiety, increased oxygen exchange, slower heartbeat, lower or stabilized blood pressure, and reduction of tension in the abdomen.

There are many breathing exercises Students can do to relax and improve physical endurance. We've compiled a few of our favorite techniques that are perfect for beginners since they are simple, quick and easy to follow.

1) The 4-7-8 breath: For when you're feeling stressed

The 4-7-8 breathing pattern is known for being the "relaxing breath." It's a simple yet effective technique for de-stressing that consists of inhaling for four counts, holding the breath for seven counts, then exhaling for eight counts. Many people use this particular technique to relieve anxiety and attain better sleep. Practicing a regular, mindful breathing exercise can be calming and energizing and can even help with stress-related health problems ranging from panic attacks to digestive disorders. How to practice- the first thing you want to do is place the tip of your tongue against the roof of your mouth, right behind your front teeth, and sit in an upright position. Then, follow these steps in the cycle of one breath:

1. With your mouth closed, inhale through your nose to a count of four.
2. Hold your breath for seven counts.
3. Exhale through your mouth, making a whooshing sound for eight seconds.
4. Repeat steps one to three for a total of four breath cycles.

2) The box breath: For clearing the mind

Box breathing, also called four-square breathing, is an easy yogic technique used to slow down your breathing. This type of breathing exercise is so powerful that people with high-stress jobs, like the military, often use it to maintain calm when their bodies go into "fight-or-flight" mode. Its primary focus is to distract the mind while you count and fill your lungs with oxygen. How to practice- Box breathing is one of the simplest breath work techniques and can be done almost anywhere -- at classroom, office, even at a busy co-working space. All you need to do is follow these simple steps-

- Exhale all of the air in your lungs.
- Inhale for four counts.
- Hold your breath for another four counts.
- Exhale for four counts.
- Repeat three to four times.

3) Belly breath: For when you manage stress and need to relax

Belly breathing, also called diaphragmatic breathing, fully engages your abdominal muscles, diaphragm and lungs. Contrary to normal breathing, diaphragmatic breathing expands the abdomen when inhaling rather than the chest. Our normal breaths tend to be shallow, but with belly breaths, you slowly fill your lungs with air making the breath deeper. Belly breathing

creates a deep sense of relaxation, and is closely associated with meditation. Research has shown that meditation may reduce stress and ease anxiety, depression, insomnia, and chronic pain symptoms. How to practice: You can practice belly breathing lying down or sitting in a comfortable position.

1. Place your left hand over your heart and your right hand over your belly.
2. Inhale slowly, filling up your belly with air.
3. Purse your lips and exhale slowly, feeling your stomach contract.
4. Repeat up to 10 breath cycles.

There are many benefits associated with breathwork techniques, and a big part of that is letting go of any tension you may be holding in your body. Breathing is a workout in itself for the body. We do not have to be an expert or have a lot of experience when taking a breathing lesson. Anyone can try it, young, old, men and women. We all have to start somewhere so why not start now? Let yourself feel everything and enjoy the process.

Integrated Health Care: Local to Global

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In the labyrinthine alleyways of Dhaka, Nusrat, a young denizen of Bangladesh, found herself entangled in the complexities of the nation's healthcare system. Her journey, emblematic of the broader challenges faced by many, unraveled against the backdrop of a system struggling to harmonize the contributions of public and private healthcare providers.

Nusrat's tale began with routine visits to the local public health clinic, where access was abundant but the spectrum of services was limited. As the intricacies of her health demanded specialized attention, the disjunction between the public and private sectors became starkly evident. The tapestry of her healthcare journey mirrored the overarching challenge faced by Bangladesh – the imperative to weave together disparate threads into a cohesive fabric of integrated healthcare.

Navigating the Complexity of Bangladesh's Healthcare Landscape: In the intricate tapestry of Bangladesh's healthcare system, a dichotomy exists, defined by the coexistence of public and private healthcare providers (Ahmed et al., 2021). This dualism, while offering diversity in healthcare options, also unveils a spectrum of challenges that individuals in Bangladesh grapple with on a daily basis.

Public Facilities: A Double-Edged Sword: Public healthcare facilities play a crucial role in providing widespread accessibility and affordability (World Bank, 2020). For many Bangladeshis, these facilities serve as the primary point of contact with the healthcare system. However, beneath the surface of this seemingly accessible healthcare network lies a web of challenges.

Resource Constraints: Public facilities often face the arduous task of delivering quality care within the confines of limited resources (World Health Organization [WHO], 2019). Insufficient funding and outdated infrastructure hinder their ability to meet the diverse and growing healthcare needs of the population.

Overcrowding and Long Wait Times: The popularity of public healthcare facilities contributes to overcrowding, resulting in long wait times for patients seeking medical attention (Ahmed et al., 2021). This not only tests the patience of individuals but also jeopardizes the timeliness of healthcare delivery.

Private Sector: A Mirage of Innovation with Financial Barriers: Contrasting the accessibility of public facilities, the private sector stands as a beacon of innovation and specialized services (World Bank, 2020). However, this realm of advanced healthcare often remains financially elusive for a significant portion of the population.

Affordability Challenges: Specialized care in the private sector comes with a hefty price tag, creating a financial barrier that limits access for many Bangladeshis (Ahmed et al., 2021). The cost of procedures, diagnostics, and consultations can quickly escalate, excluding a considerable section of the population from these services.

Disparities in Geographic Accessibility: The concentration of private healthcare facilities in urban centers exacerbates healthcare disparities (WHO, 2019). Rural populations, with limited access to private providers, face challenges in obtaining specialized care without significant travel and financial burdens.

Systemic Issues in Bangladesh's Healthcare Dualism

1. **Regulatory Challenges:** The absence of a comprehensive regulatory framework that bridges the gap between public and private sectors contributes to a lack of standardized guidelines (Ahmed et al., 2021). This regulatory vacuum hampers the integration of the two sectors and compromises the quality of healthcare services.

2. **Fragmented Information Exchange:** The disconnect in health information systems between public and private entities poses a significant challenge (WHO, 2019). The lack of interoperability impedes seamless information exchange, affecting the continuity of care and patient outcomes.

3. **Inequitable Distribution of Healthcare Professionals:** A concentration of healthcare professionals in urban areas creates

disparities in the distribution of expertise (World Bank, 2020). Rural regions often face a shortage of skilled healthcare workers, exacerbating healthcare inequalities.

Global Parallels: Lessons from Collaborative Healthcare Models

While Bangladesh grapples with these challenges, the global stage offers insights into collaborative healthcare models that have successfully navigated similar dualisms.

1. **Holistic Healthcare in Scandinavian Countries:** Nations like Sweden and Denmark have adopted holistic healthcare models that integrate public and private contributions (World Health Organization [WHO], 2019). Government-led initiatives ensure comprehensive coverage, showcasing the potential for collaborative and inclusive healthcare systems.

2. **Coordinated Care in Singapore:** Singapore's healthcare system emphasizes coordination between public and private sectors (Ahmed et al., 2021). Government driven initiatives ensure affordability through public services, while private providers contribute to specialized care, exemplifying a harmonious balance.

3. **Unified Systems in Germany:** Germany's healthcare system, marked by mandatory insurance, allows citizens to choose between public and private providers (World Bank, 2020). This dual-system approach emphasizes choice and competition, promoting efficiency and accessibility.

Pathways to Integration: Overcoming Challenges in Bangladesh

1. **Standardizing Quality Assurance:** Implementing comprehensive regulatory frameworks that define standardized guidelines for both public and private healthcare providers (Ahmed et al., 2021). Strengthening oversight mechanisms to ensure adherence to quality standards and patient safety.

2. **Improving Access to Specialized Care:** Exploring public-private partnerships to extend specialized care to a broader demographic (WHO, 2019). Developing incentive structures to encourage private providers to offer affordable services to a larger population.

3. **Enhancing Information Exchange:** Investing in interoperable health information systems that facilitate seamless communication between public and private entities (Ahmed et al., 2021). Emphasizing the importance of data security and privacy to build trust and encourage collaborative information exchange.

4. **Addressing Workforce Disparities:** Implementing policies to incentivize healthcare professionals to work in underserved rural areas (World Bank, 2020). Introducing targeted training programs to enhance the skill sets of healthcare workers in both public and private sectors.

Conclusion

Nusrat's journey through Bangladesh's healthcare maze highlights the urgent need for integration. The dualism of public and private sectors, while diverse, unveils challenges – from resource constraints to financial barriers. Drawing lessons from global models, we find inspiration for a harmonious healthcare system.

The question echoes: How can Bangladesh weave its unique narrative of integrated healthcare? The roadmap suggests standardizing quality, improving access, enhancing information exchange, and addressing workforce disparities. It's a collective call to transform challenges into opportunities.

As Bangladesh stands at the crossroads, can it harmonize the contributions of public and private sectors into a symphony of well-being? The answer lies in our commitment to forge a unified healthcare future, where every thread contributes to the melody of health. Can Bangladesh be the architect of its healthcare destiny? The stage is set, and the journey towards integration awaits its pioneers

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Nourishing Communities Local to Global: Nutrition, Food Security, and Integrated Healthcare

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In the intricate tapestry of global health, nutrition and food security emerge as critical threads, weaving through the fabric of well-being at both local and global levels. These elements and the integration of healthcare services collectively influence the overall health of

individuals and communities. The exploration of contextual issues surrounding nutrition and food security, and their relationship with integrated healthcare systems, can help us define the impact this has from local communities to the global stage.

Local Realities: Nutrition and Food Security

At a local level, we often see diverse challenges in communities, where access to nutritious food, economic disparities, and cultural preferences play pivotal roles in shaping dietary habits. In many regions, limited access to fresh produce and whole foods exacerbates the prevalence of malnutrition and related health issues. Additionally, socioeconomic factors such as limited financial resources, transportation scarcities, marginalization and discriminatory practices, poor education and community infrastructure, and zoning regulations often contribute to food deserts, where communities lack access to affordable and culturally-appropriate nutritious food options. Efforts to improve access to nutritious foods should involve community engagement, policy advocacy, and collaborative health initiatives that address these root causes at the local level.

Food security, as defined by the United Nations, is not merely the absence of hunger but encompasses the availability, accessibility, and utilization of food that ensures a healthy and active life for all community members. By bringing together components of the healthcare system to provide more coordinated and patient-centered care at the local level, we must address these issues considering the social determinants of health that impact nutrition and food security.

Integrated Healthcare: Local Solutions

Integration of healthcare services can occur at various levels, including within primary care, to enhance the overall quality, efficiency, and effectiveness of healthcare delivery. Integrated healthcare systems at the local level play a key role in addressing nutrition and food security challenges. Primary care providers become important players in identifying and addressing nutritional deficiencies and related health issues. Incorporating screening and referrals within the integrated healthcare system is a proactive approach to addressing patient well-being. The development of standardized screening protocols for nutrition and food security can easily be incorporated into routine visits fostering referral to, and collaboration among, interdisciplinary team members, including dietitians and social workers as integral members of the primary care team. By recognizing the impact of this collaborative approach to nutrition on health outcomes and identifying food security issues, healthcare providers can tailor interventions and support to improve overall health.

Community health initiatives that involve local stakeholders, such as schools, business, and grassroots organizations, can also contribute to creating an environment conducive to better nutrition. Collaborative efforts, such as implementation of community gardens, utilization of farmers markets, and nutrition education programs, not only improve access to fresh and nutritious food, but also foster a sense of community engagement.

Regional Dynamics: Economic Disparities and Agricultural Practices

Zooming out to a regional level, economic disparities and agricultural practices emerge as significant factors shaping the nutritional landscape and food security within a geographical area. The nutritional needs of the regional population are profoundly influenced by the challenges faced by small-scale farmers. These individuals, often the backbone of local agriculture, face hurdles such as limited access to markets, inadequate credit, and scarce resources. These challenges hamper their capacity to cultivate and distribute a diverse range of nutritious foods. In many instances, the prevailing agribusiness practices that dominate certain regions intensify the nutritional dilemma. These practices, driven by market forces and profit motives, tend to prioritize the production of specific crops that may not align with the nutritional requirements of the regional population. Such monoculture approaches, focused on high-yield and economically lucrative crops, may neglect the cultivation of diverse, nutrient-rich foods that are essential for promoting a well-balanced diet. The consequences of this misalignment between agricultural practices and nutritional needs are far-reaching. Addressing these challenges requires a concerted effort to reorient agricultural practices towards sustainability and nutritional relevance.

By aligning agricultural practices with the nutritional needs of the population, regions can move toward ensuring food security and promoting the health and well-being of their communities. Integrating health systems and implementing nutrition and food security screening is a multidimensional approach that addresses both healthcare and agricultural aspects, fostering a synergistic relationship between the two. Health systems can collect and analyze data through nutrition and food security screenings to identify predominant nutritional deficiencies and health issues within the population. The establishment of collaborative initiatives and partnerships for sharing this information can guide decision-making in crop selection and farming practices. Additionally, by increasing awareness among individuals and communities and advocating for diversified agriculture can influence consumer preferences and create demand for locally produced, nutrient-dense foods. Policy development that incentivizes farmers to grow crops that contribute to the needs of the

population ensures a cohesive approach to addressing health and nutrition challenges.

Global Perspectives

Further aligning the integration of healthcare systems, data analytics, and population health management can have a profound impact on the globalized nature of food supply chains and contribute to enhancing food security around the globe. Analysis of health data on a global scale can aid healthcare systems in the identification of global nutritional trends and patterns. Data from nutrition and food security screenings can identify specific nutrient gaps in different regions across the globe. This information is invaluable for informing global strategies to address specific nutritional needs through changes in food supply chains. The overall alignment enables a more resilient and adaptive food supply chain where production and distribution strategies can be adjusted to meet deficiencies and evolving demands. This resilience is particularly important in the face of challenges such as climate change, pandemics, and economic disruptions.

Proactive nutrition and food security screening can contribute to early identification of nutritional deficiencies allowing for targeted interventions in both local and global contexts, preventing widespread malnutrition-related health issues and reducing the burden on healthcare systems. Informed by data analytics provided by integrated health systems, countries can develop trade policies and standards that prioritize the export and import of nutritionally-rich foods, ensuring that global trade contributes to the improvement of global nutrition rather than perpetuating disparities. International agreements can establish improved standards for food quality and nutritional content. Global health diplomacy efforts can also be enhanced by integrating healthcare considerations into diplomatic discussions, allowing nations to work together and create policies and initiatives that promote nutrition-sensitive agriculture and equitable access to nutritious food globally. By integrating efforts from local to global sectors, we can work toward ending hunger, improving nutrition, and ensuring sustainable agriculture on a global scale.

Scenario of Integrated Health Care and Scope of Social Work Intervention in Bangladesh: A Review

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Conceptual Understanding:

Integration refers to forming or uniting into a whole or forming into a larger or bigger unit by ending the segregation into a shared entity in society. According to the say of American Psychological Association-APA, Integrated health care, often referred to as inter-professional health care, is an approach characterized by a high degree of collaboration and communication among health professionals. What makes integrated health care unique is the sharing of information among team members related to patient care and the establishment of a comprehensive treatment plan to address the biological, psychological, and social needs of the patient. The inter-professional healthcare team includes a diverse group of members (e.g., physicians, nurses, psychologists, and other health professionals), depending on the needs of the patient (https://www.apa.org/health/integrated-health-care).

In Wikipedia, it is seen that Integrated health care, often referred to as interprofessional health care, is *an approach characterized by a high degree of collaboration and communication*. In addition, it is also known as integrated health, coordinated care, comprehensive care, seamless care, interprofessional care, or transmural care, which is a worldwide trend in healthcare reforms and new organizational arrangements focusing on more coordinated and integrated forms of care provision. A distinction is also made between horizontal integration (linking similar levels of care like multi-professional teams) and vertical integration (linking different levels of care like primary, secondary, and tertiary care) (Grone, O & Garcia-Barbero, M (2002).

Regarding the continuation of health care, it is also discussed in Wikipedia that Continuity of care is closely related to integrated care and emphasizes the patient's perspective through the system of health and social services, providing valuable lessons for the integration of systems (https://en.wikipedia.org/wiki/Integrated_care#cite_note-Grone-2). In addition, Continuity of care is often subdivided into the following three components:

- continuity of information (by shared records),
- continuity across the secondary-primary care interface (discharge planning from specialist to generalist care), and
- provider continuity (seeing the same professional each time, with value-added if there is a therapeutic, trusting relationship).

A proposed Practice Framework for Community Care Services by Marcus J. H. and Michael J. P. (2007), published in Healthcare Quarterly Vol.11 No.1 2007, P- 46 as follows:

Figure 1. A best practices framework for organizing systems of continuing/community care services

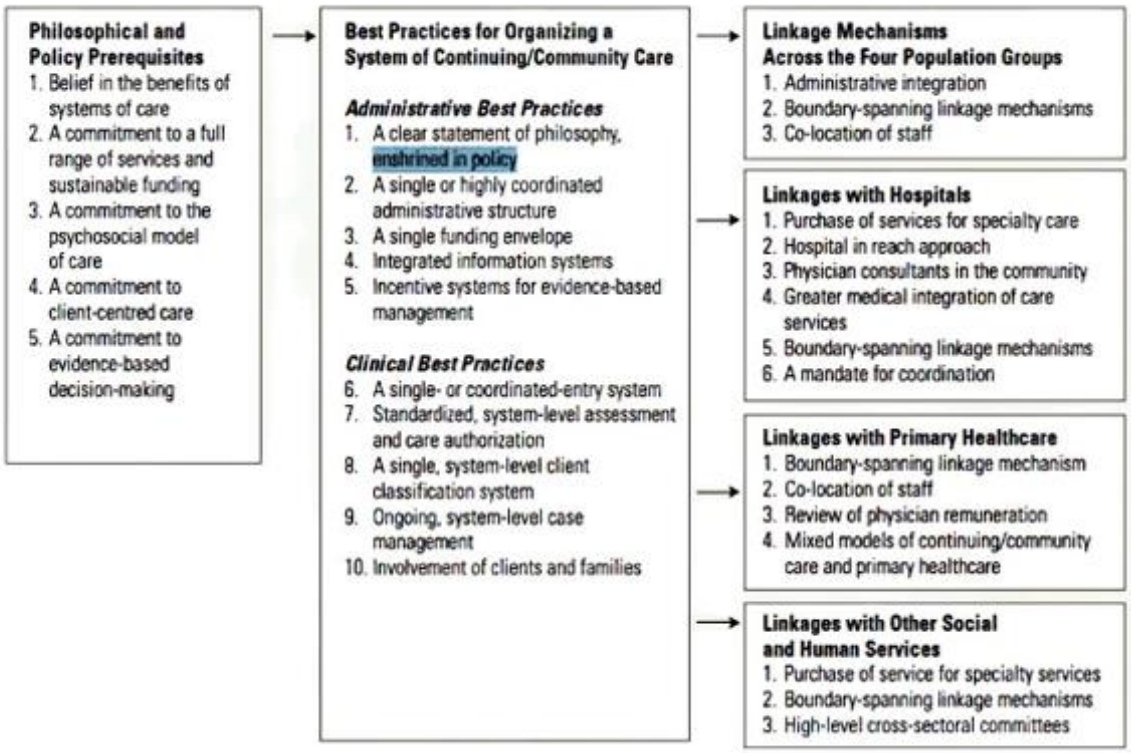

Figure-1: A proposed Practice Framework for Community Care Services of Marcus J. Hollander and Michael J. Prince

Components of Integrated Health Care:

According to the narrative of Fraser, & Fraher, 2018, there are three basic components of integrated health care which are as follows;

Practice / Clinic Level-systematic universal screening & comprehensive standardized assessment; treatment protocols to meet individual patient care plans, including care management, brief psychotherapy, and referral to community services; joint care planning; shared clinical records; frequent treatment team communication; and continuous patient monitoring.

Organizational Level-service colocation, inter-professional training & education, integrated information systems and communication, multidisciplinary treatment teams, quality assurance culture, shared organization mission and culture, strategic community alliances or care networks, interagency cooperation, consumer and community engagement;

Policy level- reimbursement mechanisms (e.g., prepaid capitation) are designed to incentivize value and cost containment, resource sharing and mobilization, shared technology, and information systems to continually assess outcomes.

There are some key challenges suggested by Marcus J. Hollander and Michael J. Prince (2007) to ensure Integration Care and Coordination in the case of care delivery for persons with ongoing care needs. As similar care services are not widely familiar in the Asian context in particular Bangladeshi healthcare, the mentioned aspects may be narrowly matched in existing practices;

* Underlying philosophical differences embedded like care services, areas of care, and type of care recipients.
* Misuse of power and resources causes unfulfillment of services to designated care for particular clients.
* Lack of communication and integrated information systems accessible to clients.
* Duplication of organizational responsibilities may reduce the enhancement of systematic service efficiencies.
* Human resources issues regarding the sufficiency of workers, training and turnover were seen to barriers to clients or service recipients receiving good-quality and timely care services.
* Regionalization sometimes lacks service standards and sufficiency. When people move from one place to another place, a similar set of services may not be available in the new region, or people may not be eligible for the same services in the new region for which they had been eligible in their former region.
* Rural/Urban differences sometimes appear as a barrier to ensuring integrated community care service.

Marcus J. H. and Michael J. P. (2007) also proposed the application process of the framework to the

elderly clients' Community Care setting as follows:

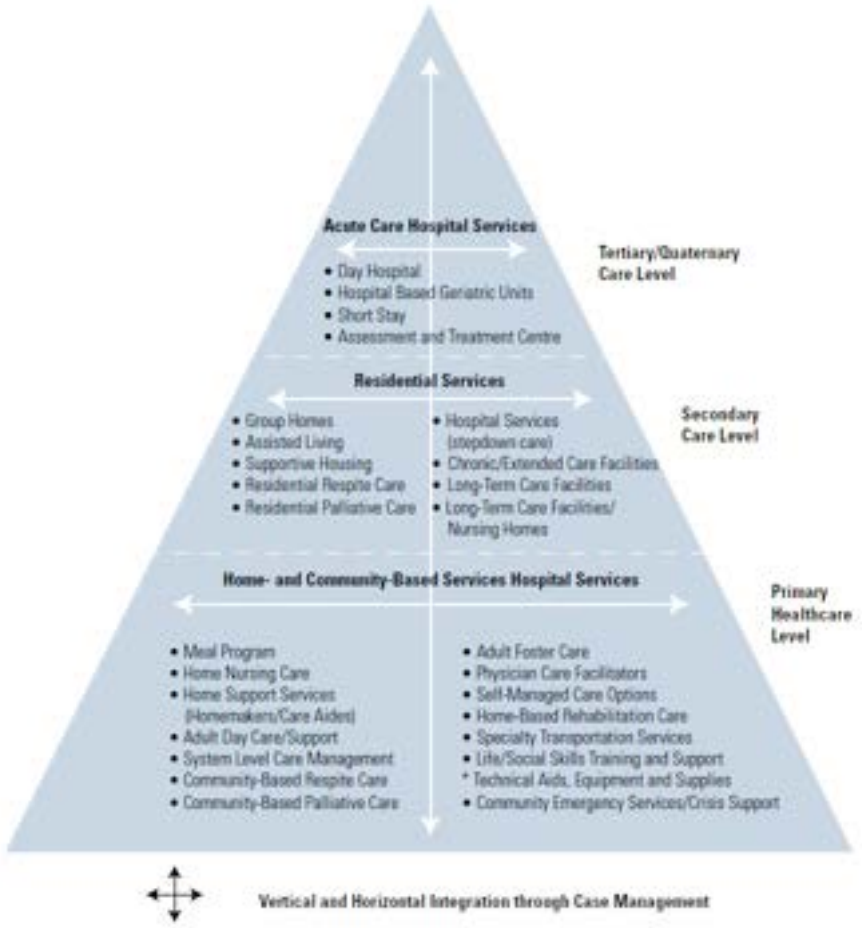

Figure-2: A proposed Practice framework to the elderly clients' Community Care

Existing Health Care System of Bangladesh:

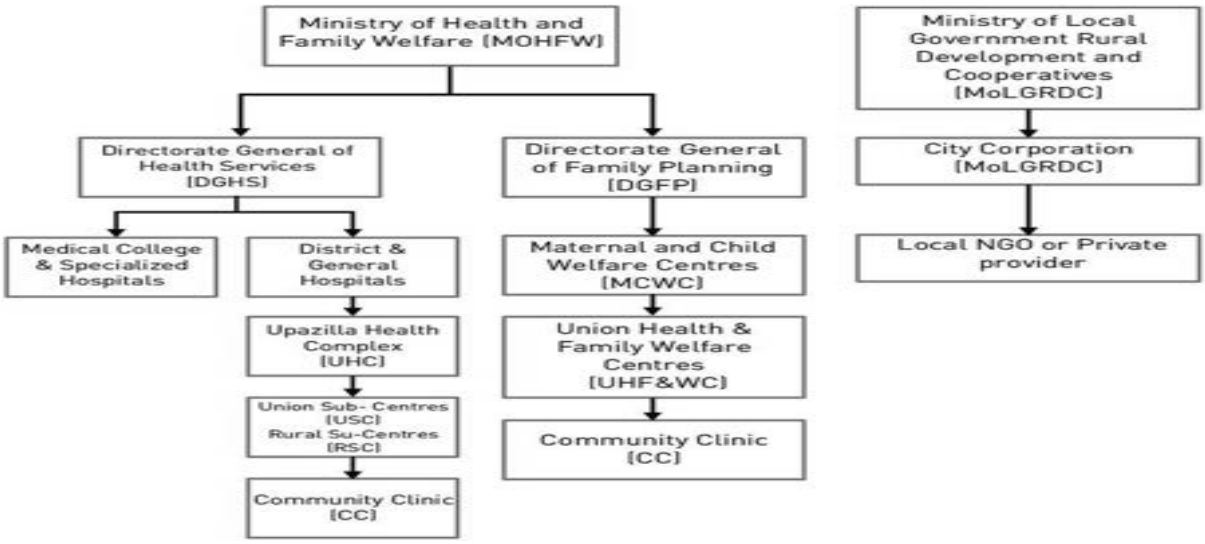

Figure 3: Health Service Delivery Organizational Structure in Bangladesh (Ali, 2020)

Facilities	Number	Services
District Hospitals (DHs)	62	Outpatient and inpatient services, laboratory, radiographic and ambulance services
General Hospitals	9	Outpatient and inpatient services and emergencies.
Maternal and Child Welfare Centers (MCWCs)	54	Family planning, preconception, prenatal postnatal care, outpatient and inpatient services as well as child and adolescence mental health services
Leprosy Hospitals	3	Specialized services through outdoors and indoors
Communicable Disease Hospitals	3	Specialized services through outdoors and indoors
'National Institute of Diseases of the Chest and Hospital' (NIDCH, 2021)	13	Specialized medical and surgical treatment to complicated chest and TB patients (NIDCH, 2021)

Figure 4: Healthcare Services at Secondary Level (Ali, 2020)

Upon careful analysis, the scope of Social Workers in integrated health care can be delineated as follows:

- Assisting individuals who are facing illness, trauma-related crises, or disability to comprehend and manage the psychosocial impact on their lives and significant relationships, and to make informed decisions and plan for the future.
- Facilitating adaptive coping patterns and adjustment to chronic illness or disability, and assisting with reintegration or adaptation to new environments.
- Participating in multidisciplinary teams and providing insight and understanding of the psychosocial dimensions of medical circumstances affecting specific patients and families.
- Identifying and coordinating community supports and practical resources to facilitate discharge from the hospital or transfer to alternative care facilities.
- Assisting with anticipatory grief and mourning, counseling individuals facing death, and offering other bereavement-related services to family members, including making practical arrangements.
- Assessing the needs of selected patient populations, networking with community organizations, and developing services to meet these needs, including support and psycho-educational groups, educational forums, socialization, and reintegration activities.
- Identifying potential neglect, abuse, and exploitation in vulnerable populations and involving authorized agencies.
- Supporting institutional goals and purposes, and encouraging institutional responsiveness to patient needs. (https://ahrefs.com/writing-tools/paraphrasing-tool)

Concluding Remarks:

A strong and prosperous healthcare industry that ensures broad access to healthcare services is required for our country. In this regard, transparent, satisfactory, and high-quality medical services, the inclusion of social work should be considered as an essential component of hospital services to ensure an integrated healthcare system. Our government must recognize the significance of social work inclusion in health services without delay. Ultimately, the Ministry of Social Welfare, civil society, pioneering social workers, and all professionals must collaborate to enhance health services and social work.

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