

Women & Mental Health in Afghanistan

Afghanistan has been at war since 1978. Generations have now been born during the conflict, and have never known peacetime. The impact of war on a population's mental health is pervasive, long lasting, inter-generational and often devastating to families and communities. The experiences of witnessing violence, losing loved ones, sustaining war injuries, becoming a refugee or internally displaced person, serving as a fighter, or being separated from family members inevitably have mental health impacts. Anxiety disorders, post-traumatic stress disorder (PTSD), and depression are particularly common among Afghans. The country's social fabric has been deeply strained by conflict, impacting many aspects of daily life, from domestic violence to employability and economic hardship. However, surviving adversity also leads to practices of resilience and endurance, and thus Afghans are also survivors as much as they are victims.

The mujahideen-led civil war years and then the Taliban government of 1996-2001 ushered in a regressive era of revived conservative attitudes towards women and their work outside the home. The Taliban banned women from working altogether, with only a few exceptions negotiated by humanitarian organizations such as UN Habitat who employed women to make bread and pasta during a food shortage crisis in the late 1990s in Mazar-i-sharif.

"the general climate of cruelty, abuse, and tyranny that characterizes Taliban rule has had a profound affect on women's mental health" ... "The denial of education also contributes to Afghan women's deteriorating mental

health. All of the women interviewed by PHR indicated that they had become unemployed due to Taliban policies" ... "women attributed the anxiety and depression that affects the vast majority of them to their fear of limited opportunities for their children, specifically denial of education to girl children." – Physicians for Human Rights, 1998

Quick Stats: Mental Health in Afghanistan

- During the Taliban period, 81% of women in one study reported a decline in their mental condition
- 42% of the study participants "met the diagnostic criteria for PTSD"
- 86% demonstrated "significant symptoms of anxiety"
- 97% reported "major depression"
- 21% reported having suicidal thoughts "extremely often" or "quite often" [Source: The Taliban's War on Women: A Health & Human Rights Crisis, Physicians for Human Rights, 1998]
- In 2002, the prevalence of symptoms of depression in Afghanistan was 73%
- The prevalence of anxiety was 84% for women and 58% for men
- The prevalence of post-traumatic stress disorder was 48% for women and 32% for men [Source: Center for Disease Control and Prevention 2002 National Population-based Mental Health Survey of Afghanistan.]
- In 2010, the Afghan Government announced its estimate that at least 66% of the population suffered from psychological problems.

Lagging Progress: Mental Health Policy Post-2001

Mental health is a notable area of weakness in health policy and practice post-Taliban. Mental health services are almost non-existent and there is little domestic capacity to prevent or treat mental illness. The Afghan Ministry of Public Health lists mental health as a priority in health policy to 2015; however, it does not clearly state the measures it will take to reach its hoped-for outcomes.

The Afghan Government introduced a Health and Nutrition Sector (HNS) Strategy in 2008. The strategy for mental health (Strategy 3.6) outlines the following: *HNS will work with the social and other sectors to develop a flexible range of integrated mental health support and care services at all levels of the health system. Particular attention will be given to post-traumatic counselling through the training of more community mental health care workers and psychologists and their placement in accessible community health facilities.*

In Afghanistan, mental illness is often misunderstood and stigmatized, as it is in most societies, making it even more difficult for people living with mental illness to access treatment and support. Self-medicating amidst an unregulated pharmaceuticals industry has led to high

rates of addiction to anti-anxiety drugs such as benzodiazepines, as well as illegal drugs like opium and heroin. Afghanistan has the dubious distinction of being possibly the only country in the world where the suicide rate is higher among women than among men.

“an estimated 2,300 women or girls were attempting suicide annually - mainly due to mental illness, domestic violence and/or socio-economic hardship (2010). This is a several-fold increase on three decades ago” - Faizullah Kakar, former Deputy Health Minister to President Hamid Karzai (IRIN, 2010)

Introducing: The Six Elements of the Basic Package of Health Services

- 1. Maternal & Newborn Health:** Antenatal Care, Delivery Care, Postpartum Care, Family Planning and Newborn Care.
- 2. Child Health and Immunization:** Extended program on immunization services, integrated management of childhood illnesses.
- 3. Public Nutrition:** Prevention, assessment and treatment of malnutrition.
- 4. Communicable Disease Treatment and Control:** Control of TB, Malaria and HIV/AIDS.
- 5. Mental health:** Mental Health education and awareness, case detection and identification and treatment of mental illness.
- 6. Disability:** Disability awareness, prevention, education, assessment and referrals.

[Source: The Ministry of Public Health (MOPH), Basic Package of Health Services, 2005]

Existing Mental Health Services in Afghanistan

Afghanistan reportedly has only 42 psychologists and psychiatrists in the entire country. In the capital, the Ministry for Public Health manages the Kabul Psychiatric Hospital, founded around 1985, which also includes inpatient services for men and women, and a drug treatment centre called the Jangalak Substance Misuse Centre. In 2009, this centre saw

more than 800 inpatients suffering from drug addiction, mainly heroin and opium addiction (IMC, 2011). The hospital, long notorious for its dilapidated and unhygienic state, has only 60 beds; while experts say at least a 300-bed facility is needed. It was also criticized in a 2010 assessment by the IMC for not providing follow-up treatment post-discharge and for the high relapse rates of addicts and mental health patients.

In 2010, over 6,400 patients were admitted to the hospital and 21,000 patient consultations took place (of which nearly half were treated for depression and 5,000 treated for psychosis), which remains the only mental health hospital in the country, despite announcements by the Minister of Public Health back in 2006 that 30-bed mental health hospitals would be opened in every region of the country, in addition to 20-bed hospitals in every province, and 10-bed clinics in every district. As of early 2011, the Ministry of Public Health had no plans in place to construct a new hospital in Kabul; however, in 2010, the European Commission moved ahead with plans to design a program to support the existing hospital and to build the capacity of the 128 hospital personnel. The program will be implemented by the international NGO, International Medical Corps.

...“tertiary care facilities like the 60-bed mental health Hospital and 40-bed Jangalak detox center, which are mandated to accept patients from across Afghanistan, lack the resources, space, qualified personnel and internal systems to provide appropriate, humane care for patients.” – International Medical Corps in Afghanistan, February 23, 2011

The Ministry of Mental Health currently operates a mental health training program with funding from the European Union and Caritas, with plans to expand it to four hospitals in the northern region of the country in 2011. In Afghanistan, there is no dedicated university faculty to train mental health personnel; however, International Medical Corps announced in February 2011 its plans to work with the Ministries of Higher Education and Public Health “to improve advanced psychiatric

education at medical universities in Afghanistan” (IMC website).

“Easy access to cheap drugs, and limited access to drug treatment, combined with three decades of war-related trauma, have resulted in problem drug-use among almost one million Afghans. ... At twice the global average this...is debilitating, not only for those affected, but also for their families, communities, and the country as a whole.” - United Nations Office on Drugs and Crime 2009 Survey, ‘Drug Use in Afghanistan’

Today, a small group of non-governmental organizations provide mental health services to Afghan women; however, the few services that do exist are largely confined to urban areas. For example, a CW4Wafghan partner organization, medica Afghanistan, provides professional psychological counseling services to women and girls affected by war and violence, among other services that help women regain their independence and quality of life. Another CW4Wafghan partner, PARSА (Physiotherapy and Rehabilitation Support for Afghanistan) has worked for many years to assist war victims, with a focus on women. Currently, PARSА provides counseling services to a women’s mental health facility in Kabul and children with mental health issues.

“In some areas of the country, people with mental illnesses are taken to shrines where they are chained for days in an attempt to cure their sickness.” - Zarghona Salehi, Pajhwok Afghan News (Nov. 23, 2010)

The first mental health program founded by an NGO was launched by the International Medical Corps, when it operated several clinics in the Shomali plains region of Afghanistan, offering counseling and other services to local people there. In the western province of Herat, the International Assistance Mission manages a mental health hospital, which was founded in response to the particularly high rate of suicide among women by self-immolation in the western part of the country. The Dutch-based NGO, Health Net International, offers a

mental health program that is integrated within the existing health framework to help reduce stigmatism of mental health issues. Health Net works alongside the Ministry of Public Health to ensure proper implementation of reforms. One of the organization's programs "aims at local capacity building and is being implemented in cooperation with the Ministry of Health in Jalalabad, covering several districts of Nangahar. It provides training materials in Pashto for doctors, nurses/midwives and community volunteers and in clinics, where there are trained personnel; essential mental health drugs are supplied" (Jeanne Bryer, BAAG, 2004:22).

Moving Forward: Healthy Minds, Healthy Communities

The prevalence of mental illness in Afghanistan demands a serious, concerted effort at coordinated assistance for all men, women and children suffering from PTSD, anxiety, depression and other conditions. Yet, mental health remains one of the most neglected aspects of health policy and practice in the country, and among the international donor community. Building peace, reducing poverty, and supporting Afghans to rebuild their lives after war cannot happen without both healthy minds and healthy bodies.