

# [Public health care problems](https://assignbuster.com/public-health-care-problems/)

[Health & Medicine](https://assignbuster.com/essay-subjects/health-n-medicine/)

Public Health Care Problems Affiliation: Is the diagnosis of mental illnesses stillviewed with a negative attitude as was done several years ago? Why or why not?
Mental illness is not regarded with the negative attitude as was the case a few years ago as people are becoming more accepting of the causes of the illness as well as the possible treatment or management techniques. In the past, people with mental illness were quarantined similar to those with disease such as leprosy. They were believed to be possessed by demonic powers and hence no one wanted to associate with them. With technology and more research being carried out on the mental illness causes, people are starting to embrace these people and even seek the right treatment methods or management methods to cope (National Institute of Mental Disorder, 2008).
Are the local and national health care providers adequately responding to the needs of people suffering from mental disorders?
The local and national health care providers are not responding adequately to those with mental disorders. This cannot however be blamed on them because the number of the health care providers with knowledge on how to handle such people is limited compared with the number of people with the mental disorders. They are therefore unable to cater fully for them. In some third world countries for example, the limited number of health care providers necessitates teaching of the family members the basics of catering for such people without necessarily having to keep them in health care facilities.
Should the local health care communities be held responsible for mandating specific care and treatment for the affected population? Why or why not?
The local health care communities cannot be held responsible for mandating specific care treatment for the affected population because they are aware of the needs of the locals and the abilities the local people have towards taking care and managing the mental diseases. They try to deal with the local patients suffering the mental illnesses according to the resources available locally without having to burden the people trying to seek resource nationally or outsource in other places which is not only costly but requires spending a lot of time. They have also spent a lot of time with the locals and hence are aware of the needs of the patients and can cater to them adequately (Compton & Kotwicki, 2007).
What are the two major types of abused drugs and the age groups most likely to use them? Why is drug usage prevalent among these populations?
Alcohol is a drug that is abused by the young population between the ages of 18yrs and 30yrs old. The young population use alcohol as a way to appear cool among their peers during the teenage stage of growth. As they continue to age, people use alcohol as a social drink and with time they use it as a way to forget the troubles or stressors in their environment. Older people from 35 years abuse prescription and over the counter drugs which they use to cure the pain in their failing bodies. They use the drugs to also relax their kinds as well as to induce sleep (McKenzie, Pinger & Kotecki, 2008).
What roles should the state governments or private health agencies or organizations play in order to prevent and control drug abuse?
The government should formulate policies that are tailored towards directly addressing the drug abuse problem. Previous policies are generalized towards drugs use and abuse and hence have not effectively controlled the problem. The private health agencies and organizations should fund and support financially any projects started by especially the youths towards addressing the problem of drug abuse and especially those that are prevalent. Strict measures should be taken against drug peddlers at the state level to curtail their supply. The reduction in supply will ultimately reduce the drug usage (Gresenz, Rogowski & Escarce, 2007).
References
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