



Non-communicable diseases and mental health cluster and social determinant of health

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Nowadays, in the 21st century, non-communicable chronic diseases (NCD) and mental disorders each is one of the major health challenges, and as often occur together, the non-communicable diseases and mental health cluster responsible for a large portion of the worldwide health care burden affects our country with a wide area, and dispersed population as long as developed countries.^{1,2} Thus, based on noticeable health inequalities within our country we have increasingly addressed problems to reduce the toll of morbidity, disability and premature mortality related to NCD as a major burden of disease, but it is important to stop and ask ourselves; how should be offered mental health care and NCD care together in primary care platforms in our country to support public health and sustainable development³⁻⁵ and, more importantly, how persons with physical and mental illnesses can benefit this approach? Hence, you ask, why did I mention all this and finally what does this tell us?

To begin, I think, the first and most important point should be notice is a strong emerging evidence supporting the relationship between social determinants of health and health outcomes; the high prevalence of both mental disorders and non-communicable disease in our country; the underestimation burden of mental illness and psychotic disorders.^{1,6}

The point is to use a collaborative care

model which introduces a team-based approach and moved into management of complex and chronic medical conditions.⁷

This movement cannot survive unless intervention has a design based on Commission on Social Determinations of Health, World Health Organization suggestion at five-level priority public health conditions analytical framework.^{1,8}

There are levels that consist of socio-economic context and position, differential exposure, vulnerability, health care outcomes, and differential consequences which can promote.⁹

The growing split between the management of mental disorders in the primary care setting and rather than on that non-communicable disease explicitly seems to revolve around two issues:

First, the complex pathways leading to comorbidity of mental disorders and multifactorial nature of NCD based on the strengthening of the primary health care.¹⁰

Second, advocacy for collaboration and country-level recognition and uptake, research, and policy guidelines to translate knowledge to effective action on social determinants of health (SDH).¹⁰⁻¹²

Well, we all need to realize that without integrating chronic medical conditions care and support mental health care in the collaborative care model we cannot makes sense to focus on early intervention in this field can help each other.^{8,13}

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In the end, despite the best efforts of investing in mental health and social determinant of health-related to non-communicable disease is both the right thing to do; but the least costly to receive “no health without mental health” motto based on our capacities.

Finally, we hope this essay will inspire clinician readers, researchers, and health

policy makers continue to find more effective and coherent practical ways to address SDH and mental and chronic physical illness in the integrate activists can help each other.

There is still a long way to go that only achieve when analyzing yesterday’s experiences to realizing today’s need and predicting tomorrow’s situations.

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