

SOCIAL ASPECT OF MENTAL HEALTH

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Abstract: *Mental health is more than a mere lack of mental disorders. The positive dimension of mental health is stressed in WHO definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Concepts of mental health include subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence and recognition of the ability to realize one's intellectual and emotional potential. SOCIOLOGY provides a powerful tool for the understanding and treatment of mental illness. Recent work is making it increasingly clear that sociological theory and techniques are valuable additions to the biochemical, genetic, and psychological approaches. Yet sociology is relatively neglected by psychiatrists both in the treating of patients and the training of residents. The main objective of the study is to measure the correlation in two major variables i.e. Social aspect of mental health and social causes of mental illness. In this paper, we have provided description of classification mental disorder. We take 20 cases study related to the psychiatric patients and analyze these case studies. also we represent the result in which we have found mania disease in male more than women & Depression in female more than in compare of male.*

Key Words: *Health, Society, Mental Health, Mental Illness, Misconception, Misfortunes, Social rehabilitation, Antipsychotic drugs, Supernatural power, Social therapy.*

1. INTRODUCTION:

Mental Health is an important aspect of one's total health status. It is a basic factor that maintains physical health as well as social effectiveness. It is a positive but relative quality of life, in which the healthy individual meets demands of the total life on the basis of his own capacities and limitation, change is the law of nature, every moment of our life is continuously exposed for change. Mentally Healthy individual in all aspects enjoys changes in life, he will take it as a challenge, thereby he will shine in a socially effective manner. It is an active quality of an individual's daily living. Mental health has two aspects. [1] First is Individual aspect means the individual is internally adjusted, free from internal conflicts, self-confident, adequate, and relieved from tensions or inconsistencies. The second aspect is social aspect in which society has certain value systems, customs, and traditions by which it governs itself and promotes the general welfare of its members. The individual becomes like a person who is acceptable as a member of society, where internal adjustment takes place and shows considerable behaviour. It establishes a satisfactory relationship between himself and his environment, between his needs, desires and those of other people. If one can meet the needs and demands of the situation, then he has achieved adjustment in a social set up. [2]

The paper is divided into two major parts. The first part of the paper deals with the theoretical concept of mental health and social conditions faced by the person on the basis of empirical observation. The second part of the paper discusses the primary level findings from the study area with some important suggestions.

2. MEANING OF HEALTH, MENTAL HEALTH, AND MENTAL ILLNESS :

- Health can be defined as health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity.
- Mental Health can be defined as the capacity of an individual to form harmonious relationships with others and to participate in, or contribute constructively to, changes in the social - environment.
- Mental illness can be defined as the experiencing of severe and distressing psychological symptoms to the extent that normal functioning is seriously impaired. Examples of such symptoms include: – Anxiety, Depressed mood, Obsessive thinking, Delusions and hallucinations.

A. An Aspect of Mental Health

Mental health has two aspects.

- 1) Individual Aspect: First is the Individual aspect that means the individual is internally adjusted, free from internal conflicts, self-confident, adequate, and relieved from tensions or inconsistencies.

- 2) Social Aspect: The Second aspect is Social aspect in which society has certain value systems, customs, and traditions by which it governs itself and promotes the general welfare of its members. The individual becomes like a person who is acceptable as a member of society, where internal adjustment takes place and shows considerable behaviour. It establishes a satisfactory relationship between himself and his environment, between his needs, desires and those of other people. If one can meet the needs and demands of situation, then he has achieved adjustment in a social set up.[2]

3. LITERATURE SURVEY:

Igor Pantic [2014] During the past decade, online social networking has caused profound changes in the way people communicate and interact. It is unclear, however, whether some of these changes may affect certain normal aspects of human behavior and cause psychiatric disorders. Several studies have indicated that the prolonged use of social networking sites (SNS), such as Facebook, may be related to signs and symptoms of depression. In addition, some authors have indicated that certain SNS activities might be associated with low self-esteem, especially in children and adolescents. Other studies have presented the opposite results in terms of positive impact of social networking on self-esteem. The relationship between SNS use and mental problems to this day remains controversial, and research on this issue is faced with numerous challenges. This concise review focuses on the recent findings regarding the suggested connection between SNS and mental health issues such as depressive symptoms, changes in self-esteem, and Internet addiction. [3]

Thalappillil Mathew Celine and Jimmy Antony [2014] Mental disorder" is the most commonly used term in modern life and the main reason behind this may be the mechanical way of life or stress and strain among youth. To find the pattern of mental disorders of hospitalized patients in a medical college hospital from 1st April 2005 to 31st March 2010. A retrospective study conducted among the patients admitted with mental disorders in a medical college hospital from 1st April 2005 to 31st March 2010. Data collected from the registers maintained in the medical records department. Z test is used for the comparison of proportions. Results: A total of 7908 mental disorder cases reported in the medical college hospital, 5564 (70.36%) were males and 2344 (29.64%) were females. Most cases occurred in the age group of 30-44 years. The mental disorder was more among females than males in 0-29 years and \geq 60 years, but in 30-59 years' males were more. In each year, mental disorders were reported more in males than females. Of the cases, most of them were mood disorders. Mental and behavioral disorders due to psychoactive substance use were more among males but schizophrenia, delusional disorders, mood disorders, stress-related disorders, mental retardation, and so on were more among females. **Conclusion:** Mood disorder was the most occurred mental disorder and the next leading mental disorder was mental and behavioral disorders due to psychoactive substance use. Counseling can be helpful for preventing most of the mental disorders. Improve the mental health care facilities will be the solution for controlling mental disorders. [4]

UM Read et al. [2012] Mental health is a neglected area in health care in Ghana. With few clinicians and trained researchers in the field, research has been limited both in quantity and quality. A search of the available literature revealed 98 articles published between 1955 and 2009. Sixty-six are reviewed in this paper. Topics covered included hospital and community-based prevalence studies, psychosis, depression, substance misuse, self-harm, and help-seeking. Much of the research was small in scale and thus largely speculative in its conclusions. Epidemiological data is scarce and unreliable and no large-scale studies have been published. There are very few studies of clinical practice in mental health. The existing literature suggests several important areas for future research to inform the development of targeted and effective interventions in mental health care in Ghana. [5]

An Ofori-Attai et al. [2010] To conduct a situation analysis of the status of mental health care in Ghana and to propose options for scaling up the provision of mental health care. A survey of the existing mental health system in Ghana was conducted using the WHO Assessment Instrument for Mental Health Systems. Documentary analysis was undertaken of mental health legislation, utilizing the WHO Legislation checklists. Semi-structured interviews and focus group discussions were conducted with a broad range of mental health stakeholders (n=122) at the national, regional and district levels. There are shortfalls in the provision of mental health care including insufficient numbers of mental health professionals, aging infrastructure, widespread stigma, inadequate funding and inequitable geographical distribution of services. Community-based services need to be delivered in the primary care setting to provide accessible and humane mental health care. There is an urgent need for legislation reform, to improve mental health care delivery and protect human rights. [6]

David Pilgrim & Anne Rogers [2005] The alienated relationship between psychiatry and sociology are explored. The two disciplines largely took divergent paths after 1970. On the one side, psychiatry manifested a pre-occupation with methodological questions and sought greater medical respectability, with a biomedical approach returning to the fore. Social psychiatry and its underpinning biopsychosocial model became increasingly marginalized and weakened. On the other side, many sociologists turned away from psychiatry and the epidemiological study of mental health problems and increasingly restricted their interest to social theory and qualitative research. An interdisciplinary void ensued, to the detriment of the investigation of social aspects of mental health. [7]

4. OBJECTIVES:

THE MAIN OBJECTIVE OF THE STUDY IS TO MEASURE THE CORRELATION IN TWO MAJOR VARIABLES I.E. SOCIAL ASPECT OF MENTAL HEALTH AND SOCIAL CAUSES OF MENTAL ILLNESS.

THE MAIN OBJECTIVE AGAIN DIVIDED INTO SOME SUB-POINTS-

- To Examine Psycho - Social - Cultural, Economical, and Educational Factors of Affecting any human being.
- To Examine the Social aspect of mental health which includes social health, social environment, social therapy and social rehabilitation.
- To find out the major social causes of mental illness.

B. Classification of Mental Disorder

Psychiatric disorder [8] mainly divided three parts.

- Psychotic disorder

The psychotic disorder mainly divided three subparts.

- i Functional psychotic disorder- Example – Schizophrenia
- ii Mood affective psychotic disorder- Example – Mania & Depression
- iii Organic psychotic disorder- Example – Delirium & Dementia

The psychotic disorder causes mainly divided two parts.

- a) Primary cause- Social factors
- b) Secondary cause- Psychological factors [9]

- Neurotic disorder

Example - Anxiety disorder, Obsessive- Compulsive disorder, Dissociative- Conversion disorder, Hypochondriasis disorder

Neurotic disorders are main cause of psychological factors.

- Special disorder

Example- Childhood disorder, Personality disorder, Substance Abuse Disorder, Mental Retardation

An Empirical Study Only Focused on Depressive Patients of Mewar Region.

5. RESEARCH METHODS AND RESEARCH AREA:

- Researcher use in this an empirical study exploratory and diagnostic research design.
- Researcher use in this an empirical study purposive sampling method.
- Case study of psychiatric patients [specialize psychosis (Depression) patients] who are admitted more than 7 days in ward or department of psychiatry in government RNT medical college Udaipur and privet Geetanjali Medical College Udaipur of Mewar region.
- A total case study has been done twenty out of a hundred cases (10 males: 10 female) in a year between age group 25 to 60 year date on 15-09-2013 to 14-09-2014. and these cases are belonging to both medical colleges.
- Only twenty cases are respondents and research cases in which an empirical study of the mewar region has been done.
- Primary data have been collected from patients and their family members & relatives.
- Secondary data have been collected related to work various journals in the library, published reports, books and web pages of internet.

❖ Some misconception is seen towards mental illness

- Mental illness is incurable.
- Mental illness caused by a supernatural power.
- Mental illness is a social stigma.
- Mental illness result due to evil spirits, breaking
- Culture or not following the norms.
- Mental illness is a hereditary disease.
- Mental illness is a communicable disease.
- Mental illness should only be treated in a hospital.
- Marriage can cure mental illness.
- Mental illness is lifelong.
- Mental illness is not related to physical health.

6. SUMMARY OF TWENTY CASE STUDY OF DEPRESSIVE PATIENTS:**A. Meaning of depression**

A form of affective manifestation in which the client will exhibit mood disturbances related to self and his environment.

➤ The classical symptoms in depression are: -

- Sadness of mood
- Poverty of ideas
- Decreased psycho-motor activities.

❖ Others symptoms of a depressive patient: -

- Lack of interest in social activities.
- Lacks confidence in himself.
- Lack of interest in activities once enjoyed
- Dullness, sad, anxious and stupor.
- A delusion of nihilism.
- Reduced judgment Capacity.
- Helplessness and Worthless.
- Loss of consciousness and a fixed head.
- Suicidal tendencies and attempts.
- The downward-facing of looks.
- Difficulty in concentration and remembering.
- Loss of libido and spend alone.
- Irregular life and disconnected from reality.

❖ Related facts for depressive patients of the Mewar area According to the table – 6.1

- Generally, depression is seen between the age group 25 to 60 years but the peak age of depression 30 to 55 years.
- Depression is more common in women than in men.
- Depression saw unmarried, divorcees, widows, and lonely persons.
- Depressive patients mostly have seen unmarried and summer season than married and winter season.

S.No	Name of Medical College & Type	Duration of Case Study	More than 7 days Total IPD Depressive Case Admitted in 1 year	Age	Sex & Ratio	Respondent & Research Case	Marital Status	Season
1.	RNT Medical College Udaipur (Rajasthan) Government	15/09/2013 To 14/09/2014	56	25-60 Year	Male-19 Female -37	Male – 04 Female -07	Married-3 Unmarried-1 Married-2 Unmarried-5	Winter Summer
2.	Geetanjali Medical college (Rajasthan) Privet	15/09/2013 To 14/09/2014	44	25-60 Year	Male-25 Female -19	Male –06 Female -03	Unmarried5 Married-1 Married -2 Unmarried 1	Summer Winter
3. Conclusi on	Quantity of Medical College-02	Time - One Year	Total Patients – 100	Depression Mainly Saw Age Group 30 to 55 Year	Total Male – 44 Total Female -56	Total Male Case- 10 Total Female Case – 10 (all Twenty cases related to Mewar region)	Total M+F Married Cases -08 Total M+F Unmarried case -12	8 Married Cases related to winter Season 12 Unmarried Cases related to Summer Season

Table – 6.1 : Case study of Depressive patients of mewar region

- Married cases related to male and winter season and unmarried cases related to female & summer season
- The minimum duration of depression for one to two weeks.
- The female depressive patient is mostly seen in government RNT Medical College and male depressive patients are mostly seen in privet Geetanjali Medical College.
- Ten cases are related to tribal castes.
- Depression disorder is a serious mood affective psychotic disorder because more than 7 days one hundred depressive patients are admitted in the psychiatry department between one year both medical college.

B. Social Cause of all Depressive patients

Depression disorder is affected by various social factors

- Divorcees, widows, and lonely persons.
- Illiteracy and educational pitfalls.
- Unemployment and poor job opportunities.
- Breakdown of social relationships.
- Complex interpersonal relationships.
- Loss of loved one (real or symbolic).
- Poor economic conditions.
- Uncontrollable and stressful life events.
- Migration and Chronic physical diseased.
- A discrepancy in daily routine activities.
- Social isolation; deprived social network and Acculturation.
- Failures in life.
- Pathogenic family environment. [9]

C. Sociological Management of Depressive Patient - Basis of an empirical study of the researcher: -**➤ Maintain Social health: -**

Social Health of individuals refers to the dimension of an individual's well-being that concerns how he/she gets along with other people, how other people react to him/her, and how he/she interacts with social institutions and societal mores.

- Social health is the amount of interaction a person has with their community.
- Social health for society is laws and regulations being applied to all citizens equally.
- Social health is public access to the decision-making processes.
- Social health is when an individual feels the support offered by being a part of the society, causing him to feel the encouragement to better himself through personal growth such as increased education or the development of talent.

➤ Maintain Social environment: -

- Improve interest in social activities
- Improve social and interpersonal relationships.
- Maintain recreational and healthy family environment.
- Reduce Suicidal ideation and attempts of divorcees, widows, and lonely persons.
- Improve confidence in himself and judgment Capacity.
- Reduce helplessness and worthless.
- Improve literacy and job opportunities.
- Maintain a living standard and loving relationship.
- Reduce financial difficulties.

➤ To provide Psycho-Social therapies: -

- Family therapy and Interpersonal therapy
- Cognitive behaviour therapy.
- Marital therapy and Recreational therapy.
- Music therapy and occupational therapy.
- Psycho-Social Counselling.

➤ To Provide Social rehabilitation: -

- To reindulcate interaction and establish effective social relationships to overcome social barriers and to return to the normative life within the community, social rehabilitation is required.

- The client has to feel a sense of responsibility and adapt healthy roles and modifies the deviant behaviour with normal behaviour.
- The preventive and curative measures will be adopted by the individual client to lead a satisfactory and useful life in social environment. [10]

7. MAJOR FINDINGS:

One hundred fifty years ago in America mental peoples were called sins and devils and these were beaten, trapped with iron chain and put down in the darkroom. There was no provision for treatment of mental disorder at that time. Same as human life, the history of mental disorder are very ancient, but efforts of analysis and treatment of mental disorders started few centuries ago at the scientific level. Before independence, the mental patients were believed to be affected by the bad evils. But today also the mental disorders are known as misfortunes in the tribal castes and the depressive patients of Mewar area are believed to be affected by ghosts and supernatural powers. A general concept found in tribal groups is that the various mental disorders are due to the resistant of cultures, customs, and traditional norms. Generally, the magic's were used as the treatment of mental disorders based on unnatural power prayer in psycho-patho therapy in ancient time and eight cases are used magic's in present time. Mental disorders are of simple to complex type. Depression disorders mostly are seen in divorcees, widows and lonely persons [11].

One-fourth of mental disorders are due to social factors. Basis of an empirical study of the researcher, more percentage of depression disorders is found in illiterate, unemployed, poor and diseased persons but depression disorders can be reduced by family therapy, music therapy, recreational facilities and participation in the community. Now a day's social therapy, music therapy, social rehabilitation, and advanced antipsychotic drugs are used in the treatment of mental disorders [12]. Basis of an empirical study of the researcher, mental disorders are mostly controlled by use of these therapies [13].

8. CONCLUSIONS:

Basis of "Social Aspect of Mental Health" An Empirical Study of Mewar Region the main cause of depression disorders is a discrepancy in daily routine activities, educational pitfalls, violence, breakdown of social relationships and poor economic conditions. The conclusion of the researcher is that Social Drugs Such as Social health, Social environment, Psycho-social therapies, and Social rehabilitation reduce the depression which works as equally as antidepressant medications. To reduce mental disorders, the social causes of mental disorders should be known so that we can keep ourselves and our families - healthy. According to the researcher, the role of sociologists in the diagnosis of mental disorders is same as psychologists and psychiatrists because the sociologists are rightly aware of the hidden social and cultural causes of mental disorders like depression, mania, and schizophrenia, etc. and play important role in diagnosis of mental disorders and promoting mental health. The psychiatrists and psychologists diagnose mentally ill persons in early stage and provide available treatment facilities but the sociologists reduce the misconception of mental illness in their minds and provide social rehabilitation.

9. SUGGESTIONS:

Basis of "Social Aspect of Mental Health" An Empirical Study of Mewar Region the contribution of Social health, Social environment, Social therapy and Social rehabilitation treatment of mentally ill patients is helpful. The role of sociological management is same as psychological and medical management to treat mental disorders. So a sociologist either medical sociologist should be posted in the department of psychiatry of every medical college and district hospital by world health organization and state family health and welfare department so that the health of mentally ill persons can be promoted according to WHO health definition.

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