

SOCIAL DETERMINANTS OF MENTAL ILLNESS IN INDIA: AN EMPIRICAL STUDY OF MENTAL AILMENT AND ASSOCIATED SOCIAL DISQUIETS

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Abstract:

Mental illness has emerged as an important and alarming disquiet in the health domain. The World health organisation (WHO) has defined health as "a state of complete physical, mental, and social well-being and not merely the absence of disease". As per NAMI (National alliance of Mental Illness), one out of every five (Roughly, 18.5 percent) people in so-called developed nation has the symptom of mental illnesses. It reflects the graveness of this ever increasing global health burden. Mental illness often considered as something which is more or less associated with the psychology and the mental well-being of an individual. Consequently, the social aspects of mental health are being ignored. Nonetheless, there is a direct co-relation between the Social and Mental well-being. As far as India is concerned, the incidents of mental illnesses increasing gradually. The social stigma, superstitions, social believe system and cultural practices etc, directly or indirectly impacting the mental health of the people. At one hand people are ignorant about mental health and on other hand they are afraid of discussing the mental health issues due to the social stigma and the misconceptions. Therefore, the issue of mental health is not becoming the issue of public discussion which is the greatest hindrance for it cures. **Dr Amartya Sen** in his famous book "The Argumentative Indian" has suggested that the pathetic health condition could not be improved until it becomes the matter of the public deliberation and the discussions. This study is an attempt to re-initiate the mental health debate and to explore the various external social factors which impact mental health of the people in India. Mentally ill patients have been interviewed in Thane Mental Hospital, Thane, Maharashtra. In addition, their case records (at mental hospital) have been duly reviewed to get the desired insights about the social determinants of mental illness.

Key words: Mental illness, Social determinant, Empirical study, Social disquiets

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Introduction:

Mental illnesses are alarmingly increasing in India with the changing social dynamics and realities. A significant number of people including the children, women and elderly are suffering from different forms of mental illnesses. Though the prevalence of mental illnesses is relatively low in India, she tops the list in term of absolute number. Moreover, the rate of mental illnesses has increased significantly in the recent decades. As per the report published in **Deccan Chronicle**, alarmingly, 14 percent adult population in India suffers from one or more forms of mental illnesses (**Bala, Chauhan³, 2016**). Such reports raise the bell to look the mental health issues acutely. The recent passage of long overdue **Mental Health Act-2017** is a welcome step as it included the **right based** approach for the treatment and has adopted the holistic measures to deal with the issue. However, the hindrances are many. The low level of mental health awareness and associated mis-conceptions, stigmatisation of mental illness etc are the areas which need to be addressed. Mental illness in India is one of the most neglected areas in the field of health. Earlier, there was lot of superstitions and stigma attached with mental illnesses. It was considered as the result of the sins of previous life (**Kishore, Jugal⁴, 2011**). And due to such superstitious believes and lacks of awareness, the mentally ill patients were treated dismally. For centuries, people were not considering mental illnesses as illness and believed that it could not be cured. Therefore, they used to abandon the patients. The stigmas associated with mentally ill patients were equally depressing. In addition, people believed that it is genetic. Hence, if anyone in the family has the symptoms of mental illnesses then other members in the family are also likely to get the symptoms. However, these were the time when India was fortunate of having very nominal rate of mental illnesses. It is because of the traditional social system such as joint family, peaceful and harmonic nature of the society, helpful and stress less way of living etc. Unfortunately, the way of living and the social dynamics have changed drastically in India. The level of stress has increased manifolds which results the higher rate of prevalence. Nonetheless, the level of awareness regarding mental health is also increasing. Now the mental health professionals and practitioners look mental illnesses holistically instead of treating it as an isolated discipline. Therefore, the social factors and causes of mental illnesses are being equally considered and explored. This study will contribute more for raising the awareness level among the people and decodes the myths related to mental illnesses in India.

Rationale:

The Cognitive Behaviour Therapy (CBT), which is widely used in the field of psychology, describes the direct relation between the cognition (thinking) and the behaviour of an individual (**Judith, S. Beck¹, 1995**). Though it is a psychological model of therapy, never undermine the social environment of the individual. It emphasises that the social environment or background of the individual greatly impacts the cognition so as the behaviour of an individual. Unfortunately, the social aspects are still one of the neglected areas in the field of mental health. Nonetheless, the recent developments in the field of mental health, consider social factors equally important to understand the symptoms and to cure the illness. India is an example, where the cases of mental illness are ever increasing with changing the social environment and practices. For instance, the traditional joint family system in India has been surprisingly transformed into the Nuclear family system. This transformation though a welcome step for many reasons, severely impacts the mental health of children. This hypothesis has been proved through various research studies. A recent study (**Jessica, Vicente², 2015**) in Brazil has decoded the poor impacts of nuclear family on the mental health of the children. There are several such social issues which directly or indirectly impact the mental health of the individual. In this study, researcher has attempted to explore these social factors and their relationships with the mental illnesses.

Hypothesis:

There is a direct co-relation between social and mental well-being of an individual. Therefore, the mental illness is not merely a psychological or mental dis-functioning but also a social problem.

Objectives:

- To understand the impact of the social factors on mental health.
- To examine the relation of the social and mental well-being of an individual.

Methods:

This is an empirical study, involving the triangulation of quantitative as well as qualitative method of research. A total of 100 participants including 50 women patients have been selected among the number of patients admitted at Thane Mental Hospital Mumbai, using simple random sampling method. Total sample has been divided equally e.g. 50 Rural and rest 50 urban. This bifurcation is done purposively to compare the level of awareness, myths and

believes in rural and urban India. Participants have been categorically divided among three groups on the basis of the severity of the illness e.g. severe, mild and recovered patients. And detailed one to one basis interviews were conducted with the mild and recovered patient groups. However, the severe patient group were unable to respond the questionnaire. Therefore, the researcher has reviewed their case records available with the medical social worker at the hospital. A detailed interview questionnaire has been prepared including the questions related to the social, economic and the cultural background of the patients. In addition, a separate set of questions has been included specifically for women respondents. Subsequently, the quantitative data collected through interview have been analysed by using data analysis tools such as chi-square (χ^2 test) and T-test. The results and findings have been presented through using graphs and diagrams. Lastly, a comprehensive list of suggestions has been provided on the basis of the findings of the study.

Findings

This study finds the direct link between the mental illness and the socio-economic conditions of the individuals. Amusingly, this study shows (**Refer Chart 1.0**) that the majority of mental illnesses found among the youth age population (15-29 years). And among the elderly population the cases of mental illnesses is even higher. Almost 28% of the participants are youth and 31% are old age. The mental illnesses among middle age population found lower than the both youth and elderly.

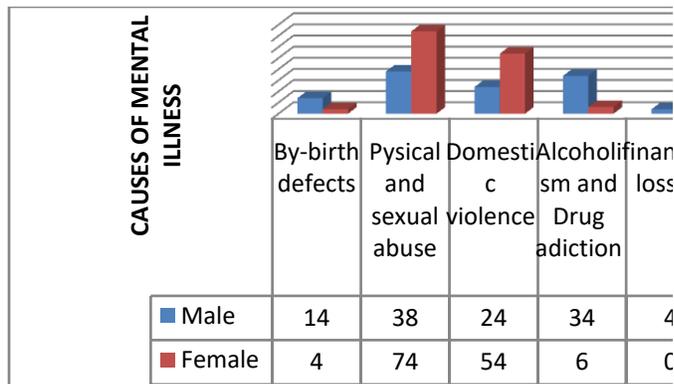
Second interesting finding of this study shows that the mental illness among working women is quite higher (almost 3 times higher) than the working man. The illnesses are also higher (24%) among jobless people. Significantly, the household occupation of the majority of the participants (38%) belongs to agriculture. And the mental illness among daily wage workers is relatively lesser. It is also noticeable that the percentage of mental illness is quite higher among relatively more educated section of the society. Similarly, the illnesses are more among the illiterate population. This finding is very contrast to each other. It is also found that only few number of participants have the symptoms by birth or having family history of mental illness. This reflects that in majority of the cases, mental illnesses are acquired due to the various socio-economic and psychological reasons. Another interesting finding could be inferred from this study that as many as 84% female patients are married, only 2% are un-married and 14% are widow.

	Male	Female		Male	Female
Total	50	50	Occupation		
Married	36	42	Agriculture	24	14
un-married	14	8	Daily wages	7	8
Age			Salaried	6	17
15-29	11	17	Jobless	13	11
30-44	6	12	Education		
45-60	13	10	Nil	22	27
above 60	20	11	0-10 years	6	3
Castes			10+2	6	7
scheduled caste	13	7	Graduation or more	16	13
scheduled tribe	5	3	Physical and sexual abuse	19	37
OBC	11	23	Begging/ Homelessness	7	11
General	21	27	Causes of mental illness		
Religion			by birth	7	2
Hindu	45	41	emotional breakdown	4	11
Muslim	3	7	broken marriage	2	7
Sikh	1	0	love affairs breakdown	6	8
others	1	2	torture/abuse	19	37
Family history of mental illness			financial losses	2	0
Yes	7	2	loss of family member/spouse	7	11

			etc		
No	43	48	alcoholism/drugs	17	3
Cases of domestic violence	12	27			

(Chart 1.0)

As far as the causes of mental illness are concerned, this study has identified some of the major causes of mental illnesses. It is pathetic that a significant number (54%) of female patients are the victims of domestic violence and 74% among female patients reveals some form of physical and sexual abuses. Begging and homelessness are another factor illness. As many as 22% of women participants are beggars. The alcoholism and drug addiction is one of the common causes of mental illness among male participants. About 35% male patients are alcoholic and drug addicts. The emotional breakdown, by-birth defect, financial losses, broken marriage and love affairs, loss of family members and spouse etc, are other significant reasons of mental illness found in this study. This can be seen in the following graph (Chart 1.2)

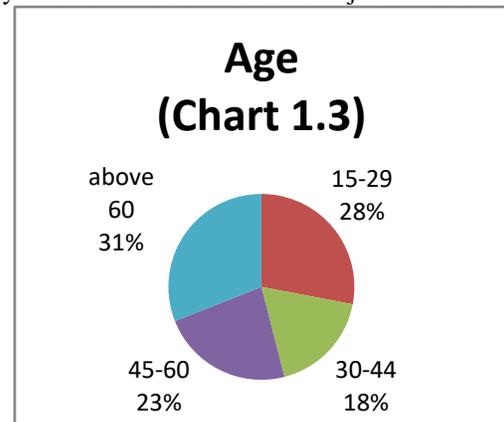


(Chart-1.2)

This chart reflects the male-female comparison of the prevalent causes of the mental illness. As mentioned above, the percentage of domestic violence and physical and sexual abuses as the causes of mental illness are very high among women. Interestingly, the beggary and homelessness are higher among women. The detailed analysis and the discussion of these findings follow.

Discussion

This age chart (Chart 1.3) suggests that the prevalence of mental illness is higher among the old age population as well as among the youth. The sorry state of old age care may be the reason for higher mental illness among old age groups. Like western society the old age population in India also suffers from loneliness and negligence. The old age care system is not well developed in India. Those who are living alone in their old age suffer from both emotional and financial stresses. They often feel loneliness and isolated in the family as well as in the society. The old age members in the family receive low level of care. Their concerns are being ignored. Hence, suffers from severe mental crises. At the same time they have lack of access to the mental health treatments. These all factors have combined impacts on their mental health. The other prevalent groups are the youth. It is observed that about 28% patients are youth. The youth age population have another set of challenges. Some among them are stressed because of the scarcity of the employment and job opportunities. Some are also suffers from alcoholism and drug addictions. Seven patients among them have shared the story that they become ill, because of the broken relationship and love affairs. And four among them have the drugs and alcohol addiction.



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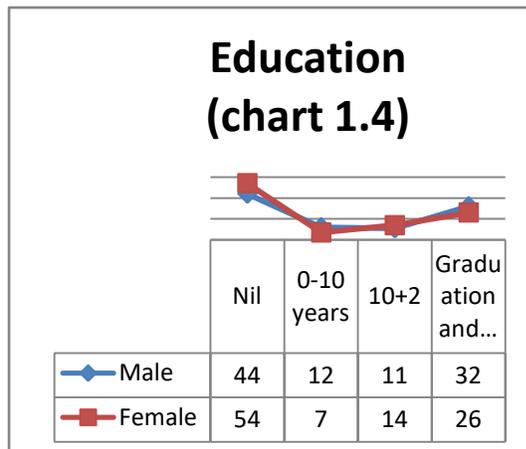
The second interesting fact (**Chart 1.4**) of this study is that the prevalent of mental illness is comparatively higher among the working women. About 35 percent women patients are the working women and engaged in salaried work. At the same time a very high percentage (e.g. 74%) of women patients have been abused physically or sexually. Since, both the working women and number of abused women are higher. Therefore, it can be inferred that the working women are more prone to the physical and sexual abuse. And there is direct relationship with the physical and sexual abuses with the prevalence of mental illness. As far as the male patients are concerned, majority (48 percent) of them are agricultural workers. It means, farmers and agricultural workers are living with more stresses compare to any other professionals. And they are more prone to get mental illnesses.

Another interesting fact (**Chart 1.5**) is the level of education and the prevalence of mental illnesses. It has been noticed that the prevalence of mental illness is higher both among illiterates and more educated sections. About 44 percent male and 55 percent female patients are illiterate. It can be said that the mental health awareness among the illiterate section is low which may have impacted their mental health. But contrary to this there is also high prevalence among the relatively higher educated section. It may be due to the higher level of stress among the educated section. The educated and working classes are living more stressful life.

Conclusion

The study suggests that the mental illness is not a genetic disease. Very low percentages of mentally ill patients have by-birth symptoms. Almost 95 percent of patients have acquired the symptoms of mental illness during the different phases of their life. The socio-economic and psychological factors have direct impact on the mental health of an individual. The age old myth about mental illnesses is nothing but the mis-conceptions, unawareness and the ignorance about mental health. It has been believed in the rural society that the mental illnesses are the result of the sins committed in the previous life. The stigma associated with mental illness crucially harms the patients and their families. It averts them to overcome from the mental illnesses. Due to this age old myth, many patients are not going for mental health treatments and medication. This severely impacts their chances to be cured. The findings of this

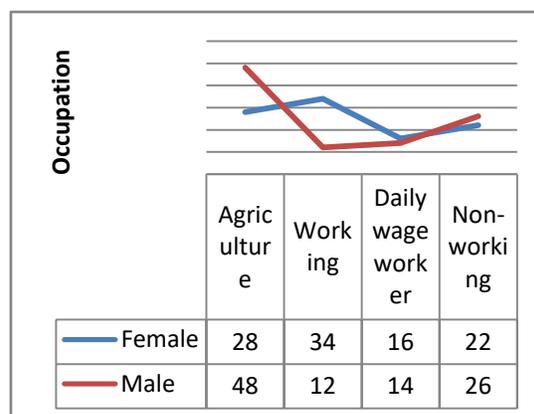
(Chart 1.5)



study suggest that there are several social, economic and psychological factors which impact mental health of the individuals. The ever increasing complexities in human life and the dynamic ways of living have been critically impacting the mental health. The mental illnesses are ever increasing among the Youth due to the dynamic life style, addiction of drugs/alcohol etc. The ever mounting nuclear family system has also impacts the mental health of both the youth and elderly population. The culture of discussion and sharing of the individual concerns in the family have been diminished which impacts the mental health of the people. Moreover, the increasing competition and unrealistic ambitions among youth severely impacts their mental health. The elderly people on other hand suffer from negligence in the family. The social and public life is getting very limited due to the dynamism and

complexities in the society. They feeling the traumatic loneliness, therefore, suffer from mental illnesses.

Nonetheless, the positive development can be seen in the field of mental health. The awareness about mental health is increasing which allows and helps people to get timely treatment and care. The passage of right based Mental Health Act-2017 will be significant for the accessibility, affordability and availability of mental health care and treatments. The number of mental health care institutions and the researches in the field of mental health are growing. However, the treatments and care are limited to few people only. The mental health care institutions are mostly locates in the cities and the rural patients are still having the concern of accessibility and the availability of mental health treatment. This issue needs a paradigm shift in the policy toward the mental health. The mental health needs extremely high attention as the illnesses increasing rapidly.



Recommendations

- The increasing complexities and dynamism in the life impacts the mental health of the individuals to a great extent. The social and public life of individuals have become very limited. There is the growing pressure and burden on the individual. The traumatic work cultures and rising pressure have impacted the mental health of the people. The physical and sexual abuses and harassments have critical impact to mental health. All these need immediate attention. The social space needs to be re-created where people can exchange and discuss their concerns. It need the awareness generation at every level. The mental illnesses are highly preventable which can be done by proper awareness about it. At the community lever there should be periodic public gathering where people will exchange their ideas, share their concerns. And also there should be mental health exercises and activities to create awareness and help the symptoms to be identified at the earliest stage of mental illness. There should be well trained mental health professionals who could organise such periodic gatherings.
- The old age recreational centres could be established in the localities where the elderly people gathers everyday and share the space. It will remove the loneliness among them. The trained mental health professionals should also be appointed for these centres. They will engage the elderly people to different activities.
- The mental health is the most ignored segment of health. It needs the extreme focus and high priority. The Health sector public expenditure is critically low in India. And out of the total health allocation, mental health has the lowest share. This need a clear dissection in the allocation and the mental health segment must get the higher allocation in health budget.
- The social stigma is still very dominant in the society. Due to such stigma, people are fearful and afraid of getting their mental illness information leaked in the society. The mentally ill people in the society are being bullied and mocked. If anyone in the family has the symptoms of mental illness, other members of the family also being mocked. People don't want to get into matrimonial relationships with those families. Therefore, people tend to ignore the mental illness at the earlier and most critical stage. Had the people been reveal their symptoms at earlier stage, it would have been easily get cured. This stigma and the mis-conception about mental illness are the greatest hindrance for the cure. The greater awareness about mental health is only the way to get out from this disaster. People don't even want to discuss the issue of mental illnesses. This is very pathetic for the mental health treatment. People think, if they talk about mental illnesses, he/she may be termed as mentally ill. And the society will start mocking them. Therefore, the first and the most significant thing is that the mental health issues needs to become the issue of public discussion. People need to discuss this issue publically. It should be the matter of public deliberation as suggested by Dr Amartya Sen in his book *The Argumentative Indian*.

References

1. Beck, J. S. (1995). *Cognitive Therapy : Basics and Beyond*. The Guildford Publication.
2. Chauhan, B. (October 21, 2016). Deccan Chronicle.
3. Jean-Francois Trani1, P. B. (2011). Mental illness, poverty and stigma in India: a case-control study. *BMJ*, 5(2).
4. Kishore, J. (2011, Oct-Dec). Myths, beliefs and perceptions about Mental Disorders and Health-seeking Behavior in Delhi, India. *Indian Journal of Psychiatry*, 4(53), 324-329.
5. Kuruvilla A, J. K. (2007). Poverty, Social stress and Mental Health. *Indian Journal of Medical Research*, 8, 273-279.
6. Vicente, J. (2015 , March). Mental Disorder in Childhood : Family Structure and their Social Relations. *Esc. Anna Nery*, 19.
7. WHO. (October 2015). *Mental Health Care in India: Restoring hope and dignity*.
8. Wahl OF (2012). Stigma as a barrier to recovery from mental illness *Trends in Cognitive Sciences*; 16:9-10.
9. Jadhav S, Littlewood R, Ryder AG, *et al* (2007). Stigmatization of severe mental illness in India: against the simple industrialization hypothesis. *Indian Journal of Psychiatry*; 49:189-94.
10. Corrigan PW, Miller FE. Shame (2004) Blame, and Contamination: A review of the impact of mental illness stigma on family members. *Journal of Mental Health*; 13:537-48.