

MENTAL ILLNESS

DETERMINANTS, DEFINITIONS, MYTHS, FACTS AND HOW YOU CAN HELP

RITA MARATHEY
FOR THE YWCA OF INDIA

Almost three quarters of the global burden of neuropsychiatric disorders occurs in low and middle-income countries. We can measure the costs to individuals, families, societies, and economies. And the costs of these disorders, which tend to have an early onset and are chronically disabling, are enormous. Taking action makes good economic sense. These disorders interfere, in substantial ways, with the ability of children to learn and the ability of adults to function in families, at work, and in society at large.

DR. MARGARET CHAN DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION

India is currently home to a population of over one billion citizens. A study conducted by the *World Health Organization in 2015 shows that one in five Indians may suffer from depression in their lifetime.*

Due to the stigma associated with mental illness, a lack of awareness, and limited access to professional help, only 10-12% of these sufferers will seek help.

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DEPRESSION

The estimate of the global burden of disease predicts that *Depression will be the second-leading cause of disability worldwide by 2020.* Depression is widely prevalent in women in all age groups especially in India where 1.2 billion population lives. In the current scenario of under-diagnosed, untreated cases of females suffering from depression, the hurdles faced by Indian women include inadequate number of mental health professionals, lack of awareness, stigma, disadvantaged position of women, multiple roles, increased levels of stress, and domestic violence.

Depression is one of the most common global mental health problems. In adolescents, it is one of the under-recognized health problems due to the inability to disclose their feelings and reluctant to seek psychiatric help. In the last century, the medical community did not accept the existence of depressive disorders in children. It was believed that children are lacking the mature psychological and cognitive structure needed to experience symptoms related to depressive disorders. However, a growing body of evidence proved that children not only experience the whole spectrum of mood disorders but also suffer from significant morbidity and mortality associated with them.[1] Recent studies have also confirmed the prevalence of depression (10%–60%) in adolescents



“The transition period from childhood to adulthood is a stage marked by emotional instability that makes adolescents vulnerable to depression.”

Behavioral changes associated with hormonal changes during this period make depression difficult to diagnose. It is reported that more than 70% of the children with depression do not receive appropriate treatment.

The Diagnostic and Statistical Manual of Mental Disorders, Fifth edition has defined symptoms for depression; this includes:

- depressed moods,
- psychomotor agitation or retardation,
- diminished interest or pleasure,
- insomnia,
- fatigue or loss of energy,
- diminished ability to concentrate,
- significant weight loss,
- feelings of worthlessness or excessive guilt,
- and recurrent thoughts of death

Individuals exhibiting five or more of those symptoms meet the criteria for major depressive disorders.

“more than 70% of the children with depression do not receive appropriate treatment”

There is no ideal screening or assessment tool available for depression assessments. However, combinations of optimal diagnostic tools followed by clinical interviews are commonly used for diagnosis and treatment of depression. Exploring the magnitude of depression and

associated sociodemographic factors among adolescents can contribute to the development of preventive and control strategies for depression. In the present study, we have attempted to estimate the prevalence of depression and its associated sociodemographic factors among school-going students in the rural and urban areas of Patna, Bihar.

INDIAN J PSYCHOL MED. 2017 MAY-JUN; 39(3): 287-292.

Young people today are faced with isolation, academic performance stresses, pressures at work. All this, inspite of the onslaught of social media friendships. Real time relationships are dwindling.

Physical fitness has also begun to take a back seat and compromises mental fitness. It is imperative to tackle both in order to build a productive and progressive community.

Addiction to electronic devices and/or screens such as mobiles, tablets, iPads etc has created a virtual world for youth which they can escape to when the going gets tough in the real world . *Digital detox for a certain amount of time every day is essential.*



Counselling and psychotherapies are usually not an option considered by families or people who have mental health concerns. It is essential that this mindset changes and the stigma surrounding mental illness is dispelled. Prevention and early diagnosis leads to better prognosis.

WHAT IS MENTAL HEALTH?

The WHO constitution states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

MYTHS SURROUNDING MENTAL HEALTH

MYTH: Mental health problems don't affect me.

FACT: *Mental health problems are actually very common including major depression or serious mental illness*

MYTH: Children don't experience mental health problems.

FACT: *Even very young children can demonstrate early warning signs of mental health concerns which can be due to biological, psychological, and social factors.*

MYTH: People with mental health problems are violent and unpredictable.

FACT: *The vast majority of people with mental health problems are no more likely to be violent than anyone else. In fact, they are more likely to be victims of violent crime than the general population.*

MYTH: People with mental health needs cannot put up with the stress of keeping a job.

FACT: *People with mental health problems are just as productive as other employees.*

MYTH: Personality weakness or character flaws cause mental health problems.

FACT: *Mental health problems have nothing to do with being lazy or weak and many people need help to get better.*

MYTH: There is no hope for people with mental health problems.

FACT: *Studies show that people with mental health problems can get better and can recover completely.*

MYTH: A pill can help more than therapy and self help.

FACT: *Treatment for mental health problems can include medication, therapy, or both.*

MYTH: I can't do anything for a person with a mental health problem.

FACT: *Friends and family can be important influences to help someone get the treatment and services they need.*

MYTH: Prevention doesn't work.

FACT: *Known risk factors such as exposure to trauma can affect the chances of children, youth, and young adults.*

HOW IS MENTAL ILLNESS DIFFERENT FROM MENTAL HEALTH?

WHAT IS MENTAL ILLNESS?

Mental health refers to our emotional and psychological state, our social well-being and how we feel about ourselves and interact with others. Mental health is not the same as mental illness, although poor mental health can lead to mental and physical illnesses.

Mental illness refers to a wide range of disorders that affect mood, thinking and behavior.. People with mental illness often experience distress and problems functioning at work, home and in social situations. Mental illness can be caused by biological factors such as genes or brain chemistry, trauma and abuse, and family history of mental illness.

WHAT IS MENTAL HEALTH?

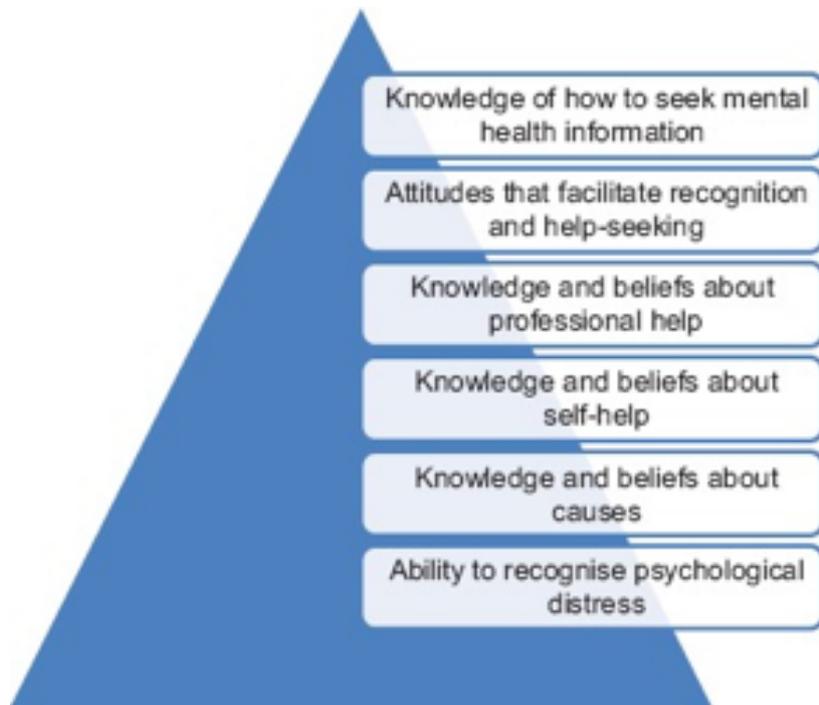
Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. For example, violence and persistent socio-economic pressures are recognized risks to mental health. The clearest evidence is associated with sexual violence.

Poor mental health is also associated with rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, physical ill-health and human rights violations.

There are specific psychological and personality factors that make people vulnerable to mental health problems. Biological risks include genetic factors.

Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world.



Jorm AF. Mental health literacy. Public knowledge and beliefs about mental disorders. Br J Psychiatry. 2000;177:396-401. [PubMed] [Google Scholar]

KEY FACTS ABOUT MENTAL HEALTH

- Mental health is more than the absence of mental disorders.
- Mental health is an integral part of health; indeed, there is no health without mental health.
- Mental health is determined by a range of socioeconomic, biological and environmental factors.

THE MAJOR TYPES OF MENTAL ILLNESS INCLUDE:

- Clinical Depression - A mental health disorder characterised by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life.
- Anxiety - A mental health disorder characterised by feelings of worry, anxiety or fear that are strong enough to interfere with one's daily activities.
- Mood disorders, including bipolar - A disorder associated with episodes of mood swings ranging from depressive lows to manic highs.
- Personality disorders
- Schizophrenia - A disorder that affects a person's ability to think, feel and behave clearly.
- Dementia - A group of thinking and social symptoms that interferes with daily functioning.
- Attention-deficit/hyperactivity disorder - A chronic condition including attention difficulty, hyperactivity and impulsiveness.
- Obsessive compulsive disorder (OCD) - Excessive thoughts (obsessions) that lead to repetitive behaviours (compulsions).
- Autism - A serious developmental disorder that impairs the ability to communicate and interact.
- Post traumatic stress disorder - A disorder characterised by failure to recover after experiencing or witnessing a terrifying event.

HOW YOU CAN HELP AS AN INDIVIDUAL OR AN ORGANISATION:

- By reaching out
- By Helping them access appropriate services
- By dispelling the myths around mental illness.
- By treating them with respect
- By not labeling them as 'mad' or 'crazy'
- Help them to practice "The family that eats together stays together"
- Encourage creating connections with family and close friends
- Building infrastructure for early childhood interventions - providing a stable environment, protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive and developmentally stimulating);
- Providing support to children through. life skills programmes, child and youth development programmes
- Create opportunities for socio-economic empowerment of women including improving access to education and microcredit schemes);
- Creating social support for elderly populations through. befriending initiatives, community and day centres for the aged);
- Building programmes targeted at vulnerable people, including minorities, indigenous people, migrants and people affected by conflicts and disasters
- Spread the awareness through mental health promotional activities in schools
- Expand mental health interventions at work including stress prevention programmes
- Spreading awareness of violence prevention programmes by reducing availability of alcohol and access to arms

WHO supports governments in the goal of strengthening and promoting mental health. WHO has evaluated evidence for promoting mental health and is working with governments to disseminate this information and to integrate effective strategies into policies and plans.

In 2013, the World Health Assembly approved a
"Comprehensive Mental Health Action Plan
for 2013-2020".

The Plan is a commitment by all
WHO's Member States
to take specific actions
to improve mental health and
to contribute to the attainment
of a set of global targets.

The Action Plan's overall goal is to promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders.

It focuses on 4 key objectives to:

- strengthen effective leadership and governance for mental health;
- provide comprehensive, integrated and responsive mental health and social care services in community-based settings;
- implement strategies for promotion and prevention in mental health; and
- strengthen information systems, evidence and research for mental health.

Particular emphasis is given in the Action Plan to

- a) the protection and promotion of human rights,
- b) the strengthening and empowering of civil society
- c) and to the central place of community-based care.

In order to achieve its objectives, the Action Plan proposes and requires clear actions for governments, international partners and for WHO. Ministries of Health will need to take a leadership role, and WHO will work with them and with international and national partners, including civil society, to implement the plan. As there is no action that fits all countries, each government will need to adapt the Action Plan to its specific national circumstances.

WHAT CAN YWCAS DO?

YWCAs across the country have a cadre of leaders and they are working towards the betterment of our society. The YWCAs across the country can contribute by-

- Creating awareness building among different age groups such as young women and girls, teenagers and YWCA members on the whole issue of mental health. In today's date, it's important to talk about these issues as we as YWCAs need to be an outlet for people to come in and openly address this issue.
- We need to create proper referral systems for women who can come to us anytime for immediate intervention and also action. We need to be the link for these women to connect to the counselor for helping them in need. We need to be seen as visible connecting force to help bridge the gap between the real issue and its solution to it.
- YWCAs need to provide safe spaces for people to meet and have an open space for discussions. A safe space where no one is judged and can have a space where meaningful discussions are allowed to happen
- Activity bases therapies can be used at various YWCAs across the country where through activities , issues of mental health can be talked about and worked upon.
- It very important to network with like minded NGOs as they may have rehabilitation centres where we can provide the linkage between both the places.