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Empowering People for Mental Health – A Literature Review

P. Pastin Pushpa Rani
M.Sc(N),
Associate Professor, Department of Mental Health Nursing,
Annasamy Rajammal College of Nursing,Tirunelveli,
Tamil Nadu

Dr. Vathsala Sadan
M.Sc.(N), Ph.D.(N)
Professor, Department of Community Health Nursing,
College of Nursing, C.M.C, Vellore, Tamil Nadu

Abstract:-The global burden of mental disorders is on the rise every day. The mental health resources available to meet these demands are scarce. While treatment of all those with identified mental illness itself is questionable, prevention of mental disorders is foreseen as a challenge to mental health care delivery system. Though many strategies were tested, community based programmes involving local community people were found to be effective by many researchers. Local adaptation of such interventions is put forth as a key to the preventive mental health efforts.

Keywords:-Mental Health, Mental Illness, Mental Health Care Delivery, Mental Health Resources

I. INTRODUCTION

Prevention of mental disorders is a public health priority. The concept of prevention in psychiatry covers a wide range of measures for primary, secondary and tertiary prevention. Our current knowledge and practice about preventive and promotive mental health is limited because mental health was considered as one of the determinants of health. Recent understanding of bio-psycho-social etiologies of mental illness offers a special opportunity to build collaborative efforts. [1]

This paper presents the current scenario of mental health care delivery system and emphasizes the need for empowering people for mental health through initiating innovative mental health interventions of preventive effort that are cost effective and culturally suitable for Indian population.

II. MAGNITUDE OF MENTAL ILLNESS

About 14% of the global burden of disease has been attributed to neuropsychiatric disorders. These disorders include depression and other common mental disorders, alcohol and substance use disorders and psychoses. But the interaction between mental health and physical health is poorly understood. This leads to under estimation of burden of mental illness[2]. There were a number of difficulties faced in defining mental health and illness, making a diagnosis, picking up a research sample, limited mental health manpower, inadequate knowledge, lack of multiple sources for data collection, underreporting of patients, stigma, lack of financial resources and low priority of mental health in the health policy were reported as the factors associated with under reporting of mental illness. [3]

A cross sectional study was undertaken to assess the psychiatric morbidity among the adult population of selected Taluk of Udupi District, Karnataka. A sample of 193 adults was interviewed and a proportion of mental illnesses in that population was determined to be 39.9%. Socio-demographic factors such as age group, poverty level, single individuals, lack of education, unemployed and housewives, single livelihood and family history of mental illness were statistically associated with the psychiatric morbidity. [4]

A meta-analysis of 174 studies conducted globally from 1980 to 2013 reported that one in five persons (17.6%, 95% confidence interval: 16.3%-18.9%) experienced Common Mental Disorders (CMDs) within one year and the lifetime prevalence of CMDs was 29.2% (25.9%-32.6%). The studies which were conducted before 2000 reported a comparatively a lower prevalence of CMDs. This underreporting can be attributed to multitude of factors such as very high patient loads, poor undergraduate training of physicians in Psychiatry, stigma associated with mental illness and frequent somatic presentation of CMDs.[5]

High magnitude of mental illness especially in low-income and middle-income countries was consistently reported in literature [1,6] that demands the review and restructuring of existing mental health delivery system worldwide.

III. MENTAL HEALTH CARE DELIVERY SYSTEM

Mental health resources in any country include the policy, infra structure, mental health services, community resources, human resources and funding.[6] The World Health Report 2006 focused that health work force must aim at providing universal access to health care and social protection the entire population of the country. It also emphasized that effective

work force strategies must be matched to a country's unique situation and based on social consensus. [7]

In reality, there are a numerous obstacles to render mental health services to the population that requires it. The availability of cost-effective and affordable interventions is disproportionate to meet the mental health care demands.[6] Scarcity of human resources i.e. the low numbers and few types of workers who are trained and supervised in mental health care is viewed as a primary challenge in the delivery of mental health care.[6,8,9] This problem in low- income and middle-income countries show a serious shortfall and it is likely to grow if effective measures are not taken.[10] Adding on to the scarcity of mental health resources, they are distributed unequally between countries, between regions and within communities.[6,11] This in turn, leaves a very small proportion of human resources available for preventive mental health efforts. [12]

Transition from institutional model of care to community care model requires financial resources that have not been made available in most countries.[6] There is also an issue of underutilization of available mental health resources by the people. Under utilization of mental health services is attributable to a number of factors. People with mental illnesses are denied of their basic human rights.[6] Due to stigma associated with mental illness, patients and caregivers resist referral to mental health services and practitioners do not broach discussions of mental health.[12] Comorbid physical illness may complicate help – seeking, diagnosis, treatment and prognosis. [2]

Attitude of people toward mental illness is one of the important factors determining the utilization of services. Research conducted in Rohtak among patients suffering from mental illnesses showed that patients accounted their illness to physical reasons (36.2%), supernatural causes (16.5%) and mental (13.3%) reasons. It was also noticed that only 29.4% availed specialist services from a psychiatrist. [13] It is imperative that future research interventions must focus on the most efficient ways of improving knowledge and promoting health-enhancing behaviour, such as help-seeking. [14]

IV. NEED FOR CHANGE IN MENTAL HEALTH CARE DELIVERY

Mental health literacy has received less attention among general public. Surveys conducted in several countries showed that there is a deficiency in the public's knowledge about the prevention of mental illness, recognition of an onset of illness, help-seeking options available treatment measures effective self-help strategies and first aid for those affected by mental health problems.[15] Early identification of mental illness and treatment seeking will occur only when the affected people, their family members or supporters know about the early changes produced by mental disorders and the best possible help available. [14] Hence there is a great need to empower the community for mental health that can be achieved through focusing on improving mental health literacy.

Although the public sector was slow in meeting the mental health demands of people, private sector has been taking a initiative to fill the gap. Non-governmental Organizations have kick-started initiatives like rehabilitation programs, ensuring the rights of mentally ill and preventive mental health programmes in schools. Despite all these measures, there needs to be a lot done in India towards mental health training, research, and clinical psychiatry to promote mental health.[11]

Community based programmes are suggested as an effective strategy to deliver mental health care in primary health care settings.[10,14,15] While individual treatments can relieve individual distress and common mental disorders, public interventions are required for impacting rates of these conditions within populations. Public health strategies should be championed to reduce both distress and common mental disorders associated with psycho-social adversity.[16]

It was recommended to step up the mobilization and recognition of non-formal resources in the community.[17] General health professionals, common men, rehabilitated patients and their family members can be trained and supervised by professionals to detect, diagnose, treat and monitor people with mental illness and reduce stress related to care giving .[10] One such model is the community outreach program engaged in training community volunteer workers in the identification and referral of persons with mental disorders. This model used audio visual aids and interactions through role play for training and was found to be effective by researchers. [18] This type of intervention was reported to be effective in primary health care settings compared to private settings. [19]

Services provided by Community Health Workers (CHWs) are expected to be more appropriate to the health needs of populations than those of clinic based services, to be less expensive and to foster self-reliance and local participation. They can easily gain entry into the local community and are accepted by their own people. Hence they are expected to improve the utilization of mental health services especially those services needed by the poorer and underprivileged sections of the community[20]

However, factors such as low capacity and motivation of non-specialist health workers and the stigma associated with mental disorders need to be addressed as these factors may challenge the delivery of mental health services.[9]

Research evidence supported mass mental health intervention as a measure to promote mental health literacy and change the public's attitude towards mental illness. There must be an active involvement of existing mental health manpower at local or regional levels toward preventive efforts. [21]

V. CONCLUSION

The future mental health interventions must be cost-effective, culturally acceptable and focus on the empowerment of entire community especially the underprivileged. These interventions can be carefully designed by mental health professionals and can be delivered through trained community lay volunteers as they are in close proximity with the target population. This model of mental health literacy stands as a pragmatic approach and a solution to an issue of scarce mental health manpower in low income countries.

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