

Assessment of General Mental Health among Community People in Bangalore, India

Nirmala Pradhan¹, Basavaraj AU², Shilpa J², Balamurugan G³

¹Assistant Professor, B.P. Koirala Institute of Health Sciences, Dharan, Nepal,

²Lecturer, M.S. Ramaiah Institute of Nursing Education & Research, Bangalore, India

³Professor, M.S. Ramaiah Institute of Nursing Education & Research, Bangalore, India.

Corresponding Author: Nirmala Pradhan

Received: 20/01/2017

Revised: 06/02/2017

Accepted: 13/02/2017

ABSTRACT

Background & Objectives: The concept of Community Mental Health addresses the collective Mental Health of all people within a particular community. The main aim of the study was to assess the general mental health of the community people

Materials & Methods: A descriptive, cross sectional study design was used. The study was conducted in Bangalore at B.K. Nagar. Sampling technique was non probability convenient sampling technique. And the period of data collection was two weeks. Hundred samples were collected after identifying the eligibility criteria.

Result: Most of the subjects 51 % belong to age group of 20-40 years. Majority of the subjects 51 % were male. Majority of the subjects 75% responded 'no' to the question 'During the past 12 months, was there any time when you needed treatment for a drug or alcohol problem but didn't get it because you couldn't afford it?'; 82% responded 'no' to the question 'During the past 12 months, was there any time when you needed Mental Health care or counseling but didn't get it because you couldn't afford it?'; 94% responded 'no' to the question Has a doctor or other health care provider ever told you that you have a depressive disorder? 96% responded 'no' to the question 'Are you now taking medicine or receiving treatment from a doctor or other health professional for Mental Health condition or emotional problem?'

Conclusion: Therefore being a psychiatric professional can play an important part in identifying and diagnosing mental health problem and provide adequate information to public on promotion of mental health.

Keywords: General Mental Health, community mental health.

INTRODUCTION

Mental Health has a huge impact on every aspect of our life. Good Mental Health means appreciating our achievements and accepting our shortcomings. Good Mental Health ensures an all-round educational experience that enhances social and intellectual skills that lead to self-confidence and better grades. Mental Health largely contributes to the functioning of human relationships. Mental

illness can hamper even basic interactions with family, friends, and colleagues. Most people suffering from mental illness find it difficult to nurture relationships, have problems with commitment or intimacy, and frequently encounter with health issues. Mental health is basically our attitude and approach to life. Psychological, environmental, genetic, or physiological factors have a profound effect on overall mental development

The World Health Organization defines Mental Health as "a being of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". [1]

In community living, the individual may go through stressful situations. He or she may be able to cope with stress and adjustment takes place. Sometimes stress leads to mental illness. The concept of Community Mental Health addresses the collective Mental Health of all people within a particular community. Community Mental Health became a significant movement in 1960s. It marked the vigorous entry of the Federal Government into Mental Health care, a development that proved to be a mixed blessing. [2]

According to the world health report (2001) around 450 million people suffer from mental or behaviour disorder, yet only small minorities of them receive even the most basic treatment the person with mental illness are highly stigmatized and discriminated in society in all sphere of their lives mainly because of the public's negative attitude towards mental illness and mentally ill persons. [1]

We know that about a tenth of adults, an estimated 450 million people worldwide, are affected by mental disorders at any one time. They now account for about 12.3% of the global burden of disease, [1] and this will rise to 15% by the year 2020. [3] For disability alone, without the effects of premature mortality, the impact of neuropsychiatric conditions is starker still: they account for 31% of all years lived with disability.

Community mental health awareness is at the bottom of the career priority list in the psychiatric fraternity. Like other medical professionals, psychiatrists do not like serving in rural areas where the main (80 per cent) problem exists. India is said to have a pool of 3500 psychiatrists Perhaps 25 are in psychiatric rehabilitation. The maximum 'guesstimate' of mental health

professionals including psychiatric social workers, psychiatric nurses, psychologists, psychiatrists and occupational therapists, is 10,000. India's population is 1 billion. Fifteen million need long term care in rehabilitation. [2]

Mental illness accounts for also significant burden of diseases in low-income and middle income countries. The global burden of disease attributable to mental/ neurological disorders and substance abuse is projected to rise from 11.5% in 1998 to 15.5% by the year 2020. India, constituting 1/6th of the World population, will have to share its burden of mental illness. [4]

Major depression is in the top 5 of the World Health Organization illness list, at the beginning of the new century. Whichever way one looks at it, the numbers just do not add up. If the numbers are to add up, a radical frame shift in the mental health mind-set of the country as a whole has to take place. Only then, can the millennium mental health agenda be built upon a new paradigm, be put together to address the overall mental health of the nation in which mental illnesses are rapidly climbing to the top 100 WHO illness list. So there is a need to emphasize on community mental health. This study was to assess the general Mental Health among community people.

MATERIALS AND METHODS

A descriptive cross-sectional study designed was used in this study. The study was conducted in Bangalore at B.K. Nagar. It is a small area located near to the Yeswanthpur railway station where around 2000 people resides. A written permission was obtained from the Medical Officer of B.K Nagar PHC by explaining the nature and purpose of the study. The period of data collection was two weeks. The investigator selected the samples by non probability convenient sampling technique. Total sample size was 100. The purpose and nature of the study was explained to each subject and obtained their consent. During data collection adequate privacy was

provided to each subject and everyone were assured about the confidentiality. Investigator collected the data by administering General Mental Health Module.

Plan for data analysis:-

The raw data were coded in excel sheet. The data was analyzed in terms using descriptive statistics such as frequency and percentages.

RESULTS

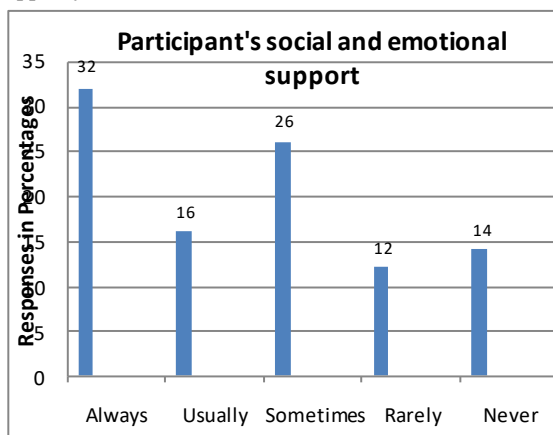
TABLE: 1.1 Frequency and percentage distribution of socio-demographic variables. n=100

| Sl no: | Socio-demographic variables | Frequency (f) | Percentage (%) |
|--------|---|---------------|----------------|
| 1 | Age in Years | | |
| | Below 20 | 9 | 9 |
| | 20-40 | 51 | 51 |
| | Above 40 | 40 | 40 |
| 2 | Gender | | |
| | Male | 51 | 51 |
| | Female | 49 | 49 |
| 3 | Occupation | | |
| | House Wife | 31 | 31 |
| | Govt: Employee | 9 | 9 |
| | Business | 12 | 12 |
| | Private Employee | 16 | 16 |
| | Others | 32 | 32 |
| 4 | Monthly Income in rupees | | |
| | Below Rs 5000 | 86 | 86 |
| | Rs5000-10000 | 12 | 12 |
| | Above Rs 10000 | 2 | 2 |
| 5 | Marital Status | | |
| | Single | 23 | 23 |
| | Married | 70 | 70 |
| | Widow/Widower | 5 | 5 |
| | Divorce/Separate | 2 | 2 |
| 6 | Type of Family | | |
| | Nuclear | 70 | 70 |
| | Joint | 23 | 23 |
| | Joint extended | 5 | 5 |
| | Single | 2 | 2 |
| 7 | Do you have any prior information about concept of mental health: Yes/No, If Yes, source of information | | |
| | Mass Media | 32 | 32 |
| | NGO | 21 | 21 |
| | Health Professional | 40 | 40 |
| | Any others | 7 | 7 |

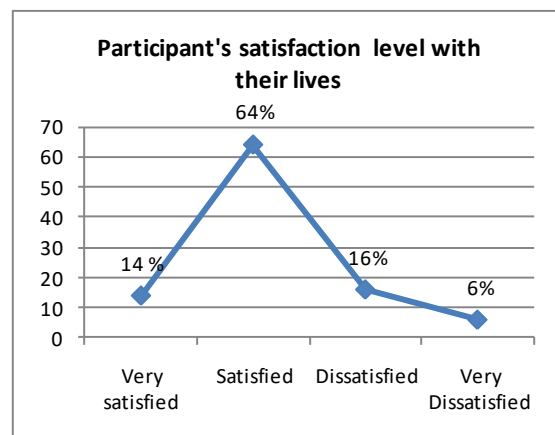
Table 2(a): Frequency and percentages of General Mental Health Questionnaire. n= 100

| S.N | Items | Response | |
|-----|---|-----------|----------|
| | | Yes F (%) | No F (%) |
| 1 | During the past 12 months, was there any time when you needed treatment for a drug or alcohol problem but didn't get it because you couldn't afford it? | 25(25%) | 75(75%) |
| 2 | During the past 12 months, was there any time when you needed mental health care or counseling but didn't get it because you couldn't afford it? | 18 (18%) | 82(82%) |
| 3 | In the past 12 months, have you ever seriously considered attempting suicide? | 21(21%) | 79(79%) |

Question 4: How often do you get the social and emotional support you need? n =100



Question 5: In general, how satisfied are you with your life? n=100



Question 6: Over the last 2 weeks, how many days have you had little interest or pleasure in doing things? n= 100

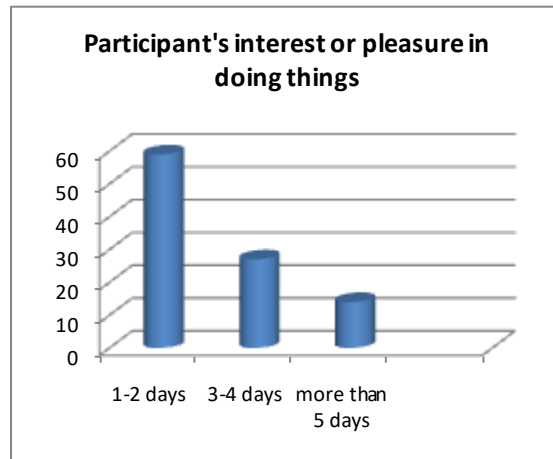


Table 2(b): Frequency and percentages of General Mental Health Questionnaire. n= 100

| S.No | Items | Response categories | | | |
|------|---|---------------------|----------|----------|------------------|
| | | 0 | 1-2 days | 3-4 days | More than 5 days |
| | | F (%) | F (%) | F (%) | F (%) |
| 7 | Over the last 2 weeks, how many days have you felt down, depressed or hopeless? | 50(50%) | 30(30%) | 6(6.0%) | 14 (14%) |
| 8 | Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? | 52(52%) | 34(34%) | 1 (1.0%) | 13 (13%) |
| 9 | Over the last 2 weeks, how many days have you felt tired or had little energy? | 35(35%) | 37(37%) | 9 (9.0%) | 19 (19%) |
| 10 | Over the last 2 weeks, how many days have you had a poor appetite or eaten too much? | 44(44%) | 19(19%) | 23(23%) | 14(14%) |
| 11 | Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? | 39 (39%) | 26(26%) | 13(13%) | 20 (20%) |
| 12 | Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV? | 46(46%) | 26(26%) | 11(11%) | 17(17%) |
| 13 | Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you were moving around a lot more than usual? | 37(37%) | 37(37%) | 12(12%) | 14(14%) |

Table 2(c): Frequency and percentages of General Mental Health Questionnaire. n= 100

| S.No | Items | Response categories | |
|------|---|---------------------|----------|
| | | Yes F(%) | No F(%) |
| 14 | Has a doctor or other health care provider ever told you that you had an anxiety disorder including acute stress disorder, anxiety, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder? | 9 (9.0%) | 91(91%) |
| 15 | Has a doctor or other health care provider ever told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? | 6 (6.0%) | 94(94%) |
| 16 | Are you now taking medicine or receiving treatment from a doctor or other health professional for mental health condition or emotional problem? | 4 (4.0%) | 96 (96%) |

Table 2(d): Frequency and percentages of General Mental Health Questionnaire. n= 100

| S.N | Items | All of the time | Most of the time | Sometime | Little of the time | None of the time |
|-----|---|-----------------|------------------|----------|--------------------|------------------|
| | | F(%) | F(%) | F(%) | F(%) | F(%) |
| 17 | About how often during the past 30 days did you feel nervous? | 1(1.0%) | 17(17%) | 27(7%) | 19(19%) | 36(36%) |
| 18 | During the past 30 days, about how often did you feel hopeless or worthless? | 4(4.0%) | 15(15%) | 24(24%) | 19(19%) | 38(38%) |
| 19 | During the past 30 days, about how often did you feel so depressed that nothing could cheer you up? | 5(5.0%) | 20(20%) | 18(18%) | 20(20%) | 37(37%) |

Table 2(e): Frequency and percentages of General Mental Health Questionnaire. n= 100

| S.No | Items | Agree strongly | Agree slightly | Neither agree nor disagree | Disagree slightly | Disagree strongly |
|------|--|----------------|----------------|----------------------------|-------------------|-------------------|
| | | F(%) | F(%) | F(%) | F(%) | F(%) |
| 20 | Treatment can help people with mental illness lead normal lives. What do you say about this? | 33(33%) | 34(34%) | 10(10%) | 9 (9.0%) | 14(14%) |
| 21 | People are generally caring and sympathetic to people with mental illness. What do you say about this? | 39(39%) | 31(31%) | 7(7.0%) | 11(11%) | 12(12%) |

DISCUSSION

In this present study it was found that 18% of the respondent gave their responses 'Yes' to the question was there any time when you needed mental health care or counseling but didn't get it because you couldn't afford it? This may be due to lack of access to mental health services and insurance services for the mental health care. This finding is contradicting by the article on access to cost barrier to mental health care by insurance status. The role of insurance coverage is increasing the use of care depends on the severity of the mental illness assessed and the type of service used. Evidence from the National Comorbidity Survey Replication suggests that among people with a mental health disorder, the insured are more likely to use the health care sector, while the uninsured are more likely to use human services, complementary or alternative medicine. Other researchers have found that rates of mental health care for people with severe mental illness are lowest for the uninsured and highest for those with public insurance, while those with private insurance fall between the other groups. [5]

Another interesting result in this study is that around 21% responded 'Yes' to the question; In the past 12 months, have you ever seriously considered attempting suicide? Hopelessness is the a key predictor of suicidal intent. But our study did not assess the level of hopelessness to rule out risk associated with the suicide intent. This finding is supported by similar type of study done in India 64 consecutive subjects aged 15-24 years attending emergency services for attempted suicide were reviewed. All participants completed a semi structured proforma, the Presumptive Stressful Life Events Scale, the Beck Hopelessness Scale, the Pierce Suicide Intent Scale, and the Global Assessment of Functioning Scale. The intent scores were in the moderate-to-high range for most subjects. Suicide intent score significantly varied depending on the presence or absence of psychiatric morbidity. A high intent of suicide in young

is associated with psychiatric morbidity and presence of hopelessness. [6]

CONCLUSION

This findings of the study indicated that general population are much aware of their physical health rather than mental illness. Since the combination of mental, physical and social wellbeing gives a complete health. Therefore being a psychiatric professional can play an important part in identifying and diagnosing mental health problem and provide adequate information to public on promotion of mental health. Working hand on hand with the community psychiatric nurse can disseminate information on health consequences due to work load, family conflict, and functional impairment to the people and educate family members to provide healthy family environment to enhance their mental health.

ACKNOWLEDGMENT

I would like to acknowledge my guide Prof. Balamurugan Head, Psychiatric Nursing Department M.S. Ramaiah Institute of Nursing Education & Research and all my co-authors for their support during this study. Also my heartfelt thanks to the entire sample for participating in this study without which this project wouldn't be successful.

REFERENCES

1. World Health Organization. *World health report 2001*. Geneva: WHO, 2001.
2. Padmavati R. Community mental health care in India. *Int rev psychiatry*. 2005 apr;17(2):103-7.
3. Murray CJL, Lopez AD. *The global burden of disease*. Vol 1. *A comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990, and projected to 2020*. Cambridge, MA: Harvard University Press, 1996.

4. World Health Organization. mhGAP: Mental Health Gap Action Programme: Scaling up care for mental, neurological and substance use disorders. Geneva: World Health Organization 2008.
5. [Http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4236908/NIHMS606584.pdf](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4236908/NIHMS606584.pdf) [accessed on 30th Dec, 2016]
6. [Http://www.ncbi.nlm.nih.gov/pubmed/23685339](http://www.ncbi.nlm.nih.gov/pubmed/23685339) [accessed on 30th Dec, 2016]

How to cite this article: Pradhan N, Basavaraj AU, Shilpa J et al. Assessment of general mental health among community people in Bangalore, India. *Int J Health Sci Res.* 2017; 7(3):210-215.
