

Sociomedical Survey of People with Mental Illness in Andhra Pradesh's Anantapuramu District

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Abstract – The entire well-being of people throughout civilizations depends on mental health. For the health standards of all human beings physical, mental and social aspects are critical and are interlinked and highly interconnected. Without sufficient support for mentally sick and promoting healthy mental health, no programme can be deemed complete. Mental diseases are commonly known to contribute significantly to the worldwide burden of illness. In every social and religious culture over the years there has persisted a continuous unfavorable attitude and a social refusal of those with mental illness. Mental disease is misunderstood by the general population of all the health conditions. The efficacy of patient treatment and rehabilitation are threatened by such low information and bad attitudes regarding mental illness. No single group preserves mental problems, they are actually universal. The important and critical component of health is mental health. The preamble of the World Health Organization says that "health is a full condition of physical, mental or social well-being and not only a lack of illness and illness."

Keywords – Socio-Medical, Mental, Illness, Survey

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INTRODUCTION

Throughout history the nature of mental disease has been passionately discussed. The promotion of a mentalist concept of mental health was the first in the ancient Greece of Plato to use the term "mental health," defined as the reason that was supported by temperament and emotion. In the course of his approach, Hippocrates described diverse mental illnesses as a number of imbalances between various types of "humours," using a far more physicalistic approach. Griesinger was the first to say over two centuries ago, that "mental disease is brain disease," a remark that has given the latest physical view of mental illness a tremendous drive. The significant advances that have been achieved in genetics and brain imaging in the previous several decades have strengthened biological psychiatrics and reified the mental illnesses as brain diseases. A hegemony which has impacted mentally sick people and has also affected initiatives to alter people's attitudes to mentally ill people has been established almost entirely as the biogenetic conceptual framework for the understanding of mental health. As a consequence, "mental disease is nearly axiomatic like all other diseases," it incorporates, by definition, the accepted truth that is not necessary in evidence.

Health

"Health is not just a health, welfare and hospital problem. It's a social justice problem, too." In most cultures, health is a frequent topic. Indeed, as part of their culture, every community has its definition of health. The "lack of sickness" is the earliest definition of health. Some cultures regard health and harmony comparable, with harmony described as being "in peace with the one another, with the society, with God and with the universe." This belief was held by ancient Indians and Greeks and ascribed illnesses to body disruptions of so-called "humour" The focus on illness research and the neglect of health research are often criticized of modern medicine and there are no unified standards for health measurement. Health is regarded as a basic human right and a global social aim, as well as a key tool for socio-economic growth generally and for the establishment of a new social order.

World Health and Related Socio Economic Problems and Trends

There are closely related health concerns and socio-economic difficulties. Health and associated socio-economic conditions are not sufficient in

many nations and future trends are unfavorable. There are also huge discrepancies between nations, which are increasing and there are also differences inside nations. Cloudlessness, starvation, sickness and waste that breaks up their energies, diminishes their job capacity and diminishes their ability to prepare for the future is attracted to about 1 000 million people. They dwell mostly in underdeveloped nations' rural regions and city slums. A few data show the severity of their impoverishment.

Causes of mortality and illness: Most deaths arise from illnesses and parasites in most impoverished nations. The social and economic development are intimately intertwined. About one tenth of an average person's life is severely disturbed by sickness in a poor nation. Parasite illnesses, especially in places of severe poverty, are chronic and weakening and endemic. On the other hand, in the industrialized nations over half of all fatalities are caused by cardiovascular disorders, a fifth by cancer and a tenth by accidents.

Under nutrition: hundreds of millions of people are affected by nutrition, which reduces energy and drive in poor nations.

Literacy: It helps individuals to comprehend and solve the health issues of their people and promote their active engagement in community health activities. Literacy is of vital relevance to the public health. While in industrialized nations the literacy rate for adults is almost 100%, in the least developed nations it is just 28%. In developing nations, 900 million people cannot read or write, and just 4 out of 10 of their children attend elementary school for more than three years.

Economic situation: The economic situation has a direct health effect, whereas the Gross National Product (GNP) is not an ideal economic indicator for anyone in particular in the area of health, because this does not reflect a level of equity in the distribution of resources, but remains the economic indivisor most widely used. In general, low infant mortality is the high Gross National Product Countries and long life expectancy is expected.

Health system: In addition to problems health care systems in most places throughout the globe are poorly structured. The wealthy and developing nations encounter tremendous inequities. In the latter case, almost two-thirds of the population in most developing and industrialized nations lack appropriate access to any permanent kind of health. The overwhelming share of healthcare resources in the larger cities is concentrated.

Control: In many countries there are additional problems of the healthcare system with poor planning and administration, including poor interaction with other social and economic sectors. Inadequate training in healthcare management and the inadequate adoption of sound managerial

techniques in these nations also contributes to resource inefficiencies.

Healthcare: Healthcare professionals in many nations are not adequately educated or not given with the equipment and materials they need for their activities. Healthcare workers have a vast diversity from country to nation and cover a vast range, depending on social, economic and cultural factors, of individuals who perform distinct duties in various civilizations. (The Global Health Strategy for All in 2000).

Mental Health

The most important and inseparable component of health is mental health. It is the mindset in which the human being is able to enjoy life sustainably while working efficiently, communicating sensibly with others and confront the hardship without losing his/her physical, psychological and social capabilities. It is certainly an essential resource for the growth of the country, and its absence constitutes a major burden for the country's economic, political and social functioning. A healthy person is also psychologically well, not merely physically well. The contemporary health idea extends beyond the appropriate workings of the body. It contains sound, effective emotional mining and control. Today, mental health is a crucial element of our overall health. It is a fundamental aspect in maintaining physical health and social efficiency. Without mental health, there is no health.

Components of Mental health

- The capacity to receive yourself.
- The ability to feel good in other people.
- The capability to carry out the responsibilities of life.

Criteria for Mental Health

- Sufficient realistic contact.
- Thinking and imagination control.
- Work and play effectiveness.
- Acceptance of social security.
- Positive conception of oneself.
- A emotionally healthy existence.

Indicators of Mental health

1. A positive self-confidence attitude.

2. Capacity for self-actualization, development and growth.
3. Integration: the capacity to adapt to the surroundings and build a philosophy of life are part of integration.
4. Autonomy: refers to the capacity of the person to act independently.
5. Reality perception: this involves the perception without distortion of the surroundings.
6. Control of the environment: This indication shows that the individual's position within the group or society or the environment has been satisfying.

Characteristics of a Mentally Healthy Individual

- Can stay unimpeded by emotional conflict;
- Has no pathological symptoms. Has the capacity to make adjustments.
- Has a live philosophy and can validate this ideology and follow it.
- Content to exercise and increase its potential to satisfy and fulfil it.

Cultural & Religious Consideration

Mental health is a socially created and socially determined notion, which is a totally distinct method of conceiving its origins and causes, identifying what is mentally healthy, and selecting what therapies, if applicable. The cultural, socioeconomic, political and religious backgrounds of various practitioners will thus have diverse implications for the methods used during therapy. Research reveals that mental illness is associated with stigma.

Mental Hygiene

Mental hygiene is the psychiatric and psychological discipline which fosters mental wellness and avoids mental illness. Nowadays, mental health is a common term. In 1980 the public autobiography of Clifford beer, *A Mind That Found Itself*, was presented as a result of the contemporary trend in mental hygiene in his experience in hospitals.

Mental Illness

Mental health issues are growing and it is vital to foresee and prevent the issue from becoming chronic and rehabilitating mentally sick people. On the other side, mental disease is life disadvantage. It results in a discrepancy in the person's capacity to fulfil human wants and functions in a culture in a comfortable or successful manner. In other words, a mentally sick

individual lacks the capacity to act as expected and as demanded by society. The mentally disadvantaged were regarded by demons for a long time. In large prison-like facilities, patients had been locked up and separated from population centres, estranged from the rest of society.

Diagnosis of Mental Illness

Detailed history, physical and psychiatric evaluation are diagnosed with mental illness. Radiological studies were utilised in laboratories to exclude systemic illnesses. Intelligence testing and personality testing, aptitude and cognitive function testing are all psychological studies.

LITERATURE REVIEW

Annie John, P. and Sailaxmi Gandhi, (2012) A research on depression speech therapy. This research done with 600 NIMHANS Bangalore depressant patients who were not medically supported found that while they were on treatment and medication patients improved more than when they merely received medicines.

Cohen, Lee S. et. al. (2006) A research on 460 Boston women aged 36 to 45 on risk of depression. The findings of the research indicated that women had never identified severe depression, but those who experienced peri-menopause throughout the trial had almost double the chance of developing substantial symptoms of sadness. In perimenopausal women with hot flushes, the risk was higher.

Jayalaxmi, N. (2013) Experimental yoga and patient anxiety level neurotic. The research concludes that regular Yoga practises such as Asana and Pranayama for one hour a day over 30 days led in lowness of anxiety and lower pulse rate, blood pressure in neurotic individuals. In a research, a study was performed by 30 male individuals with anxiety neurosis.

Katie Lemon, (2004) An evaluation of aromatherapy treatment for sadness and anxiety. This study examined the benefits on depression and anxiety reduction by aromatherapy. The findings of the study suggested that aromatherapy and control groups were substantially different. Aromatherapy demonstrated a significant improvement in the test group.

Kim, M.J. et. al. (2005) The almost experimental design of the Rheumatic Center in South Korea is a sampling of 40 patients. The findings of the research showed that aromatherapy had a significant impact on lowering levels of pain and despair.

Kumar, S.G. et. al. (2008) A cross-sectional community research to evaluate the incidence and pattern of rural mental impairment, Karnataka. The

research indicated that the incidence and pattern of mental impairment were greater among females than males and that the prevalence among the aged and analphabets was greater. The rehabilitation of people with mental disabilities is simply possible on a community-based basis.

Kunjalatha Gogoi, et al., (2011) In order to examine the knowledge of family members of rural and urban regions in Assam, non-experimental, descriptive, comparative and cross-sectional surveys were performed. Study findings have revealed that various intervention programmes may be created for mental nurses in hospitals by evaluating the knowledge of family members.

Okuyama, T. et. al. (2007) Comparative investigation on literacy in Japanese cancer patients: grief detection capability and choice of public-lay treatment in Japan. A sample of 100 lung cancer patients and 300 lay people was researched. Study results suggest that just 11% of patients who suffer from cancer are conscious of vignette depression, while 25% of the public lying. Studies showed that mental problem knowledge and therapy in cancer patients are insufficient. Psychological training may minimise patient-related behaviours in cancer patients to seek mental health therapy and make best use of it.

Patel, V. et. al. (2010) A test was performed to examine the efficacy of a lay health advice intervention in primary health to improve the results of depressed and anxious people's activities. This study demonstrated that treatments by trained lay consultants may lead to an improvement in depression recovery.

Weinmann, S. et. al. (2009) A systemic assessment of the effect of antipsychotics on schizophrenia morbidity. Results demonstrated a substantial link between one or more anti-psychotics to antipsychotic medications and greater mortality.

Williams, J.M. et. al. (2010) Roads and techniques designed to stay healthy after depression. This is the first path of cognitive treatment to detect whether it is effective to prevent reoccurrence and to explore the use of CRT based on attention during the most serious repeated depression than when suicidal. Results from the study reveal that the most useful way is to reduce depression.

OBJECTIVES OF THE STUDY

- To investigate causes and frequency of mental disease.
- To determining why the availability to treatment in the District of Anantapuramu was delayed.
- To explore the problems of family members who have mental illness.

RESEARCH METHODOLOGY

RESEARCH DESIGN: The aim of this study is to understand the socio demographic background, the clinical manifestations, the incidence, causes, mission therapy, stigma and problems of the patients and their families in Andhra Pradesh District of Anantapuramu, and accurately describe the social and demographic background. themes are described here.

UNIVERSE: In the research universe, an average of 800 patients enrolled at the Registry of the Department of Psychiatry in the Government General Hospital, Anantapuramu would be identified for twelve months. As an example for the current research project, a sample of 50% of the typical patients with mental illness will be determined. The individuals with mental illness were not sound to take part in the trial.

SAMPLE: In order to pick the respondents for this research, a purposeful sampling method will be utilised. During this investigation of mentally ill people at the psychiatric department of Anantapuramu, Anantapuramu, a sample of 400 individuals with mental disease were chosen to assure representativeness of gender, age, location and kind of mental disease.

TOOLS FOR DATA COLLECTION: A organised English-language interview schedule consisting of two main portions is being designed meticulously for the goal of gathering information for the research. A systematic interview schedule is used to gather the first information about a mentally sick person's socio-demographic profile, causes, kind of psychological illness, treatment, progression of the disease, recovery, stigma and attitudes of the people to mental illness.

DATA COLLECTION: The interview schedule for a sample of 400 participants will be given. The purpose of the research and the response method was described, such that all respondents were asked each question in the same way. The answers have been entered in the interview calendar. The details supplied by family members of mentally ill people were checked and cross-checked.

DATA BASE AND ANALYSIS: The data from both primary and secondary sources for this research will be gathered. The main data are gathered from the patient's family members. The patient's records for diagnosis, treatment and prognosis are also used for collection of secondary data. The obtained data is carefully monitored and reviewed and coded for tabulation using the SPSS packet and input in the computer. Tables have been produced and tables have been decided by conclusions. Simple statistical methods such as proportions,

average distribution, standard deviation, and chi-square test were used to conduct analyses.

CONCLUSION

The social, biological, physical and psychological strengths of the past are progressively being replaced by people's vulnerability to the social, physical, mental and psychological issues of all ages. They are becoming more susceptible. The cause of mental illness is caused by several variables. Demographic characteristics are intimately related to changes in behaviour. There are also many prejudicial and superstitious beliefs among families with psychological conditions. The results reveal that psychiatric conditions impact persons of all ages, women, men, married or unified, all faiths, castes, analphabets, educated, rural or urban groups. In rural locations, the majority of respondents had insufficient access to mental health treatment. Therefore, fundamental mental health care should be offered to all the needy, particularly rural, slum and tribal populations. Not as any other physical problems are treated with mental problems. In nuclear households and among the firstborn children, mental illness is reported to be high. Attitudes scores demonstrate that the biggest obstacle for seeking treatment in time and continuing therapy throughout recovery, the majority of mentally ill family members have a negative behaviour towards psychic disease. The lack of continued therapy leads to mental disorder recurrence.

Not only like any other physical condition are mental disorders treated similarly. Mental health must be most effectively integrated into primary health care. For the prevention, early identification, rapid treatment and reduction of the severity of disease in the community successful intervention programmes and rehabilitative services for mentally ill people and their families are essential.

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