UNIT 4  SOCIAL RESPONSIBILITY TOWARDS MENTAL ILLNESS

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4.0  INTRODUCTION

In the previous units we discussed about the rights and laws related to mental illness. We discussed about right to health (Indian Constitution) and also the key issues in dealing with the human rights of the persons with mental illness. Further we also discussed Mental Health Act and Mental Health Care Bill. We then discussed other laws related to mentally illness like Persons with Disabilities Act, Narcotic Drugs and Psychotropic Substances Act 1985, National Trust Act, legal responsibility of the mentally ill, Indian Succession Act, Hindu Marriage Act and Domestic Violence Act.

The term mental disorder covers a wide range of conditions which share in common an experience of psychological distress and lack of social functioning. Certain mental disorders are as a result of certain neurochemical imbalances or structural changes in the brain. For example, Schizophrenia, Dementia and Bipolar Mood Disorders. Mental disorders also occur due to environment stressors and lack of coping resources to deal effectively with these stressors. For example, Anxiety and Depression. Further certain other disorders like substance abuse are also related to psychological disorders related to stress. While dealing with the issue of mental illnesses, we need to not only understand the rights and laws that protect the persons with mental illness and one of the most significant aspects while dealing with mental illness is that of social responsibility. Persons with mental illnesses are part of the society and thus can recover better while in the society then in seclusion of an institution. This does not mean that mental health institution do not play a significant role. They are equally significant in helping...
the persons with mental illnesses and their families. However, it is equally important to identify and deal with the myths and misconceptions about mental illness amongst general population and also promote community and family care. This is not an easy task, however, we as professionals and as responsible citizens of the society need to focus on this aspect of social responsibility.

In the present unit we will focus on the social responsibility towards mental illness. Social responsibility provides yet another dimension to deal with mental illness and help persons with mental illnesses. The topic discussed in the present unit will be related to myth and misconception about mental illness, stigma and discrimination associated with mental illnesses. We will also focus on strategies that can be used for stigma reduction. The community and family care of the persons with mental illnesses will also be discussed in the present unit. We will also touch on the role of mass media and promotion of mental health.

### 4.0 OBJECTIVES

After reading this unit, you will be able to:

- explain myths and misconceptions associated with mental illness;
- discuss stigma and discrimination related to mental illnesses;
- describe strategies for stigma reduction; and
- discuss strategies to promote social responsibility.

### 4.2 MYTH AND MISCONCEPTION ABOUT MENTAL ILLNESS

The first step to promoting social responsibility towards mental illnesses is identifying and clarifying the myths and misconceptions about mental illnesses. There can be a number of myths and misconceptions about mental health due to lack of awareness about mental disorders and their causes. Many times, general public are not aware the causes of mental disorders and relate it with evil and ghosts. When there is no awareness about causes, there is no clarity about the treatment as well. Various myths and beliefs interfere with the perception about mental illnesses and persons with mental illnesses.

According to Bascom W (1984) “Myth refers to a story of forgotten or vague origin, basically religious or supernatural in nature, which seeks to explain or rationalize one or more aspects of the world or a society”. Besides myths, it is also important to understand the concept of beliefs. Kishore, J; Gupta, A, Jiloha, R. C; Bantman, P (2011) defined “Belief as a conviction of the truth of a proposition without its verification; therefore, a belief is a subjective mental interpretation derived from perception, contemplation (reasoning), or communication”. In one of studies(Kisore J et al, 2007), 36.9% of rural subjects, 43.2% of urban subjects, and 44.7% of the medical professionals reported that they would oppose marriage with a person recovered from mental illness. In same study one-third of the subjects stated that they would not be comfortable talking to a recovered person. This indicates that in addition to the obvious suffering caused by mental disorders, there is a hidden burden of stigma and discrimination. In both low-income and high-income countries, the stigmatization
of people with mental disorders has persisted throughout history. Many people have belief in supernatural powers as the causative agents of mental illness, which remained same more than several decades after it’s first reporting. There are various other myths regarding the causes of mental illness. Bad parenting, air pollution, loss of semen, poor diet, past sin, curse of God, and evil eye are some of the important myths related to its causation.

Myth and misconceptions about mental illness contribute to the stigma, which leads may people to be ashamed and prevents them from seeking help. Stigma is something about a person that causes her or him to have a deeply compromised social standing, a mark of shame or discredit.

Some of the myths and misconceptions about mental illnesses are as follows:

1) People with mental disorders or illnesses are considered as lazy, aggressive, having intellectual deficiency and may be perceived as worthless.

2) Person with mental disorders are cannot be trusted with any activity and are unpredictable.

3) Mental disorders cannot be cured.

4) Mental illnesses are as a result of possessions and evil.

5) Mental illness is a consequence of bad acts in previous births or is a divine punishment.

Further there are numerous misconceptions about treatment as well. These misconceptions are not restricted to people belonging to low Socio Economic Status or to people with less education, but they are prevalent amongst highly educated. They are in fact even prevalent amongst the health care professional of mental illness that can interfere with care and treatment provided to persons with mental illnesses and their families.

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<td>2) Define Belief.</td>
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3) List any two misconceptions about mental disorders that you have come across in your surrounding.

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4.3 STIGMA AND DISCRIMINATION WITH REGARD TO MENTAL ILLNESS

According to Stuart, H. (2005), “Stigma often leads to discrimination or the inequitable treatment of individuals and the denial of the rights and responsibilities that accompany full citizenship”. The individuals suffering from mental illnesses and their families many times have to face discrimination and stigmatization. This discrimination can be in terms at various levels like economic, social, legal and even institutional level. Cultural beliefs can also lead to stigmatization of persons with mental illness. Many times individuals with mental illnesses are deprived of job opportunities, treatment at workplace, access to housing, marriage and so on. Discrimination and stigmatization can even take place within families and by relatives and friends. Stigmatization can discourage the persons suffering from mental illness and their families from seeking treatment or revealing about illness. This can lead to aggravation of the disorder and the consequences of the same can be detrimental to the person and the family. In 2001, the World Health Organization (WHO) identified stigma and discrimination towards mentally ill individuals as “the single most important barrier to overcome in the community”, and the WHO’s Mental Health Global Action Programme (mhGAP) cited advocacy against stigma and discrimination as one of its four core strategies for improving the state of global mental health (World Health Organization 2001, World Health Organization 2003).

Persons with mental illness as such are vulnerable, further Stigmatization by the society and in certain cases even family can have negative impact on their recovery and rehabilitation. Thus, to avoid discrimination, stigmatization and marginalization, strict laws and legislations are necessary. However, developing a sense of social responsibility in this regard amongst people in the society is also important. Unless and until the society becomes aware and sensitive towards the issue related to mental illness and the persons suffering from them, it not possible to completely eliminate discrimination, stigmatization and marginalization of persons with mental illnesses. Many times persons with mental illness are also victims of abuse, physical, mental or even sexual.

Stigmatization of people with mental disorders is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance. Stigma leads the (public) to avoid people with mental disorders. It reduces access to resources and leads to low self-esteem, isolation and hopelessness. It deters the public from seeking and wanting to pay for care. Stigma results in outright discrimination and abuse. More tragically, it deprives people of their dignity and interferes with their full participation in society” as stated by U.S. Surgeon General Dr. David

Thus dealing with stigma is a significant challenge for the individuals working the field of mental illness and mental health.

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4.4 STRATEGIES FOR AWARENESS AND STIGMA REDUCTION

Myths, misconceptions and stigmatization can be dealt effectively by creating awareness programmes about mental illness, their causes and their treatment. There is a kind of fear and uncertainty in the minds of people about mental illnesses and these needs to be cleared. Following programmes can be organized to create awareness:

- Education and awareness campaigns at a young age, in the school.
- Collaboration between the health and family welfare and other Departments, i.e., Social Development, Education, Police, and Correctional Services, to include mental health into their agendas.
- Further promotion of the Mental Health Care Act (currently mental healthcare bill) as a destigmatization tool.
- Use of other legislations to prevent discrimination.
- Carrying out public campaigns.
- Creating awareness with the help of media.
- Organizing awareness programmes on mental illness as well as on promoting mental health at work place.
- Suitable training needs to be provided to the mental health care workers and professionals not only to help them providing better care but also make them better aware about issues and problems.
- Active participation of mental health care workers and professionals in awareness programmes should be promoted.
- Encouraging community participation in mental health related programmes.
- Observation and celebration of World Mental Health Day each year to gain visibility for issue related to mental illness and mental health.
- Organizing sensitization programmes so as to change the attitudes and perceptions prevalent amongst general public.
### Self Assessment Questions 3

1) List any two strategies awareness and stigma reduction.

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### 4.5 STRATEGIES TO PROMOTE SOCIAL RESPONSIBILITY

We discussed about social responsibility earlier in this unit and also focused on the myths, misconceptions and stigmas attached with mental illness. Let us now look at various strategies and practices that can help promote a sense of social responsibility amongst general public.

#### 4.5.1 Community Care of the Mentally Ill

In India as such no institutional treatment for persons with mental illness was available. However, the same became prevalent only after the entry of Europeans and the allopathic medicine along with them. Till then the persons with mental illness would reside with the family, in the community and were treated with the help of traditional medicines available at the time. In fact, in the records of Bombay Presidency 1745-46 (Weiss 1983) one will find the very first mention of mental asylum. Since then, gradually there was an increase in the number of mental health institutions in India.

The idea of community care for the mentally ill has gained pace today, however a few years back, such an idea was not in the picture and would not have been even acceptable in the society. The persons suffering from mental illness were confined to institutions or closed room as that was seen as suitable and safe treatment for the person as well as for the sake of safety of the family and the society. This attitude though has been fast changing and the society and community are to some extent of not completely open to their responsibilities in recovery and rehabilitation of persons with mental illness.

The beginning of community care in India can in a way be traced to Dr. VidyaSagar from Amritsar Mental Hospital who during late 1950 encouraged the involvement of family members in the treatment of persons with mental illness (Kapur 1971). Dr. Sagar noticed that such a practice would reduce hostility on the part of the patients that led to faster recoveries. This in turn helped deal with the myth amongst family members that mental illnesses cannot be cured. Further, the family members were also becoming more and more aware about mental illness and principles of mental health.
Further, the anti-psychosomatic drugs that came in the late 1950s and early 1960s lead to drastic reduction and control of symptoms in persons with mental illness like agitation, aggression and withdrawal. This in a way made it possible for the person to be treated even in a general hospital and did not required the patient to be confined to mental health institutions. India was one of the first developing countries to recognize the need to address mental health with its National Mental Health Programme (NMHP) being launched in 1982, though the actual implementation at the level of service could take place only after 14 years. Further the integration of mental health in primary care has also not taken place. Ironically, even as political will and financial resources for mental health care have become more forthcoming, a variety of other barriers have stood in the way to implementation of India’s mental health care programme. With the new Mental Health Policy we can hope that there will be rapid strides in this direction.

The psychiatric camps in remote villages further promoted the community mental health care in India (Kapur et al 1982). The step was mainly taken in order to facilitate the patients who would otherwise had to travel long distance to seek treatment in hospitals and spend large amount of money. Such camps not only helped such patients but also encouraged active participation of leaders and neighbors in the village. This further lead to reduction of stigma attached with mental illness.

With setting up of National Institute of Mental Health and Neurological Sciences (NIMHANS) in Bangalore and the Post Graduate Institute of Medical Education and Research (PGIMER) in Chandigarh in 1970s there were further developments in this direction. These institutes organized programmes aimed at teaching skills for early recognition and management of mental illness to doctors and health workers at the primary health centres. This again contributed to providing better services to persons with mental illness.

Thus community care and participation is significant and the same can be promoted at various levels, like in school and colleges, workplace, villages and so on.

4.5.2 Family Care

Along with community care, family care also needs to be promoted. The social situation and cultural norms in India is such that a strong family bonding is present specially in joint families, are very important entity for prevention promotion care and destigmatisation of mental health. Hence family plays an immense role in the management of psychiatric patients.

Family can serve to fulfill the physical, spiritual and emotional needs and this can be to a greater extent used to promote recovery and rehabilitation of the persons with mental illness. Further a positive and open attitude on the part of family members towards mental illness and the persons suffering with mental illness can go a long way in further enhancing the community care for mental illness. Once the family accepts the person with mental illness, it is easier for the community to accept them. Family members can play an important role by providing the required support, sensitivity, encouragement, security, love and care.
Family members serve as care givers for persons with mental illness and can themselves suffer from burden or care and stress. They can also get emotionally, psychologically and physically saturated while caring for the persons with mental illness. Suitable support within the family can help them in coping with the stress related to care giving.

For family care to be effective, the family members need to be made aware about the mental illness, its causes and treatment so as to facilitate their involvement.

### 4.5.3 Role of Media

With development in technology, media has better reach and are able to connect with the general public. Television, radio, newspaper can be effectively used in order to create awareness about mental illness and mental health. Celebrities and professional can serve as role models and create better awareness and promote positive attitude towards mental health through media. Various programmes, films and documentaries related to mental health can be displayed with the help of media.

### Self Assessment Questions 4

1) How did Dr. Vidya Sagar promote community care?

2) What role does family care in mental illness?

### 4.6 LET US SUM UP

In the present unit we mainly discussed about the social responsibility towards mental illness. We first discussed about various myths and misconceptions related to mental illness that can interfere with the recover and rehabilitation of persons with mental illness. We thus focused on the stigma and discrimination with regard to mental illness. Myths and misconceptions can contribute to the development of a number of stigmas related to mental illness. These stigmas are in way responsible for discrimination and marginalization of persons with mental illness and their families. It is thus necessary to develop suitable mechanism to clarify the myths and misconceptions and at the same time develop strategies to reduce stigmatization of persons with mental illness in the society. Further we also
discussed about strategies for social responsibility. As having laws and legislations alone are not important, but the society should become aware and sensitive towards the rights of the persons with mental illness and play a significant role in promoting their recovery and rehabilitation.

Thus as health professionals besides the rights of the persons with mental illness, we also need to be aware about laws related to mental health and more importantly we should ourselves be aware about issues related to mental illness and mental health and try to create awareness in the society so as to reduce the myths and misconceptions and eliminate stigmatization related to mental illness.

In the next block, we will discuss about the mental health services that are available for the people with mental illness with special focus on the present scenario in India. It will cover aspects of community mental health care in Indian setting, rehabilitation of people with mental illness and procedure for certification.

### 4.7 ANSWERS TO SELF ASSESSMENT QUESTIONS

**Self Assessment Questions 1**

1) According to Bascom W (1984) “Myth refers to a story of forgotten or vague origin, basically religious or supernatural in nature, which seeks to explain or rationalize one or more aspects of the world or a society”.

2) Kishore, J; Gupta, A, Jiloha, R. C; Bantman, P (2011) defined “Belief as a conviction of the truth of a proposition without its verification; therefore, a belief is a subjective mental interpretation derived from perception, contemplation (reasoning), or communication”

**Self Assessment Questions 2**

1) According to Stuart, H. (2005), “Stigma often leads to discrimination or the inequitable treatment of individuals and the denial of the rights and responsibilities that accompany full citizenship”.

**Self Assessment Questions 3**

1) Two strategies awareness and stigma reduction are as follows:
   - Suitable training needs to be provided to the mental health care workers and professionals not only to help them providing better care but also make them better aware about issues and problems.
   - Encouraging community participation in mental health related programmes.

**Self Assessment Questions 3**

1) Dr. VidyaSagar from Amritsar Mental Hospital who during late 1950 encouraged the involvement of family members in the treatment of persons with mental illness (Kapur 1971). Dr. Sagar noticed that such a practice would reduce hostility on the part of the patients that led to faster recoveries. This in turn helped deal with the myth amongst family members that mental illnesses cannot be cured. Further, the family members were also becoming more and more aware about mental illness and principles of mental health.
2) The social situation and cultural norms in India is such that a strong family bonding is present specially in joint families, are very important entity for prevention promotion care and destigmatisation of mental health. Hence family plays an immense role in the management of psychiatric patients. Family can serve to fulfill the physical, spiritual and emotional needs and this can be to a greater extent used to promote recovery and rehabilitation of the persons with mental illness. Further a positive and open attitude on the part of family members towards mental illness and the persons suffering with mental illness can go a long way in further enhancing the community care for mental illness.

4.8 UNIT END QUESTIONS

1) Describe the myth and misconception about mental illness in India?
2) What strategies should be used to reduce the stigma towards mental illness?
3) Why community care is required?
4) How family have a great role in mentally ill persons?

4.9 REFERENCES


4.10 SUGGESTED READING

