

Mental Illness: Early Stage Prevention is the Reasonable Approach

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Abstract

Nearly 25% of individuals, in both developed and developing countries develop one or more mental or behavioral disorders at some stage in their life. A persistent negative attitude and social rejection of people with mental illness have prevailed throughout history in every social and religious culture. Of all the health problems, mental illnesses are poorly understood by the general public. Such poor knowledge and negative attitude toward mental illness threatens the effectiveness of patient care and rehabilitation. This poor and inappropriate view about mental illness and negative attitude toward the mentally ill can inhibit the decision to seek help and provide proper holistic care. These have been partly translated into experimental activities in primary health care and schools and in public health practices. Review article conclude that more information resources such as planned health teaching, self-instructional modules, and other form of study materials are further required for improving the knowledge regarding prevention of mental illness among the care takers of patients as well as in the community people. Thus, all the discussed study supports the need for assessment of knowledge regarding prevention of mental illness among the care takers of patients as well as in the community people.

Keywords: Health-teaching program, mental illness, prevention, tertiary health center

INTRODUCTION

Mental disorders are widely recognized as a major contributor (14%) to the global burden of disease (GBD) worldwide. The WHO reported that in 2001, 154 million people globally suffered from depression, 25 million people from schizophrenia, 91 million people from alcohol use disorders, and 15 million from drug use disorders.^[1]

Nearly 25% of individuals, in both developed and developing countries develop one or more mental or behavioral disorders at some stage in their life. A persistent negative attitude and social rejection of people with mental illness has prevailed throughout history in every social and religious culture. Of all the health problems, mental illnesses are poorly understood by the general public. Such poor knowledge and negative attitude toward mental illness threatens the effectiveness of

patient care and rehabilitation. This poor and inappropriate view about mental illness and negative attitude toward the mentally ill can inhibit the decision to seek help and provide proper holistic care.^[2]

The World Health Organization had chosen the theme on mental health “Stop exclusion– Dare to Care” during the year 2001, to focus worldwide attention on the issues related to mental health. Mental disorders figure among the leading disease and disability the world over. Mental analysis studies indicated the high prevalence rate of mental disorders in the community (58.2/1000), since the problem of mentally challenged is a global problem.^[3]

The prevention in mental health has a history of over 100 years. Since the early days of the mental hygiene movement at the beginning of the 20th century, many ideas have been generated on possible strategies to prevent behavioral problems and mental disorders in children and adults. These have been partly translated into experimental activities in the primary health care and schools and in public health practices. However, the systematic development of science-based prevention programs and controlled studies to test their effectiveness did not emerge until around 1980. Over the past

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25 years, the multidisciplinary field of the prevention science in mental health has developed at a rapid pace, facilitated by increasing knowledge on malleable risk and protective factors. This has resulted in a fast-growing number of scientific publications and effective programs, as illustrated in this summary report. The prevention research centers, universities and other institutions, along with program managers and practitioners, have generated evidence showing that the preventive interventions and mental health promotion can influence risk and protective factors and reduce the incidence and prevalence of some mental disorders.^[4]

NEED FOR THE STUDY

This understanding also underpins widespread public support for investment of community resources to deal with these physical diseases. This situation contrasts with what currently occurs with mental disorders, where many members of the public are ignorant about what they can do for prevention, people commonly delay, or avoid seeking treatment and view recommended treatments with suspicion, and they are unsure how to assist others with mental disorders.^[5,6]

OPERATIONAL DEFINITIONS

Effectiveness

According to Oxford Dictionary, effect means, checking for desired effect of intended result or an outcome.^[7]

In this study, effect refers to determine the extent to effectiveness of Planned Health Teaching Programme on knowledge regarding prevention of mental illness among care takers of patients admitted in Tertiary Health Center of city.

Knowledge

According to Oxford Dictionary, knowledge is defined as facts, information, and skills acquired through experience or education, the theoretical or practical understanding of a subject.^[8]

In the present study, knowledge is facts, information, and skills acquired through Planned Health Teaching Programme

Health teaching

According to Green and Kreuter 2005, Health teaching or Health education is defined as “any combination of learning experiences designed to facilitate voluntary action conducive to health.”^[9]

In the present study, health teaching refers to knowledge provided to the patients regarding prevention of mental illness through a structure teaching program.

Prevention

According to Oxford Dictionary, the prevention is defined as the action of stopping something from happening or arising.^[10]

In the present study, the prevention is at three levels,

- 1) Primary prevention as an effort directed toward reducing the incidence of mental disorder in a community.
- 2) Secondary prevention refers to decreasing duration of disorder.
- 3) Tertiary prevention refers to reducing the level of impairment and focuses on rehabilitation.

Mental illness

According to Oxford Dictionary, mental illness is a condition which causes serious disorder in a person's behavior and thinking.^[11]

In the present study, we are focusing for prevention of mental illness.

Patient

According to Oxford Dictionary, person receiving or registered to receive the medical care.^[12]

In this study, patient means who is diagnosed with any physical or psychiatric illness and is receiving treatment for the same.

Care taker

According to Collins Dictionary, a care taker is someone who is responsible for looking after another person, for example, a person who has a disability or is ill or very young.^[13]

In this study, care taker means a person who is responsible for looking after a person who has been diagnosed with any physical or psychiatric illness and is receiving treatment for the same.

GENERAL SYSTEM THEORY

General systems theory is about broadly applicable concepts and principles, as opposed to concepts and principles applicable to one domain of knowledge. It distinguishes dynamic or active systems from static or passive systems. Active systems are activity structures or components that interact in behaviors and processes. Passive systems are structures and components that are being processed, for example, a program is passive when it is a disc file and active when it runs in memory

- Systems theory may be considered as a specialization of systems thinking and a generalization of systems science.
- First proposed by Ludwig von Bertalanffy (1901–1972) as general systems theory.
- General systems theory is a general science of “wholeness.”
- Systems theory has been applied in developing nursing theories and conducting nursing research.

Some of the principles or limits of general systems theory are

- (a) Organismic concepts as against atomistic and isolable concepts;
- (b) Components of the open systems are maintained constantly by exchanges in the environment;
- (c) Components lower in the hierarchy of organization enter and leave the general system;
- (d) There is dynamism, for example, within the limits of its organization, it tends to maintain itself and does not stick

to any specific state of equilibrium. It can be viewed as a steady state;

- (e) Without any direction from above, its members eliminate disruptions, and try to restore order. This is an inherent, dynamic, and unending tendency;
- (f) Its innate order is augmented by many other auxiliary components and resources, as part of homeostasis or feedback.

MAIN CONCEPTS

“System” is the central and guiding concept of this theory. Other concepts relate to (a) description of system, (b) regulation and maintenance of that system, (c) changes occurring in the system, and (d) anomic and radical changes. The main thesis of this theory is to put all disciplines on some fundamental, uniform, and universal basis. Systems studied by various disciplines may be different in terms of size, time, volume, material, etc., but can be similar from the view of their fundamental structure and processes. If basic uniformities found in various systems are discovered, a general theory of systems can come out. However, this perspective does not stop with surface or apparent uniformity or analogous appearance. It looks for more than homology rather isomorphism. Its emphasis is more on uniformity underlying their principles of functioning and processes, and less on structural similarities. Therefore, general systems theorists explain the concept of “system” at a higher level of abstraction. A system, according to Bertalanffy is “a set of elements standing in interaction.” Hall and Fagen defined it as “a set of objects together with relationships between the objects and between their attributes.” Colin Cherry found it “as a whole which is compounded of many parts – an ensemble of attributes.” Others find it as “a group of objects or elements stemming in some characteristic structural relationships to one another and interacting on the basis of certain characteristic processes.” For Easton it is “a set of interactions.”^[14]

COMPONENT OF GENERAL SYSTEM THEORY

The general system theory consists of mainly four components which are as follows.

Input

Input is the demographic variable of the population and the pre-test which is carried out for the assessment of primary knowledge regarding the prevention of mental illness among participants.

In the present study, demographic variables of participants are age, gender, education, occupation, monthly income, residential area, and type of family. To assess the primary knowledge, pre-test is taken among participants.

Throughput

It means the action carried out for the improvement of knowledge which is help to change in the level of knowledge.

In the present study, Planned Health Teaching Programme is the action which we are carried out to give knowledge regarding prevention of mental illness.

Output

Output is an outcome gain after the intervention which can be positive or negative and can be assess by post-test knowledge.

In the present study, output is measured by post-test knowledge score.

Feedback

It is last component of theory on which we can evaluate our process and if any deficiency occurs we can make changes according to that.

COMPARISON OF STATEMENT AND OBJECTIVES WITH THEORY

General system theory state that if we provide interventions to variables there may be change in the knowledge. We can get output which is positive or negative. Through feedback we can understand the effectiveness of our interventions and make changes according to the feedback.

If we compare theory with study problem, input is our participants and pre-test knowledge score. Throughput is our intervention, i.e., Planned Health Teaching Programme and Output is post-test knowledge score.

If we compare theory with study objectives, our first objective which is assessment of knowledge regarding prevention of mental illness among participants is our input. Second objective which is assess effectiveness of Planned Health Teaching Programme on knowledge regarding prevention of mental illness among participants is our throughput and output [Figure 1].

Research process: Next possible step

A review of literature is comprehensive and covers all relevant research and supporting documents in print. Literature review is essential to locate similar or related studies that have already been completed which helped the investigator to develop deeper insight into the problem and gain information on earlier studies. Review of literature is a systematic identification, location, scrutiny, and summary of written materials that contain information on research and the problem. The investigator did an extensive review of the research and non-research literature related to the present study and made an attempt through MEDLINE (Standard Medical Literature analysis and retrieval system on line) search, which contributed new knowledge

The literature reviewed related to the present study is organized and presented under the following headings

Literature related to knowledge regarding the prevention of mental illness

Mendelson and Eaton (2015) synthesized evidence from recent systematic reviews and meta-analyses published between

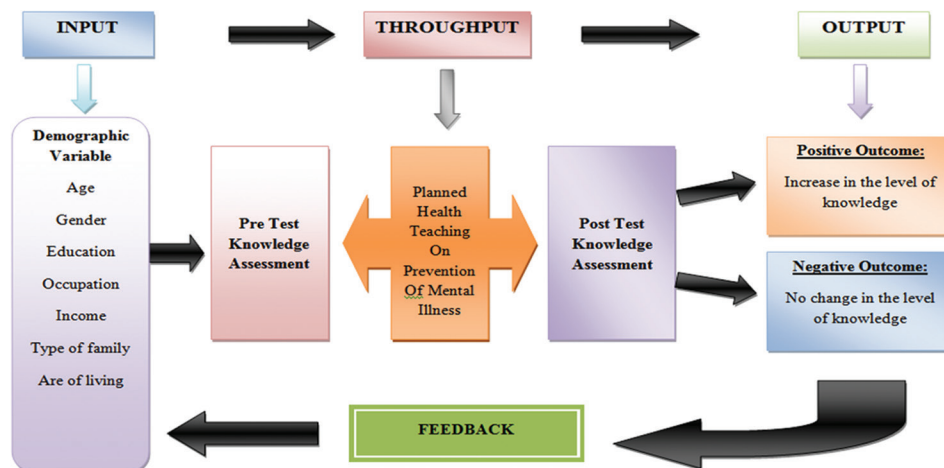


Figure 1: Modified general system theory

2013 and 2018 on prevention of depression, anxiety, and first-episode psychosis. They included reviews of randomized controlled trials testing psychological, psychosocial, and pharmacological preventive interventions. There is good evidence that depression and anxiety can be prevented, although effect sizes are generally small. Indicated prevention of first-episode psychosis appears promising. This review concluded that a number of interventions to prevent mental disorders are efficacious. While intervention effect sizes are generally small for the prevention of depression and anxiety, they may nonetheless be of significant population benefit. Using the growing evidence base to inform policy and dissemination of evidence-based prevention programs is critical for moving prevention science into real-world settings.^[8]

Parul (2018) conducted a study to compare the knowledge of adults regarding mental health. Public understanding regarding mental health and illnesses among general population is usually a lacking aspect. Understanding mental illness plays a paramount role in the prevention and treatment of mental diseases and also rehabilitation of individual. Mental health is considered to be the foundation for effective functioning for an individual and also for a community. Despite all of these facts, mental health is still deliberated as a luxury. A structured knowledge questionnaire was cast-off to assess and compare the knowledge of adults regarding mental health, residing in urban and rural areas. The majority of adults residing in urban areas were having good level of knowledge regarding mental health as compared to rural areas. Based on the study findings, it was unwavering that adults in urban have good level of understanding regarding mental health which eventually help them to supports mental illness in their community settings.^[15]

Thornicroft *et al.* conducted a narrative review regarding mental illness related stigma and discrimination. In this narrative review, it was summarized what is known globally from published systematic reviews and primary data on effective interventions intended to reduce mental-illness-related stigma or discrimination. The main findings emerging

from this narrative overview are that: (1) At the population level there is a fairly consistent pattern of short-term benefits for positive attitude change, and some lesser evidence for knowledge improvement; (2) for people with mental illness, some group-level anti-stigma inventions show promise and merit further assessment; and (3) for specific target groups, such as students, social-contact-based interventions usually achieve short-term (but less clearly long-term) attitudinal improvements, and less often produce knowledge gains. It was found that social contact is the most effective type of intervention to improve stigma-related knowledge and attitudes in the short term. However, the evidence for long-term benefit of such social contact to reduce stigma is weak.^[16]

Charlson *et al.* conducted systematic reviews in line with PRISMA guidelines for community representative epidemiological studies. They extracted estimates of prevalence, incidence, remission and duration, and mortality along with associated uncertainty intervals from GBD 2013. Around a third of global disability-adjusted life years (DALYs) attributable to mental, neurological, and substance use disorders were found in China and India (66 million DALYs), a number greater than all developed countries combined (50 million DALYs). Disease burden profiles differed; India showed similarities with other developing countries (around 50% of DALYs attributable to non-communicable disease), whereas China more closely resembled developed countries (around 80% of DALYs attributable to non-communicable disease). The overall population growth in India explains a greater proportion of the increase in mental, neurological, and substance use disorder burden from 1990 to 2013 (44%) than in China (20%). The burden of mental, neurological, and substance use disorders is estimated to increase by 10% in China and 23% in India between 2013 and 2025.^[17]

Khambaty and Parikh conducted a review which covers the antecedents, prevalence, phenomenology, and treatment modalities of anxiety disorders in the Indian cultural context. It covers the history of the depiction of anxiety in India and the

concepts of culture in the classification of anxiety disorders, and examines the cultural factors influencing anxiety disorders in India. We review the prevalence and phenomenology of various disorders, such as generalized anxiety disorder, panic disorder, social anxiety, and phobic disorder, as well as culture-specific syndromes such as Dhat and Koro in India. Finally, the review examines the wide range of therapeutic modalities practiced in India, such as faith healing, psychotherapy, Ayurveda, psychopharmacology, Unani medicine, homeopathy, yoga, meditation, and mindfulness. We conclude by emphasizing the significance of cultural factors in making relevant diagnoses and offering effective and holistic treatments to individuals with anxiety disorders.^[18]

Shruti *et al.* conducted a cross-sectional survey using a pre-tested questionnaire, which in addition to demographic details assessed exposure, knowledge, attitude, and social distancing practices for mental illnesses. The study included ($n = 289$; 55% females; average age 20.5 years) responses from nearly equal number of students from medical, psychology, and other courses. Medical students chiefly attributed mental illness to biological factors while students from other courses perceived mental illness as God's punishment. More medical students believed that mental illnesses can be successfully treated and appeared to have less social distancing from the mentally ill. Males mostly reported stress and brain damage as the causative factors while females attributed mental illnesses to other biological factors. Males were found to be less afraid of a communication with mentally ill and more open to the possibility of marriage with someone suffering from a mental illness. Exposure to information about mental illness led to no significant variation in the studied variables. Thus, demographic variables and the academic course contribute to variations in knowledge and attitude of young adults. Education received by medical students has a positive impact on their attitudes, highlighting the need of introduction of informative awareness measures among other courses as well.^[19]

Recommendations

Following the study can be undertaken in relation to the present study.

- A similar study may be replicated on large samples; there by findings can be generalized.
- The study can be undertaken in different settings and different target population.
- A study will to help the create the positive environment toward mental health.
- Opportunity to update the knowledge, education, and information about mental illness of caregivers.

CONCLUSION

The review article conclude that more information resources such as planned health teaching, self-instructional modules,

and other form of study materials are further required for improving the knowledge regarding prevention of mental illness among the care takers of patients as well as in the community people. Thus, all the discussed study supports the need for the assessment of knowledge regarding the prevention of mental illness among the care takers of patients as well as in the community people.

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