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Mental Health Literacy: A Study based on Community Mental Health Programme at Puthanthoppu

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Abstract: ***The District Mental Health Programme provides primary mental health care for the entire district and integrates mental health care in primary health care for large confined populations reaching primary health centers and community health centers. During the 20 years of DMHP service, the study has analyzed the Mental Health Literacy of the selected community in the Trivandrum district to understand the effectiveness of the programme and its services. The following components assess MHL: the competencies needed by people to help obtain and maintain positive mental health and knowledge of mental disorder; help seeking efficiency; understanding how to apply treatments properly and eradicate stigma in the community. A descriptive research design has conducted for this study. The data collection method is Interview Schedule through questionnaire by random sampling method is used for data collection. The study proved that the Community Mental Health Programme (CMHP) should be strengthened more in the community and, through the programme, remove the stigma in the community and improve mental disorders in the community. This can help limit the mental disorder and promote equality in the community. The conclusion was made based on the knowledge of health, acceptance, services, and stigma in society.***

Keywords: Mental health literacy, Programme, Stigma

1. Introduction

"Health as a state of complete Physical, Mental and Social well-being and not merely an absence of disease or infirmity." **(WHO, 1948)**

Recently 'the ability to lead a socially and economically productive life' has also been included. Thus, in addition to being physically and mentally healthy, a person also has to be 'socially' healthy and to be productive in society. Hence, the role of a person in society is significant for the overall health status. In the case of mental illness: in the past, asylums were the place where mentally ill people were kept and treated. Later on, through mental hospitals. However, due to various reasons, it was seen that a large number of people facing difficulty from mental illness was increasing, the treatment facilities and the availability of specialists in the mental health field was significantly less. Availability of mental illness intervention and treatment very less developed at the community setting. . After independence, all health system following the suggestion of Bhore Committee (1946). Thus, a branch of Psychiatry relating to the treatment and care of the person having a mental disorder in the community level was the need of the hour. Then the era of "community mental health" had begun. Community mental health describe that the care and services provided to persons with mental health problems and their families in community settings.

In 1982, India was the first developing country to start National Mental Health Programme (NMHP) under the five-year plan then conceptualized District Mental Health Programme (DMHP) to understand the feasibility of mental health care district level under the Ministry of Health. The role of DMHP in Community Mental Health is man power development, drug availability, access to treatment facilities, and awareness about mental illness and treatment. Community settings would include an individual home, large joint family setting, a general practitioner's clinic, a government-run Primary Health Centre, Community Health Centre or a District Hospital, a non-hospital residential facility such as a Half-Way Home or hostel run by an NGO, a private Psychiatrist's office/clinic, a counseling center or a rehabilitation center in a community location running day programs and providing a higher level of other community-based services.

Mental Health Literacy (MHL) arises from Health Literacy. The development of HL with poor health outcomes. The WHO has identified that HL is the most critical component of the social determinants of health, that it is "a stronger predictor of an individual's health status than income, employment status, education, and racial or ethnic group". Currently, HL is understood to include the following components, and these components are the predominant factor for assessing MHL: the competencies needed by people to help obtain and maintain health and identify illness; understanding how and where to access and how to evaluate health information and health care; understanding how to apply prescribed treatments properly; and, obtaining and applying skills related to social capital, such as understanding rights related to health and health care and understanding how to advocate for the development of the health.

2. Research Methodology

2.1 Specific Objective

a) To understand the mental health literacy among the Puthanthoppu community
   - To understand whether the people in Puthanthoppu knew about ways to obtain and maintain positive mental health

- To understand whether people in Puthanthoppu know about mental disorders and their treatments
- To understand whether stigma related to mental disorders is prevailing in Puthanthoppu

b) To know about community mental health programme among Puthanthoppu community
- Under this object, I am looking at the services provided by the community mental health programme, the knowledge, and acceptance for the community mental health programme among different populations in Puthanthoppu

Type of Study: Descriptive Research Design
Sampling Design - Purposive sampling
Universe of the Study -Puthanthoppu community
The population of the Study - 1050
Sample Size of the Study - 60

Unit of the Study - A person of 18 years or more, living in Puthanthoppu.

Method Data Collection: Quantitative data collection method.

Tool Data Collection: Interview schedule by both open-ended and close-ended questions.

Source of Data Collection: Primary source of data collection from the caregivers of the patient who is has a mental disorder visited their home and directly interacted, housewife, the unemployed home also visited in Puthanthoppu**.** A secondary sources of data from the internet, journels and articles.

Data Processing: Collected data is coded and tabulated by used SPSS Software.

3. Findings

In case of positive mental health, most of them having a good sleep, diet and sharing their troubles with others and the expressing of emotion is mainly anger in male and crying in female, females are mainly seeking advice from husband or gents, and proper hygienic practices, but most of them do not know their strength, weakness, and threats, but they have good strength, threats, and weakness, but it's stable not excessive.

The knowledge of mental disorder and treatment in Puthanthoppu is below average. Some of listed the cause and disorders, but most of their interpretation is wrong, but they have good kind to support the person who has a mental disorder. Most of the family members or relatives having mental disorders identified, the main reason some are they marrying with their blood relation.

People's attitude towards mental patients, when compared to the past, lots of improvement occurred. But the primitive concept in the community is still existing, and they feel ashamed because any of their family members has a mental illness; some of them try to hiding the patient, some kind of discrimination still existing in the society like lack of respect for the patient, beating, scolding, some abuses mainly the elderly is the victim. Patients has been employed, and earning is a positive thing that was happening.

The Community Health Center services, acceptance, and consulting for treatment are significantly few in the community, mainly they going to a private hospital and getting facility, most of them said that CHC is not providing identified that the advanced services provided by the CHC.

4. Suggestions

- Existing mental health programs should need to be more actively provide to the community.
- CHC is not providing any government benefit to them. Earlier they were getting 500 rupees per month, but now they do not get any assistance. In a family except for the husband and children, three members have different levels of mental disorder. They did not get any benefit, and they were below the poverty level.
- When compare with other community, Puthanthoppu lots of people having a mental disorder, so the government provide more consideration in this community and identify the problem in the community for increasing the mental health patients in the community
- People in Puthanthoppu is marrying with their same blood because when they marry with their same family, the property will not gone to an external person. So it is a big problem, so the District Mental Health Programme should ensure and study the problem and reporting to the higher authority like the district Mental Health Programme office in Trivandrum
- Services not getting properly like the injection and pills to the patients
- Now CHC is mainly concentrates on the physical health problem and Asha worker duty to report tuberculosis, malaria, and leprosy patients in society. So mental health problem also taken into serious illness and proper benefit and treatment proving for them
- People applied for the benefit from the government, but they did not get any benefit for the last 10 year, so these kinds of issues up to date monitor by the exact authority and arrange it
- 90% of the respondents does not know about the benefit and schemes and policies for the disability, providing awareness classes, announcing, poster, camps, and exhibition improving the awareness of the public

5. Conclusion

The study proved that the Community Mental Health Programme should need to be strengthened more in the community and through the programme completely remove the stigma in the community and improve the knowledge of mental disorder in the community and by doing this will help to limit the mental disorder and promote equality in the community. The government should strictly analyze the execution of grass-root functioning of the programme and assess the effectiveness in the community.

References

[1] C Gregory, Pascoe: (1983; 210-185) "Patient satisfaction in primary health care: A literature review and analysis "Centre for Psychiatry, Wolfson Institute of Preventive Medicine.
[2] F.Jorm, Anthony (2000 Nov; 177:396-401)"Mental health literacy: Public knowledge and beliefs about mental disorders**".** Br J Psychiatry
[3] F.Jorm, Anthony; (2018 januvary;177-176), "Prevalence, severity, and unmet need for treatment of mental disorders in the World Health Organization World Mental Health Surveys"
[4] Frank, Christine, Zamorski Mark A Wei Yifeng and J.Patrick. (2018; 6: 61) "Mental health literacy measures evaluating knowledge, attitudes and help-seeking: a scoping review",BMC Psychol.
[5] Kay E, Locker D. (1998; 15(3): 132-144) "A systematic review of the effectiveness of health promotion aimed at improving oral health" Community Mental Health

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