

Perceived notions about Mental Health and Well Being

Dr. Amruta Shantanu Bhuskute

M. A., M. Phil., Ph. D.
Assistant Professor,
Department of Psychology,
Smt. Binzani Mahila Mahavidyalaya, Nagpur, Maharashtra, India-440022

Abstract: Peaceful, rational, righteous, sensitive, conscious human mind is an identity by virtue of being human being. Contrary to this 'Mentally healthy' has become most deserving human state in present days' chaotic, endlessly demanding, continuously pressurizing world. It imposes demand for the clarity and sensitivity about the issue in all groups of population to fasten its obliteration. This study is an attempt to identify the perceived beliefs and notions in common (professionals other than behavioral science) people (N = 173) regarding mental illness, related factors, demographic details, do's and don'ts.

It has insightfully presses the need for widespread sensitization program in multiple levels to correct and enlighten common minds with proper information and concepts. But still it is very much welcoming to know that society is gradually acquiring unconditional acceptance to such issues.

Keywords: Mental Health, Well Being, Perception, Need for sensitization

INTRODUCTION:

India is a country with huge population which stands second highest in the world. It definitely accumulate major human resource on one hand but, at the same time, it imposes huge amount of pressure on maintaining and supporting services and resources to such a vast spread of people. Many a time it creates challenge to make sufficient out of available in all areas of human life. One of such challenges is to maintain high status of mental health of citizen of India.

According to report of World Health Organization, every fourth family in Indian population possesses any or the other psychiatric conditions in at least one of its member (Mental Health: New Understanding, New Hope, 2001) or this figure might have been came down by this time. It was previously estimated in 2006 (Mathers, Lopez, & Murray) that neuropsychiatric conditions together account for 10.96% of the global burden of disease as measured by disability-adjusted life years. Also, it was then projected that by the year 2020, neuropsychiatric conditions will account for 15% of disabilities worldwide, with unipolar depression alone accounting for 5.7% of DALYs and will stand second in top 10 leading causes of disability. Another report by WHO (2017) stated that in India around 56 million people suffer from depression and 38 million have anxiety disorder. This is very much alarming situation and demands for immediate remedy.

Mental illness can affect the best of the best and reduce a person to pathetically inhuman conditions. Hence, it is must to for psychiatric help as well as pure acceptance and support from family and society around is greater help along with expert intervention. But people in Indian society still misinterpret mental health/illness, which makes problem difficult to resolve. There is taboo in society and secondly these issues are not discussed openly in public which leads to ambiguity about the concept and remains unclarified most of the times. Relief is the new report which shows over 80 per cent rise in the number of people seeking help for mental health issues, especially in tier-2 cities (Practo, 2019).

Another eye catching issue is that as people do not have clear understanding about mental well being or mental illness, they are very much vulnerable to fail to identify the early symptoms and changes in themselves and in people close to them. Therefore, it is very much important to make people aware about mental health and illness and related issues. This study is an attempt study the level of awareness regarding mental health in non-behavioral science professionals.

METHOD:

- **Objective:** To see and access the perceived notions in various professionals (other than in the behavioral science) regarding mental health.

- **Sample:** Purposive sample of total 173 participants is selected for this study. Sample is chosen randomly out of pool of data collected.

- **Participant's Characteristics:**

Age	Residing Area	Gender	Socio-Economic Status	Occupation
27.4 - 52.8 years	Nagpur City (Urban Area)	98 Males, 75 Females	Middle & Upper Middle	55 teachers, 45 office executives, 40 Businessman, 33 Technical Professionals

- **Research Design:** Between-Group Design

- **Tool Used:** Self-designed questionnaire comprised of total 16 statements with multiple choice is used to collect responses regarding their notions and perceptions about various mental health.

- **Analysis of Result:** Responses are then tallied and frequencies are noted. Comparisons are made on the basis of percentage.

RESULT & DISCUSSION:

Sample encompassed in this research study is comprised of four groups: i) Teachers, ii) Office executives, iii) Businessman, iv) Technical Professionals. All participants were given a questionnaire with following statements with multiple options to choose from. Following are the results noted after calculation:

Table No. 01 showing percentage of responses by noted by participants

Response	Teachers (55) %	Office Executive (45) %	Businessman (40) %	Tech. Professionals (30) %	Total (173) %
Statement 01: Have you heard about mental health ?					
Yes	74.54	73.33	57.5	57.57	67.05
No	25.45	26.66	42.5	42.42	32.94
Statement 02: In your opinion, where does mind located in one's body?					
Brain	61.81	33.33	70	42.42	52.60
Heart	38.18	66.66	30	57.57	47.39
Statement 03: In your opinion, Psychology is science of what?					
Behaviour	36.36	26.66	27.5	24.24	29.47
Mental Processes	25.45	33.33	32.5	36.36	31.21
Both	38.18	20	20	21.21	26.01
Soul	0	6.66	12.5	12.12	6.93
Don't Know	0	13.33	7.5	6.06	6.35
Statement 04: Have you ever seen a person with mental illness / psychological problem?					
Yes	74.54	48.88	47.5	63.63	59.53
No	16.36	28.88	30	27.27	24.85
Can't Say	9.09	22.22	22.5	9.09	15.60
Statement 05: Is Mental Illness as normal as any other physical problem or weird?					
Normal	70.90	51.11	47.5	54.54	57.22
Weird	29.09	48.88	52.5	45.45	42.77
Statement 06: Does physical health significantly affect mental health?					
Yes	52.72	44.44	42.5	42.42	46.24
No	34.54	42.22	30	33.33	35.26
Can't Say	12.72	13.33	27.5	24.24	18.49
Statement 07: Does physical fitness contribute in maintaining mental health?					
Yes	45.45	46.66	37.5	39.39	42.77
No	41.81	28.88	40	54.54	40.46
Can't Say	12.72	24.44	22.5	6.06	16.76
Statement 08: Can a person behave normal after restoring his/her mental health?					
Yes	47.27	53.33	57.5	36.36	49.13
No	34.54	37.77	25	39.39	34.10
Can't Say	18.18	8.88	17.5	24.24	16.76
Statement 09: Do psychological distress cause physical illness?					
Yes	56.36	42.22	30	51.51	45.66
No	27.27	31.11	37.5	15.15	28.32
Can't Say	16.36	26.66	32.5	33.33	26.01
Statement 10: Is medicine the only remedy for mental illness?					
Yes	43.63	51.11	47.5	48.48	47.39
No	34.54	33.33	37.5	42.42	36.41
Can't Say	21.81	15.55	15	9.09	16.18
Statement 11: How you see approaching a psychologists/psychiatrist for any psychological, emotional issue?					
Important	74.54	77.77	52.5	72.72	69.94
Not necessary	25.45	22.22	47.5	27.27	30.05
Statement 12: Is Major depression mean feeling sad, gloomy, demotivated at any point of time?					
Yes	74.54	73.33	72.5	63.63	71.67
No	25.45	26.66	27.5	36.36	28.32
Statement 13: What will you do if you meet someone who is mentally unhealthy?					
Try to Talk Normal	43.63	35.55	40	48.48	41.61
Will ask if help required	30.90	17.77	27.5	18.18	24.27
Observe silently	20	46.66	22.5	24.24	28.32

Avoid	5.45	0	10	9.09	5.78
Statement 14: Do you believe that absence of illness means being healthy?					
Yes	61.81	71.11	40	54.54	57.80
No	21.81	20	27.5	27.27	23.69
Can't Say	16.36	8.88	32.5	18.18	18.49
Statement 15: For which reasons, you will see a psychologists/psychiatrist(Only 5 of them)??					
Stress	81.81	82.22	77.5	66.66	78.03
Relationship Problem	70.90	40	47.5	45.45	52.60
Constant mood upset	21.81	46.66	42.5	39.39	36.41
Sudden Weight Gain/Loss	27.27	20	12.5	12.12	19.07
Suicidal thoughts	38.18	42.22	57.5	63.63	48.55
Negative self-thoughts	38.18	37.77	37.5	45.45	39.30
Not able to handle grief	34.54	24.44	35	39.39	32.94
Low concentration in work	25.45	33.33	22.5	48.48	31.21
Excessive insecurity/worry about future/exam	32.72	17.77	32.5	33.33	28.90
Delusions	7.27	11.11	15	6.06	9.82
Not able to handle Failure	16.36	20	35	27.27	23.69
Fear for no reason	20	24.44	30	6.06	20.80
Suicidal attempt	47.27	64.44	35	39.39	47.39
Chronic disease to self or someone near and dear	27.27	28.88	20	24.24	25.43
Getting vague about present and past	10.90	6.66	0	3.03	5.78
Statement 16: In your opinion, which factors lead to mental illness (Only 3 of them)?					
Heredity	29.09	28.88	27.5	33.33	29.47
Education	12.72	17.77	17.5	15.15	15.60
Upbringing	20	26.66	20	21.21	21.96
Mental health of parents	29.09	15.55	12.5	12.12	18.49
Food & nutrition	14.54	20	10	15.15	15.02
No. of members in family	3.63	0	5	6.06	3.46
Friend circle	16.36	15.55	15	3.03	13.29
Belief or disbelief in God	0	0	5	15.15	4.04
Consumption of alcohol / drugs	30.90	24.44	17.5	27.27	25.43
Hectic life	9.09	8.88	22.5	27.27	15.60
Overcrowds	10.90	15.55	17.5	18.18	15.02
Lack of privacy & peace	16.36	13.33	12.5	12.12	13.87
Negative experiences from someone very close	9.09	17.77	10	6.06	10.98
Being over sensitive	12.72	24.44	20	21.21	19.07
Hormonal Imbalance	23.63	11.11	20	15.15	17.91
Brain Lesion	16.36	20	12.5	15.15	16.18
Accident/Shock	14.54	13.33	15	18.18	15.028
Lack of sleep	21.81	17.77	22.5	9.09	18.49
Excess work out	3.63	4.44	7.5	0	4.046
Excessive Work load	5.45	4.44	10	9.09	6.93

All the results mentioned above show varied trend of responses. Few trends are very much welcomed and appreciable in terms of awareness in people regarding mental health such as higher percentage of participants from all the four professions involved in the study have heard about 'Mental Health' previously (Statement No. 01). It is also observed that higher percentage of professionals from all the four groups have seen or met one or the other mentally ill person in course of time (Statement No. 04), also majority of them accept that mental illness is as normal as physical illness (Statement No. 05) and they believe that it is important to visit psychologist or counsellor or psychiatrist whenever required (Statement No. 11). One more welcoming trend of responses is observed with reference to Statement No. 13 where very few participants have chosen to avoid if met with someone mentally not healthy, but significantly majority of the participants have chosen to behave normally, offer help or silently observe the respective individual.

Results show that there are 03 issues concerned with Mental Health where efforts are required for utmost precision and precision. In response to Statement No. 02, more than 50% of participants show obscure information with reference to what Psychology is about (Statement No. 03). Teaching Professionals have successfully responded that Psychology is a science of mental processes and human behaviour. Similarly, all the other 03 groups than Teaching Professionals have majorly responded that one's

mind is located (Statement No. 02) in Heart and not in Brain. This goes with common conception that heart is body part which perceives pain or happiness, love or hate etc. This indicate towards significant knowledge gap regarding human body structure and function of brain and nervous system. It also underlines a need for enhanced understanding about one's mental processes and role of our body parts in it.

Third major trend which comes out while analysing the results is concerned with total well being of individuals. Concept of well being is comprised of absence of illness and enriched capability of adaptation of surrounding and efficient as well as effective overt behaviour from time to time. This supports the fact that physical health and mental health is interrelated. None can remain in pleasant state of being unless he or she is free from both mental and physical ailment and possess skills and capacity to deal with changing surroundings effectively and efficiently (Ohnberger, Fichera, & Suttona, 2017, Jeoung, Hong, & Lee, 2013).

But, responses yielded regarding Statement No. 06, 07 and 09 which narrate about physical and mental health interrelationship show mixed responses from participants. Very few responses underlines this interrelation, but they are insignificant in number. Hence, it is worthy to take note that it is mandatory for physicians plus mental health professionals as well as teachers teaching behavioural sciences and even common people (who very well understood this fact) to help their clients/patients/students and each and everyone around them get crystal clear idea about mind-body dyad and warn about maintain both with focused efforts.

Only on an average 50% of participants from all the 04 groups posses an idea that mental illness can be successfully treated with other ways than medicines such as behavioural therapies, cognitive therapies, and integrative approach of therapy and psychotic drugs (Statement No. 10).

Research have stressed upon India becoming huge hub of patients suffering from Major Depression in recent times. Hence it is very much essential for all of us to identify depression in initial stage which increases the possibility of restoring ones health to greater extent. But disappointingly participants have accepted that Depression is just being gloomy, sad every now and then (Statement No. 14). This shows that depression has become a quite a common term to be used in general conversations among people, but mistakenly it falsify the gravity and significance of the symptoms of Depression. This kind of lay attitude about such a severe mental illness may adds to the problem of withstand it exclusively than other psychological problems. This requires immediate attention towards public campaign to enrich people with specific knowledge to deal with this issue (Shrivastava, Chatterjee, & Bhat, 2016) (Maulik, et al., 2017) (Varghese, 2005).

Last two statements i.e. No. 15 and 16 dealt with conditions for which one must go for expert help from counsellor/psychologist/psychiatrist and factors contributing to the development of mental illness. Responses are satisfactory to major extent with few eye opening remarks to take note of. With respect to priority conditions under which expert help must be sought, all the groups have reported STRESS being the most vulnerable pathological condition, followed by Suicidal Thoughts or attempt, problems in relationship, delayed mood upset and failure to handle grief. This shows that majority of them are aware of the fact that stress is worsening the life situations and major threat to mental health. It also fetch our attention to people belief in application of psychiatric or therapeutic intervention in treating interpersonal problems, raising someone positively out of his/her life crisis and enhancing life skills to regain quality life.

On the other hand, few situations which are significantly endanger mental health such as sudden weight loss/gain, failure in any of the segment of life, excessive worry are not into the priority reason to seek expert help. These problems are significantly correlated with one's well being but needs to be spread a word about.

All the participants, with regard to factors affecting mental illness, have chosen heredity, upbringing, consumption of alcohol/drugs, hectic life, lack of sleep, no privacy or peace in life, accident/shock, hormonal imbalance, being over sensitive. All these been major causes of mental illness significantly underline the understanding among common man with reference to question under discussion.

CONCLUSION:

This research study conclude that all the four groups employed under the study namely teachers, office executives, businessman, technical professionals do not show any significant difference in level of their knowledge and understanding about mental health. Few trends are worthy to take note of and action requires in future as follows:

1. There is acceptance about mental illness to great extent and they know that mental illness is as normal as physical issues. They also believe that it is necessary to seek expert advice from mental health professionals whenever required.
2. Majority people have seen or met a mentally ill person somewhere in life and they also prefer to talk with them normally or observe silently.
3. Lack of understanding about psychological or emotional issues affecting physical health and few physical conditions contributing to mental illness is observed. More efforts to be done to make people aware about this interrelationship so that they can do efforts to try to seize it and maintain both, good mental and physical health.
4. Major depression is yet less understood and lesser known to common people. So it needs to be taken care of.
5. They know about stress, relationship problems, suicidal thoughts/attempt, experiencing grief, sad mood for prolonged period being major situations where expert help is must.
6. Heredity, upbringing, consumption of drugs/alcohol, accident/shock, hormonal imbalance, lack of sleep are major contributors to mental illness. This shows that people are aware about most of the causes of mental illness.

SCOPE:

This research study stresses upon need for widespread efforts require to put in immediately to sensitize and make people aware about mental health issues and various beliefs related to it. This will surely gives an insight to mental health professionals and educators, public health experts to arrange for such awareness and sensitization program and alter myths and notions about mental

health in general population. Enhanced understanding about mental health and illness will definitely prove beneficial in raising an open minded, humiliation free, receptive and healthy society.

LIMITATIONS:

1. This research study does not consider gender difference.
2. Results of the study are not analyzed with statistically.
3. Small sample size

REFERENCES:

- (2017). *Depression and Other Common Mental Disorders - Global Health Estimates*. Geneva: WHO.
- Jeoung, B. J., Hong, M. S., & Lee, Y. C. (2013). The relationship between mental health and health-related physical fitness of university students. *Journal of Exercise Rehabilitation*, 9(6). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3884876/>
- Mathers, C. D., Lopez, A. D., & Murray, C. J. (2006). The burden of disease and mortality by condition: Data, methods, and results for 2001. In L. A.D., C. D. Mathers, M. Ezzati, D. T. Jamison, & C. J. Murray, *Global Burden of Diseases and Risk Factors*. New York: Oxford University Press.
- Maulik, P. K., Devarapalli, S., Kallakuri, S., Tewari, A., Chilappagari, S., Koschorke, M., & Thornicroft, G. (2017). Evaluation of an anti-stigma campaign related to common mental disorders in rural India: a mixed methods approach. *Psychological Medicine*, 47(3). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5244444/>
- (2001). *Mental Health: New Understanding, New Hope*. World Health Organization, Geneva. Retrieved April 12, 2019, from https://www.who.int/whr/2001/en/whr01_en.pdf?ua=1
- Ohrnberger, J., Fichera, E., & Suttona, M. (2017). The relationship between physical and mental health: A mediation analysis. *Social Science and Medicine*, 195. doi:<https://doi.org/10.1016/j.socscimed.2017.11.008>
- Practo. (2019, April 04). *India is getting serious about healthcare: Practo Insights*. Retrieved from The Practo Blog: <https://blog.practo.com/india-is-getting-serious-about-healthcare-practo-insights/>
- Shrivastava, K., Chatterjee, K., & Bhat, P. S. (2016). Mental health awareness: The Indian scenario. *Industrial Psychiatry Journal*, 25(2). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5479084/#>
- Varghese, P. J. (2005). Advocacy in mental health: Offering a voice to the voiceless. . *Indian Journal of Social Psychiatry*, 31. Retrieved from <http://www.indjso.org/article.asp?issn=0971-9962;year=2015;volume=31;issue=1;spage=4;epage=8;aualast=Varghese>