

Promotion of Mental Health and Prevention of Mental Disorders in Rural Setting

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Mental disorders are not the exclusive preserve of any special group; they are truly universal. Mental and behavioural disorders are found in people of all regions, all countries and all societies. They are present in women and men at all stages of the life course, the rich and poor and among people living in urban and rural areas. The notion that the mental disorders problems are more in industrialised and relatively richer parts of the world is simply untenable. The belief that rural communities, relatively unaffected by the fast pace of modern life, have no mental disorders is also incorrect.

According to World Health Organisation (WHO) the point prevalence of neuropsychiatric conditions is about 10 percent for adults. About 450 million people were estimated to be suffering from neuropsychiatric conditions world wide. Global Burden of Disease (GBD) 2000 estimates show that mental and neurological conditions account for 31 percent of all years lived with disability (YLDs). Indeed, depression causes the largest amount of disability, accounting for almost 12 percent of all disability.

In India majority of the people (around 70%) live in rural areas, so naturally we may find more mentally sick individuals in rural areas. Most of

these cases are not reported or not treated which in due course become collective burden to our nation and a challenge for the treatment.

Though Government of India has taken special interest in mental health care in the form of National Mental Health Programme (NMHP-1982), District Mental Health Programme, District Hospital Psychiatric Units (DHPUs), General Hospital Psychiatric Units (GHPUs), we still have to go a long way in achieving the goal of "Mental Health for all". There are several reasons for not achieving the target, the major one being lack of rural partnership in the mental health delivery.

No programme is successful without the involvement of its consumers. The rural partnership can be promoted through the following members in the community, who always live with the people.

- ♦ Village leaders
- ♦ Teachers
- ♦ Youth organisations
- ♦ Mahila mandals
- ♦ Male and Female Health workers
- ♦ Rural medical practitioners
- ♦ Postmen and others (Dais, Anganwadi workers)

Each one of them can play a unique role in the promotion of mental health and prevention of mental disorders.

Village leaders

They need to be educated:

- a. in identifying the mentally

affected / retarded individuals, drug and alcohol abusers;

- b. about the mental health facilities / centres where treatments are available;
- c. about referring the cases;
- d. in implementation of the mental health programmes; and
- e. specific role of each group expected in those programmes

The teachers

- a. Must identify the consistent low performers in academic activities and find the reason for the same;
- b. Should encourage the epileptic children to seek medical and psychiatric care without fail;
- c. Should involve themselves in the parental counselling and in identifying and resolving childhood problems
- d. Ought to help adolescents to face the crisis;
- e. Can identify the mental health deviations at the earlier stage;
- f. Are best to impart moral education and becoming a role model in curbing habits like smoking, alcohol and drug addiction; and
- g. Educate the children and parents on the importance of balanced diet, especially iodine intake for the mental health development

Youth organisations and Mahila mandals

These organisations can contribute in many ways as under:

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- leading the youth in a positive way in the form of play, recreation and balanced life;
- helping the rural people in case of crises;
- helping in improving the economic status of the rural people;
- care of elderly people;
- volunteers can be trained to be a mental health force;
- by involving Mahila Mandals in creating awareness among women related to PMS, post-natal depression, post-natal psychosis, and menopause-related problems.

Male and Female Health Workers and Rural medical Practitioners

- Apart from the regular duties, they should identify the cases, give first aid, refer them for further care and provide mental health education;
- Proper screening of the people and school children;
- Collecting the complete

- mental health data and forward the same to the respective PHC;
- Promote institution delivery of all pregnant mothers so that maximum perinatal complications contributing to psychiatric morbidity are avoided; and
- Care of people who faced crisis, calamities, suicidal attempt, etc.

Postmen

- Postman directly reaches the rural people quite often. He can help in locating the patient (mental health screening) and reporting.
- He can help in finding cases who are wandering in the street, left alone.
- He can collect some relevant data about the patients and pass it to the health workers.

Others

Dais should ensure that all the pregnant women take iodised salt, iron and folic acid tablets along with balanced diet, which

are essential for mental health development of the child. Anganwadi workers should ensure that children are properly nourished with proteins. Apart from above, to increase rural participation we must utilise the mass media effectively

Regular Mental health camps should be conducted at the rural areas with involvement of the local members.

Simplified materials translated in local language should be kept at general library in order to sensitise the rural youngsters.

Other measures include orientation classes on partnership in the promotion of mental health and prevention of mental disorders for students of high school, higher secondary and rural colleges.

References

- World Health Reports - 2001, 2006
- Mohan K Isaac, et al (1994). "Mental Health care by primary care doctors", NIMHANS, Bangalore

CORRIGENDUM

This is with reference to the item 'Election Results of TNAI Karnataka State Branch' published in the issue of Nursing Journal of India under which spelling mistakes with certain elected members' names occurred inadvertently, at page 229.

The correct names of the elected members in the aforesaid Election Results may be read as under:

President: Mr. SS Kolapur; Vice-President: Prof. SS Prabhudeva; Vice-President-1 (Mysore Division): Mr. Bharti M; Vice-President-2 (Gulbarga Division): Mr. Sreekanth; Vice-President-3 (Belgaum Division): Mr. Ramachandra Hooli; Secretary: Ms. Thressiamma P.M.; Treasurer: Mrs. Shani John Sequeira; SNA Advisor: Mr. Prabhuswamy AC; Chairperson, Membership Committee: Mr. Venkatesh Murthy S.; Chairperson, Programme Committee: Ms. Esther Shirley Daniel; Chairperson, Public Health Nursing: Smt. Janakamma; Chairperson Nursing Service Section: Mr. Swamy Murthy K; Chairperson, Nursing Education & Research: Dr. Muninarayanappa NV; Chairperson, Economic & Welfare Committee: Mrs. Girijamba Devi P; Chairperson, ANM/LHV Section: Mrs. Latika G. Joshi.

हिन्दी रचनाएं आमंत्रित हैं

इस मासिक पत्रिका में प्रकाशन के लिए हिन्दी रचनाओं का स्वागत है। नर्सिंग व्यवसाय, स्वास्थ्य और सकारात्मक सोच से परिपूर्ण रचनाओं को प्राथमिकता दी जाएगी। इन विषयों पर आलेख, तथ्यात्मक टिप्पणियाँ, लघुकथा, कविता, संस्मरण आदि भेजे जा सकते हैं- संपादक