Promoting Better Mental Health through Training

Dr. B. NAGARATHNAMMA

This paper is a descriptive research effort aimed at primary prevention of mental illness. 300 psychiatric patients' case histories from four general hospitals, viz.,Vellore, Hyderabad, Kurnool, and Tirupati in Andhra Pradesh and Tamil Nadu states were studied. The data reflect an emphasis on a low socio-economic status. Most of the affected were either blue collar workers or low paid labourers. Their educational level was either low or nil. Further, the study focuses on the various measures to be taken to promote better mental health in the community.

Introduction

Primary prevention of mental illness has been a vague, abstract term and not a field in which psychologists have made viable contributions. Just as medical science has developed vaccines against certain contagious diseases, social sciences relentlessly aim at formulating principles which help prevent maladaptive behaviour. Such efforts should be made by the Government as well as professional and voluntary citizens groups. But, unfortunately, we lack sufficient knowledge about functional psychoses unlike in medical science where definite causes are known for diseases. The psychologists need to work for promotion of better mental health by analyzing clues from epidemiology. The clues reveal that low socio-economic status, especially where the joint family system exists, improper parent-child relationship, maladaptive behaviour in everyday life and lack of guidance facilities are main causal factors in mental illness.

Primary prevention, in general, is possible through:

(a) Physical health measures which help in keeping the individuals in good physical condition.

(b) Psychological health measures to aid in optimal development and function of individual potentialities.

(c) General socio-cultural measures to foster public education and social security. Economic planning should ensure housing projects to eradicate slums and provide equal educational and job opportunities for all.

The Epidemiological Factors

In this piece of research work an attempt was made to study the epidemiological factors responsible for mental illness. 50 case histories from Tirupati General Hospital, 100 from Kurnool General Hospital, 100 from Hyderabad Mental Hospital and 50 case histories from Vellore Mission Hospital were examined. It was observed that most of the psychotic patients hailed from both rural and urban areas and were either illiterates or undereducated and very low paid (sweepers, peons, agricultural labourers, constables, teachers, and unsuccessful businessmen). This clearly suggests that poor living conditions which causes psychological stresses are directly or indirectly responsible for mental illness.

The following is the breakdown on the composition of the sample with reference to certain socio-economic factors as assessed by Rao's (1977) Socio-Economic Rating Scale. Table I shows the distribution of subjects in each category (caste-wise).

Table I

Caste	*Rural*	*Urban*	*Total*
Hindus & Muslims	100	100	200
Backward, Scheduled Castes, and Scheduled Tribes	46	54	100
Total	146	154	300

Table II shows the socio-economic status of the patients.

Table II

Occupations	*Rural*	*Urban*
1. Cultivation	80	25
2. Business	5	10
3. Teachers	8	8
4. Government Employees	4	25
5. Labourers	50	74
6. Contractors	—	11
Total	147	154

Various Ways

Better mental health can be achieved through training the teachers, police and social service agencies which are major sources of case referrals. When they come into contact with maladjusted individuals, they can refer to the right places. People's, especially children's, development and adaptation, are significantly shaped by a very few high impact social environments, e.g. communities, churches, schools, and families. Training these people in these environments can help in promot-

The author is Lecturer in Psychology, S.V.University, Tirupati.

ing better mental health. Mental health can also be promoted through well-baby clinics, schools, or social organizations that build health and resources in people from the start: a true primary prevention, though it demands an expanded time perspective. According to Kelley (1975) these health facilitating systems are plagued by practical and real world problems. People are vulnerable to maladjustment when they lack specific skills needed to resolve personal problems. If these skills are imparted from the start, there would be less need to deal with maladjustment. Professional guidance bureaux would be of great help in this regard.

What core skills underlie sound adjustment? Can curriculum be developed to teach young children these skills? Does acquiring such competencies lead to interpersonal adjustment? Do adjustive gains, so acquired, endure?

Ojemann (1961, 1969) concluded that children exposed to causal teaching curricula were better adjusted. Enrichment stimulation programmes for the young disadvantaged helped in better understanding. Children educated in modern environment such as Model Schools and Novodaya Schools may have better adjustments.

Oscar Wilde, the writer, said that the school is one of the chief areas where a child tests himself. Successful experiences in school will build self confidence. Psychologists also feel that school is the best place where socialisation takes place and gives opportunities to children to realize their personal limitations and control aggression. Psychological tests should be used in schools to assess and guide children properly. Sex education should become part of curriculum. Very few parents have the courage to educate their children about sex lest they develop unhealthy ideas about sex and breaking a moral code causes guilt in them. Organized sex education should be given in schools. Moral education should be made part of formal education to inspire the children to choose the right path of life.

Heber (1976) found that longitudinal enrichment and skill-training programme lead to positive results in children. Shure and Spivack (1975) insist on teaching children social problem solving (SPS) skills, which will facilitate not only perceiving alternatives and means and end returns etc. but also bring awareness of the effects of one's behaviour on others and sensitivity to distress. Countrywide juvenile guidance bureaux should be established to handle problematic children and to keep them on the right track of life.

Psychotherapy should be made to be widely recognized. The roles of psychiatrist, neurologist, clinical psychologist and the psychiatric social workers should be made clear to the public so that they avail themselves of the facilities. Prabhu (1983) suggests developing a valid, reliable and socio-culturally meaningful instrument to measure and find out what the public feels about mental illness.

As in the case of Alcoholics Anonymous, persons who are already treated for their mental disorders and are now leading a normal life can be formed into groups so that they may help their fellow-beings overcome maladjustment. Michael (1982) suggests that to achieve mental health individuals should be made aware of their own role in health care. Public health schools would be of great help in this regard.

National Institutes

We should have national institutes to carry out research to promote mental health such as the National Institute of Mental Health in the United States of America. International efforts are being put in through organizations such as World Health Organization (WHO), United Nations Educational, Scientific and Cultural Organization (UNESCO) and World Federation for Mental Health to promote mental health throughout the world. In spite of all these efforts, we are unable to achieve better mental health because of serious limitations. We lack adequate psychiatric personnel and medical facilities. Lastly, there is a lag in research work in the area of mental health due to inadequate financial conditions.

Perhaps, as Skinner (1971) suggested, establishing an engineered society may be the answer for better mental health. In this view, we must give up the values of freedom and dignity because they are preventing us from engineering an environment that will make us behave as we should. In a democratic country, like India, the feasibility of this step is doubtful.

Conclusion

This should, however, be treated as a grave situation which comes in the way of development of the country. As the child is said to be the father of the man, the problem should be tackled at the root level by giving emphasis to juvenile guidance for a better tomorrow. It might hence be inferred that training the mothers, school teachers, nurses, voluntary organizations, etc., would yield proportionate dividends in achieving better mental health.

References

Heber, R. Research in Prevention of Socio-Cultural Mental Retardation: Address Presented at the 2nd Verment Conference on the Primary Prevention of Psychopathology. Burlington, Vt. 1976.

Kelly, J.G. 'The Search for Ideas and Deeds that Work: Keynote Address at Verment Conference on the Primary Prevention of Psychopathology, Burlington, Vt. 1975.

Michael, J.M. 'Health Promotion and its Environmental Base', *American Psychologist*, 1982, 37, 936-937.

Ojemann, R.H. 'Investigations on the Effects of Teacher Understanding and Appreciation of Behaviour Dynamics. In *G. Caplam* (Ed), *Prevention of Mental Disorders in Children.* New York Basic Books, 1961.

Ojemann, R.H. 'Incorporating Psychological Concepts in the School Curriculum. In H.P. Clarizio (Ed), *Mental Health and the Educative Process.* Chicago; Rand-McNally, 1969.

Prabhu, G.G. 'Mental Illness: Public Attitudes and Public Education', *Indian Journal of Clinical Psychology*, 1983, 10 13-26.

Shure, M.B. and Spivack, G. 'Training Mothers to Help their Children Solve Real-Life Problems: Paper Presented at the Society of Research in Child Development, Denver, 1975.

Skinner, B. F. *Beyond Freedom and Dignity*, New York, Knopf. 1971.

Wilde, Oscar, *The Happy Price and Other Tales*, 1988. Ann Arbor, Mich. University, Microfilms, 1967.