Review Article

Journal Of Clinical & Medical Images Case Reports

Open Access, Volume - 2

Social theories of mental illness and its relevance in prevention of psychiatric disorder

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Received Date : Sep 30, 2022
Accepted Date : Nov 10, 2022
Published Date : Dec 03, 2022
Archived : www.jcmimagescasereports.org

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Abstract

Sociological concept of mental illness is based on assumption that outer environment is directly connected with inner psyche of individuals. Any change in outer environment directly affects the people's psychological milieu by changing itself. Hence destabilize the environment-psyche ecosystem. Sociological theories play a pivotal role in genesis and management of psychiatric disorders. These theories provide the basic framework for treatment and prevention of mental illness. These theories are foundation for various governments and non-government based preventive programmes for mental illness. Overall, there is need of better understanding of sociological theories and its implication in current day practice for prevention and management of mental disorder.

Keywords: Mental illness; Prevention; National strategies.

Introduction

The six schools of theories (psychodynamic, behavioral, cognitive, social, existential and biological) forms the foundation of current day practice for prevention and management of mental disorder [1]. In sociology, mental illness is a deviant behaviour resulted from problem in thoughts, feelings and cognition which is not appropriate for surrounding environment. The positive aspect of such model is that it is based on cultural/social context but the negative aspect is that such approach leads to generalization which is often not the case, as individuals vary from one another in many aspects [2]. However it creates a window for intervention in society to prevent genesis of mental disorder in large number of individual living in that society. Sociological theories widens the concept of mental disorder to include the conditions of life, individuality, structure of power and dominance in a society, government policies for resource allocation [3]. Thus, research in the sociology of mental health is essential for grounding, refining, challenging, or modifying the conceptions of social theorists.

The important sociological theories, which have revolutionary effects in defining mental disorder, are functionalism theory, interpersonal theory, attachment theory, and stress theory, labeling theory, social class, migration and urbanization. According to functionalism theory all elements of a society forms a well-defined ecosystem, any change in one element, destabilizes the whole ecosystem, and then society alter itself to re-stabilize the ecosystem. However, if society changes too fast, it become impossible to re-stabilize the ecosystem and then it enters in to anomie or normlessness, which weakens its collective conscience and create anomic society [2,4]. The individual start feeling alienation (feeling of powerless, meaningless, normless, isolated and self-estranged) i.e. person does not feel that he is a part of the whole societal ecosystem [5]. The alienated person is "empty and depressed" [6]. The Interpersonal Theory is principally based on needs (needs for satisfaction and security) and anxiety. Anxiety occurs when fundamental needs are in danger of not being met. According to this theory needs acts as primary motivator of human behavior. That is also the major set-back for this theory because this theory ignores instinctual life and its role in development of child completely [7]. He believed that infant biological needs evoke tenderness in mother. Her tender gratification of infantile urges brings about relief of tension and feeling of security, which helps in building the self-esteem of child. If anxiety interferes with tenderness in mother, this anxiety imparted directly in to children leading to insecurity, low self-esteem and increased vulnerability to mental illness [7]. He regards anxiety as purely psychogenic and quite mystic in origin, the outcome of child's first interpersonal relationship.

Attachment Theory: According to this theory, human instinct

Citation: Saroj Rajoo. Social theories of mental illness and its relevance in prevention of psychiatric disorder. J Clin Med Img Case Rep. 2022; 2(6): 1312.

forms a strong and persistent affectional attachment bond with other objects. Loss of such affectional attachment bonds causes development of intense anxiety, restlessness as a behavioral change in individual. This behaviour tries to recoup the lost attachment bond and relationship with object. According to this theory the infant-mother attachment bond is prototype of such attachment bond. There are 4 types of attachment bonds, Secure- The individual is able to give and receive care. The care is provided, when needed, Anxious-ambivalent-Individuals are never sure that their attachment needs will be met; believe that care must be sought constantly, Anxious -Resistant: attachment needs are provided but individual reject it, Anxious-avoidant- the individual behaves as if other will never provide care, when needed. The quality of attachment bond in childhood, influence though, feeling, behavior and shapes the cognitive and emotional development in adults. It has been observed that series of disorganized attachment interaction along developmental path of children increases risk of developing borderline personality disorder [8] and eating disorder [9]. Research on attachment theory required to understand the mechanism of development of psychiatric disorder due to disorganized attachment bonding.

Stress theory: The "nonspecific response of body to any demand caused by either pleasant or unpleasant condition". Stress has direct relation with either genesis and prognosis of mental disorder [10,11,12]. There is enough evidence that stress has epigenetic effect i.e. it affect DNA methylation (expression of genes) resulting in increased chances of developing psychiatric disorder [13]. It provide direct link of sociological theory with biological theory of mental disorder. According to Labeling theory people, who are labeled as deviant, treated as deviant eventually become deviant. Socioeconomic condition play a significant role in labeling as deviant because people with higher socio-economic status have higher control over society. People with deviant behaviour are blocked to access normal life and needs. Furthermore these individuals develop secondary deviance, become socialized to mental- patient culture and continue to live with abnormal behavior [14]. Bruce Link in 1987 proposed modified labeling theory, which state that stigmatised individuals recognise the negative label applied on them have projected their role in society as less intelligent, trust worthy and more dangerous and incompetent. This type of thinking decreases their self-esteem and self-efficacy and eventually restricts them from social participation. People with mental disorder are generally labeled as deviant, unpredictable, violent, disruptive, dangerous and incurable. This theory sensitizes mental health professional about stigma of mental illness and danger of institutionalization. Social class-this theory gave the special importance to social class are social causation hypothesis and social drift hypothesis. According to Social causation hypothesis, the prevalence of mental illness is higher in lower socioeconomic status group due higher psychological stress produced by environmental adversity (such as unemployment and poverty, social disadvantage, homelessness). According to Social drift hypothesis, person with mental illness of those who have trait that predisposes to mental illness drift down in to or unable to rise from lower socioeconomic status [18,19]. Migration-Migration is a universal phenomenon, which existed with the subsistence of the human beings on earth. People migrate from one place to another for several reasons, but the goal or main reason behind changing the residence would be improving their living conditions or to escape from debts and poverty. Several factors like language barriers, concerns about legal status, difficulties related to acculturation, racism, isolation, housing, and health problems leads increases the risk of mental health problems after settlement in host countries. Studies have reported that around 24% of migrant women in cities are mentally unhealthy and around 50 % migrant population develops at least one psychiatric symptoms [20,21]. Migrant population have found increased rates of schizophrenia, depression, anxiety disorders, and other psychiatric disorders than general population. The increased frequency of mental disorders in migrants can be explained due to development of sense of insecurity, low self-esteem, non-availability of member of their own community changing concepts of self, their role in society, and mismatch between aspiration and achievements [22]. Urbanization-Urbanization, defined as the increase in the number of cities, urban population and industrialization, is not only a demographic movement but also includes, social, economic and psychological changes that constitute the demographic movement. Urbanization is promotes individualism, weakens the collective conscience of society. Urbanization affects mental health through the influence of increased stressors and factors such as overcrowded and polluted environment, high levels of violence, and reduced social support [23]. This is responsible for increase in frequency of mental disorder such as psychoses, depression, substance abuse, crime, delinquency, vandalism, family disintegration. There are studies, which have shown the direct association of urbanization and increase in prevalence of schizophrenia [24,25].

Prevention for mental disorder

This paper will provide a brief review of primary prevention for various psychiatric disorders. Primary prevention includes universal, selective and indicated prevention. Universal prevention focus whole population irrespective of risk factors, Selective prevention focus on a subgroup of population with increased risk for mental disorder as evidenced by biological and psychosocial factor and Indicated prevention targets people with detectable sign and symptoms of mental disorder.

Addressing risk and protective factors for mental disorder: Risk factors are associated with an increased probability of onset, greater severity or longer duration of major psychiatric problems. Protective factors refer to conditions that strengthen the people against those factors, which are associated with increased risk of mental disorder and also ameliorate or modify the course of mental illness [26].

Risk factor	Protective factor
Caring for chronically ill or dementia patient	Safe maternal behaviour during pregnancy
Child abuse and neglect	Good parenting
Elder abuse	Positive parent child interaction
Exposure to aggression, violence and trauma	Effective communication
Family conflict or family disorganization	Social support of family and friends
Low social class	Mental health promoting schools and work place
Poverty	Safe and supportive communities
Unemployment	
Parental mental illness	
Parental substance abuse	
Personal loss – bereavement	
Stressful life events	
Substance use during pregnancy	

The cumulative effects of presence of risk factor and absence of protective factor predisposes individuals to move from a healthy mental state to a psychological problem and finally to a full-blown mental disorder [27]. These risk and protective factors forms the backbone of prevention program and help in development of national policies, legislation and resource allocation and sociological intervention to reduce stress and enhance resilience.

Universal Prevention

National policies, legislation and resource allocation in any country or region affect significantly in prevention of mental disorder. There is strong evidence that improving nutrition and socioeconomic empowerment in underprivileged society leads to better cognitive development, improved educational outcome, and reduced risk of mental disorder. For a healthy and sustainable society, it is responsibility of government to ensure financial security, health security, social equality and better housing condition to its citizen [28]. In India, to achieve these goals the government has started PMJDY (Pradhan mantra Jandhan Yojana) to ensure financial security, ABPMJAY (Ayushman Bharat Pradhan Mantri Jan Arogya Yojana) to ensure health security, (MDM) Mid-day meal programme to ensure food security and social equality in school aged children and PMAY (Pradhan Mantri Awas Yojana) to ensure better housing. Pradhan Mantri Jan Dhan Yojana (PMJDY): its national mission for financial inclusion to ensure access to financial services, namely, a basic savings & deposit accounts, remittance, credit, insurance, pension in an affordable manner. Under the scheme, a basic savings bank deposit (BSBD) account can be opened in any bank branch or business correspondent (Bank Mitra) outlet, by persons not having any other such account. There is no requirement to maintain minimum balance in PMJDY account, an overdraft facility of Rs. 10,000 is available for one account holder, preferably lady of the household. Around 4 per cent of interest per annum can be earned on deposits in PMJDY account. On accident insurance cover of rs.2 lakh is available with Rupay card issued to the PMJDY account holders along with life insurance cover of around 30000 rupees [30].

"In situ" Slum Redevelopment	Afforadble Housing Through credit Linked Subsidy	Affordable Housing In Partener ship	Subsidy For Beneficiary -Led Individual House Construction Or Enhancement
Using land as resource	Interest subvention subsidy for EWS and LIG for new house of incremental housing	With private sector or public sector including parasternal agencies	For individual of EWS category requiring individual house
With private participation	EWS- annual household income up to 3 lakh and house size up to 30 square meter	Central assistance per EWS house in affordable housing projects where 35% of constructed house are for EWS category	State to prepare a separate project for such beneficiary
Extra FSI/TDR/ FAR if required to make projects financialy viable	LIG- annual household income between 3-6 lakh and house size up to 60 square meter		No isolated / splintered beneficiary to be covered
	Interest subvention subsidy for EWS and LIG for new house of incremental housing		

Source: MoHUPA 2015

Preference under the Scheme, subject to beneficiaries being from EWS/LIG segments, should be given to Manual Scavengers, Women (with overriding preference to widows), persons belonging to Scheduled Castes/Scheduled Tribes/Other Backward Classes, Minorities, Persons with disabilities and Transgender [37].

Mid-day meal programme: Poor nutritional support during childhood may lead to malnutrition, growth retardation, reduced work capacity and poor mental and social development [35]. The Mid-Day Meal programme (MDM) was started as nutritional support program for disadvantage group of school aged children. It has multidimensional effects, such as satisfying class hunger, increase in enrollment rate, class attendance and also increases social equality as all children in school has to take feed together. However, there are some reports that it has not implemented properly in some places due to cast discrimination. On 15th august 1995, it was universalized nationwide by the Government of India to ensure the prosperity of nation(http://mdm.nic.in/mdm_website/).

Mahatma Gandhi National Rural Employment Guaranty Act: Although complex but there is fairly strong association between unemployment and suicide rate. Unemployment may drive up the suicide risk through factors such as poverty, social deprivation, domestic difficulties, and hopelessness. Furthermore person with psychiatric disorder are at more risk of

unemployment [41,42]. According to NCRB data 2019, suicide rate in Indian is highest among housewives, farmer, private sector employee and students. This programme offers guaranteed 100 day employment for rural Indian. It is largest social protection program in world covering around 50 million rural households. It ensures that workers get paid timely and payment is made directly in their bank account. It has been reported that it has significantly reduced the stress in underprivileged society of India [38]. The Act was ambitious in intention and objectives. It promises the employment on demand, livelihood security, and empowerment of marginalized population along with deepening of democracy. However despite great efforts by Indian government the achievement couldn't meet its objective due to endemic [43].

Selective prevention: Targeting vulnerable populations to decrease stressors and to enhance resilience can be effective in preventing mental and behavioral disorders. Infancy, childhood and adolescence-Parental training: In Indian school, parents are called up for parent - teacher meeting frequently. It provides great opportunity to educate parents about application of contingency management, positive and negative reward/punishment in behaviour modification of child. Parents are advised to improve the positive involvement with child, enhanced communication, parental attention, and praise for good behaviour. It may improves the parent child emotional bond and hence the sense of security in child [44,45].

Children of family with mental disorder: Mental illness in parents is usually associated with adverse family environment, high stress reactivity, frequent violence, alienation in society and reverse care giving "parentification" [48]. The children of parents with mental disorder are at risk of developing affective dysregulation, behavioral problem and poor adaptive functioning. Carefully designed intervention to enhance the coping ability and resilience in these children protect them from developing mental disorder [49]. Also the school based program targets children undergoing specific type of stressful situation or suffering any specific cognitive and behavioral problem to enhance coping assets and strategies, are very effective in prevention of development of mental disorder [50,51,52]. Adults-Work stress and unemployment, stressful life events (separation, divorce, death of spouse or any other relative etc.) are major risk factor for increase in the incidence of depression, anxiety, burn-out, alcohol-related problems, cardiovascular illness and suicidal behaviour in adults. Such high risk adults are targeted to either increase the coping strength by changing or eliminating the stressful demand on themselves or by altering the perception and reaction to stressful demand. It is advised to change the stressful environment if nothing works. There are few strategies for improving the work environment. (1)Task and technical intervention such as Job enrichment, ergonomic improvement, reduction of noise, lowering of workload (2) Improving role clarity and social relationship such as communication and conflict resolution however the most intervention worldwide focuses on reduction in cognitive appraisal of stress and its subsequent effect rather than reducing or eliminating stressor [53].

Burden of Caregiver- Caregivers of chronically ill patients or elderly are at increased risk of suffering from high levels of stress and hence at risk to various mental disorder (such as depression, anxiety disorder). The psycho educational intervention addressing detailed information about illness of patient, treatment, available resources and services that can help in care of patients and training of caregiver to handle the disease specific problem helps in reducing the stress of care giver. It also improves the subjective well-being and perceived caregiver satisfaction [54].

Geriatric population-The geriatric population is nonproductive and socially marginalized especially in Indian society. The lack of social support leads to significantly higher stress and immense suffering if they develop chronic illnesses like (diabetes mellitus, Hypertension, Dementia etc.) and loss of visual and auditory senses [55]. It has been observed that the various interventions such as Yoga, aerobic exercise, participating in fun activities (e.g. playing cricket, badminton, recycling household waste material, gardening etc.) are very helpful in improving the both mental and physical health. Also the training of caregiver about elderly age problem and its management such as early screening and intervention for diabetes, hypertension, and hypercholesterolemia, dementia at frequent interval, providing hearing add in elderly people with hearing loss is very helpful in reducing the various psychiatric morbidity [56]. The study, published in lancet psychiatry in 2020, suggest that the prevalence of mental disorders with onset in childhood and adolescence decreased in India from 1990 to 2017, however the contrary to this prevalence of mental disorders that manifest predominantly during adulthood increased during this period [57].

Indicated prevention: Along with treatment for mental disorder, patients are encouraged to incorporate yoga and relaxation exercise, increased social participation, increase problem solving capability to strengthen coping ability and self-efficacy. Person with severe mental disorder are provided certificate of disability and some financial benefit as per Indian disability evaluation and assessment score. It reduces the morbidity associated with mental disorder.

Conclusion

The mental illnesses are not purely biological, purely psychological or purely social but it is consequences of abnormal interaction among these 3 key factors.Mental disorder is outcome of interplay among biological, psychological and social factor but its genesis is chiefly dependent on psychological and social factor. Biological (Genetic) factor is very important in determining the severity of mental disorder but it rarely determines the behaviour outcome. The social analyses of health and illness drew attention to the need for restructuring the economic policies and resources allocation of society for efficient prevention of mental disorder. However more research and amendment in economic policies needed to design the more effective program for prevention of mental disorder and to enhance the prosperity in society.

Funding: There is no source of funding for study.

Conflict of interest: There is no conflict of interest.

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