MENTAL ILLNESS AMONG MOTHERS– A REVIEW

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ABSTRACT

Review of literature is an important step in the development of the research project, and in broadening the understanding and developing an insight into the problem area. It further helps in developing the broad conceptual context, in which the problem fits, methodology, construction of tool, analysis of data. This article presents a review of selected literature relevant to the Mental illness among mothers. Traditionally in India, the responsibility of care and protection of children has been with families and communities. Mental illness is the term used to describe a broad range of mental and emotional conditions. Mental illness is also used to refer mental impairments other than mental retardation, organic brain damage and learning disabilities. It's important for mothers to prioritize their mental health and seek support when needed to ensure that they can continue to provide the best care for their child.

Key Words: *Mental illness, mother, literature review.*

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INTRODUCTION

Mental illness among mothers of teenagers can be particularly challenging due to the increased stress and responsibilities that come with parenting a teenager. This article presents a review of selected literature relevant to the present study. Review of literature is an important step in the development of the research project, and in broadening the understanding and developing an insight into the problem area. It further helps in developing the broad conceptual context, in which the problem fits, methodology, construction of tool, analysis of data.

Mental health service (Shastri P. C. 2009).delivery demands effective partnerships between agencies, joint protocols to be agreed at senior officer level between the local, state and national bodies, social service organizations and educational institutions. There should be a single window operation in order to develop an effective model for child and adolescent mental health. Also services for children and adolescents should be provided irrespective of their gender, race, religion, ability, culture or sexuality. Traditionally in India, the responsibility of care and protection of children has been with families and communities. A strong knit patriarchal family that is meant to look after its children well has seldom had the realization that children are individuals with their own rights. Child and Adolescent Mental Health is the fundamental right of the children, and the approach to ensure the fulfilment of these rights so far has always been more need based rather than rights based. A typical Indian child starts his/her life in the womb with intrauterine growth retardation (30 percent) due to factors like malnutrition and anaemia. The child especially a female child continues to have deprivation and discrimination all through his/her life. Indian child undergoes multidimensional exploitation inflicted both at home and work-place; economically, sexually, personally and educationally. This results in poor identity and self-worth of the child. Even the legislative and social changes through mass movement on community awareness in the direction of compulsory schooling, have failed to ensure mental health to an Indian child.

Globally, (Poreddi, V., Thimmaiah, R., & Math, S. B. 2015) people with mental illness frequently encounter stigma, prejudice, and discrimination by public and health care professionals. Research related to medical students' attitudes toward people with mental illness is limited from India. The aim was to assess and compare the attitudes toward people with mental illness among medical students'. A cross-sectional descriptive study design was carried out among medical students, who were exposed (n = 115) and not exposed (n = 61) to psychiatry training using self-reporting questionnaire. Findings showed improvement in students' attitudes after exposure to psychiatry in benevolent (t = 2.510, P < 0.013) and stigmatization (t = 2.656, P < 0.009) domains. Further, gender, residence, and contact with mental illness were the factors that found to be influencing students' attitudes toward mental illness. The findings of the present study suggest that psychiatric education proved to be effective in changing the attitudes of medical students toward mental illness to a certain extent. However, there is an urgent need to review the current curriculum to prepare undergraduate medical students to provide holistic care to the people with mental health problems.

For families with multiple cases (Meiser, B., 2007) of bipolar disorder this study explored: attitudes towards childbearing; causal attributions for bipolar disorder, in particular the degree to which a genetic model is endorsed and its impact on the perceived stigma of bipolar disorder; and predictors of psychological distress. Two hundred individuals (95 unaffected and 105 affected with either bipolar disorder, schizo-affective disorder - manic type, or recurrent major disorder) were surveyed, using mailed, self-administered questionnaires. Having a genetic explanation for bipolar disorder may exacerbate associative stigma among unaffected members from families with multiple cases of bipolar disorder, while it does not impact on perceived stigma among affected family members. Affected family members may benefit from interventions to ameliorate the adverse effects of perceived stigma.

Świtaj, P et al., (2012). Stigmatization is commonly recognized as one of the main barriers to recovery and to social inclusion of people with mental illnesses. This exploratory study investigated the frequency, type, and sources of actual stigma and discrimination experiences among Polish psychiatric patients. A total of 442 people, treated in various psychiatric health care facilities in Warsaw, were interviewed with the use of the Consumer Experiences of Stigma Questionnaire (CESQ). Qualitative data regarding sources of experienced stigma were also obtained. The respondents reported relatively frequent experiences of stigmatization in everyday situations and interpersonal relations, but they seldom complained of any specific instances of discrimination. The most frequently reported source of stigma was employers and supervisors at work, followed by family, and general community members. Implications of the findings for clinical practice and policy are discussed.

Adewuya Ao, Oguntade AA, (2007) completed a study on Doctor's attitude towards people with mental illness in Western Nigeria. Total of 312 Medical Doctors from eight select health institutions participated in this study. It had been suggested that those more knowledgeable about mental illness are less likely to endorse negative or stigmatizing attitudes. The study reports that beliefs in supernatural causes were prevalent. The mentally ill were perceived as dangerous and their prognosis perceived as poor. High social distance was found amongst 64.1%

and the associated factors include not having a family 40 member /friend with mental illness (OR 7.12, 95% CI 3.71- 13.65), age less than 45 years (OR 2.33, 95% CI 1.23- 4.40), less than 10 years of clinical experience (OR 6.75, 95% CI 3.86- 11.82) and female sex (OR 4.98, 95% CI 2.70- 9.18). Significant finding of this study in culturally enshrined beliefs about mental illness were prevalent among Nigerian doctors. A review of medical curriculum is needed and the present anti-stigma campaigns should start from the doctors.

Ng, P., Chan, K. F., & Ho, W. C. (2008) compared the self-esteem and mental health of secondary school students in three metropolitan cities in China: Hong Kong, Shanghai, and Beijing. Before 1997, Hong Kong was under the sovereignty of the British government. After the unification, the city became one of the major economic and political centers corresponding to the other two major cities. In this study, the General Health Questionnaire (GHQ-30) and the Rosenberg Self-esteem Scale (SES) were used as measuring instruments. The subjects were junior and senior secondary school students: Hong Kong (N = 1,149), Shanghai (N = 1,987), and Beijing (N = 1,922). No significant difference was found between the self-esteem of students in Beijing and Shanghai, but the self-esteem in the students of both cities was higher than in those from Hong Kong (p <.001). The mental health of Shanghai students was the best among the three cities, followed by Beijing students (p < .001) and Hong Kong students (p <.001). The factors affecting students' self-esteem and mental health in the three cities are explored and the possible explanations for the differences discussed.

Oye Gureje et al., (2005) carried out a community study of knowledge and attitude to mental illness in Nigeria. A multistage clustered sample of household respondents was studied in three states in the Yoruba – speaking 36 parts of Nigeria. A total of 2040 individuals participated. Poor knowledge of causation was common. Negative views of mental illness were widespread, with as many as 96.5% believing that people with mental illness are dangerous because of their violent behaviour. Most would not tolerate even basic social contacts with a mentally ill person. 82.7% would be afraid to have a conversation with a mentally ill person and only 16.9% would consider marrying one. There is widespread stigmatization of mental illness in the Nigerian community. Negative attitudes to mental illness may be fuelled by notions of causation that suggest that affected people are in some way responsible for their illness, and by fear.

Srinath, S., et al., (2005) An epidemiological study to determine the prevalence rates of child and adolescent psychiatric disorders was initiated as a two-centre (Bangalore and Lucknow) study by the Indian Council of Medical Research. It also aimed to study the psychosocial correlates of the psychiatric disorders. We present here the findings of Bangalore Centre. In Bangalore, 2064 children aged 0-16 yr, were selected by stratified random sampling from urban middle-class, urban slum and rural areas. The screening stage was followed by a detailed evaluation stage. The ICD-10 DCR criteria were used to reach a penta-axial diagnosis. The results indicated a prevalence rate of 12.5 per cent among children aged 0-16 yr. There were no significant differences among prevalence rates in urban middle class, slum and rural areas. The psychiatric morbidity among 0-3 yr old children was 13.8 per cent with the most common diagnoses being breath holding spells, pica, behaviour disorder NOS, expressive language disorder and mental retardation. The prevalence rate in the 4-16 yr old children was 12.0 per cent. Enuresis, specific phobia, hyperkinetic disorders, stuttering and oppositional defiant disorder were the most frequent diagnoses. When impairment associated with the disorder was assessed, significant disability was found in 5.3 per cent of the 4-16 yr group. Assessment of felt treatment needs indicated that only 37.5 per cent of the families perceived that their children had any problem. Physical abuse and parental mental disorder were significantly associated with psychiatric disorders. Prevalence rates of psychiatric morbidity in 0-16 yr old children in India were found to be lower than Western figures. Middle class urban areas had highest and urban slum areas had lowest prevalence rates. The implications for clinical training, practice and policy initiatives are discussed.

Yamamoto, K., & Dizney, H. F. (1968) A four-item questionnaire was administered to 180 student teachers to assess their mental health knowledge. Students over-estimated the number of those requiring help from a mental hospital, but their estimates of those needing life-long institutionalization and incarceration were reasonable. Females gave consistently higher estimates than males, although both sexes were ascribed incidence figures not significantly different from each other. These results suggest needed improvement in the mental health education of teachers. It will be difficult to influence their classroom practice without first affecting their attitudes and this, in turn, is difficult to achieve when little, or at best inaccurate, information is imparted in teacher preparation.

Although (Jorm A. F. 2000) the benefits of public knowledge of physical diseases are widely accepted, knowledge about mental disorders (mental health literacy) has been comparatively neglected. To introduce the concept of mental health literacy to a wider audience, to bring together diverse research relevant to the topic and to identify gaps in the area. A narrative review within a conceptual framework. Many members of the public cannot recognise specific disorders or different types of psychological distress. They differ from mental health experts in their beliefs about the causes of mental disorders and the most effective treatments. Attitudes which hinder

recognition and appropriate help-seeking are common. Much of the mental health information most readily available to the public is misleading. However, there is some evidence that mental health literacy can be improved. If the public's mental health literacy is not improved, this may hinder public acceptance of evidence-based mental health care. Also, many people with common mental disorders may be denied effective self-help and may not receive appropriate support from others in the community.

CONCLUSION

It's important for mothers to prioritize their mental health and seek support when needed to ensure that they can continue to provide the best care for their child.

REFERENCES

1. Shastri P. C. (2009). Promotion and prevention in child mental health. *Indian journal of psychiatry*, *51*(2), 88–95. https://doi.org/10.4103/0019-5545.49447.
2. Srinath, S., Girimaji, S. C., Gururaj, G., Seshadri, S., Subbakrishna, D. K., Bhola, P., & Kumar, N. (2005). Epidemiological study of child & adolescent psychiatric disorders in urban & rural areas of Bangalore, India. *The Indian journal of medical research*, *122*(1), 67–79.
3. Yamamoto, K., & Dizney, H. F. (1968). Mental health knowledge among student teachers. *Community mental health journal*, *4*(2), 171–176. https://doi.org/10.1007/BF01530701.
4. Jorm A. F. (2000). Mental health literacy. Public knowledge and beliefs about mental disorders. *The British journal of psychiatry: the journal of mental science*, *177*, 396–401. https://doi.org/10.1192/bjp.177.5.396.
5. Świtaj, P., Wciórka, J., Grygiel, P., Anczewska, M., Schaeffer, E., Tyczyński, K., & Wiśniewski, A. (2012). Experiences of stigma and discrimination among users of mental health services in Poland. *Transcultural psychiatry*, *49*(1), 51–68. https://doi.org/10.1177/1363461511433143.
6. Gureje, O., Lasebikan, V. O., Ephraim-Oluwanuga, O., Olley, B. O., & Kola, L. (2005). Community study of knowledge of and attitude to mental illness in Nigeria. *The British journal of psychiatry : the journal of mental science*, *186*, 436–441. https://doi.org/10.1192/bjp.186.5.436.
7. Adewuya, A. O., & Oguntade, A. A. (2007). Doctors' attitude towards people with mental illness in Western Nigeria. *Social psychiatry and psychiatric epidemiology*, *42*(11), 931–936. https://doi.org/10.1007/s00127-007-0246-4.
8. Meiser, B., Mitchell, P. B., Kasparian, N. A., Strong, K., Simpson, J. M., Mireskandari, S., Tabassum, L., & Schofield, P. R. (2007). Attitudes towards childbearing, causal attributions for bipolar disorder and psychological distress: a study of families with multiple cases of bipolar disorder. *Psychological medicine*, *37*(11), 1601–1611. https://doi.org/10.1017/S0033291707000852.
9. Poreddi, V., Thimmaiah, R., & Math, S. B. (2015). Attitudes toward people with mental illness among medical students. *Journal of neurosciences in rural practice*, *6*(3), 349–354. https://doi.org/10.4103/0976-3147.154564.
10. Ng, P., Chan, K. F., & Ho, W. C. (2008). A study on mental health of secondary school students in three metropolitan cities in China: Hong Kong, Shanghai, and Beijing. *International journal of adolescent medicine and health*, *20*(1), 53–62. https://doi.org/10.1515/ijamh.2008.20.1.53