Mental Health And Social Work Intervention

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Introduction:

For over 4000 years man has been observing and classifying disturbed behaviours and attitudes that have come to be called Mental illness. In some periods, for example in the middle Ages, the Medical Model was supplanted by a belief in supernatural causes. The disturbed person was thought to be "obsessed" by an external devil or "possessed" by one from within, he was regarded less as a patient than as a sinner. Progress to more, a more scientific consideration of mental illness occurred during the eighteenth and nineteenth centuries when asylums first brought large numbers of the mentally ill under the systematic observation of Doctors. From the 1840's on, first under the leadership of Doro the a Dix, Americans, whose intentions were humans began to build asylum's. In France Philippe Pinel initiated the practice to taking case histories and keeping records on Patients. He formulated a simple classification system on the basis of his observations, similar work was undertaken in the United States by Benjamin Rush, the "Father of American Psychiatry" author of this country first treatise on mental illness. With the advent of the first Psychological Laboratory in Leipzig, Germany took the Lead in Psychiatric and Psychological inquiry Emil Kraepelin, the man responsible for the first Modern classification system, emerged out of this background in the second half of the nineteenth century. His work, like Pinel's centred around asylum practice. A major contribution was his observation that the symptoms of the mentally disturbed usually from clusters, or syndromes. He regarded these as symptomatic of specific mental conditions, and on this basis he worked out the first modern classification with the development or more sophisticated research and clinical techniques further refinements in diagnosis become possible.

Definition of Mental illness:

Definition of mental illness vary, each representing a specific orientation and frame of reference. Before considering the ways in which they differ. It is worthnoting that they share a common view point; all view the problem in relative ratherthan absolute terms and none can define in any absolute sense the differencebetween a "sick" and a "normal" person.

Clinical Definition:

According to the medical model mental disorders involve aberrant behaviours that result from a diseased or disordered state within the individual. This state is evidenced and diagnosed on the basis of "Symptoms" observed in a clinical setting- such as the twitching of facial muscles or perhaps the confused use of language.

Statistical definition:

According to the statistical approach whatever strays far from the normal is quite simply, Abnormal. The definition is based on the bell-shaped" curve of normal distribution.

Social Definition:

The social definition assigns the Label of "abnormal" or "mentally ill" to many behaviours and attitudes that are not generally approved by society, and over which the individuals has little or no control.

Practical Definition:

A person who cannot function is more likely to be labelled mentally ill than one who display many of the same symptoms, but has nonetheless managed to maintain a position in society. A man who behaves strangely talking to himself or to passers- by in public, is opt to be called "Crazy" especially if he is unemployed broke andalone.

Sociological explanation of mental illness:

Sociological explanation of mental illness differ from organic and psychological explanations in that its cause is stipulated as external rather than as coming from within the individual focusing on aspects of the social environment thought to contribute to individual Pathology, Sociologists have identified conditions such as social isolation the improper perception or improper performance of socialrules and norms as influential in the growth of mental illness.

Social Isolation theory:

Isolation from one's Fellows is a well-known factor in the development of emotional disturbance. Even well-adjusted persons may become more or less

disturbed if they are forced to exist in seclusion for any length of time. Isolation has proved its effectiveness in breaking the resistance of prisoners of war; it is equally effective in breaking the spirits of old and lonely. R.E.L. Faris was the first to present evidence of the role of isolation in the development of Schizophrenia. His theory was subsequently expanded by H. Warren Dunham, Who made a detailed study of the personality patterns of Schizophrenics. Dunham found social isolation a particularly important variable in the development of at least one schizophrenic type, the catatonic schizophrenic.

Role theory:

Role theory views the individual not only in the broad context of his interaction with the environment, but in terms of the separate interpersonal relationship of which he is a part. Each of the roles a person plays supposes the existence of a separate social self. Thus, man's role within the husband-wife or marriage unit demands quite another self than the role he assumes within the office unit (further sub divisible into his roles as superior, colleague and subordinates) still other roles and assumed as father, son and friend. Social Psychologists and Psychiatrists sometimes use the levels of performance in each of these roles as indices of mental health Leo Srole has proposed the yardsticks of roles" "Amplitude" and "congruence" to measure this performance congruence refers to the degree to which performance parallels society's expectations of fits the programmed components of the role. Amplitude, on the other hand measures the level of competence; for example, the success with which a man supports his family minimum amplitude designates a performance level that is just enough to get by; below that level lies role failure. The inability to support one's family can to a disruption of an individual's personal life and in

many cases to nervous breakdown or other manifestations of mental illness. In recognition of the fact that an individual's performance level may vary considerably from role to role, Harry Stack Sulliven proposed the related concept of interpersonal competence. It has been suggested that for some people the stress involved in playing many, often contradictory, role is great enough to cause a nervous breakdown on even manic depressive Psychosis.

Labeling Theory:

There is a certain disadvantage to being labelled a schizophrenic, an alcoholic or even a former mental patient, as shown by Senator Thomas Eagleton's demaging experience during the 1972 presidential race such "Labelling" has been studied by Sociologists Thomas J. Scheff, Who finds in this phenomenon the basis for a sociological explanation of mental illness Scheff and others concerned with deviant or abnormal behaviour conclude that the labelling process itself results in an intensification of the deviant role.

Responses to mental illness:

For a problem so Large and broad in scope as mental illness many approaches are needed to meet the needs for those affected and to attempt to lower the incidence of such dysfunctions. As attitudes toward mental illness change new ways to deal with the problems emerge.

Preventive Psychiatry:

Intensive research into the cause of mental illness has suggested innumerable causative factors. Moreover, it was shown that timely crisis intervention can often prevent mental disorder, even under stressful conditions. The accumulation of so many promising insights resulted in the development of that came to be called preventive psychiatry. Its aims are, reduce the incidence of mental disorder (primary prevention) to shorten the duration of disorders that cannot be forestalled (Secondary Prevention); to reduce the degree of impairment that may results from mental disorders (tertiary prevention) prevention psychiatry focuses on the Physical, Psychological and Sociocultural "Supplies" that people need in order to function adequately at various stages of their development. In the psychological area these "supplies" are roughly synonymous with "satisfaction of interpersonal needs" for example, the need for parental attention and peer group support in adolescence preventive psychiatry seeks to provide or restore those supplies without which mental illness may occur of equal importance is an interest in personal crisis as a stage when a person may be actively helped to avoid mental illness. At present the scope of preventive psychiatry encompasses teaching on the individuals familial and broad social Levels; consultation in contexts ranging from personal to governmental and international; research and development of diagnostic tools and treatment techniques; and community planning.

The community mental health movement:

Strongly interrelated with preventive psychiatry are community mental health services. Recent enthusiasm for these services is the result of a general reaction against the isolation of mental patients from their families and society at large. It is now generally agreed that the mentally disturbed person should, if at all possible be treated in the community help will result in his obtaining treatment for his illness as early as possible. In the event that he becomes institutionalized, treatment within the community context can ease his readjustment period. Following discharge

The community mental health services can be broadly classified as below:

Community Mental Health Services:

1. Inpatient Psychiatric services in general hospital: These are usually self- contained Units in general hospitals, although the successful use of the psychotropic drugs has resulted in some dispersal of mental patients throughout the other hospital wards.

2. Outpatient Psychiatric clinics.

These are independent-nonhospital connected units for the diagnosis and treatment (usually by individual psychotherapy) of mental disorders in Adults and children.

3. Community mental Hospital

These include the small experimental institutions organized as "therapeutic Communities" which are by and large still in a state of flux.

4. Community mental health centres.

Development of these units is high on the list of priorities of mental hygene planners. In concept they resemble of community mental hospital expect for the fact they do not accept certified patients.

5. Day Hospital and night hospital

These modern developments constitute useful alternative to full hospitalization, Day hospitals provide patients with a full range of diagnostic and therapeutic services while allowing them to return to their homes and families at night. The reverse obtains in night hospitals. These are useful for patients well enough to hold down a job and function in society during the day. But still require the support of a hospital environment when their structuredworkday is over.

6. Community day centers

These facilities offer rehabilitative services for former mental hospital inpatients.

7. Half-way home: Originally designed for much or same purpose as the day centres. These services have now been unity expanded to include functionsuch as the gradual separation of patients from their families preparatory to hospitalization.

8. Sheltered workshop: These small non-profit business ventures are designed to equip or re-equip individuals for functioning in a normal work environment and also to provide employment for the permanently handicapped who cannot compete in the open job market.

9. Day treatment or training centers for children

10. Residential treatment centers for emotionally disturbed children. Both these specialized facilities are devoted to the care of children too disturbed or retarded to function within the regular school environment. They combine education with clinical treatment.

Therapy:

If one subscribes to the view that mental disturbances are due to facility learning, It follow that therapy must be a process of re-education. Such is indeed the view of many therapist of widely different orientation, including, interestingly enough a number or proponents of the medical model. The fact is that most therapeutic approaches whether predominantly supportive or reconstructive, contain a large educational component. Among the few that do not psychosurgery, electroshock treatment and drug therapy; of drug therapy is by far the most widely used. Apart from treatment by drug and medicine some therapy for mental illness are as follows:

1. Psychotherapy:

The analysts encourages the patient to talk freely without inhibition, that is to free associate and he guide the patient in the growing self-awareness that result from analysts of his thought and memories.

2. Behaviour Modification Therapy:

This therapy more are less dismisses the unconscious and its motivation and addresses its self solely to current behavioural problem that can be objectively described.

3. Group Therapy:

In group therapy, the patient becomes a members of an in group and gains a sense of belonging, he learn how to respond to other and how others are likely to perceive and react to him.

4. Community Therapy: The growth of the community mental health concept underscores to fundamental development in modern psychiatric. First modern expert do not feel that mental hospitals ought to be asylums, place away from and outside the community. Emphasis is now place on the treatment of mental patients within the community.

Second, the nature and degree of the emotional disturbance in which psychiatric are intrusted have change. Both treatment within the community and concern with the less dramatic disorder of everyday living have focused attention on outpatient psychiatric in the community mental health movement.

Social Work intervention:

1. Individual: - This involves only patient and Therapist.

2. Group: - Patient and other get therapy together. Everyone shares their experiences and learns that other feel the same way and have and similar experiences.

3. Marital/Couples: - This helps you and your spouse or partner understand what changes in communication and behaviours can help and what you can do together. This type of therapy can also help a couple that is struggling with parts of their relationship.

4. Family:- Because family is a key part of the team that helps you get better, it is sometimes helpful for you family members to understand what you are going through how they can manage their feelings and what they can do to help.

Conclusion:

The mentally ill are no longer considered a radically distient segment of the population. The great prevalence of mental disorder in modern society and the development of explanations for its have resulted in efforts to cure its serious social effects and to cure the affected individuals. Definitions of mental illness vary the clinical or medical definition holds mental illness to be a diseased state observed within an individual statistically, mental illness can be viewed as deviation from the norm in any quality relating to mental functioning socially mental illness is a quality sometimes ascribed to those whose behaviour or attitudes are not approved by the larger society. A practical definition holds mental illness to be a condition which causes difficulties in an individual's functioning at home or at work althose there is no general agreement on a definition of mental health either, there is an agreement about some characteristics a mentally healthy person should have, among them an adequate feeling of security and adequate contact with the real world. As ideas of what causes mental illness have changed new ways of dealing with it have emerged. Preventive psychiatry acts on the causes of mental illness at an early stage. The community mental health movement's attempts to treat peoples in their own environment various terms of therapies hold faculty learning during childhood responsible for mental illness and attempt a reduction process as a cure.

Bibliography:

☐ Scarpritti Frank R, Social Probems, (1974), ISBN-0.03.011471-3

☐ नाडकर्णी आनंद, एका सायकिऑट्रिस्टची डायरी, प्रथम आवृत्ती डिसेंबर 1990, अक्षर

प्रकाषन मुंबई.

☐ जोषी श्रिकांत, मनोविकाराचा मागोवा, प्रथम आवृत्ती, डिसेंबर 1987, मॅजेस्टिक

प्रकाषन मुंबई.

☐ कतरणी स्फूर्ती, मानसषास्त्र विचारविशय आणि उपयोजन, जुलै 2000, साईनाथ

प्रकाषन, नागपूर.

☐ भारद्वाज वसू (अनुवाद), मनोविष्लेशण, (आगस्ट 2016), रिया पब्लिकेषन,

कोल्हापूर.

☐ गोडबोले अच्युत, जोषी निलांबरी, मनकल्लोळ (2017), मनोविकास प्रकाषन,

पुणे. ISBN NO. 978&93& 86118&20&2