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MENTAL HEALTH FROM THE LENS OF COMMUNITY PSYCHOLOGY: A QUALITATIVE VIEW

Psychiatry

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ABSTRACT

The concept of mental health is abstract in nature and is hence difficult to be understood. This led the present investigators to attempt to have a cognizance of mental health from community psychology perspective. A qualitative research purview towards studying the concept by embracing a community-based participatory research paradigm was adopted for the purpose. The social-ecological model as well as the blended model were used to arrive at qualitative interviewing of community stakeholders like psychologists, psychiatrists, patients, public health professionals and qualitative researchers. Focus group discussions were conducted with the members of community advisory board (CAB) to arrive at a rich understanding of the concept. It was ensured that representatives of law, visual media, policy makers, religious leaders and other professionals were included in the sample. People suffering from mental illness (with insight), mental health professionals, and caregivers were also approached to seek their valuable opinion. Transcription and analysis of data followed to extract meaning of the rich information obtained. The study found less streamlined knowledge regarding mental health concept and allied issues. The findings are important not only to provide clarity to the concept of mental health, but also to address the related stigma and taboos. They are important for mass awareness of citizens in the country and for improving the stay-quality of individuals by promoting their well-being in general.

KEYWORDS

mental health, community-engagement, qualitative research, focus group discussions, in-depth interview

The call of the present day is essentially to harp around well-ness and well-being of individuals. Its realization is becoming clearer, with the operation of the second wave and the threat of a possible third wave of the pandemic posed by the novel Covid-19 virus not only across the world at large but also in India. For well-ness and well-being to get consolidated, mental health plays a vital role undoubtedly. However, not much studies have been found to erase the gap in the understanding of its concept among the general people and its intricate role in one's well-being. In fact, the concept has seen a metamorphosis over the time-line. The need is felt to approach the concept from the perspective of community psychology to have a holistic view of the same.

Metamorphizing concept of mental health:

The concept of mental health has gone through a lot of metamorphosis. The understanding and interpretation of mental health changed with new ideas and revolution in this field. From perceiving it as an evil spirit, taking over the body to complete neuro-biological explanations, the swing of the pendulum has been extreme. The world of mental health has witnessed many challenges and movements, which has finally led to a holistic approach. The road from absence of mental illness to the presence of mental wellbeing had been long and challenging. However, there is a serious discrepancy regarding this between the intellectual understanding of the higher order mental health professionals and the perception of general population. The psychological, social, and medical models have been dominant at different times. Each of these has their contribution in helping people understand what mental health is all about.

The Hindu law is one of the oldest known law systems in the world. It is a legal theory reflecting the nature of laws found in ancient and medieval Indian texts (Davis, 2006). The material for Hindu law was derived from *dharmasastra* named *manusmriti,* withthe ancient Hindu philosophy based on 'duty,' its violation and consequences(Davis, 2010). It states whether a misdeed is done in sanity or insanity, the perpetrator must suffer for it – be it in the present life or in subsequent lives. However, frenzy or other conditions leading to abnormality of mind were grounds for changing one's attitude towards a misdeed. The present-day defence of insanity developed as a result of review of all these proceeding laws and rules and is found in section 84 of Indian Penal Code, 1860 which states that an act will not be recognised as a crime unless it is done with a guilty intention. Different mental health acts have been advocated from the *legislative tier* to address the issue.

Furthermore, *religion* has been found to have its stake in the conception of mental health. Religion in India is associated with spiritual traditions; it is a land where spirituality affects every aspect of one's way of life. Present belief circulates around foundational myths of psychology to be emancipation of humankind from clasps of superstitional medieval practices of witchcraft and the like (Stefanovics*et al.,* 2016; Moreira-Almeida, LotufoNeto, Koenig-Harold, 2006). Middle ages were considered as dark ages where insanity was confused with demonology and the insane tortured mercilessly.

Moreover, *media* has often attempted to represent mental illnesses through cinema, television serials and programmes aimed at developing awareness about mental health. Impact of cine-media is extremely important in regional movies where actors and actresses are being worshipped as Gods and Goddesses. Initial stigmatization about madness is gradually changing to some strong social messages (Bhattacharya, Bhattacharya, and Mondal, 2013; Pirkis, Blood, Francis, & McCallum, 2006). Images in entertainment media overtly influence public perception as well. Films are artfully designed to engage and stir the audience and elicit emotional reactions. The general perception about mental disorders is that it is curable, maybe controlled with discipline and is largely unacceptable in society (Acharya, Maiya and Laishram, 2014).

These dimensions of law, religion, media and policy makers significantly contribute to a common man's understanding of mental health. The understanding of mental health is related to how it is depicted in the lives of the common man. Be it through news and films or our religious interpretation, mental health is viewed from certain pertinent perspectives. For the concept to be sound, it is also important to have perspective of as many sections of society as possible. Thus, it becomes imperative to have a comprehensive understanding of the concept of mental health as being embedded in various sections of the community.

Complexity of Context: Role of community in research

The very basic unit of any community, that is the individual, is in itself so much varied, complex and dynamic that understanding it completely is a humongous task. While attempting to understand a phenomenon which is deeply embedded in the community and different sections have their own and very varied perception, the only way that seems logical, is to reach various sections of the community, ask them directly and then analyse it to remove biases and use tools to make it objective and universal to the extent possible (Deb, Sunny and Sanyal, 2020).

A community may be understood as a space, where individuals thrive, and may be considered as a shared *institution* and a *social system,* having certain values, interactive elements, power dynamics and the like. Itis experienced differently by people with diverse backgrounds. The Centre for Disease Control and Prevention (2017) defines a community as the process of working collaboratively with groups of people affiliated by geographical proximity, special interest, or similar situations to address issues affecting their well-being (Jorm, 2000).

Assessing the prevailing multiplicity of approaches and differential understanding of the concept of mental health, *community engagement* seems logical and humane for the present research context to have a qualitative understanding of mental health (Hildy, 2007). Having thus arrived at a focal point that community engagement is going to be the corner stone of the present research of having an understanding of mental health in West Bengal, possibility of using existing models for community engagement were explored for improved understanding of the concept of mental health.

Figure 1: Community-Engagement Continuum **(Source: Authors)**

Community Engagement Approach of qualitative research provides a rich, detailed picture to be built up about why people act in certain ways, and their feelings about these actions. Though this research is restricted to the state of West Bengal, sufficient diversity is perceived in terms of participants and stakeholders like urban and rural, illiterate and literate, religion, profession, which are expected to impact research outcome etc. Even in West Bengal, there are very many sub-cultures, tribes, food habits, cultural practices, political and socio-economic circumstances like partition and migration. It was realized that in a country like ours, community-engaged program should always be issue-specific and the first step towards community-engagement should be the creation of a Community Advisory Board (CAB) where each and every section of our target community could be proportionately represented and heard (Green and Ottoson, 2004).

Methodology

Focused group discussions' were conducted with expert groups, students, volunteers and other important stakeholders regarding the concept of mental health. Participants included thought leaders of various sections of society. It started with closely studying perception of the seven groups identified by virtue of their role to the field of mental health and as revealed by discussion with experts in the field of mental health:

a) People suffering from any mental illness but with preserved insight hailing from urban areas
b) People suffering from any mental illness but with preserved insight hailing from rural areas
c) Family members of sufferers of mental illness hailing from urban areas
d) Family members of sufferers of mental illness hailing from rural areas
e) Religious leaders
f) Legal personnel
g) Visual Media representatives
h) Policy Makers
i) Mental health professionals.

The methodology of the current research study can be reflected by the following schema:

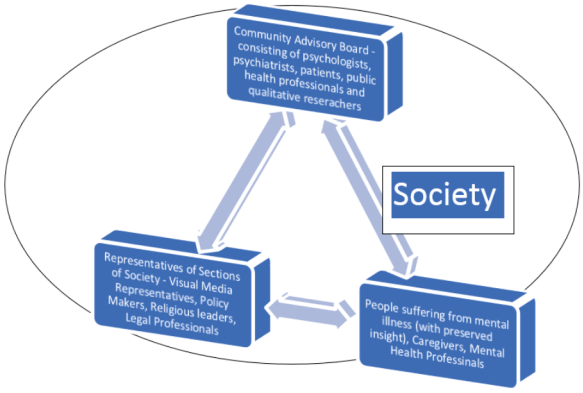

Figure 2: Research Design Model **(Source: Authors)**

Community Advisory Board (CAB) involved the guiding body, which provided expert and experienced inputs about the constitution of various participating groups and also representative sections of society, which are mandatory to get the complete picture of the concept of mental health. The board comprised of a psychologist, a psychiatrist, psychiatric nurse, community medicine specialist, epidemiologist and qualitative research expert. This helped in emerging out the definite stake holders who represented and contributed to the common notion of mental health.

There were few broad theme questions which were addressed in the CAB focus group. It was suggested by the CAB to conduct in-depth interviews for Media, Religions, Legal professionals and Policy Makers in order to get a representation of their understanding of the concept of mental health. Similarly, CAB suggested that the researchers should conduct focused group interviews/ discussions (FGD) not only with patients, but also with family members and caregivers and mental health professionals for comprehensive understanding of the clinical, individual, relatives and Mental Health Professionals (Mishra, 2016; Krueger, 1994). Further, CAB realized that language being a very important factor in qualitative research, FGDs would not be translated before the analysis.

The research involved using community-based participatory research (CBPR) model for the section where the researchers were conducting in-depth interview of sections of society. Feedback from in-depth interviews went to the CAB, which then could suggest differences in modalities of interviews, new areas, which needed to be covered in future interviews or even pick any all-together new section of the society for in-depth interview. On the other hand, for the other half of the research, which was about conducting FGDs, the researchers relied upon Social-Ecological Model, whereby they started from individuals and then graduated to relatives and then community and society. For conducting FGDs, groups were formed. Each of these groups, consisting of 6-12 persons were taken up for two FGDs and followed by in-depth interviews as and when required.

Purposive sampling was followed, where the heterogeneity of the groups was maintained with respect to their gender and professional background as well as geographic location. It was ensured that the participants must be conversant in Bengali and/or English within the age group of 25-60years.The focus group discussions and in-depth interviews were tape recorded with prior permission of the participants as was also indicated in the consent form. A pilot study was conducted initially to discuss the different mental health issues and then check proficiency. The FGDs were conducted by professionally-trained facilitators on the basis of their expertise, years of experience, having language proficiency, non-judgemental demeanour and those who would maintain confidentiality. The transcription of the recorded material was done by professional transcriptors. To avoid pitfalls of qualitative research method, the research proposed to follow the order below to make the research trustworthy and scientific:

1. *Transcription of notes*
2. *Initial processing*
3. *Using summary sheets for each response*
4. *Identifying categories relating to patterns or themes identified and coding*
5. *Discussion*
6. *Conclusions and recommendations*

The Ritchie & Spencer (1994) approaches for both individual and focus group interviews were used in the present study.

Results and Discussion:

First Phase: Identification of stakeholders

It was done in a very diligent manner. This is expected to help in stakeholder participation and empowerment which refers to the process by which individuals participate with others while gaining increased control over their lives (Prilleltensky, 1994; Rappaport, 1987). Empowerment can be most aptly expressed as 'self in community' (Lord, 1997). Thus, the collaborative engagement of a wide variety of supportive stakeholders is critical to the successful implementation of community-oriented mental health care (Thornicroft and Tansella, 2009).

I. Role of Media in conceptualizing issue of mental health

Media in all forms plays a very important role in forming a broad impression about any concept, especially mental health. Be it through news, movies, theatre, literature or even social media, this came up as one of the potent forces in the way the mass identifies mental health and illness. The grossly inadequate and often violent depiction have created a fear and avoidant behaviour among the masses towards people with mental illness. Respondents indicated the inclination and pull towards reporting negative news items is high. This often affects the psychological well-being of the readers or viewers. Thus, media was found to be one important stake-holder in the present study.

II. Religion and its relationship with mental health:

Religion and its age-old connection with mental health was also found to play a vital role. Religious cure especially in certain disorders like conversion and psychosis is a common phenomenon. Wearing of amulets, warding off evil-eye and chanting “mantras” or hymns and visiting religious preachers or coenobites are common and of wide-spread practise among Indian masses at large. The concepts of punishment of a sinner manifesting itself as mental illness is a well-accepted notion, along with rebirth and reincarnations. Visiting religious leaders, affiliation to religious organisation, astrological beliefs and practices for psychological support, dealing with anxiety, impulsivity, motivation strongly came up in the forefront. Thus, religion was generated as another stake holder in the study.

III. Specific role of the legal system in conceptualizing mental health:

Laws, rights, acts, privileges, advantages and disadvantages emerged out as important corner-stones in understanding how the legal, administrative and political systems view the issues of mental health. The often-neglected segment in the healthcare system with minimal allocation of funds have fought a long battle to amend the age-old British Lunacy Act till the more humanistic Mental Health Care Bill presently enforced. Not only the laws *per se,* the elaborate constitutional procedure of constructing and amending mental health bills in the two parliament houses is a daunting task. The importance and interest in carrying out the procedure directly reflects the awareness of the members of parliament as well as the recognition of the need of the hour. Thus, law, administration and policy makers comprise as yet an important stake holder in the current study.

IV. Role of health professionals in the conception of mental health:

Reflecting on the broad connection of concepts of mental health and its allied issues, the primary stake holders are the persons with mental illness and their caregivers. The discipline of psychology and psychiatry are intertwined deeply and the modern medical approach has evolved through a journey of new perspective, modern medicine, with increasing interest in time-bound output-oriented therapy sessions. Hence, the flag-bearers of mental health, namely, psychologists, psychiatrists, psychiatric nurses and psychiatric social workers, are the most prominent faces of the discipline to others.

Closely associated are health professionals of other specializations whose perspectives are very important as mind and body are closely related. As such, health practitioners also emerged as an important stake holder here.

V. Specific role of individuals with mental illness and their caregivers in the conceptualization of mental illness:

Finally, the pivot around which every other subject matter revolves around are the people with mental illness who through their behaviour, actions, thoughts, patterns of communication and emotional expression paint a vivid picture in the minds of others. Their sufferings, discrimination, physical and emotional vulnerability as well as resilience, mainstreaming to social and professional life is directly perceived by people around them. Along with them, their family members, the caregivers, being in direct contact with people with mental illness face the caregivers' burden socially, emotionally as well as economically. They act as the interface between people with mental illness and the world around them Thus, people with mental illness and preserved insight and their caregivers form primary stake holders in this issue.

Second Phase of the investigation: Data collection through focus group discussions (FGD) and in-depth interviews

After the main contributors were identified, the main theme questions were discussed in the CAB so that the entire range of opinion of the participants was captured to fulfil the need of the research topic.

The different themes identified were:

1. What is mental health and mental illness?
2. Is there any perceived difference between Mental Health and Mental Illness?
3. What are the causes of Mental Illness?
4. How do you think you can understand a person is having mental illness (identification and symptoms)?
5. What is to be done when someone is identified to have some mental illness? (help- seeking behaviour)
6. What are the modes of treatment of mental illness? Are there any alternative methods?
7. Do people with mental illness lead a normal life? What are their struggles?
8. How does the society react to people with mental illness and their family members? (discrimination, stigma) How can these be overcome?
9. What is the role of the government and the policy makers in promoting better mental health? What changes should be brought about?
10. What is your role as a professional/ contributor in this area?

The findings obtained from qualitative inquiry (focus group discussions and in-depth interviews) involving the stakeholders in relation to the selected themes may be represented in a tabular format as follows:

Table 1: Opinion of different stakeholders regarding *concept of mental health*

Stakeholders	***Concept of mental health***		
Hindu monks	Positive thinking in attaining psychological wellbeing through stability of mind.	Rebirth is significant. Evolution of human beings comes through passing stages of miseries.	The perspective of desires, wish fulfilments, egocentricity and empathy towards others, and in daily life.
Health care providers	Mental and physical health exists simultaneously.	Depends on emotional perspective.	
Lawyers	A state of satisfaction, across any situation.	Positive mental health involves acceptance of oneself.	
Police officers	Body and mind exist in symbiosis.	Balance of physical and psychological self.	
Film actresses	Emotions across different situations.		

Table 2: Stances of different stakeholders regarding the *concept & causes of mental illness*

Stakeholders	***Concept of mental illness***			***Causes of mental illness***	
Hindu monks	emotional instability, lack of calmness.	negative pattern of thinking.	Brain pathology manifested in physical symptoms.	Malnutrition leading to poor brain development. Brain pathology.	personal experiences leading to inferiority complex. mental illness developing due to low self image and confidence.

Health care providers	Unstable interpersonal relationships cause mental illness.		Working /separated parents accountable for ignored childhood which increases vulnerability of mental illness.	Causes are lack of social acceptance, family pressure, different choices of life, professional hazards etc.	
Lawyers	relates to stigma or taboo.		Refusing to accept one's own self, cause mental illness.	Causes are lack of self-confidence and trustworthy relationships, having superiority or inferiority complex.	Imbalance in personality integrity.
Police officers	deviation from social norms.	deviant behavior, not relevant to social norms.	repeated engagement in impulsive behavior or abrupt actions.	malnutrition, hormonal imbalance, enzyme deficiency, malfunctioning of neurons and brain.	abusive, deprived childhood, – unresolved emotional scars and conflicts
Film actresses	relationship between conscious, subconscious and unconscious realms of the mind, when faced with problem.			depends on normality criteria. inability to relate to own thought process(es) effectively.	

Table 3: Opinion of different stakeholders regarding *awareness of mental illness*

Stakeholders	*Awareness of mental illness*	
Hindu monks	emphasis on positive thinking. Changing negative patterns of thinking to positive ones helps maintain psychological wellbeing.	Open/ uninhibited conversation with trusted individuals. Positive talks and usage of positive words.
Health care providers	In case of severely ill patients emphasis on caregivers' involvement for effective treatment outcome is noted.	Increased interaction of professionals in platforms of mass media providing knowledge, acceptance and awareness among general population.
Lawyers	seek help from mental health professionals for mental stability.	awareness programmes aiming to de-stigmatization, reduce discrimination or taboos.
Police officers and film actresses	Building awareness through mass media.	

Table 4: Stances of different stakeholders regarding *identification and symptoms of mental illness*

Stakeholders	*Identification and symptoms of mental illness*		
Hindu monks	appearance, behavior and facial expression.	Behavioural pattern of evading challenging tasks and/or situations.	
Health care providers	Indicators are over-reaction in any situation, lack in problem solving, inadequate coping. Phobia emerges from childhood experience arising in response to specific stimuli resulting in physical discomfort, as palpitations, difficulty in .	educational pressure or other stressor may result in convulsion, lack of attention-concentration, impulsivity, hyperactivity. Stress, anxiety, depression affects personal and professional life. Illusion and hallucination are	In anxiety, repeated change of thought processes, inattention, inability to maintain verbal communications with significant others. Hopelessness in depression invokes Suicidal thoughts and attempts due to inability to cope
	swallowing etc	symptoms of psychosis.	under pressure which act as a trigger.
Lawyers and police officers	anxiety, stress, lack of self-acceptance and self-confidence.		
Film actresses	Depression, anxiety, and frustration.		

Table 5: Opinion of different stakeholders regarding *coping strategies in problematic situations*

Stakeholders	*Coping strategies in problematic situations*	
Hindu monks	Positive psychology with spiritual bent. Reflection and taking responsibility of one's own actions promote positivity.	positive thinking achieved through practice helps in attaining and maintaining sense of psychological wellbeing. Open conversations with trusted individuals.
Health care providers	Challenging situations makes people mentally healthy and stable. Quality time with children improves childhood experiences. Parent-child interaction is salient.	
Lawyers	Discussions are effective in problematic situations. Consultation with mental health professionals.	

Table 6: Stances of different stakeholders regarding *treatment-seeking behaviour of mental illness&other behaviours*

Stakeholders	*Treatment-seeking behaviour of mental illness*		*Othertreatment-seeking behaviour of mental illness*
Hindu monks	Visiting a mental health professional.	Self-care	• Religious institutions dedicated towards the service of mankind foster treatment-seeking behaviour. • Gaining mental calm from spiritual perspective.
Health care providers	consulting mental health professionals; receiving treatment		• Symptomatic management in consultation with quack doctors to manage abnormal behavior without holistic treatment. • Believe in cure by black magic and exorcism. • Wearing amulets.
Lawyers	Mental health professionals are only treatment providers.		Visiting "thakurbari" or curing temples, practising black-magic due to lack of education. No belief in medical sciences.
Police officers	Institute of Psychiatry, Department of Neuroscience. Genetic causes of mental illness may lack cure.	Tranquilizers.	People believe in "*Grahas, Chakras"* (planets and charts) or astrology to treat mental illnesses. mental instability may occur due to the positions of one's *Grahas*. (cause???)
Film actresses	Psychotherapy and counselling. Psychiatric consultation. Combination of psychotherapy and medication in extreme cases.		Except mental health professionals, some people believe in *"JOLPORA"* and *"JHARFUK."*

Table 7: Opinion of different stakeholders regarding *side-effects of medicines*

Stakeholders	*Side-effects of medicines*
Hindu monks	Drowsiness as side effect is a cause of discontinuation of psychiatric medicines.

Health care providers	Side-effects in the form of drowsiness, fatigue, numbness, dizziness etc.
Film actresses	Excessive sleep as side effect.

Table 8: Stances of different stakeholders regarding *causes of hesitation about mental health issues& stigmatization about mental health*

Stakeholders	*Causes of hesitation about mental health issues*	*Stigmatization about mental health*		
Hindu monks	People often make fun of them by calling names as being crazy etc. Self-centredness makes people ignore their collective responsibility and humane quality towards the society.	Called crazy. Society tends to avoid people with mental illness.		
Health care providers	Lack of awareness in rural areas, They contact rural developmental officers and quack doctors; amulet and charms are used. Above are major obstacles in course of individual's treatment.	Inability to express mental health concerns to even mental health professionals.	Lack of disclosure due to fear of being socially isolated Acquiring tagline of "Abnormal". Lack mental health seeking behaviour.	Affects marital relationships.
Lawyers	Stigma prevalent in society. Fear of labelling him/ her as *Pagal* or crazy. Hesitation to discuss mental illness(es).			
Police officers	Presence of taboo. Lack of awareness.			
Film actresses	Hesitation due to lack of self-acceptance. Acceptance is the key for wellbeing.			

Reflexive experiential analysis:

Considering the primary researcher to be myself, it is best to assume ownership of how "I" shaped the research not only as a researcher but also as a mental health professional. My belief system as a professional in mental health discipline prompted me to explore its conception from the perspective of different stakeholders in the community. I found that awareness regarding mental health still had a long way to go, resulting in stigmatization of the mentally-ill in the community at large. The recognition of mental health as a vital aspect of health regimen appears to be rudimentary, which were often frustrating, though there are slow transitions towards positive alterations in the society. Further, concepts related to mental health appeared clouded among many stakeholders, making it difficult to reach out to them through focus group discussions. Nevertheless, in-depth interviews appeared to provide relatively more pertinent reflections. I enacted the role of a Observer as well as a 'container' of all the reflections by the stakeholders in the study.

Thus, community support and integration appear to be the call of the day (Lord and Pedlar, 1991). McKnight's (1995) opines that individuals are stigmatized and set apart from the community, owing to being surrounded by a plethora of professionally-delivered services. Stigma is reduced when the community welcomes and recognizes not only the strengths of its members but also the potential for recovery of people who have experienced mental health problems(Carling, 1995).

Conclusive comments:

In conclusion, one can point out that the present knowledge is not very well streamlined to reach one and all. The medical model has not yet achieved a perfect fit in the social milieu. The necessity of a scientific medical discipline to have a law to abide makes it strenuous on the part of treatment-provider as well as the receiver. Psychiatry and mental health as a discipline suffers the burden of being a pseudo-science and is not readily accepted as other faculties. The awareness and approach towards mental health issues take a backseat and are often not readily acknowledged. Psychiatry as a discipline is worst affected by stigma which often causes hinderance to treatment. Nevertheless,being an exploratory study, it attempted to establish a model for studying mental health in a participatory perspective in a very diverse culture as in West Bengal.A positive attitude would lead to removal of stigma from the community at large. The prime philosophy of life, being wellbeing and wellness, can be approached with these sciences in an optimal manner for the benefit of the society.

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