

Mental Health Status in Psychiatric Patients in Gangetic Estuary of Sundarban: A Multidimensional Approach

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Introduction: National Institute of Behavioural Sciences (NIBS) has been working ceaselessly for more than five years doing a longitudinal study by visiting every month in the core area of Sundarban. Most studies done there are either sporadic or peripheral in nature and lack the potentiality to identify the intricacies of the native problems. Sundarban – the Gangetic delta of mangrove forest and the land of Royal Bengal tigers has also been inhabited by people who are dependent on the forest for their livelihood. In most areas critical medical assistance is not available within hundred kilometers. Mental patients are often confronted with stigma and prejudice. Thus, adverse mental health outcome lead to derogatory attitude toward the patients having psychotic disorders. Variation in normal perceptual experience can lead to various psychopathology. It is imperative to assess the nature and form of patient's experience to come to conclusion about psychotic symptoms. Thus it becomes obligatory to assess the mental health status of psychiatric patients as they reflect improvement due to treatment.

Mental health awareness is a more recent proposal to actually get an idea about how much conscious the subjects are about mental health. Concept of body and mind relationship along with physical and mental health notions are addressed in the awareness concept. In remote areas of Sundarban, as may be the case in other remote areas, personal belief system builds up a strong leeway for opting unconventional treatment. As mental illness is a taboo in these areas, adopting unconventional methods is a stronger motive for people. Mental health status can be indicative of successful community reintegration, which is indispensable for these patients. Diverse cultural background has unique effects on symptoms and outcomes of mental illness and health as well. Successful community reintegration, which is imperative for these patients, largely depends on the perceived self-health status. Diverse cultural background has unique effects on symptoms and outcomes of mental illness.

Aims: Present study focuses on the aspects of mental health status of the psychiatric patients who have been under treatment in the Sundarban area.

Methods: A total of 75 psychotic patients from the treated patient pool with diagnosis of schizophrenia, delusional disorder and other psychotic type had been assessed for demographics, mental health awareness, personal belief

system, mental-health status, depression, anxiety and perceived social support. They were under active treatment for at least 6 months. The analysis outcomes were adjusted at baseline for socioeconomic and clinical differences. Except MADRS others are self-reporting type of inventories and Mental Health Awareness and Personal Belief System are meant for subjects with lower socio-educational background. Questions comprised of relationship between body and mind, whether mental health is as important as physical health, understanding of mental health, role of medication in treating mental illness, myths about mental health, believing in god or fortune, curing by supernatural powers, sinfulness reincarnation etc. Duke Mental Health has been used for mental health status, STAI for anxiety status and Perceived Social Support for understanding the social support. The subjects were under active treatment.

Results: These patients were followed up for at least 6 months and no significant differences in symptomatic outcome at baseline were identified in univariate analysis. Perceived social support was found to have significant relation ($p=0.05$) with state anxiety and depressing thoughts. Significantly better mental health awareness ($p=0.05$) was reflected in patients with higher perceived social support and self-believers as opposed to low support and believer in external control factors. Anxiety relates to mental health awareness significantly ($p=0.01$). Prevalent self-harming thought was related ($p=0.05$) to negative mental health status but addiction was not found to have any significant effect.

As the project is ongoing more patients will be included for analysis in future.

Discussions: Knowledge and understanding of mental health awareness among treated psychotic patients can lead to much better outcome in rehabilitation and adaptive functioning in community. Educating about the requirement of psychiatric treatment is necessary. Even we realized that traditional healers can be involved positively if professionals give them primary ideas about psychiatric disorders. Religious organizations can be involved too as they have huge impact on the public mind. Media also can play a very crucial role for mental illness and social acceptance. Social support is utmost important for psychiatric patients as revealed from our study which signify the magnitude of being accepted by society. Education helps to eradicate superstition, prejudice and skepticism as in our study the self-believers did better in measures of mental health outcome. While it may be still a long way to eradicate stigma about mental illness, emphasis on educating the family members to provide better support and to enlighten the disabled to be independent and rebuff the external uncontrollable factors may bring a better disposition for the mental patients in the remote areas.

Reference:

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