CHAPTER –I

INTRODUCTION

MENTAL HEALTH:

The word mental health conjures up the image of mentally ill persons in the public mind. The WHO (1978) has stated quite clearly that mental health is not a state of absence from diseases but a state of well being encompassing our physical, social and emotional lives. This concept also implies that a healthy person must actualize all the potentialities of growth and development without being unduly tense or unhappy. This concept needs some reiteration, as overburdened medical professionals who are solely preoccupied with relief of immediate human suffering, have dominated this field too long. It is only in recent years that a consciousness is dawning on workers in this field, that almost every form of community activity has a direct bearing on the state of health of its citizens. Hence, the politicians, law makers, economists, people engaged in trade commerce, industry, educationalist’s food and nutrition specialists, ecology experts including doctors, nurses and social workers are all involved, either overtly or covertly, in promoting or harming the mental health of citizens and/or in allowing them to actualize their growth potential (Dutta Ray, 1993).

There are several under currents of destabilizing socio-cultural forces and environmental deterioration that operate in an insidious manner. The process of industrialization and urbanization has broken up many joint extended families and created migratory nuclear units. The traditional emotional, social and financial support bases have been eroded perceptibly. Exposed to the multicultural cosmopolitan environment, many citizens are unsure about their roles inside as well as outside the family. Transgenerational gaps in reciprocal understanding and respect is increasing day by day. And there are few organized forums where people of different age groups can meet amongst themselves and attempt to resolve their problems constructively. There is an all pervading atmosphere of endless allurement for consumerism and a “no holds barred” fierce competition for grabbing the “good things of life” in society. ‘The mental health of the society especially that of our children seems to have been
mortgaged to superficial models of western society. The destabilization process has spread so wider that it is difficult for anybody to define what is essential, what is necessary and what is desirable for life and living.

The Central Council of Health (CCH) Government of India (as quoted by Sharma, 1990) stated in 1982: “Mental Health must form an integrated part of the total health programs, and as such should be included in all national policies and programs in the field of health and social welfare the implication of this statement is that mental health education should be closely linked and interrelated to the non-health sectors like education, social welfare, urban and rural housing projects, rural reconstruction programs, communication and media programs.

The Alma Ata Declaration (1978) and the health targets including the infrastructure of the decentralized health delivery systems committed achievable by 2000 AD. But, improvement in the “quality of life” or “mental health” of the citizens in its broad sense is too nebulous a target. Without indulging in repetition of age old clichés, one can still identify a few areas of Indian way of life” which are definitely breeding grounds for ill health and it may be worthwhile cataloging them as desirable themes for dissemination : (a) health consciousness, (b) small family norm, (c) conversation of nature and maintenance of ecological balances, (d) a spread of “scientific temper”, (e) wholesome personality development (f) national (model) cultural image the wide spectrum, (g) respect for the dignity of the individual, (h) extension of compassion to the under privilege.

A country with a lower GNP may manage to achieve higher levels of well being in terms of health, education and nutrition than countries with a higher GNP. Due to over concern for economic and political development man himself as an individual was ignored although the development was oriented towards him. Since now man is accepted as the main concern, his health becomes the most important component of development.

It is well understood that economic development plays an important role in human progress, but economic development alone is not human progress. Social
indicators show a true picture as they record fundamental human progress whereas a rising GNP, after a certain point, is directed to less and less fundamental improvements in the quality of life (UNICEF, 1989). The quality of life of the people can best be indicated by their health status, and life expectancy, etc.

The Alma Ata declaration of 1978 “Health for all by 2000 AD” was universal commitment to which India was a party. And India has agreed to formulate the policies and draw a plan of actions to attain the goal. Accordingly efforts were made to provide basic health infrastructure in the country. The models of health services adapted for the purpose were not suited properly. The strategy of health development was not successful. Now is the appropriate time to take a fresh look at the priorities and alternative approaches.

Attempts to change the priorities and search for alternative approaches have been necessitated because of the kind and seriousness of health problems. The incidence of deaths and disabilities, ordinarily preventable by vaccine is more in the third world. But India’s share in this incidence is the highest. Grant, in his annual report on the state of the world’s children, has recorded “Whether issue is diarrheal death or vaccine preventable diseases, low birth weight or malnutrition, infant death or childhood disability nearly 30% and sometimes more of those live in India” (Grant, 1987).

The recent research in the area of preventive health care, knowledge and techniques which are simple, inexpensive, universal and free from cultural prejudices have been made available. The information and techniques are mostly related to respiratory infections, immunization, growth chart, breast feeding, supplementary food for pregnant mothers and children, birth control, oral dehydration and so on. These techniques are low cost, low risk and low resistance in action and easy to implement as they need not depend on economic and political changes. Ramalingaswami, confirms the same by saying that the new knowledge and techniques that we possess make us believe that the dream of health for all can be a reality soon.
The scientific know how and financial resources appear to be no longer problems in the improvement of health status. On the contrary, the main obstacles are widespread ignorance and misconceptions about health and disease. A number of studies have reported ignorance and misconceptions of these issues in the population (Singh, 1983, Halyal, 1990).

Health is the capacity of an individual to cure himself. When a person loses this capacity to restore himself or herself he or she is in a state of ill health. Health is an important internal resource, which assures a stable quality of life. This capacity is achieved when a person possesses a strong body capable of working, a controlled and balanced state of mind, a companionate health, a discriminative intellect and a purposeful life. Thus, total health is state where there is a balance in body and its functions, mind, social and spiritual well being. In health occurs in a gradual manner at any level and affects the individual. Understanding health and related behavior include range of human activities, which have direct and indirect effect on individual’s health status. Many habits, pattern of thinking, emotional experience and attitude influence the overall quality of life. In addition socio-ecological and cultural background does influence many aspects of life styles (Joseph and Juliana, 2000).

Health is a continuous balancing of the physical, emotional, social, intellectual and spiritual components of an individual to produce happiness and higher quality of existence. Wellness means engaging in attitudes and behavior that enhance quality of life and maximize personal potential. Health knowledge and attitude constitute an important dimension contributing to health and wellness. The aim of life must be to remain healthy as the poet / philosopher Ralph Waldo Emerson in nineteenth century had said the first wealth is health. People have always valued good health but in the modern time of stress and anxiety they are becoming more health conscious than ever before.

According to WHO (1974), “Health is not merely the absence of disease, but a state of complete physical, mental, spiritual and social well being. This definition seems to equate health with all round well being. It highlights health as a positive goal rather than just a neutral state of ‘no disease’ and indicates that this is to be achieved
by personal and social change as well as by medical advance. As a definition, it contains almost as many new problems as it tries to solve. Its idealistic, even utopian nature has been commented upon by critics (Seed house, 1986). In a similar way to the absence of disease’ approach, the apparent simplicity of the WHO definition conceals a range of assumptions about what health should be. Freedom from disease is not health; real health is viewed as the transformation of ‘no disease type health into all round well being. Health becomes a personal struggle and a goal to be worked towards on a community national and global level. These sense of health as action and adoption is captured in the WHO Working Group Report (1984) on health promotion, which conceptualized health as the extent to which an individual or group is able on the one hand, to realize aspirations and satisfy needs and on the other hand, to change or cope with the environment. Health is therefore seen as a resource for everyday life not the objective of living; it is a positive concept emphasizing social and personal resources as well as physical capabilities WHO (1984).

This later and less frequently quoted world health organization comment emphasizes that health is embedded in the processes and actions of everyday life. It related health to one’s ability to cope and adopt within a particular environment. This deliberately avoids objectifying health; instead, health is viewed as a resource for living. It also identifies health as a multi dimensional and shifting which can’t be easily analyzed or measured.

The notion of health as an ‘absence of disease’ and as a ‘complete state of well being’ both have their origins in officials medical publications. ‘Absence of disease’ derives from a medical concept of disease as a pathological state which can be diagnosed and categories or as deviation from measurable biological variables which represent ‘normal’ parameters in the ‘healthy’ body.

The WHO definition connects to a social model of health, which emphasizes the environmental causes of health and disease in particular the dynamic interaction between individuals and their environment. Health is seen as being produced not just by individual biology and medical intervention, but by conditions in the wider natural, social, economic and political environment and by individual behavior in response to
that environment (Lalonde, 1974). A number of studies have indicated that patterns of living and social relationships are seen by people as being important in maintaining health. Respondents in the health and lifestyle survey (Cox et al., 1987) endorsed this view, although there was a major influence. Smaller scale, more intensive contextual studies have provided stronger evidence of people’s belief that environmental factors influence their health (Cornwell, 1984).

Mental health is an important aspect of one’s total health status and is a basic factor that contributes to the maintenance of physical health and social effectiveness. It means the ability to balance feelings, desires, ambitions and ideals in one’s daily life. It means the ability to face and accept the realities of life.

Mental health has two important aspects. It is both individual and social. Social forces are in constant flux. They are constantly moving and changing. Similarly our mental adjustment is affected by various stresses. Mental health is a process of adjustment, which involves compromise and adaptation, growth and continuity. Because of the significance of individual and social aspects, some psychologists have defined mental health as the ability of the individual to make personal and social adjustments.

Being mentally healthy doesn’t just mean that people don’t have a mental health problem. If one is in good mental health, one can make the most of potential cope with life, play a full part in family, workplace, community and among friends. Some people call mental health ‘emotional health’ or ‘wellbeing’ and it is just as important as good physical health.

Mental health is everyone’s business. We all have times when we feel down or stressed or frightened. Most of the time those feelings pass. But sometimes they develop into a more serious problem and that could happen to any one of us. Everyone is different. One may bounce back from a setback while someone else may feel weighed down by it for a long time. Mental health doesn’t always stay the same. It can change as circumstances change and as we move through different stage of life. There’s a stigma attached to mental health problems. This means that people feel
uncomfortable about them and don’t talk about them much. Many people don’t even feel comfortable talking about their feelings. But it’s healthy to know and say how we are feeling.

A healthy individual is not only physically healthy but also mentally healthy. The modern concept of health extends beyond the proper functioning of the body. It includes a sound, efficient mind and controlled emotions. It means that body and mind are working efficiently and harmoniously.

The overall health scenario in India is not very encouraging and we were far away from the goal of health for all by 2000 AD. Population growth, poverty, scarce resources, illiteracy and poor infrastructural facilities are complicating the health care system (VHAI, 1992). Indian society is undergoing different types of transformation which have mixed implications for the quality of life of people (Harwood, 1987). The introduction of technology, women’s education and their entry into the work force, enhanced communication abilities, increased life expectancy and academic spheres are changing the tempo and complexion of life experiences of the Indian people. These macro level changes coupled with conflicts, dilemmas and frustrations and changes in the value system and life style, are leading to increased health problems. Children and adolescents are becoming more vulnerable (Broota and Mistra, 1997; Carstairs and Kapur, 1976; Mane and Gandevia, 1993; Tandon, 1994) and incidence of suicide, depression, higher anxiety and juvenile delinquency is increasing.
STRESS:

Stress is a subject which is hard to avoid. The term is discussed not only in our everyday conversations but has become enough of a public issue, to attract widespread media attention whether it be radio, television, newspapers or magazines, the issue of stress figures everywhere. Different people have different views about it as stress can be experienced from a variety of sources.

In today’s world where stress has become a very common experience, it is one of the most used and abused terms in the public discourse. A large number of symptoms in medical diagnoses are attributed to stress. Today stress management has become a booming enterprise. The focus in this endeavor is both on environmental factors, called stressors, and on internal factors, the mental state of strain. As Lazarus (1984) has noted appraisal of the stressors is critical in stress experience. His three-stage model of appraisal: primary appraisal, secondary appraisal and reappraisal, suggests that coping efforts are primarily contingent on the mode of appraisals. To respond to any situation, first, it is to be interpreted as a potential threat, danger, and challenge or impertinent. Second, one needs to evaluate the response choices. Of course, such evaluation will depend on the perception of the event itself. When people fail to handle their stress experiences the mental and physical health problems start surfacing.

The popular idea of stress in relation to human health is often described as an unpleasant mental or emotional experience, as when people say they are "stressed out." This expression relates primarily to the idea of prolonged or sudden and intense stress, which can have unpleasant effects on the body, impairing the ability to function, and even harming health (Lutgendorf and Costanzo, 2003; McEwen and Seeman, 1999, Chrousos and Gold, 1992). However, the biological concept of stress is much more broadly defined as any challenge (physical or psychological) that requires an organism to adapt in a healthy manner. In other words, responses to stress can sometimes be of benefit when the organism is strengthened by the experience.
Stress refers to an adjective demand placed on an individual either interpersonally or by the environment (Frederickson, 1977). According to Frederickson (1977), the psychological severity of stress becomes a function of the nature of the stress itself, the resources of the individual, and how the stress is perceived by the individual. Holmes and Rahe (1967) state that the occurrence of certain events in the life experience of an individual, whether perceived as pleasant or unpleasant, will, nevertheless, require change or adjustment in some manner, in order to attempt to adapt to a stressor.

At one point or the other everybody suffers from stress. Relationship demands, physical as well as mental health problems, pressure at workplaces, traffic snarls, meeting deadlines, growing-up tensions—all of these conditions and situations are valid causes of stress. People have their own methods of stress management. In some people, stress-induced adverse feelings and anxieties tend to persist and intensify.

**Anxiety:**

Anxiety is a psychological response to a real or imagined threat. It is a complex emotional state characterized by a general fear or foreboding usually accompanied by tension. It is related to apprehension and fear and is frequently associated with failure, either real or anticipated. It often has to do with interpersonal relations and social situations. Feelings of rejection and insecurity are usually a part of anxiety. According to Frost (1970), anxiety is “an uneasiness and feeling of foreboding often found when a person is about to embark on a hazardous venture; it is often accompanied by a strong desire to excel”. Hence, anxiety state arises from faulty adaptations to the stress and is caused by over actions in an attempt to meet these difficulties.

A certain amount of anxiety is needed for peak performance. Our body autonomous nervous system prepares for completion with the ‘fight or flight’ response which quickness reaction time, sharpens our sense and increases our strength. But excessive anxiety however is debilitating to performance. It physically inhabits performance by causing extreme muscle tension, shortness of breath and nausea.
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Speilberger (1966) has defined anxiety in two terms: trait anxiety and state anxiety. Trait anxiety is a tendency to respond emotionally to a wide range of non-threatening stimuli. It refers to a predisposition to respond with heightened arousal to certain class of stimuli. State anxiety, on the other hand, is the actual feeling of tension and nervousness.
CHRONIC DISEASES: HIV/AIDS, TUBERCULOSIS AND DIABETICS:

HIV/AIDS are the worst plague the world is fighting today. No one is immune to HIV. But this is not said that the peril is equal, for some people are greater risk of getting infected by the AIDS virus than others. According to NACO, every minute one Indian gets infected by the killer HIV and every 30 minutes one person died from AIDS disease. In India the infection is gradually spreading from urban to rural areas and from high risk groups to women. HIV associated tuberculosis (TB) remains a major global public health challenge, in worldwide. There are two types of HIV, HIV-1 and HIV-2. In the United States, unless otherwise noted, the term “HIV” primarily refers to HIV-1. Both types of HIV damage a person’s body by destroying specific blood cells, called CD4+ T cells, which are crucial to helping the body fight diseases. Within a few weeks of being infected with HIV, some people develop flu-like symptoms that last for a week or two, but others have no symptoms at all. People living with HIV may appear and feel healthy for several years. However, even if they feel healthy, HIV is still affecting their bodies. All people with HIV should be seen on a regular basis by a health care provider experienced with treating HIV infection. Many people with HIV, including those who feel healthy, can benefit greatly from current medications used to treat HIV infection. These medications can limit or slow down the destruction of the immune system, improve the health of people living with HIV, and may reduce their ability to transmit HIV. Untreated early HIV infection is also associated with many diseases including cardiovascular disease, kidney disease, liver disease, and cancer. Support services are also available to many people with HIV. These services can help people cope with their diagnosis, reduce risk behavior, and find needed services.

AIDS is the late stage of HIV infection, when a person’s immune system is severely damaged and has difficulty fighting diseases and certain cancers. Before the development of certain medications, people with HIV could progress to AIDS in just a few years. Currently, people can live much longer - even decades - with HIV before they develop AIDS. This is because of “highly active” combinations of medications that were introduced in the mid 1990s.
No one should become complacent about HIV and AIDS. While current medications can dramatically improve the health of people living with HIV and slow progression from HIV infection to AIDS, existing treatments need to be taken daily for the rest of a person’s life, need to be carefully monitored, and come with costs and potential side effects. At this time, there is no cure for HIV infection. Despite major advances in diagnosing and treating HIV infection, in 2007, 35,962 cases of AIDS were diagnosed and 14,110 deaths among people living with HIV were reported in the United States.

In India where 90 percent of female infections occur within marriage, women who stand up to their husbands risk violence—and those who get infected by their husbands are often shunned by their families. Lacking other skills, they may survive by selling sex—which of course, spreads the disease further. According to the 2010 report of the Joint United Nations Programmed on HIV/AIDS (UNAIDS, 2010) sexual intercourse is the primary mode of HIV transmission in India, accounting for about 90 percent on new HIV infections. More than 90 percent of infected women acquired the virus from their husbands or intimate partners. In most cases, women are at an increased risk not due to their own sexual behavior, but because their partners are IDU’s (Injecting drug users) or also having FSW’S or MSM as other sex partners.

In India the infection is gradually spreading from urban to rural areas and from high risk groups to women who are mostly in monogamous marriages. Newman and Sarin (2006) have shown that having sex exclusively with one’s husband was the only HIV risk factor for the majority of women. The presence of other sexually transmitted infections (STI’s) and inflammation of genital mucosa increase vulnerability to HIV infection in women through heterosexual vaginal intercourse (Fleming et al., 1999). Women are frequently forced to tolerate abuse, violence and infidelity from their husbands (Soloman et al., 2003). When they engage in sex, their lack of knowledge about their own sexual health ignorance about their regular partner’s and continued culture of silence make them unable to negotiate safer sex practices. The NFHS – 3 (2005-06) found that only 61 percent of women ages 15 to 49 had heard of AIDS, compared with 84 percent with 84 percent of men. Only smaller percentages (20
percent of women and 36 percent of men) had comprehensive and correct knowledge of HIV/AIDS. The prevalence of HIV among ever married women is higher than the national average (NACO, 2010).

Human Immunodeficiency Virus (HIV) infection poses one of the greatest challenges to tuberculosis (TB) control, with tuberculosis killing more people with HIV infection than any other condition.

**TUBERCULOSIS:**

Tuberculosis is a disease caused by an organism called *mycobacterium tuberculosis*. The mycobacterium tuberculosis bacteria can attack any part of the body, but most commonly attack the lungs. A person can have active or inactive (sometimes called latent) tuberculosis. Active tuberculosis or TB disease means the bacteria are active in the body and immune system is unable to stop them from causing illness. People with active tuberculosis in their lungs can pass the bacteria on to anyone they come into close contact with. When a person with active tuberculosis cough, sneezes or spits, people nearby may breathe in the tuberculosis bacteria and become infected.

Tuberculosis and HIV infection are two major public health problems in many parts of the world, particularly in many developing countries. TB is the most common opportunistic disease and cause of the death for those infected with HIV. Similarly, HIV infection is one of the most important risk factors associated with as increased risk latent TB co-infection progressing to active TB disease. It is estimated that one third of the 40 million people living with HIV/AIDS worldwide are co-infected with TB. The people who worldwide died of tuberculosis in 2009, it is estimated that 400,000 were infected with HIV. Tuberculosis is the leading cause of death among HIV infected people. The challenge of the TB and HIV co-epidemic has been recognized by World Health Organization, and collaborative TB/HIV actives were launched in 2004 to manage the TB and HIV co-infection.

TB can spread through the air, the increase in active tuberculosis among people infected with both tuberculosis and HIV. More transmission of the tuberculosis
bacteria, more people with latent tuberculosis, and more TB disease in the whole population.

People with latent tuberculosis are increasingly becoming infected with HIV, and many more are developing active TB because HIV is weakening their immune system. People who are co-infected with both HIV and latent TB have an up to 50 times greater risk of developing active tuberculosis disease and becoming infectious compared to people not infected with HIV.

People with advanced HIV infection are vulnerable to a wide range of infections and malignancies that are called ‘opportunistic infections’ because they take advantage of the opportunity offered by a weakened immune system. Tuberculosis is an HIV related opportunistic infection. A person that has both HIV and active tuberculosis has an AIDS defining illness.

The HIV/AIDS epidemic is reviving an old problem in well resourced countries and greatly worsening the existing problem of tuberculosis in resource poor countries. There are several important associations between the epidemics of HIV and tuberculosis: Tuberculosis is harder to diagnose in HIV positive people, Tuberculosis progresses faster in HIV infected people, Tuberculosis in HIV positive people is more likely to be fatal if undiagnosed or left untreated and Tuberculosis occurs earlier in the course of HIV infection than other opportunistic infections.

**DIABETES:**

Diabetes mellitus (DM), commonly referred to as diabetes, is a group of metabolic diseases in which there are high blood sugar levels over a prolonged period. Symptoms of high blood sugar include frequent urination, increased thirst, and increased hunger. If left untreated, diabetes can cause many complications. Acute complications include diabetic ketoacidosis and nonketotic hyperosmolar coma. Serious long-term complications include cardiovascular disease, stroke, kidney failure, foot ulcers and damage to the eyes. Diabetes is due to either the pancreas not producing enough insulin or the cells of the body not responding properly to the insulin produced.
Diabetes is a chronic, metabolic disease characterized by elevated levels of blood glucose (or blood sugar), which leads over time to serious damage to the heart, blood vessels, eyes, kidneys, and nerves. The most common is type 2 diabetes, usually in adults, which occurs when the body becomes resistant to insulin or doesn't make enough insulin. In the past three decades the prevalence of type 2 diabetes has raised dramatically in countries of all income levels. Type 1 diabetes, once known as juvenile diabetes or insulin-dependent diabetes, is a chronic condition in which the pancreas produces little or no insulin by itself. For people living with diabetes, access to affordable treatment, including insulin, is critical to their survival. There is a globally agreed target to halt the rise in diabetes and obesity by 2025.

Therefore, the present study attempt to assess the effect of stress, anxiety and chronic diseases on mental health of patients and their care givers selected from Gulbarga (Kalaburagi).