# Mental Health

## 1.1 Introduction

 The concept of mental health encompasses the physical, emotional and social facet of life. It focuses on the feeling of one person about himself/herself, what’s the others feel about himself, and how an individual deal with to assemble the demands of life.

 It is very important to define mental health in order to understand its concept. In the beginning the concept of mental health was firmly attached with physical health but with the passage of time when the researchers and mental health practitioners started to view the concept of mental health in sociological and cultural context. This has broadened its spectrum, as follows.

 "A state of complete physical, mental, and social well being and not merely the absence of disease or infirmity" (WHO, 2001b, p.1).

"The dictionary meaning of mental health is the absence of mental illness, referring to an individual’s personal and social well being, meaning both inner experiences and outer behaviour" (Thomas, M. and Pierson, J. , 1999).

"According to Corsini (1999) mental health is defined as a state of mind characterized by emotional wellbeing, relative freedom from anxiety and disabling systems and a capacity to establish constructive relationships and cope with the ordinary demands and stress of life"

"A state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and fruitfully, and is able to make a contribution to his or her community" (WHO, 2001d, p.1).

 In this sense, mental health encompasses the wellbeing, affective functioning for the individuals of community. Physical, mental and social functioning is mutually dependent and neither physical nor mental exist separately. They are equally exclusive and we cannot define health in a restricted way as the nonexistence of disease (Sartorius, 1990). Mental health is a recognizable balance between a people’s self, others, and his/her environment, especially in the preview of existing culture.

## 1.5 Mental Health Problems

 The World Health Organization pointed out, twenty five percent of the world’s population suffered from mental health problems while 450 million individuals are reported to be currently enduring from mental illness and these added to twelve percent of the global burden of the disease (WHO, 2001 cited in National Plan Action-NCDS-Pakistan, 2004). According to the national survey conducted by planning commission in 1987 indicated that ten million people were identified as mildly ill whereas one million were severely ill in Pakistan (National Plan Action-Pakistan, 2004).

 The range of mental health problems may varies from the routine life worries to severe long-standing conditions. Many people who face mental health problems may overcome or learn how to deal with them, particularly if they get help in the early stages. Its spectrum is broad, as it encompasses all the mild psychological and emotional problems that lead towards the severe mental conditions. It ranges from everyday life worries to severe mental health problems i-e depression, anxiety and panic (What are mental health problems, 2011).

 The terms mental health problems, mental illness and mental disorders are used synonymously by professionals in day to day practice and in the literature. Although all these terms describe difficulties that need to be attended by mental health professionals. The classification and definition of mental health problems is essential to facilitate the professionals to refer populace for proper treatment and care. But few diagnoses are contentious and these are directly concerned with the mental health field that individuals are too often treated according to or portrayed by their label. It has a deep impact on the quality of elderly life.

 In this case, traditionally mental health symptoms have been divided into two categories i.e. [neuroses](http://www.mentalhealth.org.uk/help-information/mental-health-a-z/N/neurosis/) and [psychoses](http://www.mentalhealth.org.uk/help-information/mental-health-a-z/P/psychosis/). As neurosis, deals with the serious forms of ‘normal’ emotional experiences i.e. depression, anxiety and the conditions referred to as ‘neuroses’ are now more normally called common mental health problems. The psychotic symptoms are more severe and thwart with the individual’s perception of reality and included [hallucinations](http://www.mentalhealth.org.uk/help-information/mental-health-a-z/H/hallucinations/) as well. The mental health problems affect person’s way of thinking, feeling and behavior.

 The major mental health problems are depression and anxiety from the perspective of the community and primary care. The reflection of this phenomenon in the Global Burden of Disease study was visible, funded by the World Bank in which depression was reported as a second major cause of disability by the year 2020. Although the burden of care for depression and anxiety is given primary importance yet the policy of UK concentrated on the management of serious mental illness in secondary care increasingly leaving primary care to provide the lead on treatment for CMD. There are few options for general practioners for the management of CMD. This lead to the dramatic increase in the prescriptions for antidepressant in England. It has elevated from 10m in 1990 to 25m prescriptions in 1998. (Murry, C.J., 1997, Goldberg, D. 1992, Regier, D.A., 1978)

 Almost one in ten people have become victims of depression and anxiety and these are most common prevailing mental health problems. These two problems may affect adversely the life of individuals in case of severity and increased intensity of anxiety and depression. It is concluded that about 450 million people have mental health problems throughout the world (World Health Organization, 2001). According to the national statistics of UK in 18 months almost half of the people become affected by the mental health problems but the effeteness is more prevalent among poors, long term sick and unemployed ones among the general populace (National Statistics UK, 2003). Almost 9 % people were diagnosed mixed anxiety and depression mental disorder in UK and about 8 to 12 % Populace experiencing depression in any year (The Office for National Statistics Psychiatric Morbidity report, 2001).

### 1.5.1 Definitions of Mental Health Problems

 The term *mental health problems* is used to describe an extensive range of emotional and/or behavioral complexities which may cause unease or distress. They commonly occur and include mental disorders, which are more adverse and or constant (NHS Health Advisory Services, 1995).

The Department of Health (DoH) (2000) suggested that ‘mental health problems’ in children and young people are broadly defined as disorders of emotions, behaviour or social relationships sufficiently marked or prolonged to cause suffering or risk to optimal development in the child, or distress or disturbance in the family or community (DoH, 2000, p.25).

Mental health problems are real. They affect one’s thoughts, body, feelings and behavior. Mental health problems are not just a passing phase. They can be reverse, seriously interfere with a person life and even cause a person to become disable. Mental health problems include depression, bipolar disorder (manic depressive illness), attention deficit (hyper activity disorder), anxiety disorder, eating disorders, schizophrenia, dementia, alziemer and conduct disorders. Mental disorder is another term used for mental health problems (Chopra, 2005, p. 159).

 Psychoses are seen to be caused by an underlying biological disturbance and include categories such as schizophrenia and manic depression, now more commonly referred to as bipolar disorder. Neuroses, often described as ‘common mental health problems’, include conditions such as depression and anxiety that may cause distress and impact on day to day life but do not usually affect insight or involve perceptional problems such as hallucination or hearing voices. Sometime understood as problems of living (karban, 2011, p. 38).

"The mental health problems denote emotional and psychological difficulties, which cause distress and interfere with how people go about their everyday lives" (European Commission Report, 2008)

The Concept of mental health problems within mental health social work is as; mental health social work is a specialismencompassing work with people affected by mental health problems and a practice, carried out in any setting, which promotes the mental health of individuals and families. As a practice, it is rooted in awareness that problem of poverty, injustice, disadvantage, ill health or loss of esteemed roles may have serious inferences for mental health; and, conversely, that mental health problems such a depression and anxiety or substance abuse are pervasive, often unorganized, and can cause or exacerbate difficulties in coping with relationships and the external environment (Davis, 2000, p. 213).

 In the current study, keeping in view the discussion and definitions of mental health problems, it is concluded that mental health problems have a broader spectrum. These MHPs have impact on body, thinking and feelings of individuals. They cover all the emotional and psychological difficulties that start from everyday life worries to those distressed conditions that do not usually affect insight or involvement of perceptional problems i.e. hallucination or hearing voices. These are considered as problems of daily life. Oftenly ‘Neuroses’ are categorized as ‘Mental Health Problems’ including depression and anxiety.

## Major Mental Health Problems among Elderly

 The major mental health problems of older persons reported by provider and researchers Mildred, O. H (1995), Liptzin (1988), Ouslender (1982), Harper (1987), Gurland (1982), and Matterson and McConnel (1988) include the following.

* Delirium
* Dementia
* Depression
* Agitation
* Emotional problems associated with poor health
* Crying spells
* Irritability
* Pacing
* Wandering
* Assaultiveness
* Expressions of feelings of unworthiness, hopelessness
* Diminished memory, orientation and judgment
* Apathy
* Withdrawal
* Suicidal impulses and / or attempts
* Loneliness
* Paranoid delusions
* Demanding behaviour
* Anxiety disorders
* Alcohol abuse
* Impaired concentration
* Short attention span
* Tendencies to hoard personal items, including feces
* Stress incontinence
* Disorientation

## 1.7 Mental Health and Elderly

 The proportion of elderly people has been growing day by day with an alarming number and becoming a challenge for the developed as well as developing countries. At the same time the attitude of family members and the social and moral values are undergoing transitions. The results of aging are increasingly recognized due to illness, deprivation, externally and internally abuse. Dementia and depression are much more prevalent mental health problems among elderly throughout the world (Copeland, 2003).

 The physical and mental health is interconnected and has intensive relation. In case of distress, a person’s physical health undergo deterioration along with the mental health which has a greater impact on his or her relations and work abilities. Research studies regarding the care services and mental health among elderly reported that the vulnerability towards mental and physical health is more as compared to the youngsters. With the growing age, a person needed more facilitation. They have to pass through the loss of roles and status and faced retirement. According to the WHO in 1992, 15 % of elderly were having depression. Dependency is the major cause that leads aged persons towards threshold of vulnerability.

 The lack of decision making, social contacts, loss of roles and status, low income, retirement, widowhood, dependency, unmet social and emotional needs, disability, sickness, age norms, launching of children and institutionalization are those social forces that may cause the disturbance of mental health of older adults. This state of affairs lessens their hope for life and they become the sufferers of various mental health problems such as depression, anxiety, stress, and dementia (Atchley, 1988).

 With the onset of aging process, multifarious changes occur in physiological and psychological aspects of life. Due to these changes, an automatic behavioral change arouse among elderly. This changing behavior of older persons is linked with physical and mental disease or social disadvantages in addition to the aging process. They have to contend with real issues of lack of finance, social support, and isolation in routine life. Another misconception about the elderly exists, that people consider depression is natural among aged ones and intellectual decline is a normal feature of aging. In actual this feature is not valid. Dementia has also confused with aging (Copeland, 2003). Contrary to this we should not present the elderly as a passive entity of society rather than functional and active. We should encourage them to make their own decisions about their life style rather than others decide for them. This effort to maximize their options, improvement in physical health, supportive environment, social support by family and other opportunities for personal growth would be healthy step in reducing the percentage of mental health problems.

 The mental health among elderly is based upon stereotypical views about the process of mental health changes. These myths include assumptions that old age is attached with decline in mental health that is irreversible and associated with ‘senility’ that little can be done about it, and that there is no point in early detection since there is no treatment. The stigma of deteriorating mental health, however, is a powerful restriction to seek out and accepting help with mental health problems, particularly when fears of being labeled mad or committed to institutional care are also present.

 There are two major categories of mental illness among the elderly i.e. organic mental illness, in which definite changes in cerebral functioning occur and functional mental disorders, where no specific physical cause found. According to an estimate from six to ten percent of all elderly have some degree of identifiable organic brain disturbance, called as dementia. (Joseph, 1986). But according to the current figures the percentage of dementia in the developed countries has been increased to alarming percentage.

 The degree of organic brain deterioration increased to an extent that impaired their ability to move normally in the routine life and they become static element of society. Functional illness, comprises the disturbance of mood, such as depression, affects about a quarter of the elderly population. The majority of elder persons who become the affecter of depression in later life, attributes such as death of significant persons, removal from home, or some other exogenous cause, are indicated (Gearing and Slater, 1988, p. 27). However, the current estimation revealed that almost 450 million people suffering from mental health problem (World Health Organization, 2001). Although a bulk of mental health problems among elderly are due to sensory losses, poorly health and the physical outcomes of medicines yet an overwhelming majority of elders faces mental health problems due to problems in the life style events. When a person become old and faces the economic dependency due to retirement or disengagement in business faces changes in housing, loss of peers and relatives, and general disturbances of normal life style are all factors that could influence an individual to an extent that mental health problems may ensure. Finally older persons in retired life can develop an altered image of themselves. In addition to physical and biological changes, their worth, values, status, society’s expectation how they behave, serves to change the way in which they perceive themselves and their role and functions in society (Palmore, 1985).

 The involvement of the ‘ideal self concept’ is also a causative factor towards the mental distress. Self concept and ideal self concept, in which an individual tires to match up to the expectation of others, have been said to create problems when their expectations cannot be met. This leads towards the loss of self esteem and loss of control and paves the way to become the victims of mental health problems. So mental health in old age is made up of a complex set of biological, psychological and social interactions (Darby, et al., 1999, p. 4).The biological, physical and social factors are more influencing factors in the health of elderly. The social scientist mostly focused on these social factors that lead towards the impairment of the social functioning of aged persons.