

## Editorial

# Understanding the Significance of Socio-Cultural Notions before Delivering Community-Based Mental Health Services

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The article explores the intricate interplay between mental health and socio-cultural factors across historical epochs and contemporary society. Beginning with primitive beliefs attributing health abnormalities to supernatural forces, the narrative traces the evolution of perspectives, from Hippocrates' psychological approach to the medieval era's religious-centric views. The colonial period witnessed mental health framed as abnormal behavior, emphasizing somatogenic factors, leading to social isolation. As the twentieth century unfolded, a psychological lens gained prominence, acknowledging genetic predispositions. Examining a case study of a tribal man labelled "mentally ill" and lynched, the article questions the complex socio-economic issues obscured by the "mental illness" label. It argues for a holistic approach to mental health interventions, emphasizing community-centric strategies. The importance of understanding lay perspectives, addressing negative stereotypes, and recognizing vulnerable sections of society is highlighted. The article contends that mental health organizations must blend cultural values and scientific approaches. It proposes support groups, counselling, and awareness initiatives rooted in shared socio-cultural values. Community-based interventions, aligned with local characteristics, are seen as crucial for resilience in the face of disasters. The need for organizations to recruit locally to enhance cultural understanding and avoid disharmony is emphasized. The conclusion warns against underestimating socio-cultural values in interventions, as this may perpetuate negative perspectives. Structural constraints, both social and economic, are identified as key determinants of mental health.

**Keywords:** Mental health; Society; Culture; Stigma; Community-based care; Non-profit**Editorial**

Mental health is shaped as per personal attributes, social circumstances, cultural issues, and person-culture interactions. It is crucial to be informed of the historical development of the mental health domain in society to comprehend socio-cultural conceptions around mental health. In primitive society's forest-dependent culture, health abnormalities were seen as supernatural forces and results. Historically, uncommon behaviour that deviated from the sociocultural norms and expectations of a specific culture, has been used as a way to silence or control specific individuals or groups [6]. As civilized society advanced, some ancient physicians, like Hippocrates, attributed mental health causes to psychological deviances and pathological reactions in the brain, rejecting the supernatural theory [6]. The efforts of heterodox sects in the same period to promote so-

cial equality, meditation, and austerity had a significant positive effect on well-being and mental advancement [7]. In the medieval period with the rising influence of religion and associated religious-centric culture in society, adverse mental health perspectives became very prominent with events of frequent wars, priestly oppressions, plagues, disasters, crusades, etc. People started blaming devil forces and clergy. Mental health illnesses were considered through the lens of black magic, stigma, ghosts, etc [6]. Atharvaveda, a collection, has some references for this. During the colonial era, mental health was seen as abnormal behaviour and largely attributed to somatogenic factors. People with these conditions were considered a threat to social stability and kept in asylums and detentions with a complete absence of community-centric treatment or support

from the community [6]. However, the diagnosis of patients was based on enquiries about social background, current state of health problems, etc. This hints at the socio-cultural association with mental health. According to the orientalist perspective, it was generally believed that the prevalence of mental illnesses in India was much less than in Western countries citing limited urbanization, joint family ties, and community bonding [4]. Eastern cultures put more value on collectivism, unlike the individualism of Western countries. These help us to understand the significance of social connection in the prevention of mental illnesses and collective efforts. However, there is a general opinion in society that mental and behavioural disorders are personally controllable and those individuals who can't get better on their own, are seen to lack personal efforts [1]. In the twentieth century, the psychological view started grounding in mental health treatment. Those individuals born with a genetic predisposition for a certain psychological disorder required a more biopsychological approach [6]. Recently, after several academic studies, there has been a strong acceptance of socio-eco-cultural, environmental, and cultural determinants in mental health.

Social and cultural determinants play a vital role in mental health. Cultural values affect people's mental health (Trommsdorff, 2009) [5]. In the identity erosion process, immigrants in the host region become more vulnerable to lasting mental stress to adapt or integrate with a new culture (Neto, 2010) [5]. Each social community has unique values, beliefs, and norms which are vice-versa governed by geographical, economic, and political regional dimensions. This unique multi-dimensional position of social communities in the large geographical society leads to variations in the mental health state and well-being (Karasawa et al., 2011) [5]. The application of a standard mental health treatment lacks substantial potential for change. Then, what is essential is the specific community-centric approach to mental well-being. This is vital, as there is no doubt that the current mental health infrastructure support is inadequate. Originally, the work of psychiatrists was to fill the treatment gap and facilitate community mental healthcare [2]. Only one psychiatrist per four lakh population [3]. Some culture-bound Dat and Karo syndrome require an approach based on social environment treatment. In the community, social attitudes, values, expressions, reactions, and judgements define the mental health status of its members. These factors along with existing stigmas, superstitions, prejudices, and ignorance reinforce mental health illnesses in the community. The continued social stigma leads to the internalization of self-stigma in the individual based on his/her condition [1]. The social stigma acts as a key barrier to diagnosis, treatment engagement, and service accessibility [1]. In 2018, a mob lynched a 30-year-old tribal man, Madhu, from Palkkad. He was labelled as mentally ill, and mad by society and authority. He had to leave his job due to discrimination and violent attacks, and then he resorted to living alone in a forest cave. With shabby clothes, he stole rice to kill his hunger, and a mob of thirty people killed him. Due to 'mentally ill' branding on him, he was denied cognitive justice [4]. This raises important questions about how complex social and economic issues are occluded by way of prescribing the label of "mental illness". From the above discussion, it is evident that understanding the sociocultural notions and perspectives around mental health challenges and well-being in the community is of utmost essential for a new organization.

A holistic approach is important to formulate mental health interventions. Organizations working for mental health and well-being need to immerse in the tangible-intangible socio-cultural

things of the community. It helps to understand the stigmas and attitudes of the community towards mental health. The problematization of the problems with a mixture of socio-cultural characteristics and scientific values is essential in the intervention. Through this, professional organization members can effectively diagnose some sort of psycho-cultural syndromes. It also contributes to the identification of vulnerable sections of society with mental disorders like women, adolescents, old-age people, etc. Organizations need to enquire into the community to understand the lay perspectives for mental health. The negative lay perspectives towards mental health can exaggerate symptoms of mental illnesses and divert mentally ill people away from medical treatment. The public perceives those with mental disorders as frightening, unpredictable, and strange [1]. In my village, a 45-year-old man has mental issues. It was due to high patriarchal, and biological expectations from society. From the community perspective before marriage, a man needs to have some financial assets for a good life. Here, he becomes 30 years old to gain financial assets. Later, due to his high age, no one marries their daughter with him. The community started kidding, questioning and using derogatory terms about his masculinity. This forced him to isolate away from the community to escape this. All eco-socio-cultural expectations and self-stigma internalization made him mentally ill. Even subsequent branding triggered his illness. Generally, having mental health infrastructure alone cannot address mental illnesses. The above-discussed psychological and cultural factors can hamper the accessibility of it. In this instance, community mental health intervention of an organization can significantly bridge gaps in health services. The Western idea of support/peer groups has the potential for the treatment of mental illnesses. The amount of social cooperation and teamwork is significantly under the control of this cultural value (Cheng & Chan, 2005) [5]. Comparatively, the Indian society is more collectivist, thus the more cooperative its members [5]. The organization can form support or buddy groups on the blend of culture and scientific temperament in the community. A wide range of activities like counselling, capacity building, financial assistance, workshops, awareness generation, raising accessibility, etc. can be carried out with the community. The organizational mental health and well-being intervention based on the socio-cultural shared values and participatory approach with the community, assists in the various kinds of disasters and emergencies providing community resilience and early recovery ability. Social resilience can absorb environmental, economic, and political stresses thereby securing well-being and mental stability. At the commencement, the smaller geographical focus is feasible to form interventions per the socio-cultural specificity of each segment of society. The intervention of the organization requires it to resonate with the socio-cultural characteristics of the community. Otherwise, there is a probability of ethnic clashes and social disharmony deteriorating the mental well-being of its members. Additionally, an organization should recruit most of its members locally. Thus, social networks and relations with the community add to a better understanding of societies. It has the advantage of cultural assimilation and removing organizational alienation to add interest in mental well-being contribution to society [1].

If organizations underestimate the sociocultural values while formulating interventions, it can lead to the reproduction of negative perspectives around mental illnesses in the community. Social workers and health professionals would carry stigmatized beliefs towards patients [1]. Unless structural social and economic constraints, a main determinant of mental health and

well-being, in all forms is not addressed, will continue to reinforce existing mental illnesses. Indian society has an intersection between economic constraints and social constraints. Community-driven initiatives have the potential for mental health support and preventive measures, bridging the gap between community and public health systems. Despite the NMHP programme in 1982, the mental health program has never become a fully integrated part of the public health system.

Additionally, in the recent neoliberal era, the state gradually withdrew itself from the welfare services. The focus is being shifted to community-driven interventions based on corporate state welfare policies. In the last human is a social animal, what is essentially required for mental health is a home in society, not merely a hospital.

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