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Article

Attitude towards mental illness in Kashmir

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In most of the societies mental illness carries a substantial stigma or mark of shame. Such stigma may keep families from acknowledging that a family member is ill. Some families may hide or overprotect a member with mental illness-keeping the person from receiving potentially effective care-or they may reject the person from family. When magnified from individuals to a whole society, such attitudes lead to underfunding of mental health services and terribly inadequate care. The conflict situation has adversely affected the mental health of people in Kashmir, resulting in the significant increase in the psychological disorders. In the present study an attempt has been made to know the attitude of people towards mental illness in Kashmir.

Key words: Mental health, stigma, conflict, treatment, depression.

INTRODUCTION

Mental, physical and social health, are vital strands of life that are closely interwoven and deeply interdependent. Defining health as physical, mental and social well being, A.V. Shah has expressed that mental health is "the most essential and inseparable component of health (Shah, 1982). There are number of dimensions, which contribute to positive health like, spiritual, emotional, vocational, philosophical, cultural, socio-economic, environmental, educational and nutritional besides the physical, mental and social dimension. Thus, health is multidimensional. Although these dimensions function and interact with one another, each has its own nature.

Perhaps the easiest dimension of health to be understood is ‘physical’, which is nothing but biomedical definition of health. WHO defines health as a state of complete physical, mental and social well being and not merely the absence of disease and infirmity. Thus mental well being is an essential component of health of all individuals (Waheeda, 2002). Good mental health is ability to respond to many varied experiences of life with flexibility and a sense of purpose. More recently mental health has been defined as "A state of balance between the individual and the surrounding world, a state of harmony between oneself and others, coexistence between the realities of the self and that of other people and that of the environment". On the other hand, social well being implies harmony and integration within the individual, between each individual and other members of society and between individuals and the world in which they live (Park, 1995). It also indicates optimal ability to maintain relationship with individuals and groups in accordance with existing cultural patterns.

The social dimension of health includes the levels of social skills one possesses, social functioning and the ability to see oneself as a member of a larger society. Social health is rooted in "positive material environment" (focusing on financial and residential matters), and "positive human environment" which is concerned with the social network of the individual (Fillenbaum, 1984).

Mental illness is a disorder of the cognition (thinking) and/or the emotions (mood) as defined by standard diagnostic systems such as the International Classification of Disorders, or the American Psychiatric Association’s Diagnostic and Statistical Manual. Psychosocial disorders relate to an interrelationship of psychological and social problems, which together constitute the disorder. Psychological symptoms are those that have to do with thinking and emotions, while social symptoms relate to the relationship of the individual with the family and society. Save the Children and UNICEF define psychosocial well being as involving people’s relationships, feelings, behavior and

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development. Advances in neurosciences and behavioral medicine have also shown that, like any physiological illnesses, mental and behavioral disorders are the result of a complex interaction between biological, psychological and social factors (Syed, 2005)."

Mental health in Kashmir

Incessant violence since 1989 has devastated the Kashmiri psyche and stress related disorders are rapidly growing up. The number of patients at the outpatient department (OPD) of the lone government hospital for psychiatric diseases in the valley used to be around 1700 per year" Nowadays it has risen to around 50,000 patients annually. This number is alarming, given that this is a society where visiting a mental hospital is considered a social stigma. There may be other reasons for the increase in mental stress, but violence has definitely contributed to this. Before 1990 the major depressive disorders in Kashmir were usually associated with middle –aged women. The male-female ratio was 1:3, now it has changed to 2:3 with young males forming the major chunk of increase (Syed, 2005). According to Doctors in psychiatric hospital, women in the age group 14 to 18 have experienced an alarming increase in panic disorders which are manifested in breathing and morbid anxiety.

The year-wise breakup available at Psychiatric Diseases Hospital, Srinagar shows the flow of patients as:

Year 1985 - 775 people visited the Psychiatric hospital.
Year 1989 - approx 1,700 people visited the Psychiatric hospital.
Year 1994 - approx 18,000 people visited the Psychiatric hospital.
Year 1996 - approx 20,000 people visited the Psychiatric hospital.
Year 1999 - approx 35,000 people visited the Psychiatric hospital.
Year 2001 - approx 38,000 people visited the Psychiatric hospital.
Year 2002 - approx 45,000 people visited the Psychiatric hospital.
Year 2003 - above 50,000 people visited the psychiatric hospital.
Year 2005 - approx 70,000 people visited the Psychiatric hospital.
Year 2006 - approx 82000 people visited the psychiatric hospital.

Source: Valleys Lone Psychiatric Hospital.

Stigma

In Kashmir, Doctors believe no more than 10% of those in need of psychiatric care are actually approaching the hospital. The families prefer to take such patients to physicians rather than psychiatrists. This was further corroborated by the study of ECHO, a non-government organization, which said the visits to any neurologist or cardiologist in the state confirmed that a large number of psychiatric patients visit them on regular basis. Due to lack of knowledge and the stigma attached with a visit to a psychiatrist most of the patients shy away from treatment. It is a common notion here that anybody visiting a psychiatrist is insane. Even in a country like America where people are educated, only fifty percent of the patients come for treatment. Therefore the exact number in this conservative society can only be imagined. No one is immune to psychiatric disorders these days whatever their age. Experiencing stressful events in their immediate environment puts a degree of emotional pressure on the individual. The only long-term treatment for this condition is long-term psychotherapy. Not everyone affords this long-term treatment, so quick remedies in the form of antidepressants, tranquilizers, and sedatives have shown a rise in urban Kashmir. Table 2 shows the type of treatment our respondents were undergoing.

Though psychological disorders have shot up ten times during these years, faith in God and deep-rooted Sufi traditions have kept the population going. Even Kashmir's leading psychiatrist, Dr. Mushtaq Margoob, calls himself more a faith healer than a psychiatrist. The people have absolute faith that whatever tragedy strikes them is will of God, so they do not give up," he said. Their faith is a support system and it helps me treat them too. Without it, Psychiatric disorders in Kashmir would have turned into an unmanageable problem. Even though belief in faith healers may be considered superstition, it can help people attain emotional relief. "Where medicine cannot work, these traditions do," he said. At a subconscious level, he explained, a person's belief in spiritual, healing can be much more powerful than scientific cures.

METHODOLOGY

Though whole Kashmiri society has got affected psychologically by the turmoil but it is presumed that a greater percent is of those people who are affected directly by the turmoil (victims themselves) or the close relatives of the victims (family members). The victims themselves (if alive) or close relative (family members) of victims comprised the sample. For the purpose of present study a sample of 200 respondents were randomly selected from various areas of the Srinagar city. For collecting primary data, interview schedule prepared for the purpose was processed through sociological pre-testing before the actual fieldwork was taken up. The investigator surveyed the various areas of Srinagar City and tried to gather information about victims of conflict. The information about such victims was gathered from different people like community heads, shopkeepers, psychiatrists and sometimes the respondents themselves used to become a source of information about other victim, they provided the addresses of other victims or at times, accompanied the researcher to another fellow victim's home till the desired number of victims were collected.

Table 1. Mental health affected due to conflict.

S/No.	Psychological problem	Frequency of response	Percentage
1.	Stress, depression and psychological stress	172	86
2.	Nightmares	63	31
3.	Sleep disorders	174	87
4	Aggressive behavior	77	38
5	Fearful	181	90.5
6	Loss of interest in life	132	66
7	Re-experiencing the incidence	119	59.5
8.	Vulnerable to suicide	54	27
	Total number of respondents	200	

Table 2. Undertaking treatment.

S/No.	Do you undergo treatment?	No. of respondent	Percentage
1.	Yes	200	100
2.	No	Nil	0
Total		200	100

RESULTS AND DISCUSSION

The Table 1 depicts that the respondents have faced multiple psychological problems in which majority that is, 90.5% of the respondents have become fearful, 87% respondents were having sleeping disorders. This was followed by 86% respondents who were experiencing stress, depression and psychological stress, 66% respondents have lost interest in their life, 59.5% respondents were feeling the re-experience of the incidence, 31.5% respondents experienced nightmares, 38.5% respondents have become aggressive in behavior while 27% respondents were vulnerable to suicide.

90.5% respondents who have become fearful, were experiencing insecurity in a sense that has made them unsure whether they will come back home alive or not whenever they venture out. Also there is a fear of re-occurrence of the same incident with them or with other members of their family.

87% were having sleeping disorders, they did not sleep well after the incident, the re-experiencing episodes of the incident and fearing to get victimized again have developed sleeping orders among the respondents. They finds in difficult to get sleep. Either they got no sleep or they woke up in the middle of night and failed to get sleep again.

86% respondents were having stress, depression and psychological stress, they were often sad, they always remain disturbed and occasionally became too excited due to the experienced stressful events. They preferred to remain alone, they did not like to talk with anyone and remained depressed. Most of the respondents pointed out that, the heart breaking accounts, which is either due to the death or disappearance of their loved ones or personal experience of torture and interrogation, have suffered mental agony which has rendered their whole family sick.

66% respondents said they have lost interest in life; they did not enjoy their life after experiencing the violent incident. With death and destruction everywhere no one could expect an interesting life opined most of the respondents.

59.5% respondents were re-experiencing the incident, they relive the trauma time and again. The respondents who have witnessed the dead bodies of their close ones were unable to forget those tragic scenes and those shocking thoughts kept haunting them.

38.5% respondents who have become aggressive in their behavior said that they have lost their patience, the incidents happened to them had made them less resistant, consequently they had become aggressive in their behavior. Most of the respondents pointed out that sometimes they behave peculiarly and in a bizarre way. They irritate their family members and others or put them into awkward situation.

31.5% respondents who witnessed nightmares were having dreams full of violence and horror. They were witnessing the anxiety provoking and scary dreams as they have the background where they witnessed the violent incident.

27% respondents were vulnerable to suicide. They did not find their life worth living, they many times thought of suicide but by fearing, it is a sin, they stopped themselves and some respondents said it was only for the sake of their small children they were still alive, their children's future would be ruined without them, otherwise they would have ended their lives.

We asked our respondents whether they undergo some

Table 3. Type of treatment.

S/No.	Type of treatment	No. of response	Percentage
1.	Psychiatric treatment through hospital	11	5.5
2.	Through private clinic	37	18.5
3.	Consulted general practitioner or physician	72	36
4	Visit to peers	17	8.5
5	Medical treatment as well as peers.	63	31.5
Total		200	100

Table 4. Reasons of not taking psychiatric treatment.

S/No.	Reason	No. of respondent	Percentage
1	Because of social stigma	31	23.66
2.	Loss of interest in life	16	12.21
3.	Unable to recognise it as a mental health problem	84	64.12
Total		131	100

treatment; their response is given in Table 2. Table 2 indicates 100% that is, all the respondents undergo treatment.

Table 3 shows the type of treatment our respondents were undergoing in which majority that is, (36%) respondents consulted general practitioners or physicians for treatment. They said they did not feel the need to consult the psychiatrist. They took anti-depressants and tranquilizers by general practitioner or physicians. Further, with in-depth interview and observation it came to light that the respondents did not want to categorize themselves as mentally ill most probably due to the fear of stigma attached to it.

31.5% respondents consulted both peers and took medical treatment through psychiatrists or physicians. They consulted the peers because of having a spiritual belief. Thus both types of treatment has been taken.18.5% respondents preferred to visit Private psychiatric Clinics, Further it was observed that there is a trend of private clinics and they preferred to take their patients to these clinics rather than hospital.

8.5% respondents approached peers instead of seeking psychiatric help. They believe in their curative touch, faith-healers handover sweets called shreen, and written talismans hung around the neck. They believed by consulting peers their mental illness had been somehow cured.

Only 5.5% respondents consulted psychiatric hospitals for treatment, among them most of the respondents were those whose mental health was severely affected. On the other hand, those respondents who did not undergo any psychiatric treatment gave reasons of not taking psychiatric treatment as shown in Table 4.

64.12% respondents in the table admitted that they were suffering from mental illness and they were having stress related symptoms like depression, sleeping disorders, vulnerable to suicides and other problems and also due to these problems they were having physical health problems too, like hypertension, indigestion, etc, however they were unable to recognize it as psychological problem and hence did not take any psychiatric treatment.

23.66% respondents did not take any psychiatric treatment because of the stigma attached to it. With in-depth discussion with the respondents it was revealed that they hesitated to seek psychiatric treatment because of fear of being labeled as “imbalanced, crazy”. It was further observed because of their poor self-perception they felt shy to seek such kind of treatment.

12.21% respondents said they have lost interest in life, they said that they did not want to live their life without their dear ones, “What will we do to take treatment when we don’t have someone with whom we can live,” said most of the respondents.

CONCLUSION AND SUGGESTION

The violence in the trouble torn valley of Kashmir has taken a heavy toll by influencing each and every individual of the society and has ruined their everything, including psychological health. Apart from resulting in the death of thousands, conflict has resulted in emotional distortion of people, mental imbalance, feelings of insecurity, uncertainty, and economic instability among Kashmiri people. Daily exposure to a variety of severe traumatic stresses has lead to an escalation in mental ailments. The statistical figures while assessing the psychological problems experienced by respondents, displayed a clear and evident picture of tremendous

effect. The respondents were having multiple psychological problems. The study reveals high percentage of the respondents took treatment either through general practitioners or physicians and peers for the treatment. First they believe in the curative touch of peers and second, they did not want to categorize themselves as mentally ill most probably due to fear of social stigma attached to it, they took anti-depressants and tranquilizers by general practitioner or physicians and hence they were reluctant to take psychiatric treatment through hospital or any other psychiatric clinic.

Living in the conflict situation and constant insecurity for nearly a decade and a half now has given rise to many psychological problems. The need of course is big, but much is not delivered, the reasons being many and varied. The most important of all being the lack of awareness and education and thus the inability to identify such problems. All age groups of both the genders are suffering psychological problems but in most cases shying away from expressing it out for the fear of being labeled “imbalanced, crazy” but the reality that stress is also a mental health issue. Unfortunately, in Kashmiri society more myths than facts prevail about this important component of health. The magnitude of these problems in Kashmiri society has considerably increased and by turning the problem into a taboo often exacerbates the situation. People suffering from mental illness often have suicidal tendencies. There is definitely a high need for community based mental health services. These measures require the development of mental health education, training programs by mental health professionals including psychiatrists and psychologists; sociologists and social workers/activists; teachers and imams /community leaders etc can also play a significant role. This will help early intervention and also prevention.

One does not want your sympathy what she/he needs is your understanding, your concern, a bit of your heart and some of your time-your free time. This will enable those individuals suffering from such kind of problems to lead a normal life in their communities because many societies still create barriers against care and the reintegration of these persons, who continue to suffer from stigma and discrimination. As a consequence, some families avoid seeking basic medical attention due to shame and fear.

A large number of people suffering from, sleep disorders, depression, drug abuse, anxiety should be treated by a psychiatrist, but as it is difficult for them to visit the psychiatry hospital, they prefer to consult general physicians. The need is to create and expand more professional care and strengthen the existing community based coping means and methods in the society for those suffering from psychological and emotional problems. People must be told to take measures to ensure timely treatment. The people need to be told that sadness, displeasure, loss or even increase in weight, giddiness and nausea could be the symptoms of depression. The people must be told that depression is only a disorder and can be cured if proper treatment is given at the proper time. There is a need to enlarge mental health services to cover the total population. This can be done by extending training to all health personnel on essential mental healthcare, providing neuropsychiatric drugs in all health facilities, and bringing all of these activities under a mental health policy. Mental health care can be introduced in workplaces and schools; initiate pilot projects on integration of mental health care with general healthcare. Use the mass media to promote mental health and foster positive attitudes.

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