

Social Influences and Psychiatric Illness

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INTRODUCTION

“The action, reaction, and thoughts of an individual are influenced by other people or groups. Social influence may be represented peer pressure, persecution, marketing, sales, and conformity.” Every aspect of human life functioning and growth are deeply intertwined with the society and its various elements. Social condition as “factors that involve a person’s relationship to other people” Social conditions may include interrelationship pattern among people, race, socio-economic status, gender, elements of culture, value and belief system of the society, societal attitude for providing care, support and nurturance to people etc. Brown T et al. (2000).

DEFINITIONS OF FEW IMPORTANT TERMS:

- 1.1 **Society-** “Sociologists MacIver and Page (1949) defined society as: “Society is a system of usages and procedures of authority and mutual aid of many groupings and divisions of controls of human behaviour and liberties. This is an ever-changing complex system, which we call society, is a web of social relationships.”
- 1.2 **Social Institutions-** According to MacIver and Page (1949) “social institution is the established forms or conditions of procedure characteristic of group activity.”
- 1.3 **Socialization-** Green (1981) defined socialization: “Socialization is the process by which the child acquires a cultural content, along with selfhood and Personality.”
- 1.4 **Illness-** An abnormal process in which aspects of the social, physical, emotional, or intellectual condition and function of a person are diminished or impaired compared with that person’s previous condition (Mosby, 2009).
- 1.5 **Disorder-** A disruption of or interference with normal functions or established systems, as a mental disorder or nutritional disorder (Mosby, 2009).
- 1.6 **Signs and Symptoms-** Signs and symptoms are diagnostic “tools” which help the assessor determine the condition of the patient. The On-Line Medical Dictionary defines them as: “Objective evidence of disease perceptible to the examining physician (sign) and subjective evidence of disease perceived by the patient (symptom).”
- 1.7 **Disability-** Disability is a disadvantage or deficiency, especially a physical or mental impairment that prevents or restricts normal achievement.

1.8 **Syndrome**

An abnormal condition or disease that is identified by an established group of signs and symptoms (The American Heritage Science Dictionary, 2005)

1.9 **Impairment**

Any disorder in structure or function resulting from anatomic, physiologic, or psychological abnormalities that interfere with normal activities (Mosby’s Medical Dictionary, 2009)

1.10 **Mental Health**

Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO, 2009).

1.11 **Mental illness**

Mental illness can be seen in purely sociological terms, as a deviation from socially approved standards of interpersonal behaviour, or as an inability to perform one’s sanctioned social roles. In social science literature it is generally agreed that the term mental illness refers to dysfunctional interpersonal behaviour, judged to be dysfunctional in terms of the norms and values held by the observer (International Encyclopaedia of Psychiatry, Psychology, Psychoanalysis & Neurology, 1992)

WHY MENTAL ILLNESS HAS BEEN REGARDED AS SOCIAL ISSUE?

Mental illnesses have direct relationship with the elements of society. Following are the basic reasons for considering mental illness as social issue:

- i. Development of mental illness to one person would become a negative thing to other persons who are attached with that person in the form of feeling of social stigma, shame and guilt. This way normal functioning of those people would likely to become either inadequate or extremely compromised.
- ii. The cost of mental illness is very high, not only in monetary terms, but in social term too. Loss of and waste of human resources must be considered in addition to the direct outlay of capital and operational funds in assessing the total cost.
- iii. A wide variety of social forces and factors like, modernization, unbridled urbanization leading to crisis and inadequacies in every aspects of life starting from housing and shelter, foods, transportation, overpopulation, massive poverty and unemployment, urban social crises like communalism and ghettos, drug-addiction, crimes, etc have direct relationship with the onset of mental symptoms.
- iv. The widespread occurrences of mental disorder, and the comparative scarcity of resources for relieving those disorders, may themselves be symptomatic of the pathology of a social system.
- v. Wide Variety of micro social systems with which an individual comes into contact at any given moment have some roles in making that person vulnerable or susceptible for mental disorder. Malfunctioning of those micro-social systems can inculcate negative view of life and life functioning in that person. This way he/she develops a faulty or inappropriate view of life (International Encyclopedia of Psychiatry, Psychology, Psychoanalysis & Neurology, 1992).

Socialization Process: it's role in Positive Growth of Human Personality:

Socialization defined as: "Process by which individuals acquire the knowledge, language, social skills, and value to conform to the norms and roles required for integration into a group or community."

Several theories have been proposed to explain the phenomenal role of the society and social institutions and agencies in the personality development process as well as development of positive mental health of the people. The society instills the values, morals, regulations and the cultures to the members through a specific process of learning which is called as socialization. Few members and agencies of the society help people to acquire the knowledge and skills to become the socially accepted members.

People are being taught about the norms and values of the society through the socialization process by the elder members of the society, especially by the parents and family elders, teachers and community people. In literary sense Socialization is the process by which culture is transmitted and the individual fitted into an organized way of life. In other words, through socialization an individual internalizes many of the socially appropriate values, attitudes, beliefs and behaviour patterns of his culture. Socialization empowers an individual to acquire his/her social self, which means: "gaining of that individual's awareness about his/her personal or social identity" and "the formation of the enduring personality characteristics"-as well as the organization of attitudes, beliefs, habit and behaviour which are developed through interaction with others". Socialization is a life-long process. It begins early and in due course the child learns to take part in group life and to embody in some degree the values of society and of groups within it.

Social Theories: Explaining Etiology & Impact of Illness:

Following social theories have been developed by many authors to conceptualize the association between illness and society, those are:

Health Belief Model:

Health belief model explain health related behavior of the people (Rosenhan, 1965). This model explains the people's reliance over the existing health care service as well as their understanding about the illness.

Labeling Theory:

This theory provides the understanding over the association between the social aetiology and social pathology. Labeling theory emphasizes the people's reaction and putting the sick person a particular tag of being 'sick', 'incapacitated' so on. The labeling or societal reaction approach observed that once an individual is identified as mentally ill a number of forces work to reinforce and solidify that person's mentally ill image (WHO 1980; Wood, 1975, Rosenhan, 1973).

The Modified Labeling Theory:

Developed by Link et al (1980) to show that stigma is not only an internal process (perceptions of stigmatizing behaviours exhibited by others) but a process that inherently involves the negative responses of persons in the environment, defined as the 'labeling' behaviour of others

Vulnerability-Stress-Diathesis Model:

This theory proposes that some persons do possess inert vulnerabilities which are rooted in their biological and psychosocial domains. Their dormant illness comes up to the surface if they face excessive stress.

Bio-Psycho Social Model:

Developed by Engel (1977) to explain the dynamic interplay of biological, psychosocial and socio-cultural factors in the causation of mental illness. The model sees the health as a balanced combination of biological –psychological and social well being. This model views health and illness as the product of a combination of factors including biological characteristics (e.g., genetic predisposition), behavioral factors (e.g., lifestyle, stress, health beliefs) and social conditions (e.g., cultural influences, family relationships, social support).

Cultural Disintegration Hypothesis:

This theory promulgates that social changes occurred by the events like disaster, extensive and wide spread poverty, extensive migration or widespread ill health, existing culture of the society leads to changes in the social formation which results in the broken homes, high rates of crime and delinquency, fragmentation of communication networks and wide spread delinquencies. All of these changes are associated with cultural disintegration or a breakdown in the culture's capacity to function as an adaptive resource for the individual and institutions.

The Social Disorganization and Urbanization Hypothesis:

Warren Dunham (1939), hypothesized that under extreme social disorganization high rates of severe mental illness like schizophrenia could become rampant among the people. This approach is based largely upon the findings in various studies that hospitalized schizophrenic patients tend to come in a significantly greater proportion from those areas of a city which are characterized by poor social and economic condition.

The Social Class Hypothesis:

Theorist found prevalence of mental disorder increased as social class decreased. They also found that certain types of psychopathology were associated with different social classes. The authors emphasize the point that socioeconomic differences in schizophrenia may offer significant clues to the etiology and eventual control of the disease. This theory promulgates that social Class remains a predictable correlate of mental ill health. Poor people have more risks to develop mental health problem. Faris and Dunham (1939) studied the intake of patients to hospital from different parts of Chicago. They found higher rates of illness for schizophrenia, alcoholism and organic psychosis in those groups from poor areas of the U.S. city of Chicago. The greatest difference was in the diagnosis of schizophrenia. There was seven times the rate of schizophrenic diagnosis for people from poor inner city districts compared with middle-class suburban areas. The investigators concluded that the combination of poverty plus a lack of social cohesion in a locality precipitated schizophrenic breakdown. They argued that those vulnerable to breakdown are those who, for developmental reasons, became socially isolated during childhood. The stress of poverty and social disorganization then pushes these vulnerable individuals into psychosis. Faris (1944) then elaborated this 'social isolation' theory of schizophrenia.

The Social Causation Hypothesis

Social causation theory recognizes the important role of social class in the occurrences of mental disorders. According to this theory people from lower socio-economic class are have more likelihood to experience physical hazards and anomalies than the upper class people in the form of 'lack of having proper environment for healthy growth and development', 'blocking of their aspirations and inadequate fulfillment of their needs' and 'status frustration' (Kleiner and Parker, 1963). Low socioeconomic status (SES) is generally associated with high psychiatric morbidity, disability, and poor access to health care. In countries where comparable epidemiologic studies have been done, it was observed that the lowest educational group had a higher prevalence of psychiatric morbidity (Andrade *et al.*, 2000). The lower SES group is marred by the problems like poorer coping styles, ongoing life events, stress exposure, and weaker social support which are some examples of psychiatric risk factors (Turner & Lloyd, 1999).

The Social Selection and Drift Hypothesis

Social selection and drift hypothesis assumes that rather than causing mental disorder, belonging to low socioeconomic status of the severely ill mental patients is the result of their inability to retain employment and severing of their social and occupational networks due to the presence of psychopathologies and severe impairments in various areas of psychological functioning.

How Social Factors Are Related To Mental Illness:

The role of social factors in mental disorder/psychopathology has been classified into broad categories such as:-

Stigma defined as "A set of negative and often unfair beliefs that society or groups of people have something most formidable obstacle to future progress in the arena of mental illness and health". It refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illness. People with mental problems internalize public attitudes and become so embarrassed or ashamed that they often conceal symptoms and fail to seek treatment.

Social isolation and loneliness:

Social isolation means "a state or process in which persons, groups, or cultures lose or do not have communication or cooperation with one another, often resulting in open conflict".is also sometimes due to the unwillingness of others to befriend the mentally ill. People with severe mental illness are probably the most isolated social group of all. They are judged, disrespected and made into pariahs. They fear rejection from others, who may be afraid of the mentally ill, so the mentally ill person may feel overwhelmed by the thought of attempting to form new friendships. Another reason the person with mental illness may experience social isolation is the nature of their mental illness. Social phobias like agoraphobia, or severe anxiety or depression often cause the suffering person to be afraid to venture out into society. It can be the trigger of depression and alcoholism.

Loneliness is defined as "an unwelcome feeling of loss of companionship, or feeling that one is alone and not liking it" (Forbes, 1996, cited in MacCourt, 2004). As this definition makes clear, the experience of loneliness is subjective: circumstances that cause loneliness for one person may be experienced as welcome solitude by another. Nonetheless, loneliness in later life affects about 10 per cent of older adults, and is closely related to depression and an ensuing risk of suicide. Loneliness increases gradually with age, is more common in women and is highly correlated with physical health, although causality is not clear.

Prejudice

Means an unfair feeling of dislike for a person or group because of race, sex, relation, etc

Vast numbers of people in our society have been subjected to demoralizing stereotypes, as well as both overt and covert discrimination in areas such as employment, education and housing. Prejudice against minority groups may also explain these groups sometimes shows increased prevalence of certain mental disorder such as depression (Cooper et.al 1995)

Discrimination:

The practice of unfairly treating a person or group of people differently from other people or groups of people. Two primary type of discrimination that occurs: assess discrimination wherein women are not hired because they are women, and treatment discrimination, wherein women who have a job are paid less and receive fewer opportunities for promotion. (Myer, J. 1975).

Sexual harassment in the workplace is another type of stress that women may experience. In addition, the special stressors with which many modern women must cope (being full-time mothers, full-homemakers, and full time employees) as their traditional roles rapidly change have also been implicated in higher rates of depression, anxiety and marital dissatisfaction in women than in the past.

Older people generally have lower incomes than their younger counterparts, with women who are unattached (e.g., as a consequence of divorce or bereavement) being particularly vulnerable to poverty. However, improvements in women's educational and employment opportunities may result in improved financial circumstances for older women in the future.

Poverty:

Poverty means a level of person of family income below which one is classified as poor according to governmental standards- called also poverty level. People who live in poverty encounter more, and more severe, stressors in their lives, including lower self-esteem, than do more affluent people, and they usually have fewer resource for dealing with them (Twenge & Campbell, 2002). Thus lower socioeconomic groups may show increased prevalence of mental disorder due at least partly to increased stress on the people at risk (Phillips,D.1995).

Children from lower-SES families also tend to have more problems. A number of studies have documented a strong relationship between the parents' poverty and lower IQs in their children at least up the age 5.persistent poverty has a most adverse effects (Drukker,2005) including grater mental distress, as well as greater risk taking and affiliating with deviant peers. **Unemployment:**

Studies have repeatedly found unemployment – with its financial hardship, self devaluation, emotional distress-to be associated with enhanced vulnerability and elevated rates of psychopathology (Dooley & Catalano et.al 2003) Unemployed fathers are much more likely to engage in child abuse (Cicchetti & Lynch, 1995; Dew et.al 1991)

Changes in social support networks:

The presence of a social support network is associated with better health. Changes in support networks pose challenges and may affect older people in a myriad of ways, including increasing a person's risk for developing mental health problems. Three key circumstances in which older people may find their social support networks transformed are care giving, spousal bereavement and social isolation.

Care giving:

At some point in their senior years, many older adults may become caregivers to others (e.g., an older person, such as a parent or partner, who may be experiencing cognitive impairment or physical frailty). This is not in itself a risk factor for mental health problems, but depression has been shown to be common in caregivers of people with a psychiatric disorder and most common for women providing care to someone with dementia. Witnessing the physical, psychological and social decline of a person with dementia can have a significant impact on a caregiver, particularly if the caregiver receives little support from others. Spousal caregivers are at particular risk for experiencing loneliness and decreased social support. As compared to those who have good social support, caregivers who feel burdened and lonely are more likely to also experience depression.

Spousal bereavement: Studies indicate that grieving the death of a partner is frequently a cause of medical and psychiatric problems for both older men and older women. In one study, changes in older women's mental and physical health, morale and social functioning were examined over an eight-year period. As compared to women who had never married or were still married, the women who were widowed during the course of the study showed declines in mental health that exceeded the age-related declines in mental (and physical) health experienced by the study's subjects as a whole.

Societal Structure and Emotional Adjustment

The situation arranged marriages in Indian subcontinent where the bride undergoes separation from the parental home, often meets with an indifferent, often internally opposed partner resulting in a traumatic experiences – circumstances for nuptial psychosis in Africa (Pisztora et al 1972).

Social Change and Uncertainty:

The rate and pervasiveness of change today are different from anything affected – our education, our job, our families, our leisure pursuits, our finance and our belief or values. These changes are a source of considerable stress. The resulting despair demoralization and sense of helplessness are well-established predisposing conditions for abnormal reactions to stressful events. (Dohrenwend et.al)

Violence and Homelessness:

The health effects most commonly associated with violence are those that relate to emotional and psychological functioning. The connection between trauma and mental health is well established. Research has shown that the rate of reported abuse in childhood and/or adulthood among women living with mental illness is alarmingly high: 80% of psychiatric inpatients have been physically or sexually abused (Rajan, 2004). Women are more likely to experience violence than men; women are more likely to experience a mental disorder (CMHA, Ontario, 2003). Domestic violence against women and children especially widespread (Caracci, 2003) Severe stress in urban areas worldwide is homelessness, which has been rapidly growing for the past few decades, approximately one-third of homeless people are affected by severe illness, major stressor experienced by being homeless create mental distress including anxiety, depression, sociality and physical illness.(Caracci&Mezzich,2001)

Culture specific shaping of conduct

The cultural tradition offers behavioral patterns not only for critical situations but also for deviant behavior. Beyond such situation- specific patterns, each respective culture encourages certain styles of conduct while suppressing others; a phenomenon that also affects the shaping of abnormal states e.g. Trance and Possession states.

Early deprivation or trauma:

Deprivation means the state of not having something that people need: the state of being deprived of something. Trauma means a very difficult or unpleased experience that causes someone to have mental or emotional problems usually for a long time. The most severe manifestation of deprivation are usually seen among abandoned or orphaned children, who may be either institutionalized or placed in a succession of unwholesome and inadequate foster home. Many children institutionalized in infancy and early childhood show severe emotional, behavioral and learning problems and are risk of disturbed of attachment relationship and psychopathology. (Ellis, Fisher 2004)

Marital discord and Divorce:

Marital divorce means the ending of a marriage by a legal process and the action or an instant of legally dissolving a marriage. End of the marriage with (one's spouse) by divorce.

More severe cases of marital discord may expose children to one or more of the stressors like: child abuse or neglect, the effect of living with apparent with a serious mental disorder, authoritarian or neglectful parenting and spouse abuse. Children of parents with high levels of conflict showed a greater disposition to behave aggressively towards both their peers and parents than children from less conflictive marriage (Lark, D 1992) Unhappy marriage

are difficult, but ending a marriage relationship can also be enormously stressful or the adults both mentally and physically. Keith (1991) concluded that it is a major source of psychopathology like: death, suicide, and homicide. Delinquency and a wide range of other psychological problems are much more frequent among children and adolescents from divorced families than among those from intact families, although it is likely that a contributing factor here is prior or continuing parental strife (Chase-Lansdale et.al).

The role of the mass media and psychiatric illness:

Studies of media representations of mental illness have recorded consistent findings about negative images. There has been a recurring emphasis within these media portrayals upon psychosis and its assumed link to violence. In movies mental illness and mentally ill people are portrayed wrongly and people get the message that mentally ill people are dangerous to others and mental illness is incurable, so on. Media resources like television programmers, newspapers perform instrumental role in developing stigma about mental illness and mentally ill people. Sometimes in media mentally ill persons were stereotyped as violent and dangerous, or different and laughable (Lai *et al.*, 2001; Wahl, 2006).

Housing and psychiatric illness:

Housing and residence have role in the occurrence and maintenance mental disorders. Poor and inadequate and crowded accommodation and housing settlements may pose as the risk factor of mental disorders because it can provoke stress reactions in inhabitants; as well as homeless people are more likely to suffer from mental disorders and substance addiction than others (Linhorst, 2006).

Urbanization and Mental Health:

Environment has a strong correlation with the onset of severe mental disorders. At present massive urbanization has been occurring in many countries thanks to economic progresses. Urbanization has been bringing some negative things along with the positive ones. In some researches findings were that incidence of schizophrenia increases consistently with increasing levels of urban city. Not only schizophrenia increasing in urban areas anxiety and stress related disorders and substance addiction have also been increasing in very alarming manner (van Os, 2004; Sundquist et al, 2004). In urban areas incidences of substance addictions, psychosis, depression, anxiety and stress related disorders are higher than rural areas, because of few reasons 'adverse living circumstances-which include presence of more stressors, low level of social support' (Paykel *et al.*, 2000). Social networks have been shown to be better in rural areas than in urban areas for women (Romans-Clarkson et al, 1990). Another hypothesis linking urbanization and psychiatric disease is that an urban environment might influence mental health in early life and increase general vulnerability to mental disorder later in life (Marcelis *et al.*, 1999; Pedersen & Mortensen, 2001).

Lack of Social Support:

Persons with severe mental disorders often do encounter cessations of social support and psychological support from their erstwhile social and family network. This thing spoils their chances to get back to pre morbid level. Some studies showed that individuals who have been admitted to a psychiatric hospital with schizophrenia are subsequently more likely to become single, unemployed, or recipients of social benefits. Due to cognitive deficits or permanent behavioural traits that have been connected with schizophrenia or by the effects of labelling and stigma these patients have to suffer singleness and lack of support from their social networks (Link *et al.*, 1991; Davidson & McGlashan, 1997).

Relationship among various Social Agencies/ Events/ Institutions and Mental Health or Illness.

Culture and Mental Illness:

Mental illness is the result of a complicated chain of events that implicate flawed biological, psychological, social, and cultural processes. Culture influences mental illness in many ways. The content of people's delusions, auditory hallucinations, Obsessional thoughts, and phobias often reflects what is significant in their culture. Mental health becomes vital when one talks about the interpersonal communication, professional and social life as per the socio-cultural background of the concerned people. A mentally normal person in a society may not be considered normal in other setup. There is some behaviour which are sanctioned by one particular culture and disapproved in another. Culturally sanctioned and lauded norms and rules related behavioral expression pertaining to 'talking', 'interacting with others', 'gestures' and every other thing can vary culture to culture (Comer, 2001). The incidence of mental disorders, particularly of behavioral disturbances, such as attempted suicide, drug abuse and alcoholism is closely associated with social situation - i.e., related to certain phases of life and cultural factors. Severe mental disorders, such as dementia and schizophrenia, are far less influenced by socio-cultural factors than are minor mental disturbances.

The distinction between cultural explanations of symptoms and true syndromes is often problematic. Folk beliefs about mental illness are rarely found in written form, fall outside of the scientific tradition, and are often magical, integrative, and definitive. Mystical theories include fate, astronomical influences, predestination, bad luck, ominous sensations, nightmares, contact with menstrual blood or a corpse, violation of taboos, speaking forbidden words, trespassing, and improper conduct toward kinsmen, strangers, social superiors, or spirits. Animistic theories include soul loss and aggressive acts by spirits. Magical theories ascribe illness to the use of sorcery or witchcraft; Magical techniques include spells; hexes; prayers; curses. Although scientifically irrational, they offer explanations for life's vagaries and make the seeming capriciousness of pathology more acceptable. Scientific and folk beliefs are ritualistic and, in regard to mental illness, have successes and failures. Both systems may function simultaneously within a culture and within a person. A mentally disturbed person may seek psychiatric help and, at the same time, indulge in folk therapies (Rogers & D. Pilgrim, 2005; Karno & Edgerton, 1974).

Religion and Mental Health

The relationship between religion and mental health is not so straightforward and free from debates. Roughly religiousness can be stated as participation in an institutionalized doctrine while spirituality is framed as an individual pursuit of meaning outside the world of immediate experience (Corrigan *et al.*, 2003). Religion is widely influential to every aspects and actions of human life. Religious practices sometimes used by the mentally ill people or the people under stress as the medium of coping. Religious coping among persons with persistent mental illness suggests that it may be a salient and prevalent method for enduring chronic psychiatric symptoms and concomitant life frustrations (Tepper *et al.*, 2001). Some researchers showed that religiousness could increase mentally ill patients' satisfaction and adherence to treatment. The positive impact of spirituality on adherence to treatment is explained by an improved quality of life, a better social support, and more positive representations of the illness by believers (Logan & Romans, 2002; Campion & Bhugra, 1997; Huguelet *et al.*, 2006; Borrás *et al.*, 2007). The close relationship between religion and mental abnormality explained in various psychiatric literatures, which, have focused on 'religiosity' of mentally ill people or tried to distinguish between healthy and pathological religious commitment (Donat 1988; Tseng 2003). Between 10 to 15 per cent of people with a diagnosis of schizophrenia are observed to have religious delusions (Koenig *et al.* 1998). These way psychopathologies of mental disorders have gained importance from the religious-cultural angle of the society. The content of the psychopathologies are shaped and defined as per the prevalent religious beliefs of the patient as well as the factors like 'time' and 'place' of that patient (Wilson 1998). Thus, generally, religious commitment and experience can be a focus of diagnostic interest for the mental health clinicians.

Race /ethnicity and Mental Illness:

Race and ethnicity are linked with mental health and illness. Various minority or smaller ethnic groups within a large multicultural umbrella conceptualize, treat and cope with mental disorders much differently than the 'people of dominant' culture (Kleinman, 1988). Lin et al (1982) ascertained that help-seeking process among the mentally ill people was found to correlate strongly with ethnicity. In a study over the ethnic minorities of U.S.A., they showed that both Asians and Blacks had more extended family involvement, and the involvement of key family members tended to be persistent and intensive in Asians. Ethnicity was also associated with the length of delay, with Asians showing the longest delay and Caucasians the least. Very often ethnic minority people have to face problems like 'discrimination', 'fear of being swallowed by dominant culture', 'economic and political disparities', etc. those factors would make them susceptible for developing mental disorders (Nazroo, 1998; King, 1997; Karlsen & Nazroo, 2002).

Social Capital and Mental Illness:

Social capital attempts to describe some very innate and unique features of populations such as levels of civic participation, social networks and trust (McKenzie & Harpham, 2006). Such forces shape the quality and quantity of social interactions and the social institutions of which a society is built upon. Communities with stable or unchanged populations tend to have higher levels of social capital than those with significant inward and outward migration (McKenzie & Harpham, 2006).

Globalization and Mental Illness:

Globalization is a multidimensional phenomenon. It has extensive impacts on economic, cultural, environmental, social and political aspects of life. Globalization also plays instrumental role in changing the nature of human interaction by altering the way people perceive time and space, and the way people think about the world and themselves (Kunitz, 2000). Globalization has brought the countries nearer to each other and by doing that cultures of different countries get the essence of other's cultures. Composite culture has been developing in many parts of the world. Age old views and practices which have been in practice for so many years are either replaced by newer one or become a hybrid one. People get to face the transitions and massive changes in every aspects of life. Massive transformation in every nook and corner of the society has brought lots of good things and at the same time also

invited some problems in the form of ‘competitiveness’, ‘escalation in life stressors’, ‘development of stress-related and life-style related acquired diseases and ailments’, ‘mental disorders and substance addiction’, so on (McKenzie, 2008).

How to Social factors incorporating in promotion of mental health:

By promoting mental health and preventing mental illness, society can increase the number of people who enjoy good mental health and reduce, to the greatest extent possible, the number of people whose mental health is poor, who experience the symptoms of mental health problems or illnesses, or who die by suicide.

Social inclusion involves both an active form of citizenship (Ware et al., 2007) and a subjective sense of belonging (Prince and Gerber, 2005)—both of which may result from being part of mainstream social networks and connections (social capital), and engaging in meaningful social and occupational activities within the community. A number of studies have found that both size of social network and respondents’ subjective rating of its supportiveness are predictors of recovery outcomes (Corrigan and Phelan, 2004; Mattsson et al., 2008; Hendryx et al., 2009).

By enhancing factors that are known to help protect people (e.g., having a sense of belonging, enjoying good relationships and good physical health) and diminishing those factors that put them at risk (e.g., childhood trauma, social isolation), can reduce the onset of some mental health problems and illnesses, reduce symptoms and disability, and support people in their journey of recovery. Structural and social factors that reduce adversity and promote a sense of security, such as safe housing and stable income, are also of great importance.

There is growing evidence about what kinds of programs can be effective. The best results for mental health promotion, mental illness prevention, and suicide prevention have been achieved by initiatives that target specific groups (defined by age or other criteria) and settings (school, workplace, home). They address a combination of known risk and protective factors, set clear goals, support communities to take action, and are sustained over a long period of time.

Addressing mental health and mental illness as everyday issues will contribute to achieving broader goals such as increasing employability, improving physical health across the lifespan, helping people to do better in school, and reducing crime. Society actively participates in such areas of the mentally ill persons. Empowerment and reclaiming control over one’s life;

Rebuilding positive personal and social identities (including dealing with the impact of stigma and discrimination); Connectedness (including both personal and family relationships, and wider aspects of social inclusion); Hope and optimism about the future, Find the meaning and purpose in life.

KHAP PANCHAYATS AND PSYCHIATRIC ILLNESS:

‘Khap’ has been derived from the amalgamation of two words: ‘Kh’ and ‘Aap’ KH means sky and ‘Aap’ means water that is khap is such as organization which is supreme and above all like sky and pure, clean, available for all like water. (as cited in Wikipedia, 2012)

Its involvement will decrease the impact of discrimination and stigma associated with mental disorder.

- ❖ Help in treating people with respect by full social reintegration that lead to quality of life and desired outcome.
- ❖ Enhance collaboration among individual with mental illness and normal and help to developing psychological well-being.
- ❖ Specific effort allocated to prevention, advocacy and awareness work with sensitivity to local culture.

These are the some of the key social factors that may promote, in terms of empowerment and negotiating positive social identities, supportive personal relationships and social inclusion.

Conclusion:

Mental disorders have myriad pathognomic elements, starting from the biological entity to socio-cultural and environmental factors. There are many debates and hypotheses over the cause of mental illness but one thing is unequivocally true that if the elements of socio-environmental and communities functioning are found to be positively working to the mental patients then treatment and rehabilitation of them become much easier and efficacious as well.

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