



Assessment of Common Mental Health Problems among General Population

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Authors' contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

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ABSTRACT

Background: Around 7.3 per cent of the global disease burden was due to mental and behavioral problem. The majority of the load is correlated with unipolar depressive condition and certain conditions of mental health, including depression, anxiety, eating disorder, and substance use. Roughly 450 million persons are currently suffering from these disorders, and It is assessed that at some stage in their lifetime, one-four individuals in the world will be affected by mental health conditions. Mental health condition rank among the world's principal reasons of illness or impairment. Persons with most depressing condition or schizophrenia were 40 to 60 per cent more likely than the general population to die prematurely.

Aim: To identify common mental health problems among general population.

Objective: This study is planned with the objective. 1. To assess common mental health problems among general population. 2. To compare the common mental health problems among rural and urban general population. 3. To associate common mental problems, score among general population with their demographic variables.

Methodology: It is community based cross-sectional study. Sample will be general population i.e., Male and Female of Nalwadi, Arvi Naka wardha city will be involved in this study. Sample will be selected for study as per inclusion criteria and sampling technique will be Non-Probability y

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convenient sampling technique. Data will be collected by demographic variables of participants Global mental health assessment Marathi tool will be distributed for assessing mental health problem need 20 min for each participant.

Conclusion: The conclusion will be drawn from the statistical analysis.

Keywords: Substance disorder; mood disorder; pica; PTSD; black dog.

1. INTRODUCTION

Mental conditions have been projected to occur in at least 20 percent of primary care patients, but in 50 percent-75 percent of cases they tend to go unobserved or untreated. In primary care, rather than in the mental health market, the morbidity of patients with psychiatric illnesses is cared for. The majority of psychiatric conditions in primary care are predominantly four disorders: somatoform, anxiety, depression or alcohol. research have repeatedly shown that doctors struggle to recognise or treated up to 50 percent of clients with common conditions in workplace locations. Screening at the level of the population will allow for the prevention of health-promoting or public-level illnesses. Mental health is recognised worldwide as one of the importance parts of health policy and has been involved in the Maintainable Developmental goal [1].

Nursing has one of its important roles in the health care system to act as an advocate for the patient. To protect the patient rights, the nurses should be made aware of patient's rights, ensure that ward procedure and policy does not violate patient's rights, review periodically the rights, issues of violations and mechanisms that provide rights accountability and specifically review the changes in volume. In America, the rate of adults or children suffering from mental health disorders is staggering.

The incidence of adults and children in America who suffer from mental health challenges is staggering. Usually, case managers dealing specifically with this demographic may provide a wide variety of assistance, involving coordination of public resources or successful care, or helping patients or families gain individuality.

Case managers who work exclusively with this population can typically offer a wide range of support, including coordinating community services and effective treatment, and assisting clients and families in achieving independence [2].

1.1 Black Dog (Depression)

WHO information is playing that Black dog (depression) affects fifty-seven million Indian public. If Black dog progresses and is serious- there may be suicidal thoughts. The health ministry of the Indian union reports that 120,000 people commit suicide in India per year. More than 400,000 people are trying to commit suicide too. A significant percentage of Indians committing suicide (37.8 percent) [3].

1.2 Bipolar Mood Disorder

A psychiatric disease characterized by extreme mood swings is bipolar disorder. An excessively raised mood called mania may involve symptoms. also include depression episode. it is also called as bipolar syndrome or manic depression [4]. National Mental Health Survey display India shared zero-point three percent load of this disease. The cause of family and twin research of the bipolar disorder indicates a genetic basis [5]. When the primary episode of mania arises in an elder person, subsequent mania can be triggered through original causes encouraged by the medication or drug. Bipolar disorder is a lifelong illness [6]. Bipolar disorder if not treated then may cause to spoiled relations, poor work and school presentation, and even suicide. Efficient symptom-control therapies exist: medications and talk therapy. Generally, a combination works best [7].

1.3 Anxiety Disorders

Anxiety is, of course, a natural emotion in situations which trigger anxiety or exhilaration. GAD felt extreme, unrealistic anxiety and pressure. Agoraphobia is deeply fearful of being in a position where it seems impossible to flee and get support if an accident happens [8]. Benzodiazepines are successful in late-life of anxiety disorders treatment, at least in the short term, but extra study is wanted to regulate tolerability and long-term benefits [9]. In some instances meditation and yoga were useful. According to NMHS data, phobic anxiety

accounts for approximately two percent of the illness weight in India, or further anxiety illnesses constitution an additional one-point two percent [10].

1.4 Post-traumatic Stress Disorder

PTSD often evolves in reply to one or more traumatic incidents such as intentional acts of interpersonal violence (e.g., physical and sexual assault, sexual abuse), major injuries, disasters or military action, refugees, women with traumatic childbirth [11]. Post-Traumatic Stress Disorder is a state of mental wellbeing that is induced by a terrifying incident, either experiencing it or watching it. Flashbacks, nightmares or excessive anxiety can be signs, as well as violent feelings regarding the event [12]. SSRIs can support treat issues with depression, worry or sleep, signs that are frequently associated with it. For the treatment of irritability, sleeplessness, worry or anxiety, benzodiazepines may be used. Experimental therapies, eye movants desensitization and repressing [13].

1.5 Schizophrenia

Schizophrenia is an impaired group of brain disorders with signs for example disturbed thinking, delusions, hallucinations, poor planning, diminished inspiration or sharp impact [14]. negative symptoms are blunted affect, apathy, anhedonia, alogia etc [15]. In India, where there are around one point one billion residents, schizophrenia prevalence is around 3/1000 persons. The current schizophrenia treatment protocol calls for improving the adaptive and public patients Functioning, maximizing life of quality, and preventing future recurrence while focusing on symptomatic recovery [16].

1.6 Eating Disorders

Bulimia nervosa or anorexia nervosa are mainly psychological conditions considered by serious eating illness [17]. In India it was not recorded that Eating Disorder existed until the late 20th century. Young women found an average incidence amount of zero point three per cent for anorexia nervosa. Among females or youth people, the incidence rates among bulimia nervosa were one percent or zero-point one percent respectively [18]. Reviewed studies showed clinical efficacy of different types of interventions, including psychotherapy in terms

of the Body Mass Index. Family Counselling had the highest recovery rates. Effectiveness of cognitive behavioral therapy was not evaluated equally by evaluating Behavioral Family Therapy or interpersonal therapy, cognitive analytical therapy or nutritional counselling or non-specific supporting clinical management [19].

1.7 Substance Disorder

Substance use syndrome happens at what time the used drug substance or alcohol by an individual contributes to health matters and difficulties at family society or both [20]. Most common substance are alcohol, marijuana nicotine , and opioid and other substance [21]. This condition is also known as substance (drug) abuse [22].

1.8 Prevalence of Mental Health Issues

Currently around 450 million public suffering through these conditions, putting mental disorder between the world's causes of illness or disability. We measured the prevalence of mental illnesses to be 22.1 per cent at all time in the communities exaggerated by the conflict measured. 64% of the college pupil people is among the ages of 16 or 24, an age set that is particularly susceptible to psychiatric health matters, as 75% of psychiatric health illness arise at age twenty-five. Research also showed that 20% of Indian moms are possible to suffer from PTSD. The total prevalence of Common mental disorder between youths was twenty-five-point zero percent or thirty-one-point zero percent respectively, with the 4 or 3 GHQ cut-off point. Depression prevalence was suggestively advanced among females (14.4%), nations through a HDI 29.2 percent, research conducted between 2004 or 2014 fifteen-point four percent or by with self-reporting instruments (17.3 percent) to evaluate sadness.

1.9 Background of the Study

Mental or behavioural conditions have been credited to about 7.3 percent of the worldwide illness load. Much of this burden is linked to unipolar depressive conditions, with worry, psychosis or drug use, and additional mental condition. presently around 450 million individuals suffering from such conditions. Mental Health Condition are between the principal sources universal of ill-health, disability or incapacity. Around twenty percent of adults universal have Mental problems, in middle

income or low-income nations have for every one to four million people, just single psychiatrist.

Due to variations in culture, language and unique stressors related with migration and relocation, the diagnosis and adequate treatment of mental health issues between new immigrants or refugees in primary care presents a challenge. In the method to mental health evaluation, prevention or management of psychiatric health issues for immigrants in primary care, they tried to describe risk factors or strategies.

The impartial delivery of health care is poorly tracked by developing nations. There is lack of health facilities by marginalized groups existing in rural village or urban slums.

1.10 Need for the study

To identify mental problem among a general population. to identify mental health problem in urban and rural area. Identify the which type of factor affecting mental health. Today, mental wellbeing is regarded as a significant part of one's overall position. It is a fundamental aspect contributing to the preservation of both physical wellbeing and social effectiveness. India has the largest figure of mentally ill individuals who need long-term treatment, with a people of in an excess of a billion. in India have indicated there is a wide range gap among requirements and resources.

There is an acute scarcity of adequately trained mental health professionals in the country. In India, it is estimated that there is more psychiatrist in active clinical practice than they are trained PS In individuals with learning disabilities, the lack of early identification of mental illnesses contributes to detrimental effects for the exaggerated individual or their families. Aspects causing this poor recognition comprise factors such as lack of information of the signs and symptoms of mental illnesses among social or health care personnel or caregivers' relatives; The overwhelming of diagnosis by education disabilities or physical disease; How well-paying careers understand the employee and how well data is exchanged inside and through paid job teams; Problems in expressing their suffering to people with educational incapacities. This lack of identification can lead to no or inappropriate management or improper utilization of resources. In order to certify that the effective available interventions are given, successful management

involves an evaluation or the creation of a care plan.

Aim: To identify common mental health problems among general population.

Objective- This study is planned with the objective.

1. To assess common mental health problems among general population.
2. To compare the common mental health problems among rural and urban general population.
3. To associate common mental problems, score among general population with their demographic variables.

2. METHODOLOGY

It is community based cross-sectional study. Sample will be general population i.e. Male and Female of Nalwadi, Arvi Naka wardha city will be involved in this study. Sample will be selected for study as per inclusion criteria and sampling technique will be Non-Probability – convenient sampling technique. Cross sectional research design Data will be collected by demographic variable of participants Global mental health assessment Marathi Tool use for assessing Mental illness. Global mental health assessment Marathi Tool will be distributed for assessing mental health problem need 20min for each participant. conclusion: The conclusion will draw from the statistical analysis.

2.1 Criteria for Sample Selection

Inclusion criteria:

1. General population who are available during the period of data collection.
2. General population who are willing to participate.
3. Who can read and write Marathi.

Exclusion criteria:

1. General population who are already exposed to this type of study.

2.2 Data Management and Monitoring

Data collection will be conducted for a single month span. This research will be carried out after receiving authorization from the authorities concerned.

2.3 Tool for Data Collection

Section I – Demographic Variable

Demographic information which gives baseline information obtained from patients such as age, gender, Residence, occupation, type of family, Monthly income, education, any history of mental illness in family.

Section: II- A tool is an instrument or equipment used for data collection of data Global mental health assessment Marathi Tool.

3. DATA ANALYSIS METHOD

Descriptive statistics or inferential statistics will be used. For analysis of demographic figures will be going used frequency and mean, mean percentage and standard deviation used for assessing the common mental health among general population.

4. RESULTS

To identified common mental health problem among general population.

5. DISCUSSION

One of the studies conducted in Africa on assessment of mental health disorder on urban primary health care setting. finding of this study was 331 subjects 43.7 percent meet the requirements for somatoform disorder but six percent have always been treated for Primary Health Center, two hundred sixty nine (thirty five percent) for depression or four-point eight percent have ever been treated, one hundred twenty seven (sixteen point eight percent) for panic illness or five point five percent have ever been treated, while one hundred sixty five (twenty one point eight percent) for overall anxiety and four point eight percent have ever been treated [23].

An assessment of awareness of mental health conditions conducted in Bangladesh. finding of this study was the awareness prevalence for Mental Health Condition for example depression (eight-point five percent), (six-point two percent) of anxiety, (three point five) psychosis, or (three-point three percent) bipolar disorder was founded to be very low. In older adults, or in females, consciousness was significantly lower. Alertness of Mental Health Condition appeared to be very

limited. Different intervention programmed, particularly those campaigns that concentration on females, older adults, low Social Economic Status or individuals up to the primary levels of education, need to be conducted to improve awareness of Mental Health Condition [24]. Few of the relevant studies were reviewed [25-28]. Few studies on schizophrenia were reported by Behere et al. [29], Ghogare et al. [30] and Modi et al. [31]. Tendolkar et al. reported on validation of tool [32] and assessment of psychiatric morbidity in Maharashtra [33-37].

6. CONCLUSION

A conclusion will be drawn from the statistical analysis.

CONSENT

As per international standard or university standard, respondents' written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

Ethical approval was obtained from IEC, (DMIMS (DU)/IEC/Dec-201 9/8652). The conclusion will be drawn from the results.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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