THREE DAY INTERNATIONAL CONFERENCE ON

EMERGING KNOWLEDGE SOCIETY- CURRICULA AND TECHNOLOGICAL INNOVATIONS AND PRACTICES (EKSCTIP-2017)

1st – 3rd March 2017

MAR THEOPHILUS TRAINING COLLEGE

Mar Ivanios Vidya Nagar, Nalanchira,Thiruvananthapuram-695 015
Affiliated to University of Kerala, Recognized by NCTE
Re-Accredited by NAAC with 'Grade A'

Published by
The Publication Wing and Research Wing
Mar Theophilus Training College,
Nalanchira, Thiruvananthapuram
ISBN: 978-81-923093-0-9

2017

ISBN: 978-81-923093-0-9

PSYCHOPATHOLOGY OF EDUCATION: EMERGING MENTAL HEALTH LITERACY

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Introduction

Education has been regarded as an essential concomitant of all human society. It has been one of the most important means to improve personal endowments, build capabilities, overcome constraints and in the process, enlarge available set of opportunities and choices for sustained improvement in well-being. However, the functioning of the educational process itself may become a source of stress and strain and mental disorder for its participants. This partly may be due to lack of the necessary aptitude and attitude in the learner and the instructor or in the features of the educational process.

The paper is an effort to find out the ways for emerging mental health literacy through the psychopathology of education.

Process of Education

An individual starts learning immediately after the birth. In the process of education, learning occupies the central place. The process of education and attainments thereof has an impact on all aspects of life. Learning situations are most natural and common in life and everyone is learning one thing or the other although he may not necessarily be aware of it. Knowledge is measurable more or less, but in learning there is no such measure. Learning is a process, not confined only to formal education or what we learn in schools and colleges, but it is a continuous process by which we acquire various interests, habits, knowledge, skills and values. Thus when a certain stage of learning is reached, a corresponding change in behaviour occurs. This change may take the form of completely new patterns of behaviour or an improvement over the existing pattern of behaviour.

Psychopathology of Education

The present education is the result of contradictions and conflicts. Is it possible to live without conflicts? What does it mean to live in this world? The results are wrong! Have we changed after millions years? Who is creating this situation? Is it possible to live peacefully on the earth? Why man kills another human being? We have to think: From where has the

ISBN: 978-81-923093-0-9

present man come? From where has the present society been born? All these Mental and behavioural disorders, all this violence that goes on all around the world , this suffering, war, anguish, helplessness and poverty in the world-where are all these coming from?

Mental and behavioural disorders account for approximately 7.4 percent of the global burden of disease, and represent the leading cause of disability (Murray, Vos, Lozano, Naghavi, Flaxman et al., 2010). Mental and behavioural disorders are common, serious and global. Integral to the human condition since recorded history, mental and behavioral disorders have a profound, life-altering impact on the human experience and exact enormous tolls of suffering, loss, and disability. Ruthlessly indiscriminate, mental and behavioral disorders afflict individuals across race, ethnicity, religion, nationality, socioeconomic status, gender and age. Yet, these disorders have largely been absent from the global health agenda. Focused on other priorities, the field of global health has engaged in a practice of "intentional blindness" (Chabris and Simons, 2010).

Mental and behavioural disorders are now recognized as the leading cause of disability worldwide, with an estimated 22.2 percent of all years lived with disability attributable to these disorders. (Murray, Vos, Lozano, Naghavi, Flaxman et al., 2010). Mood disorders (including major depression, bipolar disorder and dysthymia), anxiety, alcohol and drug abuse, and schizophrenia are among the top twenty conditions that result in the greatest burden of disability worldwide. (Prince, Patel, Saxena, Maj, Maselko et al., 2007; Murray, Vos, Lozano, Naghavi, Flaxman et al., 2010). In fact, disability associated with mental and behavioural disorders exceeds the burden associated with other non-communicable diseases such as cancer, diabetes, and cardiovascular disease, as well as HIV/AIDS, neurological diseases, war and injuries (Murray, Vos, Lozano, Naghavi, Flaxman et al., 2010).

Education is far from giving people the confidence in their ability and capacities to overcome obstacles or to become masters of the laws governing external nature as human beings, it tends to make them feel their inadequacies and their ability to do anything about the conditions of their lives (Walter, 1972).

The factories of education are increasing. We call them schools and Universities. Do we have education? What do we want from the education? What kind of education do we want? These are factories where sick minds are created, and such sick minds are leading the world into a ditch. Violence is increasing and competition is increasing. If this is education, then it will be better to stop educating completely. Perhaps that way a man will be better off. An uneducated man living in a forest will be a better man because he has more love and less

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competition, more heart and fewer minds. We call this education! In the name of giving education to the children, we continue to compare one man with the other we will always remain on the wrong path. That wrong path is that we are creating a desire in man to be like someone else; and the fact is that no one has been or can be like any other man. In this system of education there is no place for unsuccessful people. We are just creating the fever of success, and so it is only natural that one who wants to succeed in the world does what he can do. Success hides all wrong doings. In a world based on this violence or education, if there are continuous conflicts, disorders and wars it is no wonder! The present condition of education, its structure, and the type of man that is produced, is so totally wrong. That is natural that only unhealthy and confused human beings are born out of it.

Emerging Mental Health Literacy

Research conducted in countries including Australia, Canada, India, Japan, Sweden, the United Kingdom, and the United States regarding individuals' knowledge about mental health (Highet et al., 2004),(Pescosolido et al., 2008); find that under recognition of mental health disorder (MHD) is common (Jorm et al., 1997), introduced the term, mental health literacy, which refers to knowledge about mental health and the ability of a person to link that knowledge to action benefitting the mental health of one's self or others.

Research has demonstrated that one compelling reason for improving mental health literacy is that willingness to seek mental health treatment increases as knowledge about mental health increases (Highet et al., 2004; Jorm et al., 2006; Jorm, 2012). Mental health literacy has five components including:

- Knowledge of mental health prevention measures,
- Recognition of developing mental health disorders,
- Knowledge of options for seeking help and treatment,
- Self-help strategies for milder problems, and
- First aid skills for people developing mental health disorders or who are in a mental health crisis (Gulliver, Griffith, Christensen, and Brewer, 2012; Jorm et al., 1997).

Many countries have conducted national surveys regarding mental health and indicate high prevalence rates of people experiencing symptoms of mental health disorders and low treatment rates (Jorm, 2012).

According to Jorm (2012) those experiencing symptoms of mental health disorders do not seek to help until their level of distress is severe. Many people and especially people in the range of 15 to 24 years of age, have negative attitudes toward receiving mental health

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treatment. One third of respondents surveyed in six European countries believe that getting professional help for mental health disorders is worse than having a mental health disorder (Scheerder et al., 2010). People also express the belief that psychiatric medications are more harmful than helpful even though clinical practice guidelines recommend their use (Jorm, 2012).

Jorm (2012) has been given compelling reasons for improving mental health literacy including:

- An increase in willingness to seek help as knowledge about mental health increases,
- The significant contribution to disability that mental health illness contributes in the world population,
- The impact that mental illness has on young people, and
- The value of prevention in keeping subclinical mental health issues from becoming fully developed mental health disorders.

Often these illnesses manifest before people who experience them have attained much knowledge about mental health disorders and they do not recognize what is happening to them (Gulliver, Griffiths and Christensen, 2010).

Another problem related to a lack of knowledge about mental health disorders is people often do not recognize when they or others are experiencing mental health distress nor do they know what to do when this is occurring (Highet et al., 2004).

Mental health disorders are not well recognized by the public and this lack of knowledge of disorders may lead to delays in seeking help as well as to inappropriate help-seeking behaviours (Jorm et al., 2006). Additionally, there is a gap between public and professional beliefs about treatment for mental health conditions. As mentioned previously, research has shown that many individuals believe that getting help for MHD is worse than having an MHD and that a lack of knowledge in the public, non-health professional community about treatments for MHD results from the low rates of mental health literacy (Scheerder et al., 2010). Knowledge about appropriate treatments for depression and schizophrenia is an example of these gaps in knowledge. Public misunderstanding about the need for medication in both conditions and hospitalization in the case of schizophrenia (Jorm, Christensen and Griffiths, 2006b), may lead to a lack of help-seeking as well as to lower rates of adherence to treatment for those experiencing these MHDs.

Low rates of mental health literacy are not the only barrier to help-seeking behaviours for individuals with MHD. Stigma is also a factor in the willingness of individuals to seek

ISBN: 978-81-923093-0-9

appropriate treatment for MHD. According to Moskos et al. (2007) and Mental Health: A Report of the Surgeon General (U.S. Department of Health and Human Services, 1999), societal stigma is significant barrier to seeking treatment for mental health disorders. Additionally, internalization of the negative attitudes that lead to stigma by those experiencing MHD also may cause individuals to self-stigmatize and experience perceived stigmatization, both of which may reduce the likelihood of seeking professional help (Barney, Griffiths, Jorm and Christensen, 2006a). Stigmatizing attitudes and first aid skills, or appropriate ways to respond to mental health disorders or crises, can both be improved by increased knowledge. To increase knowledge and reduce stigma it is recommended that population-wide initiatives be put in place to promote knowledge about risk factors, prevention, and early identification as has been done for other disabling conditions such as heart disease and cancer (U.S. Department of Health and Human Services, 1999). In order to determine the effect of mental health literacy campaigns population-wide monitoring of attitudes, help seeking behaviours, mental health, and knowledge about mental health needs to be done.

Increasing Awareness of Mental Health

Recognizing health as a state of balance including the self, others and the environment helps communities and individuals understand how to seek its improvement. Mentally healthy people feel comfortable about themselves and their ability. They do not expect to be able to do everything perfectly, nor do they underestimate their powers. They shape the environment if possible, if not they adjust to it. They individuals have generally satisfactory relationship with other people. They are able to consider the interests of others and to feel part of a group. Mentally healthy people are characterized by a positive state of well-being. They have attained a high degree of personal adjustment as reflected in their daily lives. Based on the discussion above mental health can be defined by WHO, (2005) as:

A state of well-being 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.

Positive mental health is a necessary condition for better development of an individual. If an individual is well knit, relationship between individuals will be good also conducive conditions in the working environment or organization can enhance the mental of an individual. As individuals move in to adulthood, development goals focus on productivity and personal relationships. Positive mental health enables individuals to cope with adversity

ISBN: 978-81-923093-0-9

while pursuing those goals. There is increasing awareness that mental well-being can be promoted by attention to, for instance, organizational practices, the general environment, and availability of support, lifestyle, attitudes and social inclusion. To be effective, mental health promotion must aim to change behaviour and attitudes, not just provide information (Sayce, 2000). Mental health promotion can be seen as involving:

- The establishment of an environment at all levels of the institution to promote mental well-being for all through local initiatives, and/or participating in national or international projects such as the Health Promoting University Project (Tsouros et al., 1998).
- The promotion of the needs and well-being of those individuals experiencing mental health difficulties.

Conclusion

Life is a process of recovery that never ends. The behaviour of an individual is changed through several direct and indirect experiences. This change in behaviour brought about by experience is known as learning. The whole movement of life is learning. There is never a time when there is no learning. Every action is a movement of learning and every relationship is learning and when a certain stage of learning is reached, a corresponding change in behaviour occurs. This change may take the form of completely new patterns of behaviour or an improvement over the existing pattern of behaviour and learning results in an addition, a change, modification or stabilization of behavior. However, sometimes learning also results in discontinuance of an existing behavior. Though this is referred to as unlearning, it is actually learning to unlearn. The secret of healthy mind is not related to what we have, but in how we are using what we have. We each must find the way to learn and move through the pain and pick ourselves back up.

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