

The Sociology of Mental Health: An Analysis of the Impact of Socio-Cultural Factors on Mental Health

Lt. Dr. Biva Sammadar¹, Bhup Singh Gaur², Srishti Singh Gaur³

¹Lecturer in Sociology, Surendranath College, Kolkata, West Bengal

²Head and Associate Professor, Department of Sociology, DGC Gurugram, Haryana

³MBBS Final Prof. Student, PT. BDS PGIMS, Rohtak, Haryana

ABSTRACT

Existing research literature shows that the socio-cultural environment in which people live significantly impacts mental health and many prevalent mental diseases. Socio-cultural inequalities in society are linked to an increased risk of a variety of mental illnesses. There is a large body of evidence to support the idea that human beings who live in socially unstable social structures, will become vulnerable to various psychological issues. There is widespread scientific agreement among social psychologists and sociologists that providing a stable socio-political environment would result in the greatest community mental health advantages. There is a need to have crucial strategies for reducing the risk of mental diseases throughout one's life, as well as at the community and national levels. In this way, there is a need to improve the responsiveness of social work practice to the mental health needs of the community by reviewing sociocultural factors that may lead to poor mental health care utilization across individual, family, and cultural domains. In this background, the paper appraises and examines the research literature on the links between social determinants of health and mental health. The study also evaluates the importance of social and cultural structures in developing viable, culturally appropriate prevention and intervention techniques to enhance a positive community eco-system ultimately reducing mental health disparities.

Keywords: Society, Mental Health, Culture, Community Life, Positive Community Eco-system

INTRODUCTION

The mortality data suggests that human life expectancy has improved like never before during the previous century. It is also observed that medical science and research progress to a great extent to cure most physical illnesses. On the other hand, we have a grey image, when it comes to the mental health of human beings in modern times. (Seeman, 1997) Over the past half of the twentieth century, the science of mental disease diagnosis and treatment has developed¹. Many mental diseases can now be treated with sophisticated conversation and pharmacological therapy. Mental illness continues to cripple people, families, and communities, despite the fact that most of these therapies are fleeting and only partially effective. Capital invested in the research of the origin and treatment of mental diseases has not resulted in a reduction in the number of patients or the alleviation of widespread suffering. Clearly, there is an urgent need to identify new strategies to avoid the onset of mental problems in the first place, as well as recommend new techniques for prolonging remission and preventing disorder.

The paper makes an attempt to understand the mental illness and related issues under the background of socio-cultural factors. Social Psychology has become an important discipline as the role of sociological factors increased in promoting as well as challenging the mental health of human beings. The modern life social structures have come in handy in many ways and at the same time showed grim realities of declining mental health. The paper applies various sectors and subdivisions in this regard to make a wholistic investigation on the Impact of Socio-Cultural Factors on the Mental Health of modern-day human life.

Understanding Mental health

The terms 'mental health' refers to the "cognitive, behavioral, and emotional well-being of people. It all comes down to how people think, feel, and act." Mental and behavioral illnesses have disproportionately low resources and care in comparison to the global cost they generate. In most impoverished countries, care programs for people with mental and

¹For more details see; United States Department of Health and Human Services, 1995

behavioral disorders are low on the priority list. Care is limited to a small number of institutions, which are frequently overcrowded and understaffed. Over the last few decades, the concept of mental health care has shifted away from the institutionalization of people with mental illnesses and toward community-based care.

The council's mental health research programmes have played an essential part in this paradigm change. In 1982, the Council published "Methods for Research in Mental Health," which included mental health projects completed between 1960 and 1982 and outlined mental health research strategies developed in the early 1980s. The current Monograph provides a summary of ICMR mental health research programmes conducted between 1982 and 2004. The Council's current mental health research program focuses on the creation of urban mental health care modules, psychiatric morbidity in disaster scenarios, and suicide behavior. When compared to ordinary peacetime mental epidemiology, crisis situations (such as earthquakes) have a substantial temporal component, which refers to the changing nature of pattern and prevalence as time passes. In the case of a disaster such as an earthquake, a gradient effect is detected, indicating that the disaster's influence is not evenly distributed and that a dose-response association exists between the severity of exposure and subsequent psychopathology.

Relevance of Mental Health Studies

Research in the area of Mental health is not a stand-alone concept and it can't be studied in isolation. There are various ways to locate the properties of mental health as it is a dynamic area. When It is taken as an important component of the total comprehensive health of a human being, at least three ways can serve the purpose of locating its nature. Mental health sometimes can be defined as the absence of sickness, it can also be considered as a state of the organism that allows it to fulfill all of its activities, or as a state of balance inside and between the internal self of a human being and one's physical and social eco-system(Sartorius, 2002). As Maslow discusses in his need hierarchy theory, "Food, shelter, survival, protection, society, social support, escape from pain, environmental risks, unneeded stress, and any form of exploitation are among these requirements" (Maslow, 1968). It is a term used to describe a person's ability to create and maintain intimate connections with others, as well as to function in the social roles that are typical of their culture and to deal with change. Self-worth, control, and a grasp of how one's body and mind work are all made possible by having good mental health.

This encompasses family, relatives, employers, classmates, coworkers, friends, and society and culture in the proximal and the distal worlds. In order to build mentally healthy communities, individuals' contact with the broader society become increasingly vital. People who are vulnerable to mental illness are those who have a lack of emotional resilience, low self-esteem, low social position, problems linked with sexuality or sexual orientation, loneliness, and a lack of integration into society. Some of the extrinsic factors that contribute to this vulnerability include poor socioeconomic conditions (housing, poverty, unemployment), discrimination or abuse, cultural conflict, stigma, and a lack of autonomy.

Social Determinants of mental health

Most of the people are affected by poverty are vulnerable to one or the other psychological issues. Poverty and economic disparity/imbalance is one of the socioeconomic determinants of mental and psychological health. This is also an evident and shown at the outset reason for mental illness and dipression. Economic recessions like 1930's great depression, market crashdown, deflation undermines the capacity of a person to mange his financial requirements. Viral pandemics like plague, COVID-19, political unrest, instability refugee crises, ethnic tensions have all increased the likelihood of putting people under poverty or in communities with socioeconomic inequality around the world (Keerthiraj et al., 2022). More than 120 crore human population live in extreme poverty around the world, with access to essential services. The majority of people living in poverty are found in Southern Asia or Sub-Saharan Africa. Furthermore, fragile, and conflict-affected countries have high poverty rates². Poverty, according to the American Psychological Academy, is linked to unfavourable situations like food insecurity and inadequate housing. It's also linked to issues like poor diet, a lack of health care, and unsafe surroundings. These elements, in turn, may have an impact on one's physical and emotional health. Children and teenagers from low-income families are more likely to experience poor academic performance, behavioural disorders, physical health concerns, and developmental delays.

It will be astonishing to the modern civilised community to know that, there exists an inadequate access to food that fits one's dietary needs is classified as food insecurity³. Malnutrition is defined as a lack of or an imbalance in energy or

² See; Maxwell S's work for more details "The meaning and measurement of poverty. London: Overseas Development" Institute, 1999.

³ See; Melchior M's work for more details, "Chastang JF, Falissard B, et al. Food insecurity and children's mental health: a prospective birth cohort study". PLoS One 2012;7:e52615.

nutritional intake. Malnutrition refers to both 'undernutrition' and micronutrient deficiencies, as well as 'overnutrition'. Millions of newborns, adolescents, and teenagers around the world are affected by food poverty and malnutrition. Unfortunately, the recent epidemic because of COVID-19 has led to huge increase in hunger rates around the world.

A child or adolescent's neighbourhood or community, in addition to variables such as poverty and food insecurity, can have a substantial impact on their mental and behavioural health. This includes things like exposure to violence or the physical environment, which might range from shattered windows to air pollution. Also, compounding factors such as the balance in employment and human resources, proximity of a community to good jobs or the availability of facilities in the neighbourhood, such as educational institutions and health care service structures, can have an impact on psychological and mental health of community stakeholders.

Adverse childhood events not only disturbs the mental health at an immediate effect but also carries compounding effects like traumatic occurrences that occur throughout childhood that can lead to extreme pressure on the working of brain system and have an impact on psychological health in the longterm. The toxic stress can have an impact on brain development, immunity, and DNA transcription. High dosages of stress hormones, in particular, can impair executive function in the brain. On imaging tests, this can be observed as a reduction of the hippocampus, which governs memory, cognition and emotional sensitivities.

Racism is described as the view that race is the most important predictor of human traits, talents, and racial variations result in a group's inherent superiority. Although the term racism is relatively new, the concept of racism has long existed in many societies around the world. Racism is becoming more widely recognised as a societal factor of children's mental health. Previously, it was thought that racism had an impact on children's and adults' health and well-being. A frequent theme was that if poverty were eradicated, racial disparities in well-being would vanish as well, and that racism was not the root of all problems. (McCarroll, 2004)

It is important to observe the research happened over the last three years. The research findings demonstrate how social variables influence psychological issues in certain populations. Even in countries with universal healthcare⁴, unemployment, precarious work, and employment conditions are frequently connected to greater psychological distress. Hostile interactions with employers have been connected to higher prevalence of major mental illness among migrant workers in Singapore⁵. On the other hand, employment status can act as a moderator of other socioeconomic variables. Unemployment, for example, has been shown to have a higher influence on men's mental health than on women's⁶. Furthermore, the most influential factor in the association between nativity status and mental health among women working in Spain was found as occupational social class.

Brain, Stress, and Social environment

Many people have speculated that social and built environments have an impact on health, but empirical evidence is limited. The final question is: why isn't care that is known to be both affordable and effective offered, despite the abundance of available alternatives? Low priority for mental health in general; traditional centralised mental health services in large psychiatric institutions; poor application of proven strategies, either due to lack of awareness among health workers and policymakers, or poor service organisation and financing, quality assurance, or a lack of essential psychotropic drugs are some of the most important reasons for this. People may be reluctant to seek help because of the stigma attached to mental illness, which may even impede the readiness of mental health professionals to intervene. (Kates & Krett, 1988) Chronic stress hormones provide short-term protection and promote adaptability (allostasis), but they also alter the brain and body in ways that can contribute to disease over the long term (allostatic load and overload). Anxiety, mood control, memory and decision-making are all affected by rewiring brain circuitry in the face of stress. There are times when modifications like this can be useful, but their long-term nature and inability to be reversed can be detrimental. It has only lately been discovered that the brain's plasticity can adjust to the stresses of adult life, and that top-down strategies, often aided by pharmaceutical medicines and other treatments, can be effective in assisting the brain in this process.

⁴ See; Brydsten A, Hammarström A, San Sebastian M. "Health inequalities between employed and unemployed in northern Sweden: a decomposition analysis of social determinants for mental health". *Int J Equity Health* 2018;17(1):59 10.1186/s12939-018-0773-5.

⁵ See; Harrigan NM, Koh CY, Amirrudin A. Threat of Deportation as Proximal Social Determinant of Mental Health Amongst Migrant Workers. *J Immigr Minor Health* 2017;19(3):511–22. 10.1007/s10903-016-0532-x.

⁶ See; Affleck W, Carmichael V, Whitley R. Men's Mental Health: Social Determinants and Implications for Services. *Canadian journal of psychiatry Revue canadienne de psychiatrie* 2018: 10.1177/070674371876238

Adolescence, Suicide, and Social Environment

Changes in hormones in the body, change in the peer group, change in preferences, and changes in the brain and consciousness are all hallmarks of adolescence. Although the majority of young people grow up to be healthy adults, the period of adolescence puts them at risk for mental health issues. Many mental illnesses, such as aggression, instability, lack of concentration depression, eating disorders, abuse disorders, etc, first manifest themselves before the age of 24. What is it about adolescence that makes people more vulnerable to mental illness? This is an important subject since many mental diseases that begin in adolescence can last into adulthood, causing long-term morbidity and a significant financial cost on society. By 2030, depression is expected to be the biggest cause of disability-adjusted life years in the world.

Adolescence is defined as the “time between puberty and adult independence, which is influenced by both personal growth and cultural conventions.” Some claim that the concept of adolescence is a twentieth-century Western creation, based on major cultural disparities in societal expectations of this age group. Adolescence should be considered a separate era of biological, psychological, and social development. Adolescent-like behaviors such as increased risk-taking and thrill-seeking can be observed throughout cultures. Second, adolescent-like behavior has been observed in a variety of species. 'They have terrible manners, scorn for authority; they exhibit disrespect for seniors, and love chatter in place of exercise,' observed Socrates (469–399 BC) more than 2000 years ago. Aristotle classified 'youth' as 'lacking in sexual self-restraint, changeable in their impulses, passionate and impulsive...' around a century later. Youth is when people are most dedicated to their friends,' underlining the idea that adolescence is a time of shifting and powerful emotions, as well as the changing social landscape of this stage of life. (Hunt, 2007)

Adolescents have been portrayed and picturized as a negative image because of several creamy layered pieces of evidence. Significant hormonal and physical changes, as well as an increase in mental health concerns, characterize adolescence. Puberty is characterized by considerable increases in estrogen in girls and testosterone in boys, and sex differences in mental health disorders emerge at this time. Boys, on the other hand, are more prone than females to develop substance abuse problems and commit suicide. (Vijayakumar & Umamaheswari, 2008)

Socio-cultural factors favorable to mental health

Positive social surroundings, such as functioning families and non-delinquent peers, are essential for healthy growth. As people get older, each social setting plays a role in their growth and has the potential to have cascading effects. Families have the greatest ability to affect future conduct and build a structure for future social interactions with classmates and, subsequently, romantic partners, due to their primacy in the developmental sequence. (Webber, 2008)

Peer influences become more important as children enter middle school, where they are exposed to a wider range of peer networks. Peers become a major socializing force when youngsters spend more time away from their parents, and they can be either prosocial or antisocial. Peer relationships with prosocial peers have been connected to a lower chance of externalizing conduct. Individuals carry skills and habits learned in their family of origin to their partner's surroundings as they enter young adulthood and begin creating permanent partnerships with romantic partners.

Family as an important socio-cultural factor

Good health begins at a young age. The family is responsible for the care and development of the kid during the early years of life. Children in healthy families learn that their surroundings can provide emotional stability as well as physical safety and well-being, and they acquire skills that will allow them to eventually maintain their own physical and mental health without the assistance of caregivers. From this perspective, a safe setting for a kid is one that gives a sense of emotional stability and social integration, as well as certain important social experiences that lead to the learning of behaviors that allow the child to participate in effective self-regulation. (Harpham, & McKenzie, 2006) Poor health can start at any age. According to research, families with particular characteristics have negative mental and physical health consequences. Overt family conflict exhibited in recurrent periods of rage and aggressiveness, and inadequate nurturing, particularly cold, unsupportive, and inattentive family interactions, are two of these characteristics.

Social capital and community mental health

The term "social capital" refers to the social links and connections that exist within social engagements or communities of people. There are numerous definitions, although the majority of them overlap. Putnam is the author of the most widely used definition of social capital in the health sciences. The concept of social capital has numerous dimensions, according to the theory. Social capital, for example, can be broken down into a behavioral/activity component, and a

cognitive/perceptual component. (Chaturvedi, 2020) Structural and cognitive social capital are the terms used to describe these two types of social capital.

There are many structures created for the purpose of social capital in the process of human evolution. It can be observed that in ancient societies human relations and community linkages were organic and natural. These linkages paved a strong way to building means to develop community mental health. However, these traditional linkages are being broken with the advent of the modern world order. Linking social capital is the most important thing that human beings compute with the community life. Today there is an attempt to build social capital through formal institutions, but there is also evidence that the informal way of building social capital also gained huge benefits to human civilization.

CONCLUSION

Although there has been much speculation regarding a link between the social and constructed environment and health, there is still a dearth of concrete evidence. There are other alternatives, which leads to the ultimate question: why isn't known be both economical and effective care provided? This is the right time to give serious thought to the impact of social, political, cultural, and economic impact on psychological issues and mental stability of community life. On the one hand, there is an increased research investment in the physical well-being of human beings, but the complementary and the most important part i.e. mental health was sidelined. There's also the stigma attached to mental illness, which deters people from seeking care and may even limit mental health experts' willingness to intervene. In this regard, there is a need for collaboration between medical; professionals, psychologists, social scientists, and policy makers to sort out the research problems regarding mental health issues.

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