

# Mental Health Issues of Tribal People in Jharkhand

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## ABSTRACT

Mental health is one of the biggest causes of disability and carries enormous economic burden in India.

Jharkhand is home to a large populations of tribes. The tribal populations have greater vulnerability to mental health issues for multiple reasons. The impact of rapid social changes alters their lifestyles, beliefs and community living. The strain of acculturation of moving to urban spaces and use of alcohol and other substance predisposes them to a number of mental health issues . Mental health of tribal population is something that has been neglected till now and needs our attention. The Indian Psychiatric society stresses the lack of data on mental health of tribal population and the need for conduction of more research to bridge the gaps in knowledge.

This paper deals with the various mental health related issues experienced by the tribal people of Jharkhand, its causes may be due to alcohol and substance abuse (mainly tobacco) which are often the of the culture which leads to various health related problems like mental retardation, Alzheimer's disease. This paper also deals with the various steps initiated by the government for their rehabilitation like changing drinking habits in tribal people. Tribal people have to be educated and awareness has to be created about new coping strategies to overcome stress.

Some of the major tribal groups of Jharkhand include Birhor, Asur, Birajia and Mal Paharia. Livelihood of tribes of Jharkhand depends on the natural resources that are directly affected by social change. Due to increase in urbanisation ,poverty among the tribes is increasing alarmingly which is one of the reasons of their retardation in mental health.

In order to improve their conditions, education is one of the major step that needs to be taken up by the government.

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## 1. Introduction

Mental health is one of the biggest causes of disability and carries enormous economic burden in India. It is estimated, from the recently reported National Mental Health Survey (2016) that one in every ten Indians is suffering from some form of mental disorder. Especially in productive age of 20to 40 years, prevalence of mental disorders is very high. India is home to the largest tribal populations of the world, with 8.6% of total Indian population belonging to Scheduled Tribes who constitute 705 tribal groups across India. The tribal populations have greater vulnerability to mental health issues for multiple reasons. The impact of rapid social changes alters their lifestyles, beliefs and community living. The strain of acculturation to moving to urban spaces and use of alcohol and other substances predisposes them to a number of mental health issues. There has been research in the broader field of mental health, carried out in India. However, mental health of tribal populations is something that has been neglected till now and needs our attention.

## 2. Mental Health

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Over the course of your life, if you experience mental health problems, your thinking, mood, and behaviour could be affected. Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems According to the WHO (World Health Organization)mental health is defined"... 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."The WHO stresses that mental health "is not just the absence of mental disorder."The most common types of mental illness are anxiety disorders, mood disorders, and Schizophrenia disorders; below we explain each in turn: Anxiety disorder Anxiety disorders are the most common types of mental illness. Examples of anxiety disorders include: Panic disorder - the person experiences sudden paralyzing terror or a sense of imminent disaster. Phobias - these may include simple phobias (a disproportionate fear of objects), social phobias (fear of being subject to the judgment of others), and agoraphobia (dread of situations where getting away

or breaking free may be difficult). We really do not know how many phobias there are - there could be thousands of types. Obsessive-compulsive disorder (OCD) - the person has obsessions and compulsions. In other words, constant stressful thoughts (obsessions), and a powerful urge to perform repetitive acts, such as hand washing (compulsion). Post-traumatic stress disorder (PTSD) - this can occur after somebody has been through a traumatic event - something horrible or frightening that they experienced or witnessed. During this type of event, the person thinks that their life or other people's lives are in danger. They may feel afraid or feel that they have no control over what is happening.

**Mood disorders** Examples of mood disorders include: Major depression - the individual is no longer interested in and does not enjoy activities and events that they previously liked. There are extreme or prolonged periods of sadness. Bipolar disorder - Previously known as manic-depressive illness, or manic depression. The individual switches from episodes of euphoria (mania) to depression (despair). Persistent depressive disorder - previously known as dysthymia, this is mild chronic (long term) depression. The patient has similar symptoms to major depression but to a lesser extent. SAD (seasonal affective disorder) - A type of major depression that is triggered by lack of daylight. It is most common in countries far from the equator during late autumn, winter, and early spring. Schizophrenia disorders Whether or not schizophrenia is a single disorder or a group of related illnesses has yet to be fully determined. It is a highly complex condition. Schizophrenia normally begins between the ages of 15 and 25. The individual has thoughts that appear fragmented; they also find it hard to process information.

Schizophrenia has negative and positive symptoms. Positive symptoms include delusions, thought disorders, and hallucinations. Negative symptoms include withdrawal, lack of motivation, and a flat or inappropriate mood. The tribal populations have greater vulnerability to mental health issues for multiple reasons. The impact of rapid social changes alters their lifestyles, beliefs and community living. The strain of acculturation to moving to urban spaces and use of alcohol and other substances predisposes them to a number of mental health issues.

### 3. Tribals of Jharkhand

The tribes of Jharkhand consist of 32 tribes inhabiting the Jharkhand state in India. The tribes in Jharkhand were originally classified on the basis of their cultural types by the Indian anthropologist, Lalita Prasad Vidyarthi. His classification was as follows:

- Hunter-gatherer type — Birhor, Korwa, Hill Kharia
- Shifting Agriculture — Sauria Paharia
- Simple artisans — Mahli, Lohra, Karmali, Chik Baraik
- Settled agriculturists — Santhal, Munda, Oraon, Ho, Bhumij, etc.

### 4. The Mental Health of tribal of Jharkhand

Despite data limitations, it seems safe to conclude that the stressors to which the tribal peoples have been and continue to be exposed result in relatively high rates of mental disorders and behavioural problems such as depression and anxiety, suicide and substance abuse.

Depression, substance abuse, and suicide represent the areas of greatest need with regard to the mental health of tribal peoples. These problems cannot be separated from the social, cultural, and historic contexts in which they occur. A strictly biomedical approach to depression is insufficient when the individuals seeking treatment are constantly facing life conditions that engender stress. This is not to imply that treatment for depression through the use of psychopharmacology and psychotherapy is not potentially efficacious. But it does mean that any mental health program for tribal peoples must offer a community psychiatry perspective broad enough to address both the needs of individuals and the local worlds in which they live. Mental health professionals must place their practice within the wider frameworks of social justice and better living environments.

So, as far as social determinants go, we are certain that caste, poverty, or lack of education cause mental distress and psycho-social disability. Our study shows that people from scheduled caste and scheduled tribe are three times more likely to be depressed as compared to people from general category. People who have not completed their primary education are four times more likely to be depressed as compared to those who completed 12th standard. These are very sobering numbers.

The various reasons for these mental health issues which mainly include stress, anxiety, and depression are due to the increasing urbanization faced by the tribal people. They cannot adjust with the fast growing society because of their illiteracy and their backward culture. The tribal of Jharkhand are mainly depended on the natural resources like the forest for their living but with the fast growing world the amount of natural resources are decreasing at an alarming rate and hence they have to face serious difficulties. They are becoming poorer because of lack of resources and modern skills. As they are devoid of any source of livelihood, mainly the teenagers of this community get attracted to the abuse substances like alcohol and drugs which has an adverse affect on their mental health status. The male section of this community has a burden on them of feeding their family. They undergo stress and anxiety very easily. Under the action of various abusive substances like alcohol the male members usually beat the females of their houses. Under such conditions the female members undergo depression. There are also many suicidal cases which have come across in tribal communities.

'Migration has been defined broadly as a permanent or semi-permanent change in residence. No restriction is placed upon the distance of the move or upon the voluntary or involuntary nature of the act, and no distinction is made between external and internal migration' (E. S. Lee 1969, p.285). Several studies on migration indicate that the process, volume and direction of people in their movement from one place to another are influenced by a number of such factors as

geographical conditions, economic hazards, non-availability of regular and reliable occupations, educational opportunities and achievements and several other social and psychological conditions. Among which, the demographic and economic have received more attention than the others. But above all, migration is a socio-psychological phenomenon.. No doubt, Jharkhand is a rich region in natural resources like jungle, water, land, minerals, and industries. But tribal live in poverty and penury. According to the Census of India - 2001, tribal constitute 26.3% of the total population of Jharkhand. Among them about 85 % are Non-Christian 'Sarna' and rest 15 % are 'Christians'. After Independence of Country, industrialization and modernization had a direct impact on the tribal population of Jharkhand. Since the tribes were not well educated and technically sound, most of the educated and technically trained workers were brought to Jharkhand from other regions. And also tribal land and jungles were acquired for the establishment of big dams and industries. The Heavy Engineering Corporation, C.C.L., Bokaro Steel Plant, TISCO and many other allied industries attracted people from outside Jharkhand (Saxena, 1994). The land alienation created acute crises of employment, displacement and migration. It has specially affected the life of tribal women who play primary role of heading their family. Though, tribal society is also male-dominated, women are the main bread earners. Due to lack of job to male members, women get tortured by the men. This is mainly due to depression and anxiety among the men of the society.

The occurrence rate of psychiatric disorders among migrated refugee population (who came to India after partition) of Jharkhand was 9.6% compared with non-migrant local

population, which was 4.2%. The psychiatric patients (majority was suffering from psychoneuroses, depression and enuresis) among the migrated group were been suffering for >10 years and mostly belong to older aged group.

## 5. Rehabilitation

One of the strongest actions the government needs to take is addressing the kind of deep-seated structures that perpetuate inequality. So, a high priority is addressing the upstream causes of mental distress, such as providing good quality universal education up to 12th class, employment and housing, and ensuring function of schemes such as the Mahatma Gandhi National Rural Employment Guarantee Act.

We need universal access to health care, particularly in primary mental health care. Secondly, we need implementation of policies to ensure that all government doctors should have skills to diagnose and manage depression, anxiety, epilepsy, and also to recognise and refer most of the mental health illnesses, as the World Health Organisation recommends. Currently, our district hospitals do not even stock required medicines, or treat, or diagnose simple mental illnesses.

Thirdly, we need to use new models that build on community resources. Working with community-based staff, with a high range of skills, we can deal with 50%-60% of the problem. Building on existing community resources through increasing knowledge and skills is the long term solution in a low resource setting.

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