

## **“A Review on Mental Health and Mental Illness –Case Studies on Cerebral Palsy”**

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### **Abstract**

Mental Health is a term used to describe either a level of cognitive or emotional well-being or an absence of a mental disorder. From perspectives of the discipline of positive psychology mental health may include an individual's ability to enjoy life and procure a balance between life activities and efforts to achieve psychological resilience.

The World Health Organization defines mental health 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 Mental health can also be defined as an absence of a major mental health condition. Therefore the impact of social, cultural, physical and education can all affect someone's mental health.

Research shows that half of all lifetime cases of mental illness begin by age 14.1 Scientists are discovering that changes in the body leading to mental illness may start much earlier, before any symptoms appear.

Through greater understanding of when and how fast specific areas of children's brains develop, we are learning more about the early stages of a wide range of mental illnesses that appear later in life. Helping young children and their parents manage difficulties early in life may prevent the development of disorders. Once mental illness develops, it becomes a regular part of your child's behavior and more difficult to treat. Even though we know how to treat (though not yet cure) many disorders, many? children with mental illnesses are not getting treatment.

This fact sheet addresses common questions about diagnosis and treatment options for children with mental illnesses. Disorders affecting children may include anxiety disorders, attention deficit hyperactivity disorder (ADHD), autism spectrum disorders, bipolar disorder, depression, eating disorders, and schizophrenia.

People suffering from mental illnesses often do not recognize them for what they are. About 27 percent of those who seek medical care for physical problems actually suffer from troubled emotions.

Mental illnesses and substance abuse afflict both men and women. Studies by the U.S. Alcohol, Drug Abuse and Mental Health Administration indicate men are more likely to suffer from drug and alcohol abuse and personality disorders, while women are at higher risk of suffering from depression and anxiety disorders.

The personal and social costs that result from untreated mental disorders are considerable-similar to those for heart disease and cancer. According to estimates by the

Substance Abuse and Mental Health Services Administration (SAMHSA), Institute of Medicine, the direct costs for support and medical treatment of mental illnesses total \$55.4 billion a year; the direct costs of substance abuse disorders come to \$11.4 billion a year; and indirect costs such as lost employment, reduced productivity, criminal activity, vehicular accidents and social welfare programs increase the total cost of mental and substance abuse disorders to more than \$273 billion a year.

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## INTRODUCTION

### PSYCHIATRY:-

Basic level psychiatry care is characterized by interventions that sustain and promote physical and mental health as well as assist clients to improve or regain their coping abilities and skills and to prevent future disabilities. They are more likely to assist patients with self care, as well as monitor and administer psychobiologic treatment plans.

#### **Basic psychiatry care includes:**

- 1) working with families
- 2) Individuals
- 3) Communities
- 4) Groups

#### PSYCHIATRY ALSO INCLUDES SOUND MENTAL HEALTH:- CONCEPT OF MENTAL HEALTH

“A desire to be in charge of our own lives, a need for control, is born in each of us. It is essential to our mental health, and our success, that we take control.”

#### **Robert F. Bennett**

The concept of mental health is as old as human beings. Mental health commutates those behaviors, perceptions and feelings that determine a person’s overall level of personal effectiveness, success, happiness and excellence of functioning as a person. Mental health concerns everyone. It affects our ability to cope with and manage change, life events and transitions such as bereavement or retirement.

“**Bhatia (1982)**” describes it as the ability to balance desires, feelings, ambitions and ideals in one’s daily living. It may also be understood as the behavioral characteristics of a person.

**According to Kumar (1992)**, mental health is an index which shows the extent to which the person has been able to meet his environmental demands – social, emotional or physical. A mentally healthy person shows homogenous organization of desirable attributes, healthy values and righteous self concept and a scientific perception of the world as a whole. Mental health presents a humanistic approach towards self and others.

#### **CHARACTERISTICS OF MENTAL HEALTH:-**

- 1) The ability to enjoy life
- 2) Resilience
- 3) Balance
- 4) Flexibility
- 5) Self actualization

## **PSYCHIATRY AS A FIELD:-**

“Stress is nothing more than a socially acceptable form of mental illness”

Richard Carlson quotes

Psychiatric nursing or mental health nursing is the specialty of nursing that **cares for people** of all ages with mental illness or mental distress, such as schizophrenia, bipolar disorder, psychosis Nurses in this area receive more training in psychological therapies , building a therapeutic alliance , dealing with challenging behavior, and the administration of psychiatric medication.

**E.g. a person is unable to adjust with his wife due to the inability to play his new role and adjust to the changed status with his wife after marriage.**

## **INTRODUCTION TO MAJOR MENTAL ILLNESSES:-**

### **CONCEPT:-**

“Mental illness” is nothing to be ashamed of, but stigma and bias shame us all.”

Bill Clinton

It is necessary to make the distinction between disease and illness. *Disease* refers to medical conception of pathological abnormality which is indicated by a set of signs and symptoms. *Illness* refers to person’s subjective experience of ill health and is indicated by persons feeling of pain, discomfort, and the like.

There is more to good health than just a physically healthy body: **a healthy person should also have a healthy mind**. A person with a healthy mind should be able to think clearly, should be able to solve the various problems faced in life, should enjoy good relations with friends, colleagues at work and family, and should feel spiritually at ease and bring happiness to others in the community.

According to the *World Health Organization*, one in four persons will experience a serious mental disorder at some point in their lives. Among the leading causes of lost productivity and absenteeism in the workplace, mental illness is also expected to be the number one cause of disability worldwide by the year 2010.

## **Cerebral Palsy :**

The term cerebral palsy refers to any one of a number of neurological disorders that appear in infancy or early childhood and permanently affect body movement and muscle coordination but don’t worsen over time. Even though cerebral palsy affects muscle movement, it isn’t caused by problems in the muscles or nerves. It is caused by abnormalities in parts of the brain that control muscle movements. The majority of children with cerebral palsy are born with it, although it may not be detected until months or years later. The early signs of cerebral palsy usually appear before a child reaches 3 years of age. The most common are a lack of muscle coordination when performing voluntary movements (ataxia); stiff or tight muscles and exaggerated reflexes (spasticity); walking with one foot or leg dragging; walking on the toes, a crouched gait, or a “scissored” gait; and muscle tone that is either too stiff or too floppy. A small number of children have cerebral palsy as the result of brain damage in the first few months or years of life, brain infections such as bacterial meningitis or viral encephalitis, or head injury from a motor vehicle accident, a fall, or child abuse.

Spastic paralysis; Paralysis - spastic; Spastic hemiplegic; Spastic diplegia; Spastic quadriplegia Cerebral palsy is condition, sometimes thought of as a group of disorders that can involve brain and nervous system functions such as movement, learning, hearing, seeing, and thinking. There are several different types of cerebral palsy, including spastic, dyskinetic, ataxic, hypotonic, and mixed.

### **Causes, incidence, and risk factors :**

Cerebral palsy is caused by injuries or abnormalities of the brain. Most of these problems occur as the baby grows in the womb, but they can happen at any time during the first 2 years of life, while the baby's brain is still developing. In some people with cerebral palsy, parts of the brain are injured due to low levels of oxygen (hypoxia) in the area. It is not known why this occurs. Premature infants have a slightly higher risk of developing cerebral palsy. Cerebral palsy may also occur during early infancy as a result of several conditions, including:

- Bleeding in the brain
- Brain infections (encephalitis, meningitis, herpes simplex infections)
- Head injury
- Infections in the mother during pregnancy (rubella).
- Severe jaundice.
- In some cases the cause of cerebral palsy is never determined.

### **Symptoms :**

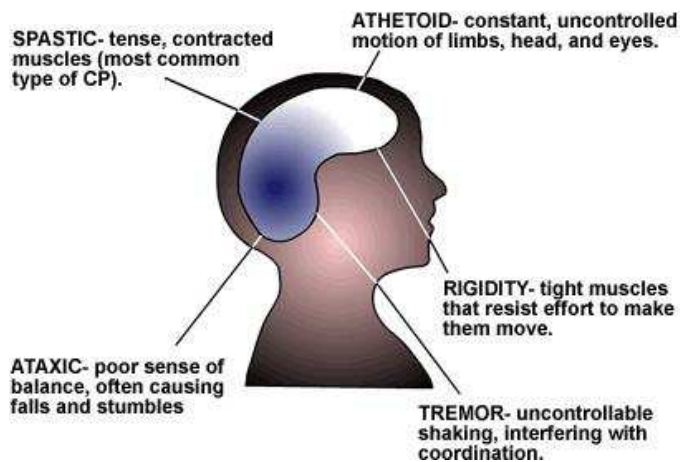
Symptoms of cerebral palsy can be very different between people with this group of disorders. Symptoms may:

- Be very mild or very severe
- Only involve one side of the body or both sides
- Be more pronounced in either the arms or legs, or involve both the arms and legs

Symptoms are usually seen before a child is 2 years old, and sometimes begin as early as 3 months. Parents may notice that their child is delayed in reaching, and in developmental stages such as sitting, rolling, crawling, or walking.

There are several **different types of cerebral palsy**. Some people have a mixture of symptoms.

## TYPES OF CEREBRAL PALSY



Symptoms of spastic cerebral palsy, the most common type, include:

- Muscles that are very tight and do not stretch. They may tighten up even more over time.
- Abnormal walk (gait): arms tucked in toward the sides, knees crossed or touching, legs make "scissors" movements, walk on the toes
- Joints are tight and do not open up all the way (called joint contracture)
- Muscle weakness or loss of movement in a group of muscles (paralysis)
- The symptoms may affect one arm or leg, one side of the body, both legs, or both arms and legs

The following symptoms may occur in other types of cerebral palsy:

- Abnormal movements (twisting, jerking, or writhing) of the hands, feet, arms, or legs while awake, which gets worse during periods of stress
- Tremors
- Unsteady gait
- Loss of coordination
- Floppy muscles, especially at rest, and joints that move around too much

Other brain and nervous system symptoms:

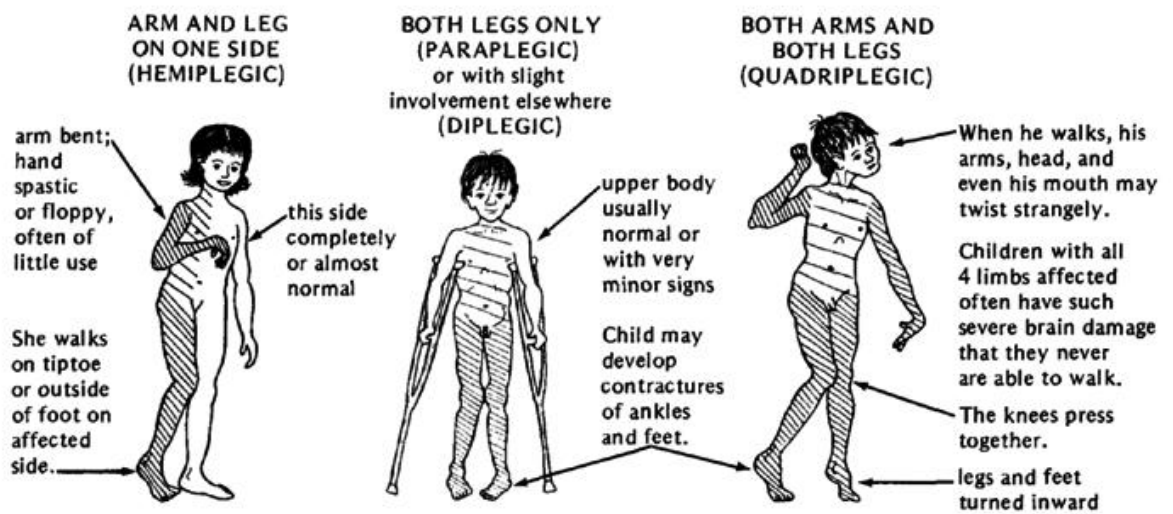
- Decreased intelligence or learning disabilities are common, but intelligence can be normal
- Speech problems (dysarthria)
- Hearing or vision problems
- Seizures
- Pain, especially in adults (can be difficult to manage)

Eating and digestive symptoms

- Difficulty sucking or feeding in infants, or chewing and swallowing in older children and adults
- Problems swallowing (at all ages)
- Vomiting or constipation

Other symptoms:

- Increased drooling
- Slower than normal growth
- Irregular breathing
- Urinary incontinence



### Signs and tests :

A full neurological exam is critical. In older people, testing cognitive function is also important.

The following other tests may be performed:

- Blood tests
- CT scan of the head
- Electroencephalogram
- Hearing screen
- MRI of the head
- Vision testing

## **Treatment :**

There is no cure for cerebral palsy. The goal of treatment is to help the person be as independent as possible.

Treatment requires a team approach, including:

- Primary care doctor
- Dentist (dental check-ups are recommended around every 6 months)
- Social worker
- Nurses
- Occupational, physical, and speech therapists
- Other specialists, including a neurologist, rehabilitation physician, pulmonologist, and gastroenterologist

Treatment is based on the person's symptoms and the need to prevent complications.

Self and home care include:

- Getting enough food and nutrition
- Keeping the home safe
- Performing exercises recommended by the health care providers
- Practicing proper bowel care (stool softeners, fluids, fiber, laxatives, regular bowel habits)
- Protecting the joints from injury

Putting the child in regular schools is recommended, unless physical disabilities or mental development makes this impossible. Special education or schooling may help.

The following may help with communication and learning:

- Glasses
- Hearing aids
- Muscle and bone braces
- Walking aids
- Wheelchairs

Physical therapy, occupational therapy, orthopedic help, or other treatments may also be needed to help with daily activities and care.

Medications may include:

- Anticonvulsants to prevent or reduce the frequency of seizures
- Botulinum toxin to help with spasticity and drooling
- Muscle relaxants (baclofen) to reduce tremors and spasticity

Surgery may be needed in some cases to:

- Control gastroesophageal reflux
- Cut certain nerves from the spinal cord to help with pain and spasticity
- Place feeding tubes
- Release joint contractures

Stress and burnout among parents and other caregivers of cerebral palsy patients is common, and should be monitored.

**Expectations (prognosis) :**

Cerebral palsy is a lifelong disorder. Long-term care may be required. The disorder does not affect expected length of life. The amount of disability varies.

Many adults are able to live in the community, either independently or with different levels of help. In severe cases, the person may need to be placed in an institution.

**Complications :**

- Bone thinning or osteoporosis
- Bowel obstruction
- Hip dislocation and arthritis in the hip joint
- Injuries from falls
- Joint contractures
- Scoliosis
- Seizures (in about half of patients)
- Social stigma

***Advances in Diagnosis and Treatment of Mental Illness***

Researchers have made tremendous progress in pinpointing the physical and psychological origins of mental illnesses and substance abuse.

- Scientists are now certain that some disorders are caused by imbalances in neurotransmitters, the chemicals in the brain that carry messages between nerve cells. Studies have linked abnormal levels of these neurotransmitters with depression and schizophrenia.
- A special technology called positron emission tomography (PET) has allowed psychiatric medical researchers to "watch" the living brain's functioning. Researchers have used PET to show that the brains of people suffering from schizophrenia do not metabolize the sugar called glucose in the same way as the brains of healthy people. PET also helps physicians determine if a person suffers from schizophrenia or the manic phase of manic-depressive illness, which can have similar symptoms.



- Refinements of lithium carbonate, used in treating manic-depressive (bipolar) disorder, have led to an estimated annual savings of \$8 billion in treatment costs and lost productivity associated with bipolar disorder.
- Medications are helpful in treating and preventing panic attacks among patients suffering severe anxiety disorders. Studies also indicate that panic disorders could be caused by some underlying physical, biochemical imbalance.
- Studies of psychotherapy by the National Institute of Mental Health have shown it to be very effective in treating mild-to-moderate depression.
- Scientists are beginning to understand the biochemical reactions in the brain that induce the severe craving experienced by cocaine users. Through this knowledge, new medications may be developed to break the cycle of cocaine craving and use.

Although these findings require continued research, they offer hope that many mental disorders may one day be prevented.

### **Role of families of the mentally disabled**

Since those disabled by schizophrenia may not make effective spokespersons for their cause, it is absolutely crucial for families to organize themselves into pressure groups to advocate the welfare of the mentally ill. NGO initiatives in psychiatric disability intervention is not on par with that of other disabilities. This is a promising area and countries in this Region can benefit from these locally relevant and economical approaches. This sector is growing slowly and steadily and may become a major source of care for the mentally ill. Further, this also helps in reducing the stigma of mental illness by shifting the care from custodial care to community care with people's participation. A small beginning has been made in India, Sri Lanka and a few other countries, but there is a long way to go. Unless this is done, policy planners will continue to ignore this disability, thereby depriving some of the most disabled of certain basic facilities.

Finally, there are support groups emerging in the Region. These include families of patients who can offer different kinds of help. It is advisable to become a member of a support group in one's city or town, or even help start one. Emergence of family groups are in the form of self-help groups or advocacy groups. These groups can set up rehabilitation facilities. Government initiatives like the Persons with Disabilities Act 1995 of India encourages family associations to start programmes.

### **What the community can do**

Unlike many physical illnesses, schizophrenia is a disorder which has not just clinical, but family and social ramifications as well. The recovery, rehabilitation and reintegration of a patient cannot be accomplished without community support. Hostility, abuse, rejection and stigmatization by the community can impede progress and even result in a relapse or increased disability. Hence, the role of each of us as members of the community at large is vital.

### **What NGOs can do**

The last few decades have witnessed the establishment and growth of community-based programmes. Most of these are run by nongovernmental organizations and some by private medical professionals. Apart from acute care, these centres offer rehabilitation and awareness programmes at various levels.

### **What governments can do**

Some countries in the Region have developed a national mental health policy, while others are in the process of doing so. Progressive policies will go a long way in helping patients with mental illness to integrate into society and also in the optimum utilization of mental health facilities. The policy of de-institutionalization, i.e. developing programmes which will enable patients to be discharged from chronic care facilities and yet be provided mental health services in the community, needs to be developed and promoted. Sri Lanka has already implemented such programmes successfully. Community-based mental health programmes integrating such services into existing primary health care programmes should be considered. Welfare and rehabilitation services play a major role in assisting patients in integrating into the community and their families, and in helping them to work gainfully. Models for such programmes are available in some countries and should be expanded.

### **CASE STUDY:-**

#### **I. Primary Information / Intake:-**

1) Name : **Omkar Ketanbhai Darji (name changed)**

2) Date of Birth : **13/09/2003**

3) Age : **8 yrs.**

#### **II. Psycho-social and Economic Study :**

Omkar is 8 yrs. old boy. His family is of Hindu religion and of Darji caste. His mother tongue is Gujarati. Status of his family in respect to the income is middle class. His family is from rural area. & it is of joint type of family.

#### **[A] Psychological aspects :**

Omkar's IQ is 50 and IQ level is Mild.

#### **[B] Social aspects :**

Omkar plays with peers and also plays with the children who are younger and older from him. He likes to play with animals. He follows the rules of any game also and does not find difficulty in playing in a group. His leisure time activities are to watch television and to play with toys. Omkar's mother and sister look after the needs of Omkar at home. Sometimes other members of Omkar's family also help his mother for tackling him. His family is sociable

also because his family has good relationship with their neighbors and also his family takes part in social and religious activities in the society.

**[C] Economical aspects :**

Status of Omkar's family in respect to the income is middle class. His family is from rural area. & it is of joint type of family.

**III. Diagnosis :**

**1. Dynamic diagnosis :**

- Omkar cannot walk. That's why his Parents have to carry him always whenever they go outside from their home. Omkar had shown delay in developmental tasks like in neck control, crawling, sitting and standing. Omkar has clear speech. Omkar has mental and growth retardation. Omkar had not shown delay in toilet training.

**2. Etiological problem :**

- Omkar's mother had post mature delivery. Omkar's weight at the time of his birth is proper. The weight was 3 kg. There was no delay in birth cry of child. After birth, color of the child was blue. After birth, child's brain did not get proper oxygen due to the problem had occurred in his respiration system.

**3. Clinical Diagnosis :**

- Omkar has Cerebral Palsy with Mild mental retardation.
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**IV. Treatment :**

**Suggested : 1) Direct treatment :-**Omkar needs physiotherapy.

**Suggested : 2) Indirect treatment :**

- Parents must accept their child as he is. Parents should not neglect their child. They should not run away from the situation. They must understand the condition of their child. They also keep in mind that mental retardation is not curable like mental illness. There is no medicines for such.

**CASE STUDY:-**

**V. Primary Information / Intake:-**

1) Name : **Pratik Chaturbhai Gohel .**

2) Date of Birth : **08/12/2002**

3) Age : **9 yrs**

**VI. Psycho-social and Economic Study :**

Pratik is 9 yrs. old boy. His family is of Hindu religion and of Darbar caste. His mother tongue is Gujarati. Status of his family in respect to the income is middle class. His family is from urban area. & it is of nuclear type of family.

**[A] Psychological aspects :**

Pratik's IQ is 55 and IQ level is Moderate.

**[B] Social aspects :**

Pratik plays with peers, younger children and also as well as with older children. He likes to play with animals. He follows the rules of any game also and does not find difficulty in playing in a group. His leisure time activities are to watch television and to play with toys and also with bat & ball. Pratik's mother looks after the needs of Pratik at home. His family is sociable because his family takes part in religious and social activities in the society.

**[C] Economical aspects :**

Status of Pratik's family in respect to the income is middle class. His family is from urban area. & it is of nuclear type of family.

**VII. Diagnosis :**

**1) Dynamic diagnosis :**

- Pratik has problem in sitting. He has also problem in walking. He cannot run and walk. Pratik had shown delay in all developmental tasks like crawling, babbling, walking, sitting, speaking etc. Pratik has mental and growth retardation. Pratik is not proper toilet trained. Pratik is stubborn also.

**2) Etiological problem :**

- Pratik's mother had full time delivery. At the second month of pregnancy there was danger of natural abortion so the X-ray was taken of his mother. Menstruation also get started during 2<sup>nd</sup> month of his pregnancy. Then it was handled by tablets. Weight of the child was also proper. Pratik's weight at the time of his birth is 3 kg. There was no delay in birth cry of child. After birth, colour of the child was pale.

**3) Clinical Diagnosis :**

- Pratik has Cerebral Palsy with Moderate mental retardation.

**VIII. Treatment :**

**Suggested : 1) Direct treatment :**

-Pratik needs speech therapy, physiotherapy and occupational therapy.

**Suggested : 2) Indirect treatment :** - Parents should give proper care, love and affection as they give to their other child. It is important for improvement in condition of their child. Parents must be made to understand that mental retardation is not curable. But the improvement in the condition of their child can be occurred, if they accept their child as he is

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