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Tribal Mental Health And Belief Systems In India

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Abstract:

Health problems have increased significantly among Indian tribes, but knowledge, accessibility, and treatment seeking are meagre. The concept of mental health and beliefs about its conception has many different meanings and interpretations among tribal populations. It is crucial to evaluate the knowledge of mental health problems, ways to seek help, and obstacles faced by tribal communities when seeking assistance. The paper aims to collect and analyse research on tribal communities' mental health beliefs and access to care in India. Jstor, Google Scholar, the National Center for Biotechnology Information (NCBI), PubMed, and Scopus were used to identify and review studies published between 2016 and December 31, 2022. The relevant studies have been summarised and described in detail. Community-based research has limited studies on mental health concerns among tribal populations. Fewer studies examined mental health issues like depression, psychosis, mood disorders and anxiety. Faith healers play a significant role in the treatment of mental illnesses. It is crucial to develop culturally appropriate tools and strategies to estimate the prevalence of mental illnesses in tribal communities and methods to tackle them. Indigenous ethnomedicine knowledge must be combined with modern medicine to improve access and knowledge.

Keywords: Beliefs, Help-Seeking Behavior, Indigenous Medicine, Indigenous Peoples, Mental health.

Introduction

India's Scheduled Tribes population accounts for 8.6% of the overall population, per the 2011 Census of India. It is also one of the largest tribal populations in the world.[i]. The Indian tribes are distinct in their

histories, geographies, cultures, customs, and beliefs. Their unique way of life sets them apart from the caste society, as they have a strong connection with nature and live in harmony. Regarding healing practices and beliefs, the tribes differ significantly from modern medicine and the caste society. Despite numerous government interventions, India's tribal population remains socially and economically vulnerable, with a high risk of health issues. This issue is mainly caused by the need for more healthcare facilities, healthcare professionals, and education on healthcare.

The 2016 National Mental Health Survey found that one in every ten Indians has a mental disorder, making it the primary cause of disability and economic burden in India[ii]. The above data highlights the importance of mental health awareness and services. For example, in the state of Uttarakhand, the study 'State of Specialist Doctors in Uttarakhand 2021,' published by the Dehradun-based Social Development for Communities (SDC) Foundation, states that there are only four psychiatrists available for a population of over 10 million people spread across 13 districts, with Dehradun district having a 50% shortfall[iii].

Today, tribes face increased vulnerability concerning their mental health due to rapid societal changes affecting their unique way of life, beliefs, culture, and social interactions. These changes, combined with the use of alcohol and drugs, make them more susceptible to various mental health problems. Mental health issues and beliefs about their causes and treatments differ among tribes, making it difficult to diagnose and treat their emotional distress in a way that aligns with standard practices. Poverty, lack of awareness, and limited knowledge often prevent tribals from receiving adequate treatment. Consequently, individuals experiencing symptoms of depression, anxiety, or substance abuse often seek treatment from traditional or spiritual healers rather than medical professionals or hospitals.

Religion and the supernatural are often associated with illness and healing in many non-Western cultures. People's beliefs significantly impact their approach to seeking medical help, especially regarding mental health and madness-related issues. Foster and Anderson (1978) have written extensively about non-western disease etiologies, specifically the personalistic and naturalistic[iv]. Naturalistic illness is defined by natural factors such as climate, humoral imbalance, and so on, whereas personalistic illness is determined by the active and intentional intervention of some 'sentient agent' of supernatural origins such as a ghost, evil spirit, angry gods, or a human in command of such forces such as a witch[v].

A community's health-seeking behaviour is influenced by its ideas about illness and healing, which are highly individualised and

influenced further by social and cultural factors, as well as personal and individual factors[vi]. In the Indian context, religion, cultural traditions, and superstition heavily influence people's beliefs and perceptions towards mental health and its treatment. Such perceptions, according to Kishore et al. (2011), lead to the belief that mental illnesses such as depression and schizophrenia, among others, are the result of supernatural causes rather than medical issues[vii]. According to Biswal, Subudhi and Acharya (2017), 75% of patients in India seek folk healing for mental illnesses[viii].

Cultural beliefs and traditions influence the way tribal populations seek out healthcare. Tribes have developed a robust traditional medicine system based on their knowledge gained through observation and reasoning since time immemorial[ix]. George et al. (2020) studied the indigenous community in Attapadi, Kerala and found that while the health system offered financial protection and various healthcare services for the indigenous communities to access, the communities resisted attempts by the health system to improve their access for several reasons. These include the failure to provide culturally sensitive care, discrimination at healthcare facilities, centralized service delivery, and the inability to negotiate for services that are less disruptive to their lives[x].

Devarapalli et al. (2020) found that there has been limited research on the health of the Scheduled Tribes population, particularly in mental health, with tribal mental health being an underrepresented and untapped area of healthcare services[xi]. Furthermore, little is known about the prevalence of mental disorders in tribal communities. Verma et al. (2022) also state that over the last three decades, very little tribal community research has been conducted on mental health issues among tribal populations in India[xii]. These studies also investigated a narrow range of mental health issues, primarily alcoholism, anxiety, depression, and suicide[xiii].

Objectives

The paper aims to gather and examine the most recent literature on the mental health beliefs and access to care of tribal communities in India concerning mental health issues such as psychosis, mood disorders, anxiety disorders, personality disorders, and other related conditions.

Materials and Methods

Major international databases such as Jstor, Google Scholar, the National Center for Biotechnology Information (NCBI), Scopus and PubMed were used to search for articles published between 2016 and December 31, 2022. To identify these studies published in English, the following search terms were used: ‘Mental health’ OR ‘Mental illness’

OR 'Health belief' OR 'Mental Disorder' OR 'Illness belief' OR 'Indigenous peoples' OR 'Tribal communities' OR 'Tribal people' OR 'Tribal population' OR 'Tribal culture' AND 'India.' These terms were used to sift through the title and abstract to identify relevant papers, post which the full text of those papers was assessed.

The paper has defined mental health issues as ailments associated with psychosis, mood disorders, anxiety disorders, personality disorders, or other related mental health issues. Quantitative data-based research focused on tribal communities and producing primary data were included.

Findings

Identifying mental illness in tribal communities can be complex and unclear due to the influence of cultural contexts on disease perceptions[xiv].India has the world's largest tribal population, as stated by Subudhi and Biswal (2021). Unfortunately, there isn't enough information available on how common mental illness is among this group from an epidemiological perspective. Although some tribal people were included in the National Mental Health Survey (2015-16) study, the specific prevalence rate of mental illness among them has not been reported[xv].They go on to say that the perceived aetiology of mental illness is divided into four categories: stress, western physiology, non-western physiology, and supernatural; 44% of patients reported 'stress' as the leading cause of mental illness, while 40% believe in supernatural causes as the aetiology[xvi].

A study by Hansda et al. (2021) examined the attitudes and practices of tribal communities towards mental health in the Ranchi and Pakur districts of Jharkhand. The results showed that over 60% of people believed in supernatural causes of mental illness, such as bhoot pret, opari kasar, and jadu tona. Furthermore, 76.7% of participants believed Devi/Devta Prakop could cause mental illness. The study also revealed that when someone falls ill, they are usually taken to an Ojha or mati for treatment, and most participants had limited knowledge about mental illness. These findings suggest that supernatural beliefs play a significant role in the perception of mental illness among tribal communities[xvii]. Hansda et al. (2021) suggest launching community-based mental illness awareness programs at tribal weekly marketplaces with the help of health workers and local community members[xviii].

A study by Sutar et al. (2021) of the mega health camp in Mandla town, which provided medical assistance to tribal populations and financially weaker individuals in remote areas, found that most patients were diagnosed with common mental illnesses. However, when individual diagnoses were considered, psychotic spectrum disorders were the most prevalent. Additionally, further research

indicates that individuals who rely on magico-religious methods for treatment are more likely to suffer from severe mental illness[xix].

Subudhi, Biswal, and Pathak (2022) interviewed 50 tribal study participants at the Department of Psychiatry in Ispat General Hospital (IGH) Rourkela, located in the Sundargarh District of Odisha, India. Their findings revealed that mental illness negatively impacted the socioeconomic well-being of both tribal individuals and their families[xx].According to a study by Subudhi, Biswal, and Meenakshi (2020), traditional healers are the primary choice for two-thirds of mental illness patients in India because they are easily accessible and located close to the community. Additionally, 36% of tribal individuals with mental illness seek help from traditional healers at the onset of their illness[xxi].

Ali and Eqbal (2016) examined the mental health status of school-aged tribal adolescents from a rural community in Ranchi, Jharkhand, and discovered that 5.12% of the tribal students had emotional symptoms, 9.61% of the tribal students had conduct problems, 4.23% of the students had hyperactivity, and 1.41% of the tribal students had significant issues with peers[xxii].

In a study conducted by Rashmi et al. (2022), it was found that the occurrence of major depression was lower among the Scheduled Tribe community as compared to the non-Scheduled Tribe community. The prevalence was 4.8% and 8.9%, respectively. Various factors may contribute to this, including lower rates of non-communicable chronic illnesses, increased physical activity, healthier lifestyles, and the incorporation of spiritual beliefs into the healing process within tribal communities[xxiii]. Sindhu et al. (2022) conducted a cross-sectional study in 12 tribal hamlets of H.D. Kote taluk, Mysuru District, Karnataka, India, and found an overall prevalence of anxiety of 8.2%, with 4.7%, 2.9%, and 0.6% experiencing mild, moderate, or severe anxiety, respectively; the overall prevalence of depression was 22.4%, with 18.9% suffering from moderate depression and 3.5% suffering from severe depression[xxiv].

Singh and Dewan (2018) studied migrant labour women in the Ranchi district of Jharkhand. The results showed that 79% of the tribal sample group had a high level of depression, whereas only 21% of the non-tribal sample group had a high level of depression. This suggests that a more significant proportion of tribal women experience higher levels of depression compared to non-tribal women[xxv]. According to their research, tribal women work harder than men to manage their households, care for their children, and participate in economic activities like agriculture and marketing. This heavy workload, which includes a wide range of responsibilities, often leads to stress and hardship, negatively impacting their mental health.[xxvi].

In a study conducted by Shrivastav et al. (2022) during the COVID-19 pandemic, they examined the mental well-being of adolescent girls between the ages of 15 to 20 from a tribal population in Bastar, Chhattisgarh. The study found that almost 27.5% of these girls experienced significant psychological distress, which was linked to gender disadvantage and resilience[xxvii]. The severity of psychological distress was linked to higher perceived gender disadvantage and low self-reported resilience scores. They advocate for a more nuanced understanding of mental health, particularly for young women in underserved communities such as tribal areas[xxviii].

According to Sadath et al. (2018), the National Mental Health Program focuses on providing primary mental health care to everyone, especially those who are vulnerable and underprivileged, as demonstrated through a case study of a tribal woman from Wayanad[xxix]. The district mental health programme (DMHP) improved access to mental health treatment in rural areas to some extent through community-based approaches. However, tribal populations living in remote areas have limited access to mental health services[xxx].

Based on their research on mental health in Nagaland, Ningsangrenla and Rao (2019) discovered the popularity of traditional healing for alleviating mental health problems in Nagaland, demonstrating significant rural-urban differences with less urban population resorting to traditional methods[xxxi]. The most common mental health problem was mood disorders, and psycho-spiritual therapies were used in most cases, with traditional treatments for mental health problems yielding primarily positive results[xxxii]. Ningsangrenla and Rao (2019) advocate for the integration of traditional healing practices with modern allopathic psychiatric practises[xxxiii].

Based on their work with tribal communities in Wayanad, Sadath et al. (2019) emphasise the importance of initiating mental health training programmes for grass-root workers such as tribal promoters, establishing clinics in the interiors, and recognising the need for mental health awareness and stigma reduction among tribal populations[xxxiv].

Lakhan (2020) found that in rural India, many tribal people opt for traditional healing methods instead of seeking assistance from medical professionals due to several sociodemographic factors, including limited resources and awareness, physical barriers, inadequate availability of services, discriminatory attitudes of healthcare providers, inherited beliefs about mental illness, and a lack of successful medical care cases in their communities[xxxv]. To improve mental healthcare for tribal people, Lakhan (2020) suggests that researchers should investigate the perceptual and attitudinal factors that impact their healthcare decisions.

Raghavan et al. (2022) found no systematic differences in the experience of stigma experienced by those with or associated with mental illness across urban, rural, or tribal communities, and almost all participants from Kerala's rural and urban districts spoke about using traditional methods to treat mental health disorders as a first resort, as well as seeking help from medical doctors and psychiatrists if the traditional or spiritual approach proved ineffective[xxxvi].

Discussion

There has been limited research conducted on mental health issues affecting tribal communities in India. Most studies have concentrated on tribal communities residing in rural regions together with non-tribal populations. These studies have primarily examined problems associated with alcohol and substance misuse. Furthermore, there is insufficient research conducted on the mental health of tribal communities that are more vulnerable and isolated. More research is necessary to address additional mental health concerns, including mood disorders, anxiety disorders, personality disorders, and psychosis.

In tribal health systems, faith healers are vital in addressing mental health concerns. Factors like lack of awareness about available health services, limited access to treatment, high costs, superstition, and indigenous beliefs about health and illness contribute to a preference for faith healers over hospitals and modern medicine practitioners. Faith and traditional healers are usually the first caregivers. They can receive training to provide critical healthcare services and sensitisation about mental health issues. Additionally, community health workers from within the tribe, even with minimal education, can be trained and encouraged to work in their community.

To accurately assess and address mental health issues in tribal communities, it is crucial to create tools and strategies that are culturally appropriate. This can be achieved through collaboration between faith healers, doctors, and hospitals to increase awareness of mental health services and establish a referral system for more severe cases. It is also essential to strengthen the primary healthcare system.

The National Mental Health Programme (1982) aimed to provide primary mental healthcare to everyone. In 1996, the District Mental Health Programme was introduced, but it neglected the mental health needs of the tribal population. The District Mental Health Program (DMHP) faces challenges regarding coverage, access, and budget, especially in remote and tribal areas of India. It lacks the necessary provisions and training to effectively address the unique mental health care needs and concerns of tribal populations, which are influenced by their worldview and practices related to health and illness. The Mental Healthcare Act 2017 replaced the Mental Health

Act 1987 and prioritized the human rights of mentally ill individuals. However, it failed to address the unique concerns of tribal mental healthcare and accessibility to treatment. Tribal people are underprivileged members of society, and due to the lapses and neglect, there has been a significant policy implementation gap. The 2018 Tribal Health Report has recognised mental health and addiction as important issues, particularly emphasising the mental stress caused by alcohol and substance abuse[xxxvii]. Even though some progress has been made, there is still a lot of knowledge to gain about mental health issues in tribal communities. It is crucial to promote awareness, combat stigma, and enhance accessibility and affordability of care and treatment.

Tribal people are often marginalised, so their traditional knowledge of indigenous ethnomedicine has been overlooked. More needs to be done in the execution of policies and to address the gaps. To address this, it is essential to integrate their knowledge with modern scientific medicine[xxxviii].

Limitations

There are certain limitations to the findings presented in the paper. The studies discussed, only focused on a small number of tribal communities and regions in India, which makes it challenging to apply the results to a broader population. Additionally, while most studies explored mental health issues related to substance and alcohol use, few studies examined other mental health concerns included in the review criteria.

Conclusion

According to the findings, there have been few community-based studies on mental health issues among tribal populations conducted in recent years. Most of the research has focused on tribal groups who live in rural areas and cohabit with non-tribal groups. Only a few studies investigate mental health concerns like psychosis, mood disorders, anxiety disorders, personality disorders, and other related mental health issues. The combination of indigenous ethnomedicine knowledge and modern medicine can enhance access to and knowledge of healthcare. The paper has thoroughly analyzed existing research, highlighted areas where further research is needed, and underscored the significance of conducting more detailed studies in the future.

Declaration of Conflict of Interests

The authors have stated that they do not have any potential conflict of interest.

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