Vulnerable Population Summary and Proposed Program: People Diagnosed with Mental Conditions

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According to the World Health Report (2001), mental and behavioral disorders make up 12% of the global health issues. As a result, there has been an increasing mental, behavioral and social health concerns globally. Increased cases of specific mental health illnesses are reported for people at the ages of 60 years due to the changes in demographic factors. Additionally, there is a significant increase of mental disorders within the elderly population due to the rise in life expectancy. Socio-economic and political changes in the current world have also contributed to the increase in the rate of depression across all age groups.

Risk factors such as the social, psychological and biological features influence the mental health of an individual at different stages of their life. As a result, 20% of people aged 60 years and above suffer from a mental or neurological disorder this is due to the physical, emotional and cognitive problems encountered (World Health Report, 2001). According to the World Health Report (2001), archetypal life stressors in the elderly population that inhibit individuals from living independently are among the common factors leading to mental disorders.

Physical problems in aging such as chronic pain, disability or a decrease in one's socio-economic state could result in emotional issues such as isolation, loneliness, psychological distress or loss of independence in the elderly. Poor cognitive functioning in older people contributes to mental problems such as memory loss and might contribute to mental disorders such as dementia (World Health Report, 2001). Moreover, mental health and physical health impact each other. For instance, seniors with chronic diseases tend to exhibit signs of being depressed as opposed to those who are medically fit.

Cultural practices, beliefs and values impact how individuals perceive the subject of mental health (Kumar & Nevid, 2010). In some cultures, a sign of emotional or psychological instability is associated with shame. Therefore, individuals affected do not seek assistance outside their family. For example in some Asian communities, public display of emotional and mental instability is a sign of weakness and reflects poorly on the individual and their family. In other instances, mental illness equals shame and brings dishonor to the family of the persons affected (Kumar & Nevid, 2010). As a result, cultural mores interfere with how patients with mental disorders respond to medical assistance and interact with health care providers.

Mental illness directly influences the economic status of an individual and vice versa. People with mental illness, families, communities, employers, public health care systems and government planning encounter a significant economic strain (Jenkins et al., 2011). Social inequalities such as cases of unemployment, unequal access to opportunity and poverty are contributing factors to the mental state of an individual. Such factors could lead to mental issues like depression, anxiety or psychological distress (Jenkins et al., 2011).

The aggregated cost invested by families on mental health, consequently affect the size, performance, and productivity in the labor markets and the national income (Jenkins et al., 2011). Political factors such as health policies impact the subject of mental health as it determines the functioning of the health care system. For instance, political leaders have the deciding power on which health policies concerning mental health issues should be implemented and those that should not. In some cases, some cases of mental health problems receive more attention than others hence neglecting populations that are affected by rare mental diseases (Jenkins et al., 2011).

Community-based treatment for mental health patients includes proper access to treatment, rehabilitation and clinical and emotional support from the community. Health services, for mental problems, need to be accessible to patients through social, health and mental health agencies. Mental health patients are likely to encounter issues of neglect, stigmatization, and discrimination due to their mental state. As a result, accessible medical and counseling services within the community offers patients with an opportunity to seek medical advice and get support from professionals.

A case management approach for a community-based care program is applicable for mentally ill patients as the treatment offered centers around conventional general approach to aggressive clinical approach. Managed care within the community focuses on providing psychological help to patients through counseling, psychiatric evaluation and patient recommendations to seek specialized treatment. Mental health patients that have been discharged from the hospital can access emotional and psychological support from the mental health agencies within the community to avoid relapse and deal with issues of abandonment or loneliness after rejoining the community (Jenkins et al., 2011).

A long-term approach to treating and preventive mental issues within the community may include peer education for community members. The social, health and mental agencies established as part of the community-based program will focus on educating the public on the subject of mental health and create awareness on the psychological, economic and social nature of mental illnesses. Creating awareness within the community minimizes the risk factors and issues that mental health patients are subjected to and also allows the community to openly address the topic of mental health. Additionally, it assists in eradicating the cultural misconception associated with mental illnesses by encouraging patients within the community to seek medical help (Kumar & Nevid, 2010).

**References**

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