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Chapter 1 : Unit 7 –“ Sociological perspectives in Health and Social Care –“ nikayladavies

Abstract. Modern sociological thought developed with those thinkers of the late eighteenth and nineteenth centuries who shared a desire to discover what Louis Wirth has described in his definition of sociology as "that which is true of human beings by virtue of the fact that they everywhere live a collective life" (Bramson,).

Share via Email Readers of our You tell us series have asked us for more articles written from a personal perspective. Each person will tackle a subject from a distinctive angle, and make policy recommendations, in the hope that they will inspire others to comment below the line. Due to the delicate and personal nature of the debate, moderation will be strict and personal abuse will not be tolerated. Alison Klose aka EvaWilt My story: In the depths of it, things seemed very black. My GP was lovely, but there were a few "call yourself a insert expletive doctor" moments with my psychiatrist, although we now have a very relaxed and open relationship. Due to the severity of my illness, medication was vital to stabilise my mood and it took several distressing changes over a number of months to find the appropriate drug. Things gradually began to improve. I was then able to start to get out after months of being virtually housebound , and received the help of a community psychiatric nurse CPN. Mine has been a key part of my recovery – an emergency counsellor for bad days and mate for coffee on better ones. Both doctor and nurse have also provided informal support for my husband, who was my full-time carer for a time and faced his own challenges. Overall, a very holistic approach to my health – for me, the system works. I am only too sadly aware that others may not be so lucky. I would like to see community psychiatric nurses used initially in primary care for cases of "mild" depression. They would have time to spend with patients and possess the experience and skills to provide reassurance and support. A harassed and overstretched GP may miss the more serious yet "quiet" cases which a nurse might pick up. One thing that struck me when reading this recent thread about Allison Pearson was the near-consensus in favour of talking therapies as treatment for depression. Many held that medication should be a "last resort". But allowing therapy to become the orthodoxy that medication once was would be a mistake in my view – one that could delay potentially life-saving alternative treatment. When I started taking anti-depressants around four years ago, I felt guilty and lazy, as if I was going for the "quick fix" when the hard, painful journey of therapy was what would really do the trick if I only had the courage. Within a short time of starting medication, I stopped feeling like that. Well-meaning friends and doctors had me believing I must have something to un-repress, that I needed to heal and hug and learn and grow. We all know the stereotype that women solve problems by talking: Such assumptions are about as helpful in treating an illness as squeamishness about "chemicals" leading some to dismiss medication. The right balance needs to be struck between promoting a treatment when it seems appropriate, and presenting it as a universal cure. With the benefit of hindsight, I wonder how much of this I brought upon myself. If I had known about the effects of long-term stress 10 years ago, I would have sought help much earlier. Hindsight is a wonderful thing. Day in, day out, for months, rolling into years, the blows descended with little respite, and my fight or flight mechanism was suspended until my nervous system finally gave out with full blown post-traumatic stress disorder PTSD. Unable to work or deal with the baying hordes of creditors some sympathetic, some not and some exploiting my condition , I finally succumbed and started screaming my head off. I could have ended up sectioned, imprisoned or worse. I was rescued by social services who found me a place in a hostel with a buffer between me and the pressures with which I could not cope. Once "safe" and with support from trained staff, it took me a full year to recover. I was ready to leave once housing could be arranged. Without support, especially with seemingly minor things like shopping in crowded places or dealing with bureaucracy, I might have relapsed. The economy is in a mess and there will be few funds available to provide residential care. The one policy that could be introduced that would cost very little is to give respite from the financial pressures that only exacerbate stress related conditions. A "protection from creditors" certificate signed off by one or more medical professionals and legally enforceable in the courts, if necessary, would give that respite and help

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prevent people from crashing out as I did. Rin Simpson aka Rin My story: After all, my father was manic depressive he committed suicide when I was eight years old and my sister has lived with the illness for most of her life. But it was only after months of suffering that I finally faced up to the fact that I was more than just a bit down. I was put on medication, then stronger medication, then essentially left to it. It was only through my own efforts that I discovered the benefits of exercise and a balanced diet. It was family who urged me to get plenty of sleep, and friends who helped find a counsellor. Eventually I decided to come off the pills. That was last summer. A couple of weeks ago, I went to the surgery to get antimalaria tablets for a holiday. Imagine my surprise when I was handed two prescriptions – one for the antimalarials, one for antidepressants. My GP was kind and treated me with respect. But when it comes to depression, diagnosis should be the first step of a much longer process. From there a patient should be referred onwards – to counselling, exercise classes, nutritional advice. People with depression need to be shown how to change their lives, not just accept their fate and rely on medication indefinitely. There are numerous coping techniques, like the goal-setting one I learned and still use today. There are counselling practices like cognitive behavioural therapy CBT which, put simply, help the patient change the way they react to their circumstances and their illness. What is important is that patients and doctors shift their mindset from "managing on medication now" to "living without it in the future". Only then can we hope to recover. In many ways, I enjoyed my time on a mental health ward in the NHS. I like people, find them interesting, and have lots of professional interest in the area. But I did not get much in the way of care beyond being fed three square meals a day. I did, however, experience ongoing pettiness. For instance, my shoelaces were taken away from me in order to avoid a suicide risk. The lack of laces simply left me with an increased trip hazard – so much for the rules. To this should be added the small humiliations for example, always having to wait for nurses to respond to requests, the eruptions of shouting and banging, and the depredations of severely ill patients, the urine stench of the incontinent and the possible risk of cross infection. Mental health rests on much less secure theoretical footing than does physical health. The particular categories of illness are much debated, and yet consultants and psychiatrists appear sure of their diagnoses. Despite spending little time with their patients, they express absolute confidence in their judgments. However, none of those I met showed any awareness of how they reached their diagnosis, nor did they alter their confidence consequent on changes in the information. Nurses were generally better placed to make assessments of the patients as they had more time to develop a mental model of the patient across time baseline data is vital to assess change. Unfortunately, much of their time was dedicated to filling in crude behavioural checklists and on administrative tasks. Care could be improved if more faith was placed in people. Across the system, trained and experienced individual judgment is distrusted while simplistic rule-following and record-keeping is enforced. This may suit accounting and target reaching, but is not satisfactory. Nurses should be spending more time with patients and be given more responsibility regarding their management. More actively therapeutic behaviour ought to be encouraged during everyday interactions, rather than be left for very occasional scheduled sessions. The duty and practice of care should be emphasised over that of control. Their national helpline number is Topics.

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Chapter 2 : Mental health perspectives | The people's panel | Global | The Guardian

The centrality of the mental hospital in the mental health sector both pre- and postwar, and the relevance of sociological perspectives for the understanding of these complex organizations meant that these too became a focus of much funded research.

Social structures refer to the different parts that make up society. These sociological perspectives are functionalism, post-modernism, structuralism, Marxism, feminism, new right, interactionism and collectivism and what their theories are and what they stand for will be explained in this blog. Feminism is a range of movements and ideologies to achieve equal opportunities for women. Feminism is strongly influenced by Marxist views excluding their views on social class and gender. There are three types of feminists, radical feminists, liberal feminist and Marxist feminists. Radical feminist are the most extreme out of all feminists and they want to put an end on patriarchal society. They believe society is controlled by men for the interest of men and every social structure has been implemented for the benefit of men. According to radical feminists the women need to become more aware of their exploitation sexually, financially and emotionally. Feminist that believes women are exploited; especially working class women are Marxist feminists. They believe in regenerating their husbands and to procreate. They are also focused on investigating and gaining an understanding the ways in which women are oppressed within capitalism. Finally, Liberal feminists are worried about the exploitation of women in society and the roles they play. Although, liberal feminists accept that they do need men, they just want greater equality for women in all social structures, they do not seek to overpower men or replace them. Overall, feminists have achieved many things over the years including the right to vote, the right to an education and the right to do what they want with their body. However feminism does have its criticisms which include the fact they focus too much on inequality on gender when there are inequalities in other social structures. New Right There are many aspects to the new right beliefs they are said to be strong on individualism and tough on crime. New right extreme conservative believe that the role of education is to instil drive and initiative and this will come from competition between schools. They also see schools as providers with parents and the children who attend the school as the consumers. They believe that league tables are valid and that successful schools should be rewarded by funding from the government per pupil. Below is a short list of all views included in new right beliefs: Left wing Labour party supports social equality and they also support disadvantaged groups, in addition to social justice. Centre Liberal democrat believes in improving social justice, they also promote social equality through equal opportunity campaigns against the gap between the rich and the poor. Far left Labour under Tony Blair is a socialist party who agree with Marxists fighting against capitalism and also fighting for the equal distribution of wealth. They also tend to have racist views and are anti-immigration. New right also believe some groups in society are forming an underclass and that individuals should fend for themselves. In addition, they agree with law enforcement agencies being strengthened suss laws. They believe it should be made easier for companies to grow and compete with each other, this is called market liberalism. Functionalism Functionalism was founded by Emile Durkheim Functionalists believe everything in society has a purpose and an important function including the sick, the elderly and the education system. This also refers to other social structures such as religion, the economy and family. Each of these structures have different needs and they all shape society; they also all depend on each other. Functionalists also believe that a revolution is not needed for social change unlike Marxists. Social change is the changing the way society is arranged. Those who believe in functionalist ideas also believe that the whole of society is made up of rules, values and norms that is important to survive and is also a consensus approach. Marxism Marxism was founded in the early 20th century by Karl Marx; Marxists ideologies are that society is based on inequality and that the bourgeoisie exploit the proletariat. Marxists believe there will always be a class inequality. Marxists believe we are all a part of a capitalist society where the entire purpose is to can profit for the benefit of the bourgeoisie.

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According to Marxists, the working class proletariat are not aware of the exploitation and that this is called false class consciousness and that the only power they have is in the labour and in their work. Marxists also believe that there will always be a class struggle. Some aspects that are associated with Marxism are false class consciousness which is the exploitation of the proletariat without them knowing. Ruling class ideology which is the dominant values of society is also associated with Marxism and finally revolution, which according to Marxists is the only way to capitalism. Some criticisms of Marxism are that social class has improved over the years, maybe not drastically but gradually. Also, there is more than one inequality to focus on, not just social class, others including race and gender. Postmodernism Postmodernism beliefs are about maintaining political and economic power and a general idea of reason; this is applied to literature, art, fiction and others. Postmodernism also denies the existence of any existing principles. Postmodern society is often associated with uncertainty and confusion due to their complex theories. Within postmodern societies there are large theories that try to explain different types of society that are no longer valid. For example, there is a less willingness to accept universal notions of the truth e. Those who believe in postmodernist views are also more to be greater challenge towards authority and decline in social cohesion. Collectivism Collectivism is a sociological perspective that places the collective agenda above the goals of individuals; the main focus is the progress of the group rather than on individuals. The welfare state is an example of collectivism formed from the collective agenda. Fascism is extreme right wing or intolerant view or practices and is an example of a collectivist society along with communism. Collectivism is also a political or economic system that is owned or governed by the government, this includes businesses and land. Collectivism is also known as community support. There are criticisms of collectivism including the fact the perspectives ignores the need of individuals and just focuses on the progress of the group. Interactionism Interactionism is a social action theory, looking at how interactions affect society. It looks at how individuals and small groups interact with each other and how these actions produce social changes. It is also the study of individuals and how they act within society. For example interactionists would be more concerned about how teenagers may lead to rioting, rather than what role riots would play in society. Another criticism is that when using perspective the data is qualitative and not quantitative which is said to have been to produce valid data. Overall, interactionism has been said not to be helpful in describing full groups of people, only individuals. Research has shown that those from lower class backgrounds have a lower life expectancy. Life expectancy is a measure of how long someone will live based on their birth, age and other demographic factors. Due to all sociological views differing, they all have relatively different views on health and on ill-health; this section of the blog will explain what each sociological view feels about health and other aspects to health. Functionalism Functionalists regard health as being a very important aspect of society because if everyone is ill and not fulfilling their duties, then society will not be able to function. They believe this will then result in anarchy and will cause the state to collapse. According to functionalists those who are sick are going against society. Marxists believe that capitalist society allows companies to contribute to ill-health society. Many companies cause air and water pollution from oil companies and chemical factories. Some of them also destroy forests. According to Marxists the government do not spend enough to tackle ill-health e. They also believe there is a link with social inequality and a good standard of living and if everyone had a good standard of living there would be no ill-health. Studies show that upper class have a longer life expectancy, enjoy better levels of health and standard of living. Interactionists also believe that it is a small scale concern as there are some people who have serious illnesses and still do not consider themselves unfit for work. This shows the negotiation process is unreliable and an unfair way of testing. New Right New right believers agree with the notion that those who are working class have poorer health than those from middle class backgrounds. New right believe that capitalist system that is in place now is able to provide wealth and high standards for everyone. In Britain, there are statutory organisations, volunteers often in the form of charities , commercial and family and friends that can provide social services and health care. Feminism The feminist approach to ill-health and health is that they feel that males are dominating the medical profession and it has had a more adverse approach on women. They believe

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we live in a patriarchal society where everything is dominated by men and that women are not aware to the extent of their exploitation. Feminists believe that pregnancy and childbirth is sometimes regarded as a medical problem rather than a natural process. For example pregnant women have to attend hospital appointments and are sometimes given medication. Feminists also believe that exploited women in a patriarchal society have contributed to depression, anxiety and stress. Over the years there have been many campaigns by feminists in regards to equality in healthcare. In addition, they have campaigned for women to be given a greater choice where to have their medical treatments including childbirth e. Lastly, some feminists have also campaigned for better social housing and more support for single mothers. Postmodernism Postmodernists view of health and ill-health is that it is a growing concern and that those in society are more likely to develop anxiety and stress in postmodernist society. Postmodernists also believe that anxiety, depression, cancer, stress and lifestyle diseases are also on the rise. They also explore alternative medicines and non-traditional options instead of medication e. They believe that everyone should challenge conventional views. Collectivism Collectivists place the agenda on social groups and not on individuals; they also believe that poorer social groups suffer from ill-health more than those from a richer background. Collectivists have conducted research which leads them to believe that women suffer from higher morbidity rate due to them suffering from higher rates of poverty than men. However, the number of men from lower social classes is higher than women. There is also a higher number of disease prevalence in poorer areas. Disease prevalence is the number of cases of a disease in a particular area. Collectivists also believe that ethnic minorities suffer from higher levels of ill-health due to opportunity in higher paid jobs, poor housing and inadequate education.

P3 “ Explain the patterns and trends in health and illness among two different social groups Differences in health and illness depend on range of factors including gender, locality south v north divide , ethnicity, social class, age and some others. This section in the blog will explain gender and ethnicity and the patterns and trends of these two groups using statistics and expand on how they come about. All social factors affect health and illness and an impact of this is that inequality in healthcare is increasing in the UK. The Beveridge report stated that there was 5 ills of society which cause or increase ill-health for individuals, these were as follows:

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Chapter 3 : Sociological Perspective on Health

Differing sociological perspectives of mental health and illness can be linked to theoretical contributions from Durkheim, Weber, Freud, Foucault, and Marx (social causation, labeling theory, critical theory, social constructivism, and social realism, respectively) but sociology in general, and.

Imagine a continuum with health on one end and death on the other. Along the continuum, people define themselves as healthy or sick on the basis of criteria established by themselves and relatives, friends, co-workers, and medical practitioners. Why is it that you may consider yourself sick or well when others do not agree? Who controls definitions of health and illness in our society, and for what ends? What are the consequences of viewing yourself or of being viewed as ill or disabled? By drawing on four sociological perspectives—functionalism, conflict theory, interactionism, and labeling theory—we can gain greater insight into the social context that shapes definitions of health and the treatment of illness.

Functionalist Approach Illness entails breaks in our social interactions, both at work and at home. From a functionalist perspective, being sick must therefore be controlled, so that not too many people are released from their societal responsibilities at any one time. Functionalists contend that an overly broad definition of illness would disrupt the workings of a society. The sick role refers to societal expectations about the attitudes and behavior of a person viewed as being ill. Sociologist Talcott Parsons, well known for his contributions to functionalist theory, outlined the behavior required of people who are considered sick. They are exempted from their normal, day-to-day responsibilities and generally do not suffer blame for their condition. Yet they are obligated to try to get well, which includes seeking competent professional care. This obligation arises from the common view that illness is dysfunctional, because it can undermine social stability. Modern automated industrial societies can absorb a greater degree of illness or disability than horticultural or agrarian societies, in which the availability of workers is far more critical. Conrad b. Parsons suggests that the physician—patient relationship is somewhat like that between parent and child. Like a parent, the physician helps the patient to enter society as a full and functioning adult. Weitz For example, younger people may fail to detect warning signs of a dangerous illness, while elderly people may focus too much on the slightest physical malady. Second, the sick role may be more applicable to people who are experiencing short-term illnesses than to those with recurring, long-term illnesses.

Conflict Approach Conflict theorists observe that the medical profession has assumed a preeminence that extends well beyond whether to excuse a student from school or an employee from work. Sociologist Eliot Freidson Conflict theorists use the term medicalization of society to refer to the growing role of medicine as a major institution of social control. Conrad a; McKinlay and McKinlay ; Zola, The Medicalization of Society Social control involves techniques and strategies for regulating behavior in order to enforce the distinctive norms and values of a culture. Typically, we think of informal social control as occurring within families and peer groups, and formal social control as being carried out by authorized agents such as police officers, judges, school administrators, and employers. How does medicine manifest its social control? First, medicine has greatly expanded its domain of expertise in recent decades. Physicians now examine a wide range of issues, among them sexuality, old age, anxiety, obesity, child development, alcoholism, and drug addiction. The social significance of this expanding medicalization is that once a problem is viewed using a medical model—once medical experts become influential in proposing and assessing relevant public policies—it becomes more difficult for common people to join the discussion and exert influence on decision making. It also becomes more difficult to view these issues as being shaped by social, cultural, or psychological factors, rather than simply by physical or medical factors. Caplan ; Conrad a. Second, medicine serves as an agent of social control by retaining absolute jurisdiction over many health care procedures. It has even attempted to guard its jurisdiction by placing health care professionals such as chiropractors and nurse-midwives outside the realm of acceptable medicine. Nurse-midwives have sought licensing as a way to achieve professional respectability, but physicians continue to exert power to ensure that

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midwifery remains a subordinate occupation Scharnberg Inequities in Health Care The medicalization of society is but one concern of conflict theorists as they assess the workings of health care institutions. As we have seen throughout this textbook, in analyzing any issue, conflict theorists seek to determine who benefits, who suffers, and who dominates at the expense of others. Viewed from a conflict perspective, glaring inequities exist in health care delivery in the United States. For example, poor areas tend to be underserved because medical services concentrate where people are wealthy. Similarly, from a global perspective, obvious inequities exist in health care delivery. Today, the United States has about 27 physicians per 10,000 people, while African nations have fewer than 1 per 10,000. This situation is only worsened by the brain drain—the immigration to the United States and other industrialized nations of skilled workers, professionals, and technicians who are desperately needed in their home countries. As part of this brain drain, physicians, nurses, and other health care professionals have come to the United States from developing countries such as India, Pakistan, and various African states. One way the developing countries suffer is in lower life expectancy.

Figure Infant Mortality Rates In Selected Countries Conflict theorists emphasize that inequities in health care have clear life-and-death consequences. From a conflict perspective, the dramatic differences in infant mortality rates around the world Figure reflect, at least in part, unequal distribution of health care resources based on the wealth or poverty of various nations. The infant mortality rate is the number of deaths of infants under 1 year old per 1,000 live births in a given year. Still, despite the wealth of the United States, at least 46 nations have lower infant mortality rates, among them Canada, Sweden, and Japan. Conflict theorists point out that, unlike the United States, these countries offer some form of government-supported health care for all citizens, which typically leads to greater availability and use of prenatal care MacDorman and Mathews

Interactionist Approach From an interactionist point of view, patients are not passive; often, they actively seek the services of a health care practitioner. In examining health, illness, and medicine as a social institution, then, interactionists engage in micro-level study of the roles played by health care professionals and patients. Interactionists are particularly interested in how physicians learn to play their occupational role. According to Brenda L. Beagan, the technical language students learn in medical school becomes the basis for the script they follow as novice physicians. The familiar white coat is their costume—one that helps them to appear confident and professional at the same time that it identifies them as doctors to patients and other staff members. Beagan found that many medical students struggle to project the appearance of competence that they think their role demands. For example, some patients stop taking medications long before they should. Some take an incorrect dosage on purpose, and others never even fill their prescriptions. Such noncompliance results in part from the prevalence of self-medication in our society; many people are accustomed to self-diagnosis and self-treatment. Some patients read books about preventive health care techniques, attempt to maintain a healthful and nutritious diet, carefully monitor any side effects of medication, and adjust the dosage based on perceived side effects. Just as police officers, judges, and other regulators of social control have the power to define certain people as criminals, health care professionals especially physicians have the power to define certain people as sick. Moreover, like labels that suggest nonconformity or criminality, labels that are associated with illness commonly reshape how others treat us and how we see ourselves. Our society attaches serious consequences to labels that suggest less-than-perfect physical or mental health H. A historical example illustrates perhaps the ultimate extreme in labeling social behavior as a sickness. As enslavement of Africans in the United States came under increasing attack in the 19th century, medical authorities provided new rationalizations for the oppressive practice. Apparently, these medical authorities would not entertain the view that it was healthy and sane to flee slavery or join in a slave revolt T. According to labeling theorists, we can view a variety of life experiences as illnesses or not. Recently, premenstrual syndrome, post-traumatic stress disorders, and hyperactivity have been labeled medically recognized disorders. In addition, the medical community continues to disagree over whether chronic fatigue syndrome constitutes a medical illness. For years, psychiatrists classified being gay or lesbian not as a lifestyle but as a mental disorder subject to treatment. This official sanction became an early target of the growing gay and lesbian rights movement in the

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United States. In , members of the American Psychiatric Association voted to drop homosexuality from the standard manual on mental disorders Conrad a. Table summarizes four major sociological perspectives on health and illness. Although they may seem quite different, two common themes unite them. The impact of culture, family and friends, and the medical profession means that health and illness are not purely biological occurrences, but sociological occurrences as well. Second, since members of a society especially industrial societies share the same health care delivery system, health is a group and societal concern. Although health may be defined as the complete well-being of an individual, it is also the result of Popular Essays.

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Chapter 4 : Project MUSE - Sociology and Concepts of Mental Illness

*Sociological perspectives on community mental health [Paul M Roman] on calendrierdelascience.com *FREE* shipping on qualifying offers. Book by Roman, Paul M.*

This definition emphasizes the importance of being more than disease free, and recognizes that a healthy body depends upon a healthy environment and a stable mind. Medicine is the social institution that diagnoses, treats, and prevents disease. To accomplish these tasks, medicine depends upon most other sciences— including life and earth sciences, chemistry, physics, and engineering. Preventive medicine is a more recent approach to medicine, which emphasizes health habits that prevent disease, including eating a healthier diet, getting adequate exercise, and insuring a safe environment. Sociology assumes that a functioning society depends upon healthy people and upon controlling illness. Parsons identified four components to the sick role. The sick person is Not held responsible for being sick. Not responsible for normal duties. Not supposed to like the role. Supposed to seek help to get out of the role. Society allows those who fulfill these criteria to assume the sick role, but society loses sympathy for and denies the role to those who appear to like it or those who do not seek treatment. In other cases, family and friends may show sympathy for a while, but lose patience with the victim and assume he or she is seeking attention or is a hypochondriac. Although many believe that science alone determines illness, this sociological view points out that society determines sickness as well. In the past, society first dismissed or judged various ailments, only to later recognize the ailments as legitimate. People now recognize premenstrual syndrome PMS —once considered female hypochondria— as a legitimate, treatable hormonal condition. People punished these victims for violating the norms and values of the society, rather than recognizing them as legitimately ill. As society became more knowledgeable about the disease, and as the disease affected a broader portion of the population, attitudes toward AIDS and those afflicted changed as well. Today some conditions still struggle for recognition as legitimate ailments. One controversial condition is chronic fatigue syndrome. These symptoms may last for years and often result in disability. Sufferers experience difficulty in getting their condition recognized, not only by family and friends, but by insurance companies as well. Because of social hesitancy to accept chronic fatigue syndrome as legitimate, sufferers who are unable to work are often denied disability. This renaming associates the disorder with more scientific, readily recognized diseases. More families, physicians, and employers are now taking the disease seriously, so chronic fatigue sufferers are gaining support. People with mental illnesses equally struggle for recognition and understanding. Although treatment conditions and understanding of mental illness have drastically improved, critics and mental health providers argue that considerable work remains. Because of new drugs that reduce or eliminate many symptoms and changed attitudes toward mental illness brought about by the work of sociologists and psychologists, many asylums closed and thousands of patients were released to community group homes, halfway houses, or independent living. Critics point to an increase in homelessness coinciding with deinstitutionalization. They claim many homeless are mentally ill patients who need institutionalization or at least better mental health care. Communities now face a number of issues due to deinstitutionalization because many localities object to group homes and halfway houses being located in their communities. Many wrongly believe that the mentally ill are more likely to commit crimes. Because of this misperception, as well as others, recovered mentally ill people, as well as those diagnosed and in treatment, are still stigmatized and discriminated against. Psychiatrists and other medical doctors can prescribe drugs, while nonmedical professionals cannot. Insurance companies limit the kind of professional mentally ill patients may see and the length and cost of treatment. All these issues make it more difficult for mentally ill patients to get and remain in treatment. Some mental illnesses, such as paranoid schizophrenia, require drug treatment for normal functioning. Patients in the community sometimes neglect to take their medication when they start feeling better, opting out of continued treatment and resulting in a relapse. Patients who stop taking their medications are the ones most likely to

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become homeless or to pose a danger to themselves or others. These are not the majority of patients being treated for a mental illness, however. People with conditions such as depression, panic, bipolar disorder formerly known as manic depression, and a host of other debilitating conditions can respond well to other therapies in addition to medication. With treatment, they are no different from any other member of society.

Major health problems in the United States Over the 20th century, medicine responded to the most common health threats with effective treatments. By the end of the century, the leading causes of death had changed dramatically. According to the national Center for Health Statistics, the top ten causes of death are: At the beginning of the century, the leading causes of death were tuberculosis, pneumonia, diarrhea, heart disease, nephritis, accidents, blood vessel diseases, cancer, bronchitis, and diphtheria. Discovery and development of vaccines and antibiotics meant that diseases once deadly are curable or nonexistent. People live longer, thus suffering more diseases associated with old age such as heart disease, cancer, and blood vessel diseases. What cannot be overlooked is the eleventh cause of death: AIDS, or acquired immune deficiency syndrome. First recognized in 1981, the origin of AIDS is still controversial, though many experts find evidence pointing to African monkeys. In the United States, the disease first appeared in male homosexuals. Other means of transmission are drug injection, 25 percent; heterosexual sex, 8 percent; homosexual sex and drug addiction, 7 percent; undetermined, 6 percent; and blood transfusions, 2 percent. The lengthy incubation period, sometimes lasting several years, contributes to its spread. While AIDS is the eleventh cause of death for the overall population, it is the leading cause of death for men age 24-44 in the United States.

Alcohol and nicotine The most commonly abused drugs in the United States are alcohol and nicotine. According to the statistical abstract, Americans consume on average 37 gallons of alcohol per year, the majority being beer at an average of 32 gallons per year. The remaining 5 gallons is comprised of 3 gallons of wine and 2 gallons of other distilled alcohol. At this rate, Americans consume more beer than either coffee or milk. Beer consumption has become a major issue on college campuses with recent epidemics of binge drinking, particularly by college males. Many incidents have resulted in injury and death. Although many recent studies have extolled the health benefits of moderate alcohol consumption, the emphasis of these studies is upon moderate consumption or one or fewer glasses of wine per day. Some emerging studies indicate that the health benefits may be the same for grape juice and wine. Alcohol increases the risk of birth defects, and women who are or may become pregnant should not consume alcohol. In 1964, the surgeon general issued the first warning that smoking could be hazardous to health. Since then the evidence has mounted and the powerful tobacco industry has increasingly found itself on the losing side of lawsuits. Emphysema, lung cancer, heart disease, and other cancers are attributed to smoking. Morbidity experts estimate nicotine kills about 400,000 Americans each year, making it the most deadly recreational drug. Although cigarette advertising is limited, it remains a central controversy, especially advertising aimed at teens and youth.

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Chapter 5 : Mental Illness - Sociology - Oxford Bibliographies

Sociological Perspective on Health This definition emphasizes the importance of being more than disease free, and recognizes that a healthy body depends upon a healthy environment and a stable mind. Medicine is the social institution that diagnoses, treats, and prevents disease.

The social causes of mental illness have included disadvantaged social statuses and stress. Social stress theory became prominent in the 1970s and continues to guide many sociological studies. This perspective asserts that mental health problems are caused by exposure to social stress based on social statuses and earlier life experiences, as well as vulnerability to stress a limited ability to cope because of low levels of social support, self-esteem, or mastery. Research on disadvantaged socioeconomic status and mental illness emerged in the late 1970s. In the 1980s, sex-role theory stimulated controversy about the prevalence rates and explanations for why females are more likely to have internalized mental disorders. This debate about gender differences in mental illness was revisited recently with national and cross-national data. Since the early 1990s, life course theory has informed research on the influence of age on mental health. Since the 1990s, the negative social consequences of being diagnosed with a mental illness have continued to be addressed by sociological theories about labeling and stigma. Sociologists have also critically examined the organization of mental health care, treatment utilization, and public policies. Another important contribution of sociologists is medicalization theory, which elucidates the social construction of mental illnesses with an examination of how deviant thoughts, feelings, and behaviors have been transformed into symptoms to be treated medically. More recently, a debate erupted among sociologists about how to measure mental health and illness. Overall, the readings here show the development of research and theories in the sociology of mental illness by highlighting groundbreaking studies and controversies. In contrast to the biological perspective, which targets genetics and a chemical imbalance in the brain as the causes of mental illness, the sociological perspective emphasizes the influence of society via social contexts, relationships, roles, and statuses.

General Overviews A number of works provide general overviews of the main issues in the sociology of mental health and illness. Aneshensel and Phelan, an edited handbook, is one of the first comprehensive overviews of the sociological literature on mental health, which is very useful for graduate students. The main premise is that mental disorder is not equally dispersed throughout society, but occurs more often within socially disadvantaged groups. Scheid and Brown provides overviews and updates our knowledge about the relationship between society and mental illness, which is also ideal for graduate students. For undergraduate classes on the sociology of mental illness, several excellent textbooks have been popular. For example, Cockerham has concise chapters that introduce students to the influence of social factors on mental illness, the utilization of mental health treatment, treatment options, and both legal and policy issues. Gallagher offers chapters that briefly highlight historical and environmental perspectives on different types of mental illnesses. Rogers and Pilgrim, an undergraduate textbook, draws upon various social theories to understand mental illness and provides a critical perspective of the mental health profession. McLeod and Wright offers a collection of key research articles to guide graduate and undergraduate students through the controversies in this field. Finally, Avison, et al. Handbook of the sociology of mental health. McLeod, and Bernice A. Mental health, social mirror. Prominent sociologists discuss not only the theoretical genesis of this field, but also the social origins and responses to mental illness. Sociology of mental disorder. Upper Saddle River, NJ: The sociology of mental illness. Many important topics are addressed, such as cross-cultural definitions of mental illness, social stress theory, types of mental disorders, the social epidemiology of mental illness, and becoming a patient in a psychiatric hospital and being an ex-patient. The sociology of mental illness: Rogers, Anne, and David Pilgrim. A sociology of mental health and illness. A handbook for the study of mental health: Social contexts, theories, and systems. Three main parts of the book include conflicting perspectives of mental illness, social statuses, and mental health systems and policy. The first edition Allan Horwitz and Teresa Scheid, eds. A sociology of mental illness. Users

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Chapter 6 : Painted Brain | A Sociological Perspective: Roles In Society And Mental Illness

Perspectives on mental health and illness Chapter overview This chapter will explore some of the different perspectives and arguments about conceptualizing mental.

David Israelian January 15, I am Lizzy. I am a daughter, sister, and female. I am a friend, mental health supporter, and worker. I have both ascribed and achieved statuses. I have inherited traits, such as dark, wavy hair, tan skin, and blue eyes. I have a knowledge of literature and computer skills. For instance, I cannot control the fact that my hair is dark and my eyes are blue. What I do control is my achieved status. These are acquired on the basis of some special skill, knowledge, or ability. For instance, I was not born with literary or technical proficiency. Instead, I set my sights on learning more about these topics and gained the skills to draw digitally and analyze Shakespearean sonnets. Mental illness can be a result of pressure, as we all know. But what is it about pressure that can make the mind crack, if not explode? To get the answer, we must turn to human roles and statuses. A status is a socially-defined position in a group or society, while roles are the rights and obligations expected of someone occupying a particular status. For instance, becoming a wife throws you into the marriage status, while looking your best and cooking meals for your spouse are considered roles. Everyone has multiple roles in society. A man can be a husband, parent, high school or college graduate, and athlete all at the same time. This is where things can become difficult. Suppose a man or woman has decided to become a professional athlete. This is called a role strain. This occurs when people have difficulty meeting the role expectations of a single status. This can cause stress, indecisiveness, and self-pressure. When a person experiences one or all of these roadblocks, it can backfire on their perception of themselves or life in general. The different roles attached to a single status can cause contradictory expectations among role sets. Another downfall of multiple roles is role conflict. This sociological term is very similar to role strain, yet has its own unique properties. Due to its complicated definition, it is easier to understand when given an example. You obviously have to work on assignments for school, and must also maintain a good job performance in order to pay for school. Many find it challenging to remain straight-A students while working, due to fatigue. Of course, there are also roles that people choose to abandon in order to detach from the negativity of them. Ex-convicts and divorced people choose the path of the role exit. A person first feels disappointment as they learn that their first role was not as beneficial as they had imagined. Choosing alternative roles to replace the old ones comes next. Finally, after seeing self-improvement, the person chooses to depart entirely from earlier roles in order to live a more successful life. Conclusively, roles in society have a big involvement in how we see ourselves and our lives. We must all take measures to protect ourselves psychologically, as the mind is both a precious and sensitive thing.

Chapter 7 : Sociological Perspectives on Health and Illness - New York Essays

International Perspectives on Mental Health offers a multi-dimensional view of mental health and wellbeing, with the aim of opening up debate and inviting a more holistic conception of the field. It is required reading for students of mental health on professional and academic courses, as well as for practitioners in the health and social care.