Adult public awareness regarding mental illness: A cross-sectional study

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Abstract: INTRODUCTION: A mental illness is a physical illness of the brain that causes disturbances in thinking, behavior, energy or emotion that make it difficult to cope with the ordinary demands of life. Mental disorders are widely recognized as a major contributor to the global burden of disease worldwide. About 450 million people suffer from mental or behavioral disorders worldwide today and nearly 60 million Indians suffer from mental disorder. The aim of this study was to assess awareness regarding mental illness among Adult public. **DESIGN:** A quantitative approach using a cross-sectional study. **PARTICIPANTS:** 100 Adult public were selected using Non-Probability Convenient sampling technique in Mehsana District. TOOL: Self Structured Ouestionnairewas used to assess the level of awareness of Adult public regarding Mental illness. RESULTS: In this study overall the highest percentage in the demographic data including the Age group 32% (41-45y), Gender 63% (Male), Religion 99 % (Hindu), Marital status 66% (Married), Education 28% (Higher Secondary), Occupation 34 % (Self-employment), and Monthly income 29% (5001-10,000). The mean percentage of mental illness awareness was 47.85%.In assessment of awareness among adult public, Highest percentage (68%) of adult public were having average awareness wherease at least (10%) of adult public were having good awareness and (22 %) adult public were having poor awareness. The study showed that there significance between Education and monthly income with awareness score of adult public at 0.05 level. CONCLUSION: The findings of the study revealed that there is a great need in creating awareness on mental illness among adult public and by that we foster healthy attitudes towards the mentally ill member.

Key Words: Assess, Mental illness, Awareness, Adult public.

1. INTRODUCTION: "Good attitudes are magnets for good news. Seen it proven a hundred times."

People who fail to fulfil their roles and carryout responsibilities or whose behaviour is inappropriate to the situation are viewed as Mental Illnesses. Mental disorders are widely recognized as a major contributor (14%) to the global burden of disease worldwide. A report by the World Health Organisation (WHO) revealed that 7.5 per cent of the Indian population suffers from some form of mental disorder. Mental illnesses constitute one-sixth of all healthrelated disorders and India accounted for nearly 15% of the global mental, neurological and substance abuse disorder burden. The treatment gap, which is defined as the prevalence of mental illnesses and the proportion of patients that get treatment, is over 70 per cent. WHO also predicts that by 2020, roughly 20 per cent of India will suffer from mental illnesses. Although some nations have been successful in fighting stigma and increasing acceptance of the mentally ill, lack of awareness is very evident in India and other developing countries. Mentally ill people are labelled as "different" from other people and are viewed negatively by others. Many studies have demonstrated that persons labelled as mentally ill are perceived with more negative attributes and are more likely to be rejected regardless of their behaviour. The consequences of stigma associated with mental illness have attracted the negative ratings among the public. The public express that the people with mental illness are Unpredictable and dangerous. Thus the knowledge and attitude among adults towards mental illness bears profound impact on the person with psychiatric illness. Attitudes of patients and public towards mental illness and treatment is very influencing factor. A comprehensive review of public attitudes toward mental illness is important to educate the public as well, in view of the fact that public also play an important role in helping the patients to overcome their illness. The general trend of studies carried out so far in India indicated lack of knowledge on mental health and mental illness and a tendency to maintain social distance from the mentally ill and to reject them makes its existence felt.

2. LITERATURE REVIEW:

The National Institute of Mental Health and Neuro-Sciences (NIMHANS) report shows that in India 70 million people suffer from mental ailments and yet, 50-90 percent of them are not able to access corrective services due to less awareness and negative attitude or stigma towards mental illness.

Nimesh Parikh, Minakshi Parikh1 ,Ganpat Vankar1,Chintan Solanki1,Girish Banwari et al. (2016,june)conducted a study to assess the Knowledge and Attitudes of Secondary and Higher Secondary School Teachers Toward Mental Illness in Ahmedabad. The researchers used experimental research design on Five hundred and twenty teachers from English medium schools of Ahmedabad city were assessed using a self-reported, predesigned and pretested 25 item questionnaire. The first 15 of question were related to assessing their knowledge about mental illnesses and the remaining 10 question assessing their attitudes. The study results showed that The knowledge of teachers about mental illness was insufficient and they held a lot of stigma regarding mentally ill people as demonstrated by their low score in attitude.

Ms. Santhiya, V., Mrs Prabavathy, S. and Dr. Renuka.K(2016,sep) conducted a study to assess the level of knowledge and attitude regarding mental illness among general public at molapakkam village, puducherry. The researchers used descriptive study was conducted among 200 samples of general public of Molapakkam village. The samples were selected on the basis of purposive sampling technique. The knowledge was assessed through 20 self structured questionnaires and attitude was assessed self structured five point likert scale. The study result shows that out of 200 samples, 14.5% had inadequate knowledge, 35.5% had moderately adequate knowledge and 50% had adequate knowledge regarding mental illness. While analyzing the attitude, 4% had negative attitude, 36.5% had neutral attitude and 59.5% had positive attitude regarding mental illness. Thus, this study result clearly indicates that there is a great need in creating awareness on mental illness among general public and by that, it will erase the fallacy from their minds.

3. MATERIALS & METHOD:

Research Approach: Quantitative Survey approach

Research Design: - Descriptive cross-sectional research design

Research Setting: Selected village, Mehasana District

Population: Adult public of 21-45 age group

Sample: Adult public of 21-45 age group living in selected village of Mehsana

Sample size : 100

Sampling technique: convenient sampling technique

Inclusive criteria:

- Adults who are able to read and write Gujarati.
- Adults who belong to age group of 21 45 years.
- One adult from each family.

Exclusive criteria:

- Adults who are not available at the data collection.
- Adults belong who to medical & paramedical profession.

Description of Tool:

Section A: This section is the first section seeking information on demographic background of adult public i.e,age,gender,religion,marital status,education,occupation,monthly income,mentally ill person in home and previous knowledge of mental illness.It consists of total 9 question.

Section B: This section is the second part of Self-structured questionnaire which deals with objective type of items from 1-20.it tries to assess the awarenessof the Adult Public regarding Mental illness at the understanding and application level as per bloom's taxonomy.

4. ANALYSIS:

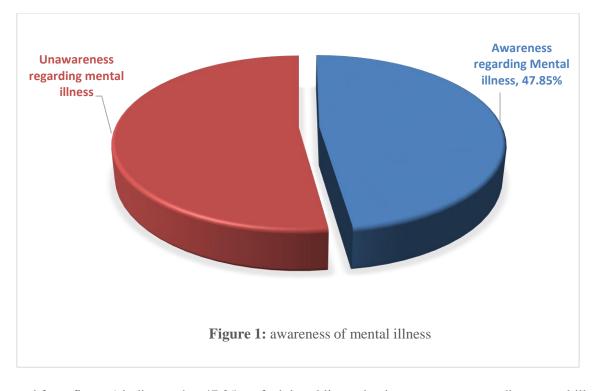
The statistical analysis was made on the basis of objectives. The collected data will be organized, tabulated and analyzed by using descriptive statistics. Descriptive statistics: - mean, SD and frequency will be used for analysis of demographic data & awareness of mental illness among adult public. Inferential statistics: - Chi Square test will be used for association of socio demographic variables & awareness score of mental illness.

Table 1 Frequency and percentage distribution of samples based on demographic variables (n=100)

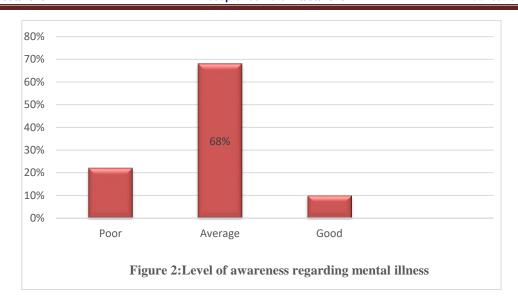
Sample characteristics	Categories	Frequency	Percentage (%)
Age (in year)	21-25	26	26%
	25-30	13	13%
	31-35	13	13%
	36-40	16	16%
	41-45	32	32%

Gender	Male	63	63%
	Female	37	37%
Religion	Hindu	99	99%
6 -	Muslim	1	1%
	Christian	0	0%
	Others	0	0%
Marital status	Married	66	66%
	Single	29	29%
	Divorced	3	3%
	Windowed	2	2%
Education	Primary	25	25%
	Secondary	23	23%
	Higher secondary	28	28%
	Graduate	22	22%
	Post graduate & above	2	2%
Occupation	Public sector	8	8%
	Private Sector	27	27%
	Self employed	34	34%
	Housewife/Unemploy	31	31%
	ment		
Income	>5000	19	19%
	5001-10,000	29	29%
	10,001-15,000	23	23%
	15,001-20,000	10	10%
	<20,001	19	19%

Data presented on table 1 shows that overall highest percentage in the demographic data including the Age group 32% (41-45y), Gender 63% (Male), Religion 99% (Hindu), Marital status 66% (Married), Education 28% (Higher Secondary), Occupation 34% (Self-employment), and Monthly income 29% (5001-10,000).



Data presented from figure 1 indicates that 47.85% of adult public are having awareness regarding mental illness.



Data presented from figure 2 indicate majority (68%) adult public have average awareness regarding mental illness, 22% adult public have poor awareness regarding mental illness and only (10%) adult public have good awareness regarding mental illness.

Table 2: Association between awareness score of mental illness and selected socio demographic variables.

Characteristic	Chi square	Table Value	Significant
Education	39.661	15.51	significant
Monthly Income	36.859	15.51	significant

Table 2 reveals that there is significant association between awareness score and education and monthly income.

5. DISCUSSION:

In the present study awareness of adult public was assessed by using Self Structured Questionnaire. The data was analyzed using Descriptive statistics. Total score was arbitrarily classified as good (14-20), average (7-13), and poor (0-6). In that 22% Adult public had poor awareness score,68% Adult public had Average score and 10 % Adult public had good score. The similar findings were seen in a study conducted in Southern India, to find out the knowledge and attitude of mental illness among general public.100 subjects were selected conveniently, of which 33 % males and 67 % females, Knowledge of mental illness among the general public was quite poor and suggests the need for strong emphasis on public education to increase mental health literacy among general public to increase awareness and positive attitude of people towards mental illness. Find out the Pre-test Awareness Score with selected Socio demographic variables were found by using Chi-Square test. The results of the present study showed that there was significant association found between Pre-test Knowledge Score and selected Socio-demographic variables like educational status and monthly income. The study findings are consistent with the research study, conducted to assess the Knowledge about and attitudes toward mental disorders among Nagas in North East India. The study result showed that a considerable number of participants reported evil spirit possession as the cause of mental disorders and preferred seeking for divine intervention as a treatment mode. Chi-square test was applied to see the relationship of educational level with attitudes toward mental disorders. Results showed significant differences in attitudes when compared by educational level.

6. RECOMMENDATIONS:

- A similar study can be done on large samples.
- A similar study can be done in different setting.
- A study can be conducted for other age group also.
- A similar study can be done by using different tools and techniques.
- A similar study can be done to assess stigma regarding mental illness among the general public.

7. CONCLUSION:

The present study concludes that the awareness regarding nature of mental illness, its implications for social integration and management remains poor among the adult public. Hence, the need for well-coordinated public

education, mental health awareness programs and increased accessibility of effective mental health services at primary health centers through training, support, and supervision.

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