



Original Research Article

Study of Knowledge and Attitude Concerning Mental Illness in Adults

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ABSTRACT

The present study was undertaken to assess public attitudes and knowledge in a public opinion survey regarding mental illness in Jalgaon, Maharashtra in a control region. Data was collected through questionnaires and personal interviews. In this study the target population of size 100 community people of age group 21 – 41 Years, were randomly chosen, residing 50 rural and 50 urban area of Jalgaon. They were asked about their knowledge and attitudes towards meaning, causation, sign and symptoms, management, prevention and rehabilitation of mental illness. The significant difference between knowledge and attitude of urban and rural adults were found. They also examined the relationships between the demographic characteristics of the respondents and their knowledge and attitudes. There was strong relation between the knowledge and attitude of rural adults. Public knowledge and attitude about mental illness must be improved.

Key words: Knowledge, Attitude, Mental Illness.

INTRODUCTION

About 450 million people suffer from mental or behavioral disorders worldwide today, It was said that mental health problems are more common in developed world than in developing world. But this notion has long been disputed. [1] However, 12% of the Ethiopian people have suffered from mental health problem and mental health problem accounts 12.45% of

burden of diseases in Ethiopia. [2, 3] The problem is aggravated by poverty, unemployment, and the presence of other physical illness like the current pandemic HIV/AIDS. These are known risk factors for common mental health problems. [4]

Mental disorders are widely recognized as a major contributor (14%) to the global burden of disease worldwide. [5] Mental illness is a relative state of mind in which a person is able to cope with and

adjust to the recurrent stresses of everyday living in an acceptable way. In this study refers to Mental illness is any define disease or condition affecting the brain that influences the way a person thinks, feels, behaves and relates to others, and to his surroundings. [6]

Mental health is about enhancing competence of the individuals and community and enables them to achieve their self-determined goal. Mental health should be a concern for all of us, rather than only for those who suffer from a mental disorder. Mental illness often generates misunderstanding, prejudice, confusion and fear. Some people with mental illness report that the stigma can at times be worse than the illness itself. [7]

WHO reported that in 2001, 154 million people globally suffered from depression, 25 million people from schizophrenia, 91 million people from alcohol use disorders, and 15 million from drug use disorders. [2] Nearly 25% of individuals, in both developed and developing countries develop one or more mental or behavioural disorders at some stage in their life. A persistent negative attitude and social rejection of people with mental illness has prevailed throughout history in every social and religious culture. Of all the health problems, mental illnesses are poorly understood by the general public. Such poor knowledge and negative attitude towards mental illness threatens the effectiveness of patient care and rehabilitation. This poor and inappropriate view about mental illness and negative attitude towards the mentally ill can inhibit the decision to seek help and provide proper holistic care. [8]

People are still not aware of the disorder and still take patients to quacks. Like other disorders that affect only once in a lifetime causing permanent disability, mental illness may also stay with someone

forever and severity can occur anywhere, anytime. The Lack of information or misconceptions reflected in non compliance with prescribed therapy, in anxiety or in social isolation, important aspects of nursing management is teaching to family members about epilepsy because it is life-long problem, directed towards helping the family to adjust to a chronic condition. [9]

A sound mental health is the key component of health. Absence of mental health could create a great deal of burden to the functioning of a nation. [10] Mental disorders are widely recognised as a major contributor (14%) to the global burden of disease worldwide. [11] In India, prevalence rates of mental and behavioural disorders are ranging from 9.54 to 370 per 1000 population. [12]

For the past fifty years, Biological and genetic factors have been promoted as underlying causes and people with mental disorders were considered 'ill' in the same sense as those with medical conditions. Current evidence however disputes the assumption that this information will result in more positive attitudes toward mental illness. Previous studies also demonstrate that health professionals have negative attitudes toward some aspects of mental illness. [13] Mental health professionals were less optimistic about prognosis and less positive about likely long-term outcomes when compared with the general public. [14]

MATERIAL AND METHODS

The present study was designed to assess the knowledge and attitude of adults regarding mental illness. The study was conducted in the community setting of rural and urban area of Jalgaon, Maharashtra. In this study target population of size 100 community people in which 50 from rural area and 50 from urban area of age group 21-41 yrs were selected. The questionnaire

was designed which contains information on various study variables, items on knowledge include common mental illness, attitude towards meaning, causation, signs and symptoms, management, prevention and rehabilitation of mental illness. One adult was selected at random from each household for the interview and predesigned questionnaire was filled. Each correct response was assigned score 1 and wrong response was assigned 0 (Zero). Thus for knowledge maximum attainable score was 20 and minimum was 0. For attitude towards mental illness maximum attainable score was 25 and minimum was 5. The data analysis was planned to include descriptive and inferential statistics. The results were statistically evaluated by using 'Z' test, Chi-square test. In this study they tested the

association between the independent demographic variable such as Age, Gender, Religion, Education level, Economical status with the knowledge score and attitude score of adults regarding mental illness. They also tried to find out the relationship between knowledge and attitude of adults.

RESULT

In the present study they compare knowledge score and attitude about mental illness of rural and urban adults. The mean knowledge score among rural participants was 7.78 and among urban area was 16.16. There was significant difference between mean knowledge score of rural and urban adults.

TABLE-1: Comparison of knowledge score on mental illness of rural and urban adults

Residence	Sample Size (n)	Knowledge Score		't' Value	P value	Conclusion
		Mean	S.D.			
Rural	50	7.78	2.62	13.3	0.000	Accept h_1
Urban	50	16.16	3.6			

* $p < 0.001$ Highly significant

The attitude score mean among rural participants was 33.7 and among the urban area was 81.2.

TABLE-2: Comparison of attitude score on mental illness of rural and urban adults

Residence	Sample size (n)	Knowledge Score		't' value	P value	Conclusion
		Mean	S.D.			
Rural	50	33.7	12.5	18.72	0.000.	Accept h_1
Urban	50	81.2	12.8			

* $p < 0.001$ Highly significant

There was significant difference between mean attitude score of rural and urban adults.

Statistical correlation between knowledge and attitude score of urban and rural area adults.

Correlation variable	R value	
	urban	rural
Knowledge and attitude score	0.57	0.88

The statistical analysis suggested significant positive correlation between knowledge and attitude score of urban area adults. There was strong relation between knowledge and attitude of rural area adults.

There was significant association between knowledge score of adults about mental illness with demographic variable such as Economical status, Education.

Demographic variable	Frequency	Chi-square	P value
Economical Status	100	46.409	0.000
Education	100	28.652	0.000

The demographic variables- Economical status, Education were responsible for the significant impact on the attitude score of adults about mental illness.

Demographic variable	Frequency	Chi-square	P value
Economical Status	100	48.377	0.000
Education	100	27.938	0.000

DISCUSSION

The present study had been specially planned and designed to examine the attitude and knowledge of urban and rural population regarding mental illness.

Among the rural participants the 78% having poor knowledge and 86% were having negative attitude towards mental illness. Among the urban area participants 82% having good knowledge and 94% were having positive attitude towards mental illness. This proves that regarding the knowledge and attitude about mental illness significant difference was found between the groups. The urban participants were more knowledgeable and having positive attitude regarding mental illness.

In the Amare Deribew study which was aimed to assess the knowledge, attitude and practice of nursing staff towards mental health problems, 89% respondents were knowledgeable about mental health problems; 79 and 23 percent of whom got the information from schools and health professionals respectively. [15]

Better knowledge is often reported to result in improved attitudes towards people

with mental illness and a belief that mental illnesses are treatable can encourage early treatment seeking and promote better outcomes. [16] General public's view about mental illness remains largely unfavourable. The topic of mental illness itself evokes a feeling of fear, embarrassment or even disgust fostering negative attitudes towards mental illness and mentally ill people. [17] The reluctance to seek professional psychiatric help means late presentations are common. The extent to which patients benefit from improved mental health services is influenced not only by the quality and availability of services but also by their knowledge and belief systems. [18]

Mental health literacy of the general public is essential for the effective promotion of society's mental health. As a common finding with the studies in Western countries, only small percentages of the Japanese and Taiwanese respondents were able to make a correct identification. A further common finding was, significantly stronger stigma perception was shown in the Japanese respondents than in the Taiwanese, which may be attributable to the high institutionalization rate in Japan. [19]

Although mental health is an integral component of total health, in many countries it has been a largely neglected field. The international direction is to have fewer inpatient facilities and focus on a community based model of mental health service delivery. There is a deficiency in care at the community level; in some countries, it is nonexistent. There are several obstacles to this expansion of community services, the public's knowledge and attitude regarding mental illness being perceived as a major one. It is reported that the ability to recognize mental disorders is a central part of mental health literacy because it is a prerequisite for appropriate help seeking. [18]

Association analysis revealed that economical status, education level and occupation exposure with mentally ill patient and participation in mental awareness program, on knowledge about mental illness. There was no association between demographic variables such as Age, Religion, Sex, Marital status, Type of family with knowledge and attitude regarding mental illness. Some similar findings were reported by Ganesh K. [20]

Mohammed Kabir proved that Literacy status was significantly associated with the type of feeling exhibited by the participants. Literate respondents were seven times more likely to exhibit positive feelings towards the mentally ill as compared to non-literate subjects. [21] A study on community attitudes towards the mentally ill in New Zealand also reported that those who had previous contact with the mentally ill held informed and enlightened views. [22] Interestingly, a recent Hong Kong study reported a generally negative attitude towards the mentally ill despite a fairly good knowledge of mental illness among the respondents. [23]

From the above discussion inference can be made that there was a definite positive attitude regarding mental illness as

the education level, economical status and knowledge about mental illness increases.

CONCLUSION

In the present study, there was a significant difference in the knowledge and attitude scores of samples residing in the urban and rural areas. The urban participants were knowledgeable and having more positive attitude than the rural area participants regarding mental illness.

The demographic variables have significant association with attitude score and knowledge score such as Economical status and Education. The attitude of adults is strong positive, as the knowledge about the mental illness increases.

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