

Assess the Knowledge, Attitude & Practices about Mental Illness among General Population

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Received: 29/08/2016

Revised: 02/12/2016

Accepted: 08/12/2016

ABSTRACT

Objective: To determine the knowledge, attitude & practices about mental illness among general population.

Material & methods: A descriptive, cross-sectional study conducted on 60 participants recruited by non-probability convenient sampling method.

Results: Respondents were disagreed with few negative statements related to knowledge like (91.66%) referring a person for psychiatric evaluation is a form of punishment (83.33%) mentally ill person are inferior to others. only 5% respondents were agreed with mental illness could be caused by Black magic/curse/sins/punishment from god, 60% of the respondents were agreed with mentally ill person is every time violent & dangerous to others. There were high levels (83.33%) of agreement that mental health problems can be treated. Attitude towards mental illness is found positive among maximum respondents in this study. Most of the respondents shows non acceptance of a person with mental illness as marriage partner, as care taker for the child & as a work colleague.

Conclusion: there is need for strong emphasis on public education to increase awareness and positive attitude & practices of people towards mental illness.

Keywords: Mental illness, knowledge, attitude, practices, general population.

INTRODUCTION

Mental disorders are widely recognized as a major contributor (14%) to the global burden of disease worldwide. [1] World Health Organization (WHO) reported that in 2002, 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. [3]

A substantial number of patients attending various health care settings suffer from psychiatric disturbances with figures ranging from 15% to 50%. A majority of these cases are handled by non psychiatrists where majority of them go unrecognized and are subjected to unnecessary investigations leading to inconvenience and financial loss. Inability to correctly identify the psychiatric ailment compounded by social stigma attached to mental illness is thought to be major factors in this regard. [4]

The mentally ill are often blamed for bringing on their own illness, whereas

others may see mentally ill people as victims of unfortunate fate, religious and moral transgression, or even witchcraft. This may lead to denial by both sufferers and their families, with subsequent delays in seeking professional treatment. The belief that a disturbed mental state is a result of an “evil eye” or black magic leads the majority of patients to seek traditional healers first and only present to a psychiatrist once the disturbance is severe or unmanageable at home, often quite late in the illness. This clearly reflects negatively on the prognosis and response to treatment. The belief that mental illness is incurable can also be damaging, preventing patients from being referred for appropriate mental health care. These factors highlight the importance of conducting research to assess public knowledge and attitudes & practices toward mental illness.

Aim & Objectives

- To assess the level of knowledge about mental illness among general population from Kale village
- To find out attitude about mental illness & mentally ill person among general population from Kale village.
- To assess the practices about mental illness & mentally ill person among general population from Kale village.

MATERIALS AND METHODS

The present study is a descriptive, cross-sectional in nature. A total of 60

participants were recruited by non-probability convenient sampling method. The pre-designed and pre-tested questionnaire contained information on various study variables, items on knowledge include causes, treatment, prognosis and their prevention was used. The questionnaire also included questions regarding attitudes and practices with regard to mental illness which is ‘Yes’ or ‘No’ type. Prior permission from the concerned authorities & ethical clearance was obtained. After establishing a good rapport with subjects, they were made aware about the aims and objectives of study & informed written consent was obtained from the subjects. Knowledge, attitude and practices about mental illness were assessed using the Questionnaire by semi structured interview.

The data obtained was compiled, stating the frequency of every response in each item. Statistical analysis was done by calculating the percentages of each frequency. Tables and graphs were drawn stating the results of the present study.

RESULTS

41.66 % of the subjects were in the age group of 30-39 years, most of them were female (68.33 %). Half (50%) of the respondents were having primary education, 78.33 % of them were married and 43.33% of the respondents were never having Contact with people with mental illness

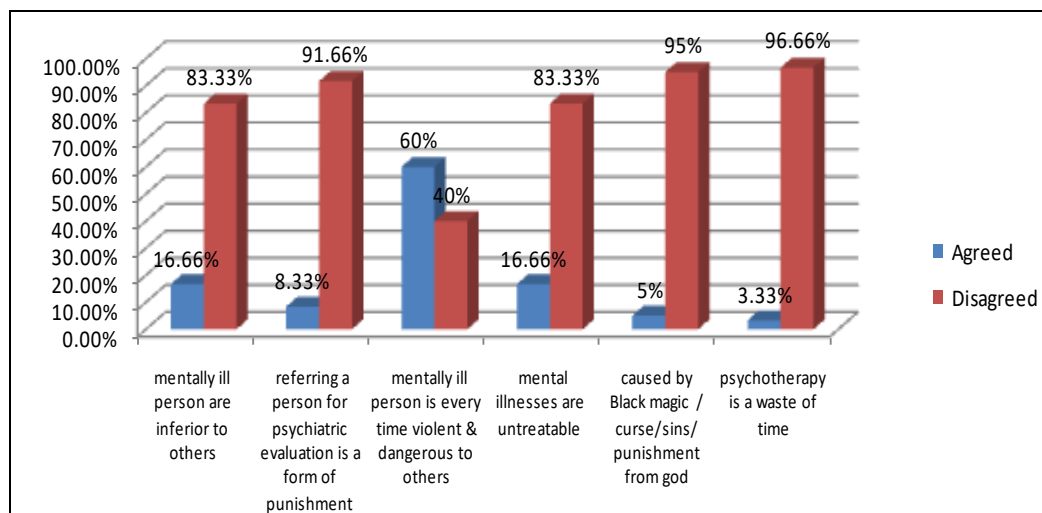


Chart 1: Distribution of subjects is according to Knowledge regarding mental illness & mentally ill people

Chart 1 describes that the knowledge of the subjects. The survey questionnaire included a number of statements about mental illness. Respondents were asked to indicate how much they agreed or disagreed with each statement. More than one third (83.33%) respondents were disagreed with mentally ill person are inferior to others were as most of the respondents (91.66%) were disagreed with referring a person for psychiatric evaluation is a form of punishment. 60% of the respondents were agreed with mentally ill person is every time

violent & dangerous to others. There was a high level (83.33%) of agreement that mental health problems can be treated were as 58.33% of the respondents were agreed with mental ill person could be treated at home. only 5% respondents were agreed with mental illness could be caused by Black magic/curse/ sins/ punishment from god & 96.66% of the respondents agreeing that psychotherapy can be effective treatments for people with mental health problems.

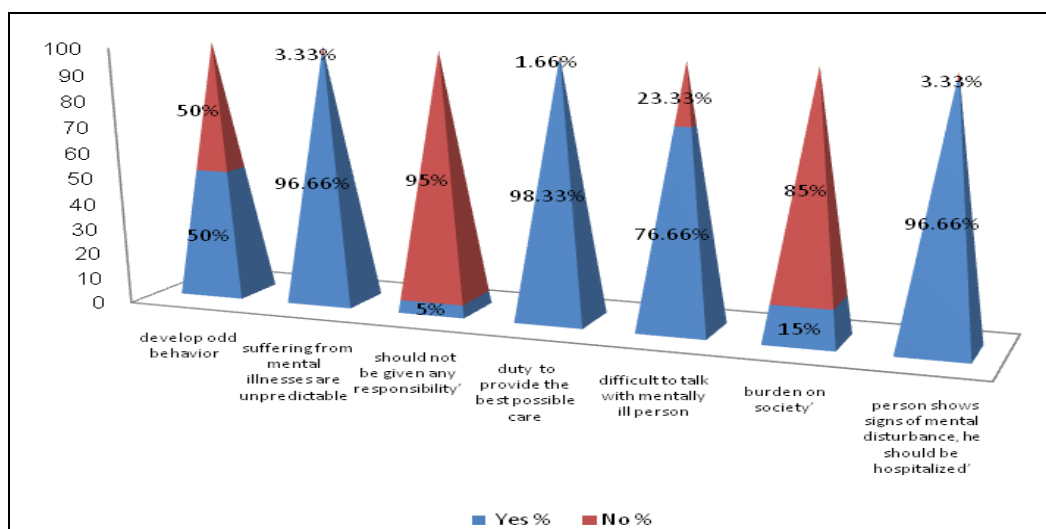


Chart 2: Distribution of subjects according to attitude towards mental illness & mentally ill people

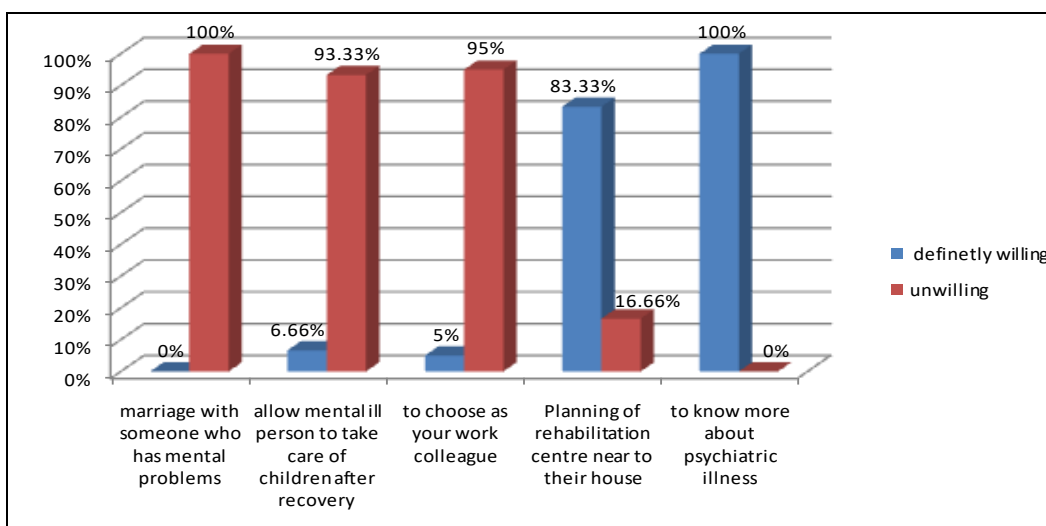


Chart 3: Response pattern of the subjects to the practice questionnaire

Chart 2 describes that the attitude of the subjects. Half (50%) of the respondents says People in contact with the mental ill develop odd behavior. most of the (96.66%) respondents were agreed with Patients

suffering from mental illnesses are unpredictable. 95% of the respondents would be willing to give responsibility to People with mental illness. 98.33% says yes to provide the best possible care for people

with mental illness is our moral duty. 76.66% of the respondents were accepted that talking with mentally ill person is difficult. 96.66% of the respondents would be willing to hospitalize a person who shows signs of mental disturbance were as only 15% of the respondents says yes to 'People with mental illness are a burden on society'

Chart 3 describes the practices of the subjects. 100% respondents show unwillingness for the marriage with someone who has mental problems. 93.33% respondents show unwillingness to allow mental ill person to take care of their children after recovery. 95% of the respondents show unwillingness to choose someone who has had mental problems as work colleague. 83.33% respondents show willingness for the planning of rehabilitation centre for patients with mental illnesses near to their house. 93.33% respondents show willingness to visit his friend who is admitted to hospital because of mental illness. Almost all the respondents show willingness to know more about psychiatric illness, their clinical features & their treatment.

DISCUSSION

Mental health is an integral component of total health, in many countries it has been neglected field. There is deficiency in care at community level, recently the developed & developing countries follows the international directions as to have fewer inpatient facilities & focus on community based model of mental health care delivery. There are many obstacles to this expansion of community services, the public's knowledge & attitude regarding mental illness being perceived as major one. To have ability to recognise mental health disorder & seeking appropriate help, mental health literacy among general population is necessary. [5]

The present study revealed that major proportion of the respondents disagreed with the negative statements related to knowledge statement which

support to H1 hypothesis, they have better knowledge, only 60% of the respondents were agreed with mentally ill person is every time violent & dangerous to others. Were as opposite finding noted in the study conducted by Ganesh K in southern India study finding noted that majority of the respondents had poor knowledge regarding cause, treatment & prognosis. In his study respondents believed that mental illness could result from punishment from god. More than half of them thought that marriage can treat mental illness. A poor response was observed among subjects for maintaining a friendship with someone with mental illness. [6]

Findings related to attitude towards mental illness is found positive among maximum respondents in this study which is similar with the study conducted by the Otto Wahl, Janet Susin, Amy Lax, Lorraine Kaplan, Dayna Zatina revealed that Most of the students said they would not be frightened if approached by someone with a mental illness, disagreed that people with a mental illness should be avoided, and indicated that they would be comfortable meeting someone with a mental illness. [7] Contradictory findings found in the study conducted by Ganesh K in southern India, that is the attitude of the respondents towards mental ill people is negative. Most of the subjects had fear of mental ill & only few want to maintain friendship with them. [6]

Most of respondents show non acceptance of a person with mental illness as marriage partner, as care taker for the child & as a work colleague. A descriptive survey conducted in England From 2009 to 2012, 13 interviews taken every year & reported that attitude of the people improves after getting more knowledge. There was a high level of agreement that mental health problems can be treated. Acceptance of people with mental illness taking public office and being given responsibility has grown. There is marked increase in the proportion of people who say they would be willing to continue a relationship with a

friend with a mental health problem (82% to 86%), willing to work with someone with a mental health problem (69% to 75%). 'Most women who were once patients in a mental hospital can be trusted as babysitters'-agreement increased from 21% in 1994 to 25% in 2012. Study result shows attitude on these statements ranged in 2012 from 78% 'We have a responsibility to provide the best possible care for people with mental illnesses. [8]

CONCLUSION

Knowledge about mental illness is better among the subjects in the present study. The majority of the subjects had a positive attitude toward mental illness and non-acceptance of patients with mental illness as marriage partner, as care taker for the child & as a work colleague. As an increase worldwide burden of mental disorder people tries for seeking help for appropriate treatment. Mental health has been integrated in the primary health care program in small cities and villages which should include mental health education to the community, families and schools & Active identification and referral of patients with major mental health problems, including psychosis, epilepsy, drug dependence, and mental retardation; as well as follow-up, home visit, and preparation for the reintegration of the patients into the community.

ACKNOWLEDGEMENT

We acknowledged the co-operation offered by the 3rd RGNM 30TH Batch Students

without whom this would not have been possible.

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How to cite this article: Phuke M, Mohite V, Salunkhe AH et al. Assess the knowledge, attitude & practices about mental illness among general population. *Int J Health Sci Res*. 2017; 7(1):174-178.
