

A Descriptive Study to Assess the Knowledge and Attitude Regarding Mental Illness and Its Treatment among Adults of Selected Rural Population in District Patiala, Punjab

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Abstract

A mental disorder or mental illness is a psychological or behavioral pattern generally associated with subjective distress or disability that occurs in an individual, and which is not a part of normal development or culture. Descriptive research design was adopted in the study. The study was conducted in village in District Patiala, Punjab. It has total 3000 population. 150 adults were selected from the selected village in District Patiala, Punjab. A survey was performed and adults who met the inclusion criteria were selected by using non probability purposive sampling technique. Based on the Research problem and objectives the following steps were undertaken to select and develop data collection tool. Demographic Performa to assess demographic variables and, self structured questionnaire to assess the knowledge of adults and Likert's scale to assess the attitude of adults regarding mental illness and its treatment was selected. The present study shows that mean knowledge score regarding knowledge of mental illness was (7.9) and mean attitude score regarding mental illness and its treatment was (34.4.) Correlation of knowledge and attitude score regarding mental illness and its treatment was found to had no correlation ($r=-0.106$) as calculated by Karl Pearson's coefficient of correlation which is statistically non significant. Association of two socio-demographic variables with the knowledge score was found to statistically significant.

Keywords: *Mental illness, mental disorders, mental illness treatment.*

Introduction

“Good attitudes are magnets for good news. Seen it proven a hundred times.” A mental disorder or mental illness is a psychological or behavioral pattern generally associated with subjective distress or disability that occurs in an individual, and which is not a part of normal development or culture.¹

Mental health is vital for individuals, families and communities, and is more than simply the

absence of a mental disorder. Mental health is defined by the World Health Organization (WHO) as ‘a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, and is able to make a contribution to his or her community’.²

There are many different types of mental disorders ranging from common disorders such as depression and anxiety to more severe ones such as schizophrenia. Effective treatments are available for people with mental disorders, and many types of mental disorder can be managed at the primary health care level with complementary support from community-based workers and community members.³

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Important discoveries in areas such as genetics, neuroscience, and behavioral science largely account for the substantial gains in knowledge that have helped us to understand the complexities of mental illnesses and behavioral disorders over the past 15 years.⁴

Material and Method

Descriptive research design was adopted in the study. The study was conducted in village in District Patiala, Punjab. It has total 3000 population. 150 adults were selected from the selected village in

District Patiala, Punjab. A survey was performed and adults who met the inclusion criteria were selected by using non probability purposive sampling technique. Based on the Research problem and objectives the following steps were undertaken to select and develop data collection tool. Demographic Performance to assess demographic variables and, self structured questionnaire to assess the knowledge of adults and Likert's scale to assess the attitude of adults regarding mental illness and its treatment was selected.

Findings

Table 1: Frequency and percentage distribution of sample characteristics

Socio-demographic Characteristics	Frequency (f)	Percentage %
1. Age (in years)		
30-40	76	50.7
41-50	74	49.3
2. Religion		
Sikh	79	52.7
Hindu	50	33.3
Muslim	19	12.7
Any other	2	1.3
3. Family type		
Nuclear	88	58.7
Joint	42	28.0
Extended	20	13.3
4. Qualification		
Middle	33	22
Matric	62	41.3
10 +12	41	27.3
Graduate & above	14	9.3
5. Occupation		
Govt. job	19	12.7
Private Job	55	36.7
Own business	52	34.7
Unemployed	24	16
6. Monthly income (Rs.)		
<5000	18	12.0

Cont... Table 1: Frequency and percentage distribution of sample characteristics

5001-10000	59	39.3
10001-15000	61	40.7
> 15000	12	8.0
7. Source of information		
Radio/ TV	46	30.7
Newspaper	44	29.3
Internet	37	24.7
Relatives/Friends	28	18.7
8. Any family member has mental illness		
No	107	71.3
Yes	43	28.7
9. Duration of illness (years)		
1-2	17	39.5
3-4	18	41.8
>5	8	18.6
10. Duration of treatment (years)		
1-2	19	44.2
3-4	21	48.8
>5	3	7.0

Table 1 depicts that Maximum subject (50.7%) were between age group 30 to 40 years followed by 74(49.3%) falls in 41 to 50 years of age. In case of religion - Maximum subjects i.e. 79.(52.7%) belong to Sikh Religion, and minimum 2 subjects (1.3%)) from any other religion. Type of family - Maximum subjects were from nuclear families i.e. 88(58.7%) and minimum subjects 20 (13.3%) from extended families.

Educational status- Analysis related to educational status of adults revealed that maximum no. of subjects i.e. 62 (41.3%) subjects had schooling up to metric level and minimum no. of subjects 14(9.3%) had graduation and above education.

Occupation - Majority of the subjects were having their private job i.e.55 (36.7%) and minimum no. of subject's i.e.24 (16%) were unemployed. Economic status -Maximum subjects 59 (39.3 %/ reported monthly income in the range of rate 10001 to 15000and minimum 12 (8.0) in more than 15000.

Source of information Analysis reveals that majority of subjects had their source of information 46(30.7%) radio The maximum no of families 107(28.7%) have no mental illness is and maximum duration of illness is 3-4 year with (41.85%) and minimum is ≤ 5 with(18.6%).maximum duration of treatment taken was 3-4 with(48.8%).

Table 2: Frequency and Percentage distribution of adult’s according to their level of knowledge regarding mental illness and its treatment.

N =150

Level of Knowledge	scores	F	Knowledge score (%)	Mean ±Sd
Good	17 - 24	1	0.7	
Average	9 - 16	57	38.0	7.9±3.3
Poor	0 - 8	92	61.3	

Maximum knowledge score = 24

Minimum Knoweldge score = 0

Objective 2: To assess the attitude of adults regarding mental illness and its treatment.

Table 3: Attitude of adults towards mental illness and its treatment

Attitude	Scores	(f)	Percentage (%)	Mean ± SD
Positive	41-60	16	10.7	34.4 ± 4.2
Neutral	21-40	122	81.3	
Negative	≤ 20	12	8.0	

Maximum Attitude score =60

Minimum Attitude score =20

Table 4: Relationship of knowledge & attitude regarding mental illness and its treatment.

N=150

Variable	Mean± SD	Pearson’s correlation coefficient	p-value
Knowledge	7.6±3.5	-0.106	0.198 ^{NS}
Attitude	34.4±4.2		

(NS-Non-significant (p>0.05))

(NS-Non-significant ($p>0.05$))

Table 4 depicts that there is no correlation between the knowledge and attitude of adults at 0.198

Table - 5: Association of knowledge regarding mental illness and its treatment among adults with demographic variables.

N=150

Variables	Level of knowledge			Df	χ^2
	Good	Average	Poor		
1. Age (in years)					
30-40	1	31	44	2	1.586NS
41-50	0	26	48		
2. Religion					
Sikh	0	36	43		
Hindu	1	18	31		
Muslim	17	2	0	6	10.206NS
Any other	0	1	1		
3. Family type					
Nuclear	1	47	40		
Joint	0	12	30	4	6.071NS
Extended	0	5	15		

Cont... Table - 5: Association of knowledge regarding mental illness and its treatment among adults with demographic variables.

4. Qualification					
Middle	0	15	18		
Matric	0	19	43		
10 +2	24	16	1	6	5.809NS
Graduate & above	0	7	7		
5. . Occupation					
Govt. job	0	3	16		
Private Job	1	15	39		
Own business	0	27	25	6	13.858S
Unemployed	0	12	12		
6. Monthly income (Rs.)					
<5000	0	7	11		
5001-10000	0	25	34		
10001-15000	1	22	38	6	2.860NS
> 15000	0	3	9		

Cont... Table - 5: Association of knowledge regarding mental illness and its treatment among adults with demographic variables.

7. Source of information					
Radio/ TV	0	20	26	2	1.217NS
Newspaper	0	6	38		
Internet	0	18	19		
Relatives/Friends	1	15	12		
8. Any family member has mental illness					
No	0	10	33	2	6.185 ^S
Yes	1	47	59		
9. Duration of illness (years)					
1-2	11	6	17	2	2.337 ^{NS}
3-4	15	3	18	2	
>5	7	1	8		
10. Duration of treatment (years)					
1-2	13	6	19	2	1.855 ^{NS}
3-4	17	4	21		
>5	3	0	3		

(S-Significant ($p < 0.05$), NS-Non-significant ($p > 0.05$))

Table 5 Illustrates that on applying α^2 , it was found that none of demographic variable was significantly associated with knowledge regarding mental illness and its treatment except occupation and family history

Table 6: Association of attitude regarding mental illness and its treatment among adults with demographic variables

N=150

Variables	Type of attitude			Df	α^2
	Positive	Neutral	Negative		
1. Age (in years)					
30-40	4	58	14		
41-50	4	59	11	2	0.342NS
2. Religion					
Sikh	6	62	11		
Hindu	2	37	11		
Muslim	0	17	2	6	5.644NS
Any other	0	1	1		
3. Family type					
Nuclear	3	73	12		
Joint	2	29	11	4	8.176NS
Extended	3	15	2		
4. Qualification					
Middle	3	26	4	6	2.227NS
Matric	2	49	11		
10 +2	2	32	7		
Graduate & above	1	10	3		
5. . Occupation					
Govt. job	0	15	4	6	4.959NS
Private Job	3	41	11		
Own business	2	43	7		
Unemployed	3	18	3		
6. Monthly income (Rs.)					

Cont... Table 6: Association of attitude regarding mental illness and its treatment among adults with demographic variables**N=150**

<5000	1	12	5	6	9.635 ^{NS}
5001-10000	1	45	13		
10001-15000	6	49	6		
> 15000	0	11	1		
7. Source of information					
Radio/ TV	4	31	11	2	4.454 ^{NS}
Newspaper	1	41	2		
Internet	3	26	8		
Relatives/Friends	1	22	5		
8. Any family member has mental illness					
No	33	10	0	2	4.797 ^{NS}
Yes	84	15	1		
9. Duration of illness (years)					
1-2	17	12	5	2	.890 ^{NS}
3-4	18	14	4		
>5	8	7	1		
10. Duration of treatment (years)					
1-2	19	14	5	2	4.214 ^{NS}
3-4	21	18	3		
>5	3	1	2		

NS-Non-significant (p>0.05)

Table 6 Illustrates that on applying α_2 , it was found that none of the demographic variable was significantly associated with attitude regarding mental illness and its treatment

Discussion

Major finding

The present study revealed that maximum (61.3%) of the respondents had poor knowledge regarding mental illness and its treatment more than one third (38%) had average knowledge and (0.7%) had good knowledge regarding mental illness and its treatment and majority (81.3%) of the respondents had neutral attitude regarding mental illness and its treatment and (10.7%) had positive attitude regarding mental illness and its treatment whereas (8%) had negative attitude, knowledge of adults vary with occupation and family history of mental illness in the family.

Discussion with the literature as per knowledge:

Out of 150 subjects, majority of the respondents had poor knowledge (61.3%) regarding mental illness and its treatment, more than one third (38%) had average knowledge and (0.7%) had good knowledge regarding mental illness and its treatment. The mean and standard deviation score for overall knowledge of adults (30 - 50years) was 7.9+ 3.3

This decrease in overall knowledge indicates that the adults (30-50years) need more information regarding mental illness and its treatment.

The study finding are supported by a study conducted by **Munson MR, Floersech JE, et.al (2010)** conducted the descriptive study. Two thousand and forty samples were selected using The result revealed that 96.5% of subjects perceived that people with mental illness were dangerous, 82.7% expressed fear to converse with mentally ill persons, and only 16.9% showed agreement regarding the marriage of mentally ill persons. Therefore, the study concluded that there was widespread stigmatization of mental illness persisting.

Discussion with the literature as per attitude:

As study reveals that majority (81.3%) of the

respondents had neutral attitude regarding mental illness and its treatment and (10.7%) had positive attitude regarding mental illness and its treatment whereas (8%) had negative attitude. Hence

The study findings supported by this study conducted to **Ramachandaran P Vijayalaksh et.al (2013)** conducted descriptive study to assess the attitude of rural population towards person with mental illness. Total 102 persons were taken after survey. The study revealed that participants held more stigmatizing attitude towards person with mental illness. It also revealed that community was more authoritarian and socially restrictive views. The findings of the present study revealed that negative attitude towards person with mental illness are widespread and may impair their social reintegration into the community.

From the above cited discussion it can be concluded that there is a little awareness among adults regarding mental illness and its treatment so it's the need of hour, to increase the awareness regarding mental illness and its treatment. it can be done by arranging health education programmes in rural areas or campaigns time to time.

SUMMARY, CONCLUSION AND RECOMMENDATIONS

For the present study descriptive design was adopted to assess the knowledge and attitude of adults regarding mental illness and its treatment. The conceptual framework adopted for this study was based on modified **health belief model by Becker MR, Drachman RH and Kricht JP, 1974** & it provides the comprehensive framework for achieving the objectives of the study. This model focuses on individual perception, perceived susceptibility, perceived seriousness modifying factors, demographic characteristics perceived threat, cues to action, likelihood of action, perceived benefit, perceived barrier & recommended action.

Self Structured knowledge questionnaire and Likerts scale were used to collect the data for assessing the level of knowledge and attitude of adults regarding mental illness and its treatment. The data obtained was analyzed and interpreted in terms of the objectives and assumption of the study. Descriptive and inferential statistics were used for data analysis.

The findings of the study has been presented in the form of tables, figures and graphs and discussed in detail. The knowledge of adults regarding mental illness and its treatment showed that out of 150 subjects Majority of them (61.3%) had poor level of knowledge, (81.3%) of them had neutral attitude . Knowledge and attitude had no significant relationship with demographic variables the study findings had shown that there was a significant association between level of knowledge of adults with two demographic variables i.e. occupation, & family history and no association with age, religion, qualification family income, type of family and source of information.

Conclusion

The present study shows that mean knowledge score regarding knowledge of mental illness was (7.9) and mean attitude score regarding mental illness and its treatment was (34.4.) Correlation of knowledge and attitude score regarding mental illness and its treatment was found to had no correlation ($r=0.106$) as calculated by Karl Pearson's coefficient of correlation which is statistically non significant.

Association of two socio- demographic variables with the knowledge score was found to statistically significant.

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Ethical Clearance: It was approved by the institutional committee.

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