Original Article

KNOWLEDGE AND ATTITUDE OF MENTAL ILLNESS AMONG GENERAL PUBLIC OF SOUTHERN INDIA

Ganesh K

M.Sc. (Nursing), All India Institute of Medical Sciences, New Delhi

Correspondence:
Mr. Ganesh K
No.5, Lawspet, Pondicherry
Email; ganesh_prabhu_vk@yahoo.co.in   Mobile: 08010029845

ABSTRACT

Background: Mental disorders are widely recognized as a major contributor to the global burden of disease worldwide. The aim of this study was to examine the knowledge and attitude about mental illness among general public.

Method: This is a cross-sectional survey conducted from October 2008 to March 2009. A questionnaire was designed to assess knowledge, attitude, and practice regarding mental illness.

Results: 100 subjects were selected conveniently, of which 33 % males and 67 % females, most of them in the age group above 30 years. Mean knowledge score of the subjects was 5.90 ± 1.22. Item wise awareness regarding mental illness were common mental disorders (60%), causes (35%), signs and symptoms of mental illness (60%), treatment (42%) and prognosis 30 % and most of them had negative attitude towards mental illness. High knowledge score has been associated with male and aged between 18-30 years.

Conclusion: 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.

Keywords: Mental illness, knowledge, attitude, general public

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]

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.[4]

Stigma remains a powerful negative attribute in all social relations. It is considered an amalgamation of 3 related problems: a lack of knowledge (ignorance), negative attitudes (prejudice), and exclusion or avoidance behaviours (discrimination). Scheff reported that people who are labelled as mentally ill associate themselves with society's negative conceptions of mental illness and that society's negative reactions contribute to the incidence of mental disorder. The social rejection resulting from this may handicap mentally ill people even further.[5]

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. 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. [6]

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.[7] 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.[8]

Beliefs about causation and experience may influence patients' beliefs about effective treatment and may also determine the type of treatment that is sought. Recognition of mental illness is another important determinant of treatment-seeking behaviour.

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 toward mental illness. Only few studies reported regarding knowledge and attitudes of the public toward people with mental illness from India. Hence, the aim of the present study was to assess the knowledge about mental illness and attitude of the public toward people with mental illness.

OBJECTIVES OF THE STUDY
1. To assess the level of knowledge of regarding mental illness.

2. To find out attitude towards mental illness and mentally ill people.

MATERIALS AND METHODS
The present study is a descriptive, cross-sectional in nature. A total of 100 participants were recruited by convenient sampling method. The pre-designed and pre-tested questionnaire contained information on various study variables, items on knowledge include common mental illnesses, factors contributing to mental illness and causes, treatment, prognosis and their prevention was used. Each correct response was assigned score 1 and wrong response was assigned 0 (zero). Thus for 15 items, the maximum attainable score was 15 and minimum was 0. The questionnaire also included questions regarding attitudes and practices with regard to mental illness which is 'Yes' or 'No' type. The subjects who met the inclusion criteria were enrolled and informed written consent was obtained. Knowledge and attitude about mental illness were assessed using the Questionnaire by semi structured interview.

Table 1 Profile of demographic characteristics of the Subjects (n=100)

Sample characteristics	Frequency (%)
Age	
18- 30 years	46 (46)
Above 30 years	54 (54)
Sex	
Male	33 (33)
Female	67 (67)
Monthly income	
Up to 5000	35 (35)
Above 5000	65 (65)
Occupation	
Professional	32(32)
Non – Professional	68 (68)
Educational status	
Below 10th std	40 (10)
Above 10th std	60 (60)

STATISTICAL TESTS
Data were analyzed using the SPSS software package for windows, version 14.0. Descriptive statistics (i.e. Mean, frequency, percentage, standard deviation) and inferential statistics (i.e. t test) were used. Level of significance was set as $p < 0.05$.

RESULTS
Demographic Characteristics of Subjects:

As shown in the Table 1, 56 % of the subjects were in the age group of above 30 years, most of them were female (67%). Nearly two third (60%) of the respondents studied above 10th Standard, 68% of them were non-professional by occupation and sixty five percent were earn more than Rs. 5000 per month.

Table No. 2 describes that the mean knowledge score of the subjects was 5.90 ± 1.22. Item wise awareness regarding mental illness were common mental disorders 60%, causes (35%), signs and symptoms of mental illness (60%), treatment (42%) and prognosis 30 %.

Table 2 Knowledge of the subjects about mental illness (n=100)

Total Knowledge score	Mean(5.90) ± SD (1.22)
Domains of Knowledge Score	**Frequency(%)**
Common mental illnesses (1 item)	60 (60)
Causes (5 items)	35 (35)
Signs and symptoms (4 items)	60 (60)
Treatment (3 items)	42 (42)
Prognosis (2 item)	30 (30)

Table 3 Attitudes of the subjects about mental illness (n=100)

Attitude domains	Yes (%)	No (%)
Do you visit a psychiatrist if you had an emotional problem?	18 (18)	82 (82)
Do you visit a healer if you had an emotional problem?	35 (35)	65 (65)
Are you afraid of someone with mental illness who is staying next door?	60 (60)	40 (40)
Do you think that marriage can treat mental illness?	55 (55)	45 (45)
Are you willing to maintain a friendship with someone with mental illness?	25 (25)	75 (75)
Are you ashamed to mention someone in your family who has mental illness	55(55)	45(45)

Table 3 shows the attitudes of the studied population toward mental illness , only few (18%) of the respondents stated they would visit a psychiatrist if they had an emotional problem, but only 35 % agreed to visit a traditional healer for their problem. Nearly two third (60%) of the subjects were afraid to someone with mental illness as neighbour. 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 (25%) and fifty five percent of them were ashamed to mention that anyone in their family had mental illness.

Association of knowledge and attitude with selected variables:

As shown in the Table 4, subjects who aged less than 30 years had more knowledge compared to subjects who aged more than 30 years of age. Male subjects had significantly more knowledge regarding mental illness compared to female respondents. None of the demographic variables associated with attitude of subjects.

Table 4 Relationship of Knowledge score with demographic characteristics of the subjects (n=100)

Sample characteristics		Mean ± SD	t value (95% CI)	p value
Age	18-30 years	6.90 ± 2.18	4.866	0.0001*
	Above 30 years	5.10 ± 1.50	(1.0659 to 2.5341)	
Sex	Male	6.78 ± 1.68	5.508	0.001*
	Female	5.12 ± 1.27	(1.0620 to 2.2580)	
Monthly income	Up to 5000	6.78 ± 1.68	0.709	0.479
	Above 5000	6.50 ±1.98	(-0.5027 to 1.0627)	
Occupation	Professional	6.68 ± 1.88	0.5901	0.556
	Non – Professional	6.90 ± 1.67	(-0.9599 to 0.5199)	
Educational status	Below 10th std	6.76 ± 1.98	0.0804	0.936
	Above 10th std	6.79 ± 1.72	(-0.7704 to 0.7104)	

* p<0.05, Statistical test: t test

DISCUSSION

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 in-patient 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.[9]

The present study revealed that a substantial proportion of the community is had poor knowledge regarding mental illness and only few had average knowledge. More than half of the subjects could mention common mental disorders which reflect the increase prevalence of mental illness in community and influence of media and other sources. Most of respondents had poor knowledge regarding causes of mental illness and believed that mental illness could result from punishment from God. More than half of the respondents had good knowledge on signs and symptoms of mental illness. Deficiency of knowledge about traeatment and prognosis of mental illness is persistent in most of the subjects. The possible explanation for the difference in recognition rate is lack of education and information on nature and causes of mental illness in the community. These findings were similar to previous studies. [10],[11]

In the present study, negative attitudes toward people with mental illness were widely held. Most of the subjects were uncomfortable in visiting a psychiatrist if they had any emotional problem and only few reported traditional healer for consultation; this reflects the stigma associated with mental illness and hindering treatment seeking. More than half of the subjects revealed that they had fear of mentally ill and only few want to maintain friendship with them. In one study, kibbutz members held different attitudes toward patients with mental disorders; although the majority of subjects supported the social integration of people with mental disorders. [12],[13] Most of the subjects believed that marriage can treat mental illness and feel ashamed to reveal of mental illness their family members to others. It highlights the ignorance, lack of awareness and stigma associated with mental illness in our country.

Association analysis revealed that male subjects who aged 18-30 years had better knowledge in all aspects of mental illness but attitudes seem to be poor in all groups. This may reflect the negative portrayal of mental illness in the media and its effect on the public's attitude.

The results highlight the important role of the media in informing and influencing community attitudes about mental health. Any attempt to raise public awareness regarding mental illness and fight stigma should involve the media, in a carefully planned a studied manner.

Exploring trends in people's knowledge and attitudes towards mental illness would have implications for nursing practices worldwide. Nurses need to be able to provide mental health education and care with a positive attitude in the community, as community care is the most accessible form of care worldwide (World Health Organization, 2007) in view of the severe scarcity of mental health personnel in our country.

CONCLUSION

Knowledge about mental illness is poor among the subjects in the present study. The majority of the subjects had a negative attitude toward mental illness and non-acceptance of patients with mental illness. The minimal knowledge about mental illness 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.

REFERENCES

1. Prince M, Patel V, Saxena S, et al. Global mental health 1, no health without mental health. Lancet. 2007;370:859-877.
2. WHO. World Mental Health Survey Consortium. Prevalence, severity, and unmet need for treatment of mental disorders in the World Health Organization world mental health surveys. JAMA. 2004;291:2581-2590.
3. World Health Report. Mental Health: New Understanding,New Hope. Geneva, Switzerland: World Health Organization; 2001.
4. Arkar H, Eker D. Effects of psychiatric labels on attitudes toward mental illness in a Turkish sample. Int J Soc Psychiatry. 1994;40:205-213.
5. Scheff TJ. Being Mentally Ill: A Sociological Theory. Chicago, IL: Aldine; 1986.
6. Stuart H, Arboleda-Florez J. Community attitudes towards people with schizophrenia. Can J Psychiatry. 2001; 46: 245-52.
7. Bhugra D, Leff J. Attitude towards mental illness, in: (Bhugra D and Leff J) Eds. Principles of Social psychiatry, Blackwel scientific publication 1993: 385-399
8. Kleinman A. Rethinking Psychiatry: from cultural category to personal experience. New York: Free Press. 1991
9. Jorm AF. Mental health literacy: public knowledge and beliefs about mental disorders. Br J Psychiatry. 2000; 177:396-401.
10. Thara R, Srinivasan TW. How stigmatising in schizophrenia in India? Int J Soc Psychiatry. 2000;46:135-141.
11. Samuel M. Perception of mental and physical illness in northwestern Ethiopia, causes, treatment, and attitude. J Health Psychol. 1999;4:531-549.
12. Itzhak L, Anat S, Alexander G, Efraim A, Yehiel S, Robert K. Mental health-related knowledge, attitudes and practices in Kibbutzim. Soc Psychiatry Psychiatr Epidemiol 2004;39:758-764.
13. Jugal K, Mukherjee R, Parashar M, Jiloha RC, Ingle GK. Beliefs and attitudes toward mental health among medical professionalsin Delhi. Indian J Community Med. 2007;32:198-200.