Knowledge and Practice on Prevention and Management of Mental Illness Among Village Health Nurses at Selected Primary Health Centers in Tamilnadu; With A View to Develop an Information Guide Sheet

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Abstract: _Objective: To determine the knowledge, practice about prevention and management of mental illness among village health nurses in primary health centers. Method: A descriptive design with survey approach study conducted on village health nurses in fifteen primary health centers in Tamilnadu on their socio-demographic characteristics, professional qualifications and knowledge, and practice toward prevention and management of mental illness. Results: A total of 100 village health nurses were recruited. Knowledge scores showed that 78% were having inadequate knowledge, 22% were having moderate knowledge and none of them having adequate knowledge towards prevention and management of mental illness. Practice scores showed that 80% were having inadequate practice, 20% were having moderate practice and none of them having adequate practice towards prevention and management of mental illness. As a whole finding of the study revealed that majority of village health nurses had inadequate knowledge and practice. It shows that there is a great need to educate and motivate village health nurses about prevention and management of mental illness in order to reduce the mortality and morbidity related to mental illness. Conclusion: There are gaps in knowledge and practice on prevention and management of mental illness which could be constructively filled with Continued Medical Education or through in-service education ._

Keywords: knowledge, practice, prevention, mental illness, village health nurses

1. Introduction

Mental Health... Is Not A Destination But A Process
<div align="right">-Noam Shpancer</div>

Mental and behavioral disorders are not exclusive to any special group: they are found in people of all regions, all countries and all societies. About 450 million people suffer from mental disorders according to estimates given in WHO's _World Health Report 2001_. One person in four will develop one or more mental or behavioral disorders1 during their lifetime (WHO, 2001b). Mental and behavioral disorders are present at any point in time in about 10% of the adult population worldwide. One fifth of teenagers under the age of 18 years suffer from developmental, emotional or a behavioral problem, one in eight has a mental disorder; among disadvantaged children the rate is one in five. Mental and neurological disorders account for 13% of the total Disability Adjusted Life Years (DALYs)2 lost due to all diseases and injuries in the world (WHO, 2004d). Five of the ten leading causes of disability worldwide are psychiatric conditions, including depression, alcohol use, schizophrenia and compulsive disorder (Murray & Lopez, 1996). Projections estimate that by the year 2020 neuropsychiatric conditions will account for 15% of disability worldwide, with unipolar depression alone accounting for 5.7% of DALYs.

Mental disorders impose a substantial burden if left untreated. In **India,** the prevalence of major mental and behavioral disorders is estimated to be 65 per 1000 population, which translates to 70 million patients. An epidemiological study carried out in a rural population in **Tamil Nadu**, Southern India, reported that about 75% of people with mental disorders had been sick for more than one year and had not had any treatment. The total number of new patients registered in the Tamilnadu alone is about 34152.similarly 815801 follow visits were reported across all the DMHP sites and 3199 patients received inpatient care. India's ability to treat, care for and rehabilitate mentally ill patients leaves much to be desired. Mentally ill people are almost never taken seriously; they are treated with little or no dignity and are often locked away. Most (75%) mentally ill patients live in villages, where access even to basic health care is difficult. This study therefore aimed to assess the knowledge and practice of village health nurses regarding prevention and management of mental illness. This information would be useful in the formulation of policy for prevention, training, management and service delivery on mental health issues at primary care level and add to the global data on the same subject.

2. Objectives of the Study

1. Assess the existing level of knowledge on prevention and management of mental illness among village health nurses.
2. Identify the existing practice on prevention and management of mental illness among village health nurses.
3. Correlate the knowledge and practice on prevention and management of mental illness among village health nurses.
4. Find out the association between the level of knowledge and the selected demographic variables.
5. Find out the association between the practice and the selected demographic variables.
6. Develop an information guide sheet on prevention and management of mental illness

3. Hypotheses of the Study

H1: There will be significant association between the level of knowledge with selected demographic variables of village health nurses.
H2: There will be significant association between the practice and the selected demographic variables of village health nurses.
H3: There will be significant correlation between the level of knowledge and practice regarding prevention and management of Mental Illness among village health nurses.

Application of theory in this study
The conceptual framework of this study was derived from Health belief model (Modified from stretcher. V & Rosenstock .L.M.).

4. Research Design

The design selected for the present study was descriptive design with survey approach; the study intends to explore the full knowledge and practice of village health nurses regarding prevention and management of mental illness. **Setting:** This research study was conducted at **selected primary health centers** of Tamilnadu. **Population:** The target population for the present study was **village health nurses** working in primary health center, Tamil Nadu, India during the period of data collection. **Sample:** Village health nurses who fulfilled the inclusion criteria were selected purposefully to participate in the study. **Sample Size:** The sample selected for this study was one hundred village health nurses. **Sampling Technique:** The village health nurses were selected by using non probability sampling technique, **convenient sampling method. Development of the tool:** The tool consists of 3 Sections, 1. **Demographic proforma** of village health nurses consisting of 10 items, 2. Standard questionnaire which has been developed by the **Hunter institute of mental health** was modified and used to assess the level of knowledge of village health nurses regarding prevention and management of Mental Illness. It comprises 33 items on prevention and management of mental illness divided into 5 areas, 3. **Lauren Crigler and Kathleen Hill's community health worker assessment and improvement matrix** was modified and developed to assess the practice regarding prevention and management of Mental Illness among village health nurses. It comprises of 19 activities related to prevention and management of mental illness.

Both descriptive and inferential were used.

Scoring Procedure

4.1 Knowledge level

The Multiple choice questionnaire of section 2 will get scoring "1" for favorable response and "0" for unfavorable response. The total obtained score on knowledge statements were classified as

Knowledge Level	Score	Percentage
Inadequate level	0-16	Below 50%
Moderate level	17-24	51-75%
Adequate level	24-33	Above 75%

4.2 Practice

In section 3 dichotomous questionnaires with two criteria (Done and Not done) was used. The total observation score was 19 and each observation was given 1 and 0 for done and not done. The practice scores were classified as

Practice Level	Score	Percentage
Inadequate level	0-9	Below 50%
Moderate level	10-14	51-75%
Adequate level	15-19	Above 75%

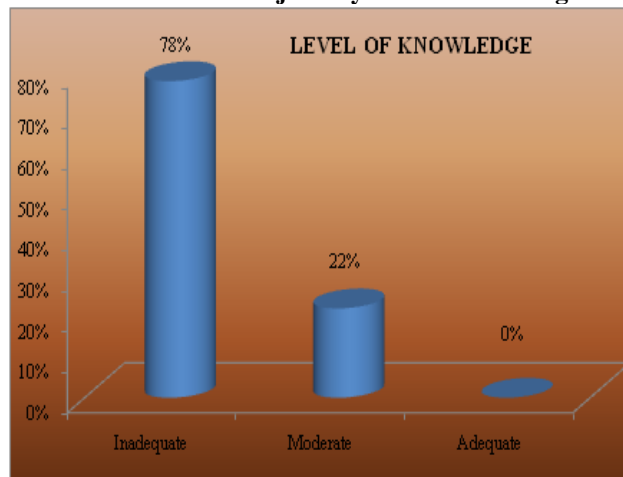## 5. Major Findings of the Study

5.1 Knowledge level

The data presented in the Table 2 depicts the knowledge level on prevention and management of mental illness. Out of 100 respondents 78% were having inadequate knowledge, 22% were having moderate knowledge and none of them having adequate knowledge.

Knowledge Level Regarding prevention and management of mental illness

Knowledge Level	Respondents	
	Number	Percentage (%)
Inadequate (<50%)	78	78
Moderate (51-75%)	22	22
Adequate (>75%)	0	0
Combined	100	100

**Distribution of subjects by level of knowledge**

5.2 Practice Level

The data presented in the Table 6 depicts the practice level on prevention and management of mental illness. Out of 100 respondents 80 were having inadequate practice, 20 were having moderate practice and none of them having adequate practice.

Practice Level Regarding prevention and management of mental illness

Practice Level	Respondents	
	Number	Percentage
Inadequate (<50%)	80	80
Moderate (51-75%)	20	20
Adequate (>75%)	0	0
Combined	100	100

Distribution of subjects by Level of Practice
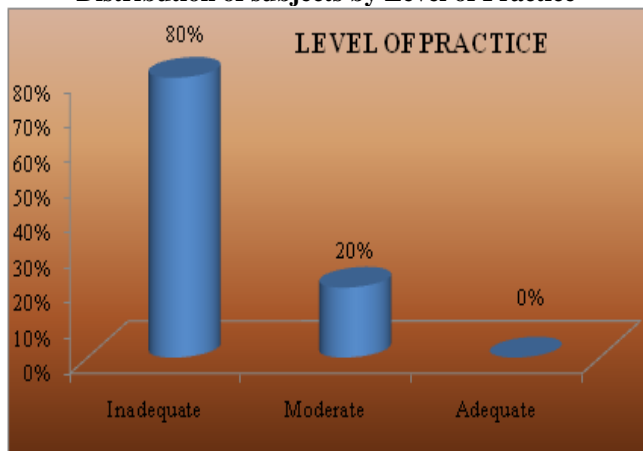
6. Major Findings of the Study

- Among the study group, maximum numbers of subjects 42% were in the age group of 31-35 yrs.
- Majority 80% of subjects were females.
- Highest percentage 57% of village health nurses were Hindus.
- Among the study group, maximum numbers of women (61%) were married.
- Out of sample selected, 85% were residing in rural area.
- Regarding years of experience, maximum numbers of subjects were having 5-10 yrs.
- Highest percentage of respondents 82% received information through book.
- Among the respondents, 45% of village health nurses were familiarized around half of the villages.
- Among 100 respondents, 65% of village health nurses said, they are urgently needed.
- The findings revealed that the overall mean knowledge score of women regarding prevention and management of mental illness was 15.3(46.36%) with standard deviation of 12.46.
- The overall practice mean score was 9.51(50%) with standard deviation of 8.4.
- The study indicated that there is a high positive correlation (r=0.987) between knowledge and practice of village health nurses. Higher the knowledge, better the practices. It is significant at 0.05 level.

- The study also showed that there was an association between the knowledge of village health nurses with selected demographic variables like age($x2$=11.460), religion($x2$=15.744, years of experience($x2$=35.278) and previous information regarding prevention and management of mental illness ($x2$=36.713). There was no significant association found between level of knowledge with other background variables such as sex, marital status, place of residence, familiarity of villages and need of village health nurses.
- The study also showed that there was an association between the practice of village health nurses with selected demographic variables like age($x2$=7.859), marital status($x2$=17.771), years of experience($x2$=8.197), previous information regarding prevention and management of mental illness($x2$=28.327) and familiarity of villages(($x2$=4.115). There was no significant association found between level of practice with other background variables such as sex, religion, place of residence, and need of village health nurses.
- The study revealed low level of knowledge and practice. so, with that view an information guide sheet regarding prevention and management of mental illness was developed in order to improve knowledge, change attitudes and practice of village health nurses and motivate them to adapt new ideas.

7. Conclusion

The findings revealed that the overall knowledge mean score of village health nurse regarding prevention and management of mental illness was 15.3(46.36%) and the overall practice mean score was 9.51(50%).The study indicated that there is a positive correlation(r=0.987) between knowledge and practice scores.

Prevention of mental disorders is a public health priority. Prevention of mental disorders and mental health promotion need to be an integral part of public health and health promotion policies at local and national levels. In view of the high and increasing burden of mental and behavioral disorders and the recognized limitations in their treatment, the only sustainable method for reducing their burden is prevention .Mental health professionals have several important roles to play in the prevention field. These are challenging but likely to be very rewarding responsibilities.

There is a felt need for bridging the gap between knowledge and practice areas of prevention and management of mental illness. International initiatives are needed to reduce this gap and to support low income countries in developing prevention knowledge, expertise, policies and interventions that are responsive to their needs, culture, conditions and opportunities.

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