

Assessment of Knowledge, Attitude and Practice Related to Mental Illness among Selected Population in Order to Develop a Self Instructional Module

Shraddha Sagvekar¹, Bijayalakshmi Devi²

¹Lecturer, Samarth Nursing College, Dervan, Ratnagiri District, Maharashtra, India

²L. Associate Professor, M.K.S.S.S. B.T.Ine, Karvenagar, Pune, Maharashtra, India

Abstract: *Being happy and productive is one of the usual desires of each individual. To achieve this, a person, amongst other things needs to be accepted in society and be a part of main stream. This is not possible if others have negative attitude towards him, one of the major groups against which people have negative attitude is that of mentally ill. Mental illness has always been associated with ignorance, superstitions. Mentally ill person goes through a lot of torture and problems due to lack of development in the field of psychiatry. With the introduction of 'Understanding the human behavior' there has been a change in attitude towards mental illness. In India, the similar scenario of ignorance, lack of knowledge, misconception about mental illness exists even today. Treatment of mental illness by various traditional healers, faith healers; like, foretellers, temple priest, witchcraft and astrologers, are still practiced in many parts of India. This statement focuses the importance of the study, it has the knowledge, attitude and practice of mental illness. Because like other disease conditions mental illness also exhibits certain sign and symptoms which all the people should know and be aware of the forthcoming dangers which may be very hazardous and may bring to darkness to one's life. So there is a need to prevent them. Therefore above statement focuses the importance of the study of knowledge, attitude and practices which not only identify people but modify into desired direction. Investigator pointed out that awareness and community's orientation about mental illness should be enhanced. Therefore, it is felt that a study to assess knowledge, attitude and practices of community regarding mental illness be made and prevention of mental illness before it begins.*

Keywords: mental illness, desires, attitude

1. Introduction

“Sound mind replicates sound body, Sound knowledge replicates sound mind”

-Unknown author

The country's mental health budget does not exceed 1% of total health expenditures. The National Mental Health Program has been implemented to provide services to rural as well as urban populations, but 80% of people in rural areas cannot access its services.

Mental health is an integral component of total health. Mental illness enters in times of at least one in four people in the world by the world health report. It has been with us for thousands of years yet continues to battle, there is still no care because of stigma. At any given point of time 5 out of 1000 suffer from psychosis whereas 10 out of 1000 suffer from neurosis. Thus mental health problem constitutes one of the health problems in the community. (2)

Statement

“Assessment of knowledge, attitude and practice related to mental illness among selected population in order to develop a self instructional module”.

Objectives

- To assess the knowledge, attitude, and practice related to mental illness among selected population.

- To associate finding of knowledge, attitude and practice related to mental illness among selected population with selected background variables.
- To developed and validated Self Instructed Module related mental illness and its related concepts for general population.

Research Question/ Hypothesis

Does the selected population have adequate knowledge, attitude and practices regarding mental illness?

2. Research Methodology

Research methodology is a way to systematically solve the research problem. The research approach was descriptive exploratory survey, approach to assess the knowledge, attitude and practices regarding mental illness.

The study design consisted of a quantitative approach. The study population consisted of 300 subjects from selected city. They were selected by simple random sampling technique.

Tools and Techniques

The tools for the study was prepared by referring to books, internet and related formal researches. Blue print for the sections was prepared and then the items were finalized. The tool was shown to English as well as Marathi expert for formulation and translation.

Volume 6 Issue 7, July 2017

www.ijsr.net

Licensed Under Creative Commons Attribution CC BY

Section I: Baseline Performa

It mainly contained all the demographic aspects for participants covering the important areas like age, education, occupation, sex, religion, marital status etc.

Section II: Semi-structured questionnaire was felt to be appropriate to assess knowledge of adults and about practices related to mental illness.

Section III. Rating scale for attitude related to mental illness. The rating scale was prepared to assess attitude scale of the adults towards mental illness.

Testing of the tools: validity and reliability

Content validity is a self-evident measure which shows that the investigator can demonstrate an adequate coverage of the related topic and an expert should be able to judge whether or not the tool is adequate. Content validity was calculated as per scoring done by various experts and discussion with guide.

Reliability

It refers to the consistency, stability and repeatability of a data collection instrument. (4) the reliability of the tool is 0.76.

Feasibility:

Tool was tested on 30 samples that were selected to check the feasibility of the tool and sample. The investigator found that tool and sample was feasible. These samples were excluded from the main study.

Data Gathering Process:

It is a precise, systematic gathering of information relevant to the research purpose or specific objectives, questions of the study. Before data collection the investigator had completed following the steps;

- 1) Formal permission letter from college and researcher
- 2) The investigator personally approached to the Surpanch to seek the permission for conducting the actual study.
- 3) Before starting the actual data collection the investigator had introduced herself to participant.
- 4) A well informed consent was taken from the participant for participation in the study. The investigator had given printed questionnaire to the participant to solve at a separate place where there were no disturbances and whenever needed investigators help to them. It took approximately 25-30 minutes for each participant.
- 5) The investigator had scored each question as per the answers given by the participant.

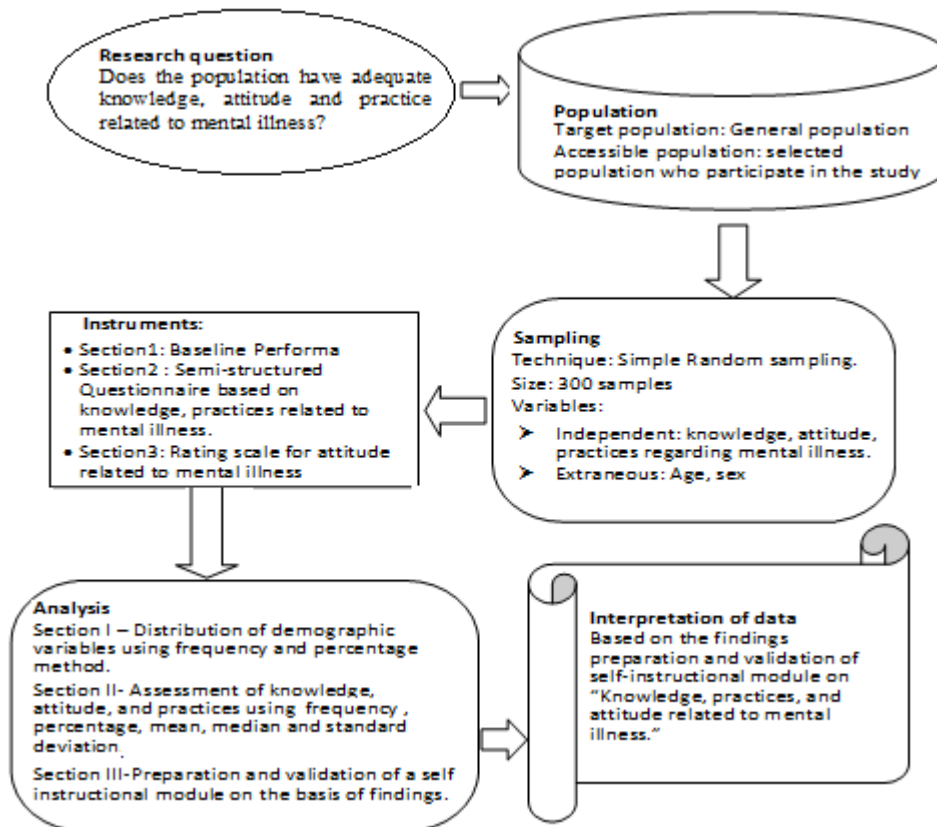


Figure 2: Schematic Representation of Research Design

3. Testing of the tools: validity and reliability

Content validity

Content validity is a self-evident measure which shows that the investigator can demonstrate an adequate coverage of the related topic and an expert should be able to judge whether or not the tool is adequate. Content validity was calculated

as per scoring done by various experts and discussion with guide.

Reliability of the tool

It refers to the consistency, stability and repeatability of a data collection instrument. (4)

Cronbach's alpha:

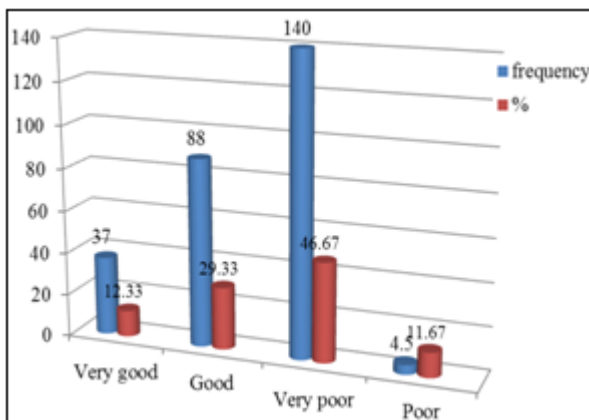
$$\alpha = \frac{N \cdot \bar{c}}{\bar{v} + (N - 1) \cdot \bar{c}}$$

Here N is equal to the number of items, c-bar is the average inter-item covariance among the items and v-bar equals the average variance. The reliability of the tool in the present study is 0.76.

Feasibility:

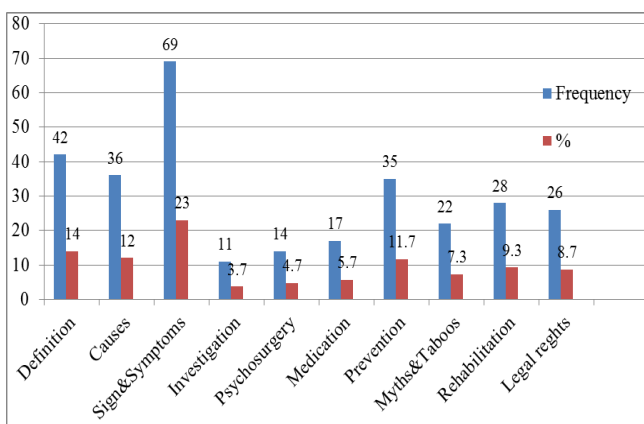
Tool was tested on 30 samples that were selected to check the feasibility of the tool and sample. The investigator found that tool and sample was feasible. These samples were excluded from the main study.

4. Major Findings of the Study



Bar diagram representing knowledge about mental illness.

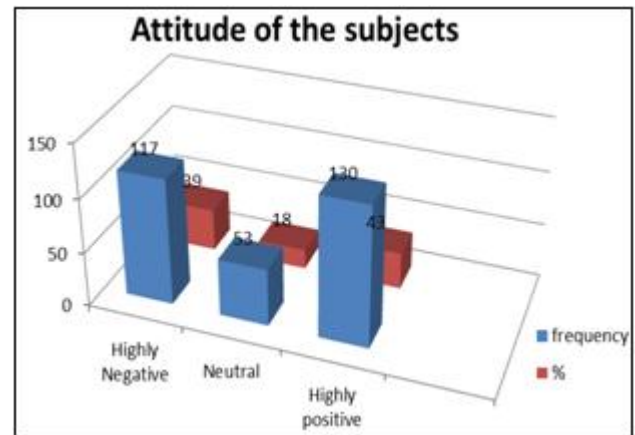
Bar chart shows that majority of the subjects i.e.140 (46.67%) had very poor knowledge about mental illness, 88(29.33 %) of the subjects had good knowledge, 37 (12.33 %) subjects had very good knowledge regarding mental illness whereas 35(11.67%) of the subjects had poor knowledge about mental illness.



Bar diagram shows score of subjects in various areas of knowledge.

The data in the Figure No 6 divides the samples on the basis of their area of knowledge. It indicates that 23% of the subjects had good knowledge about the sign and symptoms of mental illness whereas 14% subjects had knowledge

about definition of mental illness and 11% of the subjects had good knowledge about prevention of mental illness.



Bar diagram representing attitude scores of selected subjects.

The Bar diagram in the figure shows that majority of the subjects i.e. 117(39%) had negative attitude towards mental illness whereas 130(43%) of the subjects had positive attitude towards mental illness and 53(18 %) of the subjects were neutral.

5. Discussion

In the present study, the investigator found that 140 (46.67%) of the subjects had very poor knowledge about mental illness, 88 (29.33%) of the subjects had good knowledge about mental illness whereas 37 (12.33%) were found to have very good knowledge about mental illness. The findings of the present study support the above mentioned study that the level of mental health literacy was inadequate and appropriate intervention need to be sought in the community to raise the level of mental health. The area of knowledge should be raised for the prevention and rehabilitation.

In the present study, based upon the research done and analysis findings it can be concluded that basic knowledge about mental illness is poor 140(46.67%) and their attitude is more likely negative 117 (39%) and poor practices about mental illness. So based on this SIM is made and validated by 5 experts of the psychiatry field. By seeing SIM they accepted.

6. Nursing Implication

Nursing Education

To improve the mental health literacy among public is an important aspect of basic nursing education programmes in community mental health nursing. The primary task of nursing education is to apply mental health knowledge in social development, to promote community participation in the mental health service development and stimulation of efforts towards self- help in the community. Nursing education should lay emphasize on preparation of nurses, to prepare the SIM and impart information about mental illnesses and to assist the individual, family and community in accepting the mentally challenged people. The course

contents should be extended to include about the knowledge, attitude and practice related to mental illness among the lay men and the measures to increase acceptance of mentally ill people among the community.

Nursing Practice

Subjects' knowledge deficit indicates the need for organizing health education session regarding mental illness by staff nurses, student nurses both in the hospital and the community area. Use of the SIM will lead to aid in proper health education to the lay men thereby reducing the nurses' workload and the nurses will be able to clear the subject's doubts more transparently. Awareness about mental illness, its treatment measures and rehabilitation for mental illness by the nurses will lead to social development towards good mental health. Thus the admission of mentally ill people can be prevented in the mental health setup.

Nursing Research

Without mental health education there cannot be an effective mental health care delivery system. Considering the fact that many Indians are illiterate or semiliterate, the language of mental health education has to be simple as possible and appropriate audiovisual audio should be used. Instructional material can be developed in order to facilitate increases awareness among public. The materials could be tested for its effectiveness in improving the mental health literacy as well as teaching skills of nurses regarding mental illness. Also give importance to home care and rehabilitation for mental illness.

Nursing Administration

Training packages for different categories of personnel have to be more systematically developed based on the pilot experience gained already. They have to be evaluated particularly for levels of competence and care. After evaluation of such programmes with small numbers, they will have to be operational zed to cover large population and large number of professionals. With increasing involvement of the paraprofessional, the professional services will have improved and expended.

7. Conclusion

From the study, it can be concluded that the selected population had inadequate information regarding mental illness. Their attitude was positive and practices regarding mental illness were lacking. Their knowledge and practices lacked in much of the areas which highlight the need for intervention that would help them to gain adequate knowledge and practices.

8. Recommendations

- 1) A comparative study can be done to assess the knowledge between urban and rural settings.
- 2) A comparative study can be conducted to find out the attitude of the different age group.
- 3) Studies can be conducted among college students about their knowledge and attitudes about mental illness.
- 4) A comparative study can be conducted to find out the attitude about mental illness among the professional and nonprofessionals.

- 5) A study can be conducted to evaluate the effectiveness of the SIM on mental illness.

Statistical formulae used in the study

1. **Mean:** $(\bar{x}) = \frac{\sum x}{n}$

2. **Chi-square:**

$$\chi^2 = \frac{\sum(O-E)^2}{E}$$

Where;

O = Observed value

E = Expected value

$$E = \frac{\text{Column or vertical total} \times \text{Row or horizontal total}}{\text{Sample total}}$$

3. **Cronbach's alpha:**

$$\alpha = \frac{N \cdot \bar{c}}{\bar{v} + (N - 1) \cdot \bar{c}}$$

N is equal to the number of items, c-bar is the average inter-item covariance among the items and v-bar equals the average variance.

References

- [1] Journal: 1.Canadian Medical Association Journal (CMAJ). 2007 June 19; 176 (13). (Link: http://www.cmaj.ca/cgi/collection/other_psychiatry).
- [2] Health action. March 2004. (Link:http://www.cdc.gov/mentalhealth/docs/11_22099_0_Sturgis_MHMIActionPlan_FINAL-Web_tag508.pdf).
- [3] A community needs assessment for rural mental health promotion. (Link: <http://her.oxfordjournals.org/content/15/3/293.full>).
- [4] Jorm A.F. Attitude towards people with mental disorder. British journal of psychiatry.1999; P. 1 21.
- [5] Chakrsborti A. K. Physical and Mental community health. Indian Journal of public health. 1999; p- 101-5.95-202.
- [6] Br J Psychiatry. 1996 Feb; 168(2):191-8.
- [7] Kunjalata Gogoi, Arujyoti Baruah, Puspita Chakraborty, Sailendra Kr Deuri. Mental illness: Knowledge of family Members in Rural and Urban Areas in Assam. The Indian Nursing Journal of India.2011 January. CII (1): p. 6-8.
- [8] Jorm AF. Mental health literacy. Public knowledge and beliefs about mental disorders.Br J Psychiatry. (Centre for Mental Research, The Australian National University, Canberra 0200, Australia). 2000 Nov; 177.p: 396-401
- [9] Polit and Beck. Nursing Research Principles and methods, 7th ed. Philadelphia. Lippincott. 2004; p. 254-6.
- [10] Attitudes of college students toward mental illness stigma and the misuse of psychiatric medications Available on (Link: <http://www.ncbi.nlm.nih.gov/pubmed/21208582>)
- [11] S. Bhattacharya. Attitudes and barriers to evidence based mental health experience from south India. Indian journal of psychiatry. 2002; p. 24-43.

- [12] Stuart H. Community attitude towards people with schizophrenia. Indian journal of psychiatry. 2002.
- [13] Kohn P. Attitude towards mental illness in the common wealth of Dominica. Social welfare associations. Austreli. 2001; p. 3312-19.
- [14] Wolff G. Public Education for community care. British Journal of psychiatry. 1996; p. 441-7.
- [15] Pankewicz P. Social views of mental diseases. BC Publications, Washington. 2001; p. 1043-1048.
- [16] Madians M.G. Changes in public attitudes towards mental illness. Acta psychiatrics. 2000 January; p. 73-8.

Author Profile



Mrs. Shraddha S. Sagvekar is MSc. Nursing, Psychiatric Health Nursing, Samarth Nursing College, A/P- Dervan , Tal- Chiplun, Dist – Ratnagiri. Pin - 415606.