A Study to Assess Knowledge and Attitude about Mental Illness among Peoples Residing in Adgaon Village

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Abstract: Descriptive and co-relational approach was used for the study as objective of the study was to assess knowledge and attitude regarding mental illness and its treatment among the people residing in Adgaon village Nashik Maharashtra. The researcher adopted non-experimental research design. Non probability; convenient sampling technique was used for recruiting the samples to be included in the present study sample size composed of 100 people. Structured Questionnaire to assess the knowledge regarding mental illness. Rating scale to assess the attitude towards mental illness. Findings related to Knowledge on mental illness Overall knowledge of people regarding mental illness was moderate level (66%). Findings related to Attitude regarding mental illness Attitude level showed 97.5% had favorable attitude and 2.5% had unfavorable attitude towards mental illness. There is a positive co-relationhip between knowledge and attitude on mental illness is that higher the knowledge score better is the attitude score of respondents on mental illness (r = +0.32). The finding revealed that people having moderate level of knowledge regarding mental illness and favorable attitude towards mental illness and its treatment. People having positive relationship between knowledge and attitude.

Keywords: Descriptive Survey, Knowledge, Attitude, Mental Illness & treatment

1. Introduction

World Health Organization had chosen the theme on mental health “The great push: investing in mental health” during the year 2011, to focus worldwide attention on the issues related to mental health. Mental disorders figure among the leading disease and disability worldwide.

Reddy NG (1992) stated that mental health is about enhancing competence of the individuals and community and enables them to achieve their self-determined goal. Mental health should be a concern for all of us, rather than only for those who suffer from a mental disorder. The community mental health care includes all specialized public psychiatric services, except those services for hospitalized patients. Community mental health care includes specialized community-based residential and non-residential psychiatric services that provide specialized treatment, rehabilitation or care for people affected by a mental illness or a psychiatric disability.1

2. Literature

Odessa M. Khaton and Raphaell P. Carriera (2005) stated that almost every dimensions of life are affected due to the impact of mental illness such as personal, interpersonal, social, and economic growth. As a result there is destruction in the whole personality which in turn would cause damage at the outset. Thus the researcher found the importance of to assess the knowledge and attitude towards mental illness among adolescents in selected schools.2

Jorm AF (2007) conducted a study on mental health literacy, public knowledge and beliefs about mental disorders. Many members of the public cannot recognizes Specific disorders or different types of psychological distress. They differ from mental health experts in their beliefs about the causes of mental disorders and the most effective treatments. Attitudes which hinder recognition and appropriate help-seeking are common. Much of the mental health information most readily available to the public is misleading. However, there is some evidence that mental health literacy can be improved.3

Buizza C, Pioli R, Ponteri M, Vittorielli M, Corradi A and Minucci N (2007) conducted a study on community attitudes towards mental illness and socio-demographic characteristics. Factor analysis of the CAMI revealed three components Physical distance and fear, Social isolation and Social responsibility and tolerance. Factor 1 is associated with: people >61 years old; people being divorced/widowed/living separated; people who haven’t participated in social or volunteer activities. Factor 2 is associated with: people >41 years old; people being schooled at a level that's higher than elementary level; unemployed people. Factor 3 doesn't present any associations.4

Carey SJ (2009) conducted a study on police officers’ knowledge and attitudes towards, mental illness in southwest Scotland. The study revealed that there was a good knowledge of relevant legislation, but most officers felt they did not have sufficient training in mental illness. Improved liaison between sector psychiatrists and local police may be of value in the earlier identification and treatment of the mentally ill.5

2.1 Problem statement

“A Study To Assess Knowledge And Attitude About Mental Illness Among Peoples Residing In Adgaon Village.”

2.2 Objectives

• To assess the knowledge of mental illness and its treatment.
3. Method / Approach

Descriptive and co-relational approach was used for the study as objective of the study was to assess knowledge and attitude regarding mental illness and its treatment among the people residing in Adgaon village. It helps the investigator to explore the knowledge under the five domains such as concept, causes, sign and symptoms, management, prevention and rehabilitation of mental illness and attitude by using rating scale. The researcher adopted non-experimental research design. A descriptive method used to assess the knowledge and attitude of mental illness among people residing in Adgaon village, Nashik Non probability; convenient sampling technique was used for recruiting the samples to be included in the present study.

4. Result

This chapter deals with the analysis and interpretation of the data collected from 100 community people at Adgaon village selected by convenient sampling method in a non-experimental descriptive study to assess the knowledge and attitude regarding mental illness. The collected data was coded and analyzed as per objectives and hypothesis of the study under the following headings.

Section- I: Description of socio demographic data.
Section- II: Area wise assessment of knowledge level of people regarding mental illness and its treatment.
Section - III: Assessment of attitude of people
Section - IV: Hypothesis testing
Section - V: Co-relationship between knowledge and attitude of the people towards mental illness.

Section-I: Description of socio demographic data

Age:

Figure 1: Bar diagram showing percentage wise distribution of age

The distribution of mean, SD and mean percentage of knowledge of mental illness shows that the highest mean score (4.89±1.45) which is 69.85% of total score was obtained in the area of sign and symptoms of mental illness indicate moderate level of knowledge. The lowest mean score (2.825±1.25) which is 70.62% of the total score obtained in the area of prevention and rehabilitation which also indicates moderate knowledge level of mental illness.

However the overall knowledge mean score was (19.115±4.88) which is 63.71%of the total score. It is interpreted that the people under the study had moderate level of knowledge.

Table 3: Assessment Mean, SD and mean percentage of attitude of the people towards mental illness, n=100

<table>
<thead>
<tr>
<th>SN</th>
<th>Attitude of the people</th>
<th>Mean</th>
<th>S.D</th>
<th>Mean %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Overall</td>
<td>79.11</td>
<td>6.95</td>
<td>63.28</td>
</tr>
</tbody>
</table>

Among the sample overall attitude mean score was (79.11±6.95) which is 63.28%of the total score. It interprets that the people under the study had favorable attitude towards mental illness.

Section - V

Co-relationship between knowledge and attitude of the people towards mental illness and its treatment

Table 1: Overall Knowledge of the people regarding mental illness

<table>
<thead>
<tr>
<th>SN</th>
<th>Knowledge level</th>
<th>No. of people</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inadequate</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>2</td>
<td>Moderate</td>
<td>66</td>
<td>66%</td>
</tr>
<tr>
<td>3</td>
<td>Adequate</td>
<td>32</td>
<td>32%</td>
</tr>
<tr>
<td>4</td>
<td>Total</td>
<td>100</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 2: Area wise assessment of mean, SD and mean percentage of knowledge of mental illness and its treatment, n=100

<table>
<thead>
<tr>
<th>SN</th>
<th>Knowledge</th>
<th>Mean</th>
<th>SD</th>
<th>Mean %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Meaning of mental illness</td>
<td>3.2</td>
<td>1.06</td>
<td>64%</td>
</tr>
<tr>
<td>2</td>
<td>Causation factor</td>
<td>3.48</td>
<td>1.51</td>
<td>49.71%</td>
</tr>
<tr>
<td>3</td>
<td>Sign and symptoms</td>
<td>4.89</td>
<td>1.45</td>
<td>69.85%</td>
</tr>
<tr>
<td>4</td>
<td>Management</td>
<td>4.67</td>
<td>1.79</td>
<td>66.71%</td>
</tr>
<tr>
<td>5</td>
<td>Prevention and rehabilitation</td>
<td>2.825</td>
<td>1.25</td>
<td>70.62%</td>
</tr>
<tr>
<td></td>
<td>Overall</td>
<td>19.115</td>
<td>4.88</td>
<td>63.71%</td>
</tr>
</tbody>
</table>

Percentage wise distribution of people according to their age depicts that the highest percentage (47.5%) were in the age group of 18-28 years. Among the sample 22% of them were in the age group of 39-48 years. Among the samples lowest percentage 15% were in the age group of 29-38 years. Hence it can be interpreted that majority of the people under study belonged to 18-28 years.

Table 1: Overall Knowledge of the people regarding mental illness

<table>
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<td>32</td>
<td>32%</td>
</tr>
<tr>
<td>4</td>
<td>Total</td>
<td>100</td>
<td>100%</td>
</tr>
</tbody>
</table>

Percentage wise distribution of level of knowledge of the people shows that highest percentage (66%) of people had moderate level of knowledge. 32% had adequate level of knowledge and only (2%) had inadequate level of knowledge. It depicts that the most of the people had moderate level of knowledge of mental illness.

The distribution of mean, SD and mean percentage of knowledge of mental illness shows that the highest mean score (4.89±1.45) which is 69.85% of total score was obtained in the area of sign and symptoms of mental illness indicate moderate level of knowledge. The lowest mean score (2.825±1.25) which is 70.62% of the total score obtained in the area of prevention and rehabilitation which also indicates moderate knowledge level of mental illness.
Karl Pearson’s co-efficient of correlation analysis was done to find out the co-relation between knowledge and attitude scores shows that there is significant co-relation ($r = 0.32$) which reveals positive relation between knowledge and attitude. Hence its can be interpreted that the knowledge had influence on the attitude of the people regarding mental illness.

5. Summary

The present investigation was an study to assess the knowledge and attitude regarding mental illness of the people residing in Adgaon village.

The finding are summarized as follow Findings related to Socio-demographic data

Majority of the subjects were (47.5%) in the age group of 18-28 years Majority of the subjects were (63%) males. Majority of the subjects were (66%) married. Highest percentage (30%) had high school as educational Most of the respondents belonged to Hindu religion (66.5%). Highest percentage (31%) had agriculturist as their occupation. More than half (55.2%) had family income between less than and equal to Rs. 3,056. Majority of the respondents (96.5%) had no family member suffering from mental illness Most of the respondent (57.14%) had relation with mentally ill person is children. Highest percentage (71.42%) are treated at present. More than half (57.14%) Allopathic type of treatment method. More than half (57.14%) of them preferring private hospital for treatment. Majority (81.5%) of respondent having information regarding mental health. Highest percentage (41.5%) of respondent getting the information through friends and relatives. Most (96.5%) of respondent having mentally ill in neighborhood.

Findings related to Knowledge on mental illness

Overall knowledge of people regarding mental illness was moderate level (66%). Majority of people have moderate level of the knowledge mean score 71% in causation factor, 60% meaning of mental illness, 54% in signs and symptoms, 44.5% in management and 41% of them having adequate knowledge level in prevention and rehabilitation. There is significant association between knowledge and type of treatment method $\chi^2 = 4.12$ at P<0.05 level followed by significant association between mentally ill in neighborhood and knowledge on mental illness $\chi^2 = 6.65$ at P<0.05 level.

Findings related to Attitude regarding mental illness

Attitude level showed 97.5% had favorable attitude and 2.5% had unfavorable attitude towards mental illness. There is significant association between attitude and type of treatment methods $\chi^2 = 4.12$ at P<0.05 level.

Findings related to co-relationship between knowledge and attitude

There is a positive co-relation between knowledge and attitude of respondents on mental illness that is higher the knowledge score better is the attitude score of respondents on mental illness ($r = +0.32$).

6. Conclusion

Mental illness often generates misunderstanding, prejudice, confusion and fear. Some people with mental illness report that the stigma can at times be worse than the illness itself. People may be less willing to offer support and empathy if someone is suffering from a mental illness rather than a physical health problem. The finding revealed that people having moderate level of knowledge regarding mental illness and favorable attitude towards mental illness and its treatment. People having positive relationship between knowledge and attitude.

7. Recommendations

The finding revealed that people having moderate level of knowledge regarding mental illness and favorable attitude towards mental illness and its treatment. So the following recommendations were framed for future study:

A similar study can be conducted to improve the knowledge and attitude of mothers.

A similar study can be done using self instructional module.

This study can be replicated on larger sample to generalize the findings.

A study can be conducted compare the knowledge level among rural and urban people.

References


[6] Author profile

[7] Ms. Mayuri Buttise Lecturer Ganpatrao Adke College of Nursing, Nashik, Maharashtra, India