

Knowledge and Attitude towards Mental Illness among Adults of Selected Urban Community

Irasangappa B.M.*, Mahantesh Naganuri**

*Nursing Tutor, College of Nursing, All India Institute of Medical Sciences, Jodhpur, Rajasthan 342005, India. **Lecturer, Department of Nursing, Haramaya University, Ethiopiya.

Abstract

Background: Attitudes of patients and public towards mental illness and treatment is very influencing factor. A comprehensive review of public attitudes toward mental illness is important to educate the public as well, in view of the fact that public also play an important role in helping the patients to overcome their illness. The general trend of studies carried out so far in India indicated lack of knowledge on mental health and mental illness and a tendency to maintain social distance from the mentally ill and to reject them makes its existence felt. *Method:* Non-experimental design and descriptive approach was used to conduct the study. The sample size of this study comprised of 100 adults residing in selected community of Gadag. Non-probability convenient sampling technique was used to draw the sample. A self prepared tool was used to collect socio-demographic data, self reported questionnaires were used to assess the knowledge and Likert's scale was used to assess the attitude of adults towards mental illness. Informed consent was taken from each participant prior to collection of data and descriptive and inferential statistics were used to calculate values. *Results:* Majority (55%) of the subjects had good knowledge, 42% of adults had average knowledge, only 3% of adults had poor knowledge and none of them had very good knowledge regarding mental illness. Majority (97%) of the adults had favourable attitude, only 03% of adults had moderately favourable attitude and none of the adults were had unfavourable attitudes towards mental illness. *Conclusion:* Adults of selected urban community had average to good knowledge regarding mental illness and also majority of adults were opined favorable attitude and very few percentage of adults shown moderately favorable attitude towards mental illness. Even though, there is still need to enhance comprehensive mental health literacy and highly positive attitude among general public towards mental illness.

Keywords: Knowledge; Attitude; Mental Illness; Adults; Urban Community.

ICD-10 defines mental disorder as a general term which implies the existence of a clinically recognizable set of symptoms or behaviour, associated in most cases with distress and will interfere with personal functions [1]. World Health Organization (WHO) estimates that globally 450

million people suffer from mental disorder. Out of these, 154 million suffer from depressive disorder and 25 million people from schizophrenia [2]. The point prevalence of mental illness in the adult population at any given time is 10%. 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].

The treatment gap, as measured by the absolute difference between the prevalence of mental illnesses and the treated proportion, has been found to be

Reprint Request: Irasangappa B.M., Nursing Tutor, College of Nursing, All India Institute of Medical Sciences, Jodhpur, Rajasthan 342005, India.
E-mail: ibmudakavi@gmail.com

RECEIVED ON 28.11.2017, ACCEPTED ON 08.12.2017

76%–85% in less-developed countries [4]. One of the major reasons attributed to such a wide treatment gap is the problem of inadequate resources. In India, inadequacy exists in infrastructure as well as in human resources [5]. Despite improvements in various health indicators, India contributes disproportionately to the global burden of disease. Our health indicators compare unfavorably with other middle-income countries and India's regional neighbors.

Lack of knowledge about the mental illnesses poses a challenge to the mental health care delivery system [6]. Research had highlighted the role of community-based systems in low-income countries and had also yielded positive results in creating awareness, thereby impacting participation [7].

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 [8].

Stigma remains a powerful negative attribute in all social relations. It is considered an combination of three related problems: a lack of knowledge (ignorance), negative attitudes (prejudice), and exclusion or avoidance behaviours (discrimination).

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 [9]. 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 [10]. 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 [11]. 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 [12].

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. 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.

So, the above scenario of mental illness in India, emphasize 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. Therefore, it is necessary to find out baseline data regarding knowledge and attitude on mental illness among general population to enhance the existing mental health awareness programs in India. Hence, the aim of the present study was to assess the knowledge about mental illness and attitude of the urban citizens towards mental illness.

Statement of the Problem

"A descriptive study to assess the knowledge and attitude towards mental illness among adults in selected urban community at Gadag, Karnataka"

Objectives

The following objectives are formulated to carry out the study: 1) To assess the level of knowledge regarding mental illness among the adults of urban community. 2) To assess the attitude towards mental illness among the adults of urban Community. 3) To determine the relationship between the knowledge and attitude towards mental illness among the adults of urban community. 4) To find the association of knowledge and attitude scores with selected demographic variables among adults of urban community.

Methodology

Non-experimental design was used to conduct the study. The approach employed in the study was

descriptive. The extraneous variables were demographic variables and the study variables were knowledge and attitude of adults. The sample size of this study comprised of 100 adults residing in selected community of Gadag. Non-probability convenient sampling technique was used to draw the sample for the research study. A self prepared tool were used to collect socio-demographic data, self reported questionnaires with high reliability (r=0.81)

were used to assess the knowledge on mental illness and Likert's scale (r=0.89) was used to assess the attitude of adults towards mental illness. Time taken by the participants to complete the tool was 40 to 45 minutes. Anonymity and confidentiality was maintained throughout the study. Informed consent was taken from each participants prior to collection of data and descriptive and inferential statistics were used to calculate values.

Results

Section A: Description of Demographic Variables of Adults.

Table 1: Frequency and Percentage Distribution of Adults according to their characteristics N=100

Sl. No	Demographic variables	No	%
1.	Age group(years)		
	20-30	24	24
	31-40	54	54
	41-50	22	22
2.	Gender		
	Male	64	64
	Female	36	36
3.	Educational qualification		
	Primary	43	43
	S S L C	27	27
	P U C	22	22
	Degree	08	08
	Others	00	00
4.	Marital Status		
	Married	70	70
	Unmarried	26	26
	Divorce	04	04
5.	Occupation		
	Unemployed	11	11
	Government	35	35
	Private	40	40
	Others	14	14
6.	Type of family		
	Nuclear	59	59
	Joint	41	41
7.	Monthly Income		
	≤ 5000	32	32
	5001 - 15000	40	40
	15001 - 25000	27	27
	≥ 25001	01	01
8.	Religion		
	Hindu	93	93
	Muslim	07	07
	Christian	00	00
	Others	00	00
9.	Sources of information on mental illness		
	No sources	12	12
	Print media & electronic media	57	57
	Any other	31	31
10.	History of mental illness in the family		
	Yes	5	5
	No	95	95
11.	Have you come across mentally ill in your community?		
	Yes	32	32
	No	68	68

Section B:*Part I: Assessment of Knowledge Regarding Mental Illness among Adults of Selected Urban Community.*

The above findings of the study, (Table 2) depict that majority (55%) of the subjects had good

knowledge, 42% of adults had average knowledge, only 3% of adults had poor knowledge and none of them had very good knowledge regarding mental illness. Hence, the adults of selected urban community were had average to good knowledge regarding mental illness.

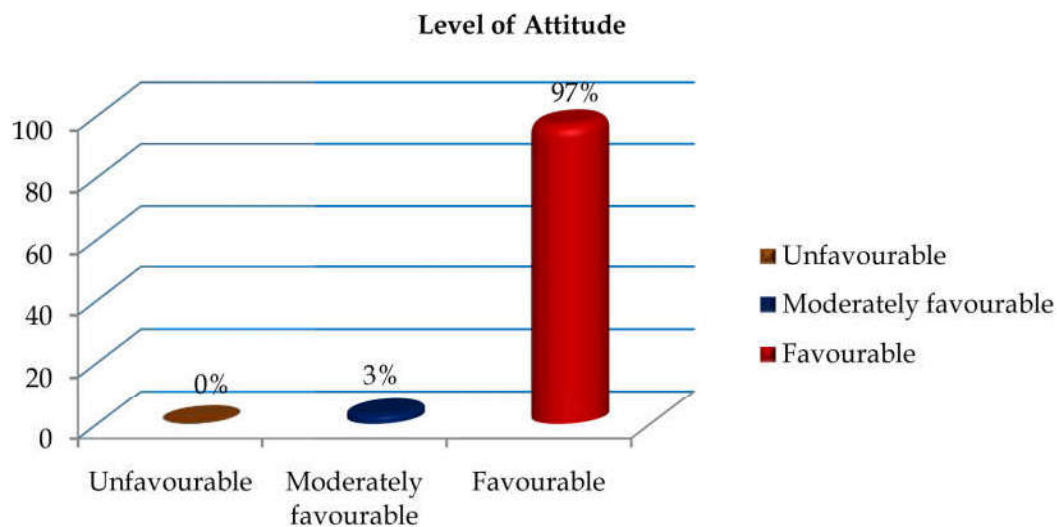
Table 2: Knowledge Score of Adults regarding Mental Illness

Level of knowledge	Range of percentage	F	%
Poor	< 40	3	3
Average	41-60	42	42
Good	61-80	55	55
Very good	81-100	0	0

Part II: Assessment of Attitude towards Mental Illness among Adults of Selected Urban Community

The Figure 1 depicting the level of attitude of adults, reveal that majority (97%) of the adults had

favourable attitude, only 03% of adults had moderately favourable attitude and none of the adults were had unfavourable attitudes towards mental illness.

**Fig. 1:** Bar Diagram showing Level of Attitude towards Mental Illness among Adults of Selected Urban Community

Section C: Relationship between knowledge and attitude towards mental illness among adults of selected urban community.

In order to find out the relationship between knowledge and attitude towards mental illness among urban adults, Karl-Pearson co-efficient of correlation formula was used and computed. The data is presented in Table 2.

Karl-Pearson's co-relation coefficient formula (r) is used to correlate the level of stress and coping strategies adopted by homemakers. The correlation coefficient value shows that there is a positive correlation ($r = 0.54$) between knowledge and attitude towards mental illness among adults of selected urban community.

Table 2: Correlation between knowledge and attitude towards mental illness among adults of selected urban community

Sl. No.	Aspects	Statements	Max. Score	Respondents Response		
				Mean	SD	Mean %
1.	Knowledge	36	36	26.11	3.8	72.52
2.	Attitude	34	170	116.7	9.3	68.64

Section D: Association between Knowledge and Attitude Scores with Selected Demographic Variables of Adults of Selected Urban Community.

Chi-square test was used to calculate the association between knowledge and attitude of adults with their selected demographic variables.

Part I: Association between Knowledge and Selected Demographic Variables of Adults

Data observed in the calculation of chi-square test, there was significant ($p < 0.05$) association between the knowledge and selected demographic variables of adults such as age (calculated value 10.2 which is more than table value i.e., 5.99), education level (calculated value 11.2 which is more than table value i.e., 3.84) and family income (calculated value 13.4 which is more than table value i.e., 9.49); and there was no significant association between the variables such as type of family, religion, source of information, and history of mental illness in the family and knowledge regarding mental illness.

Part II: Association between Attitude and Selected Demographic Variables of Adults

The findings of adults of urban community shows that there was significant ($p < 0.05$) association between the attitude and selected demographic variables such as age (calculated value 27.6 which is more than table value i.e., 5.99), education level (calculated value 10.3 which is more than table value i.e., 3.84), religion (calculated value 11.9 which is more than table value i.e., 3.84). There was no association between the type of family, history of mental illness in the family with attitude towards mental illness.

Discussion

The statistical data have been proved that the adults of selected urban community had average to good knowledge regarding mental illness and also majority of adults were opined favorable attitude and very few percentage of adults shown moderately favorable attitude towards mental illness.

Moreover, the findings of the present study are more consistent with the following two studies; A descriptive study was conducted to assess the general community's knowledge of mental illness and personal experience of people with mental illness using Californian Attitude towards Mental Illness scale (CAMI scale) among three hundred randomly

selected Dunedin residents. In addition, questions were asked about the respondent's age, gender, marital status, and level of education, their main source of opinion, their experience with the mentally ill, and their beliefs about the causes and types of mental illness. The researchers found that socio-demographic variables did not predict attitudes on the CAMI scale. Most of the subjects were in contact with the mentally ill, were held well informed and enlightened views. It was also stated that the community needs and welcomes information on the subject of mental illness and has a positive outlook for the future planning of the rehabilitation of people with mental illness [13].

A study was conducted in Germany to investigate attitudes of the 7246 urban population towards people with mental illness, and compared it with those of attitude surveys conducted by other research centres participating in the World Psychiatric Association's (WPA) global anti-stigma programme "Fighting Stigma and Discrimination because of Schizophrenia - Open the Doors" (WPA 1998). The researchers found that 33.1% of the interviewees were able to name causes of schizophrenia. 76.5% of the interviewees believe that people with schizophrenia often or very often need prescription drugs to control their symptoms. 81.1% believe that most people would pass over the job application of a former mental patient in favour of another applicant. It was suggested that improvements in the education of the public about mental illnesses and provision of the opportunity for personal contact with mentally ill people are considered to be important measures for promoting the acceptance of the mentally ill by the public [14].

Conclusion

The investigator concluded that the adults of selected urban community were had average to good knowledge regarding mental illness. Majority of adults were opined favorable attitude and very little percentage of adults shown moderately favorable attitudes towards mental illness.

Also, there was a positive correlation between knowledge and attitude towards mental illness among adults of selected urban community. Therefore, attitude of people towards mental illness is influenced by the percentage of knowledge they had on mental illness. However, still there is a need to enhance comprehensive mental health literacy and highly positive attitude among general public towards mental illness.

References

1. World Health Organization. The ICD-10 classification of mental and behavioural disorders-clinical descriptions and diagnostic guidelines. New Delhi: AITBS Publishers and Distributors; 2007.
 2. World Health Organization Training in the community for people with disabilities. WHO: Geneva; 1989.
 3. WHO. The World Health Report 2001 Mental health: New understanding; new hope. Geneva: WHO. Available on: URL:<http://www.who.int/whr2001/2001/>.
 4. Demyttenaere K, Bruffaerts R, Posada-Villa J, Gasquet I, Kovess V, Lepine JP, et al. Prevalence, severity, and unmet need for treatment of mental disorders in the World Health Organization World Mental Health Surveys. *JAMA*. 2004;291:2581-90.
 5. Thirunavukarasu M. Closing the treatment gap. *Indian J Psychiatry*. 2011;53:199-201.
 6. Brown VA, Harris JA, Russell JY. Tackling Wicked Problems through the Transdisciplinary Imagination. London: Earthscan; 2010.
 7. Trani JF, Ballard E, Bakhshi P, Hovmand P. Community based system dynamic as an approach for understanding and acting on messy problems: A case study for global mental health intervention in Afghanistan. *Confl Health*. 2016;10:25.
 8. 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.
 9. Scheff TJ. *Being Mentally Ill: A Sociological Theory*. Chicago, IL: Aldine; 1986.
 10. Stuart H, Arboleda-Florez J. Community attitudes towards people with schizophrenia. *Can J Psychiatry*. 2001;46:245- 52.
 11. 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.
 12. Kleinman A. *Rethinking Psychiatry: from cultural category to personal experience*. New York: Free Press. 1991.
 13. Ng SL, Martin JL, Romans SE. A community's attitudes towards the mentally ill. *N Z Med J*. 1995 Dec 8;108(1013):505-8.
 14. Gaebel W, Baumann A, Witte AM, Zaeske H. Public attitudes towards people with mental illness in six German cities: Results of a public survey under special consideration of schizophrenia. *European Archives Psychiatry Clinical Neuroscience* 2002; 252(6):278-87.
-