

Knowledge, Attitude and Perception towards Patients with Mental Illness of General Public Visiting Outpatient Departments of PGIMER, Chandigarh

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Abstract

Background: Mental illness is a disorder that causes suffering or a poor ability to function in ordinary life. Mental illness often regenerates misunderstanding, prejudice, confusion and fear. Some people with mental illness report that the stigma can at times be worse than illness itself.

Method: This is a descriptive study conducted from 2015-2016. Standardized scale- "Opinion about mental illness" was used. Patients and their relatives from different states of India visit OPDs at PGIMER, Chandigarh, ensuring wide range of sample being included. Total enumeration sampling technique was used and data was collected by interview method.

Result: Total 175 participants were studied in different groups. The questions were asked in two area that is Area A and Area B. Area A depicts knowledge towards cause and nature of mental illness revealed that subjects who do not know anyone with mental illness (group 1), 45% subjects were adequately informed while 55% were poorly informed. Whereas in Area B that depicts attitude towards humane treatment of mental illness, 94% subjects were adequately informed and only 6% were poorly informed. Then people who know someone with mental illness (group 2) equal percentage (50%) were adequately informed and poorly informed in Area A, while in Area B majority of the subjects 91% were adequately informed and 8.8% were poorly informed. The group 3rd who had close relatives as patient with mental illness, more than 2/3rd (66%) subjects were adequately informed and 33% were poorly informed in Area A while in Area B 100% subjects were adequately informed. The present study like other previous studies, showed poor knowledge about mental illness. Group 1 and 2 had poor knowledge, even the group 3 didn't have 100% score in Area A. There is need to spread awareness about mental illness.

Conclusion: Knowledge of mental illness among the general public was quite low and suggest the need to spread awareness about mental illness.

Keywords: Knowledge; Attitude; Perception and Beliefs About Mental Illness

Introduction

A sound mental health is key component of health because its absence creates a great deal of burden to the functioning of the nation [1]. It has been found that mental disorder contributes 14% of the global burden of the disease worldwide [2]. The World Health Organization (WHO) mentioned that approximately 45 million people are suffering from mental and behavioral disorders globally [3]. In India prevalence rates of mental and behavioral disorders ranges from 9.54 to 370 for 1000 population [4]. Adverse attitude, perception, knowledge to mental illness is found in all societies in the world. It varies among individuals, family, ethnicity, culture and countries. The

belief that mental illness is incurable or self inflicted can also be damaging, leads to poor referral of for appropriate mental health care [5]. Stigma has been conceptualized as comprising of 3 structures-knowledge, attitude and perception. Serious mental illness is a two edged sword [6].

Nearly 25% of people in both developed and developing countries develop one or more mental or behavioural disorder at some stage in their life. One of the studies has shown that 22.1% participants from developing countries and 11.7% of participants from developed countries experience embarrassment and discrimination due to their mental illness [7]. Meta analysis of epidemiological studies reported prevalence of mental illness as 58.2 [4] and 73 [8] per 1000 population in India. However, even after 3 decades of its launch, National Mental Health Programme is restricted only to 123 districts, that too in the rural region [9]. Urban community in the country that is exposed to stress of migration, change in family and social dynamics, widening in equalities in economic status, widespread poverty, poor living condition and insecurity has not been given adequate attention by the programme. It has been observed that general public view about mental illness remains largely unfavorable. The topic of mental illness evokes a feeling of fear, embarrassment or even disgust fostering negative attitudes towards mental illness and people with mental illness. A study conducted on knowledge and attitude towards mental illness suggested that there was growing awareness about mental illness even in general population and the people were being more receptive of the mentally ill people [5].

A descriptive and cross sectional study conducted at All India Institute of Medical Sciences (AIIMS) New on 100 participants showed that knowledge about mental illness was quite poor and suggested the need for strong emphasis on public education to increase mental health literacy among general public to increase awareness and positive attitude of people toward mental illness [10]. A studies on attitude towards people with mental illness among psychiatrics, psychiatric nurses, involved family members and the general population suggest that both psychiatrists and nurses showed greater support for social integration and bio psychosocial understandings of mental illness than the lay public, most likely because of their training and experience, while family members showed the least positive attitudes towards direct personal relationships with people with mental illness [11]. In this preview the present study was planned by the researchers.

Aims and Objectives

To assess knowledge, attitude and perception towards patient with mental illness of general public visiting Outpatient Departments of PGIMER, Chandigarh 2015 – 2016.

Materials and Methods

A descriptive research design was adopted and the study was conducted in the outpatient departments (general surgery, obstetrics and gynae and psychiatry) of PGIMER, Chandigarh. Patients and their relatives from different states of India visit OPDs at PGIMER, Chandigarh, ensuring wide range of sample being included. After getting approval of ethical committee written permission was taken from the Head of the departments. The data was collected in the month of March 2016 and total 175 participants were included by total enumeration sampling method in different groups. Group 1 which had subjects who did not know anyone with mental illness comprised of 85 subjects, group 2 which has subjects who had known someone with mental illness comprised of 34 subjects and group 3 had subjects who had close relative as a patient with mental illness it comprised of 56 subjects. Written informed consent was taken from study subjects. Subjects anonymity and confidentiality was maintained. The tool used was an interview schedule comprised of two parts. Part A Socio demographic data and part B the scale on “Opinion about mental illness” constructed by Cohen and Struening. It consists of 51 items relating to various causes, methods of treatments, legal and social aspect of mental illness. Interview method was used to collect data. The data was analyzed according to the objectives of the study using both descriptive and inferential statistics. Calculation was carried out with the help of Statistical package for social sciences (SPSS). The descriptive statistics include percentage, mean and standard deviation and for inferential statistics, chi square test (non-parametric) was used.

Results

Socio-demographic profile of participants

The sociodemographic characteristics of participants are given in table 1

Table 1: Socio-demographic profile of the participants.

Variables	Group 1 (N = 85) Subjects who did not know anyone with mental illness	Group 2 (N = 34) Subjects who knew someone with mental illness	Group 3 (N = 56) Subjects who have patient with mental illness
Age			
18 - 30	54 (63.5%)	19 (55.8%)	37 (66%)
31 - 40	17 (20%)	8 (23.5%)	12 (21.4%)
41 - 50	8 (9.4%)	6 (17.6%)	4 (7.1%)
51 - 60	4 (4.7%)	-----	2 (3.5%)
> 61	2 (1.1%)	1 (2.9%)	1 (1.7%)
Gender			
Male	39 (45.9%)	21 (61.8%)	27 (48.2%)
Female	46 (54.1%)	13 (38.2%)	29 (51.8%)
Religion			
Hindus	55 (64.7%)	26 (76.5%)	37 (66.1%)
Sikh	23 (27.1%)	3 (8.8%)	18 (32.1%)
Muslims	04 (4.7%)	2 (5.8%)	1 (1.8%)
Christian	03 (3.5%)	3 (8.8%)	-
Marital status			
Married	52 (61.2%)	22 (64%)	46 (75%)
Single	31 (36.5%)	12 (14.1%)	14 (25%)
Widower	02 (2.4%)	--	--
Educational Status			
Graduate and above	48 (56.4%)	19 (55.8%)	23 (41.07%)
High school	27 (31.7%)	13 (38.2%)	21 (37.5%)
Below high school	10 (11.7%)	2 (5.88%)	12 (21.4%)
Occupation			
Unemployed	2 (2.4%)	3 (8.8%)	8 (14.3%)
Clerical/shop/farmer	8 (9.4%)	3 (8.8%)	6 (10.7%)
Student	15 (17.6%)	4 (11.8%)	1 (1.8%)
Skilled and semi-skilled	16 (18.8%)	9 (26.4%)	13 (23.2%)
Semi-professional and Professional	18 (21.5%)	9 (26.4%)	17 (30.3%)
Housewife	26 (30.6%)	6 (17.6%)	11 (19.6%)

Family Type			
Nuclear	43 (50.6%)	12 (35.3%)	47 (83.9%)
Joint	42 (49.4%)	22 (64.7%)	9 (16.1%)
Area of residence			
Rural	47 (55.2%)	15 (44.1%)	17 (30.4%)
Urban	38 (44.7%)	19 (55.9%)	39 (69.6%)
Monthly family income			
Upper class	57 (67.05%)	21 (61.7%)	36 (64.2%)
Middle class	26 (30.5%)	09 (26.4%)	19 (33.9%)
Lower class	2 (2.3%)	4 (11.7%)	1 (1.7%)

Mean ± SD for age = 37.9 ± 11.4

Maximum no. of participants were of 0 - 30 years of age, hindu, married, graduate and above and belonged to upper class.

Degree of information among different groups

Degree of information among the three groups of subjects is given in table 2 and 3. In the group of subjects who do not know anyone with mental illness, less number of subjects (44%) were adequately informed while more (56%) were poorly informed. On the other hand, the subjects who know somebody with mental illness, their results revealed that half (50%) were adequately informed whereas other half (50%) were poorly informed. The third group, who had close relatives as patients with mental illness revealed that more (69%) subjects were adequately informed while (31%) were poorly informed. It was also observed that in none of the groups the subjects were very well informed i.e. scores above 80%.

Table 2: Degree of information among different group of subjects (N = 175).

Subjects who don't know anyone with mental illness N = 85			Subjects who knew someone with mental illness N = 34			Subjects having patient with mental illness N = 56		
Very well informed (> 80%)	Adequately Informed (50% - 79%)	Poorly Informed (< 50%)	Very well informed (> 80%)	Adequately Informed (50 - 79%)	Poorly informed (< 50%)	Very well informed (> 80%)	Adequately informed (50% - 79%)	Poorly informed (< 50%)
	37 (43.5%)	48 (56%)	-----	17 (50%)	17 (50%)	-----	39 (69%)	17 (30%)

The degree of information among different groups degree of information among three groups of subjects in two different areas; (table 3) Area A depicts knowledge towards cause and nature of mental illness and Area B depicts attitude towards humane treatment of mental illness. The results revealed that subjects who do not know anyone with mental illness, less (45%) subjects were adequately informed while more (55%) were poorly informed in Area A. But they were more adequately informed (94%) in Area B and only 5.9% were poorly informed. Whereas people who know someone with mental illness, equal percentage (50%) were adequately informed and poorly informed in Area A ,while in Area B majority of subjects (91.2%) were adequately informed and less (8.8%) were poorly informed .In the third group who had close relatives as patient with mental illness ,it was observed that as compared to the other groups more subjects(66.1%) were adequately informed and less (33.9%) were poorly informed in area A ,while in area B 100% subjects were adequately informed. It was also seen that none of the subjects were very well informed in both the areas among the 3 groups.

Table 3: Degree of information among different groups in Area A and Area B.

Area	Subjects who did not know anyone with mental illness N = 85			Subjects who knew someone with mental illness N = 34			Subjects having patient with mental illness n = 56		
	Very well informed (>80%)	Adequately Informed (50-79%)	Poorly Informed (<50%)	Very well informed (> 80%)	Adequately Informed (50-79%)	Poorly Informed (<50%)	Very well informed (> 80%)	Adequately Informed (50-79%)	Poorly Informed (<50%)
A (Attitude towards cause and nature of mental illness)	-----	39 (45.9%)	48 (55%)	-----	17 (50%)	17 (50%)	-----	37 (66.1%)	19 (33.9%)
B (Attitude towards humane treatment of mental illness)	-----	80 (94.1%)	5 (5.9%)	-----	31 (91.2%)	3 (8.8%)	-----	56 (100%)	-----

Association of selected variables with degree of information

Association of degree of information and socioeconomic status of group 1 of subjects who do not know anyone with mental illness. The results are not statistically significant ($p > 0.05$) so it can be postulated that there was no association of degree of information with socioeconomic status and is presented in table 4.

Table 4: Association of degree of information in area A and area B with socioeconomic status among the group of subjects who do not know someone with mental illness (N = 85)

Socioeconomic Status	Area A		Area B	
	Adequately Informed (50 - 79%)	Poorly Informed (< 50%)	Adequately Informed (50 - 79%)	Poorly Informed (< 50%)
Upper and upper middle n = 57	28	29	55	2
Middle and lower middle n = 28	11	17	25	3
	$\chi^2 (df)p = 0.7(1)0.39$		$\chi^2 (df)p = 1.76(1)0.18$	

Chi-square test used and yate's correction applied, $P \leq 0.05$ is considered as significant.

The association of degree of information with socio economic status of group 3 of subjects who had close relative as a patient with mental illness is presented in table 5. The results were not statistically significant ($p > 0.05$) thus showing no association of degree of information with socioeconomic status.

The association of degree of information and socioeconomic status of group 3 of subjects who know someone with mental illness is presented in table 6. The results were not statistically significant ($p > 0.05$) so there was no association of degree of information with socioeconomic status has been seen.

Table 5: Association of degree of information in area A and area B with socioeconomic status among the group of subjects who have patient with mental illness (N = 56).

Socioeconomic Status	Area A		Area B	
	Adequately Informed (50-79%)	Poorly Informed (<50%)	Adequately Informed (50-79%)	Poorly Informed (< 50%)
Upper and upper middle n = 36	24	12	36	-----
Middle class and lower middle n = 20	13	7	20	-----
	x ² (df)p = 0.016(1)0.89		No statistics is computed as area B is constant	

Chi-square test used and yates correction applied, P ≤ 0.05 is considered as significant.

Table: 6 Association of degree of information in area A and area B with socioeconomic status among the group of subjects who know someone with mental (N = 34).

Socioeconomic Status	Area A		Area B	
	Adequately Informed (50 - 79%)	Poorly Informed (< 50%)	Adequately Informed (50 - 79%)	Poorly Informed (< 50%)
Upper and upper middle n = 21	12	9	20	1
Middle class and lower middle n=13	5	8	11	2
	X ² (df)p = 1.121(1)0.289		x ² (df)p = 1.126(1)0.2886	

Chi-square test used and yate’s correction applied, P≤0.05 is considered as significant.

The association of degree of information and educational status among the group 1 of subjects who have patient with mental illness. The results were not statistically significant (p > 0.05) so there was no association of degree of information with educational status has been seen.

Table 7: Association of degree of information in area A and area B with educational status among the different group of subjects who do not know anyone with mental illness (N = 85).

Educational status	Area A		Area B	
	Adequately Informed (50 - 79%)	Poorly Informed (< 50%)	Adequately Informed (50 - 79%)	Poorly Informed (< 50%)
Graduate and above n = 48	25	23	46	2
High school and below to high school n = 37	14	23	34	3
	X ² (df)p = 1.708(1)0.19		x ² (df)p = 0.58(1)0.4	

Chi-square test used and yates correction applied, P ≤ 0.05 is considered as significant.

The association of degree of information and educational status among the group 3; subjects who had close relative as a patient with mental illness is presented in table 8. The results were not statistically significant (p > 0.05) so there is no association of degree of information with educational status was seen.

Table 8: Association of degree of information in area A and area B with educational status among the different group of subjects who have close relative as a patient with mental illness (N = 56).

Educational status	Area A		Area B	
	Adequately Informed (50 - 79%)	Poorly Informed (< 50%)	Adequately Informed (50 - 79%)	Poorly Informed (< 50%)
Graduates and above n = 23	16	7	23	-----
High school n = 21	14	7	21	-----
Below high school n = 12	7	6	12	-----
X ² (df)p = 0.95(2)0.62			No statistics was computed as area B is constant.	

Chi-square test used and yates correction applied, P ≤ 0.05 is considered as significant.

The association of degree of information and educational status among the group 2 subjects who know someone with mental illness is presented in table 9. The results were not statistically significant (p > 0.05) so there was no association of degree of information with educational status has been seen.

Table 9: Association of degree of information in area A and area AB with educational status among the group of subjects who know someone with mental illness (N = 34).

Educational status	Area A		Area B	
	Adequately Informed (50 - 79%)	Poorly Informed (< 50%)	Adequately Informed (50 - 79%)	Poorly Informed (< 50%)
Graduate and above n = 19	9	10	18	1
High school below to high school n = 15	8	8	13	2
X ² (df)p = 0.024(1)0.87			X ² (df)p = 0.679(1)0.41	

Chi-square test used and yates correction applied, P ≤ 0.05 is considered as significant.

Discussion

The present study like other previous studies, showed poor knowledge about mental illness. ‘Area A’ was concerning “causes and nature of mental illness” and “Area B” was related to humane treatment for the mentally ill and optimism regarding the outcome and need for expanding services for mentally ill including rehabilitation. The sample comprised of subjects who were further divided into three groups. The first group comprised of subjects who do not know anyone with mental illness (n = 85), second group had subjects who knew some people with mental illness (n = 34) and the third group had subjects who had patients with mental illness [living with relative who are mentally ill (n = 56)]. Findings revealed that in the first group of subjects (who do not know anyone with mental illness) knowledge in area A was poor while in the area B the attitude was adequate. In the second group (who knew anyone with mental illness), half of the participants were adequately informed and the rest half were poorly informed in area A and they were adequately informed in Area B. In the third group more subjects were adequately informed in area A, while all the subjects showed positive response in area B.

It was observed that majority of the subjects were Hindus (64%) and belonged to the urban locality and were married (61%). These findings were also supported by the study done by Vijaylakshmi P, *et al.* “Attitude and response of a rural population regarding person with mental illness” [12].

The results of the study were in the confirmation with the findings of Agrawal [13]. In this study none of the subjects were very well informed. Most subjects reported having no knowledge about mental illness. In another study poor knowledge of causation was common [14]. Similarly, the findings of the present study also do not depict any relationship between socioeconomic status and degree of information, but subjects show adequate knowledge and having positive attitude towards humane treatment. Results also showed there was no relationship between degree of information and educational status whereas rest of the results are in keeping with the findings of the cross sectional study done in North East [15].

Hence, there is need to develop strategies to enlighten the public regarding nature of illness, aetiology and pathology of mental illness to foster acceptance of people with mental illness. Such studies and surveys are of obvious importance for any policy aimed at promoting better knowledge and tolerance of mental illness by the public.

Conclusion

The study revealed that the general public in India has limited and inadequate knowledge related to mental illness. These findings indicate that there is a strong need to spread awareness about mental illness to the general public so that stigma and discrimination can be mitigated.

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