Mental Health Literacy in Community Setting: A Descriptive Study

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ABSTRACT

Background: Mental health literacy is important for all societies, it will be helpful for reducing the treatment gap. Mental health campaigns can reduce the chronic city of psychiatric disorders, illness can treat as earliest as possible. Community awareness of Psychiatric Disorders helps to reduce stigma, discrimination, sensitization, treatment and social inclusion. **Aim:** To assess the literacy level of Mental Illness among the community people. **Methodology:** The study was conducted at the rural health training centre, Najafgarh, Delhi. Simple survey methods were used for data collection. A total of 306 individuals were selected for the study. The researcher informs community people with help of ASHA workers to come to RHTC, Najafgarh. Participants were asked to complete a questionnaire that was designed specifically for Indian contexts and was translated into Hindi. Tools were used for the study Socio-demographic datasheet and the public perceptions of mental illness questionnaire applied which assess the area of the previous contact with people with mental health issues, understanding of the psychiatric disorder, knowledge of psychiatric illness and attitude towards the individual with mental problems. The questionnaire was translated into Hindi, and independently back-translated by research experts in the mental health field.
Results: Results show that the mean age of participants was 33 years, 62% participants male and 37% participants female. Participants understanding of mental health among the community participants negative perception was higher. Less mental Health services availability reported in the community. **Conclusion:** Mental health awareness is one of the most important phenomenon for increased literacy and reducing the treatment gap-related Mental Health.

Keywords: Mental Illness. Community, Awareness, Treatment Gap

INTRODUCTION

According to Logan et al., (2013) Psychiatric disorders are the fourth leading cause of disability aged between 15-44 years. In a study by Bloom et al., (2013) the economic burden of Non-communicable diseases reported that global cast in 2010 was $2.5 trillion; the cast of psychiatric disorders was found to be higher than the costs of diabetes, respiratory disorders and cancer combined. Both the general public and persons with psychiatric disorders have been found to have stigmatising attitudes towards mental illness Popular misconceptions about mentally ill people include being dangerous, weak and socially incompetent. Hayward & Bright, (1997) have explained stigma associated with psychiatric disorders as ‘the negative effects of a label placed on any group, such as a racial or religious minority, or, in this case, those who have been diagnosed as psychiatric illness. A study by Fleischmann and Saxena, (2013) and Paula et al., (2012) World Health Organization estimated that the prevalence of psychiatric disorders is about 25% of the world population in both developed and developing countries. The development of an integrated community treatment process was included with psychosocial support programs for chronic psychiatric disorders as a challenge. Angermeyer et al., (2009) was expand in the mental health literacy of the community, the wish for social distance from an individual with major depression and schizophrenia remained unaffected or even improved. This issue has persuaded many countries to launch study initiatives to better understand these illnesses as seen by the public community and work on narrowing these

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gaps. It is required to shrink barriers among the public and psychiatric patients, which is a key in any psychiatric treatment.

Mojtabai et al., (2002) has been argued that help-seeking should improve with better recognition and labelling of psychiatric illness, increased awareness of the causes and treatment of mental health issues, and belief in the rationale for treatment approaches.

The advantages of early help-seeking have been clearly expressed, with near the beginning help-seeking providing the opportunity for before time involvement and improved long-term outcomes for individuals with psychiatric illness. However, in preparation of specialized help is frequently not sought at all or sought only after a hindrance. To our information, the narrative has not completely addressed mental health help-seeking among individuals with psychiatric disorders in India. This is a relatively conservative community with distinctive characteristics that often link psychiatric disorders to paranormal causes and often seeks spiritual healing

Aim: To assess the level of mental health literacy among the community people.

METHODOLOGY

The study was conducted at a rural health training centre (RHTC), Najafgarh, Delhi. Simple survey methods were used for data collection. A total of 306 individuals were selected for the study. The researcher informs community people with help of ASHA workers to come to RHTC, Najafgarh. Participants were asked to complete a questionnaire that was designed specifically for Indian contexts and was translated in Hindi and independently back-translated by research experts in the mental health field. Individuals having age less than 18 years and co-morbidity of physical or psychiatric illness excluded from the study. Tools were used for the study Socio-demographic datasheet. Furnham & Swami, (2018) the public perceptions of mental illness questionnaire applied which assess in the area of the previous contact with people with mental health issues, understanding of the psychiatric disorder, knowledge of psychiatric illness and attitude towards individual with mental problems. It is a 5 point scale of agree, somewhat agree, neutral, somewhat disagree, disagree.

RESULTS

Socio-demographic details of the Participants

Total 306 questionnaires out of 350 were returned giving a response rate of 87.4%. Table 1 shows the socio-demographic details of the participants. The gender distribution of the respondents was 192 male (63%) and 114 female (37%) resulting in a male-female ratio of 1.6:1. The mean age of participants was 33 years. 56% were married, 40% were single and 4% were divorced, separated or widowed. The vast majority of participants 50% lived in a rural environment with 36% urban and 14 semi-urban environments. Total 35% of participants interviewed either had no formal education or were educated up to primary standard, 65% of participants had attended both secondary and university levels.

Aetiology of Mental Illness

Table 2 shows views on the aetiology of mental illness. It can be seen that around 75.5% of respondents agreed with the statement that mental illness is caused by God's punishment. 26% of respondents agreed with the statement that mental illness is caused by personal weakness. Approximately 23 % of respondents agreed with the statement that mental illness is caused by genetic inheritance. On the other hand, some respondents agreed with the statement that mental illness is caused by substance abuse, bad things happening to the person or brain Diseases.

Table 1 Socio-demographic Details of the Participants

Variable	N=306 (%)
Age	
M±SD	33.17±11.31
Gender	
Male	192(62.74)
Female	114(37.26)
Marital Status	
Married	173(56.5)
Unmarried	121(39.6)
Separated	12(3.9)
Residence	
Rural	152(49.7)
Semi-urban	112(36.6)
Urban	42 (13.7)
Education	
Illiterate	39(12.7)
Primary	68(22.3)
Secondary	103(33.7)
H-Secondary	71(23.2)
Graduation	25(8.1)

Table: 2 Respondent Views on Aetiology of Mental Illness

Items	Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree
Genetic Inheritance	22.8	04.6	04.6	26.8	41.8
Substance Abuse	05.9	08.8	00.7	37.6	47.1
Bad things happen to the person	06.5	02.0	15.4	29.7	46.4
God's Punishment	75.5	12.4	05.6	02.6	03.9
Brain Disease	02.3	02.6	03.3	25.5	66.3
Personal Weakness	25.8	08.3	07.2	39.9	19.9

Perceptions of People with Mental Illness

Table 3: Respondents' Perceptions of People with Mental Illness

Items	Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree
Positive Perception					
Capable to work	14.1	08.2	03.9	16.0	52.9
Anybody can have mental Illness	06.5	0.7	07.2	09.8	75.8
Negative Perception					
Blame for own condition	30.4	35.6	10.8	06.5	10.7
Tell by physical appearance	35.0	12.4	05.2	30.4	17.0
Usually dangerous	12.4	08.8	10.5	49.7	18.6
Not capable of true friendship	08.2	19.0	03.9	16.0	52.9

Table 3 shows the respondents' perception of mental illness. It can be seen that 35% of respondents considered that people with mental illness are told by physical appearance. And 30 % of respondents thought that people with mental illness are blamed for their own problems. The 14% of respondents considered that person with mental illness has capable to work. The 12 % of respondents believe that person with mental illness is usually dangerous. The 8 % of respondent considers that person with mental; illness not capable of true friendship. Approximately 7 % of respondents considered that anybody can have a mental illness.

Attitude Toward People with Mental Illness

Table 4 shows that around 55 % of respondents thought that person with mental disorders should avoid all contact with the mentally ill. Nearly 44 % of respondents thought people with mental illness should not get married and around 30% of respondents thought that person with mental illness should not have children. 26% of respondents thought that person with mental illness should not be allowed to make decisions. While 19% of respondents thought that people with mental illness would be upset and disturbed working on the same job as a mentally ill person. 17% of respondents thought that they feel afraid to have a conversation with a mentally ill person. Nearly 11% of respondents thought that would feel ashamed if a family member had a mental. On the other hand, approximately 11% of the respondent has a positive perception they thought that persons with mental illness should have rights and 6.2% of respondents believe that people generally caring and are sympathetic towards persons with mental illness. While that 6.3% of participants thought that I could marry someone with mental illness.

Attitudes towards Care & Treatment of People with Mental Illnes

Table 5 shows respondents' attitude towards care and treatment of people with mental illness. Approximately 64% of respondents thought that mental illness cannot be cured and 63% of respondents thought that mentally ill people should be in an institution to be under supervision and control. The 45% of respondents thought that mental illness should not be

hidden in their family. Only 14% considered that information about mental illness is available at their PHC, and only 13.1% thought that the PHC could provide care for mental illness. Approximately 11 % of respondents thought that PHC clinics provide good care for mental illness.

Table 4: Attitude Toward People with Mental Illness

Items	Agree	Agree Somewhat	Neutral	Disagree Somewhat	Disagree
Positive Perception					
I could maintain a friendship with someone with mental illness	03.9	01.6	12.4	39.2	42.8
I could marry someone with mental illness	06.3	10.5	30.5	30.6	22.1
A person with mental illness should have the rights	10.5	07.5	05.5	12.4	64.5
People generally care and sympathetic towards a person with mental illness	6.2	4.6	11.4	28.1	49.7
Negative Perception					
The mentally ill person should be prevented from having children	30.4	11.4	22.2	17.0	19.9
A mentally ill person should not get married	43.8	7.8	12.1	27.1	9.2
A mentally ill person should not be allowed to make decisions	26.1	16.3	6.5	35.6	15.4
One should avoid all contact with mentally ill	55.2	17.6	5.9	5.9	15.9
I would be afraid to have a conversation with a Mentally Ill person	17.0	33.7	5.9	18.6	24.8
I would be upset and disturbed working on the same job as a mentally ill person	19.3	26.8	15.7	9.5	28.8
I would be ashamed if a family member diagnosed with Mental illness	10.5	07.5	05.5	12.4	64.5
I would not want people to know if suffering from mental illness	6.2	4.6	11.4	28.1	49.7

DISCUSSION

The present study is the first systematic survey of attitudes towards people with mental illness in NCR. The study was conducted in Rural Health Training Centre Najafgarh in the community mental Health Program. The current study has shown that attitude towards psychiatric disorders in this community is very mixed. Maximum proportions of the population having very stigmatized attitudes towards people with psychiatric disorders are marriage, treatment, work and recovery. The majority of the participants have blamed the individuals, avoided contact with them.

Participants did not have a reasonable understanding of the aetiology of psychiatric illness, God's punishment, genetic factors, negative life events, brain disease, and substance abuse as key causes of psychiatric disorders. Implication for social participation and management remains negative in the general understanding of the actual psychiatric problems. The majority of the participants accepted that individuals with psychiatric problems can be managed outside of the hospital and admission of PHC level is nil with poor services.

Table 5 Respondents' Attitudes towards Care & Treatment of People with Mental Illness

Items	Agree	Agree Somewhat	Neutral	Disagree Somewhat	Disagree
Positive perception					
Mental illness can be treated outside a hospital	39.9	26.1	24.2	4.2	5.6
The majority of people with mental illnesses recover	2.9	0.7	12.4	35.0	49.0
I would feel comfortable discussing a mental health issue of a family member or myself with someone at PHC	5.2	1.3	11.8	21.9	59.8
Negative perception					
One should hide mental illness from family	45.0	21.2	5.9	3.6	24.2
Mental illness cannot be cured	63.7	11.4	2.0	9.8	13.1
Mentally ill people should be in an institution to be under supervision and control	63.4	16.0	5.2	9.5	5.9
Mental Health Service availability					
Information about mental illness is available at my PHC	14.0	6.5	2.0	10.5	67.0
Mental health services available in my community	13.1	5.2	16.7	12.1	52.9
PHC clinics can provide good care for mental illnesses	10.8	8.8	7.8	20.9	59.7

Most of the psychiatric literacy surveys Weller & Grunes, (1988) and Angermeyer & Matschinger, (1999) have been mostly conducted in western countries, with some studies in developing country backgrounds. Studies from western societies Gaebel et al., (2002) have found that biological factors (diseases of the brain and genetic factors) and final factors (trauma and stress) are more likely to be considered underlying, while in Africa, (Shibre et al., 2001), (Stuart & Arboleda-Flórez, 2001) and (Gureje et al., 2005) supernatural factors are generally considered, and a current Nigerian survey reveals that urban residence, higher educational level, and familiarity with psychiatric illness associated with belief in biological and psychosocial causation, while rural residence correlated with belief in supernatural causes. (Akighir, 1982), found that urban area, educational, occupational, age, and familiarity with psychiatric illness are significantly associated with multiple perceived causation of psychiatric illness. A study conducted by Adewuya & Makanjuola, (2008) in Indian community beliefs about causes and risks for psychiatric disorders, A study by Kermode et

al., (2009) showed that the usually acknowledged causes were a collection of socio-economic features, while neither supernatural causes nor biological explanation was widely endorsed and family not wanting to allow a person with psychiatric illness to take their own decisions. Similarly, the current study suggested the same.

CONCLUSION

The study found that opinion about the aetiology of psychiatric disorders is generally well-matched with scientific evidence that is poor in the community. Overall understanding about the nature of psychiatric problems social participation, and management is negatively present. Overall mental health literacy among community participants was found to an unsatisfactory level. Participants were not having adequate knowledge in the areas of the treatment procedure, causes of psychiatric disorders, stigmatization and discrimination found at a high level. Therefore a need for good coordination between the community and the mental health system, increasing mental health care at throw primary, secondary and tertiary levels with the support of schemes run by the central and state governments about privation mental illness and the promotion of mental health.

Conflict of Interest

None

Financial Disclosure

None

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