

Survey on Attitude of Community People Towards Mental Illness

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ABSTRACT

Background: Knowledge of the community regarding mental health problems has a important impact on the attitude, prevention of issues and discrimination against patients with mental health problems and to help them in resolving their mental health issues. It is also the groundwork for designing evidence-based mental health interventions in the community.

Objectives: To assess the attitude regarding mental health among communities of seeshambara Dehradun, Uttarakhand.

Materials and Methods: This study was conducted in the, sheeshambara Dehradun, India, from 31 august 2024 to 07 August 2024. Descriptive survey design was adopted and Convenience sampling technique was used to collect data from 250 community people. Self-structured questionnaires were used to assess demographic variables and 4-point rating scale was used to check attitudes of community people.

Results: the study included a total a total of 250 community people. The mean age of study participants were 25.31. the mean and SD was 9.34 ± 6.38 .

Conclusion: The study findings suggest that the majority of the community people had negative attitude toward mental health. Hence there is a need to create mental health awareness and furthermore change the attitude towards mental health.

KEYWORDS: Attitude, Mental health, Community

Introduction of Mental Illness

Mental illness encompasses a wide range of conditions that affect an individual's mood, thinking, and behavior. These disorders can disrupt daily functioning and impact one's quality of life, manifesting in various forms such as anxiety, depression, bipolar disorder, and schizophrenia. Mental illness is often influenced by a complex interplay of genetic, biological, environmental, and psychological factors. Despite their prevalence and significant impact, mental health issues are frequently misunderstood and stigmatized, which can hinder individuals from seeking necessary help and support. Recognizing mental illness as a legitimate aspect of human health is crucial for fostering a compassionate and effective approach to treatment and support. (Scholar, 2023)

The idea that mental disease is incurable or self-inflicted can be harmful as well, as it prevents sufferers from receiving the right mental health care. Adverse attitude toward psychiatry and psychiatrists has been observed among medical professionals, which could be another hindrance in providing adequate mental health services. Communities tend to show stigmatizing behavior towards people with mental illness. (Townsend)

There are many kinds of mental illness from common conditions such as anxiety and depression which affect millions worldwide, to the less common disorders such as Capgras syndrome—most observed in those with dementia or schizophrenia, this syndrome causes the irrational belief in the sufferer

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that someone they know has been replaced by an imposter. (Sreevani)

It has been observed that around 1 in 4 people will experience a mental health condition each year in England. Numbers have been increasing in recent years. Suicide and self-harm are also on the rise — although a dramatic increase since 2018 for UK statistics is partly attributable to changes in the way deaths are reported meaning more deaths are now officially recorded as suicides compared to in the past. (cited, 2023)

Having a diagnosable mental health condition can impact all areas of life —school, work, personal relationships, and the ability to participate in the community. A person's diagnosis may also change several times throughout their life.

Nearly one billion people have a mental disorder. 1 in every 8 people, or 970 million people around the world were living with a mental disorder. India had 197.3 million (95% of the total population) persons with mental disorders, accounting for 14.3% of the country's total population.

According to WHO the burden of mental health problems in India is 2443 disability-adjusted life years per 100 00 population; the age-adjusted suicide rate per 100 000 population is 21.1. The economic loss due to mental health conditions, between 2012–2030, is estimated at USD 1.03 trillion. In Uttarakhand, the incidence rate of postpartum depression was 11% among mothers and the prevalence rate of depressive disorder was 6% as per 2014report. These belief and attitude are a potential barrier to seeking optimal professional help.

It has been observed that India has the dubious distinction of having the highest number of suicides in the world. According to a National Crime Records Bureau (NCRB) report released in April, 1.71 lakh people died by suicide in 2022 in India. The suicide rate has increased to 12.4 per 1,00,000 -- the highest rate ever recorded in India.

The mental health conditions are perceived shameful, incurable while patients are characterised as dangerous, unpredictable unstable, abnormal behaviour, helplessness, hopelessness, attempting suicide so it is important to study the perception and attitude towards the mental health illness in the community which will help in identifying the perception of the people regarding mental illness and providing mental health care services for the community people.

Materials and Methods

Study design

This study was conducted in the, shishambada, Dehradun, Uttarakhand India from 31 august 2024 to 7 September 2024. Descriptive survey design was adopted and 250 subjects were included in the study by convenience sampling technique. Self-structured questionnaire was used to assess demographic variables and 4-point rating scale was used to check attitudes of community people.

Instrument/Tool

Self-structured questionnaire was used to assess socio demographic variables and 4 point rating scale was used to check attitude of community people.

Tool 1: socio demographic variables

It includes age, gender, occupation, education, current marital status and mental illness in family

Tool 2: Likert-scale (4- point scale)

Total score of tool Likert-scale (4- point scale) was used to assess the level of attitude regarding mental health among community people. The tool consists of 8 items with both positive and negative statements regarding mental health. The total scoring was 0-32. Among 0-16 was considered as negative attitude and score between 17-32 was considered as positive attitude.

STATISTICAL ANALYSIS

The data were presented as mean standard deviation (SD). Frequency and percentage distribution was used to evaluate sociodemographic variables of community people residing in Sheeshambara, Dehradun. Likert-scale (4- point scale) was used to assess the level of attitude regarding mental health among community people.

RESULT

The study included a total of 250 community people with age rang. The mean age of study participants were 25.31. the mean and SD was 9.34 ± 6.38 . The majority of 106(42.4%) community people belonged to 26-30 years of age. In gender, the majority of 135(54%) community people were male. In Occupation the majority of 89(35.6%) community were House wife. In education, the majority of 94(37.6%) community people were 12th Pass. In marital status majority of 137(54.8%) community people were unmarried. In mental illness status the majority of 257(98.8%) community were mental illness absent.

The current study has shown that attitude towards psychiatric health in this community is negative. The

study shows that the mean age of study participants was 25.31. Among 250 subjects 239 (95.6%) persons had negative attitude towards mental health and 11 (4.4%) had positive attitude towards mental health.

Specifically, female had a significantly more negative attitude than male. These study findings suggest that the majority of the community people had negative attitude toward mental health.

Table No.1 Selected demographic variables of community people
N= 250

S. No.	Variables	Frequency	Percentage
1	Age in years		
	18-21	72	28.8
	22-25	72	28.8
	26-30	106	42.4
2	Gender		
	Male	135	54
	Female	115	46
3	Educational level		
	Post graduate	1	0.4
	graduate	39	15.6
	12 th pass	94	37.6
	10 th pass	50	20
	Illiterate	66	26.4
4	Current Marital Status		
	Married	108	43.2
	Unmarried	137	54.8
	Others	5	2
5	Occupation		
	Business	48	19.2
	Government job	2	0.8
	Private job	25	10
	House wife	89	35.6
	Job less	86	34.4
6	Any mental illness in family		
	Present	3	1.2
	Absent	247	19.8

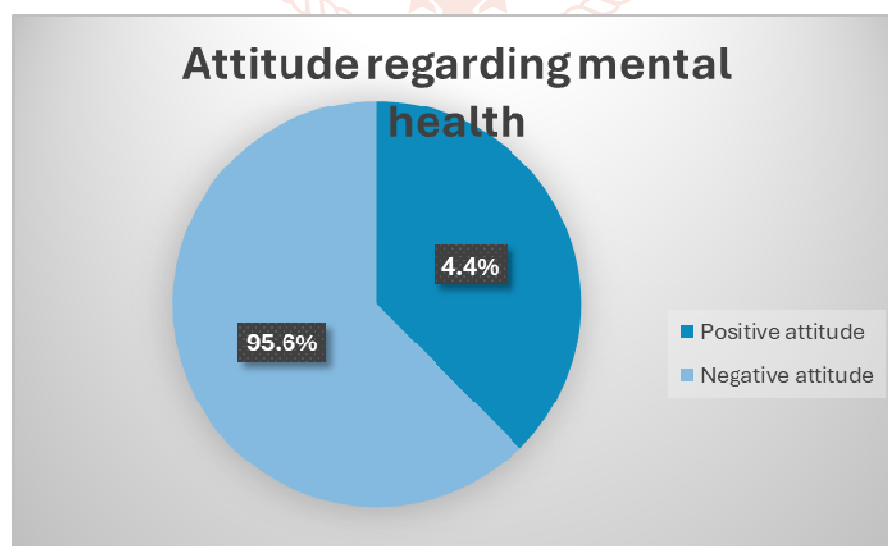


Figure no. 1. Attitude of community people regarding mental health

DISCUSSION

The current study has shown that attitude towards psychiatric health in this community is negative. The study shows that the mean age of study participants

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(95.6%) persons had negative attitude towards mental health and 11 (4.4%) had positive attitude towards mental health. Specifically, female had a significantly more negative attitude than male. These study findings suggest that the majority of the community people had negative attitude toward mental health.

A similar study was conducted at Delhi (2021) by Ahmed R, Jha N, Singh U et.al to assess the literacy level of mental illness among the community. The study used a survey method with 306 participants. Socio-demographic datasheet and the public perceptions of mental illness questionnaire was used to collect data. The result showed that the mean age of participant was 33. Participants understanding of mental health among community participants negative perception was higher. This study concluded that overall mental health literacy among community participants was found to an unsatisfactory level.

A study was conducted by Kulkarni, Kaustubh's, et.al, (2023) on awareness and attitude about mental illness in the rural population of Maharashtra. 196 subjects were selected for the study. Results indicated that females showed higher scores for authoritarianism and social restrictiveness. People in the community have a varied perspective to mental illnesses which has changed for the better over time but community still approaches quacks first which warrants the need for more awareness. (*medicine, n.d.*)

LIMITATIONS

- Only attitude was assessed, no attempt was made to identify other attributes like perception, opinions towards mental health.
- Data collection time was only for one week.

CONCLUSION

The study findings suggest that the majority of the community people had negative attitude toward mental health. Hence, this survey helps in providing mental health awareness and in addition change the attitude of community people towards positive.

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