

Awareness of Mental Illness in Selected Rural Areas of a district in Assam

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ABSTRACT

Background: Around 450 million people currently suffer from mental health problems, placing mental disorders among the leading causes of ill-health and disability worldwide. Treatments are available, but nearly two-thirds of people with a known mental disorder never seek help from a health professional.¹

Aim : The aim of the study was to assess the awareness of mental illness in the rural community.

Method : It was a descriptive study carried out among 200 adults residing in the rural areas of a district in Assam which were selected through convenience sampling method. The data were collected using the Socio Demographic data sheet and a modified version of the Knowledge of Mental Illness Questionnaire.

Results : The results showed that the people have a fair amount of knowledge about mental illness. Further proper methods should be devised to increase the knowledge regarding mental illness.

1. Introduction

A mental illness can affect a person in many ways ultimately leading to suffering or a poor ability to function in everyday life. The illness may be continuous, relapsing, remitting or at times episodic with a gradual or insidious onset.

Mental illness strikes people of all ages and knows no racial, ethnic, gender or socio economic barriers. The WHO has listed depression, alcohol use, bipolar disorder, schizophrenia and obsessive compulsive disorder among the 10 leading cause of disability worldwide.²

Most people learn about mental illness from mass media³ which project persons with mental illness in a different light. People with mental illness are mostly portrayed as unpredictable, dangerous, comical, incompetent, violent etc. which results in the general public to harbour unfavourable stereotypes and stigma towards them.^{4,5}

For major physical diseases, there is widespread awareness about the benefits of knowing about the prevention, importance of early intervention and treatment. But, this type of public awareness about mental disorders has received much less attention. There is evidence from surveys in several countries for deficiencies in public knowledge of prevention, early recognition, services available and management of mental illness.⁶

2. Need For the Study

With the evolving times now, there is an increasing awareness of mental illness worldwide as a significant cause of morbidity. Various studies like the studies done by Ganesh K⁷ and Longkumer & Barooah⁸ revealed that most of the people in India and in the north-eastern region lack adequate knowledge regarding mental illness.

The researcher also witnessed that many people coming to seek help for any type of mental illness are actually lacking in awareness about the illness. Most people especially those from rural areas initially seek help for mental illness from faith healers, ojha, tantric etc. Many of the people with mental disorders who come to seek medical help come at a later stage of the illness when they have already spent a considerable portion of their days carrying the burden of the illness and also adjusting with the changes associated with the illness. So considering these experiences the researcher felt the need to conduct a study to assess the awareness of mental illness in the rural population.

3. Objectives of the Study

- To assess the socio demographic profile of the adults residing in the rural community.
- To assess the awareness of mental illness among the adults residing in the rural community.
- To find out the association of awareness of mental illness with selected demographic variables.
- To find out the correlation of awareness of mental illness with selected demographic variables.

4. Materials and methods

- **Research Approach:** Quantitative Research Approach.
- **Research Design:** Descriptive Research Design.
- **Setting:** The setting of the study are the various rural areas of a district in Assam.
- **Population:** In the present study the population is the people who are residing in the rural areas of a district in Assam.
- **Sample:** The sample of this study are the adults who are coming to attend the community awareness programme in selected sub centres of a district in

Assam, and the adults who are present during the time of home visit.

- **Sampling Technique:** Non probability convenience sampling technique was used.
- **Sample Size:** 200 adults meeting the inclusion and exclusion criteria, living in the selected rural areas of a district in Assam.
- **Inclusion Criteria –**
 - ✓ Adults within the age group of 20 to 60 years.
 - ✓ Adults who are residing in the selected rural areas of a district in Assam.
 - ✓ Adults who are willing to participate in the study
 - ✓ Adults who are able to read and write and understand Assamese.
- **Exclusion Criteria –**
 - ✓ Adults who are having mental illness in their family.

5. Description of the tool

1. **Section A** - Socio – Demographic Performa
2. The socio demographic data sheet includes the age, gender, marital status, educational status, occupational status, family type, income and prior experience with a person having mental illness.
3. **Section B** - modified version of the Knowledge of Mental Illness Questionnaire⁹

In this present study the researcher uses a modified version of the Knowledge of Mental Illness Questionnaire which was originally developed by Ahmed and Baruah. It consists of 6 domains and 46 items. The researcher in order to assess awareness of mental illness in the rural community uses only 3 domains of the tool i.e. Domain 1 (Basic Information), Domain 2 (Need of Treatment) and Domain 3 (Psychosocial Treatment). The tool is a self administered tool consisting of 26 items. The reliability of the tool was found to be 0.72 after being modified.

6. Data collection

The data was collected after obtaining necessary permission from the concerned authorities. The data was at first collected during the time of home visit and then researcher also visited various Sub Centres where adults came to attend the community awareness programmes. The data was collected from the period of 23rd September to 22nd November 2016.

7. Results and discussion

The data were analysed and presented under the following headings:

Table 1: Frequency and percentage distribution of the selected socio demographic variables of the adults n = 200

VARIABLES		FREQUENCY	PERCENTAGE
GENDER	Male	41	20.5 %
	Female	159	79.5 %
MARITAL STATUS	Married	177	88.5 %
	Unmarried	17	8.5 %
	Widow	6	3 %
EDUCATIONAL STATUS	Primary School	11	5.5 %
	Middle School	22	11 %
	High School	116	58 %
	Higher Secondary	34	17 %
	Graduate	16	8 %
	Post Graduate	1	0.5 %
OCCUPATIONAL STATUS	Unemployed	4	2 %
	Cultivator	6	3 %
	Business	16	8 %
	Daily Wager	6	3 %
	Government Job	33	16.5 %
	Private Job	4	2 %
	Homemaker	119	59.5 %
	Others	12	6 %
TYPE OF FAMILY	Nuclear	117	58.5 %
	Joint	77	38.5 %
	Extended	6	3 %
RELIGION	Hindu	110	55 %
	Islam	89	44.5 %

	Christian	1	0.5 %
PRIOR KNOWLEDGE OF A PERSON HAVING MENTAL ILLNESS	Yes	61	30.5 %
	No	139	69.5 %

Table 2: Range, mean and standard deviation of the selected continuous socio demographic variables of the adults n = 200

VARIABLE	RANGE		MEAN	STANDARD DEVIATION
	Minimum	Maximum		
Age (in years)	20	60	31.54	10.32
Monthly family Income (in rupees)	2000	65000	13185.00	11896.99

AWARENESS OF MENTAL ILLNESS AMONG THE ADULTS OF THE RURAL COMMUNITY

Table: 3 Range, Mean and Standard Deviation of awareness of mental illness scores n = 200

ASSESSMENT VARIABLE	RANGE		MEAN	STANDARD DEVIATION
	Minimum	Maximum		
Total Awareness of Mental Illness	10	25	18.84	3.428
Awareness in the domain of Basic Information On Mental Illness	2	11	7.34	1.633
Awareness in the domain of Need for Treatment	0	6	4.21	1.455
Awareness in the domain of Psychosocial Treatment	3	9	7.30	1.569

It was found that the minimum score obtained by the participants was 10 whereas the maximum score obtained was 25. The overall mean and standard deviation was found to be 18.84 and 3.428 respectively. It can be seen that the mean score obtained by the participants is towards the higher score. The reason for the amount of awareness of mental illness in this region can be the presence of a tertiary care mental hospital in this part of the country and the awareness of the people regarding the institute and most of the mentally ill person whom the researcher came across during the time of

data collection had been on treatment from the mental institute. Also the institute has been organising regular psychoeducation programmes to raise awareness about mental illness in various areas of the community every year from time to time and in the institute as well.

The following table represents only the significant associations found between selected socio demographic variables with the awareness of mental illness in general and also with the awareness in each of the domains of the tool.

Table 4: association of the socio demographic variables and the awareness of mental illness

Association Between The Awareness Of Mental Illness And The Selected Socio Demographic Variables			
VARIABLE	x ² values	p	
Educational status	4.289	0.038	S
Religion	10.525	0.001	S
Prior knowledge of a person with mental illness	6.518	0.011	S
Association Between The Awareness In The Domain Of Basic Information On Mental Illness And Selected Socio Demographic Variables			
VARIABLE	x ² values	p	
Gender	4.044	0.044	S
Educational status	11.634	0.001	S
Association Between The Awareness In Need for Treatment of Mental Illness And Selected Socio Demographic Variables			
VARIABLE	x ² values	p	
Occupational status	5.238	0.022	S
Association Between The Awareness In The Domain Of Psychosocial Treatment Regarding Mental Illness And Selected Socio Demographic Variables Of The Adults			
VARIABLE	x ² value	p	
Religion	4.808	0.028	S

*S = significant

This can be due to the fact that people with higher educational status will be more aware of mental illness from the exposure to the environment and from mixing with the literate people in the society and also people with a prior knowledge of a person with mental illness will have some kind of an experience with the persons suffering from mental illness resulting in more awareness of mental illness. The findings of this study also coincide with the study conducted by Yongs¹⁰ and Youssef F¹¹.

The following table represents only the significant correlation found between socio demographic variable of age and the awareness of mental illness in general and in each domain of the tool.

Table 5: correlation of the socio demographic variables of age and the awareness of mental illness

Correlation between selected socio demographic variables and awareness of mental illness of the adults of the rural community			
VARIABLE	r	p	
age	0.188	0.008	S
Correlation between selected socio demographic variables and awareness of mental illness in the Domain of Psychosocial Treatment			
VARIABLE	r	p	
age	0.199	0.005	S

*S = significant

The findings in this study reveal that there is a positive correlation between age and the awareness of mental illness. These findings coincide with the findings of the study done by Yongs¹⁰ where he found that respondents of higher age group had higher knowledge of mental illness.

Through these findings the level of awareness can be known and various programmes can be designed accordingly. This study provides a basis for further interventions. Administrators in health care sector can collaborate with competent authority to organise mental health awareness camps in the community. The present study also has some

limitations such as the sample size was small and the sample was comprised of a major proportion of female respondents.

8. Conclusion

This study will be of use to both researchers and clinicians as it contains interesting findings from rural populations perspective. The findings of the present study indicate that there is still further need to raise awareness of mental illness and reduce the stigma associated with it. Although this is a small scale quantitative study, it highlights on the community's awareness about mental illness.

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