IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)
e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 19, Issue 12 Ser.1 (December. 2020), PP 53-57
www.iosrjournals.org

Knowledge and Attitude towards Mental Illness in a Semi-Urban Community, Imphal

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Abstract:
Background : *Fear, adverse attitude and ignorance of mental illness can result in an insufficient focus on a mentally ill patient's physical health needs. It is important to assess the knowledge and attitude towards mental illness in the community and to determine their association with socio-demographic characteristics.*
Materials and Methods :*A cross-sectional study was conducted among adult population 18-70years in Patsoi, Imphal, in January-February, 2019. Based on the formula, $N=4PQ/L^2$, a sample size of 300 was calculated. A pretested, structured questionnaire - modified version of the Attitude towards Mental Illness (AMI) questionnaire was used. IBM SPSS Version 21 used for analysis.*
Results :*93.7% of the participants believed that mental illness is not contagious. 90.6% of them knows about mental illness from media, families and friends. 39.7% of the participants thought that children do not suffer from mental illness. Regarding attitude, 86.3% of the participants said that it was caused by brain diseases, family problems and social interpersonal tension. About 45% of the participants believed that they should go to a local healer or other system of medicines for mental illness. Younger age group and nuclear families had a more favourable attitude towards the social values and avoidance of the mentally ill.*
Conclusion :*Sources of information about mental illness came from media, families and friends . Majority of the participants had favourable attitude towards mental illness in the domains of causes, treatment and problems of avoidance of mentally ill patients. Favourable attitude was significantly associated with age and family type. Recommendations: Awareness programmes to promote information and favourable attitude towards mental illness.*
Key words: *Mental health, ignorance, brain diseases*

Date of Submission: 20-11-2020 Date of Acceptance: 06-12-2020

I. Introduction

Mental illness is defined as *"A syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning"*(American Psychiatric Association)[1]. About 970 million people (13.2%) currently suffer from mental disorders worldwide (GBD 2017)[2]. India is the most depressed country in the world with every 6th Indian (197 million) suffering from mental illness. In Manipur, according to National Mental Health Survey (NMHS) 2016, the prevalence of mental illness is 14.1%[3]. Public perceptions and attitudes toward mental illness generally emerge from a preexisting belief system that is nourished by the community's past and present experiences.Public attitudes might affect individuals with mental illness in two different ways- firstly, how the public might interact with, provide opportunities for, and help support a person with mental illness and, secondly, how people with mental illness experiences and express their own psychological problems and whether they are willing to disclose their symptoms and seek help[4]. Access to adequate mental health care always falls short of both implicit and explicit needs. Fear, adverse attitude, and ignorance of mental illness can result in an insufficient focus on a patient's physical health needs[5].Tracking attitudes towards mental illness can serve as an indicator of the public's mental health literacy. Limited number of studies have explored this in Manipur. Therefore, it is important to assess any gaps in knowledge and attitudes regarding mental illness among community members.

II. Material and Methods

This cross-sectional study was carried outonthe adult population living in a semi-urban locality of Imphal City. The location was in Patsoi Village which was about 8.5 km from Imphal. It has a population of 5358 of which 2753 (51.38%) are females and 2605 (48.62%) are males[6].
Study Design: Community based cross-sectional study.

Study Duration: Between 27th of January,2019 and 23rd of February,2019.
Sample size: 300 adult participants.
Sample size calculation:
Calculated using the formula,

$$N = \frac{4PQ}{L^2}$$

where, P (proportion of participants who consulted a GP for mental illness from a study done by Basu R et al[7]) = 19.2 %

L = 5% (absolute allowable error)

Q = 100-P

So, calculated sample size (N) = 248

Considering 20% non-response rate, final sample size = 300.

- **Sampling**: Purposivesampling was used to select the participants. Consecutive houses were visited and any adult members in the families, who fulfilled the inclusion and exclusion criterias, were included in the study. If there were more than one adult, maximum of 4 participants were included from a single household with a maximum of 2 participants of age ≥40 years and maximum of 2 participants <40 years.

Inclusion criteria:

- Age between 18-70 yearsand residing in Patsoi Village, Imphal

Exclusion criteria:

- Those who were not available at home during the time of study
- Known cases of mental illness and severe physical illness

Study tool:A pretested, structured questionnaire - a modified version of the Attitude towards Mental Illness (AMI)questionnaire was used which consisted of:

I. Socio-Demographic profile which included age(in completed years), gender, education, occupation, income (in rupees), religion, family type.
II. Knowledge regarding mental illness and mental health services
III. Attitude towards mental illness: It has 7 domains:
   A. Causes of mental illness
   B. Behavior of mentally ill
   C. Treatment of mental illness
   D. Socialvalue of mentally ill people
   E. Problems of avoidance of mentally ill patients
   F. Restrictions on mentally ill patients
   G. Health seeking behaviour
      - ✓ A 5 point Likert scale (0 to 4) was used for attitude questions with higher score denoting favorable attitude
      - ✓ Scoring for domains A-F (max 20 , min 0): ≤ 9 - unfavorable, 10 - neutral, >10 – favorable
      - ✓ Scoring for domain G (max 16, min 0): ≤ 7 – unfavorable, 8 – neutral, >8 - favorable

Procedure methodology

Data was collected by interviews using a pre-tested structured questionnaire. Prior to the interview participants were explained about the purpose of the study and informed verbal consent were obtained. Eligible participants were interviewed face to face and care was taken to maintain privacy. After collecting, questionnaire was checked for completeness and consistency.Approval was obtained from the Research Ethics Board, RIMS, Imphal before the beginning of the study. Data collected were kept password protected. Access was limited to the investigators only.

Statistical analysis

Data was entered and analyzed by using IBM SPSSVersion 21.Descriptive statistics like frequency, mean, percentage was used. Chi square test and Fisher's exact test were used to test for association between proportions. A p value < 0.05 was considered as statistically significant.

III. Result

A total of 300 adults participated in the study. The mean age of the participants was 22 ±4.2 years. Table no. 1 shows the socio-demographic characteristics of the participants. More than half of the participants (60.7%) were females. Majority of the participants were Hindus (84%). Most of the families (60%) were nuclear type. The age group of 25-59 years constituted the majority of the participants. By education, more than half of them studied between Class VI upto Class XII. The monthly per capita income of 28% of the participants were in the range of Rs.5000-7874 and 26% were in the range of Rs.2500-4999.

Table no.1: Distribution of participants by their socio-demographic characteristics (N=300)

Socio-demographic characteristics	Frequency	Percentage
Gender		
Male	118	39.3
Female	182	60.7
Religion		
Hindu	252	84
Sanamahism	42	14
Others	6	2
Family type		
Joint	118	39.3
Nuclear	182	60.7
Age (in completed years)		
18-24	46	15.3
25-59	21	72.7
60-70	36	12
Education		
< Class V	37	12.3
Class VI – XII	182	60.7
> Class XII	81	27
Monthly per capita family income (in Rs.)		
< 2500	61	20.3
2500 – 4999	80	26.7
5000 – 7874	84	28
≥ 7875	75	25

Table 2 showed the distribution of the participants based on their response to the knowledge questions. Regarding the question of whether mental illness is contagious, 93.7% of the participants said that it was not contagious and only 6.3% of them responded that it was contagious. More than half of the participants said that children can suffer from mental illness and about 40% of them said that they will not suffer from it. Eighty six percent of the participants responded that mental illness is curable.

Table 2. Distribution of participants based on knowledge about mental illness.

Questions	Yes n(%)	No n(%)
Is mental illness contagious?	19(6.3)	281(93.7)
Do children suffer from mental illness?	181(60.3)	119(39.7)
Mental illness can be treated and cured.	258(86)	42(14)

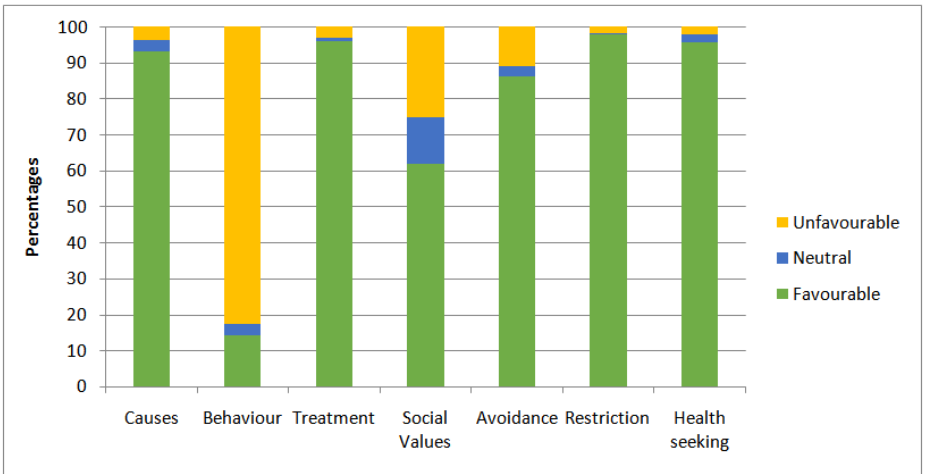

Fig 1: Summary of participants' attitude towards mental illness (N=300)

Figure 1 shows the attitudes of the respondents/participants to the different domains (7 domains) regarding mental illness. For the 5 domains of "Causes of mental illness", "Treatment of mental illness", "Problems of avoidance of mentally ill patients", "Restrictions on mentally ill patients" and "Health seeking behavior", more than 85% showed favourable attitude.To the domain "Social value of mentally ill patients", 62% had a favorable attitude and 25.3% unfavorable. To the domain of "Behaviour of mentally ill patients", about 82% showed an unfavourable attitude.

Table no. 3 shows the association between socio-demographic factors and the partcipants' attitude towards mental health according to the different domains. Participants belonging to the younger age groups (18-24years) showed a more favorable attitude towards the social values of the mentally ill patients and this was found to be statistically significant (p=0.023).A significant difference was also seen where the younger age group participants (18-24years) had a more favorable attitude towards the problems of avoidance to the mentally ill patients (p=0.00). Participants whose education level is Class XII and above showed a more favorable attitude towards the problem of avoidance of mentally ill patients and this difference was found to be statistically significant (p=0.043). For the domain of social values of mentally ill patients, participants with higher education level (Class XII and above) had a more favorable attitude towards it. Participants belonging to joint family showed an unfavorable attitude towards the behavior of the mentally ill patients.

Table no. 3: Association between socio-demographic factorsand the participants' attitude towards mental health according to the different domains (N=300)

Socio-demographic factor	Social values of mentally ill patients		p-value
Age of participants (in completed years)	Favorable n (%)	Unfavorable* n (%)	
18 – 24	36 (78.3)	10 (21.7)	0.023
25 – 59	132 (60.6)	86 (39.4)	
60 – 70	18 (50)	18 (50)	
Age of participants (in completed years)	Problems of avoidance of mentally ill patients		0.00
	Favorable n (%)	Unfavorable* n (%)	
18 – 24	43 (93.5)	3 (6.5)	
25 – 59	193 (88.5)	25 (11.5)	
60 – 70	23 (63.9)	13 (36.1)	
Education	Problems of avoidance of mentally ill patients		0.043
	Favorable n (%)	Unfavorable* n (%)	
Below Class V	28(75.7%)	9(24.3%)	
Class VI passed to class XII	156(85.7%)	26(14.3%)	
Class XII passed	75 (92.6%)	6(7.4%)	
Education	Social values of mentally ill patients		0.04
	Favorable n (%)	Unfavorable* n (%)	
Below Class V	18 (48.6%)	19 (51.4%)	
Class VI passed to class XII	106 (58.2%)	76 (41.8%)	
Class XII passed	62 (76.5%)	19 (23.5%)	
Family type	Behavior of mentally ill patients		0.038
	Favorable n (%)	Unfavorable* n (%)	
Joint	9(8.3%)	99(91.7%)	
Nuclear	34(17.7%)	158(82.3%)	

* Unfavorable and neutral attitude

IV. Discussion

In our study, only about 6.3% of the participants regard that mental illness is contagious or transmissible and this is lesser in comparison to a study done by Salve H et al[8], in which about 21% of the participants regard it to be transmissible. It is seen that many of the participants (39.7%) believe that children will not suffer from mental illness. For treatment and cure of mental illness, 86.6% of participants know that it can be cured and this is similar to a study done by BenedictoM et al[9] in Tanzania. Community attitude towards mental illness was favorable in all the domains of the attitude questionnaire except for the domain of behavior of mentally ill patients. For this domain, having an unfavorable attitude signifies a positive attitude towards mentally ill patients. This community attitude is similar to the findings of Salve H et al[8] and Singh AJ et al[10].

Participants with higher level of education showed a more favorable attitude towards the mentally ill patients regarding the problems of avoidance and their social values which is similar to the findings of a study among the Nagas done by Longkumer I et al[11]. Hence, we can see that education played a significant role with

respect to fear and discrimination of those afflicted with mental disorders. In our study, participants of younger age group showed a more favorable attitude towards the mentally ill patients regarding their social values and problem of avoidance. Such difference in the attitudes could be due to the fact that the younger population are more exposed to knowledge about mental illness through various communications. It is also seen that a nuclear type of family have a better attitude towards the behavior of mentally ill patients.

V. Conclusion

One out of twenty participants thought that mental illness is contagious but almost 9 out of 10 of them responded that mental illness is curable. There is a favorable attitude in the community towards the mentally ill patients. Younger participants (18-24yrs), those with higher level of education and nuclear type of families showed better attitudes towards the mentally ill patients which is highly significant.

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Tyllibor Syiem, et. al. "Knowledge and Attitude towards Mental Illness in A Semi-Urban Community, Imphal." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, 19(12), 2020, pp. 53-57.