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Assessment of knowledge and attitude towards mental illness among young and older people, in a selected rural community, Bankura, West Bengal

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Abstract

A descriptive comparative survey was conducted to assess the knowledge and attitude towards mental illness among young and older people in Karakdanga, Bankura, West Bengal. The study is aimed to assess the knowledge and attitude toward mental illness among young and older people. Participants (n1=55, n 2=55) were selected by simple random sampling. Knowledge was assessed by a valid, reliable structured knowledge questionnaire and attitude was assessed by the standardized tool CAMI (Community Attitudes towards Mentally Ill). The findings revealed that the mean knowledge score (17.32) of young was higher than older people (10.89) which is evident by the 't' value of 9.36 [1.98 with df (108), $p < 0.05$] The mean attitude score (17.32) of young was higher than older people (10.89) which is evident by the 't' value of 21.68 [1.98 with df (108)] at a 0.01 level of significance. A strongly positive relationship exists between knowledge and attitude towards mental illness ($r = 0.74$).

Keywords: Knowledge, attitude, mental illness, young, older people

Introduction

World Health Organization enumerates 'health' multi-dimensionally as, "a state of complete physical, mental social and spiritual well-being and not merely the absence of disease or infirmity." Mental Health can be defined as a state of well being in which the individual introspects his or her own abilities, can cope with normal stresses of life, as well as can work productively and fruitfully and is able to make a contribution to his or her own community. In other words, it is cognitive, behavioral, and emotional well-being which affects thinking, feeling, and way of behaving towards a phenomenon. The term "mental health" is used denote the absence of a mental disorder, while mental illness affects thoughts, emotions, and behavior which has a negative impact on personality, individual as well as social life. Mental illness is a condition that significantly impairs (temporarily or permanently) the mental functioning of a person. An analysis done by World Health Organization shows those neuropsychiatric disorders have an aggregate point prevalence of 10 per cent of adults. About 450 million people were estimated to be suffering from neuropsychiatric conditions, which explain the burden of mental illness in the population at a large [1, 2, 3, 4].

Stigma associated with mental illness acts as one of the biggest hurdles in providing treatment to mentally ill. The persons with mental illness are perceived differently and are more likely to be rejected socially regardless of illness. Stigma is considered an amalgamation of three related problems: lack of knowledge (ignorance), negative attitudes (prejudice) and exclusion or avoidance behaviors (discrimination) [5].

Among all the health problems, mental illness is poorly understood by the general population. The delay in seeking professional psychiatric services refers to late presentations of existing cases. The extent to which patients get to benefit from improved mental health services is influenced not only by the quality and availability of services but also by their knowledge and belief in the mental health facilities. Therefore the knowledge and attitude of community people towards mental illness can have a profound impact on health-seeking behavior, chances of accessing mental health services, as well as the adherence to mental health services which can significantly impact increased morbidity and mortality associated with it [6].

Due to the above aspects, the investigator is keenly interested to assess the knowledge and attitude towards mental illness among young and older people, in a selected rural community, so as to reduce the stigma and knowledge deficit associated with it.

Statement of the problem

Assessment of knowledge and attitude towards mental illness among young and older people, in a selected rural community, Bankura, West Bengal

Objectives of the study

1. To assess the knowledge about mental illness among young and older people in a selected rural community area, Bankura, West Bengal
2. To identify attitudes towards mental illness among young and older people.
3. To compare the knowledge and attitude between young and older people.
4. To determine the correlation between knowledge and attitude toward mental illness
5. To find out the association between knowledge and attitude with selected demographic variables.

Materials and Method

A descriptive comparative survey was conducted applying quantitative research approach, among young (n₁ =18-30 years) and older people (n₂ =60-75 years) [n₁55+n₂55=110] residing in Karakdanga, Bankura, West Bengal, who were selected via simple random sampling. A semi-structured validated (CVI-1) interview schedule containing seven (7) items was prepared to assess demographic data that includes, age, sex, education, occupation, socioeconomic status, presence of mentally ill family member and sources of getting knowledge. Knowledge was assessed by a valid,

(CVI-0.97) reliable (split half method-0.79) structured thirty (30) items self-prepared questionnaire. Attitude assessed by applying a forty (40) items standardized tool CAMI (Community Attitudes towards Mentally Ill). It was validated, (CVI-1) and reliability (Cronbach's alpha-0.736) was assessed. Ethical clearance was taken from IEC, BSMC&H, Bankura, administrative approval was obtained from CMOH, Bankura, BMOH, Anchuri BPHC, Bankura-Block 1. Self-introduction was given to participants and rapport was established during home visits. Purpose and nature of the study was explained to each participant. Informed Consent was taken from subject. Confidentiality of the information was assured. Separate code number was used for each subject. Interview was conducted to collect data using three tools. Information was recorded.

Result and Discussion

Findings related to knowledge towards mental illness

Table 1: Distribution of knowledge score of young and older people towards mental illness n=110 (n₁55+n₂55)

Level of knowledge	Young people		Older People	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Excellent (24-30)	03	5.45	0	0
Good (18-23)	25	45.45	02	3.63
Fair (12-17)	24	43.65	20	36.37
Poor (0-12)	03	5.45	33	60.00

Maximum possible score- 30
Minimum possible score - 0

Data presented in Table 1 showed that the maximum (45.45%) of young people had good knowledge whereas the majority of older people (60%) had poor knowledge regarding mental illness.

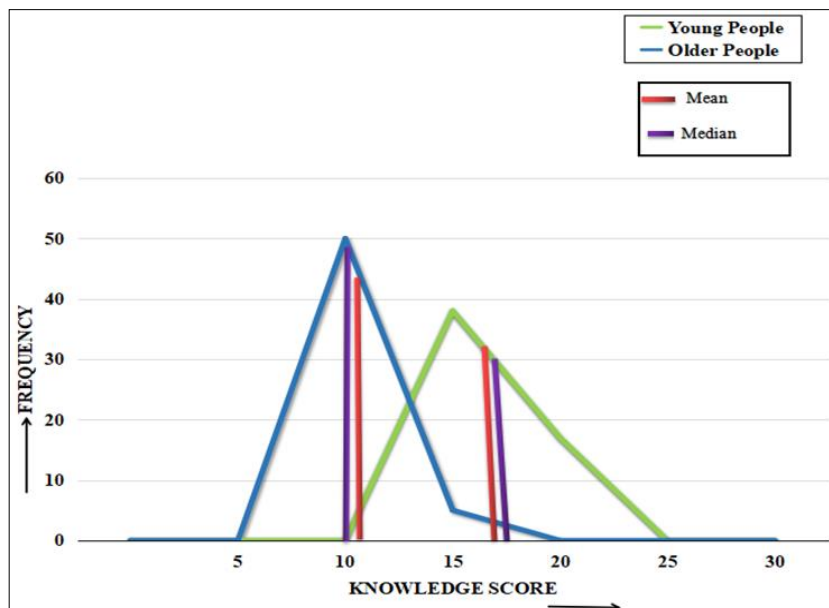


Fig 1: Distribution of knowledge score of young and older people toward mental illness n=110 (n₁55+n₂55)

The frequency polygon in figure 1 the knowledge score of young people ranged from 9 to 24 which is normally distributed with a mean of 17.32±3.83 with a median of 18. The skewness coefficient calculated for the curve of knowledge score of young people (-0.532) denotes

moderately negative skewness. Whereas the skewness coefficient computed for the curve of knowledge score of older people (0.727) denotes moderately positive skewness. So the figure also showed that knowledge score is higher in young people than in older people toward mental illness.

Findings related to attitude towards mental illness

Table 2: Distribution of attitude score of young and older people towards mental illness n=110 (n_{1y55}+n_{2o55})

Level of attitude	Young people		Older People	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Strongly Negative (40)	01	1.82	02	3.64
Partially negative attitude (41-80)	02	3.64	34	61.82
A neutral attitude (81-120)	06	10.91	13	23.64
Partially positive attitude (121-160)	43	78.18	05	9.09
Strongly positive attitude (161-200)	03	5.45	01	1.82

Maximum possible score - 200

Minimum possible score-40

The data presented in Table 6 indicated that the majority of the young people (78.18%) had a partially positive attitude

but the majority of older people (61.81%) had a partially negative attitude towards mental illness.

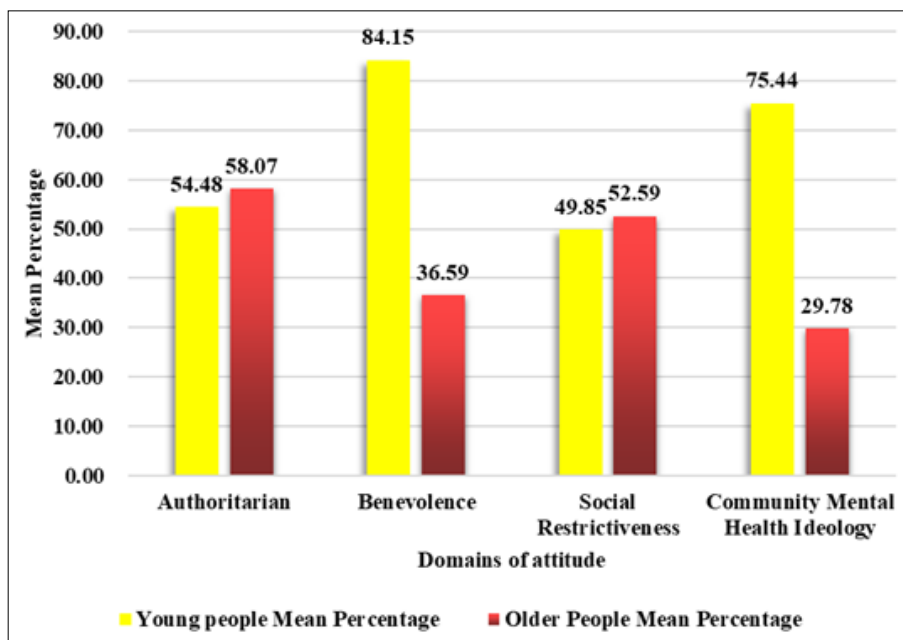


Fig 2: Bar diagram is showed domain wise attitude score of mean value among young and older people n=110 (n_{1y55}+n_{2o55})

The Bar diagram in Figure 2 explains that authoritarianism (58.07%) and social restrictiveness (52.59%) are higher in older people which shows a negative attitude towards mental illness compared to young people. Data also depicts that benevolence (84.15%) and community mental health ideology (75.44%) are higher among young people which denotes a positive attitude towards mental illness.

Findings related to comparison of the attitude of young and older people toward mental illness

H₀₂: There is no significant relationship between the mean attitude score of young and older people towards mental illness at 0.05 level of significance.

H₂: There is a significant relationship between the mean attitude score of young and older people towards mental illness at 0.05 level of significance.

Table 3: Mean, Mean difference (MD), median, Standard deviation (SD), Standard Error (SE) and ‘t’ value of attitude score of young and older people towards mental illness n=110 (n_{1y55}+n_{2o55})

Age group	Mean	MD	Median	SD	SE	‘t’ value	p-value
Young people	131.709	21.682	131	20.724	3.967	10.96*	0.00001
Older people	88.345		88	20.887			

‘t’=1.98 at df (108), p<0.001

Data presented in table 3 showed that the mean attitude score of young people (131.709±20.724) was higher than the mean attitude score of older people (88.345±20.887) with a mean difference of 43.36

The computed ‘t’ value in the given data was statistically significant at a 0.001 level of significance. This can be interpreted that the obtained difference in attitude was a true difference and not by chance. Therefore null hypothesis (H₀₂) was rejected and the alternative hypothesis (H₂) hypothesis was accepted.

Findings related to the correlation between knowledge and attitude towards mental illness among young and older people

Table 4: Correlation coefficient between knowledge and attitude towards mental illness n=110 (n_{1y55}+n_{2o55})

Variables	Mean	r value	p value
Knowledge	14.10	0.74*	0.00001
Attitude	110.027		

r=0.1946 at df (108), p<0.05

The data presented in Table 4 represented that the mean knowledge score was 14.109 and the mean attitude score was 110.027. It also showed that the calculated r-value

(0.74) explained a strongly positive relationship between knowledge and attitude towards mental illness.

Findings related to the comparison of knowledge between young and older people towards mental illness

The mean knowledge score of young people (17.32 ± 3.83) is higher than the mean knowledge score of older people (10.8 ± 3.30) with a mean difference of 6.346.

Findings related to the comparison of attitudes between young and older people towards mental illness

The mean attitude score of young people (131.709 ± 20.724) is higher than the mean attitude score of older people (88.345 ± 20.887) with a mean difference of 43.36.

Findings related to the correlation between knowledge and attitude towards mental illness among young and older people

The mean knowledge score is 14.109 and the mean attitude score is 110.027.

It also shows that the calculated r-value (0.74) explains a strongly positive relationship between knowledge and attitude towards mental illness.

Findings related to the association of knowledge with selected demographic variables.

There is a significant association between knowledge with sex, education, socioeconomic status, presence of the mentally ill family member, and sources of getting knowledge, at a 0.05 level of significance.

There is no significant association between knowledge with age and occupation of respondents.

There is a significant association between attitude and education, socioeconomic status, presence of the mentally ill family member, and sources of getting knowledge, at a 0.05 level of significance.

There is no significant association between knowledge with age, sex, and occupation of subjects.

Discussion related to other studies

Above study findings are supported by the following studies:

Discussion related to knowledge regarding mental illness

The present study was supported by a cross-sectional survey by Abolfotouh MA, Almutairi AF, Almutairi Z, Salam M, Alhashem A, Adlan AA, et al. (2016) revealed that most (87.5%) of the Saudi public reported a lack of knowledge about the nature of the mental illness^[7].

In the present study, both the young and older people had the lowest knowledge score in the concept area of knowledge regarding mental illness.

The present study was supported by a study carried out by Abi Doumit C, Haddad C, Sacre H, Salameh P, Akel M, Obeid S, et al. from 2017 to 2018, to assess the knowledge, attitude and behaviours toward public stigma of mental health diseases, among the Lebanese population. The study revealed that 70 years old or above was associated with lower knowledge of mental illness that was depicted by a lower MAKS score^[8].

Another epidemiological survey conducted by Farrer L, Leach L, Griffiths KM, Christensen H, Jorm AF. (2008) regarding Age differences in mental health literacy, in the

Australian adults revealed that though older adults possess poorer knowledge than the younger age group at correctly recognizing mental disorders^[9].

Another study was conducted by Fisher, L. J., and Goldney, R. D. (2003). revealed recognition of mental health issues, as well as mental health literacy, was poorer among older people compared to younger people^[10].

The study was also supported by a cross-sectional study conducted by Tahlia L. Bragg, MA, Daniel L. Segal, PhD, Frederick L. Coolidge, PhD. on Mental Health Literacy and Attitudes about Mental Disorders among Younger and Older Adults, in 2018 also depicted older adults possess poor knowledge regarding mental illness^[11].

In the present study, the present study showed that the maximum (45.45%) of young people (mean knowledge score 17.32) had good knowledge whereas, the majority (60%) of older people (mean knowledge score 10.8) had poor knowledge regarding mental illness. Mental health literacy can be accelerated by introducing various educational programs such as mental health first aid courses that will enrich their knowledge; hence changing attitudes and reducing the stigma toward mental illness.

Discussions related to attitude towards mental illness

The present study was supported by a descriptive cross-sectional survey carried out by Jha P, Mandal PK conducted a study in 2021, about knowledge and attitude regarding mental illness among people of a selected community of Biratnagar. The study results concluded that respondents had a negative attitude toward mental illness^[12].

The present study was also supported by a cross-sectional survey by Abolfotouh MA, Almutairi AF, Almutairi Z, Salam M, Alhashem A, Adlan AA, et al. (2016) which depicted that majority (66.5%) of participants had negative attitudes to mental illness^[7].

In the present study majority (61.81%) of older people had a partially negative attitude, followed by a strongly negative attitude (3.64%) towards mental illness. The level of negative attitude inclined on strengthening public awareness regarding mental illness.

The present study was supported by a cross-sectional survey conducted by Vijayalakshmi P, Ramachandra, Redemma K, and Math SB in 2012 carried out in Karnataka India which revealed that the community held a more authoritarian attitude (32.3 ± 3.18) and social restrictiveness views (31.9 ± 3.25) and they were benevolent (29.1 ± 3.51) and tolerant attitude towards community mental health ideology (31.8 ± 2.69)^[13].

Another study conducted by Sinha S, Manna M, and Roy J, carried out in Narayanpur, Sarisha, West Bengal in 2020 revealed community people held more benevolent views (36.39) and tolerant attitudes towards community mental health ideology (34.66)^[14].

In the present study authoritarianism (35) and social restrictiveness (29.5) was higher in older people which showed a negative attitude towards mental illness compared to young people. It also depicted that benevolent (45.83) and tolerant community mental health ideologist attitude (36.5) is higher among young people which denoted a positive attitude towards mental illness. It can be concluded that there is still some negative attitude present in the community which is acting as a hindrance to health-seeking behaviour regarding mental issues in the general population.

Discussion related to the correlation between knowledge and attitude towards mental illness

The present study was supported by a study conducted in 2020 by Sinha S, Manna M, and Roy J. carried out in Narayanpur, Sarisha, West Bengal, among adults in a rural community, which showed a positive relationship ($r=0.572$) between knowledge and attitude towards mental illness.

Another study comparative study done by Momi N, Saikia KM. conducted in 2017 revealed a significant positive correlation between the knowledge and attitude scores regarding mental illness. ($p < 0.01$)^[15].

Another cross-sectional study conducted by Singh B (2013) depicted a relationship between knowledge and attitude towards mental illness in urban (0.51) and rural areas (0.21)^[16].

The present study also showed that ($r=0.74$) a strongly positive relationship between knowledge and attitude towards mental illness.

Discussion related to the association of knowledge with the selected demographic variables

The present study was supported by a cross-sectional study conducted in 2020 by Sinha S, Manna M, and Roy J. carried out in Narayanpur, Sarisha, West Bengal, among adults of a rural community, showed that there association between knowledge with education, religion and family history of mental illness^[14].

The present study was supported by a cross-sectional study conducted by Tesfaye Y, Agenagnew L, Anand S, Tucho GT, Birhanu Z, Ahmed G, et al. in 2020, regarding knowledge of the community regarding mental health problems which depicted that higher levels of education were associated with good knowledge scores of mental health problems^[17].

Another study was carried out by Abi Doumit C, Haddad C, Sacre H, Salameh P, Akel M, Obeid S, et al. from 2017 to 2018, to assess the knowledge, attitude and behaviours toward public stigma of mental health diseases, among the Lebanese population. It also reported a higher MAKS score among the subjects with higher education, Being familiar with close people with mental illness.⁸

The present study was supported by a comparative study done by Momi N, Saikia KM. conducted in 2017 revealed that the knowledge of the respondents was found to be associated with the steam of education, educational status of the parents, occupational status of the father, monthly income of the family and source of mental health information.¹⁵

Another cross-sectional study conducted by More VP, Jadhav B, Puranik R, Shinde VS, Pakhale S. (2012) conducted a study in Jalgaon Maharashtra, also revealed a strong association between knowledge with education and economic status.¹⁸

In the present study, it was also found that knowledge of mental illness was associated with sex, education, socioeconomic status, presence of mentally ill family members and sources of getting information. Awareness programmes can be organized to transmit health messages to the public in the country to fight the stigma toward mental illness.

Discussions related to the association of attitude with the selected demographic variables

The present study was supported by a cross-sectional study

conducted in 2020 by Sinha S, Manna M, and Roy J. carried out in Narayanpur, Sarisha, West Bengal, among adults of a rural community, showed that attitude towards mental illness was associated with education^[14].

Another study was carried out by Abi Doumit C, Haddad C, Sacre H, Salameh P, Akel M, Obeid S, et al. from 2017 to 2018, to assess the knowledge, attitude and behaviours toward public stigma of mental health diseases, among the Lebanese population. It also reported a higher MAKS score among the subjects with higher education, which was associated with lower stigmatizing attitudes (higher CAMI scale)^[8].

Another study comparative study done by Momi N, Saikia KM. conducted in 2017 revealed that the attitude of the respondents was found to be associated with the stream of education, occupational status of the father, and monthly income of the family and source of mental health information^[15].

Another conducted by More VP, Jadhav PK, Puranik R, Shinde VS, and Pakhale S (2012) conducted a study in Jalgaon Maharashtra, revealed a strong association between attitude toward education and economic status.

The present study was supported by a cross-sectional survey by Abolfotouh MA, Almutairi AF, Almutairi Z, Salam M, Alhashem A, Adlan AA, et al. (2016) revealed that attitudes towards mental health help-seeking are associated monthly income^[18].

In the present study, it was also found that attitude towards mental illness was associated with education, socioeconomic status, and sources of getting information. The study findings suggest the need for proper public education programmes among people which would help dispel any myths and misconceptions regarding mental illness.

Conclusions

The present study concludes a strongly positive correlation between knowledge and attitude towards mental illness. Findings showed a higher knowledge score and a more tolerant attitude towards mental illness among young compared to older people. The lack in knowledge and attitude regarding mental illness predisposes poor health-seeking behaviour, and non-adherence to mental health services which causes increased morbidity and mortality associated with it. The findings have several implications for strengthening community based mental health facilities as well as nursing practice, education, administration and research.

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Conflict of Interest

Not available

Financial Support

Not available

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