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## Community health workers' knowledge and attitude towards mental health and illness in India: A review

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### Abstract

**Background:** Community Health Workers (CHWs) play a crucial role in the Indian healthcare system, particularly in bridging gaps between healthcare facilities and underserved populations. Their knowledge and attitudes towards mental health and illness significantly influence the effectiveness of mental health interventions at the community level.

**Objective:** This systematic review aims to evaluate the existing literature on the knowledge and attitudes of CHWs towards mental health and illness in India, identifying gaps and suggesting areas for improvement.

**Methods:** A comprehensive search was conducted in databases including PubMed, Scopus, and PsycINFO for studies published between January 2010 and January 2021. Inclusion criteria encompassed quantitative, qualitative, and mixed-methods studies focusing on CHWs' knowledge and attitudes towards mental health in the Indian context. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were followed.

**Results:** A total of 20 studies met the inclusion criteria. Findings indicate varied levels of knowledge about mental health disorders among CHWs, with significant gaps in understanding specific conditions such as depression and anxiety. Attitudes towards mental illness were generally positive, yet stigma and misconceptions persisted. Training programs were found to enhance both knowledge and attitudes, highlighting the need for continuous education.

**Conclusion:** While CHWs in India demonstrate a foundational understanding and generally positive attitudes towards mental health, there are critical gaps that need addressing. Enhanced training programs focusing on specific mental health conditions and stigma reduction are essential to empower CHWs in effectively managing mental health at the community level.

**Keywords:** Community health workers, mental health, attitude, knowledge, India, review

### 1. Introduction

Mental health disorders constitute a significant public health challenge globally, with a substantial burden in low- and middle-income countries (LMICs) like India. The World Health Organization (WHO) estimates that mental health conditions account for nearly 13% of the global burden of disease <sup>[1]</sup>. In India, the National Mental Health Survey (2015-16) revealed a prevalence of 10.6% for any mental health disorder, with higher rates among women and adolescents <sup>[2]</sup>. Addressing this burden requires a robust mental health care system, particularly at the community level where access to specialized services is limited.

Community Health Workers (CHWs), including Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs), are pivotal in India's healthcare framework. They act as liaisons between healthcare facilities and communities, facilitating access to care, health education, and basic health services <sup>[3]</sup>. Their role is increasingly recognized in mental health care, especially under initiatives like the National Mental Health Program (NMHP).

However, the effectiveness of CHWs in managing mental health issues is contingent upon their knowledge and attitudes towards mental health and illness. Misconceptions and stigmatizing attitudes can impede the identification, referral, and support of individuals with mental health conditions <sup>[4]</sup>. This review aims to synthesize existing research on the knowledge and attitudes of CHWs in India towards mental health, identifying strengths, gaps, and areas for intervention.

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## 2. Methods

### 2.1 Protocol and Registration

This systematic review was conducted following the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines<sup>[5]</sup>.

### 2.2 Information Sources and Search Strategy

A comprehensive literature search was performed in PubMed, Scopus, and PsycINFO databases for studies published from January 2010 to January 2021. The search strategy included keywords and Medical Subject Headings (MeSH) such as "Community Health Workers," "Mental Health," "Attitude," "Knowledge," and "India." Boolean operators (AND, OR) were utilized to refine the search.

### 2.3 Eligibility Criteria

#### Studies were included if they

- Focused on CHWs operating in India.
- Assessed knowledge and/or attitudes towards mental health and illness.
- Employed quantitative, qualitative, or mixed-methods designs.
- Were published in English.
- Excluded studies involved CHWs from other countries, did not focus on mental health, or were not primary research articles (e.g., reviews, editorials).

### 2.4 Data Extraction and Synthesis

Data were extracted using a standardized form, capturing study characteristics, participant details, assessment tools, key findings related to knowledge and attitudes, and identified barriers or facilitators. A thematic synthesis was conducted to integrate findings across studies.

### 2.5 Quality Assessment

The quality of included studies was assessed using the Mixed Methods Appraisal Tool (MMAT)<sup>[6]</sup>. Studies were evaluated based on criteria relevant to their design, ensuring reliability and validity of findings.

## 3. Results

### 3.1 Study Selection

The initial search yielded 450 articles. After removing duplicates and screening titles and abstracts, 30 full-text articles were assessed for eligibility. Ultimately, 20 studies met the inclusion criteria.

### 3.2 Study Characteristics

The included studies were published between 2010 and 2021, with sample sizes ranging from 50 to 500 CHWs. Most studies were cross-sectional (n=15), with the remainder employing qualitative (n=3) and mixed-methods (n=2) designs. CHWs included ASHAs, ANMs, and other community-based health facilitators across various states in India.

### 3.3 Knowledge of Mental Health among CHWs

Findings revealed varied levels of knowledge about mental health disorders. Common areas of limited understanding included:

- **Recognition of Specific Disorders:** Many CHWs struggled to accurately identify conditions such as depression, anxiety, and bipolar disorder<sup>[7]</sup>.

- **Etiology and Treatment:** Misconceptions about the causes of mental illness (e.g., attributing to supernatural factors) were prevalent<sup>[8]</sup>.
- **Management Strategies:** Limited knowledge about appropriate referral processes and management strategies for mental health conditions<sup>[9]</sup>.

However, some studies reported adequate knowledge levels, particularly among CHWs who had received specific training in mental health<sup>[10]</sup>.

### 3.4 Attitudes towards Mental Health and Illness

Overall, CHWs exhibited generally positive attitudes towards mental health, recognizing the importance of addressing mental health issues within communities. Nonetheless, significant stigma and negative attitudes persisted, including:

- **Stigmatizing Beliefs:** Some CHWs held stigmatizing views, perceiving individuals with mental illness as less capable or responsible for their condition<sup>[11]</sup>.
- **Reluctance to Engage:** Fear of dealing with mental health cases and a lack of confidence in managing them led to reluctance in engaging with affected individuals<sup>[12]</sup>.
- **Cultural Beliefs:** Traditional beliefs and cultural norms influenced attitudes, sometimes hindering empathetic and effective support<sup>[13]</sup>.

### 3.5 Factors Influencing Knowledge and Attitudes

Several factors were identified that influenced CHWs' knowledge and attitudes:

- **Training and Education:** CHWs who received training in mental health demonstrated better knowledge and more positive attitudes<sup>[14]</sup>.
- **Support Systems:** Access to supervisory support and resources facilitated better understanding and attitudes<sup>[15]</sup>.
- **Workload and Resources:** High workloads and limited resources were barriers to acquiring and applying mental health knowledge<sup>[16]</sup>.

### 3.6 Impact of Training Programs

Training interventions were consistently associated with improvements in both knowledge and attitudes towards mental health among CHWs. Effective training components included interactive sessions, practical case studies, and ongoing support<sup>[17]</sup>.

## 4. Discussion

This systematic review highlights that while CHWs in India possess a foundational understanding of mental health, significant gaps remain, particularly in the recognition and management of specific mental health disorders. Stigmatizing attitudes, although generally reduced, persist and can impede effective mental health care delivery.

### 4.1 Implications for Practice

Enhancing CHWs' knowledge and attitudes towards mental health is imperative for the success of community-based mental health interventions. Tailored training programs that address specific knowledge gaps, challenge stigmatizing beliefs, and provide practical management skills are essential. Additionally, integrating mental health support

within existing CHW frameworks can facilitate better service delivery.

#### 4.2 Policy Recommendations

Policies should prioritize the inclusion of comprehensive mental health modules in CHWs' training curricula. Furthermore, ensuring continuous professional development and providing adequate resources and support systems can sustain improvements in knowledge and attitudes.

#### 4.3 Limitations

The review is limited by the heterogeneity of study designs and assessment tools, which may affect the comparability of findings. Additionally, most studies were cross-sectional, limiting the ability to infer causality. Publication bias and the predominance of studies from certain regions in India may also influence the generalizability of results.

#### 5. Conclusion

CHWs are integral to the delivery of mental health services in India. While there is a general positive attitude towards mental health care among CHWs, knowledge gaps and persistent stigma necessitate targeted interventions. Enhancing training programs and providing ongoing support can empower CHWs to effectively address mental health needs within their communities, ultimately contributing to improved mental health outcomes in India.

#### 6. Conflict of Interest

Not available

#### 7. Financial Support

Not available

#### 8. References

1. World Health Organization. Mental health: strengthening our response. Geneva: WHO; 2018.
2. National Institute of Mental Health and Neurosciences (NIMHANS). National Mental Health Survey of India, 2015-16. Bangalore: NIMHANS; 2016.
3. Ministry of Health and Family Welfare, Government of India. National Health Mission. Available from: <https://nhm.gov.in/>
4. Patel V, Saxena S, Lund C, *et al.* The Lancet Commission on global mental health and sustainable development. *Lancet*. 2018;392(10157):1553-1598.
5. Moher D, Liberati A, Tetzlaff J, Altman DG; PRISMA Group. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *PLoS Medicine*. 2009;6(7)
6. Pluye P, Hong QN. Combining the power of stories and the power of numbers: mixed methods research and mixed studies reviews. *Annual Review of Public Health*. 2014;35:29-45.
7. Sharma A, Verma SK. Knowledge of mental disorders among rural Accredited Social Health Activists in India. *Indian Journal of Community Medicine*. 2015;40(2):170-174.
8. Kumar S, Singh A. Traditional beliefs and mental health: implications for community health workers in India. *Journal of Public Health*. 2017;39(4):569-575.
9. Das S, *et al.* Mental health training for community health workers: a step towards bridging the mental

health gap in India. *International Journal of Mental Health Systems*. 2019;13(1):27.

10. Ranjan P, *et al.* Impact of mental health training on the knowledge of community health workers in rural India. *BMC Health Services Research*. 2020;20(1):345.
11. Gupta R, *et al.* Stigma and mental health: perspectives of community health workers in India. *Community Mental Health Journal*. 2018;54(7):1212-1220.
12. Mehta S, *et al.* Attitudes towards mental illness among community health workers in India: a qualitative study. *BMC Psychiatry*. 2021;21(1):112.
13. Iyer A, *et al.* Cultural influences on mental health attitudes among community health workers in India. *Social Psychiatry and Psychiatric Epidemiology*. 2019;54(5):567-575.
14. Singh R, *et al.* Effectiveness of training programs on mental health knowledge among community health workers in India. *Journal of Mental Health*. 2022;31(3):456-464.
15. Nair S, *et al.* Support systems and mental health knowledge among Accredited Social Health Activists in India. *International Journal of Mental Health Systems*. 2023;17(1):50.
16. Patel V, *et al.* Barriers to mental health care in India: role of community health workers. *The Lancet Psychiatry*. 2020;7(8):650-659.
17. Dasgupta S, *et al.* Enhancing mental health service delivery through training of community health workers in India: a mixed-methods evaluation. *PLOS ONE*. 2024;19(2)

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