Research Article

A Study to Assess the Knowledge Regarding Mental Illness among Adolescent in Selected Areas of Pune City

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Abstract
A study titled "A Study to Assess The Knowledge of Mental Illness Among Adolescent in the Selected Areas of Pune City." was conducted for the partial fulfillment of the bachelor Degree of nursing, Bharati Vidyapeeth Deemend University, Pune during the year 2017-2018 .
The objective of the study was:
1) To assess the knowledge of mental illness among adolescent (15-19)
2) To associate the finding with the demographic variables.
A non experimental research design was adopted to conduct the study. A total of 200 samples, age between 15-19 years were selected by using purposive sampling technique. Study instrument was self structured tool used by the researcher, consist of two parts.
Part 1: Demographic Data
Part 2: Mental illness knowledge Assessment Tool.
The finding of the study revealed that 20.5 % of the adolescent have poor knowledge regarding mental illness. 10.5 % of the adolescent have good knowledge and 69 % of the adolescent have average knowledge regarding mental illness.
The studies concluded that the adolescent have average knowledge.

Introduction

A mental disorder or mental illness is a psychological or behavioral pattern generally associated with subjective distress or disability that occurs in an individual, and which is not a part of normal development or culture.

The term adolescence is derived from the word "adolescent." which means "to grow up" is a transitional stage of physical and mental human development characterized as beginning and ending with the teenage stage. Generally occurring between puberty and legal adulthood. Adolescence is a unique stage of development that occurs between the ages of 11-19 years. It's a time of rapid physical and emotional changes, which can be exciting, developing a caring attitude, seeking towards the harmonious relationship with significant others. All above depends upon the sound physical and mental health. The knowledge of normal and abnormal mental health makes a significant difference in their caring attitude towards the one with mental illness.[3]

Mental illnesses and severe emotional disturbance are biologically based disorder. Mental and emotional disorders disrupt a person's ability think feel and relate him to others.

Mental illness does not choose its victims. It can strike anyone, at any age, not withstanding barriers of culture and geography. The mate at which mental illness strikes is recognized as one in 5 worldwide, which proves that mental health issues are now quite common. Nearly450 million people worldwide are close to 154 million among them are betting depression yet. We have a long way to go to see improvement in the numbers that actually seek professional help. To get more people to assess mental health care theme is are urgent need for education and information about mental health problems half the battle is won if we improve the reach of mental health care by integrating mental health care into primary health care.[19]

Depression in elders accounts for a majority of suicide ideation, in patient's admissions room use and medical Co-morbidity fifty to sixty percent (50-60%) of individuals with severe mental disorders are also affected by substance abuse. This compares with ten percent (10%) in the general population, people with mental illness have a higher incidence of medical disorders, including obesity heart disease and diabetes. [5]

Some 30 million are suffering mild-forms of mental illnesses. Nearly 50 to90 % of victims suffering from serious mental health disorders go untreated in India.

It is estimated that 21 % of persons in al hospital beds, at any one time, are there because of mental illness.

The magnitude of mental health problems is huge, with limited financial and other resources, the paucity of skilled mental health professionals and more

Emphasis on treating communicable diseases rather than mental illness, puts lot of limitations on keeping mental health of the large population in India, Thus a cost-effective strategy is necessary for better mental healthcare and its delivery to the people. (M.S. Bhatia, h/o the psychiatric dep. G.T.B. Hosp.

Mental illness is the second leading .cause of disability after health disease suicide is the 3rd leading cause of death among teens, exceeded only by accidents and homicides untreated mental illness contribute to employee absenteeism and turnover lower productivity and lower work quality. Direct costs, including hospitalizations and medications alone to America for mental illness are estimated to b $ 70 billion annually. Indirect cost to America for mental illness, including lost wages, family cause giving and lost productivity due to suicide, are estimated to be are additional $80 billion are annually. [19]

According to statistics available for America, twenty percent (20%) of or about 40 million (40,000,000) adults experiences some type of mental disorder every year only in America. Five percent (5%) of adults, or about 10 million (10,000,000) American have a serious mental illness, such as Schizophrenia ,major depression or bipolar disorders, ten percent (10%) children and adolescents suffer from mental illness severe enough to cause some level of impairment. Young people between 15 and 19 years old are the age group most likely to experience a major depressive episode. [19]

Need of the Study

The impact of mental disorder in community is large and many fold. There is cost of providing care, loss of productivity and certain legal problems associated with some mental disorder. It is observed that one in four patient visiting a health services has at least one mental, neurological or behavioral disorder but most of these disorders are neither diagnosed nor treated.[19]

It needs to assess the knowledge in adolescent regarding mental illness and the care to be taken for the patient with mental illness is very important.

The National institute of Mental Health and Neuron-Sciences (NIMHANS) report shows that in India 70 million people suffer from mental

ailments and yet, 50-90 % of them are not able to access corrective services due to less awareness and negative attitude or stigma towards mental illness.[28]

The United States Department of Health and Human Services (USDHHS,1999) stated that more than 48 million people in the United States (1 in 5, or 20%) have a diagnosable mental disorder or illness, half of all citizens have a mental illness at some time in their lives and most of these people however never seek treatment.[14]

World Health Organization estimates that 10% of the world's population has some form of mental disability. The point prevalence of mental illness in the adolescents' population at any given time is also 10%.[29]

First step in that direction would be to build perception about existing state of knowledge about mental illness amongst the people. Second step would be to check if there is any relationship between overall education and knowledge.

This study is a little contribution from the researcher to face the huge problem facing the human being for a 'better tomorrow' of mentally ills and also of all the human-being.

Research Statement

"A study to assess the knowledge regarding mental illness among Adolescents in the selected areas of Pune city.

Objective Of The Study

1) To Assess the knowledge regarding mental illness among Adolescents in the selected area of Pune city.

2) To associate the finding with selected demographic variables.

Methodology

Descriptive research was used to assess the level of knowledge regarding mental illness among Adolescent in the selected areas of pune city. The target population who fulfills the inclusion criteria are selected for this study, a non- probability convenient Sampling Technique was used to select 200 samples. A 20 Self-Structured Questionnaires were formulated to assess the Level of Knowledge. Each corrected answer was given a score of one and wrong answer zero score. The score between poor 0–6, Average 7–12, Good 13–20 and 20 The tool was validated by 5 experts in department of psychiatric nursing faculty. Valuable suggestions were incorporated and tool was finalized. Permission was obtained from undergraduate research monitoring committee and institute ethical committee. The reliability of tool was established by conducting a pilot study. The data collection was conducted for one month in selected areas of Pune city. The investigator first introduced themselves to the Adolescent and developed a good rapport with them. The investigators explained the purpose of the study and then gained their confidence by obtaining a written consent from samples. The data collection was done by questionnaire method a separate questionnaire was used for each adolescent. Approximately 20 minutes were spent for each sample. Similarly the same data procedure was followed for the entire 200 samples.
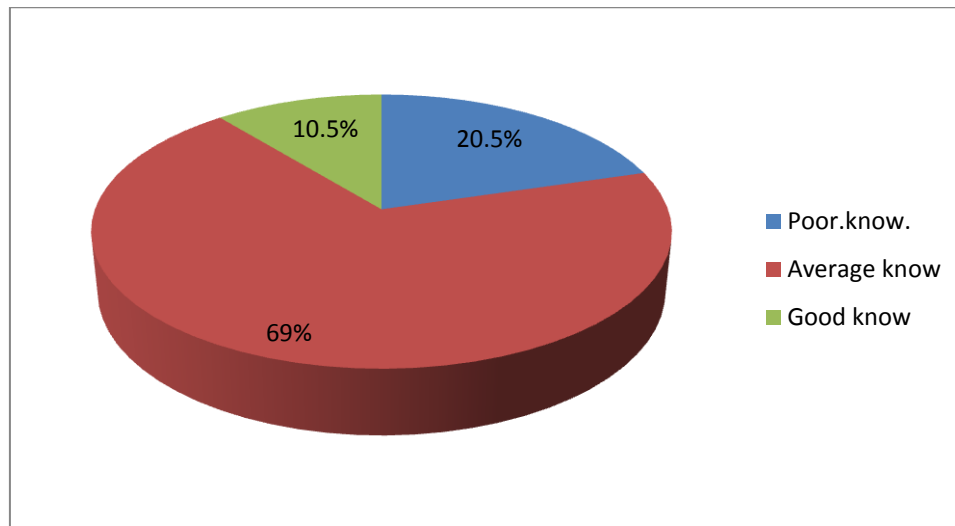
Major Study Findings

Table No 1 Showing Overall Knowledge Score

SR,NO	MARKS OBTAINED	NO. OF SAMPLES	PERCENTAGE
1.	Poor (0-6)	41	20.5%
2.	Average (7-12)	138	69%
3.	Good (13-20)	21	10.5%

N=200

Figure (3): Pie diagram showing overall knowledge score regarding knowledge level of adolescent.

Table No. 3 and figure no. 3 depicts the following

1. Showing that 69% adolescent have average knowledge regarding mental illness.
2. Showing that 20.5 % of the adolescent have poor knowledge regarding mental illness.
3. Showing that 10.5% of the adolescent have good knowledge regarding mental illness.

Table no: 2 Association between knowledge regarding mental illness and demographic variables.

Sr.No	Characteristics	Chi- square (x^2)	t -value	p- value	Level of significance
1	15Y-16Y			0.05	Signifinacant
	16Y-17Y		12.59		
	17Y-18Y	12.91			
	18Y-19Y	df= 6			
2	Male	8.674	5.99	0.05	Significant
	Female	df= 2			
3	8th	21.704	18.31	0.05	Significant
	9th	df= 10			
	10th				
	11th				
	12th				
	above12				
4	Nuclear family	2.62	9.49	0.05	Not significant
	Joint family	df= 4			
	Extended family				
5	<5000rs	7.835	12.59	0.05	Significant
	5001-7000rs	df= 6			
	7001-10,000rs				
	>10,000rs				
6	News paper	16.11	12.59	0.05	Significant
	TV. radio	df =6			
	Friends				
	Books				

Table no 2 shows that there is an association between the level of knowledge regarding mental illness among adolescent with the selected demographic variables such as age, gender, education status, family income and sources of information regarding mental illness are significant association and type of family are not associate between the level of attitude regarding mental illness among adolescent.

Implications

The present study can help nurses to enrich the awareness through outreach programme regarding mental illness to adolescent. Basic nursing education should give importance to the mental health, mental illness, early detection of mental illness and to remove the fallacy on mental illness. The findings of the study help the psychiatric nurses and students to develop the inquiry baseline. The general aspect of the study result can be made by further researcher to identify the level of fallacy regarding mental illness among adolescent.

Conclusion

After the detailed analysis this study leads to the following conclusion that the overall knowledge of the adolescent of 69 % of the adolescent have an average knowledge regarding mental illness and 10.5 % of the adolescent have a good knowledge regarding mental illness.

Thus the study findings clearly reveal that the knowledge of Adolescent regarding mental illness is average need to create the awareness and instill a positive approach regarding mental illness.

Ethical Clearance

Administrative approval from college ethical committee.

The whole process is described to the participants.

Informed written consents were taken from the participants.

Demographic data was collected.

Structured questionnaire was given to the participants and they were given 20 minutes to solve the questionnaire.

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