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Original Article

Study to Assess the Knowledge on Misconception Regarding Mental Illness among General Population

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Abstract
Misconception is a view or opinion that is incorrect because basis on faulty thinking and understanding about many of mental disorder that the prevalent today such as depression anxiety mood disorder bipolar. Therefore, this study was conducted with an objective to assess knowledge and misconception of mental illness. To find the association between the knowledge and misconception regarding their mental illness among adults with their selected demographic variable.
Method: *A descriptive study was undertaken on 180 samples in selected area Nerchowk by convenience sampling technique. Quantitative research approach was considered for the present study. The research design adopted for the study was non- experiment descriptive research design. Pilot study was carried out in the month of May 2019. On 8 adults to ensure the reliability of the tool and feasibility of the study. The study was conducted at Ratti, 20 structured knowledge questionnaires were used to assess knowledge and misconception of mental illness. Data was collected by structure knowledge questionnaire was found 0.8. The data was analysed by using descriptive and inferential statistics.*
Result: *the study results showed that majority of 64.4% urban people have adequate knowledge whereas 14.4% have moderate and 21.1% have poor knowledge regarding mental illness. The other demographic variable religion, marital status, education type of family, history of mental illness sources of information were statistically significant at 0.05 level.*
Keywords: *Knowledge, Mental, Misconception, Mental illness, General population, Urban area.*

Introduction

"People with disabilities are like butterflies with broken wings.
They are just as beautiful as all others, but they need help to spread their wings."

According to WHO Mental health is state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able make a contribution to his or her community.[1] Both physical and mental health are the result of a complex interplay between many individuals and environmental factor including: family history of illness and disease, lifestyle and health behaviour,

level of personal and work stresses, exposure of toxins exposure to trauma, personal life circumstances and history, excess to supports. When the demand placed on someone exceeds their sources and coping abilities, their mental health will be negatively affected.[2]Mental illness is medically recognised medically diagnosable illness that results in the significant impairment and individual's cognitive, affective or relational abilities. Mental disorder result from biological, developmental, psychosocial factor and can be managed using approaches comparable to those applied to physical diseases. In many ways, mental health is just like physical health: everybody has it and we need to take care of it. In worldwide around 450 million people currently suffer from such conditions, placing mental disorders.

Background of the Study

Misconception is a view or opinion that is incorrect because bases on faulty thinking and understanding The rates are higher in females by approximately 20-25 %. As far as causation of mental morbidity concerned, there are many factors similar to any other word community but delayed health seeking behaviour illiteracy, cultural and geographic distribution of people are special for India. Although the mental illness are always exist, they have always not recognised as healthy problem that are uniquely respond to set of investigation.[1] A study reported in WHO, conducted for the NCMH (National care of medical health) state that at least 6.5% of Indian population suffers from some of serious mental disorder, with no discrinable rural – urban differences. Through there are effective measures and treatment, there is an extreme shortage of mental health workers like psychologist, psychiatriatist, and doctor. As reported in 2014, it was as low as 1 in 1, 00,000 People. [4]According to WHO the prevalence of childhood behavioural disorder 3.4%, pervasive developmental disorders 4.2%, bipolar disorder 7.0%, schizophrenia 7.4%, alcohol–use disorder 9.6% drug use disorder 10.9%, anxiety disorders14.6%, depression 40.5% and other mental disorder 2.4%.At least 10% of world's population is affected by one of wide range of mental illness; as many as 700 million people had a mental disorders in 2010.[5]

Need of the study

Mental illness affect one on four people in the world by world health report. There is still no cure because of stigma. Thus mental health problem constitute one of the mental health problem in community. These were general belief that client with mental health problem were potentially dangerous.[6]There is a misconception that people with mental illness are violent. Which contributes to the significant of mental illness? The majority of people with mental illness are not violent, and the majority act are conducted by person who is not mentally illness.[7]Survey was conducted by NIMHANS revealed that at least 13.7% of India's population has been projected to be suffering from a variety of mental illness[8]. In Himachal Pradesh overall, 6.94% of the youth were found depressed at the time of survey in 2014-2015 and 16.54 % of youth get excessively anxious. Among that higher proportion of girls reported feeling excessively anxious (19.19%) compared to boys.[9]

Research Problem

A Descriptive Study to assess the knowledge on misconception regarding mental illness among general population in selected urban area Mandi, H.P.

Aim of the study

The aim of the study is to assess the knowledge on misconception regarding mental illness among general population in selected area.

Objectives

1. To assess the level of knowledge on misconception regarding mental illness among general population in selected urban area.

2. To find the association between level of knowledge on misconception regarding mental illness among general population with their selected demographic variables.

Assumptions

- General population may have some knowledge regarding misconception of mental illness.
- General population may have their own beliefs related to misconception of mental illness.

Delimitations

The study was limited to the adults who wereage above18 years.

Methodology

Research Approach

The quantitative research approach

Research Design

Non experimental descriptive research design was adopted for the study.

Research Setting

The present study was conducted in selected area Nerchowk District Mandi H.P. Nerchowk cover 1, 12,853populations.The target population for the study was all the general population living in selected area Nerchowk District Mandi H.P.

Sample and Sampling Technique: The sample size for the present study was 180, selected by using convenience sampling technique.

Inclusion Criteria: The study includes people

- General population above 18 years.
- Were available at the time of data collection.
- Were willing to participate in the study.
- Residing in urban area Nerchowk.

Exclusion Criteria: The study excludes

- Those who are not able to read and write Hindi/English.
- Those who are already participate in the same type of study.

Development and Description of Tool

The tool was prepared in English and translated in Hindi. The tool consists of two sections.

Section A: Demographic variables which comprised of Age, Gender, Religion, Education, Occupation, Marital status, Type of family, Residence any history of mental illness, Source of information

Section B: Structured knowledge question consist of 20 items.

Scoring:

For correct answer score 1 was given followed by incorrect answer score 0 was given respectively.

Maximum: 20

Minimum: 0

Criteria Measures

Adequate knowledge **:**14 - 20

Moderate knowledge : 7 - 13

Poor knowledge : 0 - 6

Validity of tools: The constructed tool along with blue print and objective of the study were given to seven experts for content validity.

Reliability of tools: The value of r was calculated by using Karl Pearson's coefficient correlation formula and it was found to be 0.8 respectively, which indicated that the tool was highly reliable.

Pilot study: The pilot study was conducted in selected urban area Ratti. The study was carried out on 18 people who fulfill the inclusion criteria of the sample. It was carried in the similar way as the final study would be done. In order to test the feasibility and practicability it was conducted after obtaining permission from the Sarpanch. The results were analyzed based on the score obtained by the people and the study was found to be feasible.

Data collection Procedure:-The data collection procedure was carried out in the month of May 2019. Before the data collection the permission was obtained from the Sarpanch of the urban area Nerchowk, Distt Mandi, and Himachal Pradesh. Before administering the tool, the researcher introduces herself to the sample and explains the purpose of data collection, clarify the quires and took written consent from each individual subject. In order to obtain maximum co-operation, they were assured that confidentiality of the data would be maintained. Data was obtained from the 180

people in Nerchowk Distt. Mandi H.P by using structured knowledge question. It took approximately 20-25 minutes by each respondent to fill the tools. At the end researchers thank all the respondent for their cooperation and participation in the study

Analysis and Interpretation Of Data

Table - 1 : Frequency and Percentage Distribution of Demographic variables of general population

N =180

Variables	Description	Frequency(f)	Percentage (%)
Age([in year)	18 – 40 yrs	128	71
	41 – 60 yrs	39	22
	Above 60 yrs	1	7
Gender	Male	58	32
	Female	115	64
	Transgender	7	4
Religion	Hindu	149	83
	Muslim	8	4
	Sikh	14	8
	Christian	7	4
	Others	2	1
Occupation	Private job	35	19
	Govt job	55	31
	Unskilled	55	31
	Other	35	19
Socio economic status	5000 - 15000 /month	76	42
	16000-25000 /month	38	21
	26000 - 35000 /month	26	14
	Above 36000 / month	40	22
Marital Status	Unmarried	109	61
	Married	29	16
	Divorced	22	12
	Separate	20	11
Type of Family	Nuclear family	60	33
	Joint family	115	64
	Extended family	5	3
Education	Elementary	63	35
	Secondary	99	55
	Graduate	13	7
	Post graduate	5	3
History of any Mental Illness	Yes	33	18
	No	147	82
Source of Information	Family	68	38
	Relatives	26	14
	Internet	30	17
	Mass media	56	31

Table No – 2: Level of Scores

CRITERIA MEASURE OF KNOWLEDGE SCORE		
Level of Scores N= 180	Frequency	Percentage (%)
Adequate knowledge	116	64.4
moderate knowledge	26	14.4
poor knowledge	38	21.1

Level of knowledge

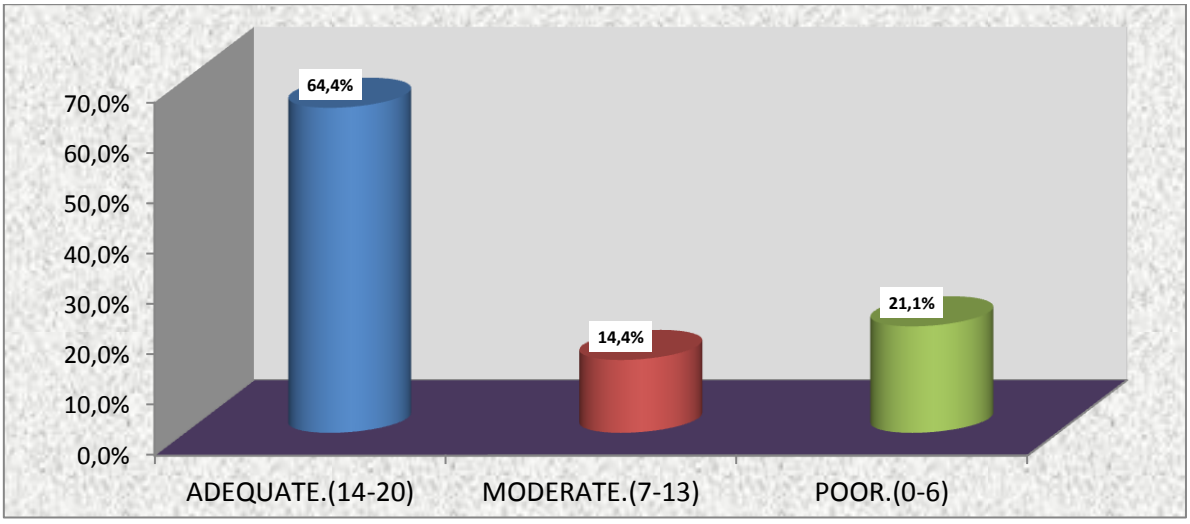

Fig. 2: Frequency and distribution of sample in term of level of knowledge related to mental illness

Table No – 3: Mean and standard deviation of knowledge score obtain by sample regarding their level of knowledge related to mental illness. N = 180

Descriptive Statistics	Mean	Median	S.D.	Maximum	Minimum	Range	Mean %
KNOWLEDGE Score	**13.35**	**15**	**4.57**	**20**	**4**	**16**	**66.75**

Table - 4: Association between knowledge on misconception regarding mental illness among general population with selected demographic variables. N = 180

Characteristics Value	n	Mean	± SD	df	Chi test	P value
Age (in year)						
18-40 year	128	13.8	4.46	4	3.464	0.483^{NS}
41-60 year	39	12.2	4.81			
Above 60 year	13	12.7	4.66			
Gender						
Male	58	13.8	4.38	4	8.740	0.068^{NS}
Female	115	13.4	4.56			
Transgender	7	8.4	3.93			
Religion						
Hindu	149	14.4	3.93	8	65.011	0.000*
Muslim	8	7.8	3.06			
Sikh	14	8.2	3.75			
Christian	7	5.9	0.38			
Other	2	0.00	0.00			
Occupation						
Private job	35	4.45	4.55	6	7.655	0.264^{NS}
Govt. job	55	4.56	4.56			
Unskilled	55	4.11	4.11			
Other	35	5.07	5.07			
Socioeconomic Status						
5000-15000/month	76	14.3	4.19	6	8.558	0.200^{NS}
Marital status						
Unmarried	109	14.4	3.92	6	25.523	0.000*
Type of family						
Nuclear family	60	12.7	4.83	4	7.484	0.112^{NS}
Joint family	115	13.8	4.31			
Extended family	5	10.0	6.02			

Education						
Elementary	63	14.7	3.80	6	21.510	0.001*
Secondary	99	13.3	4.63			
Graduate	13	9.0	4.06			
Post graduate	5	9.8	5.67			
History of mental illness						
Yes	33	10.5	4.66	5	17.449	0.000*
No	147	14.0	4.32			
Source of information						
Family	68	14.1	3.68	6	23.858	0.001*
Relatives	26	12.4	5.25			
Internet	30	10.5	5.20			
Mass media	56	14.4	4.26			

Discussion

The first objective was to identify the level of knowledge on misconception regarding mental illness among general population in selected area.

In this study analysis shows that majority of subjects 116 (64.4%) had adequate knowledge and 26 (14.4%) had moderate knowledge and 38 (21.1%) had poor knowledge.

The study was similar with finding of **Santhiya, et.al** conducted a descriptive study to assess the level of knowledge regarding mental illness among general public atvmolapakkam village, puducherry. Data was collected from 200 sample of general public of molapakkam village. The sample was selected by purposive sampling technique. The study result shows that out of 200 samples, 50 % had adequate knowledge, 35.5% had moderate knowledge and 14.5% had poor knowledge regarding mental illness.[29]

The second objective to find the association between level of knowledge on misconception regarding mental illness among general population with their selected demographic variables.

There is significant association between knowledge of general population toward mental illness with their demographic variables such as religion, marital status, history of mental illness and source of information.

This study supported by **Silwalmuna, et.al** conducted a descriptive study to assess the level of knowledge regarding mental illness among care giver of mentally ill patient in selected hospital, mongaliere. Data may be collected from 100 samples by using purposive sampling technique. The results showed that 65% of care giver had moderately adequate knowledge, 29% had inadequate knowledge and only 6 % had adequate level of knowledge on mental illness. There was a significant association between knowledge score and baseline variable of gender, religion, educational status, occupation, and monthly income, place of residence, and previous knowledge of caregiver on mental illness.[17]

References

1. R Nishanti. Revathi v. misconception regarding mental illness among general population. [internet] cited 2017 0ctober ; 9(10) 645-648 Available from: http://www.ijpcr.com.
2. Corrigan. Pw. Shapiro JR. Measuring the impact programs that challenge the public stigma of mental illness. Clinical psychology review. [internet]cited on 2010;30(8). Available from: http://www.ncbi.hlm.gov>pubmed.
3. Praveen, l subragoudar. Study to assess the knowledge regarding mental illness [internet] cited on 2019;(7):2347-8640.Available from: http://ijner online.com
4. Vikram Patel F .Med. Sci. Shekher Saxena. Transforming lives, enhancing communities -innovation in global mental

health [internet]cited on 2014 february6 (370):498-501. Available from: http://www.nefm.org>doi.
5. India today news. India is most depressive country in world [internet] cited on 2018 October. Available form: http://wwwindiatoday. India/education/current affairs.
6. World health report, life in the 21st century- a vision for all Geneva [internet] cited on 1998. Available from: http://www.who.int.
7. Gaebel W, baumann A Witte AM, Zaeske H, public attitude towards mental illness in German cities journal of European Archives Psychiatry Clinical Neuroscience, 2002:252(6): 22- 28. Available from: http://www.ncbi.nlm.nih.gov.
8. G. Gnanaguruvamal. Knowledge regarding mental illness among teachers in the selected schools [Internet] 2010 March: 24-28. Available from: http://ijneronline.com
9. Common Misconception of Mental Health Disorder – Pyramid Family Behavioral Healthcare [internet]. Available from http://www.pyramidhealthcarepa.com.
10. Falde. Nanthan. Misconception about mental health and mental illness[internet] 2018 July. Available from: http://psychcentral.com.
11. O gureje. Community study of knowledge regarding mental illness. British journal of psychiatry in Nigeria[internet] cited 2005 june144(3):436-41.Avilable from: http://www.ncbi.nlm.nih.gov.
12. Hannah Ritchie and Max Raser. Mental health. [internet]cited2018 April.Available form: http:// ourworldindata.org>mental health.
13. Sloat L. M, Frierson RL, Knowledge regarding mental illness verdicts , J Am Acad psychiatric law , 2005, 33(2): 208-13. Available from: http://www.ncbi.nlm.nih.gov
14. G.gururaj. mathw Varghese. National mental health survey 2015-2016 [internet] cited2016 October: 34-36.Available from: www.nimhans.ac.in.
15. Madianos M. Madianou D.vlachonikolis J. Stefanis CN. Attitude towards mental illness in the Athens area: implication for community mental health 2018 75 (2):14-19. Available from: http://www,ncbi.nlm.nih.gov.
16. Vijay P More. Pravunkumar B .Dhav, Ravindra Puranik, Vitthal S. Shinde, Sandeep Pakhale. Study to assess the knowledge regarding mental illness [internet] cited 2012 July volume 2. Available from: www.ijhsr.org.
17. Silwal Muna, V Jacob and S Imran. Study to assess the knowledge regarding mental illness. [internet] cited2014 November 7 (5):2266-2268. Available from: http://www.recentscientific.com
18. Kumari Ritu. Abraham Annamaa. Kumari Amita et.al. Study to assess the knowledge regarding mental illness. [internet] cited 2014 December volume6.Available from: http://www.iosrjournel.org. ISSN2320-1940
19. Neog Momi, Khanikar Mridula Saikia. Study to assess the knowledge regarding mental illness [internet] cited 2016 August 23 : 69-72.Available from;4pdf.
20. Nimesh Parikh, Mnakshi parikh, Ganpat Vanker, et.al.Study to assess the knowledge regarding mental illness [internet]cited 2016 July. Available from: www.indsp.org>article.
21. Kaur Preet Suman. Study to assess the knowledge regarding mental illness [internet] cited 2016 January. Available from: www.ajner.com
22. Basu Rivu, Sau Arkaprabha. Saha Soham, Mondal Souran, Kundu Sourav. Study to assess the knowledge regarding mental illness [internet] cited on 5 September 2017 (61):169-173.Available from http:www.ijph. in /text.asp.

23. Sushila Devil. S. Manure Renuka. Revi Kanchan et.al .Study to assess the knowledge regarding mental illness [internet] cited on 2018. Available from: http://dx.doi.org/10.18535/jmscr/v6 il.13.
24. Kaur Gurjeet. Kaur Rajwant. Study to assess the knowledge regarding mental illness [internet] cited on 2018 8(4):2349-1149. Avilable from :http://www.ajner.com
25. Praveen, lsubravgoudar study to assess the knowledge regarding mental illness [internet] cited on 2019 July 7 (1)2347-8640. Available from: http://ijneronline.com.
26. Gurung G study to assess the knowledge regarding mental illness [internet] cited on 2014 4(8): 40-43. Available from: www.jcmc.cmc.edu.np
27. SK Santosh Kumar. Study to assess the knowledge regarding mental illness [internet] cited 2015 January 1 (7): 0974-9357. Avialable from http://www.researchgate.net.
28. Whel Otto. Knowledge about mental illness [internet] cited 2012 July 63 (7): 649-654. Available from http://www.ncbi.nlm.nih.gov.
29. Santhiya.V. Prabavthy S. K. Renuka .Study to assess the knowledge regarding mental illness [internet] cited 2019 August(6). Available from: www.ijjrr.com ISSN 2349-9141
30. K Ganesh. Study to assess the knowledge regarding mental illness [internet] cited2011 October 2(1): 175-178.Available from: http://www.njcmindia.org
31. Kaur Sukhwinder, Thaper Kanika, Saini Prabjot, Kaur Harjot, Kaur Jasbir. Study to assess the misconception regarding mental illness [internet] cited 2017 July 2 (3):3-9. Available from: http://pdfs.semanticscholar,org.
32. R Nishanthi, V Revathi, Study on misconception regarding mental illness [interne] cited on 25 october 2017 9 (10):645-648.Available from: http://www.ijpcr.com
33. Kalavani Skirubavathi M. Tamilselvi K et.al. Study to assess the knowledge regarding mental illness [internet] cited 2017 August 3 (10): 107-110.Available form: http:// www.allresearchjournal.com. ISSN 2394- 7500.