



RESEARCH ARTICLE

**A DESCRIPTIVE STUDY TO ASSESS THE LEVEL OF KNOWLEDGE REGARDING
MENTAL ILLNESS AMONG CARE GIVERS OF MENTALLY ILL PATIENTS IN SELECTED HOSPITAL,
MANGALORE**

¹Muna Silwal*, ¹Imran S and ²Jacob V

¹Nursing Student

^{1,2}Yenepoya Nursing College, Deralakatte Mangalore, Mangalore

ARTICLE INFO

Article History:

Received 8th, November, 2014

Received in revised form 18th, November, 2014

Accepted 12th, December, 2014

Published online 28th, December, 2014

Key words:

Knowledge; Care givers; mental illness;
mentally ill patients.

ABSTRACT

Mental health is an integral and essential part of public health and mental illness is a critical public health challenge that is under-recognized as a public burden. A descriptive study was conducted to assess the level of knowledge regarding mental illness among care givers of mentally ill patients in Mangalore. The objective of the study was to assess the level of knowledge regarding mental illness among care givers of mentally ill patients. Using purposive sampling technique 100 samples were selected and a structured knowledge questionnaire was used to assess their level of knowledge on mental illness. The result showed that 65% of care givers 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 variables of gender, religion educational status, occupation, and monthly income, place of residence and previous knowledge of care givers on mental illness.

© Copy Right, IJRSR, 2014, Academic Journals. All rights reserved.

INTRODUCTION

Mental illness is the maladjustment in living. It produces a disharmony in the person's ability to meet human needs comfortably or effectively and function within a culture. A mentally ill person loses his ability to respond according to the expectations he has and the demands that society has for him. In general an individual may be considered to be mentally ill if the person's behavior is causing distress and suffering to self and others, and disturbance in his day to day activities, job and interpersonal relationships. There are different characteristics of mental illness including changes in one's thinking, memory, perception, feeling and judgment resulting in changes in talk and behavior which appear to be deviant from previous personality or from the norms of community.¹

Twenty five percent of people in the world will be affected by mental or neurological disorders at some point in their whole lives. Around 450 million people currently suffer from such mental health problems, placing mental disorders among the leading causes of ill-health and disability worldwide.² According to report of the National Institute of Mental Health and Neuro-Sciences (NIMHANS) report 2008, in India 70 million people suffer from mental disorders and yet, 50-90 percent of them are not able to utilize the services due to lack of public awareness and negative attitude or stigma towards mental illness.³ The report of District Health and Family Welfare Office of Dakshina Kannada showed that nearly 238 neurotic and 300 psychotic cases of mental disorder were recorded during the year 2007-2008. Among these cases only

59 neurotic and 77 psychotic cases had approached for the treatment.⁴

World Health Organization has acknowledged that, knowledge about the cause of mental illness varies according to cultures and has never been favorable worldwide, thus calling need for public education and greater openness about mental illness. As a result, improved knowledge about causes/risk factors of mental illness may lead to improved help seeking behavior and promote supportive attitudes to the mentally ill. Adequate public knowledge about mental illness is one way to deal with negative perceptions people have towards mentally ill people. Mental illness affects the people of all age group.²

A descriptive research study was conducted to assess knowledge and attitude of caregivers towards mental illness in Abuja. Two thousand and forty samples were selected using multistage clustered sampling technique. The findings of the study showed that majority of the participants (96.5%) perceived people with mental illness were dangerous, 82.7% expressed fear to converse with mentally ill persons, and only 16.9% were agreed regarding the marriage of mentally ill persons. So, the researcher concluded that there was widespread stigmatization regarding mental illness among the public.⁵ hence, the researcher decided to assess the level of knowledge on mental illness among care givers of mentally ill patient, so that we could further plan education programme for the public.

MATERIALS AND METHODS

Purposive sampling technique was used to select hundred care givers of mentally ill patients. Sample included care givers of

* Corresponding author: **Muna Silwal**
Nursing Student

patients admitted in psychiatric ward and attended psychiatric outpatient department along with patients in a selected hospital. The objectives of the study were to assess the level of knowledge among care givers of mentally ill patient and to determine the association between knowledge score and baseline variables of gender, religion, educational status, occupation, and monthly income, place of residence and previous knowledge of care givers on mental illness.

Development of the tool

To develop the research tool literature was reviewed extensively and opinion and suggestions were taken from the related subject experts. The tool used for the data collection had two sections.

Section 1: Base line proforma: It included age, gender, religion, educational status, occupation, monthly income, place of residence, types of family, previous knowledge on mental illness, number of mentally ill in family, duration of illness and relation of care givers with the patient.

Section 2: Structured Knowledge questionnaire to assess the knowledge on different areas related to mental illness.

The tool was validated by experts from Psychiatry Medicine and Psychiatric Nursing and was subjected to pre-testing by administering to ten subjects. Reliability of the tool was calculated using Split-half and Karl Pearson’s Correlation Coefficient formula and was found to be 0.914. Followed by this. Pilot study was conducted by administering the tool to ten subjects.

Ethical clearance and permission

The researcher had obtained ethical clearance from the Yenepoya University Ethical committee. Before distribution of the tool the research purpose was explained and obtained written consent from the participants.

Data collection process

The data was collected from 20th April 2014 to 27th April 2014. The researcher obtained written permission from medical superintendent of selected hospital for data collection from the care givers of mentally ill patients. To begin with the data collection, the researcher introduced herself to the participants and explained about the purpose and the process of study. After obtaining the consent the tool was distributed to the care givers. Average time taken to fill the questionnaire was 20-25 minute by each participant. Data was collected from twelve participants on an average per day, and then the collected data were compiled for analysis.

RESULTS

The result regarding age distribution of samples showed that, 20% belonged to the age group 18-27 years, 18% were in the age group 28-37 years, 28% were in the age group 38-47 years and 34% in age group 48 and above years. With regard to gender, majority (60%) was female and 40% were male. More than half samples (53%) belonged to Muslim religion, 23% belonged to Hindu religion and 24% belonged to Christian religion. With regard to educational status 29% had no formal education, 33% had primary education, 23% studied up to high school and 15 % had graduation level education. Among the participants 31% were private employee, 25% were government employees, 24% were

businessman, 18% were coolie workers, and 2% belonged to other categories. With regard to monthly income 24% had an income less than <5000, 35% had between 50001-10,000, 30% had 10,001-15,000 and 11% had more than 10,001. Fifty eight percent were from urban and 42% were from rural areas. With regard to types of family 37% were from nuclear, and 63% were from joint family. With regard to previous knowledge on mental illness, 58% had previous knowledge on mental illness and 42% had no previous knowledge. Regarding number of mentally ill in a family, 73% had only one person, 20% had two people and 7% participant had three or more person mentally ill in their family. With regard to duration of illness in years, 34% had < 1 years of duration, 24% had 1-3 years of duration and 42% had >3 years of duration of illness. Thirty seven percent of care givers were parent of the patients, 27% were sibling, 24% were children and 12% were others like friends, officials etc.

Findings related to the level of knowledge among care givers

Table 1 Distribution of care givers based on knowledge level N=100

S. No	Level of knowledge score	Frequency (f)	Percentage (%)
1	Inadequate (0-11)	29	29
2	Moderately adequate (12-23)	65	65
3	Adequate (24-34)	6	6

Table 1 shows that 29% of care givers had inadequate level of knowledge 65% had moderately adequate level of knowledge, and only 6% care givers had adequate level of knowledge.

Table 2 reveals the care giver’s knowledge level in different area related to mental illness. Area of general information on mental illness has the mean and SD score of 4.66 and ±2.14, area of causes and risk factors has the mean and SD score of 1.44±.83. With regard to clinical features 1.66 was the mean with SD score ±.95, and in diagnosis and treatment it has the mean and SD score of 3.90±1.55. In the area of care and management mean and SD score was 3.32±1.59.

The mean score of care givers knowledge regarding mental illness was 14.99 (44.09) with SD±4.95 and median was 14.50. High mean percentage of care givers knowledge was in the area of diagnosis and treatment of mental illness [3.90 (48.75%) with SD±1.55] where as minimum mean percentage obtained in care and management of mental illness [3.32 (4150%) and SD ±1.59].

Findings related to association between level of knowledge and base line variables

There was significant association between level of knowledge regarding mental illness and selected variables of gender ($\chi^2 = 6.000, p < 0.05$), religion ($\chi^2 = 9.499, p < 0.05$), educational status ($\chi^2 = 28.565, p < 0.05$), occupation ($\chi^2 = 16.881, p < 0.05$), monthly income ($\chi^2 = 30.144, p < 0.05$), place of residence ($\chi^2 = 19.869, p < 0.05$) and previous knowledge of respondents ($\chi^2 = 42.036, p < 0.05$) on mental illness. No significant association was found between level of knowledge regarding mental illness among care givers and base line variables of age, type of family, number of illness in family member, duration of mentally illness and

Table 2 Distributions of care giver's knowledge based on mean, median, mean %, and Standard deviation (area wise) N=100

SL.No.	Content area	Max. Possible score	Mean	Median	Mean%	SD
1	General information on mental Illness	11.0	4.66	5.00	42.36	2.14
2	Risk factors and causes of mental Illness	3.0	1.44	1.00	48.00	.83
3	Clinical features of mental illness	4.0	1.67	2.00	41.75	0.95
4	Diagnosis and treatment of mental Illness	8.0	3.90	4.00	48.75	1.55
5	Care and management of mental Illness	8.0	3.32	3.00	41.50	1.59
6	Overall knowledge of care givers	34.0	14.99	14.5	44.09	4.95

relationship of care givers with mentally ill patient at p>0.05 level.

CONCLUSION

Mental health is a vital and essential feature of health. Mental health related problem is a foremost health challenge that is under-recognized as a public problem. Major concern is stigma attached to mental health disorders. Very low level of awareness among people, delayed treatment seeking behavior, costly diagnostic test, lack of easily available treatment, traditional medicine and beliefs in different (supernatural) powers, late diagnosis and treatment are the other major problems encountered by Indian population for not seeking medical care. Care givers are very important persons who must take the responsibilities of giving the assistance materially, financially and physically. They must have good performance in terms of providing care for mentally ill patient. So, we should educate them to improve their knowledge, in turn will help them to provide effective care for their loved ones.

References

1. Desai NG, Tiwari SC, nimbi S, Shah B et al. urban mental health services in India: How complete or incomplete?. Indian Journal of Psychiatry.2004; 46(3):194-212.
2. Munson MR, Floersch JE, Townsend L. Are health beliefs related to adherence among adolescents with mood disorders? , Administration Policy Mental Health. 2010 Sep; 37(5):408-16.
3. Sreevani R. A guide to mental health and psychiatric nursing. 3rd.ed.New Delhi. Jaypee brothers' medical publishers (p) Ltd; 2010.
4. The District Health and Family Welfare Office, Dakshina Kannada District. Statistics of mental illness of the year 2007-2008.
5. World health report. Mental disorders affect one in four people. Geneva, 4 October.Available from; http://www.who.int/whr/2001/media_centre/press_release/en.
