



Knowledge And Attitude Towards Mental Illness Among Caregivers Of Mentally Ill Client Attending Out Patient Department (Opd) In Selected Psychiatry Hospital, Goa, With A View To Develop An Information Booklet.

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INTRODUCTION

Mental health is continuous ongoing process the way a person think about something has a great influence on his/her mental health. It is seen that when things go right individual look at the positive thoughts but when things go wrong it is easy for a person to develop a negative thoughts and ignore the positive aspects of life. Worrying about the problems in life is normal but feeling very sad, worthless or hopeless might be a signal of impending mental health problem. WHO defines mental health as “A state of well-being in which every individual realises his/her own potentials, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his/her own community”. Caregivers play a key role in caring for the mentally ill patient. Caregivers handle day-to-day needs of the patients, monitoring their mental state, identifying the early signs of illness, relapse and deterioration, and helping patients to access health care services. The caregiver also supervises treatment and provides emotional support to the patient. When meeting needs of the client caregivers may face the behavioural disturbances of the ill client and can also be a target of the patient's abusive or violent behaviour.

OBJECTIVES OF THE STUDY

1. To assess the level of knowledge regarding mental illness among caregivers of mentally ill client.
2. To assess the attitude towards mental illness among caregivers of mentally ill client.
3. To find the relationship between level of knowledge and attitude score among caregivers of mentally ill client.
4. To find the relationship between level of knowledge and selected sociodemographic variables.
5. To find the relationship between attitude score and selected sociodemographic variables.

MATERIALS AND METHOD

Based on the objectives of the study a descriptive survey approach was adopted .The study was conducted at Institute of Psychiatry and Human Behaviour, Bambolim, In this study samples chosen were caregivers accompanying mentally ill client to out patient department of institute of Psychiatry and Human Behaviour, Bambolim Goa and who fulfils the selected criteria of the study.

Inclusion criteria:

- a) Caregivers accompanying mentally ill client to out patient department
- b) Caregivers who are willing to participate in the study
- c) Both male and female caregivers
- d) Caregivers who can read and understand English and Konkani language

Exclusion criteria:

- a) Caregivers who are not willing to participate in the study.
- b) Caregivers who do not understand English and Konkani language

The sample size for the study comprised of 100 caregivers accompanying the mentally ill client to the out patient department of Institute of Psychiatry and Human Behaviour, Bambolim Goa fulfilling the set criteria.A non-probability convenience sampling technique was used to identify and select the samples.. Structured questionnaire was used to assess the knowledge and standardised tool used to assess attitude towards mental illness. The scale was

a modified version of the questionnaire, Opinion about Mental illness in the Chinese Community (OMICC). Tool was developed by Ng and Chan. Scale has 34 items broken up into six factors or subscales. Descriptive and inferential statistics were used

FINDINGS

Section I: Description of demographic variables

Sr. No.	Sociodemographic variables	Frequency	Percentage
1	Gender		
	a) Male	76	76%
	b) Female	24	24%
	c) Other	00	00%
2.	Relationship with the client		
	a) Father	31	31.00
	b) mother	7	07%
	c) Brother	28	28%
	d) Sister	16	16%
	e) Spouse	18	18%
	f) Other (specify)	00	00%
3.	Age in years		
	a) 18-40	44	44%
	b) 41-60	40	40%
	c) 61-80	16	16%
	d) >80 years	00	00%
4.	Religion		
	a) Hindu	68	68%
	b) Muslim	6	06%

c) Christian	26	26%
d) Others (specify)	00	00%

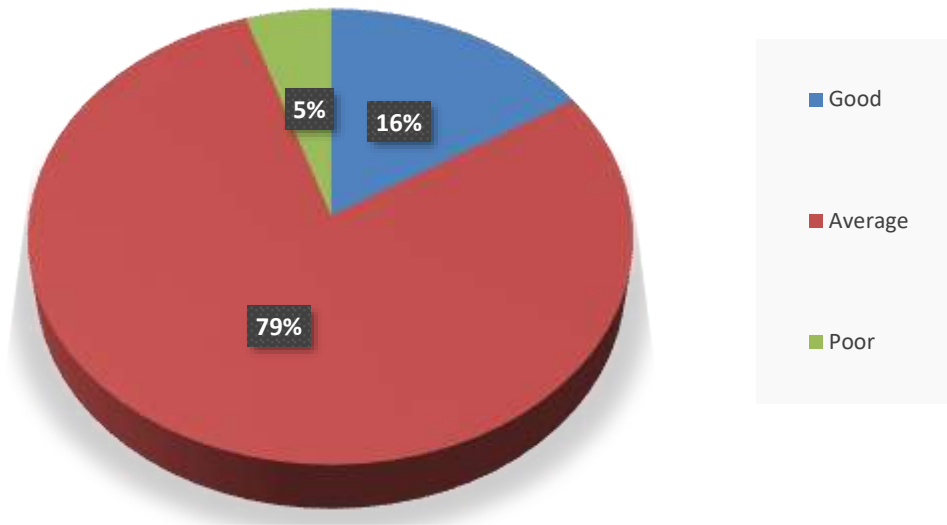
Sr. No.	Socio demographic variables	Frequency	Percentage	
5.	Education	a) Primary	14	14%
		b) Secondary	36	36%
		c) Higher Secondary	29	29%
		d) Graduate	21	21%
		e) Other (Specify)	00	00%
6.	Employment status	a) Employed	55	55%
		b) Unemployed	45	45%
7.	Marital status	a) Married	66	66%
		b) Unmarried	34	34%
		c) Divorced/Separated	00	00%
		d) Widow	00	00%

Section II- Description of level of knowledge among caregivers of mentally ill client

The level of knowledge about mental illness was assessed by administering the structured questionnaire. The scoring for knowledge was categorized as good knowledge (score 15-21), average knowledge (score 8-14), poor

knowledge (score 1-7). The description of frequency and percentage of the same has been illustrated below

Level of Knowledge



The data shows that 16(16%) of subjects had good knowledge, 79(79%) had average knowledge and 5(05%) had poor knowledge about mental illness. It can be interpreted from above result that there is dearth of information about mental illness among caregivers accompanying mentally ill client.

Section III: Attitude of caregivers towards mental illness

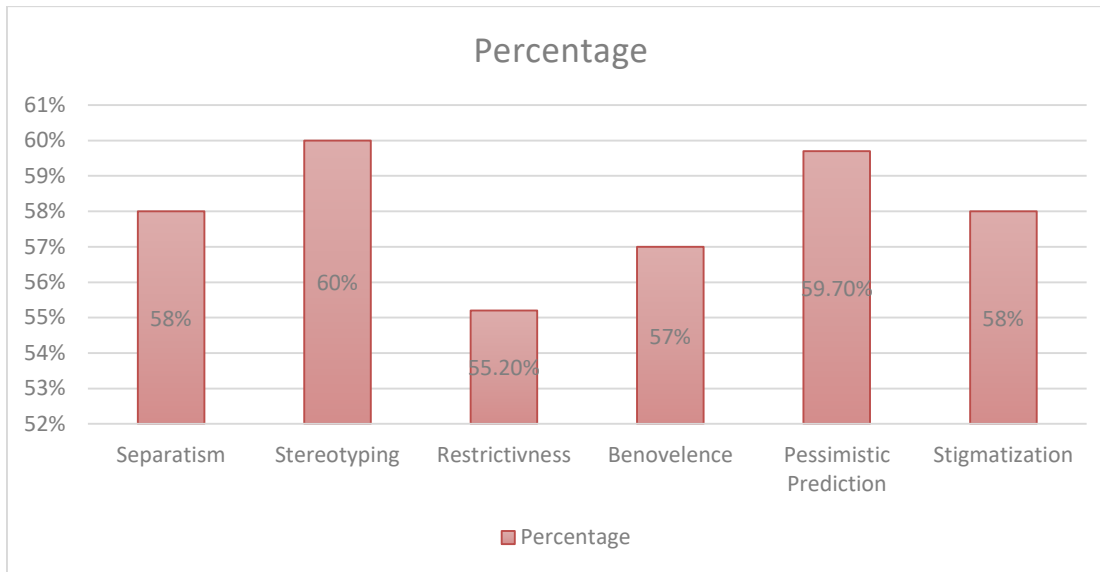
In order to assess attitude towards mental illness standardised scale Attitude towards Mental Illness (ASMI) was used. The scale consists of 34 statements assessing the attitude of caregivers in various domains such as separatism, stereotyping, restrictiveness, benevolence, pessimistic predictions and stigmatisation.

Table 3: *Frequency and percentage distribution of attitude towards mental illness*

Attitude	Frequency	Percentage
Positive attitude	11	11%
Negative attitude	89	89%

Indicates that majority 89 (89%) of the respondent had negative attitude towards mental illness while 11 (11%) had positive attitude towards mental illness.

Percentage distribution of attitude towards mental illness according to various domains



Respondents have significant negative attitude towards mental illness on all six domains in attitude scale: Separatism (58%), stereotyping (60%), restrictiveness (55.2%), benevolence (57.2%), pessimistic prediction (59.7%), and stigmatization (58%) all six domains were rated high on attitude scale.

Conclusion

Knowledge about mental illness is found to be average among subjects in the present study and majority of the subjects had negative attitude towards mental illness. present study revealed that majority of respondents had average knowledge about mental illness and attitude towards mental illness was found to be negative among 89% of the respondents which implies need for strong emphasis on public education to improve the mental health literacy among general public. Nurses and other health care provides plays a key role in improving public knowledge about mental illness. Nurses need to provide psychoeducation to caregivers of mentally ill client and by creating awareness about mental illness change in attitude can be brought. study implies that people doesn't give much attention to their mental health as there is dearth of information about knowledge on mental illness.

REFERENCES

1. Baba A Issa FWACP, D. B. (2008). Caregivers' Knowledge of Etiology of Mental Illness in a Tertiary Health Institutions in Nigeria. *Iranian Journal of Psychiatry and Behavioural Sciences*, 2(1), 43-49. Retrieved from http://ijpbs.mazums.ac.ir/browse.php?a_code=A-10-2-110&slc_lang=en&sid=1
2. Das, S., & Phookun, H. R. (2013, April). Knowledge, Attitude, Perception and Belief (K.A.P.B.) of patient's relative towards mental illness :Association with clinical and sociodemographic characteristics. *Delhi Psychiatry journal*, 16(1), 98-109.
3. Das, S., & Phookun, H. R. (2014, April). Knowledge, attitude, Perception and Belief (K.A.P.B.) of patients relatives towards mental illness : A cross sectional study. *Delhi Psychiatry Journal*, 17(1), 48-59.
4. Desai, A., Shinde, M., & Mohite, V. (2014, April). Knowledge of mental illness among caregiver of alcoholics. *International Journal of Sciences and Research*, 3(4), 550-556. Retrieved from www.ijhsr.net
5. Evans-Lacko, S., Little, K., Meltzer, H., & Rose, D. (2010, July). Development and Psychometric Properties of the mental health knowledge schedule. *The Canadian Journal of Psychiatry*, 55(7), 440-448. Retrieved from www.kcl.ac.uk/.../8DevelopmentandPsychometric.
6. Gleeson M, H. A. (2009). Touch in mental health nursing : an exploratory study of nurses views and perceptions. *Journal of psychiatric mental health nurse*, 382-389.
7. K, G. (2011). Knowledge and attitude of mental illness among general public of southern India. *National Journal of Community Medicine*, 2(1), 175-178. Retrieved from http://njcmindia.org/uploads/2-1_175-178.pdf
8. Lakhani, R., & Ekundayo, O. T. (2015, January 4). National sample survey organisation survey report : An estimation of prevalence of mental illness and its association with age in India. *Journal of Neurosciences in rural practice*, 6(1). Retrieved from <http://www.ruralneuropractice.com>:
9. Magaru, M. (2012, June). Knowledge, attitude and practices among caregivers of patients with schizophrenia in Port Moresby, Papua, New Guinea. *Pacific Journal of Medical Sciences*, 10(1), 12-27. Retrieved from www.pacj.medsci.com
10. More, V. P., Jadhav, P., & Pakhale, S. (2012, August). Study of knowledge and attitude concerning mental illness in adult. *International Journal of Health Sciences and Research*, 2(5), 1-12. Retrieved from www.ijhsr.org
11. MR., S. (2013). Knowledge and attitude about mental illness among nursing students. *J Psychiatrists' Association of Nepal*, 2(1), 35-38.

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