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A Study To Assess The Knowledge And Attitude About Mental Illness And Acceptance Of Mentally Ill Cured Person Among Family Members In Selected Areas At Indore, Madhya Pradesh

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Abstract

Background: Mental illness is often accompanied by stigma, misconceptions, and negative attitudes that hinder the reintegration of cured individuals into society. Families play a crucial role in the rehabilitation and acceptance of recovered persons.

Objective: To assess the knowledge and attitude about mental illness and the acceptance of mentally ill cured persons among family members residing in selected areas of Indore, Madhya Pradesh.

Methods: A descriptive cross-sectional study was conducted among **200 family members** selected using a purposive sampling technique. A structured questionnaire assessed knowledge (20 items), attitude (15 statements), and acceptance (10 items). Data were analyzed using descriptive statistics (mean, SD, frequency, percentage) and inferential statistics (Chi-square test, $p<0.05$).

Results: Out of 200 participants, 62% had adequate knowledge, 25% had moderate knowledge, while 13% demonstrated poor knowledge. A positive attitude was reported in 58% of participants, whereas 30% had a neutral and 12% had negative attitudes. Acceptance levels showed that 64% of family members were willing to reintegrate a cured person into their family life, but only 48% were comfortable with marriage alliances involving recovered patients. A significant association was found between knowledge levels and education ($p<0.05$), and between attitude and occupation ($p<0.05$).

Conclusion: Although most family members showed adequate knowledge and favorable attitudes, gaps in acceptance—especially concerning marriage and social integration—were observed. Targeted awareness programs and community-based mental health education are recommended to reduce stigma and enhance acceptance of cured persons.

Keywords: Mental illness, family members, knowledge, attitude, acceptance, Indore, India.

Introduction

Mental illness constitutes a major public health challenge worldwide, affecting individuals, families, and communities. According to the World Health Organization (WHO, 2021), nearly 14% of the global burden of disease is attributed to mental, neurological, and substance use disorders, with depression alone being a leading cause of disability. Despite advances in treatment, the stigma, discrimination, and misconceptions surrounding mental illness continue to be major barriers to recovery, social reintegration, and overall quality of life (Corrigan & Watson, 2002).

Families play a pivotal role in the rehabilitation process of mentally ill persons. Acceptance, understanding, and supportive care from family members often determine the extent to which a recovered individual is able to reintegrate into society. However, stigma is not limited to the community at large—family members themselves may hold misconceptions, fears, or negative attitudes that hinder rehabilitation efforts (Loganathan & Murthy, 2008).

In the Indian context, cultural beliefs, inadequate awareness, and traditional misconceptions about mental illness strongly influence public perceptions. Mental illness is often associated with supernatural causes, moral weakness, or lack of willpower. Such perceptions contribute to reluctance in seeking professional help, delayed treatment, and difficulties in social acceptance even after recovery (Gururaj et al., 2016). Family attitudes in particular can range from compassionate caregiving to social distancing and outright rejection, especially in sensitive areas such as marriage, employment opportunities, and participation in social gatherings (Poreddi et al., 2015).

Research has shown that improving knowledge and attitudes about mental illness is crucial for reducing stigma and enhancing acceptance of cured individuals. Family-based education, community awareness programs, and integration of mental health services at the primary healthcare level are effective approaches for promoting inclusivity (Kumar et al., 2021). Assessing the current level of knowledge, attitude, and acceptance among family members can provide valuable insights for designing targeted interventions that foster a more supportive environment for recovered individuals.

Given this background, the present study was undertaken to assess the knowledge and attitude about mental illness and the acceptance of cured mentally ill persons among family members in selected areas of Indore, Madhya Pradesh.

Need of the Study

Mental illness is one of the leading contributors to the global burden of disease and disability. According to the World Health Organization (2021), nearly 1 in 8 people worldwide live with a mental disorder. In India, the *National Mental Health Survey (2015–16)* reported that nearly **10.6% of the population suffers from a mental disorder**, and about 150 million people are in need of active mental health interventions. Despite the availability of treatment, a large treatment gap persists, primarily due to stigma, lack of awareness, and negative societal attitudes.

Family members are central to the recovery process of individuals with mental illness. They provide direct care, emotional support, financial assistance, and play a crucial role in determining whether the patient is socially reintegrated or marginalized. However, misconceptions, cultural beliefs, and prejudice often lead to partial or complete rejection of the recovered person within families and communities. This rejection is most evident in sensitive areas such as marriage, employment, and social participation, which directly affect the quality of life and rehabilitation outcomes of cured individuals.

Several studies conducted in India have shown that while family members may express sympathy and willingness to provide care, deep-rooted stigma often influences their acceptance of mentally ill persons (Loganathan & Murthy, 2008; Poreddi et al., 2015). Furthermore, negative attitudes and lack of knowledge not only affect patients' social reintegration but also discourage families from seeking timely psychiatric care. This highlights a crucial gap between clinical recovery and social acceptance.

Objectives

1. To assess the knowledge of family members regarding mental illness.
2. To assess the attitude of family members towards mental illness.
3. To determine the acceptance of cured mentally ill persons among family members.
4. To find associations between knowledge/attitude/acceptance and selected demographic variables.

Methodology

Research Design:
The present study adopted a **descriptive cross-sectional design** to assess the knowledge and attitude about mental illness and the acceptance of cured mentally ill persons among family members. This design was chosen as it allows the collection of data at a single point in time from a defined population.

Setting:
The study was conducted in **selected urban and rural areas of Indore, Madhya Pradesh**, representing a heterogeneous mix of socio-economic and cultural backgrounds. These areas were chosen to capture diverse perceptions and attitudes.

Population and Sample:
The target population comprised family members of individuals residing in the selected areas. The **sample size was 200 family members**, which was considered adequate for descriptive statistical analysis and Chi-square tests.

Sampling Technique:
A **purposive sampling technique** was employed to select participants who met the inclusion criteria. This approach was appropriate for ensuring that respondents had adequate exposure and relevance to the study objectives.

Inclusion Criteria:

- Family members aged **18 years and above**.
- Individuals residing in the selected urban and rural areas of Indore.
- Family members who were living with or had experience of caring for a mentally ill person (currently under treatment or recovered).
- Those who could **read or understand Hindi/English**.
- Willing to participate and provide **informed consent**.

Exclusion Criteria:

- Family members below 18 years of age.
- Individuals with a **diagnosed psychiatric illness themselves**.
- Non-cooperative respondents or those unwilling to provide consent.
- Family members temporarily visiting the household at the time of data collection (to avoid response bias).

Tools and Instruments:

Data were collected using a structured interview schedule consisting of three sections:

1. **Structured Knowledge Questionnaire (20 items):** Assessed general awareness, causes, symptoms, treatment, and rehabilitation of mental illness.
2. **Attitude Scale (15 items, 5-point Likert):** Measured respondents' perceptions and feelings towards mentally ill persons (ranging from strongly agree to strongly disagree).
3. **Acceptance Checklist (10 items):** Explored willingness to integrate cured mentally ill persons into family, social, and occupational settings (e.g., living together, marriage alliances, employment).

Data Collection Procedure:

- Formal administrative approval was obtained from local authorities.
- Participants were approached at their households and the purpose of the study was explained.
- Written **informed consent** was obtained from each respondent.
- Data collection was carried out through **face-to-face structured interviews** to ensure clarity and accuracy of responses.
- The average time taken per interview was **20–25 minutes**.

Data Analysis:

- **Descriptive statistics** (frequency, percentage, mean, and standard deviation) were used to summarize socio-demographic data, knowledge, attitude, and acceptance levels.
- **Inferential statistics:** The Chi-square (χ^2) test was applied to determine associations between selected demographic variables (age, gender, education, occupation, socio-economic status) and knowledge, attitude, and acceptance scores. A p-value of <0.05 was considered statistically significant.

Ethical Considerations:

- Ethical clearance was obtained from the Institutional Ethics Committee.
- Written informed consent was secured from all participants.
- Confidentiality and anonymity of responses were maintained.
- Participants were assured that their involvement was voluntary and that they could withdraw at any stage without any consequence.

Results

- **Demographics:** Majority were females (56%), aged 30–45 years (44%). Most were literate (78%) and belonged to middle socioeconomic status (62%).
- **Knowledge:** 62% adequate, 25% moderate, 13% poor.
- **Attitude:** 58% positive, 30% neutral, 12% negative.
- **Acceptance:**
  - 64% willing to reintegrate into family life
  - 70% willing to provide employment support
  - Only 48% supported marriage alliances
- **Association:** Education significantly associated with knowledge ($\chi^2=15.42$, $p<0.05$); Occupation associated with attitude ($\chi^2=12.88$, $p<0.05$).

Graphs: Knowledge, Attitude, and Acceptance Study

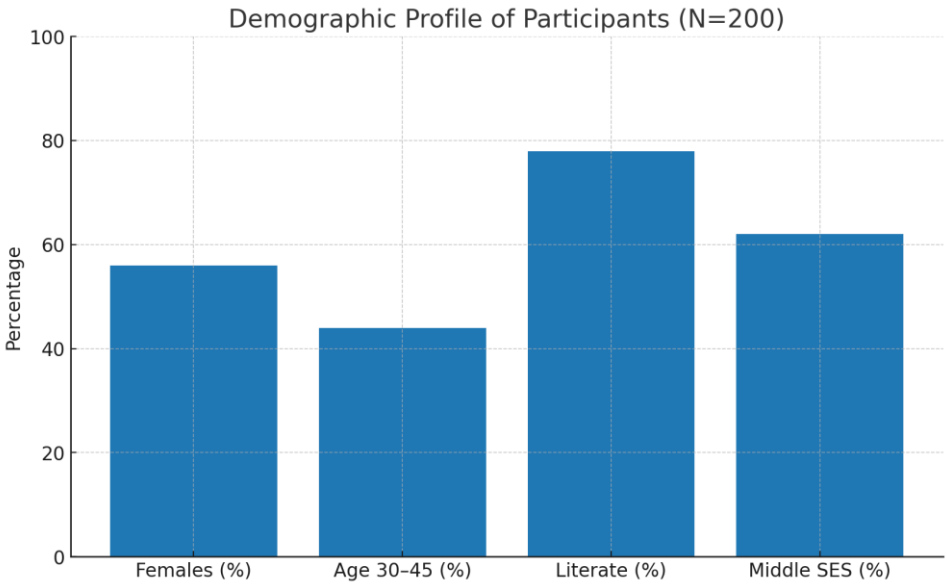

Figure 1: Demographic Profile of Participants

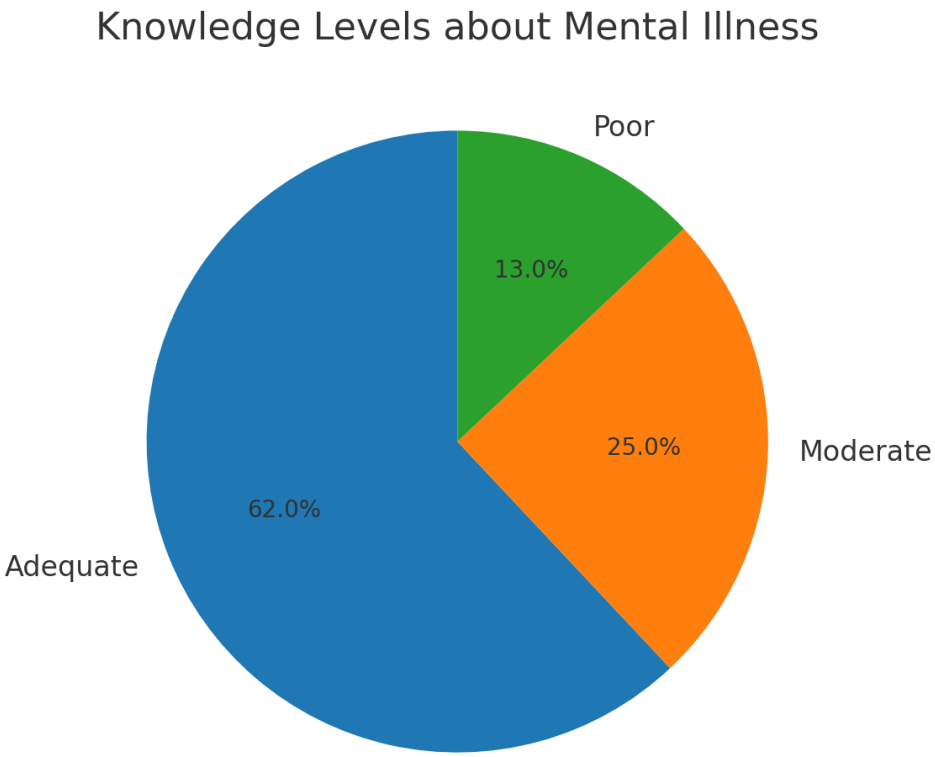

Figure 2: Knowledge Levels about Mental Illness

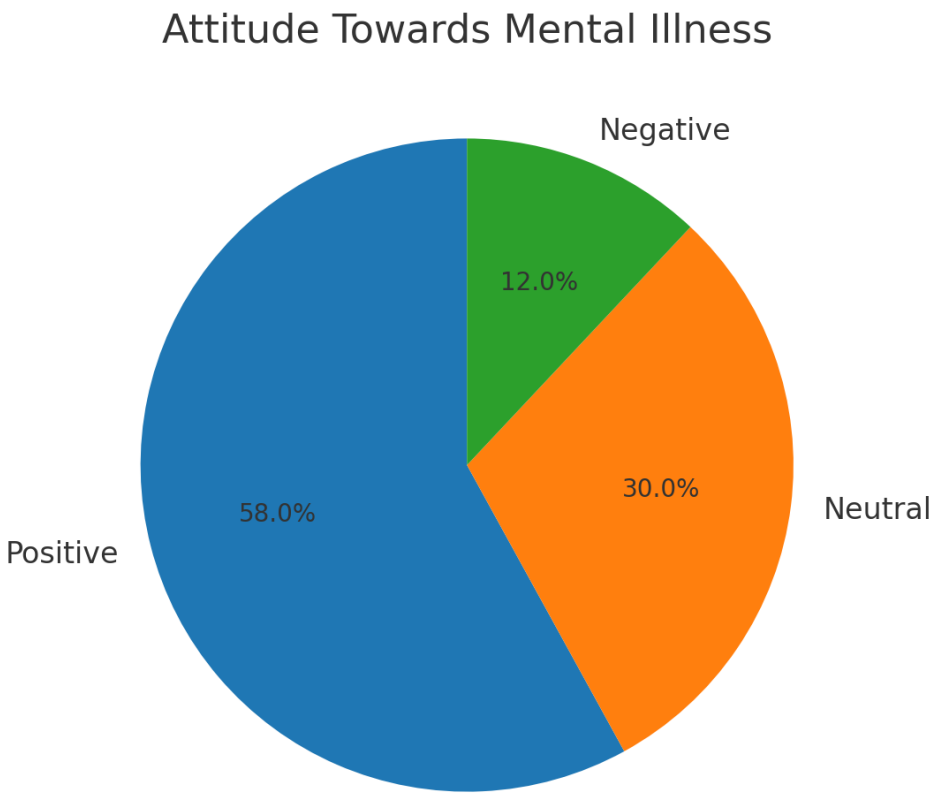

Figure 3: Attitude Towards Mental Illness

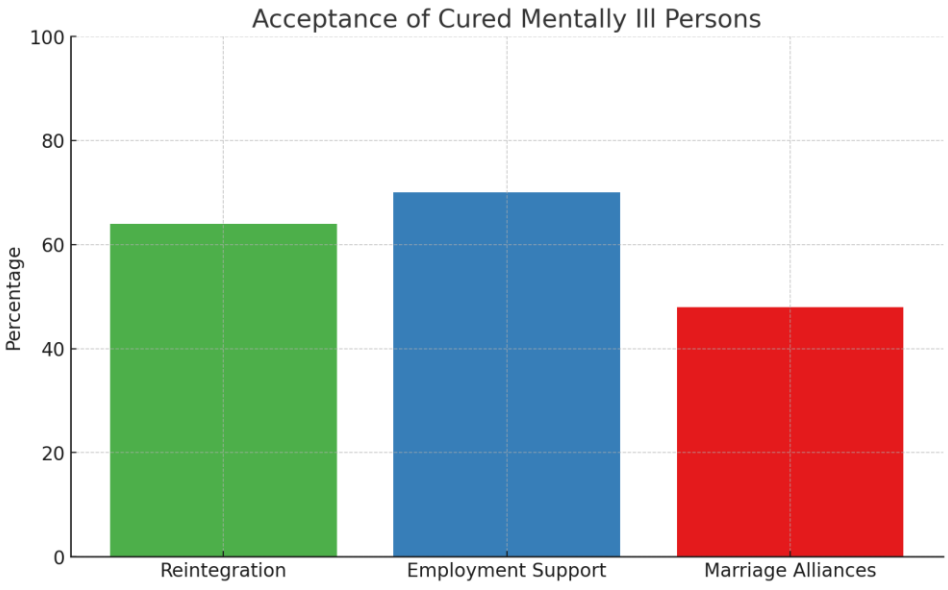

Figure 4: Acceptance of Cured Mentally Ill Persons

Discussion

Findings indicate that while general awareness and positive attitudes towards mental illness are improving, full social acceptance of recovered individuals remains limited. Marriage and social inclusion are particularly sensitive areas. This aligns with previous studies conducted in India and other LMICs, which highlight persistent stigma at the community and family level. Interventions through awareness campaigns, psychoeducation, and involvement of healthcare professionals can bridge this gap.

Conclusion

Family members in Indore demonstrated moderate-to-good knowledge and mostly positive attitudes towards mental illness. However, acceptance levels revealed hesitancy regarding marriage and social reintegration of cured persons. Strengthening mental health literacy programs and community counseling is vital for reducing stigma.

Recommendations

1. Organize regular community awareness sessions.
2. Integrate family psychoeducation in mental health programs.
3. Promote social acceptance campaigns through schools and workplaces.
4. Encourage media portrayal of recovered patients positively.

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