



IJRASET

International Journal For Research in
Applied Science and Engineering Technology



INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 10 **Issue:** XI **Month of publication:** November 2022

DOI: <https://doi.org/10.22214/ijraset.2022.47445>

www.ijraset.com

Call:  08813907089

E-mail ID: ijraset@gmail.com

A Descriptive Study to Assess the Knowledge About Misconceptions Regarding Mental Illness Among the People Attending Psychiatric OPD, RKMS, Hospital, Vrindavan, Mathura

Ms. Renu Bala Singh

Principal Ramakrishna Mission Sevashrama & Hospital, Vrindavan, U.P

Keywords: *Mental illness, Misconception, Mental Health, Knowledge*

I. INTRODUCTION

Only until more recently, mental illnesses and mental health disorders were taboo topics. People were uncomfortable talking about these subjects or their mental health struggles. As a result, rumors and misunderstandings about mental illnesses ran wild. The media played no helping hand with exaggerated stories and extreme cases being showcased regularly. Although there has been progress, there are still several popular misconceptions about mental disorders that many people still believed to be true and may even be falsely spreading.

The present study was undertaken to assess the knowledge about misconceptions regarding mental illness among the people attending the Psychiatric OPD, RKMS, hospital, Vrindavan, Mathura. The objective of the study was to assess the knowledge about misconception regarding mental illness. The data was collected from 50 subjects by convent sampling technique attending the psychiatric OPD with the help of misconception regarding mental illness interview method. Descriptive design was adopted for the present study. The data was analyzed and interpreted using descriptive statistics. The major finding of the present study revealed that more than half (60%) subjects had below average knowledge about misconception regarding mental illness, 33.3% had average knowledge and only 6% had good knowledge. The findings of the present study revealed that majority blow average knead about misconception regarding mental illness. Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities. Mental illness is common. WHO also estimates that about 7.5 per cent Indians suffer from some mental disorder and predicts that by end of this year roughly 20 per cent of India will suffer from mental illnesses.

According to the numbers, 56 million Indians suffer from depression and another 38 million Indians suffer from anxiety disorders. In 2019, common mental disorders around the globe include depression, which affects about 264 million, bipolar disorder, which affects about 45 million, dementia, which affects about 50 million, and schizophrenia and other psychoses, which affects about 20 million people. Neurodevelopmental disorders include intellectual disability and autism spectrum disorders which usually arise in infancy or childhood. Stigma and discrimination can add to the suffering and disability associated with mental disorders, leading to various social movements attempting to increase understanding and challenge social exclusion.

II. OBJECTIVES OF THE STUDY

- 1) To assess the knowledge about misconceptions regarding mental illness among people attending psychiatric OPD., Ramakrishna Mission Sevashrama & Hospital, Vrindavan
- 2) To find out the association of knowledge score with selected socio demographic variable.

III. MATERIAL AND METHOD

The study was conducted in the psychiatric OPD of Ramakrishna Mission Sevashrama & Hospital, Vrindavan in August, 2021. A descriptive research design was used and 50 subjects were selected by convenient sampling technique. Data was collected by using self-structured interview schedule which includes 18 items on misconceptions regarding mental illness. The reliability of tool was calculated by test retest and Karl Pearson coefficient method and it was 0.8.

A. Introduction

Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities. Mental illness is common. Many people have mental health concerns from time to time. But a mental health concern becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect your ability to function. Mental disorders were the second leading cause of disease burden in terms of years lived with disability (YLDs) and the sixth leading cause of disability-adjusted life-years (DALYs) in the world in 2017, posing a serious challenge to health systems, particularly in low-income and middle-income countries. Mental health is being recognized as one of the priority areas in health policies around the world and has also been included in the Sustainable Development Goals.

Mental illnesses are treatable health conditions very common in the world today. They can affect anyone, regardless of age, race, religion or income. About one in four adults experiences a diagnosable mental disorder in a given year. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan.

However, only half of those affected receive treatment, often because of the stigma attached to mental health. Untreated, mental illness can contribute to higher medical expenses, poorer performance at school and work, fewer employment opportunities and increased risk of suicide.

B. Statement Of The Problem

‘A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE ABOUT MISCONCEPTIONS REGARDING MENTAL ILLNESS AMONG THE PEOPLE ATTENDING PSYCHIATRIC OPD, RKMS, HOSPITAL, VRINDAVAN, MATHURA’.

C. Hypothesis

H1- There will be significant differences on knowledge about misconception regarding mental illness.

H2- There will be significant association between the knowledge and the demographic variables.

IV. RESULT

The socio demographic variable includes data related to age, gender, education, residence, types of family and previous knowledge regarding misconceptions. The most of subjects (40%) were belonged to age group 47-50 years. Half of subjects (50%) were higher secondary passed, followed by 26.6 were illiterate. More than half of subjects’ (63.3%) were females and 36.6% were males and 70% had rural habitat. As per type of family 63.3% subjects were from nuclear family and half of subjects (50%) were private job service. Majority of subjects (76.6%) had not any previous knowledge about misconceptions regarding mental illness.

Table: 1.1

Demographic variables	Frequency	Inadequate knowledge	Adequate knowledge	Chi-square	df	Table Value	Inference
AGE:				1.596	2	5.99	NS
30-35	16	10	06				
36-40	14	09	05				
41-45	20	16	04				
GENDER:				3.95	1	3.84	S
MALE	18	18	08				
FEMALE	32	24	07				
TYPE OF FAMILY :				8.67	1	3.84	S
NUCLEAR	15	07	08				
JOINT	35	28	07				
EDUCATION:				0.064	1	3.84	NS
LITERATE:	32	22	10				
ILLITERATE:	18	13	05				

PREVIOUS KNOWLEDGE :						
YES	10	06	04	1.341	1	3.84
NO	40	29	11			
TYPE OF RESIDENCE:						
RURAL	30	24	06	1.812	1	3.84
URBAN	20	11	09			

This table shows association between the levels of knowledge on misconception about mental illness among people with selected demographic Variables.

Significant at level of $p < 0.05$

The chi-square revealed that there was no significant association with age, education, previous knowledge and type of residence. The table shows there was significant association between gender and type of family.

Table: 1.2:----→ Frequency Percentage Distribution of Level of Knowledge About Misconception Of Mental Illness:---

S.No.	LEVEL OF KNOWLEDE	FREQUENCY	PERCENTAGE
	Inadequate knowledge	32	64%
	Moderate knowledge	06	12%
	Adequate knowledge	12	24%

This 1.2 table reveals the frequency and percentage of level of knowledge on Misconception regarding mental illness among people. Out of 50 people 32(64%) had inadequate knowledge, 06(12%) had moderate knowledge and 12(24%) had adequate knowledge regarding misconception about mental illness.

V. DISCUSSION

- 1) The first objective of the study was to assess the knowledge of the people attending the psychiatric OPD.
 - The level of knowledge on Misconception regarding mental illness among people. Out of 50 people 32(64%) had inadequate knowledge, 06(12%) had moderate knowledge and 12(24%) had adequate knowledge regarding misconception about mental illness.
- 2) The second objective of this study was to associate the selected demographic variables with knowledge among people in the psychiatric OPD.
 - The chi-square revealed that there was no significant association with age, education, previous knowledge and type of residence. The table shows there was significant association between gender and type of family.

VI. CONCLUSION

This study was conducted with the purpose to assess the level of knowledge about misconception of mental illness among individuals attending psychiatric OPD. Although the topic receives increasing attention and research, there are still many myths and misconceptions associated with mental health. Sadly, there is still a significant stigma attached to mental health conditions, with much of this relying on old-fashioned thinking and outdated assumptions. As with many things in life, the more information we are armed with, the less likely we are to allow myths to color our opinions. As 2020 continues unabated, the mental health of the world has taken a beating. Addressing untruths relating to our mental well-being is more pressing than ever.

Present study shows majority of people are having below average knowledge about mental illness and only 5% that is too less and indicate that society needs an community based awareness and health education.

Conflict of Interest: The author declares that there is no conflict of interest.

REFERENCES

- [1] World Health Organization. Promoting mental health: concepts, emerging evidence, practice (Summary Report) Geneva: 2004 Available on https://www.who.int/mental_health/evidence/en/promoting_mhh.pdf



- [2] Newman. T, Timothy J. Legg, 2020 April Available on <https://www.medicalnewstoday.com/articles/154543>
- [3] Mental Health Foundation. Good Mental Health For all; Nov 2015 Available on <https://www.mentalhealth.org.uk/a-to-z/s/stigma-anddiscrimination>
- [4] Pyramid family behavioral health care: common misconceptions of mental health disorders; 2019 March Available on <https://pyramidfbh.com/some-common-misconceptions-of-mental-health-disorders>.
- [5] The department of health, myths, misunderstanding and facts about mental illness; May 2007 <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-w-whatmentoc~mental-pubs-w-whatmen-myth>
- [6] National Mental Health Survey of India. Prevalence, pattern and outcomes: Ministry of Health and Family Welfare Government of India. National Institute of Mental Health and Neuro Sciences, Bengaluru, 2016 Available on <http://indianmhs.nimhans.ac.in/Docs/Report2.pdf>
- [7] Shankardass MK. Mental Health Issues in India: concerns and Response. Indian J Psy Nsg 2018;15:58-60
- [8] Srivastava RK, Bachani D. Burden of NCDs, Policies and programme for prevention and control of NCDs in India. Indian J Community Med 2011; 36(suppl 1): S7-12. [PMC free article] [PubMed] [Google Scholar]
- [9] Drake RE, Bond GR, Essock SM. Implementing evidence-based practices for people with schizophrenia. Schizophrenia Bulletin. 2009;35(4):704-13.
- [10] Singh B, Singh R, Singh KK. Knowledge and attitude towards mental health and mental illness: an issue among rural and urban community of Jhapa District of Nepal. Int J Health Sci Res. 2013;3(9):29-34



10.22214/IJRASET



45.98



IMPACT FACTOR:
7.129



IMPACT FACTOR:
7.429



INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Call : 08813907089  (24*7 Support on Whatsapp)