

AWARENESS ON MENTAL ILLNESS AMONG ADULTS OF A COMMUNITY IN ILAM

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ABSTRACT

Background: Mental illness is an increasing public health problem globally, especially in developing countries which affects overall quality of life. It is a neglected area of health which is highly stigmatized. The objective of the study was to find out awareness on mental illness among community people of Ilam District.

Method: A descriptive cross sectional study was conducted among 80 respondents of Ilam District using non - probability purposive sampling technique. Face to face interview technique was used to collect data by using self- developed structured questionnaire. Data management, analysis and interpretation as done using descriptive and inferential statistics in SPSS and represented in tabulated form.

Result: The findings of the study showed that (61.2 %) of the respondents had adequate level of awareness. Adequate level of awareness was present on meaning (71.2%), common type of mental illness in adults (77.50%), treatment (76.2%) and continue medicine and timely follow up are relapse prevention (96.2%). However inadequate awareness was present on brain injury as a biological risk factors (20.0%), Seeing/hearing things that no one else can see or hear (7.5%) and violent behavior (10%) as sign symptoms and impairment of family relation as complications (31.3. %)

Conclusion: The study revealed that more than 3/5of the respondents had adequate level of awareness on mental illness.

Keywords: Awareness, Community people, Mental Illness

Introduction

Mental illness is a worldwide increasing public health issue mostly due to demographic change. There has been a 13% rise in mental health conditions in the last decade mostly due to changing family structure, increased life expectancy. Mental health conditions cause 1 in 5 years lived years lived with disability. Around 20% of the world's children and adolescents have a mental health condition, with suicide the second leading cause of death among 15-29-year-olds.

Approximately one in five people in post-conflict settings have a mental health condition.¹ In Nepal, 30% of population is suffering from mental illness, 90% of the population who needs mental health services has no access to treatment with gap between treatment and the magnitude of the mental health problem over 85 %².

The stigmatization associated with mental health and pre-labelling of mental health seeker as “mad” has creating a great barrier in identifying and addressing mental health issues. Stigma often results from lack of understanding or fear which can lead to delay in treatment. At community level counselling and psychotherapeutic are not much available and trained mental health force is almost negligible.³ Mental health is among the least prioritized areas of development in Nepal. A majority of population is still deprived from basic health service related to mental health. Superstition and social constraints in mental health are still prevalent in many communities.⁴

The lack awareness on mental illness leads to unhealthy coping with mental health symptoms and people move to unhealthy coping mechanisms to reduce their emotional discomfort which can lead to addiction to drugs or alcohol. If one mental illness is untreated, individuals are at a greater risk for developing co-occurring disorders.⁵

Materials and Methods

The study was conducted from September 2021 to April 2022. A cross-sectional study was conducted in Sandakpur rural municipality, ward no 3 of Ilam district among 80 respondents. Non probability purposive sampling technique was used to select the sample. Interview schedule was used to collect data by using self- developed structured questionnaire. The questionnaire consisted of two parts.

Part I - Questions related to socio-demographic information.

Part II - Question related to awareness on mental illness.

The level of awareness obtained on the basis of median score.

Inadequate awareness on mental illness (Equal to and below median score).

Adequate awareness on mental illness (Above median score).

The English version of research tool was translated to Nepali language. Psychiatric terminologies are translated in Nepali language by consulting booklets published by Mental Hospital of Lagankhel.

Pretest was done to the 10% of total sample size i.e. 8 respondents of Sandakpur rural municipality, ward no 2, Chhange village.

Administrative approval was obtained from Manmohan Memorial Institute of Health Sciences and Sandakpur Rural Municipality. The purpose of the of study was explained and informed consent was obtained from each respondents before data collection. Data was collected and

checked thoroughly for its accuracy and completeness. Data was kept in order for editing and coding. The coded data was entered through Statistical Package for Social Science (SPSS 16 version) software program. Descriptive was used to analyze the data.

RESULTS

Socio-demographic status

Out of 80 respondents, more than half (61.25%) belonged to age group 20-40 years with mean age \pm SD which was 36.92 ± 11.38 , more than half (56.2%) of the respondents were male. Most (93.8%) of the respondents were literate. More than half (57.5%) of the respondents were involved in agriculture. The majority (83%) of respondent were married. Less than half (40%) of the respondents had monthly income less than or equal to NRS 15000. The socio-demographic variables are presented in Table 1.

only (23.7 %) of respondents had family history of mental illness. Out of 19 nearly half (42.1%) of the respondents had spouse as a relationship to person with mental illness and majority (79%) of the respondents had family history of duration of mental illness more than one year.

Table: 1- Socio- demographic Information of Respondents (n=80)

Variable	Frequency	Percentage
Age		
20-40 Years	49	61.25
40-60 Years	15	18.75
>60 Years	16	20.00
Gender:		
Male	45	56.20
Female	35	43.80
Educational status:		
Illiterate	5	6.20
Basic Education	28	35.00
Secondary Education	38	47.50
Higher Education	9	11.30
Occupational Status		
Agriculture	46	57.50
Business	28	35.00
Service	6	7.50
Marital Status:		
Married	67	83.00
Unmarried	13	17.00
Monthly Income <15000	32	40.00
15000-25000	25	31.25
25001-35000	14	17.50
>35000	9	11.25

Table 2: Family History of Mental Illness(n=80)

Variable	Frequency	Percentage
Family History of Mental Illness		
Yes	19	23.70
No	61	76.30
Relationship to person with Mental Illness(n=19)		
Spouse	8	42.10
Parents	5	26.30
Sibling	2	10.50
Grandparents	3	15.80
Son/Daughter	1	5.30
Duration of illness(n=19)		
Less than 1 year	4	21
More than 1 year	15	79

Known someone with mental illness

More than half (52.5 %) of the respondents had known someone with mental illness.

Table 3- Known someone with Mental Illness (n=80)

Variable	Frequency	Percentage
Known Someone with Mental illness		
Yes	42	52.50
No	38	47.50

Awareness on mental illness**Meaning of mental illness**

Majority (71.2%) of the respondents answered mental illness as a condition that disturbs person's thinking, emotion or behavior causing problems functioning in daily activities.

Table 4 - Respondents Awareness on General Information(n=80)

Variable	Frequency	Percentage
Meaning of Mental illness		
Communicable illness	21	26.30
Changes in emotion thinking behaviors causing problems in functioning of daily activities*	57	71.20
Curse of god	2	2.50

*= Correct response

Types of mental illness

Majority (77.5 %) of the respondents answered depression as the most common mental illness in adult group likewise majority (63.7%) of the respondents answered dementia as common mental illness in elderly however less than half (45%) of the respondents answered behavioral disorder as a common childhood mental illness.

Table 5- Respondents Awareness on Type of Mental illness by Age Group(n=80)

Variable	Frequency	Percentage
Most common mental illness in adult group		
Depression*	62	77.50
Alcohol/Drug Abuse	10	12.50
Dementia	5	6.25
Schizophrenia	3	3.75
Most common mental illness in children		
Dementia	8	10.00
Behaviors problems *	36	45.00
Depression	12	15.00
Alcohol/Drug Abuse	24	30.00
Most common mental illness in elderly		
Substance Abuse	10	12.50
Dementia*	51	63.75
Conduct Disorder	5	6.25
Schizophrenia	14	17.50

Risk of mental illness

Majority (61.3 %) of the respondents answered stressful childhood as psychological risk factors for mental illness similarly majority (62.5%) of the respondents answered conflict in family as social risk factors for mental illness whereas more than half (52.5 %) of the respondents answered any age group as risk groups for mental illness however only (47.5%) answered family history as biological risk factors for mental illness .

Table 6- Respondents Awareness on Risk factors of Mental Illness(n=80)

Variable	Frequency	Percentage
Risk group for mental illness		
Children	2	2.50
Adult	23	28.70
Any age group*	42	52.50
Elderly people	13	16.30
Biological risk factors for mental illness**		
Infection of brain	18	22.50
Family history of mental illness	38	47.50
Injury to brain	16	20.00
Alteration of chemical in brain	30	37.50
Psychological risk factors of mental illness**		
Loss of loved one	22	27.50
Stressful childhood	49	61.30
Loneliness	32	40.00
Physical and sexual abuse	21	26.25
Social risk factors**		
Alcohol/Drug abuse	24	30.00
Conflict in family	50	62.50
Poverty	14	17.50
Social Discrimination	32	40.00

*Correct answer. ** Multiple response

Sign and symptoms of mental illness

Only (25%) of respondents answered Irritability / Aggression followed by change in sleeping habits (22.5%) however only (7.5%) answered seeing/hearing things that no one else can see or hear as a sign and symptom of mental illness.

Table 7-Respondents Awareness on Signs and Symptoms of Mental Illness (n =80)

Variable	Frequency	Percentage
Sign and Symptoms of mental illness**		
Seeing/hear things that no one else see/hear(Hallucination)	6	7.50
Loss of interest in daily activities	10	12.50
Loss of concentration	15	18.75
Social Withdrawal	16	20.00
Irritability/Aggression	20	25.00
Violent behaviors	8	10.00
Change in sleeping habit	18	22.50
Change in eating habit	15	18.75

**Multiple Response

Treatment of mental illness

All most all (94.6 %) of the respondents answered modern method as a method that leads to treatment success of mental illness similarly most (92.5 %) of the respondents answered mental illness as treatable. Most (90%) of the respondents answered psychiatrist as the person to seek help for mental illness. Majority (77.5%) of the respondents answered that mentally ill people should also be given responsibilities for favorable environment for management of mental illness in the community. Likewise, majority (76.2%) of the respondents answered use of medicine/ECT/Psychotherapy as the appropriate treatment method.

Table

Table 8- Respondents Awareness on Treatment of Mental Illness (n=80)

Variable	Frequency	Percentage
Treatable	Yes* =74/No = 6	92.50/7.50
Method that lead to treatment success (n=74)		
Traditional Method	4	5.40
Modern Method*	70	94.60
Appropriate person to seek help		
Traditional Healer	3	3.70
Psychiatrist*	72	90.00
Religious Head	4	5.00
Ayurvedic Doctor	1	1.30
Appropriate treatment method		
Self-control/Restraining	17	21.20
Use of medicine/ECT/Psychotherapy*	61	76.20
Ritual deliverance/Prayer	1	1.30
Herbs/Ayurvedic treatment	1	1.30
Favourable environment for management of mental illness in community**		
Mentally ill patient should be provided with family and social support	15	18.80
Mentally ill people must be involve in society's function	15	18.80
Mentally ill patient provide treatment	29	36.20
Mentally illness patient should be treated with respect	23	28.80
Mentally illness patient should give responsibilities	62	77.50

† Correct answer. **Multiple Response

Preventive measure of mental illness

Majority (63.75 %) of the respondents answered good interpersonal relation(IPR) within family and friends and early diagnosis and treatment as preventive measure of mental illness followed by (61.25.8%) who answered counseling, less than half (46.25%) of the respondents answered avoiding substance abuse as preventive measure. Likewise, almost all (96.2%) of the respondents answered continuing medication and timely follow up for relapse prevention while only (28.75%) answered identifying early signs for relapse prevention.

Table 9- Respondents Awareness on Preventive measures of Mental Illness(n=80)

Variable	Frequency	Percentage
Preventive Measures**		
Counselling	49	61.25
Good IPR within family and friends	51	63.75
Early diagnosis and treatment	51	63.75
Avoiding substance abuse	37	46.25
Stress management	43	53.75
Relapse prevention**		
Identifying early warning signs	23	28.75
Continue medication	77	96.20
Timely follow up	77	96.20
Support from family and friends	37	46.25
Joining support groups	49	61.25

** Multiple response

Complications of mental illness

Less than half (43.7%) of the respondents answered suicide as complication of mental illness followed by (40%) of the respondents who answered impairment of mental and physical abilities and only (18.7%) of the respondents answered increased risk of chronic illness as complications of mental illness.

TABLE 10
Respondents Awareness on Complications of Mental Illness

Variable	Frequency	Percentage
Coumplications**		
Impairment of mental and physical abilities	32	40.00
Increased risk of chronic illness	15	18.70
Increased tendency to engage in substance abuse	27	33.70
Impairment of family function	25	31.30
Suicide	35	43.70

**Multiple Response

Level of awareness on mental illness

The findings of the study showed that (61.2 %) of the respondents had adequate level of awareness on mental illness. Level of awareness is presented in Table 11

Table- Level of Awareness on Mental Illness(n=80)

Level of awareness	Frequency	Percentage
Adequate level of awareness (median ≤ 21.5)	49	61.20
Inadequate level of awareness (median 21.5)	31	38.80

DISCUSSION

In this study, majority 61.2% of the respondents had adequate level of awareness and 38.8% of the respondents had inadequate awareness. The finding is consistent with study from Putalibazar of Syangja where (54.7%) of the respondents had adequate awareness and (45.3%) of the respondents had inadequate awareness on mental illness⁶

The study revealed majority (71.2%) of the respondents were aware about the meaning of mental illness. However, study from Biratnagar showed that (85.9%) of the respondents were aware about meaning of mental illness⁷. In regards to the common type of mental illness, majority (77.5%) of the respondents answered depression as the most common mental illness in adults which is contradictory to study from Saudi Arabia where (44%) of the respondents answered depression as a common mental illness⁸. This study showed that only (20%) of the respondents replied brain injury as cause of mental illness however study from Jimma, Oromia showed that (85%) of the respondents replied brain injury as cause of mental illness⁹. In this study only (22.5%) and (12.5%) of the respondents replied change in sleeping habits and loss of interest as sign and symptom of mental illness respectively. This finding is consistent with study from Nigeria¹⁰. In this study majority (90 %) of the respondents chose psychiatrists for treatment, however study from Haraicha Municipality of Eastern Nepal where only (15%) of the respondents chose psychiatrists for treatment¹¹. In this study majority (53.75 %) of the respondents answered stress management as preventive measures of mental illness however study conducted in Biratnagar showed that cent percent answered stress management as preventive measures⁷. In regards to complication less than half (43.7%) of the respondents answered suicide as complication of mental illness which is consistent to the findings from study conducted in South-West Nigeria¹⁰.

CONCLUSION

The finding of the study concluded that more than half of the respondents had adequate level of awareness on mental illness. Adequate level of awareness was presented on meaning, common type of mental illness in adults, treatment and continue medicine and timely follow up are relapse prevention method. However inadequate awareness was present on brain injury

as a biological risk factors, Seeing/hearing things that no one else can see or hear and violent behavior as sign symptoms and impairment of family relation as complications of mental illness.

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