Original Research Article

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Awareness about Mental Illness among the Family Members of Psychiatric Patient attending Psychiatric Outpatient Department of Bharatpur Hospital

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ABSTRACT

Background

Mental health issues have emerged as a significant concern in today's landscape. It is crucial for family members to be aware of mental illness to provide effective care for their loved ones at home. Awareness plays a key role in the early detection of mental health problems. This study seeks to assess the level of awareness of mental illness among the family members of psychiatric patients.

Methods

This study utilized a cross-sectional research design to assess the awareness of mental illness among the family members of psychiatric patients visiting the Psychiatric Outpatient Department of Bharatpur Hospital from August to December, 2024. A non-probability purposive sampling technique was employed to select the sample, which consisted of 325 family members. A self-constructed, structured questionnaire was used to interview the participants and evaluate their level of awareness. Chi-square analysis performed to examine the association between demographic variables and level of awareness with a significance level set at $p < 0.05$.

Results

Among 325 family members, 306 (94.15%) had heard about mental illness, of these, 164 (53.6%) of the respondents had poor level of awareness. No significant association was found between level of awareness and sociodemographic variables of the participants.

Conclusions

The Study revealed that more than half of the respondents had poor level of awareness about mental illness. These finding highlight the need for targeted interventions to improve awareness among family members, which could contribute to better management of psychiatric patients.

Keywords: awareness, mental illness, family members.

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INTRODUCTION

Mental illness is a Mental and behavioral disorders are understood as clinically significant conditions characterized by alteration in thinking, mood (emotion) or behavior associated with personal distress and or impaired functioning.[1] One in four people in the world will be affected by mental or neurological disorders at some point in their lives. Around 450 million people currently suffer from such conditions, placing mental disorders among the leading causes of ill-health and disability worldwide.[2] An estimate of 30% of the population of Nepal is suffering from psychiatric problems. Neuropsychiatric disorders are among the leading causes of worldwide disability in young people.[3] The gap in the treatment is still high, especially in low and middle-income countries.[4] Families are important resources in the recovery of mentally ill persons, who rely on family members psychologically, emotionally and/or economically. However, in such situations, families experience heavy burdens of care giving. Moreover, they also suffer from the significant stigma of having a family member with a mental illness.[5] Lack of financial resources and low mental health literacy, in particular misconceptions about mental health problems and stigma associated with mental health problems, contribute to delay or obstruct access to treatment for individuals in Nepal.[6] A study of 21 countries with the World Health Organization (WHO) Mental Health Surveys found that 52.6% of persons with depressive disorder in low-income countries received any treatment in the past 12 months, and only 20.5% of persons with depressive disorder received minimally adequate treatment. Studies have documented several adverse consequences of untreated mental illness including pre-mature mortality, unemployment, poverty, homelessness, co-morbid substance abuse and addiction, poor physical health and suicide.[4] Knowledge of family member about the mental illness is imperative in caring the patients with mental illness. Overall knowledge about mental illness was found to be toward the higher side.[7] Another study present that caregivers had poor knowledge about mental illness.[8] A study conducted in Nepal present that (41.60%) of the respondents had poor level of awareness.[9] This study evaluates the awareness of mental illness among family members of psychiatric patient.

METHODS

A descriptive cross-sectional study was conducted to assess the level of awareness about mental illness among family members of psychiatric patients visiting the psychiatric outpatient department (OPD) of Bharatpur Hospital, Chitwan, Nepal, from August to December 2024. Ethical approval was obtained from the Institutional Review Committee of Bharatpur Hospital, and written informed consent was obtained before data collection. Participants who met the inclusion criteria were recruited for the study using a purposive sampling method. The sample size was determined using the following formula. By taking prevalence from the study conducted by Aryal et al., as 25.7% with 5% margin of error and 95% CI sample size was calculated using Cochran formula as $n = Z\alpha 2PQ/d2 = 296$. To minimize non-response error, an additional 10% was included, resulting in a total sample size of 325. A structured interview schedule was used, incorporating socio-demographic variables and factors related to awareness of mental illness. Data collection was conducted with each participant within 20–25 minutes, ensuring confidentiality and restricting access to the information solely for research purposes. After data collection, responses were checked for completeness and stored for further analysis. The data was analyzed using SPSS version 26, applying both descriptive and inferential statistical methods. A p-value of less than 0.05 was considered statistically significant.

RESULTS

Among the 325 participants, more than half (55.4%) were under the age of 40, with a mean age of 40.75 years (SD = 17.64). Additionally, more than half (55.1%) were female. In terms of residence, the majority (52.6%) lived in the Mahanagarpalika area. A large proportion (73.2%) of the respondents were married. More than half (58.2%) of the respondents were from belong to nuclear family. Regarding

Table 1. Socio-demographic Characteristics of patient's (n=325)

Variables	n(%)
Age	
>40	180(55.4)
<40	145(44.6)
Mean±SD	40.75±17.64
Sex	
Male	146(44.9)
Female	179(55.1)
Area of residence	
Mahanagrpalika	171(52.6)
Nagarpalika	107(32.9)
V.D.C	47(14.5)
Marital Status	
Married	238(73.2)
Unmarried	79(24.3)
Widow	8(2.5)
Type of family	
Nuclear	189(58.2)
Joint	130(40)
Extended	6(1.8)
Education status	
Literate	255(78.5)
Illiterate	70(21.5)
Occupation	
Service	76(23.4)
Business	40(12.3)
Agriculture	77(23.7)
Students	51(15.7)
unemployment	25(7.7)
Housemaker	28(8.6)
Others	28(8.6)

educational background, most respondents (78.5%) were literate and (23.7%) were engaged in agriculture as their primary occupation. Among the 325 participants, more than half (57.2%) were under the age of 40, with a mean age of 39.91 years (SD = 13.43). Additionally, more than half (51.7%) were female. In terms of residence, the majority (56.6%) lived in the Mahanagarpalika area. A large proportion (89.5%) of the respondents were married. Regarding educational background, most respondents (90.5%) were literate. Over one-quarter (28.0%) were engaged in agriculture as their primary occupation. In terms of family relationships, more than one-quarter (30.5%)

Table 2. Socio-demographic Characteristics of Respondents (n=325)

Variables	n(%)
Age	
>40 year	186(57.2)
<40 year	139(42.8)
Mean±SD	39.91+13.43()
Sex	
Male	157(48.3)
Female	168(51.7)
Area of residence	
Mahanagrpalika	184(56.6)
Nagarpalika	102(31.4)
V.D.C	37(11.4)
Marital Status	
Married	291(89.5)
Unmarried	30(9.2)
Widow	4(1.2)
Type of family	
Nuclear	181(55.7)
Joint	136(41.8)
Extended	6(2.5)
Education status	
Literate	294(90.5)
Illiterate	31(9.5)
Occupation	
Service	86(26.5)
Business	60(18.5)
Agriculture	91(28)
Students	27(8.3)
unemployment	14(4.3)
Housemaker	24(7.4)
Others	23(7.1)
Relation with Patient	
Parents	99(30.5)
Children	64(19.7)
Partne	90(27.7)
Sibling	20(6.2)
Other	52(16)
Stay with living	
<20 year	178(54.8)
>20year	147(45.2)

were parents themselves. More than half (54.8%) had lived in the area for less than 20 years.

Out of 306 participants more than two third of the respondents (78.2%) view mental illness as a Medical condition which needs treatment. In terms of cause (81.8%) consider life stress. Regarding types (82.5%) has stated depression. Whereas in signs and symptoms (71.4%) has stated Cannot held responsibility for his/her own actions. Most of respondents 78.2% stated being sad and unhappy most of the time as risk factors. In terms of preventive measures, more than one third 78.2% has stated avoid stressful and hectic

Table 3. Awareness about mental illness (n=306)

Variables	Frequency (%)
Meaning of mental illness *	
Medical condition which needs treatment	254(78.2)
Brain dysfunction or biological dysfunction	187(57.5)
Gods curse for past sins	96(29.5)
Causes of mental illness *	
Life Stress	266(81.8)
God punishment for past sins	161(49.5)
Black Magic	108(33.2)
Hereditary	137(42.2)
Supernatural Power	102(31.4)
Types of mental illness*	
Depression	268(82.5)
Schizophrenia	156(58)
Bipolar	137(42.2)
Signs and symptoms of mental illness*	
Cannot held responsibility for his/her own actions	232(71.4)
Prone to violent W	185(56.9)
Unable to make simple decision for themselves	161(49.5)
Split personality	155(47.7)
Serious bout of depression	139(42.8)

Table 5. Level of awareness among family members of the psychiatric patient (n=306)

Level of awareness	Frequency (%)
Poor level	164(53.6)
Good level	142(46.4)

Table 4. Awareness on Risk factors, Preventive measures and treatment of Mental illness (n=306)

Variables	Frequency (%)
Risk factors for mental illness*	
Being sad and unhappy most of the time	254(78.2)
Busy and hectic lifestyle	187(57.5)
Failing a romantic relationship	140(43.1)
Traumatic childhood	116(35.7)
Prevention of mental illness*	
Avoid stressful and hectic lifestyle	250(76.9)
Avoid excessive alcohol	172(52.9)
Daily worshiping	137(42.2)
Adaptation of positive lifestyle	194(59.7)
Is mental Illness treated	
Yes	284(87.4)
No	41(12.6)
Treatment person*	
Psychiatric	257(79.1)
Physician	150(46.2)
Traditional healer	148(45.5)
Treatment place *	
Hospital	230(70.8)
Home	184(56.6)
Community	131(40.3)

Table 6. Association between sociodemographic variables and level of wareness(n=306)

Variable	Level of Awareness		$\chi 2$	P-value
	Poor	Good		
Age				
<40	93	83	0.1	0.75
>40	71	59		
Sex				
Male	77	71	0.28	0.59
Female	87	71		
Education status				
Literate	146	131	0.92	0.33
Illiterate	18	11		
Family type				
Single	96	77	0.57	0.44
Joint	68	65		
Living with patient(in a year)				
< 20	87	80	0.33	0.56
>20	77	62		

* Chi square significant p<0.05 at 95% confidence level

lifestyle. Most of 87.4% of respondents stated mental illness is treated. Out of them 79.1% of the respondent's states that psychiatric doctors treated mental illness and 70.8% of respondents stated that hospital is treated mental ill individual Table 5 indicate that more than half (53.6%) of the respondent had poor level of awareness, more than one third (46.4%) of the respondents had good level of awareness. Table 6 presents association between selected demographic variable and level of awareness. There was no significant association of age with level of awareness at 95% of significance level (p-value=0.75). There was no significant association of gender with level of awareness at 95% significance level(p-value=0.59). There was no significant association of type of family with level of awareness at 95% significance level (p-value=0.44). There was no significant association of education status with level of awareness at 95% of significance level (p-value=0.33).

DISCUSSION

This study found that a significant majority of participants (94.15% of 325) were familiar with mental illness, a finding consistent with other studies conducted in Nepal.[9] Among the 306 participants, over two-thirds (78.2%) viewed mental illness as a medical condition that requires treatment. This study supported by (88%) Medical condition which needs treatment.[10] The findings of the study in terms of causes 31.2% believes mental illness as a result of supernatural power wWWhich is supported with the findings of the study conducted in Delhi which states one fourth of participants perceived the role of supernatural powers as causative factor.[11] The findings of the study in terms of causes 81.8% believes mental illness as a result of life stress which is supported with finding of Singh et al., reported stressful conditions as a cause for development of mental illness.[12] On the part of sign and symptoms of mental illness all participants (71.4%) believes that mentally ill people cannot held responsibility for his/her own actions and are prone to be violent whereas most of respondents 56.9% believes that they are unable to make simple decisions for themselves. These findings of this study are similar with the findings of the study conducted in Urban Community in South Delhi which showed awareness of the community about symptoms/signs of mental illness is limited to symptoms that manifest in severe mental illness or in later stage of the illness.[11] More than half (53.6%) of the respondent had poor level of awareness, more than one third (46.4%) of the respondents had good level of awareness. In contrast with the study findings, study from Assam shows average knowledge of family members about mental illness was considerably higher.[7]A study conducted in new Delhi India reported that Knowledge of mental illness among the general public was quite poor which is supported to presented study.[13] Present study was supported by a study conducted in Nepal revealed that nearly half 42 (41.6%) of the respondent had poor level of awareness.[9] Similar study conducted in Ethiopia 55.3% of the respondents had poor knowledge about mental illness which is supported by present study.[14] This finding is contrast by many other studies conducted in Nepal in 2021 which reported that 97.8% had adequate knowledge level.[10] On the supported, study conducted by Mojiminiyi in 2020 revealed that half of the respondents (51.2%) had poor knowledge.[15] Present study shows that there were no significant association of age, gender, type of family and education status with level of awareness. The finding was contrast with study finding shows that Knowledge about mental illness was found significantly correlated with family members' age ($r = 0.254$, $P = 0.007$) and caregiving duration ($P = 0.268$, $P = 0.004$). Family members' gender and relationship with patients were found to be significantly associated with knowledge of mental illness.[7] This finding was contrast by the study conducted by Sinha et.al. in 2020 which showed association of knowledge with education status.[16] This finding was supported by the study conducted in Assam which showed no association of knowledge with education status.[7] The finding was contrast with study finding shows that Knowledge about mental illness was found significantly

correlated with family members' age (P = 0.001) and Family members' gender (p=0.001) relationship with patients were found to be significantly associated with knowledge of mental illness.[13]

CONCLUSIONS

The Study revealed that more than half of the respondents had poor level of awareness about mental illness. There were no significant association of age, gender, type of family and education status with level of awareness. Hence, the present study results indicate the need to include some interventions like psychoeducation for the family members routinely during follow-up visits for the patients. The poor awareness about mental illness suggests the need for strong emphasis on public education to increase mental health literacy among general public to increase awareness.

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