INTERNATIONAL JOURNAL OF RESEARCH IN PSYCHIATRY

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Assessment of the knowledge regarding psychiatric illness among general population in selected areas of Shimla: A descriptive study

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Abstract

Background: In most societies mental illness carries a substantial stigma, or mark of shame. The mentally ill are often blamed for bringing on their own illnesses, and others may see them as victims of bad fate, religious and moral transgression, or witchcraft. Many mentally ill people are the victims of stigma which leads to additional suffering and humiliation. Estimated 400 million people suffer from mental or neurological disorders or from psychosocial problems such as those related to alcohol and drug abuse. Many of them suffer silently. So, the researcher wished to assess the knowledge regarding psychiatric illness among general population.

Aim: The aim of this study was to assess the knowledge regarding psychiatric illness among general population in selected areas of Shimla.

Methodology: A non -experimental research approach was used in the study under that descriptive survey research design was used.

Sample and Sampling technique: The sample consists of 100 people from general population in Boileuganj Shimla and convenient Sampling technique was used to collect the sample.

Setting: The study was conducted in selected areas of Boileuganj Shimla among the general population.

Tools: The socio- demographic Performa and Self structured questionnaires were used to collect the data from the samples.

Results: The results of the study revealed that (1%) people in the general population were having good knowledge regarding psychiatric illness, (25%) people were having average knowledge and (74%) were having poor knowledge. The conclusion from the results was made that people in the general population were having poor knowledge regarding psychiatric illness.

Keywords: Assessment, knowledge, Psychiatric illness, general population

Introduction

Mental health refers to cognitive, behavioural, and emotional well-being. It is all about how people think, feel, and behave. People sometimes use the term "mental health" to mean the absence of a mental disorder. Mental health can affect daily living, relationships, and physical health. However, this link also works in the other direction. Factors in people's lives, interpersonal connections, and physical factors can all contribute to mental health disruptions [1].

A national survey estimates that 11.2%Trusted Source of all U.S. adults report regularly feeling some form of worry, nervousness, or anxiety, while 4.7% report frequently experiencing sadness or symptoms of depression [2].

Many people with serious mental illness are challenged doubly. On one hand, they struggle with the symptoms and disabilities that result from the disease. On the other, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness. As a result of both, people with mental illness are robbed of the opportunities that define a quality life: good jobs, safe housing, satisfactory health care, and affiliation with a diverse group of people. Although research has gone far to understand the impact of the disease, it has only recently begun to explain stigma in mental illness. Much work yet needs to be done to fully understand the breadth and scope of prejudice against people with mental illness [3].

Mental illness-related stigma, including that which exists in the healthcare system and among healthcare providers, creates serious barriers to access and quality care.

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It is also a major concern for healthcare practitioners themselves, both as a workplace culture issue and as a barrier for help seeking. This article provides an overview of the main barriers to access and quality care created by stigmatization in healthcare, a consideration of contributing factors, and a summary of Canadian-based research into promising practices and approaches to combatting stigma in healthcare environments [4].

Psychiatric illness also had a very high prevalence rate in community as same as of medical condition like DM and cancer [5].

Every time we read disconcerting psychiatric news like Erwadi incident in Himachal Pradesh, the proper knowledge about mental illness among general population will help to change the knowledge of people about mentally ill persons in society and helps the mentally ill persons in society. So, the researcher wished to conduct the research to assess the knowledge regarding psychiatric illness among general population in selected areas of Shimla.

Methods and Materials
Research Design: This study aims to assess the knowledge regarding psychiatric illness among general population in selected areas of Shimla, So, a quantitative research approach was used in the study and under that a descriptive survey research design was used.

Setting: The study was conducted in selected areas of Boileuganj Shimla H.P. among the general population.

Population: General Population in selected areas of Boileuganj Shimla, and who meet the designated inclusion criteria and who are available at the time of data collection.
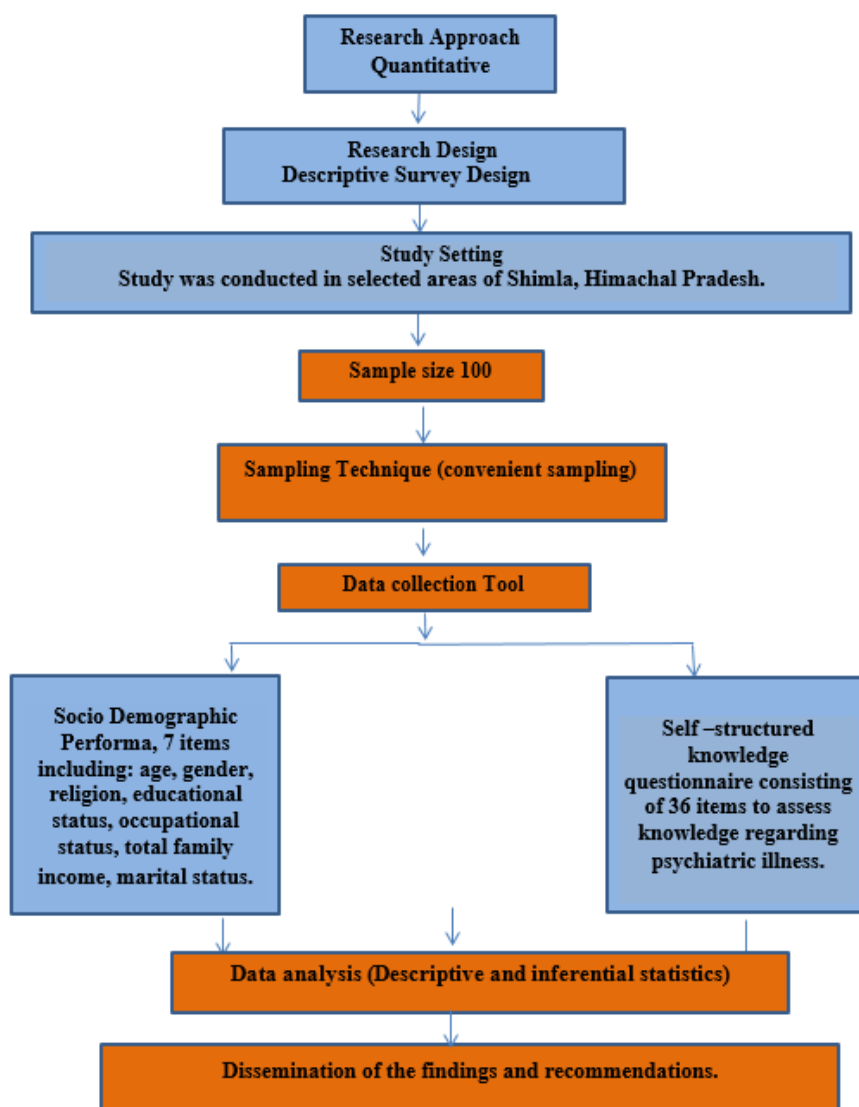

Fig 1: Schematic representation of the study.

2.4 Sample and Sampling technique: Sample size for the present study was 100 people among the general population in selected areas of Shimla and the samples were selected by using convenient sampling technique.

2.5 Data collection tools and techniques:
Based on the objectives and conceptual framework of the study, the tools developed were divided into the following sections:
▪ Socio Demographic Performa.
▪ Self- structured questionnaires to assess the knowledge of general population regarding psychiatric illness.

It was a self- structured questionnaire that containing 36

questions. It was validated by experts from the field of nursing. Experts were requested to judge the items for their clarity, relevance, meaningfulness and content.

2.6 Ethical Considerations: Consent form was prepared

and consent was taken from the study subject regarding their willingness to participate in the research project. The purpose for carrying out research project was explained to the subjects and assurance for confidentiality was given.

3. Results
3.1 Description of demographic variables among general population.

Table 1: Distribution of Selected Demographic Variables of the General population. N=100

S. No.	Selected demographic variables	Frequency (f)	Frequency % F(%)
1.	Age in years		
1.1	18-26	28	28.0
1.2	27-35	26	26.0
1.3	36-44	22	22.0
1.4	45-53	17	17.0
1.5	Above 54	7	7.0
2.	Gender		
2.1	Male	47	47.0
2.2	Female	53	53.0
3.	Religion		
3.1	Hindu	90	90.0
3.2	Sikh	6	6.0
3.3	Muslim	1	1.0
3.4	Christian	3	3.0
4.	Educational status		
4.1	Illiterate	6	6.0
4.2	Primary	14	14.0
4.3	Secondary	38	38.0
4.4	Higher Secondary	15	15.0
4.5	Graduate and above	27	27.0
5.	Occupational Status		
5.1	Unemployed	28	28.0
5.2	Homemaker	20	20.0
5.3	Self employed	17	17.0
5.4	Govt. Sector	14	14.0
5.5	Private sector	13	13.0
5.6	Any other	8	8.0
6.	Total Family Income in Rs. Per month		
6.1	_<10,000	44	44.0
6.2	10,001-20,000	28	28.0
6.3	20,001-30,000	18	18.0
6.4	>30,001	10	10.0
7.	Marital Status		
7.1	Single	37	37.0
7.2	Married	60	60.0
7.3	Divorced/Separated	1	1.0
7.4	Widow/widower	2	2.0

Data presented in Table-1 shows the frequency and percentage distribution of demographic variables with respect to age, gender, religion, educational status, occupational status, total family income and marital status.

Table 2: Frequency and Percentage distribution in terms of level of knowledge score N= 100

Level of knowledge score	Frequency (f)	Frequency Percentage f (%)
Good (20-27)	1	1.0
Average (19-27)	25	25.0
Poor (0-18)	74	74.0

Maximum Score=36 Minimum Score=0

Table-2 shows the frequency and percentage distribution of general population in terms of level of knowledge regarding psychiatric illness i.e. (1%) of people in general population were having good knowledge, (25%) were having average knowledge and (74%) were having poor knowledge regarding psychiatric illness.
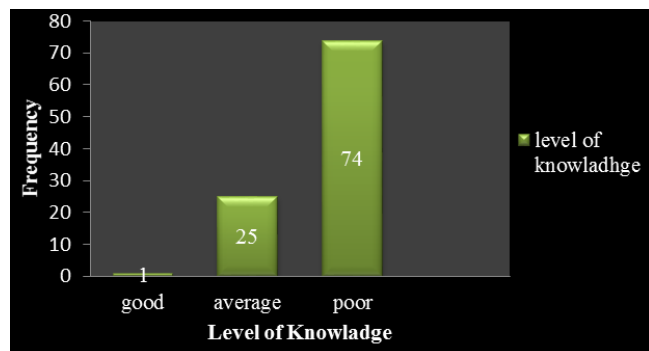
Fig 2: A bar graph showing the distribution of general population in terms of knowledge about psychiatric illness.

Table 3: Range, Mean, and Mean Percentage, Median and Standard Deviation of knowledge score of the general population N=100

Group	Range	Mean	Median	Standard Deviation
General population	3-31	15.32	21.31	0.46

Maximum score=36 Minimum score=0

The data presented in Table 3 indicates that the mean observation of knowledge of general population about psychiatric illness was 15.32 and the standard deviation was 0.46 with the median of 21.31.

4. Discussion
In the present study in relation to the socio-demographic variables about 38% of the general population were having higher secondary education and about 54% of people in the general population were married. The findings of the study are similar to a study conducted by Kumar D, Kumar P, Singh AR, Bhandari SS. As the study states that majority of respondents from both groups were having educational status above matriculation (54% and 67%) and while 69% of key informants were married, 31% of general population sample were married [6].

In the present study the mean score of knowledge of people in general population was 15.32 and the standard deviation was 0.46. The findings of the study were similar to the study conducted by Li J, Zhang M, Zhao L, Li W, Mu J, Zhang Z which stated that the mean score of the MHKQ and PDD was 15. 89 and the standard deviation was 2.61 [7].

5. Conclusion
The following conclusions were drawn from the study findings:
- There was a significant difference in psychiatric illness and the knowledge of general population.
- There was a significant association of knowledge with the demographic variable among general population.

6. Limitations
- The study is limited to 100 samples only so the generalization of the findings was not possible.
- The study was limited to only one area; hence it was difficult to make broad generalization of the findings.

7. Recommendations
Based on the findings of the study following recommendations are offered for the future research:
- An experimental study can be conducted to assess the effectiveness of series of planned awareness programme in terms of incidence of psychiatric illness in the community.
- A study can be carried out by using other teaching strategies like video – films, role play and puppet show.
- A teaching manual should be developed for the health care workers especially for nursing personnel as disseminator of information on the prevention and management of psychiatric illness.
- A study should be conducted to evaluate the effectiveness of mass awareness programme on psychiatric illness and general population in terms of psychiatric beliefs regarding prevention and management of psychiatric disorder.

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