CORRELATION BETWEEN KNOWLEDGE AND ATTITUDE TOWARDS THE TREATMENT OF MENTAL ILLNESS AMONG THE CAREGIVERS OF MENTALLY ILL

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ABSTRACT

The objectives of the present study were to assess the knowledge on treatment of mental illness, attitude towardsit, the correlation between the knowledge and attitude towards treatment of mentally ill, the association between knowledge on treatment of mental illness and selected demographic variables and to find out the association between attitude towards treatment of mental illness and selected demographic variables. The study included 60 caregivers of mentally ill who were admitted in the Psychiatry wards of selected hospital at Kollam. Demographic proforma was used to collect the demographic variables. Self structured knowledge questionnaire and self structured attitude scale were used to collect the data regarding knowledge of care givers on treatment of mental illness and attitude of caregivers towards treatment of mental illness respectively. Most of the caregivers that is,20% were in the age group of 25-35 years and above 55 years. Majority of the caregivers, that is 35% were in the age group of 46-55 years. 10% of them were in the age group of 36-45 years and 15% of them were below 25 years. 28.33% were males and 71.67% were females. Based on their education status, 26.67% were having primary education, 23.33% having the education below SSLC, 28.33% having SSLC, 13.33% with Plus two or Pre degree and 8.33% with Degree and above. 76.67% were unemployed, 15% were self employed and 8.33% were private employees. Majority of the caregivers, that is 50% had poor knowledge regarding treatment of mentally ill. Only 22% had good knowledge and 28% had moderate knowledge. The mean knowledge score was 32.97 and standard deviation was 3.99. In the case of attitude of caregivers towards treatment of mental illness, 23% of the caregivers had positive attitude towards treatment of mentally ill and 45% had neutral attitude. About 32% caregivers were with negative attitude towards the treatment of mentally ill. The mean attitude score was 58.73 and standard deviation was 4.23. The coefficient of correlation "r" was 0.287. Also no association was found between selected demographic variables with knowledge and attitude of caregivers on treatment of mental illness. So it was concluded that present study has shown a significant correlation of knowledge and attitude of caregivers on treatment of mental illnessat 0.05 level of significance.

KEYWORDS: Knowledge, Attitude, Caregivers, Mental Illness, Correlation.

INTRODUCTION

During the past few months, mental health has received public and media attention in an unprecedented manner due to the release of the report of National Mental Health Survey.[1] The results of the survey were discussed in three main vital areas of which the major point was related to treatment gap. Treatment gap for mental disordersranged between 70% and 92% for different disorders: common mental disorders - 85%, severe mental disorders – 73.6%, psychosis – 75.5%. BPAD – 70.4%, alcohol use disorders – 86.3% and tobacco use –

91.8%. The median interval for seeking care from the time of onset of symptoms varied from 2.5 to 11 for various illnesses.[2]

To ensure effective delivery of mental health care, knowledge and awareness regarding psychiatric disorders has to be increased among the general population. In addition to this, it is crucial that the medical fraternity itself is not plagued by prejudicial attitudes.[3,4]

The mentally ill are often blamed for bringing on their own illness, whereas others may see mentally ill people as victims of un fortunate fate, religious and moral transgression, or even witchcraft. This may lead to denial by both sufferers and their families, with subsequent delays in seeking professional treatment. The belief that a disturbed mental state is a result of an "evil eye" or black magic leads the majority of patients to seek traditional healers first and only present to a psychiatrist once the disturbance is severe or unmanageable at home, often quite late in the illness. This clearly reflects negatively on the prognosis and response to treatment. The belief that mental illness is incurable can also be damaging, preventing patients from being referred for appropriate mental health care. These factors highlight the importance of conducting research to assess public knowledge and attitudes toward mental illness. Only few studies reported regarding knowledge and attitudes of the public toward people with mental illness from India.[5]

Objectives
- To assess the knowledge on treatment of mental illness among the caregivers of mentally ill.
- To assess the attitude towards the treatment of mental illness among the caregivers of mentally ill.
- To find out the correlation between the knowledge and attitude regarding the treatment of mental illness among the caregivers of mentally ill.
- To find out the association between knowledge on treatment of mental illness and selected demographic variables among caregivers of mentally ill.
- To find out the association between attitude towards the treatment of mental illness and selected demographic variables among caregivers of mentally ill.

MATERIALS AND METHODS
The present study selected the quantitative approach for determining the relationship between knowledge and attitude of caregivers on treatment of mental illness.

Study design: Descriptive co-relational research design was used to collect data from 60 caregivers of mentally ill who are admitted in selected hospital at Kollam and purposive sampling technique was employed to select the caregivers.

Inclusion criteria
- Caregivers who can read Malayalam.

Exclusion criteria
- Caregivers who are on psychiatric treatment.

Tools and techniques
Tool 1 – Demographic preform a
Tool 2 – Self structured Knowledge scale
Tool 3 – Self structured Attitude scale

Data collection process
Formal permission was obtained from the concerned authorities and informed consent was taken from caregivers. The caregivers of mentally ill who fulfilled the sampling criteria were identified. The investigators introduced themselves to the subjects and the purpose of the study was explained to them. Confidentiality was assured. Purposive sampling technique was used to select the samples. 60 caregivers were selected and the tool was introduced.

Statistical analysis
The data collected were analyzed according to the objectives. The obtained data were analyzed using descriptive and inferential statistics.

RESULTS
1. Description of demographic variables a) Age
Fig.1. 15% of caregivers belonged to the age below 25years, 20% each belong to 25-35 years and above 55 years and 10% were of age 36-45 years and the majority, that is 35% were of 46-55years.

b) Sex
Fig.2. Majority (71.67%) of caregivers were females and the rest (28.33%) were males.

c) Education
Fig.3. 26.67% of caregivers had only primary education and 23.33% had below SSLC. Majority, that is 28.33% had the education status of SSLC and 13.33% had plus two or pre degree. Only 8.33% had degree or above.

d) Occupation
Fig.4. Majority of the caregivers that is 76.67% were unemployed. 15% were self-employed and only 8.33%were private employees.

2. Description of knowledge scores
Fig.5. Majority of the caregivers that is 50% had poor knowledge regarding treatment of mentally ill. Only 22%had good knowledge and 28% had moderate knowledge.

3. Description of attitude scores
Fig. 6. 23% of the caregivers had positive attitude towards treatment of mentally ill and 45% had neutral attitude. About 32% caregivers were with negative attitude towards the treatment of mentally ill.

4. Mean and standard deviation of knowledge and attitude scores
The mean knowledge score of the caregivers on treatment of mentally ill was 32.97 and the standard deviation was 3.99. In the case of attitude of caregivers towards the treatment of mentally ill, the mean was 58.73 and the standard deviation 4.23.

5. Correlation between knowledge and attitude

Fig. 7. the percentage scores of knowledge and attitude were plotted in a line diagram. The coefficient of correlation "r" was 0.287. It showed a significant correlation between the knowledge and attitude of caregivers on treatment of mentally ill at 0.05 level of significance.

6. Association of knowledge and attitude with demographic variables

No association was found between selected demographic variables with knowledge and attitude of caregivers on treatment of mental illness.
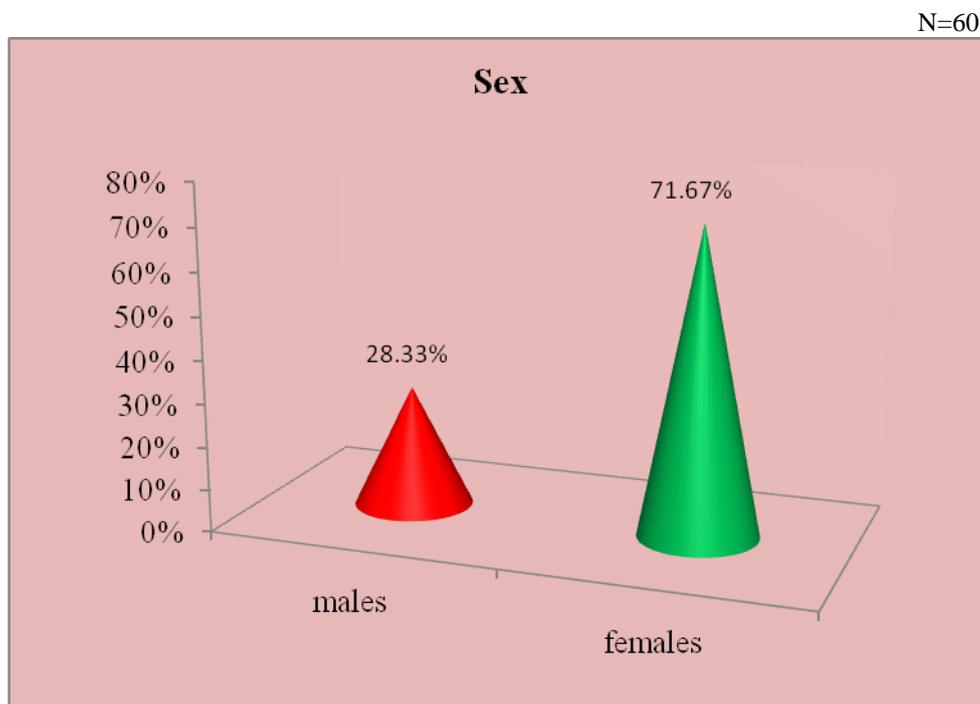
1. Description of Demographic Variables

a) Age

N=60
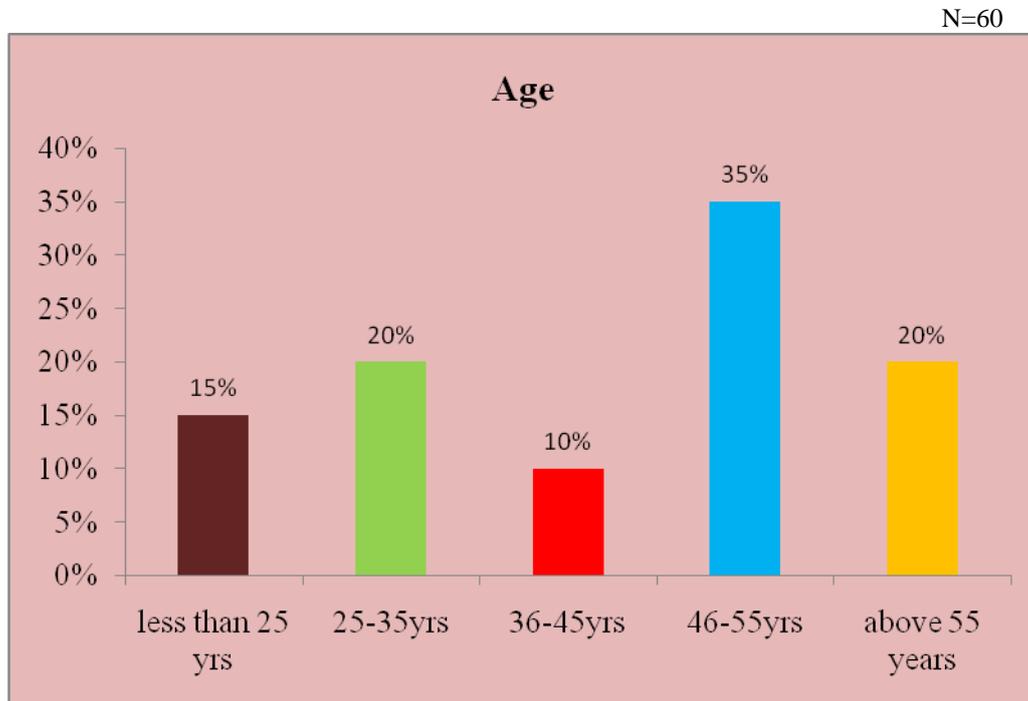
Fig. 1: Distribution of caregivers according to age.

b) Sex

N=60

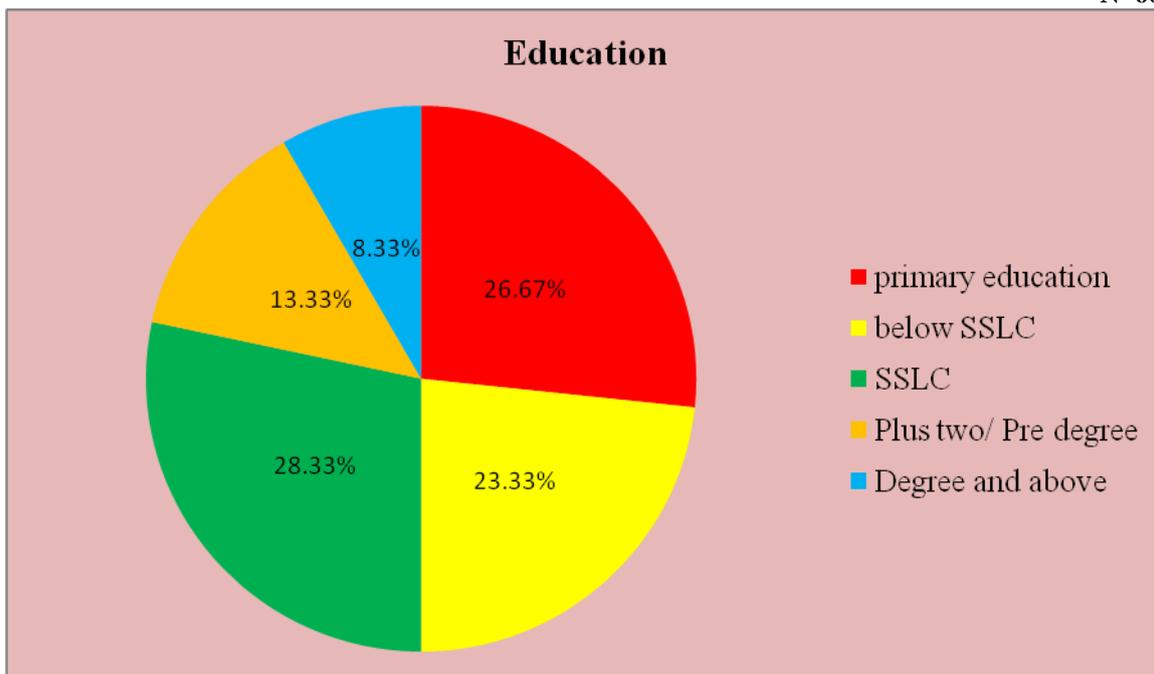Fig. 2: Distribution of caregivers based on sex.

c) Education

Fig. 3: Distribution of caregivers based on education.
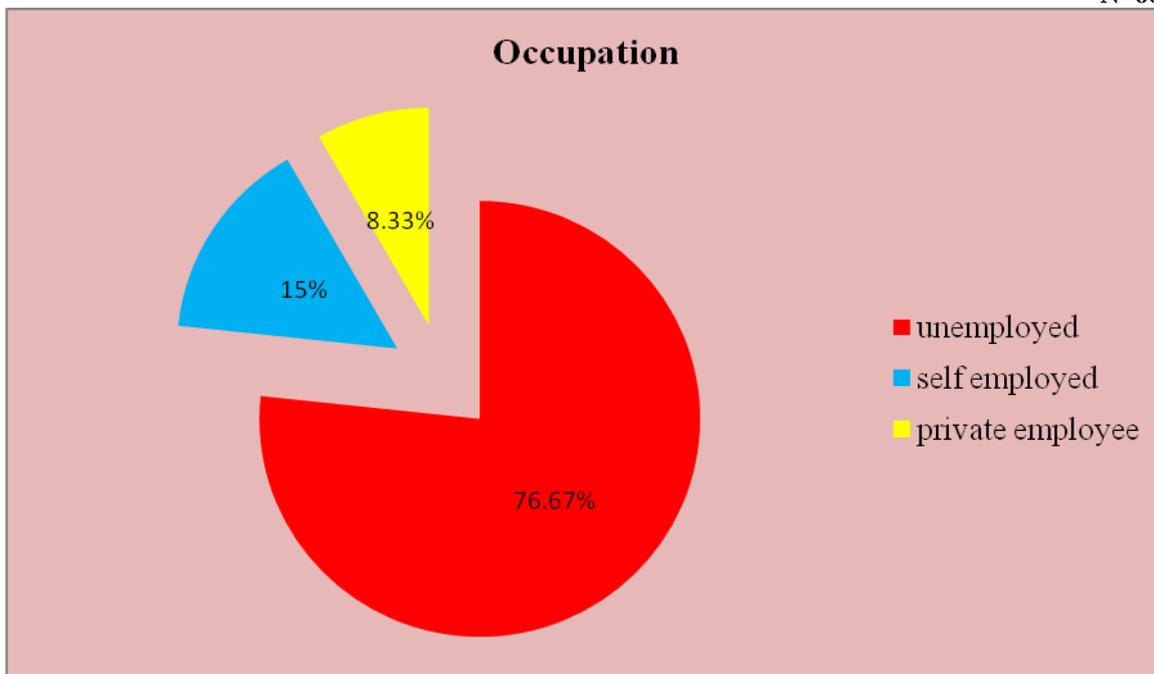
d) Occupation

Fig. 4: Distribution of caregivers according to their occupation.
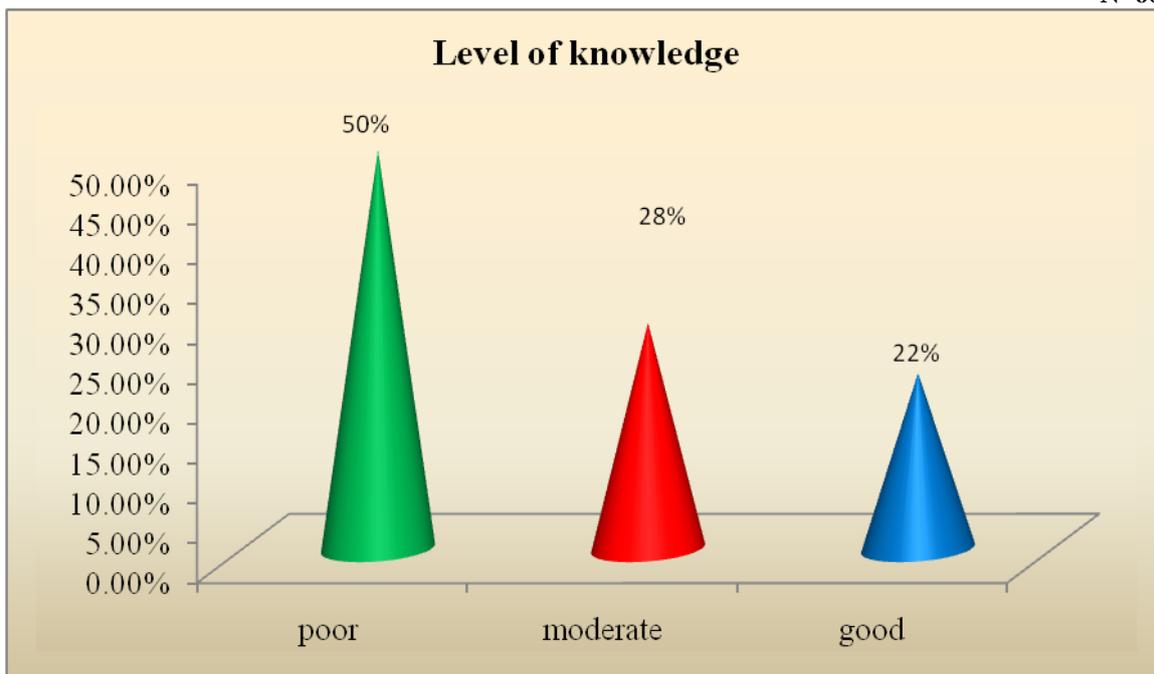
2. Description of Knowledge Scores

Fig. 5: Sample distribution based on knowledge scores.
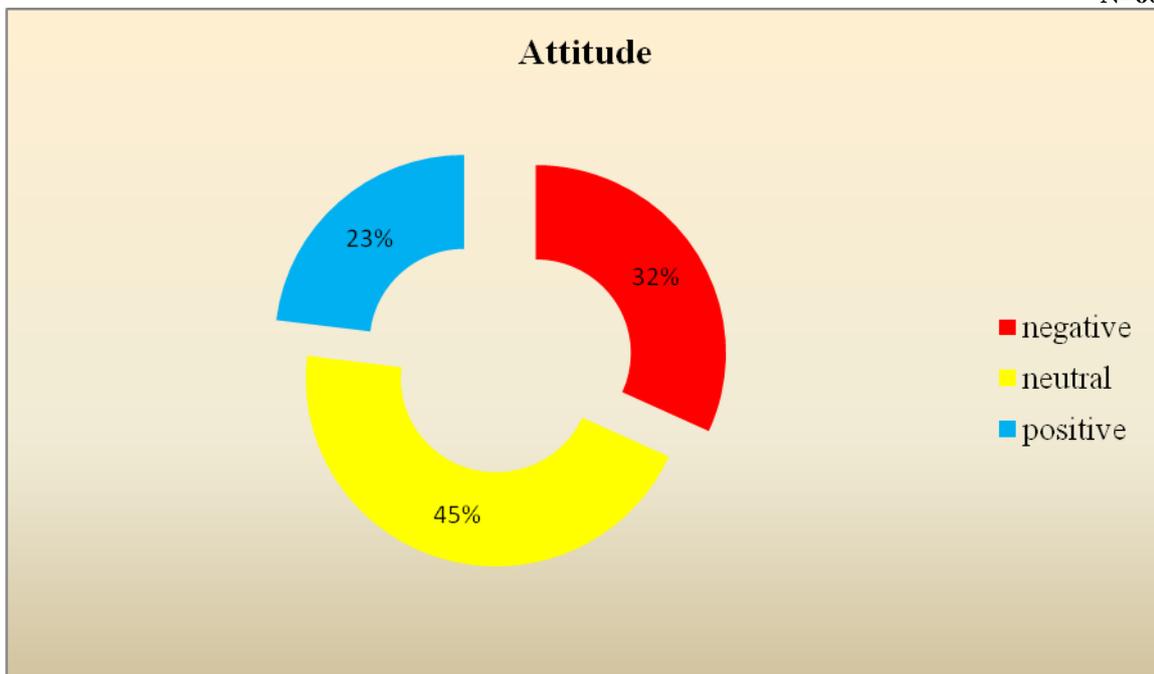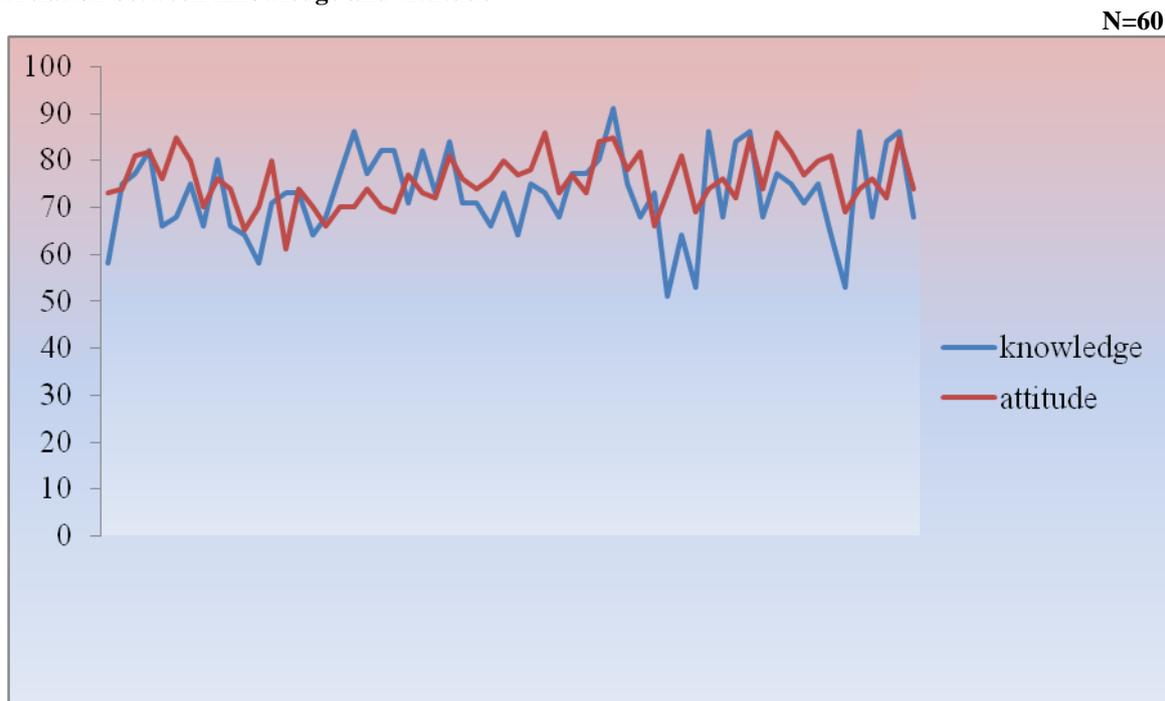
3. Description of Attitude Scores

Fig. 6: Sample distribution based on attitude scores.

4. Correlation between Knowledge and Attitude

Fig. 7: Correlation between percentage scores of knowledge and attitude of caregivers on treatment of mentally ill.

DISCUSSION
The present study aimed at finding out the correlation between knowledge and attitude of caregivers towards treatment of mentally ill. Self structured knowledge and attitude scales along with Demographic proforma were used to collect data from 60 caregivers of mentally ill.

Most of the caregivers that is, 20% were in the age group of 25-35 years and above 55 years. Majority of the caregivers, that is 35% were in the age group of 46-55 years. 10% of them were in the age group of 36-45 years and 15% of them were below 25 years. 28.33% were males and 71.67% were females. Based on their education status, 26.67% were having primary education,23.33% having the education below SSLC, 28.33% having SSLC, 13.33% with Plus two or Pre degree and8.33% with Degree and above. 76.67% were unemployed, 15% were self-employed and 8.33% were private employees. Majority of the caregivers that is 50% had poor knowledge regarding treatment of mentally ill. Only 22% had good knowledge and 28% had moderate knowledge. The mean knowledge score was 32.97 and standard deviation was 3.99. In the case of attitude of caregivers towards treatment of mental illness,23% of the caregivers had positive attitude towards treatment of mentally ill and 45% had neutral attitude. About 32% caregivers were with negative attitude towards the treatment of mentally ill. The mean attitude score was 58.73 and standard deviation was 4.23. The coefficient of correlation „r‟ was 0.287. Also no association was found between selected demographic variables with knowledge and attitude of caregivers on treatment of mental illness. This study was supported by so many studies.

A community based cross sectional study was conducted in an urban community in South Delhi to study the perception and attitude of the community towards mental illness. An adult member in household selected by systematic random sampling was interviewed using semi structured interview schedule for perception about mental illness and 34 item Opinion about Mental Illness for Chinese Community (OMICC) scale. A total of 100 adults were interviewed. Mean age of the participants was 35.8 (SD: 12.6) years. Living without tension and satisfaction in routine life were identified as indicators of healthy mental status. Change in the behavior was perceived as the most common symptom of mental illness. Although mental stress was identified as the most common cause of mental illness, 25% attributed it to evil spirits. Keeping surroundings friendly and sharing problems with others were identified as important preventive measures against mental illness. Mental illness was perceived as treatable; 12% preferred treatment from *Tantric/Ojha*. Community showed negative attitude for stereotyping, restrictiveness and pessimistic prediction domains of OMICC scale with mean score of 4.5 (SD: 0.2),3.9 (SD: 0.9) and 3.8 (SD:0.4), respectively, with no statistically significant difference across age, sex, and literacy.[6]

CONCLUSION
Although mental health is an integral component of total health, in many countries it has been a largely neglected field. The international direction is to have fewer inpatient facilities and focus on a community based model of mental health service delivery. There is a

deficiency in care at the community level; in some countries, it is nonexistent. There are several obstacles to this expansion of community services, the public's knowledge and attitude regarding mental illness being perceived as a major one. It is reported that the ability to recognize mental disorders is a central part of mental health literacy because it is a prerequisite for appropriate help seeking.[7]

The current study showed a statistically significant correlation between knowledge and attitude of caregivers on treatment of mentally ill. Also there is no association between the selected demographic variables and knowledge and attitude. Also further studies along with IEC activities are recommended.

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