Assessment Of Misconceptions Regarding Mental Illness Among Adults In Selected Urban Community, Purba Bardhaman, West Bengal.

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ABSTRACT

Introduction: Mental illness is an age-old problem of mankind as recorded in the literature of the oldest civilizations. The public view towards mental illness has been considered as negative, stigmatized, uninformed and fearful entity right from the ancient time till date which varies according to age, race, ethnicity, religion, culture, tradition and education of the different community. Mental illness is believed to be associated with myths and misconceptions.

Aim: The aim of the study is to identify the existing misconceptions about the mental illness among the people of urban community, West Bengal; in an attempt to treat mental illness at the earliest.

Methods: A descriptive survey design was adopted with 260(n=260) adult people at urban community(Paschimpara near CMS School), Baburbag, Purba Bardhaman in June-July, 2022. The data were collected by adopting Non-Probability convenience sampling technique. Validated Semi-structured Interview Schedule for collecting socio-demographic information and Structured Questionnaire to assess misconception regarding mental illness among adults were used.

Result: Both descriptive and inferential statistics were used to analyze the data. The finding of the study revealed that 30(11.54%) adult people had no misconceptions regarding mental illness and 230 (88.46%) adult people had misconception regarding mental illness. Out of 230 adult people, 63.04% had medium level misconceptions, 20.43% had high level misconception and 16.53 % had low level misconception regarding mental illness.The study result showed that misconception regarding mental illness has significant association with religion, type of family, education and occupation of the participants at 0.05 level of significance

Conclusion: The nurses have to play a major role to remove misconception towards mental illness.

Keywords: Misconception, Mental illness

I.   Introduction

Mental health is a state of well-being in which a person understands his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. Mental illnesses are health conditions involving changes in emotions, thinking or behavior. Mental illnesses are associated with distress and problems functions in social, work or family activities. Mental illness is nothing to be ashamed of.

Misconception is a view or opinion that is incorrect because it is based on family thinking or understanding. Believes about mental illness have been characterized by superstitions, ignorance and fear.

Prevalence of mental illness in worldwide is nearly about 16.37%. A report by the world Health organization revealed that 7.5% of the Indian population suffers from some form of mental disorder. According to National Institute of Mental Health and Neuro-sciences (NIMHANS), 13% of population suffers from various mental issues in West Bengal. [1]

Stigma and misconceptions against mental illness is a major problem and increased incidence all over world especially in India. World Health Organization has estimated that 10 per cent of the world's population has some form of mental disabilities and 1 per cent suffers from severe incapacitating mental disorders.

According to WHO (2001), one in four families at least one member suffering from mental disorder, over 90% of people with mental illness are covered for within their communities by their families and may never even receive a diagnosis. [2]

Myths and misconceptions are any ill belief, mistaken thought, idea or notion and incorrect information regarding mental illness and its treatment. Investigators often notice that various misconception regarding

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mental illness exist among general population. Most of the time people face many hazardous incidence or situations for their misconceptions.

Statement of the Problem:
Assessment of misconceptions regarding mental illness among adults in selected urban community, Purba Bardhaman, West Bengal.

Objectives of the Study:
1. To assess misconceptions regarding mental illness among adult people in urban community.
2. To find out associations between misconceptions regarding mental illness and selected demographic variables.
3. To find out association between misconception regarding mental illness with selected socio-demographic variables.

II. Method:

A descriptive survey was conducted at urban community(Paschimpara near CMS School), Baburbag, Purba Bardhaman, West Bengal in 30.06.22 to 28.07.22. Non- probability convenience sampling technique was used to select 260 adults between 20 years to 40 years age group residing in Baburbag Paschimpara near CMS School, Purba Bardhaman . The present study was carried out after getting all permissions from the concerned authority. Informed consent was taken and anonymity was maintained. Considering the objectives of the study, total two tools were used and data were organized in two sections: Section I- Socio-demographic information (age, gender, religion, educational status, marital status, occupation, family type, received any information regarding mental illness and present of mentally ill person in family); Section II- Misconception regarding mental illness and Section III -Association between misconception regarding mental illness with selected socio-demographic variables.

Content validity of two tools were established by seven experts in the fields of Psychiatric Nursing, Psychiatrist and Psychiatric Social Worker and got 89% to100% agreement. The reliability of tool was computed by using Karl Pearson's split half methods for establishing the internal consistency of the questionnaire. The reliability of tool was 0.824 by using Spearman- Brown Prophecy formula which indicated that tool was reliable. For administration, all tools were converted into Bengali language and linguistic validation was done by linguistic experts. Both descriptive and inferential statistics were used to analysis the data. Sample characteristics were described through frequency, percentage, mean, median and standard deviation. Chi-square was calculated to identify associations between misconception towards mental illness with selected socio- demographic variables.

III. Results:

Sample Characteristics:
Socio-demographic characteristics (Table1) of the participants' shows that 67.70% (176) belongs to 30-40 year age group, 50.40% were mal; Hindu were 78.07% (203) and 73.84% (192) belongs from nuclear family.

(Table 2) shows that 35.76% had secondary education and 1.53% were illiterate; 53.84% were unemployed, 21.92% were businessman and 7.30% were govt. service holder; regarding monthly family income-50.76% belongs to Rs. 500/--15000/- and 22.30% earns >Rs25.000/-.

Table 3 depicts that 78.84% were married; among the total population mostly didn't receive any awareness programme i.e. 97.67% and only 2.30% received this programme. Only 1.53% had mentally ill person in their family and. 98.46% had no mentally ill people in their family

Misconception regarding mental illness:
Table 4 depicts that 11.54% adult people had no misconceptions regarding mental illness and 88.46% adult people had misconception regarding mental illness.

Regarding level of misconception (n_1 230), 63.04% had medium level misconceptions, 20.43% had high level misconception and 16.53 % had low level misconception regarding mental illness.
(Table 5)

Table 6 depicts that 50.38% people belief that mental illness are caused by witch craft; 66.15% people had misconception that mentally ill people are dangerous; 46.54% people belief that normal person will never be abnormal; 62.31% people belief that mental health is not related to physical health, 56.15% people had belief that mental illness is something to be ashamed of and 58.08 % people belief that mental illness is not curable; 31.15% people had conception that mental illness is contagious; Mental illness is always hereditary believed by 68.08% people; 56.54% people had belief that marriage can cure the mental illness; 68.85% people believe that

in mental hospital only dangerous mentally ill individuals are treated and restraint; 63.08% people believe that mentally ill individuals should only be treated in asylums and 41.54% people had belief that no treatment is available for mental illness and 59.62% people had belief that mental health is problem once occur are lifelong; 55.76% people believe that mental illness can be prevented and 53.46% people not believe that mental illness are the result of punishment by high power.

Association between misconception with selected socio-demographic variables:
Chi-square findings revealed that there is significant association between misconceptions regarding mental illness among adults with religion, family type, education and marital status at 0.05 level of significance but there is no association between the remaining demographic variables such as age, gender, monthly income, received any mental awareness programme and presence of mentally person in the family (Table 7, Table 8).

IV. Discussion

Present study revealed that 11.54% adult people had no misconceptions regarding mental illness and 88.46% adult people had misconception regarding mental illness. Adult people i.e., 63.04% had medium level misconceptions and 20.53% had high level misconception and 16.53 % had low level misconception regarding mental illness.

The present study findings is supported by a study conducted by Kaur et al., on Mental Illness and Health Seeking Behaviour of Adults Ludhiana (2016) to assess myths and misconceptions of mental illness and health seeking behavior among adults. A Descriptive study was undertaken on 100 healthy adults selected by convenience sampling technique. Results showed that 100% subjects carried some or the other myths and misconceptions regarding mental illness, where 84% were having low level of myths and misconceptions, 16% subjects had high level of myths and misconceptions. [3]

On contrary by a study conducted by Nitika, Haryana, India (2020) on knowledge on myths and misconceptions about mental illness in urban and rural community. The population of the study consisted of adults (18- 35years). A quantative approach, Non-Probability convenient sampling technique was used to select 100 adults (50 adults in rural and 50 adults in urban community). The result shows that the adults of urban community 4% average knowledge and 96% good knowledge on myths and misconceptions about mental illness. [4]

The present study findings was not supported by a study conducted by R Nishanthi et al., on misconceptions regarding mental Illness among general population Tamilnadu, India and it revealed that out of 100 samples, 86 (86%) samples had low level of misconception, 14(14%) samples had medium level of misconception, and none of them had high level of misconception. Hence, the investigator concludes that there is no significant association between the demographic variables and the levels of Misconception regarding mental illness. [5]

The present study findings revealed that there is significant association between misconceptions regarding mental illness among adults with religion, family type and education and marital status at 0.05 level of significance but there is no association between the remaining demographic variables such as age, gender, monthly income, received any mental awareness programme and presence of mentally person in the family.

The present study findings likely to be supported by a study conducted by Nitika, Haryana, India (2020) of knowledge on myths and misconceptions about mental illness in urban adults. The population of the study consisted of adults between 18- 35years age. The findings depicted that chi-square value between knowledge score on myths and misconceptions and education , occupation were found to be statistically significant at 0.05 level of significance and others characteristics like age, gender, religion, family pattern, family income, marital status, source of information and history of mental illness were not found to be statistically significant. [6]

V. Limitations:-

This descriptive survey is done with a limited sample (260) in one setting. Convenience sampling was done to collect data hence the sample may not be representative of the entire diabetic population of West Bengal.

VI. Conclusion:

Misconception towards mental illness is major issues among adult people 88.46%, it needs to be removed by awarness generation.

VII. Acknowledgement:

Conflict of interest:
There has been no conflict of interest, financially otherwise.

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