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## Assess the attitude and perception regarding mental illness among the care givers of mentally ill patients

Angelin Lavanya\*, Vishnu Priya

Department of Mental Health Nursing, Saveetha College of Nursing, SIMATS, Chennai, Tamil Nadu, India



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### ABSTRACT

Mental health is defined as a state of well being in which the individual realizes his or her own abilities, can cope with the normal stress of the life, can work productively and fruitfully and is able to make a contribution towards his or her own community. Mental illness refers to a condition of emotional and mental impairment that disturbs a person's thinking, mood and ability that relate to others and daily functioning. The aim of the study was to assess the attitude and perception regarding mental illness among the care givers at saveetha medical college and hospital. A quantitative research approach was adopted with convenient sampling technique to select 100 care givers of mentally ill patients at saveetha medical college and hospital. Data was collected by using self - structured questionnaire technique. The data was organized and analyzed in term of descriptive statistics. Association between the level of attitude and the selected demographic variables were analyzed in which there is a significant association between the demographic variables such as education, residence and the type of care givers regarding mental illness. In related to on assessing the association between the level of perception and the selected demographic variables were analyzed in which there is a significant association between the gender, education, occupation, type of family and the type of care givers. This study has demonstrated that the care givers has a decreased level of attitude in relation to education, residence, type of care givers and decreased level of perception in related to gender, occupation, education, type of family and the type of care givers. The study concluded that the care givers have a low level of attitude and perception in related to mental illness.

### \*Corresponding Author

Name: Angelin Lavanya  
Phone:  
Email: [lavanya.angelin@gmail.com](mailto:lavanya.angelin@gmail.com)

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### INTRODUCTION

**"Health is a state of complete physical, mental and social well being and not merely an absence of disease or infirmity"**

#### -World Health Organization

Mental health is defined as a state of well being in which the individual realizes his or her own abilities, can cope with the normal stress of the life, can work productively and fruitfully and is able to make a contribution towards his or her own community (Neeraja, 2008). People with good mental health can be logical and practical and can be able to distinguish between the good and bad. Mental illness refers to

a condition of emotional and mental impairments that disturbs a person's thinking, mood, an ability that relate to others and daily functioning (Ganesh, 2011). People with mental illness have been discriminated in the society, and they are thought to be dangerous, weak and unpredictable. People with good mental health can be logical and practical and can be able to distinguish between the good and bad (Lalitha, 2013; Ahuja, 2011).

In our society, people with mental illness are discriminated and hinder a negative predisposition towards mental illness. A good mental health is an indicator of a good social life. People with good mental health can be logical and practical, and can be able to distinguish between the good and bad (Salve *et al.*, 2013). Perception towards mental health varies across the culture, and there are various myths and beliefs regarding mental health. The conceptualization and perceived cause of mental illness varies from community to community (Neupane *et al.*, 2016). The perception of the community is dynamic and tends to change towards the mental illness.

According to WHO, a report shows that in any given year, 25% to 29% of individuals are suffering from mental illness, and has a lifetime prevalence which ranges from 12.2% to 48.6%, and the WHO also predicts that mental illness will increase among the teenagers by 50% until in 2020 (Sreevani, 2016). Globally mental illness and their leading complication are the great burden of the health and to the society. More than 600 million people in the globe are suffering from depression and anxiety, which is the most common type of mental illness (Aitken and Jellicoe, 1996).

Community perception of mental health varies across the culture and there various myths and beliefs regarding mental health. The conceptualization and perceived cause of mental illness varies from community to community. The perception of the community is dynamic and tends to change as awareness changes (Sadik *et al.*, 2010). Education and social media are the major factors which contribute more to the move of the community perception to the scientific perceptive. Poor perception towards mental illness in the different community contributes to low treatment-seeking and stigmatization of people with mental illness (Ganesh, 2011; Gupta, 2010).

Thus assessing the perception and attitude towards mental illness is important to have an appropriate plan of health promotion and scaling up public utilization of mental health services, particularly in multi ethnic and multicultural regions.

## METHODOLOGY

The Quantitative approach with the descriptive design was used to assess the attitude and perception regarding mental illness among the care givers of mentally ill patients at saveetha medical college and hospital, the care givers of mentally ill patients who attend the outpatient and the inpatient department of saveetha medical college and hospital and who met the inclusion criteria were selected by using the convenient sampling technique. The sample size was 100. The inclusion criteria for the study was care givers of patients with mental illness who are attending the psychiatric inpatient department. And the care givers of age group above 18 years, those who are willing to participate in the study and those who are available at the time of data collection. The tool consists of three sections, such as the demographic profile and structured interview questionnaire schedule to assess the attitude and perception regarding mental illness. The project has been approved by the institutional ethical committee of the institution. Informed consent has been obtained from the participants before initiating the study.

## RESULTS AND DISCUSSION

Out of 100 samples 30 (30%) were in the age group of 28-37 years, 50 (50%) were male, and 50 (50%) were female, 47 (47%) belongs to Hindu religion, 74 (74%) were married, 40 (40%) had primary school education, 38 (38%) had agricultural occupation, 17 (17%) were unemployed, 67 (67%) belongs to nuclear family, 51 (51%) had their residing at rural area, 28 (28%) are their parents, 47 (47%) are their spouses, 17 (17%) were their children and 8 (8%) are their siblings and 90 (90%) were the full-time care givers.

The study findings revealed that among 100 samples, 20% had a positive attitude, 47% had a neutral attitude and 33% had negative attitude regarding mental illness (Figure 1).

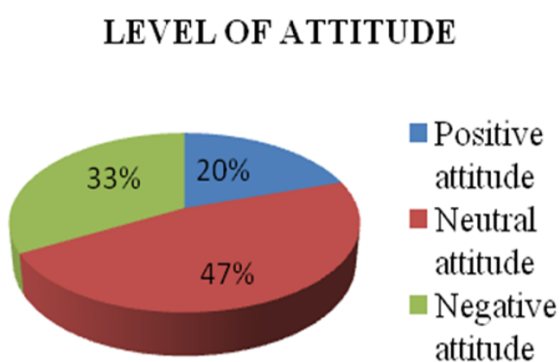
The study findings revealed that among 100 samples, 58% has a good perception, 42% has poor perception regarding mental illness (Figure 2).

Devastating the impact of health and the quality of life of the mentally ill people as well as the discrimination towards mental illness in the society has a great impact towards the mental illness. If the people in the society changes their thinking about mental illness and if they are not neglecting the people with mental illness, the society will become a mentally healthy as if the mental illness will become reduced. The present study depicts that out of 100 samples, 30 (30%) were in the age group of 28-37

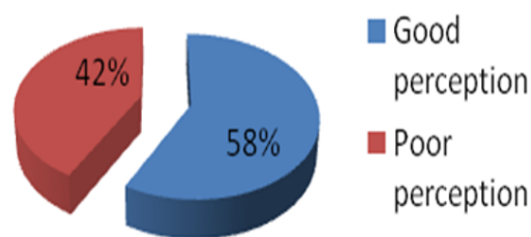
**Table 1: Association between the demographic variables and level of attitude towards mental illness**

S.No	Demographic variables	Positive Attitude		Neutral Attitude		Negative Attitude		$\chi^2$
		n	%	n	%	n	%	
1.	Marital status							$\chi^2=11.8$ DF=2 P=0.00273 S
	Married	4	4%	30	30%	40	40%	
	Unmarried	2	2%	20	20%	4	4%	
2.	Education							$\chi^2=12.436$ DF=6 P=0.05291 S
	Illiterate	0	0	10	10%	8	8%	
	Primary level	4	4%	20	20%	16	16%	
	Secondary level	7	7%	15	15%	11	11%	
3.	Degree holder	3	3%	5	5%	1	1%	$\chi^2=19.585$ DF=6 P=0.0032 S
	Occupation							
	Government	5	5%	6	6%	4	4%	
	Private	8	8%	4	4%	18	18%	
	Agriculture	3	3%	20	20%	15	15%	
4.	Unemployed	0	0	8	8%	9	9%	$\chi^2=5.621$ DF=2 P=0.0430 S
	Residence							
	Urban	10	10%	25	25%	14	14%	
5.	Rural	9	9%	30	30%	12	12%	$\chi^2=6.268$ DF=2 P=0.0435 S
	Type of care givers							
	Part time care givers	2	2%	8	8%	0	0	
	Full time care givers.	10	10%	44	44%	36	36%	

P < 0.05



**Figure 1: The figure reveals that 20 % have positive attitude, 47 % have neutral attitude, 33 % have negative attitude**



**Figure 2: The figure reveals that 58 % had good perception, 42 % had poor perception regarding mental illness**

years, 50(50%) were male, 50(50%) were female, 47(47%) belongs to Hindu religion, 74(74%) were

**Table 2: Association between the demographic variables and level of perception towards mental illness**

S.No	Demographic Variables	Good perception		Poor Perception		x <sup>2</sup>
		N	%	N	%	
1.	Sex ( care giver)					x <sup>2</sup> =9.091
	Male	30	30%	20	20%	DF=1
	Female	15	15%	35	35%	P=0.0025
2.	Religion					x <sup>2</sup> =6.576
	Hindu	45	45%	2	2%	DF=3
	Muslim	13	13%	10	10%	P=0.037
	Christian	20	20%	10	10%	
	Others	0	0	0	0	
3.	Education					x <sup>2</sup> =12.958
	Illiterate	5	5%	13	13%	Df=3
	Primary level	14	14%	26	26%	P=0.0047
	Secondary level	23	23%	10	10%	
	Degree holder	7	7%	2	2%	
4.	Occupation					x <sup>2</sup> =10.18
	Government	9	9%	6	6%	Df=3
	Private	20	20%	10	10%	P=0.0170
	Agriculture	13	13%	25	25%	
	Unemployed	6	6%	11	11%	
5.	Type of family					x <sup>2</sup> =5.896
	Nuclear family	51	51%	16	16%	DF=1
	Joint family	25	25%	8	8%	P=0.0151
6.	Type of care givers					x <sup>2</sup> =6.261
	Part time care givers	6	6%	4	4%	DF=1
	Full time care givers.	57	57%	33	33%	P=0.0123

P <0.05

married, 40(40%) had primary school education, 38 (38%) had agricultural occupation, 17(17%) were unemployed, 67(67%) belongs to nuclear family, 51(51%) had their residing at rural area, 28 (28%) are their parents, 47 (47%) are their spouses, 17 (17%) were their children and 8 (8%) are their siblings, and 90 (90%) were the full-time care givers. 20% had a positive attitude, 47% had a neutral attitude, 33% had negative attitude regarding mental illness. 58% have a good perception, 42% have poor perception.

The present study is supported by (Salve et al., 2013). Conducted a study to assess the perception and attitude towards mental illness in an urban community in South Delhi. A community-based cross-sectional study was conducted. Quantitative data were collected through the semi-structured interview from 100 adults using systematic random sampling method. The study resulted that the community shows negative attitude for stereotyping, restrictiveness and pessimistic prediction domains

with a mean and standard deviation score of 4.5 ± 0.2, 3.9 ± 0.9, 3.8 ± 0.4 with a difference across age, sex, literacy status was found to be statistically non-significant towards the attitude regarding mental illness p<0.05. 32% predicted that living without tension, living happily as the indicators for healthy mental status and the community showed a positive perception regarding treatment outcome for mental illness. This is the scope for improvement for the providing of better health education regarding mental illness (Ganesh, 2011).

There was a significant association between the marital status, education, occupation, residence and the type of care givers. P< 0.05. on assessing the level of attitude regarding mental illness with the selected demographic variables (Table 1).

There was a significant association between the sex, religion, education, occupation, type of family, type of care givers. P< 0.05., on assessing the level of perception regarding mental illness with the selected demographic variables (Table 2).

## CONCLUSION

The study results reveals that the majority of the care givers of the mentally ill patients have a low level of attitude and perception regarding mental illness. Health personnel's should initiate a knowledge regarding the mental illness and regarding the advanced treatment measures and the early recognition and management for mental illness and the preventive measures.

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