

Assess the Knowledge and Attitude of Parents towards Mental Illness

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Abstract

Background: Mental Health and physical health are interrelated, interdependent and around 15 million people suffer from one or other serious psychiatric illness which require active mental health services. **Aim:** To assess the knowledge and attitude of parents with regard to different aspects of mental illness. **Materials and Methods:** A descriptive, comparative design was used. 20 fathers and 20 mothers who were attending outpatient department along with their mentally sick children were chosen for the study through convenient sampling technique. A structured interview schedule was administered to assess the knowledge and attitude of parents towards mental illness. **Results:** The study results showed that 51.4% of fathers and 55% of mothers had moderate knowledge, 63.8% to 58.3% of fathers and mothers had favorable attitude towards mental illness. **Conclusion:** Health care personal has to create awareness programme on mental health importance and involvement of family members in caring the mentally ill persons.

Keywords: Knowledge; Attitude; Mental illness; Parents.

Introduction

Mental health does not mean mere absence of mental illness. It is a sense of well being as individual feels. There should be some positive qualities in every human being that enable him to live happily in society. Mental Health and physical health are interrelated and interdependent. As the saying goes, 'A sound mind in a sound body'.

According to World Health Organization, approximately 400 million people in the world suffer from mental or from psychological problem such as those related to substance abuse. In addition every four people who seek health services for help the problem of at least one or none being diagnosed properly and therefore not treated successfully.

It is of great significance that 5 out of 10 leading causes of disabilities in this world are mental problems 15-20% of all help seeker in general health services in both developed and developing countries, do so for emotional and psychosocial problems.

The prevalence of mental illness is not low in our

country. The health surveys have revealed that around 15 million people suffer from one or other serious psychiatric illness which require an active management while about 30 million people suffer from distressing and socially incapacitating emotional disorders (about 45 million i.e about 60-70 mentally sick patients for every 1000population). Every year, about 3,50,000 new cases start needing mental health services.

WHO reported that mental health problem currently constitute about 8% of the global burden of disease and more than 15% of adults in developing societies are established to suffer from mental illness and these problems are expected to increasing considerably in the years to come.

In India with the total population of 1,049,549,000 the seriousness of the problem is indicated by the fact that the overall prevalence rate of mental illness vary from 95/1000 to 102.5/1000. It is further estimated that nearly 30 million suffer from mental illness every year. About

10-12% of children have mental retardation. People do not get the care they need because of lack resources.

Experiences of mental illness often differ depending on one's culture or social group. If the family members accept the reality and it is treatable but in certain conditions it cannot be curable but can reduce the symptoms and problem occurred by that. The family members even though they are stressed they should provide love and affection towards the mentally ill person. When they provide love and affection it improves their condition but along with that medicine also should be continue.

Statement of the problem:

A study to assess the knowledge and attitude towards mental illness among parents in a selected hospital in Chennai.

Objectives

- To assess and compare the knowledge of fathers and mothers towards mental illness.
- To assess and compare the attitude of fathers and mothers towards mental illness.
- To determine the association between the knowledge of fathers and mothers with their selected demographic variables.
- To determine the association between the attitude of fathers and mothers with their selected demographic variables.

Materials and Methods

Researchers adopted a descriptive, comparative research design. 20 fathers and 20 mothers who were attending the outpatient department along with their mentally sick children were chosen through convenient sampling technique from the selected hospital in Chennai. Researcher obtained formal permission from the hospital authorities and written informed consent from the parents who were fulfilling the inclusion criteria. The purpose of the study was explained to the parents and a structured interview schedule was administered to the parents in order to assess the knowledge and attitude of parents towards mental illness. Statistical Social Sciences Programme (SPSS) version 17.0 was used for analysis.

Results and Discussion

With regard to age, 70% (14) of the fathers were in the age group of above 45, 55% (11) of the mothers were in the age group of 40-45 years.

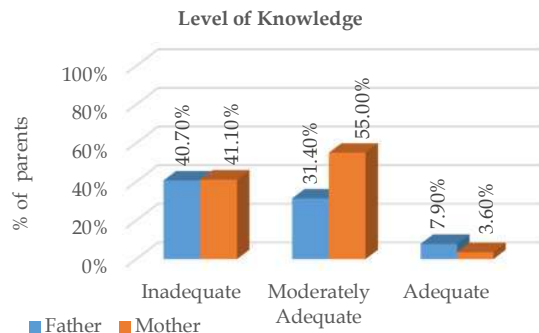


Fig. 1: Knowledge of father and mother.

In regard to educational status 45% (9) and 5% (1) of father and mother were completed their higher education. 25% of fathers and 35% of mothers had history of mental illness in the family, 75% (15) belonged to Hindu religion, 80% (16) of mothers were unemployed, 45% (9) of fathers were government employees, 80% (16) of them were earning Rs. 3000 and above.

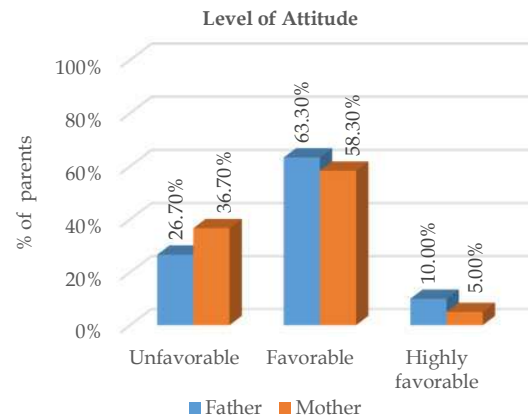


Fig. 2: Attitude of father and mother.

Table 1: Relationship between knowledge and attitude of father and mother.

Group	Variable	Mean	SD	'r' value	'p' value
Mother	Knowledge	25.40	4.08	.023	0.924
	Attitude	45.65	3.27	38df	NS
Father	Knowledge	28.20	3.30	.091	0.702
	Attitude	48.45	5.38	38df	NS

The mean score of the overall knowledge of fathers (43.38) was higher than the mean score of mothers (39.08). The 't' value was 2.384 at $p < 0.001$ level which indicates that there was a significant difference between the mean score of father and mother in overall knowledge.

Researcher focused on seven aspects of knowledge on mental illness such as reason for mental illness, precipitating factor, early signs and symptoms, late signs and symptoms, prevention, Treatment and improvement on mental illness. 100% of both father and mother had inadequate knowledge on reason for mental illness and treatment aspects. But in other aspects 85-90% of father and mother had moderately adequate knowledge and 10% of fathers and 5% of mothers had adequate knowledge towards mental illness. The study findings were consistent with the study conducted by Oye Gureje and results showed that poor knowledge of causation was common. The study results also supported by a study conducted by Charmaine J Hugo and results showed that misinformation regarding mental illness existed which influence the preferred treatment modality and help seeking behavior.

There was a positive correlation between the knowledge and attitude of fathers and mothers towards mental illness which was statistically not significant. None of the demographic variables had influence on the

knowledge and attitude of fathers and mothers regarding mental illness except duration of illness.

Conclusion

The investigator concluded that it is the responsibility of health care personal to create awareness, imparting knowledge and motivate the family members to participate in the care of mentally ill persons in order to reduce the relapse of mental illness.

Conflict of Interest: None

Source of Funding: Nil

References

1. Neil Quinn, Beliefs and community responses to mental illness in Ghana, The experiences of Family Carers, International Journal of Social Psychiatry, 2005(174)
2. Sing lee, Margaret.T.et.al.Experience of social stigma by people with schizophrenia in Hong Kong, British Journal of Psychiatry, 2005.18(6) 552-560.
3. Gonzalaz,Tores MA,et al.Stigma and discrimination towards people with schizophrenia, Social Psychiatry Epidemiology 2006,11(2) 1-30.
4. Botha UA.,Koen.L,Niehaus DJ, Perceptions on a South African population with regards to community attitudes towards their illness, Social Psychiatry epidemiology,2006,41(8) 619-623.
5. Marcus Y.I.Chiu et.al.Community attitudes towards discriminatory practice against people with severe mental illness in Hong Kong, International Journal of Social psychiatry,2007, 53(2) 494-498.
6. Shibre.T.et.al. Perception of stigma among family members of individuals with schizophrenia and major affective disorder in rural Ethiopia, Social Psychiatry,2007,36(6) 299-303.
7. BoydAnn Mary, Psychiatry Nursing contemporary practice, 3rd edition, 2005.
8. Sadocks & Kaplan, Comprehensive textbook of psychiatry, 8th edition, 2003, Philadelphia, Lippincot.
9. Townshed C.Mary,Psychiatric Mental health Nursing concepts of the evidence based practice, 5th edition 2007, new York, Jaypee medical Publisher.