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Knowledge and Attitude Towards Mental Illness Among the Students of Selected Urban Colleges

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ABSTRACT

Introduction*: Mental illness has always been an important area of investigation among the mental health professionals as every section of society has its unique way of perception about mental illness, particularly the young generation and the college-going students.* ***Methods****: A descriptive study design was undertaken where the sample included 500 students from selected urban colleges from I yr, II Yr and III Yr Degree courses in Arts, science and Commerce stream. Tools used: A socio-demographic data, a self structured knowledge and attitude questionnaires were used, validated by 35 experts from the field of Mental Health Nursing, Psychiatry, Clinical Psychology and Statistics. The sampling technique adopted for the study was simple random sampling.* ***Results****: The study found the mean knowledge score to be 17.84 with SD = 5.32 along with the mean attitude score of 75.14 with SD = 9.87. A significant positive correlation has been found between the knowledge and attitude, which is found to be statistically significant at 0.01 & 0.05 levels.* ***Conclusion:*** *The study findings suggests the need of proper awareness programmes among the student community, which would help dispel any myths and misconceptions regarding mental illness, thus improving the mental health of the students and bring about an understanding and acceptance of the people with mental illness in the society.*

Keywords*: Mental Health Professionals, Descriptive Study, Student Community*

INTRODUCTION

Mental illness has always been an important area of investigation among the mental health professionals as every section of society has its unique way of perception about mental illness, particularly the young generation and the college-going students. College has remained the best place to develop a comprehensive mental health program, because the attitude and values of college-going students influence the society most.[1] It is also found through recent studies that stigmatizing attitudes towards people with mental illness are widespread[2] and are also commonly held.[3] There still exists a stigma surrounding individuals who need or use psychiatric mental health services.[4] The stigma attached to mental illness is the main obstacle to better mental health care and better quality of life for people who have the illness, for their families, for their communities and for health service staff who deal with psychiatric disorders.[5] Whatever picture people frame in their mind regarding mental illness generally guides their behaviour, so public must be educated to bring about positive changes in attitude.[6] Hence, a descriptive study was undertaken with an aim to assess the knowledge and attitude towards mental illness among the students of selected urban colleges of Upper Assam.

Objectives: (1.) To assess the knowledge and attitude towards mental illness among the students of selected urban colleges. (2.) To determine the relation between knowledge and attitude towards mental illness among the students of selected urban colleges. (3.) To find out the association between knowledge and attitude and socio-demographic variables towards mental illness among the students of selected urban colleges.

MATERIALS AND METHODOLOGY

The descriptive research design was used for the present study. The sample size was 500 urban college students from I yr, II Yr and III Yr Degree courses in Arts, Science and Commerce stream. Simple random sampling technique was used to select the

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students who fulfilled the inclusive criteria. The study was conducted in JB College Jorhat, NLK College Lakhimpur and in DHSK Kanoi College Dibrugarh in the month of July 2015. The prior permission was obtained from the respective Principals of the colleges. The informed consent was obtained and the purpose of the study was explained to the students. Tool used: Socio-demographic data sheet, Self structured knowledge questionnaire which included 37 items; 7 items on meaning of mental illness, 7 items on types of mental illness, 5 items on signs & symptoms, 4 items on causes of mental illness, 14 items on treatment of mental illness for knowledge and a self structured three point likert scale attitude questionaire consisting of 35 items with 9 items in response behaviour and 26 items in acceptance behaviour, was used which were validated by 35 experts from the field of Psychiatry, psychiatric nursing, Clinical Psychology and Statistics. The reliability coefficient of the knowledge tool was found to be 0.792. The reliability coefficient of the attitude tool was found to be 0.770.

The data analysis was consisted of descriptive and inferential statistics, the statistical tests used were Chi square test and Karl Pearson's correlation test. The significance level used was $p<0.05$ to determine the association between knowledge and attitude and selected demographic variables.

RESULTS

The mean age was found to be 19.15 with SD=1.163, with higher percentage of female students of 51.4% than 48.6% male students along with maximum percentage 36.2% of students from TDC I yr, followed by 33.4% in TDC II yr and 30.4% in TDC III yr. 57.4% of the students were from the Arts stream, 33.8% students from Science stream and 8.8% students were from the Commerce stream. The educational status of majority, 426% of the fathers was Graduate/Postgraduate, followed by 28.6% from High School, 10.8% from Professional Degree, 10.6% from Intermediate/ Diploma, 4.8% from Middle School, 2.4% from primary School and .2% were illiterate, whereas the educational status of majority, 40.8% of the mothers was High School, followed by 25.8% from Graduate/Postgraduate, 10.4% was Intermediate/Diploma, 8.8% from middle School, 5.8% from Primary School, 4.4% were illiterate and 4.0% were from Professional Degree. Occupational status of majority 47.0% of the fathers was Govt. Service, 30.2% were into Business, 9.4% were in Private Service, 8.4% was involved in Agriculture, 3.4% were Professionals and 1.6% were unemployed, whereas majority 63.2% of the mothers were unemployed, followed by 16.4% were from Govt. Service, 7.6% were into Agriculture, 5.4% were from Private Service, 4.2% were into business and 3.2% were professionals. Majority 47.8% students belonged to the > Rs 20000/- per month family monthly income group, followed by 21.4% from Rs 10,000-19,999/-per month group, in Rs 7500/- to Rs 9999/- and Rs 5000/- to Rs 7499/-per month group, there were 8.8% families each, 7.6% belonged to the Rs 3000/- to 4999/-per month group and 4.2% students belonged to the Rs 1001/- to 2999/- per month group of family monthly income. 68.2% of the students were from Nuclear families followed by 27.0% from joint families and 4.8% were from Extended families. 31.4% of the students had TV/Radio/cinema as source of Mental Health information, 15.4%, 14.2%, 8.4%, 4.8% of the students had Health Personnel, Newspaper/Magazine/Books, Relatives/ Family Members and Friends/Neighbours as source of Mental health information respectively. 7.4% of students gave multiple responses whereas 18.4% students did not have any prior information on Mental Health. 95.0% of the students had Family History of Diagnosed Mental Illness while 5.0% did not have any such history. Health centres were on an average nearer in urban areas (M = 3.43, SD = 2.05).

The mean Knowledge Score of the students was found to be 17.84, SD=5.32 whereas the mean attitude score was found to be 75.84, SD=9.87. Aspect wise mean knowledge score was: meaning of Mental Illness=4.06, SD=1.49; Types of Mental Illness=4.00, SD=1.78; S&S of Mental Illness=2.13, SD=1.12, Causes of Mental illness=1.44, SD=1.05; Treatment of Mental illness=6.21, SD=2.43. Aspect wise mean attitude score was: Acceptance Behaviour=55.32, SD=7.83; Response Behaviour=19.97, SD=2.97.

Table 1 Relation between knowledge and attitude among the students

			Attitude			
			Unfavourable	Moderate	Favourable	Total
Knowledge	Inadequate	Count	9	67	7	83
		% within Attitude	13.8%	21.3%	5.8%	16.6%
		Std. Residual	-.5	2.0	-2.9	
	Moderate	Count	51	186	71	308
		% within Attitude	78.5%	59.0%	59.2%	61.6%
		Std. Residual	1.7	-.6	-.3	
	Adequate	Count	5	62	42	109
		% within Attitude	7.7%	19.7%	35.0%	21.8%
		Std. Residual	-2.4	-.8	3.1	
Total		Count	65	315	120	500

Table 1*Chi sq(500, 4)= 32.437, P<.001 Significant.*

Table 2 Pearson Correlations of Knowledge and attitude in Aspect Wise

Aspects of Knowledge		Acceptance Behaviour Score Urban	Response Behaviour Score Urban	Attitude Score Urban
Meaning of mental illness	*R*	.209(**)	.130(**)	.201(**)
	P	< .001	0.004	< .001
Types of mental illness	*R*	.309(**)	.286(**)	.344(**)
	P	< .001	< .001	< .001
S&S of mental illness	*R*	0.062	0.063	0.076
	P	0.166	0.159	0.089
Causes of mental illness	*R*	0.066	.101(*)	.089(*)
	P	0.139	0.025	0.046
Treatment of mental illness	*R*	.177(**)	.207(**)	.219(**)
	P	< .001	< .001	< .001
Knowledge Score	*R*	.269(**)	.260(**)	.305(**)
	P	< .001	< .001	< .001

Table 2 *** Correlation is significant at the 0.01 level (2-tailed).*
* *Correlation is significant at the 0.05 level (2-tailed).*

Table 1 & 2 reveals that the Attitude of Urban students was significantly associated to Knowledge, Chi sq (500,4)=32.437, *P*<.001. Post hoc Chi sq test by standardized residual revealed that inadequate knowledge and moderate and favourable attitude (std residual=2.0, -2.9 respectively); also adequate knowledge and unfavourable attitude and favourable attitude (std residual= -2.4, 3.1 respectively), significantly contributed to the association. The same was confirmed by significant Pearson Correlation (r=.305, *P*<.001). The Pearson Correlations were also computed for each component of knowledge and Attitude. It revealed that Meaning of Mental Illness was significantly related to Acceptance behaviour (r=.209, *P*<.001) and Response Behaviour (r=.130, *P*<.001); Types of Mental Illness was significantly related to Acceptance behaviour (r=.309, *P*<.001) and Response Behaviour (r=.286, *P*<.001); Also Treatment of Mental Illness was significantly related to Acceptance behaviour (r=.177, *P*<.001) and Response Behaviour (r=.207, *P*<.001).

DISCUSSION

The finding of moderate level of knowledge among urban college students 61.6% (mean=17.62, SD=2.68) may be due to the better access to both print and electronic media as evident by the response of the urban college students in the socio-demographic data regarding source of mental health information, followed by 7.4% giving multiple responses. Similar findings were reported by Amy C. Watson[7] et al., where they found that students had some understanding of mental illness as a problem of the brain with biological and psychosocial causes. The study found that the attitude towards mental illness among the urban college students was moderate (63.0%) followed by favourable (24.0) which is supported by the findings reported by Ahmed Waqas[8] et al., who found positive attitude towards mental illness among the students, where it can be inferred that with proper awareness and motivational drives the attitude of the students can be channelized for the better understanding and acceptance of the Mental Illness, as marked by Brown[9], that the hallmark of adolescent psychosocial functioning happens to be the heightened importance of peer influence. The finding of a significant association of knowledge with the demographic variable of sex among urban respondents regarding mental illness at Chi sq (500,2)=9.838, P=.007 was supported by Nimesh Parikh[10] et al., who found that females had comparatively more knowledge than males. The finding of a significant association of knowledge and economic condition among urban respondents is supported by the findings of Vijay P More.[11] A significant association of knowledge regarding mental illness among the urban respondents with the demographic variables of educational status of father at Chi sq(500,1200=28.716, P=.004; educational status of mother at Chi sq(500,12)=31.185, P=.002; Occupation of father at Chi sq(500,10)=26.558, P=.003; Occupational status of mother at Chi sq(500,10)=20.710, P=.023; type of family at Chi sq(500,4)=19.513, P=.001; family monthly income at Chi sq(500,12)=35.872, PÂ.001; source of mental health information at Chi sq(500,12)=28.341, P=.005; family history of mental illness at Chi sq(500,2)=7.609, P=.022 was found in the present study. However, no significant association of age, educational status and distance to nearest health centre with knowledge towards mental illness was found. No significant association of attitude could be found with the demographic variables of sex, stream of education, educational status of father & mother, occupational status of mother, family monthly income and type of family. The finding of a significant association between attitude and the demographic variable of distance to nearest health station at Chi sq(500,6)=16.931, P=.010 can be attributed to the presence of better health care services in urban areas. A significant association between attitude and the demographic variables of educational status, knowledge and stream of education among the urban respondents is supported by P Vijayalakshmi[12] et al., with the findings that college students' attitudes towards people with mental illness vary based on the course that they are enrolled in. At Chi sq(500,4)=22.539,PÂ.001, age is found to be significantly associated with attitude also the occupational status of father at Chi sq(500,10)=15.716, PÂ.001 is found to be significant. The significant association of source of mental health information at Chi sq (500,12)=50.722, PÂ.001 and attitude towards mental illness was found in the present study.

The influence of family members can be understood with the findings of the significant association of attitude towards mental illness and family history of mental illness at Chi sq (500,4)=7.503, P=.023.

CONCLUSION

The findings of 17.84% mean knowledge score followed by 75.14% mean attitude score among the urban college students indicates the need for educational programmes to be implemented in the collegiate program to equip the younger generation with adequate knowledge, which would develop favourable attitude towards mental illness, which is essential for the better treatment and follow up of mental illness. Also, the study findings suggests the need of proper awareness programmes among the student community, which would help dispel any myths and misconceptions regarding mental illness, thus improving the mental health of the students and society at large.

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