

# Assess the Attitude Regarding Mental Illness among the Community Residents in Meppur

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## Abstract

Mental illness is defined as a state of well being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. A mental illness is a disease that causes mild to severe disturbance in thoughts and behaviour resulting in an inability to cope with life's ordinary demands and routine. Non experimental descriptive research design was selected for this study. The attitude of mental illness among community people is assessed by quantitative approach. Community people residing in meppur village, Chennai. Study sample for the study is 100 (50 males and 50 females) and age group above 25 years. Convenience sampling technique has been chosen for this study. The structured questionnaire is used to assess the attitude regarding mental illness among the community residents. It is 5 point likert scale which consists of 25 questions. The data was collected through interview method. After sample cooperation, questionnaires were administered. 100 samples 14% have positive attitude, 48% have neutral attitude and 38% have negative attitude regarding mental illness. 100 samples mean value is 44.2 and standard deviation is (SD+15.83). Chi-square test was showed association of the level of attitude and the selected demographic variables. Among 100 samples there is significant association between demographic variables such as education and familiarity with mental illness.

**Key Words:** Attitude, Mental illness, Community, Residents.

## 1. INTRODUCTION

Mental illness is defined as a state of well being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community<sup>1</sup>.

### World Health Organization

A mental illness is a disease that causes mild to severe disturbance in thoughts and behaviour resulting in an inability to cope with life's ordinary demands and routine. Most families are not prepared to cope with learning their loved one has a mental illness and may have the negative view of people who have them. This can cause people with mental health problems to be treated badly or labelled in a way that hurts their standing in the community. This is sometimes called 'stigma'<sup>2</sup>.

Mental illness affects one in four peoples in the world by world health report. There is still no cure because of stigma. Thus mental health problem constitute one of the major health problem in community. These where a general belief that clients with mental health problem were potentially dangerous. General public view about mental illness remains largely unfavourable. The topic of mental illness itself evoke a feeling of fear, embarrassment or even disgust fostering negative attitude towards mental illness and mentally ill people<sup>3</sup>. The reluctance to see professional psychiatry help means late presentations are common. The extent to which patients benefits from improved mental health services is influenced not only by the quality and availability of the services but also by their knowledge and belief systems<sup>4</sup>. For mental health care to become accessible within existing resource constrain, it must be provided through primary health services. They are geographically closer to the user increasing likelihood that

people seek help early in the illness<sup>5</sup>. Finally mental health through primary health services is less expensive and may cost effective both for service providers and recipients. Better understanding of the nature of the mental illness will reduce the destructive effect of stigma at every level. Closer co operation between families, mental health professionals and society will result in more efficient and compassionate care<sup>6</sup>. The general public needs a resorted sense of empathy and community in which the different people with mental illness<sup>7</sup>.

## 2. OBJECTIVES

1. To assess the level of attitude regarding mental illness among the community residents.
2. To associate the attitude regarding mental illness among the community residents with the selected demographic variables.

## 3. MATERIALS AND METHODS

Descriptive design was adopted by the investigator to assess the Attitude Regarding Mental Illness among the Community Residents. The study was conducted at Meppur, TamilNadu. The samples who met the inclusion criteria were selected by using convenience sampling technique. Inclusion criteria for sample selection are women with age group of 19 to 35 years. Both Male and Female were included from the study. One Hundred samples were selected for the study, each day ten samples were selected and they were comfortably seated. Data was collected using structured interview schedule to assess demographic profile and attitude on mental illness. The project has been approved by the ethics committee of the institution. Informed consent was obtained from the participants before initiating the study

#### 4. RESULTS

##### SECTION I

Out of 100 samples, 36(36.66%) were in the age group of 25-35 years, 50(50.66%) were males, 90(90.99%) were married, 80(80%) were Hindu, 53(53.33%) had high school education, 30(30%) have private job, 17(17%) were labour and 50(50%) were unemployed. 28(28%) were earning less than Rs 5000/-, Regarding to the type of the house 18(18.88%) were living in pakka house and familiarity with mental illness 4(4%) were known by self about mental illness, 26(26%) were known by others about mental illness and 70(70%) were unknown about mental illness.

##### SECTION II

Out of 100 samples, 14% have positive attitude, 48% have neutral attitude and 38% have negative attitude regarding mental illness

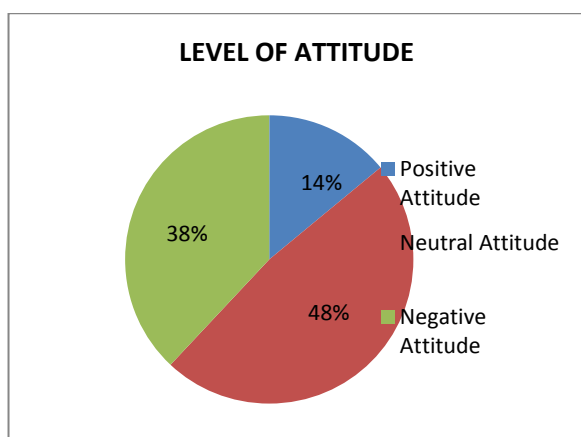


Fig: Level Of Attitude

The figure reveals that 14% have positive attitude, 48% have neutral attitude and 38% have positive attitude about mental illness

#### 5. DISCUSSION

Devastating impact on health and quality of life as well as the stigma of mental illness and nobody take care of their mental health in worldwide. If everyone take care of their mental health as well as the mentally ill persons in their home and community setting the world gets mentally healthy community. 36(36.66%) were in the age group of 25-35 years, 50(50.66%) were males, 90(90.99%) were married, 80(80%) were Hindu, 53(53.33%) had high school education, 30(30%) have private job, 17(17%) were labour and 50(50%) were unemployed. 28(28%) were earning less than Rs 5000/-, Regarding to the type of the house 18(18.88%) were living in pakka house and familiarity with mental illness 4(4%) were known by self about mental illness, 26(26%) were known by others about mental illness and 70(70%) were unknown about mental illness. 14% have positive attitude, 48% have neutral attitude and 38% have negative attitude regarding mental illness. The present study is supported by Bedaso A, Teneabat T, et al (2014) conducted a study to assess the community attitude and associated factors towards the people with mental illness among residents of, Ethiopia. A cross sectional study was

conducted. Quantitative data were collected through interview from 435 using simple random sampling. The study resulted that the highest mean score was on social restrictiveness subscale(31.55±5.62).Farmers had more social restrictive view( $\beta=-0.291$ , CI [-0.09, -0.49]) and have less humanistic view towards the mentally ill ( $\beta=0.193$ , CI [-0.36, -0.03]). Having mental health information had significantly less socially restrictive ( $\beta=-0.59$ , CI [-1.13, -0.05]) and less authoritarian ( $\beta=-0.10$ , CI [-1.011, -0.66])view towards mentally ill but respondents who are at university of college level reported to be more socially restrictive( $\beta=0.298$ , CI [0.059, 0.54]). This is scope for improvement by providing better health education of mental health.

#### 6. CONCLUSION

The study findings suggest that educating the community residents about mental health and illness can promote their mental health in day to day life, family and in the society .

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#### Authors Contribution

All the authors actively participated in the work of the study. All authors read and approved the final manuscript.

#### Conflict Of Interest

The authors declare no conflict of interests.

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