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Knowledge of Mental Health and Mental Illness among Students of Selected Health Professional Colleges

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Abstract

Introduction: For the effective delivery of mental health care, knowledge and awareness regarding mental illness has to be increased in the general population. Mental health has to be a concern for all of us, rather than only for those who feel pain from a psychological disorder. **Objective:** To determine the level of knowledge of mental health and mental illness among students of selected health professional colleges. **Methods:** The research approach was quantitative and descriptive survey design was used. The population in this study comprised of 385 first year students of selected health professional colleges who were selected through convenience sampling. Socio-demographic proforma and knowledge questionnaire on mental health and mental illness were the instruments used to collect the data. **Results:** Eighteen students (4.7%) had low knowledge, 217 (56.3%) had average knowledge and 150 (39%) had high knowledge of mental health and mental illness. **Conclusion:** Awareness regarding etiology, signs and symptoms, treatment on mental illness and developing a positive attitude towards mentally ill patients is essential for the health professional students.

Keywords: Mental health, mental illness, health professional students.

Introduction

Increasing the knowledge and awareness regarding mental illness among the general population is an essential part of effective delivery of mental health care. Mental health has to be a concern for all of us, rather than only for those who feel pain from a psychological disorder. It enhances the capabilities of the individuals and community and empowers them to attain their self-determined purpose. Mental disorders often create misunderstanding, confusion, prejudice and fear. It is

also reported that the stigma related to mental disorder is worse at times than the disorder itself. Due to the stigma that often surrounds mental health issues, millions of individuals worldwide do not receive the help they need and often oversee this enormously rampant health issue. With appropriate care and management, many individuals learn to cope or get better from a mental illness or emotional disorder. Mental illness makes our life miserable and can lead to problems in our daily life, such as at school, work, or relationships. In most cases, symptoms can be managed with a combination of biological therapies and psychotherapies.

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Around the globe, mental and substance use disorders are very common, with a prevalence rate of one in seven people. In India, the National Mental Health Survey found that one in 20 adults suffer from depression and 15% of the adults need intervention for one or more mental health issues. In the year 2012, over 258,000 suicides were reported in the age-group of 15-49 years (Gururaj and Mathew, 2016).

A study was carried out to determine students' opinions about mental illness. Hundred students from Ranchi

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University were selected for the study through purposive sampling. Data were collected by using 51 item Opinion about Mental Illness Scale (OMI). The results indicated that the majority of the students (38 (68%) females and 42 (84%) males) belonged to Hindu families. The male (46%) and female (56%) students took the neutral stand in response to an item in OMI- 'The law should allow a woman to divorce her husband as soon as he has been confined in the mental hospital with a severe mental illness' (significant at 0.014, $p < .05$) The study concluded that male and female students did not have a difference in opinion about mental illness (Mahto *et al.*, 2009).

A descriptive survey was carried out in Karnataka among 500 undergraduate medical students to assess knowledge, perception, and attitude towards mental disorders and psychiatry. The participants had significant shortcomings in attitude and knowledge concerning psychiatric disorders, more obvious in the preliminary years of education. Regarding psychiatry as a subject and psychiatrists as professionals, a reasonably positive opinion was obtained which may reflect the changing trends and concepts, both in society and in the medical community (Aruna *et al.*, 2016). Personal knowledge about mental illness, knowing and interacting with someone living with mental illness, cultural stereotypes about mental illness, media stories, and familiarity with institutional practices and past restrictions can shape the attitude and beliefs about the mental illness of an individual (Choudhry, Mani, Ming, & Khan, 2016). The stigma associated with mental illness can be reduced with proper knowledge and information about the mental health. Health professional students may lack awareness related to mental health and mental illness. The researcher could not locate many studies related to the knowledge of students on mental health and mental illness and the research conducted in this area is very minimal.

Objectives

To determine the level of knowledge on mental health and mental illness and to find the association between knowledge and selected socio-demographic variables among students of selected health professional colleges.

Materials and methods

The research approach was quantitative and descriptive survey design was used. The population in this study,

comprised of 385 first year students of selected health professional colleges who were selected through convenience sampling. The data were collected from 18 December 2017 to 20 January 2018 from first year students of Pharmacy and Medicine disciplines who were willing to participate in the study. The data regarding the characteristics of the participants were collected by using the socio-demographic proforma. It consists of eight items which include age, gender, religion, nationality, course of study and place of stay, and two items on mental health and mental illness. Structured knowledge questionnaire on mental health and mental illness consists of 30 multiple choice questions under the following areas: the meaning of mental health and mental illness, epidemiology and prevalence of mental illness, causes, clinical features, treatment and prevention and stigma related to mental illness. The maximum score was 30 and the minimum was zero. Scores were arbitrarily divided into low, average, and high with the score range of 0 to 10, 11 to 20 and 21 to 30, respectively.

Content validity of the tools was established by taking suggestions from the experts. Split-half method and Spearman-Brown prophecy formula were used to establish the reliability of the questionnaire ($r = 0.77$).

Approval from the Institutional Ethics Committee (IEC) of Kasturba Medical College and Kasturba Hospital, Manipal, was obtained (IEC no: 802/2017). The study was registered in CTRI (CTRI/2018/03/012739). Permission was obtained from heads of the institutions of selected colleges. Before collecting the data, the purpose of the study was explained to the participants and the written consent was taken from all the participants.

The data presented in table 1 show that, among 385 participants, 233 (60.5%) were females and 152 (39.5%) were males. The majority of the participants were 17-19 years of age. About the place of stay, 377 (87.4%) were staying in the hostel. The majority of the participants, i.e. 328 (85.2%), belonged to the Hindu religion. Data on type of nationality showed that 362 (94.0%) participants were Indian and eight (2.1%) were from South Africa. Three hundred and thirty-one (86.0%) participants answered 'No' to the item on 'Do you have previous knowledge on mental health and mental illness?' and 269 (69.9%) reported 'No' to the item on 'Have you ever come across of mentally ill person?'

Results

Table 1:
Frequency and Percentage Distribution of Participant Characteristics

Sample characteristics	Frequency (f)	Percentage (%)
N= 385		
Age in years		
17 – 19	307	79.7
20 -22	78	20.3
Gender		
Male	152	39.5
Female	233	60.5
Religion		
Hindu	328	85.2
Muslim	21	5.5
Christian	29	7.5
Any other	07	1.8
Nationality		
Indian	362	94.0
South Africa	08	2.1
U S A	11	2.8
Germany	03	0.3
British	01	0.8
Course of study		
MBBS	287	74.5
Pharmacy	98	25.5
Place of stay		
Hostel	337	87.4
Rented house	09	2.5
Own house	39	10.1
Previous knowledge of mental health and mental illness		
Yes	54	14.0
No	331	86.0
Knowing a mentally ill person		
Yes	116	30.1
No	269	69.9

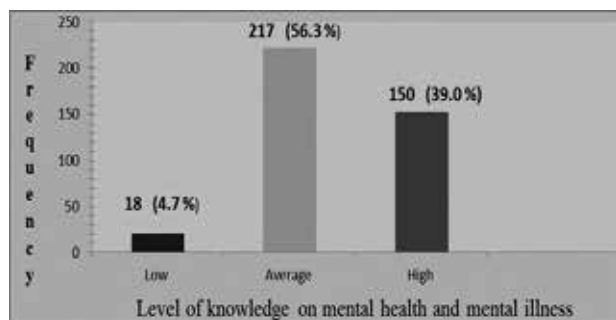


Figure 1. Bar diagram showing knowledge scores of mental health and mental illness.

The data in the bar diagram show that among 385 students 18 (4.7%) had low knowledge, 217 (56.3%)

had average knowledge and 150 (39%) had high knowledge of mental health and mental illness.

Table 2:
Mean, SD, Minimum and Maximum Scores of Knowledge on Mental Health and Mental Illness.

Mean	SD	Minimum score obtained	Maximum Score obtained	Minimum Possible score	Maximum Possible score
18.77	4.290	7.00	26.00	0	30

Data on Table 2 show the mean and standard deviation, minimum and maximum scores obtained by the students. The mean knowledge scores were 18.77 ± 4.290. The minimum and maximum scores obtained were 7.00 and 26.00, respectively.

Table 3:
Chi-Square Value Computed between Level of Knowledge and Socio-Demographic Variables

Age in years	Low knowledge (0-10)	Average knowledge (11-20)	High knowledge (21-30)	χ^2	df	p-value
17-19	15	165	127	4.240	2	.120
20-22	03	52	23			
Gender						
Male	10	105	37	22.928	2	.000*
Female	08	112	113			
Religion						
Hindu	16	183	129	4.881	6	.736
Christian	02	19	8			
Muslim	-	11	10			
Any other	-	04	03			
Course						
MBBS	18	147	122	15.082	2	.001*
Pharmacy	-	70	28			
Place of stay						
Hostel	18	182	137	11.027	4	.026*
Rented house	-	5	4			
Own house	-	30	09			
Nationality						
Indian	17	209	136	10.881	8	.209
South Africa	-	03	05			
USA	01	02	08			
Germany	-	01	-			

Age in years	Low knowledge (0-10)	Average knowledge (11-20)	High knowledge (21-30)	χ^2	df	p-value
British	-	02	01			
Previous knowledge						
Yes	02	18	34	15.325	2	.000*
No	16	199	116			
Knowing a mentally ill person						
Yes	04	59	53	3.355	2	.187
No	14	158	97			

*p=.05 level of significance

The findings of the study given in Table 3, show that the computed Chi-square values for gender ($\chi^2_{(2)} = 22.928, p < .000$), course ($\chi^2_{(2)} = 15.08, p < .001$), place of stay ($\chi^2_{(4)} = 11.027, p < .001$) and item on previous knowledge on mental illness ($\chi^2_{(4)} = 15.325, p < .000$) are significant at 0.05 level of significance; which means these variables are independent of knowledge on mental health and mental illness.

Discussion

This study reveals that among 385 participants, 233 (60.5%) were females and 152 (39.5%) were males. Similar findings were observed in a cross-sectional descriptive survey conducted in New Delhi among the 100-general public on the knowledge and attitude about mental health (33% males and 67% females) (Ganesh, 2011).

Concerning religion, the majority of the participants 328 (85.2%) belonged to the Hindu religion. This is in support of a study conducted to determine students' opinion about mental illness among 100 students from Ranchi University which showed that majority of the participants were Hindus, of whom 38 (68%) and 42 (84%) were females and males respectively (Mahto et al., 2009).

Data on age in this study reveal that 307 (79.7%) were belonging to the age group of 17-19 years, whereas Farid et al., 2014 found that the mean age of the participants was 20.7 (SD = 3.0, range: 18–56). Ninety-four percent of the respondents were between the age group of 18 to 24 years.

Knowing a mentally ill was reported by 69.9% of the participants in this study whereas only 47% (282) reported that they knew someone with a mental illness in the study conducted (Farid et al., 2014). In this study, 18 (4.7%) had low knowledge, 217 (56.3%) had average knowledge and 150 (39%) had high knowledge of mental health and mental illness.

The mean knowledge scores on mental health and mental illness are 18.77 ± 4.290 . A similar study was conducted to determine the knowledge on mental health promotion among 70 pre-university students in Udupi, Karnataka and found that most of the participants, 52.85%, had poor knowledge, 30% had average knowledge and 17.15% had good knowledge scores (Bhavyashri, Jose, & Shalini, 2017).

Findings of this study about knowledge level were contradictory to the findings in this study where it was found that 89% of nursing staff were knowledgeable about mental health problems (Deribew & Tesfaye, 2005).

A cross sectional survey was conducted to determine the knowledge and attitudes towards mental illness among Caribbean college students, and the mean knowledge score was 58.1 ± 5.8 . Participants who knew someone with a mental illness scored significantly higher on knowledge questions (58.9 ± 5.6 vs $57.6 \pm 5.9, p = .006$) (Farid et al., 2014). Another study conducted on knowledge and attitudes of secondary and higher secondary school teachers toward mental illness revealed that 76% of teachers had inadequate knowledge (Parikh et al., 2016). This study reveals that knowledge is dependent on gender, place of stay, course of study and previous knowledge on mental health and mental illness and independent on age, and religion. This is in support of the findings in a study conducted on knowledge and attitude concerning mental illness in adults (More et al., 2012).

Conclusion

Majority of the students had only average knowledge regarding mental health and mental illness. Awareness regarding etiology, signs and symptoms and treatment about mental illness and developing a positive attitude towards mentally ill patients is very essential from the student point of view at the beginning of the course so that they will be able to understand the problems of the

mentally ill in a better way and provide comprehensive care to them by developing a positive attitude towards their care.

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