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Knowledge, attitude and practice towards mental health illnesses in an urban community in West Bengal: a community based study

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ABSTRACT

Background: Mental illness is a significant challenge and becoming more relevant in today's fast paced world. According to WHO, mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". The aim of the present study was to assess the knowledge about mental illness and attitude and practice of the public toward people with mental illness.

Methods: An observational, descriptive study with cross-sectional design was done among 200 adults of Bagh bazar slum, urban field practice area of department of Community Medicine, R. G. Kar Medical College and Hospital, Kolkata, West Bengal, India in May 2019 with a predesigned, pretested schedule.

Results: Only 2.5% says that they are willing to live with a people with mental illness and only 1% has actually done so. Health-care seeking behavior shows that 54.5% will go to a general practitioner in case of any mental illness though only 2.5% believed that people with severe mental illness can fully recover. Attitude toward mental illness showed mixed picture as also in knowledge.

Conclusions: Health education and public awareness regarding mental illness can decrease the stigma, prejudice; discrimination attached with it and improves help-seeking behaviour of the community. This study provides insights into the cognitive and affective aspect of mental illness among adult population of the study area. It will also help in implementing better policies for increasing public awareness regarding mental illness.

Keywords: Attitude, Mental illness, Slum, Stigma

INTRODUCTION

Mental illness has always been a significant challenge and is becoming more and more relevant in today's fast paced world. According to the World Health Organization (WHO), mental health is "a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". Whereas mental illness refers collectively to health conditions involving significant changes in emotion, thinking or behaviour or a

combination of these and associated with distress and/ or problems functioning in social, work or family activities.² International classification of disease (ICD-10) classifies mental illness as organic due to pathological changes in brain (dementia, Alzheimer's disease, delirium, etc.), neurosis (mood disorder, anxiety disorder, phobic disorder, obsessive compulsive disorder, etc.), psychosis (schizophrenia, delusional disorder, etc.) and other illness (personality disorder, childhood development disorder, eating disorder, conduct disorder).³ This is widely recognized as a major contributor (13%) to the global burden of disease worldwide and is projected to increase to 15% by the year 2020.⁴ India is also not an exception

and since last few decades the burden of mental illness in India is also rising. According to national mental health survey the overall prevalence of mental illness in lifetime was 13.7% and current was 10.6%.³ Stigma associated with mental illness remains a powerful negative attribute and is prevalent in all strata of our society. There is still a taboo associated with mental disorder and it stems from a combination of 3 related problems: a lack of knowledge (ignorance), negative attitudes (prejudice), and exclusion or avoidance behaviours (discrimination).⁵ These deep rooted problems may culminate into irrational fear and intolerance which further fortify the stigma surrounding psychiatry resulting a vicious cycle that affects not only the patients but also their families.⁶

Though some nations have tested success in addressing the stigma, negativity and getting acceptance of people associated with mental illness but developing countries like India have to make big strides to achieve the same. Lack of awareness, superstitions, resorting to traditional healer instead of psychiatrist and even reject the professional help not only aggravate the medical conditions of the patients but also increase the psychological and financial burdens on the families.⁷ The belief that mental illness is incurable can also be damaging, preventing patients from being referred for appropriate mental health care. Moreover, the family members of people with mental disorders are often blamed by the public, experience discrimination and hence tend to ignore the problem. These factors highlight the importance of conducting research to assess public knowledge and attitudes toward mental illness. Only few studies reported regarding knowledge and attitudes of the public toward people with mental illness from urban area of India. Hence, the aim of the present study was to assess the knowledge about mental illness and attitude and practice of the public toward people with mental illness. Results from this study could help in designing programs that would aim to reduce public stigma against mental disorders and provide guidance for the government to undertake further strategic action.

METHODS

It was an observational, descriptive study with crosssectional design done at Bagh bazar slum, urban field practice area of Department of Community Medicine, R. G. Kar Medical College and Hospital, Kolkata, West Bengal, India. Data were collected from May 1, 2019, to May 30, 2019. Adult population (≥18 years) of Bagh bazar slum were the study population. Individuals who were not able to comprehend the study schedule, those who expressed unwillingness to become a study participant were excluded from the study. According to National Mental Health Survey of India 2015 to 2016, the prevalence of mental health problem in West Bengal was 11.8%.8 With an allowable absolute error of 5%, the sample size came out to be 167. Adjusting for a nonresponse rate of 15%, a total sample size of 197 was calculated and it was rounded off to 200. There are 452

families in Bagh bazar as per UHTC census data 2018 to 2019. The respective family-folders were taken. A simple random sampling was done to select 200 families. Then one adult family member was selected by simple random method. A predesigned and pretested, valid schedule from a previous study on mental health awareness was used in this study.9 The schedule had two sections. The first section comprised questions related to knowledge, attitude, and practice (KAP) about mental illness and the second part comprised socio-demographic information. The first part, Attitudes to Mental Illness Questionnaire was developed by the Department of Health, the United Kingdom, for this series of surveys, based on previous research in Toronto, Canada, and the West Midlands, UK. It included 26 items based on the 40-item community attitude towards the mentally ill (CAMI) scale and the opinions about mental illness scale and an added item on employment-related attitudes. The questions covered an issues such as attitudes toward people with mental illness, opinions on services provided for people with mental health problem. The schedule is valid only for the adult population. There were two interviewers chosen for the survey. They were trained to ensure reliability. Data entry was done in Microsoft Excel 2010 software and analysis was done in SPSS Statistics version 16. Results were described in terms of absolute numbers and percentage.

RESULTS

Out of the total 200 study population, 77 (38.5%) were male and 123 (61.5%) were female. Mean (SD) age of the study population was 39.25 (9.7) yrs. 32.5% of them had completed primary education and 33% had completed middle school education. Majority 82 (41%) of them were unskilled workers (Table 1).

Table 1: Distribution of the study population according to socio-demographic characteristics (n=200).

Variables		N (%)	
Sex	Male	77 (38.5)	
Sex	Female	123 (61.5)	
Education	Illiterate	6 (3)	
	Just literate	14 (7)	
	Primary	65 (32.5)	
	Middle school	66 (33)	
	High school	38 (19)	
	High school pass	5 (2.5)	
	Graduate and above	6 (3)	
	Unemployed	30 (15)	
	Unskilled	82 (41)	
Occupation	Semi-skilled	37 (18.5)	
Occupation	Skilled	25 (12.5)	
	Clerical/shop owner	20 (10)	
	Semi-professional	6 (3)	
Socio-economic Status	Upper lower	91 (45.5)	
	Lower middle	72 (36)	
	Upper middle	37 (18.5)	

The distribution of the study population according to the knowledge regarding mental illness shows 189 (94.5%) population feels that the mental health patients should be kept in mental hospitals. 91 (45.5%) feels that they are prone to violence. However, 90 (45%) believes that it can be cured through medication (Table 2). Distribution of the study population according to attitude regarding mental illness shows that regarding fear about mental illness, 115 (57.5%) respondent thinks that a person shouldn't marry anyone who has suffered from mental illness even though

he/she seems fully recover. However, tolerability seems to be better with 186 (93%) supporting that mentally ill patients need to be responsibly looked on and need to adopt a far more tolerant attitude toward people with mental illness in our society. Integration showed a good response with 143 (71.5%) saying that residents have nothing to fear from people coming into their neighbourhood to obtain mental health services. However, 163 (81.5%) still believe that mental illness is caused due to the lack of willpower (Table 3).

Table 2: The knowledge regarding mental health among the study population (n=200).

	N (% agree)
Statements that describe someone who is mentally ill	
Suffers from recurrent episodes of depression	113 (56.5)
Incapable to take simple decision regarding his/her own life	42 (21)
Is born with some abnormality affecting the brain	62 (31)
Can't be held guilty for his/her own action	21 (10.5)
Is prone to violence for no reason	91 (45.5)
Has to be kept in mental hospital	189 (94.5)
Stigma - related mental health knowledge	
If a friend had a mental health problem, I know what advice to give them	21 (10.5)
Mental illness can be cured by medicine	90 (45)
Mental illness can be cured by counselling	61 (30.5)
People with severe mental illness can fully recover	5 (2.5)

Table 3: Distribution of the study population according to attitude regarding mental illness (n=200).

Questions	Strongly agree N (%)	Agree N (%)	Neutral N (%)	Disagree N (%)	Strongly disagree N (%)
Fear about mental illness					
As soon as a person shows signs of mental illness, he/she should be immediately hospitalized	2(1)	172 (86)	5 (2.5)	15 (7.5)	6 (3)
People with mental illness are a burden on society	6 (3)	10 (5)	35 (17.5)	143 (71.5)	6 (3)
People with mental illness should not be given any responsibility	17 (8.5)	94 (47)	4 (2)	82 (41)	3 (1.5)
A person shouldn't marry anyone who has suffered from mental illness even though he/she seems fully recovered	6 (3)	109 (54.5)	23 (11.5)	62 (31)	0 (0)
I would not want to live next door to someone who has been mentally ill	4 (2)	62 (31)	72 (36)	60 (30)	2(1)
Anyone with a history of mental illness shouldn't be offered any official job	4 (2)	117 (58.5)	28 (14)	42 (21)	9 (4.5)
Understanding and tolerance of mental illness					
Anyone can become mentally ill	14 (7)	158 (79)	14 (7)	14 (7)	0 (0)
We need to accept mentally ill persons cordially	14 (7)	176 (88)	0 (0)	10 (5)	0 (0)
We have to take responsibility of mentally ill persons as best as possible	0 (0)	186 (93)	6 (3)	8 (4)	0 (0)
People with mental illness do not deserve our sympathy	2(1)	18 (9)	4 (2)	149 (74.5)	27 (13.5)
Increased spending on mental health services is a waste of money	2 (1)	4 (2)	14 (7)	175 (87.5)	5 (2.5)
Mental health services should be provided through community-based facilities	0 (0)	165 (82.5)	27 (13.5)	8 (4)	0 (0)
Integrating people with mental illness into the community					
Mental illness is an illness like any other	14 (7)	170 (85)	9 (4.5)	2(1)	5 (2.5)

Continued.

Questions	Strongly agree N (%)	Agree N (%)	Neutral N (%)	Disagree N (%)	Strongly disagree N (%)
No justification to keep mentally ill person separate from general population	6 (3)	74 (37)	38 (19)	82 (41)	0 (0)
Mental hospitals are an outdated means of treating people with mental illness	2(1)	9 (4.5)	4 (2)	171 (85.5)	14 (7)
No one has the right to exclude people with mental illness from their neighborhood	7 (3.5)	177 (88.5)	2 (1)	8 (4)	6 (3)
People with mental illness are far less of a danger than most people suppose	2(1)	57 (28.5)	63 (31.5)	78 (39)	0 (0)
Most women who were once patients in a mental hospital can be trusted as babysitters	5 (2.5)	27 (13.5)	36 (18)	94 (47)	38 (19)
The best therapy for many people with mental illness is to be part of a normal community	0 (0)	134 (67)	41 (20.5)	25 (12.5)	0 (0)
Residents have nothing to fear from people coming into their neighborhood to obtain mental health services	0 (0)	143 (71.5)	39 (19.5)	18 (9)	0 (0)
Causes of mental illness and the need for special servi	ices				
There are sufficient existing services for people with mental illness	2(1)	26 (13)	64 (32)	108 (54)	0 (0)
One of the main causes of mental illness is a lack of self-discipline and willpower	11 (5.5)	152 (76)	19 (9.5)	18 (9)	0 (0)
There is something about people with mental illness that makes it easy to tell them from normal people	20 (10)	167 (83.5)	8 (4)	0 (0)	5 (2.5)

Table 4: The reported and intended behaviour of persons toward mental illness (n=200).

Question	N (% agree)
Reported	
Lived with someone with a mental health problem	2(1)
Worked with someone with a mental health problem	18 (9)
Had a neighbor with a mental health problem	24 (12)
Had a close friend with a mental health problem	17 (8.5)
Intended "In the future, I would be willing to"	
Live with someone with a mental health problem	5 (2.5)
Work with someone with a mental health problem	47 (23.5)
Live nearby to someone with a mental health problem	42 (21)
Continue a relationship with a friend who developed a mental health problem	40 (20)

Table 5: Health care seeking behaviour of participants (n=200).

Question	N (% agree)
Consulting a GP about a mental health problem	109 (54.5)
Talking to a friend or family member about your mental health problems	104 (52)
Talking to a current or prospective employer about your mental health problems	34 (17)
Opinion regarding facing stigma and discrimination by mentally ill persons	69 (34.5)

About the reported and intended behaviour of persons toward mental illness (Table 4), only 5 (2.5%) persons say that they are willing to live with a people with mental illness. 2 (1%) has actually done so. Health-care seeking behaviour shows that 109 (54.5%) will go to a GP in case of any mental illness (Table 5).

DISCUSSION

Mental illness through exaggeration and misunderstanding has been the subject of ridicule and disrespect since ages. Mental illness was abhorred as a curse and mentally ill patients ostracized and subjected to inhuman cruelty. These lead to consequences such as stigma, rejection, loss of esteem, discrimination, restriction of opportunity, reluctance to seek psychiatric treatment etc. In this community based study, every kind of mental illnesses in general was considered to assay knowledge, attitude and behaviour of urban participants regarding mental illness. The KAP regarding metal health illness among adult population in urban slum area of Bagh bazar, were studied to develop an appropriate policy for promotion of knowledge, positive attitude and practice of community toward mental illnesses. In this study, we found that though there was a positive participation of community regarding social acceptance of mentally ill patients and treatment outcome of mental illness but their attitude toward mentally ill patients was modest. Most of the participants agreed that mental illnesses were like any other diseases that can be managed by medicine and involvement in normal day to day life. Studies in different countries such as South Africa and also in India showing similar type of result.¹⁰ A study in India showing that almost 66.7% of participant in urban area and another study in West Bengal shows that 70.96% participant in rural area agreed that mental diseases can be curable But in our study we found that 45% of participants of urban area think that mental illness is curable. Study participants identified Mental hospital as a preferred place for treatment of mental illness.9,11 This indicates preference for specialized care for mental illness. Similar findings have been reported in previous studies. 10,12 In many studies in India, it was found that there was stigmatic attitude of community toward mentally ill patients. The people of community think that mentally ill patients were dangerous, harmful, unpredictable, and worthless. 13-15 Another study in India reflecting that 36.9% of rural participate and 43.2% of urban participate unwilling to marriage with a person recovered from mental illness.¹¹ Many study showing that mentally ill patients were ignored and neglected and considered as social burden.¹⁶ In our study, it was found that though 95% of participants considered that mentally ill patients should be accepted cordially in society but there is still presence of stigma in the study participants. Almost 55.5% of the participants agreed that mentally ill patients should not be given any responsible work and 60.5% participants thinks that mentally ill person should not be offered official job Although most of the participants did not support isolating person with mental illness from the society, restrictive attitude was observed with regards to marriage, babysitting. About 57.5% participants consider that one should not marry anyone who has suffered from mental illness even though he/she seems fully recovered. More than half of the participants (66%) disagreed to trust a once mental patient with babysitting job. Social desirability bias may be hiding the true stigmatizing attitude of the community. Almost 45.5% of participants feel uncomfortable about discussing their mental health problems even to a doctor, whereas almost 83% participants agreed that it would be uncomfortable to discuss mental problem in job place. Our study shows that though study participants are positive towards the

acceptance of mentally in patients in society which is similar to the findings of the study by Singh et al and Kermode et al. But also, participants are pessimistic when it comes to career or job opportunity for a person with mental illness.^{17,18} To conclude, in this study we have covered the urban field practice area under Department of community medicine, R. G. Kar Medical College and Hospital, Kolkata, West Bengal, India. The study subjects represent the adult population of this area only. Health education and public awareness regarding factual information about mental illness can decrease the stigma, prejudice, discrimination attached with mental illness and improve help-seeking behaviour of the community. 19,20 This study provides insights into the cognitive and affective aspect of mental illness among adult population of the study area. It will help in implementing better policies for increasing public awareness regarding mental illness, which is detrimental and devastating to an individual as well as to the family. This will also help to reduce burden of psychiatric morbidity in the community.

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REFERENCES

- 1. WHO. Mental health: a state of well-being. Available at: http://www.who.int/features/factfiles/mental_health/en/. Accessed 30 July 2019.
- 2. American Psychiatric association. What is Mental illness? Available at: http://www.psychiatric.org/patients-families/what-is-mental-illness. Accessed 30 July 2019.
- 3. Kadri AM. Community medicine. Books. 1st edition. Jaypee Brothers Medical Publishers; 2019.
- 4. Ritchie H, Roser M. Mental Health. Our World in Data; 2018 Jan 20. Available at: https://ourworld indata.org/mental-health. Accessed 5 August 2019.
- 5. Ganesh K. Knowledge and attitude of mental illness among general public of Southern India. Nat J Comm Medi. 2011;2(1):175-8.
- Aruna G, Mittal S, Yadiyal MB, Acharya C, Acharya S, Uppulari C. Perception, knowledge, and attitude toward mental disorders and psychiatry among medical undergraduates in Karnataka: A cross-sectional study. Ind J Psychiatr. 2016;58(1):70-6.
- 7. Li J, Zhang MM, Zhao L, Li WQ, Mu JL, Zhang ZH. Evaluation of attitudes and knowledge toward mental disorders in a sample of the Chinese

- population using a web-based approach. BMC Psychiatry. 2018;18(1):1-8.
- 8. Murthy RS. National mental health survey of India 2015–2016. Ind J Psychiatr. 2017;59(1):21.
- 9. Basu R, Sau A, Saha S, Mondal S, Ghoshal PK, Kundu S. A study on knowledge, attitude, and practice regarding mental health illnesses in Amdanga block, West Bengal. Ind J Pub Health. 2017;61(3):169.
- Hugo CJ, Boshoff DE, Traut A, Zungu-Dirwayi N, Stein DJ. Community attitudes toward and knowledge of mental illness in South Africa. Soci Psychiatry Psychiatric Epidemiol. 2003;38(12):715-9.
- 11. Kishore J, Gupta A, Jiloha RC, Bantman P. Myths, beliefs and perceptions about mental disorders and health-seeking behavior in Delhi, India. Ind J Psychiatry. 2011;53(4):324-9.
- 12. Singh AJ, Shukla GD, Verma BL, Kumar AR, Srivastava RN. Attitude of Indian urban adults towards mental illnesses. Ind J Pub Health. 1992;36(2):51-4.
- 13. Raguram RD, Weiss MG, Channabasavanna SM, Devins GM. Stigma, depression, and somatization in South India. Am J Psychiatry. 1996;153(8):1043-9.
- Charles H, Manoranjitham SD, Jacob KS. Stigma and explanatory models among people with schizophrenia and their relatives in Vellore, South India. Int J Social Psychiatry. 2007;53(4):325-32.

- 15. Crisp AH, Gelder MG, Rix S, Meltzer HI, Rowlands OJ. Stigmatisation of people with mental illnesses. Br J Psychiatry. 2000;177(1):4-7.
- 16. Kumar A. District mental health programmme in India: A case study. J Health Develop. 2005;1(1).
- 17. Singh AJ, Shukla GD, Verma BL, Kumar AR, Srivastava RN. Attitude of Indian urban adults towards mental illnesses. Ind J Public Health. 1992;36(2):51-4.
- 18. Kermode M, Bowen K, Arole S, Pathare S, Jorm AF. Attitudes to people with mental disorders: a mental health literacy survey in a rural area of Maharashtra, India. Social Psychiatry Psychiatric Epidemiol. 2009;44(12):1087-96.
- 19. Pothen M, Kuruvilla A, Philip K, Joseph A, Jacob KS. Common mental disorders among primary care attenders in Vellore, South India: nature, prevalence and risk factors. Int J Social Psychiatr. 2003;49(2):119-25.
- 20. Rose D, Thornicroft G, Pinfold V, Kassam A. 250 labels used to stigmatise people with mental illness. BMC Health Serv Res. 2007;7(1):97.

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