Research Article

Misconceptions Regarding Mental Illness Among General Population

R Nishanthi[1*], Revathi V [2]

[1]SRM College of Nursing, SRM University, Kattankulathur, Tamilnadu, India
[2]Global Hospitals, Perumbakkam, Chennai, Tamilnadu, India

ABSTRACT

Objectives: The objective of the study was to assess the misconceptions regarding mental illness among general population. Methods: Quantitative research approach and Non probability convenient sampling technique was used to select the samples. The tool consisted of 20 structured items. Results: The study results found that most of the family (92%) they don't have any mentally disabled person in their family and eight percentages of samples had mentally disabled person in their family. It reveals that out of 100 samples, 86 (86%) samples had low level of misconception, 14(14%) samples had medium level of misconception, none of them had high level of misconception and all p-values were not significant. Conclusion: Hence, the investigator concludes that there is no significant association between the demographic variables and the levels of Misconception regarding mental illness.

Keywords: Misconception, Mental illness, General population, Perception.

INTRODUCTION

Misconception refers to a set of negative attitudes and beliefs that motivate individuals to fear, reject, avoid, and discriminate against people with mental illness[1]. In India, the prevalence of mental disorders ranges from 10 to 370 per 1000 population in different parts of the country. The median conservative estimate of 65 2

per 1000 population has been given by Gururaj *et al*. The rates are higher in females by approximately 20-25%. As far as causation of mental morbidity is concerned, there are many factors similar to any other world community, but delayed health-seeking behaviour, illiteracy, cultural and geographic distribution of people are special for India[2]. The misconceptions that surround mental illness hinder our understanding about many of the mental disorders that are prevalent today—such as depression, anxiety and mood disorders, bipolar disorder. Most of the time it is characterized by superstition, ignorance and fear, although in time and advance in scientific understanding of mental illness has dispelled many false ideas[3]. Furthermore, stigmatizing beliefs about the competency of individuals with mental illness compromise individuals' financial autonomy, restrict opportunities, and may lead to coercive treatment and reduced independence (e.g., through institutionalization[4]. Many people with serious mental illness are challenged doubly. On one hand, they

struggle with the symptoms and disabilities that result from the disease. On the other, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness. As a result of both, people with mental illness are robbed of the opportunities that define a quality life: good jobs, safe housing,satisfactory health care, and affiliation with a diverse group of people[5].

METHODS AND MATERIAL

Methods
The present study aimed to assess the misconceptions regarding mental illness among general population. Quantitative research approach was adopted. Non probability convenient sampling technique was used to select the samples. A total number of 100 samples staying in East Potheri village, Kancheepuram district, who met the following criteria for inclusion to determine eligibility for this study: People who belong to the age group of above 18 years, who could understand Tamil and English, Who were willing to participate in the study.

Ethical consideration
The purpose of the study was explained. Rapport was established and a brief introduction about the study was given. After assuring confidentiality, the subjects were given their consent. The samples were provided with the questionnaire and asked to give their responses regarding misconception about the mental illness.

Material
The tool consists of 2 sections. Section A consists of demographic data of the samples. It consisted of 8 items for obtaining baseline information from the study participants like Age, gender, religion, marital status, education, occupation, family income, and type of family. Section B consists of questions to assess the level of misconceptions regarding mental illness among the general population. It consisted of 20 structured items; each item was given two options Yes/No. If the samples will have the score of < 10 it indicates high level of misconception, score of 11-15 indicates medium level of misconception and the score of >15 it indicates low level of misconception.

*Author for Correspondence: nishamoorthy87@gmail.com

Table 1: Frequency and percentage distribution of demographic variables among general Population.   N=100

S. No	Demographic Variable	Classifications	No. of respondents	Percentage
1	Age	< 30 Years	59	59%
		30 - 40 Years	31	31%
		40 - 50 Years	0	0%
		50 - 60 Years	10	10%
		> 60 Years	0	0%
2	Gender	Male	6	6%
		Female	94	94%
3	Education	No Formal Education	10	10%
		Primary	5	5%
		Middle	64	64%
		High School	13	13%
		Higher Secondary	8	8%
		Graduate and above	0	0%
4	Marital Status	Married	96	96%
		Unmarried	4	4%
		Widowed/Separated	0	0%
5	Religion	Hindu	100	100%
		Christian	0	0%
		Muslim	0	0%
		Others	0	0%
6	Monthly Income	< 1520	0	0%
		1521 - 4555	9	9%
		4556 - 7593	83	83%
		7594 - 11361	8	8%
		11362 - 15187	0	0%
		15188 - 30374	0	0%
7	Type of Family	Nuclear	60	60%
		Joint Family	40	40%
8	Occupation	Unemployed	46	46%
		Employed	30	30%
		Self Employed	24	24%
		Retired	0	0%
9	Mentally disabled persons in the family	Yes	8	8%
		No	92	92%

Descriptive and inferential statistics were used to analyze the data. Frequency and percentage distribution were used to analyze the demographic variables and misconceptions regarding mental illness. Chi square test were used to analyze the association between demographic variables and misconceptions regarding mental illness.

RESULTS

Table 1 reveals that out of 100 samples majority 59 (59%) samples were in the age group of <30 years and most of them (94%) were female. Most of them (64 %) had completed primary education. Majorities (96%) of them were married. Regarding religion all (100%) of them belongs to Hindu religions. Most of the samples (83%) samples were got the monthly income of Rs.4556-759, majorities (60%) of the samples belong to nuclear family and more than forty six samples were unemployed. It was found that most of the family (92%) they don't have any metally disabled person in their family and eight percentages of samples had mentally disabled person in their family. It reveals that out 100 samples 86 (86%) samples had low level of misconception, 14(14%) samples had medium level of misconception and none of them had

high level of misconception regarding mental illness. Table 2 reveals that all p-values were not significant it indicates that there was no significant association between the demographic variables and the levels of Misconception.

DISCUSSION

The present study assessed the misconception regarding mental illness among general population. The study results found that majority (59%) of the samples was in the age group of <30 years and most of them (94%) were female. It is found that most of the family (92%) they don't have any mentally disabled person in their family and eight percentages of samples had mentally disabled person in their family. The study brought out the fact that none of the general population has experienced high level of misconception, 14% experienced medium level of misconception and 86% experienced low level of misconception. On the contrary, a study revealed that out of 100 adults, maximum number of adults i.e. 84% had low level of myths and misconceptions and 16 subjects had high level of myths and misconceptions[6].

Table 2: Association between demographic variables and the Levels of Misconception.   N=100

S. No.	Demographic Variable	Classifications	Level of Misconception		Chi-Square	Degrees of Freedom	P-Value
			Low	Medium			
1	Age	< 30 Years	51	8	7.091	2	0.029 Non-significant
		30 - 40 Years	29	2			
		50 - 60 Years	6	4			
2	Gender	Male	5	1	0.038	1	0.846 Non-significant
		Female	81	13			
3	Education	No Formal Education	6	4	8.560	4	0.073 Non-significant
		Primary	5	0			
		Middle	55	9			
		High School	13	0			
		Higher Secondary	7	1			
4	Marital Status	Married	83	13	0.419	1	0.518 Non-significant
		Unmarried	3	1			
5	Monthly Income	1521 - 4555	8	1	0.092	2	0.955 Non-significant
		4556 - 7593	71	12			
		7594 - 11361	7	1			
6	Type of Family	Nuclear	51	9	0.125	1	0.724 Non-significant
		Joint Family	35	5			
7	Occupation	Unemployed	38	8	0.883	2	0.643 Non-significant
		Employed	27	3			
		Self Employed	21	3			
8	Mentally disabled persons in the family	Yes	8	0	1.416	1	0.234 Non-significant
		No	78	14			

The study results found that all p-values were not significant and hence the investigator concludes that there was no significant association between the demographic variables and the levels of Misconception. The similar study shows that there was no significant difference in stigma scores between rural and urban populations; a previous Indian study reported that rural sample had higher stigma scores than urban sample[7]. Myths and misconceptions are significantly more prevalent in rural areas than in urban areas and among medical professionals, and the people need to be communicated to change their behavior and develop a positive attitude toward mental disorders so that health-seeking behavior can improve[8]. There was growing awareness about mental illness even in general population and the people were being more receptive of the mentally ill people[9].

CONCLUSION

The present study concludes that none of the general population had experienced high level of misconception and majority (86%) of them had experienced low level of misconception regarding the mental illness and there is no association between the level of misconception and their selected demographic variables. Thus, stigma and feelings of unpredictability are largely shared even by patients. Better cognitive insight and attribution of personal responsibility to the illness are associated with higher levels of self stigma. These feelings negatively influence patient's social participation and achievement of goals in life[10]. Another Indian study reported that urban respondents felt the need to hide their illnesses and avoided illness histories in job application whereas rural respondents experienced more ridicule, shame and discrimination[11]. The feelings of stigma and discrimination against mental illness are internalized by patients as well as public. Interventions to reduce stigma and discrimination should be as part of psychosocial management[12].

The investigator would like to conclude that there was awareness has been found among the general population regarding misconception about mental illness. Now a day's peoples searching the scientific reasons for occurrence and finding the remedies via Mass Medias, newspapers and through technologies appliances to alleviate the development of misconceptions regarding the mental illness. Since, the researcher felt a deep sense of satisfaction and fulfillment for undertaken the study.

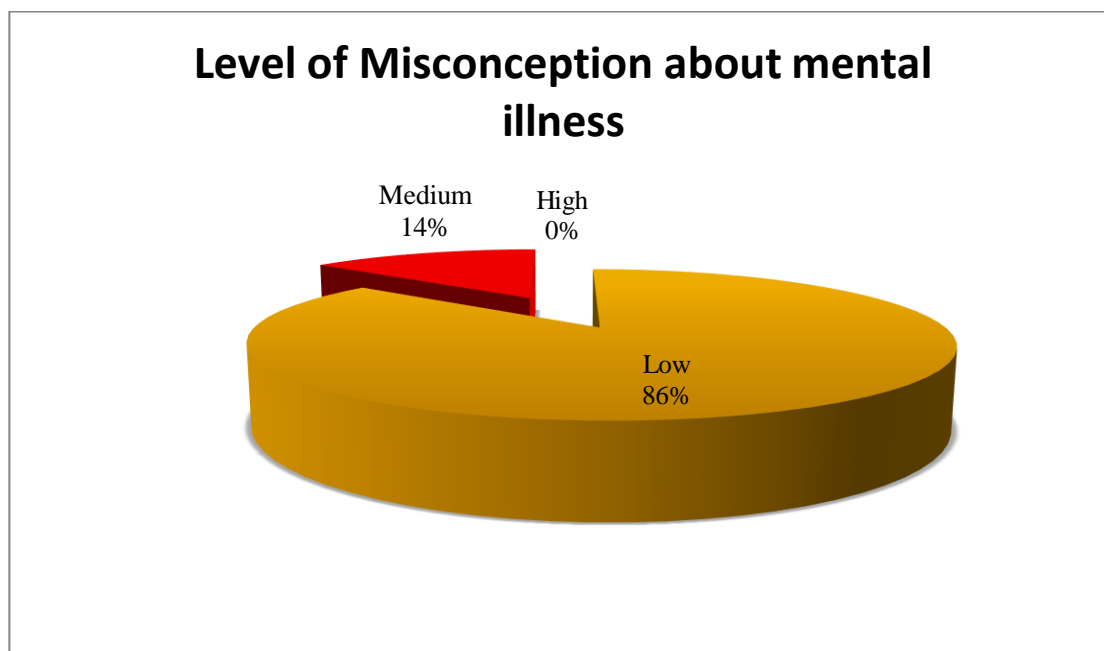## Level of Misconception about mental illness

Medium
14%

High
0%

Low
86%

Chart 1: Level of misconception about mental illness.

CONFLICT OF INTEREST

None declared

REFERENCES

1. Corrigan PW, Penn DL. Lessons from social psychology on discrediting psychiatric stigma. American Psychologist. 1999;54(9):765–776. [PubMed].
2. Gururaj. Beliefs and attitudes towards mental health . Indian Journal of Community Medicine. 2007 Mar;32(3):8-200. Available from: URL:http://pubmed.com.
3. Elder Alexander B. Morrison. Some Myths and Misconceptions About Mental Illness. Salt Lake City UT, First Quorum of the Seventy (Emeritus) 2001 April 21. Available from URL: http://www. mentalhealthlibrary.info.
4. Corrigan PW, Shapiro JR. Measuring the impact of programs that challenge the public stigma of mental illness. Clinical Psychology Review. 2010;30(8).
5. Patrick W. Corrigan, Amy C. Watson. Understanding the impact of stigma on people with mental illness, world psychiatry, February 2002: 1:1.
6. Kaur S , Thapar K, Saini P, Kaur H , Kaur J. Myths & Misconceptions of Mental Illness and Health Seeking Behaviour of Adults. Int J Com Health and Med Res .2016;2(3):3-9.
7. Jadhav, S., Littlewood, R., Ryder, A.G., etal. Stigmatization of severe mental illness in India: Against the simple industrialization hypothesis. Indian Journal of Psychiatry. 2007;49 (3), 189 – 194.
8. Kishore J, Gupta A, Jiloha RC, Bantman P. Myths, beliefs and perceptions about mental disorders and health-seeking behavior in Delhi, India. Indian J Psychiatry 2011;53:324-9.
9. Dilip Kumar, Pradeep Kumar, Amool Ranjan Singh, Samrat Singh Bhandari., Dysphrenia. 2012; 3(1): 57– 64.
10. Magliano, L., Fiorillo, A., Malangone,C., et.,al. Views of Persons with Schizophrenia on Their Own Disorder. An Italian Participatory Study. Psychiatric Services, 2008;59, 795 - 799.
11. Loganathan, S & Srinivas Murthy, R. Experiences of stigma and discrimination endured by people suffering from schizophrenia. Indian Journal of Psychiatry. 2008; 50(1), 39 – 46.
12. Rohit Garg, B.S. Chavan, Priti Arun. Indian Association for Social Psychiatry Indian Journal of Social Psychiatry, 2012, 28 (3-4), 121-130.