



## Original article

## Awareness of mental disorders among youth in Delhi

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## ABSTRACT

Awareness of mental disorders is also known as Mental health literacy which can be defined as knowledge and beliefs about mental disorders which aid their recognition, management or prevention. Young generation and college going students have unique perceptions about mental illness in every section of the society. They are the future adults of this society and windows of modern India, so their opinions are important indicators of mental health literacy. *Aim of the study* was to assess the mental health literacy among students of university of Delhi. The study was conducted using a descriptive, exploratory, cross sectional survey design on 100 (50 males and 50 females) postgraduate students from the University of Delhi, India. A semi-structured interview, with a standardized tool, Mental Health Literacy (MHL) questionnaire was used to assess the knowledge, awareness, and attitudes of students towards patients with mental disorders like depression and psychosis. Results: Most of the subjects had well awareness about identification of the patients with mental disorder, whereas as more than half of the subjects had exact awareness to identify depression. Most of the subjects had adequate knowledge and identified poor outcome and prognosis for patients with psychosis as compared to depression if not treated. Stigmatization of subjects towards patient with depression and psychosis was present and was higher for psychosis. Most of the subjects rated psychiatrist and immediate community members as the most reliable help for the patients with depression and psychosis. *Conclusions* drawn from the study were, overall mental health literacy of the university students in Delhi was found to be adequate, but not satisfactory in the area of risk factors and stigmatization.

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## 1. Introduction

The term “Mental Health Literacy” was defined by Anthony F Jorm.<sup>1</sup> The concept of mental health literacy implies that it is crucial to increase the knowledge of people about mental health aspects and mental disorders since it is a prerequisite for early recognition and seeking treatment. In spite of significant developments in India's healthcare systems, studies have rarely focused on literacy about mental illness.<sup>1</sup>

Every section of society has its unique perceptions about mental illness, particularly the young generation and college going students. Since our modern education system, urbanization and industrialization make a great influence on this generation by a very peculiar and biased way of perceiving situations, so educating this group in realistic method is necessary. They are the future

adults of this society and windows of our modern India, so their opinions are important indicators of mental health literacy. Good mental health literacy in young people and their key helpers may lead to better outcomes for those with mental disorders as the attitude and values of college-going students influence society the most. We need a baseline data to improve upon evidence based practice. So the present study has explored the mental health literacy of young people from the selected colleges of Delhi.

## 2. Materials and methods

An exploratory, cross sectional survey was conducted in three colleges of a selected University from Delhi the post graduate students were selected using convenient sampling techniques. Total 100 students were selected who were able to read English. Tool no. I: Mental health literacy assessment tool (MHL), contained 105 items, which is adopted with permission from M. Kermode, A. F. Jorm et al.<sup>1</sup> It includes two vignettes (Part –1 and Part –2) as shown in Fig. 1, describing the people experiencing symptoms

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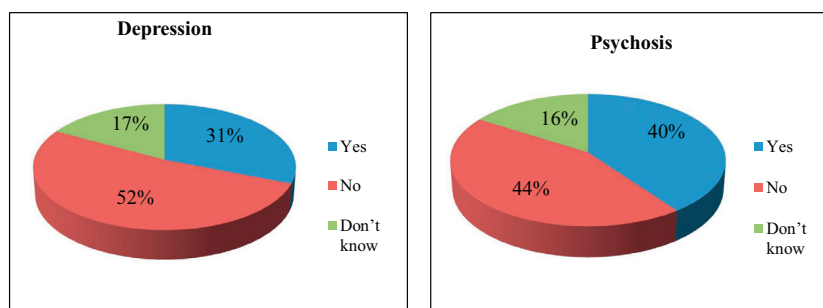


Fig. 1. Pie diagram showing the opinion of subjects about discrimination against patients with depression and psychosis by society (n=100).

potentially attributable to a mental disorder (one for depression and one for psychosis). Questions about the vignettes invited a mixture of open and closed responses regarding the name of the problem, its causes and risk factors, discrimination and stigmatization, the helpfulness of possible service providers, treatments, prognosis and experiences. Vignette on depression includes 50 items and Part-2 on psychosis which includes 55 items. Part 1 and Part 2 of the vignettes consist of same number of questions based on the variables to find out the awareness and knowledge of the subjects about mental illness and its treatment. More than one response was possible for each item. Each vignette has 13 items, which are semi structured and contains 50–55 questions about the patients in the case. Test retest reliability,  $r=0.76$ . Tools were tried out before use. Approval to conduct the study was obtained from the ethics committee. A pilot study was done to ascertain the feasibility of the study. Informed consent was taken before data collection.

### 2.1. Analysis of data

The data was analysed by using STATA 11.1 version, descriptive and inferential statistics (MacNemars test) to calculate the difference, frequencies, percentages, of demographic profile and other variables under the study for assessing awareness of mental disorders and its treatment. Level of significance was setup as  $p \leq 0.05$ .

### 2.2. Description of the subjects

Half (50%) of the subjects were male, half (50%) were female subjects, and 65% of the subjects were in the age group of 20–24 years. Most of the subjects (86%) belonged to Hindu religion. Nearly a quarter (28%) of the subjects were pursuing post graduation in management, 20% were from life sciences, 18% from literature, 18% from applied sciences and other 15% were from Information Technology. From the parents of the subjects 28% had education up to graduation and 25% were post graduates. The family of almost half (49%) of the subjects had monthly income up to Rs 30000 and a

quarter (25%) of the subjects reported more than Rs 50000. Most (74%) of the subjects lived in nuclear family.

### 2.3. Major findings

More than half (55%) of the subjects reported, internet as a source for getting information about mental illness.

#### 2.3.1. Awareness about identification of mental disorders

Most of the subjects between 70%–80%, had well awareness about identification of the patients with mental disorder, whereas more than half (54%) of the subjects had exact awareness to identify depression.

#### 2.3.2. Knowledge about outcome and prognosis of mental disorders

Almost half (46%) of the subjects had adequate knowledge and identified more positive outcome for the patients with depression than psychosis if treated (Table 1). Most (71%) of the subjects had adequate knowledge and identified more negative outcome and prognosis for patients with psychosis than depression if not treated. Knowledge of subjects about problems of patients with depression and psychosis after treatment was not clear as the opinion of subjects were ambiguous.

#### 2.3.3. Discrimination and stigmatization of mental disorders

No conclusion could be drawn for the subject's opinion about discrimination of patients with depression and psychosis by society as subject's responses were ambiguous (Fig. 1). Stigmatization of subjects towards patients with depression and psychosis was present. Discrimination by subjects towards patients with depression and psychosis was reported to be ambiguous, but higher for psychosis. Most of the subjects reported higher problems after treatment, stigma and social distance towards patients with psychosis than depression.

#### 2.3.4. Awareness about causes and risk factors of mental disorders

Most (60%–70%) of the subjects were well aware about possible causes of depression and psychosis, as they identified nearly all of the causative factors. Awareness of subjects about persons who are

Table 1

Frequency distribution of subject's knowledge about outcome and prognosis of patient with mental disorders.

Outcome and prognosis	For Depression Frequency (f) &Percentage (%)	For Psychosis Frequency (f) &Percentage (%)	P (MacNemars test)
Full recovery with no further problems	26	28	<b>0.001*</b>
Full recovery, but problems would probably re-occur	46	34	
Partial recovery	11	9	
Partial recovery, but problems would probably re-occur	11	20	
No improvement	0	0	
Get worse	1	0	
Don't know	5	9	

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