Original Article

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Myths & Misconceptions of Mental Illness and Health Seeking Behaviour of Adults

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Abstract

Background: Mental illness is associated with myths & misconceptions which lead to the formation of wide spread negative attitude towards mentally ill among public. It further initiates stigma and discrimination and prevents them from seeking appropriate health behaviour. Therefore this study was conducted with an objective to assess myths and misconceptions of mental illness and health seeking behavior among adults. **Methods:** A Descriptive study was undertaken on 100 healthy adults residing in selected area of Ludhiana city selected by Convenience sampling technique. Structured questionnaire was used to assess myths & misconceptions of mental illness and health seeking behaviour towards mental illness. Data was collected by self report method. **Results:** 100% subjects carried some or the other myths and misconceptions regarding mental illness where 16% subjects had high level of myths and misconceptions. Majority of the adults believed that psychiatric problems are increased in people who have lot of tensions and who are sad and unhappy most of the time. Regarding, health-seeking behaviour of people, it was revealed that 39% of people said that they would prefer going to a psychiatrist and 28% would prefer to get patient admitted in mental hospital. **Conclusion:** Most of people carried lot of myths & misconceptions regarding mental illness, therefore awareness camps need to be organized for public to impart adequate knowledge regarding mental illness.

Key words*:* Adults , Health Seeking Behaviour, Myths & Misconceptions

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INTRODUCTION

Mental illness is an age-old problem of mankind as recorded in the literature of the oldest civilizations. The public view towards mental illness has been considered as negative, stigmatized, uninformed and fearful entity right from the ancient time till date which varies according to age, race, ethnicity, religion, culture, tradition and education of the different community.[1]Mental and behavioural disorders account for approximately 7.4 percent of the global burden of disease and represent the leading cause of disability worldwide.[2] The prevalence of mental disorders in India ranges from 100 to 370 per 1000 population in different parts of the country.[3] According to department of health and family welfare census report (2001), 1.7% of the Punjab's population is suffering from mental illness.[4]Mental illness is the term used to describe a broad range of mental and emotional conditions. Mental illness unlike chronic physical illness is associated with myths & misconceptions. It leads to the formation of wide spread negative attitude towards mentally ill among public. Hence, stigma and discrimination are the main obstacles faced by mentally ill patients.[5] The consequences of stigma associated with mental illness have attracted the negative ratings among the public. The public express that the people with mental

illness are unpredictable and dangerous.[6] Thus, this condition is associated with deprivation, low income, unemployment, poor education, poor physical health and increased health-risk behaviour. The damaging consequences of such notions are stigma, rejection, loss of esteem, discrimination and restriction of opportunity, reluctance to seek, accept or reveal psychiatric treatment.[7] Mental illness is believed to be associated with myths & misconceptions. Myths & misconceptions are any ill belief, mistaken thought, idea or notion and incorrect information regarding mental illness and its treatment.[8]People assume that mental illness is caused by moral weakness and possession of evil spirits. Public often segregate the mentally ill from rest of the society believing that they can cause harm to others. Mentally ill are sometimes stigmatized and may be given stereotypical names such as, lunatics, mad man, and psycho.[9]Nowadays in some parts of rural community few people are accepting people with mental disorders. However, Kermode M et al[10] reported that false beliefs and negative attitudes towards mental disorders are still present. Therefore, this study aimed to assess the myths and misconceptions of mental illness and health seeking behaviour of adults.

MATERIAL AND METHODS

A Descriptive cross-sectional study was undertaken on 100 adults selected by convenience sampling technique residing in urban (Shimlapuri) and rural (Pohir) area of Ludhiana city, Punjab. The study was ethically approved by Institutional research and ethical committee of DMC& Hospital, Ludhiana. The subjects were selected based on inclusion and exclusion criteria. Adults aged 18-60 years not suffering from any mental illness and willing to participate in the study were included in the study. Adults who were mentally unstable, physically handicapped (deaf, dumb, blind) and more than 60 years of age were excluded from the study. The data was obtained through self report (interview schedule). A self structured tool was prepared for the same. The tool was divided into three parts. Part A comprised of socio-demographic profile that included age, gender, religion, educational status, occupation, monthly family income, type of family, habitat, any history of mental illness, source of information. Part B comprised of structured questionnaire to assess myths & misconceptions of mental illness. Part C comprised of structured questionnaire to assess health seeking behaviour regarding the source of preference of treatment of mentally ill patients. The questionnaire to assess myths and misconceptions regarding mental illness consisted of 38 statements out of which 19 were positive statements and 19 were negative statements (scoring was reversed at the time of analysis). Each statement had two response options i.e. agree and disagree. Agree was given '1' score and disagree was given '0' score. The score were categorized into high level (score 0-19) and low level of myths and misconceptions (score 20-38). The health seeking behaviour was assessed by using self structured 10 item questionnaire where the subjects had to tick '√' on the most preferred source of treatment for mentally ill patient. The content validity of the tool was determined by the experts from the field of psychiatry and community health. The reliability of both the tools were calculated by test and retest method applying Karl Pearson's coefficient of correlation. Analysis of the data was done in accordance with the objectives of the study. Calculations were carried out with the help of Microsoft excel and SPSS version 17. The various statistical measures used for analysis were frequency distribution, measures of central tendency (mean), measures of dispersion (standard deviation) t-test and ANOVA test to find out the statistical significance.

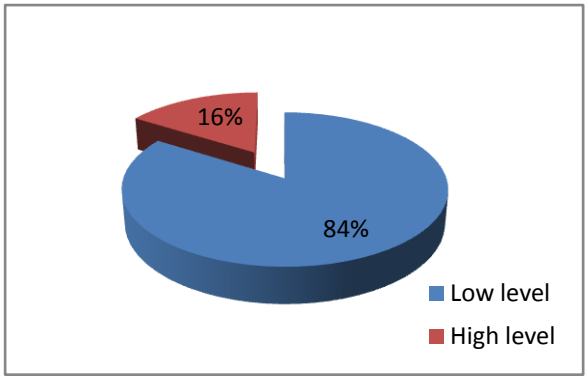
RESULTS

A total of 100 subjects participated in the study as summarised in table 1. It depicts that most of the subjects were in age group of 18-30 years with mean age 32.3± 9.8; male and female were at equal proportions. Majority of the subjects belonged to Sikh religion, educated up to secondary level and non working. There was equal proportion of subjects of rural and urban area i.e. 50 each. 98% subjects had no any history of mental illness in their family and majority of the subjects i.e. 64% reported that they had source of information about mental illness through newspapers. Figure 1 shows the distribution of adults as per their myths & misconceptions regarding mental illness. All the subjects carried myths and misconceptions regarding mental illness, however 84% were having low level of myths & misconceptions and 16% had high level of myths & misconceptions. Table 2 shows the rank order distribution of health seeking behaviour of adults towards mental illness. 39% preferred treatment from a psychiatrist followed by 28% subjects who preferred admitting the patient in mental hospital, 25% would prefer getting treatment from a physician, 4% from a religious healers, 2% would use home remedies

and 1 subject each would prefer using allopathic as well as homeopathic medicine respectively.Table 4 depicts the rank order distribution of myths & misconceptions of mental illness. Out of 100 adults, 89% agreed that psychiatric problems are increased in people who have lot of tensions, 84% believed that psychiatric problems are increased in people who are sad and unhappy most of the time, 77% thought that that mentally ill and mentally restored individuals are unpredictable, potentially violent and dangerous, followed by 73% subjects who believed that mental illness can be cured after getting married, 67% subjects believed that people in contact with mentally ill tend to develop odd or strange behaviour, followed by 66% subjects agreed that lower socio-economic class increases the proneness to mental illness. 62% subjects thought that mental health disorders are often life long and difficult to treat and mental illness is not a disease followed by 61% who believed that normal person will never be abnormal, 59% subjects thought that bad parenting is not responsible for mental illness and mentally ill should only be treated in asylums and 53 subjects agreed that children don't experience mental health problems.

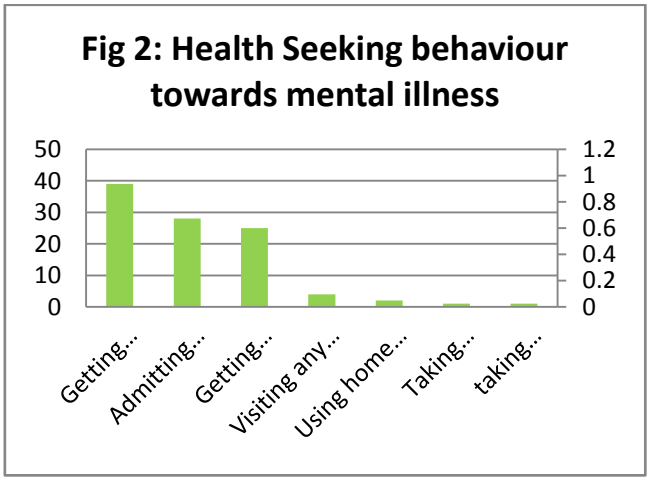
Table 4 depicts the association of myths & misconceptions of mental illness with selected socio-demographic variables. The data obtained indicates that adults in advanced age carry more myths and misconceptions than younger age group ($p<0.05$), Males had more myths & misconceptions than females (22.62±3.36 vs 22.96±3.09, $p<0.05$). In case of educational status, subjects who were educated up to elementary level had more myths & misconceptions than high educated subjects ($p>0.05$).Regarding occupation, it has been observed that subjects who were working had no difference in myths & misconceptions than subjects who were not working ($p>0.05$).

Figure 1: Distribution of adults as per their level of myths & misconceptions of mental illness.



Subjects living in joint families had more myths & misconceptions (22.67 ± 3.25) than nuclear families (23.00 ± 3.18) $p>0.05$. Regarding habitat, subjects living in rural area had more myths & misconceptions (22.70 ± 2.92) than subjects who were living in urban area (22.88 ± 3.27). In case of history of mental illness in family, subjects who had history of mental illness in family had more myths & misconceptions (22.50 ± 0.70) than subjects who had no history of mental illness in family (22.80 ± 3.24). All the above variables were found to be statistically non-significant ($p>0.05$).

Figure 2: Health seeking behaviour towards mental illness



DISCUSSION

The attitude of people that mental illness is incurable or self-inflicted is damaging, leading to patients not being referred for appropriate mental health care. Embarrassment associated with accessing mental health services is one of the main barriers that cause people to hide their symptoms and they usually have poor health seeking behaviour for their mental illness symptoms.[11] A worldwide survey conducted by WHO (2001) showed that 450 million people suffer from mental or behavioural disorders, out of which only a small proportion receives treatment.[11,12] Few researches have depicted that psychiatrists were the first choice followed by physicians and religious faith healers.[13] However, during the 21st century various changes are noticed in the treatment and care of the mentally ill patients. But still some people are scared of and are not able to accept the reality and truth of mental illness. The role of supernatural, religious and magical approaches to mental illness is still prevailing.[14] Jugal K et al[15] reported that some people believe that mental illness is considered as punishment given to patients by God

Table 1: Distribution of the subjects as per their socio-demographic variables (N=100)

Variables	F %
Age (in years)	
18-30	41
30-40	36
40-50	17
>50	06
Gender	
Male	50
Female	50
Religion	
Hindu	31
Sikh	64
Muslim	03
Christian	02
Education	
Elementary	27
Secondary	53
Graduate	20
Occupation	
Private Job	27
Shopkeeper	07
Government Job	02
Farming	03
Labourer	03
Not Working	58
Habitat	
Rural	50
Urban	50
Any history of mental illness in family	
Yes	02
No	98
Source of information	
Newspaper/ magazines	64
Radio/television	30
Role play	01
Internet	04
Society	01

Table 2: Rank order distribution of myths & misconceptions of mental illness. (N=100)

Rank	Myths & misconceptions	F %
1.	Psychiatric problems are increased in people who have lot of tensions.	89
2.	Psychiatric problems are increased in people in who are sad and unhappy most of the time.	84
3.	Mentally ill and mentally restored individuals are unpredictable, potentially violent and dangerous.	77
4.	Mental illness can be cured after getting married.	73
5.	People in contact with mentally ill tend to develop odd or strange behavior.	67
6.	Lower socio-economic class increases the proneness to mental illness.	66
7.	Mental health disorders are often life long and difficult to treat.	62
7.	Mental illness is not a disease.	62
8.	Normal person will never be abnormal.	61
9.	Bad parenting is not responsible for mental illness.	59
9.	Mentally ill should only be treated in asylum.	59
10.	Children don't experience mental health problems.	53

Table 4: Association of myths & misconceptions of mental illness with selected socio-demographic variables.

Variables	N	Mean ± SD	f/t value	p value
Age (in years)				
18-30	41	22.73 ± 3.33	0.52	0.6^{NS}
30-40	36	23.06 ± 3.42		
40-50	17	22.06 ± 2.83		
>50	06	23.67 ± 2.25		
Gender				
Male	50	22.62 ± 3.36	0.52	0.6^{NS}
Female	50	22.96 ± 3.09		
Educational status				
Elementary	27	22.29 ± 3.69	0.61	0.5^{NS}
Secondary	53	23.08 ± 2.97		
Graduate or above	20	22.92 ± 2.90		
Occupation				
Working	42	22.78 ± 3.07	0.02	0.6^{NS}
Not working	58	22.80 ± 3.34		
Type of family				
Joint	64	22.67 ± 3.25	0.48	0.5^{NS}
Nuclear	36	23.00 ± 3.18		
Habitat				
Rural	50	22.70 ± 2.92	0.27	0.3^{NS}
Urban	50	22.88 ± 3.27		
Any history of mental illness in family		22.50 ± 0.70	0.49	0.1^{NS}
Yes	02	22.80 ± 3.24		
No	98			

***** = Significant at $p \leq 0.05$ NS = Non significant at $p > 0.05$

Lower the mean, higher are the myths & misconceptions for their past sin, loss of semen or vaginal secretion, polluted air causes mental illness.Access to adequate mental health care always falls short of both implicit and explicit needs. Mental illness is still not well understood, often ignored and considered a taboo. The mentally ill, their families and relatives, as well as professionals providing specialized care, are still the object of marked stigmatization. The family members who have misconceptions may divert the therapeutic regimen and may discontinue the treatment which can further harm the patient.[7]In the present study myths and misconceptions and health seeking behaviour towards mental illness was assessed among healthy adults. The findings 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. Similar study conducted by Kumari R et al[16] to explore myths about mental illness in selected hospital at Dehradun, Uttarakhand, revealed that maximum number i.e. 80 had low level of myths about mental illness and 20 had high level of myths about mental illness. On the contrary, study conducted by Nayak KB[17] shows that 67 of the students had wrong perceived beliefs on mental illness and 32 of the students had right perceived beliefs on mental illness. The present study depicted that majority of the adults i.e. 39% would prefer treatment from a psychiatrist followed by 28% who would prefer admitting the patient in a mental hospital. Similar findings revealed in a study conducted by Mishra N et al[13] that 45 subjects preferred psychiatrists followed by 44 subjects who preferred admitting the patient in mental hospital. The findings of present study indicate that association of myths and misconceptions with age reveals that subjects who were in age-group 40-50 years (22.06 ± 2.83) and who were educated up to elementary level (22.29 ± 3.69) had more myths and misconceptions ($p>0.05$). Similar study conducted by Kumar RP et al[18] regarding attitudes towards mental illness in relation to socio-demographic profile, showed that subjects who were in age group >35years and who were educated up to elementary level had more negative attitude.

CONCLUSION

Most of people carried lot of myths & misconceptions regarding mental illness. Many of the adults believed that psychiatric problems are increased in people who have lot of tensions and who are sad and unhappy most of the time. Regarding health seeking behavior psychiatrists remains the first choice among the subjects, followed by admitting the patient in mental hospital. Therefore it is further recommended that public awareness camps need to be organized f to impart adequate knowledge and awareness regarding mental illness and its myths.

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