

A STUDY TO ASSESS THE AWARENESS REGARDING MENTAL ILLNESSES AMONG ADOLESCENTS IN SELECTED SCHOOL OF SHIMLA, HIMACHAL PRADESH

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ABSTRACT

People with mental illness are discriminated in society. Little is known about mental illness among adolescents. The aim of the study was to assess the Awareness regarding mental illness among adolescents. The study was conducted in Senior Secondary Schools in Shimla. A descriptive design was adopted. Subjects were selected by using convenience sampling technique and sample size was 90. The data collected through structured questionnaire having demographic variable in section one and Awareness questionnaire in section two. Result of the study shows that majority of adolescents (53.3%) belonged to the age bracket 16-17 years; males and females were equal numbers and 27.8% belonged to 10+1 class. About 37.8% had family income 11,000-20,000; majority (25.6%) mothers were educated up to middle-pass and majority (28.9 %) of the fathers were higher secondary passed. Majority (62.2%) of mothers were homemakers, 28.9% of fathers had Government job and 66.7 % belonged to joint families. Regarding Awareness 2.2% adolescents had good knowledge, 41.1% adolescents had average knowledge and 56.7% adolescents had poor awareness regarding mental illness. In order to make the study more meaningful the investigator administered a structured Teaching Programme in the form of PowerPoint presentation among study participants after data collection. Hence it was concluded that the awareness regarding mental illness among adolescents was poor. Study concluded that there is need to make the adolescents aware regarding mental illness.

Key Words: Mental illness, adolescents, mental disorder.

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INTRODUCTION

Mental health is an important part of overall health for children as well as adults (NIMH). Mental and behavioural disorders are understood as clinically significant conditions characterised by alterations in thinking, mood (emotions) or behaviour associated with personal distress and/ or impaired functioning (Sreevani 2016). About 20% of the world's population is made up of adolescents of whom about 85% reside in economically limited regions of the world (Sivagurunathan C, Umadevi R, Rama R, Gopalakrishnan S. 2015). According to David Gunnell (2018), Universities UK recently reported a fivefold increase in the number of students disclosing mental health conditions since 2007 (from 9675 in 2007-8 to 57 305 in 2017-18) and growing pressures on student mental health services, despite only a modest rise in student numbers. A recent UK analysis reported a 68% increase in hospital self harm presentations in 13-16 year old girls between 2011 (45.9 per 100 000) and 2014 (76.9 per 100 000). WHO in its "Adolescents and mental health" report states that worldwide 10-20% of children and adolescents experience mental disorders. Half of all mental illnesses begin by the age of 14 and three-quarters by mid-20s. Neuropsychiatric conditions are the leading cause of disability in young people in all regions. If untreated, these conditions severely influence children's development, their educational attainments and their potential to live fulfilling and productive lives. Recently, a meta-analysis of 41 studies conducted between 1985 and 2012 in 27 countries estimated a global prevalence of mental disorders in children and adolescents of 13%. The prevalence of child psychiatric disorders in India has been found to be 7% in the community and 23% in schools. India has the largest population of adolescents in the world, home to 243 million individuals, which is a significant number accounting for one-fifth of the world's adolescents (Sandhya Nair et. all 2017).

According to Breonna L. Davis James Madison (2017) lack of mental health services received by adolescents is a continual concern. There has been less research on adolescents in regards to mental health in comparison to adults. There are many barriers that contribute to this lack of service; one main area being stigma. WHO (2008) reported that risk factors for mental illness are Low self esteem, emotional immaturity, difficulties in communicating, medical illness, substance use. Social circumstances are Loneliness, bereavement, Neglect, family conflict, exposure to violence/ abuse. Low income and poverty, difficulties or failure at school, work stress, unemployment, environmental factors like poor access to basic services, injustice and discrimination, social and gender inequalities, exposure to war or disaster. All types of mental illnesses have a tendency to run in families, and the risk of developing an illness is associated with the degree of biological relatedness to the affected individual.

Gottesman II, Laursen TM, Bertelsen A. et al. (2010) reported that twin studies consistently show that monozygotic twins who share 100% of their nuclear DNA are more likely to be concordant on each disorder than dizygotic twins who share 50% of their genetic material. Polderman TJ, Benyamin B, de Leeuw CA. et al. (2015) said that three assumptions have shaped the field of genetic discovery: a) severe mental illness is caused by a small number of genes; b) there is a specific relationship between genotype and the type of mental illness and c) the genetic variants lead to mental illness through biological pathways independent of environment. Consequently, most genetic research has studied one mental disorder at a time by comparing cases with a specific diagnosis to controls, without accounting for environmental influences.

According to Tanya J. Peterson, chronic stressors, such as economic hardship or social struggles; low quality of life, due to poverty or a feeling of dissatisfaction with one's life; trauma; exposure to toxins, especially at certain developmental stages; family and/ or relationships problems, child abuse; lifestyle considerations like substance use and risk-taking, are just a few examples of the broad category of external causes of mental illness. To be sure, extreme adversity in one's environment can be a cause or contributing factor of mental illness.

However, a realistic assessment suggests that a combination of both genetic and environmental factors equally contribute to the causation of mental illness. Common characteristics of Mental Illness are changes in one's thinking, memory, perception, feeling and judgment, resulting in changes in behaviour which appear to be deviant from previous personality or from the norms of the community. These behavioural changes cause distress and suffering to

the individual and/ or others. Such changes and the consequent distress cause disturbance in day-to-activities, work and relationships. Mental illness can be diagnosed after a detailed mental health assessment in the form of an interview. Assessment will include questions about thoughts, mood and behaviours and it may be helpful to include a family member in the interview. It may be necessary to get a referral to a psychiatrist, psychologist or other specialized service for further assessment and treatment. Poor mental health can have important effects on the wider health and development of adolescents and their association with several health and social outcomes such as increased alcohol, tobacco and illicit substances use; adolescent pregnancy; school dropout and delinquent behaviours. There is growing consensus that healthy development during childhood and adolescence contributes to good mental health and can prevent mental health problems. Enhancing social skills, problem-solving skills and self confidence can help prevent mental health problems such as conduct disorders, anxiety, depression and eating disorders as well as other risk behaviours including those that relate to sexual behaviour, substance abuse, and violent behaviour (WHO- 'Adolescents and mental health' report). To face the challenges of this critical period, to cope with the crises and to deal effectively with others with those problems one need to be aware about those issues (Prasenjit R., Amrita C., Amit Kumar B., Paramita R., Asim Kumar M. 2018). According to Breonna L. Davis James Madison (2017) lack of mental health services received by adolescents is a continual concern. There has been less research on adolescents regarding mental health in comparison to adults. There are many barriers that contribute to this lack of service, one main area being stigma.

Prevention begins with being aware of and understanding the early warning signs and symptoms of mental illness. Parents and teachers can help build life skills of children and adolescents to help them cope with everyday challenges at home and at school. Psychosocial support can be provided in schools and other community settings and of course training for health workers to enable them to detect and manage mental health disorders can be put in place, improved or expanded. Investment by governments and the involvement of the social, health and education sectors in comprehensive, integrated, evidence-based programmes for the mental health of young people is essential. This investment should be linked to programmes to raise awareness among adolescents and young adults of ways to look after their mental health and to help peers, parents and teachers know how to support their friends, children and students. (World Mental Health Day 2018)

(Sreevani R., 2016) For mental health care to become accessible within existing resource constraints, it must be provided through primary health services. Promotion of health including mental health and specific protection, as an immunisation, as distinguished from the prevention of complications or after-effects of existing disease, is necessary. According to World Health Organisation (2010) better understanding of the nature of mental illness reduces the destructive effect of stigma at every level. Tertiary prevention aims to treat and rehabilitate persons as well as facilitate a return to work and the follow up of those who suffer or have suffered from work related mental health problem.

Health workers need to have the competencies to relate to young people, to detect mental health problems early, and to provide treatments which include counselling, cognitive-behavioural therapy and, where appropriate, psychotropic medication. WHO is strengthening the provision of mental health services through the implementation of the mental health Gap Action Programme (mhGAP). WHO's Department of Maternal, Newborn, Child and Adolescent Health (MCA) contributes to mhGAP by advising on the provision of mental health services to adolescents ('Adolescents and mental health' report of WHO)

Till date only a few Indian studies have looked at psychiatric morbidity disorders specifically in school going adolescents. So the aim of the present study was to assess the knowledge of adolescents.

PROBLEM STATEMENT

"A Study to assess the awareness regarding mental illnesses among adolescents in selected Schools of Shimla, Himachal Pradesh"

OBJECTIVES

1. To assess the awareness regarding mental illnesses among adolescents
2. To find out the association of level of awareness regarding mental illnesses among adolescents with selected demographic variables.
3. To administer structured teaching Programme regarding mental illnesses to create awareness among Adolescents.

REVIEW OF LITERATURE

1. Nik Murni Nik Mustafa, Hadina Habil, Noor Aireen Ibrahim, Hanita Hassan (2015) investigated the students' awareness level and perception on mental illness. Questionnaires have been distributed to 118 from four secondary school students. Findings from the study show that most of the respondents are fairly ignorant of mental illness and they revealed that the promotion of mental health and wellness is still lacking in Malaysia. They also believed that mental illness is still being surrounded with stigma and discrimination over the years. Nonetheless, the respondents have relatively positive views on mental health patients and the illness itself.
2. Jack-ide IO (2016) assessed secondary school students' awareness and attitude towards mental health disorders. An analytical descriptive survey design was used to collect data. 195 senior secondary schools students in level three (SSS III) representing 26 percent of the total population were selected through proportionate stratified random sampling technique. Results show that 61% have little or no awareness on types of information, and 75% on sources of information. While both positive and negative attitude towards mental health disorders exist, students with positive attitude differ significantly from those with negative attitude. The need for training programme to target this receptive population in the belief that improving their perception of mental health disorder will discourage the stigma associated with the disorder, and dispel the associated fear and false beliefs.
3. Inyang M.P., Longinus O.I. (2016) investigated the awareness and use of psychoactive substances among secondary school adolescents. The research population was all secondary schools students (N = 16973). A modified 'WHO student drug use questionnaire' on awareness and use of psychoactive substances by secondary school students was used for data collection. The results showed that a high number of study participants were aware of psychoactive substances but a relatively low number actually used them. Alcohol was the most abused form of psychoactive substance. Study suggested that an appropriate psychoactive drug education programme should be included in the curriculum of primary and secondary schools.
4. Asha Farheen Siddiqui, Abdulrhman Mohammad Ali Salim (2016) conducted study on 1022 secondary school students using a self administered questionnaire assessing their social characteristics and awareness on substance abuse. Most of students (82.4%) had sufficient awareness (> 60%) regarding substance abuse. Age, scholastic year, subject (science) and being non-Saudi had positive association with good awareness. Parental education, family income and parental status of living together had significant association with the awareness level of students.

MATERIAL AND METHODS

A descriptive study was conducted in selected Government Schools of Shimla in the year 2018. Samples of 90 adolescents were selected by using convenient sampling technique. A structured questionnaire for assessing the Awareness level of adolescents with 12 items and a tool to assess the variables like age, gender, class, qualifications of parents, occupation of parents, family income, type of family, locality, and source of knowledge, developed by the investigator, was used. The data collected was collected in the month of May 2018. The data so collected was coded and analysed for descriptive and inferential statistics.

DISCUSSION & RESULTS

Table 1: Frequency and percentage distribution of subjects according to their socio-demographic variables

N=90

Variables	Category	n	%
Age in years	12-13	2	2.2%
	14-15	40	44.4%
	16-17	48	53.3%
Gender	Male	45	50%
	Female	45	50%
Class	9th	23	25.6%
	10th	20	22.2%
	10+1	25	27.8%
	10+2	22	24.4%
Qualification of mother	Illiterate	3	3.3%
	Primary	20	22.2%
	Middle	23	25.6%
	Matriculate	13	14.4%
	10+2	20	22.2%
	Graduate	10	11.1%
Qualification of Father	Above	1	1.1%
	Illiterate	1	1.1%
	Primary	16	17.8%
	Middle	18	20.0%
	Matriculate	10	11.1%
	10+2	26	28.9%
	Graduate	17	18.9%
Occupation of mother	Govt. Job	8	8.9%
	Pvt. Job	9	10.0%
	Business woman	1	1.1%
	House Maker	56	62.2%
	Agriculture	8	8.9%
	Others	8	8.9%
Occupation of Father	Govt. Job	26	28.9%
	Pvt. Job	25	27.8%
	Business woman	5	5.6%
	House Maker	6	6.7%
	Agriculture	13	14.4%
	Others	15	16.7%

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Family income per month	1000-10,000	32	35.6%
	11000-20,000	34	37.8%
	21000-30,000	14	15.6%
	31000-40,000	3	3.3%
	41000-50,000	5	5.6%
	51000-60,000	1	1.1%
	Above 60,000	1	1.1%
Locality	Rural	64	71.1%
	Urban	26	28.9%
Previous Knowledge	Yes	19	21.1%
	No	15	16.7%
	To some extent	56	62.2%
If yes, then source of knowledge	Electronic media	6	6.7%
	Print media	5	5.6%
	Books/ Internet	67	74.4%
	Workshop/ Seminar/ Conference	3	3.3%
	Others	9	10.0%
Type of family	Nuclear	6	6.7%
	Joint	60	66.7%
	Extended	0	0.0%
	Single parent	24	26.7%
	Others	0	0.0%

This table shows that 53.3% belonged to 16-17 years, male and female were equal and 27.8% belonged to 10+1 class. About (37.8%) had family income 11,000-20,000, majority (25.6%) mothers studied up to middle school and (28.9%) fathers studied up to higher secondary. Majority (62.2%) of mothers were homemakers, 28.9% fathers had Government job and 66.7% belonged to joint families.

Table 2: Frequency and percentage distribution of adolescents according to their level of Awareness

N=90

Level of Awareness	Score	Frequency (f)	Percentage (%)
Good Awareness	(9-12)	2	2.2%
Average Awareness	(5-8)	37	41.1%
Poor Awareness	(0-4)	51	56.7%

Maximum = 22, Minimum = 0

Table 2 reveals that 2.2% adolescents had good awareness, 41.1% adolescents had average awareness and 56.7% adolescents had poor awareness regarding mental illness. Hence it was concluded that the awareness regarding mental illness among adolescent was average.

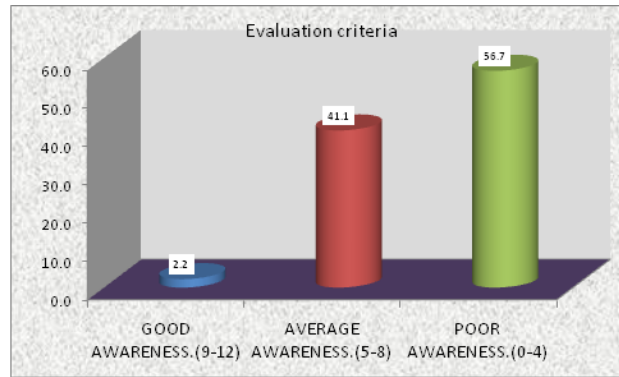


Figure 1: Diagram showing Level of Scores

Table 3: Descriptive Statistics table

N=90

Descriptive Statistics	Mean	Median	S.D.	Maximum	Minimum	Range	Mean %
Knowledge Score	4.08	4	1.79	10	1	9	33.98

Maximum = 12, Minimum = 0

*Level of significance=0.05 level

Table 4: Showing Association of Scores and Demographic Variables

N=90

Variables	Good	Average	Poor	df	Chi test	Table value	P Value	Result
<i>Qualification of Mother</i>								
Illiterate	0	0	3	12	23.017	21.026	0.028	Significant*
Primary	0	7	13					
Middle	0	12	11					
Matriculate	0	5	8					
10+2	0	7	13					
Graduate	2	5	3					
Others	0	1	0					
<i>Qualification of Father</i>								
Illiterate	0	0	1	12	28.023	21.026	0.005	Significant*
Primary	0	6	10					
Middle	1	7	10					
Matriculate	0	2	8					
10+2	0	13	13					
Graduate	0	8	9					
Others	1	1	0					

*Level of significance = 0.05 level

Table 4 shows that the awareness regarding mental illnesses was significantly associated with qualification of mother (0.028*, df=12) at p value <0.05. No association was found between awareness regarding mental illnesses and other demographic variables. The calculated chi-square values were less than the table value at the 0.05 level of significance

The aim of study was to assess the level of awareness among adolescents regarding mental illnesses. Study results reveal that out of 90 adolescents 2.2% adolescents had good awareness, 41.1% adolescents had average awareness and 56.7% adolescents had poor awareness regarding mental illness. Hence it was concluded that the awareness regarding mental illness among adolescent was poor which needs improvement. The finding of the present study is consistent with the findings of the study conducted by Zibeloko Omi Jack-ide, Azebri BP, Ongutubor KE, et al. (2016) which described that 61% have little or no awareness on types of information, and 75% on sources of information. The need for training programme was to target this receptive population in the belief that improving their perception of mental health disorder will discourage the stigma associated with the disorder, and dispel the associated fear and false beliefs. Hence it is concluded that the study is consistent with the present study. In order to make the study more meaningful the investigators have prepared and administered Structured Teaching Programme among study participants.

CONCLUSION

Based on the major finding of the study, it is concluded that adolescents had poor awareness regarding mental illnesses.

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