A study to Assess the Knowledge Regarding Human Right of Mentally Ill Patient among Community People in Kaski, Pokhara,Nepal

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ABSTRACT

Introduction: Mental health problems raise many human rights issues. People with mental illness are exposed to human rights violation within and outside the health care context. Because of lack of awareness, people with mental illness and their families do not exercise their rights. Psychiatric patients are most vulnerable groups in community. Incidence of violation of rights of mentally ill patients can be avoided if the community people become aware of them.

Objective: To assess knowledge regarding human rights and myth of mental illness among community people.

Method: A descriptive crosssectional study was conducted among 140 community people of Ritthepani-27, Kaski, Nepal. Non probability convenient sampling technique was adopted to collect the data. Inclusion criteria included head of the family of the selected community who were willing to participate in the study. Data was collected through face to face interview using a structured questionnaire.

Results: In the present study, it was found that 46.40% of the community people had inadequate knowledge regarding human rights of mentally ill patients. There was no significant association between demographic variables and knowledge score of the respondents. The study found that more than half of the respondents (51%) had belief that mental illness is not related to physical health. Likewise 36.4% believed mental illness is caused by supernatural power and evil and 30% believed that marriage can cure mental illness.

Conclusion: Based on findings, it is concluded that the level of knowledge regarding rights of mentally ill patient is inadequate and there is a high prevalence of myths and misconceptions related to mental illness among the adult population. So, there is need to conduct awareness raising activities in the community.

Keywords

Community, Human rights, Mentally ill, Knowledge, Myth.

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INTRODUCTION

Mental, physical and social health are vital strands of life that are closely interwoven and deeply interdependent. Mental health is crucial to the overall wellbeing of individuals, societies and countries.[1] A healthy person has a fit physique, satisfying social status, balanced emotional health along with sound mental health. These all dimensions are closely related and directly affect each other. A person who is able to understand the facts, rationalize the doubts, interpret the views and solves the problem tactfully is considered mentally healthy but

a person who has clinically significant disturbance in cognition, emotion regulation or behavior that reflects a dysfunction in the psychological, biological and developmental processes underlying mental functioning is considered as a mentally ill. Hence, mental illness refers to a wide range of mental health conditions disorders that affect the mood, thinking and behaviour.[2]

WHO says one in four people in the world will be affected by mental or neurological disorders at some point in their lives and around 450 million people currently suffer from such conditions, placing mental disorders among the leading causes of ill-health and disability worldwide. Despite of the availability of treatments nearly two-thirds of people with a known mental disorder never seek help from a health professional due to stigma, discrimination and negligence.[1] Many people have mental health concerns from time to time. But a mental health concern becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect the ability to function effectively and efficiently.[3]

Community is a place surrounded with people of different thoughts, beliefs and concepts. Therefore, people in a community have different widespread stigmatizations of mental illnesses. Decades of research have established that the public holds negative beliefs about persons with mental illnesses among them that such individuals are dangerous, unpredictable, unattractive, and unworthy and are unlikely to be productive members of their communities. Moreover, these negative perceptions and stigmas have been remarkably constant despite advances in scientific understanding of mental illnesses and extensive efforts to improve public understanding.[4]

Hence, mental illness is difficult to understand and can lead to prejudice and discrimination. So, it is the utmost need of today that people should know, understand and accept mental illness as it is the most effective way of battling stigma towards those diagnosed with mental illness. This understanding provides an environment where a mentally healthy person can provide compassion and empathization towards the affected by strengthening the relationship in increasing the understanding among one another.[5] Thus, this study intended to get the baseline data on knowledge about rights of mentally ill patients and myths on mental illness.

Objectives of the study

- To assess the level of knowledge of community people regarding human rights of mentally ill patient.
- To determine the knowledge of community people on myths regarding mental illness.
- To find association of level of knowledge regarding human rights of mentally ill patient with selected variables.

METHODS

A descriptive cross-sectional research design was used to conduct the study among 140 community people residing in Ward no 27 of Pokhara Municipality of Kaski district, Nepal. Five toles of ward 27 namely Shiva tole, Milan tole, Sundari tole, Sworga tole and Durga tole were purposively selected and then 28 people meeting the criteria were selected from each toles on first come first basis by visiting house to house using convenient sampling technique. Sample included the head of the family of the selected community who were available during the period of data collection. Only one member of each household (older one) was included in the study.

A semi-structured interview schedule was developed through review of related literature and consultation to the experts which was organized into three parts: Part I consisted of semi-structured questions related to socio-demographic characteristics which included age, gender, education, occupation, ethnicity and religion. Part II consisted of structured questions related to 14 human rights of mentally ill patient and Part III consisted of 13 myths related to mental illness.[3,6]

The scoring of part II of the questionnaire were determined by giving one point (1) for each correct response and zero (0) for wrong answers or no response. The total knowledge score were calculated by adding up the scores for each question in the test. The total knowledge scores ranged from zero to 14, with higher scores indicating a higher level of knowledge. According to the median split method,[7] respondents with a total score of less than median were considered as having inadequate knowledge regarding human rights of mentally ill and those with scores median and above were considered as having adequate knowledge. This scoring method and categorization was used to identify the level of respondents' knowledge in the current study.

Overall, validity of the instrument was ascertained by

reviewing the related literatures and consultation with peers, research advisors and subject matter experts before and during the construction of the tool. To identify accuracy, clarity and consistency of the tool, pretesting of the instrument was conducted on 14 people meeting the criteria in Lamtara tole of the ward no 27 of Lekhnath municipality.

Data was collected by researchers themselves with the help of B.Sc. nursing students from June 29, 2017 to July 22, 2017 (2074/3/15 to 2074/4/7 B.S) after obtaining verbal permission from the chairperson of the ward. Data was collected at the place convenient for respondents in their residence by face to face interview schedule. Respondents were approached in the daytime as they were busy with work during morning and evening time. Informed verbal and written consent was obtained from the respondents prior to data collection after giving information about the nature of the study and their role in research. To maintain the quality of the data, clear instruction was given about answering the questionnaire. The average time taken for the questionnaire was about 20-30 minutes. About 7-8 respondents were interviewed in a day. After the data collection, every queries of respondents were addressed and informal health teaching regarding rights and myths of mentally ill patient was provided.

The data were coded and entered in IBM Statistical Package for Social Sciences (IBMSPSS, version 20). Data was analyzed and interpreted by using descriptive statistics (frequency, percentage, mean, median and standard deviation) to describe the socio demographic as well as the knowledge and myths related variables and inferential statistics (Chi-square test) was used to measure association of level of knowledge about rights of mentally ill patient with selected variables. The level of significance was set at less than 0.05 for all analyses.

RESULTS

Table 1: Frequency and percentage distribution of demographic characteristics (n=140)

Characteristics	Frequency	Percentage (%)
Age in years		
• ≤ 40	102	72.9%
• > 40	38	27.1%
Gender		
• Male	35	25%
• Female	105	75%
Ethnicity		
• Upper caste group	22	15.7%
• Dalit	62	44.3%
• Janajatis	56	40.0%
Religion		
• Hindu	104	74.3%
• Buddhist	29	20.7%
• Christian	7	5.0%
Educational status		
• Illiterate	56	40%
• Below SLC	78	55.7%
• PCL	3	2.1%
• Bachelor and above	3	2.1%
Occupation		
• Labour	51	36.4%
• Farmer	45	32.1%
• Housewife	19	13.6%
• Business	17	12.1%
• Service	8	5.7%

Table 1 shows that out of 140 respondents, 102 (72.9%) were below 40 years of age, three fourth (75%) were females, 62 (44.3%) belonged to Dalit group, 104 (88.7%) were Hindus by religion, 84 (60%) were literate and 51 (36.4%) were labor workers.

Table 2: Knowledge of community people on rights of mentally ill patient (n=140)

Rights	Frequency	Percentage
Right to treatment in least restrictive method		
Yes	37	26.4%
No	103	73.6%
Right to confidentiality of records		
Yes	97	69.3%
No	43	30.7%
Right to freedom from restraints and seclusion		
Yes	106	75.7%
No	34	24.3%
Right to give or refuse consent to treatment		
Yes	106	75.7%

No	34	24.3%
Right to access to personal belongings		
Yes	123	87.9%
No	17	12.1%
Right to daily exercise		
Yes	121	86.4%
No	19	13.6%
Right to have visitors		
Yes	120	85.7%
No	20	14.3%
Right to use of writing materials and uncensored mails		
Yes	90	64.3%
No	50	35.7%
Right to use of telephone		
Yes	85	60.7%
No	55	39.3%
Right to access courts and attorney		
Yes	70	50%
No	70	50%
Right to employment compensation		
Yes	92	65.7%
No	48	34.3%
Right to be informed of rights		
Yes	130	92.9%
No	10	7.1%
Right to wear their own clothes		
Yes	131	93.6%
No	9	6.4%
Right to spend a sum of their money for their own expenses		
Yes	102	72.9%
No	38	27.1%

Table 2 presents the knowledge of community people on rights of mentally ill patient which shows that patient's right to get treatment in least restrictive method was not known by about three fourth (73.6%) of the respondents. Half of the respondents were not aware that mentally ill have right to access courts and attorney.

Table 3: Statistics of overall scoring on level of knowledge (n=140)

Variable	Total Possible Score	Mean (S.D.)	Median	Minimum	Maximum
Overall knowledge score on rights of mentally ill	14	10.54 (2.17)	11.00	2	14
Percentage of knowledge score on rights of mentally ill	100%	75.28 (15.5)	78.57	14.28	100

Table 3 reveals the statistics of overall scoring of the respondents level of knowledge regarding rights of mentally ill patients. It shows that 14 was full score that could be obtained and the maximum score obtained by the respondent was 14 (100%) and minimum score was 2 (14.28%). The table also shows the mean score was 10.54 and 75.28% and standard deviation was 2.17 and 15.5%. The Median score was 11 and 78.57%.

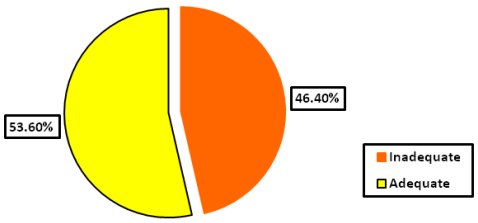

Fig 1: Level of knowledge of community people on rights of mentally ill patient (n=140)

Figure 1 illustrates the level of knowledge of the respondents about the rights of mentally ill patient which shows that among 140 respondents, 65 people (46.4%) have inadequate knowledge regarding human rights of mentally ill patients.

Table 4: Knowledge of community people on myths regarding mental illness (n=140)

Myths	Frequency	Percentage
Belief that mental health is not related to physical health		
Yes	72	51.4%
No	68	48.6%
Belief that mental illness is caused by supernatural power and is the result of a curse by evil spirit		
Yes	51	36.4%
No	89	63.6%
Belief that marriage can cure mental illness		
Yes	42	30%
No	98	70%
Belief that prevalence of mental illness are low in our country		
Yes	108	77.1%
No	32	22.9%
Belief that mental illness once acquired is life long		
Yes	58	41.4%
No	82	58.6%
Belief that the only place for the mentally ill is an asylum		
Yes	69	49.3%
No	71	50.7%
Belief that no effective treatment is available		

Yes	63	45%
No	77	55%
Belief that mental disorders are something ashamed		
Yes	89	63.6%
No	51	36.4%

Table 4 shows that the myth of community people towards mental illness is very high. More than three fourth (77.1%) of the respondents believed that there is low prevalence of mental illness in our country. More than half of the respondents i.e. 63.6% and 51% believed that mental disorders are shameful and mental illness is not related to physical health respectively. Likewise, 36.4% of the people believed mental illness is caused by supernatural power and evil. Similarly 30% of the respondents believed that marriage can cure mental illness, with 41.4% believed mental illness as life-long problem and 45% believed that no effective treatment is available for mental illness.

Table 5: Association of level of knowledge about rights of mentally ill patient with selected variables (n=140)

Variables	Level of Knowledge		χ^2	p- value
	Inadequate No. (%)	Adequate No. (%)		
Age (in years)				
≤ 40	44 (43.1)	58 (56.9)	1.637	0.201
>40	21 (55.3)	17 (44.7)		
Gender				
Male	19 (54.3)	16 (45.7)	1.158	0.282
Female	46 (43.8)	59 (56.2)		
Education				
Illiterate	29 (51.8)	27 (48.2)	1.077	0.299
Literate	36 (42.9)	48 (57.1)		
Religion				
Hindu	45 (43.3)	59(56.7)	1.623	0.203
Others	20(55.6)	16(44.4)		
Occupation				
Working	36(49.3)	37(50.7)	.511	0.475
Non working	29(43.3)	38(56.7)		
Ethnicity				
Dalit	29 (46.8)	33(53.2)	0.005	0.942
Non dalit	36(46.2)	42(53.8)		

Significant level of P-value at 0.05

Table 5 shows association between respondents' level of knowledge regarding rights of mentally ill patient and socio-demographic characteristics. There was no statistically significant association of respondents' level of knowledge with the demographic variables: age, gender, education, religion, occupation and ethnicity.

DISCUSSION

The present study assessed the knowledge of community people towards right of mentally ill people. The finding revealed that out of 140 respondents, 102 (72.9%) were below 40 years of age, three fourth (75%) were female, 62 (44.3%) belonged to Dalit group, 104 (88.7%) were Hindus by religion, 84 (60%) were literate and 51 (36.4%) were labor workers.

The finding of the study revealed that around half of the respondents (46.40%) had inadequate knowledge about right of mentally ill people. This finding was consistent with the other study which revealed that 56.7% had inadequate knowledge on right of the mentally people[8]. Another study also showed that 68% of adults have poor knowledge and 24% have average knowledge about the rights of mentally ill people.[9]

The current study showed no statistically significant association between the knowledge score of community people and demographic variables like age, gender, ethnicity, religion, education and occupation. This finding is consistent with the finding of the study conducted by Chendake et al[10] in 2014. Moreover, another study also showed no statistical significant association between knowledge of adults and age, sex, religion and monthly income. However, knowledge of adults was related to the type of family, no. of family members and educational status.[9]

The present found a high prevalence of myths related to mental illness with almost all i.e. 98.6% people believing that mentally ill people show bizarre behavior. About two third of the respondents (64.3%) believed that mental illness is not curable. Mental illness as contagious was believed by 28.6% of the people and 40.7% believed it as hereditary disease. More than half of the respondents i.e. 51.4%, 63.6% and 77.1% believed mental illness is not related to physical health, mental disorders are shameful and there is low prevalence of mental illness in our country respectively. Likewise, 30% people believed that marriage cures mental illness and 36.4% believed mental illness is caused by supernatural power. Forty one percent of respondents believed that mental illness once acquired is life-long. Similarly 45% respondents believed that there is no need of treatment for mentally ill people. Forty-nine percent of respondents believed that asylum is the place for treatment for mentally ill people. These findings are consistent with the findings of other study which showed that 39.4% of the rural respondents having belief that

mental illness is the punishment of God for their past sin. Similarly that study also showed that 33.7% subjects in rural areas and 40% in urban areas believed mental illnesses as untreatable.[11] Similarly, marriage can cure mental illness was believed by 11% of the respondents in a study.[12]

CONCLUSION

The knowledge about human rights of persons with mental illness is inadequate and prevalence of myths and misconceptions related to mental illness is high among the community people of selected community in Kaski district, Nepal. The continuing lack of sensitivity and awareness in the society towards the rights of mentally ill and the prevailing myths require help to create awareness through the trained health profession. The study suggests that there is an urgent need to take necessary steps to promote, protect and fulfill human rights of people with mental illness through providing appropriate care, awareness and educating the community and strengthening the legislations regarding the mental illness.

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