

Outlook Regarding Mental Illness In Patients And Caregivers In Eastern Nepal

Adhikari S¹, Jha A²

1. Consultant Psychiatrist, Department of Neuropsychiatry, B&C Medical College Teaching Hospital and Research Centre, Birtamode, Jhapa 2. Senior Resident, Department of Child and Adolescent Psychiatry, National Institute of Mental Health and Neurosciences, Bangalore, India

E-mail *Corresponding author : sandarba71@gmail.com

Abstract

Introduction: Mental health is an integral component of overall health. Various factors along with stigma affect knowledge, perspectives and behavior of the people ultimately affecting help seeking and treatment. The patient and their caregivers are directly involved in overall management and outcome. Hence ascertaining those aspects among them is important and so are aims of this study.

Material And Method: A cross sectional comparative study was carried out among 160 participants (80 patients and 80 caregivers) visiting neuropsychiatry outpatient department of a tertiary care hospital. Data was collected through semi-structured proforma and Attitude towards mental illness questionnaire (modified). Data were analysed by using SPSS version 25 and Microsoft excel.

Results: The socio-demographic profiles between both groups were similar. About 75% from both the groups had good knowledge about mental illness. Almost 60% from both groups had positive perception/attitude regarding mentally ill and mental illness with an only significant difference in relation to rights to mentally ill. More than 70% from both groups had positive attitude regarding help-seeking with only significant difference in view about people with mental illness seeking help from psychiatrist. About 50% from both groups had positive attitude regarding care and treatment.

Conclusion: With good knowledge and positive attitude/perception regarding mental illness, self-stigma persisted regarding some domains. Despite positive attitudes for help-seeking, ambivalent views regarding care and treatment into both groups necessitate easy accessibility and upgrading of mental health services

Keywords: attitude; caregiver; mental illness; patient

INTRODUCTION

According to the World Health Organization (WHO), Mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".¹

Mental, neurological, and substance use disorders make up 10% of the global burden of disease and 30% of non-fatal disease burden. Nearly 25% of individuals, in both developed and developing countries, develop one or more mental or behavioral disorders at some stage in their life.²

Mentally ill people are labeled as "different" from other people in society and are viewed negatively, even by their own family. Many often take mental health for granted and don't worry about the components of mental well-being until problems surface.³ Various studies regarding knowledge, attitude, and help-seeking behavior regarding mental health were conducted in different subgroups of the population worldwide. Most studies have concluded knowledge being poor and attitude being mixed based on various factors. The stigma, discrimination, and social exclusion related to mental illness are recognized as a major public health concern.² These affect the knowledge, perspective, and behaviour of the

people directly or indirectly involved in mental health issues and will also impact help seeking, treatment, and overall management.

The extent to benefit from mental health services is influenced not only by the quality and availability of services but also by the knowledge and belief systems of the people.⁴ Better knowledge is often reported to result in favorable attitudes towards mental illness and a belief that mental illnesses are treatable can encourage early treatment-seeking and promote better outcomes.⁵

Assessing public knowledge and attitude would be the pre-requisite as their practices are influenced accordingly. Studies involving the affected individual and their caregiver are scarce and assessing their perspectives about mental health is important as they are involved directly in treatment and this may influence the ultimate outcome. The purpose of the study was to assess and compare the knowledge, perspectives, and practices regarding the mental illness of patients and caregivers visiting the Neuropsychiatric outpatient department. This study would be useful in making strategies for improving mental health awareness, tackling stigma, and emphasizing mental health promotion at the hospital setting and also at community levels.

MATERIAL AND METHOD

Design and sampling: This was a prospective open-label cross-sectional study conducted in the Neuropsychiatry department of Tertiary care hospital in the easternmost part of Nepal from July to December 2019. Cases coming to Neuropsychiatry OPD were included. The inclusion criteria were- i. Age: 18-60 years ii. Willing to give written consent. The exclusion criteria were - i. severe mental illness (schizophrenia, bipolar disorders, severe depression, etc) ii. Clinical diagnosis of mental retardation iii. Last psychoactive substance use within 1 month (except tobacco). The sampling method was convenience sampling. The total duration of sample collection was three months and three weeks (10th august-30th November 2019). Out of 180 participants, 160 participants (80 patients and 80 caregivers) met the criteria in the study.

Procedure: The study was approved by the Institutional review board. After ascertaining inclusion for the study, written informed

consent was taken from the patient as well as the caregiver stating their willingness to participate in the study after they were informed about the nature of the study and its purposes. They were also ensured that all information would be kept anonymous and used for research purposes only.

A face to face interview was conducted with the patient and immediate caregiver for demographic profiles followed by Attitude towards mental illness questionnaire which were given to them to assess their understanding of mental health and mental illnesses. In cases of uneducated participants, interpretation and marking was done by the interviewer.

Materials: The following tools were used:

Semi-structured proforma: consisted of socio-demographic variables as age, gender, marital status, ethnicity, occupation, income, and religion.

Attitude towards mental illness questionnaire (modified): It is a self-administered questionnaire with 47 items. The tool was originally adapted from Weller and Grunes's Attitudes to Mental Illness Questionnaire⁶. It was revised later to reflect more of the socio-cultural aspects in different societies. It has a reliability of 0.79. The questionnaire was translated into Nepali and independently back-translated by professional translators. It consists of 5 sections: a. knowledge about mental illness with 9 items. In this section, the mean percentage score of favourable response will be calculated and qualitative descriptions assigned as good knowledge to them. b. Perceptions toward mentally ill people with 8 items. c. Attitudes toward mental illness with 13 items d. Attitudes toward mental health help-seeking with 6 items e. Care and treatment of mental illness with 11 items. For all other sections agreeing for favourable statement and disagreeing for an unfavourable statement was taken as positive perception\attitude whereas agreeing for unfavourable statement and disagreeing for a favourable statement was taken as negative perception\attitude. The mean percentage score of both perception\attitude will be calculated. The first section items were dichotomous questions whereas rest all sections were in 5 points Likert scale with respective scales as very much agree, agree, have no

opinion, disagree, very much disagree. Later for brevity three scales were used, both degrees of agreeing as one and both degrees of disagree as one.

The obtained data were fed and analyzed by Microsoft excel and Statistical Package for the Social Sciences software (SPSS) version 25. They were analyzed by descriptive statistics as frequency, Percentage, Mean ± standard deviation. For inferential statistics student t-test, chi-square test, and Fischer exact test with 95% confidence intervals were used appropriately.

RESULT

Table 1: Socio-demographic Variable

	Patient		Caregiver		P value
	mean	SD	mean	SD	
Age	37.41	11.33	7.89	11.00	0.3945*
	Patient		Caregiver		P value ⁺
	N	%	N	%	
Gender					
Male	41	51.2	40	50	1
Female	39	48.8	40	50	
Marital status					
Married	65	81.3	72	90.0	0.17
Unmarried	14	17.5	8	10.0	
Widow	1	1.3	0	0	
Ethnicity					
Chhetri	13	16.3	11	13.8	0.99
Brahmin	37	46.3	38	47.5	
Magar	4	5.0	4	5.0	
Tamang	1	1.3	2	2.5	
Yadav	1	1.3	1	1.3	
Muslim	0	0	1	1.3	
Rai	9	11.3	9	11.3	
Limbu	5	6.3	4	5.0	
Newar	2	2.5	2	2.5	
Others	8	10	8	10.0	
Education					
Literate	3	3.8	4	5.0	0.94
Primary	13	16.3	9	11.3	
Secondary (6-10)	22	27.5	23	28.7	
SLC/SEE and Intermediate	32	40.0	32	40.0	
Graduate and PG	6	7.5	8	10.0	

Level not started	4	5.0	4	5.0	
Occupation					
Managers	1	1.3	2	2.5	0.86
Professionals	2	2.5	4	5.0	
Technicians and associate professionals	8	10.0	5	6.3	
Office assistance	3	3.8	2	2.5	
Service and sales workers	9	11.3	10	12.5	
Agriculture, forestry and fishery workers	20	25.0	20	25.0	
Craft and related trade workers	5	6.3	1	1.3	
Plant, machine operators and assemblers	2	2.5	2	2.5	
Elementary occupations	5	6.3	5	6.3	
Not stated	25	31.3	29	36.3	
Income (NPR/month)					
<2300	10	12.5	9	11.3	0.99
2301-6850	6	7.5	4	5.0	
6851-11450	19	23.8	19	23.8	
11451-17150	17	21.3	17	21.3	
17151-22850	16	20.0	17	21.3	
22851-45750	8	10.0	10	12.5	
>45751	4	5.0	4	5.0	
Religion					
Hindu	68	85	66	81.2	0.69
Buddhism	2	2.5	1	1.3	
Kirat	9	11.3	12	15.0	
Christianity	1	1.3	0	0	
Islam	0	0	1	1.3	

*Student t test * Fischer Exact test

As shown in Table 1, there were no significant differences between patient and caregiver groups in terms of baseline socio-demographic variables.

Table 2: Knowledge about Mental Illness

		Patient		Caregiver		P Value#
		YES		YES		
		N	%	N	%	
1	Mental health is an essential component of health	77	96.3	75	93.8	0.71
2	Mental Illness is caused by a brain disease?	71	88.8	67	83.8	0.49
3	Mental Illness is caused by genetic inheritance	54	67.5	58	72.5	0.60
4	Mental Illness is caused by drug abuse	56	70.0	57	71.3	1
5	All mental disorders are caused by stressors	68	85.0	57	71.3	0.055
6	Mental Illness is caused by Gods punishment \ghost - spirits	17	21.3	14	17.5	0.68
7	Mental Illness is caused by a personal weakness	45	56.3	32	40.0	0.057
8	Mental illness is caused by poverty	29	36.3	26	32.5	0.74
9	Anyone can suffer from a mental illness	64	80.0	67	83.8	0.68
	Percentage mean score (favorable response)	74.85	SD: 15.69	76.28	SD: 10.39	

#chi square test

p value <0.05 is significant

Table 3: Perceptions toward mentally ill people

			Patient		Caregiver		P Value#
			N	%	N	%	
1	People with mental health problems are largely to blame for their own condition	Agree	41	51.2	30	37.5	0.21
		Don't know	11	13.8	14	17.5	
		Disagree	28	35.0	36	45.0	
2	One can always tell a mentally ill person by his or her physical appearance	Agree	41	51.2	36	45.0	0.47
		Don't know	5	6.3	3	3.8	
		Disagree	34	42.5	41	51.2	
3	Many people have mental problems but do not realise it	Agree	66	82.5	66	82.5	0.51
		Don't know	7	8.75	10	12.5	
		Disagree	7	8.75	4	5.0	
4	Mentally ill persons are not capable of friendships	Agree	36	45.0	33	41.3	0.41
		Don't know	10	12.5	6	7.5	
		Disagree	34	42.5	41	51.2	
5	Mentally ill persons can work	Agree	53	66.25	58	72.5	0.35
		Don't know	13	16.3	7	8.8	
		Disagree	14	17.5	15	18.7	
6	Mentally ill persons are usually dangerous	Agree	37	46.3	41	51.2	0.71
		Don't know	11	13.7	12	15.0	
		Disagree	32	40.0	27	33.8	
7	Mental illness can occur at almost any age	Agree	68	85.0	64	80.0	0.67
		Don't know	6	7.5	9	11.3	
		Disagree	6	7.5	7	8.7	
8	Mentally ill people should be called crazy\psycho	Agree	14	17.5	8	10.0	0.32
		Don't know	3	3.8	5	6.3	
		Disagree	63	78.7	67	83.7	
Percentage mean score	Positive perception:59.05		Positive perception: 62.48		0.65*		
	Negative perception:30.61		Negative perception: 27.17		0.63*		

chi-square test

*Student t-test

n-value <0.05 is significant

Table 4: Attitudes toward mental illness

		Patient		Caregiver		P Value#	
		N	%	N	%		
1	People with mental illness should have the same rights as others	Agree	76	95.0	65	81.3	0.02+
		Don't know	3	3.8	11	13.8	
		Disagree	1	1.2	4	5.0	
2	The mentally ill should not be allowed to make decisions	Agree	31	38.8	25	31.3	0.54
		Don't know	8	10.0	11	13.7	
		Disagree	41	51.2	44	55.0	
3	I would be afraid to have conversation with a mentally ill	Agree	29	36.3	28	35.0	0.74
		Don't know	7	8.7	4	5.0	
		Disagree	54	67.5	48	60.0	
4	One should avoid contact with the mentally ill	Agree	14	17.5	19	23.8	0.11
		Don't know	8	10.0	2	2.5	
		Disagree	58	72.5	59	73.7	
5	I could maintain a friendship with mentally ill person	Agree	55	68.8	60	75.0	0.34
		Don't know	7	8.7	9	11.3	
		Disagree	18	22.5	11	13.7	
6	I would be disturbed working on the same job as a mentally ill person	Agree	34	42.5	22	27.5	0.06
		Don't know	16	20.0	14	17.5	
		Disagree	30	37.5	44	55.0	
7	People are generally sympathetic toward people with mental illness	Agree	40	50.0	42	52.5	0.52
		Don't know	14	17.5	9	11.2	
		Disagree	26	32.5	29	36.3	
8	I could marry someone with a mental illness	Agree	22	27.5	25	31.3	0.33
		Don't know	21	26.3	27	33.7	
		Disagree	37	46.3	28	35.0	
9	The mentally ill should not have children	Agree	21	26.3	30	37.5	0.15
		Don't know	23	28.7	14	17.5	
		Disagree	36	45.0	36	45.0	
10	I would not want people to know about mental illness	Agree	41	51.2	35	43.7	0.15
		Don't know	6	7.5	2	2.5	
		Disagree	33	41.3	43	53.8	
11	I would be ashamed if people knew that someone in my family had been diagnosed with a mental illness	Agree	26	32.5	23	28.7	0.86
		Don't know	9	11.3	9	11.3	
		Disagree	45	56.2	48	60.0	
12	One should hide his/her mental illness from his/her family	Agree	12	15.0	10	12.5	0.67
		Don't know	12	15.0	16	20.0	
		Disagree	56	70.0	54	67.5	
13	I would feel comfortable discussing mental health issue with someone	Agree	57	71.3	63	78.7	0.37
		Don't know	9	11.3	9	11.3	
		Disagree	14	17.5	8	10	
Percentage mean score		Positive attitude:57.98			Positive attitude: 60.67		0.73*
		Negative attitude:29.23			Negative attitude : 26.15		

#chi square test + fischer exact test *Student t-test p-value <0.05 is significant

Table 5: Attitudes toward mental health help-seeking

		Patient		Caregiver		P Value#	
		N	%	N	%		
1	I would receive professional help as I do for other physical illness	Agree	69	86.3	71	88.7	0.86
		Don't know	3	3.7	2	2.5	
		Disagree	8	10.0	7	8.8	
2	I would Visit a Traditional healer if had a mental problem	Agree	21	26.3	17	21.3	0.59
		Don't know	6	7.5	9	11.2	
		Disagree	53	66.2	54	67.5	
3	People with mental illness usually seek help of Psychiatrist	Agree	58	72.5	54	67.5	0.02*
		Don't know	5	6.3	0	0	
		Disagree	17	21.2	26	32.5	
4	I would go for psychiatric help only in the case of a serious mental problem	Agree	33	41.2	34	42.5	0.89
		Don't know	3	3.8	2	2.5	
		Disagree	44	55.0	44	55.0	
5	I would feel comfortable talking about personal problems with a therapist	Agree	75	93.8	74	92.5	0.94
		Don't know	1	1.2	1	1.3	
		Disagree	4	5.0	5	6.2	
6	I would be embarrassed if my anyone knew I was getting professional help for a mental problem	Agree	29	36.3	26	32.5	0.49
		Don't know	3	3.7	1	1.3	
		Disagree	48	60.0	53	66.2	
	Percentage mean score	Positive attitude:72.3		Positive attitude: 72.9		0.93*	
		Negative attitude: 23.33		Negative attitude: 23.96		0.92*	

#chi-square test + Fischer exact test *Student t-test p-value <0.05 is significant

Table 6: Care and treatment of mental illness

		Patient		Caregiver		P Value#	
		N	%	N	%		
1	Information about mental illness is available at my health center	Agree	22	27.5	24	30.0	0.80
		Don't know	10	12.5	12	15.0	
		Disagree	48	60.0	44	55.0	
2	There are mental health services available in my community	Agree	13	16.2	21	26.3	0.28
		Don't know	8	10.0	6	7.5	
		Disagree	59	73.8	53	66.2	
3	Local-level health center can provide good care for mental illnesses	Agree	24	30.0	21	26.3	0.64
		Don't know	10	12.5	14	17.5	
		Disagree	46	57.5	45	55.2	
4	There are sufficient existing services for the mentally ill people	Agree	27	33.7	23	28.7	0.66
		Don't know	8	10.0	11	13.8	
		Disagree	45	56.3	46	57.5	
5	Mental illness is untreatable	Agree	24	30.0	18	22.5	0.43
		Don't know	2	2.5	4	5.0	
		Disagree	54	67.5	58	72.5	
6	The majority of people with mental illnesses recover	Agree	67	83.8	66	82.5	0.62
		Don't know	6	7.5	4	5.0	
		Disagree	7	8.7	10	12.5	
7	Mental illness can be Improved by leaving patient alone	Agree	10	12.5	8	10.0	0.75
		Don't know	5	6.3	7	8.8	
		Disagree	65	81.2	65	81.2	
8	Mental illness can be Improved by a change in environment	Agree	43	53.8	37	46.3	0.48
		Don't know	15	18.7	14	17.5	
		Disagree	22	27.5	29	36.2	
9	Mental Illness can be Improved by not taking the stress	Agree	50	62.5	48	60.0	0.87
		Don't know	8	10.0	10	12.5	
		Disagree	22	27.5	22	27.5	
10	Mental illness can be treated outside a hospital	Agree	23	28.7	30	37.5	0.40
		Don't know	8	10.0	5	6.3	
		Disagree	49	61.3	45	56.2	
11	Mentally ill people should be in an institution where they are under supervision and control	Agree	35	43.8	36	45.0	0.65
		Don't know	13	16.2	9	11.3	
		Disagree	32	40.0	35	43.7	
	Percentage mean score	Positive attitude:47.71		Positive attitude: 48.63		0.90*	
		Negative attitude: 41.71		Negative attitude: 40.34		0.86*	

As shown in Table 2, more than three fourth from both the groups believed mental health is an essential component of health, mental illness is caused by a brain disease, anyone can suffer from a mental illness, and mental illness is not caused by God's punishment \ghost - spirits. More patients than caregivers (85% vs 71.3%) think all mental disorders are caused by stressors and mental illness is caused by a personal weakness (56.3% vs 40%) but was not statistically significant. Almost two-third of the patients and more than two-thirds of caregivers (63.7 vs 67.5) don't think mental illness is caused by poverty. More than two-thirds (almost 75%) of the participants from both groups had good knowledge about mental illness with no significant difference.

As shown in Table 3, majority of patients had positive perception for items 3,5,7,8 and negative perception for items 1, 2, 6. However, regarding item 4, positive and negative perceptions were almost equal (42.5% vs 45%). The majority of caregivers had positive perceptions for all items except item 6. The overall majority of the patients (59%) and the majority of caregivers (62.5%) had positive perception towards mentally ill with no significant difference between the two groups.

As shown in Table 4, the majority of patients had positive attitudes for all items except item 6, 8, 9, 10. Almost equal patients (42.5 vs 37.5) had both positive and negative attitudes regarding item 6. The majority of caregivers had positive attitude for all items except item 8. Regarding item 8, the almost equal caregiver had a negative attitude (35.0%), followed by don't know response (33.7%) and positive attitude (31.3 %). There was a significant difference in attitude between two groups about people with mental illnesses having the same rights as anyone else. The overall majority of the patients (58%) and majority caregivers (60%) had positive attitude towards mental illness with no significant difference between the two groups.

As shown in Table 5, the majority of participants (more than 70%) from both the groups had a positive attitude toward mental health help-seeking and less than 25% had a negative attitude toward mental health help-seeking from each group. There was only a significant difference in attitude between two groups

regarding help-seeking from psychiatrists by mentally ill people.

As shown in Table 6, the majority from both groups had a negative attitude for items 1, 2, 3, 4 and 10. The majority of both groups had a positive attitude on items 5,6,7,9. The majority of the patients and the caregiver agreed on item 8. Almost equal patients and caregivers (44% and 40% vs 45% and 44%) were divided in their views regarding mentally ill people should be in an institution where they are under supervision and control. The overall majority had a positive attitude (47.7% vs 48.6%) whereas (41.7% vs 40.3%) in the respective group had a negative attitude to care and treatment.

DISCUSSION:

The concept of no health without mental health priorities mental component of overall health⁷ but the understanding and acceptance of this concept is lacking worldwide. Knowledge and belief system are the utmost in determining the perspectives and practices of an individual towards mental health issues.

Studies from Western societies have shown that biological factors were regarded as causal for mental illness^{5, 8, 9}, while in African countries stress, drug/substance abuse^{10, 11} supernatural causes were considered.^{12, 13} Not only in Africa, but the considerations of supernatural causes are also worldwide and similar views are from our part of the world also.¹⁴⁻¹⁶ The concept toward mental illnesses and its causal factor seem to change towards biological factors in the last decades^{17, 18} which was also reflected in our study. The knowledge was good among both the groups with most identifying mental health as a component of health and no one being immune to mental illness which points to acceptance similar to other physical illnesses. Most attributed mental illness as brain diseases and least pointing ghosts and spirit as a causal factor. More than two-thirds of patients believed stressor was causal factor for mental illnesses which was almost significantly different than of caregivers. One of the reasons for better understanding in our study may be direct or indirect involvement of the participants in the management and the other may be easy accessibility of information in multimedia.

The majority of patients and caregivers had positive attitude and perception regarding mentally ill people and mental illness, more in caregivers (62.5% and 60.6%) than in patients (59% and 58%). This contrast many previous studies where negative views were prominent^{10, 11, 19, 20} and studies where the views were mixed.^{18, 21} Majority patients had negative perceptions of blaming themselves for mental health condition, physical appearance as determinant of mental illness, and been usually dangerous. The majority patients disagreed marrying mentally ill and agreed not wanting to let others know about their mental illness which points to negative views about social participation in the community. These points toward self-stigma been high regarding those domains in patients themselves. Regarding caregivers majority had a negative perception about people with mental illness being dangerous similar to previous studies^{14, 22, 23} while regarding marriage almost equal had a negative attitude (35.0%) followed by an uncertain response(33.7%). The only difference in view between the two groups was regarding similar rights to mentally ill person where majority patients (95%) believed they should have same rights as others and this points to a positive attitude towards counteracting self-stigma whereas almost one-fifth caretakers did not believe so reflecting stigma within the family.

The positive help-seeking attitude was in more than two-thirds of participants from both the groups. The majority of participants from both groups had a positive attitude to seek help with professional as would do for a physical illness which points that public attitudes towards help-seeking for mental issues had positively changed over the last decade.^{14, 24, 25} The difference existed between two groups regarding seeking psychiatric help. The majority of patients were aware to go for psychiatric help if they recognize they had mental health problems but still identifying symptoms as of mental illness remains a major challenge. Most choose to go for treatment as they interpret symptoms initially or depends on suggestions from others. Majority caretakers also believed the same but almost one-third caretakers didn't believe they would approach psychiatrists but prefer other ways of treatment which may be

due to similar reasons or they tend to avoid psychiatric help due to fear of being labeled as mentally ill. Normalization of help-seeking and knowledge about timely professional help and treatment can be an effective means that had been growing. Social acceptance can prove vital to further increase in help-seeking attitude. Still, more than one fifth felt going to a traditional healer in case of mental illness which reflects the dominance of cultural and religious healing persist in this group.

The majority believed that information and services for mental health are lacking at the local level which was similar to previous study¹⁸ and even lack of sufficient services at higher levels of care. This reflected the low priority of mental health and its scarce treatment resources. The majority believed mental illness was treatable and more than two-third considered mental illnesses can recover. Positive attitude towards treatment and outcome whereas negative attitude towards services may impact treatment behaviour^{26, 27} and a similar scenario had been in our study which may be the reason for the treatment gap. The majority from both groups still think treatment outside the hospital is not possible which reflects care at lower level centers and other places beyond the hospital without professional was not possible supporting hospital-based treatment. The other way of interpretation may reflect inpatient care needed in severe mental illnesses in which treatment outside the hospital may not be feasible and might be dangerous for the public. Whereas views regarding treatment under institutional supervision and control were divided reflecting almost two-fifth believing in care at community and family level was still possible. The overall perception of care and treatment was almost equally divided into both groups.

LIMITATIONS: This was a hospital-based study involving patients and caregivers involved in treatment. More extensive studies in larger samples representing most subgroups of the population are needed for generalization. In uneducated cases, there may be a possibility of bias in interpretation and marking of responses.

CONCLUSION:

This study showed there was a good understanding of mental illness and its causes.

The majority in both groups had a positive attitude and perception regarding mentally ill and mental illness whereas self-stigma persisted in some domains. Thus there is a need to promote mental health education focusing on those aspects to reduce self-stigma among patients. More than two-thirds had a positive attitude for help-seeking and recovery but views regarding care and treatment were almost equally divided. The information regarding the availability of mental health services should be easily accessible and referral should be encouraged at local health centers. Furthermore, the recommendation for upgrading mental health services should be advocated.

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