Paediatrics

ASSESSMENT OF KNOWLEDGE, ATTITUDE AND LEVEL OF MENTAL HEALTH AMONG ADOLESCENTS AND IMPACT OF COUNSELLING AND MENTAL HEALTH EDUCATION ON THEM.

Deepti Sisodia*	Senior Resident, Department of Paediatrics, NSCB Medical College, Jabalpur, Madhya Pradesh, India *Corresponding Author
Monica Lazarus	Associate Professor, Department of Paediatrics, NSCB Medical College, Jabalpur, Madhya Pradesh, India
Rahul Solanki	Senior Resident, Department of Paediatrics, NSCB Medical College, Jabalpur, Madhya Pradesh, India
Lalit M Malviya	Assistant Professor, Department of Neonatology, NSCB Medical College, Jabalpur, Madhya Pradesh, India

ABSTRACT

Background: There is high prevalence of mental health issues among adolescents across globe, so there is need to assess its level in our country and its association with various sociodemographic variables. Adolescents with mental health disorders often have to endure the burden of the condition and the stigma that follows, this study also helps to assess attitude, knowledge and level mental health among adolescents. **Methods:** This cross sectional Observational study used Mental Health Knowledge Schedule, Community attitude towards mental health and general health questionnaire 12 to determine the overall knowledge, attitude and level of mental health among. The sample involved 200 students of class 8th and 9th standards.Univariable and bivariable analysis was done on the results obtained from the three scales and results were presented in the form of tables, charts, and narratives. **Results:** We observed that knowledge about mental health is low in 31.5% adolescent population based on their Low MAKS, Mental health knowledge showed significant increase from 31% to 42.5% post counselling session on mental health. Also 28% adolescents were diagnosed as having common mental health problems and these CMDs were associated with various sociodemographic variables. We observed that AU score was high in 35.5% adolescents and high SR score was seen in 38.5% of subjects which signifies negative attitude of adolescents towards mental health and mentally ill. **Conclusion:** Our study provides an important baseline level of knowledge attitude and level of mental health among adolescents which will be beneficial for future studies. There is a need to promote the idea of mental well-being and screening of adolescents for common mental disorders, this would ensure early detection of mental disorders and increase in the knowledge of mental health and hence improving the attitude of adolescents towards self mental health.

KEYWORDS : Adolescent, Mental health, Attitude, Knowledge, Counselling

INTRODUCTION:

Mental health is an integral part of health and is more than the mere absence of mental illnesses.[1] The challenge of adapting to one's own changing body and social role expectations contribute to negative affect and lead to mental disorders during adolescent development.[2] Mental health conditions, such as depression and anxiety, account for 16% of the global burden of disease and injury (measured by DALYs*) among the world's 1.2 billion adolescents (aged 10-19 years). (3,4, 5) It is estimated that 10 to 20% of adolescents experience mental health conditions, and a significant number of others experience symptoms that have a negative effect on their well-being. (6) . The reasons could range from lack of knowledge, patient or family members are reluctant to seek treatment due to the associated stigma, and the prevalence of cultural myths in causation and treatment of mental illness(7,8). This attitude stems from a multitude of factors. Some common factors include cultural stereotyping, erroneous portraying by mass media (especially televisions), hearsay about institutional practices of bygone eras, past experiences (lack of good opportunities when it comes to job, education, housing, or health services), and limited personal knowledge, familiarity, and interaction with people living with mental illness(9,10).

All these factors create a platform on which the society interacts with those having mental illness (11). Promotion and protection of mental health can strengthen human capital, improve quality of life, contribute to socioeconomic development and can lead to a more equitable world.(12)

Almost each and every dimension of life is affected due to the impact of mental illness such as personal, interpersonal, social, and economic growth. As a result there is destruction in the whole personality which in turn can cause damage at the outset. Thus the researcher found the importance of assessing the knowledge and attitude towards mental illness among adolescents in selected schools (13).

METHODS:

This is Cross sectional and observational study to assess the knowledge, attitude and level of mental health among adolescents and impact of counselling and education on mental health was observed.

Study was conducted from march 2019-march 2020 in two private and govt schools of Jabalpur district. School going adolescents in the age group of 11-18 years were selected as respondents. Students with Poor comprehension of Language, Disability reading writing or hearing, Unwilling to participate in study and who were suffering with physical and mental illness were excluded. Sample size was calculated using simple random sampling and found out to be 200 in this study. They were informed that all the information on the questionnaire was anonymous and would only be used for research purposes; thus, would not be seen by their parents or teachers or any other school staff members. Data Analysis was conducted in two stages, namely: univariable analysis, bivariable analysis. Statistical analysis was performed using statistical software SPSS vol.22 for windows.

Data Collection Instruments:
1. Researcher-designed sociodemographic questionnaire
2. The Mental Health Knowledge Schedule (MAKS).
3. The Community Attitudes toward Mental Illness (CAMI).
4. 12 ITEM GENERAL HEALTH QUESTIONNAIRE

OBSERVATION AND RESULTS:
Table no.1 Distribution of Subjects On The Basis Of Mental Health Knowledge Schedule (MAKS Score)

MAKS SCORE	NUMBER OF STUDENTS
Low MAKS Score	63(31.5%)
Medium MAKS Score	75(37.5%)
High MAKS Score	62(31%)

MAKS SCORENUMBER OF STUDENTSLow MAKS Score63 (31.5%) Medium MAKS Score75(37.5%)High MAKS Score62(31%) This table is showing distribution of subjects on the basis of mental health knowledge schedule score.63(31.5%) students have low MAKS Score, 75(37.5%) students have medium MAKS Score and 62(31%) have high MAKS Score.

Table no 2 Correlation of Mental Health Knowledge And Family Type

	MAKS SCORE			
	LOW	MEDIUM	HIGH	
JOINT	25(34.2%)	33(45.2%)	15(20.5%)	73
NUCLEAR	38(29.9%)	42(33%)	47(37%)	127

P value = 0.046   Chi square=6.147

This table is showing correlation of family type with mental health knowledge. According to our study students who live in nuclear families have high knowledge of mental health compared to those who live in joint families and this result is significant with p value of 0.046.

This table shows the overall correlation of mental health knowledge

before and after counselling with level of mental health that is common mental disorders as per GHQ.

The relation of mental health knowledge is significant with p value of 0.014.

Mean age was 14 years in both cases and non cases and mean MAKS Score in normal subjects was 21 and cases had low value of score 20 and this result is significant.

Also post counselling knowledge score has increased in both cases and non case.

Table no.3 Overall Correlation Of Mental Health Knowledge Before And After Counselling With Level Of Mental Health According To GHQ

Variables	12 ITEM GHQ												T test	P value
	12 or less (Non case)						More than 12 (Case)							
	Mean	SD	SE	Median	25th %tile	75th %tile	Mean	SD	SE	Median	25th %tile	75th %tile		
AGE	14	1	0	14	14	15	14	1	0	14	14	15	0.10	0.921
MAKS SCORE	21	3	0	21	20	24	20	4	0	20	19	22	2.48	0.014
MAKS SCORE 2	23	3	0	24	21	25	22	3	0	22	20	25	1.86	0.064

Table no. 4 Distribution Of Subjects On The Basis Of The Community Attitudes Toward Mental Illness (CAMI) scale.

SCORE	AU(Authoritarianism)	BE(Benevolence)	SR(Social restrictiveness)	CMHI
LOW	56(28%)	54(27%)	53(26.5%)	56(28%)
MEDIUM	71(35.5%)	84(42%)	70(35%)	88(44%)
HIGH	73(36.5%)	62(31%)	77(38.5%)	56(28%)

Table no.5 Distribution Of Subjects On The Basis Of General Health Questionnaire

GHQ SCORE	NUMBER OF SUBJECTS
NON CASE(<12)	144(72%)
CASE(>12)	56(28%)

This table is showing distribution of subjects on the basis of general health questionnaire. According to which there were 56(28%) cases (subjects having some mental health issues).

DISCUSSION:
In the present study total 200 students from both English and Hindi medium schools were included and analysed. The main purpose of this study was to use data to provide an initial overview of the current knowledge, attitudes and level of mental health of adolescents towards people with experience of mental distress. The secondary purpose was to provide a baseline from which to compare future changes in those views.

Mental health knowledge schedule was applied for assessment of knowledge, Community attitude towards mentally ill was applied for assessment of attitude of adolescents towards mentally ill and GHQ scale was applied for assessment of level of mental health among adolescents. The 25th, 50th and 75th percentile of the MAKS and CAMI scales scores were considered as cutoff points for low, medium and high scores respectively.

Knowledge in adolescent
In our study we applied mental health knowledge schedule and observed that 63(31.5%) students have low MAKS Score, 75(37.5%) students have medium MAKS Score and 62(31%) have high MAKS Score.(Table No. 1) Low MAKS score implies less knowledge of mental health and high MAKS SCORE implies having good knowledge of mental health, which was seen in only 31% of the subjects. Similar results were seen in study by Olsson et al and Farrer et al (14,15).

Mental Health Knowledge Before And After Counselling Session
• In our study we observed that Mental health knowledge increased from 31% to 42.5% after a counselling session on Mental health and its importance and results were significant with p value <0.0001.
• Similar results were seen in a study by Ekore, Rabi et al in which post-test scores revealed that the change in knowledge post training was significantly different from the pre-training knowledge , post counselling score increased significantly from 24 to 27.(16)

This is a direct reflection of the effectiveness of various training programmes and counselling sessions in improving mental health knowledge.

Attitude Of Adolescents Towards Mental Health
To assess the attitude of adolescents towards mental health, we used Community attitude towards mentally ill scale. This scale has four subscales
1. AUTHORITARIANISM: *authoritarianism,* reflecting a view of the mentally ill as an inferior class requiring coercive handling.

Higher AU score indicates higher stigma that is negative attitude towards mental health. In our study we observed CAMHI AU score was high in 35.5% adolescents.(Table No.4)

2. BENEVOLENCE: benevolence subscale, which assesses attitudes of kindness towards people experiencing mental distress.

Higher BE score indicates kindness and positive attitude towards mentally ill. In our study we observed 31% adolescents have high benevolent score.(Table No.4)

3. SOCIAL RESTRICTIVENESS: viewing the mentally ill as a threat to the society. Higher SR score suggests negative attitude and seeing mentally ill as a threat.
In our study high SR score was seen in 38.5% of subjects.(Table No.4)

4. COMMUNITY MENTAL HEALTH IDEOLOGY (CMHI) subscale, which assesses attitudes relating to the inclusion of people experiencing mental distress in the community.

In our study 28% had high CMHI Score, indicating positive attitude.(Table No.4)

There have not been many studies using Community attitude towards mentally ill scale to see the attitude of adolescents towards mental health and mentally ill, so ours is the first study which tries to quantify attitude on all four subscales of CATMI and only on adolescents.

While there have been few studies in adult population to see communities attitude towards mentally ill, a study by Deverick, Russell et al on adults using Benevolent and CMHI scale observed high BE score in 54% subjects and high CMHI score in 27% subjects(17).

LEVEL OF MENTAL HEALTH AND its PREVALENCE
• In our study, 28% were diagnosed as having a common mental health problem.(Table No.5).Similar results were observed by Balgir et al study in which overall distribution of psychiatric morbidity among adolescent population is 20.39%(18).
• If untreated, these conditions severely influence children's development, their educational status, and their potential to live fulfilling and productive lives. Children and adolescents with mental disorders face major challenges with social stigma, isolation, and discrimination in the society, as well as lack of

access to health care and education facilities, in violation of their fundamental human rights (19).

CONCLUSION:
The results provide an important estimate of knowledge, attitude and level of mental health among adolescents. We observed that 31.5% adolescents have low knowledge of mental health. Also low knowledge was associated with demographic variables like males, adolescents living in nuclear families and having family conflicts. There was significant increase in knowledge after counselling session. Also AU score was high in 35.5% adolescents and high SR score was seen in 38.5% of subjects which signifies negative attitude of adolescents towards mental health and mentally ill. As low rates of seeking psychiatric help are mainly due to poor knowledge of mental health disorders also more knowledge leads to fewer stigma. Also when attitudes towards mental health are negative, it results in avoidance, social exclusion and discrimination.

In our study, 28% were diagnosed as having common mental health problems. And these problems were more in males, adolescents from private schools, nuclear families, single parent, with family conflicts, mental health disorders in any other family member, having more than one sibling, belonging to upper middle class and lower middle class and CMDs increase significantly with increase in the working hours of the parents. Also we observed in our study that with increase in the knowledge of mental health there was decrease in the cases of mental health disorders.

So there is need to include mental health as an important component of health in adolescence and to the need to include CMD screening as a first step in the prevention and control of mental disorders.

Also our important finding was that more knowledge is associated with better attitudes therefore less stigma toward mental illness and decrease in number of CMDs, which is why it is important to initiate awareness campaigns all over the country and especially in schools to prepare a more knowledgeable and open-minded society.

Recommendations
There is a need to promote the idea of mental well-being and screening of adolescents for common mental disorders, this would ensure early detection of mental disorders and increase in the knowledge of mental health and hence improving the attitude of adolescents towards self care and mental health.

The present study found some demographic factors that significantly impacted adolescents like family conflicts, mental health issue in any family member, grades, socioeconomic status etc.

Mental health professionals need to implement attitude enhancing programs and provide relevant information to Secondary School students. The students with family conflicts be sent for relationship counsellors. The media, through launching specific programs relevant to mental illnesses, should play their role in reducing the stigmatizing attitudes of the community at large especially of students. Chapter on general mental disorders can be included in the school curriculum. There is need to initiate mental wellness programmes in schools, awareness campaigns to increase knowledge of mental disorders, yearly screening of CMD's, various training programmes to increase the knowledge base, skills and attitudes of volunteer mental health peer counsellors could be effective and would likely go a long way to complement global efforts aimed at reducing the contribution of mental health issues to the global disease burden.

List of abbreviations:
AU-Authoritarianism
BE-Benevolence
CAMI-Community Attitude towards mentally ill
CMDs- Common mental disorders
CMHI- Community mental health ideology
DALYs- Disability adjusted life years
GHQ-12- 12 Item general health questionnaire
MAKS-Mental health knowledge schedule
SR-Social restrictiveness

REFERENCES:
1. World Health Organization. WHO Expert working group meeting on RSV surveillance based on the GISRS Platform, 2–3 February, 2016, Starling Hotel & Conference Center, Geneva, Switzerland. World Health Organization; 2016.
2. Eriksen, H. R., & Ursin, H. (2002). Sensitization and subjective health complaints. Scandinavian Journal of Psychology, 43(2), 189-196.
3. World Health Organization. Adolescent mental health. Fact sheet. 2018. Available at: https://www.who.int/news-room/fact-sheets/ detail/adolescent-mental-health
4. Plan International, UNICEF, World Health Organization et al. Adolescent health. The missing population in universal health coverage. 2019. 156 Available at: https://www.who.int/pmnch/media/ events/AdolescentHealth-Missing-Population-in-UHC.pdf?ua=1
5. World Health Organization. Global Health Estimates. 2019. Available at: https://www.who.int/healthinfo/global_burden_disease/en/
6. Wesselhoeft R, Sørensen MJ, Heiervang ER, Bilenberg N. Subthreshold depression in children and adolescents - a systematic review. J Affect Disord. 2013 Oct;151(1):7-22. doi: 10.1016/j.jad.2013.06.010. Epub 2013 Jul 13. PMID: 23856281.
7. Salve H, Goswami K, Sagar R, Nongkynrih B, Sreenivas V. Perception and Attitude towards Mental Illness in an Urban Community in South Delhi - A Community Based Study. Indian J Psychol Med. 2013 158 Apr;35(2):154-8. doi: 10.4103/0253-7176.116244. PMID: 24049226; PMCID: PMC3775047.
8. Benedicto M, Mndeme E, Mwakagile DS, Mwansisya TE. Community knowledge, attitudes and perception towards mental illness in Dodoma municipality, Tanzania. ARC J Public Health Community Med 2016;1:2456-596.
9. Diefenbach, D.L. (1997), The portrayal of mental illness on prime-time television. J. Community Psychol., 25: 289- 302. https://doi.org/10.1002/(SICI)1520-6629(199705)25:33.0.CO;2-R
10. Wahl OF. Depictions of mental illnesses in children's media. J Ment Health 2003;12:249-58.
11. Link BG, Phelan JC, Bresnahan M, Stueve A, Pescosolido BA. Public conceptions of mental illness: Labels, causes, dangerousness, and social distance. Am J Public Health 1999;89:1328-33.
12. Patel V, Saxena S, Lund C, Thornicroft G, Baingana F, Bolton P, et al. The Lancet Commission on global mental health and sustainable development. Lancet. 2018;392(10157):1553-98.
13. Vimala D, Rajan, Annantha Kumari, Siva, Rajeswari, Bragnanza, Deepa. Assess the knowledge, attitude and practices of family members of clients with mental illness. Brit J Psychiatry 2003; 178(42): 231-5.
14. Olsson DP, Kennedy MG. Mental health literacy among young people in a small US town: recognition of disorders and hypothetical helping responses. Early Intervention in Psychiatry. 2010 Nov;4(4):291-8..
15. Farrer L, Leach L, Griffiths KM, Christensen H, Jorm AF. Age differences in mental health literacy. BMC Public Health. 2008 Dec 1;8(1):125.
16. Ekore RI, Ajuwon AJ, Abdulmalik JO, Bella-Awusah TT. Developing mental health peer counselling services for undergraduate students of a nigerian university: a pilot study. IFE PsychologIA: An International Journal. 2016 Sep 30;24(2):246-58.
17. Deverick Z, Russell LM, Hudson S. Attitudes of Adults Towards People with Experiences of Mental Distress: Results from the 2015 New Zealand Mental Health Monitor. Health Promotion Agency; 2017.
18. Balgir RS, Sidhu BS, Garg M, Wats A, Sohal S. Distribution of psychiatric morbidity among school going adolescents in a district of North India. Int J Med Res Health Sci. 2016;5:1–9
19. Ministry of Health and Family Welfare, GoI. Operational Guidelines on School Health Programme under Ayushman Bharat. 2018 [Google Scholar]