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KNOWLEDGE REGARDING MENTAL HEALTH AND MENTAL ILLNESS IN COMMUNITY AMONG THE ASHA WORKERS

Nursing

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ABSTRACT

'Mental health' and 'mental illness' are increasingly being used as if they mean the same thing, but they do not. Everyone has mental health, just like everyone has health. As the World Health Organization famously says, "There is no health without mental health." In the course of a lifetime, not all people will experience a mental illness, but everyone will struggle or have a challenge with their mental well-being (i.e., their mental health) just like we all have challenges with our physical well-being from time to time.

A mental illness is an illness the affects that way people think, feel, behave, or interact with others. There are many different mental illnesses, and they have different symptoms that impact peoples' lives in different ways. Just as it's possible to have poor mental health but no mental illness, it's entirely possible to have good mental health even with a diagnosis of a mental illness. That's because mental illnesses (like other health problems) are often episodic, meaning there are times ('episodes') of ill health and times of better or good health. With the right supports and tools, anyone can live well—however they define well—and find meaning, contribute to their communities, and work towards their goals.

Objectives

1.To identify the knowledge regarding mental health and mental illness in community among the ASHA workers in Kasaba Bawada, Kolhapur.

Methodolgy: A non-experimental descriptive survey design was used for the study. Non probability purposive sampling technique was used to select 60 samples. Data collection was done using structured knowledge questionnaire. The data was analyzed by using descriptive (mean, S.D, Frequency and Percentage).

The majority of the workers 40 (66.67%) belonged to the age group 31-40 years and minimum 08 (13.33%) workers belong to age group 41-50 years. The maximum of the workers 54 (90.00%) belonged to Hindu religion, and the remaining 6(10.00%) belonged to Muslim and Other religion. Maximum workers 56(93.34%) were married, and remaining 4 (6.66%) were widowed. Majority of the workers 28 (46.66%) studied till SSC and minimum 2 (3.34%) studied till graduation. Maximum 46 (76%) workers have poor knowledge and 13 (22%) have average knowledge regarding mental health and mental illness.

Conclusion: The project work concludes that maximum workers have poor knowledge regarding mental health and mental illness, so there is need to focus on awareness of mental health among all the ASHA workers.

KEYWORDS

INTRODUCTION:

Mental Health : It is a state of balance between the individual and the surrounding world, a state of harmony between oneself and others, a co-existence between the realities of the self and that of other people and the environment. **Definitions** :Karl Menninger (1947) defines mental health as "An adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness." The American Psychiatric Association (APA 1980) defines mental health as: "Simultaneous success at working, loving and creating with the capacity for mature and flexible resolution of conflicts between instincts, conscience, important other people and reality". Thus mental health would include not only the absence of diagnostic labels such as schizophrenia and obsessive compulsive disorder, but also the ability to cope with the stressors of daily living, freedom from anxieties and generally a positive outlook towards life's vicissitudes and to cope with those.

Components Of Mental Health

The components of mental health include:

The ability to accept self: A mentally healthy individual feels comfortable about himself. He feels reasonably secure and adequately accepts his shortcomings. In other words, he has self-respect.

The capacity to feel right towards others: An individual who enjoys good mental health is able to be sincerely interested in other's welfare. He has friendships that are satisfying and lasting. He is able to feel a part of a group without being submerged by it. He takes responsibility for his neighbors and his fellow members.

The ability to fulfill life's tasks: The third important component of mental health is that.

It bestows on an individual the ability to meet the demands of life. A mentally healthy person is able to think for himself, set reasonable goals and take his own decision. He does something about the problems as they arise. He shoulders his daily responsibilities, and is not bowled over by his own emotions of 'ear, anger, love or guilt.

Mental Illness :

Mental illness is maladjustment in living. It produces a disharmony in the person's ability to meet human needs comfortably or effectively and function within a culture. A mentally ill person loses his ability to respond according to the expectations he has for himself and the demands that society has for him. In general an individual may be considered to be mentally ill if:

The person's behavior is causing distress and suffering to self and I or others.

The person's behavior is causing disturbance in his day-to-day activities, job and interpersonal relationships.

Definition

Mental and behavioral disorders are understood as clinically significant conditions characterized by alterations in thinking, mood (emotions) or behavior associated with personal distress and/ or impaired functioning. (WHO, 2001)

Characteristics of Mental Illness

Changes in one's thinking, memory, perception, feeling and judgment resulting in changes in talk and behavior which appear to be deviant from previous personality or from the norms of community.

These changes in behavior cause distress and suffering to the individual or others or both Changes and the consequent distress cause disturbance in day-to-day activities, work and relationship with important others (social and vocational dysfunction).

Mental Health Facts

One in four patients visiting a health service has at least one mental, neurological or behavioral disorder but most of these disorders are neither diagnosed nor treated.

Barriers to effective treatment of mental illness include lack of recognition of the seriousness of mental illness and lack of

understanding about the benefits of services. Policy makers, insurance companies, health and labor policies and the public at large-all discriminate between physical and mental health problems.

Most middle and low-income countries devote less than 1% of their health expenditure to mental health. Consequently, mental health policies, legislation, community care facilities, and treatment for people with mental illness are not given the priority they deserve.

More than 40% of countries have no mental health policy and over 30% have no mental health program. Over 90%of countries have no mental health policy that includes children and adolescents. In addition health plans frequently do not cover mental and behavioral disorders at the same level as other illnesses, creating significant economic difficulties for patients and their families. Therefore, the suffering continues and difficulties grow.

There is a wide gap between availability and implementation of effective interventions, e.g. in India, treatment rates for schizophrenia and epilepsy are reported to be 20%ofall cases in need of treatment, compared to 80% for the same disorders in the west.

There is an urgent need to sensitize governments on the importance of mental health and clearly define the goals and objectives of community-based health programs. Mental health services should be integrated into the overall primary health care system. Innovative community-based health programs which are culturally and gender appropriate and reach out to all segments of the population need to be developed. Well-organized community based care is urgently required besides increasing the number of psychiatric beds in the general hospitals; governments must take the responsibility for ensuring that mental health policies are developed and implemented. Strategies like including the integration of mental health treatment and services into the general health system, particularly into primary health care, must be pursued.

Methods And Data Collection

After extensive review of literature as well as discussion with guide and experts, the tool that is socio- demographical data and Structured knowledge questionnaire on knowledge regarding mental health and mental illness were developed to identify the knowledge regarding mental health and mental illness in community among the ASHA workers. The investigators themselves collected the data from the subjects on 30 June 2017 which took 1 hour. Selected socio demographical data comprised of 04 items seeking information on demographic variables like age in years, religion, marital status, educational status. Prior permission was obtained from medical officer primary health centre F.H.W.C Kasaba Bhavade. For, maximum co-operation, the investigator introduced him to the respondents and willingness of the participants was ascertained. By using non-probability Purposive sampling technique 60 ASHA workers were selected for the study. Structured knowledge questionnaire were used to assess the knowledge REGARDING mental health and mental illness in community among the ASHA workers. The researcher collected the data from the subjects. The data collected were recorded systematically on each subject and were organized in a way that facilitates computer entry and data analysis.

DISCUSSION

The present study has been undertaken to identify the knowledge regarding mental health and mental illness in community among the ASHA workers at kasaba bavada Kolhapur with a view to develop information booklet.

1) Findings Related To Selected Socio-demographic Variables.

The analysis shows that the majority of the workers (66.67%) belonged to the age group 31-40 years and minimum 8 (13.33%) workers belong to age 41-50 years. The maximum of the workers 54 (90.00%) belonged to Hindu religion, and the remaining 6(10.00%) belonged to Muslim and Other religions. Maximum workers 56(93.34%) were married, and remaining 4 (6.66%) were widowed. Majority of the workers 28 (46.66%) studied till SSC and minimum 2 (3.34%) studied till graduation.

2) Findings Related To Gain In The Level Of Knowledge Regarding Mental Health And Mental Illness:

In test maximum 46 (76%) ASHA workers have poor knowledge and 13 (22%) have average knowledge regarding mental health and mental illness.

Based on the findings of the study there was maximum workers having poor knowledge regarding mental health and mental illness.

CONCLUSION

Based on the findings of the study, the following conclusions were drawn:

A descriptive study was carried out on ASHA workers working in Primary Health Centre, Kasaba Bawada, Kolhapur to evaluate the knowledge regarding mental health and mental illness.

The major findings of the study were: The majority of the total sample participants were married 56 (93.34%)Thus, after studying the findings it is concluded that majority of the total samples belong to age group 31-40 years 40 (66.67%) and was found that maximum number of the ASHA workers, Kasaba Bawada, Kolhapur have poor knowledge 46 (76.66%)

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