



ORIGINAL RESEARCH PAPER

Medicine

KNOWLEDGE, ATTITUDE AND PRACTICE ON MENTAL HEALTH AMONG HEALTH WORKERS SERVING A BLOCK OF A DISTRICT OF WESTERN INDIA.

KEY WORDS:Health Workers, Knowledge, Attitude and Practice, Mental Health, Rural Population

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ABSTRACT

Background: Mental health services can be provided efficiently by primary health care workers with community-based initiatives and task-sharing strategies. The study was carried out to assess the knowledge, attitude and practice regarding mental health among health workers serving a block of a district of Western India.
Methods: A cross sectional study was conducted among 47 health workers serving rural and tribal population of a block of a district of Western India. Accredited Social Health Activists, Auxiliary Nurse Midwives, Field level workers; one each from the selected 12 villages were interviewed through a semi structured Questionnaire.
Results: The 50th percentile knowledge and attitude-practice among health care workers was 63.46% and 72.78% respectively. Overall mean knowledge was 64.12%. There was no gender difference in the scores. Faith healing/quack (bhuva, bhagat) was options for treatment as mentioned by four-fifth of them and dargah/temple by two-third of them. All of them were aware of medicines as options for treatment and nearly 60% mentioned conversations and electric shock as options too.
Conclusions/Recommendations: There is a need of a tailored made intervention developed in collaboration with psychiatrist and public health expert on mental health to empower primary health care workers.

INTRODUCTION:

People with serious mental health problems die prematurely because of preventable physical conditions, as early as two decades ⁽¹⁾. It is estimated that 1 in every 4 families has a member suffering from a mental health disorder ⁽²⁾. The potential lack of equal involvement in family life, normal social networks and sustainable jobs, as well as decreased chances of rehabilitation, may be impeded by their ability to access care and may influence the form of treatment and quality of help obtained ⁽³⁾. The WHO has given evidence-based intervention models, called the Mental Health Gap Action Program (mhGAP) intervention guide, to help integration with primary health care ⁽⁴⁾. Changing the role of specialist mental health staff (i.e. psychiatrists and psychologists) from a primary emphasis on service delivery to also developing and building clinical capacity of the primary health care (PHC) staff and providing oversight and quality assurance of mental health services, could aid in scaling up mental health services in the Low and Middle Income Countries (LMIC) ⁽⁵⁻⁷⁾.

In the Indian community scenario, it is observed that there are a lot of stigmatizations which are responsible for huge healthcare burden as it takes time, expensive investigations due to the general practitioners' insensitivity to depression and stigmatization and hence significant healthcare time is wasted. And by the time the patient reaches the consultant, he/she is either in a severe state of illness or reached a poor prognosis of the illness. Mental health services can be provided efficiently by primary health care workers with community-based initiatives and task-sharing strategies. This would lead to decrease in morbidity arising out of these illnesses. The present study was therefore carried out to assess the knowledge, attitude and practice (KAP) regarding mental health among health workers serving a block of a district of Western India.

METHODS:

A cross sectional study was conducted among health workers serving rural and tribal population of a block of a district of Western India in 2015. This block covered approximately 120 villages and comprised of 3000 households (Hhs).

Sampling Framework/Technique:

Based on feasibility sampling at stage one: One sub-center from each of the six Primary Health Centre (PHC) of the block of the district was selected for study by simple random sampling method. A sub-center wise list of villages of the six sub-centers selected was then obtained. At stage two: two villages from each of the sub-centers were selected, also by simple random sampling method. Therefore, in this way a total of 12 villages were selected. At stage three: 12 Accredited Social Health Activists (ASHA), 12 Auxiliary Nurse Midwives (ANM), 12 Field level workers; one each from the selected villages were decided to be studied.

Data Collection:

One day training session for research Assistants, Post Graduate Students was conducted for carrying out data collection. The study participants were interviewed through a semi structured questionnaire which was pilot tested. Informed verbal consent was obtained and confidentiality was maintained. The data was entered in STATA software and the statistical tests applied were Chi-squared test, "t" test and ANNOV apart from descriptive statistics.

RESULTS:

A total of 47 health workers were interviewed to assess their KAP regarding mental health (on an average 8 from each of the six PHCs). They included; 14 Panchayat Members/Sarpanch, 12 ASHAs, 12 ANMs, 4 mental health link workers, 2 Anganwadi Workers, 2 Multipurpose Health workers and 1 Anganwadi Helper.

There were 34% of health workers in the age group of 21-30 years followed by those in the age group of 41-50 years (31.9%). The mean age (mean+ SD) was 39.09 +/-11.723, respectively. Majority of them were females (76.6%). Almost all of them (93.6%) (Except 3) were Hindus. Almost half of them (46.8%) were educated up to secondary school followed by 27.7% who were educated up to higher secondary. More than half of them (57.4%) had not received any kind of training.

Table 1: Percentile distribution related to Knowledge, Attitude and Practice of the Health Workers studied

Percentiles	Knowledge Percentage (N=52)*	Attitude and Practice Percentage (N=11)*
25	57.69	54.55
50	63.46	72.78
75	76.92	81.82

* Items in the Knowledge and Attitude & Practice questionnaire

The 50th percentile, knowledge and attitude-practice among community members was 63.46% and 72.78% respectively as shown in Table 1.

Table 2: Knowledge of Health Workers regarding Mental Health and Illnesses

Knowledge items	Mean Score (correct Knowledge)	Std. Deviation
General Mental Disease(N=6)	3.27	1.579
Factor Affecting Mental Diseases (N=10)	5.68	1.249
Insights(N=8)	4.95	1.133
Sign and symptoms(N=23)	17.05	3.525
Treatment(N=5)	3.73	0.935
Overall Knowledge(N=52)	35.09	5.588

The overall Knowledge of health workers regarding various aspects of mental health and illness was 35.09/52 (67.4%). It is also noted that the score is half or little more than half for each of the knowledge items, Table 2.

Table 3: Gender, Age and Education-Wise comparison of Knowledge, Attitude and Practice regarding Mental Health and Illness in Health Workers

Variable		N	Mean %	Std. Deviation	p-value
Knowledge Percent age (N=52)	Gender	Male	11 64.86	11.79	0.829
		Female	36 63.88	13.29	
	Age	21-30	16 66.26	11.43	One way ANOVA F=0.654, df=3, p=0.585
		31-40	8 60.09	19.00	
		41-50	15 62.31	11.11	
		>50	8 67.31	12.16	
	Education	Graduate	4 68.75	8.65	One way ANOVA F 1.361, p=0.264
		HSC	13 63.31	10.55	
		SSC	22 63.64	13.38	
		Primary	7 68.13	15.26	
Illiterate		1 38.46	-		
Attitude & Practice Percent age	Gender	Male	11 76.85	15.93	0.092
		Female	36 64.89	21.19	
	Age	21-30	16 65.91%	20.59	One way ANOVA F=3.745, df=3 p=0.018
		31-40	8 55.68	21.42	
		41-50	15 66.06	18.97	
		>50	8 86.36	10.87	
	Education	Graduate	4 61.36	23.91	One way ANOVA F=0.465, p=0.761
		HSC	13 69.23	17.22	
		SSC	22 66.12	23.50	
		Primary	7 70.13	17.18	
Illiterate		1 90.91	-		

Table 3, shows that the knowledge or attitude and practice was not significantly different in both the genders (p=0.829 and p=0.092 respectively). The mean percentage of knowledge was maximum in the age group of more than 50 years (67.31%). Likewise, mean percentage of attitude and practice was maximum in the age group of more than 50 years (86.36%). The mean knowledge difference in the age groups was not significant (p=0.585), however, the mean attitude and

practice difference between the different age groups was significant (p=0.018). ANOVA test results did not show any difference in knowledge or attitude-practice as per their educational status (p=0.264 and p=0.761) respectively.

Nomenclature of general mental diseases as mentioned by health workers included; psychosis (63.8%), anxiety (61.7%), depression (53.2%), substance abuse (Alcohol / Tobacco / Ganja) (42.6%), sleep disorders (38.3%) and dementia (34%). Drugs or alcohol (85.1%), black magic or witch-craft (74.5%), traumatic events or shock (74.5%), possession by evil spirit (68.1%), God's punishment & brain disease (63.8%), genetic or familial (61.7%) and poverty (27.7%) were the causes responsible for the mental health problem according to respondents. *Signs and Symptoms*; Irritability, aggression, violence, frequently having same thoughts, repeating same activities, anxiety, self-talk, sadness – hopelessness were mentioned by four-fifth of them. Aloofness, not taking self-care, suicidal thoughts, having doubts, tobacco, hallucinations, sleep problems, alcohol were known to two-third of them. Excessive joy, development delays / speech problem, headache & body ache, weakness and disturbances in sexual activity were mentioned by nearly half of them.

Participants opined that mental health problems are treatable (93.6%), old age people can have mental health problems (87.2%), mental health problems are worthy of serious concern and attention (76.6%), people of all ages can have mental health problem (68.1%), children can have mental health problems (68.1%), people with mental illness can work in a regular job (34%) and mentally ill patient can be treated outside the hospital (29.3%). All mentally ill patients were a nuisance to the public (23.4%) was mentioned by one-fourth of them. Faith healing/quack (bhuva, Bhagat) was options for treatment as mentioned by four-fifth of them and dargah/temple by two-third of them. All of them were aware of medicines as options for treatment and nearly 60% mentioned conversations and electric shock as options too.

DISCUSSION:

In the current study it was found that fair number of health workers was aware about nomenclature of general mental diseases which included psychosis (63.8%), anxiety (61.7%), depression (53.2%) and others. In similar studies, mental health awareness has been found in the range of 33.4% to 78.3% among health care providers⁽⁸⁻¹⁰⁾. Distribution of causes responsible for the mental health problems according to respondents in the present study were in line with studies conducted by Almanzar S et al and Jugal K et al⁽¹¹⁻¹²⁾.

In the current study participants opined that mental health problems are treatable (93.6%), old age people can have mental health problems (87.2%) and people with mental illness can work in a regular job (34%). Similar findings are cited by Gartoulla P et al among health professionals of Nepal, they found that most of the respondents (98%) thought that mental illnesses have effective treatment and about 38% of the respondents opined that mentally ill patients should not be allowed to be engaged in work or job⁽¹³⁾. Kapungwe et al also cited that 39% of respondents agreed or strongly agreed that mentally ill people should be allowed to work⁽¹⁰⁾.

In a study by DM Ndetei et al, 68.6% of nurses felt that mental illnesses can be successfully managed in general hospitals and at outpatient facilities⁽¹⁴⁾. A study by Kishore Jugal et al found that 92% of the respondents considered mental illness to be treatable⁽¹²⁾. Aruna G et al found that majority of the students (73%) held the view that psychiatric disorders are treatable⁽¹⁵⁾. While N Blaise et al cited that 39.5% mentioned so⁽⁹⁾.

Faith healing/quack (bhuva, Bhagat) was options for treatment as mentioned by four-fifth of them and dargah/temple by two-third of them. Joshua Cowan et al

among doctors of Bangalore found that there was a commonly held belief that medications produce a satisfactory result for patients with mental health problems⁽⁸⁾. A study by Aruna G et al cited that 80.4% thought of psychotherapy as an essential part of treatment, faith-healers (63.1%) and electroconvulsive therapy (ECT) (72%)⁽¹⁵⁾.

Recommendations:

There is a need of a tailored made intervention developed in collaboration with psychiatrist and public health expert on mental health to empower Link workers, Medical Social Psychiatrist and Accredited Social Health Activist (ASHA) regarding knowledge of signs and symptoms of mental illness and other aspects as identified by the study. The program should have strong component of reviewing the social causes of disease, stigmas/myths, health seeking behavior that delays disease diagnosis and treatment. The correct referral pathway for diagnosis and treatment of mental illnesses should be informed.

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