Cross Sectional Study to Assess the Awareness and Perceptions Towards Mental Health of Patients' Relatives

By

Leena Goyal

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2017-2019

The IIHMR University, Jaipur

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IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that **Ms. Leena Goyal**, student of MBA Health and Hospital Management from The IIHMR University, Jaipur has undergone internship training at **National Health Mission, Gujarat** from 04th Feb 2019 to 09th May 2019.

The candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.
The internship is in fulfilment of the course requirements.

I wish her all success in all her future endeavours.

(Col.) Dr. Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur
15 May 2019

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Hospital for Mental Health

Department of Health & Family Welfare
Government of Gujarat

The certificate is awarded to

Leena Goyal

In recognition of having successfully completed her

Internship in the department of

Health

and has successfully completed her Project on

A Cross Sectional Study to Assess the Awareness and Perceptions of Patients' Relatives Towards Mental Health

04th Feb 2019 to 09th May 2019

National Health Mission, Gujarat

She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning.

We wish her all the best for future endeavors

Dr. Ajay Chauhan

State Program Officer

National Mental Health Program

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THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled '**A cross sectional study to assess the awareness and perceptions towards mental health of patients' relatives'** submitted by **Leena Goyal** (Enrolment No. IIHMR-U/01/2017-19/0592) under the supervision of **Dr. J.P. Singh** for award of MBA in Hospital and Health Management in Health and Hospitals of the University carried out during the period from 04th Feb 2019 to 09th May 2019 embodies my original work and has not formed the basis for the award of any degree, diploma associateship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

ACKNOWLEDGMENT

At the outset, I would like to articulate this project as small journey which was a remarkable learning experience for me. The successful completion of this project is only because of the extraordinary support, guidance, counselling and motivation from my respectable staff, of IIHMR University and my organization National Health Mission, Gujarat.

This journey could not be completed without support of my family and friends. I express my deep gratitude to Dr. J.P. Singh mentor for this project. Through the support provided by him, I have imparted knowledge on the avenues which this project has opened and explored. His directions in making me think about unique conceptual and analytical aspects which has lifted this project at this stage of successful completion.

I, extend my gratitude to the doctors and all my colleagues, friends for their encouragement, support, guidance and assistance for undergoing industrial training and for preparing the project report.

DECLARATION

I do hereby declare that I am a student of 2nd year, MBA in Hospital and Healthcare Management, IIHMR University, Jaipur, Rajasthan session 2017-2019. I would like to state that I have carried out my Dissertation on the topic **"A cross sectional study to assess the awareness and perceptions towards mental health of patients' relatives".**This project work is my own and has not been submitted to any of the other Institute or University for award of any degree or diploma.

Leena Goyal

MBA- HM 22

2017-2019

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TITLE

Assessing the awareness and perceptions towards mental health among patients' relatives.

INTRODUCTION

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community. Mental health problems have become the alarming condition in present health scenario. World Health Organization (WHO) report reflects that one in every four persons, fulfil the criteria of any mental illness at least once at some point in their lifetime. In India, National Mental health Survey 2016-17 revealed that every sixth Indian needs mental health help with the prevalence of mental disorders being 10.6 percent.(1)

Besides its vast prevalence, people are still unaware about the facts related to mental illnesses. Moreover, mental illness is still stigmatized. a very small proportion of sufferers seeks help. A small proportion of mental health sufferers seeks help due to a lack of awareness, the stigma towards with mental illness and limited access to expert help.

When it comes to mental illnesses, unless the symptoms are too dramatic or rather extremely distressing, they are often neglected by the relatives and are considered to be due to some kind of weakness on the patient's part.(2)

And therefore, consulting a mental health specialist is still deferred until the limits of tolerance can be stretched no further.

This results in untimely diagnosis, late treatment, overall poor prognosis, or adverse outcomes such as self-harm, risky behaviour, and untimely deaths by suicide which could have been prevented only if timely treatments were initiated.(3)

Mental health differs from physical health in certain aspects as mentally ill people are often not in a position to make decisions on their own. Those who suffer rarely get access to timely and appropriate medical treatment as their families try to hide their condition from the society because of shame. This attitude not only harms patients but also leaves them open for exploitation, abuse, neglection, and discrimination.

Person suffering due to mental health issues are often perceived as weak, unhygienic, failures, violent and dangerous by the society. Public also consider them as a nuisance. Related studies done, shows that most of the people believe that mental illness is caused by evil spirits so people suffering should be made to visit traditional healers for treatment or if not treated by them, there is no cure for mental illness. Some also felt that persons with a mental health problem require a longer duration of treatment. Hence, there is a delay in help-seeking because of the community's perception towards PWMI and also they are often neglected without any support and few of them end up begging or as homeless mentally ill.

Unlike physical health, People with mental health issues have to face challenges not only because of their symptoms and altered abilities but also they are challenged with the stigma and discrimination that contribute largely to the hidden burden of the disease. This leads to PWMI not disclosing their problems to others, including at times to their close ones.(4)

Moreover, they are often deprived of social as well as economic opportunities that define quality life in several areas like accommodations, employment, relations like marriage, help seeking and health care services.

From a study done to predict caregiver satisfaction with services of mental health, it was seen that, caregivers are satisfied with mental health services when there is a mutual collaboration with the health service providers for their ill relatives. Furthermore, the participation of family members in the treatment can enhance social functioning, lesser conflict occasions and less number of episodes of hospital admission.(5)

According to a research, the family members who care for relatives with mental illness report feeling stigmatized as a result of their association with the mentally ill(6).

The family member of the patient have to control and manage all the adverse effects as a consequences of mental illness and thus, psychiatric doctors often consider family members of a patient as people of support because they are the ones who can act as a source of information regarding the patient and can act as co-therapists at their homes.

It thus becomes of great importance for the family members to be in an optimal social and psychological state. It is reported that reduced function of one family member in this case because of mental illness contributes to the burden of other members and this in turn leads to other family members assuming a critical attitude towards the patient.

From various studies, we see that there is a relationship between caregivers' social support and stigma associated with relative with mental illness. For example, in a study investigating the links between stigma, signs and coping amongst caregivers, it was found that stigma may lessen the morale of family caregivers and result in withdrawal from potential supporters.

The degree to which patients are benefit from improved mental health services is not only influenced by the quality as well as availability of health services but also by their knowledge, attitude and belief systems.

Hence, family caregivers have got to learn and understand the patient's characteristics and behaviour. Thus, for a family member to cope with symptoms of mental illness may often require some lengthy, complex, and distressing deals. And to do this well, they should be well aware and not stigmatized about mental health issues.

LITERATURE REVIEW

A study based On Relatives' Perception on Mental Illnesses, Services and Treatment by Dr. Abubaker Ibrahim Elbur, mentions the importance of mental health. The author states that Mental health disorders are global health problems that are affecting population inspiteof their ages, cultural as well as socio-economic background. There should be collaboration of families and doctors for proper understanding of mental illness, their causes, symptoms as well as treatment.

In a cross-sectional study conducted by Shyamanta Das on knowledge, attitude, practices and beliefs of patients' relatives, the degree of information regarding mental illness among the caregivers was found to be adequate but information regarding the nature and aetiology was found to be low. Subjects exhibited a negative attitude for authoritarianism, interpersonal causes and social restriction. Benevolence and mental hygiene were observed to be positive.

A comparative study on attitudes towards mental illness done by RanjitkumarP explains about the consequences of notions such as rejection, stigma, loss
of esteem, discrimination, accept or reveal psychiatric treatment and so on.
It also mentions Attitude as 'an acquired behaviour, assumed to account for
variations in social behavior under conditions. Attitudes can also be regarded as expressions of likeness and dislikeness of various things.

RATIONALE

Only few studies are present which reflect mental health knowledge and perceptions among people towards mental health in Gujarat. Though the role of caregivers in successful treatment of patient is sufficiently proven to be of great significance, to our knowledge, study on caregivers' attitude towards PWMI and perceived stigma is non-existent in Gujarat. Sufficient literature on how often the caregivers of people with mental illness from low and middle-income countries are stigmatized and how they perceive people with mental illness is unavailable. Furthermore, it is important to study the perception, attitude, and health-seeking behavior in the community regarding mental

illness, which will help in providing proper services and effective mental healthcare promotion for the community.

OBJECTIVES

1. **To assess the awareness and perceptions towards mental health among patients' relatives.**
2. **To assess if the sociodemographic characteristics correlates with the perceptions of caregivers of mentally ill patients towards mental health**.

RESEARCH QUESTIONS

1. What is the level of awareness in patients' relatives towards mental health?
2. What are the perceptions of patient's relatives towards mental health?
3. Is there any association between the sociodemographic characteristics and perceptions of the patients' relatives?

METHODOLOGY

A cross-sectional study was conducted for the time duration of 10th February to 10th May 2019, whereby 148 adult relatives (aged >18 years) of mentally ill patients attending visits in Hospital for Mental Health, Ahmedabad were selected.

Sample

The sample consisted of relatives of the mentally ill patients. The study was done on one adult family member living and accompanying the patient.

Inclusion criteria:

1. Relatives with age above 18 years
2. Relatives are the primary caregivers and provides most assistance to the patient

Exclusion criteria:

1. Family members who refused to participate

Sample size and Sampling technique

Convenient sampling

The data collection process was feasible for 15 days. Therefore, any ten of the patients' relatives visiting the OPD and meeting the inclusion and exclusion criteria for sample were interviewed for 15 days.

Study design, setting and period

A cross sectional descriptive study was conducted in Hospital For Mental Health, Ahmedabad from February 2019 to April 2019.

Study Tool

For assessment of awareness and perceptions, a questionnaire was developed after proper study of other tools present for such studies. Self-structured measurement tool as per the socio-cultural context and belief system of the population was developed.

Already present tools such as Community Attitude towards Mental illness (CAMI) tool were not taken as they were not specifically designed to assess patient's relative perceptions in a hospital setting, hence only items relevant to study were selected, whereas others were self-formed. A questionnaire consisting of two sections was prepared. The first section, included information regarding socio-demographic

characteristics (Sex, Age, Education level, Monthly income, Relation with the patient) of patients' relatives while in the second section, there were total 20 items which were measured awareness on common mental illness, causes, symptoms, treatment and beliefs, attitude, perceptions on a rating scale. Responses were recorded on a five pointer Likert scale. Exactly 50% of statements were kept negative. The tool was initially made in English and then was translated in Gujarati language with help of a bilingual translator. The tool then was shown to mental health experts and necessary modifications were made. This questionnaire was then validated by three mental health experts including physiatrists and lecturers.

Data collection procedure

The data for the study was collected through face-to face exit interviews.

Aim of the study was explained to each subject and proper instructions were given. Verbal consent was obtained, and the information was gathered anonymously. Relatives who refused to participate were excluded.

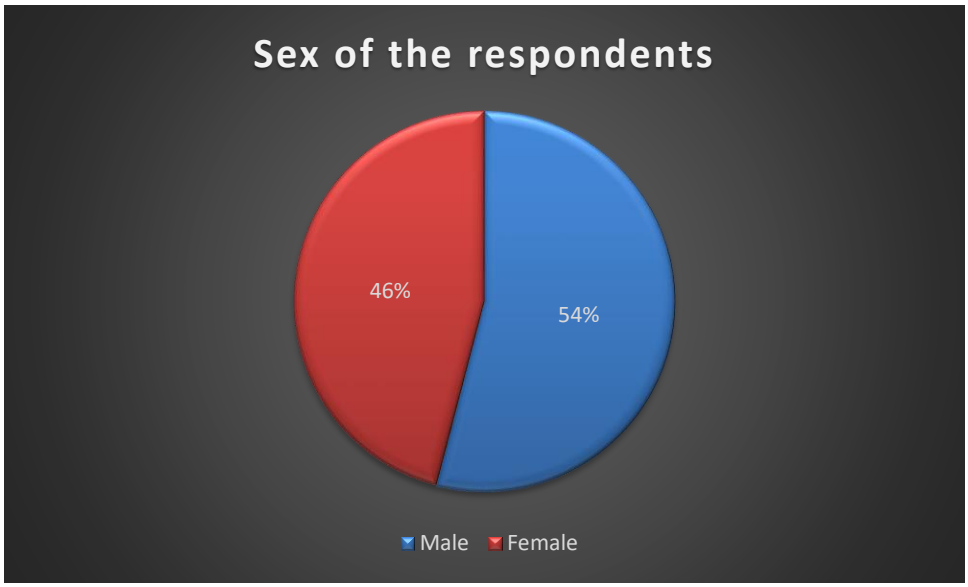
The statements were read out to them individually. They were told to choose any one of the following: "Strongly Agree", "Agree", "Neutral", "Disagree", "Strongly Disagree".

DATA ANALYSES

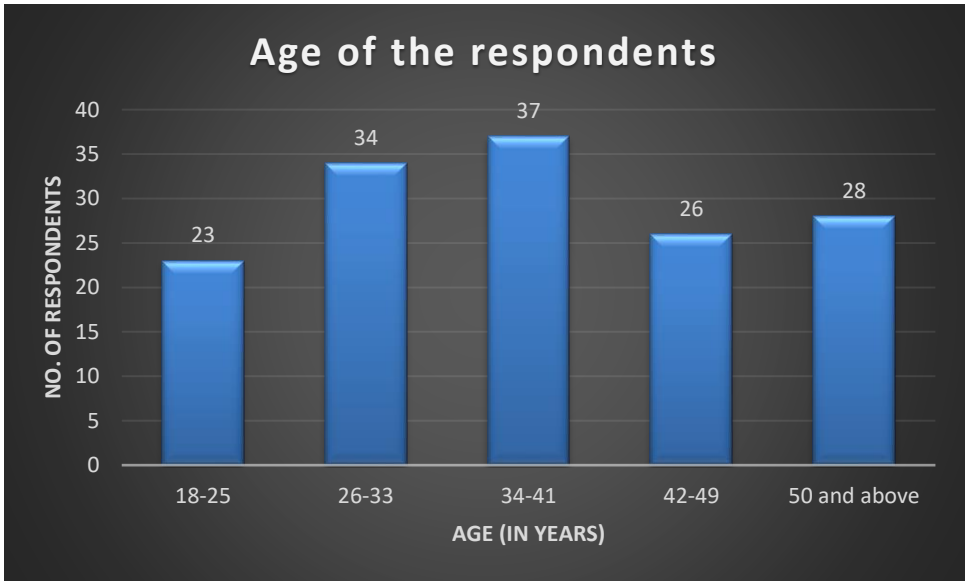
Data was entered in Statistical Package for Social Science for analyses. Descriptive analysis was used to calculate frequencies and percentages.

ANALYSIS AND RESULTS

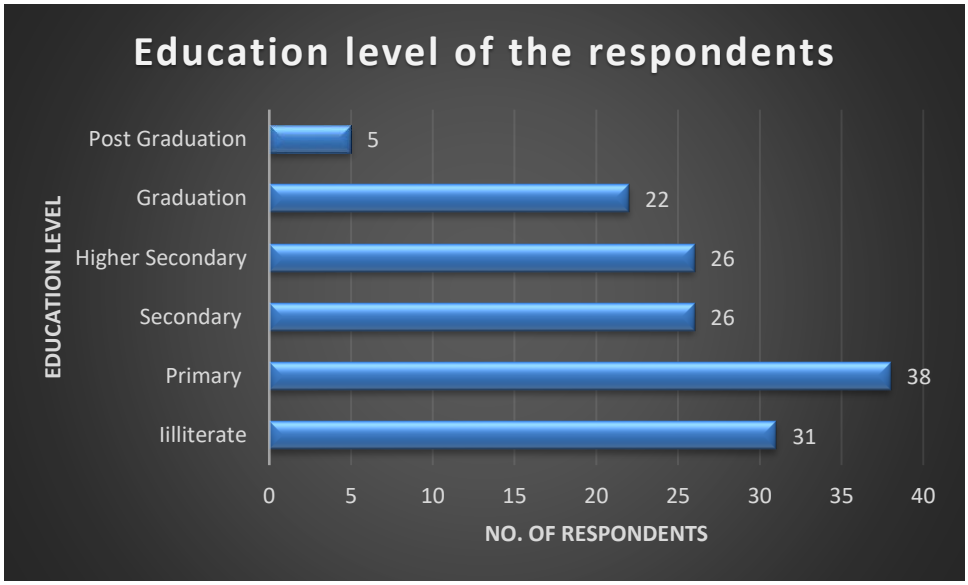
SECTION A: SOCIODEMOGRAPHIC CHARACTERISTICS



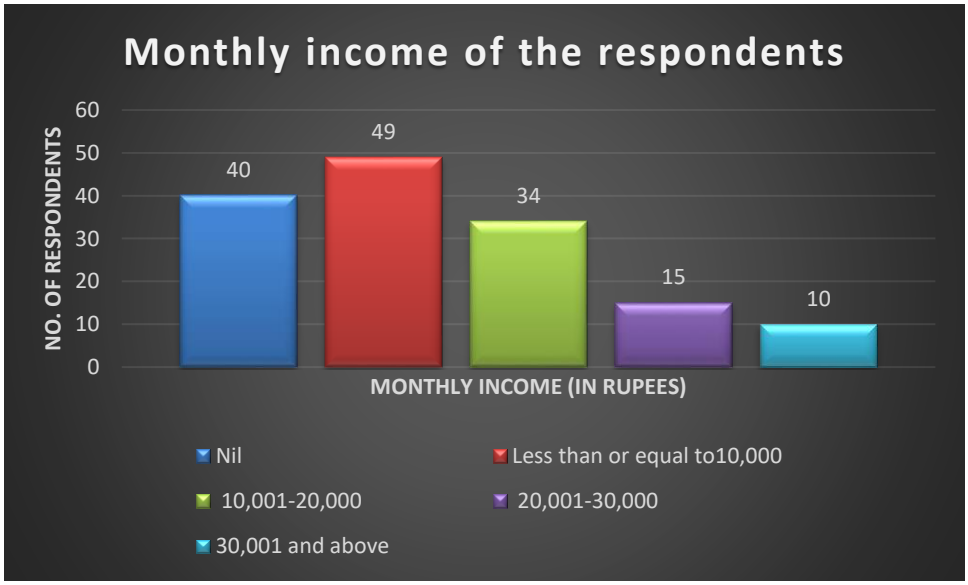
From a total of 148 subjects participated in study, 80 (54 percent) of them were males whereas around 46 percent were females.



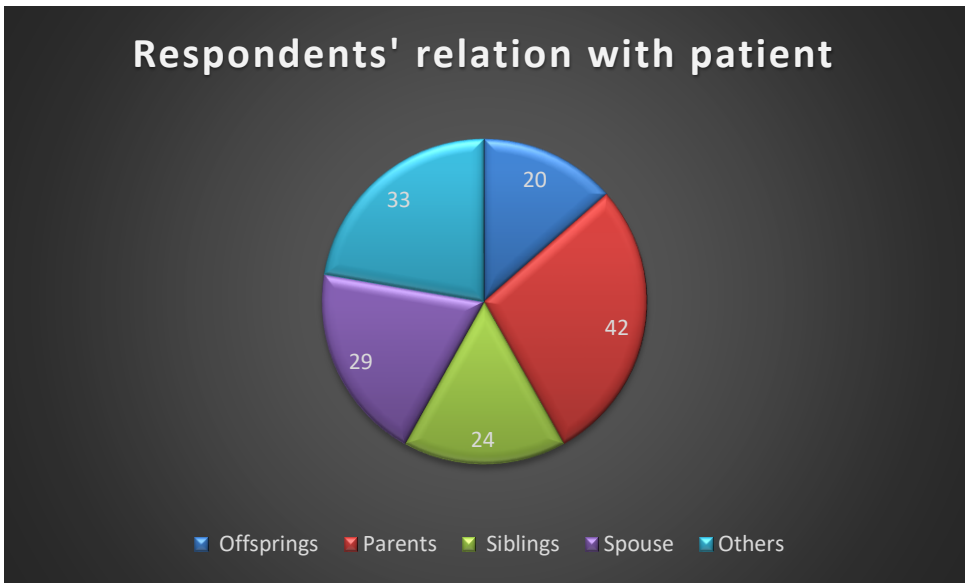
About one fourth of the subjects were of age group 34-41 years. Only 15 percent of them belonged to age group 18-25 years. Close to 25% of them were of 26-33 years old. Nearly 19 percent were 50 years and above.



One fourth of the respondents had attained primary education while only 5 out of 148 respondents were post graduated. Number of respondents having secondary and higher secondary education were equal (26 each).



Nearly one third of the total number of respondents belonged to income group less than 10,000. There was no source of income for about 27 percent of the respondents. Only six percent of them managed to earn 30,000 and above.



It was seen that the main caretakers of the patients were their parents (30 percent) followed by spouse (19 percent). Also, extended family played a major role as around 22 percent of them had other relations with the patient.

SECTION B:

Out of 20 statements, ten were positive while the other ten were negative.

Positive and negative statements were analyzed separately. For both types, the Likert scale scoring was done as Strongly Agree=5, Agree=4, Neutral=0, Disagree=2, Strongly Disagree=1.

Sum total score of positive questions and negative questions were calculated.

On the basis of scoring, respondents were segregated on the basis of favourable and unfavourable score.

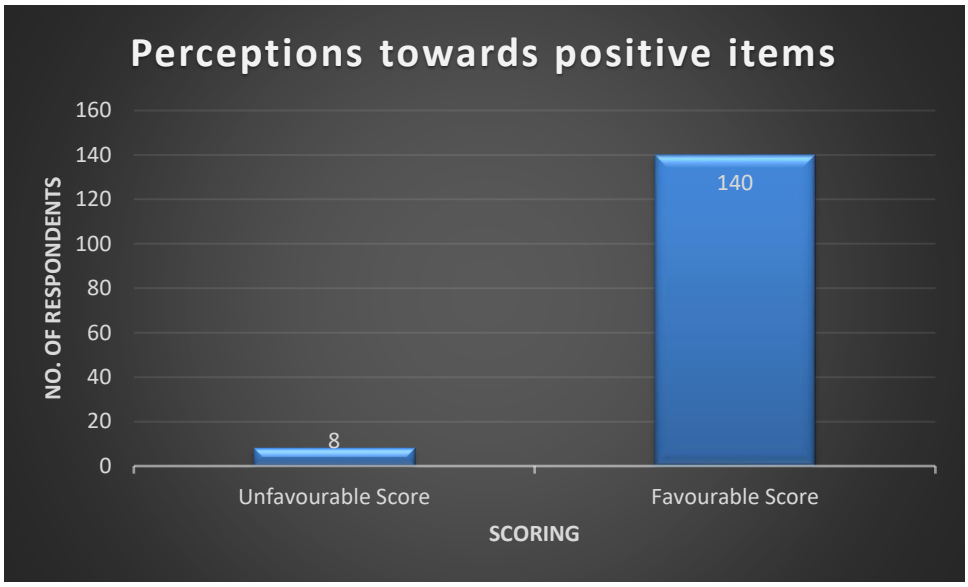
For positive statements:

Score (Min 10; Max 50)	Perception
10- 29	Unfavourable
30-50	Favourable

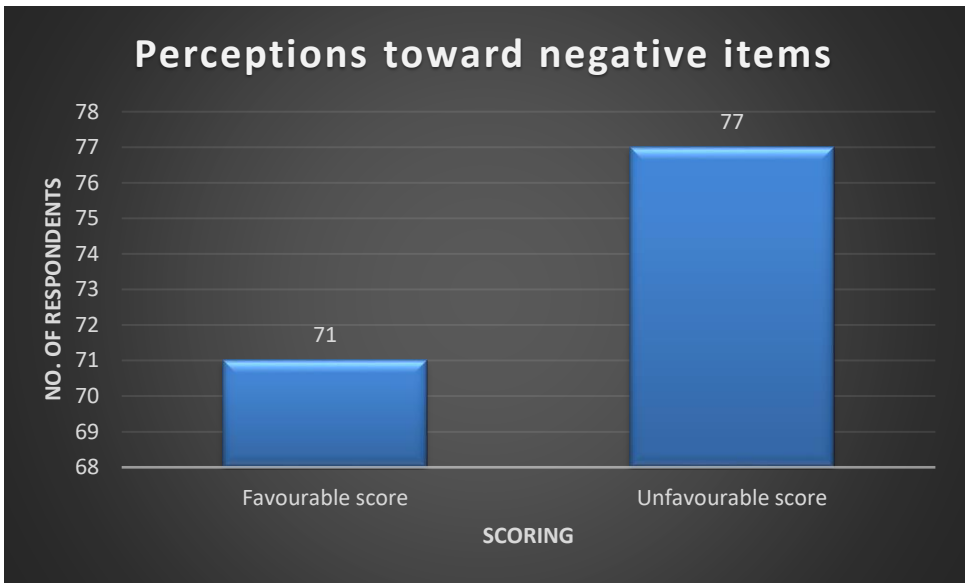
For negative statements:

Score (Min 10; Max 50)	Perception
10-29	Favourable
30-50	Unfavourable

Also, mean scores were calculated for some of the selected statements to assess awareness.



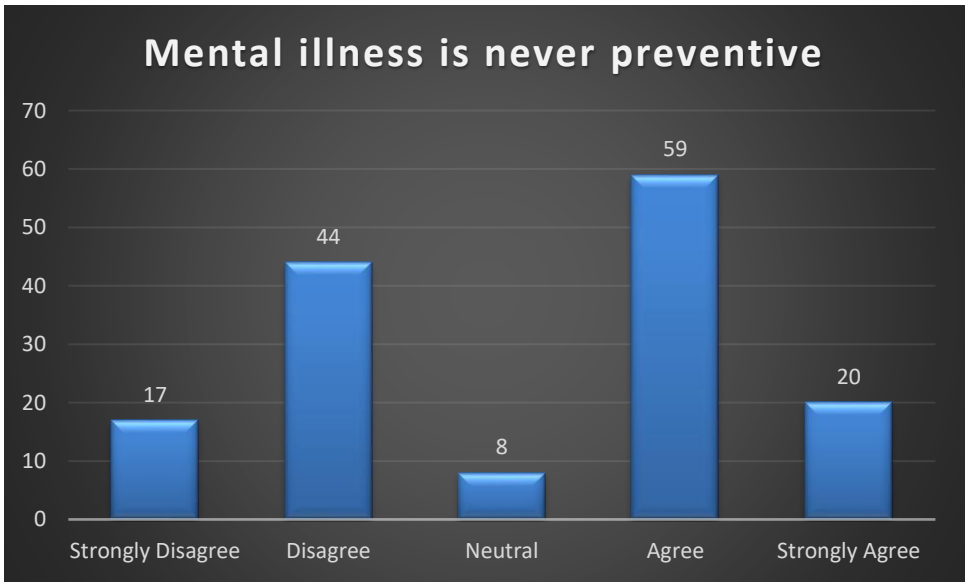
The above chart shows that 95 percent of the respondents were well aware and had positive perception towards mental illness. Only a mere number of respondents 8 out of 148 had an unfavourable perception towards the positive items related to mental illness. The mean score obtained for all ten positive statements was 35.08 (Minimum score possible 10; Maximum score possible 50).



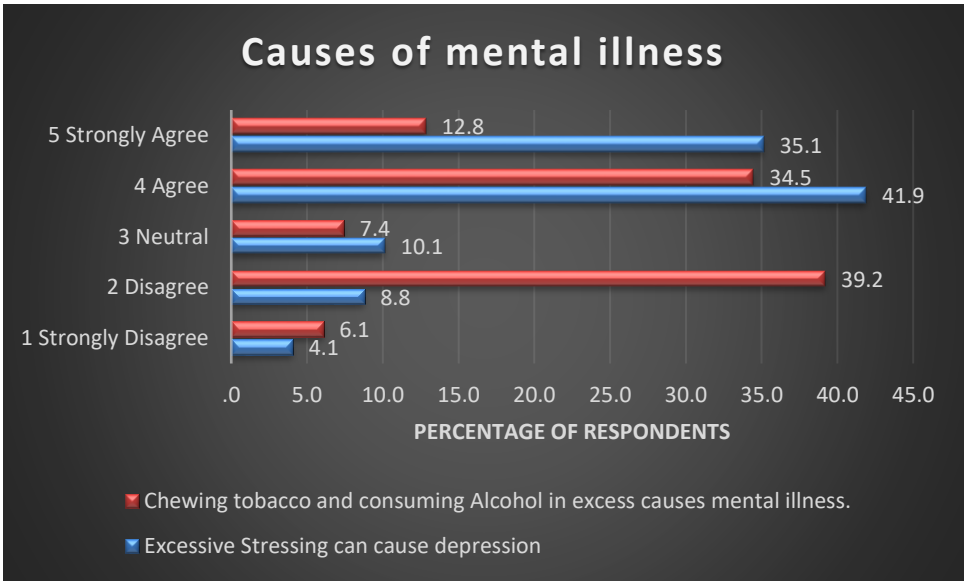
For negative statements, it was seen that 77 respondents (52 percent) had less awareness and unfavourable perception towards mental illness while 48 percent had favourable scores. The mean score for all negative items responses comes put to be 31. Though, the ideal score for negative statements is 20.

ANALYSIS OF INDIVIDUAL ITEMS

- Around 88 percent of the respondents strongly agreed (20%) and agreed (59%) that mental health is as important as physical health.



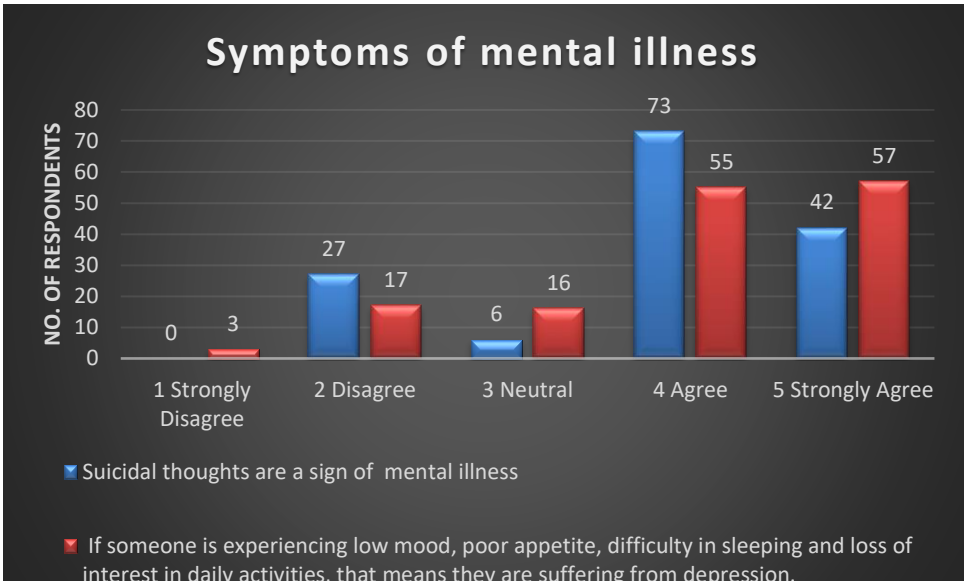
- More than half of the respondents agreed that mental illness cannot be prevented whereas only 17 out of 148 respondents knew that mental illness can be prevented.
- About 62 percent of the respondents were well aware that mental illness is not always hereditary, 7 percent were neutral about it while 30 percent (n=45) of the respondents believed that mental illness is always transmitted from parents to their offspring.
- For the item "Children too can suffer from mental illness", 92 respondents agreed and around 27 percent of them disagreed.



Causes of mental illness

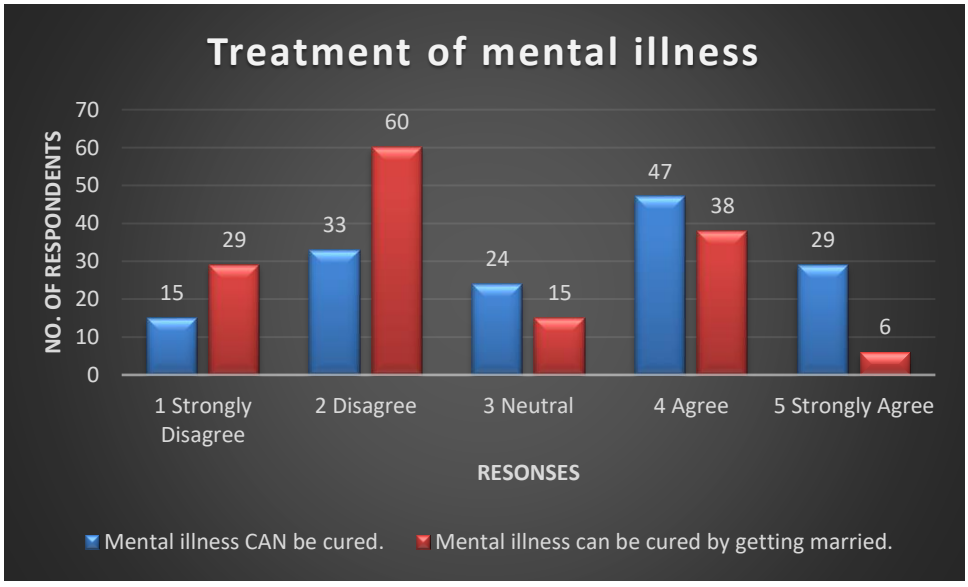
- About 45 percent of respondents didn't know that chewing tobaccoo or consuming alcohol in excess can cause mental illness (substance use disorder) while 11 repondents were neutral about it.
- 77 percent of the respondents knew that excessive stressing can lead to mental illness, indicating a fair knowledge about causes of mental illness.

Symptoms of mental illness



Awareness about the symptoms of mental illness was seen to be adequate as majority of subjects knew that suicidal thoughts, experiencing low mood, difficulty in sleeping and poor appetite are a sign of mental health issues.

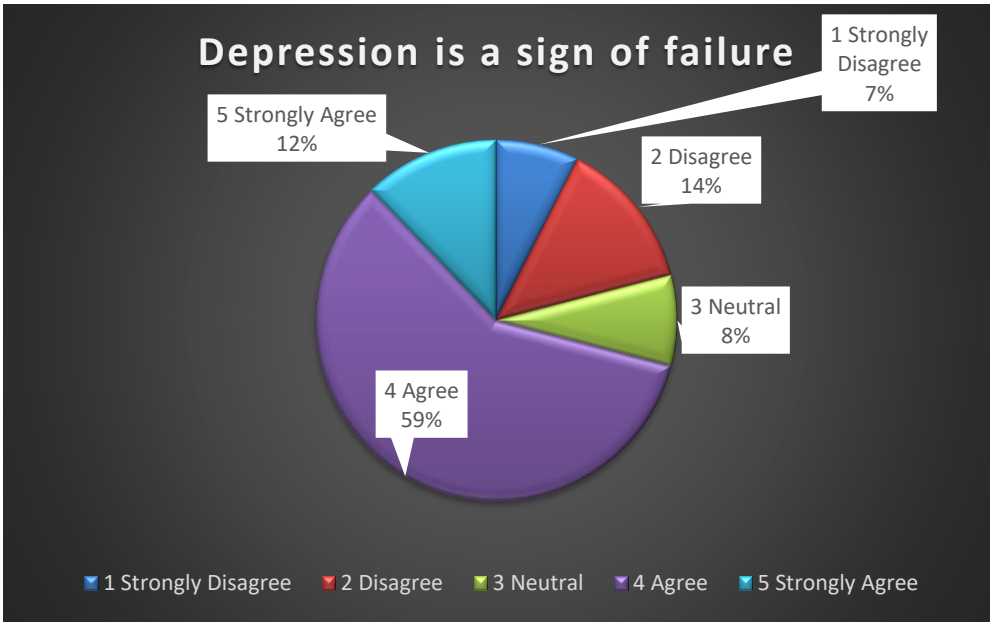
Treatment of mental illness



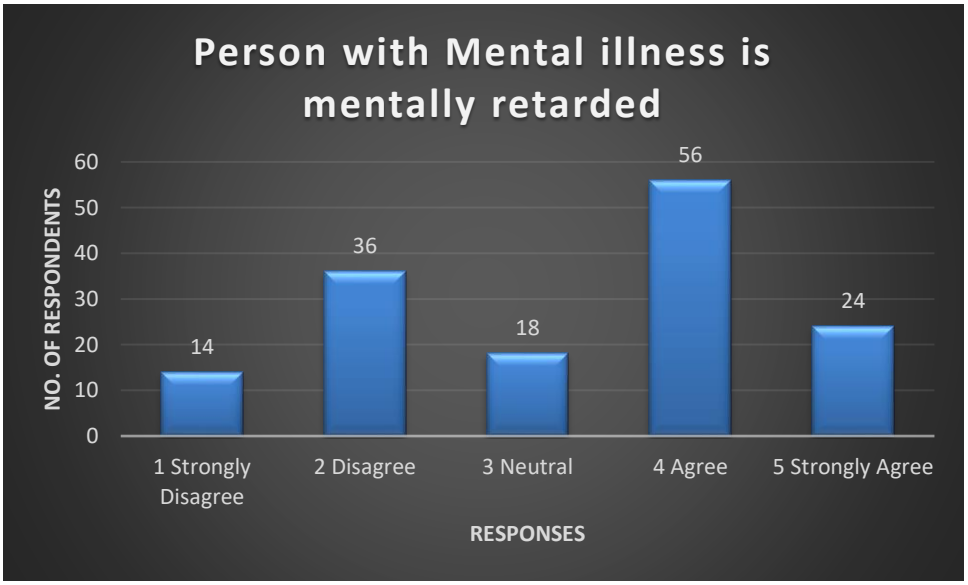
- From this graph, we can see that around 30 percent of people believed that mental illness cannot be cured while 16 percent were uncertain about it.

- It was still a myth among 40 percent of people that getting married can be a treatment for mental illness.

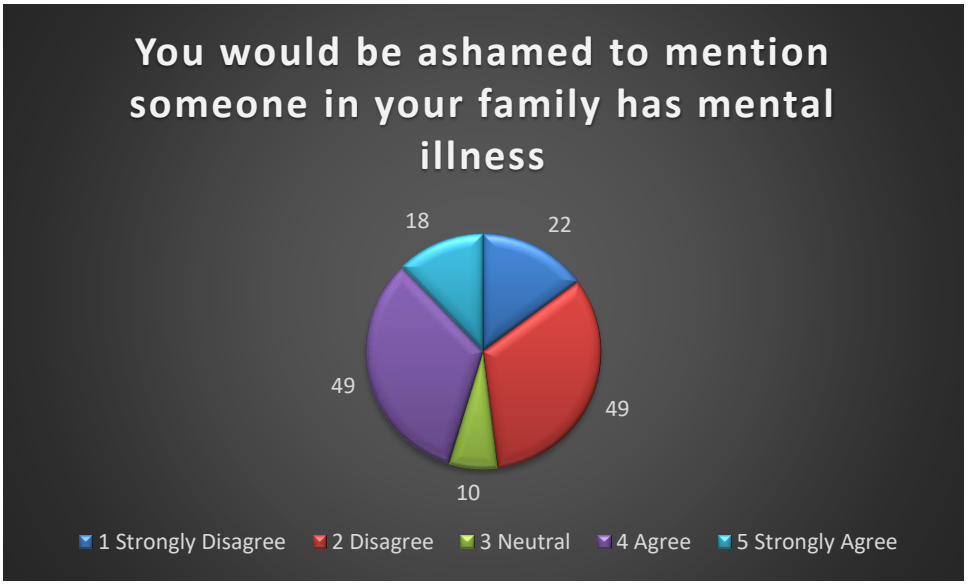
- About 40 percent of the respondents believed that evil spirits causes mental illness, 13 percent were uncertain about the statement while rest of them disagreed.



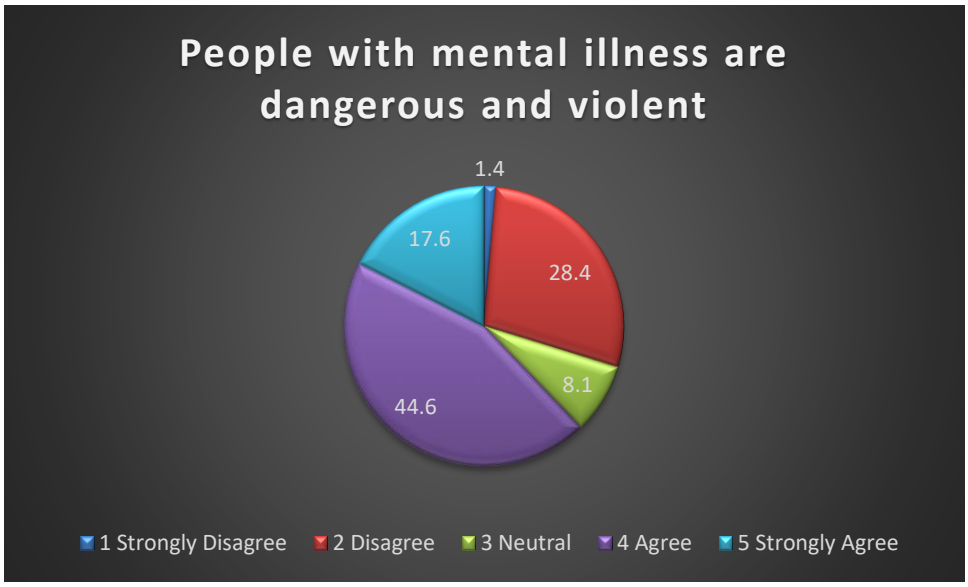
- It was seen, that majority of the respondents (70%) have this myth that depression is a sign of failure. Around 20 percent of respondents disagreed while 3 percent of them were neutral to the statement.



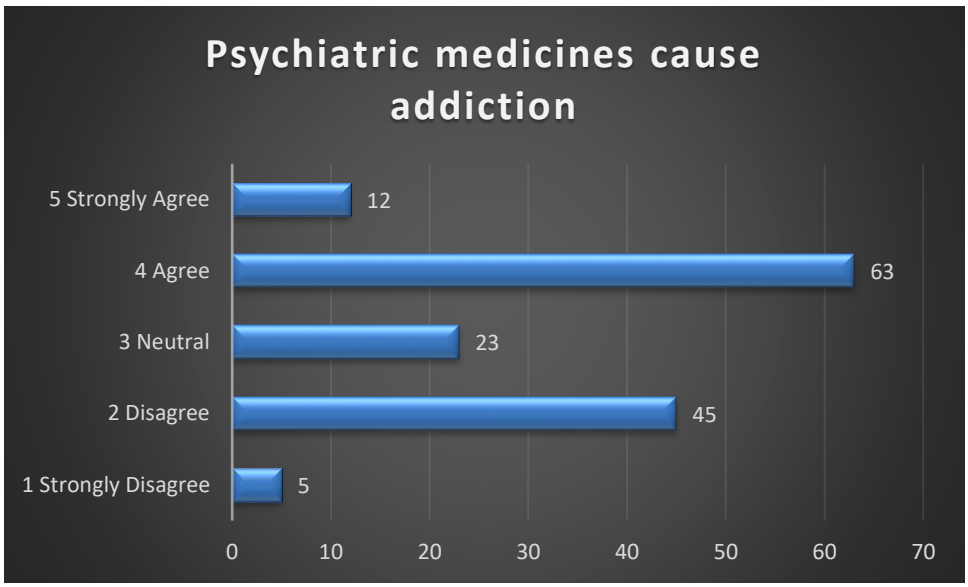
- Only 50 respondents disagreed with the statement whereas 80 respondents believed that PWMI are mentally retarded.



- From this chart we can see that people who would be ashamed to mention someone in their family have mental illness are nearly equal to those who wouldn't. This shows there is still a need of interventions to reduce stigma about mental illness.



- Majority of people, about 62 percent had this misconception that people with mental illness are dangerous. Only 1.4 percent of the respondents strongly disagreed with the statement.



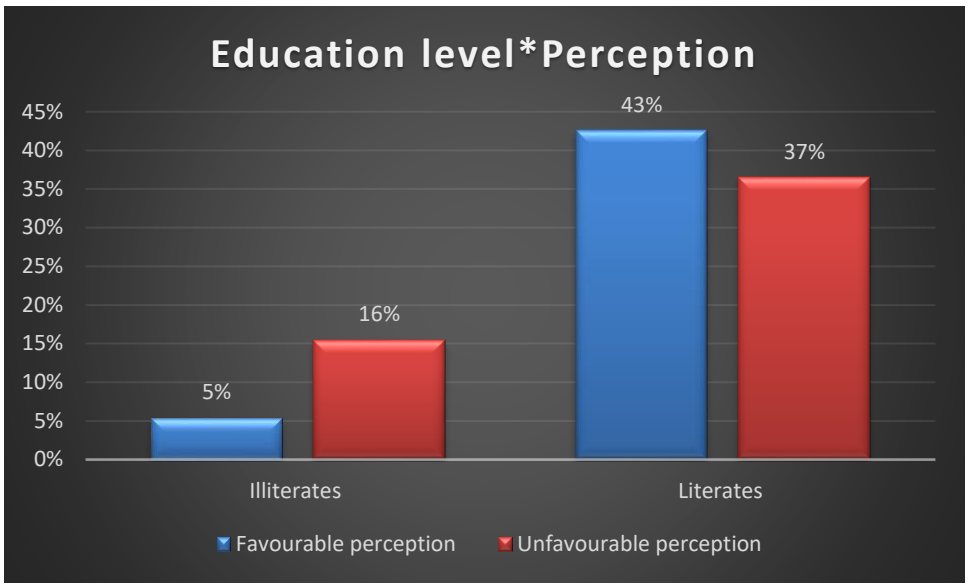
- Nearly half of the caretakers believed that psychiatric medicines cause addiction which in turn leads to improper doses of medicines.
- Only 33 percent of them knew that psychiatric medicines do not cause addiction if taken properly.

Ques No.	***Ques Text***	***Nature of Question***	***Ideal Score***	***Average Score***	***% of people (SS:148) who responded with***				
					SD	***D***	***N***	***A***	***SA***
1	Mental health is as important as physical health.	P	5	4.31	1% 2	6% 9	5% 7	34% 50	54% 80
2	Chewing tobacco and consuming Alcohol in excess causes mental illness.	P	5	3.08	6% 9	39% 58	7% 11	34% 51	13% 19
3	Evil spirits cause mental illness.	N	1	2.92	14 % 20	34% 50	13% 19	27% 40	13% 19
4	Mental illness can NEVER be preventive.	N	1	3.15	11 % 17	30% 44	5% 8	40% 59	14% 20

5	Suicidal thoughts are a sign of mental illness	P	5	3.89	0% 0	18% 27	4% 6	49% 73	28% 42
6	If someone is experiencing low mood, poor appetite, difficulty in sleeping and loss of interest in daily activities, that means they are suffering from depression.	P	5	4.00	2% 3	11% 17	11% 16	37% 55	39% 57
7	Depression is a sign of failure.	N	1	3.57	7% 11	14% 20	8% 12	59% 87	12% 18
8	Stressing can cause depression	P	5	3.98	4% 6	9% 13	10% 15	42% 62	35% 52
9	Mental illness is always hereditary.	N	1	2.56	23 % 34	39% 58	7% 11	24% 36	6% 9
10	Person with Mental illness is mentally retarded.	N	1	3.32	9% 14	24% 36	12% 18	38% 56	16% 24
11	Children can suffer from mental illness.	P	5	3.54	10 % 15	17% 25	11% 16	39% 57	24% 35
12	Mental illness CAN be cured.	P	5	3.34	10 % 15	22% 33	16% 24	32% 47	20% 29
13	Mental illness can be cured by getting married.	N	1	2.61	20 % 29	41% 60	10% 15	26% 38	4% 6
14	Mentally ill patient should NOT be left alone or abandoned.	P	5	3.72	6% 9	19% 28	7% 10	40% 59	28% 42

15	Psychiatric medicines cause addiction.	N	1	3.30	3% 5	30% 45	16% 23	43% 63	8% 12
16	You would be ashamed to mention someone in your family has mental illness.	N	1	3.03	15 % 22	33% 49	7% 10	33% 49	12% 18
17	People with mental illness are dangerous and violent.	N	1	3.58	1% 2	28% 42	8% 12	45% 66	18% 26
18	Mentally ill patient should be given responsibility	P	5	2.77	20 % 29	36% 53	8% 12	31% 66	5% 26
19	Mentally ill patient are burden on the society.	N	1	3.03	11 % 16	40% 59	4% 6	36% 54	9% 13
20	Mentally ill person should be allowed to make decisions.	P	5	2.84	15 % 22	45% 67	5% 7	23% 34	12% 18

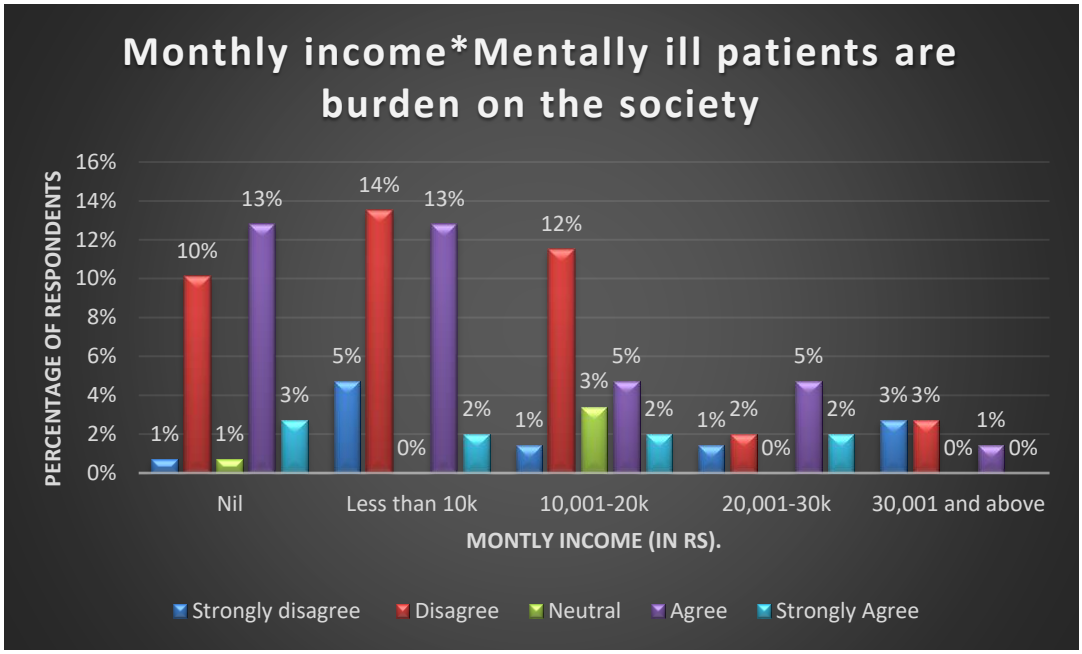
Cross tabulation was done between various variables to determine if there is any relation between sociodemographic characteristics and perceptions of people.



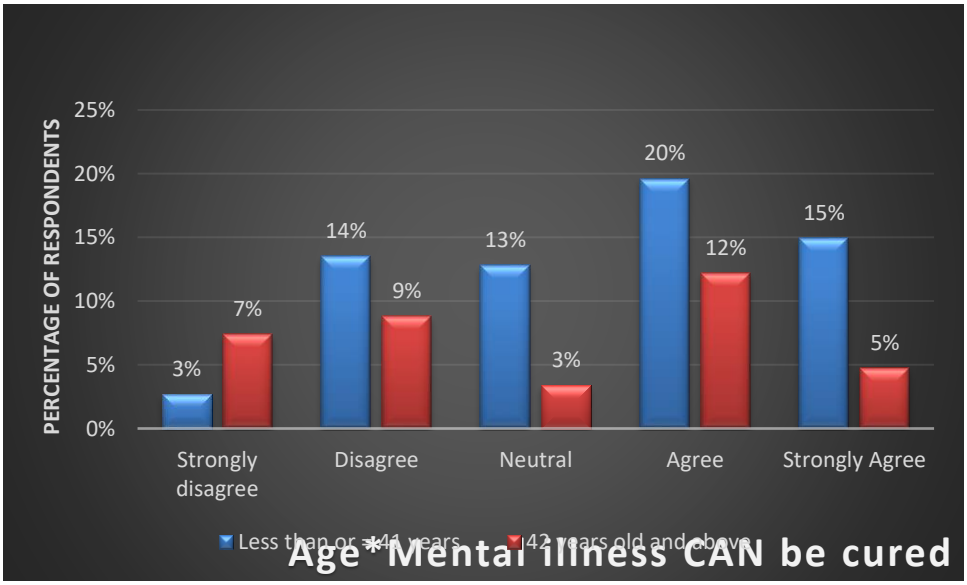
Crosstab

			Respondents (negative ques)		
			1 Favourable perception	2 Unfavourable perception	Total
Education: illiterate or literate	1 Illiterate	Count	8	23	31
		% of Total	5.4%	15.5%	20.9%
	2 Literate	Count	63	54	117
		% of Total	42.6%	36.5%	79.1%
Total		Count	71	77	148
		% of Total	48.0%	52.0%	100.0%

- It was seen that perceptions of respondent towards negative set of questions varied with their education level
- Majority of the illiterates had an unfavorable perception whereas the literates had a positive perception towards mental health



- It was observed that perception of respondents towards the statement whether people with mental illness are a burden varied with their monthly income
- Respondents with low monthly income agreed with the statement while for people earning well comparatively didn't not feel that people with mental illness are a burden on the society



			Mental illness CAN be cured.					
			1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree	Total
Age	Less than 41	Count	4	20	19	29	22	94
		% of Total	2.7%	13.5%	12.8%	19.6%	14.9%	63.5%
	42 and above	Count	11	13	5	18	7	54
		% of Total	7.4%	8.8%	3.4%	12.2%	4.7%	36.5%
Total		Count	15	33	24	47	29	148
		% of Total	10.1%	22.3%	16.2%	31.8%	19.6%	100.0%

- It is seen that young people know that mental illness can be cured while people above the age of 41 years feel that mental illness is uncurable.
- Hence, it can be said that there is a significant association between age and understanding whether mental illness is curable or not.

Relation with the patient * Psychiatric medicines cause addiction.								
			Psychiatric medicines cause addiction.					
			1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree	Total
Relation with the patient	1 Close	Count	1	35	20	50	9	115

		% of Total	.7%	23.6 %	13.5 %	33.8 %	6.1%	77.7 %
	2 other relations	Count	4	10	3	13	3	33
		% of Total	2.7%	6.8%	2.0 %	8.8 %	2.0%	22.3 %
Total		Count	5	45	23	63	12	148
		% of Total	3.4%	30.4 %	15.5 %	42.6 %	8.1%	100. 0%

- It can be seen from the above tables that there is a significant association between the relation of the respondent with the patient and their perception about whether physciatric medicines are addictive.
- The close family members (parents, child, siblings, spouse) believe that the medicines cause addiction. This observation can be useful because in long term, close relatives often are the sole caretakers of PWMI and look after their timely medications, hence, they should be destigmatized about this myth.

CONCLUSION

People suffering from mental illnesses lead a poor quality of life due to stigma and face discrimination in various social activities and opportunities as mental illness is still stigmatized in the community. The role of family members in psychiatry is of great importance. Keeping in view the important aspects of family and communities' opinion about mental illness, this study on awareness level and perception of patients' relatives towards mental health highlights some important aspects that seems to be meaningful so that various mental health programmes could be formulated and organised accordingly which further can aid in proper rehabilitation of the patients. Though the awareness of people regarding symptoms and treatment is nearly fair but it is seen from the results of the study that there is still a stigma about mental illness.

The need of an hour is to not only sensitize and educate people about the signs and symptoms of mental illness but making the idea of seeking help for themselves and their family normal by reducing the stigma which is carried along the term.

Discussions and dialogues related to mental health should not only be limited to experts of this subject but needs to there should be openness with the general public which in turn will help create a more inclusive environment for people with mental illness reducing the stigmas and myths.

Researches reflects that asking someone about their suicidal thoughts helps in reducing their suicide risks, open conversations about mental illness help lessen stigma and makes it easier for people to ask for aid and support .

RECOMMENDATIONS

- Effective IEC strategies to make people aware of the rights of the mentally ill and destigmatize them about various myths and belief related with mental illness.
- Creation of various opportunities, employment and education for people with mental illness so that they are not perceived as a burden on society.
- Active Media engagement to develop strategies for the advancement of mental health. While negative portrayal needs to be stopped, positive portrayal on success stories, rights and opportunities, recovery aspects need more coverage
- Proper and continuous monitoring of all the activities and plans conducted for mental health, prorammes, plans and strategies at the national, state and district levels.
- Mental health care should be integrated at primary health services and equal importance and focus as given to physical health should be given.

REFERENCES

1. Murthy RS. National Mental Health Survey of India 2015-2016. Indian J Psychiatry [Internet]. 2017 [cited 2019 May 13];59(1):21–6. Available from: http://www.ncbi.nlm.nih.gov/pubmed/28529357

2. (US) NI of H, Study BSC. Information about Mental Illness and the Brain. 2007 [cited 2019 May 13]; Available from: https://www.ncbi.nlm.nih.gov/books/NBK20369/

3. Parikh N, Parikh M, Vankar G, Solanki C, Banwari G, Sharma P. Knowledge and attitudes of secondary and higher secondary school teachers toward mental illness in Ahmedabad. Indian J Soc Psychiatry [Internet]. 2016 [cited 2019 May 13];32(1):56. Available from: http://www.indjsp.org/text.asp?2016/32/1/56/176770

4. WHO (World Health Organization). Investing in M E N TA L H E A LT H. Who (World Heal Organ. 2003;3–49.

5. Chien WT. Effectiveness of Psychoeducation and Mutual Support Group Program for Family Caregivers of Chinese People with Schizophrenia. Open Nurs J [Internet]. 2008 [cited 2019 May 13];2:28. Available from: http://www.ncbi.nlm.nih.gov/pubmed/19319218

6. Corrigan PW, Watson AC. Understanding the impact of stigma on people with mental illness. World Psychiatry [Internet]. 2002 Feb [cited 2019 May 13];1(1):16–20. Available from: http://www.ncbi.nlm.nih.gov/pubmed/16946807

7. https://www.weforum.org/agenda/2018/04/5-charts-that-reveal-how-india-sees-mental-health/

ANNEXURE

Section A: Sociodemographic characteristics

A) Gender	1. Male 2. Female 3.
B) Age in years	1. 18-25 2. 26-33 3. 34-41 4. 42-49 5. 50 and above
C) Education level	1. Illiterate 2. Primary(1-7 std.) 3. Secondary (8-10 std.) 4. Higher secondary(12th std.) 5. Graduate 6. Post graduate
D)Monthly income (in rupees)	1. Nil 2. Less than 10,000 3. 10,001-20,000 4. 20,001-30,000 5. 30,001 and above
E) Relation with patient	1. Child 2. Parent 3. Sibling 4. Spouse 5.Others _____

Section B:

Ques No.	***Ques Text***					
		Strongly Agree	***Agree***	***Neutral***	***Disagree***	***Strongly disagree***
1	Mental health is as important as physical health.					
2	Chewing tobacco and consuming Alcohol in excess causes mental illness.					
3	Evil spirits cause mental illness.					
4	Mental illness can NEVER be preventive.					
5	Suicidal thoughts are a sign of mental illness					
6	If someone is experiencing low mood, poor appetite, difficulty in sleeping and loss of interest in daily activities, that					

	means they are suffering from depression.					
7	Depression is a sign of failure.					
8	Stressing can cause depression					
9	Mental illness is always hereditary.					
10	Person with Mental illness is mentally retarded.					
11	Children can suffer from mental illness.					
12	Mental illness CAN be cured.					
13	Mental illness can be cured by getting married.					
14	Mentally ill patient should NOT be left alone or abandoned.					
15	Psychiatric medicines cause addiction.					
16	You would be ashamed to mention someone in your					

	family has mental illness.					
17	People with mental illness are dangerous and violent.					
18	Mentally ill patient should be given responsibility					
19	Mentally ill patient are burden on the society.					
20	Mentally ill person should be allowed to make decisions.					