AWARENESS AND KNOWLEDGE OF MENTAL HEALTH DISORDERS AMONG THE GENERAL POPULATION OF BLOCK PALIGANJ, PATNA, BIHAR

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA) in

Health Management

by

Divya Swamy

Under the Supervision and Guidance of

Mr. Ashish Bandhu

2023

DECLARATION

I hereby declare that this dissertation titled "**AWARENESS AND KNOWLEDGE OF MENTAL HEALTH DISORDERS AMONG THE GENERAL POPULATION OF BLOCK PALIGANJ, PATNA**" is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

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To whom it may concern

This is to certify that **Divya Swamy (IIHMR University)** has successfully completed summer internship in the Sales and Marketing Department.

Thanking you and assuring you for our best services always.

Name of Work/Project: **Summer Internship**

Work Period: **20.02.2023 to 19.05.2023**

Regards,

Aman Singhal
HR Manager, Open wings foundation

CERTIFICATE

This is to certify that dissertation titled **“AWARENESS AND KNOWLEDGE OF MENTAL HEALTH DISORDERS AMONG THE GENERAL POPULATION OF BLOCK PALIGANJ, PATNA”** is a record of the research work undertaken by **Divya Swamy** in partial fulfillment of the requirements for the award of the degree of **MBA (Health Management)** from the **IIHMR University, Jaipur** under my guidance and supervision and his approach to the research study has been sincere, scientific, and analytical.

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ABSTRACT

The aim of this descriptive study to assess the knowledge and awareness among general population of block Paliganj, Patna, Bihar was to:-

- To determine the level of awareness and knowledge about Mental Health Disorders among general population of Paliganj.
- To evaluate the attitude and beliefs towards Mental Health Disorders among the general population of Paliganj.

The study was conducted at block Paliganj, Patna on 200 participants of age group 15-50 years chosen through non probability convenience sampling. The data was collected using a structured questionnaire which contains questions regarding demographic data and questions to assess knowledge and awareness regarding mental health issues.

The study was conducted for three months from March to May 2023. The findings reveal side majority of the population (80%) have at least aware of the term mental health disorder and believe there are many factors such as environmental issues, biological etc. that causes mental illness.

The report also recommended topics for further research and education. A sizable proportion of respondents saw religious activities as possibly curative for mental illness, while just a tiny proportion saw therapy as an alternative. This emphasises the need for awareness and knowledge of evidence-based treatments such as psychotherapy and counselling. In addition, a large number of respondents considered hospitals as a possible place to seek help for mental health problems. Although hospitals can provide the necessary care, promoting a holistic approach to mental health is important, including community mental health services, involvement in primary care, and reducing associated stigma and seeking help outside the hospital setting. Another area that needs improvement is the limited legal information or education received by the majority of respondents about mental health problems. This highlights the need for targeted educational efforts to increase awareness, promote mental health literacy, and combat stigma among residents of Paliganj, Patna, Bihar.

This study highlights both positive aspects and areas for improvement in awareness and knowledge about mental health disorders among the general population of Block Paliganj. Findings underscore the need for expanded education, awareness, and access to evidence-based treatments. Implementation of comprehensive mental health education programs to address negative attitudes, importance of treatment, promotion of different treatment options to empower individuals, reduce their stigma and improve mental health of residents of Paliganj, Patna, Bihar.

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I would like to express my deepest gratitude to Almighty God for providing me with the strength, inspiration, and guidance throughout this research journey. The divine blessings have been instrumental in my perseverance and success.

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1. INTRODUCTION

Mental health issues have recently gained much attention as the world suffers from its consequences. India, with population of more than 1.3 billion struggles in its own way for dealing with mental health issues as the country suffers with various stigmas, limited resources, mental health illiteracy etc. In India mental health is considered as a social taboo, which leads to discrimination against individuals suffering from it. The stigma doesn’t let suffering people seek out for help or discuss their issues. Mental health awareness though in a slow pace but is gradually increasing due to work for various government initiatives, NGOs, Advocacy groups etc. However, there is still a long way to go to educate the general public about mental health, its causes and available treatments Cultural and language barriers further complicate the dissemination of information in a diverse country like India [1]

Another issue is a scarcity of mental health treatment resources. In comparison to the enormous population, the number of mental health experts such as psychiatrists, psychologists, and counsellors is minimal. This scarcity results in long wait periods and restricted access to high-quality mental health care services, particularly in rural locations. The cost of medical care might not be covered by insurance or public programs. Recently, there have been more mental health issues in India, like anxiety disorders, depression, drug misuse, and suicide rates. COVID-19, for example, contributes to the burden of mental health disorders. The COVID-19 pandemic has increased these issues, with greater worry, anxiety, and isolation harming people's mental health..

The Indian government has taken few steps to strengthen the mental health services. The Mental health care act 2017, was enacted for the rights of people suffering with mental health illness and provide them with a good mental health service at a cheap price. The government has also launched several initiative to train doctors and experts so that they can provide primary health care services. Several NGO and advocacy groups are also working with the government to raise knowledge and awareness, reduce stigma, educate people about treatment options and assist individuals with mental health disorders. During the time of Covid-19, telemedicine played crucial role in reducing the gap between the people and mental health care. While, all this efforts are made more comprehensive efforts like increasing mental health literacy, reducing stigma, conducting camps, access to mental health care should be available to those in need.

Mental health issues are often neglected in rural India, resulting in major barriers to individual and societal well-being. Financial insecurity and low credit ratings increase the problem, making it difficult for people to get adequate mental health care.
Most mental health resources are concentrated in cities, ignoring the rural population. People often have to travel long distances, deal with transportation problems, and pay extravagant fees to receive mental health care. Lack of psychiatric services in local languages is another barrier to successful treatment and communication, as stigma and lack of awareness of mental health is part of a culture of silence and secrecy in rural areas. The population of rural areas often have the stigma that mental health problems are often caused by supernatural, witchcraft, or divine calamities, leading to destructive behavior and delayed treatment. [2].

Education plays an important role in addressing mental health problems, but rural areas often lack adequate educational infrastructure. Incorporating mental health education into the curriculum and training teachers in their ability to recognize and deal with mental health issues from an early age can help raise awareness and reduce stigma.
Also, workers like ASHA and other grass root workers can help in identifying the individuals with mental health disorders and even guide them for further help.
NGOs play key role in identifying mental health related issues in India. NGOs and government together can solve many issues related to it[3].

Telemedicine and online mental health platforms are proving to be valuable tool in expanding access to mental health services, especially in underserved areas. Telepsychiatry allows individuals to consult mental health professionals remotely, irrespective of the geographic barriers and reducing the need for travel. Online mental health platforms provide resources, information, and counselling services to individuals who, cannot access traditional face-to-face services. The government, in collaboration with NGOs and mental health professionals, has launched efforts to train teachers and school counsellors to identify and address mental health issues in students. India has made great steps in tackling mental health issues through various initiatives. Continued efforts and collaboration between governments, NGOs, health professionals and communities are essential to prioritizing mental health and providing effective assistance to those in need.

Awareness about treating mental health disorders is growing in India. Various measures are taken by the government to improve mental health care such as training more doctors & qualified personnel so that they can provide treatment on primary level, integrating mental health with the existing policies and programmes. Awareness campaigns and the camps and programs by the NGOs has increased the awareness in the society. Nowadays as India is stepping into digital world and with the increase use of social platforms like Facebook, Instagram, twitter etc in the rural areas as well, people are getting to know about the mental health disorders, at least they have an idea that such a thing exist. One of the major step taken by government towards addressing mental health issues was National Mental Health Programme (NMHP) and integrating it with the primary care so that people living in rural areas can avail the facilities at an affordable cost. It will also create awareness among the population regarding mental health and its importance.

Telemedicine and online mental health platforms are playing a major role in providing mental health services, especially in the rural areas. Telepsychiatry allows individuals to consult mental health professionals remotely, irrespective of the geographic barriers and reducing the need for travel. Online mental health platforms provide resources, information, and counselling services to individuals who, cannot access traditional face-to-face services. The government, in collaboration with NGOs and mental health professionals, has launched efforts to train teachers and school counsellors to identify and address mental health issues in students. India has made great steps in tackling mental health issues through various initiatives. Continued efforts and collaboration between governments, NGOs, health professionals and communities are essential to prioritizing mental health and providing effective assistance to those in need.

1.1. RESEARCH QUESTION

What is the level of awareness and knowledge of mental health disorders among the general population of Block Paliganj, Patna, Bihar ?

1.2. OBJECTIVES:

- To determine the level of awareness and knowledge about Mental Health Disorders among general population of Paliganj.

- To evaluate the attitude and beliefs towards Mental Health Disorders among the general population of Paliganj.

2. REVIEW OF LITERATURE

AUTHOR	TITLE	METHODOLOGY	FINDINGS
Kumar, M.Das, S.Battacharya	Mental health literacy awareness and practises among caregivers of patients with mental illness.	The study was conducted in a tertiary care psychiatric hospital in Kolkata among 30 family caregivers of patients with mental illness using a semi structured interview schedule	The study found out that caregivers had limited knowledge and awareness of mental health disorder and that there was greater need for education and awareness campaigns.
Shweta Jain Rashmi Gupta Alok Aggarwal	Awareness & knowledge of mental health disorders in India (2019)	A **cross sectional study** was conducted among the 1000 people in India(500 men and 500 women) aged 18-60 years old. The survey used a self-administered questionnaire that assessed the participants' awareness and knowledge of mental health disorders.	The findings of the survey showed that the majority of the participants were aware of mental health disorders. However, their knowledge of mental health disorders was limited. The majority of the participants had negative attitudes towards mental health disorders. The following are some of the key findings of the study: Only 55% of the participants were aware of the term "mental health."

			Only 35% - aware of the symptoms of depression. Only 25% - aware of the symptoms of anxiety. Only 15% - aware of the symptoms of schizophrenia. The majority of the participants (65%) had negative attitudes towards people with mental health disorders.
Priyanka Bomble, Hemkothang Lhungdin	Mental health status of farmers in Maharashtra India (2020)	A cross-sectional study was conducted in the state of Maharashtra. 300 household was selected for the study the sample size was distributed proportionally in each village using probability proportional to size	Univariate bivariate and logistic regression analysis was done and it was found that more than half,58% of farmers reported mental distress. The commonly reported symptoms were insomnia and anxiety
Komal Upreti, Vedamurthy R	A study to assess level of depression among farmers in selected rural	An exploratory descriptive research design was conducted in 120 farmers of selected villages of	The study found out that majority of the respondents 33.3% percentage have moderate depression 29.2% of the respondents have mild depression by 17.5% of the

	community of Gurugram (2022)	Gurugram Haryana through convenience sampling the data was collected with the help of back depression inventory scale	respondents have severe depression.
Apurv Soni, Nisha Fahey, Nancy Byatt, Prabhakaran Anusha	Association of common mental disorder symptoms with health and healthcare factors among women in rural western India. (2022)	A cross-sectional survey was conducted in the waiting areas of the various outpatient clinic at a tertiary care hospital in 16 rural villages in the Anand district of Gujarat. 700 Gujarati speaking woman between age of 18 to 45 years were selected for the study self-reporting questionnaire was used for collection of data	The findings revealed high prevalence of potential common mental disorder among women in rural India 22.8% of the respondents screened positive for common mental disorder symptoms
Tanu Das, Partha Das, Prabir Kundu, Tamal Basu Roy	Individual and parental factors on depressive disorder and it's detrimental effects among	Descriptive statistics study was conducted in the state of Bihar. 7919 respondents among adolescent and young adults were included in the	Likelihood of moderate to severe depressive disorder is higher among those adolescent who are physically punished by parents, had no permission to disclose their opinion to elder members and to those who

	adolescent and young adults: A study from Bihar State India. (2022)	study by applying systematic multistage stratified sampling design procedure. Five separate questionnaire were used to collect information.	spend this neglect their child to hear personal things
Balabaskar Kuppusamy, Jayanthi Narayan, Deepa Nair	Awareness among family members having children with mental retardation and relevant legislation in India	A descriptive study was conducted on 103 respondents attending home-based training services for their wards at national Institute for mental health. Structured questionnaire was used for collection of data	The findings reveal overall moderate level of awareness of acts and legislation among the respondents. Educated respondents showed better awareness compare to an uneducated. Among various aspects responding better aware of benefits and concession because of direct utility in the day to day activity
Chitra K P	Social security measures for persons with mental illness: Access and utilisation in rural India. (2022)	Mixed method approach was used to explore the access to various social security measures instituted by state and their utilisation my family is having persons with mental illness in Thiruvarur district Tamil Nadu the data was collected	The findings revealed low awareness among families about disability certificate , poor usage of the welfare services and schemes instituted by the state, Absence of participation in community mental health programmes, intersectional vulnerability, ignorance about mental health, social stigma affect inform decision-making

		from 200 families through government Hospital.	
Abhilasha Dhyani, Abhay Gaidhane, Sonal Chaudhari, Sarvesh Dave	Strengthening response towards promoting mental health in India: A narrative review. (2022)	A narrative review was done on the India’s unique mental health initiatives using particular medical subject heading (MeSH) terms including “common mental health program”, “mental health project”, “Innovation and mental health programme”. A preliminary research was conducted in the Google scholar and PubMed database a total of 31 index papers were investigated.	Findings reveal a strong focus on community mental health is important and that the DMHP and NMHP needs to be strengthened. As with many other public health programmes public awareness and information education and communication programs must be the most important component for change to occur at the community level.

3. METHODOLOGY

3.1. STUDY DESIGN

The study used a Descriptive cross-sectional study designed to assess the knowledge and awareness of mental health disorders among the general population of block Paliganj, Patna, Bihar as the study design helps to understand the characteristics patterns and relationships within a specific population or setting. This also provides a snapshot of the current behaviour and attitude of the individual and community towards mental health disorders. The study provides a baseline information about the population of Paliganj that can be used for further subsequent studies or to assess changes over time. This research will serve as a foundation for more advanced research design the detailed information obtained from this descriptive study of valuable in generating hypothesis, informing planning and policy decisions, identifying risk factors supporting public health initiatives and laying the groundwork for the future research related to mental health disorders

3.2. STUDY SETTING

The study was conducted at block Paliganj of District Patna, Bihar.

Geographic data

Paliganj subdivision is a part of Patna district in the state of Bihar situated in the Southern part and covers an area of approximately 600 km². It is located at an elevation of 55m above sea level and surrounded by agriculture land the subdivision consist of the following blocks: Paliganj, Dhanarua, Bikram, Naubatpur. Punpun river, a tributary of river Ganga flows through this region and provides water for irrigation and agricultural purposes[4].

Demographic data

As per 2011 census, Paliganj has a total population of 2,54,904 with 130907 males and 123997 females. It has a sex ratio of 947 females per 1000 males. The literacy rate of this subdivision is around 65.37% with male literacy 63.3% and female literacy 43.52%. 25.6% of population is below the poverty line.

The population of Paliganj block is predominantly Hindu, with a small Muslim minority. The main languages spoken in the block are Hindi and Magahi. The economy of Paliganj block is based on agriculture, with few people working in industry and services[4].

3.3. STUDY POPULATION

The study population for this research included the population of block Paliganj, Patna, Bihar.

Inclusion criteria: Population of age group 15-50 years were included in the study to assess their knowledge and awareness of mental health disorders.

Exclusion Criteria: Population below age group of 15 years and above age group of 50 years were excluded from the study.

This diverse group of participants represents various age groups and their knowledge and awareness regarding the mental health disorders. It shows the distribution of various attitudes and beliefs towards mental health disorders among the population.

3.4. STUDY TOOLS

The tool utilised in the study is **Structured Questionnaire Tool**.

The first section of the tool consist of questions about the demographic data this helps to understand the population pattern, their needs and ensures that the data is generalised. The tool also contains structured questionnaire to assess the knowledge, awareness attitudes and believes of the population towards mental health disorders. This helps to obtain a baseline information about the people's understanding of mental health disorders. By analysing the responses collected through the questionnaire, we can understand and interpret several key aspects such as :

- We can identify the area where stigma is more regarding mental health disorders and plan targeted interventions accordingly.
- It can also help in identifying the areas where knowledge or awareness lacks so that more awareness programs and camps can be instituted.
- The questionnaire can collect information about the sources from which people obtain knowledge about mental health problems. This helps identify reliable sources of information, such as health care professionals, academic institutions, or the media, as well as sources that may convey false information.
- Findings from the questionnaire can guide the development of targeted interventions and educational programs to address specific knowledge gaps and misconceptions identified among the population. It helps to make interventions to improve awareness and understanding of mental health problems more effective.
- Questionnaires allow comparisons to be made between different demographic groups within the population. It helps identify variations in awareness and knowledge based on factors such as age, gender, education level, and

socioeconomic background. This information can guide targeted interventions for specific subgroups within the population.

3.5. DURATION OF THE STUDY

The study was conducted over a period of **3 months from March to May 2023**. The duration allowed sufficient time to engage with the decided sample size, collect data from participants, conduct interviews and gather relevant data sources. The three month time frame provided conduct the research in an effective manner while aligning with all the research objectives as well as the ethical considerations. This also helped in more comprehensive understanding of the research area.

3.6. SAPMLE SIZE AND SAMPLING TECHNIQUE

A total of **200 participants** were included in the study. The sample size has been determined to ensure an adequate representation of the target population including from the age group of 15 years of age to 50 years of age from the population of Paliganj, Patna, Bihar.

Non – Probability Convenience Sampling technique was used to select the sample from the block Paliganj, Patna, Bihar. This method allowed for the selection of participants who are available and are willing to participate in the research which in turn helped for the quick data collection. This technique facilitated efficient data collection within the given time constraints while still providing valuable insights about the consumer buying behaviour towards the protein supplements.

3.7. DATA COLLECTION PROCEDURE

The target population is determined based on the research objectives, using the non-probability convenience sampling so that the participants selected represent the population of interest.

The next step was to reach the potential participants. Respondents were visited in their own community. Building trust and rapport with the rural community is an integral part of data collection procedure. The purpose of the study and the importance of their participation was explained to them. An informed consent was taken from them before collecting the data. Engagement and support from relevant stakeholders were taken to gain the confidence of the community. It was ensured that the sample was a representative of the rural population and include diverse perspectives.

The questions of the tool were tailored to the rural context by using language and terms that were familiar and easily understandable to the participants. The questions were kept short, concise, to the point and technical terms or jargons were avoided.

The importance of being culturally sensitive and respectful during the interactions were kept into the consideration.

The data collected was monitored continuously to ensure data quality and adherence to the study protocol while keeping track of the completed questionnaires, check for missing data or inconsistencies and addressing any concern or difficulties participants encounter during the process.

Once the questionnaire was completed data was organised and stored securely for analysis. Data accuracy was ensured by double-checking the data and applying descriptive statistics to examine the results.

3.8. OPERATIONAL DEFINITIONS

A person's mental health refers to their overall emotional, psychological and social well-being.

Minor, temporary mental health problems (such as feeling anxious or sad during stressful moments) are often associated with more serious long-term conditions (such as depression, anxiety disorders, bipolar disorder, schizophrenia, personality disorders). mental health can be an important part of overall health and well-being, which can affect a person's physical health, social life and functioning in daily life.

According to the World Health Organization (WHO),

3.8.1.1. Definition of Health

"Health is a state of complete physical, mental and social well-being and merely an absence of any disease or infirmity"[5].

Definition of Mental Health

"Mental health is defined as a state of well-being in which an individual realizes their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community".

Mental health is more than just the absence of mental disorders or illnesses; it is also a positive state of mind that allows people to live satisfying lives, form positive relationships, and adjust to difficulties and changes in their environment. It includes emotional, psychological, and social well-being and influences how people think, feel, and act on a daily basis. Mental health is an important part of overall health since it allows people to fulfil their full potential and contribute to society.

In recent years, India has seen an increase in mental health awareness. Mental health is now becoming an important part of the overall health of an individual. However awareness of mental health issue is still low in many parts of country but it is slowly increasing and there are several challenges which are in need to be addressed. [5].

The World Health Organization (WHO) recognizes many mental health disorders. Such as :-

- **Substance Use Disorders:** “Substance use disorders refer to the misuse or dependence on psychoactive substances, such as alcohol, drugs, or medications. They can lead to significant impairment in various areas of life”.
- **Eating Disorders:** “Eating disorders involve disturbances in eating behaviors and body image perception. Examples include anorexia nervosa (self-starvation and extreme weight loss), bulimia nervosa (binge-eating followed by compensatory behaviors), and binge-eating disorder (recurrent episodes of binge-eating without compensatory behaviors)”.
- **Personality Disorders:** “Personality disorders are characterized by enduring patterns of thoughts, behaviors, and interpersonal functioning that deviate from cultural norms. Examples include borderline personality disorder, antisocial personality disorder, and obsessive-compulsive personality disorder”.
- **Attention-Deficit/Hyperactivity Disorder (ADHD):** “ADHD is a neurodevelopmental disorder typically diagnosed in childhood. It involves symptoms of inattention, hyperactivity, and impulsivity that may persist into adulthood”.
- **Autism Spectrum Disorder (ASD):** “ASD is a neurodevelopmental disorder characterized by difficulties in social interaction, communication, and repetitive patterns of behavior. It typically appears in early childhood”.

- **Post-Traumatic Stress Disorder (PTSD):** “PTSD can occur after exposure to a traumatic event. It involves symptoms such as intrusive memories, nightmares, avoidance, and hyperarousal”.
- **Obsessive-Compulsive Disorder (OCD):** “OCD is characterized by recurring intrusive thoughts (obsessions) and repetitive behaviors (compulsions) aimed at reducing anxiety or distress”[6].

According to the **American Association on Mental Retardation (AAMR), "**Mental retardation refers to substantial deficits in certain aspects of personal competence. It is manifested as significantly sub average abilities in cognitive functioning, accompanied by deficits in adaptive skills”[7].

3.8.1.2. INTERNATIONAL CLASSIFICATION OF DISEASES (ICD)

It is a globally recognized and standardized method for classifying and coding numerous diseases, disorders and conditions, published by the World Health Organization (WHO). However, in May 2019, the World Health Assembly formally approved an improved version called ICD-11, which came into force on 1 January 2022.
ICD-11 Chapter 6 covers psychiatric, behavioral and neurodevelopmental disorders.
This chapter covers a wide range of mental health issues.

These codes are used to classify mental disorders. This allows better communication between clinicians, researchers and policy makers, and helps ensure that people with mental disorders receive appropriate care [8].

3.8.1.3. GLOBAL DISEASE BURDEN OF MENTAL HEALTH DISORDERS

Mental disorders are prevalent throughout the world.
Disability-adjusted life years (DALY): The impact of psychiatric disorders is measured using disability-adjusted life years (DALYs), a measure of the overall burden of illness. DALY is a combination of years of life lost due to premature death and years of life lost due to disability. Mental health disorders make up a significant portion of DALY in the world and reflect a significant impact on an individual's quality of life and functioning.
Main causes of failure: Mental health disorders are the leading cause of disability worldwide.
Economic Impact: Mental health disorders have a significant economic impact on individuals and societies. There are various costs associated with mental health

disorders such as healthcare cost. There is a significant mental health disorder and need for improvement in this area.

Disparities and disparities: Mental health disorders affect the poor, the marginalised section of society, the migrating population. Limited resources of mental health disorders worsens the condition.

Global Mental Health Action: Global mental health activism:

Given the importance of mental disorders, efforts are being made around the world to make mental health a priority on the global health agenda. The WHO Mental Health Action Plan 2013-2020 aims to improve mental health services, promote human rights and reduce treatment disparities in mental disorders around the world [9].

Addressing the global burden of mental disorders requires comprehensive strategies that include promotion, prevention and treatment. Efforts are needed to raise awareness, reduce stigma, improve access to mental health services, and integrate mental health into primary care systems. By effectively addressing mental disorders, we can improve their overall well-being and quality of life.

3.8.1.4. PREVALENCE OF MENTAL HEALTH DISORDERS IN BIHAR

Prevalence of mental disorders: Studies show that the prevalence of mental disorders in Bihar is comparable to India's national average. Common mental disorders such as depression, anxiety disorders, substance abuse and psychosocial stress are prevalent in the state. However, the actual prevalence is likely to be higher due to underreporting and limited access to mental health services, especially in rural areas.

Specific Mental Health Issues:

Depression is one of the most common mental health problems in Bihar. Everyday stress, such as social and economic challenges, contributes to the development of anxiety disorders.

Substance abuse: Substance abuse, especially alcohol and tobacco use, is a major mental health problem in Bihar. Economic problems, immigration, and a lack of understanding of the dangerous effects of substance abuse all contribute to this epidemic.

Mental health professionals such as psychologists and psychiatrists are in short supply, especially in rural areas.

Lack of funding for mental health facilities and programs hinders access to health care.

Seeking help for mental health issues is a major barrier worldwide as well as in Bihar. Lack of knowledge and awareness, social stigma and discrimination in society restricts individual from seeking help. [10]

3.9. ETHICAL CONSIDERATION

- Informed consent will be taken by the sample population to obtain their voluntary consent for participation. The purpose, procedure and benefit of the study will be explained to the participants.
- All measures will be taken to protect the privacy and confidentiality of the participant.
- Any physical, psychological, social or economic harm to the participant will be eliminated or minimized.
- It will be ensured that no cultural or religious norms and values of the participants are affected.
- Anonymity of the participants will be maintained and no personal identifiable data will be collected.
- It will be ensured that data is collected, stored and analyzed in a responsible and ethical manner, including adhering to relevant data protection laws and regulations.
- It will be ensured that the study is free of plagiarism or research misconduct and the results are accurately represented.

4. RESULTS & DISCUSSION

This chapter presents the findings of the study and explores the significance in context of the research objectives and existing literature. The findings are based on the data collected by the respondents of Paliganj subdivision, Patna, Bihar and their knowledge and awareness regarding mental health disorders in Bihar.

Total No of respondents who participated in the study – 200.

DEMOGRAPHIC ANALYSIS

4.1. GENDER

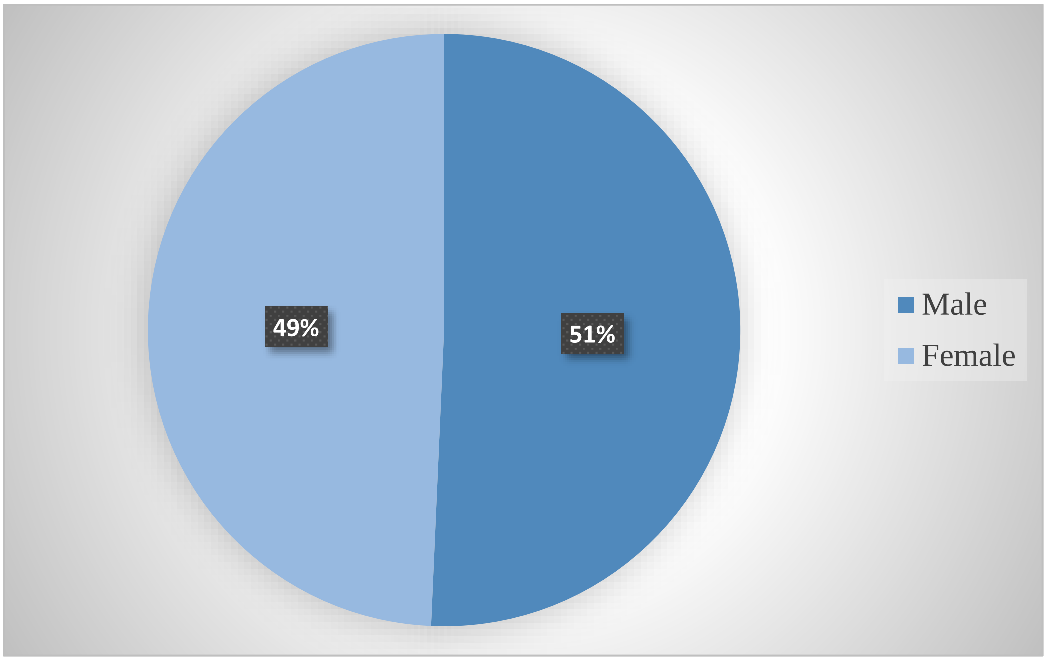

Fig 4.1: Gender distribution of participants

Discussion-

- The Findings show that Out of 200 respondents, 102 respondents were male whereas 99 respondents were female. The above Fig 4.1 represents 51% of the respondents were male and 49% were female

4.2. AGE (IN YRS)

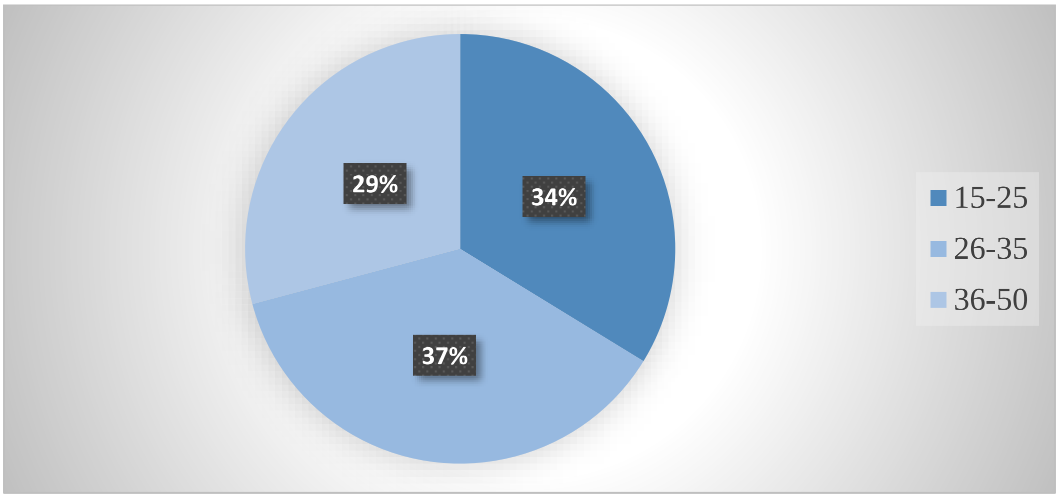

Fig 4.2: Age distribution of participants

Discussion

- The above fig 4.2 represents that out of 200 respondents 34% of the respondents belong to the age category of 15-25 years of age, 37% of the respondents belong to the age category of 26-35 years of age and 29% respondents belong to the age category of 36-50 years of age.
- The study equally distributes the respondents in each of the age category hence ensuring that the population represents the entire population accurately.
- The equally distributed respondents across the age categories helped to conduct in-depth analysis of age related factors and their impact on the research variables.

4.3. EDUCATION

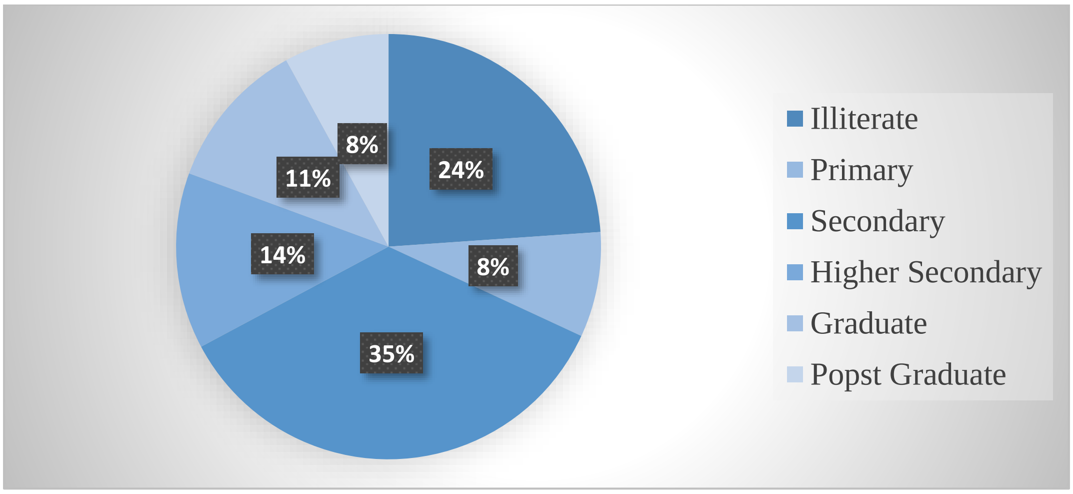

Fig 4.3: Education of participant

Discussion

- The above Fig 4.3 shows that out of 200 respondents 24% respondents are illiterate, 57% constitute the primary, secondary and higher secondary education while only 19% constitute the graduate and post graduate respondents.
- This result provides a basic understanding of the educational distribution within the population which can further help in designing targeted interventions.

4.4. OCCUPATION

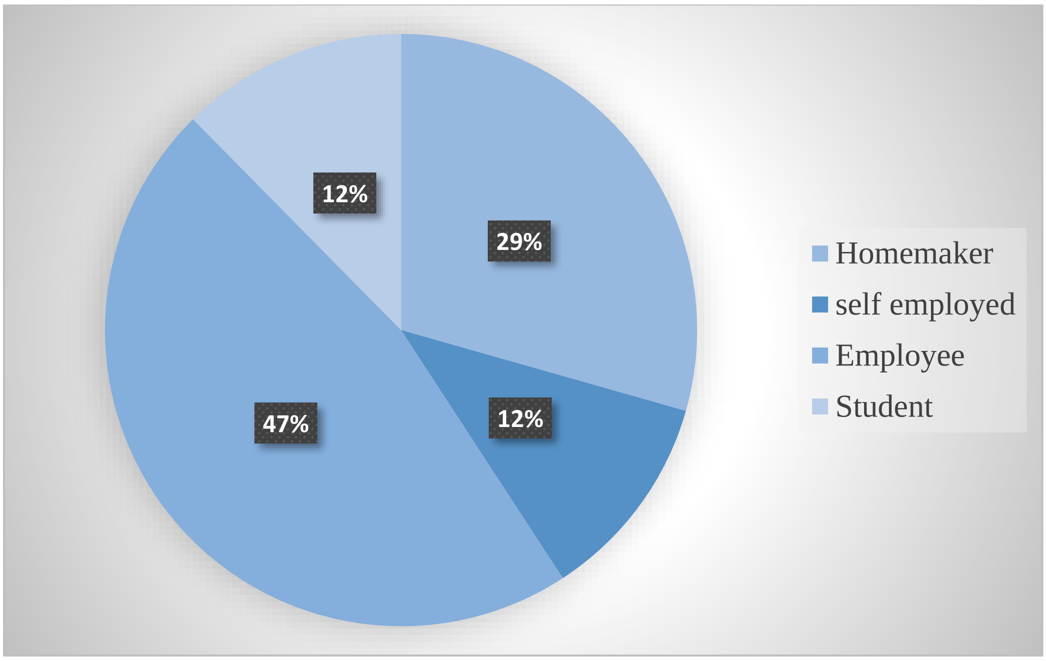

Fig 4.4: Occupation of respondents

Discussion

- The above Fig 4.4 represents that nearly half of the respondents 47% were being employed by someone while both employee and student were 12% respectively. 29% of the respondents were homemakers.
- This result provides a snapshot of the occupational distribution within the study population which can help to understand the composition of occupation.

4.5. MONTHLY INCOME

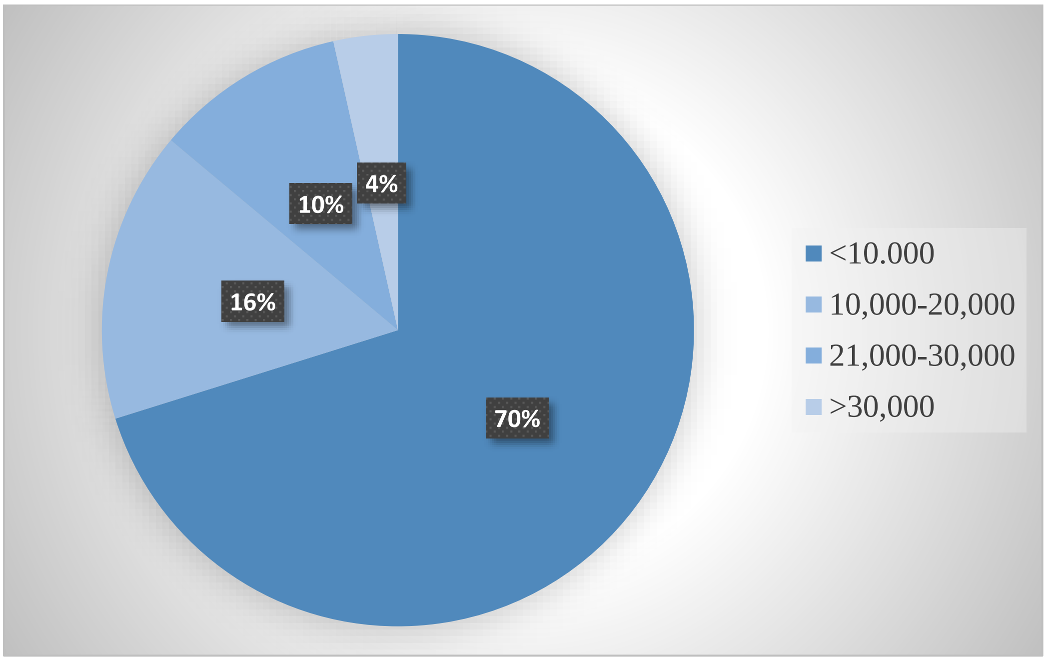

Fig 4.5: Monthly income of respondents

Discussion

- The above Fig 4.5 represents the monthly income of the respondents which shows that majority 70% of the respondents have an income of less than 10,000 per month. 26% of respondents earn between 10,000 – 30,000 per month while only 4% of them earn above 30,000 per month.

AWARENESS & KNOWLEDGE ABOUT MENTAL HEALTH DISORDERS

4.6. HAVE YOU HEARD OF MENTAL HEALTH DISORDER?

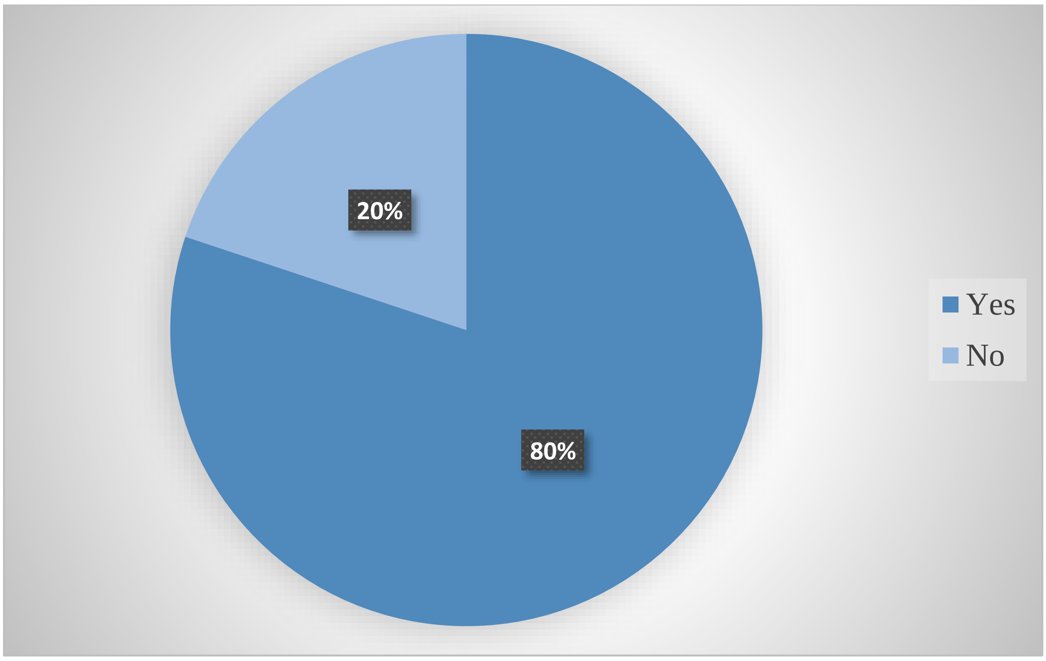

Fig 4.6: Aware of mental health disorders

Discussion

- The above fig 4.6 shows that majority of the respondents (80%) have heard about the mental health disorder while 20% haven't.
- This indicates significant proportion of respondents have some basic idea of mental health disorders.
- This also indicates that there is a gap in knowledge in some proportion of the respondents which need to be bridged by spreading awareness.

4.7. HAVE YOU OR ANYONE YOU KNOW EVER BEEN DIAGNOSED WITH A MENTAL HEALTH DISORDER?

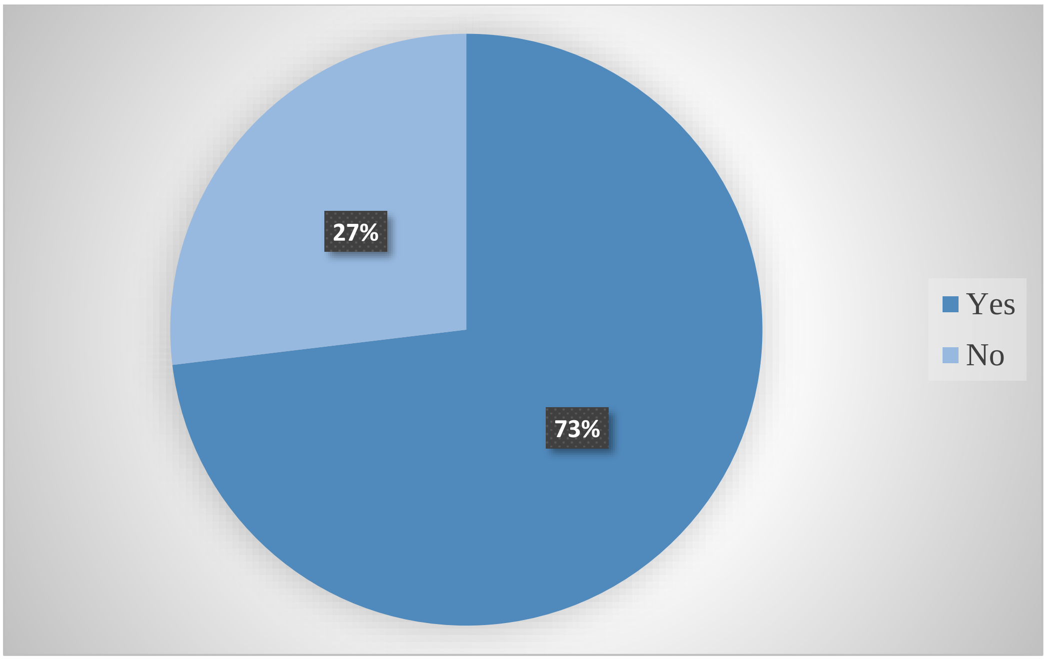

Fig 4.7: Any known diagnosed with mental health disorder

Discussion

- The above fig 4.7 shows that 73% of the participants known someone who has been diagnosed with a mental health disorder while 27% don't.
- The result suggests that knowing someone diagnosed with a mental health condition is relatively common, emphasizing the need for awareness, support and understanding around mental health. This underscores the importance of increasing empathy, reducing stigma, and building strong support networks to help individuals dealing with mental health challenges.

4.8. DO YOU THINK MENTAL HEALTH DISORDER ARE COMMON IN GENERAL POPULATION?

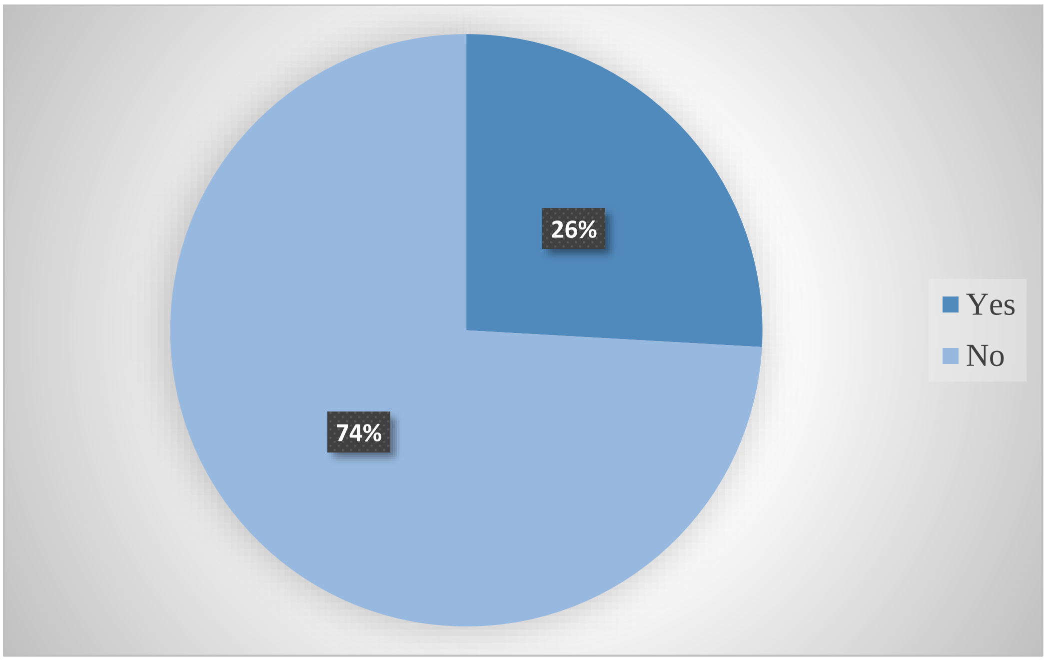

Fig 4.8: Mental health disorder common in general population.

Discussion

- The above fig 4.8 shows that 78% of the respondents think mental health disorder are common in general population while 26% of the population don’t think the similar.
- The result indicates that the majority of respondents perceive mental health disorders as normal in the general population. It informs understanding of the prevalence of mental health challenges and potentially contributes to reducing stigma, promoting awareness, and emphasizing the importance of support and resources for individuals dealing with mental health disorders

4.9. DO YOU THINK MENTAL HEALTH DISORDERS CAN BE LIFE THREATENING OR DANGEROUS?

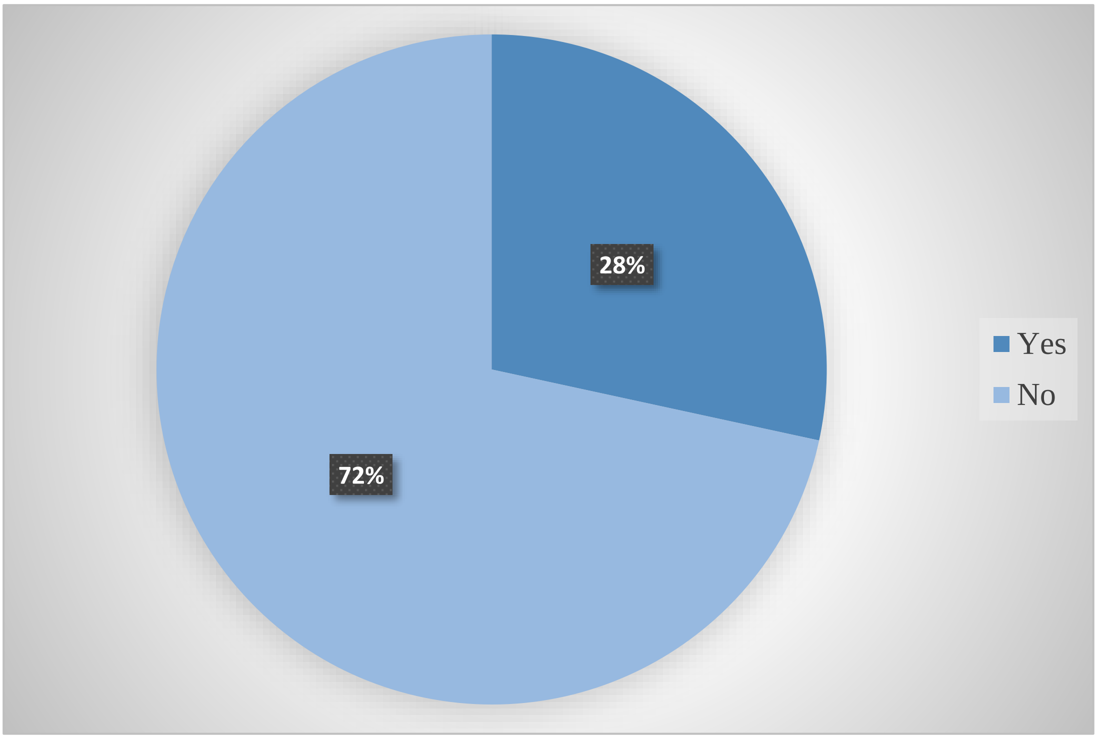

Fig 4.9: Mental health disorders can be life threatening or not

Discussion

- The above fig 4.9 shows that 72% of the respondents think mental health disorders can be life threatening while 28% don't think similar.
- This result indicates that the majority of respondents perceive mental health disorders as potentially life-threatening or dangerous. It indicates an understanding of the severity and risks of these conditions. However, the presence of a minority who share this perception highlights the ongoing need for education, awareness and stigma reduction efforts to ensure accurate understanding and promote appropriate support for individuals with mental health disorders

4.10. WHAT CAUSE MENTAL HEALTH DISORDERS?

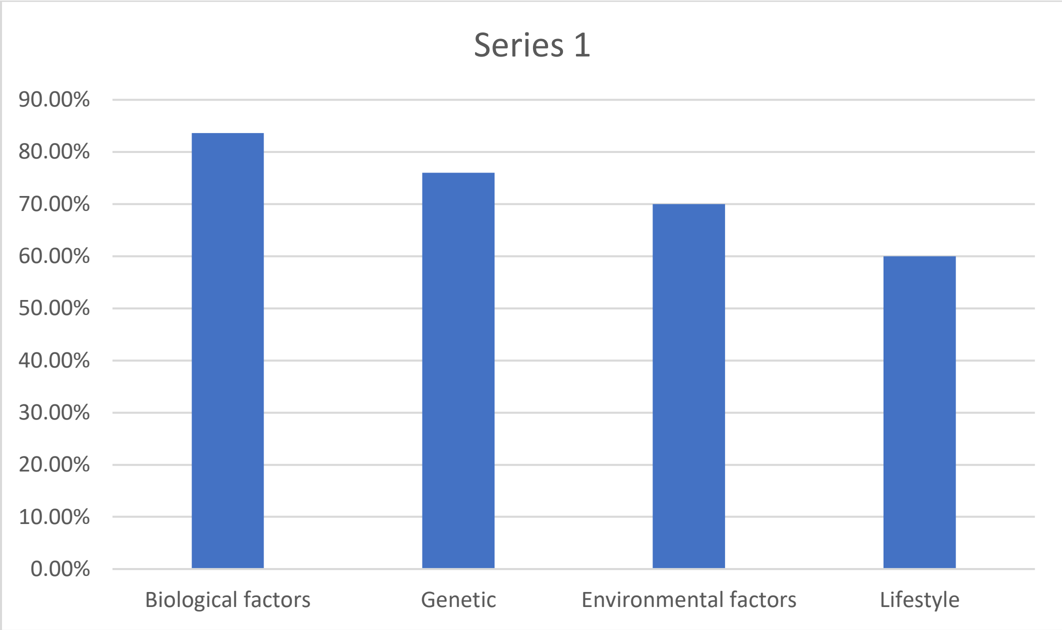

Fig 4.10 Causes of mental health disorders.

Discussion

- The above fig 4.10 shows that 80% of the respondents think biological factor as one of the causes for mental health disorder while genetic factor, environmental factor and lifestyle has been equally voted for the same with 76%, 70% and60% respectively.
- The results reflect the attitudes and beliefs of the people about the causes of mental illness. They provide insight into the general understanding and awareness of a wide range of mental health conditions, including biological, genetic, environmental, and lifestyle factors. This information can be valuable for mental health education, awareness campaigns, and the development of targeted interventions that address these different factors to promote mental health and prevent mental health problems. the beauty of the mind.

4.11. HOW CAN MENTAL HEALTH DISORDERS CAN BE TREATED?

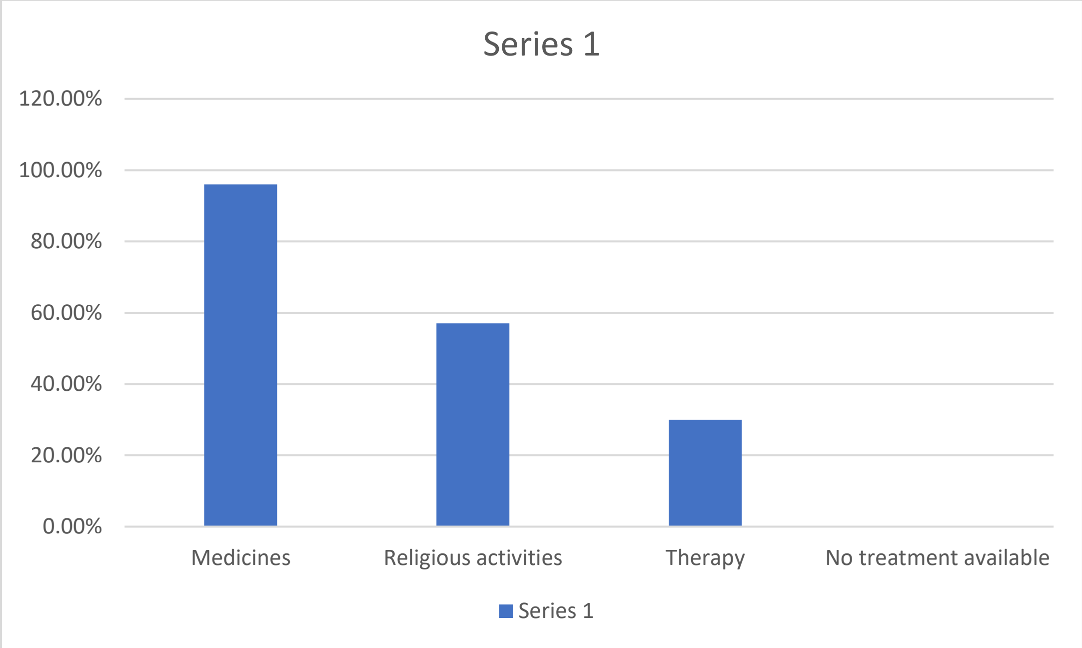

Fig 4.11 Treatment of mental health disorders

Discussion

- The above fig 4.11 shows that 96% of the respondents see medicine as an effective way to treat mental health disorder while a significant proportion of people 57% believe religious activities as a relevant method of treatment. Only 30% of respondents see therapy as a potential option.
- The results reflect the beliefs and attitudes of the study population about treatment options for mental health disorders. They provide insight into effective perceptions of medications and religious activities as effective approaches, while potentially indicating low levels of awareness or acceptance of therapy as a treatment option. These findings can help inform mental health professionals, policy makers, and educators about the preferences and cultural context surrounding treatment decisions. This highlights the importance of promoting evidence-based approaches, raising awareness of the effectiveness of various treatment modalities, and addressing any potential barriers to accessing appropriate mental health care.

4.12. PEOPLE WITH MENTAL HEALTH DISORDERS SHOULD SEEK HELP AT?

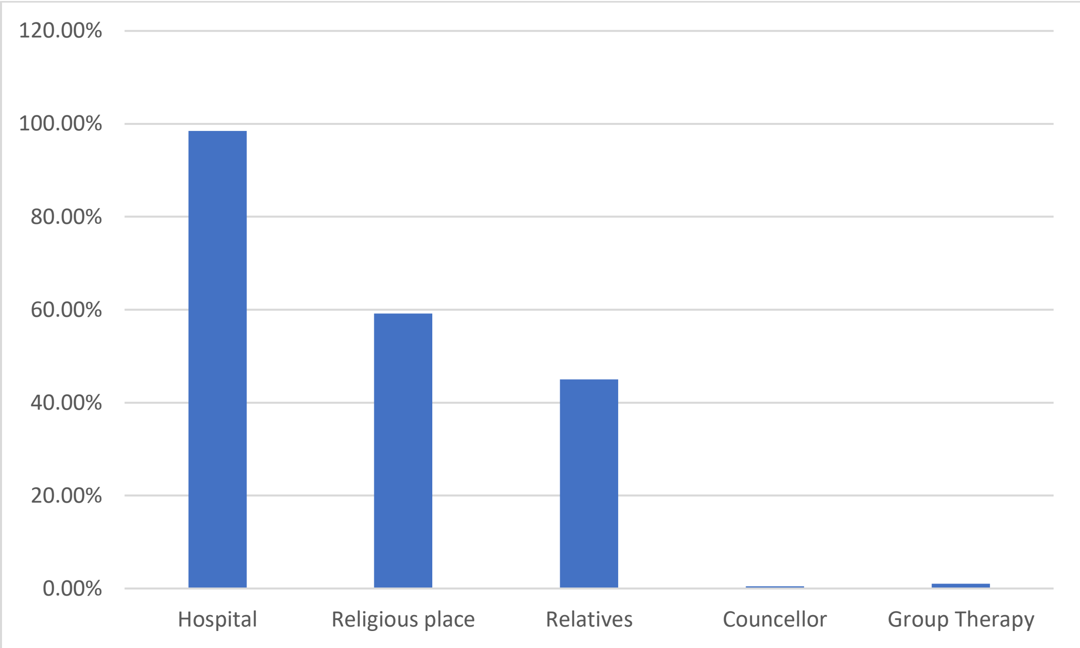

Fig 4.12: Place to go for treatment of mental health disorder.

Discussion

- The above fig 4.12 shows that 98.5% of respondents think that hospital is the potential place to seek help in case of mental health disorder. A significant proportion of respondents 59.2% believe religious place can help in case of mental health disorder while 45% of respondents believe relatives can help in mental health disorders.
- Respondents think that hospitals are the most likely place to seek help in cases of mental health problems suggesting a strong belief in the role of medical institutions in dealing with mental health problems. This shows recognition of the importance of health care services and the need for special care for mental health conditions
- Relying solely on religious support may perpetuate the stigma and misunderstanding surrounding mental health. It may ignore the importance of seeking professional help, which can lead to delayed or inappropriate treatment. Encourage open discussion, promote mental health literacy, and raise awareness of the benefits of seeking help. of professionals as well as spiritual support can contribute to positive mental health outcomes.

4.13. HAVE YOU EVER RECEIVED ANY FORMAL INFORMATION OR EDUCATION REGARDING MENTAL HEALTH DISORDERS?

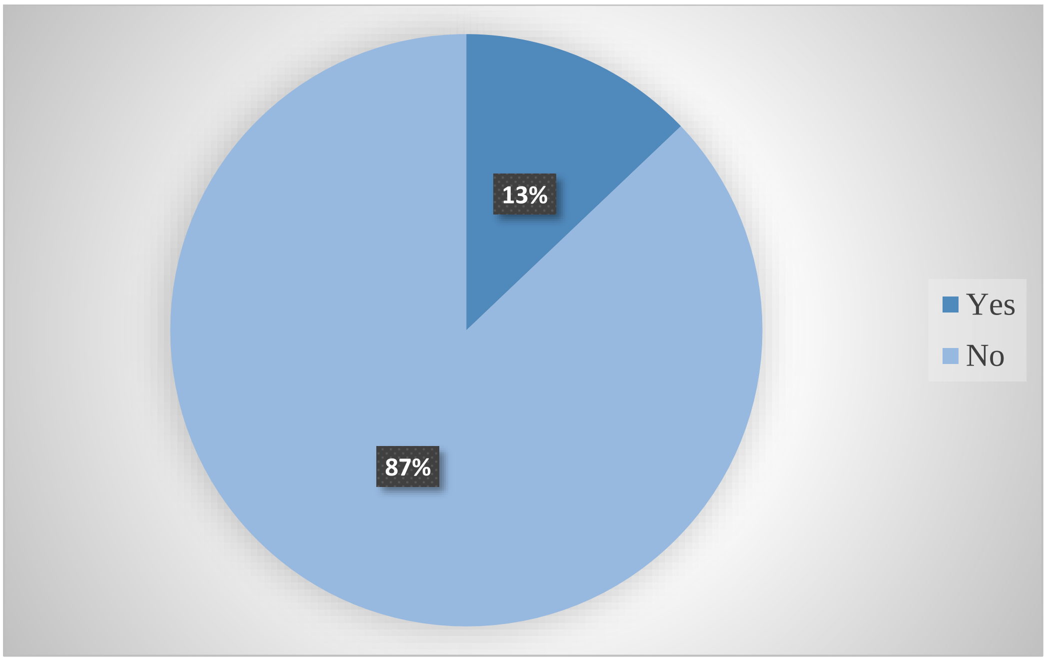

Fig 4.13 Education regarding mental health disorder

Discussion

- The above fig 4.13 shows that majority 87% of the respondents have not received any formal information or education regarding mental health disorders.
- The absence of formal information or education suggests a possible lack of mental health resources, such as awareness campaigns, educational programs, or the experience of mental health professionals, in the area to be studied. This finding highlights the need for improved information sharing and development of educational initiatives to address this gap as lack of appropriate information generates stigma and misconceptions around mental health.

4.14. DO YOU FEEL MENTAL HEALTH IS AS IMPORTANT AS PHYSICAL HEALTH?

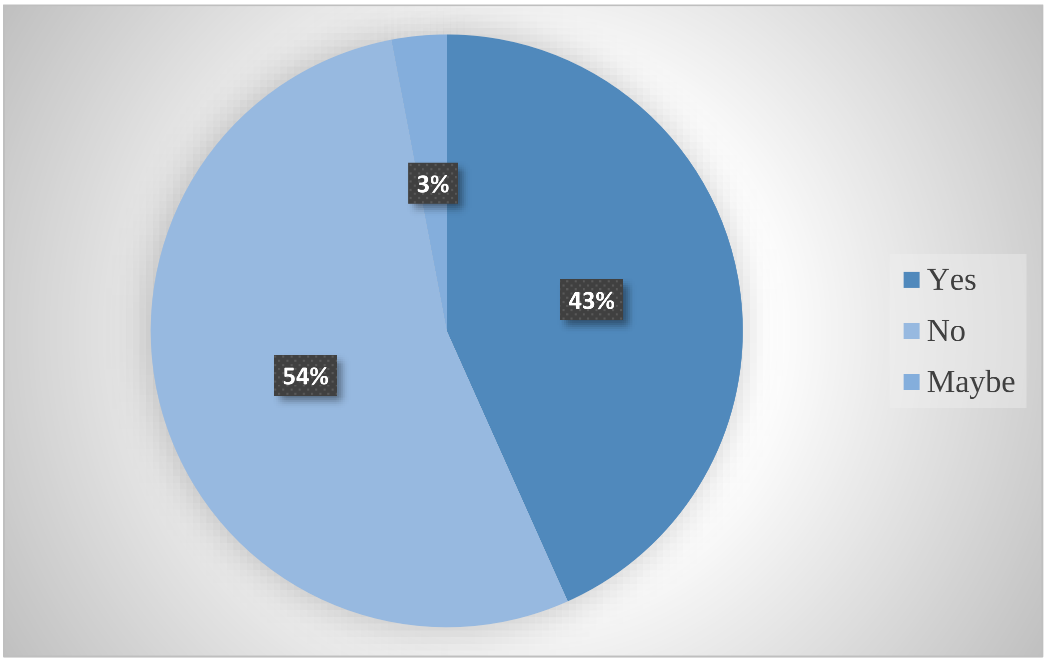

Fig 4.14: Importance of mental health

Discussion

- The above fig 4.14 shows that 54% of respondents think mental health is not as important as physical health while 43% of respondents think it is as important as the physical health.
- The findings suggest that a large proportion of respondents may have stigmatizing attitudes or beliefs about mental health. This perception that mental health is less important than physical health may stem from negative societal attitudes, lack of awareness, or cultural biases that undermine the importance of mental health.
- The study's description suggests a mix of attitudes and levels of awareness about the importance of mental health compared to physical health. It emphasizes the importance of de-stigmatizing mental health, raising awareness of the interconnectedness of mental and physical health, and promoting a holistic approach to health care that prioritizes mental health as well as health. physical beauty

4.15. DO YOU BELIEVE THAT MENTAL HEALTH DISORDERS AFFECT, REGARDLESS OF THEIR BACKGROUND OR SOCIAL STATUS?

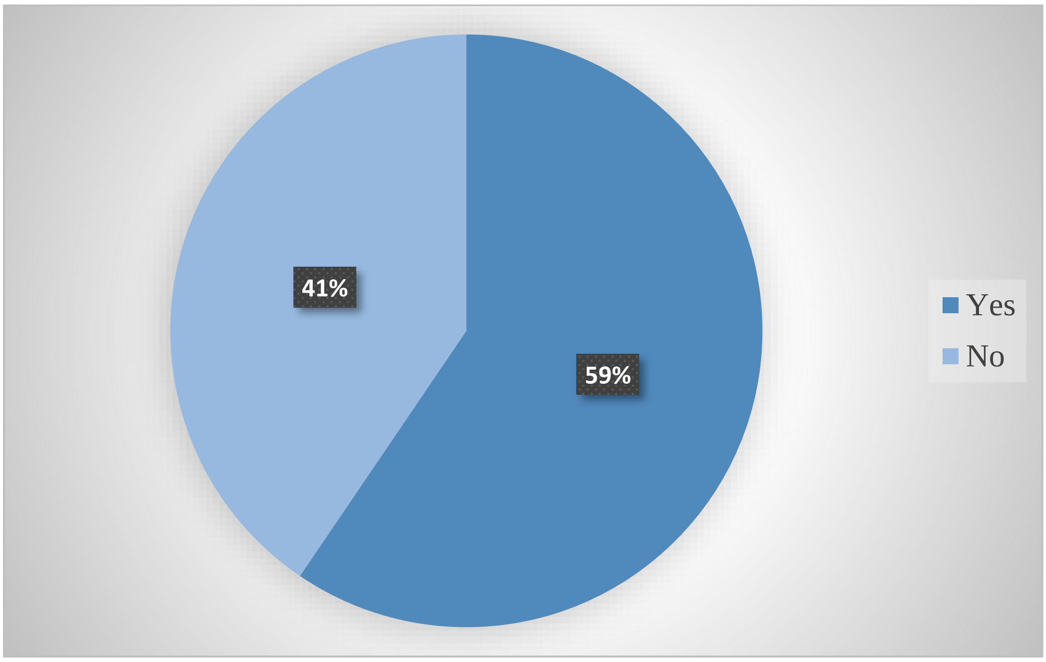

Fig 4.15 Effect of mental health disorder

Discussion

- The above fig 4.15 shows that 59% of the respondents believe that mental health affect regardless of background or social status while 41% doesn't believe the same.
- The findings suggest that the majority of respondents recognize that mental health problems can affect anyone, regardless of their background or social status. This understanding reflects the recognition that mental health does not discriminate based on factors such as age, gender, economic status, or culture.
- The finding that 41% of respondents do not believe that mental health affects individuals regardless of background or social status highlights misconceptions or a lack of awareness among a significant segment of the population. This suggests the need for targeted efforts to address knowledge gaps and challenge beliefs that contribute to the marginalization or neglect of mental health issues in certain populations.

4.16. DO YOU THINK PEOPLE WITH MENTAL HEALTH DISORDER SHOULD BE DISCRIMINATED IN THE SOCIETY?

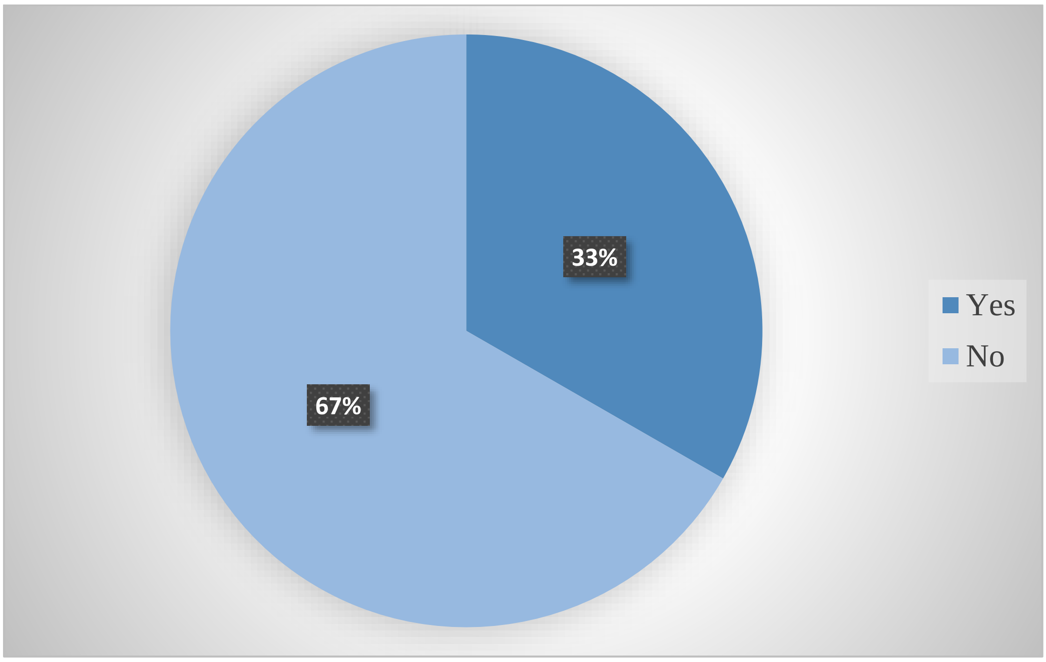

Fig 4.16: Discrimination of mental health disorder in society

Discussion

- The above fig 4.16 reflects that 33% of people believe that people with mental health disorder should be discriminated in the society while 67% of the respondent don't think similar. This indicates a more empathetic side of the respondents who believe in treating people with mental health disorders with equality, respect and dignity.
- Findings suggests that a large part of the population still has a stigma attached to people with mental health problems. This discriminatory belief may stem from misconceptions, fear, or a lack of understanding about mental health conditions.

4.17. WOULD YOU BE INTERESTED IN LEARNING ABOUT THE MENTAL HEALTH DISORDERS AND HOW TO SUPPORT INDIVIDUALS EXPERIENCING THEM?

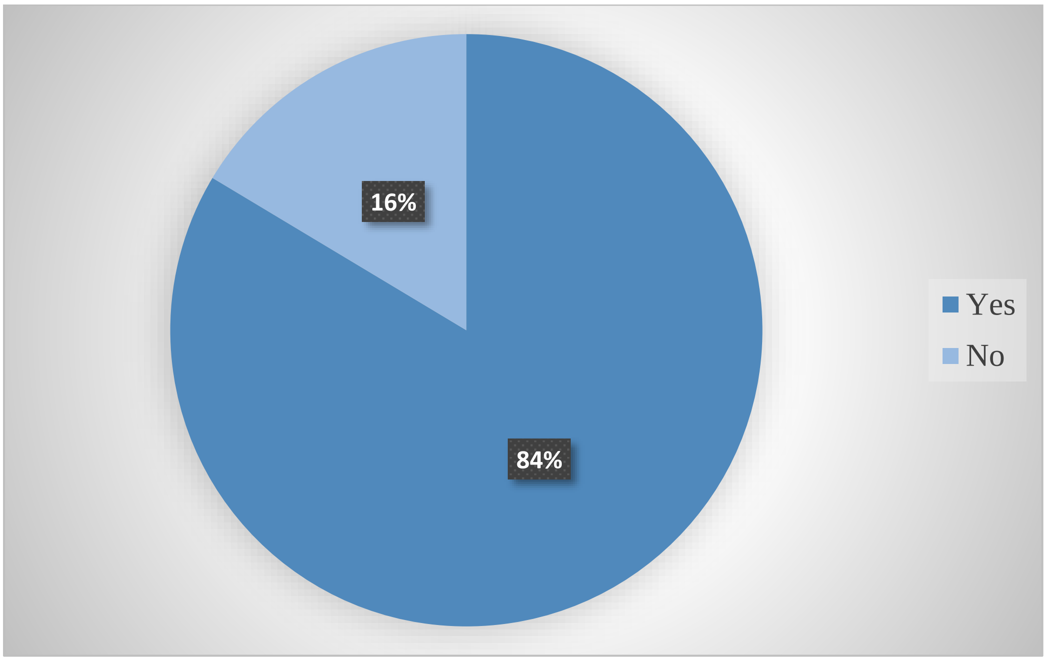

Fig 4.17: Interested in learning about mental health disorders

Discussion

- The above fig 4.17 shows that 84% of the respondents showed interest in learning about the mental health disorder and supporting individuals experiencing them while 16% of the respondents didn't showed any interest.
- The findings suggest a high interest and willingness among many respondents to learn about mental health issues. This shows a positive attitude towards understanding and supporting people with mental health problems.
- 16% of respondents who expressed no interest in learning about mental health issues highlight a knowledge gap or possible lack of awareness about the importance of mental health. It highlights the need for targeted educational interventions to address this gap and raise awareness of the importance of mental health issues.
- Overall, the result suggests a positive attitude and interest among respondents in learning about mental health issues and supporting those affected. It highlights the importtance of continuing efforts to promote mental health knowledge and reduce stigma.

5. CONCLUSION

In conclusion, this study on assessing the knowledge and awareness of mental health disorders among general population of Paliganj, Bihar throws light on many areas of the findings. On a positive side majority of the population (80%) have at least aware of the term mental health disorder and believe there are many factors such as environmental issues, biological etc. that causes mental illness.

Further, majority of the respondents (96%) agreed that medicine is the most effective way of treatment for mental disorders however a significant proportion of participants also believed religious activities as an effective way of treatment for mental illness rather than therapy. This shows the need of awareness campaigns regarding mental health and its importance.

A major proportion of respondents believe hospital is an appropriate place to seek help. This shows the awareness among people but it is also necessary that holistic care should be promoted for mental health disorders such as community participation, therapy, counsellors etc. Another area that needs intervention was limited information and education that participant get regarding the mental health and its issues. This shows the need for educational programs and awareness campaigns related to mental health to promote awareness, increase knowledge and reduce stigma and discrimination from the society.

Finally, despite the positive data on awareness and knowledge of mental health problems among the population, there is still a great need for enhanced education, awareness and access to evidence-based treatments. . Efforts should be directed towards addressing negative attitudes, promoting the importance of treatment, different treatment options, and implementing comprehensive mental health education programs to empower individuals, to reduce stigma, and improve the mental health of the residents of Paliganj, Patna, Bihar.

6. REFERENCES

1. Srivastava K, Chatterjee K, Bhat PS. Mental health awareness: The Indian scenario. Ind Psychiatry J [Internet]. 2016 [cited 2023 May 31];25(2):131–4. Available from: http://dx.doi.org/10.4103/ipj.ipj_45_17
2. Saraceno B, van Ommeren M, Batniji R, Cohen A, Gureje O, Mahoney J, et al. Barriers to improvement of mental health services in low-income and middle-income countries. Lancet [Internet]. 2007 [cited 2023 May 31];370(9593):1164–74. Available from: https://pubmed.ncbi.nlm.nih.gov/17804061/
3. Pareek S. Two initiatives, two approaches, one cause - addressing mental illness in rural India [Internet]. The Better India. 2015 [cited 2023 May 31]. Available from: https://www.thebetterindia.com/36072/public-health-foundation-of-india-mental-illness-rural-india/
4. Bihar population Census 2011, Bihar religion, Literacy, Sex Ratio - Census India [Internet]. www.censusindia.co.in. [cited 2023 May 31]. Available from: https://www.censusindia.co.in/states/bihar
5. Raibley J. Health and well-being. Philos Stud [Internet]. 2013 [cited 2023 May 31];165(2):469–89. Available from: https://www.who.int/data/gho/data/major-themes/health-and-well-being
6. Health topics [Internet]. Who.int. [cited 2023 May 31]. Available from: https://www.who.int/health-topics/
7. Introduction to Mental Retardation [Internet]. Eric.ed.gov. [cited 2023 May 31]. Available from: https://files.eric.ed.gov/fulltext/ED484713.pdf
8. Edu.sa. [cited 2023 May 31]. Available from: https://faculty.ksu.edu.sa/sites/default/files/icd-_11_2018.pdf
9. Thelancet.com. [cited 2023 May 31]. Available from: https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(21)00395-3/fulltext
10. Mishra BK. Mental health yet to receive proper attention in Bihar [Internet]. Times Of India. 2022 [cited 2023 May 31]. Available from: https://timesofindia.indiatimes.com/city/patna/mental-health-yet-to-receive-proper-attention-in-bihar/articleshow/94750334.cms
11. Strengthening response toward promoting mental health in India, Researchgate.net. [cited 2023 May 31]. Available from:

https://www.researchgate.net/publication/364397153_Strengthening_Response_Toward_Promoting_Mental_Health_in_India_A_Narrative_Review

12. Prevalence of mental health problems among rural adolescents in India, Researchgate.net.[cited 2023 May 31]. Available from: https://www.researchgate.net/publication/364151834_Prevalence_of_mental_health_problems_among_rural_adolescents_in_India_A_systematic_review_and_meta-analysis
13. Social security measures for persons with mental illness access and utilisation in rural India, Researchgate.net. [cited 2023 May 31]. Available from: https://www.researchgate.net/publication/362510620_Social_Security_Measures_for_Persons_with_Mental_Illness_Access_and_Utilisation_in_Rural_India.

ANNEXURE – I

DEMOGRAPHIC DATA

GENDER

1. **Male**

- Female
- Transgender
- Prefer not to respond

2. **Age (In yrs)**

- 15- 25
- 26-35
- 36 - 50

3. **Education**

- Illiterate
- Primary
- Secondary
- Higher secondary
- Graduate
- Post Graduate

4. **Occupation**

- Unemployed
- Homemaker
- Self employed
- Employee
- student
- Other:

5. **Monthly income (per month)**

- Less than 10,000
- 10,000 - 20,000
- 21,000 - 30,000
- More than 30,000

AWARENESS & KNOWLEDGE

6. **Have you ever heard of mental health disorder?**

- Yes
- No

7. Have you or anyone you know ever been diagnosed with a mental health disorder?

- Yes
- No

8. Do you think mental health disorders are common in general population?

- Yes
- No

9. Do you think mental health disorders can be life threatening or dangerous?

- Yes
- No

10. What causes mental health disorders?

- Biological factors
- Environmental factors
- Genetic
- Lifestyle
- Other:

11. How can mental health disorders can be treated?

- Medicines
- Therapy
- Religious activities
- No treatment available
- Other:

12. People with mental health disorders should seek help at

- Hospital
- Religious place
- Relatives
- Other

13. Have you ever received any formal information or education regarding mental health disorders?

- yes

- no

ATTITUDE & BELIEF

14. Do you feel mental health is as important as physical health?

- yes
- no
- maybe
- not sure

15. Do you believe that mental health disorders affect, regardless of their background or social status?

- Yes
- No
- Not sure

16. Do you think people with mental health disorders should be discriminated in the society?

- yes
- no

17. Would you be interested in learning more about mental health disorders and how to support individuals experiencing them?

- Yes
- No

ANNEXURE – II

PLAGAIRISM REPORT