

Original Research

Myths and beliefs among caregivers of patients suffering with mental disorders: An original research

Dr. Shalini Pandey¹, Dr. Ramesh Chaubey², Dr. Akant Pandey³

1. MBBS DPM, Consultant Neuropsychiatrist, Goodwill Hospital, Ghazipur, Uttar Pradesh, India
2. MBBS MD, Consultant Neuropsychiatrist, Varanasi, Uttar Pradesh, India
3. Consultant Physician, Goodwill hospital, Ghazipur, Uttar Pradesh, India

ABSTRACT:

Introduction: 7.5% Indians suffer from mental disorders. By 2020 approximately 20% Indians will be effected by mental illnesses. **Aims:** The study was piloted to evaluate the myths and beliefs among caregivers of patients suffering with mental disorders. **Methodology:** We conducted a survey that was Exploratory Survey & Non- experimental. By convenient sampling technique 100 caregivers of mentally ill patients were considered in this study. **Results:** In our study we found that majority of the subjects were of aged 20 – 40 years, men, educated and from rural areas. Majority of the care givers have shown a positive attitude towards mental illness in the current study. **Conclusion:** It can be concluded from the study that there has been an attitude shift among people from the belief that mental illness was a God's punishment. Now the shift in attitude was to approach a medical therapy.

Keywords: Myths, Beliefs, Care givers, Mental illness.

Received: October 24, 2020

Accepted: November 28, 2020

Corresponding Author: Dr. Shalini Pandey, MBBS DPM, Consultant Neuropsychiatrist, Goodwill Hospital, Ghazipur, Uttar Pradesh, India.

This article may be cited as: Pandey S, Chaubey R, Pandey A. Myths and beliefs among caregivers of patients suffering with mental disorders: An original research. J Adv Med Dent Scie Res 2020;8(12):188-192.

INTRODUCTION

WHO states that 7.5% Indians suffer from mental disorders. It also predicts that by 2020 approximately 20% Indians will be effected by mental illnesses. One in seven Indians were affected by mental disorders of varying severity in 2017 and the proportional contribution of mental disorders to the total disease burden in India has almost doubled since 1990. WHO also estimates that, in India, the economic loss, due to mental health conditions, between 2012-2030, is 1.03 trillions of 2010 dollars. Epidemiological studies report prevalence rates for psychiatric disorders from 9.5 to 370 per 1000 population in India.² Mental health illness has become the fourth leading causes of disability in the most countries. However there is an increase in the misconception of mental health among the public. This

may lead to the stigmatization of the patients suffering from mental disorders. The idea of the humiliation of mental sickness is passed from age to age, and the contrary perspective on it, communicated by the media has made it more hard for individuals to acknowledge mental disease as a treatable condition like some other actual ailment. Culture, society and instruction undertake a key part in molding and the perception about mental disease among society, and mental sickness is no exemption for this rule. Restriction was the lone strategy for keeping mentally sick people previously, due to wrong impression of individuals. Those people who act strangely, who are aggressive, erratic, and epileptic, and so on were avoided in society. It was a typical felt that mental ailment were because of black magic and revile of God, and patients were

mercilessly treated, secured, and regularly killed because of obliviousness, contamination and yearning. Misguided judgments about mental sickness are extremely common, and the absence of comprehension about the infection can have genuine ramifications for a large number of individuals. The embarrassment of having mental ailment leads numerous individuals to feel embarrassed and keeps them from looking for clinical help.³ Mental sickness has great forecast whenever analyzed early, yet the greater part of individuals believe that once the individual is influenced with mental disease, it can't be restored. This reasoning is a profoundly common shame in the general public, in any event, when people are treated and cured, they are not acknowledged by society as a solid human being.^{4, 5} Thus, the current investigation targets investigating the myths and beliefs about mental disease among the care givers of mentally sick subjects which will assist with bringing more cognizance among individuals.

METHODOLOGY

The type of survey that was adapted for this study was “Non- experimental, Exploratory Survey.” Convenient sampling technique was applied to select the sample size of 100 after the execution of inclusion and exclusion criteria. Socio-Demographic profile of the care givers was selected. The myths and beliefs regarding mental illness were calculated based on the Likert scale questionnaire. After taking getting ethical clearance and consent from the subjects for the study, the data was collected.

RESULTS

Basic Socio-demographic variables

The majority of caregivers were men between the ages of 20-40 years, with majority educated to the graduate level and/ or at least 12th standard. Hindu were the majority’s religion. Majority were in joint families and from rural areas. This is in accordance with the study of Saravanan et al.⁶ where they also observed majority of care givers were men and of similar socioeconomic backgrounds to our study.

Table 1. Frequency Percentage Distribution of the Participants

S.No	VARIABLES	FREQUENCY (f)	PERCENTAGE (%)
1.	AGE IN YEARS		
	i. 18-40	63	63
	ii. 41 – 59	28	28
	iii. 60 – 80	09	09
2.	GENDER		
	i.Male	85	85
	ii. Female	15	15
3.	RELIGION		
	i.Hindu	82	82
	ii.Muslim	15	15
	iii.Sikh	03	03
4.	EDUCATIONAL STATUS		
	1. Below 5th standard	05	05
	2. Below 12th standard	55	55
	3. Graduate	36	36
	4. Post Graduate	04	04
5.	OCCUPATION		
	i.Private Service	54	54
	ii.Govt. Service	20	20
	iii.Other	26	26
6.	LIVING AREA		
	i.Rural	63	63
	ii.Urban	37	37
7.	TYPE OF FAMILY		
	i.Nuclear	28	28
	ii.Joint	72	72

Percentage wise distribution of disease condition

In the present study the majority of the patients showed the mood disorders. Followed by Psychotic disorder, Sleep disorder, Compulsive disorder, Somatic disorder. Similar observations were made in the recent study of Murthy p et al.⁷ our study also supports the view that in the past 5 years the prevalence of mental illness has augmented, and there is an inclination toward the mood disorders compared to other mental diseases.

Table 2. Disease condition Distribution in patients.

S.NO	Disease condition	Percentage distribution (%)
1.	Mood disorder	61
2.	Psychotic disorder	12
3.	Sleep disorder	9
4.	Compulsive disorder	8
5.	Somatic disorder	5
6.	Others	5

Distribution of relation with the client

In our study majority were siblings of the patients, followed by parents. Together they were more than 50%. In most of the developing countries the primary care takers are the Family members. In our country, $\geq 90\%$ of patients with chronic mental illness live along with the families.⁸ Our study also supports the above statements.

Table 3. Distribution of relation with the patient.

S.NO	Relation with the patient	Percentage distribution (%)
1.	Sibling	34
2.	Parents	23
3.	Others	15
4.	Spouse	14
5.	Children	14

Duration of Disease

In our study all most 95 % of the patients had the disease for a period of 5 years or less, followed by those having for 5 to ten years. This shows that there has been an increase in awareness to acknowledge the mental illness and bring to medical help. Also this shows that there has been a raise in the mental disorders.

Table 4. Duration of disease among the patients.

S.NO	Duration of the disease	Percentage distribution (%)
1.	Below 5 years	82
2.	5-10 years	13
3.	11-14 years	1
4.	15-19 years	4

Inference from the questionnaire.

The main regions of the Table 5 portray the accompanying investigation results. It shows that individuals are more mindful of mental disease and they don't consider it to be as God's will. Individuals realize that mental ailment can influence anybody at whatever stage in life, in any circumstance, and in the two sexes. The caregivers in our study expressed that mental ailment isn't transmittable, and it's nothing to stow away and be embarrassed off. They additionally accept that a mentally sick individual can become normal once more. The greater part acknowledged that science has treatment for mental disease. A big part of the caregivers expressed that all mentally sick are not harmful. Albeit a few respondents differ that mentally sick should remain in hospitals, not in society or home. Individuals know that mental ailment isn't imparted through talking and mentally sick can likewise have the ability to seek after work, and have families. Members realized that to treat mental disease there is a therapist who manages mental ailment. To close, the outcomes show a positive viewpoint and mindfulness with respect to mental ailment among the caregivers. The caregivers don't consider mental disorders to be as an infection or shame and they look for medical assistance as opposed to disengaging people who are enduring with sicknesses.

Table 5. Likert scale questionnaire and responses from the care givers of the patients.

S.no	Statements	Agree	Disagree
1.	Mental illness is a God’s punishment for past sins.		83%
2.	Mental illness can be transferred from mentally ill to healthy individual through coming in contact with him/her.		76%
3.	Mental illness can affect anybody at any age in situation and in both genders.	91%	
4.	Keeping fast and visiting holy shrines can cure mental illness.		73%
5.	Mental illness is something people should hide and be ashamed off		83%
6.	All mentally ill individuals are violent all the time and can cause harm to anyone at any time		55%
7.	There is no treatment in science for mental illness		79%
8.	Individual with mental illness can never become normal, once he become mental ill		78%
9.	Individuals who have character flaws are prone to get mental illness.		69%
10.	All mentally ill clients shows unusual behavior like using abusive language and muttering to self		55%
11.	The only place for mentally ill client to stay is in mental hospital, not in community or home		59%
12.	People with mental illness have lower level of intelligence	53%	
13.	Children don’t get mental illness		75%
14.	Individual with mental illness have no capacity to understand small things so they should not get a job		56%
15.	Loss of semen can be the cause of mental illness in men		69%
16.	It is safe to maintain a distance from the mentally ill client as they can harm you		70%
17.	People with mental illness have no right to marry and have family		77%
18.	People who get higher education became mentally ill		74%
19.	Having less/more sexual desire make a person prone to mental illness	55%	
20.	Mental illness can be treated by normal physician who treat other disease like Heart disease, diabetes etc.		77%

Doctors and medical personnel’s role

The doctor plays an imperative role in disease prevention and health promotion. Doctors as well as the health providers need to impart health education to caregivers regarding “Mental illness” in order to change the opinion of the caregivers about mental illness to prevent mental health related complications.^{9,10}

CONCLUSION

From our study it can be established that greatest number of care givers has positive attitudes towards mental sickness. Individuals recognize that mental sickness isn't transferable and can be dealt with and a good prognosis can be achieved.

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