

Perception and attitude of health care professionals about mentally ill patients

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Abstract

Objective: To study the knowledge of mental illness and assess the perception and attitude of health care professionals towards mentally ill patients using a questionnaire.

Materials and Methods: A cross sectional questionnaire-based study was conducted by department of Pharmacology, Sri Devaraj Urs Medical College attached to Sri Devaraj Urs Academy of Higher Education and Research from April to May 2016. The protocol was approved by the Institutional Ethics Committee. After obtaining written informed consent a predesigned, validated questionnaire was used to assess the attitude and knowledge of Health Care Professionals towards mental illness. Data was analysed using descriptive statistics.

Results: Out of 303 approached 287 gave consent to participate in the study. There were 170 male (59.2%) and 117 female (40.8%) participants. Regarding knowledge and attitude towards mentally ill patients 83.96% agreed that psychological counselling can help the patients to return to their normal life. Only 31.3% strongly agreed to have the knowledge to use talking therapy techniques and most of them (43.9%) were of the opinion that they require training course to find out which type of talking therapy is required clinically. They also disagreed to possess sufficient knowledge regarding group psychotherapy (41.11%) as well steps and techniques of group psychotherapy (42.50%).

Conclusion: In the present study the health care professionals expressed to have knowledge regarding the techniques and skills used in counselling and psychotherapy but were lacking clinical experience in executing them.

Keywords: Health care professionals, Mentally ill patients, Knowledge, Attitude.

Introduction

Psychiatric disorders are a major burden worldwide. The lifetime prevalence of psychiatric disorders is 18.1–36.1%¹. Mental illness is undesirable for the patient as well as to the society because it alters the thought process, perception, mood and emotional characteristics of the affected person.² They are perceived as worthless, useless, harmful and aggressive by most of the general population.³ Deeply rooted negative cultural beliefs and traditional acts among the society has unfavourably influenced health care workers in delivering proper care for mentally ill patients.⁴ Also many health care providers have developed stigmatizing attitude towards mentally ill patients which will have a long term effect on the morale and personality of these patients.⁵ Stigmatizing beliefs contribute to inadequate access to proper treatment, less treatment compliance, greater avoidance of health care services and breakdown of therapeutic relationship by the patients.⁶ A positive perception of health care workers towards mentally ill patients will have a great impact on their social and psychological wellbeing. Thus, this study was carried out to know the knowledge, attitude and perception of health care workers towards mentally ill patients.

Materials and Methods

This is a cross sectional questionnaire-based study conducted by Department of Pharmacology, Sri Devaraj Urs Medical College attached to Sri Devaraj Urs Academy of Higher Education and Research, Tamaka, Kolar of from April – May 2016. The protocol was approved by the Institutional Ethics Committee

(DMC/KLR/UDOME/IEC/104/2015-16 dated 23/01/2016). The data was collected from health care professionals from different categories - medical students, nursing staff, interns, postgraduate students, resident doctors and practicing clinical specialists in and around Kolar. The participants were briefed about the aim of the study and oral informed consent was taken from all the participants. A predesigned, validated questionnaire was used and the questionnaire had four parts. The first part had questions regarding demographic details. The second part had 15 questions intended to know the knowledge of health care professionals about the methods of rehabilitation for mentally ill patients. The third part of the questionnaire was designed to collect data regarding the attitude of participants towards mentally ill patients which contained 16 questions and the last part had 4 questions to assess their perception regarding mental illness. The responses were categorised as – agree, strongly agree, neutral, disagree and strongly disagree out of which agree and strongly agree were collectively considered as positive response where as disagree and strongly disagree as negative response. After obtaining informed consent from the participant a maximum of 30 minutes was given to fill the questionnaire. Data was analysed using descriptive statistics.

Results

A total of 303 participants were approached out of which 287 gave consent to participate in the study with a response rate of 94.7%. There were 170 male (59.2%) and 117 female (40.8%) participants of different age groups and specialities. The response to knowledge-based questions are

shown in Table 1. Most of the health care professions responded by saying that they do not have sufficient knowledge about the counselling processes and rehabilitation therapies as well as were of the opinion that they do not have sufficient knowledge regarding the steps and techniques of executing them. Table 2 shows the response of health care professionals to attitude based questions. Maximum number of participants showed positive attitude towards mentally ill patients. The participants perception towards mental illness is depicted in Fig. 1.

Discussion

In the present study the response rate is 94.7% and the reason for unwillingness of the participants was not elicited. Health care professionals were aware and had basic knowledge about talking therapy and motivational interview and 21-40% had knowledge regarding the steps and techniques in executing them. In contrary to it most of them disagreed to have knowledge regarding cognitive behaviour therapy (CBT) (34.4%), group psychotherapy (29.9%) and family psychotherapy (30.9%) as well steps and techniques in executing them. This could be due to inadequate exposure to these therapeutic measures during their course of training. In a study done by Pybis et al found that cognitive behaviour therapy had better outcome than general counselling process in patients suffering from depression after 18 to 20 sessions of therapy. Further they also inferred that CBT is more effective with high severity patients than general counselling process. Since CBT has more impact on the outcome of the illness, healthcare workers should have basic knowledge regarding CBT.⁷ Thus, training of health care professionals in this regard will improve the delivery of care to the mentally ill patients. Similar opinion was published by Youssef et al in their study done in Trinidad and Tobago on knowledge and attitude of undergraduate students towards mentally ill patients. The students who were thought to be well educated in the society had less knowledge similar to that of the general population and thus it was suggested to conduct campaigns involving small group of individuals so as to improve their knowledge regarding mental illness.⁸

Health care providers were of the opinion that people with mental illness have unpredictable behaviour (75.9%) and can be identified by the characteristics of their behaviour (44.1%). They did not feel mentally ill patients to be dangerous (30.6%) and did not find it hard to talk or move around with the patients (45.9%). These findings suggest that professionals are aware that all patients with mental illness may not have aggressive behaviour and may not be dangerous. Study done by Hinshaw et al observed that all patients with mental illness may not be dangerous except those suffering from disorders like antisocial personality disorder, alcohol or substance abuse and intermittent explosive disorders.⁵ Care givers agreed that they should be given the same attention as that of the general population both at work place as well at treatment centre. The response of care givers was neutral with regard to hand cuffing, detention in solitary place and sedating the mentally ill to protect the safety of other people. These findings were similar to the observations by McCann et al where the participants had mixed views regarding physical restraint and continuation of sedation in acute old age psychiatry patients.⁹ In a study done by Chikaodiri et al maximum number of the hospital staff were of the opinion that the hospital building where the mentally ill patients are admitted should have walls of greater height to ensure safety of the patients. When asked if mentally ill patients should have children many of the participants disagreed to it. In the study done by Krumm et al the health care professionals expressed conflicting opinion regarding patients desire for children and also suggested the need for ethical consideration while taking decision on this issue.¹⁰

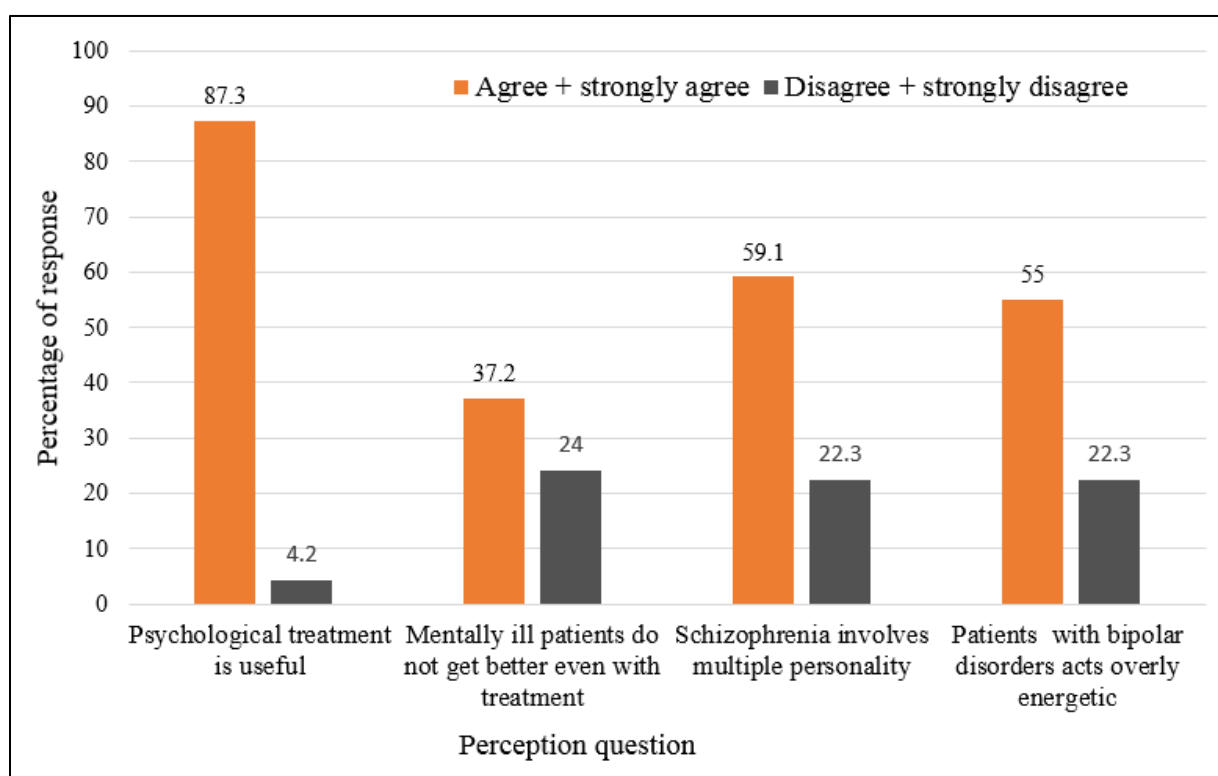
With respect to perception of health care professionals regarding mental illness they agreed that schizophrenia involves multiple personality behaviour and persons with bipolar disorder act overtly energetically. In a similar study done by Kopera et al found that professionals who had experience with mentally ill patients for atleast 2 years had better perception about the psychiatric disorders compared to medical students who never had contact with the these patients.³

Table 1: Health care professionals response to knowledge towards mentally ill patients. Neutral responses has not been depicted in the table

| Do you have knowledge about | Agree and strongly agree (%) | Disagree and strongly disagree (%) |
|--|-------------------------------------|---|
| Motivational interview | 45.2 | 24.3 |
| Talking therapy | 31.3 | 29.6 |
| Group psychotherapy | 28.8 | 29.9 |
| Cognitive behaviour therapy | 26.7 | 31.3 |
| Family psychotherapy | 26.0 | 30.9 |
| Do you have knowledge about the steps and techniques of | Agree and strongly agree (%) | Disagree and strongly disagree (%) |
| Motivational interview | 39.6 | 25.1 |
| Talking therapy | 38.3 | 29.2 |
| Cognitive behaviour therapy | 20.5 | 34.5 |
| Group psychotherapy | 27.5 | 29.9 |
| Family psychotherapy | 26.8 | 32.3 |

Table 2: Health care professionals response to attitude towards mentally ill patients

| Response question – People with mental illness | Agree and strongly agree (%) | Disagree and strongly disagree (%) |
|--|---------------------------------|---------------------------------------|
| have unpredictable behaviour | 75.9 | 7.30 |
| once ill they are prone to become mentally ill again | 45.9 | 18.1 |
| are dangerous | 26.1 | 30.6 |
| are easy to find by the characteristics of their behaviour | 44.1 | 24.7 |
| should not be treated in the same health centre with other people | 31.0 | 45.8 |
| should not be allowed to work | 24.0 | 40.7 |
| should be suspended with political and individual rights while on treatment to help them | 41.1 | 28.2 |
| should not have children | 25.1 | 35.4 |
| should be detained in solitary place | 25.1 | 36.5 |
| should be sedated to guarantee safety for other people in all cases | 29.6 | 30.6 |



* values are expressed in percentage

Fig. 1: Health care professionals response to perception towards mentally ill patients

Conclusion

In this study health care professional agreed that there is lacunae in knowledge regarding the steps and techniques of cognitive behaviour therapy, group psychotherapy and family psychotherapy. Hence they were of the opinion that they require training session for executing them practically. Health care professionals agreed to have positive attitude towards mentally ill patients which will motivate them to deliver better care.

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Conflict of Interest: None.

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