

Research Article

Mental Health Literacy among Family Caregivers of Patients with Mental Health Illnesses: Knowledge, Influence of Factors and Approach towards Management

Muhammad Sameed Alam¹, Ramisha Tahir², Rida Fatima³, Rida Khalique⁴, Rida Wajid⁵, Romaisa Zahid⁶, Muhammad Saad Ali⁷, Muhammad Salman⁸, Muhammad Salman Ali⁹, Sameer Mehmood¹⁰, Faiza Aziz¹¹, Saira Tariq¹², Muhammad Tufail¹³

⁽¹³⁾ University Hospitals of Leicester NHS Trust, United Kingdom

⁽¹⁻¹²⁾ King Edward Medical University Lahore, Pakistan.

Abstract:

Corresponding Author: Muhammad Sameed Alam |

Supervisor: Dr. Saira Tariq | Department of Community Medicine, KEMU, Lahore

Keywords:.....

INTRODUCTION:

With the current paradigm shift in the modern world, mental health is becoming an area of major concern. According to an estimate by WHO, mental health illnesses constitute about 14% of the disease burden worldwide 1. About 15 million people are thought to be suffering from mental health problems in Pakistan according to a recent study 2 and about 25% US population is experiencing these illnesses. The term 'Mental Health Literacy (MHL)' was coined in 1997 and was described as "knowledge about mental disorders that aid in their detection, management, and prevention". The higher the knowledge of mental health of the individuals, the higher will be the chances of recognizing the mental

health issues and seeking professional help for themselves and their family members, according to research 3.

Though a significant positive trend in mental health literacy is observed at various places in the world 4. However, there is a discrepancy between the number of cases reported and the actual mental health issues in Pakistan, and a minute number of studies have checked mental health literacy5.

Regarding the mental health of patients, caretakers are crucial. In Asian culture, most persons with mental health illnesses are cared for by family members. The family provides necessities, monitors the patient's mental condition, and assists the patient in obtaining

essential medical and psychiatric assistance. The caregiver's level of mental health literacy influences these management efforts. Their mental health knowledge, as well as all of the contributing elements influencing their attitude and help-seeking inclinations towards the management of their mentally ill family members, must be evaluated. The caretakers' ages, residence locations, education, socioeconomic status, and preferred style of first consultation provide insight into their understanding and attitude toward illness. The idea of social stigma leads to a negative attitude about getting treatment. Similarly, misunderstandings about the causes of mental illness, such as spirit possession and the evil eye, prevent people from seeking medical or psychiatric assistance⁶.

Studies have shown that cultural and religious beliefs, financial constraints, information gaps, treatment service fear and mistrust, and stigma all contribute to low mental health literacy⁷. 65% of patient attendants claimed to know the names of the illnesses that their sick relatives had, nevertheless, according to one study. Low detection rates were observed for common conditions like depression, schizophrenia, and anxiety disorders. The favored reasons for mental illness, according to both caregivers and patients, are psychological and social factors⁸.

The majority of studies were conducted outside of Pakistan, and those that were conducted inside Pakistan had several gaps in their thorough examination of all the influencing elements and strategies used by persons who lived in this region. These were published a few years ago, so with rising

literacy rates, caretakers' awareness of mental health issues would have increased. This study would work to reduce this knowledge gap. It would ascertain the caregivers' knowledge of mental health, particularly their understanding of good mental health. It aims to determine the various risk factors which hinder patients from seeking medical help as well as their attitudes regarding the management of mental health problems and it is intended to do so by conducting a descriptive cross-sectional study to evaluate all the components of mental health literacy in the target group.

MATERIALS AND METHODS:

It is a Descriptive Cross-Sectional Study conducted in the Department of Psychiatry, Mayo Hospital in the city of Lahore which is the capital of Punjab province of Pakistan. The Caregivers of patients with any mental illness who were admitted to Mayo Hospital Lahore were included in the research. The study was conducted from June to September 2022y estimating the sample size with a 95% confidence level and 5% absolute precision, 160 patients are included in the analysis. Participants were selected through convenience sampling.

The included caregivers ranged in age from 18 to 55, were either male or female, and were members of the patient's immediate family. If a patient had more than one caregiver, we selected the primary caregiver and asked them to volunteer to complete the survey. The patient must have received care from the caregiver for at least six months. Only those who agreed to share information were included.

The caregivers who themselves were diagnosed with

any mental illness were excluded. Caregivers with the following conditions were excluded:

- Substance Abuse
- Mental retardation

Ethical Considerations:

The permission was received from the necessary authorities, and the participants were informed of the study's goals. Only those who voluntarily participated were included after receiving their consent. The specifics of the personal information were kept secret, and anonymity was upheld. Everyone could understand the questionnaire.

Tool for Data Collection:

Data was collected through face-to-face interviews using the structured questionnaire. The participants' sociodemographic information, was included in the questionnaire's first section.

The questionnaire's second section used a survey to gather data on the caregivers' knowledge of mental health issues through the **“Public Perception of Mental Illness Questionnaire”**.¹⁰

This questionnaire had thirty-three items that investigated the participants' knowledge of the causes of mental problems (six items), knowledge of people with mental illness (six items) attitudes towards people with mental problems (twelve items), and management of people with mental health issues (nine items).

RESULTS:

The sociodemographic makeup of the sample involved: 94 men (58.4%) and 67 women (41.6%) made up the respondents' gender distribution, giving rise to a ratio of 1.4: 1 between males and females. The

distribution of age was even. 37% had been widowed, divorced, or never married, while 63% were married. Just 27.3% of people resided in rural areas, with metropolitan areas housing the majority of people. 15.5% of those questioned had never attended school. Those having attended both the secondary and collegiate levels; 26.7%.

The opinions of respondents regarding the genesis of mental disease are shown. The majority of respondents—about 82%—agreed that brain dysfunction causes mental illness. The claim that mental illness is brought on through hereditary inheritance was supported by 50% of respondents. And roughly 76% of respondents thought that substance usage contributed to mental disorders. As an alternative, around a third of respondents believed that mental illness was a punishment from God, while two-thirds believed that it was caused by something terrible that had happened to them. A personal weakness was cited by over a third of respondents as the cause of mental illness. In addition, more than three-quarters of respondents concurred that anybody can have a mental problem. More than fifty percent of those polled said that people who are mentally ill can work. Less than half of respondents, on the other hand, believed that those who suffer from mental health illnesses are mostly at fault for their disease.

However, far fewer than half of the respondents said that the majority of the time, those with mental health problems are to be responsible for their condition. Few people assumed that a person with a mental disorder could truly develop friendships. More than 50% of respondents believed that individuals with

mental problems may be identified by their looks. The survey's responses were roughly evenly divided on whether people with mental illnesses are often harmful.

Only one-sixth of the participants replied that people with mental problems must be avoided at all costs, while over half of the respondents thought that people with mental problems shouldn't get married or have children. Only over half felt they may keep a connection with a person who suffered from a mental problem, but less than a fourth thought they might be married to someone who had one. A little less than half of those surveyed admitted that they may feel embarrassed if a member of the family had a mental disorder and that they might avoid speaking to someone who was mentally ill.

While more than 90% of respondents thought that individuals with mental problems should enjoy the same privileges as everyone, about half believed that working alongside someone with a mental illness would make them uncomfortable. About three-fourths of survey participants said they would not want others to know if they had a mental disease, while only about half believed that others were generally empathetic and compassionate towards those who had a mental condition. Regarding therapy and care; almost the same number of participants disagreed with the point that mental problems cannot be healed and believed that someone may recover from it. According to two-thirds of the participants, families should not be kept in the dark about a person's mental illness. Half of the respondents agreed that mental problems may be cured outside of the hospital, despite almost 66% of

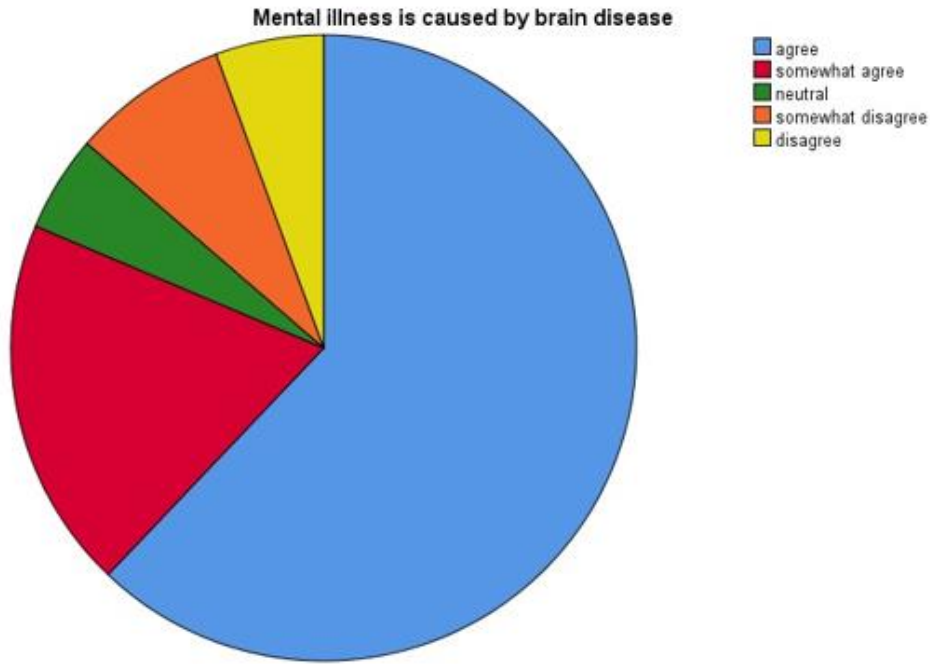
respondents agreeing that mentally ill persons must be in a department under monitoring. Only 36% of respondents believed that their PHC could effectively treat mental disorders, whereas 43% said there was awareness regarding mental illness there. However, two-thirds of respondents said they would be unable to share their mental health issues with anyone there. Software called SPSS-23 was used for the analysis. The association between the respondents' education level and how they perceived the cause of the mental illness was examined. (Table 1)

When compared to respondents with lower levels of education, it was discovered that most respondents with matriculation and higher levels of education agreed that genes are involved in the course of mental illness. The majority of participants thought that drug misuse is a cause of mental illness. Among the illiterate, just 28% expressed disagreement. The majority of participants, both literate and illiterate, concurred that negative things happening to the individual create mental disease.

While the majority of those with matriculation or higher levels of education disagreed, more than half of those with low levels of education said that mental illness is God's punishment.

The majority of those who disagreed were illiterate, while those with greater levels of education—80% of whom—agreed that mental problem is caused by a brain disorder.

An inner weakness of the person is what leads to mental illness, according to two-thirds of respondents with low levels of education.



As seen by this pie chart, the majority of the participants think that brain disease can cause mental illness.

Table-1

		education						Total
		none	elementary	middle	matriculation	intermediate	college/univer sity or higher	
Genetic inheritance is the cause of mental illness	agree	5	3	4	11	6	14	43
	somewhat agree	6	3	5	5	4	14	37
	neutral	2	3	1	7	1	1	15
	somewhat disagree	3	2	5	9	4	8	31
	disagree	9	6	6	6	2	6	35
Total		25	17	21	38	17	43	161

		education						Total
		none	elementary	middle	matriculation	intermediate	college/univer sity or higher	
Unfavorable life events may contribute to mental disease.	agree	16	13	15	21	11	34	110
	somewhat agree	1	1	1	7	5	8	23
	neutral	3	1	2	2	0	0	8
	somewhat disagree	2	1	1	2	1	1	8
	disagree	3	1	2	6	0	0	12
Total		25	17	21	38	17	43	161

			education					Total	
			none	elementary	middle	matriculation	intermediate		college/univer sity or higher
Substance abuse leads to mental illness	agree		14	8	14	20	10	30	96
	somewhat agree		2	3	1	6	4	9	25
	neutral		1	1	0	3	1	1	7
	somewhat disagree		1	2	3	5	1	1	13
	disagree		7	3	3	4	1	2	20
Total		25	17	21	38	17	43	161	

			education					Total	
			none	elementary	middle	matriculation	intermediate		college/univer sity or higher
Mental illness is a punishment from God.	agree		11	5	8	13	3	6	46
	somewhat agree		2	0	7	5	3	11	28
	neutral		3	4	2	3	4	4	20
	somewhat disagree		2	3	1	11	1	4	22
	disagree		7	5	3	6	6	18	45
Total		25	17	21	38	17	43	161	

			education					Total	
			none	elementary	middle	matriculation	intermediate		college/univer sity or higher
The brain disease can cause mental illness	agree		17	9	18	24	8	24	100
	somewhat agree		5	2	1	9	5	9	31
	neutral		0	2	0	1	2	3	8
	somewhat disagree		0	3	2	2	1	5	13
	disagree		3	1	0	2	1	2	9
Total		25	17	21	38	17	43	161	

	education						Total	
	none	elementary	middle	matriculation	intermediate	college/university or higher		
Individual weakness can lead to mental illness.	agree	11	8	14	21	8	16	78
	somewhat agree	6	3	1	5	1	9	25
	neutral	1	1	3	10	1	9	25
	somewhat disagree	3	1	2	2	3	5	16
	disagree	4	4	1	0	4	4	17
Total	25	17	21	38	17	43	161	

DISCUSSION:

Although the study was carried out in Lahore, the socio-demographic features of this sample are more widely illustrative of all the communities because both the rural and urban populations are represented, rapidly and effectively. The findings of this study point to a lot of interaction with individuals who experience mental health issues, which may be caused by a high prevalence of disorders, insufficient services, a lack of communal acceptance of those with mental illnesses, or a sum of all three. This study urges more investigation. There are many different perspectives on mental illness in Pakistan, and many people stigmatize those who seek treatment, work, get married, or recover from a mental illness. Most people blame the sick person, avoid them, and are reluctant to talk about their psychological problems in public. Little studies have been conducted in poor nations, and the majority of assessments on knowledge of mental health have been carried out in countries in the west. Many people in Africa believe that supernatural causes are to blame¹³⁻¹⁴. According to a recent poll in Nigeria, confidence in biological and psychosocial

causes of mental illness was connected with urban living, better educational status, and experience with the condition, but belief in supernatural causes was correlated with rural living. Western research has shown that biological factors (such as inherited factors and brain illnesses) and other factors (such as stress or trauma) are likely to be seen as responsible. 11-12.

This study looked at how well-informed people who care for people with mental illnesses are about mental health. The few research studies that have been done in Pakistan to date have either concentrated on the association between first contact for therapy and superstitious beliefs in caretakers of people with schizophrenia or on traditional and religious methods of treatment that are still widely used, particularly in remote regions where mental health services are practically not present.¹⁵

The attitudes and knowledge of the caretaker towards mental illness, however, are poorly understood. To better understand the caregiver's mental health literacy, this study assessed the cause, understanding,

mindset, and therapy of people with mental health disorders. The most common factors recognized as contributing to mental diseases, according to a study of community opinions on the subject conducted in Pakistan, were found to be a variety of socioeconomic variables. Nevertheless, neither a supernatural cause nor a biological explanation was universally accepted. According to the majority of caregivers in the current study, and line with earlier research, anyone can have mental health issues. Similar to earlier studies, the participants have negative views about mental illness, the blame is on the mentally ill patients, and they are unable to work or keep friendships¹⁶. The participants also had unpleasant opinions of mentally sick people.

Both high-income and low-income countries have historically stigmatized persons with mental illnesses. According to the current descriptive study among recovered mentally ill, human rights abuses occur at the family and community levels, independent of gender¹⁷, literacy¹⁸, financial status¹⁹, or place of residence. The current survey also exposes participants' unfavorable opinions about mentally ill people's social inclusion in the community. Participants admitted that they wouldn't like others to get to know about their disease and that if they or a close relative were given a mental disorder diagnosis, they would be embarrassed. It proves that stigma and prejudice exist against people who have mental problems.

About half of the individuals who participated in the current study reported feeling comfortable talking about mental health concerns that impacted them or

members of their family, which is consistent with previous findings. Nonetheless, the bulk of studies discovered that patients frequently exhibited greater reluctance to reveal mental diseases to friends and family than physical disorders. Individuals in Pakistan have been seen to express their suffering in physical rather than psychological terms due to prejudiced attitudes.

CONCLUSION:

- The findings show that participants with greater levels of education comprehend the root causes of mental illness better.
- Yet, most people still stigmatize those with mental problems when it involves social interaction, treatment, employment, recovery, and marriage.
- As a result, there is a need for mental health literacy programs that focus on particular populations that have a specific need for education about mental problems, to educate the public, and change the behaviors of caretakers toward mental disease.
- Professionals in mental health must also play a responsible part in promoting awareness of these specific populations.

LIMITATIONS:

- The sample was restricted to only the Psychiatric dept of Mayo Hospital. Hence the findings may not be generalized.
- Another drawback of the cross-sectional design is that we are unable to know how the knowledge about the mental problems of the

caregivers affects the patients' rehabilitation.

ACKNOWLEDGMENTS:

We would like to express our sincere gratitude and appreciation to Dr. Muhammad Tufail, Dr. Saira Tariq and Ms. Faiza Aziz for their unwavering support and assistance in this research work. Their valuable guidance and input have been instrumental in ensuring the success of our publication. We are truly grateful for their contributions.

REFERENCES:

1. Poreddi V, Blrudu R, Thimmaiah R, Math SB. Mental health literacy among caregivers of persons with mental illness: A descriptive survey. *J Neurosci Rural Pract.* 2015;6(3):335-60.
2. Javed A, Khan MN, Nair A, Rasheed A. Mental healthcare in Pakistan. *Taiwan J Psychiatry* 2020;34(6):6-14
3. Chen S, Wu Q, Qi C, Deng H, Wang X, He H, et al. Mental health literacy about schizophrenia and depression: a survey among Chinese caregivers of patients with a mental disorder. *BMC Psychiatry.* 2017;17(1):89.
4. Mehrotra K, Nautiyal S, Raguram A. Mental health literacy in family caregivers: A comparative analysis. *Asian J Psychiatry.* 2018;31(2): 58–62.
5. Munawar K, Abdul Khaiyom JH, Bokharey IZ, Park MSA, Choudhry FR. A systematic review of mental health literacy in Pakistan. *Asia Pac Psychiatry.* 2020;12(4):e12408.
6. Gabra RH, Ebrahim OS, Osman DM, Al-Attar GS. Knowledge, attitude and health-seeking behavior among family caregivers of mentally ill patients at Assiut University Hospitals: a cross-sectional study. *Middle East Current Psychiatry.* 2020;27(1):1–8.
7. Hurley D, Swann C, Allen MS. A Systematic Review of Parent and Caregiver Mental Health Literacy. *Community Ment Health J.* 2020;56(4):2–21.
8. Li W, Reavley N. Patients' and caregivers' knowledge and beliefs about mental illness in mainland China: A systematic review. *Asia Pac Psychiatry.* 2021;13(2):e12423.
9. Nutbeam D, Wise M, Bauman A. Goals and Targets for Australia's Health in the Year 2000 and Beyond. Canberra: Australian Government Publishing Service. 1993.
10. Sadik S, Bradley M, Al-Hasoon S, Jenkins R. Public perception of mental health in Iraq. *International Journal of Mental Health Systems.* 2010;4(1):26.
11. Angermeyer M, Matshinger H. Lay beliefs about mental disorders: a comparison between the western and the Eastern parts of Germany. *Social Psychiatry and Psychiatric Epidemiology* 1999;34(2):275-281.
12. Gaebel W, Baumann A, Witte A, Zaeske H. Public attitudes towards people with mental illness in six German cities. *European Archives of Psychiatry Clinical Neuroscience* 2002;252(18): 278-287.
13. Stuart H, Arbodela-Florez J. Community attitudes towards people with schizophrenia. *Canadian Journal of Psychiatry* 2001;46(3):245-252.

14. Gureje O, Olley O, Ephraim-Olowanuga O, Olley B, Kola L. Community study of knowledge and attitude to mental illness in Nigeria. *British Journal of Psychiatry*. 2005;186(16):436-441.
15. Shafiq S. Perceptions of Pakistani community towards their mental health problems: A systematic review. *Global Psychiatry*. 2020;3(1): 28–50.
16. Brown M, Derek C. *Mental Health in Ireland: Awareness and Attitudes*. Ireland: Health Service Executive. 2007.
17. Vijayalakshmi P, Reddemma K, Math SB. Gender-related differences in the human rights needs of patients with mental illness. *J Nurs Res*. 2012;20(1):90-8.
18. Vijayalakshmi P, Ramachandra, Reddemma K, Math SB. Perceived human rights violation in persons with mental illness: Role of education. *Int J Soc Psychiatry*. 2013;59(4):351-64.
19. Vijayalakshmi P, Ramachandra, Reddemma K, Math SB. Impact of socio-economic status in meeting the needs of people with mental illness; human rights perspective. *Community Ment Health J*. 2014;50(3):245-50.
20. Poreddi V, Ramachandra, Nagarajaiah, Konduru R, Badamath S. Human rights violations among people with mental illness; rural vs. urban comparison. *Turk PsikiyatriDerg*. 2013;24(4): 168-8