



# **A Descriptive Study to Assess the Knowledge regarding Mental Health among Adults in a selected Community, with a focus on mental health and community health nursing**

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**ABSTRACT:** Individuals who behave inappropriately in certain situations or who are unable to perform their duties effectively are classified as having mental health. The predisposition of an individual to mental disease is determined by certain circumstances. These variables start to have a role in early childhood and define an individual's susceptibility to contracting an illness<sup>1</sup>. The more prevalent challenges and adjustment issues that occasionally impact everyone are referred to as mental health issues. These issues typically arise when people are going through trying periods in their lives, such as the breakup of a relationship, the death of a loved one, disagreements with family or friends, or pressures at work, school, or home. Stress or depression are common reactions to the psychological or social difficulties that most people face at some point in their lives. Therefore, it is necessary to evaluate the level of awareness about mental health in a particular community area. The study aims to determine the level of knowledge about mental health among adults living in community areas and the correlation between mental health knowledge scores and certain demographic variables, such as age, religion, residential area, family type, income, parent's occupation, etc. examines students' knowledge and attitudes about substance addiction and the relationship between those scores and the information and attitudes of adults living in community areas. Techniques: The study's sample consists of one hundred adults from a particular community location. The non-probability purposive sampling method was employed to choose the samples. Based on demographic information, a structured knowledge questionnaire consisting of 40 knowledge-related items was used to gather data and verify the tool's dependability.

**Background and Objectives:** People who fail to fulfill their roles and carry out responsibilities or whose behavior is inappropriate to the situation are viewed as Mental health issues. Predisposing factors determine an individual's susceptibility to mental health. These factors are operating from early life that determines a person's vulnerability to cause the illness<sup>1</sup>. Mental health problems refer to the more common struggles and adjustment difficulties that affect everybody from time to time. These problems tend to happen when people are going through difficult times in life, such as a relationship ending, the death of someone close, conflict in relations with family or friends, or stresses at home, school or work.

Feeling stressed or having the blues is a normal response to the psychological or social challenges most people encounter at some time or another. Hence there is a need to assess the knowledge regarding mental health in a selected community area at Kolhapur. The objectives of the study are to assess the knowledge to assess the level of knowledge regarding mental health among adults of community area and to find the association between knowledge scores regarding mental health with selected demographic variables like age, religion, residential area, type of family, family income, parent's occupation, etc, on knowledge and attitude regarding substance abuse and also the correlation between knowledge and attitude scores of students regarding substance abuse among adults of rural area. **Methods:** The sample selected for the study includes 100 adults of selected rural area. To select the samples, non-probability purposive sampling method was used. The reliability of the tool was established and the data was collected by using structured knowledge questionnaire, based on demographic data, 40 items on knowledge. **Results:** The knowledge of mental Health among adults was found 70% good knowledge, average knowledge among 16% adults, very good knowledge among 14% adults and no one with poor knowledge. Chi-square values indicate a significant association between the knowledge scores of rural adults with income (calculated value 15.831 is more than table value 9.49 at 0.05 levels). **Interpretation and Conclusion:** Overall findings showed that, respondents knowledge about mental health is average (16%), 0% poor knowledge, 14% very good knowledge and 70% good knowledge. So enhancement in knowledge aspect is required. Chi-square values indicate a significant association between the knowledge scores of rural adults with income (calculated value 15.831 is more than table value 9.49 at 0.05 levels).

**KEYWORDS:** Knowledge; Mental Health; Adults; community area.

## INTRODUCTION:

Mental health is a positive state in which one is responsible for self-awareness, self-directive, reasonable worry free and can cope with usual daily tensions. Such individual's functions well in society are accepted within a group and are generally satisfied with their lives.<sup>1</sup>

There are various criteria of Mental health those criteria are adequate contact with reality, control of thoughts and imagination, efficiency in work and play, social acceptance, positive self-concept, a healthy emotional life. If the individuals cannot able to fulfill these criteria will lead to mental health.<sup>2</sup>

Mental health is an ability to cope, manage changes, life's events and transition such as bereavement or retirement. All human being have mental health needs, no matter what the state of their psyche. Mental health a condition that disturbed a person thinking, mood, ability to relate to other and daily functioning.<sup>3</sup>

Mental health are very common, one fifth of American are suffer from mental disorder in a year and one fifth of school age children are also affected by these diseases. Mental health may be manifested in various ways such as in effective problems solving, poor reality testing and impaired cognitive functioning.<sup>4</sup>

Feeling of impotency and loss of control that activate both physiological and psychological response. These responses are major components of coping and inability to cope with internal and external stressor increases feelings of health illness and vulnerability to illness. There are many factors like genetic endowment, physical psychological and social factors in infancy and child hood are operating from early life that determine a person's vulnerability to causes illness.<sup>5</sup>

Mental Health affects one in four peoples in the world by world health report. There is still no cure because of stigma. Thus mental health problem constitute one of the mental health problem in community. These were a general belief that

clients with mental health problem were potentially dangerous.<sup>6</sup>For mental health care to become accessible within existing resource constraints, it must be provided through primary health services. They are geographically closer to the user increasing likelihood that people seek help early in the illness. Finally mental health care through primary health services is less expensive and make cost effective both for service providers and recipients.<sup>7</sup>

A study was undertaken to assess public attitudes and knowledge in a public opinion survey regarding mental health in Jalgaon, Maharashtra in a control region. Data was collected through questionnaires and personal interviews. In this study the target population of size 100community people of age group 21– 41 Years, were randomly chosen, residing 50 rural and 50urban area of Jalgaon. They were asked about their knowledge and attitudes towards meaning, causation, sign and symptoms, management, prevention and rehabilitation of mental health. The significant difference between knowledge and attitude of urban and rural adults were found. They also examined the relationships between the demographic characteristics of the respondents and their knowledge and attitudes. There was strong relation between the knowledge and attitude of rural adults. Public knowledge and attitude about mental health must be improved.<sup>8</sup>

A cross sectional survey was conducted among 2254 Qatari's to assess the knowledge and attitude and practice regarding mental health among Qatari's and other Arab expatriates. Out of the 2254 subjects surveyed, 49.6% were Qatari's and 50.4 %were other Arab expatriates 54.8% were Males and 45.2% were Females. A majority of the respondents thought that substance abuse like alcohol, drugs result in mental health. Fewer (40.6 %) believed that mentally ill people are mentally retarded.48.3 % believed that it is the result from the punishment of the God. The most common information source was from medias. Recognition of mental disorders in the studied population was poor. The study concluded that knowledge of mental health among the Arab speaking population is poor<sup>9</sup>.

Successful and cost effectiveness of mental health program set powerful examples that can save money immediately as well as improve the mental health care. Better understanding of the nature of mental health will reduce the destructive effect of stigma at every level. Closer co-operation between families, mental health professionals and society will result in more efficient and compassionate care. The general public needs a resorted sense of empathy and community in which the different people with mental health.<sup>10</sup>

Community health nurses should work with families at all levels of functioning. Individuals have been members of family system. Thus past and present family system, family relationships affect a patient's self-concept, behavior, expectations, values and beliefs, understanding principles of family dynamics and interventions is important. It helps a community health nurse make more acute observations of the individual as well as family. Competence in this area will enhance the ability to select interventions related to promote adaptive functioning and will facilitate the use of positive coping strategies, identify problems of individuals and family.<sup>11</sup>

### **NEED FOR THE STUDY:**

A mentally ill person loses his ability to respond according to the expectation he has for himself and the demands that society has for him. In the global scenario, the prevalence of psychiatric disorders is 58.2 per thousand and which means that there are about 5.7 crore people suffering from some sort of psychiatric disturbance. Out of this, 4 lakh people have organic psychoses, 26 lakh people have schizophrenia and 1.2 crore people have affective psychosis thus there are about 1.5 crore people suffering from severe mental disorders, besides 12,000 patients in government mental hospital in the hospital.<sup>12</sup>

The anticipated number of populations with age groups of 60 and above is likely to affect 29 million cases of dementia. Mental retardation is projected to affect up to 100 million people in the midterm future. Depression will become one of the major health problems of the future up to 340 million people are likely to be affected 8,00,000 of death are attributed to suicide each year due to depression and it affects women twice than men. Schizophrenia is likely to affect up to 45 million people in the coming years. There are currently estimated to be about 40 million people with epilepsy worldwide. Many cases can be prevented through prenatal care, safe delivery, birth injury reduction and control of

infectious and parasitic diseases. The primary care providers have close contact with the rural people and have more opportunity in the prevention of above said problems.<sup>13</sup>

In India, the number of cases reported due to mental health are 1-2% neurosis, psychosomatic diseases 2-3%, mental retardation 0.5-1%, psychiatric disorders in children 1-2%, outpatient department attended in government hospital 3.63 million/year, outpatient department attended in private hospitals 2.63 million/year, 15 to 20% of all help seekers in general health services in both developed and developing countries.<sup>14</sup>

A study was conducted to assess the causes of mental health among 30 adults in selected rural areas of Bangalore. The source of information was from the family members. Among 30 adults, 17 of them suffered from mental health due to physical stress and over work load and 13 of them suffered from mental health due to psychosocial stress such as loss of prestige, loss of jobs, unhealthy comparisons.<sup>15</sup>

Mental disorders have been found to be relatively common, with more than one in three people in most countries. A WHO global survey indicates that anxiety disorders are the most common in all country, followed by mood disorders in all countries, while substance disorders and impulse control disorders were consistently less prevalent.<sup>16</sup>

Statistics are widely believed to underestimate, due to poor diagnosis and low reporting rates, use of self-report data rather than semi-structured instruments. Actual lifetime prevalence rates for mental disorders are estimated to be between 65% and 85%. A review of anxiety disorder surveys in different countries found lifetime rates of 6.7% for major depressive disorder and 0.8% for bipolar disorder. National morbidity survey reported that nearly half of Americans (46.4%) meet criteria at some point in their life for either an anxiety disorder (28.8%) mood disorder (20.8%), impulse control disorder (24.8%) or substance use disorder (14.6%).<sup>17</sup>

Attitudes of patients and public towards mental health and treatment is very influencing factor. A comprehensive review of public attitudes toward mental health is important to educate the public as well, in view of the fact that public also play an important role in helping the patients to overcome their illness. The general trend of studies carried out so far in India indicated lack of knowledge on mental health and mental health and a tendency to maintain social distance from the mentally ill and to reject them makes its existence felt.<sup>18</sup>

There is a misconception that people with mental health are violent, which contributes to the significant of mental health. The majority of people with mental health are not violent, and the majority of violent acts are conducted by person who is not mentally illness.<sup>19</sup>

The investigator out of his experience feels that often the mentally ill are shunned, neglected and humiliated predominantly because of the blind belief that there is no cure for mental health and hence they could not be assigned any responsibility. Thus a mental patient is left ideal just to brood over his past, to live in his own world of fantasies, illusions, and hallucinations. This social isolation alone is sufficient to aggravate his mental condition and make him pathologically involved with the unrealistic morbid thinking. More often than not he is severely punished if he tries to disobey the rules of the isolated and monotonous life.<sup>20</sup>

These above experiences, thoughts and different studies provoked the investigators to assess the knowledge on mental health among adults of rural area. However, community people should have the adequate knowledge regarding mental health. Misconceptions about mental health should be removed from community people. Hence this study is titled, a descriptive study to assess the knowledge regarding mental health among rural adults in selected area, at Kolhapur, Maharashtra.

## **OBJECTIVES:**

This chapter deals with the statement of the problem, objectives of the study, assumptions, hypothesis, limitations of the study and conceptual framework. The statement of the problem selected for the study and its objectives are as follows:

## **STATEMENT OF THE PROBLEM:**

A Descriptive Study to Assess the Knowledge regarding Mental Health among Adults in a selected Community, with a focus on mental health and community health nursing

## **OBJECTIVES OF THE STUDY:**

- 1) To assess the level of knowledge regarding mental Health among adults of community area.
- 2) To find the association between knowledge scores regarding mental health with selected demographic variables among adults of Community area.

## **OPERATIONAL DEFINITIONS:**

### **Assess:**

In the this study, it refers to check the extent of knowledge level regarding mental Health among adults with the help of structured knowledge questionnaire.

### **Knowledge:**

In this study, it refers to the correct response obtained from adults regarding mental Health, its causes, symptoms and treatment by using structured Knowledge questionnaire.

**Mental Health :** In this study mental health refers to a state of well-being that allows people to manage stress, learn, work, and contribute to their community. It's a key part of health and well-being, and is just as important as physical health.

### **Adults of community area:**

In this study, it refers to adults in the age group of 21-50 years, who are residing in selected community area .

### **Hypothesis**

Hypothesis is tested at 0.05 level of significance.

H<sub>1</sub>- There is a significant association between knowledge scores regarding mental Health with selected demographic variables among adults of community area.

### **Assumption:**

The study assesses that the adults of community area,

- 1) May have some knowledge regarding mental health.
- 2) May have misconceptions regarding mental health.

### **Delimitations:**

The study is limited to,

- 1) Adults of community area
- 2) Adults in the group of 21 to 50 years.
- 3) Hundred Adults of community area.
- 4) Adults, who are residing in selected community area
- 5) Only to assess the knowledge regarding Mental health.

### **METHODOLOGY:**

This chapter deals with the description of methodology adopted for the study and different steps taken for gathering and organizing data for the investigation. It includes description of research approach, research design, setting of the study, population, sample, sampling techniques, sampling criteria, development and description of the tools, validation and testing of the tools, reliability of the tools, pilot study, data collection procedure and plan for data analysis and interpretation of data.

The present study has been undertaken to assess the knowledge of adults regarding mental Health.

### **Research Approach:**

A research approach tells the researcher what data to collect and how to analyses it. It also suggests possible conclusions to be drawn from the data. In view of the nature of the study, the investigator has adopted the quantitative descriptive survey approach to assess the knowledge of adults regarding mental health.

### **Research Design:**

The selection of the design depends upon the purpose of the study, research approach and variables under study. The research design is an explicit blue print for the research activities to be carried out.

The research design selected for the study is non-experimental descriptive research design.

### **Setting of the Study:**

The physical location and conditions in which data collection takes place in the study is known as setting. The study was conducted in selected community area.

The criteria for selecting the study setting are the availability of the subjects, feasibility of conducting the study and the investigators familiarity with the setting and population.

### **Population:**

Population is the entire aggregation of cases that meet a designed set of criteria. The population criteria establish the target population and the accessible population.

Target population is the population that the researcher wishes to study and make a generalization. Accessible population refers to the aggregate of cases which conform to the designated criteria and accessible to the researcher. Thus the target population and accessible population were the adults in selected community area.

### **Sample and sample size:**

A sample is a selected proportion or a subset of units which comprise the population. The sample for the present study included 100 adults of selected community area.

### **Sampling Technique:**

Sampling is the process of selecting a portion of the population to represent it. Based on the criteria mentioned above non probability purposive sampling technique was used to select the sample according to the purpose of study.

### **Sampling Criteria:**

#### **(a) Inclusion Criteria:**

1. Adults of selected community area.
2. Adults who are willing to participate in the study.

#### **(b) Exclusion Criteria:**

1. Who are not available during the period of data collection.
2. Adults who are mentally and physically ill.

### **Development of Tool:**

The tool was selected and developed based on the research problem, review of the related literature and with suggestions and guidance of experts in the field of psychiatric nursing, psychiatry, clinical psychology and psychiatric social work.

### **Description of the Tool:**

The tool for data collection comprised of three sections.

#### **Section A:**

Demographic data consisting of 12 items seeking information about the baseline data such as age, gender, religion, residential area, type of family, occupation, monthly income of the family, source of information about mental health and any known person mentally ill.

#### **Section B:**

consisted 40 items on knowledge about mental health like meaning of mental health, its causes, symptoms and treatment. In knowledge aspect the items were objective type with choosing the most appropriate response for each item. The correct answer was given a score of 'one' and wrong answer 'zero'

**Data Collection Method:**

Prior permission was obtained from the Principal of selected community area, to conduct the study. The data was collected from 25 Jan 2025. The investigator personally visited each respondent and introduction about the investigator and the purpose of the study was given, and nature of the study was briefly explained. The questionnaire was administered after getting the respondents consent.

**Plan for Data Analysis and Interpretation:**

The data collected has been analysed by using the descriptive method and inferential statistics. The plan for data analysis is as follows:

1. Organized the data in master sheet.
2. Percentage, Mean and standard deviation to assess the existing knowledge.
3. Development of the Information Guide Sheet

**Table 1: Frequency and percentage distribution of sample according to demographic characteristics n = 100**

Sr. No	Variable	Frequency (f)	Percentage (%)
1.	Age		
	21 to 30years	40	40
	31 to 40 years	38	38
	41 to 50 years	22	22
2.	<b>Gender</b>		
	Male	47	47
	Female	53	53
3.	<b>Religion</b>		
	Hindu	64	64
	Muslim	10	10
	Christian	09	09
	Others	17	17
4.	<b>Residential area</b>		
	Rural Area	100	100
5.	<b>Personal information</b>		
	Married	76	76
	Unmarried	23	23
	Divorced	01	01
6.	<b>Type of family</b>		

	Nuclear	34	34
	Joint	76	76
<b>7.</b>	<b>Education</b>		
	Primary	34	34
	Secondary	35	35
	Higher secondary	18	18
	Graduation	12	12
	Uneducated	01	01
<b>8.</b>	<b>Occupation</b>		
	Agriculture	35	35
	Business	14	14
	Govt. Service	06	06
	Private Service	16	16
	Unemployed	27	27
<b>9.</b>	<b>Monthly income of family</b>		
	<Rs 10,000	65	65
	Rs 10000 to 20000	27	27
	>Rs20,000	08	08
<b>10.</b>	<b>Any Mentally ill Person in Family</b>		
	Yes	07	07
	No	93	93
<b>11.</b>	<b>Seen mentally ill Person?</b>		
	Yes	56	56
	No	44	44
<b>12.</b>	<b>Source of Information</b>		
	Mass media	23	23
	Television	58	58
	Newspaper	09	09
	Health education programme	02	02
	Books	05	05
	Others	03	03

Information guide sheet was developed based on review of literature. The steps adopted in the development of Information guide sheet were:

1. Preparation of first draft of guide sheet.
2. Content validity by experts.
3. Editing of guide sheet.
4. Preparation of final draft of guide sheet.
5. Preparation of First Draft.

## RESULTS:

The data obtained was analyzed in terms of the objectives of the study using descriptive and inferential statistics. Experts in the field of nursing and statistics directed the development of data analysis plan which is as follows:

- a. Organizing data on a master sheet.
- b. Tabulation of the data in terms of frequencies, percentage, to describe the data.

### Part I: Description of demographic variables of students:

This part deals with distribution of participants according to their demographic characteristics. Data was analyzed using descriptive statistics and summarized in terms of percentage.

Data presented in figure-1 shows that the majority of respondents (40%) belonged to the age group of 21-30 years whereas 38% belonged to 31-40 years and 22% adults belonged to 41-50 years. With regard to gender, majority of respondents (53%) were female and 47% were male (figure-2). Most the adults (64%) belonged to Hindu religion, 10% belonged to Muslim, 9% were Christians and others religion 17% (figure-3). The majority of adults is (76%) married, (23%) unmarried and (1%) of divorced.

### 2: Distribution of the subjects according to type of family.

The majority (76%) of adults were from joint family and 34% from nuclear family (figure-4). The majority of education of adults (35%) secondary, 34% primary, 18% higher education, 12% graduation and 1% uneducated. The majority of adults had business (35%), agriculture 34%, govt. service 17%, private service 13% and only 1% was unemployed. All of adults were residing staying in rural area. Majority (65%) of adults family income was below Rs. 10,000, 27% in 10,000- 20,000 and that of 8% was above Rs. 20,000 rupees per month (figure-5 and 6).

### 3: Distribution of the subjects according to occupation.

Majority of the adults (58%) had get information from radio/television, 23% had get information from mass media, 9% had get information from newspaper, 5% had get information from books, 2% had get information from health education programme, 3% had get information from others. Majority (93%) of rural adults were not having mentally ill person in their family and 7% of them having mentally ill person in their family. Majority (56%) of rural adults were seen mentally ill person and 44% not seen mentally ill person in their community (figure-7 and 8).

**Part II: Assessment of the Knowledge related to mental health among students.**

The knowledge related to mental health among of adults was assessed using structured knowledge questionnaire.

**Section A: Analysis of the Knowledge related to mental health among students.**

In order to assess the knowledge related to mental health among of students, percentage scores were graded arbitrarily as follows: poor  $\leq 10\%$ , average 11-20%, good 21-30% and very good 31-40.

**Table 2: Frequency and percentage distribution of the students according to the level of knowledge related to mental health. n= 100**

Level of Knowledge	Range of score	Frequency (f)	Percentage (%)
Very good	31-40	14	14
Good	21 – 30	70	70
Average	11 – 20	16	16
Poor	0-10	00	00

Data in Table 2 and Figure 9 show that majority (70%) of the adults had good, 16% had average and 14% had very good level of knowledge related to mental health.

**Part III: Association between knowledge scores with selected demographic variables regarding mental health among adults.**

**Table 3: Association between knowledge scores with selected demographic variables among adults of community area regarding mental health n = 100**

Sr. No	Demographic variables	Df	Calculated value ( $\chi^2$ )	Table value	In-ference
1.	Age	4	5.487	9.49	NS
2.	Gender	2	0.320	5.99	NS
3.	Religion	6	10.274	12.59	NS
4.	Residence	-	-	-	NS
5.	Marital status	4	1.716	9.49	NS
6.	Type of family	2	2.262	5.99	NS
7.	Education	8	10.469	15.51	NS
8.	occupation	8	15.033	15.51	NS
9.	Income	4	15.831	9.49	S
10.	Mentally ill in family	2	5.99	3.382	NS

NS = Not Significant

S = Significant

The data presented in Table 3 shows that the obtained Chi-square values indicate a significant association between the knowledge scores of rural adults with income (calculated value 15.831 is more than table value 9.49 at 0.05 levels). But there is no significant association between the knowledge scores of rural adults and other demographic variables such as age, gender, religion, marital status, type of family, education, occupation, any mentally ill person in family, seen any mentally ill person in community and source of information regarding mentally illness. However, the above finding reveals that there was association between the knowledge scores of adults with income. So the hypothesis ( $H_1$ ) was accepted.

## CONCLUSION:

The present study was conducted to assess the knowledge regarding of mental health in adults of community area, with following objectives:

- 1) To assess the level of knowledge regarding mental health among adults of community area.
- 2) To find the association between knowledge scores regarding mental health with selected demographic variables among adults of community area.

### The following conclusions are drawn from the study:

Majority of the adults participated in the study have knowledge on general information about mental health and gave free and frank responses regarding mental health. The study was based on the general system model. It provides a comprehensive frame work for assessment of knowledge and attitude of adults regarding mental health.

The research approach used is descriptive study and the samples were selected by using non-probability purposive sampling technique. Data was collected by means of structured questionnaire, attitude scale and analyzed, interpreted by applying statistical methods.

## THE FINDINGS OF THE STUDY:

The results also reveals that majority (70%) of the rural adults had good knowledge, 16% had average and 14% had very good level of knowledge related to mental health.

The Chi-square values indicate a significant association between the knowledge scores of rural adults with income (calculated value 15.831 is more than table value 9.49 at 0.05 levels). However, the above finding reveals that there was association between the knowledge scores of adults with income. So the hypothesis ( $H_1$ ) was accepted.

## IMPLICATIONS OF THE STUDY:

The findings of the study have implications for the nursing profession. The implications have been written under the following headings, nursing practice, nursing administration, nursing education, nursing research and general education in schools and colleges.

### Nursing Practice:

1. It can be included in the health educational programme, which should be carried out in high schools, colleges, and in community.
2. Teaching parents to provide children with a secure and healthy home environment to avoid mental health.
3. Nurses can motivate adolescents to abstain from mental health as they frequently encounter them in clinical settings.

### **Nursing Education:**

1. Nursing curriculum is responsible for preparing future nurses with emphasis on curative, preventive and promotive health practices.
2. Nurse educators should give more importance to mental health in the curriculum as they are dealing with adolescent adults, who are future nurses and need to have adequate knowledge in educating and preventing the community from mental health.
3. Need to conduct in-service education for nurses and health workers.

### **Nursing Administration:**

Nurse administrators in the hospitals, in the community can organize in-service education for nurses and health awareness camps for the community about mental health and its consequences.

1. Adequate information materials regarding mental health and its ill effects made available to all nurses, health personnel and to the public.

### **Nursing Research:**

1. The descriptive survey provides baseline for conducting other research studies.
2. The study will be a motivation for budding researchers to conduct similar studies on a large scale.
3. The study will be a reference for research scholars.

### **General Education in Schools and Colleges:**

1. Schools and colleges may include mental health in the curriculum.
2. Seminars and discussions on mental health and its ill effects need to be organized.

### **LIMITATIONS:**

No broad generalization could be made due to the small sample size and limited area of setting.

### **RECOMMENDATIONS:**

1. A similar study needs to be conducted in other colleges in order to generalization.
2. A similar study can be done on a large sample for the generalization.
3. A teaching programme for the teachers about the consequences of mental health in campus must be periodically done to enhance their knowledge.
4. A comparative study can be taken up to assess the knowledge of adults regarding mental health.

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