

Dissertation Training

at

DrSafeHands

**Knowledge, perception and attitude towards mental
illness among patients and caregivers**

By

Name: Riya Nandan

Enrolment No: PG/21/086

Under the guidance of

Dr. Ratika Samtani

PGDM (Hospital and Health Management)

2021-2023



International Institute of Health Management Research, New Delhi



Date – 1st July 2023

Internship Certificate

This is to certify that Riya Nandan has successfully completed an internship at Ask Techsoft Care Pvt. Ltd. (DrSafeHands) from 13/02/2023 to 30/06/2023.

During their internship, she has demonstrated dedication, enthusiasm, and a strong commitment to learning and contributing to the organization.

During their time with us, she actively participated in Process Implementation. She consistently displayed a positive attitude, strong work ethic, and excellent teamwork skills. She exhibited great professionalism and adaptability, and she quickly grasped new concepts and effectively applied them to their work.

This internship certificate is awarded as recognition of her valuable contribution to Ask Techsoft Care Pvt. Ltd. (DrSafeHands).

We believe that she has gained valuable skills and knowledge that will greatly benefit her future endeavors.

We wish her for continued success in she academic and professional pursuits.

For Ask Techsoft Care Pvt. Ltd. (DrSafeHands)

Preeti Chaiwal
HR Manager

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Riya Nandan**, student of PGDM (Hospital & Health Management) from International Institute of Health Management Research; New Delhi has undergone internship training at **DrSafeHands** from **13th February 2023** to **30th June 2023**.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific, and analytical. The Internship is in fulfilment of the course requirements. I wish her all success in all her future endeavours.

Dr. Sumesh Kumar
Associate Dean, Academic and Student Affairs
IIHMR, New Delhi

Mentor

IIHMR, New Delhi

Certificate of Approval

The following dissertation titled "Knowledge, perception and attitude towards mental illness among patients and care givers- An explorative research" is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of PGDM (Hospital & Health Management) for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name

Signature

PRAVEEN KUMAR

[Signature]

VINAY

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SUKESH BHARDWAJ

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**INTERNATIONAL INSTITUTE OF HEALTH
MANAGEMENT RESEARCH, NEW DELHI**

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Knowledge, perception and attitude towards mental illness among patients and caregivers** and submitted by **Riya Nandan** Enrollment No. **PG/21/086** under the supervision of Dr Ratika Samtani for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from 13th February 2023 to 30th June 2023 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature

FEEDBACK FORM

Name of the Student: Riya Nandan

Name of the Organisation in Which Dissertation Has Been Completed: DrSafeHands

Area of Dissertation: Process implementation for Mental illness

Attendance: 100%

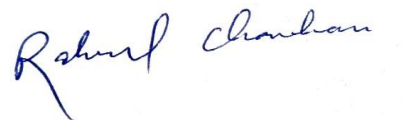
Objectives achieved: Knowledge, perception and attitude towards mental illness among patients and caregivers.

Deliverables: Statistical Analysis, Characteristics of caregiver, Perception, Knowledge and attitude towards mentally ill.

Strengths: Research, communications, team building, process improvement.

Suggestions for Improvement: Understanding of KPI

Suggestions for Institute (course curriculum, industry interaction, placement, alumni): None



Signature of the Officer-in-Charge (Dissertation)

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I am extremely thankful to **Rahul Chauhan** and **Aashish Arora** for sharing generously their valuable insight and guiding me throughout which helped me to give my best during the internship.

My learning and data collection regarding the internship would not have been possible without the discussions with the entire team members at **DrSafeHands**. I would also like to express my gratitude for providing timely guidance, inspiration and unconditional support during the summer training.

Mentors in IIHMR

I am extremely grateful to **Dr. Ratika Samtani** and all the faculty members and the staff for giving me this opportunity to learn and to add to my fruitful experience. Without their cooperation and guidance, it would not have been possible to conduct my study and complete my internship successfully.

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Company Profile:

About DrSafeHands

Sexual and reproductive health and wellness are now one of the underdeveloped niches in healthcare technology, and DrSafeHands is India's leading digital health platform in these fields.

DrSafeHands is aiming to improve the inadequate treatment options available in this market, which are impeded by social taboos and difficulties, a lack of privacy, questionable quality and care delivery across the value chain, and a more serious lack of interest among all genders, including LGBTQI+ individuals.

DrSafeHands offers a network of more than 8000 locations around the country, a center for online counseling technologies, and a strong team of medical professionals to offer rapid access, counsel, and support. They provide a wide range of sexual health and wellness assessments, STI and HIV tests, fertility tests, cervical cancer tests, pharmacological product promoting services for STI prevention, and general sexual hygiene enhancement. Through information exchange with ecosystem partners, we are able to provide efficient results in this industry thanks to our care delivery strategies and experience.

Mission: Helping People every day to manage their health.

Vision: DrSafeHands careful consideration to the preventive and curative elements of gender-inclusive care delivery in sexual and reproductive health & wellbeing, as well as mental health. It is one of the areas that healthcare tech currently underserves.

Partners:



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- STD Test
- Pre Marriage-Test
- Full body test
- Men's Health
- Women's Health
- HPV Test

Abstract

As evidenced by the inclusion of mental health in the Sustainable Development Goals, there has been a growing recognition of the critical role mental health plays in accomplishing global development goals in recent years. [3] Depression is a primary cause of disability. Suicide is the fourth highest cause of death among those aged 15 to 29. People with serious mental illnesses die prematurely, up to two decades earlier, due to preventable physical diseases. [2]

Increased investment is needed on all fronts, including mental health awareness efforts to increase understanding and reduce stigma, efforts to increase access to quality mental health care and effective treatments, and research to identify new treatments and improve existing treatments for all mental disorders.[2] In 2019, WHO established the WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health to provide 100 million additional people with access to quality and affordable mental health care in 12 priority countries.[3]

WHO will release the World Mental Health Report: Transforming Mental Health for All in 2022.

With this as a backdrop, the current study seeks to determine the influence of psychological consultation on the mental health of DrSafeHands clients. [2]

Therefore, in this, I will study on the prospective of the clients coming to DrSafeHands. Also, will study upon the situations where psychology helps people in large part because it can explain why people act the way they do. With what kind of professional insight, a psychologist can help people improve their decision making, stress management and behaviour based on understanding past behaviour to better predict future behaviour.

Psychological intervention in the setting of primary health care is defined as a set of abilities that includes those related to individual intervention as well as those connected to long-term care, humanization, quality, research, and training. Cognitive behavioral therapy is the most commonly used therapy in primary care due to its low cost and high effectiveness.

In most industrialized and developing countries, mental health disorders are not given the same emphasis as physical health. The World Health Organization defines mental health as "perceived self-efficacy, subjective well-being, autonomy, and self-actualization of intellectual and emotional potential," among other things. However, somatization disorders (0.5 to 11%), anxiety (4 to 15%), and depression (varying between 5 and 20%) are the most common mental health diseases seen in primary care settings globally. The most prevalent form of treatment for diverse mental health concerns is psychotropic medication. This situation may be exacerbated by limited access to psychological therapy.

We seek to gain a better knowledge of the factors that contribute to this success in basic health care services, taking into account previous research on predictors of psychological intervention success in primary care. The number of cases that completed the psychological intervention and were released by the psychologist, which was a mutual decision between the psychologist and the client (In this study, we use the term client rather than patient to indicate the success of the psychological consultation. In psychology, the term "client" is widely used to refer to the patient, distinguishing it from the relationship with physical illness. when they agree that the predetermined goals were met. We also intend to investigate the multivariate impact of diagnosis depending on age and number of consultations, as well as the association between psychological consultation dropout rate and diagnosis.

This qualitative study investigates patients' opinions of consultations in which the patient expresses a definite psychological issue. It has been emphasized how vital it is to obtain

patients' perspectives on services, and there are some indications that patients' perspectives may differ from those of experts at times.

The current study sought to ascertain how patients felt about various aspects of routine visits, as well as how the doctor's communication affected the patient. Regular consultations are ones in which the doctor employs regular consultation procedures rather than attempting to implement any specialized psychological interventions.

Many research on patients' perspectives on consultations have relied mainly on questionnaires or interviews to gather information. Actual consultation recordings can be utilized to stimulate patients' memories of what was said and how they responded to it, resulting in a fuller, more detailed report. This technique, known as tape-assisted recollection (TAR), was previously used in a filmed visit study and was found to provide useful information for researching psychotherapy and other sorts of helping encounters. The current study advances the method of rigorously analyzing patients' thoughts and feelings at certain parts of the session in order to find links between patients' narratives and what the doctor really stated.

Key Terminology

GP: General Practitioner

PWMI: People With Mental Illness

ISMI: Internalized Stigma of Mental Illness

CAMI: Community Attitude towards Mental Illness

KAPB: knowledge, attitude, perception, and belief

Introduction:

Millions of people worldwide are affected by mental illness, which necessitates compassion, open communication, and understanding.

Mental diseases are mental illnesses that induce changes in emotion, thought, or behavior. They are associated with emotional distress as well as trouble executing activities at work, at home, or in social contexts. The term "mental illness" refers to a wide range of disorders, including schizophrenia, bipolar disorder, anxiety, and depression.

Common mental health conditions:

- A mental disorder called depression is characterized by persistent melancholy, loss of interest, and difficulty getting through each day.
- Anxiety: Excessive worry, fear, and trepidation are characteristics of a group of disorders known as anxiety.
- Bipolar disorder: a mental illness characterized by manic (very euphoric) and depressed phases.
- Schizophrenia: Schizophrenia is a severe kind of mental disorder that is marked by hallucinations, delusions, and abnormal thinking.

Every community views mental health differently, from how it is defined to how it is discussed. In order to better understand how to enhance mental health among different racial and ethnic populations as well as identify mental health trends, research and assessment in the field of mental health are essential. What does mental health look like in this area? Are those who have mental health difficulties stigmatized? What is the prevailing viewpoint in

the area regarding those who are mentally ill? These are the kinds of inquiries that mental health research can address.

It often happens that the communities with the most needs also have the fewest resources and services available. Using data from mental health research and evaluation to educate them of the gaps that are currently existent, public health professionals and other relevant stakeholders should prioritize policies and actions for communities where gaps are most severe.

It often happens that the communities with the most needs also have the fewest resources and services available. This qualitative study investigates how patients view consultations in which the patient communicates a psychological problem openly. The need of getting patient feedback on services has been emphasized, and there are some indications that sometimes people's perceptions may differ from those of specialists. The current study's goals were to ascertain whether or not patients thought routine consultations were helpful for them, as well as the impact that the doctor's communication had on them. Regular visits are those when the doctor uses customary methods of consultation rather than attempting to use any specialized mental interventions.

AIM:

To estimate the “Knowledge, perception and attitude towards mental illness among patients and caregivers”

Objectives:

Primary objectives- To study the “Knowledge, perception and attitude towards mental illness among patients and caregivers”

Using current conceptualization, the stigma connected to mental illness was assessed. This included personal and perceived stigma related to oneself (intra-personal) and others (inter-personal), as well as broad categories (such as attitudes and beliefs, emotional reactions, and social estrangement). The theory of planned behavior provided the framework for the coding of help-seeking beliefs, which assessed not only help-seeking intentions but also help-seeking confidence, self-perceived help-seeking knowledge, perceived usefulness of referrals, help sources, and treatments, perceived barriers to seeking help, and help-seeking stigma. Numerous perspectives on mental health have been used in literary works. In certain fictional works, mental illnesses and associated therapies are depicted in a harsh, unfavorable way. In some cases, they have been shown sincerely and compassionately (and tragically, real life is frequently like this). In others, they have shown how foolish and insensitive society and the loved ones of people who are suffering can be. psychological condition that changes how a person's culture typically develops and shows up in behavior. Mental and behavioral diseases can affect people from all cultures, countries, and geographical regions. It might be associated with how the nervous system or brain function. If not in childhood, the personality disorders begin to show symptoms in early adolescence or adulthood. Immediately problematic actions that could resolve quickly are a component of personality disorders.

Literature Review:

Understanding Mental Illness

Our mental health is influenced by all of our physical, psychological, emotional, and social well-being. It affects the thoughts, emotions, and behaviors we have. It also affects how we handle stress, communicate with others, and make wise decisions.¹ In every stage of life, from childhood and adolescence to adulthood, mental health is crucial.

What causes mental illness?

There is no one specific cause of mental disease. One's likelihood of having mental illness may be increased by a number of circumstances, including age.

- Adverse childhood experiences (ACEs) include trauma or a history of abuse, such as sexual assault, child maltreatment, witnessing violence, etc.
- Similar sensations have been related to other chronic (lasting) medical conditions, such as diabetes or cancer.
- biological aspects of the brain or chemical abnormalities
- drinking booze or using illicit drugs
- a sense of isolation or loneliness

Stigma: What it is and its impact

Stigma describes the unfavourable views and preconceptions that people have of those who have mental illnesses. For those impacted, this may result in prejudice, social exclusion, and feelings of humiliation.

Stigma's effects on people with mental illness

- Decreased sense of worth and self-esteem
- Accessing mental health services and assistance can be difficult.
- Unwillingness to ask for help out of concern for criticism.
- Increased loneliness and social isolation
- Symptoms of mental illness becoming worse

Mental illness is a sign of personal weakness

Many people believe that having a mental illness proves they are weak or have weaknesses in their character. This myth does harm by discouraging individuals from seeking assistance and stoking feelings of guilt and shame.

Understanding that mental illness is caused by a complex mix of biological, psychological, and environmental factors rather than a decision or failure is crucial.

Changing Attitudes Towards Mental Illness

The significance of knowledge and education

Education and awareness are crucial for changing public attitude and reducing stigma. By providing factual information on mental health conditions, their prevalence, and the experiences of individuals affected, we may dispel prevalent myths and foster understanding and empathy.

Empathy and comprehension

Empathy is the ability to understand and feel another person's feelings. By cultivating empathy, we can better assist people who experience mental illness and create a culture that is open to all. Receiving nonjudgmental support, having their thoughts heard, and being heard may be extremely beneficial for those with mental health issues.

How important language is

The language we choose while discussing mental health may have an impact on our attitudes and beliefs. Language that respects the person and prioritizes their needs, such as "a person with depression" as opposed to "a depressed person," may help to debunk myths about mental illness and promote a more compassionate understanding of it.

First and foremost, mental health is the cornerstone of human life and progress. As evidenced by several worldwide models, an increasing number of specialists in the field of special education are starting to recognize how much more critical mental health is to success than IQ. One of education's goals is to prepare people to reintegrate into society and to have an equal opportunity to compete in social settings. This necessitates the presence of people with not just excellent labor skills but also the ability to discriminate between accurate and false information, as well as those who are self-assured and adaptive. Second, preserving mental health is the first step in acquiring great moral qualities.

When confronted with others and obstacles, mentally healthy people will not get easily confused and are more likely to embrace the associated standards and rules. As a result of the reinforcement of their psychological barriers, persons who are psychologically ill and hostile to life are more inclined to engage in unethical behavior. They could even exhibit dangerous, detrimental to society behaviors.

Methodology:

Over the course of three months, this quantitative study collected primary data using a cross-sectional methodology. Clients of DrSafeHands, a healthcare organization, who needed mental health services, made up the research population. To choose research participants, convenient sampling was used.

Data Collection: Telephone interviews with research participants were used to obtain data. The participants were asked to complete a self-administered questionnaire that was well-structured and evaluated before use.

The responses obtained during the interviews were recorded and stored in a Microsoft Excel spreadsheet.

Data Analysis: Data Analysis Excel was used to conduct the analysis. The information gathered was arranged and condensed to produce a descriptive analysis of the research results. The distribution of the data was shown graphically using bar graphs.

The following were the inclusion requirements for caregivers:

- Aged 21 years or older.
- Acted as the patients' primary healthcare providers for at least a year. This entailed attending to the patients' daily requirements, monitoring their medicine, travelling with them to the hospital, remaining with them while they were there, and keeping in touch with the medical personnel on a regular basis. For patients, the inclusion criteria were as follows:
 - Had any mental condition as their primary diagnosis.
 - Had more than a year's worth of consultations.

Volunteers in the study: There were 35 volunteers in all, 25 patients and 10 carers.

Results:

In order to better understand how the general public and caregivers perceive various sorts of mental diseases, we conducted a study using a series of prepared questionnaires.

The major factor in how the patients felt about the session was how their interactions with the doctor helped or hindered them in discussing their problems. A consistent attitude of real interest and empathy was highly valued in a long-term relationship. Patients also mentioned how the doctor encouraged them in their endeavors to get better and assisted them in comprehending or resolving their issues.

There were 25 cases of mental disorders in total that were included in this study and submitted to DrSafeHands. 20 (80%) of the cases were male, and 5 (20%) were female..

Table:1

Comparing sex-wise proportion of mental disorders reported in each age group			
Age Group	Male	Female	Total
0-9	2	0	2
10 –17	2	1	3
18-29	9	3	12
30-44	5	1	6
45-59	1	0	1
>60	1	0	1

Table:2

Trend of sex wise mental disorder who reported at DrSafeHands			
Month wise trend	Male	Female	Total
Dec-22	21	4	25
1-Jan	19	6	25
Feb-23	14	11	25
Mar-23	21	4	25
Apr-23	24	1	25
May-23	18	7	25

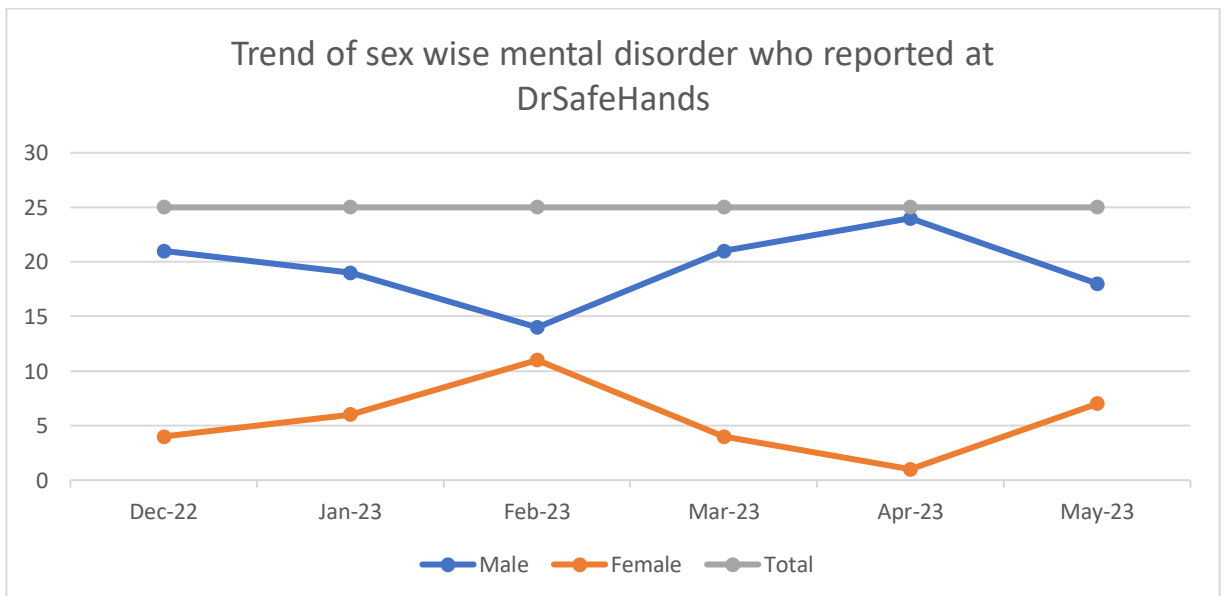


Fig. 1

The number of cases and the proportion of cases that included males are shown in the second column of the table, while the number of cases and the proportion of cases that involved women are shown in the third column. There are gender differences in dementia, psychoactive substance-induced mental and behavioral disorders, schizophrenia, schizotypal and delusional disorders, mood disorders, neurotic, stress-related, and somatoform disorders, as well as behavioural syndromes related to physiological disturbances and physical factors and mental retardation. By taking psychoactive drugs, males were more likely than women to experience mental and behavioral problems. Mental retardation, schizophrenia, schizotypal and delusional disorders, mood disorders, neurotic, stress-related, and somatoform disorders, as well as behavioral syndromes connected to physiological abnormalities and physical component, were more prevalent in female dementia cases than in male dementia cases.

In Table 1, the third column includes cases of mental illnesses among women in each age group, whereas the second column lists the number of cases and percentages of mental disorders among males in each age group. Instances of mental illness were observed to occur most often in those between the ages of 30 and 44. the third-highest percentage of people between the ages of 18 and 29 who suffer from mental problems. It's possible that anxiety and stress had a part. Males were more likely than females to have mental health issues between the ages of 0 and 29, but males were more likely to have them between the ages of 30 and 59. Males were more likely than females to develop mental problems in the 60+ age group.

Patients' views of the consultation

The main takeaway from each patient's account of the consultation was how certain aspects of their contacts with the doctor either made it easier or harder for them to talk about their problems. The GP's humanity was what many people valued most. Positive results most patients appreciated the GP's sincere interest in what they had to say and his or her kind, sympathetic ear for their problems. Patients sometimes cited particular verbal and nonverbal GP actions that showed interest and careful listening, but most of the time they discussed a more general quality of the relationship.

Negative interactions In prior, less advantageous interactions with other providers, patients contrasted instances of GP involvement in the index consultation to cases in which it did not. Sometimes, patients felt that the general practitioners used in this study weren't paying enough attention. This was sometimes quite subtle. Positive results patients valued it when their doctors remembered them from earlier visits, particularly when it occurred unexpectedly.

Pattern of patients registered at DrSafeHands for mental illness from December 2022 to May 31st 2023

Types of mental disorders	Male	Female	Total
Dementia	69	44	113
Mental Retardation	75	25	100
Mood disorders	200	353	553
Unspecified mental disorders	45	81	126

Disorders of adult personality and behavior	88	31	119
Disorders of psychological development	55	35	90
Neurotic, stress related and somatoform disorders	87	13	100
Disorders due to psychoactive substances	53	24	77
Unspecified organic or symptomatic mental disorder	67	55	122
Total	739	661	1400

Table: 3

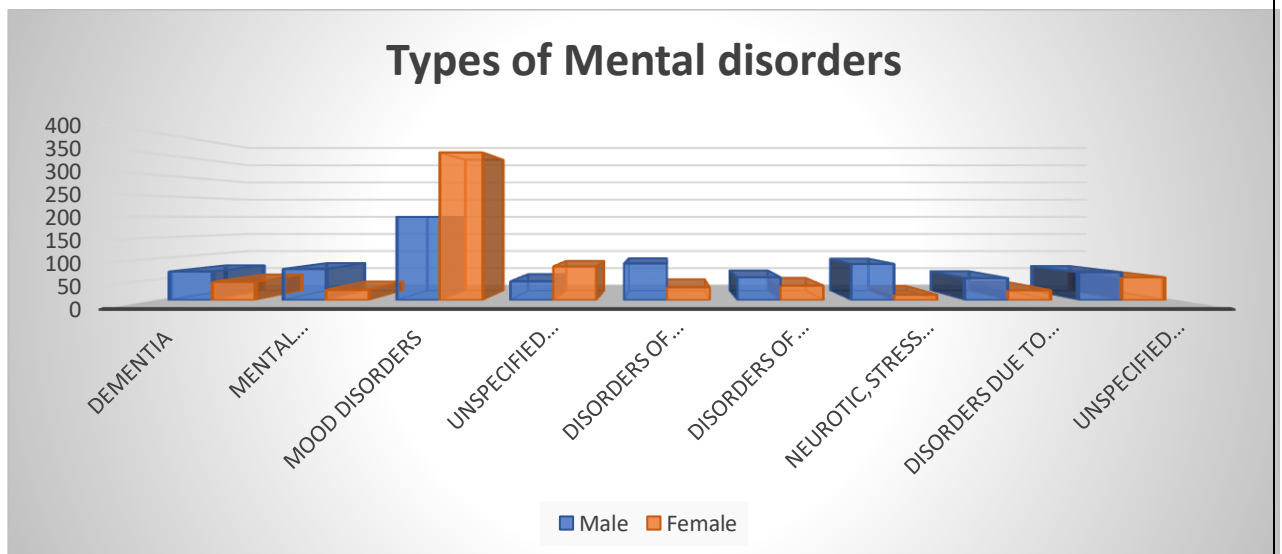


Fig. 2

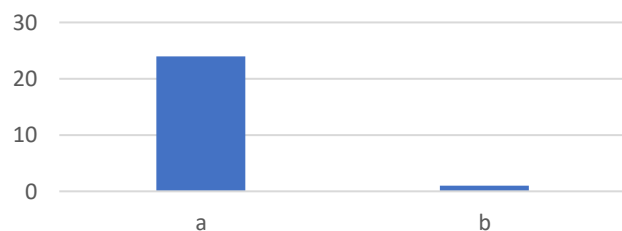
Study of Knowledge towards Mentally ill people

The replies of the respondents on their understanding about mental health are shown in this study. There were a lot of people who were both aware of mental health concerns and those who weren't. The majority of responders answered the following inquiries truthfully: (1) The normalization of mental illnesses and psychological problems (16), (2) The significance of mental health to overall welfare, and (3) The rarity and incurability of mental disorders. The

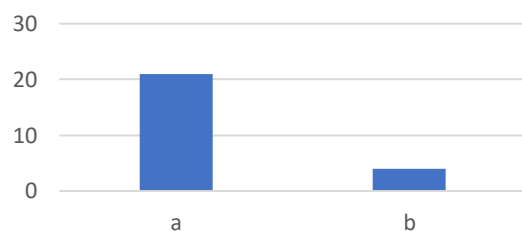
variations in educational attainment were connected to knowledge. Public stigma refers to negative or discriminatory attitudes of mental illness held by the general public. The phrase "self-stigma" refers to the negative perceptions that persons with mental illness hold of their condition, particularly internalized shame.

92% of respondents to the study who were asked about their understanding of people who are mentally ill felt that mental health is also an important factor and should be taken care of. When asked if a brain condition causes mental illness, 84% of respondents said yes, while 16% said it can happen for any number of reasons. 36% of respondents disagreed with the idea that mental disease is a result of hereditary predisposition, while 64% agreed. Additionally, 52% said that drug addiction is the main factor contributing to mental illness, while 48% thought that there may be other causes contributing to mental disease, including drug misuse. 34% did not feel that personal weakness causes mental illness, compared to 56% of the general population. Below are the response we received.

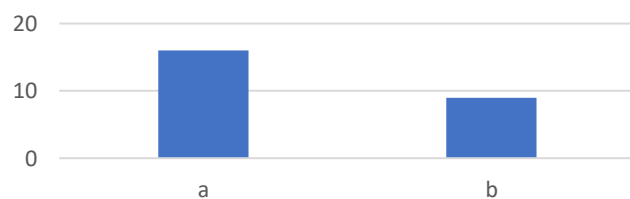
Q1. Mental health is essential component of Health



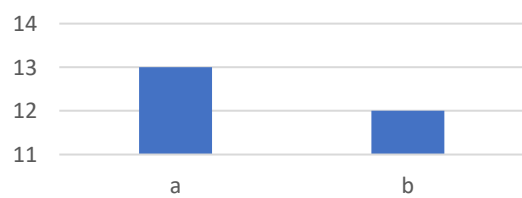
Q2. Mental health is caused by a brain disease



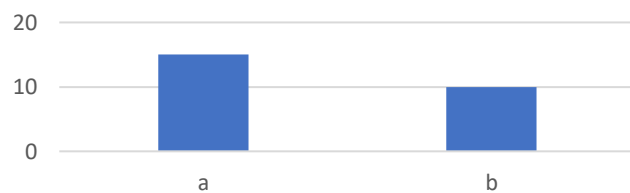
Q3. Mental health is caused by genetic inheritance



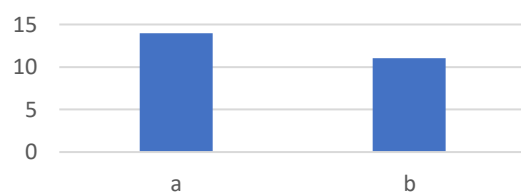
Q4. Mental illness is caused by drug abuse



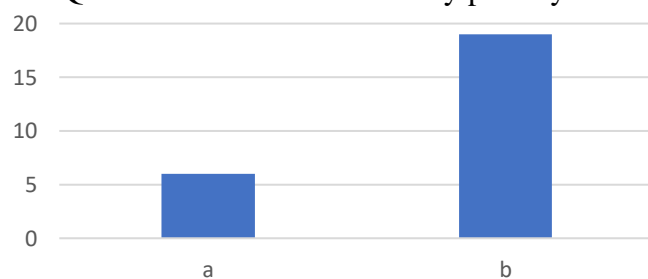
Q5. Mental illness is caused by god's punishment



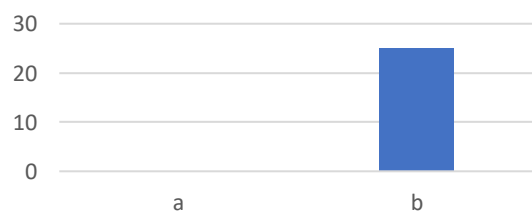
Q6. Mentally ill is caused by personal weakness



Q7. Mental illness is caused by poverty



Q8. Anyone can suffer from mental illness



Study of Perceptions towards Mentally ill people

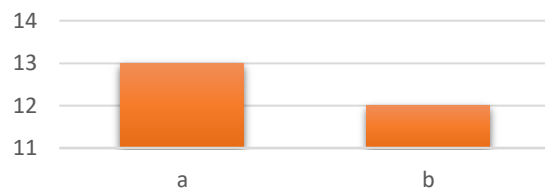
DrSafeHands evaluates the patient enrolled in the therapy using a set of questionnaires I created. The answers to all of these questions help us to understand how other people view and react to persons who are mentally ill, as well as how they perceive mental illness itself. We have seen that many people have unfavorable perceptions about mental health issues. The majority of respondents agreed and strongly agreed with the statements that persons with mental illnesses may have an impact on anybody and that people with mental health issues are frequently held responsible for their diseases. The notions that a person's mental health state can be determined by the way they look, that they can make friends, that they are typically hazardous, and that they are mad, on the other hand, were strongly disputed with by several respondents. The views concerning mental health illnesses were likewise correlated with gender disparities.

According to the poll, 76% of respondents thought that mental illness was a result of the person's personal circumstances, while 24% said that there may be other contributing causes. In a similar vein, 52% of respondents said it was simple to tell who was genuinely mentally ill by their physical presence, while 48% thought it was difficult to do so. When it was said that many people suffer from mental illness but are unaware of it, 64% of respondents agreed, whereas 26% thought that people can become aware that they are experiencing mental disorders. When asked if mentally sick individuals are harmful, virtually everyone said yes. However, 84% of respondents disagreed that mentally ill people are incapable of forming friendships.

Q1. People with mental health problems are largely to blame for their own condition



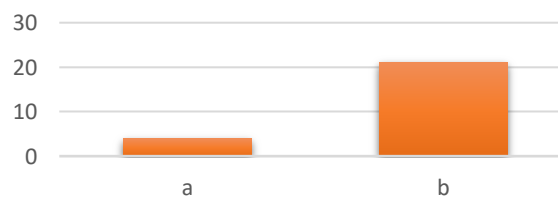
Q2. One can always tell a mentally ill person by his or her physical appearance



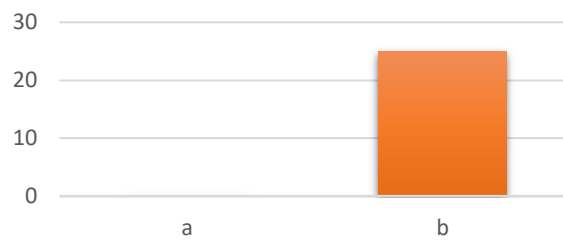
Q3. Many people have mental problems but do not realise it



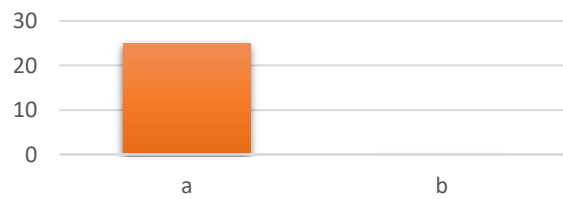
Q4. Mentally ill persons are not capable of friendships



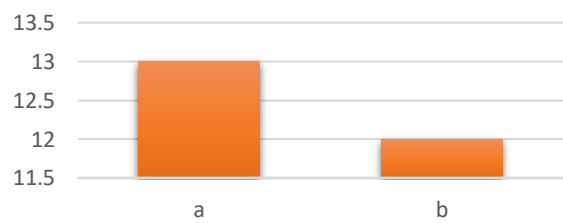
Q5. Mentally ill person can work.



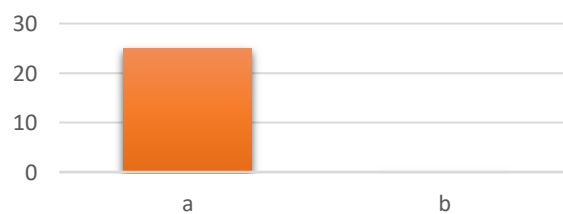
Q6. Mentally ill person are usually dangerous



Q7. Mental illness can occur at almost any age



Q8. Mentally ill people should be called crazy/psycho

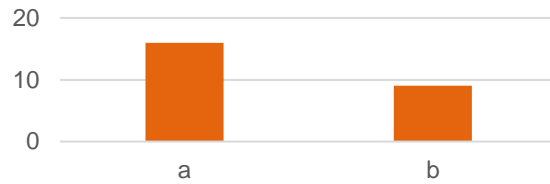


Study of attitude towards Mentally ill people

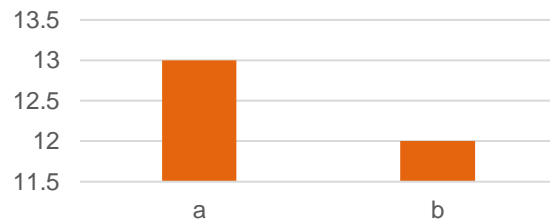
I employed the questionnaire format in a manner similar to how we studied perception in order to learn the state of attitudes regarding mental illness. Because of this, many people had favorable attitudes regarding mental health illnesses, while others had unfavorable opinions. The majority of respondents strongly agreed or agreed with the following statements: People with mental health disorders deserve respect; we must help those who are afflicted with mental illnesses in order for them to get better; making fun of mental illnesses is painful; a person with a mental illness can make a good friend; and knowledge of mental illnesses is crucial. The majority of respondents, on the other hand, disagreed and strongly disagreed with the ideas that people with mental health disorders should be avoided, that students with such illnesses shouldn't be enrolled in regular classes, that having a mental illness is shameful, that they don't have much in common with those who suffer from such disorders, and that they should keep their illnesses a secret.

In the study, we discovered that 48% of respondents felt that mentally sick persons also have the same rights as others and are free to make their own decisions, while 52% of respondents considered that mentally ill people should not be allowed to make their own decisions owing to their mental instability. On the other hand, 76% disagreed with the notion that individuals should avoid contact with those who are mentally ill, and 100% thought that it is possible to continue a connection with them. 56% of respondents in total believed that people are typically compassionate toward those who suffer from mental illness.

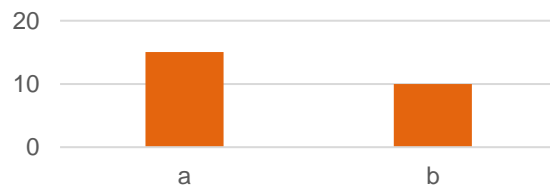
Q1. Peoples with mental illness
should have the same right as
others



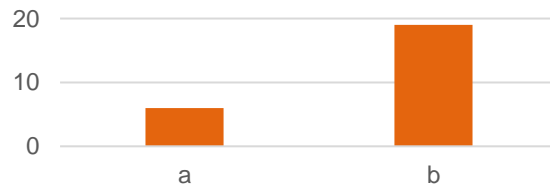
Q2. The mentally ill should not be
allowed to make decisions

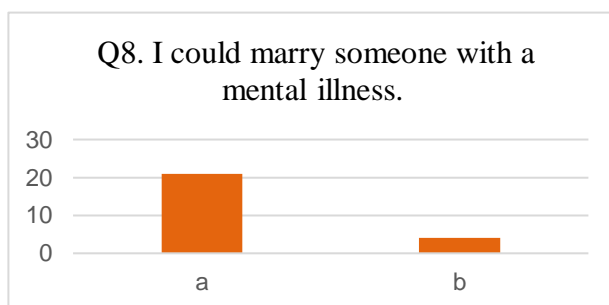
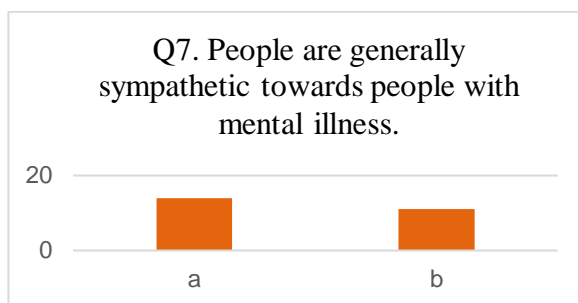
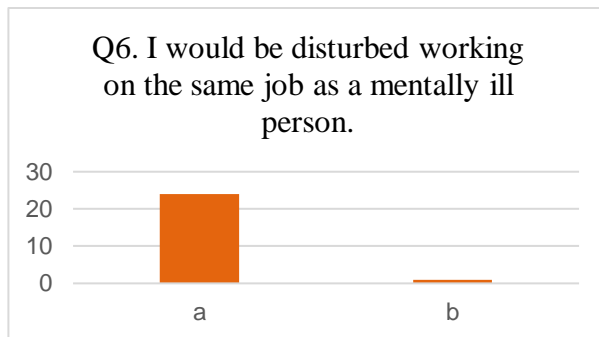
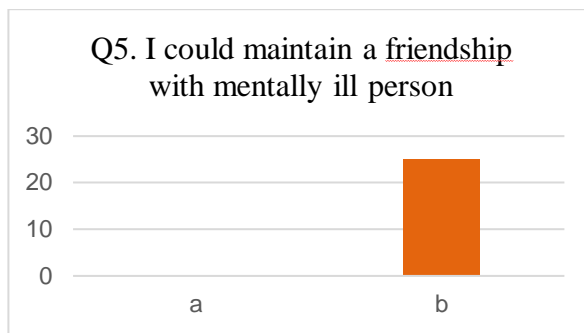


Q3. I would be afraid to have
conversation with a mentally ill.



Q4. One should avoid contact with
the mentally ill





Note: The questionnaires for the above results have been included in the last sheet of the report.

Discussion:

The term "mental disorder" is used the most commonly nowadays, and mechanized lifestyles or stress and tension in young people may be the main culprits.

Social individual psychology can assist people in maintaining their mental health in a coordinated manner within the parameters of their own circumstances.

An indicator of human weakness is mental illness:

Many people believe that having a mental condition proves they are unable or flawed. This misconception is harmful because it deters individuals from seeking assistance and promotes feelings of guilt and shame.

Understanding that mental illness is caused by a complex mix of biological, psychological, and environmental factors rather than a decision or failure is crucial.

How to Support Someone with Mental Illness:

By hearing them out and confirming their experiences:

One of the best ways to help someone who is dealing with a mental illness is to just listen to their experiences without judging them. Validating their experiences is essential because it might help them feel understood and less alone.

Encouraging professional help:

Encourage anybody you know who is having problems with their mental health to get treatment from a specialist. This might involve counseling, medicine, or support services. If

they feel comfortable, offer to attend sessions with them, help them schedule appointments, or assist them with their research.

Providing practical support:

Sometimes, providing someone with mental illness with practical help may make all the difference in the world. Provide assistance with regular errands like food shopping, cooking, or housecleaning. By doing this, you may lessen some of their difficulties and demonstrate your concern for them.

Anxiety or fear that interferes with a person's ability to operate normally is the root cause of anxiety disorders. 10% of people worldwide were estimated to be afflicted by neuropsychiatric diseases, according to the World Health Organization. A person's fundamental characteristics, which determine their ideas and behaviors across contexts and time, may be called dysfunctional if they are assessed to be unusually rigid and unadaptive. Developmental issues that can begin in childhood but persist into adulthood include attention deficit hyperactivity disorder, oppositional defiant disorder, conduct disorder, and disorders on the autism spectrum.

Even when a person does not satisfy the criteria for a diagnosis of a mental disorder, a mental health condition can nevertheless negatively impact their social, emotional, or cognitive functioning. Daily stressors frequently result in mental health issues, which are typically less severe and transient than mental disorders. Over time or when the person's circumstances change, they typically vanish. But if mental health problems persist or worsen, they could develop into a mental disease. Despite the improvements over the last 10 years, mental illness

is still stigmatized in our culture. It can have an effect on how we talk about mental illness and what we say in public on social media, in the media, at home, and at work.

Mental illnesses, on the other hand, alter a person's way of thinking, seeing, and being about themselves, other people, and the outside world via a range of experiences and events of varying severity. With anxiety, mood, eating, and other psychiatric diseases as well as more serious mental illnesses including psychoses and bipolar disorders, this is shown to a bigger but still significant degree. Mental illnesses primarily impact the fundamental elements of human identity and the concept of "self," such as emotion, perception, cognition, and action. We now have far better biological mechanistic explanations for many of the cognitive, emotional, and conative functions that are fundamentally human, such as memory, reasoning, perception, mood, and action, thanks to advances in neuroscience. We now know that fundamental biological abnormalities make many mental illnesses susceptible. We still don't completely understand the neurobiology underlying many of the behaviors and emotions that make up the primary symptoms of mental illnesses. One would still need to understand the experiences of patients with various types of mental illnesses even if neurobiology were to one day better explain how the brain works, elaborate on how genes increase the risk for mental illness, and explain the mechanisms underlying complex human behavior. In fact, it is believed that by elevating mental disease to the same level as physical illness, society will better comprehend it and have a more accepting attitude toward those who are affected. It is hoped that by doing this, people with mental disorders would experience less social stigma, which is a major obstacle to getting help. Removing stigma may also help people recover acceptance in society as contributing members in the long run. Surprisingly, the public's explanatory models of mental illness do not conform to this narrative; instead, they have a variety of explanations for mental illness that vary across cultures and time.

- Each year, about one in five Indians will have a mental illness.
- It is projected that 45% of Indians may have a mental illness at some time in their lives.
- Mental illnesses are the third most frequent cause of disability burden in India, accounting for an estimated 27% of all years lost to disability.
- Anxiety affects around 2 million Indians annually, or 14% of the population.
- At any given time, an eating disorder affects 4% of the population.
- Mental illness prevalence rises in the 18–29 age group and declines with age.
- In comparison to those who are unemployed or not in the paid labor market, people who are working frequently have lower rates of mental illness.

Explanatory models, stigma and society

The first is to examine the impact that the notion that mental illness is comparable to other medical conditions has on the stigma that society feels toward persons who experience it. The axiomatic claim indicates, as was already said, that the actions and suffering that characterize mental illness have a biological origin. Let's examine the corroborating data in this regard. In the past decade or two, the biogenetic attribution of all mental diseases, which has taken on a hegemonic position, has mostly been used to inform initiatives to reduce stigma and increase societal acceptance of mental illness and people who suffer it. Numerous credible studies have shown that this method has virtually always been ineffective and may even have worsened people's attitudes and behaviors. According to studies on stigma, people who think that mental illnesses are primarily caused by biological forces, similar to other

medical conditions, while absolving the mentally ill person of responsibility for their behavior and actions, tend to be less optimistic about their prospects for recovery and normal functioning as well as less accepting of them and more negatively biased.

The perception of risk and unpredictability, as well as aversion to and desire for social isolation, are all positively correlated with biogenetic causal theories and diagnostic labeling as illness, according to Read and colleagues who reviewed the literature on the idea that mental illness is similar to other illnesses. The views analyzed in these studies are reflected in people's responses when asked if they would befriend, socialize with, or have a close relative get married to someone who is classified as having a mental condition. Persons with mental illness may be adversely affected by biogenetic explanatory theories in terms of their implicit self-concept and explicit attitudes, such as dread, according to evidence.

What should be done?

To take seriously the multifaceted goals of providing mental health services, as articulated by those who are seeking and receiving help for mental illness, clinicians must work within an attributional model that makes sense to the person receiving service, can be backed by strong argument and evidence, and that provides a framework within which those receiving service and those providing it can share a common language. The biogenetic model of attribution of mental illness must be considered within this framework as one of numerous parallel and equally genuine social, psychological, environmental, and cultural models put forth by service providers, researchers, and individuals who have personally experienced mental illness (experiential knowledge). A common language must be formed in order to understand the person's experience and to promote such comprehension among the wider

public. It seems doubtful that dismissing the special characteristics of mental illness will aid us in achieving these important goals.

Some more recent initiatives, including the promotion of a recovery model and the early intervention movement, may have a better chance of raising treatment standards and influencing public opinion. While the latter has emerged as a result of a change in the care delivery philosophies of service providers, concurrent development of evidence of its efficacy, and increased acceptance by service users and their families, who have now joined the movement as advocates, the former has emerged from experiential knowledge and has been around for a longer period of time.

Limitations:

- The use of convenient sampling may limit the generalizability of the findings to the broader population.
- Reliance on self-administered questionnaires may introduce response bias.
- Compared to professional statistical tools, Excel may have limitations when used for data analysis..

This study focused on both patients' and caregivers' points of view in order to better understand the views and experiences of mental health clients at DrSafeHands. The results of this survey will help us better understand the difficulties and requirements of mental health customers, and they may also help us to improve the medical services that DrSafeHands offers.

Conclusion:

In conclusion, the study's goal of examining patients' and caregivers' attitudes, perceptions, and understanding of DrSafeHands' mental health services was effectively accomplished. The results offer useful information that can guide changes in the healthcare services offered to patients with mental health issues, assuring a more patient-centered and encouraging approach. The study's findings may be used as a springboard for more investigation and can aid in the continued creation of successful therapies and tactics to improve the overall quality of mental health care for both patients and their caregivers.

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Appendix:

Questionnaire which was used to analyse Knowledge -

Knowledge towards Mental illness					
S. No.	Question	Agree	Don't know	Disagree	
1	Mental health is essential component of Health.				
2	Mental health is caused by a brain disease.				
3	Mental health is caused by genetic inheritance.				
4	Mental illness is caused by drug abuse.				
5	Mental illness is caused by god's punishment.				
6	Mentally ill is caused by personal weakness.				
7	Mental illness is caused by poverty.				
8	Anyone can suffer from mental illness.				

Questionnaire which was used to analyse Perception-

Perceptions towards Mentally ill people				
S. No.	Question	Agree	Don't know	Disagree
1	People with mental health problems are largely to blame for their own condition.			
2	One can always tell a mentally ill person by his or her physical appearance.			
3	Many people have mental problems but do not realise it.			
4	Mentally ill person are not capable of friendships.			
5	Mentally ill person can work.			
6	Mentally ill person are usually dangerous.			
7	Mental illness can occur at almost any age.			
8	Mentally ill people should be called crazy/psycho.			

Questionnaire which was used to analyse Attitude-

Attitudes towards mental illness				
S. No.	Question	Agree	Don't know	Disagree
1	Peoples with mental illness should have the same right as others.			
2	The mentally ill should not be allowed to make decisions.			
3	I would be afraid to have conversation with a mentally ill.			
4	One should avoid contact with the mentally ill.			
5	I could maintain a friendship with mentally ill person.			
6	I would be disturbed working on the same job as a mentally ill person.			
7	People are generally sympathetic toward people with mental illness.			
8	I could marry someone with a mental illness.			

Riya Nandan TH

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