Doi: **10.26860/IJABMS.2022.24/B.39.32**

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Mental Health Literacy among Accredited Social Health Activist (ASHA) workers: a community-based study

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ABSTRACT

Background: Early detection and proper intervention in psychiatric diseases would be more likely if community health workers had sufficient mental health literacy, which involves adequate understanding and a positive attitude toward psychiatric illnesses. Our goal was to analyses community health professionals' knowledge and attitudes toward the mentally ill and their socio-demographic correlates, particularly Accredited Social Health Activists (ASHA).

Methodology: Using a National Health Service (NHS) survey form, researchers were able to determine the attitudes of Accredited Social Health Activist (ASHA) workers toward psychiatric disease. We looked at a total of 50 completed responses. Chi square test and Student's t test were employed as statistical analysis approaches.

Results: We discovered a lack of mental health understanding and a negative attitude among ASHA employees.

Conclusions: The causes of attitude deficits in ASHA workers should be targeted for additional educational interventions and training, so that positive attitudes can be instilled in them and other health workers, benefiting our society in the long run.

Keywords: Accredited Social Health Activist (ASHA), attitude, community health workers, NHS Survey, mentally ill.

Introduction:

"Without psychological wellness, there was no true physical health" said by Dr. G B Chisholm, 1st Director-General of the WHO.[1] "Health literacy" can refer to the ability to gather, read, comprehend, and apply health-related information in order to make informed health decisions and follow treatment guidelines. [2]

"Knowledge and ideas about mental diseases that aid in their recognition, management, or prevention" are referred to as "mental health literacy" (MHL). The concept "mental health literacy" comes from the term "health literacy." [3][4]

Recognition, knowledge, and attitudes are the key components. The links between components are depicted in a conceptual framework of mental health literacy, and each component is regarded as a target for measurement or intervention.[5] [6] Mental health is increasingly being acknowledged as a priority topic in global health strategies, and it has been included in the Sustainable Development Goals. [7] [8] [9] In 2017, India had 197.3 million persons with mental illnesses, accounting for 143% of the country's total population. [10]

Considerable stigma and a negative attitude are seen in our society towards mental illness. It's supposed to be the outcome of three factors: a lack of understanding, prejudice, and avoidant behavior. Mentally ill people are stereotyped as being different from others and are stigmatized. Stigmatization can impair a person's self-esteem, damage family connections, and make it difficult to find work.[11] As a result, people may delay obtaining treatment because of the stigma associated with mental illness. This is true not only of laypeople, but also of medical professionals such as doctors, psychologists, nurses, and community health workers. In countries like India, progress in mental health treatment delivery has been modest.

Positive results may come from mental health awareness campaigns. Participation by family members, sensitization to treatment, and social inclusion are some of the strategies used to raise awareness and reduce stigma around mental illness. [12][13] In lower and middle-income nations like India, the necessity of community mental health treatment may be even more important. In a country like India, the disparity between the burden of mental illness and available evidence-based services is startling. Mental health treatments that are readily available and integrated into communities can improve accessibility, acceptance and affordability, as well as treatment adherence and the chance of excellent clinical outcomes. [14] [15] [16] Furthermore, community services can help to raise mental health awareness, reduce stigma and discrimination, assist recovery and social inclusion, and prevent mental diseases. [17] [18] [19] India created its first National Mental Health Program in recognition of the importance of mental diseases in reducing the overall disease load.

Recognizing the relevance of mental illnesses in reducing the overall disease burden, India issued its first National Mental Health Policy in 2014 and a revised Mental Healthcare Act in 2017, both with the goal of ensuring equitable, affordable, and universal mental health care. [20] [21]

Workers who are trained as ASHA are an important part of the National Rural Health Mission (NRHM) [22]. ASHA workers from the same community are provided by NRHM in each village. Workers with ASHA are trained to serve as a link between the community and the public health system. They can also play an important role in raising mental health awareness and decreasing stigma and discrimination in mental health community services. There have been various researches on mental illness knowledge and attitudes in college students, health professionals, and other health workers, but there have been few studies on ASHA workers.

Aim and objectives of study:

The goal of this research was to find out what Accredited Social Health Activists (ASHA) workers knew about mental illness and how they felt about it.

Methodology:

Accredited Social Health Activist (ASHA) workers of city of Ahmedabad were surveyed regarding their attitudes towards psychiatric illness using the NHS Survey Questionnaire used in 2011[23]. ASHA workers of different two zone of Ahmedabad city were surveyed in separate sessions. It was a part of National Mental Health Program. Survey was done in January-February 2020.

Before conducting the study, authorization from the institution's ethics committee was obtained. Before participating in the study, participants were informed of the study's purpose and their agreement was obtained. Participants were assured that the information they submitted would be kept private. Participants completed a questionnaire as part of the study. After that, a 60-minute educational session on mental health awareness was held.

Socio-demographic data and the National Health Service (NHS) Survey Questionnaire were included in the questionnaire.

National Health Service (NHS) Survey Questionnaire (U.K.): The survey questionnaire consisted of questions covering a wide range of topics, including descriptions of people with mental illness, relationships with people with mental health problems (PSMs), willingness to willingness to use different psychiatric treatment modalities, personal experience of mental illness, preparation and ease of talking about MHP, and awareness of stigma and discrimination related to mental health. The Gujarati version of the questionnaire was verified and used in the study.

Statistical analysis:

Analysis was done using excel version 19 for windows. Descriptive data have been computed first to make sure that every one of the information have been entered well and to test for lacking information. Data have been analyzed the use of suitable statistical test. P value of less than 0.05 became taken into consideration statistically significant.

Results:

A total of 58 replies were received, with 8 being removed due to insufficient information, leaving 50 completed surveys for processing.

Table 1: Shows socio-demographic characteristics of the respondents

Variable	N (%)

Gender	
Female	50 (100%)
Age	
Range	25-56 year
Mean (SD)	40.06(7.73)
Marital status	
Married	44 (88%)
Widow	4 (8%)
Separated	1 (2%)
Education	
Secondary school	19 (38%)
Higher secondary school	18 (36%)
Graduate	8 (16%)
Postgraduate	5 (10%)
Family Monthly Income (Rupees)	
₹ >78063	0 (0%)
₹ 39033- 78062	1 (2%)
₹ 29200-39032	2 (4%)
₹ 19516-29199	17 (34%)
₹ 11708-19515	19 (38%)
₹ 3908-11707	8 (16%)
₹ <3808	3 (6%)
Religion	
Hindu	45 (90%)
Muslim	2 (4%)
Others	3 (6%)
Family Type	
Joint	17 (34%)
Nuclear	33 (66%)

ASHA worker's attitude towards mentally ill on National Health Service (NHS) Survey Questionnaire:

Table 2: Perception of who can be considered mentally ill

Perception of who can be considered mentally ill	**%**
Who commits violence	94

Who has severe bouts of depression	76
Who has a brain disease from birth	54
Who has to be kept in a mental health hospital	54
Who cannot be held responsible for his own behavior	34
Who cannot take normal decision of life	20
Who has schizophrenia	16
Who has a serious personality problem	12

Perception that someone who commits violence (94%), who has severed bouts of depression (76%) and who has brain disease from birth (54%) & who has been kept in mental hospital (54%) were the most common responses.

Table 3: Present and past contact with mentally ill and future intention

Future Relationship with mentally ill	Level of Agreement	Present / Past Contact		Chi-square- χ^2 (P value)
		Absent	Present	
Willing to live with	Strongly Agree	5	3	χ^2=2.55 (p=0.64)
	Agree	9	7	
	Neutral	5	1	
	Disagree	8	7	
	Strongly Disagree	4	1	
	Total	31	19	
Willing to work with	Strongly Agree	6	3	χ^2 =2.37 (p=0.67)
	Agree	18	4	
	Neutral	2	0	
	Disagree	12	3	
	Strongly Disagree	1	1	
	Total	39	11	
Like to be a neighbor to someone	Strongly Agree	5	3	χ^2=3.56 (p=0.48)
	Agree	12	6	
	Neutral	5	0	
	Disagree	13	4	
	Strongly Disagree	2	0	
	Total	37	13	
Willing to friend with	Strongly Agree	11	2	χ^2=8.58 (p=0.07)
	Agree	12	7	
	Neutral	4	0	
	Disagree	11	0	
	Strongly Disagree	3	0	
	Total	41	9	

Table 3 suggests that ASHA workers who had present or past contact with mentally ill were ready to live in future with them suggest positive attitude.

Table 4: Attitude towards treatment for people with MH Problems

Statement	Strongly Agree &Agree (%)
Most people with MHPs want to have paid employment	86
If a friend had MHP, I know what advice to give them to get professional help	70
Medication can be an effective treatment for people with MHPs	78
Psychotherapy (e.g., talking therapy or counselling) can be an effective treatment for people with MHPs	83
Person suffering from mental illness can be completely cured.	88
Most people with MHPs go to a healthcare professional to get help	62

Table 4 suggests that ASHA workers had fairly adequate knowledge regarding treatment for MHP.

Table 5: Perception of Conditions as Mental illness

Statement	Agree strongly (%)	Agree slightly (%)	Neither agree & disagree	Disagree slightly (%)	Disagree strongly (%)
Depression	38	56	2	2	2
Stress	30	58	2	8	2
Schizophrenia	20	44	20	12	4
Bipolar disorder	22	40	16	16	6
Drug addiction	24	46	8	14	8
Grief	20	56	16	4	4

Table 5 suggests that ASHA workers had fairly adequate knowledge regarding what is considered as mental illness.

Perception of percentage of people having MH Problem in the City (Ahmedabad) Respondents were asked what percentage of people in the city (Ahmedabad) they think might have a MHP at some point in their lives, and were given a list of options to

choose from, ranging from 1 in 3 to 1 in 1000.The largest group of respondents (42%) thought the percentage of people who would have a MHP at some point in their lives was 1 in 100. Thirty-Two (32%) said it was 1 in 1000. Six (6%) thought that it was 1 in 50, Ten (10%) said it was 1 in 4. Six (6%) and four (4%) thought that it was 1 in 10 and 1 in 3 respectively.

Closest person having mental illness:

Forty-eight (48%) of respondents said that they don't have any known who has or had some kind of mental illness. Close persons who have or has had some kind of mental illness were friend (12%), immediate family members (10%), known (8%), work colleague (4%) partner (1%) and 16% others.

Help-seeking:

Eighty-two percent (82%) of respondents stated they would seek treatment from their doctor.

Fifty-eight percent of respondents said they are uncomfortable discussing their mental health with a friend or family member, such as telling them they have a mental health diagnosis and how it affects them.

Fourteen percent (48%) of respondents said they felt uncomfortable discussing their mental health with others, such as telling them they have a mental health diagnosis and how it affects them.

Seventy-six percent (76%) believe that people with mental illnesses are stigmatized and discriminated against.

Fifty-four percent (54%) of respondents believed that attitudes toward mental illness have changed in the last five years.

Discussion:

The National Rural Health Mission's ASHA workers are one of the mission's most important components. The ASHA will be taught to serve as a liaison between the public health system and the community. As a result, it's critical to understand their understanding and attitude regarding mental disease.

Perception of who can be considered mentally ill:

The description most likely to be selected was 'someone who commit violence' at 94% in our study which is higher than finding in Lakdawala B *et al.* [24] and NHS study which was 43.3% and 33% respectively which may be because of small sample size of our study. The next most often selected responses were 'someone who has serious bouts of depression' and 'someone who has to be kept in a psychiatric hospital'. Our study's findings were similar to those of NHS. The descriptions least likely to be selected were 'someone who has schizophrenia' at 16% and 'someone who has a serious personality problem' at 34% which suggest that they were having poor knowledge about psychiatric illness. According to Armstrong G *et al.*, community health workers' knowledge about mental health disease is limited. Depression and psychosis are the only mental illnesses they recognize. [25]

The majority of studies concluded that mentally ill people are violent. Many research indicated that people perceive mentally ill people as violent and that they do not desire

to have a future relationship with them. [24] [26] This is the most significant factor in separating yourself from persons who suffer from mental illnesses.

Personal experience of mental illness:

The percentage of people willing to live with someone who has an MHP was 48 percent, which was lower than the NHS survey (56%). Fifty-two (52%) were willing either to live nearby to and sixty-two (62%) were willing work with someone with a MHP which was lower than NHS study 72% and 68% respectively. Sixty-four (64%) were willing to be a close friend with someone with MHP. This indicates that stigmatized viewpoints were common among Accredited Social Health Activist. Similar findings were observed by Shah Q N et al., with over half of respondents stating they would not be willing to work with or share a room with someone who suffers from mental illness. [27]

Attitudes towards treatment for people with MHPs:

The belief regarding usefulness of medication (78%) and psychotherapy (Counseling) (83%) were similar to NHS study 79% and 81%agreement respectively. One study in community health workers, the belief of usefulness of medication and psychotherapy was little higher than our finding which was 85.7%, 88.5% respectively [27] but according to Lakdawala B*et al.* [24] study, the belief regarding medication usefulness was significantly lowered than psychotherapy which was 53.4% and 83% respectively.

What would be considered as mental illness:

The pattern was different in NHS Study. In that nearly nine out of ten agreeing schizophrenia as a mental illness, while in present study 20% agreeing strongly and 44% agreeing overall that schizophrenia is a mental illness. The main reason for difference is due to less awareness about mental disorders in community health workers. The finding regarding depression is higher than NHS study as it is commonly use term regarding of mental disorder in community. The percentage of workers agreeing that grief is a type of mental illness was 18% (Strongly agree) was almost similar to NHS study finding. The percentage agreeing that drug addiction was a type of mental illness was 64% which was higher than NHS study finding.

Help-seeking about MHP:

Eighty-two percent (82%) of respondents stated they would seek treatment from their family doctor. This figure was 85 percent in NHS research, which is practically identical. The general family physician was deemed the first point of professional contact in the majority of studies, which is understandable given the lack of stigma associated with contacting a family physician. Fifty-eight percent (58%) of respondent's report that they are uncomfortable discussing their mental health with a friend or family member. In research conducted by the NHS, 70% of respondents stated they would feel safe discussing their mental health with a friend or family member. Forty-eight percent of respondents indicated they are uncomfortable discussing their mental health with others. In the NHS poll, 43% stated they would be uncomfortable discussing their mental health with their employer.

Mental health-related stigma and discrimination:

People with mental illnesses are stigmatized and discriminated against, according to 76% of respondents. People with mental illnesses, according to the majority of ASHA

workers, face stigma and discrimination. This proportion was likewise 85 percent and 91.7 percent in NHS and Lakdawala B. et al. [24] studies, respectively.

Around half of those polled (46%) said mental health stigma and discrimination haven't changed, which is comparable to the findings of a recent NHS research (48%)

Conclusion:

Mental illness is a worldwide public health issue. We discovered a lack of understanding and a negative attitude toward a few key criteria among ASHA employees. As a result, there is a need to increase community mental health awareness, particularly among health workers such as ASHA, so that they can recognize mentally ill people and send them to mental health specialists for early diagnosis, adequate management, and care.

Source of fund: Nil

Conflicts of Interest: None

Acknowledgement: Nil

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