

Dental students perception towards mental illness

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Running title: Knowledge towards mental illness among dental students

Type of study: Original survey study

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ABSTRACT:

Background: Mental disorder also called mental illness. A wide range of conditions that affect mood, thinking and behaviour. A mental health disorder characterised by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life. The main aim of this study is to analyse the knowledge and attitude towards mental illness among dental students.

Materials and Methods: A cross-sectional survey was conducted. A self-administered structured questionnaire was prepared and consisted of 12 questions. It was circulated to participants through an online platform (google form). Data was collected and the statistical analysis was done by SPSS software-23. Pearson chi square was used for association with gender and p value less than 0.05 considered statistically significant.

Results: Males (majority) do not think mental illness will affect anxiety, bipolar, or depressive disorders than females (minority). People think that mental illness also affects mood, thinking and behaviours. Mental illness

also affects sleep quality. 19% of them thought that prevention programmes reduce mental illness. 22% responded that mental illness requires social support and care.

Conclusion: This study revealed that male were more aware about mental illness than females. This study may help many people to gain wide knowledge on mental illness and they will be aware of this.

KEYWORDS: Mental illness, Dental students, Survey, Questionnaire, Gender, Innovative Techniques

INTRODUCTION:

Mental illness is a serious disorder which will affect people's behaviour, mood and thinking knowledge. Mental illness causes many mental health disorders. It includes depression, schizophrenia (ability to think, feel, behave), eating disorders (obsession with food, body weight, body shape) and addictive behaviours. Mental illness may affect daily life sometimes. Mental health is as important as physical health. 50% of mental illnesses were affected by the age of 14 and third quarter by 24. Mental illness caused by birth trauma, brain injuries, childhood experience etc.

In contrast, health promotion recognizes that initiatives are likely to meet with little success unless people's own understandings, beliefs and concerns are taken into account(1). Until recently, however, research has focused mainly on adults' perspectives on physical health issues such as coronary heart disease (2). The attitudes seem to affect public behavior toward persons with mental illnesses like schizophrenia. Citizens are less likely to hire persons who are labeled mentally ill, less likely to lease them apartments and less likely to freely interact with them (3). A number of social changes have occurred in the 21st century that could negatively influence mental health symptoms in current generations of young people and contribute to the persistent rise in mental health burden (4).

Trute found that contact with people with mental illness resulted in less social distance in situations of social relations, but did not have an effect on social distance in situations of social responsibility (4,5). Anti-stigma efforts should not only be aimed at educating the general public about the major mental illnesses(6), but should also include the involvement of typical consumers of mental health services in the development and presentation of such content, thereby "staging" an opportunity for contact with a person affected by mental illness (7). Research has shown that people with mental illness are viewed as being more responsible for their condition than those with cancer or heart disease (8). In childhood, mental health problems generally include a broad range of emotional, behavioral, and mental disorders (9). Social and economic burdens linked to childhood mental health problems have been reported among families (9,10). High levels of stress and depression have also been reported among families of children with disabilities (11). Due to deficiency in the mental illnesses knowledge, has a defiance to the mental health care delivery system (12). Awareness programs on mental health have had favorable impacts and can produce positive change in people's views of mental illnesses (13).

Our team has extensive knowledge and research experience that has translate into high quality publications(14–18)(18–22)(19–23)

So the main aim of this study is to analyse the knowledge and attitude towards mental illness among dental students.

MATERIALS AND METHODS:

A cross-sectional survey was conducted among a young population with a sample size of 75. A self-administered structured questionnaire was prepared based on perception, knowledge and attitude towards mental illness among young students and consisted of 12 questions. The participants were explained about the purpose of study in detail. The questions were carefully studied and the participants were randomly selected, avoiding asking irrelevant questions. The sampling method is simple random sampling. The measures that have been taken to minimise sampling bias are survey software SPSS. The independent variables are population and gender. The dependent variables are adolescents. Internal validity depends on the standard questionnaire values, expert verification. External validity is to cross verification with pre-existing data.

The type of analysis used here is descriptive analysis. Data analysis and collection was done by using SPSS statistics software-23. Descriptive statistics was used to create pie-charts, cross-tabulation representing each variable. Pearson chi square was used for association with gender and p value less than 0.05 considered statistically significant.

RESULTS :

Mental illness affected more females than male. Mostly male got more work than females. Due to mental illness, males are affected by more anxiety than females. Shortness of breath affected more females than male. Cognitive disease affected more males than females. Mental illness in sleep quality affected more females than male. Female thought schizophrenia included mental illness than male. Females thought prevention programmes help them to reduce mental illness than male.

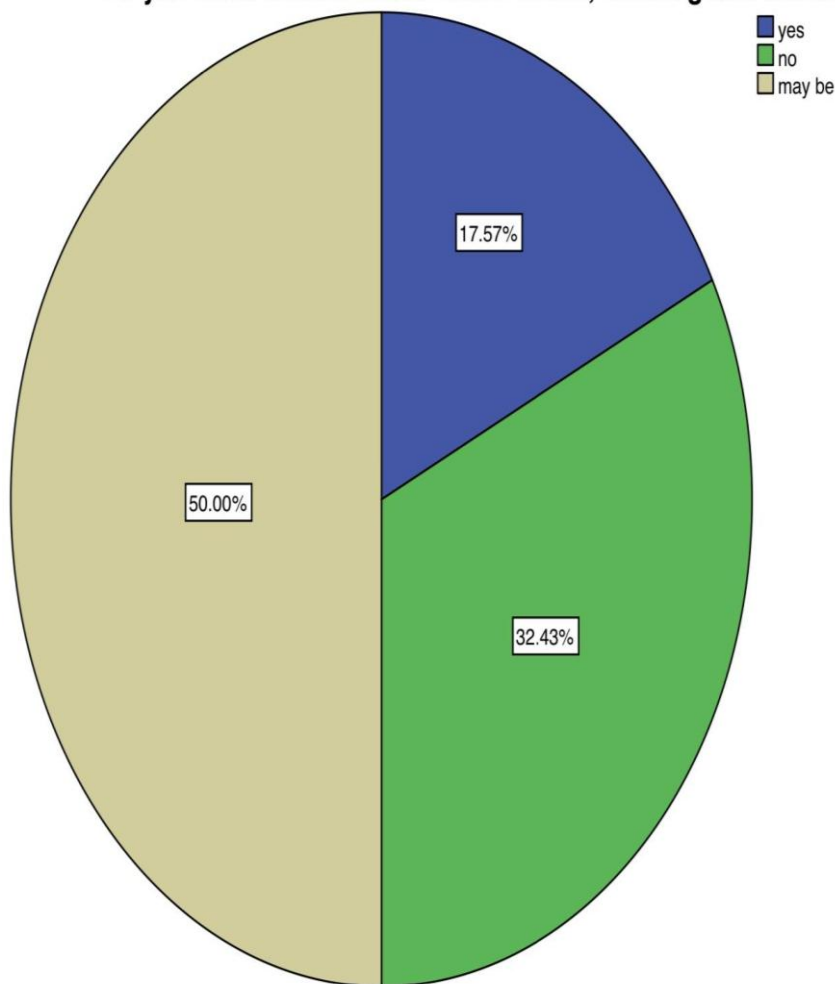


Figure 1: Pie chart showing the percentage distribution of mental illness affects mood, behaviour and thinking. Majority of participants 50% were not sure about it (sandal), 32% responded no (green) and 18% responded yes (blue).

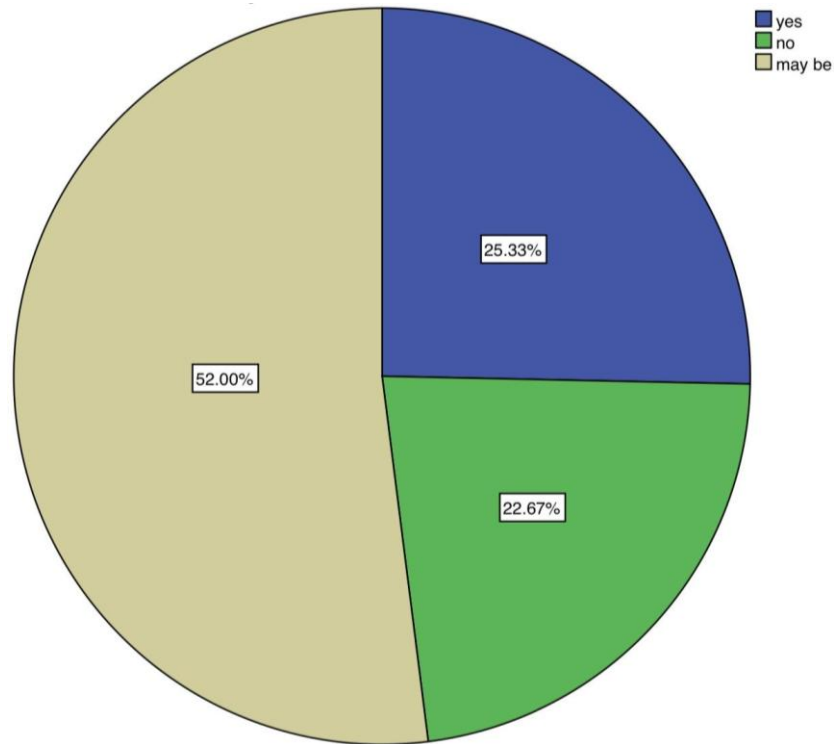


Figure 2: Pie chart showing the percentage distribution of mental illness affects work. Majority of 52% were not sure about it (sandal), 22.67% responded no (green) and 25.33% responded yes (blue).

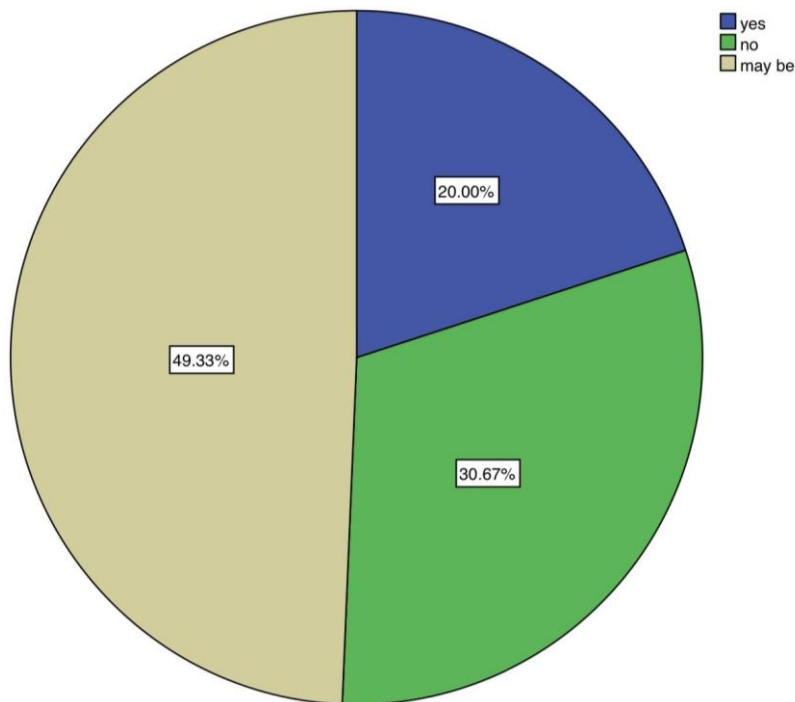


Figure 3: Pie chart showing the percentage distribution of mental illness affects anxiety, bipolar, and depressive disorders. Majority (49.33%) were not sure about it (sandal), 30.67% responded no (green), 20% responded yes (blue)

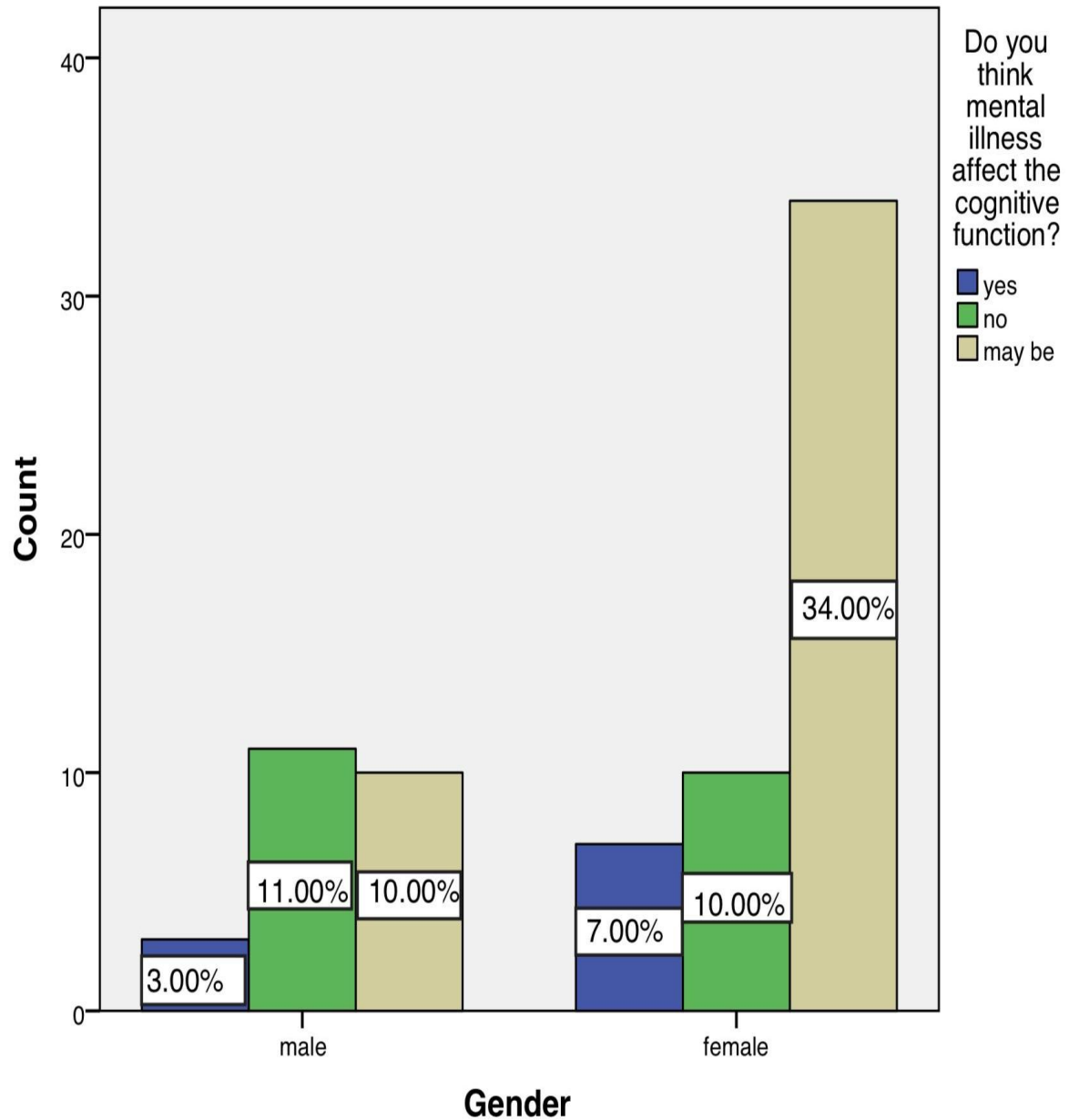


Figure 4: The bar graph showing the association between gender and mental illness affects cognitive functions. X axis represents the gender and Y axis represents the number of responses. Blue colour denotes yes, green denotes no and sandal denotes may be. Females were more not sure that mental illness affected cognitive functions than males. Pearson chi square shows the p value of 0.056 (<0.05), hence statistically insignificant.

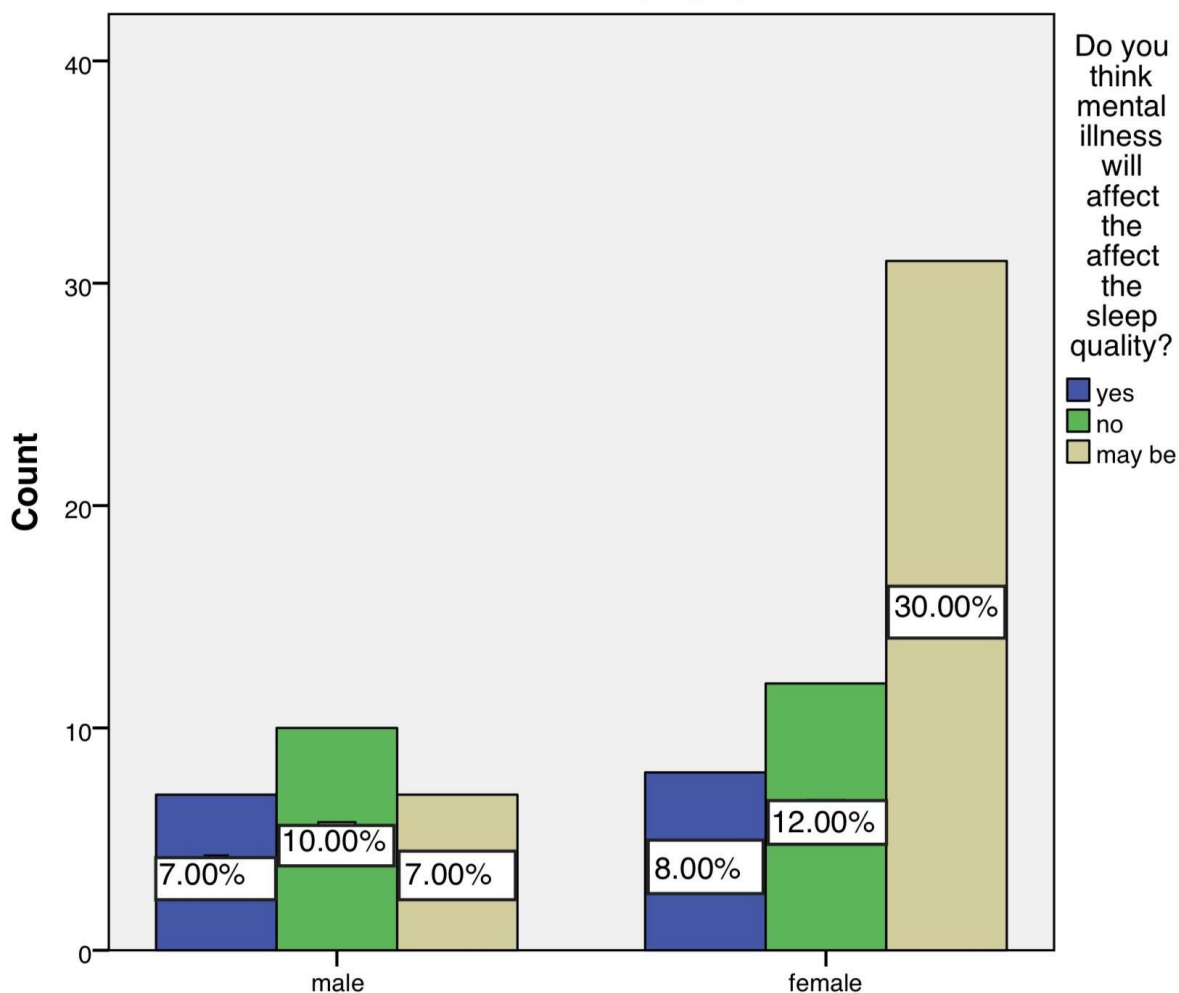


Figure 5: The bar graph showing the association between gender and mental illness affects sleep quality. X axis represents the gender and Y axis represents the number of responses. Blue colour denotes yes, green denotes no and sandal denotes maybe. Females were more sure that mental illness affected their sleep quality than males. Pearson chi square shows the p value of 0.038 (<0.05), hence statistically insignificant.

DISCUSSION:

Majority of participants 50% were not sure about the mental illness affecting mood, behaviour and thinking, 32% were not agreed and 18% were agreed (figure 1) which was supported by previous studies (24). Majority of participants 52% were not sure about mental illness affecting work, 22.67% were not agreed, 25.33% were agreed (figure 2). Majority of participants 49.33% were not sure about whether mental illness causes bipolar disorders, 30.67% were not agreed, 20% were agreed (figure 3). The similar results were found by previous studies (25)(26) (27). Majority of participants 58.67% were not sure about it, 28% did not agree, 13.33% agreed. Females were more not sure that mental illness affected their work than males. Hence, statistically significant. Females were more not sure that mental illness affected their work than males. Hence, statistically significant (28,29). Females were more not sure that mental illness affected their work than males. Hence, statistically significant which was assisted by existing studies (28–30). Females were more not sure that mental illness affected cognitive functions than males. Hence, statistically insignificant (figure 4). Females were more sure that mental illness affected their sleep quality than males which was supported by previous studies (31,32)(33). Hence, statistically insignificant

When compared to the previous article, this study gender, different age group people interacted more in this study (34). People are ambivalent in their attitude towards persons with psychological problems and deliberately ignore the issue (31,32,35). Pearson chi square test shows p value is 0.001 (p value is <0.005), Hence it is significantly significant.

When compared to previous study, this study with gender and disorders of mental illness were interacted more in this study (36). Depressive and anxiety disorders were measured with the Patient Health Questionnaire, which screens for current major depression, other depression (less severe depression such as depression not otherwise specified or dysthymia), panic disorder, and generalized anxiety disorder (37,38). Pearson chi square test shows p value is 0.001 (p value <0.005), Hence it is significant.

When compared to previous study, this study with age and mental illness affecting work and sleep quality were more interesting in this study (figure 5) (10). Negative attitudes toward psychiatric disorders became apparent when more than half of the respondents did not feel comfortable to even talk to psychiatric patients. Half of the students believed that psychiatric patients were not unemployable irrespective of their recovered status (27). Pearson chi square test shows p value is 0.038 (p value > 0.005), Hence it is insignificant. It is possible that the education condition may not have been particularly relevant to college students, resulting in it demonstrating equal effectiveness as the contact condition.

The limitations of this survey, we used data gathered from earlier focus groups to target the myths and facts surrounding mental illness for the education-based intervention. For the contact-based intervention, current college students with mental illness shared their stories; however, they did not necessarily target these key myths and related stereotypes.

CONCLUSION:

This study revealed that many of the males were more aware about mental illness than females. Now-a-days, all age groups are affected by mental illness. So they were treated properly by society and family. This study may help many people to get wide knowledge on mental illness. Many of them are affected unknowingly also, they have to take necessary steps to overcome it.

ACKNOWLEDGEMENT: The authors would like to thank all the participants for their valuable support and Saveetha Dental College for their support to conduct the study.

SOURCE OF FUNDING:

The present project is sponsored by

1. **Saveetha Institute of Medical and Technical Sciences**, Saveetha Dental College and Hospitals.
2. **Funding organization name:** Massive dynamics

CONFLICT OF INTEREST: All the authors declare that there was no conflict of interest in the present study.

AUTHOR CONTRIBUTIONS:

GOPIKA : Literature search, data collection, analysis, manuscript, drafting.

GAYATRI DEVI: Data verification, manuscript, drafting.

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