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ASSESSMENT OF AWARENESS OF MENTAL HEALTH CONDITIONS.

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ABSTRACT

To evaluate the level of awareness of mental health conditions among the different sociodemographic groups of Pakistan, To rule out the association of mental health conditions with the socio-demographic characteristics to find out the factors that affect communities, Mental health literacy defines as knowledge and attitude about mental health conditions which are low worldwide but specifically low in developing countries like Pakistan. Mental health conditions have also shown significant relationship with poverty and socioeconomic problems. And the most urgent problem of mental health care in Pakistan is the lack of personal and financial resources. This increases the barriers to seek help and contributes to the stigmatization of the mentally ill. This study aims to bring attention to this issue with the help of this survey, Study design: Cross-sectional study, In this study, around 400 students were included, either studying pre-medical in colleges or medical sciences in universities in all over Pakistan. An online survey was conducted, after their given consent. We estimated the level of awareness of the mental health conditions. We will have a deductive approach to this research, The demographic makeup of the total participants was 26% men and 74% women. As to educational attainment a considerably large population (63%) of participants' highest level of education was bachelor and above, whereas 36.7% were primary education students with 0.3% of data missing. Socioeconomic conditions of the participants reflected that majority (about 59.9%) are financially unstable, or reported instability, while 13.5% occasional instability and 21.5% had financial stability with the data of 2.1% missing. One major occupation in the overall participants was students (88.3%) with 9.4% employed and 1.8% un-employed with .5% missing data, Majority of the participants reported single on their marital status (87.2%) with 12.2% married and only 5% of data missing. Most of the participants have their residence in Sindh (86.5%). With (13.5%) has their residence in Punjab, Mental illness has reached an appalling level in Pakistan, specifically effecting areas with "low literacy rates" and "low socio economic / income areas". In Pakistan, its prevalence is estimated to be from 22% to 60%. Karachi city with an estimated population of 14.9 million is averaged to be at 47% of the total. The bio medical aspect of mental illness is largely ignored, and it leads to many stress inducing scenarios not being handled properly. And it destroys the health of the patient mentally as well as physically. To improve current treatment plans it is necessary to understand how mental illnesses are perceived by the public and that's what ours. Research aims to deduce from the survey we have conducted.

INTRODUCTION

Mental health literacy defines as knowledge and attitude about MHC which aid their recognition, management and prevention is low worldwide but specifically low in developing countries. In such society MHCs has been neglected and both developing and undeveloped countries[1].

Common disorders are depressive and anxiety disorders that are classified as stress related and

somatoform disorders. Poverty means low socioeconomic status, unemployment, and low levels of education. Different studies were based in community settings the countries were classified as middle or low income by World Bank[2].

There were 11 eligible studies from 6 countries. The median prevalence rates of common mental disorders varied from 20%-30%. studies showed significant relationship between prevalence and indicators of poverty. Persons suffering from common mental disorders have been described in no. of students in all which poverty and socioeconomic problems have been cited as one of the most important factors[2].

Approximately 7.3% of the global burden of disease has been attributed to mental health and behavioral disorder. Most of this burden related to the unipolar and depressive disorder and other mental health conditions including anxiety, psychosis, and substance abuse.

In USA, many public servants did not seek treatments because they feared that MHCs would create the negative impact on their employment.

People with mental disorders (MDs) have lower levels of health-related quality of life than those without MDs. Several studies have shown that in low-resource countries, a range of social determinants including poor health literacy is critical in the epidemiological transition of disease outcome. There is a lack of evidence of MDs literacy, the prevalence and risk factors of common mental health conditions, or any validated instruments to measure psychological distress or evaluate the quality of life in rural areas of Bangladesh[3].

The quality of life (QOL) is influenced by a range of factors that include physical wellbeing, mental state, psychological state, social connections, individual convictions, and connections as salient features of the environment [4].

Moreover, social tension and difficulties can have a significant impact on health.

There is a widespread tendency to stigmatize and discriminate people with mental illness in Asia. People with mental illness are considered as dangerous and aggressive which in turn increases the social distance.

The most urgent problem of mental health care in Asia is the lack of personal and financial resources. Thus, mental health professionals are mostly located in urban areas. This increases the barriers to seek help and contributes to the stigmatization of the mentally ill. The attitude of mental health professionals towards people with mental illness is often stigmatizing psychological distress and quality of life [5].

To ensure a comprehensive response to mental health, the plan introduces the notion of recovery, and moves away from a wholly medical model to address income generation and education opportunities, housing and social services, and other social determinants of mental health (1) The plan also highlights important actions that need to be taken around promotion of mental health and prevention of mental disorders, and to strengthen and empower civil society, especially organizations of people with mental disorders and psychosocial disability, so that they can take an active role in policy debates and decision-making processes.[6]

If mental disorders are to be recognized early in the community and appropriate intervention sought, the level of mental health literacy needs to be raised. Further, public understanding of psychiatric treatments can be considerably improved. [7]

A third of the rural population reported psychological distress, with the highest prevalence observed in middle-aged men and women. Thus, health professionals should attend not only to physical health, but also to mental health status in this age group. It is also important to target prevention strategies at the 20% who reported moderate levels of psychological distress to prevent the development of more serious conditions. [8]

In investigations into the ecological determinants of MDD, Good-quality estimates from low/middle-income countries were sparse. More accurate data on incidence are also required. [9]

Mental illnesses affect 19% of the adult population, 46% of teenagers and 13% of children each year. People struggling with their mental health may be in your family, live next door, teach your children, work in the next cubicle, or sit in the same church pew.

However, only half of those affected receive treatment, often because of the stigma attached to mental health. Untreated, mental illness can

contribute to higher medical expenses, poorer performance at school and work, fewer employment opportunities and increased risk of suicide.

Approximately 7.3% of the global burden of disease has been attributed to mental and behavioral disorders. Most of this burden is related to unipolar depressive disorders and other mental health conditions (MHCs) including anxiety, psychosis, and substance use [10]

Currently, approximately 450 million people suffer from such conditions, and it is projected that one in four individuals in the world will be affected by MHCs at some point in their lifetimes. MHCs are amongst the leading causes of ill-health and disability worldwide [11].

Globally, approximately 20% of the adults have MHCs, and low and middle-income countries have only one psychiatrist for every 1 to 4 million people [12, 13].

People with MHCs experience disproportionately higher rates of disability and mortality [14]

. Individuals with major depressive disorders and schizophrenia had 40 to 60% greater chance of dying prematurely than the general population [15].

RATIONALE OF THE STUDY: The purpose of this research is:

●To increase the awareness of mental health illness among people and help them in early identification and treatment of such problems.

●To reduce the stigma attached to mental health problems that may cause further emotional and social distress or prevent an individual from seeking treatment

●To determine the knowledge among different socio-economic classes regarding mental health.

●To identify the socio-demographic characteristic associated with the mental health to identify the factor which affects community.

HYPOTHESIS:

The knowledge regarding the symptoms of mental health is different among different socio-economic classes.

OBJECTIVES:

To assess the general population public knowledge about mental illnesses.

Determine the different socio-demographic characteristics regarding mental health issues.

METHODOLOGY:

Study design:

The current study was a cross sectional study in which data was collected from 384 participants that was done in Pakistan. In the beginning it was planned to be carried out by asking structured questions using physical forms from patients from PNS SHIFA HOSPITAL AND DOW. However, due to the circumstances there are changes in plans. During this COVID 19 pandemic condition, doing physical forms get filled was not appropriate way. Putting in mind health of participants and those who are conducting this research we came through an alternative way by making this an online survey. Online survey was made, and data was collected via survey legend, questionnaires were filled by general population of Pakistan to evaluate their awareness regarding mental health related problems.

Setting:

Study was carried out in different areas of Pakistan (mostly in Sindh and Punjab)

Duration:

The study commenced in February 2020, with data collection taking place from 1st June to 1st July. Subsequently data was analyzed, and research report drafted by 1st August 2020.

Sample size:

By using 'Epi info' the sample size is calculated is to be 384 by using prevalence 50% by keeping 95% confidence interval and 5% error rate. This was affirmed by using the formula $N=z^2pq/e^2$, where N is sample size, z is constant at 1.96, p is prevalence, q is 1- prevalence and e is margin of error set as 0.05 or 5%.

Sample selection:

Inclusion Criteria:

➢   People of age more than 18 years will be included in this study.

➢   Male and female both are included in this study.

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Exclusion Criteria:

➢ Those who are not in sound mental condition.

➢ Those who do not show any interest in this study

DATA COLLECTION PROCEDURE:

The study includes 384 participants. Due to COVID 19 pandemic an online survey was made and forwarded. All the participants were general population of Pakistan; survey was based on questions regarding mental health conditions. Participants were being evaluated if they have knowledge about mental health conditions regarding their causes, symptoms and so.

Identification of study variables:

The questionnaire contains demographic questions (age, gender, residence, education, occupation), knowledge about mental health problems (mental problems I-e depression, anxiety, drug, addiction), causes of mental health problems is mental health issues negatively impacting daily life (human body, occupation), knowledge about treatment, services, medicines for betterment of mental health, knowledge about identifying symptoms of mental health(weight issues, fatigues, restlessness).

DATA ANALYSIS PROCEDURE:

Data analysis was carried out using SPSS 26. Qualitative data was demonstrated as numbers and percentages. Chi-square test was used to assist the relationship between variables.

ETHICAL CONSIDERATION:

Consent was taken from participants to participate in study. They were informed that their participation in this research would be voluntary, and they could withdraw their names from study if desired. The participants were remained anonymous, and their personal information kept confidential, and no patients would be harmed in this study.

CONSENT FORM.docx

RESULTS:

Mean age of the participants was between 20-29 years. The demographic makeup of the total participants was 26% men and 74% women. As to educational attainment a considerably large population (63%) of participants' highest level of education was bachelor and above, whereas 36.7% were primary education students with 0.3% of data missing. Socioeconomic conditions of the participants reflected that majority (about 59.9%) are financially unstable, or reported instability, while 13.5% occasional instability and 21.5% had financial stability with the data of 2.1% missing. One major occupation in the overall participants was students (88.3%) with 9.4% employed and 1.8% un-employed with .5% missing data.

Majority of the participants reported single on their marital status (87.2%) with 12.2% married and only .5% of data missing. Most of the participants have their residence in Sindh (86.5%) With (13.5%) has their residence in Punjab.

Table 1: socio-demographic characteristics

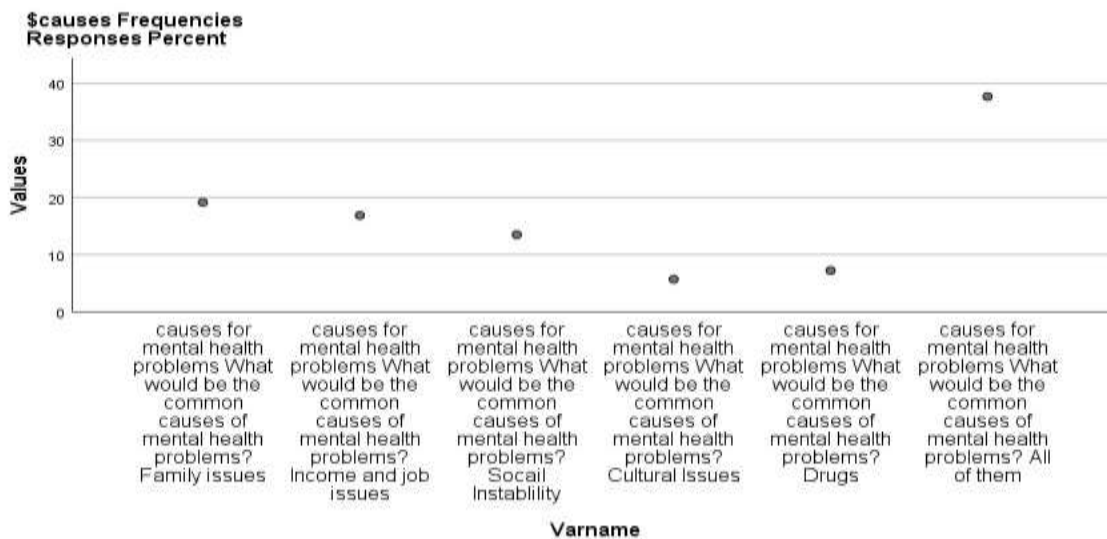| VARIABLES	NUMBER OF RESPONDENTS
GENDER:	
Male	99(25.8%)
Female	285(74.2%)
AGE:	
<20 years	76(19.8%)
20-29 years	286(74.5%)
>30 years	22(5.7%)
MARITAL STATUS:	
Single	335(87.2%)
Married	47(12.2%)
OCCUPATION: Employed	36(9.4%)

Un-employed	7(1.8%)
Student	339(88.3%)
LEVEL OF EDUCATION:	
Primary education	141(36.7%)
Bachelor or above	252(63%)
RESIDENCE: Sindh	332(86.5%)
Punjab	52(13.5%)
INCOME:	
<25,000	230(59.9%)
25,000-50,000	52(13.5%)
50,000-100,000	44(11.5%)
>100,000	50(13.0%)

Overall perceived awareness of mental health conditions was moderately high with 57.8% of participants agreeing that how common mental health problems are, students were most aware of mental health conditions capable of recognizing the symptoms, different causes that leads to mental health illness. Almost all participants were agreeing that mental health conditions e.g. depression, anxiety is common whereas drug addiction is moderately common. Of participants who were aware of mental health conditions were also able to pick what would be the causes, majority of participants (246) agreed that family issues, social instability, drugs, cultural issues and job and income related problems all of these are the main causes for mental health problems (Fig 1).

Fig 1 common causes of mental health conditions

Most of the participants (68%) were aware that how mental health conditions negatively effects the human body that often makes them difficult to perform easy task, at the same time 32% didn't agree on this statement. 52.6% participants thinks that unpredictable financial situations can lead to mental stress while 47.4% disagreed.
Women are more prone to mental breakdown due to lack of the proper resources which can include child abuse, forced marriages, lack of study, malnutrition the response of participants to this statement was neutral with 50.3% agreed, and 49.7% disagreed. Of all participants 75.8% thinks that mentally ill persons are not burden on society and 74.5% were in favour that there are no proper services for people with mental health issues.
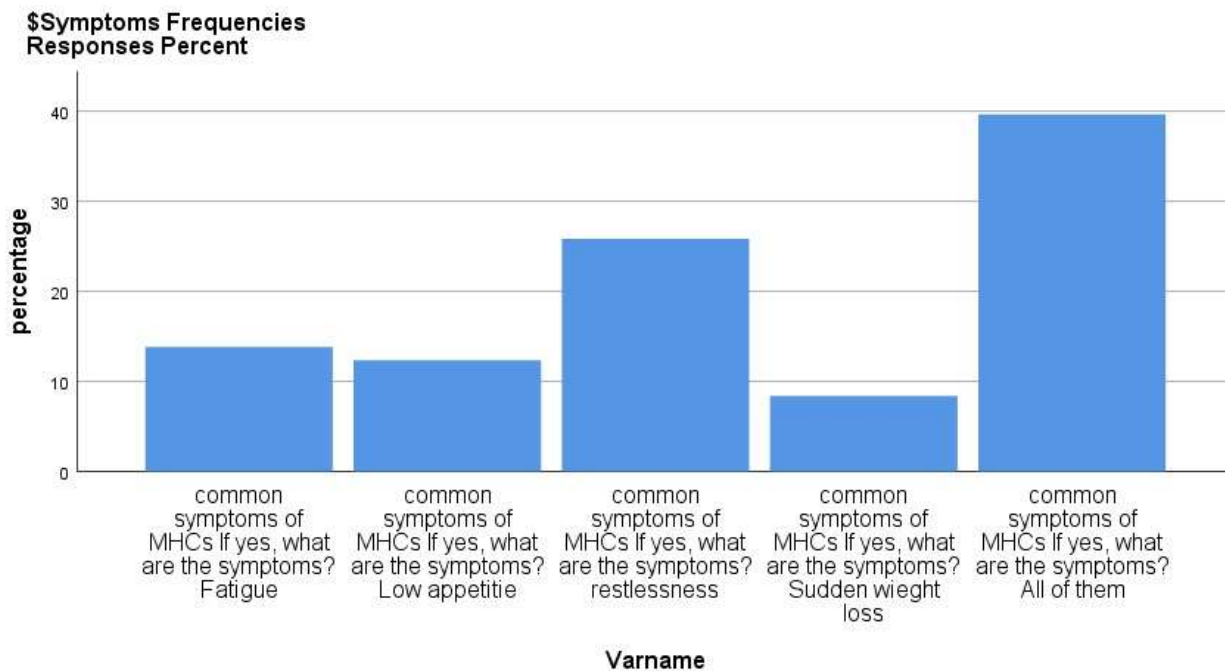55.7% of participants have their perception that mentally ill person cannot be a reliable friend or

trustworthy, of total 63.3% of participants were in favour that mentally ill person should have their own children while 36.7% disagreed onto it. Speaking of the common symptoms of mental health conditions 13.8% participants responded fatigue, 12.3% low appetite, 25.8% restlessness, 8.4% sudden weight loss with 39.6% participants considering all of them as the causes for these conditions (Fig 2)

Fig 2 symptoms of mental health conditions

Most of the participants (74.5%) disagreed on a statement that these conditions can spread from one person to another while 25.5% have this perception that it can be transmitted. Perception of general population onto how mentally ill people are treated, 76.6% of participants were in favour that these people should not be isolated in mental hospitals located far away from residential areas while 23.4% weren't.

Speaking of the diagnosis and treatment of MHCs 65.4% participants thinks that mental health conditions cannot be diagnosed clinically while 34.6% thinks it can be and 64.8% of participants were in favour that this condition can be treated via medicines in hospitals setting. Nutrition and development are important aspects for people who are socio-economically disadvantage, improving these conditions will help them with their psychological and developmental health this scenario was supported by 63.3% of participants. A significant number of participants (75%) were in favour that mental health conditions are curable, while 25% thinks it is not curable. Many of the participants (74.7% were in favour that seeking treatment for mental health conditions would not create a negative impact on their employment.

Table 2   perception of general population on mental health

VARIES AGREE		DISAGREE
Mental health related problems Are common?	222 57.8%	162 42.2%
MHCs negatively effects Human body?	261 68%	123 (32%)
Unpredictable financial Situations leads to mental Stress?	202 52.6%	182 47.4%
Women are more prone to Breakdown due to lack of Resources?	193 50.3%	191 49.7%
People with mental illness are Burden on society?	93 24.2%	291 75.8%
Are there sufficient services Provided for people with MHCs?	98 25.5%	286 55.7%
Mentally ill person can be a Reliable friend?	170 44.3%	214 55.7%
Mentally ill person should Not have children.	141 36.7%	243 63.3%
MHCs can spread from one person	98	286
To another?	25.5%	74.5%
Mentally ill person should be isolated Away from residential areas?	90 23.4%	294 76.6%
It is a clinically diagnosed condition.	133 34.6%	251 65.4%
These conditions can be treated via Medicines?	135 35.2%	249 64.8%
Improving nutrition will benefit them for developmental health?	141 36.7%	243 63.3%
MHCs are not curable, is that correct?	96 25%	288 75%
Seeking treatment for MHCs will Leave negative impact on Employment?	97 25.3%	287 74.7%

Chi square test was performed to see association between two variables. Person measure was considered as the dependent variables and gender, age, level of education, occupation as independent variables (table 3 below)

INTERPRETATION:

The association of awareness of mental health conditions with socio-demographic conditions was seen using a statistical test Pearson's chi squared test. The set statistically significant p value is <0.05.

No association was found between gender and awareness about mental health conditions since the p value is >.05 we cannot reject the null hypothesis.

From the table below, it can be deduced a reasonable relationship between age and awareness about mental health problems, p value is .004 which is less than .05 which leads to relationship between them is significant and acceptance of alternative hypothesis and rejection of null hypothesis.

No association was found between level of education and awareness on mental health conditions (p=.154)

No association was found between marital status and awareness on mental health conditions (p=.515)

No significant relation was found between occupation and awareness on mental health conditions since p value is .998

No relation was found between residence and awareness on mental health conditions (p=.408)

There was also no evident relation was found between socioeconomic conditions and people awareness on mental health conditions (p=.432)

In above cases where p value is >.05 we do not reject the null hypothesis.

Table 3 level of awareness of mental health conditions by socio-demographic variables

VARIABLES	AGREE N (%)	DISAGREE N(%)	TOTAL N(%)	P VALUE
GENDER				
Male	49 (12.8%)	50(13%)	99(25.8%)	.052
Female	173(45.1%)	112(29.2%)	285(74.2%)	
AGE:				
<20 years	37(9.6%)	39(10.2%)	76(19.8%)	
20-29 years	178(46.4%)	108(28.1%)	286(74.5%)	.004
>30 years	7(1.8%)	15(3.9%)	22(5.7%)	
LEVEL OF EDUCATION:				
Primary education	88(22.9%)	53(13.8%)	141(36.7%)	
Bachelor or above	133(34.6%)	109(28.4%)	242(63.0%) 0.3%missing	.154
MARITAL STATUS:				
Single	195(51%)	140(36.6%)	335(87.7%)	.515
Married	25(6.5%)	22(5.8%)	47(12.3%)	
OCCUPATION: Employed Un-employed student	20(5.2%)	14(3.7%)	34(8.9%)	
	4(1%)	3(0.8%)	7(1.8%)	.998
RESIDENCE Sindh Punjab	197(51.6%)	143(37.4%)	340(89%)	
	188(49%)	142(37%)	330(85.9%)	.408
INCOME:	34(8.9%)	20(5.2%)	54(14.1%)	
<25,000	128(34%)	103(27.3%)	231(61.3%)	
25,000-50,000	34(9%)	18(4.8%)	52(13.8%)	.432
50,000-100,000	24(6.4%)	20(5.3%)	44(11.7%)	
>100,000	32(8.5%)	18(4.8%)	50(13.3%)	

DISCUSSION AND CONCLUSION:

Depression (major depressive disorder) is a common and serious medical illness that affects that you feel, act, and think. And its effect is very debilitating. Its worldwide prevalence is estimated at 4.4%. In Pakistan, its prevalence is estimated to be from 22% to 60%. Karachi city with an estimated population of 14.9 million is averaged to be at 47% of the total.

Mental illnesses are a big problem in Pakistan, specifically effecting areas with "low literacy rates" and "low socio economic / income areas". The pathological and medical basis of mental illness is not given enough importance and it leads to many mental health scenarios not being handled

properly. In turn harming the sick individual, to see how our general population perceives and its public knowledge of it, we have conducted a survey with a variety of questions to deduce such info. It includes many factors that are important i.e., gender, age, level of education, socioeconomic status, marital status, and location. Previous articles that were done worldwide and even within our own country, there had been a significant association between poverty and mental health disorders and one of the other defining factors leading to greater prevalence of mental illness is the lack of proper resources and institutions to handle such delicate cases. As suggested by one study, Pakistan has only 400 psychiatrists and five psychiatrist hospitals, with most of them located in urban areas. Despite 60% of the population living in rural area with greater prevalence of mental illnesses, they seem to not have any proper way to receive proper care.

It is also noted, many psychiatrist institutions who give high quality treatments are present in private sectors and hence not readily accessible to people who wish to get treatment. This economic disparity has led to the assumption of many low-income individuals not receiving the required health treatment continue to have their condition worsen.

We hypothesis, this is due to individuals living in lower socioeconomic areas, they lack the proper education or difficult accessibility to resources with financial stress, leading to more ignorance of mental health conditions.

According to the survey we conducted, majority of the participants were female (74.2%), majority of them were between the ages of 20-29 years (74%), significant amount of them were unmarried (87.2%). Most of our participants were from the province of Sindh (86.5%) and most had high level of education (63% had done bachelors study while 36% had done only primary education).

According to our study, there was a significant correlation between age and mental health awareness.

Age is another very important factor that gives context to how such mental illness is perceived in our population, with keeping in mind the other previous factors. Many young people, especially those who have better understanding and have resources readily available, show a high percentage of properly classifying depression and mental illnesses, a serious illness that has negative effects on one's mind and body, and can be treated with modern medicine but may lack the proper emotional development on how to deal with it or to properly identify it in other individuals. While the older age group participants did not view mental illness as something that is a disease and needs treatment in a hospital but something personal that a person can break out of through sheer will alone. Those of the older generation with enter income or who knew someone affected by depression, did not view them as a societal burden and deserving of proper health care. It can be deduced that, people in older age groups were more exposed to concepts of black magic and evil eye; they will try to rationalize metal disorders first as imaginary and even be in denial as medicine was not highly progressed during their own youthful times. And this may lead to the effected individuals being harassed or barred from getting treatment who live under such familial pressure.

Furthermore, from our survey we have also gathered that many of our participants had greater perceived awareness of mental health problems (57.8%) and 68% agreed that mental illnesses had a negative effect on the human body on a physical level, leading to the individual not among able to properly perform tasks and be in constant chronic fatigue. At least half of our participants believe that financial stress has a correlation to mental stress (52.7%). It was decisive and almost half of the disorders did not view lack of money or proper finances being a factor is giving some sort of mental disorder. It was also deduced that 55% did not agree that mentally I'll individuals can be trusted, showing people were more prone to be wary of effected individuals. This shows us there is stigma against effected individuals. But on a positive note, 75.8% of the individuals did not view mentally I'll people as a burden to society and worthy of treatment and a better life since 64.5% agree mental illnesses can be treated medically and 76.6% that there are no proper current resources for proper treatment. We need better establishments with more psychiatrists and resources for treatment.

In conclusion, participants in older age groups had a skewed perception of it. and often viewing

effected individuals in a negative light, leading to societal pressure on depressed individuals to keep their condition hidden and not peruse treatment. And majority of our participants had better awareness about mental illness and the problems related to it. And showed less hostility or stigma over the individuals who were mentally I'll, but still had greater chance of not considering such effected individuals as trustworthy.

RECOMMENDATION:

This research could be improved in several ways, such as increasing the sample size. By increasing the sample size, the study could be made more representative of the large population of Pakistan and would give a higher confidence level than 95%, which is feasible as no special resources need to be used while conducting this study, such as funding or specialized tests.

Due to the sudden global pandemic, and result and difficulty in data collection, data was collected via online questionnaires on Google forms. Ideally this could be accompanied with online interviews to minimize errors due to improper filling of forms.

Due to the larger administrative area of Pakistan and to make the sample more representatives either stratified or cluster sampling could be used. This could be done by sharing the link for the online questionnaire to respondents in particular neighborhoods across Pakistan. These neighborhoods could be classified into higher and lower socioeconomic neighborhoods using the SLI (Standard of Living Index) making multiple strata for higher and lower socioeconomic status if stratified sampling were to be used.

Groups must be selected instead of entire population for their evaluation and much emphasis must be given to important mental health condition e.g., depression, anxiety, bipolar disorders.

So many articles about mental health and mental illness seem to focus on the negative and on the associated problems. Far fewer articles discuss positive outcomes and treatment or focus on hope. Hope is what drives motivation to change, and without it, all the talk in the world about mental illness and mental health is lost. Most people who suffer from a mental illness never seek out treatment. These are things that can change with

thoughtful reporting and writing. This point should be considered.

Consideration of variable should be generalized not specified so that more participants are able to become a part of research.

Research data teaching methods should be improved.

There should be adoption, implementation of new teaching methodology.

Consider the appropriateness of new and innovative modes of service delivery.

The proper attention should be given to the association factor of mental health illness among different groups.

Conduct an initial assessment for people who are experiencing a mental health crisis, which should: include an assessment of the person's mental health include a risk assessment include identification of interventions to:

help address the problem that caused the crisis minimize any associated risks o bring stability to the individual and their immediate environment Produce a crisis plan that sets out (using the least restrictive options possible) how to reduce the likelihood of further crises, and what to do if the person has another crisis.

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APPENDIX:

QUESTIONNAIRE:

AGE:
- ☐ **<20 years**
- ☐ **20-29 years**
- ☐ **>30 years**

GENDER:
☐ MALE
☐ FEMALE

OCCUPATION:
☐ Employed
☐ Un-employed
☐ Retired
☐ student **EDUCATION:**
☐ primary education
☐ secondary education
☐ bachelor or above
☐ others **INCOME:**
☐ **<25,000**
☐ **25,000-50,000**
☐ **50,000-100,000**
☐ **>100,000**

MARITAL STATUS:
☐ Single
☐ Married
☐ Divorce
☐ Widow

RESIDENCE

1. Do you think mental health related problems are common?
☐ Agree
☐ Disagree

2. In your opinion how common are following mental health problems?
(on scale from 1-5, form not common to very common)
- Depression
- Anxiety
- Drug addiction

3. What would be the common causes of mental health problems?
☐ Family issues
☐ Income and job problems
☐ Social instability
☐ Cultural issues
☐ Drugs
☐ All of them

4. Does mental health related issues negatively effect human body?
☐ Agree
☐ Disagree

5. Can unpredictable financial situations lead to greater chance of mental stress?
☐ Agree
☐ Disagree

6. Women are more prone to mental breakdown due to difficulty to get proper resources treatments
☐ Agree
☐ Disagree

7. Do you think people with mental illness are burden on society?
☐ Agree
☐ Disagree

8. There are sufficient existing services for people with mental illness?
☐ Agree
☐ Disagree

9. People with mental illness can be a reliable friend?
☐ Agree

☐ Disagree

10. People with mental illness should not have children.

☐ Agree

☐ Disagree

11. Are you able to identify the symptoms of mental health related problems?

☐ Yes

☐ No

If yes, what are the symptoms?

- ☐ Fatigue
- ☐ Low appetite
- ☐ Restlessness
- ☐ Sudden weight loss
- ☐ All of them

12. Do you think it can spread from one person to another?

☐ Agree

☐ Disagree

13. People with mental disorders should be isolated in mental hospitals located far away from residential areas.

☐ Agree

☐ Disagree

14. Mental health conditions are believed to be consequences of familial imperfection and evil spirits?

☐ Agree

☐ Disagree

15. Do you think it is a clinically diagnosed condition?

☐ Agree

☐ Disagree

16. Do you think people with mental illness can be treated via medicines?

☐ Agree

☐ Disagree

17. Improving nutrition and development in socioeconomically disadvantage children will support for the benefit of psychological and developmental health?

☐ Agree

☐ Disagree

18. Common myths in developing countries are that the mental health conditions are not curable is that correct?

☐ Agree

☐ Disagree

19. Seeking treatment for mental health conditions would create negative impact on their employment do you agree?

☐ Agree

☐ disagree

CONSENT FORM:
ASSESSMENT OF AWARENESS OF MENTAL HEALTH CONDITIONS:
PARTICIPANT CONSENT FORM
CONSENT STATEMENT:

We are the students of 4th year MBBS at 'Bahria university medical and dental college Karachi'. We are conducting a research study from the department of 'Community health sciences' on the Assessment of awareness of mental health conditions. We invite you to participate in this research. This survey will require a few moments of your precious time. Your identity will be confidential. Your participation in this research is purely voluntarily and you can withdraw from participating in it anytime if you want to.

Your participation will be highly appreciated.

جسمانی صحت کی شرائط کے بارے میں آگاہی اور معاشرتی خصوصیات کے ذریعے اس کی ایسوسیایشن کی منظوری.

اجازت نامہ

ہم بحریہ میڈیکل اینڈ ڈینٹل کالج کے کلیہ طب، سال چہارم کے طلباء ہیں،اور کمیونٹی ہیلتھ سائنسز کے شعبے کی طرف سے ایک تحقیق کر رہے ہیں ، جس کا عنوان 'جسمانی صحت کی شرائط کے بارے میں آگاہی اور معاشرتی خصوصیات کے ذریعے اس کی ایسوسی ایشن کی منظوری' ہے.ہم آپکو اس تحقیق میں شامل ہونے کی دعوت دیتے ہیں اور درخواست کرتے ہیں کہ اس مقصد کے لیے اپنے قیمتی وقت میں سے پانچ منٹ نکالیں. آپکی شناخت کو صیغہ راز میں رکھا جائے گا. آپکو سوالات کرنے اور مشورے دینے میں آزادی ہے، ہم آپکے سوالات کے جوابات دینے کی کوشش کرینگے اور آپکے خیالات اور مشوروں کو بھی مد نظر رکھیں گے. اس تحقیق میں آپکی شرکت مکمل طور پر رضاکارانہ ہے اور کسی بھی وقت اگر آپ اس تحقیق میں شرکت سے دستبردار ہونا چاہتے ہیں تو آپ ایسا کرنے میں آزاد ہیں. آپ کی شرکت کرنے پر ہم آپ کے بےحد شکر گزار ہونگے.

اجازت:میں نے فارم پڑھ لیا ہے اور اس تحقیقی مطالعے کے بارے میں مجھے بتادیا گیا ہے، میں اس تحقیق میں شرکت کرنے کے لیے راضی ہوں.

SAMPLE SIZE CALCULATION:

FORMULA: N=$\underline{Z^2}$ x $\underline{pqe^2}$

N= sample size

Pq=variance in population

Z= confidence level at 95%

E = allowable error

By using Epi info the sample size is calculated is to be 384 by using prevalence 50% by keeping confidence interval and 5% error rate.

Population survey or descriptive study using random (not cluster) sampling

Confidence Level	Sample Size
80%	164
90%	270
95%	384
97%	471
99%	663
99.9%	1082
99.99%	1512

Population size: 999999

Expected frequency: 50%

Confidence limits: 5%