"A Study to Assess Social Perception on Mental Disorder Among Adults Residing in Rural Regions, Maharashtra."

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***Abstract*—Background: Mental disorders are a major public health concern worldwide, affecting individuals' thoughts, emotions, behavior, and overall quality of life. According to the World Health Organization (WHO), mental health is an integral component of health and well-being. Despite advancements in mental health care, misconceptions, stigma, and negative attitudes toward individuals with mental disorders continue to exist, particularly in rural communities.**

Objective: To assess the social perception on mental disorder among adults residing in rural regions

Method: "A descriptive research design" is used to the SAQ on social perception on mental disorder shall be constructed to assess the social perception among adults residing in rural regions, Maharashtra. A total of 445 adults include in the study

Results: Data were analysed using descriptive and inferential statistics.

Minimum knowledge score was 4 and maximum knowledge score was 26. Mean knowledge score was 18.88±2.85 mean percentage of knowledge score was 62.96±9.50.

Conclusion: The study concludes that is effective strategy for increasing awareness and promoting regarding the social perception on mental disorder among adults residing in rural regions. It recommends integrating mental health education into social perception

***Index Terms*—social perception, Mental disorders, Adults, Mental Health, Stigma.**

I. INTRODUCTION

Humans are social animal, and a key component of social cognition is the capacity to comprehend the thoughts and feelings of other people. Deciphering clues from someone else's body language, verbal intonation or prosody, and facial expressions is a component of social perception. When taken as a whole, these body, vocal, and facial indicators reveal a great deal about the individual's emotions and behaviors in any social setting.[1]

Emotional well-being is defined as having high levels of positive emotions, whereas social and psychological well-being are defined as the presence of psychological and social skills and abilities that contribute to optimal functioning in daily life. Mental health is a fundamental aspect of overall well-being that encompasses our emotional, psychological, and social functioning. It affects how individuals think, feel, and behave in daily life. It also influences how people handle stress, relate to others, and make choices. Good mental health is more than just the absence of mental disorder. it involves maintaining a state of emotional balance, resilience, and the ability to cope with life's challenges.[2]

World Health Organization (WHO) defines mental health as a state of well- being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community. This definition highlights the positive dimension of mental health and stresses the importance of self-realization and social functionality. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behaviour (or some combination thereof), which are associated with distress and/or impaired functioning and spawn a host of human problems that may include disability, pain,

or death.[3]
lack of knowledge of the problem of the mentally ill and mental illness on the part of general population. lack of continuity, in the community, in the effort made by psychiatrists to recovery and integration of the mentally ill. the poor presence of civil society institutions in the field of services addressed to the mentally ill, the poor presence of civil society institutions in the field of services addressed to the mentally ill. Stigma often comes from lack of understanding or fear. Inaccurate or misleading media representations of mental illness contribute to both those factors.
Public stigma involves the negative or discriminatory attitudes that others may have about mental illness. Self-stigma refers to the negative attitudes, including internalized shame, that people with mental illness may have about their own condition.[4]

1.1 Objective
The primary objective of this study was: To assess the social perception on mental disorder among adults residing in rural regions.

1.2 Methods
Study design and Setting: A descriptive research design. A convenience sampling technique will be used to select the Adults residing in rural regions, Maharashtra.

Inclusion criteria:
- Provided written informed consent to participate in the study
- Available at the time of data collection

Exclusion criteria:
Not willing to participate in the study.
Tool for Data collection: A Self-administered question SAQ that contain a total of 30 questions with total score of 30.
General information about mental health, Information about mental disorder,

Data collection procedure:
Part A: Related to demographic variables such as Age, gender, religion, types family, monthly Income, education adults.
Part B: Related to items on knowledge social perception on mental disorder shall be in the form of MCQ that contain a total of 30 questions with total score of 30.

1.3 Data analysis
The analysis was done with the help of inferential and descriptive statistics
Descriptive Statistics: Frequency, percentage, mean, and standard deviation were used to describe demographic variables and knowledge scores.
Inferential Statistics: Chi-square test was used to determine the association between knowledge scores and selected demographic variables. A p-value of less than 0.05 was Inferential statistical analysis using the Chi-square test revealed that age showed a statistically significant association with knowledge score ($p = 0.030$), indicating that knowledge levels varied across different age groups. Younger adults appeared to demonstrate relatively better perception compared to older age groups.

Educational qualification also showed a statistically significant association with knowledge score ($p = 0.031$). This finding suggests that higher levels of education contribute positively to improved understanding and perception regarding mental disorder.
However, gender, religion, marital status, type of family, and monthly family income did not show statistically significant association with knowledge score ($p > 0.05$). This indicates that social perception regarding mental disorder was relatively similar across these demographic categories.

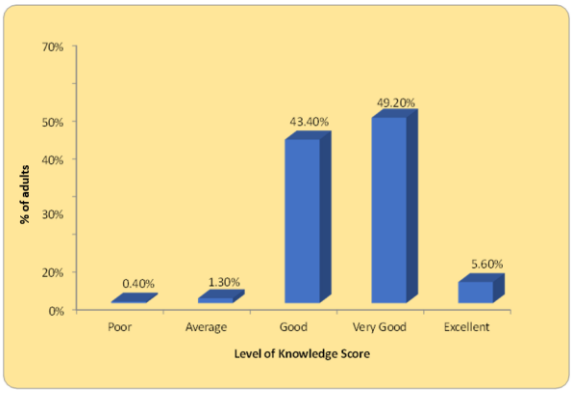
Table 2: Assessment with level of Knowledge score

n= 445

Level of knowledge score	Score Range	Level of Knowledge Score	
		No of Adults	Percentage
Poor	0-6	2	0.4
Average	7-12	6	1.3
Good	13-18	193	43.4
Very Good	19-24	219	49.2
Excellent	25-30	25	5.6
Minimum score		4	
Maximum score		26	
Mean Knowledge score		18.88±2.85	
Mean % Knowledge Score		62.96±9.50	

The above table shows that 1.30% of adults had average level of knowledge score, 43.4% had good, 49.2% had

very good and 5.6% of adults had excellent level of knowledge score. Minimum knowledge score was 4 and maximum knowledge score was 26. Mean knowledge score was 18.88±2.85 mean percentage of knowledge score was 62.96±9.50.



Graph 8: Assessment with level of knowledge score

V. DISCUSSION

The assessment of knowledge regarding social perception on mental disorder revealed that the majority of adults demonstrated good to very good levels of knowledge. Only 0.4% of participants had poor knowledge and 1.3% had average knowledge. A significant proportion (43.4%) had good knowledge, while 49.2% had very good knowledge. Additionally, 5.6% of adults had excellent knowledge scores. The mean knowledge score was found to be 18.88 ± 2.85 out of a maximum possible score of 30. The mean percentage knowledge score was 62.96%. These findings indicate that, overall, adults residing in selected rural regions possessed moderate to good knowledge regarding mental disorder and its social perception. Although the majority had good and very good scores, the presence of small percentages with poor and average knowledge indicates that gaps still exist. This suggests that misconceptions and stigma may persist among certain segments of the population.
Inferential statistical analysis using the Chi-square test revealed that age showed a statistically significant association with knowledge score ($p = 0.030$), indicating that knowledge levels varied across different age groups.
Educational qualification also showed a statistically significant association with knowledge score ($p = 0.031$). This finding suggests that higher levels of education contribute positively to improved understanding and perception regarding mental disorder.

VI.CONCLUSION

Based on the findings of the present study, it can be concluded that adults residing in selected rural regions of Maharashtra possessed moderate to good knowledge regarding social perception on mental disorder. The majority of respondents demonstrated good and very good knowledge scores, indicating an improving awareness regarding mental health issues.

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