



Original Article

Study on mental health literacy among ayurveda students in Nepal

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ABSTRACT:

Background: Mental health literacy is knowledge and beliefs about mental disorders which aid their recognition, management or prevention. Mental health is an integral part of health of an individual. For an individual to be called healthy he should be physically as well as mentally healthy. In Ayurveda, the mental health has been emphasized and its significance has been addressed very clearly. **Aim and Objectives:** The aim of the present study is to access the knowledge regarding mental health in Ayurveda students in Nepal. **Methods:** A cross-sectional observational questionnaire on 'Mental health knowledge Schedule' (MAKS) was distributed to 200 Ayurveda students in Nepal. Convenient method of sampling was used for the study. **Results and Conclusion:** The study revealed that the Ayurveda students in Nepal have high mental health literacy with mean score 76.32, while comparing between the group, the CAY (Certificate of Ayurveda), first and second professional students have medium mental health literacy with mean score 74.22, 74.67 and 74.41 respectively and the third professional and intern have high mental health literacy with mean score 79.59 and 81.29 respectively. The intern have highest mental health literacy, which indicate that the knowledge regarding mental health increased with the increase in their educational level. The study can prove as a helpful tool in future works and further assessment about knowledge, skill, attitude and behavior towards mental health.

Key words: Ayurveda students, knowledge, mental health.

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Introduction

According to WHO, mental health is “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community”.¹

Mental health disorder is a behavioral or mental problem that causes significant distress or impairment in personal functioning and it is common disorder globally. Global socioeconomic changes in recent years, including industrialization, rapid population growth, urbanization and immigration have created a wide range of mental disorders in different society at the present context.²

Mental health literacy has been defined as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” and includes the ability to recognize specific disorders; knowing how to seek mental health information; knowledge of risk factors and causes, of self treatment and of professional help available; and attitudes that promote recognition and appropriate help seeking.³

The Ministry of Health and Population of Nepal estimates that 15-20% of the total population may suffer from some form of mental health disorder, which shows that the prevalence of mental health issue in Nepal is higher.⁴

A cross-sectional study among the undergraduate students in Saudi territory institution showed that the majority of the students had intermediate level of mental health literacy. But nearly half of the students have negative attitude towards mentally ill persons and mental illness showing urgent need to educate about the mental health issues and altering the attitudes of the students regarding the mental health through mental health literacy programmes, workshops and campaigns.⁵ The mental health Knowledge plays a significant role in the prevention, assessment and treatment of mental health issues.

Many stigma prevails regarding the mental health in the collectivist society like Nepal which prevent help seeking behavior as well as the difference in attitude and behavior towards mental health is-

sues. The stigma prevails in health care worker also. Mental health knowledge help mitigate these stigma regarding mental health issues. Also the knowledge regarding mental health is pivotal in the prevention and treatment of the mental health. As many literature are available in Ayurvedic text regarding mental health, this study was designed to assess the knowledge about mental health in Ayurveda students in Nepal and exploration of Ayurvedic text regarding mental health will be supported to the study.

Objective of the study

The objective of the study is to assess the mental health literacy among Ayurveda students in Nepal.

Materials and Methods

A cross-sectional study, conducted between June – July 2021, 200 Ayurveda students as participants was conducted. The Mental Health Knowledge Schedule (MAKS)⁶ questionnaire was used for the study. Convenient sampling method was used for the study. The inclusion criteria was students studying Ayurveda as their major subject and who gave consent for participation. The questionnaire contained close-ended questions to assess the awareness on mental health. The 25th, 50th and 75th percentile of the MAKS scale scores were considered cut off points for low, medium and high scores respectively.

There were three sections in the questionnaire.⁷ The first section contained questions about socio-demographic details which include the age group, gender, ethnicity, education level and place of residency. Age was distributed as 15-18, 18-21, 21-24 and 24-27 years. Education level was distributed as Certificate of Ayurveda, BAMS (Bachelor in Ayurvedic Medicine and Surgery) first professional, BAMS second professional, BAMS third professional and intern. (1 professional= one and half year course)

The second section included 6 stigma-related mental health knowledge area: help-seeking, recognition, support, employment, treatment and recovery. MAKS is a mental health knowledge related measure which comprises domains related to stigma reduction which can be used in conjunction with

attitude and behavior.

The third section contained questions regarding mental illness conditions.

Data was entered into the Microsoft Excel sheet 2007 and the results were expressed as frequency and percentage of participants for each question.

Mental Health

WHO states that mental health is more than the absence of mental disorders, it is an integral part of health; indeed there is no health without mental health.⁸

WHO constitution states that 'health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity.' An important implication of this definition is that mental health is more than just the absence of mental disorders or disabilities.⁹

In 2013, the World Health Assembly approved a comprehensive mental health action plan for 2013-2020. The plan is a commitment by all WHO members to take specific actions to improve mental health and to contribute to the attainment of a set of global targets.¹⁰

A sound mind in a sound body has been recognized as a social ideal for many centuries. Mental health disorders are not the exclusive preserve of any special group; they are truly universal. Mental behaviors are found in people of all regions, all countries and all societies.¹¹

Mental health in Ayurveda

Ayurveda is a life science aimed at maintenance of health of healthy and curing disease of the diseased person, by establishing homeostasis in the physical as well as mental health. The health is rightly described in Ayurveda as a state of equilibrium of *dosha* (humour), *agni* (digestive fire), *dhatu* (tissues), *malakriya* (excretory and physiological function), and *prashannaatma* (pleasant spirit), *indriya* (pleasant sense organ) and *mana* (pleasant mind). For any person to be called healthy one's mental state should be in proper state along with physical health.¹² The causes and prevention of many physical and mental disease are described clearly in Ayurveda.¹³

Grahachikitsa/ bhoota vidhya is one among the eight major branches of Ayurveda (*Ashtanga Ayurveda*) that deals with the prevention and management of mental problems and other disease caused due to seen and unseen factors.¹⁴

The mind or *manas* is considered three dimensional in terms of three *gunas* (3 qualities): *satva* (balance), *raja* (arrogance) and *tama* (indolence). The *raja* represents activity and dynamism while the *tama* denotes inertia and darkness *satva* is the state of pure mind with absolute balance when both the extreme qualities of mind : *raja* and *tama* cease or merge in each other.¹⁵ It is believed that all mental illness are due to imbalance in of *raja* and *tama*. *Satwa* is never the cause of illness. This is why *raja* and *tama* are also called *manas dosha*.¹⁶

The physiology of the body is affected by the mental state of an individual and the consciousness, mind and body disorders are invariably interlinked with each other. Most of the body disorders can be well averted by achieving a higher state of consciousness and a healthy mental state.

For the prevention from mental disease various modalities are described such as *sadvritta* (code of conduct)¹⁷, *aachara rasayana* (behavioural therapy)¹⁸, *dinacharya* (daily regimen)¹⁹, *ritucharya* (seasonal regimen)²⁰ and many more.

Various modalities for the treatment of the mental disorders have been indicated in Ayurveda as

1. *Daivavyapashraya Chikitsa* (Spiritual healing): Spiritual therapy that includes the use of *mantra* (Inchant), *japa*, *bali* (sacrifice), *homa*, *upavaasa* (fasting), *ishwora aaradhana* (worship/prayer), *prayashchita* (repentance), other religious activities, *mani dharana* (wearing precious stones), etc²¹
2. *Satvavajaya Chikitsa* (Psychotherapy): To control *mana* (mind) from *ahita* (harmful) *vishaya* (-factor) is *satvavajayachikitsa*. It includes *aatma gyana* (knowledge about self), *desha gyana* (knowledge about his responsibility toward society), *Shakti gyana* (knowledge about own capacity), *ritu gyana* (awareness of season and seasonal regimen) etc²²
3. *Yuktiyapashraya Chikitsa* (Rational Thera-

py): It includes biological therapy like *samshodhana*(cleansing therapy),and *shamana* (pacificatory) *chikitsa* (therapy). The patient is subjected to biocleansing therapy in order to cleanse the channels of the body followed by shaman therapy or palliative treatment with the help of drug, dietetics and lifestyle for both treatment and prevention of disease. A number of single and compound *medhya* (nootropic) formulations are used in Ayurveda for the treatment of mental diseases which are believed to act as brain tonics and adaptogens. The *medhya* drugs are considered as specific molecular nutrients for the brain providing a better mental health leading in alleviation of the behavioural alterations.²³

Similarly the concepts about the trivarga (three aims of life):dharma (righteousness in life), artha (materialistic wealth), kama (desire in life), seva of aapta (respect to the knowledgeable person) and aatmaadi gyaana (knowledge of soul and mind) has been quoted as the basic principle of treatment of mental disorder.²⁴

Significance of mental health knowledge

A pilot study of the National Mental Health survey reported the prevalence of mental health disorders to be 12.9% .²⁵ Stigma and discrimination towards people with mental illness is a major problem and mental health literacy is extremely low, resulting in hiding mental health problems avoiding treatment and seeking alternative care. Stigma among service providers against people with mental illness has been identified as one of the barriers to mental health care. Involving patient and caregivers in treatment processes and building the capacity of non-specialist service providers can contribute to reducing stigma.²⁶

Psychiatric services have seen tremendous development over the past decade, lack of awareness on mental health and prevailing stigma have been key barriers to accessing mental healthcare which demands the formulation and implementation of awareness raising and anti-stigma campaigns in communities.²⁷

Observation and Results

In the study out of the 200 participants, 60% were female and 40% were male. Most of the participants (40%) were between 21-24 years of age 32% were between 18-21 years of age, 21% were between 24-27 yrs and 8% were between 15-18 yrs of age. In terms of educational level, 31% were students of certificate of Ayurveda, 69% of BAMS (Bachelor of Ayurvedic Medicine and Surgery), 20% from third profession, 18%, 17% and 14 % from BAMS first profession, BAMS second profession and intern respectively. Most of the respondents were from province 3 (43%) and 44% belongs to urban area, 36% from semi-urban area and 31% from rural area.

Most of the participants (80%) strongly agree that depression is a mental illness, 47% strongly agree that stress is a mental health problem, 60% strongly agree that schizophrenia , 57% strongly agree that bipolar disorder is a mental health disorder , 39% strongly agree that drug addiction is a mental health problem and 42% agree slightly that grief is a mental health problem.

The study revealed that the Ayurveda students have high mental health literacy with mean score 76.32, whereas while comparing in between the group, the certificate of ayurveda, first and second professional students have medium mental health literacy with mean score 74.22, 74.67 and 74.41 respectively and the third profession and intern have high mental health literacy with mean score 79.59 and 81.29 respectively and the intern have highest mental health literacy.

While comparing with the area of residency, it was observed that the students residing in rural, semi-urban and urban area in the study were 41, 72 and 87 respectively and the mental health knowledge were high in all the three area with mean score 0.76, 0.75 and 0.77 respectively in rural, semi-urban and urban area.

Table 1: Mental health literacy in different level of Ayurveda students

SN	Level of students	Participant	Mean Raw scores	Mental Health literacy
1	Certificate of Ayurveda	62	74.22	Medium
2	BAMS first Professional	36	74.67	Medium
3	BAMS second professional	34	74.41	Medium
4	BAMS third professional	40	79.59	High
5	Intern	28	81.29	High
6	Total	200	76.32	High

(BAMS- Bachelor in Ayurvedic Medicine and Surgery)

Discussion

Mental health is part and parcel of health of an individual as it is rightly said by WHO that there is no health without mental health. The prevailing stigma have been key barriers to accessing mental healthcare which demands the formulation and implementation of awareness raising anti-stigma campaigns in communities as the stigma in the health care worker is also significant barrier in the health care of the mental issues. The significance of mental health was realized more than 5000 years back by the Acharyas in Ayurvedic text. We can get vivid and detailed information about mental health, its significance, prevention and treatment of mental illness and its role in the maintenance of well-being of an individual in Ayurvedic text.

The present study was designed to access the mental health knowledge in Ayurveda students in Nepal as it is crucial to prevent stigma and taboo related to mental health in health workers and assess the stigma related to mental health issues in the ayurvedic manpower.

This study showed that the Ayurveda students have significant knowledge regarding mental health with mean score 76.34. The result may be due to the inclusion of mental health as a prime factor to be healthy in Ayurveda. This also revealed that the knowledge regarding mental health increased with the increase in their educational status with highest score (81.29) in intern students lowest score (74.22) in certificate in Ayurveda students. Both the curriculum have mental health contents in the curriculum and the mental health is part of the

health according to Ayurveda

Also the study revealed that the mental health knowledge do not vary according to the area of residency of the students as the knowledge in all rural, semi urban and urban area were high which signifies that the knowledge depends upon their education status rather than their area of residency. This study use the limited number of sample (200 sample), with the aim to assess the knowledge regarding mental health in Ayurveda students in Nepal. The study is cross-sectional with a low level of evidence. An information bias could exist since the participants provide us with information using a self-reported questionnaire and sampling bias due to convenient sampling. The results could not be generalized in entire population since the result correspond only to the Ayurveda students in Nepal. Future research using sampling from broad area and sample can be conducted. Also the attitudes and behaviors towards the mental health can also be assessed using different questionnaire. Also this study only focus on the level of the knowledge about mental health only.

Conclusion

The equilibrium of all the system in the body is health according to Ayurveda. Mental health is a part of an individual well-being and have been given utmost importance. To assess the knowledge regarding mental health, the present study was planned as the mental health knowledge plays significant role in the behavior and perception of an individual towards self and others. The Mental Health Knowledge Schedule (MAKS) question-

naire was used for the present study. The study revealed that there is high level of knowledge in Ayurveda students in Nepal about mental health. The knowledge improved with upgrading their level of education and the area of residency does not affect the knowledge.

Conflict of interest: No

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