

Level of Anxiety & Depression among Mentally Ill Patients at the National Institute of Mental Health and Hospital

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Abstract

Original Research Article

Background: In Bangladesh, NIMHH in Dhaka is the government institute where mentally ill people are treated. The hospital provides medical treatment and also nursing care for mentally ill people. Mental illness is concerning as a burning issue in the mental health sector. **Objectives:** To find out possible anxiety & depression related causes for the increase level among mentally ill patient in National Institute of Mental Health and Hospital, determine the socio-economic condition of the mentally ill patient. **Methodology:** The study design was used the cross-sectional study method study. The researcher selected 40 samples in contact with this study. DASS-21 is a self-report instruments consisting of three seven-item subscales to assess depression, anxiety, and stress. (SPSS), by using descriptive statistic method, version 20, and Microsoft Excel 13. **Results:** If the study result concludes, the participants' mean age was ($\pm 24.50\%$), and 45% of respondents were 11 to 20 years of age. 42.5% were male, and 57.5% were female respondents in the study. Maximum respondents were students, 37.5% [1]. Majority of the respondents' 30.0% were completed high school level, followed by 25.0% completed their secondary school level and others. Maximum participants live in a single family, where 30% in a large family. This study also aimed to identify the level of depression, stress, and anxiety by a scale (DASS-21). My total participants were 40 where in case of "Depression level" 75% participants reported that it was hard for him to have the 'initiatives to do the thing' where in case of "Anxiety level" 82.5% participants reported that there 'mouth feels dry' and also for "Stress level" 75% participants reported that they found it 'difficult to calm himself.' **Conclusion:** Anxiety and depression is a critical mental disorder which creates harmful effects on health. This research demonstrates that the level of anxiety and depression. This study also found that the socio-demographic characteristics like age, sex, marital status, education, occupation, religion, family size, family income, etc., are related to depression & anxiety [2].

Keyword: Depression, Anxiety, level, Illness, Mental illness.

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INTRODUCTION

In Bangladesh, NIMHH in Dhaka is the government institute where mentally ill people are treated. The hospital provides medical treatment and also nursing care for mentally ill people. Mental illness is a burning issue in the mental health sector [3].

In 2012, a study was carried out at the National Institute of Mental Health and Hospital in Bangladesh, which found that 25,508 people get treatment facilities as new outdoor patients; 2,030 as emergency patients, and 1,953 as indoor patients. 14,959 (58.7%) males, 8,939 (35.0%) females and 1,610 (6.3%) children can take treatment facilities from outdoor. In indoor settings 1,159 (59.3%) males, 667 (34.2%) females and 127

(6.5%) children can get treatment facilities. A total of 78.3% admitted patients take treatment from NIMH&H in which bipolar mood disorder (40.2%) and schizophrenia (38.1).

In the general hospital, the physician observes that a large number of patients come with emotional disorders further that disorders contribute to emotional distress and illness. Neglect is the most common barrier for detecting emotional disorders and lack of physician confidence [4].

Depression also causes severe pain in any part of the body. The symptoms of depression are low self-esteem, hopelessness, devaluation of life, self-deprecation, and inertia. Discuss methods that can

prevent patient anxiety about their condition. Physiological arousal is the most common symptom of anxiety. The anxiety and depression reliable scale is translated validated in much language and used in many ethnic groups. It is used to assess mentally tolerant symptoms in clinical and non-ethical adult samples.

Depressed mood people have insomnia; excessive sleeping, fatigue, aches, pains, digestive problems, and energy loss present with individual depression. Depression in adulthood sometimes causes neglect, mental abuse, physical abuse, and sexual abuse in childhood.

The interrelation between depression and anxiety, some researchers have been inflaming the investigation. How many psychological statuses of these differ from another person? Therefore, few researchers made factor analysis in order to take the discriminate validity of scale items [5].

Chronic illness is at high risk for the patient's psychological problem. On another side, chronic disease impact the bad affect for anxiety and depression disorder. Chronic mental illness significantly affected negatively their individual emotion, beliefs, value, perception, thought and behavior [6].

Research question

What is the level of anxiety and depression among mentally ill patients at National Institute of Mental Health and Hospital?

Aim of the study

To identify anxiety and depression among the mentally ill patients at the National Institute of Mental Health and Hospital

Study Objective

General objectives

To identify the possible anxiety and depression level among mentally ill patients at the National Institute of Mental Health and Hospital

Specific objectives

- To explore the socio-economic status of the participants.
- To assess the physical status of the participants.
- To find out the level of anxiety and depression of the participants.
- To identify the stress level of the participants.

The serious effect on the neurological outcome of stroke patients [7]

METHODOLOGY

Study design

The study design was used in the cross-sectional study design. The quantitative method was

appropriate for this study. Under the quantitative approach, the researcher used cross-sectional methods that is one type of observational research, involves data collection from a population, or a representative subset, at one specific point in time. According to Levin, a Cross-sectional study analyzes the present situation and is carried out at one specific time or over a short period. The cross-sectional studies provide a snapshot of the outcome and characteristics associated with it at one particular point in time. Usually, there is no hypothesis, but the aim is to describe a population or a subgroup within the people for an outcome and set risk factors [8].

The purpose of the study was to find out the increase level of anxiety and depression among mentally ill patient at National Institute of Mental Health. Data had been collected within three months. In this present study, the researcher had also investigated the association between the respondents' level and demographic factors and patient with anxiety and depression. Cross-sectional studies are useful to identify associations that can then be more rigorously studied using a cohort study or randomized controlled study [9].

Study setting

The study was conducted in the inpatients and outpatients unit of the NIMHH at Dhaka in Bangladesh. The institute was established in 2001 with the aim of providing quality care to people with mental illness in Bangladesh. As a result, patients are the representative all over the country.

Study population

All the medical ill peoples in Bangladesh were the study population in the study.

Sampling procedure

The researcher was chosen the non-probability sampling procedure, which was a convenience sampling strategy. Convenience sampling is a process in which a sample is drawn from the conveniently available subjects. The procedure included all the patients with anxiety and depression who met the inclusion and exclusion criteria.

Sample size

The researcher selected 40samples in contact in this study.

Inclusion criteria

- The participants were patients with anxiety and depression.
- All inpatients and outpatients.
- Patients were selected patients who took the National Institute of Mental Health and Hospital treatment in Dhaka, Bangladesh.

Exclusion criteria

- Unstable patients.

- A patient who was unable to provide information properly.
- A patient who was not interested in giving data.

Field test

The researcher accomplished the field test after starting the data collection with the questionnaire feasible the researcher translate the main questionnaires in Bengali with different people. The researcher had given the information to the participants about the aim and objective of the study. Then the researcher performed field testing with anxiety and depression patients. It was conduct to check the wording was both appropriate and understandable [10].

Data collection technique

In order to collect data, the researcher conducts face to face interviews about the level of anxiety and depression through a structured questionnaire.

Data collection tools and Instruments

Socio-demographic profile sheet: This questionnaire was developed by the researcher and includes items related to personal characteristics, such as age, sex, marital status, education, occupation, duration of illness, family size, family income, and relationship with the patient. Paper, pen, pencil, eraser, sharpener, writing board, information sheet, and consent form.

DASS-21 description

DASS-21 is a self-report instruments consisting of three seven-item subscales to assess depression, anxiety, and stress over the last week. Seven item anxiety, seven-item depression, and seven-item stress.

Data collection procedure

Firstly, in order to collect data, the researcher obtained permission from the Nursing department and director of NIMHH. The researcher fixed a date and time with the participant, according to her availability. The aim of the study and the study procedure was explained to participants before collecting data. The participant was given information sheets, and consent forms, and these were described by the researcher. Participants had an opportunity to ask the question, and they signed the consent form after being if they were satisfied. The researcher completed the signed questionnaire on the consent form with regards to demographic data. After that, the researcher collected the demographic information from the participant. Face to face interview the interviewer had a chance to understand the nonverbal cues given by the interview who may indicate confusion or lack of understanding [11]. The interviewer helped the interviewee to understand the questions by changing some words with

the same meaning. The entire interview was conducted in Bengali, whereas questionnaire was translated into Bengali following Linguistic validation guidelines of the MAPI Researcher Institute for translation. The researcher has explained the question in a local language that will be helpful to the participant.

DATA ANALYSIS

Data were analyzed through data entry, and analysis was performed using the Statistical Package for social science (SPSS), by using descriptive statistic method, version 20, and Microsoft Excel 13. The presentation of data was organized in SPSS and Microsoft Office Word [12]. All data were input within the variable of SPSS. The DASS and Demographic questionnaire were analyzed. Data were analyzed by descriptive statistics bar, which was the table, pie chart, and Chi-square test.

Chi-Square Test

The Chi-Square test is the most popular discrete data hypothesis testing method. It is a nonparametric test of statistical significance for bivariate tabular analysis with a contingency table. Chi-square helps us analyze data that come in the form of counts. This test can be applied to nominal or categorical data, which cannot be analyzed using the ranking techniques [13].

The situation for chi-square Test

- Test of association between two events in binomial samples.
- Test of association between two events in multinomial samples.

Requirements

1. The data must be in the form of frequencies counted in each of a set of categories.
2. Total numbers observed must exceed 20.
3. The expected frequency in anyone fraction must not normally be less than 5.
4. All the observations must be independent of each other. In other words, one observation must not influence another observation.

Formula

$$(x)_x = \sum_{i=1}^k \frac{(O - E)^2}{E}$$

$$= \frac{(O_1 - E_1)^2}{E_1} + \frac{(O_2 - E_2)^2}{E_2} + \frac{(O_3 - E_3)^2}{E_3} + \frac{(O_4 - E_4)^2}{E_4}$$

$$= 2.02 + 1.50 + 2.47 + 1.83$$

$$= 7.82$$

Table-1: Correlation between Depression level and Gender

Depression level & Gender				Pearson Chi-Square Test		
Questionnaire	Sex	Yes	No	df	P value	Asymp. Sig.
I did not experience any positive feelings	Male	5	12	1	7.82	.005
	Female	17	6			
It was hard for me to have the initiatives to do thing	Male	14	3	1	0.85	.356
	Female	16	7			
I felt I had no desire for anything	Male	8	9	1	18.51	.554
	Female	13	10			
I felt depressed and had no motivation	Male	6	11	1	0.27	.428
	Female	17	12			
I did not feel enthusiastic about anything	Male	10	7	1	1.75	.185
	Female	18	5			
I felt like I was worthless as a person	Male	13	4	1	1.08	.298
	Female	14	9			
I felt there was no meaning in life	Male	13	4	1	0.6	.443
	Female	15	8			

Table-2: Correlation between Anxiety level and Gender

Anxiety Level & Gender				Pearson Chi-Square Test		
Questionnaire	Sex	Yes	No	df	P-value	Asymp. Sig.
My mouth feels dry	Male	15	2	1	26.46	.412
	Female	18	5			
I had difficulty breathing at times	Male	14	3	1	0.4	.749
	Female	18	5			
I felt shaky (for example: my hands).	Male	16	1	1	4.74	.030
	Female	15	8			
I got worried about situations in which I could have panicked and looked ridiculous.	Male	7	10	1	0.18	.680
	Female	8	15			
I felt like I was going to panic	Male	7	10	1	3.22	.073
	Female	16	7			
I knew my heartbeat had changed even though I hadn't done anything physically rigorous	Male	11	6	1	0.27	.601
	Female	13	10			
I felt afraid for no reason	Male	14	3	1	0.4	.749
	Female	18	5			

Ethical consideration

At first, when the researcher submitted the proposal, and it was approved, then take permission from the ethical board. The researcher took approval from the ethical committee of nursing department to do the study. Then permission was taken from the In-charge of NIMHH for data collection from the patients by ensuring participants' safety. The participant, who was interested in participating in the study, was informed verbally about the topic and purpose of the study [15]. They were informed about the number of interviews and length of the interview. It was informed that there would be no risk or direct benefit to participating in the study. Each participant had the right to refuse to answer any question or withdraw them from the study. The study participants were voluntary. The investigator did ensure the confidentiality of all information obtained. The investigator did not hamper the activity of the patients during data collection. It was informed that participant's information would be published given by participant will be published

according to their permission and at this time their identities will be protected by using coding. Here the world Health Organization and Bangladesh Medical Research Councils rules were followed.

DISSEMINATION OF RESULT

This academic research must be done for completing the Degree of B.Sc in Nursing. The research will be published in the BHPI library, the academic institute of Centre for the Rehabilitation of the Paralyzed. A printed copy will go to nursing department.

RESULTS

The results were shown the association between the level of anxiety, depression and socio-demographic characteristics of the mentally ill patients with anxiety and depression.

Socio-demographic characteristics of the participants (N=40)

Age range

The mean age of the participants in the study was 24.50. Among the total participants (n=40), 45% (n=18) respondents were in 11 to 20 years age and 32.5% (n=13) were in 21 to 30 years (Table: 1).

Table-1: Age range of the participants

Age range	Number(percent)
1-10	(2.5%) 1
11-20	(45%) 18
21-30	(32.5%) 13
31-40	(17.5%) 7
41-50	(5%) 2
Total	(100%) 40

Gender

Total participants of the study were 40. Among them, 42.5% (n= 17) were male and 57.5% (n= 23) were female (Figure.1).

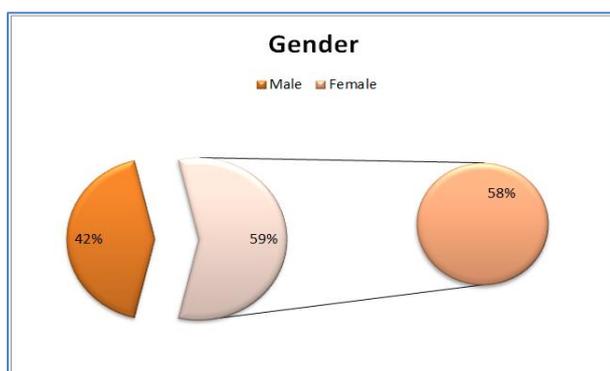


Fig-1: Percentage of gender of the participants

Marital status

Most of the respondents were married 52.5% (n= 21) followed by unmarried 47.5% (n= 19) in this study (figure: 2).



Fig-2: Percentage of marital status of the participants

Occupation

Most of the Respondents were students 37.5% (n=15), housewife (n=10) 25.0%, business (n=4)10%, Govt. employee 7.5% (n=3) Non-govt. employee 7.5% (n=3) others 12.5% (n=5) in this study (Table: 2).

Table-2: Occupational status of the participants

	Frequency	Percent
Students	15	37.5%
Govt. employee	3	7.5%
Non-govt. employee	3	7.5%
Business	4	10.0%
Housewife	10	25.0%
Others	5	12.5%
Total	40	100.0%

Educational qualification

Majority of the respondent's 30.0% (n=12) were completed high school level followed by 25.0% (n=10) were completed their secondary school level, higher secondary school level 17.5% (n=7) Primary school level 15.0% (n= 6) illiterate 10.0% (n=4) graduate 2.55% (n= 1) in this study (Table: 3).

Table-3: Educational status of the participants

	Frequency	Percent
Illiterate	4	10.0%
Primary school level	6	15.0%
High school level	12	30.0%
Secondary school certificate	10	25.0%
Higher secondary school certificate	7	17.5%
Graduate and above	1	2.5%
Total	40	100.0%

Religion

Majority of the respondents were Muslim 90% (n= 36) Hindu 10% (n= 4) in this study (Figure: 3).

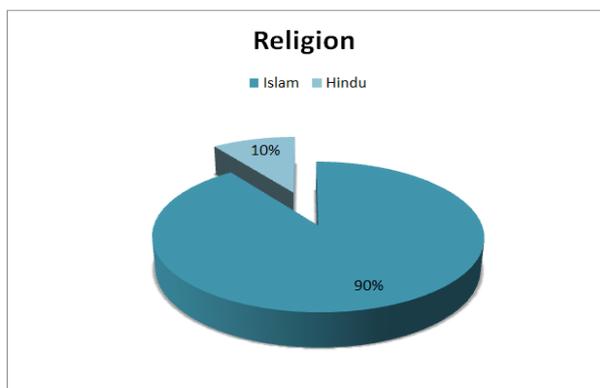


Fig-3: Percentage of religion status of the participants

Family size

Most of the respondents live in the single-family 70% (n=28) followed by large family 30% (n=12) in this study (Figure: 4).

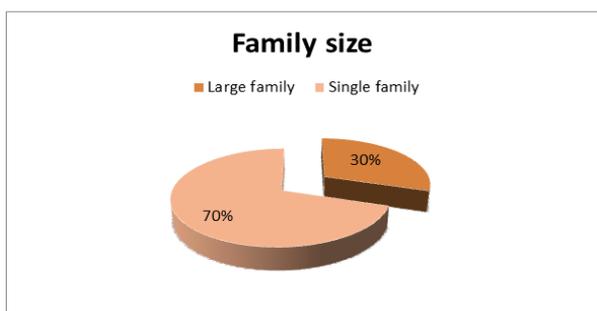


Fig-4: Percentage of family size of the participants

Family income

The maximum amounts are 30000taka and minimum amounts are 2000taka. Most of the respondent’s incomes were 37.5% (n=15) 6000-10000tk & 22.5% (n= 9) 11000-15000 taka (Table: 4).

Table-4: Family income of the participants

Income range	Number/Percent
1000-5000	(15%) 6
6000-10000	(37.5%) 15
11000-15000	(22.5%) 9
16000-20000	(10%) 4
21000-25000	(7.5%) 3
26000-30000	(7.5%) 3
Total	(100%) 40

Depression Anxiety and Stress Scale -21

Depression level

In this study, 75% of participants reported that it was hard for him to have the ‘initiatives to do the thing’. Secondly, most common symptoms were ‘did not feel enthusiastic’ about anything and 70% of participants reported it where similar (70%) participants reported that they felt there was ‘no meaning of life’. 67.5% participants reported that they felt worthless as a person, which were the third most common symptoms among the participants. Among the participants, 55% reported they ‘did not experience any positive feelings’ whilst 52.5% of participants reported them ‘felt they had no desire for anything,’ and 42.5% of participants reported they ‘felt depressed and had no motivation (Table: 5)’.

Table-5: Depression level of the participants

No	Questionnaire	Percentage	
		Yes	No
1	I did not experience any positive feelings	55%	45%
2	It was hard for me to have the initiatives to do the thing	75%	25%
3	I felt I had no desire for anything	52.5%	47.5%
4	I felt depressed and had no motivation	42.5%	57.5%
5	I did not feel enthusiastic about anything	70%	30%
6	I felt like I was worthless as a person	67.5%	32.5%
7	I felt there was no meaning of life	70%	30%

Anxiety Level

In this study, 82.5% of participants reported that there ‘mouth feels dry’. Secondly, most common symptoms were ‘had difficulty breathing’ at times and 80% of participants reported it where similar (80%) participants reported that they ‘felt afraid for no reason.’ 77.5% of participants reported that they felt shaky (for example: my hands) and it was the third most common symptoms among the participants. Among the

participants, 60% reported they ‘knew there heartbeat had changed even though there hadn’t done anything physically rigorous’ whilst 57.5% participants reported them ‘felt like they were going to panic’ and 37.5% participants reported they ‘I got worried about situations in which they could have ‘panicked and looked ridiculous ‘and 62.5% didn’t reported it (Table: 6).

Table-6: Anxiety level of the participants

No	Questionnaire	Percentage	
		Yes	No
01	My mouth feels dry	82.5%	17.5%
02	I had difficulty breathing at times	80.0%	20.0%
03	I felt shaky(for example: my hands)	77.5%	22.5%
04	I got worried about situations in which I could have panicked and looked ridiculous	37.5%	62.5%
05	I felt like I was going to panic	57.5%	42.5%
06	I knew my heartbeat had changed even though I hadn't done anything physically rigorous	60%	40%
07	I felt afraid for no reason	80%	20%

Stress Level

In this study, 75% of participants reported that they found it 'difficult to calm him.' Secondly, most common symptoms were 'they intended to exaggerate when they reacted to situation and 77.5% participants reported it. 72.5% participants reported that they felt they were always nervous and it was the third most common symptoms among the participants. Among the

participants, 65% reported they 'they felt restlessness' whilst 62.5% participants reported them 'they were intolerant of the things that kept them from continuing to do what they had been doing'. 65% they didn't find it difficult to relax, and 62.5% of participants reported they didn't feel like we're being a little too emotional' (Table: 7).

Table-7: Stress level of the participants

No	Questionnaire	Percentage	
		Yes	No
01	I found it difficult to clam my self	85%	15%
02	I intended to exaggerate when I reacted to situation	77.5%	22.5%
03	I felt I was always nervous	72.5%	27.5%
04	I felt restlessness	65%	35%
05	I found it difficult to relax	35%	65%
06	I felt like I was a little too emotional	37.5%	62.5%
07	I was intolerant of the things that kept me from continuing to do what I had been doing	62.5%	37.5%

Correlation between Depression level & Gender

Since calculate value of (7.82) is greater than the table (3.84) with 1df at 5% level of significance, $p < .005$. Hence, we conclude that a real association exists between gender and depression level.

Since calculating value of (18.51) is greater than the table (3.84) with 1df at 5% level of significance, $p < .554$. Hence, we conclude that not a real association exists between gender and depression level.

Correlation between Anxiety level & Gender

Since calculate value of (26.46) is greater than the table (3.84) with 1df at 5% level of significance, $p < .412$. Hence, we conclude that not a real association exists between gender and anxiety level.

Since calculate value of (4.74) is greater than the table (3.84) with 1df at 5% level of significance, $p < .030$. Hence, we conclude that a real association exists between gender and anxiety level.

DISCUSSION

In the discussion section, analysis of the level of anxiety, depression and socio-demographic characteristics of the mentally ill patients with anxiety

and depression will be reviewed. Socio-demographic characteristics are age, sex, marital status, education, occupation, religion, family size, family income, etc.

The mean age of the participants in the study was ($\pm 24.50\%$). Among the total participants, 45% were in 11 to 20 years of age and 32.5% were in 21 to 30 years. In a study, sample consisted only of adolescents where 179 (57.7%) males, overall mean of the sample were 14.16% (± 2.12) years [13].

Total participants in the study were 40. Among them, 42.5% were male and 57.5% were female. In this study, Eighteen percent of the women were anxious and depressed.

Most of the respondents were married at 52.5% followed by unmarried at 47.5% in this study. In Nigerian study PWS 16.6% were married, 44.3% were single, 32.1% separated, 3.0% divorced and 1.4% were widowed.

Most of the respondents were students 37.5% whilst, housewife 25.0%, business 10%, Govt. employee 7.5% Non-govt. employee 7.5% others 12.5% in this study. Psychological distress was associated with

husband unemployment ($p=0.032$), lower household wealth ($p=0.027$), having 10 or more years of formal education ($p=0.002$), a first ($p=0.002$) & an unwanted pregnancy ($p<0.001$) [9].

Majority of the respondents' 30.0% were completed high school level followed by 25.0% completed their secondary school level, higher secondary school level 17.5% Primary school level 15.0% illiterate 10.0% graduate 2.55% in this study . The studies suggest a high prevalence of depression and anxiety among medical students with levels of overall psychological distress consistently higher than in the general population.

Most of the respondents live in the single-family 70% followed by a large family 30%. The study reported that the strong relations between higher levels of parenting stress were significantly related to more child problem behavior.

The maximum incomes are 30000tk and minimum incomes are 2000tk. Most of the respondent's incomes were 37.5% 6000-10000tk & 22.5% were 11000-15000tk. In this study, stress was associated with depression and anxiety levels, also related to Childs behavioral symptoms, maternal anxiety; maternal depressive symptoms, and lack of governmental financial support.

Depression Anxiety and Stress Scale -21

Depression level

In this study, 75% of participants reported that it was hard for him to have the 'initiatives to do thing'. Secondly, most common symptoms were 'did not feel enthusiastic' about anything and 70% of participants reported it where similar (70%) participants reported that they felt there was 'no meaning of life'. 67.5% of participants reported that they felt worthless as a person, which was the third most common symptoms among the participants. Among the participants, 55% reported they 'did not experience any positive feelings' whilst 52.5% participants reported them 'felt they had no desire for anything' and 42.5% reported they 'felt depressed and had no motivation'. In the study HADS-depression with and without the "slowed down" item detected similar rates of depression: 30.6% and 31.6% respectively [13].

Anxiety Level

In this study, 82.5% participants reported that there 'mouth feels dry'. Secondly, most common symptoms were 'had difficulty breathing' at times and 80% participants reported it where similar (80%) participants reported that they 'felt afraid without any reason'. 77.5% participants reported that they felt shaky (for example: my hands) and it was the third most common symptoms among the participants. Among the participants, 60% reported they 'knew there heartbeat

had changed even though there hadn't done anything physically rigorous' whilst 57.5% participants reported as they 'felt like they were going to panic' and 37.5% participants reported as "they got worried about situations in which they could have 'panicked and looked ridiculous 'and 62.5% didn't reported it. A bifactor structure with depression, anxiety, stress and a general factor provided the best fit index for the DASS-21.

Stress level

In this study, 75% participants reported that, they found it 'difficult to calm him or her'. Secondly, most common symptoms were 'they intended to exaggerate when they reacted to situation and 77.5% participants reported it.72.5% participants reported that, they felt they were always nervous and it was the third most common symptoms among the participants. Among the participants, 65% reported they 'they felt restlessness' whilst 62.5% participants reported them 'they were intolerant of the things that kept there from continuing to do what they had been doing'. Also, 65% reported they didn't find any difficult to relax, and 62.5% reported they didn't feel like we were being a little too emotional'. In other study, convergent validity was adequate for the depression and anxiety subscale but more ambiguous for the stress subscale [13].

CONCLUSION

Anxiety and depression is a critical mental disorder which creates harmful effects on the health. This research demonstrates that the level of anxiety and depression. In this study, it was also found that the socio-demographic characteristics like age, sex, marital status, education, occupation, religion, family size, family income, etc. are much related to depression and anxiety.

If the study result concludes, the mean age of the participants was ($\pm 24.50\%$) and 45% were in 11 to 20 years age.42.5% were male and 57.5% were female respondents in the study. Maximum respondents were students 37.5%. Majority of the respondents' 30.0% were completed high school level followed by 25.0% completed their secondary school level and others. Maximum participants lives in single family where 30% in large family.

Also the aim of this study was to identify the level of depression, stress and anxiety by a scale (DASS-21).My total participants were 40 where in case of "Depression level" 75% participants reported that it was hard for him to have the 'initiatives to do thing' where in case of "Anxiety level" 82.5% participants reported that there 'mouth feels dry' and also for "Stress level" 75% participants reported that they found it 'difficult to calm himself'. The scale reflected the level depression, anxiety and stress. If I want relive their depression, anxiety and stress I have to organize a team to provide information about anxiety and

depression among the participants. The national survey can be conducted to know the prevalence of anxiety and depression, health care and other facilities. If we work together, we can improve the participant's knowledge about anxiety, depression and prevent psychological problem and other health problem related to anxiety, depression and stress.

RECOMMENDATION

Future similar research will be conducted in the area with large number of sample size. And also need for more research on the level of anxiety and depression among mentally ill patients at NIMHH. To prevent the depression, anxiety among the patients. Education and proper counseling to help them to obtain the beneficial outcomes and avoid the negative outcomes that is possible. Nurses need to pay more attention to patients' personal and anxiety depression level and to carefully identify their needs. The information regarding the findings should be conveyed to the patients so they can advocate for themselves. Family support can contribute to a better anxiety and depression of the patients.

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