

Attitudes towards Mental Illness between Undergraduate, Postgraduate and Ph.D Students from Northern India

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ABSTRACT

Young adults are important members of the community; hence their attitude towards mental illness can be highly influential. Individuals with mental illness suffering from the illness they also face stigmatizing attitude generated by the community. Mental health disorders and stigma prevail in our society, it is important to understand the attitude and knowledge of various groups to increase the mental health literacy through using all means of education. The aim of this study is to understand the attitudes towards mental illness among undergraduate, postgraduate and Ph.D Students from Northern India. A cross sectional online study for students pursuing various courses in different stream was carried. A specifically designed Google form was circulated through social media platforms. It was containing information about the study with the request for participating in the research and further circulation among other groups. It was divided in two parts 1) Basic Demographic information of the participants and 2) 40 questions from community attitude of Mental illness and two attitude questions were included. A total of 232 students were participated in this study. 30.2% were Undergraduate, 64.7% were Post graduate and 5.2% of them were Ph.D Scholars, with the approximate 25.42 year age, 37.1% of them were males and 62.5 were female. CAMI mean score of Authoritarianism is 26.83, Benevolence mean is 37.88, Social restrictiveness mean is 23.95 and mean of community mental health ideology is 37.08, indicative of negative attitude toward mental illness among students. Almost all the participants accept the need treatment for mentally illness. Due to difference in Knowledge attitude and behavior, It is important to initiate awareness campaigns all over the country and especially in schools colleges to prepare a more knowledgeable and open-minded society.

Keywords: Knowledge, students, mental illness

INTRODUCTION

Mental health is an important aspect and indicator of the healthy social life. The rising level of morbidity and mortality is a sign of social as well as individual malaise (WHO, 2001). In most parts of the world, mental health and mental illness are largely ignored or neglected that result in increasing burden of mental disorders in the community and a widening of “treatment gap” (Kumar, 2005).

Mental disorders are widely recognized as a major contributor in the global burden of disease worldwide (14%) (Prince, Patel and Saxena, 2007). World Health Organization (WHO) reported that in 2002, 154 million people globally suffered from depression, 25 million people from schizophrenia, 91 million people from alcohol use disorders, and 15 million from drug use disorders (WHO, 2004). Nearly 25% of individuals, in both developed and

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developing countries develop one or more mental or behavioural disorders at some stage in their life (WHO, 2001).

Meta-analysis of epidemiological studies reported prevalence of mental illness as 58.2 (Math, Chandrashekhar and Bhugra, 2007) and 73 (Reddy and Chandrashekhar, 1998) per 1000 population in India. However, even after three decades of its launch, National Mental Health Programme is restricted only to 123 districts, that too in the rural region (MoHFW, 2010). Urban community in the country, which is exposed to stress of migration, change in family and social dynamics, widening inequalities in economic status, widespread poverty, poor living conditions, and insecurity, hardly gets due attention in the program (Salve et al 2013). Lack of organised public health infrastructure and expensive treatment at private settings add to the problem.

Patients with mental illness have been stigmatised since long back in any community, and this stigmatisation is beyond just “labelling” the patients (Lawrie, 1999). The condition is perceived as frightening, shameful, imaginary, feigned, and incurable, while the patients are characterised as dangerous, unpredictable, untrustworthy, unstable, lazy, weak, worthless, and/or helpless in the community (Salve et al 2013). Lack of awareness about mental illness encourages discrimination and stigmatization (Wolff et al, 1996). However, cross-sectional studies show that members of the public who have more knowledge about mental illness are less likely to endorse stigmatising attitudes (Link et al, 1997).

Every section of society has its unique way of perceiving mental illness, particularly the young generation and college-going students have their own concepts and ways of understanding. Because the attitude and values of college-going students tend to influence society the most. Colleges may be the best place to develop a comprehensive mental health programme (Mahto et al, 2009). Thus, understanding the attitudes and beliefs about people with mental illness among undergraduate students is a fundamental step in addressing the negative attitudes so often reported in studies (Link et al, 1997). A handful of studies have explored the attitudes among healthcare students and the effectiveness of training programmes (Boyle, Williams and Brown, 2010). Nevertheless, till now very limited research is available regarding students’ attitudes towards mental illness.

MATERIAL AND METHOD

A cross sectional study for students pursuing courses of different stream through online survey was carried. A specifically designed Google form was circulated through social media platforms in the month of March to May 2022. It was containing information about the study with the request for participating in the research and further circulation among other groups. Online questionnaire contained total 54 questions. It was divided in three parts first part was explanation of study and informs consent after agreeing on these participants can move to the second stage/ part that collected basic socio demographic information and last part was focused on students attitude towards mental illness. In the last part community Attitude towards mental illness (Toylar et al, 1981) scale was used for assessing the attitude and knowledge. Two additional questions were also added to understand their understanding about mental illness.

Study was carried through social media platform using web sampling technique it was open for students perusing graduation, post-graduation and Ph.D in any stream of any gender from North India. It was controlled for one response from one individual and students pursuing course from mental health and related subjects were excluded. Over a period of two months 532 individuals gone through the survey but more than half of them denied participation in the study. Only 244 participants completed the online questionnaire and only completed questionnaire were included for the result analysis. After screening it was found that 12 participants were not matching the study criteria as 7 of them are not native Hindi speakers 3 were completed their qualification long back and 4 of them were responded twice so only two response was kept for all 4 of them.

Community Attitudes towards Mental Illness (CAMI)

The CAMI consists of 40 statements with a 5-point Likert-scale that ranges from “1 = Strongly Agree” to “5 = Strongly Disagree” to systematically gain insights to the communities’ attitudes towards individuals with mental illness. The CAMI originally measures 4 factors: 1) Authoritarianism, 2) Benevolence, 3) Social Restrictiveness, and 4) Community Mental Health Ideology. The statements of the CAMI expressed 5 pro and 5 anti-sentiments for each dimension (i.e. 4 sets of 10 statements). For instance, the statement “As soon as a person shows signs of mental disturbance, he should be hospitalized” represents a pro-authoritarianism, whereas “The mentally ill should not be treated as outcasts of society” indicates anti-authoritarianism attitudes. Reverse scoring was done for the anti-sentiment statements for each dimension. Authoritarianism reflects the community’s view that individuals with mental illness are of an inferior class that requires coercive methods to manage them. Social Restrictiveness indicates the view that individuals with mental illness pose a threat to the community. Benevolence represents sympathetic views based on humanistic and religious principles. The Community Mental Health Ideology refers to the values associated with acceptance of having PMI integrated into the community as being therapeutic. Additionally, it also inquiries into the impact of having mental health facilities in residential areas. Hence, higher scores on both Authoritarianism and Social Restrictiveness would suggest higher unfavorable attitudes, whereas endorsing (i.e. higher scores) Benevolence and Community Mental Health ideology would indicate more supportive and inclusive attitudes towards individuals with mental illness.

RESULT

Table 1 shows the socio demographic profile of the respondent. Total of 232 students were matching the study criteria and completed the online questionnaire were included for final result analysis. Mean age of the participants was 25.42 year. In which 37.2 % were Male and 62.8 were Female, 81.0 % of the participants were unmarried, 18.1 % were married and 9% were Divorced/ Separated. In the education part 30.2% were Undergraduate, 64.7% were Post graduate and 5.2% of them were Ph. D Scholars. 54.4 % participant from Arts & Humanities background, 37.4 from science, 4.3 from Commerce and 4.7 from others stream. 72.4 % participants from Haryana, 6.9% from Punjab, 9.5% from Delhi, 5.65 from Rajasthan and 4.7% from other Northern part of India.

Table 1: Socio Demographic Profile of Participants

Characteristics		<i>f</i>	%
Age	Mean \pm SD	25.42	5.417
Education	Undergraduate	70	30.2
	Postgraduate	150	64.7
	Ph. D	12	5.2
Religion	Hindu	206	88.8
	Muslim	16	6.9
	Christian	6	2.6
	Sikh	4	1.7
Marital Status	Unmarried	188	81.0
	Married	42	18.1
	Divorced/ Separated	2	9
Stream	Arts & Humanities	124	54.4
	Science	87	37.5
	Commerce	10	4.3
	Others	11	4.7
State	Haryana	168	72.4
	Punjab	16	6.9
	Delhi	22	9.5
	Rajasthan	13	5.6
	Others	11	4.7

Table 2 show that mean score of Authoritarianism is 26.83, Benevolence mean is 37.88, Social restrictiveness mean is 23.95 and mean of community mental health ideology is 37.08, indicative of negative attitude toward mental illness among students.

Table 2: Student's Attitude towards Mental Illness

Variables		N	Mean	SD	Mean square	F	P
Authoritarianism	Undergraduate	70	26.97	3.71	35.03	.26	.767
	Postgraduate	150	26.82	3.54			
	Ph. D	12	26.16	2.03			
	Total	232	26.83	3.53			
Benevolence	Undergraduate	70	37.80	4.58	37.94	2.11	.12
	Postgraduate	150	37.73	3.81			
	Ph. D	12	40.33	6.65			
	Total	232	37.88	4.25			
Social restrictiveness	Undergraduate	70	24.48	5.39	20.37	.90	.40
	Postgraduate	150	23.80	4.49			
	Ph. D	12	22.75	3.35			
	Total	232	23.95	4.25			
Community Mental Health Ideology	Undergraduate	70	36.94	5.15	36.87	1.46	.23
	Postgraduate	150	36.96	5.00			
	Ph. D	12	39.50	4.33			
	Total	232	37.08	5.02			

Result from table 3 shows that correlation between all the four domains and religion findings shows Authoritarianism and Social restrictiveness is having significant positive relationship whereas Benevolence and Community mental Health Ideology were negatively related with religion.

Two more question included in the study, which show the attitude toward mental illness. One question to assess about the difference between a psychiatric patient and a normal patient. In which 91.4% respondent can understand the difference between a psychiatric patient and a normal patient. Another question is for assessing the need of psychiatrist for mentally ill people, in which 99.1% agree that a psychiatric patient need a psychiatrist for his/ her treatment.

Table 3: Relationship between Component of CAMI and Socio-demography

Variable	Age	Gender	Religion
Authoritarianism	-0.57	0.140	.212 **
Benevolence	0.59	-.072	-.233**
Social restrictiveness	0.54	-.053	.261**
Community mental Health Ideology	0.31	-.059	-.229**

**correlation significant at .01 level

DISCUSSION

This study describes the attitude of the students regarding mental illness. Findings shows there is a negative attitude toward mental illness among students. If we say about acceptance for treatment almost all the participants accepted the need of treatment for mental illness. Findings also shows that student's attitude was found poor in all the domains which was supported by previous studies (Salve et al, 2013, Ganesh, 2011). Perception and Attitude towards Mental Illness in urban rural and semi urban areas was almost similar in our findings previous study (Salve et al, 2013) from Urban Communities also reported poor knowledge and attitude among youth from Delhi NCR and another study (Ganesh, 2011) reported that knowledge and attitude about mental illness among general population of Southern India was found poor.

The general trend of the studies carried out in India so far indicates mixed results and highlights the fact that lay urban public is fundamentally misinformed about the various aspects of mental health, even before 2019 the core training of MBBS was also not having proper coverage for information possessed by it remains uncrystallized (Mahto et al, 2009). This shows the optimistic and sympathetic attitude of male students. Exposure of male students to the outer world, which subsequently shapes their perception, could be a possible reason for male students coming out with such responses; however, no significant findings could emerge. Mental health literacy among general public was quite poor that reflected in the current study participants from various sub parts of the society and no significant changed was noticed in their knowledge and attitude towards mental illness. Positive part of the finding was participant's positive attitude for seeking help or treatment for the mental health

problems. Our Teaching system going through revolutionary changes in regard to teaching, skill training and grading, it may include mental health awareness or at least basic knowledge of mental health facilities. This will be more helpful if various levels of teaching training and services may include some inputs for creating awareness about availability and effective treatment for mental illness, for identification and better care for mental health problems in a community level. National Mental Health Programme's awareness program can contribute a lot in this regard to improve the knowledge and convert the attitude of general public.

CLINICAL IMPLICATION

This study shows that there is negative attitude toward mental illness in among students, so there is a need to increase mental health programme for general public special focus to students across the India, that help students to change their attitude towards mental health conditions. Study was focused on students' group and shows the need of Improvement in attitude and knowledge of the study group. Findings of the study will help policy makers/ educators/ mental health professionals to make effective strategies for promotion of mental health.

STRENGTH OF THE STUDY

This was a online study, in which it has low cost. Another side it provides representation from various stream of students. Also, this study provide platform for the need of mental health literacy programme.

LIMITATION OF THE STUDY

This was an online study in which data control were less. Another limitation is that this study presents only Northern India. Also, this study was conducted through web sampling, so participant who has no access of internet connection and social media platform, those cannot participated in this study. Another limitation is this study focused on students' group only.

CONCLUSION

Knowledge, attitudes and behavior were differently associated among different students of northern India but its found poor. It is important to initiate awareness campaigns all over the country and especially in schools' colleges to prepare a more knowledgeable and open-minded society.

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