Community Attitude towards the Mental Illness

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Abstract

This study was done to see the stigma conditions or the attitude of community towards the mental illness. Total 60 samples were selected by quota sampling method and further divided in five professional groups. Data were collected by a standard questionnaire .The method which was used was one way ANOVA to check the significant difference amongst the various professional group. It was also found that the level of stigma was maximum in the medical group and the least in amongst the student's group. It was found that community attitude towards mental illness is not depends upon anyone profession; it may vary due to various factors like education, gender, living area etc. This may include in further researches.

Keywords: *Mental Health, Mental Illness Stigma, Attitude*

INTRODUCTION

Mental Health and Illness

Mental health is our cognitive, emotional and behavioral wellbeing and even about how we are feeling, thinking and behaving. This term can also be used as "absence of mental disorder". According to World Health Organization (WHO) it is defined as "the subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others." It is a state of being well in which the person realizes their own abilities, have the ability to deal with the normal and daily stresses of life, work functioning is fruitful and productive, and can contribute to their community.

According to Medilexicon's medical dictionary it is defined as the behavioral, emotional and normality or maturity. It is a state of psychologically well being which has been achieved by a person with satisfactory integration of natural drives which is acceptable to oneself and even to the social surrounding; a proper balance between work, leisure pursuits and love." According to the U.K. surgeon general (1999), "mental health is the successful performance of mental

function, resulting in productive activities, fulfilling relationships with other people, and providing the ability to adapt to change and cope with adversity". Through the course of our lives we experience many mental health problems and many factors are responsible for causing that like our experiences, biological factors, accidents etc. It is quite common to have them but can also be cured and reduced with the proper treatment and time. Subjective assessments, cultural differences and competing professional theories all together can affect on as how a person defines the mental health.

Mental illness includes all the diagnosable mental disorders altogether, the condition of health which is characterized by the variations in thinking, mood, behaviour related to the distress or functioning impairment. Amongst the population there are many people who are concerned with mental health frequently but usually mental health is concerned with the mental illness when these signs and symptoms starts interfering with ones daily life routine and disrupts one's ability to function normally.

Mental Health in India

India is at recent time home to the population over one billion citizens. A study which was conducted by World Health Organization (WHO) in 2015 depicts that one in five Indians have the tendency to suffer from depression in their lifetime which is equivalent to 200 million people. Because of the stigma which is associated with the mental illness, limited access to the professional help, lack of knowledge and awareness only 10-12 percent from the population of the sufferers does seek for the help. And still the attitude of many citizens towards this problem is not at all helping.

Stigma about Mental Illness

Stigma is when any person judges you negatively because one s carrying a bit different characteristic or personal trait can is somewhere or thought as a disadvantage (a negative stereotype). The negative belief or attitude carried by population towards people having or suffering from the mental health condition is very common. Stigma can direct towards the injustice or discrimination, it can be very obvious and direct like people commenting on the mental illness or making a negative remark. It may also be unintentionally like avoidance of people as they think that person is violent, dangerous and unstable due to the mental illness one is suffering from, and one can judge them also because of this. Sociologist Erving Goffman (1963) defined stigma as "it is attribute that degrade a person's identity in others mind and perspective from the whole usual normal person to a tainted, discounted one and can lead to the negative consequences for that individual."

Stigma of Mental illness in India

People with the mental illness usually don't reveal their problem which is related to the term "mental illness or disorder". Having any kind of mental illness is not that bad in any ways or shameful but the stigma is. Unfortunately, the stigma has added fuel in the condition of people

who are already burning (suffering from mental illness). Even now days when it comes to the mental illness people tend to have faith and belief in temples and faith healers than to get the professional help.

According to Graham C.L. Davey, basically the stigma of mental health is characterised by two different types: Social stigma and self-stigma. Social stigma is by the differentiating the behaviour, attitude and prejudice against the people who are suffering from any kind of mental illness. Self-stigma is the prejudice and discrimination happening internally by the person who is suffering. In day to day life, the citizens of the society can actually play a very significant role in the reduction of the stigma in and around the mental health.

Objectives

- To acquire a rapid and reproducible opinions that discourse mental illness stigma around the world.
- To see the level of stigma and the attitude amongst different professional groups.

Review of literature

(Svensson and Hansson 2016),This study shows that surveys of constructs such as stigma towards mental illness can be carried out rapidly and repeatedly across the globe, so that the impact of policy interventions can be readily measured. Therefore the higher literacy directs towards the more positive attitude and there is a less desire to, maintain the distance from the people with depression and psychosis should be included in the anti-stigmatization interventions.

(Seeman, Tang et al. 2016), the studies done cross-sectional usually find the increased age association with the negative attitude towards the person suffering from the mental illness. It was also found that the old age people have higher chances or are more vulnerable to adverse outcomes or results of the mental illness like suicide, the increment in the attitude negatively over the life span are considered or found highly relevant.

(Thornicroft, Mehta et al. 2016), the discriminations and stigma are considered to be more bad and adverse than the mental condition itself. Many studies have been done on the attitude towards it but rarely any study is done on the reduction of stigma. It was found that the social interaction and contact is the best intervention to deal with the stigma and attitude in the community in a short period of time.

(Dabby, Tranulis et al. 2015) The stigma and the discrimination is widely spread over and to design the interventions one must have a great knowledge about the implicit (subconsciously and automatic) and explicit (consciously and controllable) forms of bias, predictors and moderators of the stigma. The more contact with patients showed more positive implicit attitude as they are automatic where explicit was not really predicted because one gets conscious.

(Wei, McGrath et al. 2015) The literacy of mental health has increased some awareness and the mental disorders can be detected at the early age, moreover stigma reduction has also take place and has also increased the help seeking behaviour. Despite having the less interventions, there is also the absence of the current interventions, there is still the absence of measuring the current available mental health literacy measure and the psychometrics related to it. Many stigmas were observed after the study that is self stigma, stigma against mental health treatment, experienced stigma and help-seeking. The study directs the availability of the present interventions and scope for developing the new ones. It also gives a platform for the future scope.

(Corrigan and Watson 2002),People suffering from mental illness are actually suffering twice ways as they are suffering from their illness and abnormalities and on the other side they are suffering from the stigma, prejudice and the stereotypes that result in the misconceptions about the mental illness. This study includes the integration of the specific mental stigma which is related to a specific disorder and the general prejudice, stigma and stereotypes. It was found that the stigma is inherited in the society. The research focused on the social structure and the strategies which need to be taken up.

HYPOTHESIS: On the basis of previous researches a Null hypothesis have been formed

- There is no significant difference amongst the different professional groups.

Research Methodology

Study design: Ex-post facto Research Design

Sampling techniques and sample size

Samples were taken from different working sectors. It is non-probability Quota sampling as different groups are formed. The total sample size was 60 people which included 12 people of 5 different sectors that were education, medical, teaching, defence and business.

Data collection tool:

The CAMI scale, it was developed by Baker and Schulberg in 1967 is a multidimensional scale which is originally written in English language which is prepared by Taylor et al. This scale comprises of 4 sub scales, and all the 4 sub scale consist of 10 variables or items, in total 40 items. The four sub-scales are Authoritarianism, Benevolence, Social Restrictiveness and community mental health ideology.

Authoritarianism is the need to hospitalized the mentally ill population and differentiate the mentally ill and normal people.
Benevolence is the requirement of the attitude of for kindness and sympathy. The sentiments were actually the responsibility of the society.

Social Restrictiveness covers the following themes like mental illness is dangerous, to maintain the social distance, lack of one's responsibility, the level of normality of mental illness.

Community mental health ideology is the impact on the society of facilities of mental health, the value of therapeutic of the community or society, the danger which is posed by the mentally ill and to accept the deinstitutionalized.

Every sub-scale carries 10 items out of which five have positive sentiments and 5 are negatively worded. Reliability is 0.80 and validity0.72. It is It is a Likert type of scale of 5 points that is strongly agree, agree, neutral, disagree and strongly disagree. This scale takes up both the positive and negative connotations of every item which is present in every sub-scale. To calculate the final score as the result, therefore the higher the score indicates the more positive attitude towards mental illness and less stigmatization. The scores of each sub scale ranges from 0-40 and the total score is the average of all the 4 sub-scales. The aim or objective behind the sequencing was to reduce or to minimize the possibilities of the response set bias.

Participants:

The focus of study was on the attitude people carry towards mental illness and the stigma that has been established and is still in continuation.

Inclusion criteria was-

- Individuals above 18 years of age.

The sampling was conducted by these steps:

- Five categories were chosen according to the availability and purpose.
- Amongst those 5 categories, the questionnaire was given to 12 people of each category.

Statistical analysis

ANOVA (Analysis of variance), it was developed by Statistician and the evolutionary biologist Ronald Fisher. It was used for the further analysis of data and to determine the significant difference between the groups.

Result

A total number of 60 sample were selected. Five professional groups were included. In each group the equal number of participants were included (teachers, students, business, medical and defense).

Table 1: Age Group (Min. and Max.)

AGE	
MINIMUM	19
MAXIMUM	49
MEAN	36.00
STANDARD DEVIATION	9.653

The maximum age groups which were included was 49 years and the minimum age group was 19 years which was the youth still in reduction period. The mean age of all the samples was 36.00 and its standard deviation was ± 9.653. This wide range was selected to also see whether age group population is more concerned about the mental health condition in the community.

Table 2: Frequency of age in different range

RANGE OF AGE	FREQUENCY
19-24	13 (21.67%)
25-29	2 (3.34%)
30-34	7 (11.67%)
35-39	12 (20%)
40-44	12 (20%)
45-49	14 (23.34%)
TOTAL	**60 (100%)**

The above table shows the age range of the samples and the frequency and percentage of the sample falls in the range. The maximum sample lies in the range of 45-49 in which 14 samples lies and 23.34% out of 100 which shows that they are more concerned about the mental illness than the minimum range of age group which was 25-29 in which only 2 samples were included and out of 100 only 3.34% was seen, also shows the youth is less interested about the community mental health.

Table 3: Total number of frequency of females and males

SEX	FREQUENCY
MALE	34 (56.7%)
FEMALE	26 (43.3%)
TOTAL	**60 (100.0%)**

This above table shows the frequency of male and female which were included in the study. The total number of sample which were male was 34 (56.7%) and the total number of sample of female is 26 (43.3%). Therefore the number of male sample is more than the number of female sample shows that females are a bit less interested for the study.

Table 4: Total number of frequency in each professional group

PROFESSION	FREQUENCY
STUDENT	12(20.0%)
EACHER	12(20.0%)
MEDICAL	12(20.0%)

BUSSINESS	12(20.0%)
DEFENCE	12(20.0%)
TOTAL	**60(100%)**

The above table shows the frequency of the participants which were included in each of the five groups which were 12. Out of 100%, the samples were equally distributed amongst five group 20%.

Table 5: Sum total of groups

GROUPS	TOTAL SAMPLE (60)	TOTAL SUM OF SCOR±ES
STUDENT	12	1513
TEACHER	12	1485
MEDICAL	12	1476
BUSSINESS	12	1502
DEFENCE	12	1510

The table 5 shows that the sum of the total score of the group of students was the highest 1513 which indicates the highest positive attitude towards the mental illness and has less stigma towards it as compared to the other groups whereas the medical group has the lowest scoring 1476 indicates more stigma than having a positive attitude towards mental illness.

Table 6: Frequency of females and males

PROFESSION	FREQUENCY OF MALE	FREQUENCY OF FEMALE	TOTAL FRQUENCY
STUDENT	6 (50%)	6 (50%)	**12**
TEACHER	5 (41.67%)	7 (58.34%)	**12**
MEDICAL	4 (33.34%)	8 (66.67%)	**12**
BUSSINESS	8 (66.67%)	4 (33.34%)	**12**
DEFENCE	11 (91.67%)	1 (8.34%)	**12**
TOTAL	**34 (56.7%)**	**26 (43.3%)**	**60**

The above table shows that the frequency of male and female in each of the five professional groups. In the group of student the participation was equally seen that is 50% each. In the educating background (teachers), the participation of the female was more than male which was 7 females and 5 males. In medical field, the female sample were again seen more than the males which was 4 male and 8 females. In the business group, the sample of male was more than the female which was 8 males and 4 females. In the defence group, the male samples

were more than females which was 11 males and 1 female. This table also suggests the number of the sample of male and female in a particular profession. Altogether the maximum sample of males was found n the defence group and the maximum number of females was found in the medical group. The minimum sample of male was in medical group and the minimum number of the females was in defence group.

Table 7: ANOVA table

S.No.	Variables	Professional groups					F - ratio
		Stu.	Tea.	Med.	Bus.	Def.	
01	**Authoritarian**	28.5833 ±4.39955	28.0000 ±3.74166	30.4167 ±34.7611	28.250 ±3.57071	29.6667 ±4.47891	0.802
02	**Benevolence**	34.9167 ±6.12682	36.9167 ±3.87201	32.4167 ±4.66044	32.4167 ±6.40253	32.4167 ±3.14667	1.522
03	**Social Restrictiveness**	26.8333 5.49104	23.916 6.12682	25.4267 4.77605	25.5000 4.14510	25.3322 5.03322	0.749
04	**Community mental health ideology**	32.9167 4.03301	35.9167 3.62963	34.4167 4.07784	31.6667 5.63001	33.5000 4.10100	0.182

There is no significant difference was found between the professional groups which, means the null hypothesis is not rejected. Out of all the four variables Benevolence has the highest f ratio value which indicates that there is the highest variation amongst all the groups and the lowest f ratio value is 0.182 indicates that there is comparatively less variation than other groups.

(Janoušková, Weissová et al. 2017) a study was done in comparison between the teachers and the medical students to check the stigmatization. A cross sectional study was done to measure the attitude and the stigma. It was found that the teachers have more likely to have chances of being stigmatized than students. There was seen an increased tolerant behaviour and attitude of students regarding stigma. It is quite obviously also seen in the study done above that the students have more tolerant attitude towards stigma than teachers and more positive attitude towards the mental illness.

Limitations

- The sample size was less.
- The variation in the age group was more

Clinical implications

- The emphasis can be increased on for the better planning and coordination between hospital care services, community services, for the patients and their informal careers.

- Interventions can be planned accordingly to promote and recover the stigma condition and so the positive attitude and approach can be established.

Conclusion

The subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others is mental health. This study was done to see the stigma conditions or the attitude of community towards the mental illness. The five professional groups were selected and the questionnaire was distributed. The scoring was and then statistical analysis was done. The method which was used was one way ANOVA to check the significant difference amongst the various professional groups. It was also found that the level of stigma was maximum in the medical group and the least in amongst the students group. Out of all the four variables Benevolence has the highest f ratio value which indicates that there is the highest variation amongst all the groups and the lowest f ratio value is 0.182 indicates that there is comparatively less variation than other groups. It was found that there was no significant difference amongst the different professional groups. Hence the hypothesis was accepted.

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