Mental Health Stigma and Discrimination: Time to Change

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Abstract

Introduction: Mental disorders are considered as a major contributor to the global burden of disease worldwide. Despite much advancement in health care technology , people are still having many misconceptions about occurrence and treatment of mental disorders. **Materials and Methods:** A community based cross sectional survey was conducted in a rural and urban community of district Amritsar, Punjab to assess attitude of rural and urban community people towards mental illness. Total of 200 (100 each) participants were enrolled by using convenient sampling method. A self developed attitude scale was used to assess attitude of community people towards mental illness. **Result:** Study findings showed that majority of urban and rural (90%, 86%) community people have fair attitude and only 7% urban people showed positive attitude towards mental illness. There was no significant association found between socio-demographic variables of rural and urban community people with attitude. **Conclusion**: Rural and urban community people showed varied attitude towards mental illness. Study findings recommended that strong emphasis should be given to information, education and communication (IEC) to improve knowledge of community people to change their attitude towards mental illness. Positive attitude will also enforce the better utilization of health care services at community level.

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Introduction

Mental disorders are rising globally. World health organization (WHO) statistics showed that mental disorders make a larger proportion (14%) of the total global burden of disease.[1] There are about 1.2 crore people suffering from severe mental disorders.[2,3] It is reported that about 25 % populations of developed and developing countries are suffering from some kind of mental disorders.[4]

It is also in notice of Indian health care personnel that national mental health programme is limited to 126 districts of India.[5] Study revealed that benefits of delivery of mental health services largely depends not only on quality and availability of services but also the way people accept and utilize those services.[6] Stigma is the main reason behind incomplete success of mental health services. Stigma impeds people to use mental health services by retaining them at poor knowledge about disease condition, its risk factors and treatment. It also leads to development of unfavorable attitude (consequence of poor knowledge) towards disease condition and isolation of person/ individual with mental illness (discrimination).[7] It has been evident that higher levels of knowledge and positive attitude

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towards mental illness can push more people to seek treatment timely.[8,9]

Labeling the people with mental illness leads to development of a negative attitude in community. It is also evidenced that social isolation of mental ill people contributes to makes their attitude more negative towards mental illness.[5]

Most developing countries including India are struggling to come out of stigmatization, labeling of the patient, negative or unfavorable attitude towards mental illness.[7] Although the level of awareness towards mental illness is improving nowadays yet, the lack of awareness is a factor which demotivates the people to seek treatment.

The main aim of the study was to assess attitude of rural and urban community people towards mental illness.

Material and Methods

The present survey was conducted in the months of March-May 2012 , in selected rural and urban community of district Amritsar, Punjab India. The rural community (Mallu Nangal) is situated 30 Km away from municipal limit with proper road and transport facility. The rural community is having all basic necessities i.e. school, roads, telephone, safe water, and medical health facility etc. The urban community (Baba Deep Singh) is situated in centre of the city with all necessary facilities. Using convenient sampling technique 200 (100 from each community) people were enrolled in the study.

The tools used for data collection were 'Socio Demographic Profile Sheet' and 'Attitude Scale'. The tools were developed through relevant literature search and consultation with experts in the field of Psychiatry, Community Medicines, Psychology, and Nursing.

Socio Demographic Profile Sheet

It contained information regarding age, gender, educational status, marital status, monthly income, presence of any medical personnel in family, presence of any mentally ill member in family and source of information related to mental health.

Attitude Scale

A self developed attitude scale was used to assess attitude of rural and urban community people towards mental illness. It was a 5 point Likert scales ranging from "totally disagree" (1) to "totally agree" (5). The scale contained 35 items under six domains; 1) Stereotypes (4), 2) Benevolence (8), 3) Stigmatization (4), 4) Separatism (11), 5) Pessimistic Prediction (4) and 6) Restrictiveness (4). The tool reliability was calculated by Split Half method and it was found to be 0.78.

The validity of the scale was established by consultation with experts in the field of Psychiatry, Community Medicines, Psychology, Social Workers and Nursing. The tools were pretested for checking their clarity, feasibility and practicability and minor modification was done according to needs of community people. It took 20-25 minutes to fill the tools and it was found feasible for study.

Ethical Consideration

The formal written permission was taken from concerned authority from rural and urban community and written informed consent was also collected from the subjects. After filling socio-demographics profile sheet, the 'attitude scale' was administered to fill during their free time.

Anonymity and confidentiality is maintained during and after data collection. Subjects were given full autonomy to withdrawal from the study anytime without assigning any reason.

Table 1: Socio-Demographic Profile of Rural and Urban Community Subjects (n=200)

Variables	Rural (n=100) f (%)	Urban (n=100) f (%)
Age (years)		
18-30	22(22)	39(39)
>31	78(78)	61(61)
Sex		
Male	23(23)	30(30)
Female	77(77)	70(70)
Occupation		
Laborer	07(7)	01(1)
Govt Job.	-	12(12)
Businessman & own work	93(93)	87(87)
Education		
Illiterate	30(30)	11(11)
Up to 10+2	64(64)	51(51)
Graduate	04(4)	20(20)
PG & others	02(2)	18(18)
Monthly income		
Up to 4999	38(38)	14(14)
>5000	62(62)	86(86)
Mental illness in family		
Yes	14(14)	05(5)
No	86(86)	95(95)
Medical personnel in family		
Yes	08(8)	12(12)
No	92(92)	88(88)
Source of information		
Newspaper	26(26)	32(32)
Internet	01(1)	07(7)
TV/Radio	41(41)	20(20)
Magazines	-	02(2)
Other media	32 (32)	39(39)

The data were coded and tabulated. The final data transformed to SPSS 15.0 Evaluation version and analyzed by using appropriate descriptive and inferential statistics.

Result

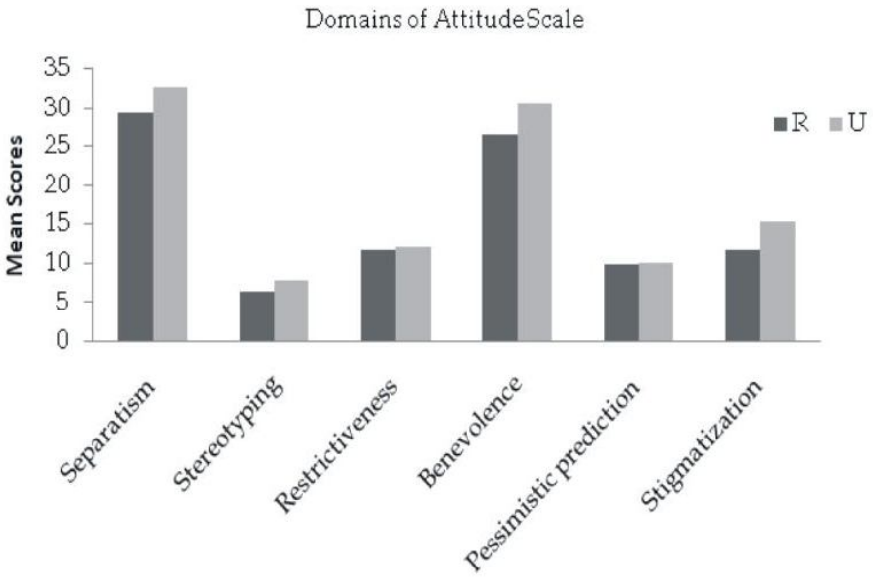
The findings of the study reveal that of 78% rural and 61% urban subjects were in the age group more than 30 years. Data also revealed that 77 % rural and 70% urban participants were female. Majority of rural (93%) rural and urban (87%) participants were self employed. In term of education, it was seen that 64% rural and 51% urban participants were educated up to 10+2.

Table 2: Attitude of Rural and Urban Community People (n=200)

Attitude		Rural (f, %)	Urban (f,%)
Negative	(35-81)	14 (14)	03(3)
Fair	(82-128)	86(86)	90(90)
Positive	(129-175)	-	07(7)

It was also reported that nearly two third (62%) of rural participants and 86% urban participants had monthly income more than

Fig 1: Representation of Attitude of Rural and Urban Community People towards Mental Illness



(R=Rural, U=Urban)

5000. In terms of existing members with mental illness in family, 86% rural and 95% urban participants did not report mental illness in family Moreover, most of rural (92%) and urban participants (88%) did not report presence of medical personnel in family. Findings also evidenced that most of urban family (32%) were using newspaper as a source of information while 41% rural community subjects depended on TV/radio for health related information (Table 1).

Table 2 reveals attitude of rural and urban community people towards mental illness. Findings reveal that majority of urban (90%) and rural (86%) participants showed fair attitude towards mental illness , while 7% urban participants showed positive attitude and only 14% rural participants showed negative attitude towards mental illness.

Analysis showed higher mean scores of urban community people for separatism (32.49), stereotyping (7.85), restrictiveness (12.21), benevolence (30.50), pessimistic prediction (10.19), and stigmatization (15.30) over rural community people for separatism (29.43), stereotyping (6.47), restrictiveness (11.68), benevolence (26.50), pessimistic prediction (9.97) and stigmatization (11.57). It indicates that rural community people are more stigmatized, pessimistic and more restricting towards mental ill patients than urban population (Fig 1).

When the attitude was compared with socio-demographic characteristics of rural and urban community people, it revealed that none of characteristics of rural and urban community people were found significant. Findings evidenced that urban community people had more positive attitude than rural community people (Table 3). Domain wise analysis shows that separatism, benevolence, stigmatization and restrictiveness presented the higher mean score on attitude scale for mental illness.

Despite some positive attitude, subjects showed stereotyping and pessimistic prediction as negative attitude towards mental illness.

Discussion

Generally, mental disorders were viewed as a result of punishment of god, black magic or being possessed by 'evil spirit' requiring religious intervention and exorcism. People with mental disorders received most negative attitudes from the public. The study described

Table 3: Socio Demographic Characteristics and Attitude of Subjects

(n=200)

Variables	Rural		Chi-Square, df, *p-value*	Urban			Chi-Square, df, *p-value*
	Negative f(%)	Fair f(%)		Negative f(%)	Fair f(%)	Positive f(%)	
Age (years)							
18-30	03(3)	19(19)	0.003, df=1,	01(1)	36(36)	02(2)	0.398, df=2,
>31	11(11)	67(67)	*p* =0.956	02(2)	54(54)	05(5)	*p*=0.819
Sex							
Male	01(1)	22(22)	2.311, df=1,	01(1)	25(25)	04(4)	2.683, df=2,
Female	13(13)	64(64)	p=0.128	02(2)	65(65)	03(3)	p=0.261
Occupation							
Laborer	02(2)	05(5)		-	01(1)	-	
Govt Job.	-	-	1.327, df=1,	-	03(3)	-	3.749, df=6,
Businessman & own work	12 (12)	81(81)	p=0.247	03(3)	86(86)	07(7)	p=0.711
Education							
Illiterate	07(7)	23(23)		-	11(11)	-	
Up to 10+2	07(7)	57(57)	3.646, df=3,	03(3)	46(46)	02(2)	7.214, df=6,
Graduate	-	04(4)	p=0.302	-	18(18)	02(2)	p=0.301
PG & others	-	02(2)		-	15(15)	03(3)	
Monthly income (Rs)							
Up to 4999	04(4)	34(34)	.614, df=1,	-	13(13)	01(1)	0.504, df=2,
>5000	10(10)	52(52)	p=0.433	03(3)	77(77)	06(6)	p=0.777
Mental illness in family							
Yes	04(4)	10(10)	2.871, df=1,	-	05(5)	-	0.585, df=2,
No	10(10)	76(76)	p=0.090	03(3)	85(85)	07(7)	p=0.746
Medical personnel in family							
Yes	02(2)	06(6)	0.874, df=1,	-	12(12)	-	1.515, df=2,
No	12(12)	80(80)	p=0.350	03(3)	78(78)	07(7)	p=0.469
Source of information							
Newspaper	01(1)	25(25)		01(1)	27(27)	04(4)	
Internet	-	01(1)		-	07(7)	-	
TV/Radio	09(9)	32(32)	4.602, df=3, p=0.203	02(2)	18(18)	-	8.383, df=8, p=0.397
Magazines	-	-		-	02(2)	-	
Other media	04(4)	28(28)		-	36(36)	03(3)	

the attitude of rural and urban population towards mental illness. Overall, there was evidence for fair attitude of rural and urban population. It was also revealed by the study that mentally ill people were dangerous, difficult to handle and unpredictable.[10] The findings were found consistent with the study conducted by Salve H *et al* which reported kind, pessimistic and non stigmatized attitude towards future of people living with mental illness.[11]

Study finding were also found consistent with the study by Ready & Math which reported that public were prejudiced towards mentally ill people (δ^2=17.604, p=0.001).[12] American health affairs report also published that 15-24% respondents perceive mentally ill people violent and dangerous [9], which was similar to other study findings.[13] Further, association

between attitude and socio-demographics variables of rural and urban community people was also calculated and it was found that none of the demographic variable was found significantly associated with attitude towards mental illness. Study findings were found consistent with study which reported that age, sex and education status were found statistically non significantly associated with.[11] Contradictory findings were reported for age, gender, familiarity with mental illness, marital status, and education in various studies.[14,15]

The result of comparative analysis showed that people in age group > 31 years in rural (67%) and urban (54%) showed more positive attitude than 18-30 years. Female (64%, 65%), self employed (81%, 86%), 10+2 educated (57%, 46%), and family income >5000 (52%, 77%) showed more positive attitude for rural and urban community respectively. Findings were also found consistent with the study by Pelzang study which reported that female, age group 41-50 years showed more positive and less benevolent and stigmatized attitude to mental illness.Male and illiterate people showed more pessimistic attitude towards mental illness.[15]

Conclusion

This study finding revealed that urban and rural population had fair attitude towards people with mental illness. Nevertheless, it is important to carry out further comprehensive research on the areas of emphasis to address, specifically the rural and urban population's attitude on mental health and illness. In the scenario of high technology and health care advancement, community people still believe in *evil spirit, Tantric/Ojha, black magic, upari chakkar*. Compared to urban community population, rural community showed more restrictive, stereotyping and stigmatized attitude towards people with mental illness.

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