



Original Research Article

Attitude to People with Mental Illness: A Mental Health Literacy Survey from Punjab State

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ABSTRACT

Introduction Mental disorders are rising sharply. Mushroom growth of mental disorders is grave concern for health professionals. The survey was conducted to assess attitude of rural and urban community people towards mental illness.

Methods- A cross sectional survey was carried out among randomly selected rural and urban community people (N=200). Data were collected through face to face interview, using a structured rating scale. Data was analyzed and interpreted by using descriptive and inferential statistics.

Results- Our findings revealed that the urban community subjects' shows more positive attitude than rural people to the statements i.e. 'If mental health facility is set up in my street or community, I will move out' ($\chi^2=29.81, P <0.000$), 'It is not appropriate for a person with mental illness to get married' ($\chi^2=12.795, P <0.012$), 'People with mentally ill should not have children' ($\chi^2=29.091, P <0.000$), 'There is no future for people with mental illness' ($\chi^2=30.877, P <0.000$), 'Corporations and the community should offer jobs to people with mental illness' ($\chi^2=19.293, p <0.001$), 'It is harder for those who have illness to receive the same pay for the same job' ($\chi^2=61.668, P=0.001$).

Conclusion- The study findings suggest that there is a need to improve the knowledge of community people regarding mental disorders and its related aspects. The government initiatives should also strengthen to disseminate the informations related to mental health and mental illness for better utilization of mental health services.

Key words- Attitude, mental disorder, people

INTRODUCTION

Psychiatry has contentious history and criteria of its methods and practices continue unrelenting from both within and outside it. Recent critiques argue strongly that psychiatry practice is in fact the crux of the problems of the social exclusion of mentally ill and therefore cannot be a part of solution. People with diagnosis of mental illness have been described as the last minority against whom it is socially

acceptable to discriminate, stigmatized and exclude.^[1] Discrimination, stigma, violence, avoidance, neglect and social exclusion are very real aspects of people living with mental illness, and diagnosis and the consequences can be grave leading to loss of opportunity, education, employment, housing and social functioning.^[2]

Decade of research has established that the public holds inaccurate negative belief about those with mental illness,

seeking them dangerous, unpredictable, unattractive, unworthy and unlikely ever to be productive members of their communities.^[3-5] Moreover, this negative attitude has been constant despite of advancement of scientific understanding of mental illness, its causes and prognosis. The pervasive negative attitude towards mental illness impedes both treatment seeking and recovery from mental illness.^[6] In U.S, it is estimated that around one third of the 44 million adults with diagnosable mental disorders seeks treatment from and mental health professionals and stigma reported as a main barrier for not seeking treatment.^[7]

It is also evident that people with mental illness associated themselves with society's negative conceptions of mental illness and that negative perception contributes to the incidence of mental illness^[1,8] Study revealed that benefits of delivery of mental health services largely depends not only quality and availability of services but also the way of people towards accepting and utilizing of those services^[9-11] It is also evidenced that social isolation of mental ill people contributes to makes their attitude more negative towards metal illness^[12]

Children are also face the stigma of mental disorders and its consequences. Ostracism, rejection, bullying, low self esteem, reluctant to seek mental health treatment, are the common faced consequences.^[13] Challenging the stigma of mental illness is a major social issue and public concern. Lack of mental illness awareness is very evident in India and other developing countries.^[14] However, some nations have been successful in fighting with stigma and start showing the positive attitude towards acceptance of mentally ill people.^[15]

Advancement in health care technology is growing simultaneously but still people are suffering with different kinds

of stigma related to mental disorders like mental illnesses are result of *evil spirit*, effect of demon, *upari chakkar*, *black magic*, sin of past birth or *Karma* and marriage and *Tantric/Ojha* can cure mental disorders etc.^[16] These all stigma related to mental illness halt the progress of delivery of mental health services and their smooth functioning in term of not seeking treatment, hiding the mental illness and making isolation of sufferers.^[17]

MATERIALS AND METHODS

The present survey conducted in month 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 having all basic necessity i.e. school, roads, telephone, safe water, and medical health facility etc. The urban community (*Baba Deep Singh*) is situated in centre of city with all necessary facilities. Using simple random sampling technique 200 (100 from each community) people enrolled in the study.

Instruments

Demographic data survey instrument: Socio-demographic details include; age, gender, educational status, marital status, monthly income, presence of medical background person in the family, presence of any mentally ill member in family and source of information related to mental health.

Questionnaire : Researcher employed a modified version of, “Opinion about mental illness in the Chinese community (OMICC) Ng & Chan, 2000” to assess attitude of rural and urban community people towards mental illness. The instrument use 5 point scale, with possible responses for attitude towards mental illness ranging from “totally disagree” (1) through “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 was modified by including one more item under 'stigmatization' domain with regards to mental illness while retaining the essence of questions. For example, the researcher included the statement, "mental illnesses are similar to physical illnesses". The researcher administered equally divided two parts of instrument to 10 participants. The split half method assessed reliability. The reliability coefficient for final version of structured scale was 0.84.

Instrument validity and reliability

Eleven experts from diverse field; including psychiatry, community medicines, psychology, social workers and nursing; validated the tool. The revised version was modified to incorporate the expert's suggestions. The tools were pretested for checking their clarity, feasibility and practicability and minor modification was done according to needs of community people.

Data were collected by lead author through face to face interview and it took approximate 20 minutes to complete structured questionnaire. The researcher conducted a psycho educational programme for rural and urban community people regarding mental health and its various aspects. Although, educating the community people was not a part of study but it was observed during study that people were not aware of some aspects of mental illnesses and thus the researcher felt that educating the community people may help them to seek mental health treatment and decrease the incidence of mental illness.

Ethical Consideration

The study was approved by the ethics committee (EC) of SGRDISMR, India. Participation in the study was voluntary and each participant was informed

about their decision to participate or not, would in no way not affect daily activity. All responses to questionnaire remained confidential and a code was used for participants to keep their identity protected. The final data transformed to SPSS 15.0 Evaluation version and analyzed by using appropriate descriptive and inferential statistics.

RESULTS

Sample Characteristics

The findings of the study reveals that majority (78%, 61%) of subjects were in the age group more than 30 years in rural and urban community respectively. Majority of the participants from both the group were female (77%, rural, 70% urban). A significant association was observed between rural and urban participant related to their occupational status ($\chi^2=19.958$, $p<0.001$). Similarly, more rural participants (93%) than were self employed (93%, 87%) and were educated up to 10+2 (64% 51%).

The number of urban participants (38%) who had graduation and post graduation was higher than rural participants (6%). A significant association was observed between rural and urban participant related to presence of mentally ill patient in the family ($\chi^2=4.711$, $p=0.030$). Similarly, more urban participants (86%) than rural (62%) reported monthly income > 5000 ($\chi^2=14.969$, $p=0.001$). Findings also evidenced that 32% urban participants and 41% rural participants using newspaper as a primary source of information ($\chi^2=15.040$, $p=0.005$) (Table-1)

Table 2 shows the responses of participants to the attitude towards mental illness measurement questionnaire. A significant association was identified for the statement 'if mental health facility is set up in my street or community, i will move out' between rural and urban participants ($\chi^2=29.81$, $p=0.000$). More numbers of urban

(34%) than rural participants (13%) expressed that the people were 'totally disagree/almost totally disagree' for establishment of mental health facility in community. Three fourth of rural participants (83%) than urban (70%) reported that community people 'totally disagree/almost totally disagree/slightly agree' that people with mental illness are dangerous. Majority of urban participants (72%) 'disagreed' that people with mental illness should be feared ($\chi^2 = 75.926$, $p=0.000$). Number of rural participants (75%) was slightly higher than urban participants (49%) who 'disagreed' that people with mental illness tend to be violent ($\chi^2 = 17.952$, $p=0.001$). The number of rural participants (90%) was slightly higher than urban participants (89%) who 'disagreed' that it is easy to identify the people with mental illness by the characteristics of their behavior ($\chi^2 = 11.560$, $p=0.021$). Surprisingly, more number of rural participants (79%) than urban (65%) were disagreed that people with mental illness have lower IQ ($\chi^2 = 9.98$, $p=0.041$). Similarly, more number of rural participants (93%) than urban (68%) were 'disagreed'

that all people with mental illness shows strange behavior ($\chi^2 = 25.885$, $p=0.000$). A significant association was found between rural and urban participants to the item 'it is not appropriate for a person with mental illness to get married' ($\chi^2 = 12.795$, $p=0.012$). Majority of the urban participants (61%) than rural (43%) 'agree/almost totally agree' that people with mental illness cannot fully recover ($\chi^2 = 16.144$, $p=0.003$). A significant association ($\chi^2 = 29.091$, $p=0.000$) was identified between rural and urban participants to the statement 'mentally ill people should not have children'. More number of urban participants (50%) than rural (46%) expressed that they are 'disagree/almost totally disagree' for the statement 'no future of mentally ill people'. However majority of the rural (41%) as well as urban (60%) participants 'agreed/almost totally agreed' that 'corporations and the community should offer jobs to people with mental illnesses'. More than three fourth urban (87%) participants than rural (46%) 'agreed/almost totally agreed' that after mental illness treatment person can return to their formal job position ($\chi^2 = 44.321$, $p=0.000$).

Table 1- Demographic details comparing rural with urban community subjects (n=200).

Variables	Group	Rural n(%)	Urban n(%)	χ^2 Value	df	P value
Age (Years)	18-30	22(22)	39(39)	6.817	1	0.009*
	>31	78(78)	61(61)			
Sex	Male	23(23)	30(30)	1.258	1	0.262
	Female	77(77)	70(70)			
Occupation	Laborer	07(7)	01(1)	19.958	3	0.001*
	Govt. Job.	-	12(12)			
	Businessman & own work	93(93)	87(87)			
Education	Illiterate	30(30)	11(11)	33.741	3	0.001*
	Up to 10+2	64(64)	51(51)			
	Graduate	04(4)	20(20)			
	PG & others	02(2)	18(18)			
Monthly income (Rs)	Up to 4999	38(38)	14(14)	14.969	1	0.001*
	>5000	62(62)	86(86)			
Mental illness in family	Yes	14(14)	05(5)	4.711	1	0.030*
	No	86(86)	95(95)			
Medical personal in family	Yes	08(8)	12(12)	0.889	1	0.346
	No	92(92)	88(88)			
Source of information	Newspaper	26(26)	32(32)	15.040	4	0.005*
	Internet	01(1)	07(7)			
	TV/Radio	41(41)	20(20)			
	Magazines	-	02(2)			
	Other media	32 (32)	39(39)			

* $P < 0.05$, df- Degree of freedom

Considerably good number of urban (78%) participants than rural (27%) were 'agreed/almost totally agreed' that mentally ill people can be helped by allowing them to stay in the community and let them live a normal life ($\chi^2 = 49.122$, $p=0.000$). More number of urban participants (77%) than rural (66%) 'agreed/almost totally agreed' that every person can have mental illness ($\chi^2 = 9.687$, $p=0.046$). Majority of urban (66%) and rural (53%) participants 'totally agreed' that we should not laugh at mentally ill patient. ($\chi^2 = 43.514$, $p=0.000$). More number of urban (58%) than rural (48%) participants 'totally disagree/almost totally disagree' that it is harder to get same payment for same job for mentally ill patient ($\chi^2 = 61.668$, $p=0.000$). Majority of rural (79%) than urban (61%) participants were disagreed of being prejudiced for mental illness ($\chi^2 = 13.144$, $p=0.011$). Considerably good number of urban (63%) than rural (47%) participants 'totally disagree/almost totally disagree' for the statement 'mentally ill people can have good friend'.

Table 2: Comparison of attitude between rural and urban community subjects (n=200).

Statement	Response	Rural n=100	Urban n=100	χ^2 Value	df	P value
People with mental illness have predictable behavior.	Totally Disagree	75	72	4.384	4	0.357
	Almost Totally Disagree	16	11			
	Slightly Agree	6	8			
	Almost Totally Agree	1	2			
	Totally Agree	2	7			
Once People become mentally ill, they will easily become ill again.	Totally Disagree	29	41	6.723	4	0.151
	Almost Totally Disagree	30	20			
	Slightly Agree	33	27			
	Almost Totally Agree	4	3			
	Totally Agree	4	9			
If mental health facility is set up in my street or community, I will move out.	Totally Disagree	6	29	29.81	4	0.000*
	Almost Totally Disagree	7	5			
	Slightly Agree	3	3			
	Almost Totally Agree	4	15			
	Totally Agree	80	48			
A person with mental illness is related, I would still be afraid to be around them.	Totally Disagree	11	18	7.55	4	0.109
	Almost Totally Disagree	18	10			
	Slightly Agree	11	5			
	Almost Totally Agree	16	13			
	Totally Agree	44	54			
Mental patient and other patient should not be treated in the same hospital.	Totally Disagree	58	50	8.37	4	0.079
	Almost Totally Disagree	7	6			
	Slightly Agree	9	5			
	Almost Totally Agree	8	22			
	Totally Agree	18	17			
In case spouse is mentally ill, the law should allow for the other spouse to file for divorce.	Totally Disagree	13	13	4.743	4	0.315
	Almost Totally Disagree	6	3			
	Slightly Agree	16	11			
	Almost Totally Agree	13	23			
	Totally Agree	52	50			
People with mental illness can hold a job.	Totally Disagree	50	43	9.006	4	0.061
	Almost Totally Disagree	8	12			
	Slightly Agree	24	20			
	Almost Totally Agree	12	7			
	Totally Agree	6	18			
People with mental illness are dangerous.	Totally Disagree	49	24	25.843	4	0.000*
	Almost Totally Disagree	19	10			
	Slightly Agree	15	36			
	Almost Totally Agree	7	6			
	Totally Agree	10	24			
People with mental illness should be feared.	Totally Disagree	34	17	75.926	4	0.000*
	Almost Totally Disagree	28	4			
	Slightly Agree	31	15			
	Almost Totally Agree	3	11			
	Totally Agree	4	53			
People with mental illness tend to be violent.	Totally Disagree	55	37	17.952	4	0.001*
	Almost Totally Disagree	20	12			
	Slightly Agree	12	33			
	Almost Totally Agree	5	3			
	Totally Agree	8	15			
It is easy to identify those people with mental illness.	Totally Disagree	69	65	8.478	4	0.076
	Almost Totally Disagree	22	20			
	Slightly Agree	8	5			

	Almost Totally Agree	0	4			
	Totally Agree	1	6			
<i>Table 2 contd.....</i>	Response	Rural (n=100)	Urban (n=100)	χ² Value	df	P value
Statement						
You can easily tell who has mental illness by the characteristics of their behavior.	Totally Disagree	63	70	11.560	4	0.021*
	Almost Totally Disagree	27	19			
	Slightly Agree	8	2			
	Almost Totally Agree	2	3			
	Totally Agree	0	6			
People with mental illness have a lower I.Q.	Totally Disagree	65	51	9.98	4	0.041*
	Almost Totally Disagree	14	14			
	Slightly Agree	14	16			
	Almost Totally Agree	5	6			
	Totally Agree	2	13			
All people with mental illness have some strange behavior.	Totally Disagree	63	56	25.885	4	0.000*
	Almost Totally Disagree	30	12			
	Slightly Agree	7	22			
	Almost Totally Agree	0	1			
	Totally Agree	0	9			
It is not appropriate for a person with mental illness to get married.	Totally Disagree	4	15	12.795	4	0.012*
	Almost Totally Disagree	4	8			
	Slightly Agree	11	16			
	Almost Totally Agree	9	11			
	Totally Agree	72	50			
People with mental illness cannot fully recover.	Totally Disagree	14	19	16.144	4	0.003*
	Almost Totally Disagree	18	5			
	Slightly Agree	25	15			
	Almost Totally Agree	16	14			
	Totally Agree	27	47			
Mentally ill People should not have children.	Totally Disagree	29	38	29.091	4	0.000*
	Almost Totally Disagree	12	10			
	Slightly Agree	41	12			
	Almost Totally Agree	7	6			
	Totally Agree	11	34			
There is no future for people with mental illness.	Totally Disagree	26	41	30.877	4	0.000*
	Almost Totally Disagree	20	9			
	Slightly Agree	37	16			
	Almost Totally Agree	12	8			
	Totally Agree	5	26			
The care and support can help people with mental illness in rehabilitation	Totally Disagree	2	8	7.495	4	0.112
	Almost Totally Disagree	2	1			
	Slightly Agree	12	5			
	Almost Totally Agree	18	23			
	Totally Agree	66	63			
Corporations and the community should offer jobs to people with mental illness.	Totally Disagree	28	30	19.293	4	0.001*
	Almost Totally Disagree	15	6			
	Slightly Agree	16	4			
	Almost Totally Agree	18	14			
	Totally Agree	23	46			
After mental illness treatment person can return to their formal job position.	Totally Disagree	17	8	44.321	4	0.000*
	Almost Totally Disagree	7	3			
	Slightly Agree	30	2			
	Almost Totally Agree	19	24			
	Totally Agree	27	63			
The best way to help those with a mental illness to recover is to let them stay in the community and live a normal life.	Totally Disagree	45	14	49.122	4	0.000*
	Almost Totally Disagree	8	2			
	Slightly Agree	20	10			
	Almost Totally Agree	12	16			
	Totally Agree	15	58			
After treatment and rehabilitation we should not make friends with mental ill people.	Totally Disagree	16	19	3.413	4	0.491
	Almost Totally Disagree	5	6			
	Slightly Agree	12	5			
	Almost Totally Agree	14	13			
	Totally Agree	53	57			
After the treatment mental ill people are more dangerous than normal people.	Totally Disagree	16	17	9.009	4	0.061
	Almost Totally Disagree	14	9			
	Slightly Agree	20	17			
	Almost Totally Agree	17	7			
	Totally Agree	33	50			
It is possible for every person to have mental illness.	Totally Disagree	23	10	9.687	4	0.046*
	Almost Totally Disagree	5	4			
	Slightly Agree	6	9			
	Almost Totally Agree	8	18			
	Totally Agree	58	59			
We should not laugh at the mentally ill at any circumstances	Totally Disagree	34	5	43.514	4	0.000*
	Almost Totally Disagree	2	9			

	Slightly Agree	8	3			
	Almost Totally Agree	1	17			
	Totally Agree	55	66			
Table 2 contd.....	Response	Rural (n=100)	Urban (n=100)	χ^2 Value	df	P value
Statement						
It is harder for those who have illness to receive the same pay for the same job.	Totally Disagree	9	40	61.668	4	0.000*
	Almost Totally Disagree	39	18			
	Slightly Agree	44	11			
	Almost Totally Agree	5	12			
	Totally Agree	3	19			
After the treatment it will be difficult for mentally ill to return to community	Totally Disagree	15	23	9.915	4	0.042*
	Almost Totally Disagree	27	14			
	Slightly Agree	27	19			
	Almost Totally Agree	13	15			
	Totally Agree	18	29			
People are prejudiced towards mental illness.	Totally Disagree	50	47	13.144	4	0.011*
	Almost Totally Disagree	29	14			
	Slightly Agree	10	18			
	Almost Totally Agree	9	11			
	Totally Agree	2	10			
It is hard to have good friends if you have mental illness.	Totally Disagree	26	50	21.239	4	0.000*
	Almost Totally Disagree	21	13			
	Slightly Agree	28	8			
	Almost Totally Agree	10	14			
	Totally Agree	15	15			
Successfulness at work decreases the chance of mental illness.	Totally Disagree	50	24	46.572	4	0.000*
	Almost Totally Disagree	21	7			
	Slightly Agree	17	12			
	Almost Totally Agree	4	24			
	Totally Agree	8	33			
It is shameful to have mental illness.	Totally Disagree	22	13	21.030	4	0.000*
	Almost Totally Disagree	11	3			
	Slightly Agree	7	1			
	Almost Totally Agree	7	24			
	Totally Agree	53	59			
Mental illness is a punishment for doing some bad things.	Totally Disagree	46	22	26.481	4	0.000*
	Almost Totally Disagree	15	9			
	Slightly Agree	15	11			
	Almost Totally Agree	3	16			
	Totally Agree	21	42			
Mental illness should not discuss with others	Totally Disagree	12	8	12.469	4	0.014*
	Almost Totally Disagree	11	4			
	Slightly Agree	11	3			
	Almost Totally Agree	17	15			
	Totally Agree	49	70			
Mental illnesses are same like other physical illnesses.	Totally Disagree	67	53	10.439	4	0.034*
	Almost Totally Disagree	9	19			
	Slightly Agree	7	2			
	Almost Totally Agree	4	9			
	Totally Agree	13	17			

*p<0.05, df-degree of freedom

A significant association was found between rural and urban participants for statement 'work successfulness can decrease the chances of mental illnesses' ($\chi^2 = 46.572$, $p=0.000$) and 'shameful to have mental illness' ($\chi^2 = 21.030$, $p=0.000$). It was still surprising that majority of urban (85%) than rural (66%) participants expressed that mental illness is a punishment of doing some bad things ($\chi^2 = 26.481$, $p=0.000$). Around three fourth of urban (85%) and rural (66%) participants were accepted that mental illness should not be discussed with others. More number of rural (76%) than

urban (72%) participants 'disagree/almost totally disagree' for the statement 'mental illness are like other physical illness' ($\chi^2 = 10.439$, $p=0.034$).

DISCUSSION

The present study compares rural and urban community people attitude towards mental illness. The study was true representative as the participants were large in number and selected randomly from rural and urban community. The study findings shows that people are 'agreed' to stay away from the people with mental illness (χ^2

=29.81, $p=0.000$), need of community support in rehabilitation of mentally ill ($\chi^2=7.495$, $p=0.112$), mentally ill people can have normal life in community ($\chi^2=9.915$, $p=0.042$) and more dangerous than normal ($\chi^2=25.843$, $p=0.000$). The finding found consistent with a survey done by department of health, England that shows that public attitude towards people with mental health problems remain broadly sympathetic despite some sign that prejudice and fear have slightly increased. The vast majority of people remain supportive of the integration of those with mental illness in to the community. Around 3 in 4 responded positively that no one has the right to exclude people with mental illness from their neighborhood.^[18] Survey also presented inconsistent findings that dangers posed by psychiatric patient have worsened and increases proneness to violence from 34% to 39% in 2003. On contrary, it is estimated that people with mental health problems were dangerous and 49.6% (95% CI, 47.7-51.5) felt that public should be protected from them^[19]

Yet, in the present study, majority of participants from rural and urban (93% & 68%) were 'disagreed' that all people with mental illness have some strange behavior ($\chi^2=25.885$, $p=0.000$). The findings were contrary with findings of the study done by Poreddi V et al^[20] and Padamadan JG^[21] which represented that people with mental illness being homeless, wandering on the streets, around railway stations, bus stands, pilgrim center and on street corners.

However, majority of participants (46% rural & 50% urban) 'disagreed' that 'there is no future for people with mental illnesses' ($\chi^2=30.877$, $p=0.000$). Study findings were contra-dictory with the study findings conducted in Delhi with a population of 70 million is found to have nearly 2500 women with mental illness who have no hope to live and found in streets.^[22]

However, in India very limited studies conducted on stigma and its consequences on the burden of mental illness.^[23] A significant association was observed in the reactions of rural and urban participants to the statement 'people with mental illness have a lower I.Q' ($\chi^2=9.98$, $p=0.041$), with more rural participants (79%) 'disagreed' than urban participants (65%). The present study findings supported with the study conducted by Vijayalakshmai P.^[24]

Study represent that a mentally ill person can hold the job ($\chi^2=9.006$, $p=0.061$) and every person can have chance to get mental illness in their life time ($\chi^2=9.687$, $p=0.046$). The study finding found consistent with a survey^[19] conducted by department of health England, which represent that with a drop of 8%, mentally ill people should be excluded from public office. A Survey also represent consistent findings which shows that one in four have chances of affecting over life time and 25% though it was just one in ten.^[19] Another study conducted by Singh et al^[25] and Kermode et al^[26] which present consistent findings that participants are pessimistic when it comes to carrier or job opportunity for a person with mental illness. These findings found inconsistent with the findings to the survey^[19,26] which represent that barriers to work linked to stigma, prejudice and discrimination and it was also mentioned that work is important to maintain mental health and recovery from those who experienced mental illness. Present study findings justified that people are 'disagreed' towards being prejudiced towards mental illness. Study findings also supported by the study done by K Dilip^[27] which present that there is no significant association between mental illness and treatment of mentally ill. These findings were contrary to the study conducted by Bhaskaran K,^[28] which represent that the

social stigma was positively associated with negative attitude towards mental illness.

Present study participants (81% rural, 61% urban) accepted that it is not appropriate for the mentally ill person to get married. Consistent findings were presented with the study conducted by Ganesh.^[10] Study findings show a significant association between rural and urban participants for hiding mental illness ($\chi^2=12.469$, $p=0.014$). Study findings supported with the study conducted by Marrow et al^[29] & Mak et al,^[30] which represented that Indian and Chinese families keep family member's illness secret in order to save face. Another study conducted by Chong SA et al^[13] also reported consistent findings which reported that Chinese people were more likely want to hide their illness should they become mentally unwell while the Malays seem to have more tolerant attitude ($P=0.032$).

The present study has certain limitations such as; smaller sample size may hinder the generalization of the findings. The type I errors may be high due to the item wise Chi-square analysis. Prospective longitudinal research study is mandatory to see the effect of IEC approach on awareness of mental health and hygiene. Qualitative research can also be planned and conducted to explore the present issue. Despite these limitations, the present study also has several strengths like creating awareness regarding mental health, stigma and various hidden issues.

CONCLUSION

In a nutshell, the findings of the present study highlights that there is no major gap in perception of urban and rural participants towards people with mental illness. However, it is integral to recognize the value of changing attitudes and perceptions to promote equality and inclusion for people with mental illness. The

study findings make us aware that it is right time to take urgent initiative to make the population aware about mental health and its related aspects. The mental health professionals, NGOs, professional organizations and other stakeholders should educate all people about mental health disorders, through intervention such as discussions, talks, and awareness session in class and tutorials.

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