

Students' Awareness about Psychiatric Illnesses: A Study from a Hill State

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ABSTRACT

Stigma to psychiatric illnesses is a strong deterrent to seeking medical help for them. Misconceptions about psychiatric illnesses are likely to be more prevalent in the remote geographical areas, located away from major urban dwellings. Assessment of awareness and attitudes about psychiatric disorders is the first step towards developing such strategies. Aim: To study the awareness of a group of university students about psychiatric disorders. Methods: The present paper assesses the awareness and attitudes about psychiatric disorders amongst a group of university students from a remote hill state of India using a structured questionnaire. Results: More than 70% students opined that the mentally ill could get well with treatment. Nearly 60% of the sample perceived the mentally ill as not dangerous. However, about the same number perceived the mentally ill likely to have unpredictable behaviour. The female students had in general more positive views about the mentally ill than the males. Conclusion: The study coming from a remote area of India with grossly inadequate health resources shows quite positive views about the mental illnesses in a majority of university students.

Key words: Stigma, mental illness, students, India

INTRODUCTION

Stigma to mental disorders has existed since centuries¹. Earlier, no effective treatments were available for psychiatric disorders and the mentally ill persons were stigmatized because of their unusual behaviour, which would be unpredictable on occasions. Though a number of effective treatments are now available for almost all psychiatric illnesses, a number of myths still prevail in the community, the negative beliefs about the mental illnesses being often deeply rooted and culturally sensitive¹⁻². People, who believe that it is possible to treat the mentally ill, tend to stigmatise them less. Communication difficulties associated with mental disorders and social non-productivity reinforce the tendency to discriminate against mental illnesses and further increase the stigma³.

Stigma is often responsible for delay in seeking psychiatric help because the patients and families often try to hide the illness, and, thus increasing the severity, disability and behavioural complications associated with psychiatric disorders, which further increase the stigma⁴. Considering the enormous developments in the treatment of mental disorders in the recent years, which have resulted in improved quality of life and also a better prognosis, the long term outcome of these illnesses now does not differ much from chronic physical illnesses. Thus the mental illnesses should be considered no worse a label than heart disease, diabetes or multiple sclerosis⁵⁻⁶. Strategies targeting reduction of stigma may reduce the reluctance on the part of patients as well as their caregivers in seeking psychiatric

care, and help in enhancing community support and reducing discrimination against the mentally ill⁶⁻⁸.

Myths and misconceptions related to mental illnesses are likely to be more common in the lesser educated and lesser privileged sections of the society, and also in those who have less access to the modern systems of treatment. In India, some geographical areas, especially the hilly states have lesser developed psychiatric facilities, as compared to the mainland and urban areas. It is important to assess the attitudes and awareness of the community about psychiatric illnesses, so that strategies can be planned to reduce stigma accompanying these illnesses. Students can form an important advocacy group for the mentally ill. The present study reports about awareness of a group of college students from a remote hilly town about mental illnesses using a structured questionnaire.

METHODS

Study setting: The present study was conducted in the remote city of New Tehri in the hill state of Uttaranchal. The city has no psychiatric facilities and the nearest psychiatrist is available only at 6-7 hours traveling distance. The city has a university college and a number of schools.

Study sample: A convenient sample of students was drawn from a college, who were explained the purpose of study.

Assessment: A 10 item structured questionnaire was used for assessment. The content of statements was derived from some recent community studies or reviews of stigma to psychiatric illnesses^{1,2,9}. The questionnaire was in Hindi. The items referred to some general statements about psychiatric illnesses like 'Mentally ill persons are dangerous to others', 'It is very difficult to predict the behaviour of mentally ill', and others. The statements are listed in table 1. Each statement was to be answered in yes, no, or don't know. In addition, the subjects

could add their comments, if any.

Procedure: The subjects were requested to check out their responses and to give any additional information, if they wished so. The study questionnaire also included information like age, sex, education, residence, and marital status.

Analysis: Data was tabulated and analysed using SPSS 10 package. Chi square analysis was performed to find out significance of differences across different variables.

FINDINGS

Sample consisted of 105 students, 49 (46.7%) males and 56 (53.3%) females. Thirty six (34.3%) students were aged less than 20. Most (86.7%) belonged to urban areas. About half (53.3%) of them had monthly family income of more than Rupees 5000 (104 US dollars). Majority belonged to the humanities stream. Thirty (28.6%) were science students.

Forty percent of the sample perceived that the mentally ill are dangerous to others. More than 60% opined that mentally ill persons felt themselves as different and it was difficult to predict the behavior of the mentally ill. About one third perceived that it was difficult to talk to a mentally ill person. About one fifth of the subjects opined that mentally ill persons do not improve with treatment and nearly one fourth felt that the mentally ill could get rid of their illness. Twenty one percent of the students considered the mentally ill persons as responsible for their illness. Most (95.2%) did not think the mental illnesses as contagious. None of the students thought that the mental illnesses are a result of sins of previous life (Table 1)

Thirty seven percent of the male students perceived that the mentally ill persons were themselves responsible for their illness. Comparative figure for female students was only 8% ($p < .001$). Forty five percent of male students compared to 64% of female students opined that

S.No.	STATEMENT	Yes Response (%)	Sex ¹ 'p' value	Age ² 'p' value	Residential ³ Status
1.	Mentally ill patients are dangerous to others.	40.0	.811	.314	.412
2.	It is very difficult to predict the behaviour of the mentally ill persons.	61.9	.893	.046*	.693
3.	It is difficult to talk to a mentally ill person.	35.2	.181	.572	.575
4.	Mentally ill patients feel themselves as somewhat different.	69.5	.692	.379	.280
5.	Mentally ill persons are themselves responsible for their illness.	21.0	.000**	.462	.962
6.	Mentally ill persons can do good work together.	56.2	.029*	.251	.280
7.	Mentally ill persons do not get well even with treatment.	20.0	.118	.150	.022*
8.	Mentally ill persons can never get rid of their illness.	26.7	.680	.515	.411
9.	One should keep away from mentally ill person since this illness can spread from one person to another.	4.8	.126	.783	.369
10.	Mental illnesses are a result of the sins of the previous life.	0.00	@	@	@

*Significant at <.05; ** significant at <.001

¹ Male and female; ² Age groups < 20 and > 20; ³ Rural and urban

@ All values in the negative

the mentally ill persons could do good work together ($P < 0.05$). Three fourth of the students in the age group 20 and above perceived that it was difficult to predict the behavior of the mentally ill persons, whereas only 55% of the students in less than 20 group thought so ($p < 0.05$). Only about 15% of the urban students felt that the mentally ill persons do not get well with treatment, whereas the comparative figure for rural students was 43% ($p < 0.05$).

In addition to the responses to the items of the questionnaire, many subjects had given additional comments. The statements had quite positive content about their awareness regarding mental illnesses. Some positive statements were: 'Mentally ill persons are just like patients with physical illnesses'; 'There should not be any discriminatory behaviour against the mentally ill persons'; 'We should try to understand the needs of the mentally ill persons'; 'Mental illnesses are affected by some specific environmental situations and these situations can worsen the illness'; 'We should not criticize or laugh at the mentally ill persons or try to denigrate them'; 'Mentally ill persons should be kept in a

stress free environment during treatment'; 'Chances of getting well are better, if a mentally ill person is treated at home, since family can offer support'.

DISCUSSION

This study was conducted at a place, which is quite remote from the main plains and does not have any psychiatric facility in nearby places. General health facilities are also grossly inadequate and magico-religious explanatory model of mental illnesses is quite prevalent in this area¹⁰. Even with all these handicaps, the students revealed quite positive findings regarding their attitudes and awareness about psychiatric illnesses. More than 70% of the subjects opined that the mentally ill persons could get well with treatment, and thus get rid of their illness. Only a small minority (less than 5%) thought that one should keep away from the mentally ill, since the illness could spread from one person to other. Information on other areas was not as encouraging, like nearly 40% of the subjects considered mentally ill as dangerous.

A misconception that the mentally ill persons

are dangerous is quite common in the community. In the present sample, a considerable number (40%) of the students felt that the mentally ill persons were dangerous. Such beliefs are often responsible for increasing stigma. It is important to correct such misconceptions by public awareness programmes. Mental health educational sessions with the young people is a useful approach for challenging such and similar other stereotyped beliefs and in improving the perceptions. The strategy has been found useful in reducing stigma associated with psychiatric illnesses in school students¹¹.

Many times, mental illnesses are also considered incurable in the community. Twenty percent of the students in the present sample also perceived so. The figure is not so high, considering that the study was conducted in a remote area, where no psychiatric facilities are available. It is worth mentioning that one fourth of the students also informed that mentally ill persons can pull together.

General awareness about mental illnesses was better in the female students as compared to the male students, and their attitude towards the mentally ill were also more positive. For example, only 8% of the female students opined that mentally ill persons were responsible for their illness. The comparative figure for male students was 37%. Similarly, 64% of the female students compared to 45% of the males were of the opinion that the mentally ill persons could do good work together. In some of the earlier studies also, the female students have been reported to harbour more positive attitudes towards the mentally ill as compared to the male students¹¹.

More of the older students (age 20 and above) compared to those in the less than 20 group perceived that it was difficult to predict the behaviour of the mentally ill. The finding is interesting, reflecting that the younger age group has probably more positive attitude towards the mentally ill.

General awareness as well as the attitudes of the students was quite positive. This is reflected in the additional comments given by a number of students like 'the mentally ill are just like those with physical illnesses'; 'they should not be discriminated against'; 'one should be supportive and not critical of the mentally ill'.

A number of recent developments in India and worldwide have attempted to reduce stigma associated with the psychiatric illnesses. The movement of psychiatry from the conventional mental hospital to the general hospitals and development of general hospital psychiatric units and the community mental health programmes was a major step in this direction. In India, the archaic Indian Lunacy Act of 1912 was changed to the new Mental Health Act in 1987. This was a major change towards mental health reforms in the country. The new Act uses less stigmatizing terms like hospital in place of asylum and mental or psychiatric in place of lunatic. The Act has taken into consideration various recent developments in the field of mental health in its various sections relating to admission, discharge, and human rights issues of the mentally ill, as well as the functioning of various psychiatric services¹².

Acceptance of psychiatric patients in rural society is higher than in the urban areas. Interestingly, in India even in 1960s, Neki¹³ found considerable tolerance to the mentally ill in the rural community. The present study also indicates about a general acceptability of psychiatric patients in the areas, which are remote from the major health facilities. The agricultural environment, where psychiatric patients can be gainfully employed in variable agricultural operations, helps in integration of the patients in the community. The misconceptions associated with causation shift the blame to external agencies, such as ghosts, curse and related supernatural forces. The end result may prove negative for the patient who may be denied

appropriate psychiatric care, but positive in terms of stigma, which does not alienate the patient in these communities.

Stigma along with other factors like availability and accessibility of mental health care services and general resources in the community is closely linked to false notions about the mental illnesses. Since a majority of the students in this study from a health care deprived and remote area were of the view that the mentally ill persons are just like persons with any chronic physical illness, and can improve with treatment reflects quite positive trend in the young community and needs to be further spread in other populations.

The study was cross sectional and of preliminary kind, and could also have used more elaborate questionnaires, case vignettes and qualitative approaches. The sample size, though reasonable, was much lesser than some of the previous similar studies reported from the other parts of the world. The study site being located in remote place was one of the limiting factors in this regard. Nevertheless, the study can be a first step in planning more detailed studies on the subject, which could also incorporate interventions at stigma reduction.

CONCLUSION

The study shows a positive note of the college students from even a remote hill state of India with broadly positive image for psychiatric patients with fewer misconceptions. However, misconceptions though present in a minority need to be corrected by community awareness programmes on mental health.

REFERENCES

1. Clare A. Public attitudes and the problem of stigma: psychiatry and media. In M.G. Gelder, J.J. Lopez-Ibor Jr & N.C. Andreasen (Eds) *New Oxford Textbook of Psychiatry Vol 1* pp 5-8. Oxford: Oxford University Press; 2001
2. Crisp AH, Gelder MG, Rix S et al. Stigmatisation of people with mental illnesses. *Br J Psychiatry* 2000; 177: 4-7.
3. Arikan K, Uysal O & Cetin, G. Public awareness of the effectiveness of psychiatric treatment may reduce stigma. *Isr J Psychiatry Related Scs* 1999; 36: 95-99.
4. Wahl OE Mental health consumers' experiences of stigma. *Schizophrenia Bull* 1999; 25: 467-478.
5. Wig NN Stigma against mental illness: Editorial. *Indian J Psychiatry* 1997; 39: 187-189.
6. James A. Stigma of mental illnesses: Foreword. *Lancet*, 1998; 352: 1048.
7. Hayward P, Bright JA. Stigma and mental illness. *J Ment Health* 1997; 6: 345-354.
8. Phelan JC, Bromet EJ, Link BG. Psychiatric illness and family stigma. *Schizophr Bull* 1998; 24: 115-126.
9. Dickerson FB, Sommerville J, Origoni AE et al. Experiences of stigma among outpatients with schizophrenia. *Schizophr Bull* 2002; 28: 143-155.
10. Joshi PC. Relevance and Utility of Traditional Medical Systems. *Psychology and Developing Societies* 2000; 12: 15-30.
11. Pinfold V, Toulmin H, Thornicroft G et al. Reducing psychiatric stigma and discrimination: evaluation of educational interventions in UK secondary schools. *Br J Psychiatry* 2003; 182: 342-346.
12. Sharma SD, Chadda RK. *Mental Hospitals in India: Current Status and Role in Mental Health Care*. Delhi: Institute of Human Behaviour & Allied Sciences; 1996.
13. Neki JS. Problems of motivation affecting the psychiatrist, the general practitioner and the public in their interactions in the field of mental health. *Indian J Psychiatry* 1966; 18: 117-124.

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