



## POSITIVE ATTITUDINAL TRENDS TOWARDS MENTAL ILLNESS: CHANGING SCENARIO

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### ABSTRACT

Mental disorders are neglected and disrespected because of community's perception and social stigma, in turn causing increased burden to the society. There has been increase in the mental health awareness and community participation in the recent years. This compelled us to check the changing trends in attitudes in the present scenario compared to past. The current study has been done on a total of 600 subjects (1998 and 2016) and Attitude towards Mental Illness – Rating Scale (ATMI-RS) was used. Data were compared using appropriate statistics. All the groups were found to have more positive attitudes in the present compared to the past. The groups exposed to mental illness have better attitudes than unexposed in both the present and past. However, still neutral and negative attitudes are found among common population. It necessitates having more mental health campaigning and promoting awareness to destigmatize the notions regarding mental illness.

**KEYWORDS** : Attitudes, Mental illness, Positive Trends

### INTRODUCTION:

Mental health is indicator of social quality of life in a population<sup>1</sup>. Mental disorders and illnesses are highly neglected causing increased burden to the community. Mental disorders are highly neglected because of community's perception and attached social stigma<sup>1</sup>. WHO in the mental health terms (2nd Edition, 1994) defines Attitude as "acquired behavioral disposition, which accounts for variations in social behavior under seemingly similar conditions". Stigma and negative attitudes towards people with mental illness are common among both trained health professionals as well as the general population, and people tend to discriminate persons with mental illness. Attitudes towards mental illness significantly affect course and outcome of mental illness. Mental disorders through exaggeration and misunderstanding have been disrespected since ages. In 21st century with the advent of improved patient care, psycho education, advances in treatment and technology there has been a change of attitude towards mental illness<sup>2</sup>. Current study aims to measure the changing trends of attitude towards mental illness over the last two decades in India.

### MATERIALS & METHODS:

In 1998, one of us conducted a study on attitude towards mental illness in a total of 300 subjects in six groups. In 2016, we conducted the study on a different population using the similar set of groups, same scale and similar sample size. Current study has been done in 300 people, both exposed and unexposed to mental illness divided into 6 groups each having 50 members each.

#### Exposed to subjects with mental illness

A1- Medical students of Andhra Medical College  
B1- Employees of Govt. Hospital for Mental Care  
C1- Relatives of mentally ill

#### Unexposed to subjects with mental illness

A2- Engineering students of Chaitanya Engg.College  
B2- Employees of MIMS General Hospital  
C2- Common people attending MIMS General Hospital

All the subjects were above 20 years, were approached individually and requested to volunteer for the study. Each subject was given a questionnaire and a response sheet. For illiterate subjects the investigator read out the questionnaire individually and filled the

response sheet. Finally current results were compared to the earlier results of the study almost after two decades.

**Instruments:** Attitudes Towards Mental Illness Rating Scale (ATMI-RS) constructed by PAI is used in this study. The items of the scale represent broadly areas of Knowledge regarding causation, duration and treatment of mental illness; Social distance felt towards mentally ill persons and Expectations of treatment outcome. The scale consists of seventeen items followed by three alternatives - Agree, Not sure, Disagree. Scoring was done on a three point scale (0 for positive, 1 for not sure and 2 for negative). Lowest possible score is 0 and highest is 34. Scores of 0-11 indicate a positive attitude, 12-22 indicate a neutral attitude and 23 -34 indicate a negative attitude.

### RESULTS:

In the past sample all the groups had shown more or less a neutral to negative attitude towards mental illness, whereas in the present sample the attitude in all the groups is more towards a positive side. In both the samples the exposed groups have a better attitude than the unexposed groups. (Table 1)

**Table 1 – Distribution of groups based on attitudes**

Past Sample (1998)						
Group	Sample Size	Range	Mean	Positive Attitude	Neutral Attitude	Negative Attitude
A1	50	17-28	21.04	--	33(66%)	17(34%)
A2	50	15-25	23.50	--	15(30%)	35(70%)
B1	50	11-27	19.64	1(2%)	41(82%)	8(16%)
B2	50	19-28	23.90	--	15(30%)	35(70%)
C1	50	13-23	18.48	--	48(96%)	2(4%)
C2	50	16-26	21.04	--	36(72%)	14(28%)
Present Sample (2016)						
A1	50	3-19	7.68	44(88%)	6(12%)	0
A2	50	3-16	8.46	42(84%)	8(16%)	0
B1	50	4-17	9.00	38(76%)	12(24%)	0
B2	50	4-19	9.96	32(64%)	18(36%)	0
C1	50	3-23	10.64	29(58%)	20(40%)	1(2%)
C2	50	4-29	14.30	23(46%)	18(36%)	9(18%)

In the past, who were exposed to patients mental illness the mean attitude is 20.54 which is in neutral range, when compared to present with attitude of 9.11, which lies in a positive range. This difference is statistically significant with a p value of 0.001. Similarly in the unexposed group also there is significant difference in the attitude with a p value of 0.001. (Table 2)

**Table 2 - Comparison of attitudes depending on exposure to mental illness**

Dimension	Variable	N	Mean	S.D	t-score	p-value
Attitude (exposed)	Past	150	20.54	3.452	25.060	<b>0.001*</b>
	Present	150	9.11	4.409		
Attitude (unexposed)	Past	150	21.99	2.671	22.197	<b>0.001*</b>
	Present	150	10.90	5.525		

In the past, students who were exposed to patients with mental illness the mean attitude is 21.04 which is in neutral range, when compared to present with attitude of 7.68, which lies in a positive range. This difference is statistically significant with a p value 0.001. In the unexposed group of students also there is significant improvement in the attitude with a p value 0.001 and the mean values of 23.50 and 8.46 in past and present groups respectively. (Table 3)

In past exposed employee group the mean value is 19.64 which is in neutral range, when compared to present employee exposed group with attitude of 9.00, which lies in positive attitude. This difference is statistically significant with a p value 0.001. In the unexposed group also there is significant improvement in the attitude with a p value 0.001 and the mean values of 23.90 and 9.96 in past and present groups respectively. (Table 3)

In the past, common people belonging to exposed group the mean value is 18.48 which is in neutral range, when compared to present exposed group with attitude of 10.64, which lies in positive range. This difference is statistically significant with a p value of 0.001. In the unexposed group also there is significant improvement in the attitude with a p-value 0.001 in present. (Table 3)

**Table 3 - Comparison of attitudes of individual groups in the past and present**

Dimension	Group	N	Mean	S.D	t-score	p-value
Attitude in students (exposed)	A1 (Past)	50	21.04	2.121	27.661	<b>0.001*</b>
	A1 (Present)	50	7.68	3.443		
Attitude in students (unexposed)	A2 (Past)	50	23.50	2.466	21.583	<b>0.001*</b>
	A2 (Present)	50	8.46	3.303		
Attitude in employees (Exposed)	B1 (Past)	50	19.64	3.474	15.860	<b>0.001*</b>
	B1 (Present)	51	9.00	3.262		
Attitude in employees (Unexposed)	B2 (Past)	50	23.90	2.243	23.483	<b>0.001*</b>
	B2 (Present)	51	9.96	3.583		
Attitude in common people (exposed)	C1 (Past)	50	18.48	2.358	9.008	<b>0.001*</b>
	C1 (Present)	50	10.64	5.685		
Attitude in common people (Unexposed)	C2 (Past)	50	21.04	2.240	6.387	<b>0.001*</b>
	C2 (Present)	50	14.30	7.118		

**DISCUSSION:**

Earlier studies done by Sun et al<sup>3</sup>, Zieger et al<sup>4</sup> have concluded that attitudes towards mental illnesses are poor in developing Asian countries like India compared to West. Statistically significant positive trends are seen in all the groups reflected by positive and neutral attitudes have been seen in the present sample when compared to the past. These findings are similar to studies done by Evans-Lacko et al<sup>5</sup> and research report<sup>6</sup> in 2014 which have shown positive trends in recent years. On the contrary, some studies done by Angermeyer et al<sup>7</sup> and Mehta et al<sup>8</sup> reported negative shift in attitudes.

Better attitudes are noticed in groups exposed to subjects with mental illness. This can be understood because there would be more exposure towards the causes and treatments available. They

would witness directly the change in the behaviour and disease process before and after treatments. Ranjit et al<sup>2</sup> and Sun et al<sup>3</sup> have reported better attitudes in medical staff exposed to subjects with mental illness than common population.

In the students groups, medical students those who are exposed to mental illness have better attitudes than the unexposed engineering students. This can be explained by education and their clinical exposure. This is concurrent with earlier studies done by Papish et al<sup>9</sup>, Gulati et al<sup>10</sup>, Connor et al<sup>11</sup>, Iheanacho et al<sup>12</sup>. When compared to the past the student groups in the present have shown positive attitudes. This signifies the role of education in bringing up the change in attitude.

In the employee groups, better attitudes have been observed in employees of hospital for mental care. This fact is understandable because they play an important role in aiding the overall management of mentally ill patients and they are more intimately associated with the mentally ill in the clinical set up. In the common people group, relatives of mentally ill have better attitudes than common lay population. This could be because of their overall presence since the onset of illness, till the ongoing treatment and response rates, that might play an important role in modifying their attitudes. The group which has shown least improvement in attitude is, the unexposed lay people group as the attitude still lies in the neutral range, which signifies room for improvement about mental health in the community. It necessitates having more mental health campaigning and promoting awareness to destigmatize the notions regarding mental illness.

**CONCLUSION:**

Mental health education and mental health awareness can bring about a change in attitudes. Large scale implementation of mental health programmes and awareness through media in local language can promote attitudes towards mental illness. Education can be attributed as an important factor in developing positive attitude. This calls for incorporation of mental health education into the educational curriculum. With the advent of newer drugs and increased success rates in treating mental illness, media attention and newer technologies there has been a positive attitudinal shift towards mental illness. Finally large scale approaches across various sections of the society are needed to further improve the attitudes. Thereby, reduce the stigma, improve the acceptance of mentally ill and bring them for early treatment.

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