



UNRAVELING THE STIGMA PREJUDICE AND DISCRIMINATION SURROUNDING MENTAL ILLNESS

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ABSTRACT **Background:** Various therapeutic approaches have been devised and rigorously evaluated to effectively alleviate the symptoms and deficits associated with several mental disorders. Regrettably, individuals afflicted with these disorders sometimes fail to seek assistance or opt not to participate fully in the existing programmes. Mental illness stigma hinders individuals from seeking care and impairs the efficacy of the service system. Most nations in the world place less emphasis on mental health and mental illnesses than they do on physical health. Due to a deficiency of knowledge and comprehension in our society, about 50% of individuals afflicted with mental illnesses are not provided with treatment for their disorders. **Objective:** The objective of the present research was to highlight the demographic factors as well as the awareness and society about mental illnesses among the people of rural and urban areas. **Method:** The current investigation is carried out on a sample of persons residing in both urban and rural regions of Bhagalpur district, Bihar. A total of 200 people from Teken were included in the study's sample: 100 were from rural and 100 were from urban regions. A deliberate sampling approach was employed. The sample of respondents was made up of people aged 21 to 30. Population Data and Hybridization Magnitude the Community Attitudes towards the Mentally Ill (CAMI) scale, developed by Taylor, S., & Dear Michael J. in 1981, comprises four subscales. Each subscale contains 10 items used to assess the scale's effectiveness. Each item was to be scored on a 5-point scale by the participants. **Result:** To examine the influence of demographic characteristics like age on resilience, chi square and p-value were computed on the responses to the measures employed in this study using SPSS-18. The present study found that most persons had enough information but unfavourable attitudes regarding mental illness. A study found a moderate positive link between people's knowledge and attitude towards mental illness ($P < 0.001$). Higher knowledge scores were associated with better attitudes among rural adults. **Conclusion:** Studies indicated that mental disease attitudes improve with information. Association analysis showed that only married status was associated with mental illness knowledge, however no research supported this. This study also demonstrated that religion and education affect mental disease attitudes.

KEYWORDS : Mental illness, Stigma, Physical health, Attitude.

INTRODUCTION

In every country, community, and culture, individuals with mental illness are not regarded with the same societal worth as individuals without mental disease. Several therapy methods have been developed and thoroughly assessed to successfully reduce the symptoms and impairments associated with several mental diseases. Unfortunately, persons suffering from these conditions occasionally neglect to seek help or choose not to engage fully in the available initiatives. The presence of mental illness stigma acts as a contributing factor that obstructs persons from seeking care and undermines the effectiveness of the service system.

Every individual's mental, bodily, and social well-being are vital components of existence that are intricately linked and highly dependent on one another. Regrettably, mental health and mental illnesses are not given the same significance as physical health in the majority of countries globally. As a result of a lack of knowledge and understanding of our culture, almost 50% of persons suffering from mental diseases do not receive treatment for their conditions. Some people may postpone receiving therapy because they are hesitant about pursuing alternative treatment or because they are concerned about their careers and employment. The fundamental cause of this issue is the enduring presence of stigma, prejudice, and discrimination against those with mental illness.

People with mental illness often experience shame, social isolation, and marginalisation due to their diagnosis. Frequently, individuals express that the consequences of mental health stigma are more profound than the actual symptoms of their illness. Interventions to reduce mental illness stigma, educate people, and challenge biased responses.

Stigma often arises from either fear or a lack of understanding. One of these two issues pertains to the existence of erroneous or deceptive portrayals of mental illness in the media. Based on a comprehensive analysis of stigma studies, it is evident that a significant number of people continue to have opposing views towards those with mental disorders, despite recognising that these conditions have medical or genetic causes and require treatment.

Scientists categorise several forms of social stigma. Public stigma refers to the detrimental or prejudiced opinions held by individuals

towards mental illness. Self-stigma pertains to the adverse views, encompassing internalised shame, that individuals with mental illness have towards their disease.

Institutional stigma, which is more systemic, encompasses the deliberate or inadvertent actions of governmental and corporate entities that restrict possibilities for those with mental illness. Illustrative instances encompass less financing for research on mental illness or diminished availability of mental health services relative to other aspects of healthcare.

The stigma associated with mental illness has a direct impact not just on persons who have mental illness, but also on their loved ones, which often include their family members.

The social disapproval associated with mental illness is particularly prevalent in some racially and ethnically diverse areas. For individuals belonging to particular cultures, it might provide a substantial obstacle in terms of receiving mental health care. In many Asian cultures, the act of seeking professional assistance for mental illness may contradict the traditional ideals of familial solid bonds, emotional self-control, and the avoidance of disgrace. Mental illness stigma is pervasive worldwide. According to a study conducted in 2016, it was determined that there is no nation, civilization, or culture where those with mental illness are regarded with the same social worth as those without mental disease.

The National Alliance on Mental Illness offers guidance on how we may personally help to reduce the stigma around mental illness. For instance, engage in candid discussions around mental health by freely expressing one's thoughts and experiences on social media platforms.

Acquire knowledge and enlighten both ourselves and others. Counter misunderstandings or unfavourable remarks by presenting verifiable facts and personal experiences. Exercise caution in the use of language; emphasise to individuals the significance of words. Promote the use of parallels between physical and mental disease, namely by drawing comparisons on how individuals with cancer or diabetes are treated. Exhibit empathy and understanding for individuals who have mental illness. Please provide accurate and truthful information on the therapy Normalise mental health therapy by considering it on par with other forms of healthcare.

Literature Review

Research on stigmatisation is a specific field within social science that closely intersects with attitude research in social psychology. The notion of the stigma surrounding mental diseases was initially formulated in the mid-20th century, mainly in a theoretical manner. Subsequently, in the 1970s, empirical evidence was gathered to support this concept. The 1963 book "Stigma: Notes on the Management of Spoiled Identity" by American sociologist Erwin Goffman examined how stigmatised people deal with this challenge and laid the foundation for the scientific study of stigma.

Collins, R. L., Wong, E. C., Breslau, J., Burnam, M. A., Cefalu, M., & Roth, E. (2019). To comprehend the mechanisms involved in efficiently promoting mental health care through social marketing. A study was conducted in 2014 and 2016 among people in California who were displaying symptoms indicating a likely mental illness. This poll took place as part of a significant effort to reduce the stigma associated with mental health issues. The total number of participants in the survey was 1954. The study analysed the relationships between campaign exposure and stigma, total treatment, and two phases of treatment seeking (recognising the need for treatment and using treatment after recognising the need). The analysis used multivariable regression models that were adjusted for covariates. The study discovered that campaign exposure was linked to a higher chance of using treatment; the odds ratio was 1.82 (95% confidence interval: 1.17, 2.83). The study found that exposure was positively correlated with the perceived need for services (OR = 1.64; 95% CI = 1.09, 2.47). However, there was no significant association between exposure and treatment usage when considering the perception of need as a condition (OR = 1.52; 95% CI = 0.78, 2.96). Exposure was correlated with a decrease in stigma; however, accounting for stigma did not alter the relationships between exposure and perceived need or treatment use. The California campaign seems to have augmented service utilisation by prompting more people to see indicators of distress as indicative of a necessity for treatment. Social marketing has promise in tackling the issue of inadequate utilisation of mental health treatments and might be enhanced by placing greater emphasis on individuals' perceived necessity for such services.

Rideout, V., & Fox, S. (2018). A recent countrywide survey performed among adults aged 14 to 22 provides new insights into the growing mental health crisis affecting the younger population. The survey, which was funded by Hope lab and the Well Being Trust (WBT), shows that a significant portion of young adults and adolescents with moderate-to-severe depressive symptoms are looking for support online. It includes utilising online resources to investigate mental health matters (90%), accessing the health narratives of others through blogs, podcasts, and videos (75%), employing mobile applications that pertain to their well-being (38%), and engaging with healthcare professionals through digital tools like texting and video chat (32%). In February and March of 2018, more than 1300 American teenagers and young adults participated in the survey. The poll utilised a commonly used scale called the Patient Health Questionnaire Depression Scale (PHQ-8) to measure depressive symptoms. Based on the poll, many young individuals affirm that social media assists them in discovering connection, support, and motivation when experiencing sadness, tension, or worry. Within the group experiencing moderate to severe symptoms of depression, 30% consider social media to be of significant importance in alleviating feelings of loneliness, in contrast to only 7 percent of individuals without depression. Similarly, 27 percent of those with depression find social media to be essential for gaining inspiration from others, compared to 13% among those without depression. Overall, a more significant proportion of these young individuals tend to report that utilising social media alleviates their feelings of depression, tension, or anxiety (30%), compared to those who claim it exacerbates such emotions (22%). Approximately 47% of individuals state that it has no positive or negative impact on them.

OBJECTIVE:-

The objective of the present research was to highlight the demographic factors as well as the awareness and society about mental illnesses among the people of rural and urban areas.

Hypothesis:-

1. There will be a lack of awareness and community about mental illness among the people of rural areas. Compared to people in urban areas.

2. People of rural areas still consider mental illness as superstition, stigma and the wrath of the divine spirit.

METHOD & MATERIAL

The current investigation is carried out on a sample of persons residing in both urban and rural regions of Bhagalpur district, Bihar. A total of 200 people from Teken were included in the study's sample: 100 were from rural and 100 were from urban regions. A deliberate sampling approach was employed. The sample of respondents was made up of people aged 21 to 30. Population Data and Hybridization Magnitude the Community Attitudes towards the Mentally Ill (CAMI) scale, developed by Taylor, S., & Dear Michael J. in 1981, comprises four subscales. Each subscale contains 10 items used to assess the scale's effectiveness. Each item was to be scored on a 5-point scale by the participants.

RESULT AND DISCUSSION

The responses obtained on measures used in the present study were statistically analyzed using the SPSS-18 software in order to test hypotheses advance for this research to test the effect of demographic variables like age on resilience, chi square and p-value was computed.

Table 1: Percentage and Frequency Distribution of Adults Depending on their Demographic Variables (n=200)

S. N	Demographic factors	Frequency (%)
1	Rural	100 (50%)
	Urban	100 (50%)
2	Age (21 to 30) years	200 (100%)
3	Male	120 (60%)
	Female	80 (40%)
4	Married	100(50%)
	Unmarried	94 (47%)
	Separated	6(3%)
5	Hindu	140 (70%)
	Islam	60 (30%)
6	Employed	90 (45%)
	Unemployed	110(55%)

Based on the data shown in Table 1, all 200 participants fell into the adult age range of 21 to 30 years old, accounting for 100% of the total. The research sample consisted of 60% male participants and 40% female participants. Half of the group consisted of married people. Approximately 45% of the population was employed, while most people (55%) were unemployed. Furthermore, a study on the educational attainment of individuals revealed that 31% had successfully finished their elementary education, while 47% had reached the secondary level.

Table -2 Comparison between rural and urban participants on their score on Authoritarianism (sub-scale CAMI -Community Attitude towards Mental Illness)

Responses	Groups compared		Total	Chi-square	P-value
	Urban	Rural			
Completely agree	29	20	49	4.2488	0.5142*
Completely disagree	11	18	29		
Don't know	6	9	15		
Neither agree nor disagree	9	12	21		
Slightly agree	28	20	48		
Slightly disagree	17	21	38		
Total	100	100	200		

*.Significant at .05 level of confidence

Based on the findings from Table 02, it was discovered that most adult participants (14.2%) from the city possessed just this information. Furthermore, a poll conducted among persons residing in rural locations revealed that 10% of them possessed positive attitudes about mental illness. By contrast, only 5.5% of urban participants needed clarification regarding adult mental illness. Although a small percentage (9%) of rural participants provided incorrect opinions, the survey results also indicated a significant positive connection (0.5142*) between individuals' views and attitude concerning mental illness. Furthermore, the chi-square test (4.2488) revealed a significant association between adult knowledge and attitude. Moreover, a significant association exists between population attitude assessments and demographic parameters locality and sensitization.

Finding: -

1. In the present study, a lack of awareness and community awareness about mental illness was found among the people of rural areas as compared to the people of urban areas.
2. In the present study, it was found that people from rural areas still consider mental illness a superstition, stigma, and wrath of the divine spirit and give priority to exorcism.

CONCLUSION:

Mental disease has always been linked to a lack of knowledge, superstition, and human beliefs. An individual who has a mental illness not only imposes a burden on society but also presents a challenge to society. Having accurate knowledge and a favourable mindset towards mental illness is crucial for individuals. Hence, this study aimed to evaluate the understanding and perspectives on mental illness among people residing in urban and rural communities. The results of the current study showed that most people have enough knowledge but have negative opinions about mental illness. Our research study revealed a significant positive association ($P < 0.001$) between the views and attitude of people towards mental illness.

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