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ATTITUDE TOWARDS MENTAL ILLNESS, SENSE OF COMMUNITY, SELF-COMPASSION AND HELP-SEEKING ATTITUDE - A COMPARATIVE STUDY

Psychology

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ABSTRACT

Background: Most studies that have explored sense of community (SOC), attitude towards mental illness (AMI), self-compassion (SC), and attitude towards seeking professional help (ATSPH), have studied them individually in one sample population only without taking into consideration the geographical variations.**Method:** The comparative study used the ex-post facto research design and the mixed-method explanatory sequential design to understand the effect of SOC and AMI on SC and ATSPH while comparing University students (n=124) from 2 Indian states Uttar Pradesh and Gujarat. **Results:** The data from Lucknow and Vadodara were compared, SOC had no significant effect on SC and ATSPH, but AMI had a significant effect on SC and ATSPH. The qualitative study exploring AMI in Lucknow sample from Media department (n=10) highlighted three themes- reactions, causes and cures. The sub-themes of 'reactions' were sympathy, shock, and agony. The sub-themes of 'causes' were environmental factors, emotional factors, adverse experiences, and biological factors. The sub-themes of 'cures' were environment, pleasurable activities, care, medications, love, sympathy, and togetherness.

KEYWORDS

Sense of Community (SOC), Help-Seeking Attitude, Self-Compassion, Attitude towards Mental illness, Comparative study.

INTRODUCTION

Seeking help for mental illness is a time-specific task. This study took a holistic approach to study the attitudes that navigate health behaviours by taking into its ambit a personal element, self-compassion (SC) and a social element, sense of community (SOC).

The present study is based on Martin Fishbein's theory of reasoned action proposed in 1967 which explains how attitudes dictate our intentions which ultimately drive our behaviours (Ajzen & Fishbein, 1975). As attitudes influence behaviours, this study assessed two types of attitudes influencing health behaviours, attitude towards mental illness (AMI) and attitude towards seeking professional help (ATSPH).

During literature review, many global and Indian studies had explored the variables of the present study but none of them had compared samples from different geographies. An interesting study with all the variables of the present study was done by Jones (2017) which found significant correlation between perceived family and community viewpoints about mental health and help seeking. The study also found significant correlation between self-compassion and personal attitudes towards mental health (Jones, 2017).

The present study blends empiricism with socio-cultural realities while comparing geographically diverse groups of University students to study variations in attitudes (AMI, ATSPH), personal factor, SC and socio-cultural factor, SOC.

METHOD

Purpose: To understand the effect of SOC and AMI on SC and ATSPH while comparing University students from Lucknow, Uttar Pradesh and Vadodara, Gujarat.

Hypothesis: Hypothesis-1 states that "there will be no significant difference in sense of community and self-compassion in samples from two different Indian cities, Lucknow, and Vadodara". Hypothesis-2 states that "there will be no significant difference in sense of community and attitude towards seeking professional help in samples from two different Indian cities, Lucknow, and Vadodara". Hypothesis-3 states that "there will be no significant difference between attitude towards mental illness and self-compassion in samples from two different Indian cities, Lucknow, and Vadodara". Hypothesis-4 states that "there will be no significant difference between attitude towards mental illness and attitude towards seeking professional help in samples from two different Indian cities, Lucknow, and Vadodara".

Research design: Ex-post facto research design and mixed-method explanatory sequential design.

Sample: Purposive sampling of 124 adults between the age range of 20-35 years. The qualitative study included 10 out of 124 participants.

Tools: SOC was measured by Sense of community index (SCI-2) (24 items) (Chavis et al., 2008). AMI was measured by Attitude Scale for Mental Illness (ASMI) (34 items) (Luty et al., 2006). SC was measured by Self Compassion Scale - short form (SCS-SF) (12 items) (Raes et al., 2010). ATSPH was measured by Attitudes Seeking Psychological Professional Help short form (ATSPPH – SF) (10 items) (Picco et al., 2016).

Procedure: Permission to use the scales was taken from authors. The SCI-2 scale was not used in Indian studies. Hence, a pilot study (n=10) was conducted before using SCI-2. After getting written consent, the questionnaire was administered offline to University students (n=124) in a group setting. Further, semi-structured interviews were audio-recorded in Lucknow (n=10) (Media department).

Data analysis: Demographic profiling and descriptive analysis was done. Four one-way ANOVAs were performed. Reflexive thematic analysis method (Braun & Clarke, 2006) was used to analyse qualitative data. The themes were generated using a deductive approach, and the sub-themes were generated using constructivist perspective and an experiential framework.

RESULTS AND DISCUSSION

The study explored the effect of SOC and AMI on SC and ATSPH while comparing samples from Lucknow, Uttar Pradesh and Vadodara, Gujarat.

Table 1 ***Demographic distributions of the samples from Lucknow, Uttar Pradesh and Vadodara, Gujarat.***

Variables	Frequency of Uttar Pradesh	Frequency of Gujarat
Gender		
Male	22	12
Female	39	50
Transgender	1	0
Education		
Diploma	26	3
Post-graduation	36	58
Doctoral	0	1
Occupation		
Student	61	52
Working	1	10
Relationship Status		
Single	62	60
Married	0	2
Family Type		
Nuclear	40	50
Joint	22	12
Social background		
Urban	58	58
Rural	4	4

Socio-economic status		
Above Rs. 1,50,000	17	24
Rs. 60,001-1,50,000	32	21
Rs. 30,000 – 60,000	8	15
Below Rs. 30,000	5	2

Table-1 shows the demographic profiling of the samples. The sample had more representation of females, Post-graduate students from Urban nuclear families with high socio-economic status.

Table 2 Mean and standard deviation of the variables in Lucknow and Vadodara (N=124)

Source of sample	Sense of community	Attitude towards mental illness	Self-compassion	Attitude towards seeking professional help
	Mean, SD	Mean, SD	Mean, SD	Mean, SD
Lucknow, Uttar Pradesh	33.63,11.51	52.65, 16.35	38.08, 5.67	17.55, 4.74
Vadodara, Gujarat	36.06, 12.38	38.52, 12.22	38.81, 6.49	22.35, 4.41

Note: The descriptive statistics involved calculation of mean and standard deviation for the independent variables (SOC and AMI) as well as the dependent variables (SC and ATSPH) of the study as depicted in table 2.

Table-2 shows the mean and standard deviation of samples. In Lucknow, average scores for SOC and ATSPH were lower but the average scores for AMI were higher than those in Vadodara. The average scores of SC were similar in both samples. In Lucknow, the dispersion of scores for SOC and SC was lower but the dispersion of scores for AMI and ATSPH was higher than that in Vadodara.

Table-3 One-Way Analysis of Variance of independent and dependent variables comparing group means from Uttar Pradesh and Gujarat.

Dependent variables	**Sense of Community**		**Attitude towards mental illness**	
	F statistic	**F critical**	**F statistic**	**F critical**
Self-compassion	0.50	3.88	27.86*	3.88
Attitude towards seeking professional help	1.06	3.88	48.46*	3.88

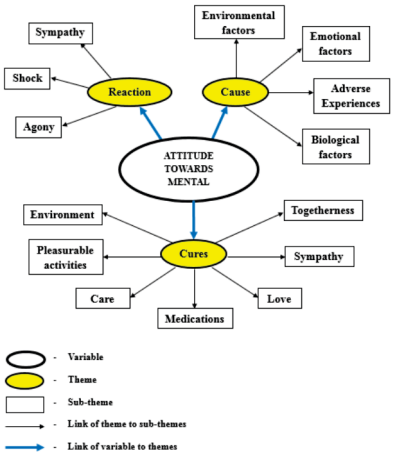
*Note: *p < .05, N=124*

Four one-way ANOVAs were performed to find out whether the group means were equal or not (shown in Table-3). The effect of SOC on SC was not significant, F (1,244) = 0.50, p=.48. Hence, Ho1 was accepted. The effect of SOC on ATSPH was not significant, F (1,244) = 1.06, p=.30. Hence, Ho2 was accepted. The acceptance of Ho1 & Ho2 shows that SOC had no significant effect on SC and ATSPH while comparing geographically diverse groups. This finding is a new addition to existing knowledge.

The effect of AMI on SC was significant, F (1,244) = 27.86, p=.00. Hence, Ho3 was rejected. The effect of AMI on ATSPH was significant, F (1,244) = 48.46, p=.00. Hence, Ho4 was rejected. The rejection of Ho3 & Ho4 shows that AMI had a significant effect on SC and ATSPH while comparing geographically diverse groups. This finding was supported by the study by Jones, R. (Jones, R., 2017)

From the quantitative study (n=124), 10 participants were chosen for the qualitative study. The semi-structured interviews were audio recorded and transcribed word to word considering the verbatim and pauses. The qualitative data was analyzed using the reflexive thematic analysis method (Braun & Clarke, 2006). The transcribed data was coded. The codes were analytic entities that captured relevant aspects of the data set. These codes were brought together to generate recurrent sub-themes.

The themes and sub-themes developed were depicted using a thematic map as shown in figure-1. Under the central topic AMI, main themes generated were "reactions", "causes" and "cures". Under the theme 'reactions', sub-themes were sympathy, shock, and agony. Under the theme 'causes', sub-themes were environmental factors, emotional factors, adverse experiences, and biological factors. Under the theme 'cures', sub-themes were environment, pleasurable activities, care, medications, love, sympathy, and togetherness. To capture the true essence of the responses, significant data extracts have been presented.



Theme-1: Reactions: The main reactions when they saw a patient with mental illness were of shock, agony and sympathy. Data extract from P-6: "*I was like why he is behaving like that*".

Theme-2: Causes: The causes identified were biological factors, environmental factors, emotional factors, and adverse experiences. Data extract from P-7: "*I think (pause) it's like stress of daily life, the chaos of the world, and like (pause) something the pressure of the society can be also, peer pressure they are suffering from, and breakups and all can be the stuff of mental illness*".

Theme-3: Cures: The cures identified were environment, pleasurable activities, care, medications, love, sympathy, and togetherness. Data extract from P-7: "*If we say we are in a state of unhappiness, then we will be able to cure it because we know that (pause) koi uske liye dawai nahi hai, ki we are in a state of being unhappy, we can be happy by doing the things we love*". Data extract from P-8: "*There was a patient my grandfather told me about and he was literally mental, like what we call pagal in Hindi. So, they gave him medications and he was cured and now he is a doctor, a great doctor*".

CONCLUSION:

The effect of SOC on SC and ATSPH was not significant but the effect of AMI was significant on SC and ATSPH while comparing geographically diverse groups. The themes under AMI were reactions, causes and cures. The sub-themes of 'reactions' were sympathy, shock, and agony. The sub-themes of 'causes' were environmental factors, emotional factors, adverse experiences, and biological factors. The sub-themes of 'cures' were environment, pleasurable activities, care, medications, love, sympathy, and togetherness.

Limitations and significance for future research: The limitations include limited resources, use of purposive sampling and time constraints. Future studies can compare larger samples from different geographies and cultures to guide culturally-sensitive health awareness programmes.

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