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Regional update

Knowledge, attitude and social distance practices of young undergraduates towards mental illness in India: A comparative analysis

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ABSTRACT

The success of the current model of psychiatric care depends on de-stigmatization of mental illnesses, highlighting the need for research on perception of mental illnesses. This study compared the knowledge, attitude and social distancing practices of the young undergraduate sub-population towards mental illness. A cross-sectional survey was done using a pretested questionnaire, which in addition to demographic details assessed exposure, knowledge, attitude and social distancing practices for mental illnesses. The study included (N = 289; 55% Females; Average age 20.5 years) responses from nearly equal number of students from medical, psychology and other courses. Medical students chiefly attributed mental illness to biological factors while students from other courses perceived mental illness as God's punishment. More medical students believed that mental illnesses can be successfully treated and appeared to have less social distancing from the mentally ill. Males mostly reported stress and brain damage as the causative factors while females attributed mental illnesses to other biological factors. Males were found to be less afraid of a communication with mentally ill and more open to the possibility of marriage with someone suffering from a mental illness. Exposure to information about mental illness led to no significant variation in the studied variables. Thus, demographic variables and the academic course contribute to variations in knowledge and attitude of young adults. Education received by medical students has a positive impact on their attitudes, highlighting the need of introduction of informative awareness measures among other courses as well.

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1. Introduction

Psychiatry as a science has undergone a sea change in recent times. Research on the neuro-genetic basis of mental disorders took a giant leap forward as a result of which the 1990's were called the 'Decade of the Brain' by the American Congress (Jones and Mendell, 1999).

De-institutionalization is the main focus of psychiatric care today. The Government of India has formulated new laws which empower the public to lay down psychiatric advance directives regarding their treatment (Ministry of Health and Family Welfare [MOHFW], 2013). The success of these measures depends on a number of key conditions, of which tolerance and non-discrimination are the most important (Hannigan, 1999).

Historically persons with mental illness were associated with deviant behavior and ostracisation of those afflicted was rampant. This increases the stress suffered by the persons with mental illness, deteriorates their quality of life and the chances of recovery (Lehane and Rees, 1996; McKeown and Clancy, 1995; Tsang et al., 2003). The isolation that they face reduces their status and disempowers them, as well as exacerbates their psychosocial dysfunction (Callaghan et al., 1997; Dols, 1992).

Thus, research on attitudes towards the persons with mental illness is necessary to ensure their quality of life and safeguard them from active and passive violence.

Community outreach programmes and awareness measures employed in the western world were followed by studies to measures changes in attitudes of the people but were largely inconclusive (MacDonald, 1981; MacLean, 1969; Prins, 1984).

Yadav et al. (2012) had pointed out that medical interns after completing their rotation in psychiatry were more sensitized towards the persons with mental illness and displayed a significantly more positive attitude.

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While there have been encouraging findings in India and internationally of growing sensitization of the health professionals and general public towards the mentally ill, a substantial number still continue to hesitate in taking referrals for psychiatric evaluation (Pande et al., 2011; Prabhu and Singh, 2001).

Longitudinal surveys done to assess recent trends in public beliefs towards mental illness report that with increasing education level, knowledge and familiarity increased and prejudice decreased, but social distance did not change much.

Studies in the past have shown that the younger demographic generally has a more favorable attitude towards the mentally ill (Bhugra, 1989; Hannigan, 1999; Pande et al., 2011).

In India, Kate et al. (2012) threw light on the causal models held by patients with schizophrenia and found that two-third of the patients believed that "magico-religious phenomena" could cause mental illnesses. Also attitudes of persons holding religious-magical views of causation are associated with more negative and stigmatizing attitudes towards persons with mental illness as compared to those holding biopsychosocial views (Gureje et al., 2006).

The aim of this study has been to provide an insight into the minds of the young Indian sub-population regarding these disorders. Undergraduate students pursuing a course in Medicine and Psychology were included to bring out the differences if any, which their academic background makes to their knowledge, attitude and practices. It was hypothesized that students with medicine and psychology backgrounds would have better knowledge, attitude and social distancing practices than other students.

2. Materials and methods

2.1. Participants and procedures

Cross sectional study was done. A total of 300 students were invited to participate in the study via stratified random sampling from different colleges of Delhi University pursuing different courses. Stratification was done based on the course for which students were enrolled with 100 each amongst medical undergraduates, psychology courses and students pursuing any other course. In the third group with other courses, any student enrolled with Delhi University in a regular course apart from medical and psychology was considered for inclusion. Informed consent was obtained from the students prior to administration of the questionnaire. Anonymity of the participants was ensured.

2.2. Instrument

The self administered questionnaire used was derived from a module that was constructed as a pilot project for the World Psychiatric Association's Global Campaign to Fight Stigma and Discrimination because of Schizophrenia. It was used to assess the community attitudes towards people with schizophrenia in Canada (Stuart and Arboleda-Florez, 2001; World Psychiatric Association, 2002). We used the modified version of the questionnaire so as to cover all kinds of mental illnesses which was done previously and validated. (Gureje et al., 2005). It consisted of questions divided under four domains i.e. exposure factors, knowledge factors, attitude and social distance practices. Demographic details about age, gender, domicile and the nature of course being pursued by the students were also enquired about.

Exposure factors assessed with the aim to bring out the level of awareness and the common sources of awareness regarding mental illnesses. It included questions like no. of hours per week for watching television; exposure to information regarding mental illness through print or other media sources. An enquiry was also made as to whether the participant knew someone who suffered from mental illness and the nature of the relationship shared with the person.

Subsequently assessment of **knowledge factors** done, asking as to what they thought caused mental illness. 10 possible causative factors were presented as choices and the participants were asked to select the best possible reasons.

Attitude towards people with mental illnesses was assessed by putting forward 8 situational statements. For e.g."People with mental illness can work in regular jobs." The participants had to opt for yes or no depending on whether or not they agree with these situations.

Further, six questions along the Guttman scale of increasing intimacy were used to assess the **social distance**. Guttman scale has items with binary answers which can be arranged in a rational order. Questions gradually increase in specificity and can represent increasingly extremist positions with successive statements. Guttman scale of increasing intimacy was originally developed by Bogardus (1926) to measure stigmatizing attitudes toward

Table 1
Demographic profile & exposure level of the sample.

VARIABLES		N = 289
Age, Mean		20.5 years
Gender, n (%)	Male	131 (45.3)
	Female	158 (54.7)
Course, n (%)	Medical students	96 (33.2)
	Psychology students	93 (32.2)
	Other course students	100 (34.6)
Residence, n (%)	Rural	19 (6.6)
	Semi urban	48 (16.6)
	Urban	222 (76.8)
Exposure:		
1. Watching TV/Surfing internet (hours/week)	<10	164 (56.7)
	10–20	102 (35.3)
	>20	23 (8)
2. Seen/Read/Heard news about people with mental illness in last 6 months	Yes	214 (74)
	No	52 (18)
	Don't Remember	23 (8)
3. Respondent knew someone with mental illness	Yes	189(65.4)
	No	100 (34.6)

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