

ATTITUDES TOWARDS THE MENTAL ILLNESS AMONG ADOLESCENTS AND ADULTS

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Abstract

Aims. The aim of present study was to compare the Attitudes towards the Mental Illness among Adolescent and Adults. It was hypothesized that (i) There would be Gender differences on Attitude towards Mental Illness, (ii) There would be an attitude difference toward Mental Illness between Adolescents and Adults, and (iii) There would be a relationship between Education and Attitude toward Mental Illness. **Method.** Community Attitude toward Mental Illness Scale (Taylor & Dear, 1981) was used to measure the level of Attitude toward Mental Illness. **Result.** Correlational analysis showed highly significant positive association between Authoritarianism, Benevolence, Social Restrictiveness, Community Mental Health Ideology and Attitude toward Mental Illness. Findings also revealed that Males showed greater Attitude towards Mental Illness as compare to Females. **Conclusion.** Moreover, Results revealed Education has significant difference with Attitude toward Mental Illness.

Keywords: Attitudes, Mental Illness, Adolescents, Adults.

1. Introduction

A mental illness is a health problem that significantly affects how a person feels, thinks, behaves, and interacts with other people. It is diagnosed according to standardized criteria. The term mental disorder is also used to refer to these health problems. A mental health problem also interferes with how a person thinks, feels, and behaves, but to a lesser extent than a mental illness. Mental health problems are more common and include the mental ill health that can be experienced temporarily as a reaction to the stresses of life. Mental health problems are less severe than mental illnesses, but may develop into a mental illness if they are not effectively dealt with. Mental illnesses cause a great deal of suffering to those experiencing them, as well as their families and friends. Furthermore, these problems appear to be increasing (WHO, 2016). According to the World Health Organization, depression will be one of the biggest health problems worldwide by the year 2020.

According to World Health Organization, Worldly mental disorders of concern due to high prevalence and/or severity of condition include, but are not limited to, schizophrenia and bipolar disorder (referred to as severe mental disorders), depression, anxiety, somatoform disorders (referred to as common mental disorders), epilepsy, alcohol and substance abuse disorders and child and adolescent mental health problems. Suicide is an extreme but common outcome for people with untreated mental disorders, particularly depression and substance abuse, which are associated with up to 90% of all cases of suicide in some countries (Bertolote, 2004). Contrary to the common belief that these are concerns of high-income countries only, mental disorders and their effects are also important issues for developing countries. Over 80% of people suffering from mental disorders such as epilepsy, schizophrenia, depression, intellectual disability, alcohol use disorders and those committing suicide are living in low- and middle-income countries (Boer, Mula & Sander, 2008).

However, in Pakistan, psychological problems and mental disorders are visibly prevalent all around the globe. 27% of Pakistanis possess tendencies for different mental disorders. Depression and sleep-related problems are the most prevalent psychological problems in the country. Females, unmarried, people below 40 years of age, people with primary level of education, and people belonging to the upper-middle class possess significantly higher tendencies towards mental disorders as compared with their counterparts (Waqar, 2018).

Furthermore, Attitude towards Mental Illness is an important debate both in globally and worldwide states. There is growing evidence of stigmatization of people with mental disorders all over the world (Thornicroft et al, 2009). Research has established that mental illness is more stigmatizing than physical illnesses (Lee et al., 2005) and that more stigmatizing attitudes are directed toward people diagnosed with schizophrenia compared with depression (Mann & Himelein, 2004) and eating disorders (Corrigan et al., 2000) , demonstrating not only that mental illness is more stigmatizing than physical illness, but also the existence of a hierarchy of stigma within psychiatric diagnoses.

In addition, Persons with mental disorders must not only cope with the psychological, cognitive and biological symptoms of their psychiatric condition but also with many negative consequences that go along with highly prevalent stigma. Examples would be social exclusion, unsatisfactory housing, restricted opportunities for employment and education, which impair the quality of life (Rusch et al., 2005). Many people hesitate to use mental health services because they do not want to be labeled as a “mental patient” and want to avoid the negative consequences connected with stigma (Corrigan & Rusch 2002). It has also been shown that attitude is significantly related to mental health (Mak et al., 2007). Attitude was found to have a stronger relationship with positive mental health indicators than with negative ones. Given mental health is not merely the absence of mental illness or distress, this pattern of relationships suggested that attitude has a stronger negative effect on adjustment and growth than an exacerbating effect on psychological distress (Mak et al., 2007). Therefore, the aim of the present study was to compare the Attitudes towards the Mental Illness among Adolescent and Adults.

Moreover, Adolescence and Adults are a critical period for individuals with chronic illnesses, as this developmental stage includes the individualization process (Cote & Schwartz, 2002), the dynamic formation of one's identity (Marcia, 1980), and the desire for increased autonomy and independence (Brown et al. 2006). Initial onset of mental disorders often occurs during these periods (Merikangas et al., 2007), which adds complexity to the already daunting task of formulating a mature identity. In the case of mental disorder, additional information and understanding regarding the particular disorder is suddenly necessary, as adolescents and adults strive to integrate a newly identified illness into their sense of self. Also, this transition includes learning to live with, or self-regulate, a new illness more on one's own. This can include renegotiating peer and family relationships, asking oneself questions, such as “*Who do I disclose to?*” mastering new coping strategies, and making decisions about whether to engage in treatment. Research has shown that children as young as 4 years of age understand the consequences of their illness and whether or not there is a cure (Skinner et al. 2003). For these reasons, present study centers on understanding the beliefs of adolescents and adults themselves.

2. Method

2.1 Research Design

Correlational research design used in present study. This design helps the researcher to study how the variables are associated for completing the research purpose (Leavitt, 1991). The aim of the present study was to compare the attitudes towards the mental illness among adolescent and adults. Therefore, the research design of the current research was correlational research design.

2.2 Sample

The target population of the research included adolescents and adults in Skardu Baltistan, Pakistan.

2.3 Sample Size and Sampling Strategy

Purposive sampling technique was utilized to recruit sample. The sample of current research was 500 adolescents and adults. This was done by researcher on the basis of G-Power analysis.

2.4 Assessment Measures

Research instruments utilized in the current study are:

2.4.1 Demographic Questionnaire.

Demographic sheet was established by the investigator to gather demographic data about the members. The detail comprised material about, age, gender, qualification, and financial wealth of family, residence, socioeconomic status, marital status and family background etc.

2.4.2 Community Attitude toward Mental Illness Scale (CAMI)

Community Attitude toward Mental Illness Scale was originally developed (Taylor & Dear, 1981). This scale has four subscales: Authoritarianism (1,5, 9, 13, 17, 21, 25, 29, 33, 37), Benevolence (2, 6, 10, 14, 18, 22, 26, 30, 34, 38), Social restrictiveness (3,7, 11, 15, 19, 23, 27, 31, 35, 39), Community Mental Health Ideology (4,8, 12, 16, 20, 24, 28, 32, 36, 40). These are also reverse scoring items. It is comprising of total 40 statements. Responses are scored ranged from 1–5 from strongly agree to strongly disagree respectively. The test has Chronbach alpha reliability .70. The present study found reliability of Community Attitude toward Mental Illness Scale in Urdu version was ($\alpha = .62$).

3. Results

Table 3.1

Pearson Product Moment Correlation Analysis between Education and Attitude toward Mental Illness (n= 500)

Variables	1	2	M	SD
1. Education	-	.04	1.99	.82
2. Attitude toward Mental Illness	-	-	129.89	11.73

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Note: M= Mean, SD= Standard Deviation.

Pearson Product Moment Correlation was conducted to determine the relationships between study variables. Results revealed that Education has non-significant relationship with Attitude toward Mental Illness.

Table 3.2

Independent Sample t-test on Attitude toward Mental Illness (n=500)

Gender	Male (n=250)	Female (n= 250)	t	Confidence Internal	
	M(SD)	M(SD)		LL	UL
Authoritarianism	32.81(4.00)	33.22(6.51)	-.86	-1.36	.53
Benevolence	31.35(3.72)	30.45(3.41)	2.80	.26	1.52
Social Restrictiveness	32.48(4.20)	31.99(4.32)	1.29	-.25	1.24
Community Mental Health Ideology	33.90(5.08)	33.56(4.18)	.80	-.48	1.15
Attitude toward Mental Illness	130.54(11.04)	129.24(12.37)	1.24	-.75	3.36

Note: t= Statistical Difference, df= Degree of Freedom, p= Significance Value, LL= Lower Limit, UL= Upper Limit.

An equal variances t test reveals a statistical reliable difference between the mean of Benevolence for male’s attitude towards mental illness (M=31.35, s=3.72) and female’s attitude towards mental illness (M=30.45, s=3.41), t (498) =2.80, p=.00, $\alpha = .05$. Findings of independent sample t test revealed that males showed more attitude toward mental illness as compare to females.

Table 3.3*Independent Sample t-test on Attitude toward Mental Illness (n=500)*

Adult and Adolescents	Adult (n=250)	Adolescents (n= 250)	t	Confidence Internal	
	M(SD)	M(SD)		LL	UL
Authoritarianism	32.96(5.34)	33.07(5.48)	.23	-.83	1.06
Benevolence	30.87(3.59)	30.93(3.60)	.19	-.56	.69
Social Restrictiveness	32.08(4.22)	32.39(4.31)	.80	-.44	1.05
Community Mental Health Ideology	33.51(4.33)	33.94(4.95)	1.03	-.38	1.25
Attitude toward Mental Illness	129.43(11.63)	130.35(11.84)	.87	-	2.97
				1.14	

Note: t= Statistical Difference, df= Degree of Freedom, p= Significance Value, LL= Lower Limit, UL= Upper Limit. An equal variances t test revealed a non-significant reliable difference between the mean of Attitude for adolescents towards mental illness (M=130.35, s=11.84) and attitude for adults towards mental illness (M=129.43, s=11.63), $t(498) = .03$, $p = .86$, $\alpha = .05$. Findings of independent sample t test revealed that findings showed non-significant difference. However, adolescents showed more attitude toward mental illness as compare to adults.

Table 3.4*One-way ANOVA on Attitude toward Mental Illness (n=500)*

	Class			df	p	CI 95%	
	Intermediate	Graduate	Postgraduate			L	U
	M (SD)	M (SD)	M (SD)				
AMI	129.69 (11.36)	129.12 (11.10)	11.36 (12.68)	497	.04	128.86	130.92

Note: t= Statistical Difference, df= Degree of Freedom, p= Significance Value, LL= Lower Limit, UL= Upper Limit, AMI= Attitude toward Mental Illness.

Results showed that an equal variance of one-way ANOVA to reveal has a statistically reliable difference between the mean number of class for Intermediate class people with Attitude towards Mental Illness (M=129.69) (s=11.36), for Graduate class people with Attitude towards Mental Illness (M=129.12) (s=11.10) and for Post Graduate class people with Attitude towards Mental Illness (M=11.36) (s=12.68), $t(497) = .94$, $p = .04$, $\alpha = .05$. Findings of One-Way ANOVA revealed that intermediate students showed more attitude toward mental illness as compare to graduate and postgraduate students.

4. Discussion

The objective of the current study was to examine to compare the Attitudes towards the Mental Illness among Adolescent and Adults. Also, explore how demographic variables effect attitude towards mental illness in Pakistani community. The literature review provided the researchers evidence to help and support hypothesis of the current study.

First hypothesis of the current study was there would be a Gender differences on Attitude towards Mental Illness. Results of the present study showed significant reliable difference between Gender and Benevolence among Adolescents and Adults. Previous literature supported the findings. Research was investigated mental health literacy in an Australian sample to examine sex differences in the identification of and attitudes towards various aspects of mental illness. Findings revealed males exhibited poorer mental health literacy skills compared to females. Males were less likely to

correctly identify the type of mental illness, more likely to rate symptoms as less serious, to perceive the individual as having greater personal control over such symptoms, and less likely to endorse the need for treatment for anxiety or psychosis. Generally, the sample was relatively proficient at correctly identifying mental illness but overall females displayed poorer mental health literacy skills than males (Gibbons, Thorsteinsson & Loi, 2015).

Another study was conducted to compare the gender differences in mental health in Gilgit Baltistan, high summit region of the three highest mountain ranges in Pakistan. Results showed statistically significant gender differences were found in mental health and psychological distress. Female participants reported higher level of anxiety, depression, and loss of behavioral and emotional control as compared to male participants. Research concluded that women in Gilgit Baltistan, Pakistan have lower mental health with higher psychological distress as compared to men but have equal psychological well-being (Najam1 & Hussain, 2017).

Second hypothesis of the current study was there would be a relationship between Education and Attitude toward Mental Illness. Results of the present study showed significant reliable difference between Education and Attitude toward Mental Illness among Adolescents and Adults. Previous literature supported the findings. A study describes how adolescents perceive their mood disorders (acute vs. chronic) and their attitudes toward mental health services. The study also explores the relationships between demographics, clinical characteristics, perceptions of illness and attitudes. Results show that adolescents with mental disorders have fairly positive attitudes, with Caucasian youth reporting more positive attitudes than their nonwhite counterparts. Illness perceptions were related to psychological openness and indifference to stigma (Munson, Floersch & Townsend, 2009).

Third hypothesis of the current study was there would be a difference between Adolescents and Adults and Attitude toward Mental Illness. Results of the present study showed not significant reliable difference between Adolescents and Adults and Attitude toward Mental Illness. Another study was conducted by Kaur, Sharma and Vallamkonda, (2020) to assess the attitude toward mental illness among adolescents and adults. Results showed an overall positive attitude on separatism, benevolence, and stigma subscale and a negative attitude toward stereotyping, restrictiveness, and pessimistic prediction. No significant difference was observed in the attitudes of adolescents from both the categories.

Final hypothesis of the current study was there would be a difference between Education and Attitude toward Mental Illness. Results of the present study showed significant reliable difference between Education and Attitude toward Mental Illness among Adolescents and Adults. Previous literature supported the findings. Another The study was conducted to determine attitude of secondary school students towards mental illness and its associated factors. Results showed significant differences in attitude scores were observed between students with a relative of mental illness and those without such a relative. However, there is also a significant difference in attitude score was found across categories of sex, religion, living condition of father, presence of a mentally ill neighbor, educational level, or ethnicity (Tesfamariam et al., 2018).

Conclusion

The major objective of the current study was evaluated to enhance the better understanding and association between study variables in Skardu Baltistan, Pakistan. Moreover, to identify the factors which were contributing to the attitude towards mental illness among adolescents and adults. Findings of the study showed that significant difference between Gender and Attitude toward Mental Illness, however significant positive relationship between Authoritarianism, Benevolence, Social Restrictiveness, Community Mental Health Ideology and Attitude toward Mental Illness. Results revealed Significant difference between Education and Attitude toward Mental Illness.

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