



RESEARCH ARTICLE

AWARENESS OF AND ATTITUDE TOWARDS MENTAL ILLNESS AMONG COLLEGE STUDENTS

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ABSTRACT

An attempt was made to study the awareness of and attitude towards mental illness among college students. From two Engineering Colleges in Chennai and two Engineering Colleges in Coimbatore, 40 male and 40 female college students were randomly selected. The tools used were Case Study Schedule and Attitude Scale for Mental Illness (Ng and Chan, 2000). The results revealed that the awareness of mental illnesses is fairly good and the attitude toward mentally ill is favourable among the selected college students. The results of the study imply on the conduct of more such surveys and awareness programmes to bring about better awareness of mental disorders and mental health among the public.

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INTRODUCTION

In the amendments to mental health, Mental Health Act 1987, mental illness is defined as "a disorder of mood, thought, perception, orientation or memory which causes significant distress to a person or impairs a person's behavior, judgment and ability to recognize reality or impairs the person's ability to meet the demands of normal life, with the abuse of alcohol and drugs, but excludes mental retardation". Mental Health Care Bill 2010 proposed by the Ministry of Health and Family Welfare, replaced the Mental Health Act 1987. Mental Health Care Bill 2010 stressed the protection of the rights of persons with mental illness, the need for greater focus on community care, and issues related to the relationship between illness and disability. There are many different mental illnesses just as there are many kinds of physical illness. A phenomenon known as synaptic plasticity that influences the communication between and among neurons in the brain to process information based on the dynamics of experiences from childhood to adolescence to late adulthood changes even the physical structure of the brain itself.

The onset of mental illness affects this information processing of the brain - the resultant odd behavior, thoughts and feelings manifests itself in the wide range of mental disorders. Of these, the most commonly known are Schizophrenia, Bi-polar disorder, Anxiety, Depression and OCD (Obsessive Compulsive Disorder). The world over, Schizophrenia affects 1 to 2% of the population whereas 4% to 5% are affected by one or the other minor mental disorders (ACMI, 2012). In India, at a given point of time, nearly 15

million people suffer from serious psychiatric illness, and another 30 million from mild/moderate psychiatric problems (World Health Organization, 2009). Mental Health Statistics in India indicated the following:

- Treatment gap in Severe Mental Disorders is approx. 50%. In case of Common Mental Disorders it is over 90 %.
- Almost 60 to 70 million Indians suffer from SMDs and CMDs mental disorders
- Approx 3000 psychiatrists, 500 clinical psychologists, 300 PSW, 900 Psychiatric nurses (based in urban areas mainly). In addition, there are general hospitals with psychiatry departments.
- Neuropsychiatry disorders account for 12% of the Global Disease Burden (World Health Report, 2001)
- Burden of these disorders is likely to increase to 15% by 2020 (ACMI India, 2012).

The 'madness' in layman's parlance is Schizophrenia, which is a severe form of mental illness affecting about 7 per thousand of the adult population, mostly in the age group 15-35 years. Though the incidence is low (3-10,000), the prevalence is high due to chronicity.

- Schizophrenia affects about 24 million people worldwide.
- Schizophrenia is a treatable disorder, treatment being more effective in its initial stages.
- More than 50% of persons with schizophrenia are not receiving appropriate care.
- 90% of people with untreated schizophrenia are in developing countries (WHO, 2012).

It has been found that negative attitudes towards the mentally ill may create barriers to both recovery and full integration

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Table 1: Demographic Data of the Participants

N= 80									
	Gender		Socio Economic Status			Type of family		Area of residence	
	Male	Female	High	Moderate	Low	Nuclear	Joint	Rural	Urban
N	40	40	13	63	4	71	9	26	54
%	50	50	16.25	79	5	89	11.25	32.5	67.5

Table 2: Mean Attitudes of the Participants

Statistical Measures	Separatism	Stereotyping	Restrictiveness	Benevolence	Pessimistic prediction	Stigmatization	Total
N	80	80	80	80	80	80	80
Mean	26.06	11.07	8.07	19	12	8.06	14.03
Standard Deviation	6.55	16.20	3.40	4.25	3.26	3.49	17.09

into the community. A study was done to identify what information on schizophrenia and other mental illnesses would reduce the feelings of being in danger by individuals with these illnesses (Penn et al., 1999). The results showed that participants who were given information about the prevalence rates of violent behavior with schizophrenia and other mental illnesses rated these individuals as less dangerous. To study the awareness of and attitude towards mental illness among college students.

Participants

From two engineering colleges in Chennai and Coimbatore, 80 students (40 male and 40 female) were randomly selected for the study.

Tools

- Case Study Schedule
- Attitude Scale for Mental Illness (Ng and Chan, 2000)

The Case Study Schedule obtained information regarding the demographic factors of the participants. Attitude Scale for Mental Illness is a modified version of the questionnaire, Opinions about Mental Illness in Chinese Community (OMICC). This modified version included 34 items that were subdivided into six factors or subscales. The six subscales were:

1. Separatism, identified by items that emphasize the uniqueness of people with mental illness and keeping them away at a safe distance;
2. Stereotyping, characterized by items that define people with mental illness in a certain behavioral pattern and mental ability;
3. Restrictiveness, defined by items that hold an uncertain view on the rights of people with mental illness;
4. Benevolence, identified by items related to kindness towards people with a mental illness;
5. Pessimistic prediction, identified as the view that people with mental illness are unlikely to improve and how society treats them is not optimistic;
6. Stigmatization, identified by items that perceive mental illness as shameful, and it should be hidden. For each item, the participants responded on a 5-point Likert scale (1 = totally disagree to 5 = totally agree; reverse score for benevolence).

RESULTS AND DISCUSSION

It is evident from Table 1 that 71% of the participants belonged to moderate socio economic status, 89% came from nuclear families and 67.5 % resided in urban areas.

Norms

- 137-170-----Very unfavourable
 103-136-----unfavourable
 69-102-----moderate
 35-68-----favourable
 1-34-----very favourable

Table 2 shows that according to the norms, the participants on the whole had very favourable attitude towards mentally ill. This seems very relieving as it could be signs of the youth empathizing with the mentally ill and considering mental illness as a disease which should be treated like any other physical illness. Such a favourable attitude of the youth towards mental illness can be a boon to those suffering in the society. It can ensure inclusion and better medical care and a better place in the society for the affected. The participants on the whole show least stigmatization and restrictiveness. It could imply that they respect the rights of people with mental illness and does not perceive mental illness as shameful, and that it should be hidden. Though favourable, the participants seem to have expressed their wish to emphasize the uniqueness of people with mental illness and keep them away at a safe distance. This could probably be due to some misconception about mental disorders. Proper information about various mental disorders from authentic sources can help the youth have more favourable attitude towards mentally ill.

Limitations of the study

Participants in this study consisted of only a small number of college students. Therefore, the results of this study may not be representative of the Indian population. A larger sample involving participants from different walks of life might have allowed for a better picture of the youth towards the mentally ill. This study did not find out how participants defined mental illness, which might have had an effect on the results.

Implications and suggestions for further research

The study implies that the Indian youth have to be educated on mental illnesses. Providing an inclusive, supportive learning environment for students in the lower classes,

including those with mental illness, could help sensitize the students as they grow older. Future research might be consider using a more representative sample, and may attempt to find out the level of knowledge the participants about mental illness before their attitudes are measured.

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