

## Students Attitudes and Social Distances towards people with Mental Illness

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### Abstract

**Background:** Mental health is equally important as physical health and is an indicator of social health of a population. In a developing country like India, mental health is neglected and stigmatised leading to increased burden of mental illness on healthcare workers and community. Stigma appears in students who lack knowledge, adopting negative attitudes and avoiding people with mental illness.

**Aims and Objectives:** This study was conducted to assess the attitude and social distances of junior residents, interns, medical and nursing students towards people with mental illness in a rural medical college.

**Methods:** This was a cross-sectional descriptive study conducted at KVG medical college and hospital, Sullia on medical and nursing students. A convenience sample of 450 students completed the Beliefs towards mental illness scale (BMIS) and the Reported and Intended behaviour scale (RIBS).

**Results:** The mean age of the subjects was  $22.02 \pm 2.78$ , consisting of 64.6% of females and 35.3% of males. A higher proportion of respondents held positive beliefs towards mental illness but preferred higher social distance from person with mental illness. The mean social distances towards people with mental illness was  $13.73 \pm 3.21$ .

**Conclusion:** Negative attitude and social distances is high among students towards people with mental illness even though it decreases with increasing education and age. Providing knowledge, creating awareness and training programme among students since the beginning of their courses would help create more positive attitude.

**Keywords:** Mental illness, negative attitude, social distance, medical students, Karnataka, rural medical college.

### Introduction

Mental health is equally important as physical health and is an indicator of social health of a population. In a

developing country like India, mental health is neglected and stigmatised leading to increased burden of mental illness on healthcare workers and community. In a developing country like India, stigma appears in students who lack knowledge, adopting negative attitudes and avoiding people with mental illness. Awareness and training programmes in students showed a positive result.<sup>1</sup> Mental illnesses means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognised reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence.<sup>2</sup>

Research indicates that public attitudes toward mental illness are generally negative and have harmful effects on the lives of individuals who are affected.<sup>3</sup> Study by Corrigan and Watson et al<sup>4</sup> suggested that the central part of the mental illness stereotype is the perception of dangerousness and unpredictability. While less than 3% of mentally ill patients can be categorized as dangerous, 77% of mentally ill people depicted in the media are presented as dangerous.

Dube et al<sup>5</sup> points out that "a great deal of misconception, superstition and ignorance exists in respect of mental disease. Much stigma is often attached. Mental illnesses are viewed as a visitation of evil spirits of a goddess of a curse. This takes the form of exaggerated belief in mystic influences, excessive faith in the powers of saints, priests and medicaments. Among Muslims, the visitation takes the form of Sayyad. The medicaments, sorcerers, faith healers, priests etc. are frequently engaged to cure cases of mental illness, snake

bites etc. There are a number of places of worship reputed as centres of treatment endowed with healing power due to a deity. One such place in this region is Balajee, where a large number of persons from this region go in the hope of a cure of mental disease. Many usually return disillusioned and come to Mental Hospital".<sup>5</sup> Varma points out that there is a strong stigma attached to mental illness and "most of these misconceptions are widespread among the educated and sophisticated sections of our people".<sup>6</sup>

Lack of knowledge and awareness among students is associated with the negative attitudes towards mental illness in the community. Medical health professionals have to conduct awareness camps at initiative levels like schools, universities. The results of previous studies on attitude towards mental illness in students showed a negative result among medical student.<sup>1</sup> A previous study shows that medical professional tend to share the same negative views on mental illness as the general public. Among psychiatrist, a more positive attitude was reported compared to the general population and other professions.<sup>7</sup>

For effective healthcare delivery services to ensure that the mentally ill persons are treated and reintegrated into the socio-economic life of their families and the wider communities, it is important that health workers are not hampered by stigmatizing attitudes.<sup>1</sup> Many of the studies on stigma and attitude towards mental illness are from community surveys and little studies on medical and nursing students working in a rural hospital. Even though there is lot of literature available in western countries and from community surveys, we were keen in looking about these beliefs and attitudes in the rural context of Karnataka. This study aims to assess the attitudes and social distances of junior residents, interns,

medical and nursing students towards people with mental illness.

### Materials and Methods

It's a cross-sectional descriptive study.

**Source of data:** The study was conducted at the Department of Psychiatry, KVG Medical College and Hospital, Sullia between October 2021 to January 2022 on junior residents, interns, medical and BSc nursing students.

**Inclusion criteria:** All students willing for the study accepting the consent form would be involved in the study.

**Exclusion criteria:** Students who would refuse to give consent for the study.

**Study participants:** The sample will be from students of all the years of MBBS & BSc nursing, interns and junior residents of KVG medical and nursing college.

**Study Procedure:** Following approval of ethical committee and obtaining permission from principles of medical & nursing college, medical, nursing students, interns and postgraduates were approached. Students were informed about the purpose of the study and were assured of confidentiality. An online semi-structured questionnaire was developed. The link of the questionnaire was shared through WhatsApp and E-mail. On receiving the link, the participant got auto directed to the study information. On accepting the willingness for the study, they filled the 4 sections of the questionnaire.

The online form had 4 sections, the first section contained information regarding the study & consent form, 2<sup>nd</sup> section contained socio-demographic details like age, sex, residency, education etc while the 3<sup>rd</sup> section had Beliefs towards mental illness scale<sup>8</sup> (BIMS) to assess attitude towards mental illness and 4<sup>th</sup> part had

Reported and intended behaviour scale<sup>9</sup> (RIBS) to assess the social distancing towards people with mental illness.

### Tools used

#### 1. Belief towards mental illness scale (BMIS)<sup>8</sup>

Developed by Hirai & Clum. The BMI scale assess negative views towards mental illness, consists of 21 items. The score obtained from the scale indicates the level of negative beliefs about mental illness. The BMI is six-point Likert-type scale, and includes the grades “completely disagree” (0), “mostly disagree” (1), “partially disagree” (2), “partially agree” (3), “mostly agree” (4) and “completely agree” (5). The scale is interpreted according to both total scores and subscale scores. The BMI consists of three subscales (1) Dangerousness subscale: Consists of five items relating to the dangerousness of mental illness and patients. The obtainable score from this subscale varies between 0 to 25. (2) Poor social and interpersonal skills: Consists of 10 items covering the effect of mental illness on interpersonal relationships and related feelings of despair. It assesses the level of frustration and despair in interpersonal relationships with individuals with a mental illness. The obtainable score from this subscale varies between 0 to 50. (3) Incurability subscale: Consists of six items stating that mental illness is a condition that is recurrent and incurable. The obtainable score from this subscale varies between 0 to 30.

#### 2. Reported and intended behaviour scale (RIBS)<sup>9</sup>

It is used to measure mental health stigma related behaviour, based on the star social distances scale, which can be used with the general public and is feasible to use with large populations. It can be self-administered. The average time of completion is about 1minute. RIBS items 5-8 scored on an ordinal scale (1-5). Item in which the respondent strongly agrees with engaging in the

stated behaviour have a value of 5 while individuals strongly disagree that they could engage in stated behaviour receive 1 point. As items 1-4 only calculate the prevalence of behaviours and respondents may or may not have engaged in those behaviors, they are not given a score value.

**Statistical Analysis**

Data obtained was entered in Microsoft Excel 2019, SPSS version 24 was used for analysis. Descriptive statistics were used for general description of study participants. Numbers and percentages were used for categorical variables, average and standard deviation were used for continuous variables to represent the data

Table 1: Sociodemographic characteristics of the subjects:

Variables	Participants N (%)
Age (years)	
<25	389 (86.4)
>25	61 (13.5)
Gender	
Male	159 (35.3)
Female	291 (64.6)
Residency	
Rural	174 (38.6)
Urban	276 (61.3)
Religion	
Hindu	336 (74.6)
Muslim	41 (9.1)
Christian	73 (16.2)
Education	
BSc Nursing	106 (23.5)
MBBS	251 (55.7)
Interns/House surgeons	41 (9.1)
Junior residents	52 (11.5)
Family history of mental illness in first degree relative	
Present	

obtained from the study. To assess associations and relationships between variables, inferential statistics such as the student’s t-test and F-test are used. The level of significance was set at  $p < 0.05$ .

**Results**

A total of 450 students were included in the study. The mean age of participants was  $22.02 \pm 2.78$ , consisting of 64.6% of females and 35.3% of males. Majority of them were Hindus (74.6%) and from urban area (61.3%). About 14.22% of the respondents had a first degree relative diagnosed with mental illness and 5.11% of them were diagnosed with mental illness themselves. (Table 1)

Absent	64 (14.22) 386 (85.7)
Ever diagnosed with mental illness	
Yes	23 (5.11)
No	427 (94.8)

Table 2: Proportion of respondents positively endorsing (completely agree & mostly agree) and negatively endorsing statements on the belief towards mental illness scale.

Statement	Completely and mostly agree (Negative belief) N (%)	Completely and mostly disagree (positive belief) N (%)
A mentally ill person is more likely to harm others than a normal person.	95 (21.11)	105 (23.3)
Mental disorders would require a much longer period of time to be cured than would other general diseases	285 (63.3)	40 (8.88)
It may be a good idea to stay away from people who have mental disorders because their behaviours are dangerous	20 (4.44)	288 (64)
Mentally ill people are more likely to be criminals	11 (2.44)	299 (66.4)
I am afraid of people who are suffering from mental disorder because they may harm me.	42 (9.33)	266 (59.1)
The term mental disorders make me feel embarrassed	33 (7.33)	299 (66.4)
The person with mental disorder should have a job with only minor responsibilities	137 (30.44)	150 (33.3)
I am afraid of what my teacher, friends, and others would think if I were diagnosed as having a mental disorder	127 (28.2)	143 (31.7)
It might be difficult for mentally ill people to follow social rules such as being punctual or keeping promises.	130 (28.8)	96 (21.3)
I would be embarrassed if people knew that I met a person who once received psychological treatment	20 (4.44)	351 (78)
A person with mental disorder is less likely to function well as a parent.	57 (12.6)	174 (38.6)
I would be embarrassed if a person in my family became mentally ill	27 (6)	322 (71.5)
Mentally ill people are unlikely to be able to live by themselves because they are unable to assume responsibilities	85 (18.8)	153 (34)

Most people would not knowingly be friends with mentally ill person.	137 (30.4)	129 (28.6)
I would not trust the work of a mentally ill person assigned to my work team	44 (9.7)	204 (45.3)
Mental disorders are recurrent.	121 (26.8)	84 (18.6)
Individuals diagnosed as mentally ill suffer from its symptoms throughout their life.	46 (10.2)	187 (41.5)
People who have once received psychological treatment are likely to need further treatment in the future.	82 (18.2)	106 (23.5)
I believe that mental disorder can never be completely cured.	38 (8.4)	265 (58.8)
The behaviour of people who have mental disorders is unpredictable	125 (27.7)	77 (17.1)
Mental disorder is unlikely to be cured regardless of treatment	57 (12.6)	230 (51.1)

Table 3: Percentage of response on reported and intended behaviour scale.

Variable	Strongly agree N (%)	Agree N (%)	Neutral N (%)	Disagree N (%)	Strongly disagree N (%)
In the future, I would be willing to live with someone with a mental health problem	26 (8%)	87 (19.3)	250 (55.55)	51 (11.3)	26 (5.77)
In the future, I would be willing to work with someone with a mental health problem	45 (10)	137 (30.44)	203 (45.11)	44 (9.77)	21 (4.6)
In the future, I would be willing to live nearby to someone with a mental health problem.	50 (11.11)	137 (30.44)	206 (45.7)	41 (9.1)	16 (3.55)
In the future, I would be willing to continue a relationship with a friend who developed a mental health problem.	154 (34.2)	159 (35.3)	103 (22.8)	22 (4.88)	12 (2.66)

Table 4: Attitude and social distance scores of nursing and medical students towards mental illness

Variables	BSc Nursing students Mean $\pm$ SD	MBBS students Mean $\pm$ SD	Interns Mean $\pm$ SD	Junior residents Mean $\pm$ SD	F-test	p-value
<b>Attitude scores</b>						
Dangerousness subscale	9.6 $\pm$ 3.74	10.29 $\pm$ 4.31	11.63 $\pm$ 4.55	8.82 $\pm$ 3.74	4.12	0.007
Poor social/interpersonal scale	20.10 $\pm$ 8.33	19.66 $\pm$ 8.67	20.07 $\pm$ 6.12	15.98 $\pm$ 8.47	3.29	0.021
Incurability subscale	12.96 $\pm$ 5.32	13.12 $\pm$ 5.21	12.85 $\pm$ 5.47	12.15 $\pm$ 5.32	0.499	0.683
Total BMIS score	72.39 $\pm$ 24.48	73.05 $\pm$ 26.60	76.26 $\pm$ 22.26	61.76 $\pm$ 25.63	3.273	0.021
Social distance scores	13.03 $\pm$ 3.61	13.87 $\pm$ 3.05	13.41 $\pm$ 2.56	14.76 $\pm$ 3.33	3.806	0.010

When students from different educational fields were compared significant difference was noted in terms of total attitude scores (p=0.021), dangerousness (0.007) and poor social/interpersonal subscale (0.021) but not for the incurability subscale. Similarly, significant difference noted in social distance scores (p=0.010) indicating that educational background had impact on

attitudes towards mental illness. Among all the student's junior residents were found to have more positive attitude (61.76 $\pm$ 25.63) towards mental illness. Even though the respondents endorsed positive views towards mental illness, all the students had neutral to higher social distances from them. (Table 3 and 4).

Table 5: Attitude and social distance scores of students to mental illness by sociodemographic characteristics.

Variables	BMIS score Mean $\pm$ SD	Statistics (t-test, F-test)	p-value	RIBS score Mean $\pm$ SD	Statistics (t-test, F-test)	p-value
Age (years)						
<25	73.24 $\pm$ 25.90	t-2.83	0.005	13.60 $\pm$ 3.21	t-2.23	0.023
>25	63.22 $\pm$ 24.18			14.59 $\pm$ 3.12		
Gender						
Male	76.23 $\pm$ 24.32	t-2.26	0.008	13.70 $\pm$ 2.9	t-0.167	0.871
Female	69.50 $\pm$ 26.40			13.75 $\pm$ 3.35		
Residency						
Rural	78.10 $\pm$ 23.02	t-4.09	0.000	14.16 $\pm$ 3.21	t-3.560	0.000
Urban	67.96 $\pm$ 26.83			13.05 $\pm$ 3.11		
Religion						
Hindu	71.74 $\pm$ 26.23			13.96 $\pm$ 3.03		
Muslim	64.14 $\pm$ 25.16	F-3.65	0.027	14.63 $\pm$ 3.90	F-10.22	0.000

Christian	76.81±23.76			12.20±3.19		
Education						
BSc Nursing	72.39±24.44			13.03±3.61		
MBBS	73.05±26.60	F-3.27	0.021	13.87±3.05	F-3.806	0.010
Interns/House surgeons	76.26±22.90			13.41±2.56		
Junior residents	61.76±25.63			14.76±3.33		
Family history of mental illness in first degree relative						
Present	64.76±31.03	t-2.32	0.017	15.17±3.05	t-3.91	0.000
Absent	73.06±24.77			13.50±3.18		
Ever diagnosed with mental illness						
Yes	72.08±25.70	t-0.038	0.970	12.82±4.79	t-1.39	1.61
No	71.87±25.91			13.78±3.11		

Impact of sociodemographic characteristics on the attitude of students towards mental illness was varied. Younger aged students had high negative beliefs but low social distance ( $p=0.005$  &  $p=0.023$ ). Males had more negative beliefs ( $p=0.008$ ) compared to female gender. Junior residents had more positive attitude followed by BSc nursing students ( $p=0.021$ ). Even though higher proportion of respondents had positive attitude towards mental illness all of them had higher social distance scores of whom junior residents had higher social distance scores. Having a family member with mental illness had a significant influence on students' attitude towards mental illness. There was no significant difference of attitude towards mental illness among respondents on the basis of diagnosis of mental illness in themselves (table 5).

**Discussion**

The study examined the attitudes and social distances towards people with mental illness among nursing and medical students. Majority of students were <25years old (86.4). 64.6% were females and 61.3% of them were from urban background. 55.7% of the respondents were MBBS students, 23.5% were BSc nursing students, were as interns and junior residents compromised only of 9.1% and 11.5% of the respondents respectively. A high proportion of students were found to have positive attitudes about mental illness and females had more positive attitude (table 2 & 3). The finding regarding the attitude of students towards mental illness is different from the previous studies<sup>1,10,11,12</sup> which have reported a higher level of stigmatising and negative beliefs towards people suffering from mental illness. Even though we found that our students had higher positive beliefs they had higher social distances towards persons with mental

illness, which is similar to the study by Jumbo H E et al<sup>11</sup> were the health care workers preferred higher social distance.

The positive beliefs yet higher distance found in our sample reflects the fact that our students are well informed in medical knowledge about the people with mental illness. As the students from medical field even with the awareness they have, they are unwilling to consider a mental ill person as a colleague, friend and/or family, reflected by higher social distance scores indicating the fear, distrust and probable negative beliefs. Younger students held more negative beliefs, finding supported by other studies.<sup>10,13</sup> In this study around 14.22% of students reported of having a first degree relative with mental illness, among these students the mean attitude scores showed they had lesser negative beliefs compared to students with no family history, but they had higher social distance scores. This might be because of their increasing knowledge about mentally ill yet the dilemma or unwillingness to accept the mentally ill as family. This finding is similar to the previous study.<sup>11</sup>

We also found significant relationship between educational background of students and the attitude towards mentally ill persons, where attitude was more positive among junior residents, while the others had almost similar values. Plausible reasons might be because of lack of adequate knowledge and lack of regular contact with people with mental illness. Similar findings were found in previous literature<sup>11</sup> indicating increasing knowledge about mentally ill has the potential to reduce stigma and social distances towards people with mental illness.

Some of the studies have highlighted the importance of training and psychiatric exposure of undergraduate

students and postgraduate students.<sup>14,15</sup> A study from India suggested that students who had undergone psychiatry postings, showing positive attitudes towards people with mental illness.<sup>16</sup> Providing knowledge, increasing awareness and training by increasing the contact with mentally ill people among medical and nursing students is very important as these students are going to be involved in the patients care either directly or indirectly during their careers. Hence these students should be the primary target for mental health education.

### **Conclusion**

Stigma towards mental illness and persons suffering from mental illness is high in a developing country like ours is a well-known fact. Our study highlights that along with providing knowledge and training to students, increasing their exposure to mentally ill by regular postings and teaching programmes are essential for changing negative attitudes and high social distances towards mentally ill and thus improving mental health care delivery.

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