

Research Paper

Attitudes towards Mental Illness of the Undergraduate Students

Tapan Kumar Barman^{1*}, Md. Rony Hossan², Diba Saha³

ABSTRACT

Undergraduate student's attitudes towards people with mental illness could impact how they interact with, provide opportunities for and assist people with mental illness. The present study was conducted to investigate attitudes towards people with mental illness of the undergraduate students. For the purpose, the Bangla version of the perception of mental illness scale (Barman & Saha, 2020) was used for data collection which was originally developed by Sadik et al. (2010). The study consisted of 120 undergraduate students of Rajshahi University among them 60 were male and 60 were female. Results from the study indicated that large proportions of respondents hold stigmatizing attitudes towards marry with mentally ill and worked with the mentally ill person. Similarly, the majority of participants thought that mentally ill people should not get married, they should be prevented from having children and mentally ill people are unable to make decisions. Results also revealed that most of the respondents thought that mental illness is mainly caused by misuse of drugs and bad things happening to the person than genetic inheritance, physical illness, and God punishment. In addition, results also showed that a majority of participants thought that mental illness information as well as services was not available in their country.

Keywords: *Attitudes towards Mental Illness, Etiology of Mental Illness, Care for People with Mental Illness, Undergraduate Students*

Attitudes towards people with mental illness are defined as an individual belief about what people with mental illness are like and how they should be treated (L'Abate, 2011; Angermeyer et al., 2011). World Health Report (2001) revealed that mental disorders or illnesses are common and affect more than 25% of all people at some time during their lives. After such a condition, people across the globe are not aware of the mental illness and they have a stigma to take service for mental disorders. The same condition exists in Bangladesh as well. A recent mental health survey in Bangladesh indicated that 13.6% of children, as well as 16.8% of adults meet the criteria of mental illness. This survey also reported that only 7.7% receive mental health services in Bangladesh (World Health Organization, 2019).

¹Assistant Professor, Department of Clinical Psychology, University of Rajshahi, Bangladesh

²Lecturer, Department of Psychology, Jagannath University, Dhaka, Bangladesh

³M.S. Student, Department of Clinical Psychology, University of Rajshahi, Bangladesh

*Corresponding Author

Received: January 25, 2021; Revision Received: March 23, 2021; Accepted: March 31, 2021

Attitudes towards Mental Illness of the Undergraduate Students

Empirical evidence regarding people's attitudes towards mental illness was conducted in different countries. For instance, Sadik et al. (2010) concluded that Iraqi people's attitudes about the causes or etiology of mental illness are consistent with scientific findings. This study further indicated that except etiology other things remained negative in the Iraqi population such as the nature of the mental illness, mental illness implication for social engagement as well as management of mental illness. They also reported that respondents showed negative attitudes in case of marriage, employment, treatment as well as recovery toward people with mental illness. Similarly, Abolfotouh et al. (2019) documented that Saudi people have shown a lack of knowledge of the mental illness. They also exposed stigmatizing attitudes toward people with mental illness regarding work, marriage, treatment, recovery as well as toward professional help seeking issues. Benti et al. (2016) also reported that most of the respondents of Western Ethiopia exposed poor perception towards mental illness. They also noted that lower educated people, old aged, private employee, individuals without a family history of mental illness as well as individuals who have to lack to get access to mental health information were showed poor perception toward people with mental illness. In another study, Salve et al. (2013) revealed that participants considered behavioral changes were the most common symptom of mental illness whereas, mental stress was the most common cause behind mental illness. Results also showed that 25% of participants believed that mental illness is caused by evil spirits. From a preventive as well as treatment perspective, participants reported that sharing problems with others and keeping surroundings friendly were the important preventive way against mental illness and they also considered that mental illness was treatable.

Previous research findings were also conducted to assess people's attitudes about the etiology of mental illness. For example, respondents of western countries reported that biological such as genetic factors, and brain disease, as well as eventual factors such as stress and trauma, are more responsible for mental illness (Angermeyer & Matshinger, 1999; Gaebel et al., 2002; Shibre et al., 2001). In contrast, participants from Africa reported that supernatural causes are responsible for mental illness (Stuart & Arbodela-Florez, 2001; Gureje et al., 2005). For example, Gureje et al. (2005) documented that belief in psychosocial and biological causation was associated with higher educational status, urban dwelling, and familiarity with mental illness among Nigerian participants, while belief in supernatural causes was related to rural dwelling. In addition, Southeast Asians perceive that supernatural forces are responsible for mental illness. Asians studies revealed that somatic and organic factors causes emotional problem and physical treatment is preferable for mental illness (Khan et al., 2011; Mishra et al., 2009).

Empirical evidence also showed the student's attitudes toward mental illness. For example, Desai and Chavda (2018) documented that medical students reported more positive attitudes towards psychiatry than that of mental illness. Similarly, Mahto et al. (2009) concluded that there were no significant differences between female as well as male students in terms of attitudes toward mental illness. Harris et al. (2018) also stated that students are exposed to low stigma about mental illness. Findings of this study also indicated that students expressed more negative attitudes to disclose their mental illness to other people. In addition, other studies also found that medical students expressed negative attitudes towards people with mental illness (Chawla et al. 2012; Ogunsemi et al., 2008).

Based on the above findings of attitudes toward people with mental illness, it is mentionable that most of the studies are conducted in western countries and no studies are found in Bangladeshi culture. It is also mentionable that most of the people of Bangladesh have many

Attitudes towards Mental Illness of the Undergraduate Students

myths and beliefs about mental health. They do not give any importance to know the knowledge about mental health as well as mental illness. In contrast, they only give little importance to physical health and think that good physical health is only the best indicator of happiness. From that perspective, we intended to assess the attitudes toward mental illness of undergraduate students.

Objective of the Study

The objective of the present study was-

- To investigate attitudes towards mental illness of undergraduate students of Rajshahi University.

METHODOLOGY

Sample

The study was attempted as an empirical investigation to explore the attitudes of the mental illness of the students. A total 120 respondents were selected as a sample. The sample was selected from the residential hall of Rajshahi University. There are 17 residential halls on the university campus, 6 for girls and 11 for boys. At first, through simple random sampling (lottery), 8 residential halls (4 girls and 4 boys) were selected from 17 residential halls. Then 60 female and 60 male students were purposively selected from the selected hall. The age range of respondents was 19–25 years.

Instrument

- **Demographic Information Blank:** Demographic information blank was used to collect personal information of the respondents such as age, gender, socioeconomic status, educational backgrounds, residential status, etc.
- **Description of the Scale:** The adapted Bangla version scale of the Perception of Mental Illness Scale (Barman & Saha, 2020) was used for this study which was originally developed by Sadik et al. (2010) in Iraq. The original scale consisted of four sections: attitude toward people with mental illness (12 items), etiology of mental illness (6 items), care for people with mental illness (9 items), and knowledge about people with mental illness (6 items). There were no studies on the reliability of this scale. The adapted Bangla version scale consisted of three sections: attitude toward people with mental illness (12 items), etiology of mental illness (5 items), and care for people with mental illness (9 items). Firstly, after selected the item from the original scale it was converted into Bangla by the researchers and then it was checked by the three judges for the final approval of the Bangla version. All of the judges were the teachers of Rajshahi University. Before making the final scale focused group was taken. Then the final scale was adapted.

Procedure

At first, participants were informed about the purpose of the study. Then necessary rapport was established with them. The respondents were ensured that their responses were only used for academic purposes and would be kept confidential. Demographic information blank as well as the questionnaire was provided to the respondents. Before taking responses, verbal instructions were given. They were also instructed to read the paper attentively and if they could not understand anything, they could ask any questions. They were also instructed to put a tick mark on the appropriate box, and not to omit any items in the questionnaire. They were also told that there was no right or wrong in the answer and have no time limit to answer. After collecting all questionnaires from the participants, each questionnaire was checked to find whether there is any omission or not. If any omission is found out

Attitudes towards Mental Illness of the Undergraduate Students

respondents were again requested to make it correct. After completion, the respondents were thanked for their spontaneous co-operation.

RESULTS

To analyze the data, the primary data were assembled, coded, and recorded. Then the variables were defined accordingly and data were input into the IBM SPSS Version 26.0. Descriptive analysis was used as a statistical tool to interpret the results. The result section was discussed in the following section.

Table No. 1 The score of all item of attitudes toward people with mental illness

Attitudes toward people with mental illness		Types of responses				
		Agree (%)	Somewhat agree (%)	Neutral (%)	Somewhat disagree (%)	Disagree (%)
Maintain friendship with someone with mental illness.	All	40.00	25.80	18.30	8.30	7.50
	Male	48.30	23.30	11.70	8.30	8.30
	Female	31.70	28.30	25.00	8.30	6.70
Marry someone with mental illness.	All	6.70	10.80	22.50	17.50	42.50
	Male	11.70	10.00	20.00	16.70	41.70
	Female	1.70	11.70	25.00	18.30	43.30
The mentally ill should have the same rights.	All	77.50	10.80	5.80	4.20	1.70
	Male	80.00	8.30	5.00	3.30	3.30
	Female	75.00	13.30	6.70	5.00	0.00
People are generally caring and sympathetic towards people with a mental illness.	All	48.30	22.50	7.50	12.50	9.20
	Male	50.00	25.00	6.70	10.00	8.30
	Female	46.70	20.00	8.30	15.00	10.00
Mentally ill people should be prevented from having children.	All	24.20	13.30	30.00	11.70	20.80
	Male	20.00	15.00	23.30	20.00	21.70
	Female	28.30	11.70	36.70	3.30	20.00
A mentally ill person shouldn't get married.	All	24.20	10.80	30.00	13.30	21.70
	Male	23.30	15.00	25.00	13.30	23.30
	Female	25.00	6.70	35.00	13.30	20.00
A mentally ill person shouldn't be able to make decisions.	All	47.50	25.00	9.20	11.70	6.70
	Male	51.70	15.00	15.00	13.30	5.00
	Female	43.30	35.00	3.30	10.00	8.30
One should avoid all contact with the mentally ill.	All	2.50	5.80	7.50	10.80	73.30
	Male	0.00	6.70	6.70	13.30	73.30
	Female	5.00	5.00	8.30	8.30	73.30
I would be afraid to have a conversation with a mentally ill person.	All	15.00	28.30	16.70	20.80	19.20
	Male	11.70	25.00	13.30	31.70	18.30
	Female	18.30	31.70	20.00	10.00	20.00
I would be upset and disturbed to be working on the same job as a mentally ill person.	All	18.30	25.00	20.00	12.50	24.20
	Male	15.00	25.00	18.30	15.00	26.70
	Female	21.70	25.00	21.70	10.00	21.70
I would be ashamed if a family member was diagnosed with a mental illness.	All	5.80	7.50	13.30	17.50	55.80
	Male	5.00	6.70	13.30	23.30	51.70
	Female	6.70	8.30	13.30	11.70	60.00
I wouldn't want people to know if I was suffering from a mental illness.	All	15.00	22.50	13.30	12.50	36.70
	Male	18.30	21.70	13.30	13.30	33.30
	Female	11.70	23.30	13.30	11.70	40.00

Attitudes towards Mental Illness of the Undergraduate Students

Table 1 showed the attitudes toward people with mental illness. Results indicated that 40% participants agreed with the statement of maintaining a friendship with someone with mental illness, nearly 80% of respondents considered that mentally ill people should have equal rights, and around 50% of respondents reported that generally people are caring and sympathetic for the mentally ill person as well as the mentally ill person should not participate in decision making. On the other hand, 43% were disagreed about marrying the mentally ill person, 74% of respondents were also disagreed with avoiding contact with the mentally ill person, 56% and 38% respectively were disagreed with when family member diagnosed they feel shame and they do not disclose about mental illness. However, 30% of respondents were neutral position about mentally ill people should be prevented from having children, as well as a mentally ill person, should not get married. Finally, 29% and 25% of respondents somewhat agreed with afraid of having conversation and feeling disturbed to work with mentally ill person respectively.

Table No. 2 The scores of all items of etiology of mental illness

Etiology of mental illness		Types of responses				
		Agree (%)	Somewhat agree (%)	Neutral (%)	Somewhat disagree (%)	Disagree (%)
Mental illness is caused by genetic inheritance.	All	19.20	27.50	9.20	11.70	32.50
	Male	15.00	28.30	6.70	13.30	36.70
	Female	23.30	26.70	11.70	10.00	28.30
Mental illness is caused by misuse of drugs.	All	66.70	21.70	6.70	2.50	2.50
	Male	61.70	26.70	1.70	5.00	5.00
	Female	71.70	16.70	11.70	0.00	0.00
Mental illness is caused by bad things happening to the person.	All	60.00	25.80	6.70	6.70	0.80
	Male	53.30	25.00	6.70	13.30	1.70
	Female	66.70	26.70	6.70	0.00	0.00
Mental illness is caused by physical illness.	All	15.00	19.20	16.70	20.80	28.30
	Male	11.70	18.30	13.30	31.70	25.00
	Female	18.30	20.00	20.00	10.00	31.70
Mental illness is caused by God punishment.	All	19.23	27.16	10.34	10.58	32.69
	Male	19.48	29.87	9.52	9.96	31.17
	Female	18.68	23.63	10.99	11.54	35.16

Attitudes towards the etiology of mental illness were presented in Table 2. Results indicated that around 70% of respondents were agreed that mental illness is caused by abuse of drugs and 60% were also agreed that mental illness is caused by bad things happening to the person. Conversely, 33%, 29%, and 33% of respondents respectively disagreed that mental illness is caused by genetic inheritance, physical illness, and God punishment.

Table No. 3 The scores of all items of care for people with mental illness

Care for people with mental illness		Types of responses				
		Agree (%)	Somewhat agree (%)	Neutral (%)	Somewhat disagree (%)	Disagree (%)
Mental illness can be treated outside a hospital.	All	50.80	30.00	10.00	3.30	5.80
	Male	53.30	25.00	11.70	3.30	6.70
	Female	48.30	35.00	8.30	3.30	5.00
Majority of people	All	35.80	33.30	21.70	6.70	2.50

Attitudes towards Mental Illness of the Undergraduate Students

Care for people with mental illness		Types of responses				
		Agree (%)	Somewhat agree (%)	Neutral (%)	Somewhat disagree (%)	Disagree (%)
with mental illness recover.	Male	43.30	31.70	16.70	6.70	1.70
	Female	28.30	35.00	26.70	6.70	3.30
I would feel comfortable discussing a mental health issue of family member or myself with someone.	All	33.30	15.00	19.20	15.00	17.50
	Male	33.30	15.00	16.70	16.70	18.30
	Female	33.30	15.00	21.70	13.30	16.70
One should hide mental illness from the family.	All	4.20	10.80	14.20	18.30	52.50
	Male	8.30	13.30	10.00	21.70	46.70
	Female	0.00	8.30	18.30	15.00	58.30
Mental illness cannot be cured.	All	5.00	5.80	12.50	15.00	61.70
	Male	1.70	3.30	15.00	18.30	61.70
	Female	8.30	8.30	10.00	11.70	61.70
Mentally ill people should be in an institution to be under supervision and control.	All	43.30	33.30	6.70	9.20	7.50
	Male	43.30	30.00	8.30	8.30	10.00
	Female	43.30	36.70	5.00	10.00	5.00
Information about mental illness is available in our country.	All	9.20	7.50	15.80	25.80	41.70
	Male	10.00	11.70	21.00	30.00	28.30
	Female	8.30	3.30	11.70	21.70	55.00
Mental health services are available in our country.	All	5.00	13.30	10.00	24.20	47.50
	Male	5.00	18.30	11.70	26.70	38.30
	Female	5.00	8.30	8.30	21.70	56.70
Mental health clinics provide good care for mental illness.	All	12.50	18.30	26.70	16.70	25.80
	Male	11.70	26.70	20.00	16.70	25.00
	Female	11.70	11.70	33.30	16.70	26.70

Table 3 showed the care for people with mental illness. Results indicated that half of the participants reported that the treatment of mental illness can be possible outside of the medical setting. Similarly, 36%, 34%, and 44% of respondents were respectively agreed that mentally ill people can be recovered as well as they feel comfortable for the discussion of mental illness issues and mentally ill people should be under supervision in any institutions. In contrast, more than half of the participants disagreed that people hide their mental problems from family members (53%) and mental illness cannot be cured (62%). Similarly, 42% reported disagreed that information about mental illness is available in their country and 48% of respondents also disagreed that mental health services are available in their country. In addition, around 27% of the participants are in neutral position that mental health clinics provide good care for mental illness.

DISCUSSION

The main purpose of this study was to investigate the attitudes towards people with mental illness of undergraduate students of Rajshahi University. The respondents of this study expressed mixed attitudes towards people with mental illness, etiology of mental illness, and care for people with mental illness. We discussed the result in light of empirical evidence.

Attitudes towards Mental Illness of the Undergraduate Students

Findings regarding attitudes towards people with mental illness indicated that half of the respondents were agreed that people are caring and sympathetic for the mentally ill person, should maintain friendship with people with mental illness, mentally ill person should not involve in decision making and approximately all of the participants believed that mentally ill person should have the equal rights. Conversely, in some statements nearly half of the participants reported disagreement such as marrying, avoiding contact, feeling shamed with people of mental illness. Besides agreement or disagreement, in some statements, they were in neutral as well as somewhat agreed position. These findings are partially supported by previous studies of Sadik et al. (2010), Abolfotouh et al. (2019), and Harris et al. (2018). Here, the researchers reasoned that educational qualification as well as age factors may play a significant role to retain such types of attitudes towards people with mental illness.

Findings regarding attitudes towards the etiology of mental illness showed that the majority of the students agreed that mental illness is caused by drug abuse as well as bad things happening to them. On the other hand, less than 50% of students disagreed that mental illness is caused by genetic inheritance and God punishment. These findings are not supported by earlier findings of Angermeyer and Matshinger (1999), Gaebel et al. (2002), Shibre, et al. (2001). Here, the investigators argued that cultural differences may influence to build up such type of beliefs for the etiology of mental illness.

Findings regarding care for people with mental illness also reported that most of the students disagreed in some statements such as individuals hide their mental illness from family member, the mental problem cannot be cured and nearly half of the participants disagreed that mental illness related information and service are available in their country. On the other hand, approximately half of the respondents agreed in some statements for instance mentally ill person can be recovered as well as should be under supervision in any type of institutions and participants feel comfortable for the discussion about mental illness issues. These results are partially consistent with the previous study of Salve et al. (2013). They found that sharing problems with others were an important preventive measure for the mental problem and mental problem was treatable.

Although the present study tried to maintain a sound methodology and data analysis, nevertheless it is not free from certain limitations. Firstly, the study was limited due to the small sample size. Secondly, this study was conducted at the only one university in Bangladesh. But if the sample can be collected from all the University of Bangladesh by taking a relatively large sample size, the sample would be more representative and the results of this study would become more accurate. Thirdly, this study included only undergraduate students but the rest of the population cannot be considered in this study. Fourthly, we only used descriptive statistics to find out the results. Finally, we cannot be considered different demographic variables that may be related to attitudes towards people with mental illness. Future research will be benefited to minimize these drawbacks and draw conclusions more rigorously. After these drawbacks, this study provides an important picture of attitudes towards people with mental illness, as well as etiology and care for people with mental illness.

REFERENCES

Abolfotouh, M. A., Almutairi, A. F., Almutairi, Z., Salam, M., Alhashem, A., Adlan, A. A., & Modayfer, O. (2019). Attitudes toward mental illness, mentally ill persons, and

Attitudes towards Mental Illness of the Undergraduate Students

- help-seeking among the Saudi public and sociodemographic correlates. *Psychology research and behavior management*, 12, 45–54. doi.org/10.2147/PRBM.S191676
- Angermeyer, M. C., Holzinger, A., Carta, M. G., & Schomerus, G. (2011). Biogenetic explanations and public acceptance of mental illness: Systematic review of population studies. *The British Journal of Psychiatry*, 199(5), 367-72. doi: 10.1192/bjp.bp.110.085563
- Angermeyer, M., & Matshinger, H. (1999). Lay beliefs about mental disorders: A comparison between the western and the Eastern parts of Germany. *Social Psychiatry and Psychiatric Epidemiology*, 34, 275-281.
- Barman, T. K., & Saha, D. (2020). *Perception towards mental illness of the undergraduate students of Rajshahi University* (Unpublished Fieldwork). Department of Clinical Psychology, Rajshahi University, Bangladesh.
- Benti, M., Ebrahim, J., Awoke, T., Yohannis, Z., & Bedaso, A. (2016). Community perception towards mental illness among residents of Gimbi town, Western Ethiopia. *Psychiatry Journal*, 6740346. doi.org/10.1155/2016/6740346
- Chawla, J. M., Balhara, Y. P., Sagar, R., Shivaprakash (2012). Undergraduate medical students' attitude toward psychiatry: A cross-sectional study. *Indian J Psychiatry*, 54(1), 37-40. doi:10.4103/0019-5545.94643
- Desai, N. D., & Chavda, P. D. (2018). Attitudes of undergraduate medical students toward mental illnesses and psychiatry. *Journal of Education and Health Promotion*, 7, 50. doi.org/10.4103/jehp.jehp_87_17
- Gaebel, W., Baumann, A., Witte, A., Zaeske, H. (2002). Public attitudes towards people with mental illness in six German cities. *European Archives of Psychiatry Clinical Neuroscience*, 252, 278-287.
- Gureje, O., Olley, O., Ephraim-Olowanuga, O., Olley, B., & Kola, L. (2005). Community study of knowledge and attitude to mental illness in Nigeria. *British Journal of Psychiatry*, 186, 436-441.
- Harris, S. C., Yates, D., Patel, M., & Patel, K. (2018). Student engagement and perceptions of stigmatizing views in a mental health-focused collegiate organization. *The Mental Health Clinician*, 7(5), 187–193. doi.org/10.9740/mhc.2017.09.187
- Khan, T., Hassali, M., Tahir, H., Khan, A. (2011). A pilot study evaluating the stigma and public perception about the causes of depression and schizophrenia. *Iran J Public health*, 40(1), 50-56.
- L'Abate, L. (2011). *Mental illnesses: Understanding, prediction and control*. InTech.
- Mahto, R. K., Verma, P. K., Verma, A. N., Singh, A. R., Chaudhury, S., & Shantna, K. (2009). Students' perception about mental illness. *Industrial Psychiatry Journal*, 18(2), 92–96. doi.org/10.4103/0972-6748.62267
- Mishra, S. L., Lucksted, A., Gioia, D., Barnett, B., & Baquet, C. R. (2009). Needs and preferences for receiving mental health information in an African American focus group sample. *Community Mental Health Journal*, 45(2), 117-126.
- Ogunsemi, O. O., Odusan, O., & Olatawura, M. O. (2008). Stigmatising attitude of medical students towards a psychiatry label. *Ann Gen Psychiatry*, 25(7), 15. doi: 10.1186/1744-859X-7-15
- Sadik, S., Bradley, M., Al-Hasoon, S., & Jenkins, R. (2010). Public perception of mental health in Iraq. *International Journal of Mental Health Systems*, 4, 26. doi.org/10.1186/1752-4458-4-26
- Salve, H., Goswami, K., Sagar, R., Nongkynrih, B., & Sreenivas, V. (2013). Perception and attitude towards mental illness in an urban community in South Delhi - A community based study. *Indian J Psychol Med.*, 35(2), 154-8. doi: 10.4103/0253-7176.116244

Attitudes towards Mental Illness of the Undergraduate Students

- Shibre, T., Negash, A., G. K., Kebede, D., Alem, A., Fkadu, A., Fekadu, D., Madhin, G., & Jacobsson, I. S. P. P. E. (2001). Perception of stigma among family members of individuals with schizophrenia and major affective disorders in rural Ethiopia. *Social Psychiatry and Psychiatric Epidemiology*, 36, 299-303.
- Stuart, H., & Arbodela-Florez, J. (2001). Community attitudes towards people with schizophrenia. *Canadian Journal of Psychiatry*, 46, 245-252.
- The World Health Report (2001). *Mental health: New understanding; new hope*. Geneva.
- World Health Organization (2019). Minister of Health releases first findings of National Mental Health Survey. Retrieved from <https://www.who.int/bangladesh/news/detail/27-11-2019-minister-of-health-releases-first-findings-of-national-mental-health-survey>

Acknowledgement

This study is not funded by any organization. The researchers admire all the participants as well as well-wishers who supported to conduct this study.

Conflict of Interest

Authors no conflict of interest to publish this study.

How to cite this article: Barman T. K., Hossan R.& Saha D. (2021). Attitudes towards Mental Illness of the Undergraduate Students. *International Journal of Indian Psychology*, 9(1), 1547-1555. DIP:18.01.163/20210901, DOI:10.25215/0901.163