

Does Gender Influence Mental Illness Stigma and Help Seeking Attitude in Adolescent Population?

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ABSTRACT

Negative attitude towards health lead to mental illness and lowers the attitude to mental health. Previous research suggest that gender influence attitude towards mental illness and mental health. Hence the present study was conducted to compare mental illness stigma and help seeking attitude in gender basis. For the present study, 100 college going participants were assessed for the Mental Illness Stigma Scale and Inventory of Attitudes Towards seeking Mental Health Services (IASMHS). The variables were compared between male and females. Results reported that females have higher mental stigma in comparison to males. Significant differences were found for men indicating an increase in psychological help seeking with an increase in stigma. No differences were found for females, though. However, overall no association was found between mental illness stigma and attitude seeking psychological help in the total sample under present study.

Keywords: *Adolescents, Mental Health Illness Stigma and Help Seeking Attitude.*

WHO (2001) defines health as “...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” For all individuals, mental, physical and social health is vital strands of life that are closely interwoven and deeply Interdependent. Nowadays mental disorders are very common in adolescents and young population. Mental disorders like stress, anxiety, substance abuse and gaming addiction.so it not only important to study the various mental disorders and issues related to mental health and well-being but also to study the prevailing stigma in society for mental problems.

MENTAL ILLNESS STIGMA

Stigmatization refers to labelling someone as being deviant, different, or flawed in some way. Sociologist Erving Goffman wrote landmark books on stigmatization-Asylums (1961) and Stigma (1963) – which led to several community-based studies on the issue of stigmatization in North America. It was Goffman’s view that a stigmatizing characteristic would often function as a master status, that is, a dominant prism through which other

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people judge the individual, Discarding or ignoring other statuses or the roles the individual might have. According to Corrigan (2004) "Two types of stigma exist: Public stigma and self-stigma. public stigma is the perception held by a group or society that an individual is socially unacceptable and often leads to negative reactions toward them."

ATTITUDE TOWARDS HELP SEEKING

Help-seeking is a term that is generally used to refer to the behavior of actively seeking help from other people. It is about communicating with other people to obtain help in terms of understanding, advice, information, treatment, and general support in response to a problem or distressing experience. Help-seeking is a form of coping that relies on other people, and is therefore often based on social relationships and interpersonal skills. The present study is focused on to study the Mental Illness Stigma and Help Seeking Attitude among adolescent population on the basis of gender.

MATERIAL AND METHODS

Design -The present study is cross sectional data has been collected from different sections of the society.

Sample- The total sample was consisted of 100 college students (50 males and 50 females) who were well versed in English. The age range of the sample was between 16-21 years.

Inclusion criteria- Normal population of adolescents without any major mental disorders is include for assessment.

Exclusion criteria- Incomplete responses and questionnaires.

Tools used:

(1) **Socio-demographic data sheet**- age, sex, education etc.

(2) **Mental Illness Stigma Scale (Day et al, 2007)**- Mental Illness Stigma Scale is theory-based measure comprised of 28 statements for which participants are asked to indicate their agreement using a 7-point Likert-type scale (1=completely agree, 7= completely disagree). Five items, i.e., 8, 9, 11, 13 and 20 were reverse scored. Seven sub-scales of attitudes and beliefs about mental illness are addressed as follows: Interpersonal anxiety consisting of items 6, 12, 16, 17, 21, 22, 25; Relationship Disruption consisting of items 2, 3, 5, 10, 15, 24; Poor hygiene consisting of items 4, 14, 19, 27; Visibility consisting of items 7, 9, 18, 26; Treatability consisting of items 1, 8, 11; Professional Efficacy consisting of items 23,28 and Recovery consisting of items 13, 20. High scores on all scales except Treatability, Professional Efficacy and Recovery reflected more stigmatizing attitudes. For latter three scales, high scores reflect more positive attitudes. MISS scale was developed and validated across two studies among college students, community members and psychiatric patients. The scale was validated among college students and community members, measuring attitude toward persons with mental illness, depression, bipolar disorder and schizophrenia.

(3) **Inventory of Attitude toward Seeking Mental Health Services (IASMHS; Mackenzie, Knox, Gekoski& Macaulay (2004)** IASMHS developed by Mackenzie et al (2004) was used to assess professional help seeking. It consists of 24 items and three internally consistent factors: psychological openness, psychological help propensity and indifference to stigma. Participants indicate their level of agreement on each statement using a 5-point Likert scale ranging from 0=disagree to 4= agree. Items 1, 3, 4, 6, 7, 9, 11, 12, 14, 16, 17, 18, 20, 21, 23, 24 were reverse scored. The psychological openness factor reflects the extent to which the individuals are open to acknowledging psychological problems and to the possibility of seeking professional help for them (Mackenzie et al., 2004). Items 1, 4, 7,

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9, 12, 14, 18, 21 belong to the psychological openness factor. The psychological help propensity factor reflects the extent to which individuals believe they are willing and are able to seek professional psychological help (Mackenzie et al., 2004). Items 2, 5, 8, 10, 13, 15, 19, 22 belong to the psychological help propensity factor. The indifference to stigma factor reflects the extent to which individuals are concerned about what various important others might think should they find out that the individual was seeking professional help for psychological problems (Mackenzie et al., 2004). Items 3, 6, 11, 16, 17, 20, 23, 24 belong to the indifference to stigma factor.

Statistical analysis: For MISS and IASMHS mean difference and correlation was computed using SPSS.

Procedure: Respondents in the present study were individually contacted. The inclusion criterion for the respondents was that they should be well versed in English. The participants were informed about the purpose of study and were assured of confidentiality. Each respondent was given a questionnaire which consisted of a socio-demographic detail sheet, MISS and IASMHS and was instructed what was to be done. Any doubts on part of the respondents were clarified. After all the forms had been filled, the data gathered was analyzed using qualitative as well as quantitative analysis.

Ethical considerations: Participants were given the questionnaire only if they were willing to participate in the study. Also, Participants were informed that the participation is voluntary and they may not directly benefit from the study, but findings will be helpful for future research. Confidentiality was assured and maintained.

RESULT AND FINDINGS OF THE STUDY

The present study aimed at exploring the mental illness stigma and attitude towards psychological help seeking in college students. The objectives taken into consideration were:

1. To see gender differences in mental illness stigma in adolescents.
2. To see gender differences in attitude towards help seeking in adolescents.
3. To see gender differences in relationship between mental illness stigma and attitude towards help seeking.

The results of the present study are discussed under following hypotheses headings:

H01= There exists insignificant gender differences in mental illness stigma in adolescents.

H02= There exists insignificant gender differences in regard to help seeking attitude in adolescent population.

H03=There exists insignificant gender differences in relation to mental illness stigma and attitude.

Table 1: significance of difference between MISS and IASMHS to compute the significance of difference between means

Dimensions	Gender	N	Mean	SD	T- value	DF	P value
Indifferent to stigma	Male	50	11.72	6.80	.77	98	.443
	Female	50	12.70	6.70			

As shown in Table no. 1 no significant difference was found between males and females in regard to mental illness stigma.

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Table 2: significance of difference between MISS and IASMHS to compute the significance of difference between means

Dimensions	Gender	N	Mean	SD	T value	DF	P value
Psychological help	Male	50	19.82	5.78	.30	98	.761*
	Female	50	20.14	6.04			
Psychological openness	Male	50	19.82	4.73	2.69	98	.001**
	females	50	17.10	5.37			

as shown in table 2 t- testing was done between males and females. Results shows that there was significance difference found in psychological openness between males and females at 0.05 level.

Table 3: Gender differences between MISS and IASMHS dimensions

Dimensions	Gender	N	Mean	SD	T value	DF	P value
Interpersonal anxiety	Male	50	23.08	7.48	1.72	98	.089
	Female	50	20.58	7.07			
Relationship disruptions	Male	50	20.86	6.33	1.08	98	.284
	Female	50	22.20	6.12			
Poor hygiene	Male	50	13.88	4.06	0.63	98	.531
	Female	50	13.42	3.20			
Visibility	Male	50	16.46	3.94	0.10	98	.919
	Female	50	16.38	3.94			
Treatability	Male	50	17.34	16.18	1.34	98	.185
	Female	50	14.20	0.85			
Professional efficacy	Male	50	03.96	1.91	1.11	98	.916
	Female	50	04.00	1.87			
Recovery	Male	50	0.932	3.09	0.26	98	.798
	Female	50	09.12	4.57			

As shown in table no. 3 there exists insignificant difference between male and female in regard to different dimensions of MISS and IASMHS.

Table 4: coefficient of correlation between MIS and ASMHS for total sample(n= 100)

Dimensions	Psychological openness	Psychological Help	Indifferent Stigma	Interpersonal anxiety	Relationship disruptions	Poor Hygiene	Visibility	Treat	Proff	Re
Psychological Openness	1	-.066	-.004	.168	.009	.038	.120	.066	-.082	-.001
Psychological Help	-.066	1	.162	.132	.003	.120	-.081	-.156	.082	-.105
Indifferent Stigma	-.044	.162	1	-.046	.078	.055	.050	-.073		-.068
Interpersonal Anxiety	.168	-.132	.46	1	-.140	.060	.129	.144	-.123	-.058
Relationship disruptions	.009	.003	.078	-.140	1	-.025	.054	-.035	.129	.156
Poor hygiene	.120	.120	.055	.060	-.025	1	.021	-.159	-.159	-.099

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Visibility	.066	-.081	.050	.129	.054	.021	1	.038	-.132	.213*
Treatability	.067	-.156	-.073	.144	-.035	-.159	.038	1	.033	.061
Professional Efficacy	-.082	.083	-.123	.129	-.159	-.132	.033	-.079	1	.113
Recovery	-.001	-.105	-.068	-.058	.156	-.099	.213*	.061	1	1

Table 4 shows the correlation between various dimension of mental illness stigma scale and attitude towards help seeking for total sample of males and females. Correlation between Recovery and Visibility found to be significant with value .213 at 0.05 level of significance.

Findings of the study

There were marked gender differences on the variable of mental illness stigma. The findings suggesting that females were more aware of the various aspects of mental health and its various facets since not many students were able to name the various mental disorders correctly and very few had proper knowledge regarding the meditation that would be helpful and harmful. With respect to cause, most people were aware that environmental caused play a role in mental disorders but very few respondents were aware of the role of biological factors in the disorders. To conclude it can well be said that females had better knowledge with respect to identification of disorders, their causes as well as their treatment and prognosis.

With respect to the relationship between mental illness stigma and attitude towards psychological help seeking, gender difference was found for males on two aspects. First a significant positive correlation was obtained between psychological help propensity and poor hygiene indicating that with an increase in stigma, help seeking will increase. Secondly, a significant negative correlation was obtained between the dimensions of indifference stigma. Other than these two differences, no other pronounced gender differences were obtained in the relationship between mental illness stigma and attitude towards psychological help seeking. It can thus overall be concluded that no association was found between mental illness stigma and attitude towards seeking psychological help in the present study.

CONCLUSION

With reference to present study no relationship was found between mental illness and attitude towards help seeking. Further no considerable differences were found in various dimensions of MISS and IASMHS regarding females which indicates that mental illness stigma does not influence attitude towards psychological help seeking. For males also very prominent differences have not been found between IASMHS. For males, there existed a significant positive correlation between psychological help propensity and poor hygiene which indicates that with an increase in stigma, help seeking will also increase which is not the case in many studies that have been conducted earlier. Further a significant negative correlation has been found between indifference to stigma and professional efficacy. Many studies have reported gender differences in relationship between mental illness stigma and attitude towards help seeking. In a study, Anastas Jane Mary Naser (2010) found a gender difference on the psychological openness subscale of the IASMHS. Female students reported being more open to accepting problems and seeking appropriate help for those problems than male students.

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Hence, the study shows that there were gender differences in term of mental illness stigma, with females reporting greater awareness as compared to males. Significant differences were found for men indicating an increase in psychological help seeking with an increase in stigma. No differences were found for females, though. However, overall, no association was found between mental illness stigma and attitude seeking psychological help in the total sample under present study.

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Conflict of Interest

The author(s) declared no conflict of interest.

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