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Research Paper

Multi-Generational Analysis of Perception and Acceptance of Mental Illnesses: Current Indian Context

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ABSTRACT

This paper explores the attitudes and awareness of multiple generations ranging from Boomers I to GenZ (i.e. from 1954 to 2012) towards mental health issues. A convenient sample of 191 people was gathered in India aged 11-77. 20 people each were considered from 5 generational cohorts, namely- Boomers I, Boomers II, Gen X, Millennials and Gen Z. The study tool comprised a survey that included demographic questions and the Community Attitude towards Mental Illness (CAMI) scale by Taylor & Dear (1981). Descriptive statistics, ANOVA and Bonferonni's post-hoc analysis have been used to perform the analysis. The findings reveal that the level of kindness towards those who struggle with mental health varies through certain age groups. An overall sense of exclusion of those struggling with mental health is prevalent among all age groups. GenZ's awareness of mental health issues is primarily via social media, as against the rest of the generations seeking it from close relatives and friends. The study's findings suggest a need to investigate further the quality of mental health knowledge content and its consumption pattern. Understanding the dynamics of information sharing and the potential for biases requires further discovery.

Keywords: *Attitude, Behaviour, Mental Illness, GenZ, Millennials, GenY, Multi-Generations and Generational differences*

According to WHO, about 700,000 people die due to suicide, and it is the fourth leading cause of death among 15-29-year-olds (World Health Organization:WHO, 2023). Despite progress in some countries, people with mental health conditions often experience severe human rights violations, discrimination, and stigma. In India, evidence suggests suicide deaths increased by 40% from 1990 to 2016, making it the third leading cause of death in several Indian states (Ahmed et al., 2022).

Globally, 20% of young people experience mental disorders, but only 7.3% of India's 365 million youth report mental health problems (Gaiha et al., 2020). Although public stigma associated with mental health problems particularly affects help-seeking among young people, the full extent of the stigma in India is unknown. Describing and characterizing such stigma allows introducing interventions to deal with it. In the Indian context, the idioms of stigma emphasized impairments in marriage eligibility and the implications for the family group rather than just the self (Raghavan et al., 2022). A lot of the stigma may stem from

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misconceptions and misinformation fed to people. Media portrayal of mental illness may influence public stigma and service utilization. In the time period between September 2019 and August 2020, approximately one-third of media articles were stigmatizing in tone, wherein persons with mental illness are portrayed as violent, unreliable, and unpredictable (Ghosh et al., 2021). In 2019, mental disorders were the second leading cause of years lived with a disability (YLDs), and self-harm and violence were the tenth leading cause of death. Research has found that 46% of people who die by suicide have a known mental health condition (*Risk of Suicide | NAMI: National Alliance on Mental Illness*, n.d.). Reducing stigma and advancing mental health literacy is essential for increasing mental health outcomes and the quality of life for those with mental disease, considering the high prevalence rates of mental illnesses. Recognising mental illness as a legitimate health condition and providing support and resources for those affected is important. The attitude and behaviour towards mental illness can significantly impact the individual's mental health outcomes and willingness to seek help and engage in treatment. People's attitudes and ideas about mental illnesses influence how they interact with, aid and support a person with mental illness (Abolfotouh et al., 2019). Hence, it's important to understand what influences people's awareness to see help as required.

Initially, during the COVID-19 pandemic, the younger generation cohorts (Gen Z and Millennials) had much worse mental health ratings, including general anxiety disorder, depression, perceived stress, quality of life, loneliness, and fatigue. Further, the participants in the Gen Z and Millennial generational groups exhibited a greater increase in maladaptive coping with substance use, specifically alcohol use and increased use of sleep aids (National Library of Medicine, Feb 2023) [8]. Gen Z adults were more psychologically vulnerable than baby boomer older adults, who demonstrated more resilience in mental health outcomes (Grelle et al., 2023b).

The idea that one can just switch off or stop overthinking about one's psychological state still exists within Generation X. Unfortunately, to deal with periods of distress, religious and cultural remedies passed on from generations have been at immediate disposal. The generation gap consists of misinformation and archaic solutions that need unlearning to understand the evolving mental health disorders of a digitally advanced world where scientific knowledge is easily accessible (Symposium, 2022). For GenZ and Millennials, this everyday stress also leads to indulging in unhealthy behaviour such as alcohol consumption, smoking, vaping and non-medical drugs among the GenZ and Millennials [10]. Most of the pre-existing literature revolves around the stigma associated with mental illness, the attitudes of generations regarding mental illness, seeking help or treatment for mental health problems and mental health literacy and its effects (Kaur & Dhenwal, 2023).

For this research, there are five generational cohorts: GenZ, Millennials, GenX, Boomers II, and Boomers I. Further, attitudes and behaviour towards people with mental disorders have been considered.

METHODOLOGY

Aim

This paper explores the attitudes and behaviours of multiple generations ranging from Boomers I to GenZ (From 1954 to 2012) towards mental health issues. The study was conducted to obtain data regarding the following variables: attitude, and intended behaviour

towards mental illness. Beresford Research (2023) was referred to for age group categorization.(Brunjes, 2023)

Hypotheses

Through this research, we aim to test the following hypotheses:
Ho: GenZ has a stigma towards mental illness compared to other generations.
Ha: GenZ does not have a stigma towards mental illness compared to other generations.

Sample

The sample comprises 191 people. Out of these, only 100 were considered for the present study to obtain an equal sample size. The first 20 responses were considered in the five generational cohorts of 20 people each: Gen Z born between 1997-2012 (Aged 11-27), Millennials born between 1981-1996 (Aged 27-42), Gen X born between 1965-1980 (Aged 43-58), Boomers II born between 1955-1964 (Aged 59-68) and Boomers I born between 1946-1954 (Aged 69-77). The method used to obtain data was convenience sampling. This method was chosen because an almost equal number of individuals from all 5 generations was required to avoid biased results. Only individuals between the ages of 11 and 77 were selected.

Informed Consent

The sample participated voluntarily after being briefed about the key elements of the research study and what their participation would involve. They were also informed about the guidelines they had to keep in mind while filling out the form. Subsequently, their consent was obtained, and the respective data was collected. Participants were also assured that their data would remain confidential and only be limited to the researcher.

Tools Used

Participants were requested to respond to a range of questions like - demographic factual questions on their location, gender, education levels, occupation and family structures. Awareness levels were assessed with questions about their awareness perception and the actual awareness levels. They were also shown a video to assess their perception of therapy and mental health. The study implemented a set of questions based on the Community Attitude towards Mental Illness III (CAMI) 1981, which measures the general public's attitudes towards people with mental illness.

The Survey had 25 items, grouped further into three/four subscales.

- **Authoritarianism** is based on the belief that people with mental illness should be controlled or restricted.
- **Benevolence** is based on sympathy and kindness towards people with mental illness.
- **Social Restrictiveness** is based on the belief that people with mental illness should be isolated or excluded from society.
- **Community Mental Health Ideology** is based on community-based mental health services and the inclusion of people with mental distress in the community.

Data Collection Procedure

The data was collected through Google forms that were distributed throughout the networks of school students, parents and grandparents via Social Media.

Data Analysis Strategy

To convert the self-report scale of presumed self-awareness (1-5 scale) to the real score (0-2 scale) to make a comparison with the actual score:

Self Awareness Score	Real Score
0 - 1	0
2 - 3	1
4 - 5	2

RESULTS AND DISCUSSION

The study was conducted to study the attitude and behaviour of all five age groups ranging from Boomers I to GenZ towards mental illness. Along with the attitude, even the reported and intended behaviour was noted. Further, the findings have been explained in detail.

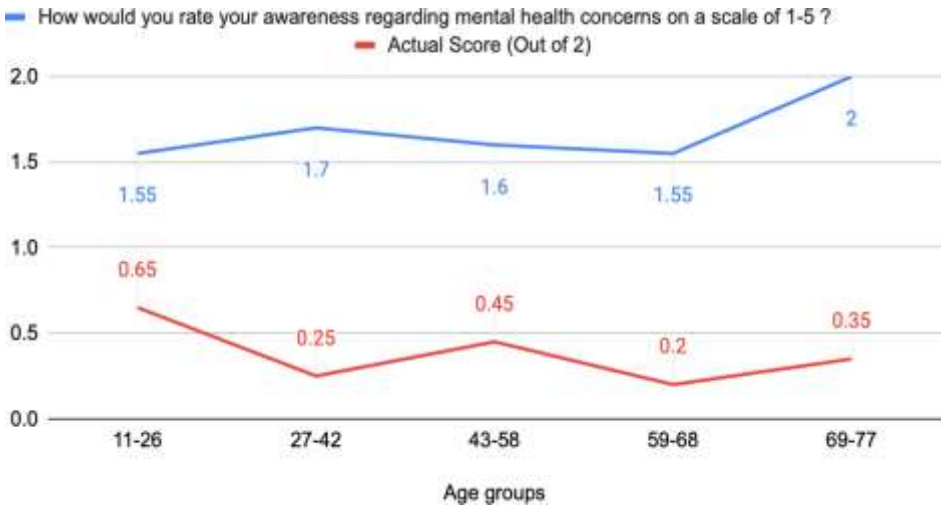

Figure 1: Graphical representation of the level of awareness the sample believed they had versus the real score (N=100).

Most age groups had a difference between the awareness they believed they had about mental health and what their real scores came out to be. The self-report was done on a scale of 1-5 and was converted to a scale of 0-2 to align with the sample's real scores. For the age group 11-26, the average rating the individuals in the sample gave as to what they believed their awareness level was 1.55, whereas their actual scores depicted 0.65. Similarly, 27-42, the assumed score was 1.7, and the real awareness score was 0.25. For the age group 43-58, the assumed score was 1.6, and the real score was 0.45. For the age group 59-68, the assumed score was 1.55, and the real score was 0.2. Lastly, for the age group 69-77, the assumed score was 2, and the real score was 0.35. The age group of 69-77 had the maximum difference in their awareness of mental health concerns and what it was, with a difference of 1.65 points. On the other hand, the age group of 11-26 had the minimum difference between these two parameters, with a difference of only 0.9 points.

Table 1: Analysis of Variance of awareness perception scores of the respondents (N=100)

Age groups	n	M	SD	F	p
11-26	20	1.55	0.51	2.97	.02
27-42	20	1.7	0.47		
43-58	20	1.6	0.68		
59-68	20	1.55	0.51		
69-77	20	2	0		

In Table 1, a difference between the self-reported awareness scores towards mental health is observed in different age groups. $F(4,95)=2.97$, $p = .02$. Therefore, all generational groups were statistically significant.

Table 2: Analysis of Variance of actual awareness scores of the respondents (N=100)

Age groups	n	M	SD	F	p
11-26	20	0.65	0.73	3.5	.01
27-42	20	0.25	1.07		
43-58	20	0.45	1.31		
59-68	20	0.2	0.81		
69-77	20	0.35	0.5		

In Table 2, a difference between the actual awareness scores is observed in different age groups $F(4,95)= 4.09$, $p = .01$. All the generational groups were found to be statistically significant.

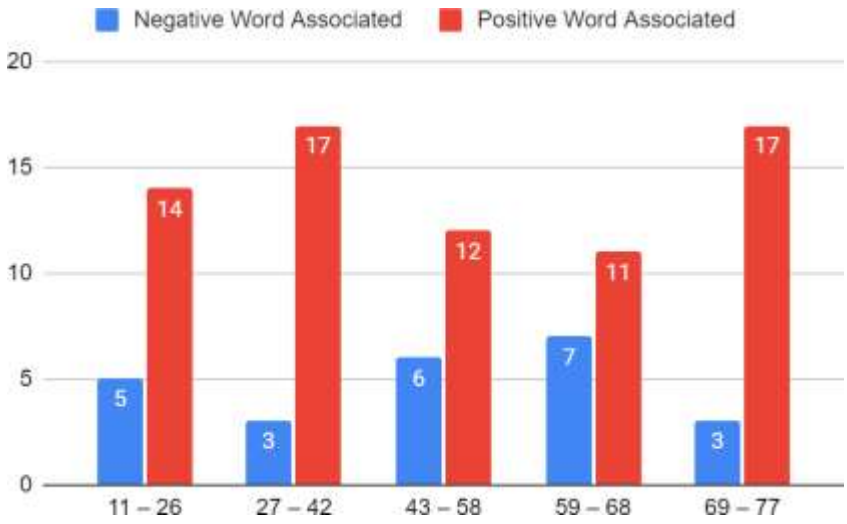

Figure 2: Graphical representation of the negative versus positive word association with the word "Therapy" (N=100)

Throughout all age groups, the word association with the word "therapy" is majorly positive. The age group of 59-68 shows the highest negative associations, whereas the ages of 27-42 and 69-77 show the highest positive associations (Figure 2). This is similar to a study where GenZ is seen as having a slightly more kind and inclusive attitude towards people with mental illness than Millennials (Kaur & Dhenwal, 2023).

Table 3: Tabular representation of what the sample believed was the definition of "Mental Health" (N=100)

Themes Extracted	11 – 26	27 – 42	43 – 58	59 – 68	69 – 77
Emotional and psychological well-being	14	8	10	10	7
Importance for survival	0	1	2	0	3
Interpersonal Relationships	0	3	1	1	2
Overall well-being	3	4	3	1	4
Psychological disorders	2	4	3	7	4

Throughout all age groups, it can be seen that the most recurring theme of what the sample understands the word "Mental Health" to mean is associated with the theme of Emotional and psychological well-being of an individual (Table 3).

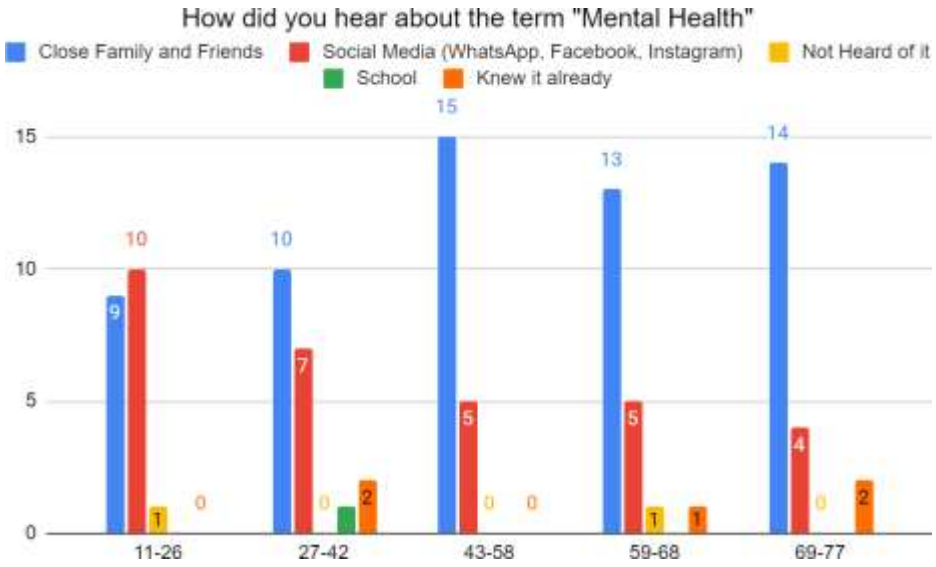

Figure 3: Graphical representation of sources where respondents first heard about the term "Mental Health" (N=100).

Except in the age group of 11-26, all other age groups show that the most recurring source of knowledge for the term "Mental Health" is through close family and friends. In the age group of 11-26, on the other hand, the most recurring source of knowledge for the same is via social media platforms

(Figure 3). There have been a growing number of conversations on Twitter in recent years regarding mental health. Twitter awareness campaigns were positively driven, shifting the focus away from negative connotations and toward the importance of mental health, community care, support, and aid (Stupinski et al., 2022).

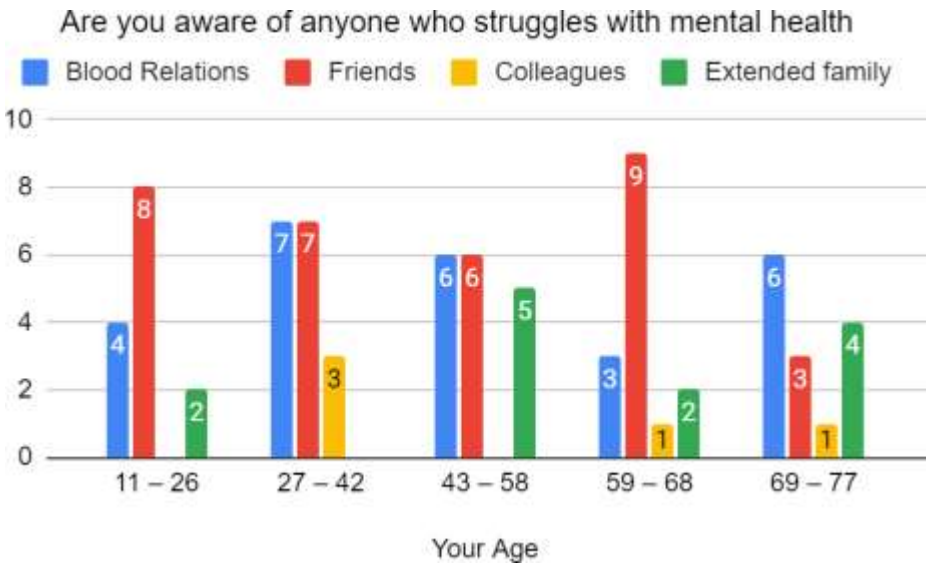

Figure 4: Graphical representation of the number of individuals the sample knows who struggle with mental health (N=100).

Throughout all age groups, the sample indicated being aware of mostly blood relations and friends with mental health struggles. In the age groups of 11-26 and 59-68, individuals were more aware of friends with mental health struggles, whereas the age groups of 27-42 and 43-58, were aware of both blood relations and friends that struggle with the same (Figure 4). Lastly, only the age group of 69-77 indicated the sample being most aware of only blood relations who struggle with mental health.

Table 4: Anova for the subscales of Community Attitudes toward Mental Illness (CAMI) scale among different age groups (N=100)

Construct	F	p
Benevolence	3.21	.016
Authoritarianism	1.53	.199
Social Restrictiveness	3.2	.01
Community Ideology	2.05	.09

In Table 4, significant differences have been found in the constructs of benevolence F(4,95)= 3.21, p=.016 and social restrictiveness F(4,95)= 3.2, p=0.01 among the different age groups. Community Ideology can also be considered a significant difference between the different age groups F(4,95)=2.05, p = .09). Bronferonni's post-hoc test was carried out to understand the level of difference among age groups. The difference was found between the age groups of 11-23 and 59-68 (p=.08) and 11-26 and 69-77 (p=.05) in the benevolence construct. This indicates that through certain age groups, the level of kindness towards those who struggle with mental health is less/ varying. Similarly, the construct of social restrictiveness is also significant, with P=0.01. *Hence, the Alternate hypothesis (Ha) is retained, and the null hypothesis is rejected (Ho).* This indicates that different age groups believe the perception of the overall sense of exclusion of those struggling with mental health. GenZ is more inclusive and kind towards people with mental illness than Millennials (Kaur & Dhenwal, 2023).

It can be observed that most age groups had a vast difference between their perception of awareness and their actual awareness. This relates to the approach taken by the humanistic theorist, Carl Rogers, who divided the self into two categories: the ideal self and the real self. The ideal self is the person one would like to be; the real self is the person one is. Hence, the variation in participants' awareness levels reflects the discrepancy in their ideal and actual understanding towards mental health (Baron, 2021).

All other age groups, except 11-26, show that the most recurring source of knowledge for the term "Mental Health" is through close family and friends. This can be closely related to Bronfenbrenner's Ecological Systems Theory (1979), which also explains how social environments greatly influence human development (Hosek et al., 2008).

Benevolence is the quality of being kind and the desire to do good to others. It is a trait thought to be among the most important attributes to have in most societies. One that plays a critical role in endorsing social harmony and predicting prosocial behaviours. This, in turn, could enhance the well-being of individuals (Srivastava & Chatterjee, 2016).

CONCLUSION

With the growing importance and awareness towards mental health, it is crucial to closely examine the factors that allow early recognition and reporting of mental health issues. The stigma associated with mental health issues, particularly in India, had familial repercussions of shame, which may further compound the reluctance to report. Considering the close-knit societal structures in India, the multiple generations influence this process. So, while a positive association towards therapy is observed, much knowledge of mental health issues is still learnt via close blood relatives or friends in the senior generations, with the youngsters seeking information or knowledge from the ubiquitous access to social media. It's an opportunity for the associations and practitioners to leverage, considering the ease of accessibility and massification technology allows, across all age groups. The quality of knowledge about mental health is indeed influenced by the sources from which individuals obtain information. Future studies can examine the prevalence of accurate versus misleading information and how it affects individuals across age groups [16]. Understanding the nuances of these sources and their impact on perceptions and behaviours is essential for promoting better mental health awareness and support across different age groups.

Limitations

It was easier to gather data from GenZ than from the Silver Surfers (Boomers 1 and Boomers II) due to the familiarity of using Google Forms. Since this was a self-report measure, there might be a social desirability bias in which the respondents provide answers that match societal expectations to portray themselves in a good light. Many factors were tested initially in the questionnaire; however, in the paper, only a few have been delved into. Therefore, another limitation was the scope of the study, which could have been increased by testing other variables as well. Thirdly, the sample size chosen was 20 individuals per age group. The questionnaire tested a larger sample, which had to be reduced; another limitation would be the reduced sample size. Being the survey method, there was a lack of qualitative inputs, especially due to certain close-ended questions that can be further explored via other experimental methods.

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Conflict of Interest
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