

Association between Knowledge about Mental Health, Compassion towards Others and Attitude towards Mentally Ill Persons among Young Adults from Raebareli

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ABSTRACT

The rising proportion of mental health issues and significant treatment gaps in India makes it essential to explore its antecedents and consequences. Among several other factors, discrimination and public stigma related to mental health conditions have become a significant impediment for those experiencing psychiatric conditions to seek psychological treatment. The current study explores the nuanced relationship between predictors' Knowledge about Mental Health and the understudied variable, Compassion towards others, with the criterion variable, Attitude towards mentally ill persons. A cross-sectional research design was employed wherein 250 young adults aged 18-40 years (Mean= 23.02, SD = 4.79) were recruited, employing convenience sampling from Raebareli, Uttar Pradesh. Data was collected in the classroom settings during February 2024 using standardised questionnaires. The obtained data was subjected to descriptive, correlation and regression analysis. The results indicate that predictors significantly predict the stigmatising attitude. Regression analysis between knowledge and attitude revealed the model was statistically significant, $\beta = -0.50$, $t(250) = -9.24$, $p < 0.00$. The model concerning compassion and attitude was also statistically significant, $\beta = -0.23$, $t(250) = -3.86$, $p < 0.00$. The study underscores the importance of improving knowledge and compassion towards others in developing favourable attitudes towards mentally ill persons, which may increase support and positive societal attitudes towards individuals with mental illness. Future investigators shall explore various moderators and mediators between the studied variables.

Keywords: Mental health, Attitude, Compassion, Knowledge, Stigma

Mental health is defined as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, works productively and fruitfully, and is to make a contribution to or her community” (WHO, 2004). Mental health is crucial for overall functioning and is an inherent part of health, yet 450 million people globally deal with mental disorders (WHO, 2012). Prevalence rates for mental health issues in India is 9.5 to 370 per 1000 people (Math & Srinivasaraju, 2010), and the prevalence is rising where embedded socio-cultural components, such as discrimination and stigma regarding psychiatric issues, further increase the barriers to dealing with mental health

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problems (Meghrajani et al., 2023). Higher treatment gaps in India (Pradeep et al., 2016), about 95% for common mental health disorders (Sagar et al., 2017), add to the complexity where either needy individuals do not get or seek treatment. In emerging economies, the treatment gaps in psychiatric problems have reached an alarming rate of 76–85% (Demyttenaere et al., 2004). Though existing studies asserted that Awareness, Availability and Affordability (3As) about mental health services would reduce the treatment gap, a recent study from India by Weaver et al. (2023) presented vindication that in the presence of all these, all study participants uniformly rejected the idea of seeking professional mental health services due to fear of the public stigma associated with psychiatric disorders.

Mental health stigma is a global issue with severe repercussions (Thornicroft et al., 2007; Kudva et al., 2020). Affected people may face social isolation, loss of relationships, and difficulties in marrying (Macleod et al., 2011; Ergetie et al., 2018; Mishra et al., 2012; Wong et al., 2018), causing double jeopardy as they not only live through the challenges of their illness but also suffer due to society's prejudice (Thornicroft et al., 2022; Javed et al., 2021). The evidence indicates alarming conditions that require attention from several stakeholders. Thus, there is an urgent need to address stigma and explore variables apart from 3As, which may enhance the situation of treatment gaps in India. In the present study, stigma was characterized as an attitude towards mentally ill individuals.

The general population's perception of the mentally ill may translate into stigma; thus, investigating factors associated with components of stigma, i.e., attitude towards the mentally ill, may provide empirical evidence for encouraging better treatment-seeking behavior from the suffering population. Positive, negative, or mixed evaluation are components of attitude are expressed towards a person, place, or things that may lead to numerous conductual disclosures. Knowledge reduces stigma towards the marginalised communities (Gown & Brit, 2006; Worthen et al., 2018).

Government has taken various initiatives to safeguard individuals with mental illness, such as the Mental Health Act of 2017 and District Mental Health Programs (Kumar et al., 2023) that also target in reducing stigma. Among several other factors shaping stigmatizing attitudes, knowledge about mental health is an established factor that reduces stigmatizing attitudes in general population (Simmons et al., 2017; Chand & Dixit, 2020). Knowledge is the equivalent of mental health literacy. Jorm et al. (1997) define “mental health literacy” as “knowledge and beliefs about mental disorders that aid in their recognition, management, or prevention.” Knowledge about related things directly and indirectly affects an individual's attitude towards people who are mentally ill. Further, a study conducted by Aljedani (2018) in Jeddah City found that there was a positive relationship between knowledge and their attitude toward individuals with mental health conditions. A few past studies, for example, by Schomerus et al. (2012) and Pescosolido et al. (2010), demonstrate that people's attitudes do not totally depend on factual knowledge.

Contrasting evidence of knowledge's efficacy in reducing stigma indicates no prominent link between factual knowledge and its positive, negative, and mixed thoughts and beliefs (Schomerus et al., 2012; Pescosolido et al., 2010). Some previous studies have shown that a higher level of mental health knowledge leads people to distance themselves more from mentally ill people because they are aware of the positive and negative traits and behaviours associated with them (Chong et al., 2016 & Subramaniam et al., 2012). Thus, we aimed to

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validate this relationship in our sample. Thus, the findings of the current study may assist in elucidating the role of knowledge in shaping stigmatizing attitudes in the present sample.

Apart from knowledge, compassion is a psychological factor related to stigma. Compassion originated from Buddhist thought with a core theme of "common humanity" (Neff, 2003a, 2003b). Compassion is being susceptible to one's personal or others' suffering with a willingness to attempt to ameliorate and preclude it (Strauss et al., 2016). Compassion involves sympathy, empathy, and benevolence that may shape individuals' opinions towards mentally ill individuals. Empathy is related; it helps us connect with and understand other people's feelings (Beadle et al., 2019). While empathy is a key component of compassion, we also need the desire to act. According to (Goetz et al., 2010), compassion is defined as the capacity to perceive and desire to alleviate the suffering of others. As Dalai Lama (1995) asserts, "An openness to the suffering of others with a commitment to relieve it".

Compassion improves wellbeing (Lee et al., 2021) and reduces loneliness. The latest study by Baminiwatta et al. (2023) on nurses in Sri Lanka reported the positive role of compassion in reducing stigma towards mentally ill people. Specifically, compassion was negatively correlated with negative domains of stigma like avoidance and anger, and positively correlated with positive domains of stigma like pity, helping, and coercion. The experimental and cross-sectional outcomes of the study conducted by Yu et al. (2021) corroborate that on stigma reduction, compassion mediates the impact of interconnectedness.

The study examining the association between compassion and stigma towards individuals with mental health conditions is still in its early stages, while few studies indicated that being connected to proactive intentions improves self-compassion and leads to more positive wellbeing (Allen & Leary, 2010), in addition with reducing self-stigma. The link between the public and self-stigma was also mitigated by self-compassion (Heath et al., 2018) which is a strong psychological variable. Still, the role of compassion towards others in shaping attitudes towards the mentally ill remains understudied globally. To fill this gap, the authors aimed to investigate the association between compassion towards others and attitudes towards mentally ill people.

Based on the identified gaps, the following research objective and hypotheses were formed.

Research Objective

1. To study the predictive efficacy of Mental Health Knowledge and Compassion towards others in determining Attitude towards mentally ill person.

Hypothesis

- **H1.** There will be a negative association between score of Knowledge about Mental Health and stigmatizing attitude towards mentally ill person.
- **H2.** The score of Compassion towards others and stigmatizing attitude towards mentally ill person will be negatively associated.

METHOD

Participants

The final sample comprises 250 participants (male=87, female=163) aged 18-40 years (Mean=23.02, SD=4.79) recruited through convenience sampling from Raebareli district of Uttar Pradesh. The inclusion criteria were mandatory informed written consent, aged 18 years or above and absence of any physical and psychological comorbidity. In Table 1 socio-demographic details are outlined.

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Measures

- 1. Mental health knowledge questionnaires (MHKQ):** The Chinese Ministry of Health in 2009 developed MHKQ, having 20-items to estimate societal knowledge of mental health. Items 1–16 were answered by responses ‘true’, ‘false’ or ‘unknown’. For statements 1, 3, 5, 7, 8, 11, 12, 15 and 16 ‘true’ is correct response, and for items 2, 4, 6, 9, 10, 13 and 14 ‘false’ is correct response. All correct answer get a score of 1 and incorrect/unknown answer get 0. Items 17 to 20 are related to mental health awareness days, where yes=1 and no=0 score. The scale has reliability Cronbach’s α coefficients 0.61 (Li et al., 2018).
- 2. Day’s mental illness stigma Scale (DMISS):** DMISS consists of 28 statements developed by Emer Day in 2007. DMISS measures the stigmatizing attitudes towards individuals with mental health conditions. Answers were scored on 7- point scale from 1=disagree and 7=completely agree. Five items (1, 7, 9, 23 and 28) were reverse scored to ensure that high scores uniformly reflected greater levels of stigma across each statement. This scale has high reliability (Day et al., 2007).
- 3. Santa Clara Brief Compassion Scale (SCBC):** To measure compassion towards others SCBCS developed by Hwang et al., (2008) was used. The SCBCS is a 5-item scale. Sample items include “When I hear about someone (a stranger) going through a difficult time, I feel a great deal of compassion for him or her.”. A 7-point scale was used where 1 being “not at all true of me” to 7 being “very true of me.” Higher scores indicate a higher level of compassion. Previous research has reported an acceptable range of Cronbach’s alpha i.e., 0.72 (Baminiwatta et al., 2023).

Procedure

The required materials were gathered first. A data collection form, along with a personal data sheet, was prepared. After that, the researchers went to visit potential participants in their classroom settings. Here, the participants carefully read the instructions laid out in the questionnaire and in the information-cum-consent form. Every participant received a clear explanation about the relevant aspect of study. They were also reassured that their data would stay confidential. The participants were allowed to take required time for completing the questionnaire. Researchers assisted if anyone had any questions. Most participants finished in about 20-25 minutes. Afterward, it was ensured that all items were answered. Then, the participants were thanked and debriefed. Any questions they had were answered with patience. Also, participants got the contact information’s of the investigator in case they felt any distress due to the study.

Statistical Analysis

Data were analysed using SPSS 25. To test the hypothesized relationship between studied variables, descriptive, correlation and regression analyses were performed. Descriptive analysis involving skewness, and kurtosis was use to ensure the normality of the data. After satisfying the above criteria for the variable under investigation, correlation and regression analysis was performed to ascertain the predictive efficacy of predictor variables for criterions variables.

RESULTS

The following tables are uncovering the findings of present study. The socio-demographic characteristics and descriptive statistics of the sample are illustrated in Table 1. A final sample of 250 participants (Male- 87, Female- 163) aged 18-40 years (Mean= 23.02, SD= 4.79) participated in the study. Table 2 explains the correlation coefficient among knowledge,

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compassion and attitude. Scores of knowledge were negatively linked with a significant correlation with attitude's scores ($r = -0.50, p < 0.01$), and scores of compassion were also negatively related to the scores of attitude. Compassion and attitude scores were significantly correlated with each other, i.e., ($r = -0.23, p < 0.01$). A negative correlation between the predictors and the criterion variable, indicates that an increment in the predictor will be followed by a decrement in the criterion variable and vice versa.

Table-1: Descriptive statistics of studied demographic variables, predictors and criterion variable.

Demographics/ Variable	N	%	Min.	Max.	Mean	S. D	Skewness	Kurtosis
Age	250		18	38	23.02	4.79	0.79	-0.45
Gender								
Male	87	34.8						
Female	163	65.2						
Education								
High School	4	1.6						
Intermediate	58	23.2						
Graduation	101	40.4						
Masters	84	33.6						
PhD	3	1.2						
Marital Status								
Married	33	13.2						
Unmarried	217	86.8						
Attitude	250		53	169	110.56	18.71	0.27	0.70
Knowledge	250		6	20	13.76	2.57	-0.15	-0.24
Compassion	250		10	35	25.56	5.57	-0.27	-0.13

Table 2: Mean, SD and correlation between variables.

Sr.	Variables	Mean	S.D	1	2	3	4
1.	Age	23.02	4.79	1			
2.	Attitude	110.56	18.71	-0.03	1		
3.	Knowledge	13.76	2.57	0.12	-0.50**	1	
4.	Compassion	25.56	5.57	-0.05	-0.23**	0.29**	1

Note- N=250, ** $p < 0.01$, * $p < 0.05$

Table 3 and 4 represents the summary of the regression analysis. Regression analysis between knowledge and attitude revealed the model was statistically significant, $\beta = -0.50, t(250) = -9.24, p < 0.00$ (Table 3). The R square value associated with this regression model suggests that predictor variable i.e. knowledge about mental health, causes 25% variance in criterion variable, i.e., attitude towards mentally ill person. The standardized beta value is -0.50, which means the change in predictor variable, i.e., knowledge about mental health, by one unit will bring about the variance in the criterion variable, i.e., attitude towards mentally ill person, by 0.50 units.

In table 4, the model concerning compassion and attitude was also statistically significant, $\beta = -0.23, t(250) = -3.86, p < 0.00$. The value of R square is 0.05, which means that the predictor variable, i.e., compassion towards others, causes 5% variance in criterion variable, i.e. attitude towards mentally ill person. The beta value is -0.23, which means the variance in compassion by one unit will bring about the variance in the attitude by 0.23 units.

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Table 3: Regression coefficients between Knowledge about Mental Health (predictor) and Attitude towards mentally ill person (Criterion Variable).

Variable	R ²	F	β	S.E	t	Significance Level
Knowledge	0.25	85.47	-0.50	0.39	-9.24	0.00

Table 4: Regression between Compassion towards individuals with mental illness (predictor) and Attitude towards individuals with mental illness (Criterion Variable).

Variable	R ²	F	β	S. E.	t	Significance Level
Compassion	0.05	14.94	-0.23	0.20	-3.86	0.00

DISCUSSION

The purpose of the current research was to investigate the predictive efficacy of knowledge about and compassion towards others (predictors) in determining attitudes towards the mentally ill (criterion variable) among young adults from the Raebareli district of Uttar Pradesh. Based on the previous findings, it was hypothesized that predictors will significantly shape the criterion variable in a favorable direction. The cross-sectional data was collected employing the convenience sampling method. Result after data analysis provided evidence of the importance of predictor variables in influencing stigmatising mind-sets towards individuals with mental health conditions. Specifically, a negative relation between the predictors and the criterion variable was revealed by correlation analysis, indicating that an increment in the predictor will be followed by a decrement in the criterion variable (Table 2). The results that were obtained supported the hypothesis of the current investigation.

Specifically, the model of regression analyses, which had knowledge about mental health as a predictor and attitude towards the mentally ill as a criterion, emerged as significant (Table 3). The beta value of the model indicated that having knowledge about mental health significantly reduced the stigmatising attitude towards mentally ill persons. Knowledge serves as a protective factor against stigmatising attitudes, which supported the H1. The obtained findings converge with the prior researches, corroborating the existing knowledge body. For example, a study from West Bengal found that knowledge was associated with positive attitudes (De et al., 2023). Also, Patil et al. (2024) reported better levels of knowledge and favourable attitudes towards the mentally ill among urban adults than rural adults. Evidence from international studies follows the same trend where knowledge had a positive correlation with attitudes towards patients with mental illness (Aljedaani, 2018). The previous evidence, along with present findings, establishes knowledge as a potential factor in shaping the stigmatizing attitude towards the mentally ill. Education concerning mental health shapes the attitudes of students towards psychiatry (Sher & New, 2016). Evidence from an investigation performed in Ethiopia (Jarso et al., 2022) revealed that approximately half of the community had inadequate knowledge, and less than half had an unfavorable attitude toward mental illness. Some studies reported no significant association between knowledge and attitude (Schomerus et al., 2012; Pescosolido et al., 2010). In contrast, findings from a few previous researches reported that higher levels of knowledge towards mental illness motivate individuals to uphold social gap from individuals suffering from any psychiatric problem (Chong et al., 2016; Subramaniam et al., 2012), indicating higher levels of stigma. Knowledge about mental health reduces stigma by dispelling misconceptions and stereotypes, helping people recognise that mental health conditions/ disorders are medical issues, not personal flaws. This understanding encourages empathy, reduces prejudice, and creates a more supportive environment, encouraging individuals to seek help without fear of judgment.

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Results from correlation analysis indicated a significant correlation between compassion towards others and attitude towards the mentally ill person (Table 2). Compassion in this study was operationalized as susceptibility to the anguish of others with a resolve to clog or alleviate this suffering, which may play a role in exerting stigma towards others suffering from mental health crises. Sympathy, empathy and benevolence are traits of compassion essential in influencing people's attitudes, especially towards vulnerable populations such as people with mental illness. With the help of linear regression analyses, taking compassion as the predictor variable and attitude as the criterion variable, the results of the linear regression analyses divulge that compassion towards others is significantly associated with attitude towards mentally ill persons (Table 4). A few previous findings could explain this; for example, Román-Sánchez et al. (2022) suggested that elevated levels of empathy were related to favorable attitudes towards individuals suffering from psychiatric conditions, and similar findings are reported by Saguem et al. (2022), reporting the role of empathy in reducing stigmatizing attitude. As empathy is the component of compassion, this may have caused individuals to understand the difficulties of individuals suffering from mental health problems. Specifically, the study by Baminiwatta et al. (2023) in Sri Lanka, where compassion was negatively associated with stigma towards psychiatric patients, and some other evidence from studies indicates that compassion reduces stigma for mentally ill persons (Yu et al., 2021). Thus, compassion reduces stigmatizing attitudes among community sample of young adults.

Overall, the findings show that knowledge and compassion significantly predict favourable attitudes and reduce stigmatizing attitudes towards the mentally ill. This indicates that people with more extensive knowledge are more likely to have positive attitudes towards individuals with mental health conditions, and compassion further contributes to enhancing positive attitudes and reducing stigma. Thus, focusing on inculcating compassion is another avenue for the interventions targeting to reduce the stigma that may further result in higher treatment-seeking behaviours among individuals experiencing mental health conditions.

Mental health initiatives in Raebareli could leverage this synergy by creating programs that combine educational components with opportunities to interact with mental health professionals or individuals living in recovery. This holistic approach could foster a deeper understanding and a more compassionate and supportive community.

Strengths and limitations

The significance of the current investigation includes the comprehensive analysis of cognitive (knowledge) and affective (compassion) predictors of attitude towards mentally ill individuals. With the help of standardized questionnaires, arduous statistical analysis provides empirical evidence. The findings have connotative power that offers insights for professionals, especially focusing on young adults.

The findings of the current study should be interpreted considering certain methodological limitations. Employing convenience sampling may have resulted in bias in the sample, while a random sampling technique could have yielded a more representative sample. Moreover, relying solely on self-assessment measures may lead to social desirability bias, where individuals may have provided responses, that deem socially acceptable rather than reflecting their actual attitudes. Additionally, the study did not account for the impact of socio-cultural determinants on attitudes towards mental health conditions, which could have impacted the results. It's noteworthy that the investigation only included literate individuals, and the results might have been more comprehensive if illiterate individuals had been included as well. Apart

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from these, the current study was carried out in a small locality of Uttar Pradesh; thus, regional narrowness could be another limitation.

CONCLUSIONS, IMPLICATIONS AND FUTURE DIRECTIONS

This finding highlights the crucial role of knowledge and compassion in determining attitudes and reducing stigma. The future intervention targeting eliminating stigma may consider inculcating compassion along with knowledge to foster a positive attitude towards mentally ill persons. Eliminating stigma may have multi-fold impacts, including a reduction in public stigma and treatment gap, as a study by Weaver et al. (2023) reported rejection of treatment-seeking in participants due to fear of public stigma. Going forward, creating a more compassionate and supportive society for all will require incorporating compassion-based approaches into mental health policy, practice, and education. The school curricula should introduce courses to enhance knowledge and compassion towards mentally ill strata. Future studies should employ longitudinal design, random sampling, and unobtrusive methods to ascertain the causality among the studied variables. Other possible moderator and mediator variables should be identified to help understand the directionality of causality. In this study, only educated participants participated; future studies can also be extended to other samples, such as the illiterate populace. The sample was inclined towards the younger population, and studies assert that young adults have favorable attitudes towards mentally ill persons (Soni, 2020). Thus, age effects should be explored.

REFERENCES

- Aljedaani, S. M. (2018). Adults' knowledge, attitudes, and willingness to interact with patients suffering from mental illness in Jeddah City. *Journal of the American Psychiatric Nurses Association*, 25(5), 360–375. <https://doi.org/10.1177/1078390318792610>
- Allen, A. B., & Leary, M. R. (2010). Self-Compassion, stress, and coping. *Social and Personality Psychology Compass*, 4(2), 107–118. <https://doi.org/10.1111/j.1751-9004.2009.00246.x>
- Baminiwatta, A., Alahakoon, H., Herath, N. C., Kodithuwakku, K. M., & Nanayakkara, T. (2023). Trait Mindfulness, Compassion, and Stigma Towards Patients with Mental Illness: A Study Among Nurses in Sri Lanka. *Mindfulness*, 14(4), 979–991. <https://doi.org/10.1007/s12671-023-02108-5>
- Beadle, J. N., & De La Vega, C. E. (2019). Impact of aging on empathy: Review of psychological and neural mechanisms. *Frontiers in Psychiatry*, 10. <https://doi.org/10.3389/fpsy.2019.00331>
- Chand, P., & Dixit, K. (2020). Evaluation of Knowledge and Attitude toward Mental Illness among Rural Adults: A Correlation Study. *Indian Journal of Psychiatric* 60. https://doi.org/10.4103/iopn.iopn_13_20
- Chong, S. A., Abdin, E., Picco, L., Pang, S., Jeyagurunathan, A., Vaingankar, J. A., Kwok, K. W., & Subramaniam, M. (2016). Recognition of mental disorders among a multiracial population in Southeast Asia. *BMC Psychiatry*, 16(1). <https://doi.org/10.1186/s12888-016-0837-2>
- Day, E. N., Edgren, K., & Eshleman, A. (2007). Measuring Stigma Toward Mental Illness: Development and Application of the Mental Illness Stigma Scale1. *Journal of Applied Social Psychology*, 37(10), 2191–2219. <https://doi.org/10.1111/j.1559-1816.2007.00255.x>
- De, B., Haldar, S., & Biswas, S. (2023). Assessment of knowledge and attitude towards mental illness among young and older people, in a selected rural community, Bankura, West

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- Bengal. *International Journal of Advanced Psychiatric Nursing*, 5(1), 17–22. <https://doi.org/10.33545/26641348.2023.v5.i1a.107>
- Demyttenaere, K., Bruffaerts, R., Posada-Villa, J., Gasquet, I., Kovess, Jp, L., Mc, A., Bernert, S., De Girolamo, G., Morosini, P., Polidori, G., Kikkawa, T., Kawakami, N., Ono, Y., Takeshima, T., Uda, H., Eg, K., Fayyad, J., An, K., . . . Chatterji, S. (2004). Prevalence, severity, and unmet need for treatment of mental disorders in the World Health Organization World Mental Health Surveys. *JAMA*, 291(21), 2581. <https://doi.org/10.1001/jama.291.21.2581>
- Ergetie T., Yohanes Z., Asrat B., Demeke W., Abate A., Tareke M. (2018). Perceived stigma among non-professional caregivers of people with severe mental illness, Bahir Dar, northwest Ethiopia. *Annals of General Psychiatry*, 17(42), 1–8. <https://doi.org/10.1186/s12991-018-0212-4>.
- Goetz, J. L., Keltner, D., & Simon-Thomas, E. (2010). Compassion: An evolutionary analysis and empirical review. *Psychological Bulletin*, 136(3), 351–374. <https://doi.org/10.1037/a0018807>
- Gowen, C. W., & Britt, T. W. (2006). The interactive effects of homo- sexual speech and sexual orientation on the stigmatization of men. *Journal of Language and Social Psychology*, 25(4), 437-456. <https://doi.org/10.1177/0261927x06292769>
- Heath, P. J., Brenner, R. E., Lannin, D. G., & Vogel, D. L. (2018). Self-compassion moderates the relationship of perceived public and anticipated self-stigma of seeking help. *Stigma and Health*, 3(1), 65–68. <https://doi.org/10.1037/sah0000072>
- Jarso, M. H., Debele, G. R., Gezimu, W., Nigatu, D., Mohammedhusein, M., Mamo, A., ... & Jemal, K. (2022). Knowledge, attitude, and its correlates of the community toward mental illness in Mattu, South West Ethiopia. *Frontiers* <https://doi.org/10.3389/fpsy.2022.1018440>
- Javed, A., Lee, C., Zakaria, H., Buenaventura, R. D., Cetkovich-Bakmas, M., Duailibi, K., Ng, B., Ramy, H., Saha, G., Arifeen, S., Elorza, P. M., Ratnasingham, P., & Azeem, M. W. (2021). Reducing the stigma of mental health disorders with a focus on low- and middle-income countries. *Asian Journal of Psychiatry*, 58, 102601. <https://doi.org/10.1016/j.ajp.2021.102601>
- Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). “Mental health literacy”: a survey of the public’s ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *The Medical Journal of Australia*, 166(4), 182–186. <https://doi.org/10.5694/j.1326-5377.1997.tb140071.x>
- Kudva, K. G., Hayek, S. E., Gupta, A. K., Kurokawa, S., Bangshan, L., Armas-Villavicencio, M. V. C., Oishi, K., Mishra, S., Tiensuntisook, S., & Sartorius, N. (2020). Stigma in mental illness: Perspective from eight Asian nations. *Asia-Pacific Psychiatry*, 12(2). <https://doi.org/10.1111/appy.12380>
- Kumar, C., Gangadhar, B., Sadh, K., Manjunatha, N., Math, S., Kalaivanan, R., Rao, G., Parthasarathy, R., Chand, P., Chandra, P., Thirthalli, J., Murthy, P., Varghese, M., Mathur, A., Bairy, B., Kishore, C., Gowda, G., Basvaraju, V., Harihara, S., . . . Chaturvedi, S. (2023). Mental Health Programme in India: Has the tide really turned? *Indian Journal of Medical Research*, 157(5), 387. https://doi.org/10.4103/ijmr.ijmr_2217_20
- Lee, E. E., Govind, T., Ramsey, M., Wu, T. C., Daly, R., Liu, J., Tu, X. M., Paulus, M. P., Thomas, M. L., & Jeste, D. V. (2021). Compassion toward others and self-compassion predict mental and physical well-being: a 5-year longitudinal study of 1090 community-dwelling adults across the lifespan. *Translational Psychiatry*, 11(1). <http://s://doi.org/10.1038/s41398-021-01491-8>

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- Li, J., Zhang, M., Zhao, L., Li, W., Mu, J., & Zhang, Z. (2018). Evaluation of attitudes and knowledge toward mental disorders in a sample of the Chinese population using a web-based approach. *BMC Psychiatry*, 18(1). <https://doi.org/10.1186/s12888-018-1949-7>
- Macleod S. H., Elliott L., Brown R. (2011). What support can community mental health nurses deliver to carers of people diagnosed with schizophrenia? Findings from a review of the literature. *International Journal of Nursing Studies*, 48(1), 100–120. <https://doi.org/10.1016/j.ijnurstu.2010.09.005>
- Math, S. B., & Srinivasaraju, R. (2010). Indian psychiatric epidemiological studies: Learning from the past. *Indian Journal of Psychiatry*, 52(7), 95. <https://doi.org/10.4103/0019-5545.69220>
- Meghrajani, V. R., Marathe, M., Sharma, R., Potdukhe, A., Wanjari, M. B., & Taksande, A. B. (2023). A comprehensive analysis of mental health problems in India and the role of mental asylums. *Curēus*. <https://doi.org/10.7759/cureus.42559>
- Mishra N. N., Parker L. S., Nimgaonkar V. L., Deshpande S. N. (2012). Disability certificates in India: A challenge to health privacy. *Indian Journal of Medical Ethics*, 9(1), 43–45. <https://doi.org/10.20529/IJME.2012.010>
- Neff, K. D. (2003a). Self-Compassion: an alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85–101. <https://doi.org/10.1080/15298860309032>
- Neff, K. D. (2003b). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2(3), 223–250. <https://doi.org/10.1080/15298860309027>
- Patil, N. P., Panaskar, N. P., Salve, N. N., & Waghmare, N. M. (2024). A Comparative Study to Assess the Knowledge and Attitude towards Mental Illness among Adults in Selected Urban and Rural Area. *Deleted Journal*, 3(2), 1–7. <https://doi.org/10.18231/j.ijrimcr.2021.008>
- Pescosolido, B. A., Martin, J. K., Long, J. S., Medina, T. R., Phelan, J. C., & Link, B. G. (2010). “A disease like any other”? A decade of change in public reactions to schizophrenia, depression, and alcohol dependence. *American Journal of Psychiatry*, 167(11), 1321–1330. <https://doi.org/10.1176/appi.ajp.2010.09121743>
- Pradeep, B. S., Gururaj, G., Varghese, M., Benegal, V., Rao, G. N., Sukumar, G. M., Amudhan, S., Arvind, B., Girimaji, S., K, T., P, M., Vijayasagar, K. J., Bhaskarapillai, B., Thirthalli, J., Loganathan, S., Kumar, N., Sudhir, P., Sathyanarayana, V. A., Pathak, K., Singh, L. K., ... Misra, R. (2018). National Mental Health Survey of India, 2016 - Rationale, design and methods. *PloS one*, 13(10), e0205096. <https://doi.org/10.1371/journal.pone.0205096>
- Román-Sánchez, D., Paramio-Cuevas, J. C., Paloma-Castro, O., Palazón-Fernández, J. L., Lepiani-Díaz, I., De La Fuente Rodríguez, J. M., & López-Millán, M. R. (2022). Empathy, Burnout, and Attitudes towards Mental Illness among Spanish Mental Health Nurses. *International Journal of Environmental Research and Public Health*, 19(2), 692. <https://doi.org/10.3390/ijerph19020692>
- Sagar, R., Pattanayak, R. D., Chandrasekaran, R., Chaudhury, P. K., Deswal, B. S., Singh, R., Malhotra, S., Nizamie, S. H., Panchal, B. N., Sudhakar, T. P., Jk, T., Varghese, M., Prasad, J., & Chatterji, S. (2017). Twelve-month prevalence and treatment gap for common mental disorders: Findings from a large-scale epidemiological survey in India. *Indian Journal of Psychiatry/Indian Journal of Psychiatry*, 59(1), 46. https://doi.org/10.4103/psychiatry.indianjpsychiatry_333_16
- Saguem, B. N., Rhouma, A., & Nakhli, J. (2022). Stigma of mental illness and its association with empathic abilities in mental health trainees. *Stigma and Health*, 7(4), 423–431. <https://doi.org/10.1037/sah0000418>

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- Schomerus, G., Schwahn, C., Holzinger, A., Corrigan, P. W., Grabe, H. J., Carta, M. G., & Angermeyer, M. C. (2012). Evolution of public attitudes about mental illness: a systematic review and metaanalysis. *Acta Psychiatrica Scandinavica*, 125(6), 440–452. <https://doi.org/10.1111/j.16000447.2012.01826.x>
- Sher, L., & New, A. S. (2016). Understanding the role of psychiatric principles in patient care: an important goal of the Medical Student Clerkship in Psychiatry. *Frontiers in Public Health*, 4. <https://doi.org/10.3389/fpubh.2016.00030>
- Simmons, L., Jones, T., & Bradley, E. (2017). Reducing Mental Health Stigma: The Relationship between Knowledge and Attitude Change. *European Journal of Mental Health*, 12(1), 25–40. <https://doi.org/10.5708/ejmh.12.2017.1.2>
- Soni, S. S. (2020). A study to assess the knowledge and attitude towards mental illness among adults at selected urban community, Pilani, Jhunjhunu district, Rajasthan. *International Journal of Advanced Psychiatric Nursing*, 2(2), 04–07. <https://doi.org/10.33545/26641348.2020.v2.i2a.29>
- Strauss, C., Taylor, B. L., Gu, J., Kuyken, W., Baer, R. A., Jones, F. W., & Cavanagh, K. (2016). What is compassion and how can we measure it? A review of definitions and measures. *Clinical Psychology Review*, 47, 15–27 <https://doi.org/10.1016/j.cpr.2016.05.004>
- Subramaniam, M., Vaingankar, J. A., Heng, D., Kwok, K. W., Lim, Y. W., Yap, M., & Chong, S. A. (2012). The Singapore Mental Health Study: an overview of the methodology. *International Journal of Methods in Psychiatric Research*, 21(2), 149–157. <https://doi.org/10.1002/mpr.1351>
- Thornicroft G, Sunkel C, Aliev AA, Baker S, Brohan E, EI Chammay R, et al. The lancet commission on ending stigma and discrimination in mental health. *Lancet* 2022; 400:143880. [https://doi.org/10.1016/S0140-6736\(22\)01470-2](https://doi.org/10.1016/S0140-6736(22)01470-2).
- Thornicroft, G., Rose, D., Kassam, A., & Sartorius, N. (2007e). Stigma: ignorance, prejudice or discrimination? *British Journal of Psychiatry*, 190(3), 192–193. <https://doi.org/10.1192/bjp.bp.106.025791>
- Weaver, L. J., Karasz, A., Muralidhar, K., Jaykrishna, P., Krupp, K., & Madhivanan, P. (2023). Will increasing access to mental health treatment close India’s mental health gap? *SSM - Mental Health*, 3, 100184. <https://doi.org/10.1016/j.ssmmh.2022.100184>
- WHO. (2012). Mental health and human rights—A hidden emergency. Available: http://www.who.int/mental_health/policy/quality_rights/en/index.html (Accessed 27 January 2022).
- Wong Y.-L. I., Kong D., Tu L., Frasso R. (2018). “My bitterness is deeper than the ocean”: Understanding internalized stigma from the perspectives of persons with schizophrenia and their family caregivers. *International Journal of Mental Health Systems*, 12(1), 14. <https://doi.org/10.1186/s13033-018-0192-4>
- World Health Organization. Promoting mental health: concepts, emerging evidence, practice (Summary Report) Geneva: World Health Organization; 2004.
- Worthen, M. G., Tanzilli, A., Caristo, C., & Lingiard, V. (2018). Social contact, social distancing, and attitudes toward LGT individuals: A cross-cultural study of college students in the United States, Italy, and Spain. *Journal of Homosexuality*, 66(13), 1882–1908. <https://doi.org/10.1080/00918369.2018.1519302>
- Yu, B. C. L., Mak, W. W. S., Leung, I. W. Y., & Chio, F. H. N. (2021). Reducing Stigma Through Interconnectedness and Compassion: a Buddhism-Based Approach to Reduce Stigma Toward People with Mental Illness. *Mindfulness*, 12(7), 1779–1790. <https://doi.org/10.1007/s12671-02101640-6>

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Conflict of Interest

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