The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 13, Issue 3, July- September, 2025
DIP: 18.01.386.20251303, DOI: 10.25215/1303.386
https://www.ijip.in

Research Paper

Association Between Knowledge about Mental Health, Attitudes and Intended Behaviour Towards Mentally Ill Persons, Among Youth from Raebareli, Uttar Pradesh

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ABSTRACT

Despite growing efforts to improve mental health literacy, stigma continues to be a major obstacle to social inclusion for mentally ill persons. Therefore, the present cross-sectional study explores the link between knowledge about mental health and attitudes toward mentally ill persons, in shaping prospective intended behaviours towards mentally ill persons in youth from the Raebareli district of Uttar Pradesh. The sample selected through the convenience sampling method consisted of 311 participants aged from 18 to 46 years (M = 23.19, SD = 5.32), of which 142 were males (45.7%) and 169 were females (54.3%). Standardised questionnaires were used to assess the participants on relevant variables. Data was subjected to descriptive, correlation and regression analysis for hypothesis testing. Findings indicate significant positive relationships exist between knowledge, attitude and intended behaviours. Knowledge about mental health positively influences intended behaviour, encouraging more supportive and empathetic actions towards the mentally ill. Similarly, attitude towards mentally ill persons significantly predicts intended behaviours towards the mentally ill. The findings support the notion that awareness towards mental health issues can be a strong weapon to fight against the associated stigma and discrimination towards mentally ill persons. The findings suggest the development of an intervention with a component of enhancing knowledge and attitude among the general population to reduce the discriminatory behaviours towards persons with mental illnesses.

Keywords: *Mental illness, Knowledge, Attitude, Intended behaviour, Stigma*

About 970 million people worldwide suffer from mental illness, which is a developing public health epidemic that has significant negative effects on social, economic, and health facets of life (Ben Amor et al., 2023). Though awareness has grown, stigma, prejudice, and exclusion are still commonplace for people with mental health issues. According to WHO (2001), the prevalence of mental disorders in India has doubled since 1990, with almost one in seven persons believed to have one in 2017. The rising mental health issues and treatment delays pose a significant threat to the overall well-being of individuals and society. Treatment for mental health issues is frequently delayed by supernatural beliefs. Many Malay patients sought treatment from traditional healers first

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Received: July 19, 2025; Revision Received: September 26, 2025; Accepted: September 30, 2025

because they thought their ailment was caused by black magic or spirit possession (Razali et al., 1996). According to Kishore et al. (2011), 40% of rural Indians favoured religion healers over psychiatrists because they believed that mental illness was a kind of divine punishment. Thus, a lack of scientific understanding regarding the causes of mental illnesses exists among societies, indicating a need to assess knowledge levels and their impacts.

Knowledge and mental illness stigma

Social responses to mental illness are significantly shaped by public awareness and attitudes that affect how people view, engage with, and assist those who are dealing with mental health concerns (Corrigan et al., 2021). Awareness is essential because it reduces the treatment gap and stigma. Stigma is still firmly ingrained in social and cultural standards, even in spite of advancements in psychology and psychiatry. These ideas illustrate how societal attitudes can obstruct appropriate mental health care and fuel persistent stigma. People with mental illnesses are still called "mad," "psycho," or "lunatic"—labels that reinforce social rejection and fear (Hyler et al., 1991; Rotella et al., 2002). To learn how mental health literacy might influence attitudes and ultimately influence behaviours towards people with mental illness, the knowledge-attitude-behaviour (KAB) paradigm has been widely used (Henderson et al., 2020).

Knowledge of mental illnesses, including their signs, causes, and treatments, is referred to as mental health literacy. According to Jörm et al. (2019), there is a continuous correlation between higher literacy and a decrease in stigma and a greater willingness to provide support. Lack of knowledge, on the other hand, might reinforce unfavourable stereotypes by causing misunderstandings, anxiety, and avoidance. Low- and middle-income nations like India, where mental illness is sometimes mistakenly ascribed to supernatural or moral shortcomings, are particularly affected by these impacts (Chikomo, 2011; Ganesh, 2011). Media also plays a significant role in shaping societal attitudes towards mental illness. Media representations, individual experiences, and cultural beliefs all influence attitudes. While negative views lead to social isolation and prejudice, positive attitudes can foster empathy, acceptance, and support (Knaak et al., 2022). Social dread and avoidance are reinforced by the media's frequently distorted portrayals of people with mental illness as violent or unpredictable (Hyler et al., 1991; Lyons & McLaughlin, 2001). Whatever the cause, the stigma reduces support for mentally ill individuals, where they face social exclusion and distancing.

There are several ways that stigma can appear: institutional stigma (discriminatory regulations), self-stigma (internalised ideas), and public stigma (societal-level stereotypes). Although self-stigma can result in low self-esteem and an unwillingness to seek treatment, public stigma can result in denial of housing or work (Corrigan & Watson, 2002; Byrne, 2000). As noted by Moses (2010), Kranke & Floersch (2009) and Wahl (2002) emphasised how stigmatising views start early in life and impact children and adolescents who may experience bullying, exclusion, and silence regarding mental health difficulties.

Social engagement, providing assistance, or endorsing inclusive legislation are examples of behavioural intentions, which describe how people intend to behave towards people with mental illness (Clement et al., 2019). Knowledge and attitudes both have an impact on these intentions. According to Henderson et al. (2020), people who have a better understanding of mental illness are more likely to act pro-socially and lessen stigma in their communities. However, ignorance and superstitions are prevalent in many regions of India. Instead of

seeking medical attention, people may turn to traditional healers, delaying diagnosis and treatment (Bagchi et al., 2020). The widespread belief that mental diseases are incurable also discourages people and families from getting treatment. Families are frequently stigmatized, which causes them to ignore and deny mental health problems. These elements highlight how critical it is to comprehend and alter public attitudes in Indian urban settings.

Stigma around mental health has been addressed on a global scale. To change cultural perceptions and encourage acceptance, campaigns like "Time to Change" (UK), "Like Minds Like Mine" (New Zealand), "One of Us" (Denmark), and "Opening Minds" (Canada) are being launched (Abi Doumit et al., 2019). Nonetheless, the scope and efficacy of such national programs are still restricted in India. Due to stigma and fear of discrimination, the Indian government's National Mental Health Programme has made significant progress in increasing services; yet, utilization is still low (WHO, 2001). The perception of mental disease is still distinct from that of physical disorders like diabetes or cancer. This distinction frequently results in presumptions that people with mental health disorders are dangerous, unable, or morally defective (Corrigan & Watson, 2002). Even after recovery, these prejudices hinder reintegration into society, particularly in the areas of social interactions and jobs.

Since attitudes toward mental illness begin to form at an early age, youth are especially important in efforts to reduce stigma. Studies have shown that interventions targeting adolescents can reduce stigmatising behaviours and significantly enhance mental health literacy (Wahl et al., 2012; Link et al., 1999). Sadly, young individuals with mental illnesses may endure social rejection and bullying in silence, which impedes their growth and general well-being (Kranke & Floersch, 2009). Gender roles, religious convictions, and the use of traditional healing methods all have a significant impact on societal attitudes in India (Thornicroft et al., 2019). It is frequently difficult for people to get care or be taken seriously when mental health symptoms are discounted or explained away using culturally ingrained beliefs. In urban areas of states like Uttar Pradesh, where knowledge is still poor and myths still exist, this is especially noticeable (National Mental Health Survey of India, 2016).

Very few empirical studies have examined the relationship between knowledge, attitude, and intended behaviour among Indian young Indians, despite the fact that prevalence and awareness are rising for mental health and illnesses. Despite the expanding corpus of international literature, India still lacks solid empirical research that examines the triad of knowledge, attitudes, and behaviours. Though many of the research that is now available are based on Western contexts, cultural differences have a substantial impact on how mental illness is seen and responded to. Designing locally relevant and successful educational and stigma-reduction initiatives requires an understanding of these relationships in the Indian cultural context (Angermeyer & Dietrich, 2006).

The present study

The purpose of this study is to investigate the role of the knowledge concerning mental health, attitudes, and intended behaviours towards mentally ill persons among young people from Raebareli, Uttar Pradesh, India, given the close relationship between these factors. Employing a cross-sectional design and standardized questionnaires, the investigation will assess the participants on relevant variables. Using statistical techniques like linear regression and Pearson correlation, the study seeks to find important trends that may provide crucial findings. According to previous research, increasing knowledge results in more

positive attitudes, which then encourage inclusive and encouraging behaviours (Clement et al., 2019; Henderson et al., 2020). Mental diseases can be treated with medicine and psychotherapy, but stigma is still one of the biggest obstacles to getting help (Phelan et al., 2000; WHO, 2001). Through focused education, misconceptions regarding causality—from drug usage to divine punishment—need to be dispelled (Sambanthan et al., 2023). The results of this study can inform public health initiatives and assist in creating culturally appropriate mental health awareness programs. We can create more inclusive environments, lessen the stigma associated with mental illness, and promote better mental health outcomes by increasing public awareness and changing cultural attitudes.

Research Objective

- **Objective 1-** To study the role of Knowledge about mental health and attitude towards the mentally ill in shaping intended behaviours towards mentally ill persons among young adults from Raebareli.

Hypotheses

- **Hypothesis 1-** Knowledge about mental health will be a significant positive predictor of intended behaviours towards mentally ill persons.
- **Hypothesis 2:** Attitude towards mentally ill persons will be a positive predictor of intended behaviours towards mentally ill persons.

METHOD

Study Design and Participants

This study used a cross-sectional survey approach to investigate the connections between intended behaviour, attitudes toward people with mental illness, and knowledge about mental health. Data were collected at a single point in time during February 2024, which allowed for the examination of patterns and associations. Convenience sampling was used to recruit 311 participants aged between 18 and 46 years (M = 23.19, SD = 5.32), including 142 males (45.7%) and 169 females (54.3%) from the Raebareli districts of Uttar Pradesh. Eligibility criteria included being 18 years or older and voluntarily agreeing to participate.

Measures

Reported and Intended Behaviour Scale (RIBS) (Evans-Lacko et al., 2011)

The Reported and Intended Behaviour Scale (RIBS) is used to assess people's actual and intended behaviour toward individuals with mental health problems. The term “mental health problem” is described by the authors as a compromise between “mental illness” and “mental distress,” typically referring to individuals receiving care from healthcare professionals. Items 1 to 4 assess self-reported behaviour, such as living with, working with, or being close to someone with a mental health issue. Responses include ‘yes,’ ‘no,’ and ‘don’t know’ (Yamaguchi et al., 2014). Items 5 to 8 assess intended behaviour—participants’ willingness for future contact in similar situations. These are rated on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree), with total scores ranging from 4 to 20. Higher scores indicate more positive intended behaviour. The scale has shown strong internal consistency, with Cronbach’s alpha reported as .85 in adults (Evans-Lacko et al., 2011) and .86 in adolescents (Chisholm et al., 2016). Based on the purpose of the present study, only items related to intended behaviours were used for data collection.

Day's Mental Illness Stigma Scale (DMISS)

This self-report scale, developed by Day et al. (2007), measures stigmatising attitudes toward mental illness through 28 items divided across seven subscales: interpersonal anxiety, relationship disruption, hygiene, visibility, treatability, professional efficacy, and recovery. Participants respond to each item using a seven-point Likert scale, ranging from 1 (completely disagree) to 7 (completely agree). To maintain consistency in scoring, five items (1, 7, 9, 23, and 28) were reverse-coded so that higher scores across all items and subscales reflect greater levels of stigma.

Mental Health Knowledge Questionnaire (MHKQ)

The Mental Health Knowledge Questionnaire (MHKQ) was developed by the Chinese Ministry of Health in 2009 to evaluate public knowledge and awareness related to mental health. It consists of 20 self-administered items. The first section (Items 1–16) includes statements that participants rate as "true," "false," or "unknown." For Items 1, 3, 5, 7, 8, 11, 12, 15, and 16, a "true" response is scored as 1, while "false" or "unknown" are scored as 0. In contrast, for Items 2, 4, 6, 9, 10, 13, and 14, a "false" response is scored as 1, and "true" or "unknown" are scored as 0. The second section (Items 17–20) assesses participants' awareness of the four national mental health promotion days. The total score ranges from 0 to 20, with higher scores indicating greater knowledge of mental health. The scale has reported a Cronbach's alpha of 0.61.

Procedure

The present study adopted a cross-sectional survey design to assess the relationship between knowledge, attitude, and intended behaviour toward mentally ill individuals. The potential participants were visited in a field setting and were briefed about the nature of the study. After discussing the confidentiality clause, expected risks and benefits, as well as their rights as research participants, their informed written consent was collected. Data were gathered in a field setting based on participant accessibility, mostly from college students, through direct distribution of printed questionnaires. This approach was more suitable for those who regularly attend in-person classes and may have limited access to digital devices or internet connectivity. The study successfully reached a diverse group of participants from various educational, social, and technological backgrounds, especially among the youth. They completed the questionnaires anonymously, with approximately 20-25 minutes allocated per participant. After completion of the questionnaire, all the queries of the participants were answered by the researchers. Participants were thanked for their cooperation.

Statistical analysis

Responses were scored and entered in Microsoft Excel and analysed using IBM SPSS Statistics 25. Descriptive statistics, Pearson's correlation, and linear regression were used to determine the strength and nature of associations between variables.

RESULTS

This section presents the findings of the study examining the association between knowledge about mental health, attitudes toward mentally ill individuals, and intended behaviours. The results are structured into descriptive statistics, correlation analysis, and regression analysis.

Table 1: Descriptive Statistics and Demographic Profile

Variables	N	%	Minimum	Maximum	Mean	SD	Skewness	Kurtosis
Age	311		18	46	23.19	5.32	1.36	2.96
Gender								
Male	142	45.7						
Female	169	54.3						
Education								
Highschool	15	4.8						
Intermediate	71	22.8						
Bachelor	127	40.8						
Masters	93	29.9						
PhD	5	1.6						
Marital Status	52	16.7						
Married	259	83.3						
Unmarried								
Knowledge	311		7	21	14.43	3.21	0.15	-0.52
Attitude	311		53	169	110.06	21.69	0.31	0.23
Intended behaviour	311		0	24	11.56	5.57	0.26	-0.41

Table 1 shows the demographic characteristics and descriptive statistics of the sample (N = 311). The average age of the participants was 23.19 years (SD = 5.32), with ages ranging from 18 to 46 years. Among the respondents, 142 were male (45.7%) and 169 were female (54.3%). Regarding educational qualifications, the majority had completed graduation (40.8%), followed by post-graduation (29.9%), intermediate education (22.8%), high school (4.8%), and Ph.D. (1.6%). Most participants were unmarried (83.3%), while only 16.7% were married. The average score for mental health knowledge was 14.43 (SD = 3.21), attitude was 110.06 (SD = 21.69), and intended behaviour was 11.56 (SD = 5.57). These findings provide a basic overview of the sample's demographic distribution and key variables.

Table 2: Correlational coefficients among scores on knowledge, attitude and intended behaviour

Variables	Mean	SD	Knowledge	Attitude	Intended behaviour
Knowledge	14.43	3.21	1		
Attitude	110.06	21.69	0.10	1	
Intended behavior	11.56	5.57	0.11*	0.24**	1

***Note:** *p = 0.05, **p = 0.01*

Table 2 shows the Pearson correlation coefficients among knowledge, attitude, and intended behaviour. A significant positive correlation was found between knowledge and intended behaviour ($r = 0.11$, $p < 0.05$), indicating that higher knowledge levels are associated with more supportive intended behaviours. Similarly, attitude and intended behaviour were significantly positively correlated ($r = 0.24$, $p < 0.01$), implying that a more positive attitude leads to more favourable behavioural intentions. However, the correlation between knowledge and attitude was not statistically significant ($r = 0.10$, $p > 0.05$), suggesting that knowledge alone does not necessarily translate into improved attitudes.

Table 3- Linear regression of the association between knowledge about mental health and intended behaviour towards the mentally ill person

Predictor Variable	R^2	F	β	SE	t	Significant Level
Knowledge	0.12	3.89	0.11	0.09	1.97	0.04

A simple linear regression was conducted to examine the relationship between knowledge about mental health and intended behaviour toward the mentally ill person. The results indicated that knowledge was a significant predictor of intended behaviour, F(1, 310) = 3.89, p =0.04, accounting for approximately 1.2% of the variance in intended behaviour (R^2 = .12). The regression coefficient was significant, β = .11, t = 1.97, p.04, Indicating that greater knowledge was associated with more favorable intended behaviors.

Table 4- Linear regression of the association between attitude towards a mentally ill person and intended behaviour towards the mentally ill person

Predictor Variable	R^2	F	β	SE	t	Significant Level
Attitude	0.05	18.95	0.24	0.01	4.35	0.00

Note; *N = 311*

A simple linear regression was conducted to examine the relationship between attitude toward a mentally ill person and intended behaviour toward the mentally ill person. The results indicated that attitude was a significant predictor of intended behavior, F(1, 310) = 18.95, $p < .001$, accounting for approximately 5% of the variance in intended behavior (R^2 = .05). The regression coefficient was significant, $\beta = 0.24$, $t = 4.35$, $p < .001$, indicating that more positive attitudes were associated with more favorable intended behaviors.

DISCUSSION

The present study examined the relation between mental health knowledge and attitudes toward mentally ill individuals in determining the intended behaviours towards mentally ill persons among youth from Raebareli. In this cross-sectional study, the data were collected applying standardised scales, namely, Mental Health Knowledge Questionnaire, Day's Mental Illness Stigma Scale and Reported and Intended Behaviour scale. It was hypothesised that there would be a significant positive association between predictors (Mental health knowledge and Attitudes toward mentally ill individuals) and criterion variables (Intended behaviours). The analysis revealed significant positive correlations between knowledge and intended behaviour, as well as between attitude and intended behaviour.

Knowledge and Intended Behavior

Specifically, hypothesis 1 about the association between knowledge about mental health and intended behaviour is supported by the findings of the present study. A significant positive correlation between the variables (Table 2) and significant regression coefficients (Table 3) indicates that higher levels of knowledge about mental health are associated with more positive intended behaviour towards mentally ill individuals. This outcome is consistent with previous research. For example, Jorm et al. (1997) discovered a connection between improved mental health understanding and more helpful behavior. According to Corrigan (2004), a better understanding of mental health can help lessen stigma, which in turn encourages more compassionate behavior. In the Indian context, studies like Gupta et al.

(2019) have demonstrated that increasing mental health awareness and information can lead to more welcoming attitudes and behaviours. The current study contributes to the expanding body of evidence by showing that mental health knowledge is a strong predictor of intended behavior, particularly among young people. This shows that educational interventions aiming at enhancing mental health literacy could be effective in encouraging compassionate and inclusive actions. Furthermore, the high positive association discovered lends credence to the hypothesis that raising knowledge can lead to less social distancing and a greater readiness to engage with people suffering from mental illnesses. This finding is supported by other studies from several nations, like Yuan et al. (2022) and Siby & Vijayan (2021), which revealed similar tendencies, with more mental health literacy being related with more positive intentions. Similar findings were obtained in Lebanon (Abi Doumit et al., 2019) and Bangladesh (Siddique et al., 2022), where knowledge was connected to higher openness and supportive conduct towards mentally ill people.

Attitude and Intended Behavior

The findings of the present study support Hypothesis 2**,** which examined the association between attitudes and intended behavior towards individuals with mental illness. A significant positive correlation between these variables (Table 2) and significant regression coefficients (Table 4) indicate that individuals with more positive attitudes are more likely to engage in supportive, empathetic, and inclusive behaviors. Previous research has also found a link between positive attitudes and beneficial behavioral intentions. For example, Pescosolido et al. (2010) found that attitudes are important predictors of conduct towards mentally ill people. This study backs this up, finding that those with positive views are more likely to intend to do activities such as offering help, expressing empathy, or campaigning for inclusivity. Similar findings have been reported in various Asian contexts, where attitudes were discovered to influence the relationship between knowledge and conduct (Kaur et al., 2020).

Attitudes concerning mental illness play an important influence in setting behavioral intentions. Positive attitudes frequently translate into a stronger readiness to help, communicate with, and advocate for people with mental illnesses (Crisp et al., 2000; Corrigan et al., 2002). Previous studies by Adewuya and Makanjuola (2008) and Choudhry et al. (2021) shown that similar attitudes diminish stigma and promote active participation. Furthermore, Hlongwane and Juby (2023) and Abi Doumit et al. (2019) found that non-stigmatizing attitudes were connected with higher levels of acceptance and helpful conduct across a variety of cultural situations.

However, a noteworthy finding in the current study is the lack of a relation between knowledge and attitude**.** The Pearson correlation showed a non-significant positive association between the two variables. This challenges a common assumption: that increased knowledge automatically leads to improved attitudes. Supporting this, Shanmugapriya et al. (2020) and Roy and Chowdhury (2024) found that knowledge did not consistently reduce stigma, particularly in collectivist societies shaped by entrenched cultural beliefs.

This discrepancy may be attributed to deep-rooted stigma and cultural narratives that influence attitudes independently of factual understanding. For instance, Poreddi et al. (2014) found that Indian nursing students, despite possessing high knowledge levels, maintained moderately negative attitudes, particularly regarding the capabilities of mentally ill individuals. In a similar vein, Jang et al. (2020) in Korea and Li et al. (2024) in the UK

noted that while digital interventions improved knowledge, they did not yield consistent attitudinal improvements.

The Theory of Planned Behaviour (Ajzen, 1991) offers a framework for understanding these findings. It suggests that attitudes, norms, and perceived control influence behaviour, but knowledge is not a direct component. In collectivist societies like India and Bangladesh, societal norms and cultural beliefs may overshadow the effect of knowledge on personal attitudes. Additionally, various forms of stigma—public, self, and institutional—can create emotional and psychological barriers to attitude change (Roy & Chowdhury, 2024). This may explain why youth with good knowledge still struggle with accepting or supporting mentally ill individuals.

Experience and exposure also play a significant role. As Siddique et al. (2022) observed, students with greater independence or personal encounters with mental illness exhibited more openness and compassion. Similarly, Sindhu et al. (2021) found that although Indian youth were aware of mental health issues, stigma—especially towards psychotic disorders—remained strong, suggesting that familiarity with specific diagnoses affects attitudes.

From a policy perspective, these findings emphasize the need for comprehensive interventions that go beyond merely sharing information. While digital tools can help raise awareness (Li et al., 2024), changing attitudes may require contact-based programs, peer-led initiatives, and community involvement. International campaigns like "Time to Change" (Evans-Lacko et al., 2014) and "Opening Minds" have demonstrated that multi-layered approaches can reduce stigma and encourage positive behavioral outcomes. Adapting such models to Indian and South Asian contexts could help address the persistent gaps between knowledge, attitude, and behavior, ensuring a more inclusive approach to mental health.

Limitation

The findings are insightful yet the results should be interpreted cautiously due to the existing limitations that should be acknowledged. First, the length of the questionnaire may have contributed to respondent fatigue, potentially leading some participants to complete it hastily, thereby affecting the reliability of the data. Second, the sample was limited to young adults, which restricts the generalizability of the findings to broader populations, such as older adults or individuals from rural or less-educated backgrounds. Additionally, the socio-economic homogeneity of the sample may limit the external validity of the results. Third, as the data were self-reported, responses may have been influenced by social desirability bias, with participants potentially providing socially acceptable answers rather than fully honest ones. Moreover, the fear of judgment may have led to underreporting of negative attitudes or behaviors. Lastly, the cross-sectional nature of the study limits the ability to draw causal inferences between variables. Future research should address these limitations by employing more diverse and representative samples, utilizing longitudinal or experimental designs, and incorporating mixed methods to enhance data validity.

Implications and Future Research

This study has several important implications. Knowledge alone is not enough in shaping the attitude towards mentally ill persons, so mental health education programs should focus not only on sharing facts but also on challenging prejudices and fostering empathy. Intended Behaviour can still be influenced by knowledge, even if attitudes do not change, so informational campaigns should promote inclusive actions. In India and other Asian

societies, mental health interventions need to be tailored to cultural contexts, where stigma is deeply rooted. Targeting youth is important, as they are more receptive and less affected by traditional stigma. Future research can focus on including mental health education in schools and colleges, designing awareness programs that improve both knowledge and attitudes, using shorter and clearer questionnaires, conducting research across different regions and age groups, offering data collection tools in local languages, using anonymous platforms, leveraging social media and peer education, and conducting longitudinal studies to understand long-term impacts. Future studies should also explore factors like emotional intelligence, media exposure, and past experiences, and include more diverse demographic groups to gain a better understanding of the relationships between knowledge, attitude, and behaviour.

To conclude, the findings showed that both knowledge and attitude are positively linked to intended behaviour; knowledge alone is not always enough to improve attitudes. A positive attitude was found to be a stronger predictor of intended behaviour, suggesting that awareness programs should focus not just on providing information, but also on developing favourable attitudes. These results highlight the need for mental health education that addresses both knowledge and emotional understanding to effectively reduce stigma and promote inclusive behaviour among youth.

REFERENCES

Abi Doumit, C., Haddad, C., Sacre, H., Salameh, P., Akel, M., Obeid, S., … & Soufia, M. (2019). Knowledge, attitude and behaviours towards patients with mental illness: Results from a national Lebanese study. PloS one, 14(9), e0222172.

Abi Doumit, C., Haddad, C., Sacre, H., Salameh, P., Akel, M., Obeid, S., & Hallit, S. (2019). Knowledge, attitude and behaviors towards patients with mental illness: Results from a national Lebanese study. PLoS ONE, 14(9), e0222172. https://doi.org/10.1371/journal.pone.0222172

Adewuya, A. O., & Makanjuola, R. O. A. (2008). Social distance towards people with mental illness in southwestern Nigeria. Australian and New Zealand Journal of Psychiatry, 42(5), 389–395. https://doi.org/10.1080/00048670801961115

Ajzen, I. (1991). The theory of planned behavior. Organisational Behavior and Human Decision Processes, 50(2), 179–211. https://doi.org/10.1016/0749-5978(91)90020-T

Angermeyer, M. C., & Dietrich, S. (2006). Public beliefs about and attitudes towards people with mental illness: A review of population studies. Acta Psychiatrica Scandinavica, 113(3), 163–179. https://doi.org/10.1111/j.1600-0447.2005.00699.x

Bagchi, A., Sarkar, P., & Basu, R. (2020). Knowledge, attitude and practice towards mental health illnesses in an urban community in West Bengal: a community-based study. Int J Community Med Public Heal, 7(3), 1078-83.

Ben Amor, M., Zgueb, Y., Bouguira, E., Metsahel, A., Aissa, A., Thonicroft, G., & Ouali, U. (2023). Arabic validation of the "Mental Health Knowledge Schedule" and the "Reported and Intended Behaviour Scale". Frontiers in Psychiatry, 14, 1241611. https://doi.org/10.3389/fpsyt.2023.1241611

Byrne, P. (2000). Stigma of mental illness and ways of diminishing it. Advances in Psychiatric Treatment, 6(1), 65–72.

Chikomo, J.G. (2011). Knowledge and attitudes of the Kinondini community towards mental illness. Degree of Master of Nursing Science, Stellenbosch University.

Choudhry, F. R., Khan, T. M., & Ambreen, M. (2021). Mental health stigma among university students in Pakistan: A cross-sectional study. BMC Psychiatry, 21(1), 299. https://doi.org/10.1186/s12888-021-03344-1

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., … & Thornicroft, G. (2019). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. Psychological Medicine, 45(1), 11-27. https://doi.org/10.1017/S0033291714000129

Corrigan, P. W. (2004). How stigma interferes with mental health care. American Psychologist, 59(7), 614-625.

Corrigan, P. W., & Watson, A. C. (2002). The paradox of self-stigma and mental illness. Clinical Psychology: Science and Practice, 9(1), 35-53.

Corrigan, P. W., Bink, A. B., Schmidt, A., Jones, N., & Hill, L. (2021). Mental illness stigma as a fundamental cause of oppression: Evidence, implications, and opportunities. Stigma and Health, 6(1), 59-72. https://doi.org/10.1037/sah0000279

Crisp, A. H., Gelder, M. G., Rix, S., Meltzer, H. I., & Rowlands, O. J. (2000). Stigmatisation of people with mental illnesses. The British Journal of Psychiatry, 177(1), 4-7. https://doi.org/10.1192/bjp.177.1.4

Day, E. N., Edgren, K., & Eshleman, A. (2007). Measuring stigma toward mental illness: Development and application of the Mental Illness Stigma Scale. Journal of Applied Social Psychology, 37(10), 2191–2219. https://doi.org/10.1111/j.1559-1816.2007.00255.x

Evans-Lacko, S., Corker, E., Williams, P., Henderson, C., & Thornicroft, G. (2014). Effect of the Time to Change anti-stigma campaign on trends in mental-illness-related public stigma in England 2003–13: An analysis of survey data. The Lancet Psychiatry, 1(2), 121–128. https://doi.org/10.1016/S2215-0366(14)70243-3

Evans-Lacko, S., Rose, D., Little, K., Flach, C., Rhydderch, D., Henderson, C., & Thornicroft, G. (2011). Development and psychometric properties of the Reported and Intended Behaviour Scale (RIBS): A stigma-related behaviour measure. Epidemiology and Psychiatric Sciences, 20(3), 263–271. https://doi.org/10.1017/S2045796011000308

Ganesh, K. (2011). Knowledge and attitude of mental illness among general public of Southern India. National Journal of Community Medicine, 2(1), 175-178.

Gupta, S., Sahoo, S., & Rani, S. (2019). Mental health literacy and attitudes towards mental illness in India: A community-based study. Indian Journal of Psychiatry, 61(2), 182-187.

Henderson, C., Robinson, E. J., Evans-Lacko, S., & Thornicroft, G. (2020). Relationships between knowledge, attitudes, and intended behaviour related to mental illness. Social Psychiatry and Psychiatric Epidemiology, 55(5), 575-582. https://doi.org/10.1007/s00127-019-01763-2

Hlongwane, S. M., & Juby, S. (2023). Religious beliefs and stigma toward mental illness: A study among Christian youth in South Africa. Journal of Religion and Health, 62, 1735–1750. https://doi.org/10.1007/s10943-023-01750-2

Hyler, S. E., Gabbard, G. O., & Schneider, I. (1991). Homicidal maniacs and narcissistic parasites: Stigmatizing representations of mental illness in the movies. Hospital and Community Psychiatry, 42(10), 1044-1048.

Jang, Y., Park, N. S., Chiriboga, D. A., & Kim, M. T. (2020). Mental health literacy in Korea: Current status and cultural implications. Asian Journal of Psychiatry, 47, 101858. https://doi.org/10.1016/j.ajp.2019.101858

Jorm, A. F., Kitchener, B. A., Sawyer, M. G., Scales, H., & Cvetkovski, S. (2019). Mental health first aid training for high school teachers: A cluster randomized trial. BMC Psychiatry, 19(1), 99. https://doi.org/10.1186/s12888-019-2062-3

Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., & Henderson, A. S. (1997). Mental health literacy: A survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. Medical Journal of Australia, 166(4), 182-186.

Kaur, H., Singh, G., & Kaur, M. (2020). Attitudes towards mental illness among youth in Punjab: Role of education and awareness. Asian Journal of Psychiatry, 47, 101803.

Kishore, J., Gupta, A., Jiloha, R. C., & Bantman, P. (2011). Myths, beliefs and perceptions about mental disorders and health-seeking behavior in Delhi, India. Indian Journal of Psychiatry, 53(4), 324–329. https://doi.org/10.4103/0019-5545.91906

Knaak, S., Modgill, G., & Patten, S. B. (2022). Key factors in stigma reduction for health professionals: Lessons from the Opening Minds initiative. World Psychiatry, 21(1), 102-111. https://doi.org/10.1002/wps.20940

Kranke, D., & Floersch, J. (2009). Mental health stigma among adolescents: Implications for social work practice. Children & Schools, 31(3), 151-160.

Li, W., Xu, H., Chen, S., & Zhang, Y. (2024). Effects of a WeChat-based digital health intervention on mental health knowledge and stigma among Chinese students in the UK: A randomized controlled trial. Internet Interventions, 29, 100655. https://doi.org/10.1016/j.invent.2022.100655

Link, B. G., Struening, E. L., Rahav, M., Phelan, J. C., & Nuttbrock, L. (1999). On stigma and its consequences: Evidence from a longitudinal study of men with dual diagnoses of mental illness and substance abuse. Journal of Health and Social Behavior, 40(2), 177-190.

Lyons, M., & McLaughlin, T. (2001). Media portrayals of mental illness: Observations on stereotypes and stigma. Canadian Journal of Psychiatry, 46(5), 431-436.

Moses, T. (2010). Stigma and self-concept among adolescents receiving mental health treatment. American Journal of Orthopsychiatry, 80(2), 256-264.

National Mental Health Survey of India. (2016). Prevalence, patterns and outcomes. Bengaluru: NIMHANS.

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 Sociological Review, 75(3), 450-470.

Phelan, J. C., Link, B. G., Stueve, A., & Pescosolido, B. A. (2000). Public conceptions of mental illness in 1950 and 1996. Journal of Health and Social Behaviour, 41(2), 188–207.

Poreddi, V., Thimmaiah, R., Pashapu, D. R., & Math, S. B. (2014). Mental health literacy among Indian nursing students: A comparative study. Asian Journal of Psychiatry, 9, 73–77. https://doi.org/10.1016/j.ajp.2014.01.001

Razali, S. M., Khan, U. A., & Hasanah, C. I. (1996). Belief in supernatural causes of mental illness among Malay patients: Impact on treatment. Acta Psychiatrica Scandinavica, 94(4), 229–233. https://doi.org/10.1111/j.1600-0447.1996.tb09854.x

Rotella, P., Gupta, R., & Patel, V. (2002). Mental health and social justice: The rights of the mentally ill. World Psychiatry, 1(2), 81-84.

Roy, S., & Chowdhury, A. (2024). Public and institutional stigma in mental health: A review of current evidence and implications for India. Indian Journal of Social Psychiatry, 40(1), 10–18. https://doi.org/10.4103/ijsp.ijsp_47_23

Sambanthan, Y., Sulaiman, N. A. S., & Mamat, M. N. Knowledge and Attitudes towards Person with Mental Illness: A Cross-Sectional Study among Community in Kuala Langat, Selangor, Malaysia.

Shanmugapriya, S., Velayudhan, R., & Somasundaram, O. (2020). Attitudes of medical students towards mental illness: Does psychiatric training matter? Indian Journal of Psychiatry, 62(3), 308–313. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_420_19

Siby, R., & Vijayan, B. (2021). Mental health literacy and stigma among Indian college students: A cross-sectional study. Journal of Mental Health and Human Behaviour, 26(2), 142–149. https://doi.org/10.4103/jmhhb.jmhhb_70_21

Siddique, N., Rahman, A., & Khatun, F. (2022). Mental health literacy among university students in Bangladesh: Knowledge, stigma, and attitudes. BMC Psychology, 10, 312. https://doi.org/10.1186/s40359-022-00934-6

Sindhu, S., Singh, A., & Raghavan, V. (2021). Perceptions and stigma towards mental illnesses among youth in Karnataka: A cross-sectional survey. Indian Journal of Psychological Medicine, 43(5), 398–404. https://doi.org/10.1177/02537176211018750

Thornicroft, G., Mehta, N., Clement, S., Evans-Lacko, S., Doherty, M., Rose, D., & Henderson, C. (2016). Evidence for effective interventions to reduce mental-health-related stigma and discrimination. The Lancet, 387(10023), 1123-1132. https://doi.org/10.1016/S0140-6736(15)00298-6

Wahl, O. F. (2002). Children's views of mental illness: A review of the literature. Psychiatric Rehabilitation Journal, 25(3), 267-270.

Wahl, O. F., Wood, A., & Richards, P. (2012). Stigma and mental illness in children and adolescents. Psychiatric Services, 63(8), 824-828.

World Health Organization. (2001). The world health report: Mental health—New understanding, new hope. WHO.

Yu, Y., Liu, Z. W., Hu, M., Liu, X. G., Liu, H. M., Yang, J. P., Zhou, L., & Xiao, S. Y. (2015). Assessment of mental health literacy using a multifaceted measure among a Chinese rural population. *BMJ open*, *5*(10), e009054. https://doi.org/10.1136/bmjopen-2015-009054

Yuan, Q., Ong, H. L., Subramaniam, M., & Abdin, E. (2022). Relationships between mental health knowledge, stigma, and help-seeking attitudes in Chinese university students. BMC Psychiatry, 22, 600. https://doi.org/10.1186/s12888-022-04137-5

Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Mishra, D. & Kharwar, S. (2025). Association Between Knowledge about Mental Health, Attitudes and Intended Behaviour Towards Mentally Ill Persons, Among Youth from Raebareli, Uttar Pradesh. *International Journal of Indian Psychology*, *13*(3), 4218-4230. DIP:18.01.386.20251303, DOI:10.25215/1303.386