ORIGINAL ARTICLE

Attitude of Senior Secondary Level Students towards Mental Illness

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Abstract

Introduction: *Mental disorders are recognized as a major contributor (12%) to the global burden of disease and are among the most stigmatizing conditions worldwide. The lack of awareness is very evident in Nepal. In this study, we aimed to learn about the attitude of senior secondary level students towards mental illness.*

Material And Method: *Descriptive cross-sectional study was conducted amongst senior secondary level students to investigate about their attitude towards mental illness. We recruited a sample of 138 students from classes 11 and 12 from a conveniently sampled school of Dharan Sub-metropolitan. Semi-structured questionnaire was used to elicit the information.*

Results: *Our study group consisted of 53.6% females while 46.4% were males. Equal numbers of students were sampled from each grades with their ages ranging from 14-18 years. The mean for total of BMI scale was 52 and the standard deviation was observed to be 12.810. The T-tests revealed males had more negative attitude than the female students which was statistically significant with a p value of 0.048. Our study revealed that there was a significant negative correlation between the attitude scores and the grade the respondents were studying and also between the gender of the respondent, father's and mother's education level and in students having a family member or neighbor suffer from mental illness.*

Conclusion: *Most of the students in the senior secondary level were found to have negative attitudes towards mental illness though no any variables were found to be contributing towards such perceptions from our research.*

Keywords: Attitude, Mental Illness, Students

INTRODUCTION

Mental Illness (MI) refers to mental and emotional impairments. It also comprises mental retardation, organic brain disease, and learning disabilities. Mental disorders are widely recognized as a major contributor (12%) to the global burden of disease and are among the most stigmatizing conditions worldwide.[1]

Stigma is considered as the negative attitude towards people suffering from mental illness due to lack of knowledge and misinformation leading to prejudice and exclusion or avoidance behaviors (discrimination).[2]

Globally the notion of fighting stigma and increasing acceptance of the mentally ill is widespread and has been advocated for a long time, however, little to no changes have been observed.[3]The lack of awareness and stigma is still very evident in many developing Asian countries includingNepal.[4,5]

Secondary School students (SSs) are important members of the community; hence their attitude towards mental illness can be highly influential.

Researches have shown that the mean age of onset for half of the chronic mental illnesses is 14 and three fourth of these illnesses is 24.[6] Given the prevalence of these illnesses in this age group, it seems only reasonable that the attitude of this age group should be assessed.

MATERIAL AND METHOD

A descriptive cross-sectional study study was conducted amongst senior secondary level students to investigate about their attitude

towards mental illness in Dharan Sub-Metropolitan of Sunsari district. The study population included conveniently sampled students attending in classes 11,12 of Delhi Public School after a written consent from both the principal and the participants.The sample size was calculated with 95% confidence interval and 80% power. Taking into consideration a similar study done in western Nepal among college students (Pokharel B, Pokharel A),[7] the level of stigma towards mental illness was 43.6%. Considering this the negative attitude towards mental illness the sample size was calculated with prevalence as 43.6, compliment of prevalence 56.4 and permissible error at 20% as 8.72. The sample size obtained was 125. Considering 10% non-response rate the total sample size was 138.

Thus, 138 subjects were included in the study proportionally from classes 11,12 from a conveniently sampled school of Dharan Sub-metropolitan. Students who were absent on the time of data collection were excluded from the study.

Data collection was performed by sixth semester MBBS students through self-rating questionnaire. The questionnaire includes semi-structured questionnaire for socio-demographic profile and the twenty-one item Belief Towards Mental Illness(BMI) scale to evaluate the beliefs toward mental illness, general expressions like "mental illness" and "individual with mental illness" were used.

Pre-formed Belief towards Mental Illness (BMI) questionnaire was used to collect the data. The BMI was developed by Hirai and Clum.[8] The BMI, which did not differentiate between psychotic and non-psychotic mental disorders, consisted of 21 items. Items in the scale that assessed beliefs towards mental illness, general expressions like "mental illness" and "individual with mental illness" were used. Expressions in the study included negative beliefs about mental illness. The score obtained from the scale indicated the level of negative beliefs about mental illness. The BMI is a six-point Likert-type scale, and includes the grades "completely disagree" (0), "mostly disagree" (1), "partially disagree" (2), "partially agree" (3), "mostly agree" (4) and "completely agree" (5). The scale was interpreted according to both total scores and subscale scores. The BMI consisted of three subscales:

Dangerousness subscale: Consisted of eight items relating to the dangerousness of mental illness and patients. The obtainable score from this subscale varied between zero to 40.

Poor social and interpersonal skills and incurability: Consisted of 11 items covering the effect of mental illness on interpersonal relationships and related feelings of despair. It assessed the level of frustration and despair in interpersonal relationships with individuals with a mental illness. The obtainable score from this subscale varied between zero to 55.

Shame subscale: Consisted of two items stating that mental illness is a condition to be ashamed of. The obtainable score from this subscale varied between zero to 10.[7]

In order to ensure the validity of the study, students were oriented and explained about the questions. The BMI scale has not been used in Nepal as far as we know but it has been used in secondary level students of Eritrea.[9] The questions were in English since the students were all educated in English Medium. All the steps of research were supervised and monitored by the faculty supervisor of the Department of Psychiatry. The ethical approval for conducting this study was obtained from institutional review committee (IRC) of B.P. Koirala Institute of Health Sciences, Dharan, Nepal. Data collection was conducted under close scrutiny. Proper data collection skills and entry in the software was ensured prior to conduction of the research. The collected data was entered in MS Excel 2013 and was converted into Statistical Package for the Social Sciences (SPSS) software package for statistical analysis. For descriptive statistics, percentage, proportion mean with standard deviation was calculated along with tabular presentation of the data. Independent t-test was used to compare the knowledge scores.

RESULT

Table 1: Sociodemographic characteristics of subjects

Category	Frequency	Percentage
Gender		
Male	64	46.4
Female	74	53.6
Age		
Middle adolescent	129	93.5
Late adolescent	9	6.5
Grade		
Class 11	69	50
Class 12	69	50
Ethnicity		
Hill Brahmin	25	18.1
Hill Chhetri	10	7.2
Hill Dalit	4	2.9
Newar	13	9.4
Mountain/Hill Janjati	14	10.4
Terai/Madhesi other caste	56	40.6
Terai Janjati	5	3.6
Terai/Madhesi Dalit	3	2.2
Muslim	1	0.7
Others	7	5.1
Religion		
Hinduism	129	93.5
Buddhist	1	0.7
Christian	1	0.7
Muslim	3	2.2
Kirat	3	2.2
Others	1	0.7
Type of Family		
Nuclear	103	74.6
Joint	35	25.4
Father's education		
Up to Plus two	41	29.7
Plus 2 above	97	70.3
Mother's education		
Upto plus two	90	65.2
Plus 2	48	34.8
Family member or neighbor suffering from mental illness		
Yes	23	16.7
No	115	83.3

Our study group consisted of 53.6% females while males were 46.4%. The major ethnic group was Terai Madhesi castes which comprises 46.4% of the sample size with few other ethnic groups like Hill Brahmin (18.1%), Hill Chettri (7.2%), Newar (9.4%). Equal number of students were sampled from each grades with their ages ranging from 14-18 years; Middle adolescents (14-17 years) were in the majority (93.5%) and the rest 6.5% being late adolescents (18 years and above).About seventy percent(70.3%) of the students' father were educated above the level of plus two whereas 65.2% of the students' mothers were only educated up to plus two level with the minimal education being SLC for fathers and primary level education for mothers. Furthermore, 83.3% of the students' responded negatively when asked if they had come into contact with any of their family members or neighbors who were diagnosed as mentally ill.

Table 2: Mean and Standard Deviation for subscales and overall score

Scale	Mean	Standard Deviation
Dangerousness	19.49	5.87
Poor interpersonal relation and incurability	28.86	7.716
Shame	3.65	2.143
Total	52	12.810

The mean for the subscales were observed to be 19.49 for dangerousness, 28.86 for poor interpersonal relation and incurability and 3.65 for shame whereas the mean for total of BMI scale was 52. We also observed the standard deviation to be 5.87, 7.716 and 2.143 for the subscales respectively and 12.810 for the total score.

In our study, independent sample T-tests revealed that males were found to have more negative attitude than the female students which was statistically significant with a p value of 0.048. Our study also revealed that respondents' class (p=0.148), religion (p=0.574), ethnicity (p=0.118), age (p=0.843), father's education level (p=0.906) or mother's education level (p= 0.166) did not affect attitude. In addition to it, our study revealed that differences in attitude scores were based on whether the respondent had a family member or relative suffering from mental illness, however the results were statistically insignificant (p=0.811).

Table 3: Difference in attitude scores by socio-demographic characteristics

Characteristics	M (SD)	Diff. (95%CI)	p-value
Gender			
Male	54.31 (12.004)	4.313 (0.034, 8.591)	0.048
Female	49.73 (12.864)		
Grade			
Class 11	53.58 (12.624)	3.159 (-1.136,7.455)	0.148
Class 12	50.42 (12.891)		
Religion			
Hindu	52.02 (12.817)	4.368 (-6.178, -5.399)	0.574
Others	49.56 (10.014)		
Ethnicity			
Terai/Madhesi Castes	49.75 (12.312)	-3.557 (-8.026,0.912)	0.118
Others	53.30 (13.056)		
Age			
Middle adolescent	51.80 (12.959)	-0.868 (-9.515,-6.412)	0.843
Late adolescent	52.67 (6.856)		
Any Family member or neighbor with mental illness			
Yes	52.43 (14.628)	0.696 (-5.032,-5.972)	0.811
No	51.74 (12.270)		
Father's education level			
Upto +2	51.66 (14.934)	0.906 (-4.952,-5.505)	0.906
Above +2	51.94 (11.617)		
Mother's education level			
Up to +2	52.94 (13.234)	2.251 (-1.320,-1.118)	0.166
Above +2	49.81 (11.285)		

Table 4: Correlation Table

	Grade	Gender	Father's education level	Mother's education level	Any family member or neighbor suffering from MI
Pearson correlation	-0.124	-0.168	-0.033	-0.124	-0.015
P value	0.148	0.048	0.906	0.166	0.811

Our study revealed that there was a strong negative correlation between the attitude scores and the grade the respondent was studying with a value of -0.124 which suggests that the attitudes of the respondents became better with their increasing grades. Similarly, a negative correlation was revealed between scores and gender of the respondent, father's and mother's education level. We also observed a negative correlation between difference in attitude scores in students having a family member or neighbor suffer from mental illness.

DISCUSSION:

Our country, Nepal, where less than 1% of all health expenditures are directed towards mental health (0.17%),[10] studies assessing the attitude and level of stigma of the general population towards mental illness are close to non-existent. Few studies conducted amongst the medical students and interns of our country show neutral to positive attitude towards people suffering from mental illness.[11,10]

Our study done amongst the students of senior secondary level used a survey based methodology to study the attitude of the students towards mental illness. Our study group consisted of 53.6% females while males were 46.4%.Equal number of students were sampled from each grades with their ages ranging from 14-18 years; Middle adolescents (14-17 years) were in the majority (93.5%) and the rest 6.5% being late adolescents (18 years and above).The results of our study when compared with to the research done on secondary level students in the Secondary Schools of Asmara, capital of Eritrea, a country in Africa, showed similar results where the males (45.27%) and female (54.73%) were in

similar proportions to our study. A considerable number of students had negative attitudes towards mental illness, like in our study. The study showed that having a relative with mental illness contributes towards a positive attitude concerning mental illness, however, no such difference in attitude were found in our study. This can be due to the fact that our country has more stigma towards a person with mental illness. So, having a relative with mental illness may be distressing and a subject of embarrassment among his/her friend circle for a school level student resulting in negative attitude towards mental illness as awhole.[9]

A study including college students in Western Nepal revealed that nearly half (43.6%) had high level of perceived stigma whereas the remaining 56.4% had low level of perceived stigma. None of the factors among gender, urban or rural background, history of mental illness, relative or friend with mental illness alone were significantly related to the level of perceived stigma among the college students during their graduation studies which was similar to our findings.[7] Researches done in neighboring countries like Pakistan showed no differences in attitude between males and females.[13] However, in our study males were found to have more negative attitude than the females. This variation could be due to the fact that study done in Pakistan evaluated university students as well as teachers in their study. Attitude of adults and adolescents may not be the same.

In a study done in Oman, the data suggested that socio-demographic factors such as age, sex, educational level or previous exposure to patient with mental illness was related to attitudes towards mental illness and those suffering from it. We came to a comparable conclusion in our findings as well.[14]

The cross-sectional nature of the study prevents us from making any causal inferences. Due to the limited time duration, we were only able to include the students of Delhi Public School, hence the results is not reflective of all the students studying in the senior secondary level of Dharan or the country as whole, for which we plan to conduct studies in the future.

School teachers, parents as well as mental health professionals need to focus on raising our children with better knowledge and perception towards mental illness. In an era, where children are imbibing all the information from internet and media, we need to be careful on how mental illness is being portrayed and perceived to make sure they have correct information to improve their attitude towards mental illness.[15]

Researches as these will help us know about the attitude of our children towards mental illness. Mental health professionals, policy makers and media need to implement attitude enhancing programs by launching anti-stigmatizing programs and provide relevant information to secondary level school students which have shown positive results.[16,17] Other complementary qualitative researches are also recommended to discover further aspects of attitudes towards mental illness.

CONCLUSION:

Most of the students studying in the senior secondary level of Delhi Public School were found out to have negative attitudes towards mental illness. Although no variables were found to be contributing towards such perceptions, knowledge can only empower and enlighten adolescents towards having a positive perception regarding mental illness.

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