Stigma on Mental Illness - A call for Awakening

Bimal Kanta Nayak, A Associate professor, Department of Social Work, VISWASS, Bhubaneswar, India
Alwin Issac, Lecturer, Department of Nursing, VISWASS, Bhubaneswar, India

ABSTRACT:
BACKGROUND: Mental illness is one among the health problems found worldwide, which lack a common awareness among the general public in the community. Very often it remains silent in nature in the beginning stage and gets attention when it is severe. A mental illness is a health problem that significantly affects on how a person thinks, behaves and interacts with other people. It also refers to a wide range of mental health conditions such as depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors. Mental illness results from complex interactions between the mind, body and environment. There are many factors responsible for mental illness such as for example long-term and acute stress; biological factors such as genetics, hormones, use of alcohol, drugs and other substances; cognitive patterns such as constant negative thoughts and low self-esteem; social factors such as isolation, financial problems, family breakdown or violence.
AIMS: To assess the degree of stigma on mental illness among the students from different colleges around Bhubaneswar, India; which justifies the magnitude of general health awareness undertaken by various agencies in the community.
METHOD: Data were extracted from students of four colleges around Bhubaneswar. Cluster sampling technique was adopted for primary data collection and a total of ten respondents were taken from each college.
RESULTS: It was quite shocking and ironical to identify that being in the age of globalization and scientific development, where all sort of accurate and advanced information is acquired within in a limited period with the help of internet and other mass media; present study revealed that misconceptions level on mental illness is still present among college students. If this is the stigma on mental illness among college students, then stigma among general public in the community will be much higher.
CONCLUSIONS: The present study calls for an awakening for improving the quality and extend of awareness program on mental illness. It notifies health professionals and other health care agencies and organizations to organize and deliver programs that enhance awareness level among the general public in the community with regard to mental illness and mentally ill. From the community point of view, people from all walks of life should directly or indirectly be involved in the process of mental health programs being organized by various agencies. Once it is effectively implemented, then definitely the problem of stigma on mental illness can be thrown out from the community.

INTRODUCTION:
Given its contribution to the global burden of disease, mental illness doesn't get the kind of attention and resources it deserves. Around 20% of the world’s children and adolescents are estimated to have mental disorders or problems (http://www.mindsfoundation.org). Individuals who suffer from mental illness have been stigmatized throughout history. Being a mentally ill patient carries huge stigma and this is perhaps the biggest barrier for mental health. Persons with mental illness face overt or covert discrimination at workplaces, educational institutions or during applications for a job. This leads to many concealing information or experiencing stigma themselves, causing delays in seeking help. Stigma can be exhibited in several ways: bullying, physical violence, harassment, negative remarks, calling a mentally ill person crazy, portraying a mentally ill person as a sociopath or violent in films and television, or characterizing a mentally ill person as weak and stupid.

Mental illnesses are medical conditions that impair a person’s social, emotional and cognitive functions on a daily basis. (W.H.O). Although the exact cause of most mental illnesses is not known, it is becoming clear through research that many of these conditions are caused by a combination of biological (brain defects, imbalance of neurotransmitters, abnormal gene), psychological (neglected child, psychological trauma, loss of parent) environmental factors (substance abuse, dysfunctional family, low self-esteem). Misconceptions about mental illness contribute to the stigma, which leads many people to be ashamed and prevents them from seeking help. According to world health organization, countries like India devote less than 1% of their health budgets to mental health care compared to 10-18% in other countries.

A common myth about people with mental illness is that they are violent. This stereotype has been repeatedly reinforced by media. A murder by a mentally ill person gets overexposure in the media. But an act of goodwill or an achievement by a mentally ill person is soft news and is discarded. Throughout the developing countries there is neglect towards the issue of mental health. Many patients are misunderstood as weak or dangerous. They are more likely to be the victims of violence. This stigma leads to
isolation, loss of social support and psychological distress. While there are as many as 20 million Indians suffering from mental illnesses, the country has only 3,500 psychiatrists and 1,500 psychiatric nurses to treat them which further put on more oil to the existing flame (http://www.mindsfoundation.org/what-is-mental-illness/india/).

According to a Global Program of the World Psychiatric Association report 2013, despite the significant scientific advances in the understanding of the cause and treatment of psychiatric disorders, stigma is growing. In the case of mental illnesses, stigma is defined as the result of negative labels by the community. This has several unfortunate results. Patients often cannot obtain a quality job or good housing, receive quality healthcare for physical problems unrelated to their illness, and find ideal friends and spouses. In turn, patients experience lower self-esteem and attempt to hide their illness from the public. Stigma therefore acts as a barrier to proper treatment.

Studies conducted by the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore, India, have revealed a tendency in urban areas to hide mental illnesses despite higher education levels and availability of healthcare services. While stigma and discrimination levels are the same in urban and rural areas. Keeping in mind the ill effects of stigma Vice President of India M. Hamid Ansari during his 16th convocation address at NIMHANS Bangalore called for the steps to remove the stigma and discrimination faced by mentally ill patients. During his speech he also stated that “While we have made enormous strides in de-stigmatizing patients of HIV/AIDS through public education and awareness campaigns, we have not been able to replicate the same in the field of mental disorders. We must reduce the stigma and discrimination through public awareness”. Asserting there was a huge gap between the demand and supply of mental health services, the Vice-President said over two-thirds of mentally affected persons actually did not get treatment.

Aftermath of stigma on mental illness: A few of the shocking reports by THE HINDU English newspaper provided a limelight on the cruelty faced by the mentally ill across the country.

- A report from Odishain October 15, 2012 shocked the country where a 27-year-old man been chained for the past 20 years at his village home as the youth would make a nuisance of himself in the village.
- It was of no difference in Tripur, Tamilnadu in July 2012 where a 35 year old woman who is mentally ill was found in captive under inhumane conditions and was found naked with her legs tied to a pole with chain in a shed set up adjacent to her house.
- Another incident of cruelty was reported from Namakkal, Tamilnadu in 2009 wherein more than 2,000 women including school-going teenage girls, who were believed to be ‘possessed’ by evil spirits, were given vicious whip lashes to “free them from these bad elements”.

In a study “Stigma towards people with mental illness in developing countries in Asia” by Christoph Lauber and Wolfrussler found that Comparable to Western countries, there is a widespread tendency to stigmatize and discriminate people with mental illness in Asia. People
with mental illness are considered as dangerous and aggressive which in turn increases the social distance. The role of supernatural, religious and magical approaches to mental illness is prevailing. Moreover, social disapproval and devaluation of families with mentally ill individuals are an important concern. The most urgent problem of mental health care in Asia is the lack of personal and financial resources. This increases the barriers to seek help and contributes to the stigmatization of the mentally ill. Stigma and ignorance are reasons for many families not seeking treatment early. In addition, the family’s own explanatory models about the causes determine their help-seeking behavior. If their explanatory model for the person’s behavior is ‘black magic’, they would seek a tantric to conduct rituals to ward off the evil magic. This is widespread and practiced across socio-economic and educational spectrums. Some of these healers recognize the symptoms and refer patients to mental health professionals for appropriate treatment. Others continue with their rituals and vital time is lost before treatment begins.

OBJECTIVES:
1. To assess the perceived beliefs on mental illness among the college students
2. To find the perceived beliefs towards care of mentally ill among the college students
3. To evaluate the attitude towards mentally ill among the college students

METHODOLOGY

Area of study:
The study was conducted at Bhubaneswar, the capital city of Odisha state, located south -east of India. Bhubaneswar, the capital of Orissa, is also popularly known as the "Temple City of India". Being the seat of Tribhubaneswar or 'Lord Lingaraj', Bhubaneswar is an important Hindu pilgrimage centre. Hundreds of temples dot the landscape of the Old Town, which once boasted of more than 2000 temples. Bhubaneswar is the place where temple building activities of Orissan style flowered from its very inception to its fullest culmination extending over a period of over one thousand years. Bhubaneswar replaced Cuttack as the capital in 1948; the year after India gained its independence from Britain. The modern city was designed by the German architect Otto Königsberger in 1946. Along with Jamshedpur and Chandigarh, it was one of modern India's first planned cities. Bhubaneswar and Cuttack are often referred to as the twin-cities of Odisha. The metropolitan area formed by the two cities had a population of 1.4 million in 2011. Bhubaneswar is categorized as a Tier-2 city. An emerging Information Technology (IT) and education hub, Bhubaneswar is one of the country's fastest developing cities. The new Bhubaneswar with its modern buildings and extensive infrastructure perfectly complements its historic surroundings. With facilities to cater to every type of visitor, Bhubaneswar makes an ideal tourist destination.

Study Population:
The population of the present study was purposively selected from among the various colleges in Bhubaneswar, which included plus-2 Science College, Nursing College, Social Work and Finance Management. The respondents included students of above said four different colleges who were selected by cluster sampling technique. A total of 10 samples were selected from each college and data collected accordingly.

Significance of the study:
The researcher thought of furnishing the current and timely information about the stigma on mental illness among college students in Bhubaneswar city. The study incorporates large data sets and relevant variables on the subject matter of study. This may make some contribution for policy makers and interested researchers by providing information concerning mental illness.

Field work and Data collection:
The field work was carried out in the month of January 2014 for a week covering four colleges in Bhubaneswar city. The questionnaires were administered to each sample who were selected by means of cluster sampling and data from each sample was collected.

Data analysis and interpretation:
The data have been collected by employing the interview schedule on each respondent. The data pertaining to the subject matter was collected through a face to face interview from students of four different colleges and plan for analysis was made accordingly. Analysis and interpretation of the data was based on the response obtained from the respondents and was analyzed using descriptive statistics like percentage, table and frequency.

Section 1: Characteristics of respondents
Description of the characteristics of the respondents gives general information of the samples involved in the study.

Table 1: Personal Profile of Respondents

<table>
<thead>
<tr>
<th>SI.NO</th>
<th>Characteristics</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>16</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>24</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>40</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>Educational status</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>+2 Science</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Nursing( B.Sc)</td>
<td>10</td>
<td>25</td>
</tr>
</tbody>
</table>
The above table reveals that 60% (24) of respondents were female and 40% (16) of them were male. With regard to their educational status 25% (10) respondents were taken from each of four colleges such as plus-2 Science, Nursing (B.sc), Social Work (MSW) and Finance management (MFC). With respect to religious background 85% (34) of them were Hindus and 15% (6) of them were Christians.

### Section 2: Description of perceived beliefs on mental illness and mentally ill

Perceived beliefs of students on mental illness and mentally ill were assessed by means of 10 dichotomous questions. Each right answer carried 1 mark and there was no negative marking for the wrong answer. According to the score students were categorized into two: those with a score ranging from (0-4) were put in wrong beliefs category and those with score ranging from (5-10) were put in the category with right perceived beliefs.

Data presented in the pie diagram shows that among 40 college students:

- Majority 27 (67.5 percent) of the students had wrong perceived beliefs on mental illness and care of mentally ill and 13 (32.5 percent) of the students had right perceived beliefs on mental illness.

### Section 3: Description of attitude towards mentally ill

Attitude towards mentally ill of college students were assessed by means of 10 dichotomous questions. Each right answer carried 1 mark and there was no negative marking for the wrong answer. According to the score students were categorized into two: those with a score ranging from (0-4) were put in non-compassionate category and those with score ranging from (5-10) were put in the category of compassionate attitude.

Data represented in pie diagram shows that among 40 college students:

- Majority 31 (77.5 percent) of the students had non-compassionate attitude towards mentally ill and 9 (22.5 percent) of them had compassionate attitude.

### DISCUSSION

The findings of the study are discussed in terms of the objectives and also a comparison was made with reference to other related studies.

### Description of perceived beliefs on mental illness and care of mentally ill

In the present study the investigators found that among 40 college students, 27 (67.50 percent) of the students had wrong perceived beliefs on mental illness and 13 (32.50 percent) of the students had right perceived beliefs on mental illness and care of mentally ill.

The findings of the study is supported by a study conducted by ChristophLauber and WulfRossler on stigma towards people with mental illness in developing countries in Asia found that, comparable to Western countries. There is a widespread tendency to stigmatize and discriminate people with mental illness in Asia. People with mental illness are considered as dangerous
and aggressive which in turn increases the social distance. The role of supernatural, religious and magical approaches to mental illness is prevailing. The pathway to care is often shaped by skepticism towards mental health services and the treatments offered.

**Description of attitude towards mentally ill**

In the present study the investigators found that among 40 college students, majority 31 (77.5 percent) of the students had non-compassionate attitude towards mentally ill and 9 (22.5 percent) of them had compassionate attitude. It was embarrassing to see that many of the students were of the belief that mentally ill is a curse to the society and has to be isolated from community. Most of them are still of the belief that severe punishments/ brutality towards the mentally ill has to be supported as the mentally ill pretend symptoms to get attention from others.

The findings of the study is supported by a study conducted by Amanda M. Stone and Lisa J. Merlo on attitudes of college students towards mental illness stigma and the misuse of psychiatric medications found that attitudes of adults toward those with mental illness remain quite negative. A significant number of individuals reported feeling that those affected by mental illness are a danger to others, should “pull themselves together,” and had themselves to blame for their disorder.

Another study conducted by Jadhav S, Littlewood R, Ryder AG, Chakraborty A, Jain S, Barua M on stigmatization of severe mental illness in India: against the simple industrialization hypothesis found that rural Indians showed significantly higher stigma scores, especially those with a manual occupation. The overall pattern of differences between rural and urban samples suggests that the former deploy a punitive model towards the severely mentally ill, while the urban group expressed a liberal view of severe mental illness.

**RECOMMENDATION:**

1. Individuals who possess more information about mental illness are less stigmatizing than individuals who are misinformed about mental illness. This suggests that providing individuals with factual information about mental illness would reduce stigmatization.

2. An easy way to erase stigma is to open the conversation about mental illness. With communication comes awareness, which leads to research. More research will allow creation of better medication and more successful programs to battle the disease.

3. Humanizing mental institutions must occur within a much larger process of integrating mental healthcare at all levels of public health care: primary, secondary and tertiary.

4. Policy makers should be persuaded in deinstitutionalization and developing projects for mentally ill where mentally ill can live within the community being independent.

5. Media got to play a vital role in influencing public opinion through news bulletin, magazines on the truths and facts of mental illness which can lead to a greater acceptance of mentally ill person within the society.

**CONCLUSION:**

Mental health problems can tear apart the life of people who experience them and the people they are close to. Yet it is often not the symptoms, but the way society deals with them that has this impact. Stigma surrounding mental health problems leads to discrimination, and this can in turn lead to people being pushed out of society and being denied the opportunities that most people take for granted. Stigma is only ignorance. Once we understand that these are medical illnesses, there can be no more stigmas. No person who lives with mental illness should be exiled from dignity, and indeed, from hope. It is hoped that better knowledge will change people’s attitude and behavior towards those with mental illness.

**REFERENCES:**


