

ATTITUDE OF UNIVERSITY STUDENTS TOWARD MENTALLY ILL INDIVIDUALS

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ABSTRACT

Objective: The main objective of this research is to study the attitudes of University students toward mentally ill individuals with reference to the effect of demographic variables, like gender and age.

Place of Study: Islamabad and Rawalpindi, Pakistan

Sample and Method: The sample consisted of 150 university students (75 males / 75 females), age ranged between 18 years to 30+ years, enrolled in different disciplines and obtaining different levels of education (BS, BSc, MS, MSc, PhD). A cross-sectional questionnaire was administered to the random sample of students in various universities of Islamabad and Rawalpindi. The questionnaire contained three sections: general information, demographics and Community Attitudes toward the Mentally Ill (CAMI).

Results: The response rate was 100%. The results revealed that female university students have more positive attitudes toward mentally ill individuals ($M = 103.70$, $SD = 9.40$) than male university students ($M = 88.69$, $SD = 8.21$). Young-aged university students have more positive attitude ($M = 99.81$, $SD = 10.37$) than middle-aged ($M = 98.66$, $SD = 12.24$) and old-aged university students ($M = 89.80$, $SD = 8.57$) toward mentally ill individuals.

Conclusion: It was concluded that there was non-significant difference between the attitudes of university students who have interacted with mentally ill individuals and those who have not interacted with mentally ill individuals, females had more positive attitudes than males, and young-aged university students have more positive attitudes than middle-aged and old-aged university students towards mentally ill individuals.

Keywords: *age, attitude, gender, interaction, mentally ill individuals, mental illness, university students, stigma, treatment.*

INTRODUCTION

Mental illness is generally defined as a condition that causes serious disorder in an individual's thinking or behavior. Mental illness is being acknowledged, at increasing awareness, as the compelling source of morbidity worldwide. Mental illnesses are universal, affecting people of every country and society, of every gender, age and income. Treatment is available, although two-thirds of individuals suffering from an identified mental illness almost never seek aid from professional mental health services (World Health Organization, 2001). Public attitudes toward the mentally ill impact the treatment these individuals receive as well as the decisions of policy makers concerning the mentally ill. Stigma and neglect are two major factors that restrict the providence of treatment to individuals with mental illnesses. It is extremely important for workers who have an active role in early intervention, prevention programs, and community medication of mentally ill individuals to have insight and awareness of the attitudes of the public toward individuals suffering from mental illnesses. Understanding and awareness of public attitudes towards mentally ill individuals and their treatment is an extremely important imperative in the implementation of effective community-based programs and minimization in stigma existing in a community towards mental illness.

Stigmatization of individuals suffering from mental health problems has been occurring since centuries. Mentally ill individuals have been seen with suspicion and fear. There were many women who were burnt as witches in Europe and North America in the 16th and 17th centuries, who are now perceived to have been suffering from mental disorders. During the 19th century madhouses and lunatic asylums were built to isolate and detain individuals far away from local communities. To this day, stigma towards individuals suffering from mental illnesses can lead to discrimination in daily life, being rejected rights and services, and being given immoral treatment. This stigmatization is seen worldwide, nonobservant of differences in context and culture. Individuals with mental illnesses are often thought to appear strange and behave in a peculiar manner; and they may be acknowledged purely in terms of their mental health problem. They are seen as being dependent upon others and incompetent, without

acknowledgement of their overall contribution to society. It was not long ago that individuals with mental health problems were referred to as being lunatics in legal documents (McDaid, Parsonage, & Park, 2011).

Demographic factors such as a respondent's age, gender and interaction with mentally ill individuals have been found to influence the public attitudes toward individuals with mental illness.

In Sweden, a study was conducted on the impact of gender and age on attitudes toward mental illness. A sample of 2391 respondents completed the Swedish version of Community Attitudes toward the Mentally Ill, CAMI-S. The relation between the respondent's gender, age and their attitudes toward mentally ill individuals were assessed. The results showed that females are more open-minded and have more positive attitudes, they were also fearful and avoidant, as compared to males, of mentally ill individuals. The results also reflected that as age increased so did open-mindedness and pro-integration attitudes toward mentally ill individuals (Ewalds-Kvist, Hogberg & Lutzen, 2012).

A study conducted in California consisting of 300 randomly selected Dunedin residents were surveyed by a postal questionnaire. The instruments used to measure attitudes were a shortened form of the Californian attitudes towards mental illness scale (CAMI scale) and a social distance scale. In addition, questions were asked about the respondent's age, gender, marital status, level of education, their main source of opinion, their experience with the mentally ill, and their beliefs about the causes and types of mental illness. Results from the research concluded that respondents who have interacted with mentally ill individuals have more informed and positive views (Ng, Martin, & Romans, 1995).

A sample of 309 students completed a web-based survey after reading a vignette about an adolescent girl with mental illness. Results demonstrated that younger students and those who are less familiar with mental illness were more likely to stigmatize and maintain social distance from those who are mentally ill (Feeg, Prager, Moylan, Smith & Cullinan, 2014).

Amongst Muslims, belief within Qadr -- or fate is firm. Qadr implies affirmative acknowledgement of God's decree and an increase of optimism in regards to healing (Nabolsi & Carson, 2011). Ill-health is perceived as an opportunity to cure one's distance from God, or a lack of faith. Imams (spiritual

leaders) are generally regarded as indirect advocates of God's decree providing guidance towards the healing process (Padela, Killawi, Forman, DeMonner, & Heisler, 2012). Even though Muslims have positive attitudes in relation to mental health and healing, there is still a prevalence of social stigma. Due to concerns with family social reputation and image, many researchers conclude that revealing mental illness is considered "shameful" (Aloud & Rathur, 2009; Amer, 2006; Erickson & Al-Timimi, 2001; Youssef & Deane, 2006). Muslim women may avoid seeking help and sharing personal distress from professional mental health counselors due to fear of negative consequences in regard to marital prospects or their current marriages. In a study with 67 immigrant women who reported experiencing domestic abuse, it was found about 70% reported shame and 62% felt embarrassment seeking formal mental health services (Abu-Ras, 2003).

A survey was distributed amongst medical students and doctors of three different medical colleges in Lahore, Pakistan. The survey measured attitudes of medical students and doctors regarding mental illnesses. Out of the 500 survey forms distributed 294 (59%) were returned. The results concluded that over half of the respondents held negative attitudes toward individuals with mental illnesses, especially towards those with depression, schizophrenia, drug and alcohol disorders (Naeem et al., 2006).

Mental health is one the top most neglected and disregarded field in Pakistan, where 10-16% of the population (14-million people) are afflicted by mental illnesses. According to World Health Organization (2001), there are only 400 professional psychiatrists and 5 psychiatric hospitals that exist within Pakistan for a population of more than 180 million. The negligence of mental health services within Pakistan contributes as one of the dominant factors leading to an increase of individuals with mental disorders.

A majority of mentally ill patients in Pakistan go to traditional faith healers that regard mental illness as being due supernatural forces such as possession by a spirit or a trial by God. These misinterpretations are the result of an intense lack of mental health professionals, increased levels of stigma and decreased levels of understanding about mental illnesses. Due to discrimination and stigma towards mentally ill individuals, patients and families are prevented from seeking mental health treatment. This adversely affects government health care professionals from integrating mental health programs and providing aid to the mentally ill. The primary complications in initiation of mental health services

in Pakistan are caused by inadequacy of information in regards to prevalence of mental illnesses (Karim, Saeed, Rana, Mubbashar, & Jenkins, 2004).

A cross-sectional survey measuring public stigma associated with mental illnesses in Pakistani university students was conducted at different educational institutes like University of Punjab: Lahore, CHM Lahore Medical and Dental College: Lahore, University of Sargodha: Sub-campus Lahore in 2014. The questionnaire was distributed to 650 participants enrolled in different disciplines. The results concluded that low awareness and exposure were found in this sample of Pakistani university students but their attitude towards mental illnesses was generally positive. Most respondents gave supernatural explanations for mental illnesses but only a few believe that spiritual figures play a role in the treatment of mental illnesses (Waqas, Zubair, Ghulam, Wajih-Ullah, & Tariq, 2014).

The purpose of this research is to examine the attitudes of university students toward mentally ill individuals. There have been many studies conducted regarding public attitudes toward mentally ill individuals, but there have been very few research studies conducted regarding this topic in relevance to the impact of demographic variables such as age, gender, and level of interaction with mentally ill individuals and the attitudes of the public on the basis of those variables, specifically in Pakistan.

Objectives

The main objectives of this research are:

- To study the attitudes of university students toward mentally ill individuals
- To examine the difference between the attitudes of university students who have interacted with mentally ill individuals and those who have not interacted with mentally ill individuals
- To examine the effect of variables, like gender and age, in reference to attitudes toward mentally ill individuals

Hypotheses

1. Female university students have more positive attitude toward mentally ill individuals than male university students.

2. University students who have interaction with mentally ill individuals have negative attitude toward them than university students who have not interacted with mentally ill individuals
3. Young university students (age = 18-20) have more positive attitude toward mentally ill individuals than middle (age = 21-25) and old aged (age = 26-30+) University students.

METHOD

Participants

The sample comprised of 150 university students (75 female and 75 male), purposively selected from different universities of Islamabad and Rawalpindi. The age range of the sample was 18-30 years. The sample was divided into 3 categories, young age (age = 18-20), middle age (age = 21-25) and old age (26-30+). They were obtaining BSc, BS, MSc, MS and PhD levels of education at university.

Measures

The Community Attitudes toward the Mentally Ill (CAMI) Questionnaire

The Community Attitudes toward the Mentally Ill (CAMI) Questionnaire developed by Taylor and Dear (1981). It is based on research in Toronto, Canada and the West Midlands. The scale has a reliability of .88 and included 34 statements based on the Community Attitudes toward the Mentally Ill (CAMI). It is a 5 point scale, the options consist of; 1= strongly disagree, 2 = disagree, 3 = neither agree/disagree, 4 = agree, and 5 = strongly agree. The scale contains questions regarding attitude statements, attitudes towards people with mental health problems and relationships with people with mental health problems. The survey questionnaire included three sections: demographic information, assessment of knowledge regarding mental illnesses and community attitudes toward the mentally ill. The CAMI scale measures stigma and attitudes of the community towards mental illnesses. It defines mental illness as referring to people needing treatment for mental disorders but who are capable of independent living outside a hospital (Taylor & Dear, 1981).

Procedure

The data has been collected from participants in the form of group. Permission was taken from the head of the university before the conduction of the questionnaire. Consent was taken from the participants selected and they were given a brief introduction regarding the questionnaire, the purpose of the questionnaire and the importance of their feedback for present research. Each participant was assured of privacy and confidentiality of their identity and information. The participant was informed that their participation is voluntary and they can stop participating any time if they feel they do not want to continue with the questionnaire. They were also informed that the information collected from them will only be used for academic and research purposes.

RESULTS

Table 1

Cronbach Alpha Reliability of Community Attitudes toward the Mentally Ill Questionnaire (CAMI)

Scale	Number of Items	Alpha Reliability
CAMI Questionnaire	34	.71

Table 1 shows the alpha reliability of the CAMI questionnaire. It is .71, which is satisfactory.

Table 2

Mean, Standard Deviation, and t-value of male and female university students' on the CAMI Questionnaire (N=150)

Gender	N	M	SD	t	P	L.L	U.L	Cohen's d
Male	75	88.69	8.21	10.41	.000	17.86	12.16	1.70
Female	75	103.70	9.40			17.86	12.16	

df = 148

Table 2 shows the significant difference between male and female university students' attitudes toward mentally ill individuals. Female university

students have more positive attitudes toward mentally ill individuals ($M= 103.70$, $SD= 9.40$) than male university students ($M= 88.69$, $SD= 8.21$).

Table 3

Mean, Standard Deviation, and t-value of university students who have or have not interacted with mentally ill individuals (N = 150)

Groups	N	M	SD	t	p	L.L	U.L	Cohen's d
Interaction	69	97.49	10.29	1.26	.208	1.34	6.13	0.21
No Interaction	81	95.09	12.53			1.29	6.07	

$df= 102$

Table 3 shows non-significant difference between university students who have and have not interacted with mentally ill individuals.

Table 4

Mean, Standard Deviation, and F-value of young, middle-aged and old-aged university students attitudes toward mentally ill individuals

Groups	N	M	SD	F	p	L.L	U.L
18-20	33	99.81	10.37	11.69	.000	96.13	103.49
21-25	71	98.66	12.24			95.76	101.56
26-30+	46	89.80	8.57			87.25	92.35

$df= 149$

Table 4 shows significant difference among the attitude of young-aged, middle-aged and old-aged university students toward mentally ill individuals. Young-aged university students have the more positive attitude ($M= 99.81$, $SD=$

10.37) than middle-aged ($M= 98.66$, $SD= 12.24$) and old-aged university students ($M=89.80$, $SD= 8.57$) toward mentally ill individuals

DISCUSSION

The sample taken comprised of 150 university students, consisting of 75 female and 75 male university students, age ranging from 18 years to 30 years, from various disciplines, obtaining BSc, BS, MSc, MS and PhD levels of education at university in Islamabad, Pakistan. Overall the participants had favorable attitude towards individuals with mental illness as conveyed by their scores on the Community Attitudes toward the Mentally Ill (CAMI) Questionnaire.

According to the first hypothesis, female university students have more positive attitudes toward mentally ill individuals than male university students. Results showed a significant difference; female university students have more positive attitudes than male university students toward mentally ill individuals. It is consistent with existing literature; as a study was conducted by Sadik, Bradley, Al-Hasoon and Jenkins (2010) and found that females were more likely than males to agree that most women who were once patients in a mental hospital can be trusted as babysitters, that mental illness is an illness like any other, and that people with mental health problems should have the same rights to a job as anyone else. Women are generally expressing more positive attitudes than men.

According to the second hypothesis, university students who have interacted with mentally ill individuals have negative attitudes towards them, than university students who have not interacted with mentally ill individuals. Results showed a non-significant difference; there is no difference in attitudes with regard to interaction with mentally ill individuals. Interaction with a mentally ill individual does not influence attitudes of the public towards them because more so than often, mentally ill individuals do not meet the stereotypes they are associated with, appearing ordinary and less bizarre than they are assumed to be in front of the public.

According to the third hypothesis, young-aged university students are more likely to have positive attitudes towards mentally ill individuals than

middle and old-aged university students. Results showed a significant difference; young-aged university students do have more positive attitudes than middle and old-aged university students. Young-aged university students have more exposure, familiarity and greater knowledge of psychological terms and disorders through modern-day movies, television and educational institutes, thus they are more understanding and accepting of mentally ill individuals than middle and old-aged university students.

Limitations and Suggestions

- The sample size of study conducted was small. It compromised of only 150 individuals; a larger sample should be selected in order to generalize the findings of the study
- The sample was limited only to university students; the greater public should be included for greater representativeness regarding the research
- Extraneous factors were present in the form of group-influence; the participants should be closely monitored to reduce group-influence
- Results obtained from this study may not be applicable to other undergraduate students in Pakistan due to a lack of racial, ethnic, and social class diversity among respondents

Implications

It is extremely important for workers who have an active role in early intervention, prevention programs and community treatment of mentally ill individuals, to have insight and awareness of the attitudes toward mental disorders. Public attitudes and beliefs towards mentally ill individuals have a role in determining help-seeking behavior and successful treatment of the mentally ill. Unarguably, ignorance and stigma prevent the mentally ill from seeking appropriate help. Therefore, by acquiring knowledge about the public attitudes toward the mentally ill, successful primary prevention programs, early intervention and community based programs to raise awareness and reduce stigma and discrimination amongst the public towards the mentally ill, can be implemented.

Conclusion

The overall attitudes of university students toward mentally ill individuals were found to be generally positive. Female university students had

more positive attitude than male university students. Young-aged university students had more positive attitudes than middle-age and old-aged university students. There was non-significant difference between the attitudes of university students who have interacted with mentally ill individuals and those who have not interacted with mentally ill individuals.

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