

ORIGINAL ARTICLE

Stigma of mental health and attitude towards psychological help-seeking behaviour among students of a health science institute in Karnataka: a cross-sectional study

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CITATION

Naik PR, Shibu D, Nagendra N. Stigma of mental health and attitude towards psychological help-seeking behaviour among students of a health science institute in Karnataka: a cross-sectional study. Indian J Comm Health. 2024;36(3):393-397. <https://doi.org/10.47203/IJCH.2024.v36i03.010>

ARTICLE CYCLE

Received: 17/10/2023; Accepted: 09/05/2024; Published: 30/06/2024

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ABSTRACT

Background: Mental health illnesses are becoming a prime cause of concern among young adults. Many individuals with mental disorders do not get the necessary health care. **Objectives:** To assess the attitude towards seeking professional psychological help and stigma of mental illness among the students of a health science institute, to assess the association between stigma and attitude towards seeking psychological help with select socio demographic variables and to determine the correlation between attitude towards seeking professional psychological help and stigma of mental illness. **Methods:** A cross-sectional study was done on 215 students in Karnataka. The study tool consisted of questionnaires on socio-demographic profile and two sets of validated scales (Attitude Toward Seeking Professional Psychological Help Scale and Perceived Devaluation Discrimination Scale). **Results:** The study showed males had more positive attitude towards seeking professional psychological help than females. Individuals with history of present/past illness were more open towards seeking professional psychological help. Pearson correlation test between ATSPPHS and PDDS showed a negative correlation. **Conclusions:** Psychological help seeking attitude needs to be improved among the students. Educational institutes need to incorporate mental health awareness and stigma reduction program in their curriculum.

KEYWORDS

Stigma, Mental Health, Attitude, Students

INTRODUCTION

The burden of mental health illness is increasing in the younger generation thereby, affecting the productive section of the population.(1) The prevalence of mental illnesses in India varies from 10 to 370 per 1000 population. (2,3) Many individuals with mental disorders do not get the necessary medical

care. (4) Stress is the perceived imbalance between the demands and capability to respond.(5) Stress among students tend to be more than the general population.(6) The increased level of stress may be attributed to sudden exposure to the vast curriculum, pressure to perform better than peers, staying away from home, time management issues,

finding difficulties in romantic relationships and financial worries. (5,7,8,9). The first step to address these problems is to seek help so that the condition is diagnosed and managed by professionals.(10) Stigma is a major barrier for seeking help.(11)

Aims & Objectives:

1. To assess the attitude towards seeking professional psychological help and stigma of mental illness among the students of a health science institute in Karnataka.
2. To assess the association between stigma and attitude towards seeking psychological help with select socio demographic variables.
3. To determine the correlation between attitude towards seeking professional psychological help and stigma of mental illness.

MATERIAL & METHODS

Study design: cross-sectional study

Study setting: health science institute in Karnataka

Study population: students from first year to fourth year of the health science institute

Study duration: March 2022 to September 2022

Sample size calculation: Sample size was calculated to be 215, considering median as 47, Attitude Toward Seeking Professional Psychological Help Scale (ATSPPHS) from a reference article and non -response rate of 10%.(12)

Inclusion criteria: Students from first year to fourth year of the health science institute who are present at the time of data collection.

Study tool and data collection: The study tools used were a pre-designed structured and validated questionnaire consisting of socio demographic variables and two sets of scales namely Attitude Toward Seeking Professional Psychological Help Scale (ATSPPHS) and Perceived Devaluation Discrimination Scale (PDDS). (12,13) Details were collected on age, gender, year of study, religion, marital status, hostelite/day scholar, and history of psychological illness. ATSPPHS is a 29 -item scale which measures student's attitudes towards seeking professional psychological help. It has a likert scoring ranging from 0 to 3 (Strongly agree to strongly disagree) and the

scores varies from 0 to 87, greater the scores, more positive is the attitude towards seeking psychological help.(13) PDDS is a scale to measure the perceived public stigma towards mental illness. This scale consists of twelve questions which will assess the magnitude to which an individual who are living in the community will consider the people with mental illness to be of lesser value or show discrimination towards them. The scores of PDDS varies from 12 to 72, where greater scores suggest more public stigma.(13)

Probability proportional to sample size was followed to estimate the number of students to be enrolled from each batch. Simple random sampling technique by using computer generated random number table using the attendance register as the sampling frame was followed to select the students. 71 students were selected from first year, 72 each were selected from second year and final year.

The participants were given 30 minutes to fill the questionnaires. Two attempts were made through their scheduled academic classes to reach out the calculated sample size.

Ethical considerations: The study was conducted after obtaining approval from the institutional ethics committee and permission from the head of the institute. The questionnaires were distributed to the students after taking their informed consent to participate in the study.

Data collection: The data was entered using Microsoft Excel and analysed using statistical package SPSS version 23. Scores are presented as mean (SD). Independent t test and Pearson correlation coefficient tests were used.

RESULTS

Out of 215 study participants, 167 (77.7%) were females, 151 (70.2%) followed Islam religion and only 5 (2.3%) of the participants were married. Major proportion of the participants resided within hostel premises. Furthermore, 197 (91.6%) had no history of present/past mental health illness. (Table 1) Table 2 shows the mean and standard deviation of the two scales. Tables 3 and Table 4 show the association of ATSPPH scale and PDDS with select variables which were gender,

present place of stay, permanent place of residence, history of present or past mental illness respectively. In both Tables 3 and 4 associations of gender and history of present or past mental illness with ATSPPHS and PDDS is statistically significant. Table 4 and Figure 1 shows the correlation between ATSPPHS and PDDS scores. A negative correlation is seen between the two scales. Table 5

Table 1 showing the sociodemographic profile of the participants (N= 215)

| Variables | Category | n (%) |
|--|-------------|------------|
| Gender | Female | 167 (77.7) |
| | Male | 48 (22.3) |
| Religion | Islam | 151 (70.2) |
| | Hindu | 38 (17.7) |
| | Christian | 26 (12.1) |
| Marital status | Unmarried | 210 (97.7) |
| | Married | 5 (2.3) |
| Present place of stay | Hostel | 124 (57.7) |
| | Day scholar | 91 (42.3) |
| Permanent place of stay | Rural | 70 (32.6) |
| | Urban | 145 (67.4) |
| History of present/past mental health illness. | Yes | 18 (8.4) |
| | No | 197 (91.6) |

Table 2: Mean Scores of ATSPPH scale and PDDS scale

| Scores | Mean (Standard Deviation) |
|---------|---------------------------|
| ATSPPHS | 44.39 (8.380) |
| PDDS | 41.61 (6.908) |

Table 3: Association of ATSPPH Scale score with select variables (N= 215)

| Variables | Mean (SD) | SD | p value | |
|------------------------------------|-----------------|-------|---------|--------|
| Gender | Female (167) | 40.84 | 7.068 | 0.002 |
| | Male (48) | 44.27 | 5.614 | |
| Present place of stay (91) | Day scholar | 44.91 | 8.58 | 0.432 |
| | Hostelite (124) | 44 | 8.244 | |
| Permanent place of residence (215) | Rural (70) | 44.51 | 9.196 | 0.877 |
| | Urban (145) | 44.32 | 7.989 | |
| History of present or past illness | No (197) | 43.68 | 7.963 | <0.001 |
| | Yes (8) | 52.11 | 9.164 | |

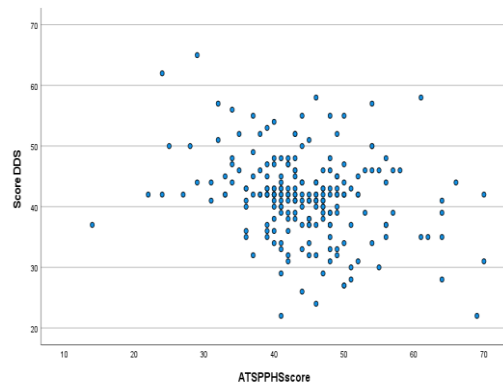
Table 4: Association of PDDS Scale score with select variables (N= 215)

| Variables | Mean (SD) | SD | p value | |
|------------------------------------|-------------|-------|---------|-------|
| Gender | Female | 40.84 | 7.068 | 0.004 |
| | Male | 44.18 | 5.702 | |
| Present place of stay | Day scholar | 40.93 | 6.157 | 0.22 |
| | Hostelite | 42.1 | 7.397 | |
| Permanent place of residence | Rural | 41.57 | 7.336 | 0.958 |
| | Urban | 41.63 | 6.718 | |
| History of present or past illness | No | 41.91 | 6.605 | 0.035 |
| | Yes | 38.33 | 9.242 | |

Table 5: Correlation between scores of ATSPPHS and PDDS

| Correlation score | ATSPPHS score | PDDS score |
|-------------------|---------------|------------|
| Pearson | 1 | -0.261 |
| p value | <0.001 | |

Figure 1: Scatter plot showing correlation between ATSPPHS and PDDS



DISCUSSION

The mean ATSPPHS score observed in the study was 44.39 which is low when compared to the maximum score (87) of ATSPPHS and highlights the need to improve attitude toward seeking psychological help. Similarly, PDDS scores were found to be high with a mean score of 41.61 which indicates high perceived stigma among the participants and shows the importance of conducting awareness towards mental illness and reducing stigma, which will facilitate early detection and appropriate management of mental illness.(12)

It was seen that males are having more positive attitude towards seeking help for mental disorders from experts than females and the

association is statistically significant. Another study done in Jordan using ATSPPH scale found females having more favourable attitude towards seeking professional help which is contrary to this study.(12) This reflects the need to formulate gender specific strategies for promotion of favourable attitude towards psychological help seeking.

The study also shows the participants who had present or past history of mental illness had more favourable attitude towards seeking help than those who didn't have present or past history of mental illness and the association was found to be statistically significant. This may be because the participants who have had a previous history of mental illness understand the importance of seeking help from professionals which might have helped them to improve their mental health. It is essential to inculcate psychological help seeking among students for early detection, diagnosis and management.

It was observed that female participants perceived more public stigma towards mental illness than males, which may be the reason for the less favourable attitude towards seeking of help for mental illness from professionals of that field as seen in table 2. Similar to the finding of having more positive attitude towards seeking professional help, perceived public stigma towards mental illness was less among the participants who had present or past history of mental illness. It shows that students who might have sought medical care for mental illness have less stigma towards others who have mental illness. There is a need to inculcate psychological help seeking behaviour in students for early detection and management of mental disorders.

It has been found that a negative correlation is seen between these two scales which shows that the participants who have more positive attitude towards seeking professional help tend to have lesser stigma towards mental disorders which is also similar to the study done in Jordan.(12) This reinforces the need to bring out behaviour change among the young students in reducing the perceived stigma and improve help seeking behaviour for mental illness.

The strength of the study was that both the attitude towards seeking professional help for mental disorders and the stigma perceived towards mental illness by the public was assessed using two different validated scales and the association with select demographic variables could be assessed. The study included simple random sampling method and thereby reduce selection bias.

CONCLUSION

The study results show that even though the participants were students from a health science institute the stigma perceived by them towards mental illness was found to be high and the attitude towards seeking professional help for their psychological problems were not favourable. It was observed that the participants who had past or present history of mental illness had positive attitude towards seeking help for psychological problems and had less perceived public stigma towards people with mental illness.

RECOMMENDATION

Psychological help seeking attitude needs to be improved among the students. Behaviour change communication strategies are essential to reduce the stigma associated with mental illnesses. Educational institutes need to incorporate mental health awareness and stigma reduction program in their curriculum.

LIMITATION OF THE STUDY

The limitation of the study was that it was a quantitative study, the reason for their unfavourable attitude and high perceived stigma could not be understood.

RELEVANCE OF THE STUDY

Due to the stigma surrounding mental illnesses, students who are vulnerable to mental health illnesses due to their exposure to multiple stressors, often resort to non-adaptive coping mechanisms such as avoidance of the issue at hand. This kind of self-stigma on help-seeking, stops an individual from considering treatment modalities, be it psychiatric management or counselling therapy. Therefore, it becomes necessary to identify this stigma and create awareness

about psychological interventions among students. The study could pave way for future interventions and awareness programmes and to reduce the stigma associated with mental illnesses.

AUTHORS CONTRIBUTION

All authors have contributed equally.

FINANCIAL SUPPORT AND SPONSORSHIP

Nil

CONFLICT OF INTEREST

There are no conflicts of interest.

ACKNOWLEDGEMENT

We thank the head of the institution for giving us permission for the conduct of the study and the students who have participated in this study.

DECLARATION OF GENERATIVE AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

The authors haven't used any generative AI/AI assisted technologies in the writing process.

REFERENCES

1. Kishore J, Gupta A, Jiloha RC, Bantman P. Myths, beliefs and perceptions about mental disorders and health-seeking behavior in Delhi, India. *Indian J Psychiatry*. 2011;53(4):324-9.
2. Reddy MV, Chandrashekhar CR. Prevalence of mental and behavioural disorders in India: A meta-analysis. *Indian J Psychiatry*. 1998;40:149-57.
3. Murali MS. Epidemiological study of prevalence of mental disorders in India. *Indian J Commun Med*. 2001;9:34-8.
4. Trautmann S, Rehm J, Wittchen Hans-Ulrich, Wittchen H-U. The economic costs of mental disorders. *EMBO Rep* 2016;17:1245-9.
5. Gabal HA, Wahdan MM, Gamal Eldin DA. Prevalence of anxiety, depression and stress among medical students, and associated factors. *Egypt J Occup Med*. 2022;46:55-74.
6. Dyrbye LN, Thomas MR, Shanafelt TD, Sreeramareddy CT. Perceived stress, sources and severity of stress among medical undergraduates in a Pakistani Medical School. *BMC Med Educ*. 2006;81:354-73.
7. Mathew N, Khakha DC, Qureshi A, Sagar R, Khakha CC. Stress and coping among adolescents in selected schools in the capital city of India. *Indian J of Pediatr*. 2015;82:809-16.
8. Parikh R, Sapru M, Krishna M, Cuijpers P, Patel V, Michelson D. "It is like a mind attack": Stress and coping among urban school-going adolescents in India. *BMC Psychol*. 2019;7:31.
9. Lal K. Academic stress among adolescent in relation to intelligence and demographic factors. *American Int J Res Humanit, Arts Soc Sci*. 2014;5:123-9.
10. Rowan K, McAlpine DD, Blewett LA. Access and cost barriers to mental health care, by insurance status, 1999-2010. *Health Aff*. 2013;32:1723-30.
11. Ismail RF, Abd Wahab H. Persepsi pesakit mental terhadap stigma masyarakat. *Akademika*. 2015;85:13-24.
12. Rayan, Ahmad & Jaradat, Amani. Stigma of Mental Illness and Attitudes Toward Psychological Help-seeking in Jordanian University Students. *Psychol. Res. Behav*.2016;4:7-14.
13. Hadera E, Salelew E, Girma E, Dehning S, Adorjan K, Tesfaye M. Magnitude and Associated Factors of Perceived Stigma among Adults with Mental Illness in Ethiopia. *Psychiatry J*. 2019;2019:8427561