

ORIGINAL ARTICLE

**ATTITUDES TOWARDS PERSONS WITH MENTAL  
ILLNESS AMONG UNIVERSITY STUDENTS**

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**Abstract**

***Objective:*** Globally, there is growing evidence of stigmatization of people with mental illnesses and mental illness is more stigmatizing than physical illnesses. Therefore, this study aimed to determine the attitudes of university students towards persons with mental illness. ***Methods:*** A cross-sectional study was conducted among Management and Science University students during the academic year 2012. Prior ethical approval was taken for conducting the study. A total of 300 medical and health science students was recruited in this study and the response rate was 93%. The survey questionnaire was adopted from a previous study with 15 statements about attitude towards mental health illness and socio-demographic characteristics. Classes were chosen randomly and students also randomly selected. The inclusion criterion for this research was medical and health science students while the exclusion criterion was students from other faculties, staff and lecturers. Data was analyzed with the Statistical Package for the Social Sciences version 13.0. Descriptive statistics were used for the analysis of the basic demographics and survey items of the questionnaire. T-test and multiple linear regression were used to explore the relationship between the socio-demographic and the attitude. ***Results:*** A total number of 279 students participated in this study. The majority of them were female, age 20 years and above, single, Malay, from International Medical School (IMS) and from urban areas (68.5%, 88.2%, 96.4%, 58.1%, 60.2%, 77.8%; respectively). In this study, the majority of the participants showed a moderate to good attitude towards people with mental illness. Univariate analysis showed that marital status influenced the attitudes of university students towards people with mental illness ( $p=0.015$ ). In multivariate analysis, multiple linear regression showed that gender, marital status, smoking and drinking alcohol significantly influenced the attitude of university students towards people with mental illness ( $p=0.014$ ,  $p=0.012$ ;  $p=0.009$ ,  $p=0.013$ ; respectively). ***Conclusion:*** This study showed that the undergraduate university students had a moderate to good attitude towards people with mental illness. Gender, marital status, smoking and drinking alcohol significantly influenced the attitude of undergraduate university students towards people with mental illness. *ASEAN Journal of Psychiatry, Vol. 14 (1): January – June 2013: XX XX.*

**Keywords:** Attitudes, Mental Illness, University, Students

## **Introduction**

Globally, there is growing evidence of stigmatization of people with mental illnesses [1-3]. Several studies reported that mental illness is more stigmatizing than physical illnesses [4 & 5]. Several studies from developed and developing countries reported that public attitudes toward people with mental illness seem to have become more stigmatizing over the last decades in the US [6], Germany [7], and Finland [8]. Public attitudes towards persons with mental illness often include beliefs that they are dangerous and less capable than the general population [9-11]. There also seems to be considerable cross-cultural variation. In particular, perceived stigma is more common in developing countries [1]. People with mental illness can have a successful community reintegration if the community environment is tolerant and supportive [12]. Therefore, it is essential to evaluate and understand attitudes of the public towards people with mental disorders.

Social avoidance is common among people with mental illness and various studies suggested that the general population may accept people with mental illness socially, but tend to withdraw from more personal relationships such as working or living together [13 & 14]. As a result, people with mental illness face social isolation, social distance, unemployment, homelessness, and institutionalization [15].

Negative perceptions of mental illnesses have multiple ramifications for people with mental illness. It prevents people with mental illness from fully living, studying or working in the community. It is a barrier to proper care and it may even make the public less willing to pay for the care of people with mental illnesses; and contributes to the sense of hopelessness, isolation and low self-esteem for people with mental illness. [16]. Littlewood [17] suggested that societal understanding and response might determine the prognosis of severe mental illnesses, independent of the effect of treatment. He cited the findings of the World Health Organization International Pilot Study of Schizophrenia and the Determinants of Outcome Study which found that there were fewer

patients with poorer outcome in the developing countries than in the developed countries. The attributed explanations included the differences in the individual responsibility for the illness, for instance, in certain African societies; a supernatural explanation for mental illnesses was associated with a better prognosis [18 & 19]. Attitudes and perceptions towards mental illness are colored by one's cultural values and beliefs. However, there is a paucity of studies on public perceptions and attitudes towards mental illness in non-Western countries: a recent survey of 61 of such studies, found that only nine were from non-Western countries [20]. Although the tendency for health care students to avoid mental health as a career specialty is not limited to occupational therapy, it is of particular concern to a holistic profession with a long and proud tradition in mental health care. Some authors have suggested that negative attitudes toward mental illness may be one factor in students' decisions not to enter mental health practice [21-23].

Studies of attitudes towards mental disorders among university students are lacking in Malaysia. Therefore, this study aimed to determine the attitudes of university students towards persons with mental illness.

## **Methods**

A cross-sectional study was conducted in this study among Management and Science University students during the academic year 2012 from April through May 2012. Prior ethical approval was taken for conducting the study. A total of 300 medical and health science students recruited from two faculties: Faculty of Health Life and Science (FHLS) and International Medical School (IMS) participated in this study. The response rate was 93%. The survey questionnaire was adopted from a previous study [24] with 15 statements about attitude towards mental health illness (Table 2). In addition to socio-demographic characteristics such as (age, gender, marital status, race, type of faculty, residency, smoking status, drinking alcohol status and regular exercise and frequency of contact with persons having mental illness). Each item in part 2 was rated on a 5-

point Likert scale from ‘strongly agree’ to ‘strongly disagree’. An attitude score was derived by adding the scores for the items in part 2. Data was obtained through a self-administered questionnaire. The questionnaires were distributed at the lectures halls of IMS in level 6 and FHLS in level 7. Classes were chosen randomly and students were also randomly selected. The inclusion criteria for this research were medical and health science students while the exclusion criteria was students from other faculties, staff and lecturers.

Data was analyzed with the Statistical Package for the Social Sciences version 13.0. Descriptive statistics were used for the analysis of the basic demographics and survey items of the questionnaire. *T*-test and multiple linear

regression were used to explore the relationship between socio-demographics and attitudes.

## Results

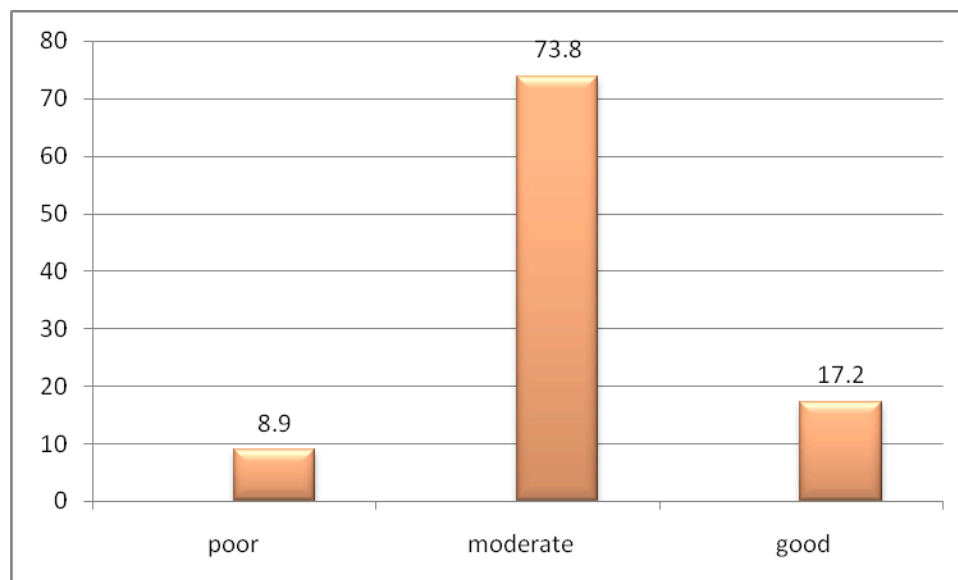
A total number of 279 students participated in this study. The mean age was 21.73±1.72; minimum age 18 and maximum 27 years. The majority of them were female, age 20 years and above, single, Malay, from International Medical School (IMS) and from urban areas (68.5%, 88.2%, 96.4%, 58.1%, 60.2%, 77.8%; respectively). Regarding lifestyle practice among the study participants, 11.8% of them were smokers, 8.2% drinking alcohol and 90% of them ever exercise. Regarding the factor that influenced the attitudes of university students towards people with mental illness, it was the marital status ( $p=0.015$ ).

**Table 1. Socio-demographic characteristics of the study participants and factors influenced their attitude (n=279).**

Variable	Categories	N	%	p-value
Gender	Male	88	31.5	0.108
	Female	191	68.5	
Age (years)	<20	33	11.8	0.919
	≥20	246	88.2	
Marital status	Single	269	96.4	0.015
	Married	10	3.6	
Race	Malay	162	58.1	0.051
	Non-Malay	41.9	41.9	
*Faculty	IMS	168	60.2	0.492
	FHLS	111	39.8	
Residency	Urban	217	77.8	0.377
	Rural	62	22.2	
Smoking	Yes	33	11.8	0.084
	No	246	88.2	
Alcohol	Yes	23	8.2	0.156
	No	256	91.8	
Exercise	Ever	251	90.0	0.193
	Never	28	10.0	
Contact with mental illness people	Ever	74	73.5	0.810
	Never	205	26.5	

\*IMS=International Medical School, FHLS= Faculty of Health and Life Sciences

In this study, the majority of the participants showed a moderate to good attitude towards people with mental illness (Figure1).



**Figure 1. Attitude of the participants towards people with mental illness (n=279).**

Regarding the attitude towards people with mental illness, the majority had a positive attitude; they mentioned that society should treat people with mental illness with a tolerant attitude (90%). There is a chance for everybody to develop mental illness

(71.3%) and the majority of people with mental illness can recover (66.3%). However, the majority of the participants agreed that the communication with people with mental illness is difficult and tend to have tendency for violence (72.8%, 77%) (Table 2).

**Table 2. Attitudes towards people with mental disorders among university students (n = 279).**

Statement	Percentage who strongly agreed and agreed %
Is it difficult to communicate with people with mental illness?	203 (72.8%)
Is it common for people with mental illness to have propensity for violence?	201 (72%)
The majority of people with mental illness can recover.	185 (66.3%)
People with mental illness are weak; they should blame themselves for their illness.	48 (17.2%)
The society should treat people with mental illness with a tolerant attitude.	251 (90%)
Is it difficult to predict the behaviors and mood of people with mental illness?	242 (86.7%)
Everyone has the chance to develop mental illness.	199 (71.3%)
I would not tell others that I suffer from mental illness.	157 (56.3%)
People having a relative suffering from mental illness would be looked down upon by others.	163(58.4%)

I feel afraid of talking to people with mental illness.	151 (54.1%)
I oppose the building up of residential hostels for people with mental illness near to my household.	125 (44.8%)
There are no medication treatments for mental illness and people with mental illness have very low chance of being recovered.	71 (25.4%)
Is it difficult to make friends with people with mental illness?	139(49.8%)
I feel embarrassed to go out with my relative if my relative has mental illness.	67 (24.0%)
Is it a waste of money to increase the expenditure on the service to care for people with mental illness?	27 (9.7%)

Multivariate analysis (Table 3) using multiple linear regression showed that gender, marital status, smoking and drinking alcohol significantly influenced the attitude of university students towards people with mental illness

( $p=0.014$ ,  $p=0.012$ ;  $p=0.009$ ,  $p=0.013$ ; respectively). Age, exercise, residency, contact with mental illness people, faculty were excluded from the model.

**Table 3. Predictive Model for the factors that influence the attitude of the study participants towards people with mental illness by Multiple Linear Regression (n=279).**

	B	SE	Beta	p-value
(Constant)	1.234			
Gender				
Male	Ref.	Ref.	Ref.	0.014
Female	-0.173	0.070	0.159	
Marital status				
Single	Ref.	Ref.	Ref.	0.012
Married	-0.415	0.165	0.153	
Smoking				
Yes	Ref.	Ref.	Ref.	0.009
No	0.273	0.104	0.175	
Alcohol				
Yes	Ref.	Ref.	Ref.	0.013
No	-0.283	0.113	0.154	

$F=5.40$ ,  $R^2= 0.073$ ,  $p\text{-value} < 0.001$

## Discussion

The participants in our study generally accepted individuals with mental illness, as the majority agreed or strongly agreed (90%) that society should treat people with mental illness in a tolerant way and that everyone had a chance of developing mental illness (71.3%). Similar findings were reported by Siu et al. (2012) [24]. Furthermore, the majority of the participants disagreed or strongly disagreed (90.3%) that it

was a waste of money to increase expenditure on services to care for people with mental illness. However, a significant proportion of participants still agreed that it was difficult to communicate with people with mental illness (72.8%). Similar findings were reported by Siu et al. (2012).[24] This was so because they felt afraid to talk to such persons as they commonly believed the subjects had a propensity to violence and might not disclose their mental illness to others. This finding is not surprising as it has been well

established that younger people are more likely to hold more positive mental health attitudes [25-27].

Regarding to social distance, it was asked through the following statements “I oppose the building up of residential hostels for people with mental illness near to my household” and “Is it difficult to make friends with people with mental illness?” The majority of study participants agreed for the two above statements. The results supported by the findings of previous studies where the general population may accept people with mental illness socially, but tend to withdraw from more personal relationships such as working or living together [13, 15, 28]. The findings in relation to the desire for social distance are also consistent with other studies [7, 29, 30]. Negative consequences were connected with the disclosure of mental health problems, such as perceived and personal stigma. Discrimination in social relationships, work, and health care was reported in several studies [10, 31, 32].

About 49.8% of the study participants strongly agreed or agreed on the statement “Is it difficult to make friends with people with mental illness?” That familiarity with someone suffering from a mental problem makes people more ready to engage in social contacts is an endorsement of the idea of many anti-stigma campaigns to invite people to become acquainted with people suffering from mental health problems [33-36].

In this study, gender, marital status, smoking status and drinking alcohol status significantly influenced the attitude of the participants towards people with mental illness. A similar finding was reported by Aghanwa [37] where marital status seemed to have a positive influence on the knowledge of and attitude toward mental illness. Yamawaki et al. [38] reported that marital status and gender were significant factors that influenced with whom participants would wish to talk in case of a mental health crisis, such as a nervous breakdown. Single females tend to talk to their friends or significant others, while married females tend to talk to their family members.

Srinivasan and Thara [39] found that patient gender was associated with family beliefs about the cause of mental illness. Similar findings were reported in studies conducted in Western societies [40-44].

In this study smoking status significantly influenced the attitude of the participants towards people with mental illness. People with mental health problems are more likely to smoke and to smoke more heavily than the general population. However, smoking is associated not only with the prevalence but also with first-ever incidence of mental disorders [45]. Smoking tobacco is significantly associated with increased prevalence of all major psychiatric disorders [46] and the probability of any mental health problem in smokers is double than in non-smokers. In a large population survey of psychiatric morbidity in the UK, 64% of those with probable psychosis were smokers compared with 29% without psychosis [47].

In this study drinking alcohol status significantly influenced the attitude of the participants towards people with mental illness. The fact that alcohol causes depression and anxiety is not particularly surprising, given that alcohol is pharmacologically categorized as a central nervous system depressant [48]. Even though panic disorder with agoraphobia occurs in the general population at approximately 6.1%, [49] alcoholics suffer from panic disorder at a rate of up to 21% [50]. The similarity of panic symptoms to alcohol withdrawal has led some to hypothesize a causal link between the two, even to the point of suggesting that repeated episodes of alcohol withdrawal may cause panic disorder [51]. Bipolar disorder co-occurs with alcohol dependence more than any other mental illness. In a study of patients with bipolar disorder and alcoholism, patients who had primary alcoholism were less likely to experience remission from their alcoholism [53]. Bipolar patients with alcoholism have been shown to suffer more cognitive dysfunction and attempt suicide more often [54 & 55]. All of the personality disorders are affected by the use of alcohol or drugs, borderline personality disorder [56]. Patients with schizophrenia frequently use and misuse alcohol: a study of 168 individuals

presenting with a first episode of psychosis had an alcohol misuse rate of 11.7% as compared to a drug misuse rate of 19.5% [57]. Another study found that among patients with schizophrenia, the lifetime prevalence of alcohol use disorder was in the 50% range [58].

## **Conclusion**

This study showed that the undergraduate university students had a moderate to good attitude towards people with mental illness. Gender, marital status, smoking and drinking alcohol significantly influenced the attitude of undergraduate university students towards people with mental illness. Overall, our findings suggest that reducing the stigmatization of mental illness continues to be an important goal for mental health professionals. Although the generalizability of our findings may be limited by our dependence on student participants, it is likely that college students are in fact both more comfortable with mental illness and more concerned about social desirability than the general population, which means our results would underestimate overall levels of stigma. Future research should assess stigma associated with a wider variety of predictors and disorders.

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