ORIGINAL ARTICLE:
Attitude toward Mental Illness; Community Base Survey

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Abstract:

Background: Publics' attitudes and approach towards mental illness highly influence their behaviors in the way they treat, support, and help a person facing challenges of mental health.

Objective: the current study envisioned to evaluate the literate and informally educated community person's attitude toward Psychiatric disorders and individuals with mental health challenges in Karachi, Pakistan.

Methods: The current study utilized a descriptive survey research methodology. Data was collected from various areas of Karachi city, using the attitude Scale for Mental Illness (ASMI), which has also been used In numerous studies conducted globally. A total of 189 community-literate and informal educated people were recruited from different areas.

Results: on the Separatism, Restrictiveness, and Stereotyping sub-scales, similar positive results of literate people and informal educated people agreed with the statement. Significant differences were noted in the Pessimistic Prediction sub scale. A greater proportion of individuals with informal education people (72.5%) than literate (51.2%) felt ($\chi2=8.204$, $p<0.005$). Stigmatization sub-scale: it's a pleasant response that more than two-thirds of literate (74.1%) and informal educated people (79%) disagree. On the Benevolence sub-scale: almost half of the literate (45.6%) and more than half of informal educated community people (61.3%). They also concurred that there exists bias against individuals with mental illness ($\chi2=8.103$, $p<0.357$).

Conclusion: literate and informal educated people were showing similar positive attitudes on some subscales towards people with a mental illness but on some subscales, both groups were

showing negative attitudes regarding individuals with mental illness warrant additional investigation, including the exploration of the impacts of educational interventions.

Introduction

Mental health and its related issues have become a global concern .especially after COVID 19 Across the world people need mental health support more than ever, the reasons could include economic challenges along with political unrest and climate change. Globally, Despite increasing evidence highlighting the significance of mental health in economic, social, and human capital domains, mental health problems, mental health professionals, services, and the overall notion of mental well-being often face adverse publicity. On the basis of this, they are the cause of Stigma in public perception [1-3].Stigma toward people with mental disorders exists worldwide along with trained mental health professionals in general population [4-7]. Various researches highlight the fact that mental illness is more stigmatized than physical illness [8] Moreover, the stigma associated with mental illness remains a significant obstacle for individuals grappling with mental health issues. [9]. Stigma and discrimination linked to mental illness, as exhibited by both current and prospective mental health practitioners, contribute to the underutilization of mental health services [10]. Numerous investigations involving medical students, healthcare professionals, and the general populace have identified deficiencies in understanding and stigmatization concerning individuals with psychiatric conditions [11-16]. Additionally, several global studies have identified knowledge gaps and stigmatization regarding mental health among professionals and the wider community [17-22].

Mental illness encompasses not only severe conditions like psychosis but also includes more prevalent disorders such as depressive and anxiety disorders, among others. Certain research has indicated that attitudes toward mental illness exhibit greater stigma in less-developed Asian and African societies compared to Western cultures. [23].Public Attitudes towards the mental illness can greatly impact the perceptions of the society and the way they would treat patients and their families attitudes may be characterized as embracing, compassionate, biased, critical, and receptive or narrow-minded. [24]. Numerous individuals refrain from seeking mental health services due to their reluctance to be identified as a "mental patient" and their desire to evade the negative repercussions associated with stigma [25]. Indeed, adverse attitudes towards mental illness seem to exacerbate the overall well-being of individuals experiencing mental disorders [26]. The beliefs and attitudes individuals hold regarding mental illness significantly influence how they engage with, offer opportunities to, and provide support for individuals dealing with mental health challenges [27].

Each segment of society, including the youth and various community groups, has its distinct perspectives on mental illness. Communities, in particular, hold significant potential for the

development of comprehensive mental health initiatives due to their influential role in shaping societal norms and values [28]. Therefore, comprehending the attitudes and beliefs surrounding individuals with mental illness within communities is essential for mitigating negative perceptions [29].

The third world countries are at high risk of mental illnesses ,due to various economic and geopolitical factors .Unfortunately Pakistan happens to be in no different position than other developing countries . Over 20 million Pakistanis, constituting approximately 10% of the nation's population, grapple with various mental health issues [30]. This encompasses common disorders like depression, a severe mood disorder affecting individuals worldwide, with an estimated prevalence of 4.4% [31]. In Pakistan, prevalence rates for mental health conditions vary from 22% to 60%, with estimates in Karachi, a densely populated city of 14.9 million, averaging around 47% [32]. The elevated prevalence of mental health problems may be linked to insufficient 'mental health literacy,' as proposed by Jorm et al. [33]. While mental health issues are widespread, a recent study by Mehreen et al. in Karachi revealed the prevalence of stigma and negative perceptions surrounding individuals with mental illness among their relatives. Therefore, the objective of the present study was to evaluate the attitudes toward mental illness among both literate and informally educated individuals within the Karachi community. The hypothesis posited that variances would exist in the attitudes of literate and informally educated people. The data derived from this study could be valuable in discerning community people's misconceptions and investigating their attitudes toward mental illness. Since the descriptive research method is being used it can further increase the scope of exploring future research perspectives.

Methodology

Research Design and Context

This study employed a descriptive survey methodology to conduct its research, to gauge the public opinion. This study was conducted in different communities of Karachi City to gather the public opinion

Participants

 A convenient sampling method was utilized to gather the data on 189 community-literate and informal-educated people, both men and women ,age ranging from 15 years to 50+ years participated in the study. Participants were recruited from different areas of Karachi city

Material /Measures

1-Demographic Questionnaire Every participant was mandated to complete a demographic survey, covering details such as age (measured in years), level of education, and current place of residence.

2-The Attitudes Scale for Mental Illness (ASMI)

The ASMI (Attitudes Scale for Mental Illness) is a reliable and valid self-report measure designed to assess individuals' attitudes toward mental illness. Originally developed by Ng & Chan [34], it has been tested in various global studies [35-37]. The scale was adapted to reflect the socio-cultural nuances of Asian societies. It comprises 25 items divided into six main conceptual sub-scales:

Separatism: Reflects attitudes toward discrimination, emphasizing the perceived distinctiveness of individuals with mental illness and the desire to maintain a safe distance from them.

Stereotyping: Focuses on defining people with mental illness according to specific behavioral patterns and mental abilities.

Benevolence: Includes items related to showing kindness and compassion toward individuals with mental illness.

Pessimistic Prediction: Centers on the belief that individuals with mental illness are unlikely to recover and that society's treatment of them is pessimistic.

Stigmatization: This entails the belief that mental illness is disgraceful and should be hidden.

Restrictiveness: Comprises items indicating ambiguity or indecision regarding the rights of individuals with mental illness.

Respondents are asked to rate their agreement with each of the 25 items on a 5-point Likert scale (ranging from strongly disagree = 1 to strongly agree = 5) based on their personal feelings.

Ethical Considerations and Procedure

The research project's proposal received approval from the Research Ethics Committee (REC) at the Karwan e Hayat Institute for Mental Health Care. Each participant provided informed oral consent to participate after being briefed about the study's objectives and their rights to decline or withdraw participation at any stage.

Statistical Analysis

Statistical analysis was performed using the SPSS software, version 20. Descriptive statistics,

including frequencies and percentages, were employed to summarize the data. Additionally,

inferential statistics, specifically the chi-square test, were utilized to interpret the data and describe the students' attitudes toward mental illness.

Results

Table (1). Socio-demographic characteristics of the Participants

Demographic Data	literate	Informal_ education
Gender		
Male	84(66.1%)	40(64.5%)
Female	43(33.9%)	22(35.5%)
Age in Years		
15-30years	54(42.5%)	13(21%)
31-40 yaers	37(29.1%)	7(11.3%)
41-50years	14(11%)	15(24.2%)
51 and above	22(17.3%)	27(43.5%)

Overall, 189 community people participated in the study, male 84(66.1%) and 43 females (33.9%) were encompassed in this study. Their ages spanned from 15 to 60 years.

Table (2). Participants' Attitude toward Mental illness

Factors	Statement	Response	Participants		X2	p-value
			Educated	Informal_ education		
Separatism	People with mental illness have unpredictable behavior	Disagree	40(31.5%)	8(12.9%)	7.917	0.005
		Unsure	5(3.9%)	2(3.2%)		
		Agree	82(64.5%)	52(83.9%)		
	If people become mentally ill once, they will easily become ill again	Disagree	32(25.1%)	9(14.6%)	11.391	0.004
		Unsure	31(24.4%)	6(9.7%)		
		Agree	64(50.4%)	47(75.8%)		
	If a mental health facility is set up in my street or community, I will move out of the community	Disagree	76(59.8%)	33(53.2%)	0.748	0.422
		Unsure	23(18.1%)	13(21%)		

		Agree	28(22%)	16(25.8%)		
	Even after a person with mental illness is treated, I would still be afraid to be around them	Disagree	82(64.6%)	37(59.6%)	0.43	0.535
		Unsure	7(5.5%)	4(6.5%)		
		Agree	38(29.9%)	21(33.9%)		
	It is difficult to deal with a patient with mental illness during attack	Disagree	19(14.9%)	18(29%)	5.34	0.05
		Unsure	17(13.4%)	6(9.7%)		
		Agree	91(71.6%)	38(61.3%)		
Restrictiveness	Every one faces the possibility of becoming mentally ill	Disagree	14(11%)	13(21%)	3.365	0.115
		Unsure	21(16.5%)	9(14.5%)		
		Agree	92(18.1%)	40(64.5%)		
	I should be careful about what I say or do with a mentally ill	Disagree	4(3.1%)	6(9.7%)	6.42	0.04
		Unsure	5(3.9%)	6(9.7%)		
		Agree	118(92.9%)	50(80.7%)		
	After mentally ill patients are treated and rehabilitated, individuals should make friends of them	Disagree	7(5.5%)	9(14.6%)	5.735	0.017
		Unsure	9(7.1%)	7(11.3%)		
		Agree	111(87.4%)	46(74.1%)		
	Individuals get irritable/upset if they come across with a person with mental illness within the same room	Disagree	32(25.1%)	16(25.8%)	0.034	0.994
		Unsure	26(20.5%)	12(19.4%)		
		Agree	69(54.3%)	34(54.8%)		
Stereotyping	It is easy to identify patients with mental illness	Disagree	41(32.3%)	24(38.7%)	0.794	0.389
		Unsure	28(22%)	13(21%)		
		Agree	58(45.6%)	25(40.3%)		
	Care and support of family and friends can help rehabilitate patients with mental illness	Disagree	5(2.4%)	7(11.3%)	4.673	0.185
		Unsure	9(7.1%)	2(3.2%)		

		Agree	113(89%)	53(85.5%)		
	Patients with mental illness have some strange behavior	Disagree	19(14.9%)	13(21%)	1.434	0.448
		Unsure	10(7.9%)	3(4.8%)		
		Agree	98(77.2%)	46(74.2%)		
	A mentally ill cannot enjoy a normal life	Disagree	60(47.2%)	23(37.1%)	2.258	0.141
		Unsure	14(11%)	6(9.7%)		
		Agree	53(41.8%)	33(53.2%)		
	A mentally ill is always upset and irritated	Disagree	48(37.8%)	18(29%)	2.665	0.139
		Unsure	15(11.8%)	5(8.1%)		
		Agree	64(50.4%)	39(62.9%)		
	Individuals should not laugh at the mentally ill patient even though he/she acts strangely	Disagree	7(5.5%)	7(11.3%)	5.23	0.039
		Unsure	6(4.7%)	7(11.3%)		
		Agree	114(89.8%)	48(77.4%)		
Pessimistic Prediction	It is difficult for those who have a mental illness to get the same pay for the same job as equal with healthy ones	Disagree	42(33.1%)	10(16.2%)	8.204	0.005
		Unsure	20(15.7%)	7(11.3%)		
		Agree	65(51.2%)	45(72.5%)		
	It is difficult for the mentally ill to return to the community even after being treated	Disagree	67(52.8%)	19(30.7%)	10.534	0.001
		Unsure	22(17.3%)	10(16.1%)		
		Agree	38(29.9%)	33(53.2%)		
	It is difficult for a mentally ill to dream or plan for his/her future	Disagree	68(53.5%)	29(46.8%)	3.03	0.191
		Unsure	17(13.4%)	5(8.1%)		
		Agree	42(33%)	28(45.1%)		
Stigmatization	A mentally ill should be punished for his misbehavior	Disagree	90(70.8%)	44(71%)	2.733	0.57
		Unsure	19(15%)	5(8.1%)		
		Agree	18(14.2%)	13(20.9%)		

	It is seldom for people who are successful at work to have a mental illness	Disagree	56(44.1%)	22(35.5%)	7.251	0.031
		Unsure	50(39.4%)	19(30.6%)		
		Agree	21(16.5%)	21(33.8%)		
	It is shameful to have a mental illness	Disagree	94(74.1%)	49(79%)	0.915	0.366
		Unsure	12(9.4%)	6(9.7%)		
		Agree	21(16.5%)	7(11.3%)		
	people with mental illness should not disclose their illness to others	Disagree	39(30.7%)	20(32.3%)	0.254	0.881
		Unsure	12(9.4%)	7(11.3%)		
		Agree	76(59.8)	35(56.4%)		
Benevolence	Corporations and community (including the government) should offer jobs to people with mental illness	Disagree	21(16.6%)	14(16.1%)	1.155	0.384
		Unsure	6(4.7%)	2(3.2%)		
		Agree	100(78.7%)	46(74.2%)		
	A patient after being treated for mental illness can return to his/her former job College	Disagree	13(4.7%)	9(14.5%)	0.858	0.361
		Unsure	17(13.4%)	9(14.5%)		
		Agree	97(76.4%)	44(71%)		
	People are prejudiced towards people with mental illness	Disagree	23(17.1%)	14(22.5%)	8.103	0.357
		Unsure	46(36.2%)	10(16.1%)		
		Agree	58(45.6%)	38(61.3%)		

Table (2) presents the comparative analysis results of responses to the ASMI scale among literate individuals and those with informal education. In the Separatism sub-scale, a higher percentage of literate individuals (59.8%) disagreed with the statement "If a mental health facility is set up in my street or community, I will move out of the community" compared to informal educated individuals (53.2%) ($\chi 2$=0.748, p<0.422). However, there was agreement between literate (64.5%) and informal educated individuals (83.9%) on the statement "People with mental illness have unpredictable behavior."

In the Restrictiveness sub-scale, both literate and informal educated individuals responded similarly to statements, except for the statement "After mentally ill patients are treated and rehabilitated, individuals should make friends with them," where a higher percentage of literate individuals (87.4%) agreed compared to informal educated individuals (74.1%) ($\chi2$=5.735, p<0.017).

Regarding the Stereotyping sub-scale, a higher percentage of literate individuals (45.6%) agreed with the statement "It is easy to identify those who have a mental illness" compared to informal educated individuals (40.3%) ($\chi2$=0.794, p<0.389). However, only a small percentage of literate individuals (2.4%) disagreed with the statement "Care and support of family and friends can help rehabilitate patients with mental illness," compared to informal educated individuals (11.3%) ($\chi2$=4.673, p<0.185).

In the Pessimistic Prediction sub-scale, a higher percentage of informal educated individuals (72.5%) felt that "It is difficult for those who have a mental illness to get the same pay for the same job as healthy individuals" compared to literate individuals (51.2%) ($\chi2$=8.204, p<0.005).Regarding the Stigmatization sub-scale, a notable percentage of both literate (74.1%) and informal educated individuals (79%) disagreed with the statement "It is shameful to have a mental illness" ($\chi2$=0.915, p<0.366).

In the Benevolence sub-scale, fewer than half of literate individuals (45.6%) agreed that "People are prejudiced towards people with mental illness," while more than half of informal educated individuals (61.3%) agreed with this statement ($\chi2$=8.103, p<0.357).

Discussion

Some very interesting findings came forth through this study.As Past research studies of community attitudes toward mental illness have yielded positive attitudes and negative attitudes as outcomes. In the present study, considering the separatism sub-scale, literate and non-formally educated people had negative attitudes towards 3 out of 5 statements but there is a significant difference in the results of literate and non-formally educated people. Only 2 statements related to separatism were showing positive attitudes in both groups. A similar mix of positive and negative responses was received in the Stereotyping and Stigma subscales.

Although the results showed a positive attitude in the subscales of restrictiveness, Pessimistic and benevolence, some statements resulted in significant differences between educated and non-formally educated people.

The findings of the current study revealed negative attitudes towards mental illness and individuals with mental illness across domains such as Separatism, Stigma, and Stereotyping. These results are consistent with previous research on stigma and mental illness [44]. Moreover, individuals with mental illness face stigma not only from society but also from mental healthcare professionals [45].

Significant differences were noted only in the Separatism subscale, with informal educated individuals exhibiting more negative attitudes compared to literate individuals. This disparity may stem from a lack of understanding about the nature of mental illness among informal educated individuals. However, no significant differences were observed in the Stereotypes and Stigma subscales between the two groups, possibly due to a general lack of mental health awareness in our society. Stereotypes and societal prejudices contribute to stigmatization and discrimination against individuals with mental illness. Negative stereotypes prevalent in the community regarding mental illness may significantly impact the treatment of individuals with mental health conditions. Therefore, for a better society, it is important to work on improving these negative stereotypes.

According to current findings, there was a significant difference observed between the literate and informal education community people in the pessimistic prediction subscale. A higher percentage of informal educated people (72.5%) than literate (51.2%) The belief that individuals with mental illness face difficulties in obtaining equal pay for the same job as healthy individuals was found to be significant ($\chi2=8.204$, $p<0.005$). This result aligns with previous studies conducted by Singh et al. [41] and Kermode et al. [14], indicating a pervasive pessimism regarding career and employment prospects for individuals with mental illness.

On the Benevolence sub-scale, 45.6% of literate and 61.3% of informal educated community people agreed that 'people are prejudiced towards people with mental illnesses. This study revealed a greater level of Benevolence among informally educated individuals. It is possible that exposure to certain experiences may contribute to this heightened sense of Benevolence. However, without additional research to support these findings, providing a definitive explanation is challenging. Further investigation is necessary to better understand and elucidate the reasons behind this observation.

In general, individuals with higher levels of education tend to hold more positive attitudes towards individuals with mental illness. However, they also exhibit more restrictive attitudes compared to those with lower levels of education. This may suggest that highly educated individuals have higher expectations regarding social responsibility and therefore may be less

trusting of individuals with mental illness. On the other hand, individuals with lower levels of education could benefit from interventions provided by rehabilitation workers, which could enhance their understanding and foster more compassion towards individuals with mental illness.

Despite the overall positive shift in attitudes observed in the community, there still exist restrictive, stereotyping, pessimistic, and non-stigmatizing attitudes towards individuals with mental illness. These attitudes can serve as barriers to seeking mental health treatment. Hence, community interventions should particularly focus on reaching individuals with lower levels of education to address these barriers effectively.

Conclusion

Providing fundamental mental health education and enhancing public awareness with accurate information about mental illness can diminish the stigma surrounding mental health conditions. Moreover, such efforts can contribute to alleviating the burden of mental illness within the community.

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3	Ashfaque Ahmad	Karwan e Hayat Institute for Mental Health Care	Data collection	
3	Qudsia Tariq	University of Karachi	Review the project	