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Demonic Possession or too much Time to Think; How do People Behave Towards Mentally Ill? An Analytical Cross-Sectional Study in Tertiary Care Hospitals

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ABSTRACT

Objective: To assess the basis of community's acceptance and opposition towards mentally ill patients.
Study Design: Analytical cross-sectional study.
Place and Duration of Study: OPDs of Pak Emirates Military Hospital and Combined Military Hospital, Rawalpindi Pakistan, from May to Sep 2022.
Methodology: This research was done among the general public visiting the outpatient departments of Pak Emirates Military Hospital and Combined Military Hospital, Rawalpindi Pakistan. Information was gathered by surveys from 200 people, 20 years of age and older, who were able to read and understand the offered questions based on a modified 27-item CAMI scale excluding subjects who were unwilling. The four categories of authoritarianism, benevolence, social restrictiveness and community's mental health ideology were used to group the data. IBM SPSS Statistics Version 26 was utilized for data analysis. For descriptive statistics the mean of each of the four domains and for inferential statistics Independent t-test and One-way ANOVA tests were used.
Results: Among 120 males and 80 females with mean age of 33±8.89 the mean scores for domains of "authoritarianism," "benevolence," "social restrictiveness," and "community's mental health ideology" were 2.8±0.66; 3.2±1; 2.7±0.97 and 3±0.96 respectively. Males exhibited more encouraging attitudes than females. A significant association was found in individuals with higher secondary and below for the domain of benevolence with mean of 3.3; *p*-value 0.048.
Conclusion: Participants of the study considered mentally ill individuals a threat to the community that needs forcible methods to manage. However, they showed supportive and inclusive attitude on sympathetic and religious principles. Males and those with higher education were more supportive.

Keywords: Authoritarianism, Cross-sectional studies, Mental disorders, Mental health, Mentally ill persons, Questionnaires (MeSH), Surveys.

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INTRODUCTION

Mental illness as defined by World Health Organization is a combination of disturbed cognition as well as behavior of an individual that is evident clinically. Although definitive treatments and preventive measures can be adopted, there is a significant increase in number of mental disorders, especially anxiety and depression, as majority of affected cannot access effective care because of stigma attached to it.[1] Adolescent period is an important time period of life for development of sound mental well-being; any adversity during this period can be linked to upset mental health condition in adulthood.[2]

Almost 13% of total burden of disease globally is attributed to combined effect of neurological, mental and substance use disorders. Almost 4.3% of global burden is attributed to depression only, where more effected are women. In addition, compared to the general population, people with chronic diseases such heart disease, diabetes, respiratory issues, cancer, and arthritis have a higher risk of acquiring a mental problem. Association between mental illness and substance misuse, such as cannabis, alcohol, and amphetamine usage, has also been established. Comorbidities and these disorders in vulnerable groups have accounted for greater economic losses equivalent to 16.3 trillion US dollars in 2011-2030.[3]

Considering that there is "no health without mental health", needs awareness especially in low resource settings, where there is one psychiatrist for 200,000 people. Instead of viewing mental illnesses as a normal disease process, community at large prefer to think that they are caused by overthinking, a lack of direction in life, or being stagnant, etc. Shockingly such people are typically viewed as dangerous, unpredic-

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table, violent, etc.[4] Such views limit the social behaviors of such patients as well as their ability to grow personally.

More than 15 million Pakistanis experience mental illness with high prevalence of depression, schizophrenia and epilepsy. There are only 400 psychiatrists with training among the country's 220 million inhabitants which demands capacity building and policy making in this context.[5] To address mental health treatment gap and decrease burden of mental health diseases especially in low income countries we need a public health approach for mental health prevention and promotion.[6]

Bio-psycho-social causes of mental problems create a vicious cycle that leads to social rejection, increased stigma, and increased unfavorable views. People with mental illnesses face discrimination while trying to enter the workforce which limits their creative potential and causes their illness to worsen. Present aim is to give access to such vulnerable to prevention, treatment and removing stigma upon them so they are able to participate in work and all social activities with their full capabilities. For this mindfulness of the community in general towards mental illness and mentally ill people is required to know. Their acceptability for these persons in different works and considering them affective community members is also a need of time. There isn't much literature about developing nations especially in our setup that has received meticulous attention on mental health, examining the reasons behind the community's acceptance or condemnation of mentally ill people.[7] This study intends to bridge this gap and assess the intentions and attitude of people towards illness and mentally ill.

METHODOLOGY

A community-based, analytical, cross-sectional study was conducted among general public visiting the outpatient departments of Pak Emirates Military Hospital and Combined Military Hospital, Rawalpindi Pakistan from May to September 2022. After receiving approval from ethical review committee (reference number ERC/ID/22/02), information was gathered by using non-probability convenience sampling technique. Using WHO sample size calculator the sample size estimated was 246 (5% margin of error, 95% confidence interval, and population proportion 0.20). After removing incomplete questionnaires finally data was analyzed for 200 participants with response rate 81%.

Inclusion Criteria: Participants, 20 years of age and older from both genders, having education above primary level who were able to read and comprehend the offered questions were included after informed consent

Exclusion Criteria: All those subjects who were unwilling to participate or was on treatment for mental disorder were excluded.

Data were collected via questionnaires which were based on a modified 27-item "Community Attitudes towards the Mentally Ill" Scale, (CAMI scale) with 26 items from the original 40-item CAMI scale and an added item on employment-related attitudes.[8,9] Demographic data was also collected from the participants which included their age, gender, marital status, place of residence, education, employment, and financial status. The questionnaire was translated into Urdu, and its content and face validity was confirmed by linguistic expert as well as subject expert. Both questionnaires in Urdu as well as English were administered. "Mentally ill" in this study was 'considered a person needing treatment for mental disorders, but he is able to manage independent living outside a hospital and attitude was defined as individuals' perceptions towards the object, positive, negative or uncertain. Mental health facilities can include outpatient clinics situated in residential areas that serve the local community.

The response was obtained on a 5-point Likert-scale that ranges from "1 = Strongly Disagree" to "5 = Strongly Agree" to gain a thorough understandings of communities' attitudes towards those who are suffering from any mental disorder. Higher score indicated a more positive attitude with respect to the asked question. The four categories of "Authoritarianism", "Benevolence", "Social restrictiveness" and "Community's mental health ideology" were used to group the data. "Authoritarianism" (Au) reflects that community considers persons with mental illness are inferior and they require forcible methods to manage them. "Social Restrictiveness" (SR) specifies the opinion that people with mental illness are a threat to the community. "Benevolence" (BE) indicates compassionate views that are based on humanistic and religious values. The "Community Mental Health Ideology" (CMHI) reflects community's acceptance of individuals with mental illness integrated into the community as being beneficial. For example, the statement "As soon as a person shows signs of mental disturbance, he should be hospitalized" reflects com-

munity's-authoritative views, and "the mentally ill should not be treated as outcasts of society" indicates anti-authoritarianism perspective. Reverse scoring was done for the anti-sentiment statements for each dimension.

Data was analyzed using IBM SPSS Version 26. For descriptive statistics, mean was calculated for all four domains. For inferential statistics, independent t-test and One-way ANOVA test were applied. Post hoc test was applied to further explore the relationship between mean benevolence and the variable of educational status. A significance level of < 0.05 was used to determine a significant association between variables and mean of four domains.

RESULT

Among participants 80(40%) were females and 120(60%) were males with mean age 33±8.89 years. Demographic details of frequency distribution and percentages of educational status, residence of participants, employment and financial status, and participants who reported any previous exposure to a mentally ill patient or there had been any contact with such patients is given, Table-I

Table-I: Demographic Characteristic of participants

Variable	Frequency (%)
Education	
Middle	13(6.5%)
Secondary	37(18.5%)
Higher Secondary	84(42%)
Graduation	66(33%)
Residence	
Rural	64(32%)
Urban	136(68%)
Marital Status	
Unmarried	76(38%)
Married	124(62%)
Employment Status	
Unemployed	87(43.5%)
Employed	113(56.5%)
Financial Status	
Less than Rs. 25000	39(19.5%)
> 25000-50,000	76(38%)
> 50,000	85(42.5%)
Are you currently living with/ working with/ lived with/ worked with someone or have any close relative/ neighbor/ friend with mental illness	
No	134(67%)
Yes	66(33%)

Data was explored and revealed normal distribution. In this study Authoritarianism mean score of 2.8 and SD 0.66 reflects negative attitude of participants towards mental illness that is community considered that persons with mental illnesses are inferior and they require forcible methods to manage them. Mean score for "Social Restrictiveness" 2.7 and SD 0.97 reflects the negative attitude of participants towards mental illness and mentally ill that is they consider these individuals a threat to the community.

In this study endorsing (or higher scores) for "Benevolence" and "Community Mental Health ideology" indicated compassionate views and community's acceptance for these individuals. Mean score for Benevolence-3.2 and SD-1 and for CMHI-3 and SD-0.96 of participants showed more supportive and inclusive attitude.

Independent t test applied to compare means of four domains between two genders. For domain authoritarianism no significant difference was found (*p*-value 0.735); whereas significant difference was found between two genders for other three domains Table-II.

Table-II: Difference of mean between genders among different domains

Domains	m(SD)	t	df	*p*-value
Social Restrictiveness				
Male	2.9(0.97)	2.447	198	0.015
Female	2.5(0.93)			
Benevolence				
Male	3.4(0.99)	3.2	198	0.002
Female	2.9(0.97)			
Community Mental Health Ideology				
Male	3.2(0.96)	3.31	198	0.001
Female	2.7(0.90)			

ANOVA test was applied to compare the mean of four domains with different educational categories. Difference of mean was not statistically significant in three domains (Au, SR, and CMHI). In benevolence domain ANOVA test was significant with (F-3.093; *p*=0.048) with highest mean found for higher secondary followed by graduation and middle and below. Post Hoc test revealed that individuals with education middle and below support the theme benevolence less than individuals with higher secondary and below with average mean difference of (0.693) which was statistically significant (0.045), Table-III. Results showed that males were relatively more supportive in their attitudes than females, Figure 1.

DISCUSSION

Mental disorders can be the outcome of any related risk factors as mental or physical illnesses, emotional or behavioral disorders, or violence or any untoward event of the past.[10] Individuals with mental

Table-III: Difference of mean between different educational categories in Benevolence domain

Domains	m(SD)	F-sig	df
Middle and below	2.6(1.1)	3.093 (0.048)	2, 197
Higher secondary and below	3.3(0.91)		
Graduation	3.1(1.1)		

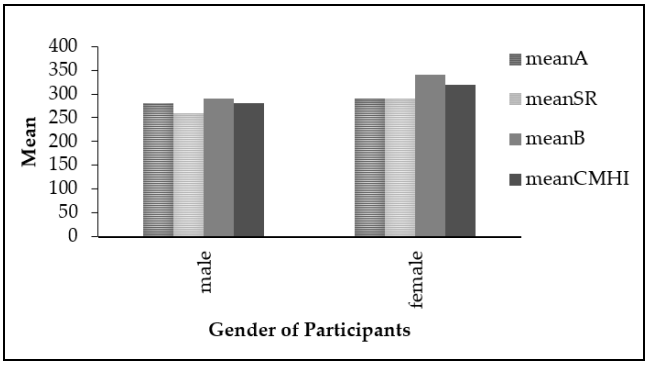

Figure-1: Cluster Bar Showing Mean Score of Four Domains of Both Genders

illnesses require early diagnosis and management for which acceptance from the society and removal of attached stigma is essential. The present study showed in general less supportive attitude towards illness and mentally ill. Evidence has shown less knowledge about mental illnesses among university students in a study conducted in Saudi Arabia. However, students those who were related to health universities had more positive attitudes.[11] It has also been suggested that negative beliefs against mental illness and negative attitudes could be removed by highlighting these issues through health education.[12] Students with more mental health literacy showed positive correlation with help seeking behavior.[13] Numerous studies have shown that people showing negative attitudes towards mental disorders had less mental health-seeking attitude.[14]

This study showed that a higher education level was significantly associated with a lower level of stigma. i.e., individuals showed more benevolent behavior than those who were relatively less educated. A similar CAMI-scale based study conducted in Ghana revealed prevailing negative views of participants there who assumed that these individuals pose a threat to community. The individuals having higher education tend to show positive attitudes towards mental illness than those with only basic education.[15] Another study in Nigeria showed widespread discrimination and stigma against these persons where people mostly had belief in supernatural causes these conditions.[16,17]

Our study showed that people in general were socially restrictive in their behaviors implying that they weren't open to accept mental health facilities, thus hindering establishment of health care system pertaining to mental illnesses. In a study in Singapore an educational intervention to remove misconceptions and fear of disclosures related to mental illnesses was conducted. It found an association between lack of mental health literacy and stigma related attitude. A short term improved attitudes in three factors of CAMI that is authoritarianism, benevolence and CMHI was observed after intervention.[18] Participants of current study also have shown that they are more authoritative reflecting their thought that they consider such person with mental disorder inferior that require forceful management. Public education and awareness must be increased to increase sensitivity towards mental health problems as they are less understood by common people.[19,20]

The current study has identified community attitude towards mentally ill and illness. Our study's strength was to find out common people attitude towards this important issue using a reliable and valid Stool (CAMI-27 scale). Questionnaire in English was translated into Urdu language and both questionnaires were used to increase the understanding of the topic.

LIMITATION OF STUDY

It is a single institutional study therefore results cannot be generalized. Two languages, English and Urdu were used to collect data for the study. Ethnic groups not able to understand these languages couldn't take part. A questionnaire was used to get the data, and it's possible that the knowledge was influenced by the desire to adhere to some idealized cultural norms.

CONCLUSION

Participants of the study considered mentally ill individuals a threat to the community that needs forcible methods to manage thus showing less supportive behavior implying that people tend to show negative attitudes towards the mentally ill. However, they showed supportive and inclusive attitude on sympathetic and religious principles. Males showed more positive attitude in all domains except authoritarianism as compared to females. Participants with higher education were more benevolent. Efforts to promote mental health education and promoting that mental diseases are curable with correct medications and psychotherapy should be inculcated in masses.

Conflicts of Interests: None.

Author's Contributions

Following authors have made substantial contributions to the manuscript as under:

SM: Concept, Design, Questionnaire review, statistical Analysis, Final manuscript & approval for the final version to be published.

SFM: Final manuscript, Proof reading & approval for the final version to be published.

UI: Concept, Design, Data collection, Statistical analysis, Questionnaire, Final manuscript & approval for the final version to be published.

LM: Data collection, Questionnaire, Manuscript writing & approval for the final version to be published.

ZT: Data collection Questionnaire translation, Manuscript writing & approval for the final version to be published.

UA:, MY:, NQ: Questionnaire, Data collection & approval for the final version to be published.

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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