

A Study to Assess Mental Illness Related Stigma and Help Seeking Behaviour among Adults in Selected Rural Community, Chengalpet District, Tamil Nadu, India

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Abstract-Background of the study: Mental health problems have become one of the global health burdens according to WHO in 2020. By realising the potential increasing in mental health problems world wide, The encouragement of help-seeking behaviour is pivotal to tackling the issue of mental Health. The World Health Organization has reported that approximately 25% of the world's population suffers from some form of mental illness, with depression and anxiety being the most common conditions. Mental illness can cause severe distress and disability that impair the quality of life of the individual. Although a treatable condition if diagnosed at an early stage, the stigma and negative attitudes toward MI inhibit patients from seeking psychological help and impede their recovery from mental disorders. **Aim of the study:** To find the relationship between mental illness related stigma and help seeking behaviour among adults. **Objectives:** 1. To find out the relationship between mental illness stigma and help seeking behaviour of adults. 2. To assess mental illness stigma and help seeking behaviour among adults 3. To find out association between mental illness related stigma and help seeking behaviour of adults with their demographic variables. **Materials and method:** A descriptive research design adapted 200 adults were selected by using convenient sampling technique. Day's Mental Illness Stigma Scale and General Help Seeking Behaviour Questionnaire were used to assess the level of stigma and help seeking behaviour among adults. The high score indicates good help seeking behaviour and mental illness stigma. **Result:** The study results shows that 63.5% had below average mental illness related stigma and 31% had poor help seeking behaviour. There was a low correlation ($r = 0.347$) between mental illness stigma and help seeking behaviour among adults. A significant association between mental illness stigma

demographic variables such as age, gender, educational status, occupational status, family income, family history related to mental illness and previous source of information, whereas significant association between help seeking behaviour and demographic variables such as age, occupational status, type of family, family income and previous source of information. **Conclusion:**The current study suggests that there are many attributes that may increase the chance of stigma to arise and that those factors should be studied and understood further to help decrease such beliefs. By giving help to those who may be in the role of caregiver or who see the negative impact of a mental illness, fear and subsequent rates of stigma may begin to dwindle.

Keywords: Adult, help seeking behavior, mental illness stigma.

INTRODUCTION

Mental health is a vital aspect of overall well-being, yet it remains shrouded in stigma and misunderstanding, leading to significant barriers in help-seeking behaviour among adults. In a world increasingly recognizing the importance of mental health, the persistence of stigma poses a formidable challenge. This research seeks to delve into the complex interplay between mental illness-related stigma and the decision-making processes that adults employ when seeking help for their mental health concerns (Emily Reed, 2017).

Stigma surrounding mental illness has deep historical roots and manifests itself in various forms, including stereotypes, discrimination, and social isolation. These negative attitudes and beliefs can deter individuals from acknowledging their own mental health struggles

and seeking the support they need. Understanding how these stigmatizing factors influence help-seeking behaviour is crucial for developing effective interventions and support systems.

Mental illness-related stigma among adults persists for various reasons. One significant factor is the lack of understanding and knowledge about mental health conditions. Misconceptions and stereotypes abound, leading to fear and discrimination. Cultural and social beliefs also play a role, as some societies view mental illness as a sign of personal failure or weakness. Media portrayal of mental health often sensationalizes and misrepresents, reinforcing these misconceptions. Furthermore, individuals with mental health issues may internalize negative beliefs, perpetuating self-stigma. Discrimination in areas such as employment and housing further marginalizes those with mental illness. Historical mistreatment and limited access to mental health care also contribute to the persistence of stigma. To combat this, education, awareness, and empathy are essential in challenging these barriers and fostering a more understanding and supportive society.

TITLE

A Study to access mental illness related stigma and help seeking behaviour among adult in selected rural community, Chengalpet district, Tamil Nadu, India.

OBJECTIVES

1. To find out the relationship between mental illness stigma and help seeking behavior of adults
2. To assess mental illness stigma and help seeking behavior among adults
3. To find out association between mental illness related stigma and help seeking behavior of adults with their demographic variables

HYPOTHESIS

H1: There will be a significant relationship between mental illness stigma and help seeking behavior

H2: there will be a significant association between mental illness related stigma among adults and their selected demographic variables

H3: there will be a significant association between help seeking behaviour among adults and their selected demographic variables

REVIEW OF LITERATURE

Ibrahim et al, 2019. Do depression literally, mental illness beliefs & stigma influence mental health help seeking attitude? Study design is cross section design. Sample size is 202 students (13 to 25 years) and used GHSQ, MHSAS, D-Lit, SSOSH tools. Mental help-seeking attitude had a significant relationship with self-stigma on seeking help ($r = -.258, p < .001$), general help-seeking attitude ($r = .156, p = .027$), and age ($r = .187, p < .001$). However, the strongest predictor for mental help-seeking attitude was self-stigma on seeking help ($F(2,199) = 8.207, p < .001$ with R^2 of .076). University students had better depression literacy and lower levels of self-stigma and negative beliefs toward mental illness compared to secondary school students.

Martinez et al, 2020. Filipino help-seeking for mental health problems & associated barriers & facilitators. Mixed method design, cross sectional method design, qualitative design. The sample size is 5,096 participants (17-70 years). The result shows unfavorable attitude towards formal help-seeking. They prefer seeking help from close family & friends. Barriers cited by Filipinos living in the Philippines include financial constraints and inaccessibility of services, whereas overseas Filipinos were hampered by immigration status, lack of health insurance, language difficulty, experience of discrimination and lack of acculturation to host culture.

Agenagnew, 2020. Attitude and help-seeking behavior of the community towards mental health problems. Cross sectional study design. 420 participants (Above 18 years)

Attitude Towards Mentally Ill Questionnaire, GHSQ tool were used. Among the total 420 study participants (197,46.9%) of them had an overall unfavorable attitude towards mental illness. The majority (153,36.4%) of the study participants agreed on avoidance of anyone who has mental health problems and (150,35.7%) participants described marrying a person with a mental health problem or recovered from the problem is foolishness.

METHODOLOGY

Research approach:

Quantitative approach

Research design:

Descriptive research design

Research variables:

1. Mental illness stigma
2. Help seeking Behaviour

Setting of the study:

The study was carried out among the adults living in the Pooncheri, Chengalpattu, India.

Population:

Adults aged between 20 to 60 years.

Participants:

The eligible participants were recruited by convenient sampling technique from Pooncheri.

Sample size:

Overall population in Pooncheri is 1455(N= 1455)

Sample size is 100

Sampling Technique :

Convenient sampling technique

Ethical clearance:

•Department clearance will be obtained from HOD of community medicine department.

•Institutional human ethical committee clearance will be obtained.

• Inform Consent will be obtained from the participant.

•Confidentiality will be maintained throughout the study.

Data collection procedure:

Study objectives were explained to samples and informed consent was obtained from the sample. Confidentiality was maintained throughout the study.. The investigator introduced about self to study participants and information regarding survey for which each participants took time approximately 20 to 30 minutes. Data was collected from 100 samples by using a data collection sheet. Structured interview schedule consists of three sections. The first section consist of demographic variables, the second section comprised of 7 point Likert-scale to assess MIRS using DMISS tool and the third section also consist of 7 point likert-scale to assess HSB using GHSQ tool. Data was collected for a period of one week through descriptive data collection method.

DISCUSSION

1.7 factors of mental illness stigma

S.No	Category	Mean	Standard Deviation
1	Treatability	14.22	2.996
2	Relationship disruption	28.35	5.894
3	Hygiene	18.99	4.204
4	Anxiety	33.44	7.437
5	Visibility	42.57	8.358
6	Recovery	9.41	2.417
7	Professional efficacy	9.32	2.914

The treatability factor shows 14.22 mean value and 2.996 of SD value in mental illness stigma. The relationship disruption factor of mental illness stigma shows 28.35 mean value and 5.894 SD value. The hygiene factor of mental illness stigma shows 18.99 mean value and 4.204 SD value. The anxiety factor of

mental illness stigma shows 33.44 mean value and 7.437 SD value. The visibility factor of mental illness stigma shows 42.57 mean value and 8.358 SD value. The recovery factor of mental illness stigma shows 9.41 mean value and 2.417 SD value. The professional efficacy factor of mental illness stigma shows 9.32 mean value and 2.914 SD value.

2. Correlation between mental illness stigma and help seeking behavior among adults

Category	mean	Standard deviation	r value
Mental illness stigma	132.82	26.224	-0.48
Help seeking behaviour	20.69	5.148	

The tables shows moderate correlation between mental illness stigma and help seeking behavior among adults ('r' value=-0.48)

3. Association of mental illness stigma and demographic variables among adults

S. No	Demographic variables	Poor Score	Below Average Score	Average Score	Good Score	Degree Of Freedom	P Value	Chi square	Significance
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1	Age a) 20-30 b) 31-40 c) 41-50 d) 51-60	2 4 7 6	12 45 33 18	33 15 13 1	8 2 1 0	9	0.000	58.728	S
2	Gender a) male b) female c) transgender	9 10 0	42 66 0	38 24 0	10 1 0	3	0.001	15.892	S
3	Religion a) Hindu b) Christian c) Muslim d) specify	13 2 4 0	53 27 28 0	27 21 14 0	9 2 0 0	6	0.108	10.428	NS
4	Educational status a) No formal education b) primary education c) secondary education d) higher secondary education e) college and other	2 5 8 4 0	6 23 31 27 21	3 2 6 7 44	0 1 0 0 10	12	0.000	73.237	S
5	Occupational status a)unemployment b) home maker c) business d)government employee e) private employee f) daily worker	5 5 2 1 4 2	13 32 20 11 22 10	8 3 16 6 25 4	0 2 4 0 3 2	15	0.020	28.268	S
6	Type of family a) nuclear family b) joint family c) extended family	8 11 0	43 52 13	32 28 2	5 4 2	6	0.203	8.514	NS
7	Family income a) below Rs. 10000 b)Rs. 10000 - 15000 c) Rs. 15001 - 20000 d) above Rs. 20000	7 6 1 5	11 20 34 43	3 8 15 36	0 0 6 5	9	0.000	32.193	S
8	Does anybody in your family effected with mental illness? a) if yes, how long? b) no	3 16	24 84	3 59	1 10	3	0.024	9.453	S
9	Previous source of information regarding mental illness a) friends and family members b) newspaper and media c) health professional	11 8 0	26 64 18	18 32 12	5 3 3	6	0.031	13.890	S

Descriptiontable 4.7: The table shows significant association between mental illness stigma and demographic variables of age ($X^2=58.728$), gender ($X^2=15.892$), educational status ($X^2=73.237$),

occupational status ($X^2=28.268$), family income ($X^2=32.193$), family history of mental illness ($X^2=9.453$), and previous source of information ($X^2=13.890$) at 5% level of significance ($p<0.05$).

4. Association of help seeking behavior and demographic variables among adults

S. No	Demographic variables	Poor score	Good score	Degree of freedom	P value	Chi square	Significance
1	Age a) 20-30 b) 31-40 c) 41-50 d) 51-60	55 65 54 24	0 1 1 0	3	0.000	31.167	S
2	Gender a) male b) female c) transgender	99 99 0	0 2 0	1	0.159	1.980	NS
3	Religion a) Hindu b) Christian c) Muslim	101 51 46	1 1 0	2	0.634	0.913	NS

	d) specify	0	0				
4	Educational status a) No formal education b) primary education c) secondary education d) higher secondary education e) college and other	11 31 44 37 75	0 0 0 1 1	4	0.209	5.875	NS
5	Occupational status a)unemployment b) home maker c) business d)government employee e) private employee f) daily worker	25 42 42 18 54 17	0 0 1 0 0 1	5	0.188	7.476	NS
6	Type of family a) nuclear family b) joint family c) extended family	86 95 17	2 0 0	2	0.276	2.571	NS
7	Family income a) below Rs. 10000 b)Rs. 10000 - 15000 c) Rs. 15001 - 20000 d) above Rs. 20000	20 34 56 88	1 0 0 1	3	0.270	3.925	NS
8	Does anybody in your family effected with mental illness? a) if yes, how long? b) no	31 167	0 2	1	0.543	0.371	NS
9	Previous source of information regarding mental illness a) friends and family members b) newspaper and media c) health professional	60 106 32	0 1 1	2	0.371	1.985	NS

Descriptiontable 4.8: The table shows significant association between help seeking behavior and demographic variable of age ($X^2=31.167$).

RESULT

Findings of study were presented under the following heading based on the study objectives.

Objective 1:

- To assess mental illness stigma and help seeking behaviour among adults.

Level of mental illness stigma:

Findings of the study shows that,

9.5% adults have poor mental illness stigma

54% adults have below average mental illness stigma

31% adults have average mental illness stigma

5.5% adults have good mental illness stigma

The findings of the study is supported by Perceived mental illness stigma among family and friends of young people with depression and its role in help-seeking: a qualitative inquiry by Ellaisha Samari et al. Data were collected using semi-structured interviews with patients with depressive disorders from a tertiary psychiatric hospital in Singapore to capture individuals' self-reported experience with depression

and stigmatization among family and friends. Interviews were audio recorded and transcribed verbatim. Data of 33 young adults (mean age = 26 years, SD =4.6; 18 female, 15 male) were analyzed using thematic analysis. In all, four broad themes were developed: (1) absence of support, (2) provision of unhelpful support, (3) preference for non-disclosure, and (4) opposition towards formal help-seeking. Lack of awareness of depression and perpetuation of stigma manifests as barriers towards help-seeking in the form of absence of support and provision of unhelpful support which subsequently leads to a preference for non-disclosure, as well as opposition by family and friends towards formal help-seeking.

Objective 2:

To find out the relationship between mental illness stigma and help seeking behaviour of adults.

The findings of the study reveals that there is a moderate correlation between mental illness stigma and help seeking behavior among adults (r value=-0.48).

The findings of the study is supported by the study Barriers and facilitators to mental health help-seeking for young elite athletes: a qualitative study by Gulliver

et al. Adolescents and young adults experience a high level of mental disorders, yet tend not to seek help. Research indicates that there are many barriers and facilitators to help-seeking for young people in the general community. However there are limited data available for young elite athletes. This study aims to determine what young elite athletes perceive as the barriers and facilitators to help-seeking for common mental health problems. Participants' written and verbal data suggested that stigma was the most important perceived barrier to seeking help for young elite athletes. Other notable barriers were a lack of mental health literacy, and negative past experiences of help-seeking. Facilitators to help-seeking were encouragement from others, having an established relationship with a provider, pleasant previous interactions with providers, the positive attitudes of others, especially their coach, and access to the internet.

Objective 3:

To find out association between mental illness related stigma and help seeking behaviour of adults with their demographic variables.

3.1: Association between mental illness related stigma and demographic variables

Shows that significance association between mental illness related stigma and demographic variables of Age: $X^2=58.728$, p value=0.000

Gender: $X^2=15.892$, p value=0.001

Educational status: $X^2=73.237$, p value=0.000

Occupational status: $X^2=28.268$, p value=0.020

Family income: $X^2=32.193$, p value=0.000

Family history of mental illness: $X^2=9.453$, p value=0.024

Previous source of information: $X^2=13.890$, p value=0.031

at 5% level of significance ($p<0.05$), Hence the researcher accept the research hypothesis

The findings of the study is supported by the study The Sociodemographic correlates of public stigma about mental illness: a population study on Hong Kong's Chinese population by Lincoln et al. The result shows sociodemographic characteristics, such as female gender, older age, lower education, and occupation (particularly retired and homemakers), were associated with a higher public stigma. The association between public stigma and mental health literacy was

the most significant among individuals aged 50 years and above with lower education levels.

3.2: Association between help seeking behavior and demographic variables

Shows that significance association between help seeking behavior and demographic variables of

Age: $X^2=31.167$, p value=0.000

at 5% level of significance ($p<0.05$), Hence the researcher accept the research hypothesis.

CONCLUSION

The study shows that two third of the total samples had below average mental illness related stigma and one third of the samples had poor help seeking behaviour. There was a moderate correlation ($r=-0.48$) between mental illness stigma and help seeking behaviour among adults. A significant association between mental illness stigma demographic variables such as age, gender, educational status, occupational status, family income, family history related to mental illness and previous source of information, whereas significant association between help seeking behaviour and demographic variable of age.

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