

ORIGINAL ARTICLE

**ATTITUDES TOWARDS MENTAL ILLNESS AMONG HEALTHCARE PROVIDERS
IN PUNJAB: A SURVEY**

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ABSTRACT

Background: The stigma associated with mental illness creates a significant barrier to effectively managing medical care. This study examines the attitudes of healthcare professionals in Punjab province towards individuals with mental illnesses. **Objective:** To find attitudes towards mental illness among healthcare providers in Punjab, Pakistan. **Methodology:** In various hospitals across Punjab, a cross-sectional survey was carried out, in which 120 questionnaires were disseminated, and 105 individuals consented to partake, resulting in a response rate of 87.5%. The study employed a standardized questionnaire known as the "Opening Minds Scale for Healthcare Providers (OMS-HC)" and data was collected between September 2019 and December 2019. Data were analyzed using SPSS-20.0. **Results:** Participants aged from 20 to 58 years with mean age were $31.66 \pm .782$. Most participants 46 (43.8%) were doctors, 43 (41%) were Nurses and 16 (15.2%) were consultant. Healthcare providers reported the highest level of stigma in the domain of "Attitude," followed by relatively lower levels in "Help-seeking and Disclosure" and even lower levels in "Social Distance." **Conclusion:** In summary, healthcare providers commonly experience stigma related to mental illness.

Keywords: Mental health conditions; Stigmatization; Healthcare professionals; Beliefs; Social acceptance; Help-seeking behavior; Disclosure.

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INTRODUCTION

The stigma surrounding mental illness creates a significant obstacle to effectively managing medical care. Individuals with severe mental disorders experience higher rates of morbidity and premature death due to preventable conditions.¹ In comparison to the general public, those with long-term mental health conditions experience worse physical health and a greater likelihood of mortality.²

Globally, mental illness accounts for one-third of illnesses affecting teenagers and young adults.³ Failing to treat mental health disorders during this stage of life can negatively impact academic performance, family and social relationships, as well as reduce overall lifespan due to associated conditions such as heart and respiratory disease and an increased risk of suicide.^{4, 5} Mockingly, despite the prevalence of mental disorders, majority of young and mature individuals globally do not receive the necessary treatment.⁶ Recent research has identified perceived stigma and embarrassment as barriers to seeking help for mental health issues, while low self-esteem is the main personal factor that prevents individuals from seeking assistance.^{5, 7}

Stigma is a term used to describe a combination of labeling, stereotyping, status loss, and discrimination in situations where power is exercised.⁸ It differs from discrimination and prejudice, although it shares some similarities with these concepts. Stigmatizing attitudes can lead individuals to avoid disclosing their mental health issues, delay treatment, and drop out of mental health services.^{9, 10} Mental illness stigma has become an increasingly important area of study in recent years, with research focusing on public stigma towards those with mental illness, interventions to reduce stigma among healthcare professionals, and the impact of stigma on help-seeking and treatment

adherence among patients with mental illness.¹¹⁻¹³

Various mental health conditions exist such as depression, stress, and anxiety, schizophrenia, and addiction disorders. These common mental illnesses are often stigmatized worldwide.^{14, 15} Many mental illnesses symptoms and disabilities have reduced by the treatments developed and tested. One side, people are dealing with mental illness's effects and on the other side, they face the prejudice and stereotypes as the outcome of the stigma of mental illness.¹⁶

Many Asian countries show a high frequency of judicious behavior towards people with mental illness by comparing with the West. Despite mentally challenged people be common in the healthcare profession.^{17, 18} Recently, surveys conducted in Japan, China, and India about mental illness stigma among healthcare providers. It showed that healthcare professionals also hold a stigma about people with mental illness.^{19, 20}

Pakistan is one of those countries where mental health problems are not discussed openly leading to stigmas in the society. Recent surveys in Lahore, Pakistan provide information that the mental disorder due to lack of stamina, willpower, and high positive result to reject the concept of supernatural.²¹ Insufficient scientific research has been conducted to investigate the mental health challenges in developing nations, including Pakistan. The objective of this study is to examine the viewpoints of healthcare professionals in Punjab's urban areas regarding individuals with mental disorders. The study intends to identify the healthcare provider's responsibility in combating stigma and raising awareness about the impact of their workload on their mental health, which may encourage them to seek professional assistance.

MATERIALS AND METHODS

Study design: Cross sectional survey

Settings: District headquarters (DHQ) hospital Mandi Bahauddin and Tehsil Headquarters (THQ) hospital Khanpur, Punjab.

Duration: Between September 2019 and December 2019,

Sample size and response rate: Total 120 questionnaires were distributed, 105 participants agreed to participate in this study. The response rate was 87.5%.

Sample selection criteria

Inclusion criteria

Participants were eligible who had some basic knowledge of mental illness. Secondly, they should have at least a one-year professional experience.

Exclusion criteria

Psychiatrists were excluded from this study.

Data collection procedure

The questionnaire used in the study consisted of two parts: a demographic section and a standardized questionnaire called the "Opening Minds Scale for Healthcare Providers (OMS-HC)." The demographic section collected information such as gender, age, professional group, marital status, employment status, and personal and professional experience with individuals with mental illness. The OMS-HC questionnaire, developed by Kassam et al.,²² was used to assess mental illness stigma in healthcare providers. It consisted of 15 items divided into three subscales: Attitude, Disclosure and Help-seeking, and Social Distance. Participants were given the questionnaire and the objective of the study was explained to them. They were also given the option to withdraw from the study at any point.

Data analysis Data analysis was conducted using the Statistical Package for Social Sciences (SPSS) version 20.0, and the Chi-square test was used to determine if demographic variables had an impact on the three subscales. A p-value of ≤ 0.05 was considered statistically significant.

RESULTS

Table 1 displays the demographic profile of the study participants. A total of 105 healthcare providers, consisting of 59 (56.2%) females and 46 (43.8%) males, participated in the study. The study participants' ages ranged from 20 to 58 years, with a mean age of $31.66 \pm .782$. The majority of participants were doctors (43.8%) or nurses (41%), with consultants making up the remaining 15.2%. In terms of marital status, 44.8% were single, 54.3% were married, and 1% were divorced. Employment status showed that 50.5% were permanent employees and 49.5% were on a contract basis. A total of 30.5% of participants reported having a close friend or family member with a mental illness, and 16.2% had received treatment for mental illness. Table 2 summarizes the participants' responses to each item on the OMS-HC scale, while Table 3 shows the association between demographic variables and OMS-HC items. The results indicated that males exhibited more negative attitudes than females regarding mental illness ($p=0.020$). Consultants held stigmatizing behavior towards individuals with mental illness compared to other professional groups ($p=0.002$). Single participants showed more negative attitudes towards mental illness than married participants ($p=0.016$). Contract-based employees exhibited more stigmatizing attitudes towards mental illness than permanent employees ($p=0.004$). In terms of help-seeking/disclosure, participants aged 20-30 years were more likely to exhibit negative attitudes towards help-seeking (question no. 8, $p=0.0014$; question no. 9, $p=0.000$).

Participants who had contact with psychiatric patients were more reluctant to seek help (p=0.015). Regarding social distance, males exhibited more stigmatizing behavior towards individuals with mental illness than females

(p-value=0.032) and (p-value=0.001), and participants who had contact with psychiatric patients were found to be socially distant from individuals with mental illness (p=0.001).

Table- 1: Participant’s demographic profile

Category		Frequency	(%)
Gender	Male	46	56.2
	Female	59	43.8
Age groups	20-30 years	56	53.3
	31-40 years	29	27.6
	41 & above	20	19.0
Professional group	Doctor	46	43.8
	Nurse	43	41.0
	Consultant	16	15.2
Marital status	Single	47	44.8
	Married	57	54.3
	Divorce	1	1.0
Employment status	Permanent	53	50.5
	Contract	52	49.5
Are you personally acquainted with someone who has a mental illness, such as a close friend or family member?	Yes	32	30.5
	No	66	62.9
Have you taken treatment for mental illness?	Yes	17	16.2
	No	86	81.9
	Prefer not to answer	2	1.9

Table-2: Responses to Opening Minds Scale for Healthcare Providers scale (n=105)

QUESTIONS	Strongly agree (SA)	Agree (A)	Neutral (N)	Disagree(D)	Strongly Disagree (SD)
I feel more comfortable assisting someone with a physical illness than someone with a mental illness.	52 (49.5%)	38 (36.2%)	10 (9.5%)	5 (4.8%)	0(0%)

Despite my professional beliefs, I have negative attitudes towards individuals with mental illness.	4 (3.8%)	27 (25.7%)	27 (25.7%)	28 (26.7%)	19(18.1%)
I believe that there is little I can do to help individuals with mental illness.	6 (5.7%)	59 (56.2%)	22 (21.0%)	17(16.2%)	1(1%)
More than half of individuals with mental illness do not put in enough effort to recover, in my opinion.	11 (10.5%)	42(40.0%)	35(33.3%)	10(9.5 %)	7 (6.3%)
I do not think it is necessary for healthcare providers to advocate for individuals with mental illness.	6 (5.7%)	20 (19%)	29 (27.6%)	30 (28.6%)	20 (30.7%)
I find it difficult to empathize with individuals who have mental illness.	9 (8.6%)	45 (42.9%)	39 (37.1%)	5 (4.8%)	7 (6.7%)
I would not tell any of my colleagues if I were taking medication.	12 (11.4%)	38(28.6%)	42 (40.0%)	19 (18.1%)	2 (1.9%)
If I had a mental illness, I would seek help without hesitation.	14 (13.3%)	49 (46.7%)	28 (26.7%)	14 (13.3%)	0 (0%)
I would consider myself weak if I had a mental illness and could not resolve it on my own.	6 (5.7%)	40 (38.1%)	25 (23.8%)	20 (19%)	14 (13.3%)
I would tell my friends if I had a mental illness.	10 (9.5%)	40 (38.1%)	37 (35.2%)	17 (16.2%)	1 (1%)
If a coworker revealed that they were dealing with a mental condition, I would be just as ready to work with them.	25 (23.8%)	46(43.8%)	16 (15.2%)	16 (16.0%)	2 (1.9%)
Employers should hire the best candidate for the job, regardless of whether they have managed a mental illness.	9 (8.6%)	44 (41.9%)	39 (37.1%)	6 (5.7%)	7 (6.7%)
I would still go to a physician who had received treatment for a mental illness.	13 (12.4%)	37 (35.2%)	37 (35.2%)	17 (16.2%)	1 (1%)
Even if their condition was appropriately managed, I would not want an individual with a mental illness to work with my	10 (9.5%)	21 (20%)	30 (28.6%)	42 (40%)	2 (1.9%)

children.					
It would not bother me if an individual with a mental illness lived next door to me.	27 (25.7%)	27 (25.7%)	14(13.3%)	16(15.2%)	21(20.1%)

Table-3: The relationship between demographic variables and questionnaire responses

Subscale	Question	Gender	Age	Professional Group	Marital Status	Employe e status	Receive d mental illness (yes/no)	Related to psychiatric patient (yes/no)
Attitude	I feel more comfortable assisting someone with a physical illness than someone with a mental illness.	-	-	-	-	-	-	-
	Despite my professional beliefs, I detest individuals who are mentally unwell	-	-	-	0.016	-	-	-
	I think there is nothing I can do to assist those suffering from mental illnesses.	-	-	-	-	-	-	-
	More than half of individuals with mental illness do not put in enough effort to recover, in my opinion.	0.020	-	0.007	-	0.004	-	-
	I do not think it is necessary for healthcare providers to advocate for individuals with mental illness.	-	0.058	-	-	-	0.000	-
	I find it difficult to empathize with individuals who have mental illness.	-	0.014	-	-	-	-	-
Help seeking/	If I were receiving treatment for a mental illness, I would not tell any of my colleagues.	-	-	-	-	-	-	-
	If I had a mental illness, I would seek help without hesitation.	-	0.002	-	-	-	-	0.015

Disclosure	I would consider myself weak if I had a mental illness and could not resolve it on my own.	-	0.000	-	-	-	-	-
	I would tell my friends if I had a mental illness.	-	-	-	-	-	-	-
Social Distance	If a colleague with whom I work disclosed that they had managed a mental illness, I would be just as willing to work with them.	-	-	-	-	0.000	-	-
	Employers should hire the best candidate for the job, regardless of whether they have managed a mental illness.	-	-	0.002	-	-	-	0.001
	I would still go to a physician who had received treatment for a mental illness.	-	-	-	-	-	0.017	-
	Even if their condition was appropriately managed, I would not want an individual with a mental illness to work with my children.	0.001	-	-	-	-	-	-
	It would not bother me if an individual with a mental illness lived next door to me.	0.032	-	0.04	-	-	-	-

DISCUSSION

The OMS-HC scale was utilized in this study to reveal healthcare providers' attitudes towards mental illness. The three subscales, Attitude, Disclosure and Help-seeking, and Social Distance, offer information on healthcare providers' attitudes towards people with mental illness. The study revealed that participants aged 20-30 years exhibited more negative attitudes towards mental illness than other age groups, which is consistent with a survey of healthcare providers in Abbottabad, Pakistan.²³ Both men and women had similar attitudes towards mental illness, but there were statistically significant differences. Women exhibited less stigmatizing behavior towards individuals with mental illness than men, which supports previous studies showing women's positive attitudes towards individuals with mental illness.¹⁶⁻²⁰ Consultants were more reluctant than other professional groups when dealing with psychiatric patients, which may be

due to their greater experience in encountering such patients. The study found that single participants displayed more stigmatizing behavior than those who were married, as married participants were better equipped to handle situations involving contact with psychiatric patients. Contract-based employees showed more tentative behavior towards patients than permanent employees, which may be based on their beliefs rather than actual experience. Participants with personal experience of mental illness exhibited more negative attitudes towards psychiatric patients compared to those without such experience, indicating self-stigma. While participants who knew a close friend or family member with a mental illness did not exhibit significant differences in attitude compared to those who did not, there was a statistically significant difference. Participants who knew a relative with mental illness displayed more negative attitudes, which is consistent with findings from a study of healthcare providers in Abbottabad, Pakistan.²³

The majority of participants in the study reported that they would not disclose their mental illness to colleagues and would feel weak if they could not overcome their mental illness, which is consistent with findings from a similar study conducted in the UK. While participants generally had a positive attitude towards seeking help for their mental health, this differed from those who had personal experience with mental illness. Demographic factors such as age, gender, and knowing someone with a psychiatric illness did not appear to have an impact on participants' help-seeking behavior or willingness to discuss mental illness. However, participants with personal experience of mental illness were less likely to seek help. Consultants were more willing to seek help if they suffered from mental illness than other professional groups with less clinical experience, suggesting that greater contact, experience, and knowledge may help to reduce mental illness stigma.^{24, 25}

In terms of social distance, most participants reported that they would not let their children work with individuals with mental illness even if it were appropriately managed. However, participants did not desire social distance in relationships such as employment, neighborhood, and work-related environments. The social acceptance of individuals with mental illness also depends on healthcare providers' contact with them. Participants who had experienced mental illness reported that they would not want to work with individuals with mental illness compared to those who had not, indicating the prevalence of self-stigma. Gender had an impact on social

distance, as females exhibited less social distance than males towards individuals with mental illness, which is consistent with a previous study.²⁶⁻²⁹ One limitation of this study is the limited sample size in the region of Punjab, and some participants may not have had real contact with psychiatric patients, which may influence their behavioral attitudes towards mental illness.

CONCLUSION

It can be concluded that people with medical professional have more, humanistic views about mental illness. This study showed that among Attitude of the people have the highest degree of stigma while lower in Help seeking and disclosures the mental illness but there is room for improvement. There is lack of studies, both locally and nationally, in this area and needs to be improved. Healthcare providers play a crucial role in shaping societal attitudes towards mental illness, and their views and beliefs can have a significant impact on the public's perception of mental health.

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