

Beliefs of University Students on Mental Illness

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ÖZET

Üniversite öğrencilerinin ruhsal hastalığa yönelik inançları

Amaç: Bu araştırma üniversite öğrencilerinin ruhsal hastalığa yönelik inançlarını belirlemek amacıyla yapılmıştır.

Yöntem: Araştırma tanımlayıcı niteliktedir. Araştırmanın örneklemini Gazi Üniversitesine devam eden 516 öğrenci oluşturmuştur. Araştırmanın verileri Sosyodemografik Bilgi Formu ve Ruhsal Hastalığa Yönelik İnançlar Ölçeği (RHYİÖ) ile toplanmıştır.

Bulgular: Evli olan öğrencilerin utanma alt ölçeği puan ortalaması bekar olanlarınkinden daha yüksekti $p<0.05$. Maddi durumunu orta düzey olarak değerlendiren öğrencilerin tehlikelilik alt ölçeği puan ortalaması iyi ve kötü olarak değerlendirenlerin puan ortalamasından daha yüksekti $p<0.05$. Ruhsal hastalığı olan bireylerle hiç karşılaşmadığını belirten öğrencilerin utanma alt ölçeği puan ortalaması karşılaştığını belirtenlerin puan ortalamasından daha yüksekti $p<0.05$. Karşılaştığı ruhsal hastalıklı bireyin arkadaşı ya da komşusu olduğunu belirten öğrencilerin tehlikelilik ve utanma alt ölçekleri puan ortalamaları akrabası olduğunu belirtenlerin puan ortalamasından daha yüksekti $p<0.05$.

Sonuç: Ruhsal hastalığa ilişkin olumsuz inanç; evli, ruhsal hastalığı olan bir kişiyle daha önce hiç karşılaşmamış ve orta düzey ekonomik duruma sahip olan öğrencilerde daha yüksek, ruhsal hastalıklı akrabaya sahip olanlarda ise daha düşük bulunmuştur.

Anahtar kelimeler: İnançlar, ruhsal hastalık, üniversite öğrencileri

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ABSTRACT

Beliefs of university students on mental illness

Objective: This study was carried out with the aim of determining the beliefs of university students on mental illness.

Methods: This is a descriptive study. The sample of the study comprises 516 students attending Gazi University. The data of the investigation were collected using Sociodemographic Information Form and Beliefs Toward Mental Illness Scale (BIM)

Results: Mean score of shame subscale was higher in married students than in single ones $p<0.05$. Mean score of dangerousness subscale was higher in students who evaluated their economic status as average than the those who evaluated their status as high and low $p<0.05$. Mean score of shame subscale was higher in students who did not meet anyone with psychiatric disease than those who did so $p<0.05$. Mean scores of dangerousness and shame subscales were higher in the students who were either a neighbour or a friend of the individual with mental illness than those of the students who were relatives of a patient $p<0.05$.

Conclusion: Negative beliefs toward mental illness were higher among students who were married, have not met anyone with psychiatric disease, who had an average economic status. On the other hand, these negative beliefs were lower among students who had a relative with mental illness.

Key words: Beliefs, mental illness, university students

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INTRODUCTION

Mental illnesses are widespread around the world and affect more than 25 percent of all people at some point in their lives. About 20 percent of patients that seek first-step health services have one or more mental illness (1). The patients have to deal with not only symptoms of the illness, but also the problems they experience in

their social relationships (2,3). Individuals with mental illness are subjected to greater stigmatization than those with physical illnesses (4). Changes in emotions, thoughts, and behaviors associated with a mental illness are considered deviation from the norm in many cultures and are generally not accepted by society (5). Symptoms of depression and anxiety as well as psychotic symptoms may bring about the exclusion of individuals (6). The

stigmatization of individuals with a mental illness may in some way have an adverse effect on patients seeking appropriate help for their mental illness (7,8), on their compliance with treatment, their treatment by society (9) and their social conformity (10,11). Stigmatization may also cause deterioration in patients' education, work, and housing opportunities (2,3).

Societal attitudes and beliefs can affect the acceptance and treatment of individuals with mental illness. The concept of mental illness may not be known by everyone and thus it may be difficult to measure society's beliefs in general about mental illness. Nonetheless, one could argue that many educated people will have an idea about the concept of mental illness. University students from various segments of society are believed to meet the condition of being educated and are seen to bear traces of the beliefs about mental illness from their expanding environment (12, 13). For this reason, evaluating beliefs of university students on mental illness and factors affecting these beliefs may help in creating training programs aimed at changing negative attitudes toward and beliefs about mental illness.

METHOD

Participants

A total of 516 volunteer students in three different faculties of Gazi University (227 Medical Sciences Faculty students, 165 Architecture-Engineering Faculty Students, 124 Vocational Education Faculty students) participated in the study. The mean age of the students was 21.06 ± 1.83 . Written permission was obtained from the Offices of the Dean of the relevant faculties. Afterwards, participant students were met, informed about the aim of the study, the method of implementation, and the socio-demographic information form and the Beliefs toward Mental Illness Scale, and verbal informed consent was obtained. After these procedures were completed, the application phase of the study was begun, and the forms were filled in by the participants.

Measures

The socio-demographic information form and

Beliefs toward Mental Illness Scale were used as data collection tools in the study:

Socio-demographic information form: Includes questions on the socio-demographic characteristics of participants in the study.

Beliefs toward Mental Illness Scale (BMI): The BMI was developed by Hirai and Clum (14). The validity and reliability study in Turkey was made by Bilge and Çam (15). The BMI, which does not differentiate between psychotic and non-psychotic mental disorders, consists of 21 items. In items in the scale that assess beliefs toward mental illness, general expressions like "mental illness" and "individual with mental illness" are used. Expressions in the study include negative beliefs about mental illness. The score obtained from the scale indicates the level of negative beliefs about mental illness. The BMI is six-point likert-type scale, and includes the grades "completely disagree" (0), "mostly disagree" (1), "partially disagree" (2), "partially agree" (3), "mostly agree" (4) and "completely agree" (5). The scale is interpreted according to both total scores and subscale scores. The BMI consists of three subscales:

Dangerousness subscale: Consists of eight items relating to the dangerousness of mental illness and patients. The obtainable score from this subscale varies between zero to 40.

Poor social and interpersonal skills and incurability: Consists of 11 items covering the effect of mental illness on interpersonal relationships and related feelings of despair. It assesses the level of frustration and despair in interpersonal relationships with individuals with a mental illness. The obtainable score from this subscale varies between zero to 55.

Shame subscale: Consists of two items stating that mental illness is a condition to be ashamed of. The obtainable score from this subscale varies between zero to 10.

Statistical Analysis

Numbers and percentages were used for categorical variables, and average and standard deviation were used for continuous variables to represent the data obtained from the study. To compare continuous variables with

various factors, the Student's t-test was used for two independent groups and one-way analysis of variance for more than two independent groups where parametric test conditions were met. The Mann-Whitney U test was used for two independent groups and the Kruskal-Wallis test was used for the comparison of more than two groups where parametric test conditions were not met. The Pearson correlation coefficients were used to assess the relationships between various variables and Cronbach's alpha was used to assess the reliability of the scale. The values 0.05 and 0.01 were taken as levels of statistical significance. SPSS (Statistical Package for Social Sciences) version 15 was used to evaluate the data.

RESULTS

A total of 516 students participated in the study. Of this total, 65.3 percent of students were female and 34.7 percent male; 15.7 percent were freshmen, 20.3 percent sophomores, 28.9 percent juniors, and 35.1 percent seniors. Nearly all (96.7%) of the students were single, and 80.8 percent came from middle-income families. More than half (53.7%) of students stated that they had met an individual with a mental illness, and 12.8 percent stated that they had a mental illness (Table 1).

Table 2 provides a comparison of mean BMI scores according to gender, marital status, economic status, having met an individual with mental illness, degree of relation to the individual with mental illness, and having mental illness. The BMI mean score of students was 49.7 ± 13.9 . A moderate correlation was found between the students' belief that people with mental illness are dangerous, and the students' belief that interpersonal relations will deteriorate and therefore they will experience despair ($r=0.623$, $p<0.001$).

No significant difference was found ($p>0.05$) between the BMI mean scores of students with regard to their gender ($t=0.258$, $p=0.797$) and having mental illness ($t=-1.227$, $p=0.220$). A significant difference was found ($z=-2.198$, $p=0.028$) between their shame subscale mean scores based on marital status. The shame subscale mean score of married students was higher than that of single students ($p<0.05$). No

Table 1: Socio-demographic characteristics of students

Characteristics	n (total=516)	%
Faculty		
Medical Sciences	227	44.0
Architecture-Engineering	165	32.0
Vocational Education	124	24.0
Gender		
Female	337	65.3
Male	179	34.7
Age		
18-20	214	41.5
21-23	246	47.7
24-25	56	10.8
Marital Status		
Married	17	3.3
Single	499	96.7
Economic status		
High	59	11.4
Average	417	80.8
Low	40	7.8
Having met an individual with mental illness		
Yes	277	53.7
No	239	46.3
Degree of relation to the individual with mental illness (n=277)		
Relative, family friend	90	32.5
Friend	106	38.3
Neighbor	51	18.4
My patient	30	10.8
Presence of mental illness		
Yes	66	12.8
No	450	87.2

significant difference was found ($p>0.05$) between the students' mean scores for the dangerousness ($z=-0.170$, $p=0.865$) and poor interpersonal relationships ($z=-0.416$, $p=0.677$) subscales (Table 2).

There was significant effect of economic status on perceptions of dangerousness ($F=3.948$, $p=0.020$). Tukey's multiple comparison test was used to examine which levels were significantly different. According to this test, the mean score of the dangerousness subscale of students who described their economic status as average was higher than those of students who described their economic status as low or high ($p<0.05$). No significant difference was found ($p>0.05$) between the mean scores for the poor interpersonal relationship and shame subscales based on economic status (Table 2).

A statistically significant difference was found ($z=-3.033$, $p=0.002$) between the shame subscale mean

Table 2: BMI mean scores of students according to their socio-demographic characteristics

Characteristics	Dangerous				Despair-Deterioration in Interpersonal Relationships				Shame				TOTAL			
	X	SD	test	p	X	SD	test	p	X	SD	test	p	X	SD	test	p
Gender																
Female (n=337)	21.5	6.1	0.494	0.621	26.3	8.6	0.308	0.758	2.0	2.3	-1.067	0.286	49.9	14.1	0.258	0.797
Male (n=179)	21.2	6.1	(t)		26.1	8.4	(t)		2.2	2.3	(z)		49.5	13.6	(t)	
Marital status																
Married (n=17)	21.5	5.3	-0.170	0.865	26.3	7.8	-0.416	0.677	3.5	2.8	-2.198	0.028*	51.4	12.5	-0.503	0.615
Single (n=499)	21.4	6.2	(z)		26.2	8.5	(z)		2.1	2.3	(z)		49.7	14.0	(z)	
Economic status																
1. High (n=59)	20.9	6.5	3.948	0.020*	24.7	8.0	2.455	0.087	2.4	2.5	1.107	0.575	47.9	14.3	2.599	0.075
2. Average (n=417)	22.0	6.0	(F)		26.6	8.5	(F)		2.0	2.3	(χ^2)		50.4	13.6	(F)	
3. Low (n=40)	19.0	7.3	2-3		24.4	8.8			2.5	2.5			45.8	16.5		
Having met an individual with mental illness																
Yes (n=277)	21.3	6.1	-0.518	0.605	26.2	8.8	-0.202	0.840	1.8	2.2	-3.033	0.002**	49.2	14.2	-0.874	0.382
No (n=239)	21.5	6.1	(t)		26.3	8.2	(t)		2.5	2.4	(z)		50.3	13.6	(t)	
Degree of relation to the individual with mental illness																
1. Relative (n=90)	19.6	5.9	4.235	0.006**	24.9	8.1	1.512	0.212	1.3	2.3	8.837	0.032*	45.9	14.5	3.559	0.015*
2. Friend (n=106)	22.0	6.5	(F)		26.4	7.7	(F)		2.0	2.3	(χ^2)		50.4	13.7	(F)	
3. Neighbor (n=50)	23.0	5.1	1-2		28.1	9.6			2.3	2.1			53.3	12.4	1-3	
4. My patient (n=30)	19.7	6.4	1-3		25.8	8.8			1.9	2.1			47.5	16.0		
Presence of mental illness																
Yes (n=66)	20.5	6.3	-1.330	0.184	25.0	8.1	-1.266	0.206	2.3	2.5	-0.514	0.607	47.8	13.8	-1.227	0.220
No (n=450)	21.5	6.1	(t)		26.4	8.6	(t)		2.1	2.3	(z)		50.0	14.0	(t)	
TOTAL	21.4	6.1			26.2	8.5			2.1	2.3			49.7	13.9		

*p < 0.05 **p < 0.01

t: Student's t-test value, F: One-way analysis of variance F value, z: z value for the Mann-Whitney U test, χ^2 : Chi-square value for the Kruskal Wallis H test

scores of students based on whether or not they had met an individual with mental illness. The mean scores on the shame subscale of students who said they had never met an individual with mental illness were higher than those of students who said they had met such individual ($p < 0.05$). No significant difference was found ($p > 0.05$) between the mean scores of the dangerousness ($t = -0.518$, $p = 0.605$) and poor interpersonal relationship ($t = -0.202$, $p = 0.840$) subscales based on whether or not the student had met an individual with mental illness (Table 2).

A significant difference was found between the mean scores of the dangerousness ($F = 4.235$, $p = 0.006$) and shame ($\chi^2 = 8.837$, $p = 0.032$) subscales based on the degree of relation to the individual with mental illness. The mean scores on the dangerousness and shame subscales of students who said that the individual they had met was friend or neighbor was higher than for

those who said this individual was a relative ($p < 0.05$) (Table 2).

DISCUSSION

In this study, beliefs of university students on mental illness and the factors affecting these beliefs were evaluated. Different studies produce different results when assessing the effect of socio-demographic characteristics on attitudes toward and beliefs on mental illness. This difference can be said to stem from the cultural features of the group used in the study (12), insufficient information on the illness (16,17), style of upbringing, accessibility of mental health services in the study participant's environment, and the measurement tools used in the study (13). General beliefs on mental illness include "individuals with mental illness are dangerous, their behavior in interpersonal relationships

cannot be controlled and can be inappropriate, and their illness cannot be treated” (18,19). A study revealed that negative attitudes towards mental illness are quite high among university students (20). The scale used in our study evaluating negative beliefs about mental illness does not have a cut-off point. Thus, having compared the scores obtained on the scale to the highest obtainable score on the scale, we can say that students’ beliefs that individuals with mental illness are dangerous and hard to establish relationships with are predominant. Previous studies showed that there is a strong correlation between the desire to get away from people with mental illness and the belief that they are dangerous (21,22). Our study also revealed that the belief that people with mental illness are dangerous is strongly associated with the belief that interpersonal relationships will deteriorate and despair will be experienced.

Our results that gender does not affect beliefs on mental disease is similar to results of other studies indicating that attitudes towards mental illnesses are not affected by gender (20,23). But some studies claim that females have less prejudice about mental illness (24,26) and have more positive opinions on the treatability of the illness (27) than males. Our study revealed that married students are more likely to believe that mental illness is a condition to be ashamed of. A study by Riana et al. (23) supports our findings and indicates that single students have more positive attitude towards mental illness. Our study showed that students coming from families of average economic status consider individuals with mental illness more dangerous. A study by Dessoki and Hifnawy (13) indicates that low socioeconomic status has negative effect on beliefs on psychiatric illness. The belief that people with mental problems are dangerous

is a significant finding that should be studied further, for this belief can carry with it fear and desire to get away from these people (28).

A previous study states that the beliefs of students who have a psychiatric illness themselves or whose family member does are more positive (13). Another study claims that familiarity with mental illness lowers the belief that patients are dangerous and as well as the fear and desire to get away (28). Similarly, our study showed that fewer students with relatives with a mental illness believe that patients are dangerous and that this illness is a condition to be ashamed of. Our study revealed that the belief that mental illness is a condition to be ashamed of is encountered more in students who have never met an individual with mental illness. The belief that mental illness is a condition to be ashamed of is known to inhibit an individual from sharing mental problems and seeking appropriate help (29,30). We can thus say that these students are prone to exclude individuals with mental illness and delay seeking help for themselves, when needed.

CONCLUSION

According to the research results, married students and students who have never met an individual with mental illness believe that mental illness is a condition to be ashamed of, and those of average economic status believe that people with mental illness are dangerous. Moreover, we found a relationship between the belief that people with mental illness are dangerous and the belief that interpersonal relationships will deteriorate and related despair will be experienced. Given these results, we believe that providing public education on mental illness can change negative beliefs on mental illness.

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