

People's Perception towards Mental Health Problems

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ABSTRACT:

BACKGROUND:

Positive people's perception determines their interaction and provides support to persons with mental health problems in order to express their own emotional problems and seeking care while negative perception results in avoidance, discrimination, stigma, and even low access to health services.

OBJECTIVE:

To assess the perception towards people with mental health problems, among people who attend Primary Health Care centers (PHCCs) in Baghdad, and to study the association of the level of perception with certain personal attributes.

METHODOLOGY:

A cross-sectional study was conducted on a sample of Primary Health Care centers (PHCCs) in Baghdad. Five centers from each side of Baghdad City (Karkh and Rusafa). The study was conducted on 400 Iraqi adults attended the selected centers, for a period of four months extended from 1st February to the end of May 2019.

RESULT:

The results revealed that 56.8% of the respondents were with fair perception, 32% with good perception and only a small proportion of the respondents (11.3%) have poor perception towards mental health problems. The educational level of respondents and their occupational status were found to be significantly associated with perception of mental health problems.

CONCLUSION:

In the current study, a small proportion of the respondents have poor perception towards mental health problems, and regarding the association of perception with different demographic characteristics, the educational level and the occupational status were found to be significantly associated with perception toward mental health problems.

KEYWORDS: People's perception, mental health, problems.

INTRODUCTION:

Mental and behavioral disorders include a broad range of problems with different symptoms generally characterized by combination of thoughts, emotions, behavior, and social disabilities.⁽¹⁾ Individuals may suffer from one or more disorders during one or more periods of their life⁽²⁾.

Globally, about 450 million people suffer from mental disorders according to the World Health Organization (WHO) estimation⁽³⁾.

Perceptions about mental illness are formed by personal knowledge, cultural stereotypes, media stories, and contact with a person suffering from mental illness⁽⁴⁾. When perceptions are positive in the community, it can result in supportive behaviors. When perception is negative, it may result in avoidance and discrimination.

Therefore, People's perception will determine how they interact with and provide support to a person with mental illness and will determine how they express and experience their own emotional problems and seek care⁽⁵⁾. Several studies show that community's belief toward mental illness is the main cause which leads to stigmatization^(6,7).

The objective of the study was to assess the perception towards people with mental health problems, among people who attend PHCCs in Baghdad, and to study the association of the level of perception with certain personal attributes.

Methodology

A Cross-sectional study was conducted on a sample of 10 Primary Health Care centers (PHCCs) in Baghdad "five from each side of Baghdad City (Karkh and Rusafa)" for a period of four months from 1st of February to the end of May 2019.

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A convenient non-probability sampling technique had been used to select these PHCCs. The target populations were adults who attend PHCCs in Baghdad City. The data were collected through face-to-face interview by the researcher with each one of the respondents and filling the questionnaire with their answers after explaining each question in it. Interview questionnaire had been designed by the researcher and the supervisor after reviewing similar previous studies, and then validated by community and family medicine experts. The questionnaire includes: Demographic data (age, gender, marital status, education, Employment), 13 Questions that assess personal perception towards people with mental health problems (the answer for these questions has been recorded by using a 3 point scale (agree, not sure, disagree)) and a Previous contact with person who had mental health problems.

A triple Likert Scale was used composed of a score of 1 point was given for each response to a negative perception; 3 points were given for each response to a positive perception, while 2 points were given for neutral response, thus giving a minimum score for knowledge (13 questions for the knowledge domain) as 13 and the maximum score as 39.

After summation of the total score for each participant, a score of more than 75% was considered as good, 50 – 74 % as fair or

acceptable, while a score of less than 50% was taken as poor perception knowledge.

Analysis of data was carried out using the available statistical package of SPSS-25 (Statistical Packages for Social Sciences- version 25). Data were presented in simple measures of frequency, percentage, mean, standard deviation, and range (minimum-maximum values). The significance of association were tested using Pearson Chi-square test (χ^2 -test). Statistical significance was considered whenever the P value was equal or less than 0.05.

RESULTS:

The sociodemographic characteristics of the studied sample were illustrated in table 1. The total sample was 400, The mean age of the participants was 37.0 ± 12.5 years ranging between 20-69 years and the majority were of 20-49 years (81.5%) with about equal proportion of males (207; 51.7%) and females (193; 48.3%) giving a Male: Female ratio of 1.07:1. Most of the responders were married 70.8% .

Nearly half of the sample (48.8%) was educated up to university level or higher and 27.8% of those interviewed were illiterates or educated up to the intermediate level while the rest 20% had reached the secondary school level.

Nearly two-thirds of the responders (62.1%) had a job (mainly governmental employee 49.3%) and the other were either not working (34%) or student (4%) (Table 1).

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Table 1: The socio-demographic distribution of the sample.

		No (n=400)	%
Age (years)	20--29	124	31.0
	30--39	122	30.5
	40--49	80	20.0
	50--59	47	11.8
	=>60y	27	6.8
Mean±SD (Range)		37.0±12.5 (20-69)	
Gender	Male	207	51.7
	Female	193	48.3
Marital status	Single	82	20.5
	Married	283	70.8
	Divorced	18	4.5
	Widowed	17	4.3
Education	Illiterate	19	4.8
	Primary	52	13.0
	Intermediate	48	12.0
	Secondary	86	21.5
Employment	College & higher	195	48.8
	Governmental employee	197	49.3
	Self-employee	2	0.5
	Non-governmental employee	49	12.3
	Not working	136	34.0
	Student	16	4.0

More than half of the respondents (62.3%) agreed that anyone can suffer from a mental illness and only 16.5% thought that people with mental health problems blamed for their condition.

About one-quarter (25.5%) of people considered that people with mental illness are identifiable by their appearance, nearly one-third (32.3%) of the responders considered that people with mental illness are dangerous, and nearly one-third (31.8%) of the responders did not think that people with a mental illness are capable of true friendships while more than half (59.3%) of the people thought that mentally ill persons can work.

Slightly less than half of respondents (46.0%) thought people with mental illness can get married, 35.8% thought that the mentally ill should be prevented from having children.

The majority of the respondents (90%) did not consider the mental illness as a stigma and also greater part of them thought that the mental illness is curable(84.3%) and not all mentally ill people should be isolated(81%),but more than one-third(39.5%) of respondents thought that all mentally ill people need to be under guardianship, and less than half (42%)of the people thought that the PHCC can provide good care and information for mental illnesses (Table 2).

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Table 2: The respondents' perceptions toward the people with mental health problem.

Correct response is “Disagree”	Disagree		Not sure		Agree	
	No	%	No	%	No	%
1-Anyone can suffer from a mental illness (Agree)	93	23.3	58	14.5	249	62.3
2-People with mental health problems are blamed for their own condition	294	73.5	40	10.0	66	16.5
3-One can always know a mentally ill person by his or her physical appearance	223	55.8	75	18.8	102	25.5
4-Mentally ill persons are usually dangerous	209	52.3	62	15.5	129	32.3
5-Mentally ill persons are not capable of true friendships	177	44.3	96	24.0	127	31.8
6-Mentally ill persons can work (Agree)	88	22.0	75	18.8	237	59.3
7-The mentally ill can get married (Agree)	138	34.5	78	19.5	184	46.0
8-The mentally ill should be prevented from having children	178	44.5	79	19.8	143	35.8
9-Mental illness is considered to be a stigma	360	90.0	20	5.0	20	5.0
10-Mental illness is curable (Agree)	18	4.5	45	11.3	337	84.3
11-All Mentally ill people should be isolated	324	81.0	33	8.3	43	10.8
12-All mentally ill people need to be under guardianship	155	38.8	87	21.8	158	39.5
13-PHCCs can provide care and information for mental health (Agree)	218	54.5	14	3.5	168	42.0

Among the total participants, 131(32.8%) were reported to had a contact with a patient with mental illness with nearly half of those patient (73; 55.7%) did not receive any type of treatment while only 41 patients (31.3%) had been treated by a doctor, by family support (11; 8.4%), and by spiritual healer (6; 4.6%). In summary, the score of perception towards people with mental health problems was with

an average of 30.4 ± 3.93 ranging from 17 to 39, the score less than 26 was considered poor, 26-32 was considered acceptable and score more than 32 was considered good (Table 3 & Figure 1) giving a percentage of 11.3 with a poor perception, about half of them (56.8%) with fair perception and the rest 32% were with good perception towards people with mental health problems (Figure 2).

Table 3: The perception score toward people with mental health problems.

Perception score towards people with mental health problems	
Mean±SD	30.4±3.93
Standard Error of Mean	0.20
Range	17-39
Percentile 05 th	24
25 th	28
50 th (Median)	31
75 th	33
95 th	37
99 th	38

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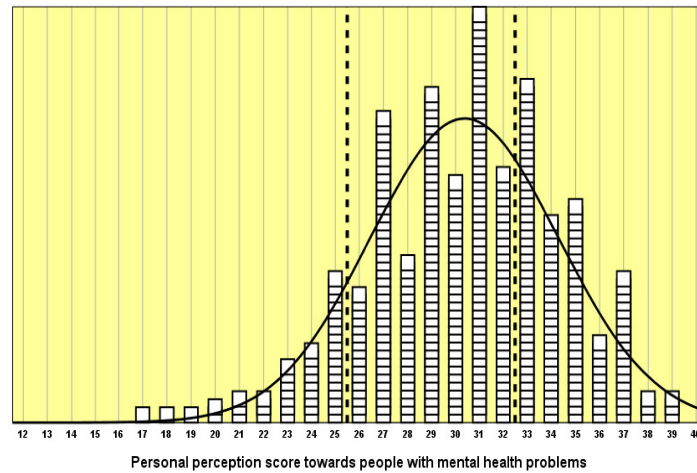


Figure 1: The distribution of respondent's perception towards people with mental health problems.



Figure 2: The distribution of the respondent's level of perception towards people with mental health problems.

Regarding the association of perception with different demographic characteristics, table 4 reveals that only the educational level and the occupational status were found to be significantly associated with perception toward mental illness.

Although a higher percentage (40%) of those below 30 years of age have poor conception towards mentally ill people in comparison to only 20% of those 50 years and above, but this difference was statistically not significant. People with 30-39 years of age were forming the largest proportion of those who had good perception (39.9%), while they form only 17.8% of people with poor perception.

The responders who had an educational level of college or higher formed the majority of good perception (71.9%) while they formed only 26.7% of poor perception people. On the other hand the responders who were illiterate they were only 0.8% with good perception and 8.9% of poor perception.

The responders who were governmental employee formed a high percentage (68.8%) of people with good perception, while they formed nearly one-third (33.3%) of those with poor perception. Responders who were not working formed nearly half (48.9%) of the people with poor perception and only 23.4% of people with good perception.

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Table 4: The association between the respondent's level of perception and certain personal attributes.

		Perception score towards people with mental health problems						P value
		Poor		Acceptable		Good		
		No	%	No	%	No	%	
Age (years)	20---29	18	40.0	77	33.9	29	22.7	0.097
	30---39	8	17.8	64	28.2	50	39.1	
	40---49	10	22.2	45	19.8	25	19.5	
	=>50years	9	20.0	41	18.1	24	18.8	
Gender	Male	23	51.1	121	53.3	63	49.2	0.758
	Female	22	48.9	106	46.7	65	50.8	
Marital status	Single	11	24.4	48	21.1	23	18.0	0.661
	Married	28	62.2	159	70.0	96	75.0	
	Divorced	3	6.7	9	4.0	6	4.7	
	Widowed	3	6.7	11	4.8	3	2.3	
Education	Illiterate	4	8.9	14	6.2	1	0.8	0.0001*
	Primary	8	17.8	34	15.0	10	7.8	
	Intermediate	11	24.4	31	13.7	6	4.7	
	Secondary	10	22.2	57	25.1	19	14.8	
	College & higher	12	26.7	91	40.1	92	71.9	
Occupation	Gov. employee	15	33.3	94	41.4	88	68.8	0.0001*
	Self-employee/Free work	6	13.3	40	17.6	5	3.9	
	Not working/Students	24	53.3	93	41.0	35	27.3	
Been in contact with mental health patient	Yes	16	35.6	66	29.1	49	38.3	0.189
	No	29	64.4	161	70.9	79	61.7	

*Significant difference between proportions using Pearson Chi-square test at 0.05 level.

DISCUSSION:

This cross-sectional study identified important information on people's perception towards mental health problems.

In the current study, a small proportion of the respondents (11.3%) have poor perception towards mental health problems, the rest of participants were with fair (56.8%) and good (32%). A finding that differs from what was observed during a cross-sectional survey conducted on 650 Saudi adults "aged 18 years and more" in 2016 in which the majority of participants (59%) reported poor perception about people with mental illness, and only 1.9% reported good perception (8). It is also not consistent with another study conducted in India where 39.4% of the respondents were found to have poor perception about mental illness (9), and with Western Ethiopia were 37.3% of respondents have poor perception towards mental illness (10). This variation might be due to socioeconomic and cultural difference among these different populations from Iraqi people.

Regarding the association of perception with different demographic characteristics, in the current study there was no significant association with age regarding the community perception toward mental health problems, that consistent with the previous study in Iraq,

Saudi Arabia and a study in India (11, 8, 9); however, our finding is not consistent with a study in Ethiopia (10), this may be due to edifferences in culture.

Considering educational level, a significant association of the perception with the educational level was found, that is comparable with the study in Ethiopia were the educational level was one of the sociodemographic characteristics that significantly affects perception toward mental illness(10). Also in a study done in Nigeria, they observed that perception of mental illness correlates with educational level(12).However, in Saudi Arabia's study, the perceptions about people with mental illness were not associated with the educational level(8). In the current study, occupational status was significantly associated with perception toward mental health problems, the responders who were governmental employee form a high percentage of people with good perception, while they form nearly one-third of those with poor perception. Responders who were not working formed nearly half of the people with poor perception and only 23.4% of people with good perception; this may be due to that those in government organization may have more access to information and more understanding about

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mental health. This is comparable to the study carried out in Ethiopia where government employees had a good perception of mental illness compared to private workers (10); however, this finding was not clearly observed in the study in Saudi Arabia(8).

"Being in contact with people with mental illness" was found to be insignificantly associated with the perception, a finding that was consistent with what was reported in Saudi Arabia as they observed no significant association in the perception and previous experience with mentally ill people (8).

CONCLUSION:

A small proportion of the respondents have poor perception towards mental health problems. Regarding the association of perception with different demographic characteristics, the educational level and the occupational status were found to be significantly associated with perception toward mental illness, while the age, gender, marital status or being in contact with people with mental health problem were found not to be significantly associated with perception toward mental illness.

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