

Research Article

A Descriptive Study to Assess the Public Attitude Towards Mental Health Problems in Rural Areas of Kashmir

Muskan Mushtaq¹, Noorul Amin²

¹M.Sc Counselling & Family Therapy scholar, IGNOU RC, Srinagar, India.

²Supervisor cum Guide, Department of Nursing Administration, Sher-i-Kashmir Institute of Medical Sciences, Srinagar, India.

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I N F O

Corresponding Author:

Muskan Mushtaq, IGNOU RC Srinagar, India.

E-mail Id:

salehmuskan28@gmail.com

Orcid Id:

<https://orcid.org/0009-0008-5619-6301>

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A B S T R A C T

Background: Mental health involves feeling good about yourself, effectively handling life's challenges, engaging in enjoyable activities, and making meaningful contributions to your community. Mental illness refers to medical conditions causing significant changes in thinking, emotion, and behaviour, often leading to distress and difficulties in daily activities. Similar to physical ailments, mental health conditions are treatable.

Methods: A quantitative approach with descriptive research design was adopted to conduct this study. A sample of 40 people from Brarigund Chadoora was selected. Their attitude was the research variable.

Results: The study revealed that 35 (87.5%) study subjects had a neutral attitude towards mental health problems and 5 (12.5%) had an unfavourable attitude towards mental health problems. The mean \pm SD value of the attitude scores of the study subjects was 25.08 ± 5.33 . The p values showed no association between the attitude of rural people towards mental health problems with the selected demographic variables [age ($p = 0.856$), gender ($p = 0.802$) and marital status ($p = 0.137$)] except for education ($p = 0.019$) and occupation ($p \leq 0.001$).

Conclusion: The study concluded that most of the study subjects had a neutral attitude towards mental health problems followed by those who had an unfavourable attitude. The results revealed that there was no participant who had a favourable attitude towards mental health problems.

Keywords: Mental Health, Attitude, Kashmir

Introduction

Mental health involves feeling good about yourself, effectively handling life's challenges, engaging in enjoyable activities, and making meaningful contributions to your community.¹

Mental illness refers to medical conditions causing significant changes in thinking, emotion, and behaviour, often leading to distress and difficulties in daily activities. Similar to physical ailments, mental health conditions are treatable. People may hesitate to discuss it, but it's nothing to be ashamed of. Almost 1 in 5 U.S. adults experiences mental illness yearly, with 4.1% having a serious condition, and 8.5% a substance use disorder. Treatment is effective, allowing most individuals to continue functioning in their daily lives.²

Suicide is widespread among those suffering from mental illnesses and among those aged 15 to 29 years. It is the fourth leading cause of death. People with serious mental health disorders are expected to die up to 20 years sooner than the normal population for curable physical reasons.³

Despite advancements in certain nations, individuals grappling with mental health conditions frequently encounter egregious human rights violations, discrimination, and stigma. Although many mental health disorders can be effectively treated at a relatively low cost, a substantial gap persists between those in need of care and those with actual access to it. The coverage of effective treatment remains notably low, demanding increased investment on multiple fronts: fostering mental health awareness to enhance comprehension and diminish stigma, initiatives to amplify access to quality mental health care and proven treatments, and funding for research aimed at discovering new treatments and enhancing existing ones across all mental disorders.⁴

Both men and women are impacted by mental health issues, but the impact is not uniform. In England in 2014, about one in six adults faced common mental health problems, with a higher prevalence among women (one in five) compared to men (one in eight). Presently, women are three times more prone to experiencing these issues than men, a shift from 1993 when the ratio was twice as likely. The rates of self-harm among young women have tripled since 1993, and women are over three times as likely to grapple with eating disorders compared to men. Additionally, young women are three times more susceptible to post-traumatic stress disorder than their male counterparts, and anxiety-related conditions are more prevalent in this demographic than any other.⁵

Many people face mental health conditions each year, with estimates indicating that a significant portion of the population experiences them at some point in their lives.

Major depression is expected to affect 1 in 3 women and 1 in 5 men. Conditions like schizophrenia and bipolar disorder, though less common, still significantly impact individuals. While mental illnesses are treatable, the quality and availability of treatment are often insufficient. Additionally, many hesitate to share their symptoms with healthcare professionals or others, making it challenging to accurately gauge the true prevalence of mental illnesses.⁶

Need of the Study

The purpose of the paper is to observe the attitude of rural people towards mental health problems. Rural communities face different challenges, and by looking into their attitudes, we can provide mental health support that fits their needs better. This research is about figuring out how mental health issues are seen in rural areas, so we can come up with better ways to support their well-being. One of the studies cited below shows how mental health issues are affecting people in Kashmir.

In an article published in the Rising Kashmir newspaper citing the Kashmir Mental Health Survey, it was estimated that almost 1.8 million adults (45% of the adult population) experience mental distress. Among them, 41% show signs of likely depression, 26% probable anxiety, and 19% probable post-traumatic stress disorder. Mental health disorders impact people across different life aspects, races, cultures, regions, and religions. They affect developed, developing, and underdeveloped countries alike. Literature, both nationally and internationally, consistently shows that mental illnesses are prevalent in all age groups.⁷

We believe this research can act as a bridge to connect rural communities with mental health resources. Often, there's a lack of awareness or information in these areas. By understanding their attitudes, we can not only tailor support but also work towards spreading awareness and knowledge about mental well-being in ways that resonate with the rural population. This research can contribute to reducing stigma and fostering a more supportive environment for mental health discussions within these communities.

Objectives

1. To assess the public attitude towards mental health problems in rural areas of Kashmir
2. To associate the public attitude towards mental health problems in rural areas of Kashmir with selected demographic variables

Hypothesis

There will be a significant association between public attitude towards mental health problems in rural areas of Kashmir with selected demographic variables (age, gender, education, marital status, occupation) at 0.05 level of significance.

Methodology

While going through the present study, a quantitative approach was adopted to assess the attitude of rural people towards mental health problems in Kashmir. The study unfolded into descriptive research design to be used for achieving the objectives of the study. The population for the current study consisted of people living in Brarigund village of district Budgam Kashmir, with the total number of study subjects being 40. The study subjects were selected by convenient sampling technique. The study was conducted from December 2023 to March 2024. The approval was

taken from IGNOU LSC 30039 and voluntary consent was given by study subjects to be included in the research. In the present study, attitude was a research variable. The demographic variables selected and to be correlated here in our study were age, gender, education, marital status, and occupation. The present study was conducted at Brarigund Chadoora, a rural area of Kashmir. The data was analysed using descriptive and inferential statistics.

Results

The data obtained in this study was analysed and the information obtained is presented in the following tables.

Table 1. Frequency and Distribution of Study Subjects according to Attitude Towards Mental Health Problems (N = 40)

Attitude Level	Frequency	Percentage
Unfavourable	5	12.5
Neutral	35	87.5
Favourable	0	0.0
Total	40	100.0

The data presented in Table 1 shows that the maximum (35, 87.5%) study subjects had a neutral attitude towards mental health problems followed by 5 (12.5%) subjects who had an unfavourable attitude towards these problems. The results in the table revealed that there was none (0%) who had a favourable attitude towards mental health problems.

In order to further verify the details and prove our hypothesis, the following null hypothesis was formed:

H01: There will be no significant association between public attitude towards mental health problems in rural areas of Kashmir with selected demographic variables (age, gender, education, marital status, occupation) at 0.05 level of significance.

Table 2. Association of Attitude of Rural People Towards Mental Health Problems with Selected Demographic Variables (N = 40)

Variable	Attitude Level			χ^2_{cal}	χ^2_{tab}	df	p Value
	Favourable	Neutral	Unfavourable				
Age (in years)	15–25	0	14	0.770	7.81	3	0.856
	26–35	0	10				
	36–45	0	6				
	46–55	0	5				
	56–65	0	0				
Gender	Male	0	22	0.800	3.84	1	0.802
	Female	0	13				
Education	10th	0	7	9.870	7.81	3	0.019*
	12th	0	3				
	Graduate	0	14				
	Postgraduate & above	0	11				
Marital status	Married	0	14	0.711	3.84	1	0.137
	Unmarried	0	21				
	Other	0	0				
Occupation	Student	0	18	22.760	7.81	3	\leq 0.001*
	Healthcare	0	0				
	Business	0	2				
	Other	0	15				

*Statistically significant (p value < 0.05); p value by chi-square test

The data presented in Table 2 represents that there was no association between the attitude of rural people towards mental health problems with the selected demographic variables [age ($p = 0.856$), gender ($p = 0.802$) and marital status ($p = 0.137$)], except for education ($p = 0.019$) and occupation ($p \leq 0.001$).

Hence we partially failed to reject the null hypothesis that there will be no significant association between public attitude towards mental health problems in rural areas of Kashmir with selected demographic variables (age, gender, education, marital status, and occupation) at 0.05 level of significance.

Discussion

While discussing the major findings of this research, we came to the conclusion that 15 (37.5%) study subjects were in the age group of 15–25 years, followed by 12 (30%) in the age group of 26–35 years, 7 (17.5%) in the age group of 36–45 years, 6 (15%) in the age group of 46–55 years, and none in the age group of 56–60 years. The results revealed that 26 (65%) were male and 14 (35%) were female.

Among the participants, 14 (35%) were graduates, an equal number of study subjects (11, 27.5%) were 10th pass and postgraduate and above qualified and 4 (10%) study subjects were 12th pass. The study revealed that 25 (62.5%) study subjects were unmarried and 15 (37.5%) were married. Among the subjects, 19 (47.5%) were students, 3 (7.5%) belonged to healthcare, 2 (5%) belonged to the business profession, and 16 (40%) belonged to other occupations.

The findings of our study are contradicted by a study conducted by Tesfaye et al. Their study revealed that almost half of the participants (210, 50%) held an unfavourable attitude toward mental health problems, and there was a high intention to seek traditional and religious help.⁸

The findings of our study are supported by a study conducted by Dawood and Modayfer. Among the participants in their study, 56.5% were male and 43.5% were female. There were 49.6% single, 44.9% married, 3.4% divorced, and 2.1% widowed persons among the study subjects. The study subjects declared in their study that 42.8% had a bachelor's degree and 29.1% had high school education. Their study further revealed that 29.4% were students, 27.8% were government servants (or otherwise), and just 8.7% were involved in technical work. Their study explored that approximately one-third (33.33%) of participants were neutral in their attitudes towards mental illness. The t test of their study showed no statistically significant difference in attitudes between the genders ($t = 0.630$, $p = 0.529$).⁹

Recommendations

The following recommendations are made on the basis of this study:

- The study can be conducted on a larger sample size.
- The study can be conducted in different settings.
- The study can be conducted on rural people living in different villages of Kashmir to assess the level of their attitude towards mental health problems.

Conclusion

The present study revealed that there was no association between the attitude of rural people towards mental health problems with selected demographic variables (age, gender, and marital status), but there was a significant association between their attitude towards mental health problems and their education and occupation.

Most of the people in the research have neutral attitudes. It is opined that this is because of a lack of knowledge about what exactly mental health and mental health problems are. There is confusion between what is acceptable and what's not in the context of mental health problems or dealing with people having mental health problems, so they go for a neutral position. There are differences in opinions and perspectives, and people see mental health problems in different ways. It is interesting that 35 out of 40 participants in our study had a neutral attitude. This might be because the way it was presented did not strongly influence opinions. A mix of different views within the group could also be a reason. People naturally have diverse perspectives, it's likely that this mix of opinions contributed to the prevalent neutrality. Exploring individual viewpoints and considering the diverse nature of responses could offer valuable insights into the reasons behind this observed neutral trend. Additionally, people might be choosing to stay neutral because of the stigma around mental health, where openly sharing opinions could be seen as being socially insensitive. Also, the cultural and societal background of the research could affect how people view mental health, highlighting the importance of understanding various perspectives.

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Conflict of Interest: None

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