Influence of Education in Primary Care Professionals about Attitude towards Mental Illness

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Background: Mental health professionals also may have negative attitudes towards individuals with mental illness like the public, which can ultimately affect the quality of care received by the patients. This study aims to explore attitudes towards mental illness and to know the impact of education on attitudes toward mental illnesses, among mental health professionals working under the district mental health program (DMHP) in India.

Materials & Methods: A cross-sectional design was used. Eligible participants were recruited from DMHP in India. Attitudes to mental illness among the mental health professionals were measured by using demographic proforma, and Attitudes scale for Mental Illness (ASMI). The questionnaire has six sub scales namely; Separatism, Stereotyping, Restrictiveness, Benevolence, Pessimistic prediction and Stigmatization. This was a 5-point Likert scale with 34 items to rate participants responses from totally disagree (1) to totally agree (5). Lower scores indicate positive attitudes toward persons with mental illness.

Results: While 53.2% had professional qualification of general nursing and above, 46.8% had studied auxiliary nurse and midwifery course (ANM). The ANM nurses had significantly more positive attitudes towards mental illness in subscales on Separatism, Benevolence and Pessimistic prediction than the GNM nurses. Conclusion: DMHP nurses do have positive attitude towards those with mental illness. However, certain misconceptions and negative attitudes need to be addressed through continuing education programs.

Keywords: Attitudes, DMHP, Mental illness, Professional education, Primary care professionals, Nurses.

INTRODUCTION

Mental health is a major component of general health that contributes to an individual's overall health status and wellbeing. People's beliefs and attitudes toward persons with mental illness do play a major role in interactions with them as well as in mobilizing opportunities for help and support for a person with mental illness. Attitudes about mental illness are contributed by individual's personal knowledge about mental illness, interacting with someone living with mental illness, cultural stereotypes, media influences and stories, familiarity with institutional practices and past restrictions[1]. When attitudes and beliefs are expressed positively, it can result in supportive and helping behaviors, and if they are expressed negatively, they may result in avoidance behavior, exclusion from daily activities, and this in turn results in exploitation and discrimination. Stigma and discrimination are also the major factors influencing on the allotment of resources and utilization of mental health services[2].

Like the general public, mental health professionals are exposed to prejudiced media portrayals of mental illness as well as the prevailing cultural norms, both of which can lead to the development of stigma[3,4]. The mental health professionals' attitudes towards mental illness might be affected by their work setting characteristics, with staff working within inpatient services having more negative attitudes than those working in out-patient services and cultural differences also might contribute to the differences in attitudes [5]. Nurses attitude towards persons with mental illness may be influenced by contributing more time in providing care, fear and danger towards mentally ill. Their involvement is more critical in developing countries with lower patient–doctor's ratio[5]. Perception and knowledge of nurses on mental illness is important as they directly deal with patients and their relatives, and they are also involved in disseminating health information[6]. Negative attitudes can hinder providing quality service to the mentally or physically ill persons.
Health care professions are not immune to social prejudices and surprisingly share the general public’s attitude attributed to people with mental illness. Studies show that nurses are also prone to the same misconceptions as the public, at times expecting mentally ill patients to be hostile, violent and likely to injure them[7, 8]. Nurses working at general hospital settings may be inadequately equipped to deal with mentally ill and at times may verbalize negative attitudes and fear of violence. There is a growing awareness among mental health professionals that mental illness is surrounded by negative attitudes and stigmatization [9]. In this context, it is also essential to examine the attitude toward mental illness among health professionals. Hence, the present study was conceptualized to explore attitudes toward mental illness among psychiatric nurses working in various psychiatric hospitals under the district mental health program in one of the states in Southern India.

**Aim**

The aim of the study is to assess the attitude toward mental illnesses among mental health nurses working under a District Mental Health Program and to explore the impact of work experience with mentally ill patients on their attitude towards mental illnesses.

**MATERIALS AND METHODS**

The study used a cross-sectional design. Sample of 162 mental health nurses was surveyed for the present study. The participants were recruited between July to August 2017. A probability simple random sampling method was adopted. Selection criteria for subjects included both gender mental health nurses working in various district hospitals working under District mental health program in southern states in India to undergo training in an onsite program held at National Institute of mental health and neurosciences, Bangalore. The study subjects were contract nurses holding various professional qualifications such as Auxiliary Nurse Midwife (ANM) status and General Nurse Midwife (GNM) and also were licensed to work in the District mental health program. Although 162 nurses had participated in this study, only 146 nurses returned the questionnaires, but 16 questionnaires were discarded as they were incomplete. Hence, data from 126 questionnaires (77.8% response rate) only were analyzed for this study.

**Instruments**

For the purpose of data collection, the questionnaire consisted of two parts.

1. **Socio demographic proforma** consisted of five items to seek the socio demographic background of the participants in the study that included “age, gender, education, religion, residence and years of working experience with mental illness”.

2. **Attitude scale for mental illness (ASMI):** The attitude scale for mental illness is a self-report measure. The tool is a modified version of the questionnaire, Opinions about Mental Illness in the Chinese Community [10] in English version with 34 items and measures the general attitude towards mental illness. The scale has been used in different surveys and studies in different countries including Indian communities. The ASMI scale had yielded a Cronbach’s α of 0.87.

Respondents were provided with the choice of five response categories to choose the answers based on their way of thinking from totally disagree to totally agree (totally disagree = 1, almost totally disagree = 2, sometimes agree = 3, almost totally agree = 4, totally agree = 5) accordingly. Lower scores indicate positive attitudes toward persons with mental illness. The scale consists of six dimensions: Separatism, Stereotyping, Restrictiveness, Benevolence, Pessimistic prediction, Stigmatization. (i) **Separatism:** includes 10 items, (1-9, 24) to measure respondents’ attitude of discrimination. Ex: “People with mental illness have unpredictable behavior”; (ii) **Stereotyping:** includes 4 items (10-13) intended to measure the degree of respondents’ maintenance of social distance toward persons with mental illness. Ex: “It is easy to identify those who have a mental illness”; (iii) **Restrictiveness:** composed of 4 items (14-17), that hold an uncertain view on the rights of people with mental illness. Ex: “It is not appropriate for a person with mental illness to get married”; (iv) **Benevolence:** includes 8 items (18-23, 25, 26) related to kindness and sympathetic views of the respondents towards people with a mental illness. Ex: “People with mental illness can hold a job”; (v) **Pessimistic prediction:** composed of 4 items (27-30) intended to measure the level of prejudice toward mental illness. Ex: “It is harder for those who have a mental illness to receive the same pay for the same job”; and (vi) **Stigmatization:** includes 4 items (31-34) that measure the discriminatory behavior of the health professionals toward mental illness[1, 11].

**Data Collection**

Verbal explanation of the research aims and methods was provided to all participants. If they agreed to participate in the study, they were asked to complete the questionnaire in kannada. Discussion among themselves during the procedure was discouraged. They had taken 30 minutes to complete both questionnaires. Data collection tools contained no identifying information and therefore kept the individual responses confidential.

**Ethical considerations**

The study protocol and ethics considerations were reviewed and approved by the Institute ethics Committee of the institution with which the authors were affiliated. Written informed consent was obtained from the participants.
STATISTICAL ANALYSIS

Data were managed and assessed using SPSS 17. (SPSS for Windows, Version 17.0. Chicago, SPSS Inc). The t-test was used to determine if any significant differences existed between nurses with various educational levels and their mean attitudes scores. Chi-Square test was used to find the significant association between socio-demographic variables. Statistical significance was assumed at $p<0.05$.

RESULTS

The results of the study revealed that amongst the 126 psychiatric nurses who had participated, nurses with ANM qualification comprised 47% (59) and GNM nurses 53% (67) of the study population. The majority of ANM nurses were between age group of 41 to 50 yrs (32.2%), while GNM nurses were less than 30 yrs (60% (40)). Most of the participants were female nurses 94.9% (n=56) from ANMs group ($\chi^2=16.383$, $P<0.000$). Most of the GNM nurses 60(89.6%) were Hindus. Majority of the ANM nurses 48(81.4%) were from rural background compared to GNM nurses 40(59.7%). Fifty one (76.1%) GNM nurses had <10 yrs experience than 17(28.8%) ANMs ($\chi^2=28.279$, $P<0.000$). Other demographic characteristics of participants have been listed in Table 1.

| Variables          | ANM     | GNM     | Total (n=126) | $\chi^2$ value | $p$ value |
|--------------------|---------|---------|---------------|----------------|-----------|
| Age                |         |         |               |                |           |
| < 30yrs            | 7(11.9%)| 40(59.7)| 47(37.3)      | 32.969         | 0.000*    |
| 31-40 yrs          | 14(23.7%)| 12(17.9)| 26(20.6)      |                |           |
| 41-50yrs           | 19(32.2%)| 7(10.4)| 26(20.6)      |                |           |
| >50yrs             | 19(32.2%)| 8(11.9)| 27(21.4)      |                |           |
| Gender             |         |         |               |                |           |
| Male               | 3(5.1%) | 23(34.3%)| 26(20.6%)      | 16.383         | 0.000*    |
| Female             | 56(94.9%)| 44(65.7)| 100(79.4%)     |                |           |
| Religion           |         |         |               |                |           |
| Hindu              | 56(94.9%)| 60(89.6%)| 116(92.1%)   | 1.637           | 0.441     |
| Others             | 3(5.1%) | 7(10.5%) | 10(7.9%)      |                |           |
| Residence          |         |         |               |                |           |
| Rural              | 48(81.4%)| 40(59.7%)| 88(69.8%)     | 7.330          | 0.026     |
| Urban              | 11(18.6%)| 27(38.8%)| 38(30.2%)     |                |           |
| Working experience |         |         |               |                |           |
| <10 yrs            | 17(28.8%)| 51(76.1%)| 68(54.0%)     | 28.279         | 0.000*    |
| 11-20 yrs          | 14(23.7%)| 5(7.5%)  | 19(15.1%)     |                |           |
| >21 yrs            | 28(47.5%)| 11(16.4%)| 39(31.0%)     |                |           |

The results of comparative analysis of the responses to the Attitude scale for mental illness among psychiatric nurses are listed in Table. On the Separatism sub-scale, (Table 2.1) ANM nurses (n=51, 86.5%) and GNM nurses (n= 42, 63.7%) disagreed with the statement "When a spouse is mentally ill, the law should allow for the other spouse to file for divorce" ($\chi^2=9.769$, $p<0.045$). More GNM nurses (n=47, 70.2%) than ANM nurses (n=23, 39%) disagreed with the statement: "After a person is treated and rehabilitated, we still should not make friends with them"($\chi^2=17.753$, $p<0.001$). The findings on restrictiveness subscale shows that more ($\chi^2=11.941$, $p<0.018$), ANM nurses (n= 43, 72.8%) than GNM nurses (n=30, 44.3%) disagreed with the statement “It is not appropriate for a person with mental illness to get married”. Similarly more ($\chi^2=1.943$, $p<0.018$) ANM nurses (n=45, 76.2%) than GNM nurses (n=39, 58.2%) disagreed about the statement "Those who are mentally ill should not have children".

Different attitudes were observed among nurses with ANM and GNM qualification on the Benevolence sub-scale (Table 2.4). More ($\chi^2=31.645$, $p<0.000$) of GNM nurses (n=50, 74.6%) agreed that "People with mental illness can hold a job" than ANMs (n=20, 30.5%). Similarly (n=57, 85%) of the GNM nurses agreed ($\chi^2=33.431$, $p<0.000$) that "the care and support of family and friends can help people with mental illness to get rehabilitated” while only (n=23, 39%) a small number of ANMs agreed with this statement. More GNM nurses (n=53, 79.1) than ANMs (n=23, 39%) agreed ($\chi^2=24.641$, $p<0.000$) that "Corporations and the community should offer jobs to people with mental illness". Again more GNM nurses (n= 35, 52.2%) agreed ($\chi^2=9.610$, $p<0.048$) that "It is possible for anyone to have a mental illness” than ANM nurses (n=20,33.9%). A significant difference was found between ANMs ( n=20,33.9%)and GNMNs,( n=60, 89.5%) about the statement "After a person is treated for mental illness they can return to their former job position"($\chi^2=44.956$, $p<0.000$).More GNM nurses (n=54,80.6%) than ANMs(n=20,33.9%) agreed ($\chi^2=33.331$, $p<0.000$) that "The best way to help those with a mental illness to recover is to let them stay in the community and live a normal life". More than half of the GNM nurses (n=55,82.1%) than ANM nurses (n=20,33.9%) agreed ($\chi^2=33.324$, $p<0.000$) that "We should not laugh at the mentally ill even though they act strangely".

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Differences were also found in the Pessimistic prediction subscale (Table 2.5) Most of the ANM nurses (n=37, 62.7%), and GNM nurses (n=27, 40.3%) disagreed that “It is harder for those who have a mental illness to receive the same pay for the same job” (χ²=15.177, p<0.004). More of ANM nurses (n=31, 52.6%) than GNM nurses (n=22, 32.9%) disagreed (χ²=10.546, p<0.032) that “People are prejudiced towards those with mental illness.” Similarly more of ANM nurses (n=31, 52.6%) compared to GNM nurses (n=19, 28.4%) disagreed (χ²=9.961, p<0.041) that “It is hard to have good friends if you have a mental illness.”

Table 2.1: Subjects response to the attitude scale for mental illness questionnaire – Separatism (subscale)

| Variable | Response | Education ANM | | Education GNM | | χ² | p-value |
|----------|----------|---------------|---|---------------|---|---|---|
| People with mental illness have unpredictable behavior. | Totally disagree | 10.2 | 3 | 4.5 | 4.305 | .366 |
| | Almost totally disagree | 5.1 | 6 | 9.0 | | | |
| | Sometimes agree | 15.3 | 6 | 9.0 | | | |
| | Almost totally agree | 15.3 | 16 | 23.9 | | | |
| | Totally agree | 54.2 | 36 | 53.7 | | | |
| If people become mentally ill once, they will easily become ill again | Totally disagree | 8.5 | 3 | 4.5 | 2.018 | .731 |
| | Almost totally disagree | 5.1 | 6 | 9.0 | | | |
| | Sometimes agree | 11.9 | 11 | 16.4 | | | |
| | Almost totally agree | 28.8 | 19 | 28.4 | | | |
| | Totally agree | 45.8 | 28 | 41.8 | | | |
| If a mental health facility is set up in my street or community, I will move out of the community | Totally disagree | 67.8 | 38 | 56.7 | 5.233 | .264 |
| | Almost totally disagree | 13.6 | 17 | 25.4 | | | |
| | Sometimes agree | 5.1 | 6 | 9.0 | | | |
| | Almost totally agree | 5.1 | 4 | 6.0 | | | |
| | Totally agree | 8.5 | 2 | 3.0 | | | |
| Even after a person with mental illness is treated, I would still be afraid to be around them | Totally disagree | 57.6 | 39 | 58.2 | 2.677 | .613 |
| | Almost totally disagree | 15.3 | 9 | 13.4 | | | |
| | Sometimes agree | 8.5 | 6 | 9.0 | | | |
| | Almost totally agree | 6.8 | 9 | 13.4 | | | |
| | Totally agree | 11.9 | 4 | 6.0 | | | |
| Mental patients and other patients should not be treated in the same hospital | Totally disagree | 40.7 | 23 | 34.3 | 2.373 | .668 |
| | Almost totally disagree | 11.9 | 7 | 10.4 | | | |
| | Sometimes agree | 15.3 | 7 | 10.4 | | | |
| | Almost totally agree | 10.2 | 8 | 11.9 | | | |
| | Totally agree | 22.0 | 22 | 32.8 | | | |
| When a spouse is mentally ill, the law should allow for the other spouse to file for divorce | Totally disagree | 71.2 | 37 | 55.2 | 9.769 | .045* |
| | Almost totally disagree | 15.3 | 5 | 7.5 | | | |
| | Sometimes agree | 5.1 | 9 | 13.4 | | | |
| | Almost totally agree | 3.4 | 7 | 10.4 | | | |
| | Totally agree | 5.1 | 9 | 13.4 | | | |
| People with mental illness tend to be violent | Totally disagree | 22.0 | 7 | 10.4 | 6.377 | .173 |
| | Almost totally disagree | 6.8 | 7 | 10.4 | | | |
| | Sometimes agree | 33.9 | 17 | 25.4 | | | |
| | Almost totally agree | 23.7 | 19 | 28.4 | | | |
| | Totally agree | 13.6 | 17 | 25.4 | | | |
| People with mental illness are dangerous | Totally disagree | 15.3 | 13 | 19.4 | 6.274 | .180 |
| | Almost totally disagree | 6.8 | 12 | 17.9 | | | |
| | Sometimes agree | 47.5 | 22 | 32.8 | | | |
| | Almost totally agree | 22.0 | 11 | 16.4 | | | |
| | Totally agree | 8.5 | 9 | 13.4 | | | |
| People with mental illness should be feared | Totally disagree | 55.9 | 36 | 53.7 | 1.643 | .801 |
| | Almost totally disagree | 10.2 | 11 | 16.4 | | | |
| | Sometimes agree | 10.2 | 5 | 7.5 | | | |
| | Almost totally agree | 6.8 | 6 | 9.0 | | | |
| | Totally Agree | 16.9 | 9 | 13.4 | | | |
| After people with mental illness are treated and rehabilitated, we still should not make friends with them | Totally disagree | 30.5 | 43 | 64.2 | 17.753 | .001* |
| | Almost totally disagree | 8.5 | 4 | 6.0 | | | |
| | Sometimes agree | 1.7 | 3 | 4.5 | | | |
| | Almost totally agree | 8.5 | 4 | 6.0 | | | |
| | Totally Agree | 50.8 | 13 | 19.4 | | | |
People with mental illness have characteristics of their mental illness by the You can easily tell who has a mental illness It is easy to identify those who are treated, they are still more After people with mental illness should not have children Those who are mentally ill illness cannot fully recover Those who have a mental illness can get married It is not appropriate for a person with mental illness to get married Those who have a mental illness cannot fully recover Those who are mentally ill should not have children.

| Variable | Response | ANM n=59 | Education | χ² | P value |
|----------|----------|----------|-----------|-----|---------|
| After people with mental illness are treated, they are still more dangerous than normal people | Totally disagree | 39 | 38 | 2.783 | .595 |
| | Almost totally disagree | 7 | 7 | .018* |
| | Sometimes agree | 3 | 7 | .394 |
| | Almost totally agree | 3 | 10.4 |
| | Totally agree | 7 | 11.9 |
| It is easy to identify those who have a mental illness | Totally disagree | 8 | 7 | 5.909 | .206 |
| | Almost totally disagree | 9 | 4 | .018* |
| | Sometimes agree | 13 | 11 | .220 |
| | Almost totally agree | 12 | 14 | .595 |
| | Totally agree | 17 | 31 | .595 |
| You can easily tell who has a mental illness by the characteristics of their behaviour | Totally disagree | 5 | 5 | 4.089 | .394 |
| | Almost totally disagree | 1 | 1 | .018* |
| | Sometimes agree | 11 | 6 | .206 |
| | Almost totally agree | 10 | 15 | .220 |
| | Totally agree | 32 | 41 | .595 |
| People with mental illness have a lower IQ | Totally disagree | 17 | 11 | 8.310 | .081 |
| | Almost totally disagree | 10 | 6 | .206 |
| | Sometimes agree | 13 | 12 | .220 |
| | Almost totally agree | 8 | 18 | .220 |
| | Totally agree | 11 | 20 | .220 |

| Variable | Response | χ² | P value |
|----------|----------|-----|---------|
| | | 5.515 | .238 |
| | | 11.941 | .018* |
| | | 5.731 | .220 |
| | | 11.943 | .018* |

Table-2.4: Participants response to the attitude scale for mental illness questionnaire- Restrictiveness (subscale)

| Variable | Response | Education | χ² | P value |
|----------|----------|-----------|-----|---------|
| There is no future for people with mental illness | Totally disagree | 33 | 38 | 1.598 | .809 |
| | Almost totally disagree | 8 | 7 | .018* |
| | Sometimes agree | 7 | 5 | .206 |
| | Almost totally agree | 4 | 7 | .220 |
| | Totally agree | 7 | 10 | .220 |
| People with mental illness can hold a job | Totally disagree | 16 | 3 | 31.645 | .000* |
| | Almost totally disagree | 10 | 7 | .018* |
| | Sometimes agree | 15 | 7 | .018* |
| | Almost totally agree | 8 | 8 | .018* |
| | Totally agree | 10 | 42 | .018* |
The care and support of family and friends can help people with mental illness to get rehabilitated

Altogether disagree
6
10.2
4
6.0
Altogether disagree
9
15.3
7
10.4
Altogether disagree
4
6.8
13
19.4
Altogether agree
19
32.2
40
59.7

Corporations and the community should offer jobs to people with mental illness

Altogether disagree
21
35.6
48
71.6

After a person is treated for mental illness they can return to their former job position

Altogether disagree
28
47.5
4
6.0

The best way to help those with a mental illness to recover is to let them stay in the community and live a normal life

Altogether disagree
31
52.5
8
11.9

It is possible for anyone to have a mental illness

Altogether disagree
26
44.1
18
26.9

We should not laugh at the mentally ill even though they act strangely

Altogether disagree
31
52.5
9
13.4

Table-2.5: Participants response to the attitude scale for mental illness questionnaire-Pessimistic Prediction (subscale)

| Variable                                      | ANM n=59 | Education | \( \chi^2 \) | P value |
|-----------------------------------------------|----------|-----------|--------------|---------|
| It is harder for those who have a mental illness to receive the same pay for the same job |          |           |              |         |
| Altogether disagree                           | 35       | 59.3      | 20           | 29.9    | 15.177 | .004* |
| Almost totally disagree                       | 2        | 3.4       | 7            | 10.4    |        |       |
| Sometimes agree                               | 8        | 13.6      | 10           | 14.9    |        |       |
| Almost totally agree                          | 7        | 11.9      | 23           | 34.3    |        |       |
| Altogether agree                              | 7        | 11.9      | 7            | 10.4    |        |       |
| After treatment it will be difficult for the mentally ill to return to the community |          |           |              |         |
| Altogether disagree                           | 28       | 47.5      | 25           | 37.3    | 9.042  | .060  |
| Almost totally disagree                       | 11       | 18.6      | 9            | 13.4    |        |       |
| Sometimes agree                               | 7        | 11.9      | 6            | 9.0     |        |       |
| Almost totally agree                          | 5        | 8.5       | 20           | 29.9    |        |       |
| Altogether agree                              | 8        | 13.6      | 7            | 10.4    |        |       |
| People are prejudiced towards those with mental illness |          |           |              |         |
| Altogether disagree                           | 23       | 39.0      | 17           | 25.4    | 10.546 | .032* |
| Almost totally disagree                       | 8        | 13.6      | 5            | 7.5     |        |       |
| Sometimes agree                               | 7        | 11.9      | 24           | 35.8    |        |       |
| Almost totally agree                          | 9        | 15.3      | 10           | 14.9    |        |       |
| Altogether agree                              | 12       | 20.3      | 11           | 16.4    |        |       |
| It is hard to have good friends if you have a mental illness |          |           |              |         |
| Altogether disagree                           | 24       | 40.7      | 13           | 19.4    | 9.961  | .041* |
| Almost totally disagree                       | 7        | 11.9      | 6            | 9.0     |        |       |
| Sometimes agree                               | 8        | 13.6      | 21           | 31.3    |        |       |
| Almost totally agree                          | 9        | 15.3      | 14           | 20.9    |        |       |
| Altogether agree                              | 11       | 18.6      | 13           | 19.4    |        |       |
Table-2.6: Participants response to the attitude scale for mental illness questionnaire- Stigmatization (subscale)

| Variable | Response | ANM (n=59) | GNM (n=67) | χ² | P value |
|----------|----------|------------|------------|----|---------|
| It is seldom that people who are successful at work have a mental illness | Totally disagree | 32 | 21 | 7.293 | .121 |
| | Almost totally disagree | 8 | 12 | | |
| | Sometimes agree | 7 | 11 | | |
| | Almost totally agree | 6 | 14 | | |
| | Totally agree | 6 | 9 | | |
| It is shameful to have a mental illness | Totally disagree | 42 | 55 | 2.247 | .690 |
| | Almost totally disagree | 8 | 5 | | |
| | Sometimes agree | 3 | 2 | | |
| | Almost totally agree | 1 | 1 | | |
| | Totally agree | 5 | 4 | | |
| Mental illness is a punishment for doing bad things | Totally disagree | 45 | 51 | 2.946 | .567 |
| | Almost totally disagree | 8 | 7 | | |
| | Sometimes agree | 2 | 2 | | |
| | Almost totally agree | --- | --- | | |
| | Totally agree | 4 | 4 | | |
| I suggest that those who have a mental illness do not tell anyone about their illness | Totally disagree | 38 | 46 | 6.010 | .198 |
| | Almost totally disagree | 7 | 10 | | |
| | Sometimes agree | 5 | 6 | | |
| | Almost totally agree | 5 | 9 | | |
| | Totally agree | 4 | 5 | | |

Table-3: Comparison between ANMs and GNMs with subscales of ASMI

| Subscales | Educational qualification | T value | Sig | P value |
|-----------|--------------------------|---------|-----|---------|
|            | ANM | GNM | ANM | GNM |       |       |
| Separatism | 25±6.08 | 27.50±5.27 | -1.573 | .118 |
| Stereotyping | 13.49±3.91 | 15.47±3.24 | -3.111 | .002* |
| Restrictiveness | 7.66±3.72 | 9.77±4.23 | -2.960 | .004* |
| Benevolence | 22.01±9.18 | 31.20±4.36 | -7.311 | .000* |
| Pessimistic prediction | 9.59±4.24 | 11.49±3.67 | -2.693 | .008* |
| Stigmatization | 7.00±3.89 | 7.34±3.12 | -.549 | .584 |

DISCUSSION

The principles of psychiatric nursing stresses that nurses need to be non-judgmental, non-discriminatory and have a positive attitude toward people with mental illnesses. This study explored the influence of nurse’s education on the attitude towards the person with mental illness and their involvement in caring for people. Psychiatric nurses working under a district mental health programme in Southern India had participated in this study. To our knowledge, it is the first study from this country that has attempted to explore the influence of education on attitude towards the mentally ill amongst 150 nurses working in the DMHP. We believe that psychiatric nurses would be expected to have more positive and less negative attitudes, in lieu of their education and experience with the mentally ill. The results revealed that ANM nurses have more positive attitudes than GNM nurses, since they have worked for longtime with persons with mental illness and families as well as more contact with mentally ill persons as practical experience, and also they are interested in working within mental health care system.
On majority of sub-scales in stereotyping, benevolence and pessimistic prediction the nurses with ANM and GNM degree have shown significant differences in their attitudes, because the former group might have been influenced by the therapeutic relationship between persons with mental illness and health care providers as well as the training in essential skills needed to handle mentally ill patients to provide appropriate care. The training programmes they undergo and contact with persons with mental illness lead to more positive attitudes and enlightened views.[12] On the other side the negative attitudes may be partly due to a failure to observe and learn about mental health; thus, education and clinical experience in mental health may influence negative attitude towards mentally ill [10,13]. Further, it also states that persons with mental illness encounter negative attitudes and stigma not only restricted to society, but also by the mental health care providers.[14,15].

Education was also a strong predictor of attitudes, with higher-educated groups having positive attitudes compared to lesser-educated groups. More-educated people have been found to be more inclined to mingle with the mentally ill and less inclined to associate sin with mental illness [16]. Similar positive correlations between educational level and tolerance towards the mentally ill have been observed in other studies[12] reflecting that higher education is certainly the best way to eradicate stigmatizing attitudes and that dissemination of information about mental illness should be strongly advocated [17]. However, the present study showed contradictory results that ANM nurses had fewer stereotypes than GNM nurses. Contrary to the aforementioned findings, we found significant differences between the two groups in the subscales of Stereotyping, Benevolence, and Pessimistic prediction.

We need to know more about the important and influential variables that lend to more positive attitudes. It seems that positive and negative attitudes and views of mental illness and people with mental illness are likely similar among many other health professionals, including medical students, and perhaps in general public [18, 14].Other factors such as personal experience with mental illness, age of the nurses, and cultural background may influence nurses’ attitudes more than their educational experience. In addition, the impact of perceived danger is also important and continues to stigmatize patients with mental illness and the attitudes of nurse towards them [10]. Attitudes may be harder to influence than knowledge and skills, because attitudes may have been established many years before their training [19]. These findings also suggest that we must continue not only to have positive attitude towards mental illness as a whole but also to provide realistically positive learning environment for them to change.

For the nurses with negative attitudes, their managers can provide in-service training programs, which can give them correct information on mental illnesses and help to decrease the stereotypes among nurses [20]. They can also make circumstances in which support groups for the psychiatric patients can be created, in which successfully treated patients can share their experiences with nurses, and in this way decrease and modify stereotypical patterns in nurses. Based on the evidence obtained from this study the nurse educators and nurse managers can initiate continuing nursing education for mental health nurses with focus on mental health, it helps to understand and gain self-confidence to provide comprehensive care to the mentally ill [21].

Studies state that education can increase awareness and knowledge about mental health issues[22]. However our study showed that those educated with general nursing had more stereotypes than auxiliary nurse midwives. However, education alone is not effective in creating a positive view in those with underlying negative attitudes. This study showed that groups with different educational degrees do not have a statistically significant difference in some components. Therefore, it seems that education along with personal and direct contact with patients is essential in decreasing stigma and for positive attitude toward mental illnesses.

The study has certain limitations such as small sample size with cross sectional design. The participants completed the questionnaires themselves; therefore, they may have given answers which are more acceptable socially and according to their work experiences. Hence, possibilities of social desirability bias cannot be ignored. Another limitation of the study was that it was conducted for nurses working under district mental health program in one state of South India, hence the results cannot be generalized to the whole society of nurses working in psychiatric areas in the country.

CONCLUSION

In this study, psychiatric nurses with ANM qualification had more positive attitudes when compared with nurses with general nursing qualification. However, certain misconceptions and negative attitudes need to be addressed while understanding that education, especially among the young nurses who are the future workforce and carers of people with mental illness. Further, there is a need for more short clinical training programs to inculcate positive attitudes among the psychiatric nurses to face the current challenges in order to provide quality care and prevent stigma towards these populations.

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