ORIGINAL ARTICLE

ATTITUDES TOWARDS THE MENTALLY ILL PATIENTS AMONG A COMMUNITY IN TAMPOI, JOHOR, MALAYSIA, 2012 TO 2013

Siti Zubaidah S and Norfazilah A

Department of Community Health, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Center.

ABSTRACT

The attitudes shown by community towards the mentally ill patient can have implications for recovery. To gather robust evidence regarding community attitudes towards people with mental illness, a data collection is required. A cross sectional study was carried out to examine the community attitudes towards the mentally ill patients and its associated factors in Tampoi Town, Johor among 347 respondents. This study was conducted from June 2012 to June 2013. Community Attitudes towards the Mentally Ill questionnaire was used to examine public attitudes towards the mentally ill patients. Another questionnaire was used to determine media influence and history or experience with the mentally ill patients was administered by a researcher. The community in this town had a positive attitude towards the mentally ill patients. Benevolence attitude which represent the positive attitude has the highest mean score [37.13 (4.18)]. Social Restrictiveness attitude which represent the negative attitude has the lowest mean score [25.42 (4.82)]. Results indicated that race, educational level and previous experience with the mentally ill patients had a significant association with community attitudes towards the mentally ill patients. Meanwhile, age, gender, religion, occupation, income and media have no association with community attitudes towards the mentally ill patients. These results are expected to help the related parties in conducting various comprehensive and holistic programs or campaign. Specifically, medical social worker should be more sensitive to the public attitude toward the mentally ill patients so that they could recognize the contributing factors on negative attitudes and prevent them.
Keywords: *attitudes, community, mentally ill*

INTRODUCTION

Mental illness can be defined as a condition which involved changes in thought, mood and/or behavior followed by stress and inability to function[1]. The medical profession defined mental illness based upon the existence of pathological-anatomic or pathopsychological changes[2]. Having a mental illness means that the person has a psychological or/and behavior change that will affect their social function[3]. Mental illness can be categorized into five types, which are stress and anxiety disorder, mood disorders, mind and body disorders, psychosis and life span disorders[4].

According to a report from Health National and Third Morbidity Research, prevalence of mental illness had increased to 11 percent in 2006[5]. Statistic in 2008 showed about 400,227 the mental ill patients received psychiatric treatment in general hospital. That figure had increased to 15.6 percent compared to 346,196 the mentally ill patients in 2007[5]. Some researches carried out by developed country regarding mental health services indicated that the mentally ill patients had difficulties to access the service provided[6]. It was because of a negative stigma from community towards the mentally ill patients and mental illness as a whole. Besides, this negative stigma was inherited and spread out among the community around the world, including Malaysia[6]. The negative perspective became the main reason for the community to deny the right for the mentally ill patients to improve their mental health state[6]. On the other hand, discrimination towards the mentally ill patients at the workplace can also be an obstacle for them in improving their productivity and to achieve a good performance in work[7].

There are four types of community attitudes towards the mentally ill patients which are authoritarianism, social restrictiveness, benevolence and community ideology towards the mental health[8]. Authoritarianism and social restrictiveness refer to negative attitudes while benevolence and community ideology towards mental health refer to positive attitudes[8]. Negative attitudes towards the mentally ill patients occur when the employer rejected the job application from the mentally ill patients even though they were stable and not having any disturbance yet. Besides, these negative attitudes can also lead to discrimination to the mentally ill patients whereby their right to get a passport, education and house loans are denied[9]. There are also no insurance policies provided to cover anyone with mental illness[9]. Some community has a low attitude in benevolence and social restrictiveness towards the mentally ill patients[10]. They also tend to be tolerant with the mentally ill patients who are going through a treatment process in community area[10].

Therefore, this research was carried out to determine the community attitudes towards the mentally ill patients especially the negative attitude and associated factors such as socio

demographic, socioeconomic and environmental factors. In addition, there are minimal researches regarding community attitudes towards the mentally ill patients conducted in Malaysia. It is important for the mentally ill patients to have a positive environment because it can help them to improve their life function.

MATERIALS AND METHODS

This cross-sectional study was conducted from June 2012 to June 2013 during the respondents visit to two government health clinics in Tampoi, namely Tampoi Health Clinic and Kempas Health Clinic in Tampoi, a suburban area in Johor Bahru, Johor. The respondents were sampled via purposive sampling method as these respondents live in a close proximity with a psychiatric institution namely Hospital Permai which located in Tampoi town itself. Inclusion criteria were respondent aged 18 years old and above, Malaysian citizen, understand Malay language, have no psychiatric background. While the exclusion criteria were respondent who were unable to complete the questionnaire due to disability such as mute and deafness. Sample size were calculated in reference to a study by Hussein et al. (2007) and Pocock (1983) formula[11,12]. With anticipation of 10% non-response rate, a total number of 347 respondents are required for this study.

Research Instrument

A set of self administered questionnaire of four sections was pretested and distributed among community in Tampoi, Johor and written consent was obtained. It comprised of: (A) respondents socio demographic (e.g gender, age, level education), (B) a 40- items Community Attitudes towards Mentally Ill (CAMI), (C) a 7-items media influence and (D) a 6-items previous experience with mentally ill.

CAMI was developed by Dear and Taylor in 1979 to determine the community attitudes towards the mentally ill patients[13] and the approval to apply this questionnaire in this study was obtained from the author. It consists of 40 items, and it comprised of four sub scales: authoritarianism, benevolence, social restrictiveness and community attitudes towards mental health. Benevolence and community ideology towards mental health sub scales are referred as positive attitudes. Meanwhile, authoritarianism and social restrictiveness are referred as negative attitudes. There are 10 items for each subscale and each consists of 5 positive statements and 5 negative statements. Respondents were required to rate how much they strongly disagree or strongly agree with each statement. Each item was scored using Likert's scale from 5- strongly agree, 4-agree, 3-neutral, 2- disagree and 1- strongly disagree. Negative statements for each sub scales were reversed-coded. Total score were calculated to determine the attitudes towards the mentally ill patients. Higher score indicates that community has a high attitude. For instance, high score for benevolence indicated that community have a benevolent attitude towards the mentally. Scores for the items are as follows:

Table 1: Score for each subscales

Subscales	Score				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Authoritarianism					
Item: 1, 2, 3, 4, 5	1	2	3	4	5
Item: 6, 7, 8, 9, 10	5	4	3	2	1
Benevolence					
Item: 1, 2, 3, 4, 5	1	2	3	4	5
Item: 6, 7, 8, 9, 10	5	4	3	2	1
Social Restrictiveness					
Item: 1, 2, 3, 4, 5	1	2	3	4	5
Item: 6, 7, 8, 9, 10	5	4	3	2	1
Community Ideology towards mental health					
Item: 1, 2, 3, 4, 5	1	2	3	4	5
Item: 6, 7, 8, 9, 10	5	4	3	2	1

Permission from the researcher to use the questionnaire and to translate it to our language (Malay) was obtained. The questionnaire item was forward and backward translated to Malay and English by the two researchers independently. Any discrepancy was discussed and resolved between the research team members. The Malay version of the questionnaire was tested on attendees from other clinics and minor changes made based on the feedback obtained from them (face validation) among 5 respondents. Finally the Malay version questionnaire was pretested giving Cronbach's alpha for authoritarianism (α= 0.77),

benevolence (α= 0.66), social restrictiveness (α= 0.78) and community attitudes towards mental health (α= 0.74) among 30 respondents.

There were 7 items for media influence and 6 items in previous experience with the mentally ill patients questionnaires which were developed by the researchers. Both these questionnaires required the respondents to answer each items as 'Yes' or 'No'. Each answer of YES is given score 1 and answer NO is given score 0. For media influence, respondents need to score 4 or more to be classified as had media influence (Yes) and score of 3 to be classified as had previous experience with the mentally ill patients. These questionnaires also underwent face validity among 5 respondents. Mean while Cronbach alpha for media influence and previous experience with mentally ill patients were 0.673 and 0.518 respectively among the same 30 respondents who answered the CAMI questionnaire. These respondents were not included in the main study.

Statistical Analysis

The data was analyzed using Statistical Package for Social Science (SPSS) version 20.0 and the significant level was at $p<0.05$. Mean, standard deviation and percentage were used in the descriptive analysis and multiple linear regression was used for inferential statistical analysis.

Ethics

Approvals were obtained from the Research Ethical Committee of Universiti Kebangsaan Malaysia Medical Centre (FF-248-2012), National Medical Research Registry (NMRR) (KKM/NIHSEC/800-2/2/2/P13-17) and Johor State Health Department (JKNJ/H20/100-2.22).

RESULTS

Response rate was 100% there was almost equally distributed of male and female respondents. Majority of the respondents were Malay, having Islam as their religion, have an income level < MYR 2300, have no media influence and previous experience towards the mentally ill patients. Half of the respondents had tertiary educational level and most of them are working in private sector (Table 2).

Table 2: Socio-demographic characteristics of the respondents (n = 347)

Factors	Mean (sd)	n(%)
Age	32.55 (13.09)	
Sex		
Male		156(45.0)
Female		191(55.0)
Race		
Malay		281(81.0)
Chinese		31(8.9)
Indian		25(7.2)
Others		10(2.9)
Religion		
Islam		291(83.9)
Buddha		22(6.3)
Hindu		21(6.1)
Christian		13(3.7)
Level of education		
None		4(1.2)
Primary		18(5.2)
Secondary		143(41.2)
Tertiary		182(52.4)
Level of income		
< MYR 2300		258(74.4)
MYR 2300 – MYR 5599		82(23.6)
≥MYR 5600		7(2.0)
Occupation		
Not working		106(30.5)
Self employed		36(10.4)
Government sector		71(20.5)
Private sector		134(38.6)
Media influence		
No		247(71.2)
Yes		100(28.8)
Previous experience with mentally ill		
No		261(75.2)
Yes		86(24.8)

Table 3 indicates that respondents had a higher mean score for positive attitude (benevolence and community mental health ideology) compared to negative attitude (authoritarianism and social restrictiveness).

Multivariable analysis in Table 4 shows that factors significantly associated with authoritarianism (negative attitude) were race and previous experience with the mentally ill patients. Malay and Indian had significantly higher mean score for authoritarianism (p <0.001and p=0.014 respectively) compared to "others" in the category of race. Experience with the mentally ill patients made the respondents having less negative attitude towards the mentally ill patients (-1.41 95%CI -2.37,-0.35). Having tertiary educational level made the respondent more benevolent (positive) towards the mentally compared to respondents with no education (1.37 95%CI 0.50,2.24). Factor associated with social restrictiveness was having tertiary educational level. Having tertiary educational level compared to without education, made them more receptive (-2.01 95%CI-3.00,-0.99).

Table 3: Community attitude towards the mentally ill patients

Subscales	mean (sd)
* Authoritarianism	29.19(4.41)
Benevolence	37.13(4.18)
* Social restrictiveness	25.42(4.82)
Community mental health ideology	35.31(4.48)

• *positive attitude* * *negative attitude*

DISCUSSION

Results showed that generally, community in Tampoi, Johor has positive attitudes towards the mentally ill patients when the mean score for benevolence and community ideology towards mental health were higher than the mean score for authoritarianism and social restrictiveness. According to the results, Malay and Indian have authoritarianism attitudes towards the mentally ill patients. The association between certain races with attitudes towards mentally ill patients was established in a few studies. Due to the stigma about mental illness, the Chinese were more likely to hide their illness should they become mentally ill while the Malays tend to have a more tolerant attitude toward mentally ill patients14. In another study in various Asian cultures toward mental illness also reported that Malay community in Malaysia found to be more supportive and less rejecting towards the mentally ill15.

Having an experience with the mentally ill patients might help community to have a positive attitude and improve their acceptance towards the mentally ill patients16. Similarly, previous study showed that respondents with higher exposure to the mentally ill have a positive attitude towards the mentally by having lower authoritarianism scores17. It is because by having such experience, it will change their mindset or perception on mentally ill and give some thought that people with mental illness are not as dangerous as they assumed7.

Besides that, having a higher education would help the community to have a benevolent attitude such as being more open and understand the treatment that the mentally ill patients go through and their condition as well18. However, Morbidity and Mortality Weekly Report (MMWR) reported that adults with high education less likely to agree that people can be caring and sympathetic to the mentally ill19. Therefore, the education may lead them to have a positive attitude towards the mentally ill patients by having a perception that the mentally ill patients also have an equal right same with normal people, and they tend to be tolerant with them14. Nevertheless, higher education could help the community to accept the mentally ill patients as one of community members. It is because, by having higher education might help them decrease or get rid of their stigma towards the mentally ill patients.

Table 4: Factors associated with community attitudes towards mentally ill

Factors	SLR[a]				MLR[b]			
	Crude *b*[c]	95% CI	t	*p* value	Adjusted *b*[d]	95% CI	t	*p* value
AUTHORITARIANISM								
Race								
Malay	2.45	-0.30,5.20	1.75	0.080	2.80	1.39,4.21	3.91	<0.001
India	2.18	-1.01,5.38	1.34	0.181	2.70	0.55,4.84	2.48	0.014
Chinese	-0.52	-3.63,2.59	-0.33	0.742				
Religion								
Islam	2.95	1.05,4.85	3.06	0.002				
Hindu	2.55	-0.07,5.17	1.92	0.056				
Christian	0.61	-2.39,3.61	0.40	0.690				
Level of income								
Middle	-1.11	-2.21,-0.01	-1.98	0.048				
High	-1.34	-4.66,1.98	-0.80	0.427				
Previous experience with mentally ill patients								
Yes	-1.36	-2.43,-0.29	-2.49	0.013	-1.41	-2.37,-.35	-2.61	0.009
BENEVOLENCE								
Level of education								
Primary	5.44	0.97,9.92	2.39	0.017				
Secondary	5.63	1.52,9.73	2.70	0.007				
Tertiary	6.73	2.64,10.82	3.23	0.001	1.37	0.50,2.24	3.09	0.004
SOCIAL RESTRICTIVENESS								
Level of education								
Primary	-3.94	-9.10,1.21	-1.51	0.133				
Secondary	-4.29	-9.02,0.44	-1.79	0.075				
Tertiary	-5.91	-10.62,-1.20	-2.47	0.014	-0.21	-3.00,-.99	-3.91	<0.001

[a] Simple linear regression, [b] Multiple linear regression, [c] Crude regression coefficient, [d] Adjusted regression coefficient

This study was primarily limited by its sampling of the study population and which rendered the non-generalization of the results to the general population. The study was conducted in mental health service areas in Tampoi, Johor. Therefore, there is possibility that the community in this area have extra information about mental health compared to community living in other area without mental health services. This extra information may lead them to have a positive perception and good attitudes towards the mentally ill patients.

Apart from this, the limitation came from the duration for answering the questionnaires. The questionnaire was given within the waiting time for respondents to meet the doctors. The respondents tend to rush their answer in fear that they will miss their turn for doctor's consultation. There are a few respondents who needed some guidance to answer the questionnaire because their poor eye sight. Indirectly, that situation may lead to some information bias.

CONCLUSION

This study was carried out to determine the attitudes towards the mentally ill patients and the associated factors among community in Tampoi, Johor. Generally, they have positive attitudes towards the mentally ill patients. Based on the results, benevolence and community ideology towards mental health had higher scores compared to another two sub scales and represents negative attitudes. We can conclude that races, religion, education level and previous experience with the mentally ill patients were associated with community attitudes towards the mentally ill patients. Base on this study, medical social worker and other professional in psychiatric setting are suggested

to educate the community regarding mental health, mental ill and the treatment as well.

Specifically for medical social workers, they should focus on interventions for community about mental health. These interventions should be done in a holistic and comprehensive manner in order to improve and sustain the positive attitudes towards the mentally ill patients. In conclusion, future researchers are suggested to do a comparative study to determine the different of attitudes towards the mentally ill patients between community living in areas with or without mental health services.

CONFLICT OF INTEREST

None.

ACKNOWLEDGEMENT

This study was obtained the financial support from Medical Research Committee, Universiti Kebangsaan Malaysia Medical Centre with approval to conduct this study. The authors also would like to thank the National Medical Research Registry (NMRR) and Department of Health in Johor for granting us the permission to conduct this study at two health clinic in Tampoi, Johor. The authors declare that there is no conflict of interest.

REFERENCES

1. Lindsey, SM. 1 in 5: Overcoming stigma of mental illness. Workbook and Resource Guide, 2006.

2. Ottosson JO, Ottosson H, Ottosson M et al. Akut psykiatri. Liber: Stockholm, 2004.

3. Forsell Y, Dalman C. Psykisk ohälsa hos unga. Rapport nr. 6. Stockholms läns landsting, Centrum för folkhälsa, Epidemiologiska enheten: Stockholm, 2004.

4. Comer, RJ. Abnormal Psychology. 6th ed. Worth Publishers, Incorporated: New York, 2006.

5. Malaysia Psychiatry Association. Mental Disturbance and Solution. Available from: http://www.psychiatry-malaysia.org/article.php?aid=1241. (accessed 4 October 2011).

6. Khairul Azhar Bin Idris. Mempertingkatkan Perkhidmatan Kesihatan Mental dalam Masyarakat. Available from: http://www.ikim.gov.my/v5/index.php?lg=1&opt=com_article &grp=2&sec=&key=2308&cmd=resetall. (accessed 4 October 2011).

7. Scheffer, R. Addressing Stigma: Increasing Public Understanding Of Mental Illness, 2003.

8. Ryan, LC. Public Attitudes Toward Mental Illness: An Experimental Design Examining the Media's Impact's of Crime on Stigma. Disertasi. The Ohio State University, 2010.

9. Link BG, Yang LH, Phelan JC et al. Measuring mental illness stigma. *Schizophr. Bull* 2004; **30** (3): 511-541.

10. Song L, Chang L, Shih CY et al. Community attitudes towards the mentally ill: The results of a national survey of the Taiwanesse population. *Int J Soc Psychiatry* 2005; **51**(2): 174-188.

11. Hussein H, Shaker N, El-Shafei A. Attitudes of teaching staff members in Ain Shams University towards mental illness. *Curr Psychiatr* 2007; **14**(1): 1-2.

12. Pocock SJ. Clinical trials: A practical approach. John Wiley and Son: Chichester, 1983.

13. Dear MJ, Taylor SM. Community Attitudes towards the Mentally Ill. Department of Geography, McMaster University, Hamilton: Canada, 1979.

14. Chong SA, Verma S, Vaingankar JA et al. Perception of the public towards the mentally ill in a developed Asian Country. *Soc Psychiatry Psychiatr Epidemiol* 2007; **42**: 734-739.

15. Ng CH. The stigma of mental illness in Asian Cultures. *Aust N Z J Psychiatry* 1997; **31**: 382-390.

16. Drench ME, Noonan AC, Sharby N et al. Psycholosocial Aspects of Health Care. 2nd ed. Pearson Education, Inc. United State, 2007.

17. Girma E, Tesfaye M, Froeschl G et al. Public stigma against people with mental illness in the Gilgel Gibe Field Research Center (GGFRC) in Southwest Ethiopia. *PLoS ONE* 2013; **8**(12): e82116.

18. Papadopoulos, C. Stigma towards people with mental health problems: An individualism-collectivism cross-cultural comparison. Tesis. School of Health and

Social Science: Middlesex University, 2009.

19. Morbidity and Mortality Report. Attitudes toward mental illness 35 states, district of Columbia, and Puerto Rico, 2007. *Centers for Disease Control and Prevention* 2010; **59**(20): 619-625.

20. Aloud N, Rathur A. Factor affecting attitudes towards seeking and using formal mental health and psychological services among Arab Muslim populations. *Journal of Muslim Mental Health* 2009; **4**: 79-103.

21. Amer, MM. When multicultural world collide: Breaking down barriers to service use. Paper presented at the annual meeting of America Psychological Association: New Orleans, 2006.

22. Youssef J, Deanne FP. Factor influencing mental-help-seeking in Arabic-speaking communities in Sydney, Australia. *Mental Health, Religion & Culture* 2006; **9**: 43-66.