

An exploratory study using the OMI scale to assess the opinion toward mental illness among young adults

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Abstract

Background: Public perception of mental illness is critical for successful treatment seeking behaviour as well as for early diagnosis and surveillance of disease. Two hundred eleven young patients were interviewed at Department of psychiatry, Sir Sunderlal Hospital, Varanasi with the help of consecutive sampling method. **Objective:** To assess the opinion towards mental illness among young adults by using the opinion on mental illness scale (OMI). **Methods:** Data was collected using the opinion about mental illness scale (OMI) which consists of 51 questions out of which, 15 questions directly related to the cause, care, and management of mental illness were randomly selected and analyzed. Analysis was done showing Percentage and chi-square tests to see the significance of scores between the respondents. **Results:** The finding shows that more than 70% of respondents believe that mental illness is a consequence of bad behavior, lack of willpower, or negative beliefs and gap in the treatment seeking behavior and understanding the cause of disease was found. **Conclusions:** Opinions on Mental health have received increasing attention as a useful strategy to promote early identification of mental illness, reduce stigma and enhance help-seeking behaviors. As part of the National Mental Health Programme, there is a need to raise awareness in order to enhance understanding of mental illness in facilitating early diagnosis and treatment of disease.

Keywords

Mental Illness; Young Adults; Opinion; Omi Scale

Introduction

Mental health is a major problem around the world, including India. Approximately one in every five adolescents and children across the globe suffer from a mental illness. Neuropsychiatric disorders are responsible for approximately 20% of the worldwide disease burden. Approximately half of all psychological disorders emerge before the age of 14. Depression is one of the most common causes of disability, impacting almost 264 million individuals worldwide. 1 person commits suicide every 40 seconds; it is most frequent among those between the ages of 15 and 29; and approximately 1 in every 9 persons suffers from psychiatric conditions(1). Mental health is a condition of well-being in which a person recognizes his or

her own potential and is able to cope with the usual stresses of life, work successfully and fruitfully, and make a positive contribution to his or her own community (2). Mental health increasingly being recognized as one of the most important areas of health policy across the world, and it has been included in the Sustainable Development Goals as a priority (3-5). As a result of the sluggish improvement of the mental health delivery system, there are significant treatment gaps and a lack of understanding of mental disease in the public health care system. Individual and societal mental health can only be improved by ensuring the rights and care of those suffering from mental illnesses, as well as by promoting mental wellness and preventing mental illnesses from occurring. It has been shown that when there is

negligence, there is no awareness, and as a result, nearly two-thirds of persons suffering from mental illness never seek medical attention from health experts owing to stigma, prejudice, a lack of education, and the possibility of developing a mental disease. The OMI scale was used to measure their opinion on mental illness.

Aims & Objectives

To assess the opinion on mental illness among young adults using opinion on mental illness scale.

Material & Methods

Study Type: Exploratory Study

Study Population: Young Adults (15-24 Age group)

Study Area: Sir Sunder Lal Hospital, Banaras Hindu University, Varanasi

Study Duration: 5 yrs

Sample Size Calculation

Sample size: based on prevalence of NMHS on mental health morbidities in age group 18-29 years is taken as 7.39%. The sample size is calculated as:

$$n = \frac{Z^2 * P * (1-P)}{e^2}$$

$$n = \frac{(3.84 * .074 * .926)}{.037^2} = 926$$

$$n = 192$$

The sample is further increased by 10% to account for contingencies such as non-response recording error

$$n' + 10\% = 192 * 1.1 = 211.2$$

So the final sample size will be based on **211**

where n = Required sample size for young adults

$Z = 1.96$ (Z value at 5% level of significance)

P = proportion of adults suffering with any mental disorder, here is 7.39% in the age group 10-19 years

e = amount of admissible error

Study subjects ([Figure 1](#))

Inclusion criteria:

- All the eligible young adults between age group 15-24 years suffering from CMD'S
- All those Willing to participate in the study.

Exclusion criteria:

All seriously ill and debilitating young adults

Tools Administered

a) Socio-demographic questionnaire

It was used to collect data of sociodemographic profile of the respondents. Prasad 2016 classification was used to record the socio-economic status of the respondents.

b) The OMI Scale (Cohen and Struening 1962)

It has been chosen to assess opinion of mental illness. This scale contains 51 items related to opinion and attitude towards causes and treatment of mental illness. Responses of these items were rated from strongly agree (1) to strongly disagree (6) in a 6-point Likert-type scale regardless of the positive or negative direction of the items. The scale has five factors:

Factor A: Authoritarianism (A, 11 items): the opinion strongly agrees (1) to strongly disagree (6) that people

with a mental illness cannot be held accountable for their acts and they should be controlled by society,

Factor B: Unsophisticated Benevolence (UB, 14 items): an attitude that could be placed between tolerance and pity/compassion,

Factor C: Mental Hygiene Ideology (MII, 9 items): the opinion that mental illness is similar to other illnesses and it should be treated adequately by specialists,

Factor D: Social Restrictiveness (SR, 10 items): the opinion that mentally ill persons should be restricted in some social domains,

Factor E: Interpersonal Etiology (IE, 9 items): the belief that the real cause of a mental illness is problematic interpersonal relations.

Statistical Analysis: OMI scale contains 51 questions on opinion and attitude towards mental illness among which 25 questions talk about opinion on mental illness, from analysis point of view out of those 25 questions, only those 15 questions have been selected which were directly related with cause, management and care of mental illness.

Data was collected and entered in MS office excel and relevant proportions were calculated. statistical test was applied using SPSS version 20 (trial version). Percentage was recorded and chi square test was done to find out the significant differences in opinion of male and female groups.

Ethical Approval: Ethical Approval of study was taken from Institutes Ethical Committee.

Results

The present cross-sectional study was conducted in Department of Psychiatry Sir Sunderlal Hospital, district Varanasi. Total of 211 young adults (88 Females and 123 Males) of the age group 15-24 years coming to OPD were interviewed consecutively.

[Table 1](#) shows that 55% of the respondents were from the age group (20-24 yrs.). Nearly half of respondents (48.3%) were unmarried and majority (97%) were literate among which 33% were school dropouts. More than half (51.7%) of the respondents belong to urban area. and 51% belong to lower middle class. Almost two third (64%) of respondent belong to nuclear family.

[Table 2](#) shows the responses on opinion on mental illness and also, its association with the Gender. It is observed that for Q1 which says that 'Mental illness is an illness like any other' out of total around 65 % of young adult patients agree for the question of which 53% were females and 13% were males and this association was found to be significant. Similarly for Q2 which says 'although patients discharged from mental hospitals may seem all right, they should not be allowed to marry' out of total 60% of young adult patients agree for this question of which 41% were females and 19% were males and association was found to be significant. It was observed that for Q3 which says that 'Most patients in mental hospitals are not dangerous'

out of total only 17% of young adult patients agree to this and no significant difference was observed for this statement. Out of total 86% of young adult patients agree for Q4 which says 'If parents loved their children more, there would be less mental illness.' and no significant association was observed. More than half of young adult patients agree for Q5 which says 'People who are mentally ill let their emotions control them: normal people think things out' and this association was found to be significant. Almost 95% of young adult patients agree for Q8 which says 'To become a patient in a mental hospital is to become a failure in life' and the association was not found to be significant. It was observed that out of total more than 90% of young adult patients agree for Q13 which says 'One of the main causes of mental illness is a lack of moral strength or will power' of which 59% were females and 41% were males and the association was found to be significant. Out of total 74% of young adult patients agree for Q15 which says 'There is little that can be done for patients in a mental hospital except to see that they are comfortable and well fed.' of which 68% were females and 31% were males and the association was found to be significant.

[Table 3](#) shows the response of young adult patients on opinion on mental illness scale with different socio demographic variables. It is observed that for Q1 which says 'Mental illness is an illness like any other' was found to be in significant association with marital status. The result shows that almost 98% of married young adult patients agree for this question. For Q2 which says 'Although patients discharged from mental hospitals may seem all right, they should not be allowed to marry' also shows significant association with marital status and 67% of married young adult patients agree for this question. Q4 which says 'If parents loved their children more, there would be less mental illness' shows significant association with socio economic class and almost 94% of upper middle class, and 93% of lower middle class agree to this question. Q5 which says 'People who are mentally ill let their emotions control them: normal people think things out' shows significant association with marital status and 70% of married and 99% of unmarried young adult patients agree to this question. Q 9 which says 'The law should allow a woman to divorce her husband as soon as he has been confined in a mental hospital with severe mental illness 'shows significant association with marital status , almost all the married young adult patients and 71% of unmarried young adults agree to this question. The result shows that Q12 which says that 'People with mental illness should never be treated in the same hospital as people with physical illness' shows significant association with place and almost all the rural young adult patients and 94% of urban young adult patients agree to this question. it was observed that Q14 which says that 'Most patients in mental hospitals don't care how they look' shows significant association with marital status and

socio-economic class. Around 41% of unmarried young adult patients and 42% of urban young adult patients agree to this question.

[Table 4.](#) shows the Mean scores and SDs obtained for the five sub factors. The mean score ranged from 2.70 to 3.51. For sub factor 'A' i.e. Authoritarianism mean value 3.09 (SD = 0.32); for sub factor 'B' Sophisticated Benevolence mean value 2.79 (SD = 0.24); for sub factor 'C' i.e. Mental Hygiene Ideology Mean value 2.87 (SD = 0.35); for sub factor 'D' i.e. Social Restrictiveness, mean value 3.51 (SD = 0.42); and for sub factor 'E' Interpersonal etiology, Mean value 2.70 (SD = 0.42).

The result shows low scores (Mean value less than 3) for three sub factors i.e. Benevolence, Mental Hygiene Ideology, and Interpersonal etiology. The sub factor authoritarianism and social restrictiveness showing high scores (mean value more than 3). Those with low scores indicating less positive attitude of young adult patients and those with high scores reflect a more positive attitude on opinion on mental illness scale.

In this study the result shows high score (mean value more than midpoint 3.00) with mean value of 3.09 for sub factor 'A' i.e. Authoritarianism which says that 'people with mental illness cannot be held responsible for their own acts but it should be controlled by the society,' reflecting more positive attitude of the young adult patients towards the mental illness. It includes authoritarian submission and anti-interception and reveals a view of the mentally ill as an inferior class requiring coercive handling. The score on this sub factor shows that the young adult patients are more aware and has more knowledge for mental illness and they are of the opinion that such people with mental illness are capable of taking their own responsibility for their acts.

It shows low score with mean value 2.79 for sub factor 'B' Sophisticated Benevolence showing less understanding of participants towards mental illness and they are of negative opinion and show less tolerance and compassion towards mental illness.

The result shows a low score with a mean value 2.87 for Sub factor 'C' i.e., Mental Hygiene Ideology which says that 'mental illness is like any other disease' showing less positive attitude towards this sub factor and they don't think that mental illness is like any other diseases and should be treated by specialists showing negative opinion towards the scientific perspective of mental health. It shows a high score with a mean 3.51 for sub-factor 'D' social restrictiveness that says that mentally ill patients should be restricted to some domains of society, reflecting more tolerant behaviour towards people suffering from mental illness, their social health and security. It shows low score with mean value 2.70 for sub factor 'E' interpersonal etiology reflecting the belief that mental illness arises from interpersonal experience, especially deprivation of parental love during childhood. The score

shows less awareness and knowledge of the mental illness.

Discussion

The present exploratory study was conducted to assess opinion of young adults towards mental illness in tertiary centre of Varanasi District, in Uttar Pradesh using opinions about mental illness scale. The findings of the study indicate that out of total 211 respondent's majority of them were aged between (20-24) yrs. The percentage of female young adult patients (58.3%) were comparatively higher than that of male young adult patients (41.7%). These findings were in correspondence with the findings of some previous studies (3-11). In contrast to the present findings in studies conducted in India and other countries (12-14). This dissimilarity is due to different geographical area and those studies have been conducted under different settings as compared to the present study. The proportion of young adult patients studying in intermediate and above was comparatively high (64%). 23.2% of the respondents belonged to middle class and lower middle class (51.7%). Around 64% respondents belong to nuclear family and 51% resides in urban areas. This finding is similar to previous studies in India and other countries (5,10,15,16).

The finding shows that the young adult patients did not show much positive opinion towards the cause of mental illness as almost 74% of them believed that mental illness is the result of the punishment of bad deeds and this was found to be in significant association with gender. This finding is in contrast with the study conducted in Kolar district (11). On the subject of psychological disorder treatment and rehabilitation, it was observed that the attitude was generally negative, with the majority of participants believing that mental illness cannot be healed and that persons suffering from mental illness would not cure. However, when asked whether they agreed with the statement "Although people discharged from mental institutions may appear to be in good health, they should not be permitted to marry," over 60% of young adult patients indicated they agreed and with significant association with gender. This outcome was consistent with the findings of previous studies (11), which were comparable. Moreover, in contrast to the findings of a research conducted in Nigeria, the massive majority (over 79%) believed that the most majority of persons suffering from mental illness may recover and return to productive lives if they receive adequate treatment (17). Mental illness is a disease like any other, according to 66% of young adult patients, but when questioned "Although individuals discharged from mental institutions may appear all well," the majority said "No, they should not be permitted to marry." This finding was in correspondence to the finding in the study conducted in India and some other countries (4,5). This similarity is because still the society keeps stereotype views towards mental illness and

they have negative perception towards mentally ill people so when it comes to marriage mentally ill patients are not allowed to marry, because of negative opinion of people towards such patients and society feels that this disease is more severe and cannot be cured easily by medicines like other illness.

The Result shows that young adult patients are not much satisfied with the mental hospital's facility provided to the patients and they feel that it's more like prisons and around 70% of respondents agree to this but this statement was not significant with sociodemographic profile. Similarly, 74% of respondents agree to the statement that "There is little that can be done for patients in a mental hospital except to see that they are comfortable and well fed" and was significantly associated with CPI with P value 0.000. It was observed that males believed that mentally ill patients don't give much time or importance to their looks and 71% of males agree to the statement that "Most patients in mental hospitals don't care how they look." On the other side females were more concerned about their looks and appearance so only 28.6% of females agree to this statement and this statement was in significant association with Occupation (P value 0.005) Birth Order (P value 0.004) Marital Status (P value 0.023) and Age (P value 0.049). Findings indicate that 4/5th of total respondents agree to the statement that "People with mental illness should never be treated in the same hospital as people with physical illness" which showed their fear and intolerant behavior towards mentally ill patients and this was not in significant association with any socio demographic characteristics. The sub factor 'B' and 'C' shows less positive opinion towards mental illness with mean value less than 3.00 and this finding is similar to the finding of some of the previous studies. Opinions on whether mental illness should be managed like any other condition, whether such individuals should be allowed to get married or not, if such people are threatening, or whether it is caused by a lack of willpower, among other things, showed a significant correlation with socio demographic profile such as education, marital status, students dropping out, capita per income and so on. Opinions of young adult patients on whether mental hospitals appear more like prisons than places where mentally sick people may be cared for, whether individuals with mental illness should never be treated in the same hospital as persons with physical illness, and whether people who are successful in their career seldom become mentally ill revealed no significant connection with any of the socio demographic characteristics. With relation to marriage, job, personal rights, and social contact with mentally ill people, the studied population shows negative opinion towards those who were suffering from mental illness. People believe that those who are mentally ill allow their emotions to govern them, whereas normal people rationally consider their options and consequences. This assertion is

supported by over 60% of the population. Following the publication of a recent systematic review and meta-analysis of public views, researchers discovered that despite advancements in mental health literacy, public attitudes and desire for social distance have remained relatively steady over time (18). This study demonstrates that education, marital status, birth order, and capita per income all have an impact on the likelihood of developing mental disorder. Another study supports the theory of people being more optimistic about mental illness when they have received more education (19). Additionally, research has attempted to assess the impact that mental health education, therapies, and interaction have on teenage opinions (20,21).

The study's limitations include the fact that the samples used were not representative of the general community, and as a result, the findings cannot be applied to a broader population. The study's strength is that data was acquired in the home environment through face-to-face interviews, which allowed participants to express themselves more freely. The findings of this study will also contribute to the literature in this field because so few studies on this subject have been identified in the national literature that have been executed in a hospital environment for the purpose of measuring the opinion on mental illness using an OMI scale.

Conclusion

The study's findings show that younger, more educated respondents' views on mental illness were considered to be satisfactory overall but less so in regards to the identification of risk factors, stigmatization, and prejudice. The study also reveals a number of gaps in the sector, including the unequal application of evaluation measures for people who seek care as well as viewpoints on the causes and treatment of diseases. It has been highlighted that socioeconomic status, education, familial background, and societal stigma all affect how the general public views mental illness. This gap analysis may serve as a roadmap for more field research.

As a result, it's important to organize public education and mental health awareness campaigns, distribute scientific knowledge about the causes, risk factors, and treatment of mental disease, and make mental health resources more accessible.

Recommendation

This study altogether focuses on mental illness in young adults as the young age is one of the most important phases of life, being the formative period with major impacts on the future. The phase carries special significance for mental health, since most mental illness have onset in young age or adolescence, and many tend to run a chronic or relapsing course. The society has various myths, stigma, beliefs, towards mental illness and thus there is need to explore help seeking pattern for their mental illness and the reasons behind their choices which

gets affected by different psychosocial and environmental factors, personal beliefs, lack of awareness, myths, misconceptions and stigma etc. It is very important to have proper knowledge and awareness regarding mental illness for its proper care and management.

Relevance of the study

This study will help in assessing the opinion of young adults on mental illness, related to help seeking, and opinion related to cause, care and management of disease. Early diagnosis and treatment of mental illness is very necessary as when mental illness remains untreated, the symptoms can worsen and negatively impact a person's well-being.

Authors Contribution

All authors contributed equally.

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Tables

TABLE 1 SOCIODEMOGRAPHIC PROFILE OF RESPONDENTS

Variables		No	%
Age(In yrs.)	15-19	96	45.5
	20-24	115	54.5
Gender	Female	123	58.3
	Male	88	41.7
Caste	General	32	15.2
	OBC	43	20.4
	SC	122	57.81
	ST	14	6.6
Religion	Hindu	184	87.2
	Muslim	27	12.8
Place	Urban	109	51.7
	Rural	102	48.3
Marital Status	Married	88	41.7
	Unmarried	102	48.3
	Divorced	5	2.4
	Separated	14	6.6
	Widow/widower	2	.9
Family Type	Joint	41	19.4
	Nuclear	135	64
	Extended	35	16.6
Educational Status	Never gone to school	6	2.8
	Up to Primary	7	3.3
	Up to Middle School	8	3.8
	Up to High school	55	26.1
	Intermediate and above	135	64
Occupational Status	None	38	18
	Laborer	51	24.2
	Business	38	18
	Agriculture	54	25.6
	Service	30	14.2
Economic Status	Upper (class-1) 6261 and above	12	5.8
	Upper Middle (class-2) 3099-6260	23	10.9
	Middle (class-3) 1835-3098	49	23.2
	Lower Middle (class-4) 949-1834	108	51.1
	Lower (class-5) less than948 <948	19	9
	TOTAL	211	100

TABLE 2 RESPONSE OF YOUNG ADULT PATIENTS ON “OPINION ABOUT MENTAL ILLNESS SCALE” ITEMS AND THEIR ASSOCIATION WITH GENDER

Scale Items	Male % (n) Agree	Female%(n) Agree	Total %(n) Agree	Group dference Chi sq	P value
Q1	13.2(28)	52.6 (111)	65.8(139)	77.9	<.001
Q2	19 (39)	41 (86)	60 (125)	13.92	<.001
Q3	9 (19)	8 (17)	17 (36)	2.19	0.14
Q4	37(77)	50 (105)	86 (182)	0.2	0.66
Q5	59.7 (77)	40.3 (52)	61.2(129)	44.16	<0.001

Scale Items	Male % (n) Agree	Female%(n) Agree	Total %(n) Agree	Group diference	
				Chi sq	P value
Q6	30.6 (45)	69.4 (102)	69.7 (147)	24.53	<0.001
Q7	56.8 (63)	43.2 (48)	52.6 (111)	21.82	<0.001
Q8	41.8(84)	58.2 (117)	95.3 (201)	0.01	0.91
Q9	19.3 (22)	80.7 (92)	54 (114)	51.21	<0.001
Q10	32.3(40)	67.7(84)	58.8(124)	11.04	<0.01
Q11	34.4(54)	65.6(103)	74.4(157)	13.49	<0.001
Q12	35.8 (53)	64.2 (95)	80.1 (148)	7.09	<0.01
Q13	40.9(79)	59 (114)	91.5 (193)	0.56	0.46
Q14	71.4(75)	28.6 (30)	49.8(105)	75.95	<0.001
Q15	31.8 (50)	68.2 (107)	74.4 (157)	24.53	<0.001

Note: N= 211 % Agree= (Strongly agree(1)+ Agree(2)+ Not sure but probably agree (3)); Q1:Mental illness is an illness like any other ; Q2: Although patients discharged from mental hospitals may seem all right, they should not be allowed to marry ; Q3: Most patients in mental hospitals are not dangerous ;Q4 : If parents loved their children more, there would be less mental illness ; Q5: People who are mentally ill let their emotions control them: normal people think things out Q6: Our mental hospitals seem more like prisons than like places where mentally ill people can be cared for; Q7: Most mental patients are willing to work; Q8: To become a patient in a mental hospital is to become a failure in life; Q9: The law should allow a woman to divorce her husband as soon as he has been confined in a mental hospital with severe mental illness; Q10: People who are successful in their work seldom become mentally ill; Q11: Sometimes mental illness is punishment for bad deeds.; Q12: People with mental illness should never be treated in the same hospital as people with physical illness; Q13: One of the main causes of mental illness is a lack of moral strength or will power; Q14: Most patients in mental hospitals don't care how they look; Q15: There is little that can be done for patients in a mental hospital except to see that they are comfortable and well fed

TABLE 3 RESPONSE OF YOUNG ADULT PATIENTS ON OPINION ON MENTAL ILLNESSSCALE AND ITS ASSOCIATION WITH DIFFERENT SOCIO DEMOGRAPHIC VARIABLES.

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15
Age															
15-19	82.3%	42.7%	68.8%	92.7%	87.5%	97.9%	70.8%	86.5%	97.9%	85.4%	86.5%	96.9%	68.8%	29.2%	93.8%
20-24	91.3%	47.0%	67.0%	88.7%	87.0%	97.4%	74.8%	92.2%	94.8%	81.7%	84.3%	97.4%	64.3%	20.9%	92.2%
p value	0.051	0.537	0.781	0.322	0.906	0.803	0.520	0.176	0.235	0.475	0.666	0.822	0.500	0.164	0.657
Gender															
female	87.0%	45.5%	65.0%	91.1%	86.2%	97.6%	74.0%	91.1%	96.7%	83.7%	87.8%	97.6%	61.0%	26.0%	92.7%
male	87.5%	44.3%	71.6%	89.8%	88.6%	97.7%	71.6%	87.5%	95.5%	83.0%	81.8%	96.6%	73.9%	22.7%	93.2%
p value	0.913	0.862	0.315	0.754	0.598	0.938	0.700	0.404	0.628	0.880	0.226	0.676	0.051	0.585	0.889
Place of residence															
Urban	88.1%	47.7%	68.8%	89.9%	89.0%	97.2%	69.7%	85.3%	94.5%	85.3%	80.7%	94.5%	66.1%	20.2%	91.7%
Rural	86.3%	42.2%	66.7%	91.2%	85.3%	98.0%	76.5%	94.1%	98.0%	81.4%	90.2%	100.0%	66.7%	29.4%	94.1%
p value	0.696	0.418	0.740	0.753	0.422	0.706	0.270	0.037	0.178	0.441	0.052	0.016	0.925	0.120	0.502
Religion															
Hindu	86.4%	44.0%	67.4%	90.2%	86.4%	97.3%	73.4%	88.6%	96.2%	84.8%	83.7%	96.7%	68.5%	25.0%	94.0%
Muslim	92.6%	51.9%	70.4%	92.6%	92.6%	100.0%	70.4%	96.3%	96.3%	74.1%	96.3%	100.0%	51.9%	22.2%	85.2%
p value	0.369	0.445	0.757	0.694	0.369	0.386	0.743	0.221	0.980	0.162	0.084	0.341	0.088	0.754	0.095
Caste															
General	90.6%	50.0%	62.5%	87.5%	78.1%	96.9%	81.3%	93.8%	100.0%	93.8%	84.4%	93.8%	68.8%	21.9%	90.6%
Obc	88.4%	48.8%	69.8%	88.4%	88.4%	100.0%	69.8%	79.1%	100.0%	76.7%	83.7%	100.0%	74.4%	18.6%	93.0%
Sc/St	86.0%	42.6%	68.4%	91.9%	89.0%	97.1%	72.1%	91.9%	94.1%	83.1%	86.0%	97.1%	63.2%	27.2%	93.4%
p value	0.757	0.643	0.775	0.645	0.247	0.518	0.498	0.039	0.101	0.145	0.921	0.272	0.381	0.483	0.861
Marital status															
Married	98.9%	67.0%	62.5%	92.0%	70.5%	100.0%	79.5%	90.9%	100.0%	85.2%	100.0%	100.0%	50.0%	9.1%	89.8%
Unmarried	79.4%	24.5%	73.5%	90.2%	99.0%	95.1%	65.7%	86.3%	92.2%	79.4%	71.6%	94.1%	80.4%	41.2%	96.1%
Others	76.2%	52.4%	61.9%	85.7%	100.0%	100.0%	81.0%	100.0%	100.0%	95.2%	90.5%	100.0%	66.7%	9.5%	90.5%
p value	0.000	0.000	0.223	0.665	0.000	0.065	0.069	0.149	0.012	0.173	0.000	0.037	0.000	0.000	0.218
Family Type															
Joint	84.2%	43.4%	65.8%	88.2%	88.2%	96.1%	71.1%	93.4%	94.7%	85.5%	90.8%	96.1%	64.5%	30.3%	94.7%
Nuclear	88.9%	45.9%	68.9%	91.9%	86.7%	98.5%	74.1%	87.4%	97.0%	82.2%	82.2%	97.8%	67.4%	21.5%	91.9%
p value	0.329	0.726	0.644	0.379	0.756	0.258	0.635	0.170	0.401	0.536	0.092	0.469	0.665	0.155	0.434
Educational Status															
Up to primary	83.3%	33.3%	66.7%	100.0%	100.0%	83.3%	100.0%	83.3%	100.0%	100.0%	100.0%	100.0%	66.7%	33.3%	100.0%
up to Middle	88.6%	42.9%	64.3%	95.7%	90.0%	100.0%	71.4%	91.4%	97.1%	84.3%	80.0%	94.3%	60.0%	31.4%	92.9%
Intermediate and above	86.7%	46.7%	69.6%	87.4%	85.2%	97.0%	72.6%	88.9%	95.6%	82.2%	87.4%	98.5%	69.6%	20.7%	92.6%
p value	0.890	0.737	0.739	0.113	0.394	0.027	0.314	0.750	0.755	0.504	0.214	0.205	0.384	0.214	0.788
Economic Status															
Upper middle	88.6%	51.4%	60.0%	94.3%	91.4%	97.1%	62.9%	94.3%	97.1%	80.0%	85.7%	100.0%	57.1%	42.9%	94.3%
Middle	83.7%	42.9%	71.4%	79.6%	95.9%	100.0%	77.6%	85.7%	93.9%	79.6%	87.8%	100.0%	73.5%	24.5%	89.8%
Lower middle	88.2%	44.1%	68.5%	93.7%	82.7%	96.9%	74.0%	89.8%	96.9%	85.8%	84.3%	95.3%	66.1%	19.7%	93.7%
p value	0.699	0.699	0.522	0.012	0.044	0.459	0.300	0.445	0.620	0.510	0.839	0.130	0.295	0.019	0.625
Occupation															
Working	86.7%	43.4%	68.2%	90.2%	88.4%	97.1%	73.4%	89.0%	95.4%	82.7%	82.7%	97.1%	66.5%	27.7%	92.5%
Not working	89.5%	52.6%	65.8%	92.1%	81.6%	100.0%	71.1%	92.1%	100.0%	86.8%	97.4%	97.4%	65.8%	10.5%	94.7%
p value	0.644	0.298	0.773	0.713	0.252	0.289	0.767	0.573	0.177	0.530	0.020	0.931	0.936	0.026	0.625

Note:Q1:Mental illness is an illness like any other ; Q2: Although patients discharged from mental hospitals may seem all right, they should not be allowed to marry ; Q3: Most patients in mental hospitals are not dangerous ;Q4 : If parents loved their children more, there would be less mental illness ; Q5: People who are mentally ill let their emotions control them: normal people think things out Q6: Our mental hospitals seem more like prisons than like places where mentally ill people can be cared for; Q7: Most mental patients are willing to work; Q8: To become a patient in a mental hospital is to become a failure in life; Q9: The law should allow a woman to divorce her husband as soon as he has been confined in a mental hospital with severe mental illness; Q10: People who are successful in their work seldom become mentally ill; Q11: Sometimes mental illness is punishment for bad deeds.; Q12: People with mental illness should never be treated in the same hospital as people with physical illness; Q13: One of the main causes of mental illness is a lack of moral strength or will power; Q14: Most patients in mental hospitals don't care how they look; Q15: There is little that can be done for patients in a mental hospital except to see that they are comfortable and well fed.; N= 211 % Agree= (Strongly agree(1)+ Agree(2)+ Not sure but probably agree (3))

TABLE 4 4SCORES OF THE OPINION ON MENTAL ILLNESS SCALE AS PER THE DIFFERENT SUB FACTORS

OMI Sub factors	Mean	S.D
Authoritarianism (A)	3.09	0.32
Sophisticated Benevolence (B)	2.79	0.24
Mental Hygiene Ideology (C)	2.87	0.35
Social Restrictiveness (D)	3.51	0.42
Interpersonal Etiology (E)	2.70	0.42

Figures

FIGURE 1 PATIENTS SUFFERING FROM MENTAL ILLNESS WERE ASSESSED BY TREATING PHYSICIANS

