

Perceived stigma towards mental health illness and help-seeking behavior among bachelor level students: a mixed method study

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ABSTRACT

Introduction: Nepal struggles with stigma and discrimination against people with mental disorders. Mental illness is still viewed negatively by general people. The stigma is recognized as a significant public health issue and a major reason for the lower help-seeking behavior. This study aimed to find factors associated with students' perceived stigma towards mental health illness and help-seeking behavior in selected colleges of Lalitpur district using a mixed methods approach.

Method: A cross-sectional study was conducted among 62 bachelor-level students from two selected colleges of Lalitpur district. Six in-depth interviews were conducted for the qualitative study. A concurrent mixed-method triangulation design was used. The Chi-square test and Braun and Clarke's six-step thematic analysis was used to explore the factors associated with perceived mental health stigma and the help-seeking behavior of students. The results of quantitative and qualitative findings were triangulated.

Result: Out of 62 participants, 53.23% participants have a high perceived stigma towards mental illness and 48.39% of the participants have good help-seeking behavior. Age, ethnicity, and faculty were significantly associated with perceived stigma. Likewise, friends or relatives with mental health issues had a significant association with help-seeking. The results of the triangulation of findings identified age and friends or relatives with mental health issues as convergent factors. Ethnicity, educational faculty, sex as divergent findings and innovative media strategies, and widespread dissemination of mental health knowledge as expansive findings.

Conclusion: The factors affecting mental health stigma and help-seeking are age, ethnicity, faculty, and friends or relatives with mental health issues.

Keywords: help-seeking, mental health, Nepal, stigma, students

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INTRODUCTION

Stigma is characterized by discrediting and shaming individuals based on their attributes, is a pervasive issue, particularly concerning mental health.¹ In the world, 1 in 8 people struggle with a mental disorder.² A study shows that the current prevalence of mental disorders among adults in Nepal is 13.2%.³ Around 75% of lifelong mental illnesses begin before age 24, often linked to poor educational and social outcomes.⁴

University students have a significant incidence of mental health issues and suicidal ideation and face stigma as a barrier to seeking professional support. Despite the high prevalence, stigma toward mental illnesses is closely tied to negative help-seeking attitudes.⁵ Nepal struggles with stigma and discrimination against people with mental disorders, aggravated by limited mental health services and low public awareness.⁶

Understanding students' perceptions and attitudes is crucial to educating them about mental disorders, available services, and their rights to treatment. Limited research exists on stigma among undergraduate students in Nepal, which makes it vital to investigate stigma and help-seeking behavior among youth in this context.

METHOD

A concurrent triangulation mixed method study was conducted among bachelor-level students in the two selected colleges of Lalitpur district. The quantitative phase included a survey among 62 students, 31 from health science faculty and 31 from non-health science faculty using a self-administered questionnaire. The qualitative phase involved in-depth interviews (IDI) with six students (2 male and 4 female) using IDI Guideline. In the quantitative study, our objective was to measure the levels of perceived stigma and help-seeking intention towards mental illness. The qualitative study seeks to explore in-depth experiences and help-seeking attitudes providing a subtle understanding of the qualitative aspects complementing the quantitative findings. Purposive sampling was used to select colleges and students. The tools were developed and finalized after literature reviews and a series of feedback from peers and experts. The survey was conducted to assess the level of perceived stigma towards mental health illness and help-seeking behavior among bachelor-level students while In-depth interviews were conducted to explore factors influencing perceived stigma and help-seeking behavior with selected students.

The dependent variables were perceived stigma and help seeking. Perceived stigma was measured by using the perceived devaluation-discrimination (PDD) scale which is a 12-item tool.⁷ Individuals who scored equal to or above the mean score of 2.5 on PDD scales was classified as having "high perceived stigma," and those who scored lower than the mean as "low perceived stigma. Help-seeking indicates student's future help-seeking intentions in case of emotional/ mental health difficulties. This was measured by General Help Seeking Questionnaire (GHSQ) on a 7-point Likert scale. A cutoff point below and above the mean score was taken to calculate the good and poor help-seeking intention.⁸

Independent variables included age, sex, marital status, ethnicity, religion, type of family, faculty, level of education, history of mental illness, family/contact history with mental illness, family discussion on mental health, mental health literacy, availability and accessibility of mental health services.

For quantitative study, data were coded, entered in Epidata Version 3.1 and cleaned in MS-Excel 2013. Statistical analysis was done using Easy R and STATA 13.0. Descriptive analysis included frequency, percentage and, median and inter-quartile range and, inferential statistical analysis included test of association between dependent and independent variables using Chi-square Test at the p-value less than 0.05.

For the qualitative study, the recordings were kept safely on a password protected laptop and translated as soon as possible after the interview ended. Information obtained from interviews was converted to 'txt' format and then imported into the RQDA package of R software. Each of the transcripts was read and again re-read to find a similar kind of response. After that, it was marked, and several codes were generated. The same procedure was repeated for all transcripts. To perform the qualitative analysis, thematic analysis was performed following Braun and Clarke's six steps method.⁹ Relevant quotes were used to represent each code within each theme.

Written consent of the participants was taken after providing them with an information sheet about the study before collecting data.

RESULT

Part 1: Quantitative analysis

A total of 62 participants were enrolled in this study. More than half of the respondents were

between 20-25 years and 42(67.74%) of the participant were female. Half of the participants were from health science and half from non-health faculty. 7(11.29%) participants were ever diagnosed for mental health issue and among them 6(85.71%) were ever treated for mental health issue. Same 7(11.29%) participants have family with mental health issue and 25(40.32%) participants had friends with mental health issue. Likewise, 45(72.58%) participants can openly discuss mental health issues in family. Only 23(37.1%) of the participants were aware about the availability of mental health services in their area and 30(48.39%) were aware about the locations where mental health services are available. (Table 1)

Among the total participants, 38(61.29%) have good knowledge of mental health. More than half of the 33(53.23%) participants have high perceived stigma towards mental illness, and nearly half of the 30(48.39%) participants have good help seeking behavior. (Table 1)

Test of Association

Variables such as age ($p= 0.013$), ethnicity ($p= 0.006$), and faculty ($p= 0.001$) had a significant association with perceived stigma towards mental health illness. (Table 2) Likewise, friends or relatives with mental health issues ($p= 0.034$) had significant association with help seeking. (Table 3) All other variables did not show a significant association.

Part 2: Qualitative analysis

A total five themes were identified; those themes were about, knowledge of mental health, current trend of mental health issues, knowledge of stigma, practice of mental health stigma, and practice of help seeking. Different codes were addressed by these themes.

Part 3: Triangulation of qualitative and quantitative findings

Convergent Finding

Quantitative finding shows that age had significant association with perceived stigma. Qualitative aligns with these findings.

"I think stigma might be more prevalent among individuals with higher age group because they've had more encounters with diverse people and situations over the years, which can contribute to a higher level of perceived stigma in older age groups." -Biotech. Student, IDI-2

Friends or relatives with mental health issue showed a significant association with help seeking. A similar finding was also obtained in the qualitative study as the participant explained:

"It makes difference when someone close, like a friend or family member has faced a mental health issue. You become more aware, get more information about the issue and service available." - MBBS student-IDI,6

Table 1. Demographic and mental health characteristics of participants (N= 62)

Variables	N (%)	Variables	N (%)
Age		Friend or relatives with mental health issue	
≤ 19	8 (12.9%)	Yes	25 (40.32%)
20-25	54 (87.1%)	No	37 (59.68%)
The median age in years (Median ± IQR) =21±2, Max= 25 years, Min= 18 years		Can openly discuss about mental issue in family	
Sex		Yes	45 (72.58%)
Female	42 (67.74%)	No	17 (27.42%)
Male	20 (32.26%)	Aware of the availability of mental health services	
Faculty		Yes	23 (37.1%)
Health Science	31 (50.0%)	No	39 (62.9%)
Non- health	31 (50.0%)	Aware of the locations where mental health services are available	
Ever diagnosed for a mental health issue		Yes	30 (48.39%)
Yes	7 (11.29%)	No	32 (51.61%)
No	55 (88.71%)	Mental health knowledge	
Ever treated for a mental health issue		Good	38 (61.29%)
Yes	6 (85.71%)	Poor	24
No	1 (14.29%)	Perceived stigma	
Family with mental health issue		High	33 (53.23%)
Yes	7 (11.29%)	Low	29 (46.77%)
No	55 (88.71%)	Help seeking	
		Good	30 (48.39%)
		Poor	32 (51.61%)

Table 2. Association between demographic variables with perceived stigma and help seeking

Variables	Perceived stigma		p-value	Help seeking		p-value
	Low	High		Poor	Good	
Age						
≤19	7 (87.5)	1 (12.5)	0.013*	5 (62.5)	3 (37.5)	0.71
20-24	22 (59.3)	32 (40.7)		27 (50.0)	27(50.0)	
Sex						
Female	21 (50)	21 (50)	0.46	23 (54.8)	19 (45.2)	0.47
Male	8 (40)	12 (60)		9 (45.0)	11 (55.0)	
Ethnicity						
Upper caste	13 (35.1)	24 (64.9)	0.006*	20(54.1)	17 (45.9)	0.933
Janajati	14 (77.8)	4 (22.1)		9 (50.0)	9 (50.0)	
Others	2 (28.6)	5 (71.4)		3 (42.9)	4(57.1)	
Faculty						
Health	8 (25.8)	23 (74.2)	0.001*	14 (45.2)	17 (54.8)	0.31
Non-health	21 (67.7)	10 (32.3)		18 (58.1)	13 (41.9)	

*Significant at p<0.05

Table 3. Association between mental health characteristics variables with perceived stigma and help seeking

Variables	Perceived stigma		p-value	Help seeking		p-value
	Low	High		Poor	Good	
Ever diagnosed for a mental health issue						
Yes	2 (28.6)	5 (71.4)	0.270	4 (57.1)	3 (42.9)	0.53
No	27 (49.1)	28 (50.9)		28 (50.9)	27 (49.1)	
Ever treated for a mental health issue						
Yes	1 (16.7)	5 (83.3)	0.464	4 (66.7)	2 (33.3)	0.64
No	1 (50.0)	1(50.0)		1 (50.0)	1 (50.0)	
Family with mental health issue						
Yes	3 (42.9)	4 (57.1)	0.574	4 (57.1)	3 (42.9)	0.76
No	26 (47.3)	29 (52.7)		28 (50.9)	27 (49.1)	
Friend or relatives with mental health issue						
Yes	13 (52.0)	12 (48.0)	0.4595	17 (68.0)	8 (32.0)	0.034*
No	16 (43.2)	21 (56.8)		15 (40.5)	22 (59.5)	
Can openly discuss about mental issue in family						
Yes	21 (46.7)	24 (53.3)	0.98	21 (46.7)	24 (53.3)	0.205
No	8 (47.1)	9 (52.9)		11 (64.7)	6 (35.3)	
MH knowledge						
Good	16 (42.11)	22 (57.89)	0.354	20 (52.6)	18 (47.4)	0.84
Poor	13 (54.17)	11 (45.83)		12 (50.0)	12 (50.0)	

*Significant at p<0.05

Divergent Findings

In the quantitative study findings, ethnicity show significant association with perceived stigma. However, in the qualitative study the respondents illuminated there are no ethnicity-wise differences in perceived stigma.

"In our society, it's about cultural beliefs and practices but not about ethnicity. Traditional beliefs, like those associated with dharmi jhakri, can make a significant difference. It's these cultural aspects that shape our understanding and reactions." - Biotech. Student, IDI-3

In the quantitative study findings, educational faculty showed a significant association with perceived stigma. However, in the qualitative

study, respondents said the perceive stigma may be more in non- health science.

"In my opinion, perceived stigma towards mental illness tends to be higher among students of non-health science faculties. In health science faculties, the perceived stigma may be lower because health science students may have a better understanding of mental health, know where to seek help, and can handle such situations because they are reading in their course and have more knowledge on mental health issues." Biotech. Student, IDI-4

In the quantitative study findings, sex did not show any significant association with help seeking. However, in the qualitative study, respondents

describe that gender makes differences in help seeking.

"I think women are more likely to share. They tend to talk about their problems more, they are expressive, which leads to more discussions. On the other side men don't talk much and are less expressive."- Nursing student, IDI-4

"It seems that boys seeks helps a little less, because boys try to suppress their emotions. The girls are emotionally weak, and they share things with their friends, so it seems that girls seek help more."- MBBS student, IDI-6

Expansive Findings

Qualitative interview with students suggested that to reduce mental health stigma different innovative media strategies can be used, and widespread dissemination of mental health knowledge.

"Awareness is important factor, it should be provided in a slightly different way . It could be shown in the type of documentary, drama, and in innovative way."- Biotech. Student, IDI-2

"In my opinion mental health awareness can be spread by different innovative approaches, such as formation of informative videos like by Haribansa and Madan Krishna in the past days on leprosy." - Nursing student, IDI-4

DISCUSSION

In this study 53.23% respondents had high perceived stigma towards mental illness slightly higher than the another study of Palpa, Nepal i.e., 43.6%.¹⁰ It may be due to the increasing trend of mental health issues in Nepal. Age was found to be significantly associated with perceived stigma, consisted with another study of Pokhara.¹¹ There was no difference in the level of perceived stigma between male and female. This fact is supported by a study conducted in Ireland where there was no significant relationship between gender and perceived stigma among college students.¹² Contradictory finding was shown in a study conducted by Eisenberg . et al. showing women had slightly lower perceived stigma ($p < 0.01$).³ The differences between these studies may be due to cultural influences, or variations in sample characteristics.

Only 11.29% participants were ever diagnosed for a mental health issue and 40.32 % knew someone

among friends or relatives with those illnesses. This study did not find a significant association between a history of mental illness and perceived stigma ($p = 0.27$). These findings were supported by research done by Lally J. et al. where majority of respondents had no history of mental illness (88%) and many knew someone with mental illness (28.6%). They did not find significant association between history of mental illness and perceived stigma ($p = 0.178$).¹² However, few studies found a significant relationship between those variables.¹³ A study performed in the United States shows that those without any family members or friends who had used mental health services have high perceived stigma.⁷ This study showed that the level of stigma was not associated with familiarity of mental illness in self or a close friend or relative. The reason behind these differences may be that the educational status, awareness and service availability in developed countries towards mental illness.

According to qualitative finding adolescent population is experiencing an increase in poor mental wellbeing. But quantitative data shows only 48.39% participants had good help seeking intention. A study done in Ethiopia obtained that 41% of the participants had intended to seeking help likewise 46% in Nigeria and 67.7% in Japan. This may be due to socio-demographic as well as economic and cultural variations between countries.¹⁴ This study shows student's willingness to engage in mental health help-seeking remains low which is similar with the study done in Jordanian university.¹⁵ The low help seeking intention could be explained by the structure of Nepali societies, which have unfavorable attitudes toward receiving mental health services as well as a high level of self- and community stigma associated with mental illness.

Our result showed that friend or relatives with mental health issues are significantly associated with help seeking. Consistent with the study of England where, being familiar with common mental disorder is associated with contacting a doctor as well as the willingness to take treatment.¹⁶

This study has some limitations. The sample was selected through purposive sampling and the study was conducted with a very limited sample size and time frame. So, the study findings may not be generalized.

CONCLUSION

Among college students, more than half (53.23%) had a high perceived stigma towards mental

illness. The study inferred a significant association of perceived stigma of mental health illness with age, ethnicity, and faculty. Almost half (48.39%) of the participants had good help seeking behavior on mental health. Only friends or relatives with mental health issue showed significant association with help seeking. 61.29% participants had the good mental health literacy and mental health literacy doesn't show any significant association with perceived stigma and help seeking. The limitations of minimum sample size and non-random sampling could be reasons behind the limited significant results.

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Conflict of Interest

None

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