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Knowledge, Attitudes, and Perceptions of Mental Disorders Among Young Adults: Addressing Stigma and the Need for Mental Health Care

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Abstract

This study explores the knowledge, attitudes, and perceptions of young adults towards mental disorders and mental health care needs. Using a quantitative research design, data was collected from 170 participants via a structured questionnaire administered online. Descriptive statistics were employed to analyze the data, revealing key insights into demographic characteristics and respondents' views on mental health. The findings indicate a strong consensus on the importance of mental health as a vital component of overall well-being, with moderate agreement on the causes of mental disorders, such as brain diseases, genetic inheritance, and drug abuse. However, misconceptions persist, particularly regarding supernatural causes and the stigma associated with mental illness. While young adults generally hold positive attitudes towards individuals with mental disorders, some stigmatizing beliefs still exist. The study also highlights a widespread recognition of the need for mental health care, with an overwhelming majority of respondents advocating for professional help and open discussions about mental health concerns. These findings underscore the necessity of addressing mental health stigma

and promoting awareness and education among young adults to foster a more supportive and understanding environment for those affected by mental disorders.

Keywords: Perception, Knowledge, Attitude, Mental disorder, Mental health

Introduction

A mental disorder is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour (Stein, Palk, & Kendler, 2021). It is usually associated with distress or impairmeet in important areas of functioning (Sakha & Menariya, 2021). There are many different types of mental disorders (Karki, D'Mello, Neupane, Shrestha, & Mahat, 2024). Mental disorders may also be referred to as mental health conditions. The latter is a broader term covering mental disorders, psychosocial disabilities and (other) mental states associated with significant distress, impairment in functioning, or risk of self-harm (WHO, 2022) .

Mental disorders are one of the most pressing issues of the world currently and cause significant burden of disease (Colizzi, Lasalvia, & Ruggeri, 2020). Likewise, around 9% of people report having serious thoughts of suicide, and 3% of them actually make a suicide attempt at some point in their lives 3 and consequecnes of these have huge economic and societal costs (Thapa, Ghimire, & Bhattarai, 2023). In Nepal, mental health disorders account for 7% of the total disease burden and 18% of the total disease burden due to non-communicable diseases. Findings of pilot study showed the current prevalence of mental disorders among adults and adolescents to be 13.2% and 11.2%, respectively (Dhimal, et al., 2022).

In term of prevalence and diseases burden mental disorders have been very high in the world. Usuall, for the mental disorder there is a wide treatment gap in the world (Werlen, Puhan, Landolt, & Mohler-Kuo, 2020). For example, about 76% and 85% of people are suffering from the severe of the mental disorders in low- and middle-income countries respectively but never receive treatment for their mental disorders. Mental disorder magnitude, suffering, and burden in terms of disability and costs, individuals, families, and societies are high in country Nepal. In 1984, first epidemiological field survey was carried out in the Kathmandu Valley and 14 % prevalence of mental disorder is estimated. The prevention and control of non-communicable diseases, 2014-2020, 18% of the NCD burden comes from mental illnesses, according to the multi-sectoral action plan for. Cannot be generalized in the context of country, for the small-scale studies in the urban areas present the prevailing condition of mental health problems. Further, policy debates on the need of mental health of the population in Nepal have been limited because of the lack of data at the national-level about the prevalence of mental disorder and the need of services that is unmeet. Objectives are given bellows:

- To assess the knowledge and attitude towards Mental Disorder among young
- To assess the perception towards Mental Health need among young

Literature Review

Globally, mental health problems are a serious public health concern accounting for 7.4% of disability adjusted life years (DALY), and 22.9% of all years lived with disability (YLD). Mental disorders are generally characterized by some combination of abnormal thoughts, emotions, behaviors, and relationships with others. Common mental disorder is a term incorporating depression, anxiety, adjustment disorders, and stress-related ill health, all of which have major consequences around the world (Puspitasari, Garnisa, Sinuraya, & Witriani). Mental disorders can cause suffering, pose a risk of social isolation, and threaten the personal income of individuals. Fortunately, most of these disorders can be successfully treated. The prevalence of mental disorders in Indonesia arose from 2013 to 2018 according to basic health research in 2018. As of August 2018, the population aged >15 years of Indonesia included approximately 194 million individuals, and there were 67 million households in 2017. The prevalence of schizophrenia in individuals aged >15 years in 2018 was approximately 470,000 people (seven of 1000 households have a member with schizophrenia), and the prevalence of mental–emotional disorders, including bipolar disorder, depression, and anxiety disorders, was approximately 19 million (9.8%).5,6 Among these mental–emotional disorders, the prevalence of depression was approximately 11.8 million individuals (6.1%). The prevalence of mental disorders is increasing globally. Mental and substance use disorders were the largest contributors to the non-fatal burden covering 18.7% of the global Years Lived with Disability (YLDs) in 2016. Despite the high burden, treatment gap for mental disorders is huge all over the world especially in low- and middle-income countries. Previous studies indicate an increasing prevalence of mental disorders in Nepal. Mental health does not exist on its own. Bhugra et.al (2013) looking toward the mental health system, question about its receptivity and ability to treat these youth represent another potential barriers. Burns et.al (2004) in recent years, a number of initiatives have been taken to reduce the treatment gap for mental health problems. Evidence is accumulating that mental health services can be delivered effectively by primary health care workers through community-based programs and task-sharing approaches. Changing the role of specialist mental health workers (i.e. psychiatrists and psychologists) from a predominant focus on service delivery to also designing and managing mental health services, building clinical capacity of the primary health care (PHC) workers, and providing supervision and quality assurance of mental health services, could help in scaling up mental health services in the LMIC (Jordans, Luitel, Pokhrel, & Patel, 2016).

In developed countries, elderly individuals, minorities, low-income groups, uninsured persons, and residents of rural areas are less likely to receive adequate mental health care, and most people with severe mental health problems receive either no treatment or inadequate treatment of their disorders. The World Health Organization (WHO) launched the mental health Gap Action Programme (mhGAP) for prioritizing mental, neurological and substance use disorders in 2008. The aim of mhGAP is to facilitate the delivery of evidence-based interventions by non-specialized health workers in primary health care settings; in addition, mhGAP also

advocates scaling up of mental health care through integration of mental health into primary health care (Jordans, Luitel, Pokhrel, & Patel, 2016).

Research Methods

This study employs a quantitative research design, specifically using a descriptive approach to systematically gather and analyze numerical data. The sample for the study consists of 170 participants, from whom data is collected through a structured questionnaire featuring close-ended and Likert-scale items. The primary data collection method utilized is an online survey administered via Google Forms. The collected data is subsequently analyzed using SPSS to explore the dataset and uncover its fundamental characteristics. Descriptive statistics, including frequency, percentage, minimum, maximum, mean, and standard deviation, are applied to provide a comprehensive description of the demographic characteristics and responses of the participants. This methodical approach ensures that the analysis effectively captures and represents the key trends and patterns within the data.

Data Analysis

Data have been carefully compiled and presented in a tabular format to give a clear and organized view of the information. For better visual understanding, a pie chart has been used to graphically represent the distribution of the data.

Demographic analysis

Age of young adult

Descriptive statistics including frequency, percentage, valid and cumulative percentage were used to describe the demographic analysis; age of young adult.
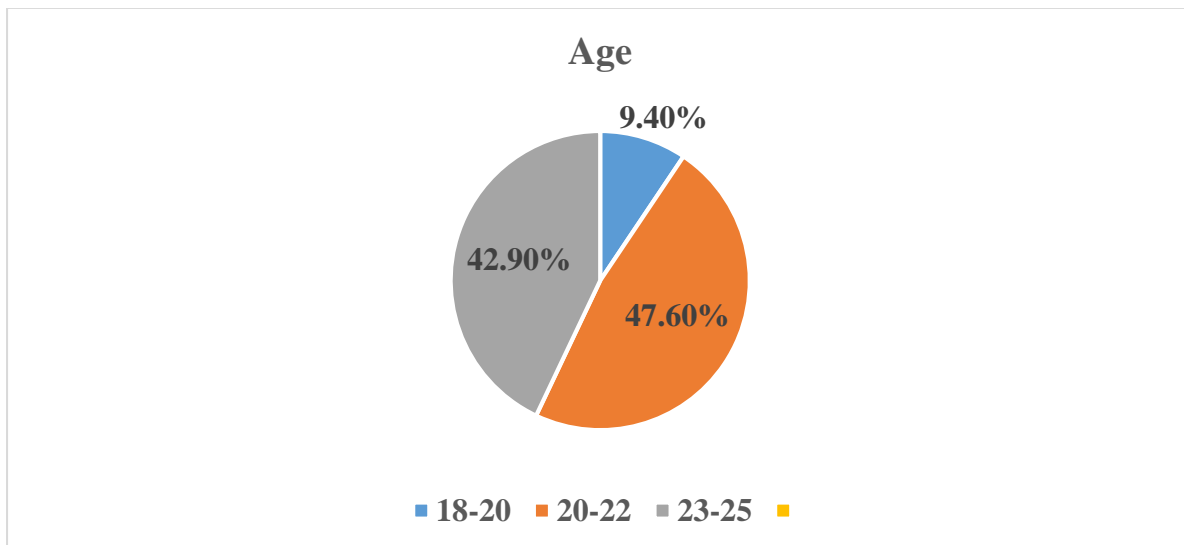

Figure 1: Age of young adult

From the above chart, the demographic analysis of the population sample, which consist of 170 individuals, reveals insights into distribution of age. The age distribution indicates that the largest group aged 20-22, comprising 81 individuals (47.6%), followed by 73 individuals (42.9%) in the 23-25 age, and the smallest group is aged 18-20 with individuals (9.4%). this suggest that the majority of respondents are in their early twenties.

Gender of young adult

Descriptive analysis including frequency, percentage, valid and cumulative percentage were used to describe the demographic analysis; gender of young adult.
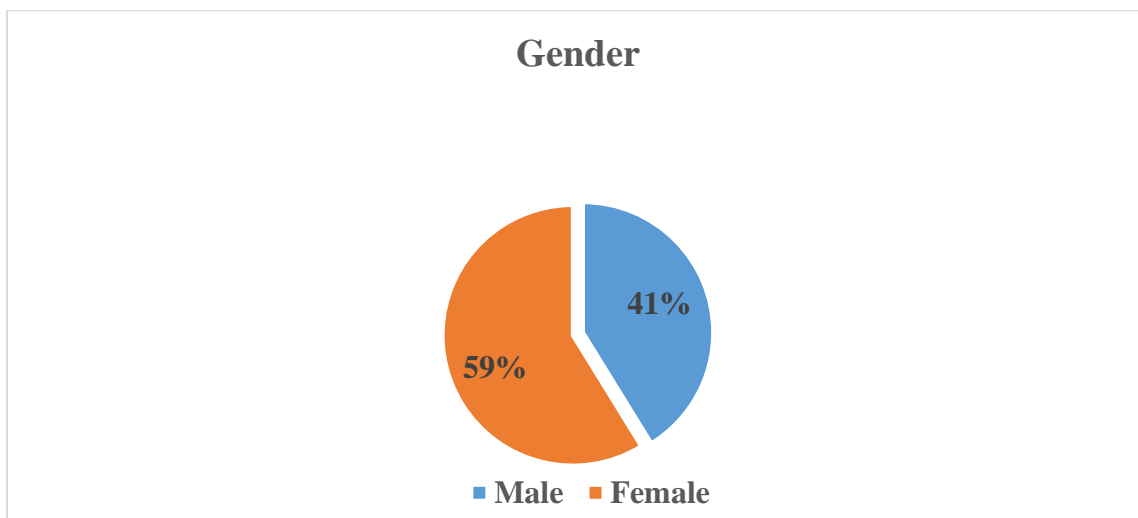

Figure 2: Gender of young adult

From the above chart, the demographic analysis of the population sample, which consist of 170 individuals, reveals insights into distribution of gender. There is higher representation of female, with 100 participants (58.8%), compared to 70 males (41.2%). This indicates a notable gender imbalance in sample, with female being more prevalent.

Source of information about mental health

Descriptive analysis including frequency, percentage, valid and cumulative percentage were used to describe the demographic analysis; Source of information about mental health.
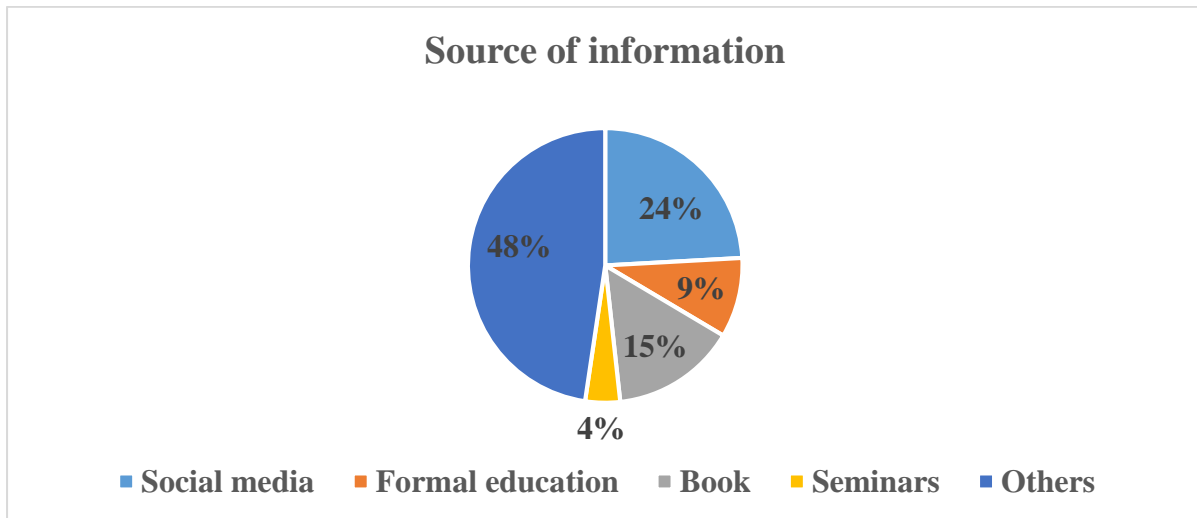
Figure 3: Source of information of mental health

From the above chart, the demographic analysis of the population sample, which consist of 170 individuals, reveals insights into distribution of source of information about mental health. Regarding the source of information about mental health, a diverse range of source is reported. The most common source is "Other", cited by 81 respondents (47.6%). This followed by social media, which is a significant source for 41 individuals (24.1%). Books are also a considerable source, used by 25 respondents (14.7%), while formal education accounts for 16 respondents (9.4%). Seminars are the least common source, cited by only 7 respondents (4.1%). These findings highlights the varied way through which individuals obtain information about mental health, with a significant reliance on non-traditional sources such as social media and unspecific "Other" sources.

Response analysis
Knowledge of young adults towards mental disorder

Table 1: Knowledge of young adults towards mental disorder

Descriptive Statistics					
Knowledge	**N**	**Minimum**	**Maximum**	**Mean**	**Std. Deviation**
Mental health is an essential component of health	170	1	2	1.07	.257
Mental health disorder are caused by brain diseases?	170	1	2	1.31	.462
Mental health disorder Caused by genetic inheritance	170	1	2	1.25	.433
Mental health disorder Caused by drug abuse	170	1	2	1.35	.477

Mental health disorder Caused by Gods punishment/ghost – spirits	170	1	2	1.91	.284
Mental health disorder Caused by personal weekness	169	1	2	1.44	.498
Mental health disorder Caused by poverty	170	1	2	1.38	.487
Exercise can help to maintain mental health	170	1	2	1.21	.406
Mental disorders are caused by wrong way of thinking	170	1	2	1.32	.467
External stress factors are the causes of all types of mental health disorders	170	1	2	1.19	.397
Most of mental health disorders canot be cured	170	1	2	1.36	.481
Psychological services should be sought if one suspects the presence of mental disorders	170	1	2	1.34	.473
Individuals who have a family history of mental disorders have a higher risk of experiencing mental disorders	170	1	2	1.34	.473
Psychological problems in adolescents do not affect academic grades	170	1	2	1.82	.382
Middle-aged or elderly individuals rarely have psychological problems and mental disorders	170	1	2	1.66	.473
Individuals with bad temperament are more likely to have psychiatric problems	170	1	2	1.45	.499
Feelings of sadness and depression are the same	170	1	2	1.69	.462
Valid N (listwise)	169				

The summary statistics provided below give an overview of young adults' perceptions about mental health and disorders in general, wherein sample items were presented to a sample of 170 people (in one case, 169) with the aim of documenting their beliefs based on a bipolar scale (1 = agree, 2 = disagree). The generally high mean values are reflected in the results, meaning that most statements receive agreement.

Notably, there is a very strong consensus on the importance of mental health as part of overall health, with a mean of 1.07, SD = 0.257. There is moderate agreement that mental health disorders are caused by brain diseases, with a mean of 1.31 and a standard deviation of 0.462, and genetic inheritance, with a mean of 1.25, SD = 0.433. An agreement of the same order

appears in the belief in drug abuse as a cause, with a mean of 1.35 and a standard deviation of 0.477.

On the other hand, the idea that mental health disorders are caused by supernatural factors God's punishment or spirits, for example: is mostly disagreed with, with a mean of 1.91, SD = 0.284, reflecting greater assimilation of more scientific explanations on the part of the respondents. Personal weakness and poverty as causes of mental health disorders receive moderate agreement: 1.44, SD = 0.498, and 1.38, SD = 0.487, respectively.

The beneficial influence on the state of mental health exercised by exercise is widely acknowledged: MEAN 1.21, SD = 0.406, as opposed to an idea of external stress factors that have significant pessimistic effects, mean = 1.19, SD = 0.397, and that most of the mental health disorders are hardly curable, mean = 1.36, SD = 0.481.

There is a moderate endorsement of the need for psychological services (mean = 1.34, SD = 0.473) and also the idea that the family history of mental illness increases the risk of developing mental disorders (mean = 1.34, SD = 0.473). Still, on the other hand, there is rejection of the belief that psychological problems don't alter the academic grades of the adolescent (mean = 1.82, SD = 0.382) and the belief that middle-aged or old subjects very rarely get psychological problems (mean = 1.66, SD = 0.473).

All told, then, there is moderate agreement with the idea that people with a bad temperament are more susceptible to psychiatric illness (mean = 1.45, SD = 0.499) and that, in fact, states of sadness and depression are interchangeable (mean = 1.69, SD = 0.462), to the need of a better refined understanding in this area. Overall, the statistics in these figures show a mixture of valid perceptions and common misconceptions about mental health and its related components among the young-adult demographic.

Attitude of young adults towards mental disorder

Table 2: Attitude of young adults towards mental disorder

Descriptive Statistics					
Attitude	**N**	**Minimum**	**Maximum**	**Mean**	**Std. Deviation**
People with mental illness should have same right as other	170	2	5	4.54	.706
People with mental illnesses deserve equal respect as other	170	2	5	4.62	.587
We must help people with mental illnesses for them to be better	170	2	5	4.51	.707
A mockery of mental health disorders is painful.	170	1	5	4.42	.826
Learning about mental illnesses is crucial	170	1	5	4.28	.884

	170				
People with mental illness should not be allowed to make decision	170	1	5	3.06	1.083
It is good idea to avoid people with mental illnesses	170	1	5	1.91	1.056
I will maintain a friendship with mental disorder people	170	1	5	4.21	.992
I am scared when being approached by people with mental illnesses	170	1	5	2.30	1.037
If I had a mental health disorder, I would not tell my friends	170	1	5	2.44	1.093
If any of my friends suffer from mental illnesses, then I would advise them not to tell anyone	170	1	5	2.00	.967
Caring for people with mental illnesses in hospitals makes the community feel safer	170	1	5	3.38	.822
It would be a shame if I had a mental illness	170	1	5	1.91	.925
Students with mental illnesses should not be in regular classes	170	1	4	2.07	.977
I would be ashamed if people knew that someone in my family had been diagnosed with a mental illness	170	1	5	1.84	.934
One should hide his/her mental illness from his/her family	170	1	5	1.79	.896
I would feel comfortable discussing mental health issue with someone	170	1	5	3.46	1.105
Valid N (listwise)	170				

The frequency statistics about young adults' attitudes towards mental disorders indicate a generally approving and supportive view, along with some reserves and stigmatizing beliefs. According to the questionnaire results of 170 studied individuals, it became evident that there was a strong consensus about the importance of equal rights and respect for all people, including those with mental disorders. There is a strong agreement that a person with mental illness should have the same rights as others (M = 4.54, SD = 0.706) and deserves the same respect; however, respondents' agreement to this statement is even higher (M = 4.62, SD = 0.587). Besides, there is a really strong belief that every person with mental illnesses needs to be helped in improving his/her well-being (M = 4.51, SD = 0.707).

Moreover, young adults are aware of the harm produced by ridiculing mental health disorders (M = 4.42, SD = 0.826) and the importance of learning about mental illnesses (M = 4.28, SD = 0.884). They do not mind saving friendships with individuals with mental disorders about

whom they are aware (M = 4.21, SD = 0.992) and think that the care of such individuals in hospitals improves the safety of society around them (M = 3.38, SD = 0.822).

A lesser extent of negative attitudes is ensured by the mean strength of agreement that people with mental illnesses are not supposed to make decisions (M = 3.06, SD = 1.083), and a large number of the respondents somewhat agree that it is quite scary when a person is being approached by the mentally ill person (M = 2.30, SD = 1.037). Also, a relatively great extent of young people is quite likely not to tell friends about their mental disorders (M = 2.44, SD = 1.093) or even recommend their friends to not tell anybody in case of the mental illness acquired (M = 2.00, SD = 0.967). Stigmatizing views are reflected in the responses that it would be shameful to have a mental illness (mean = 1.91, SD = 0.925), that students with mental illness should not be in regular classes at school (mean = 2.07, SD = 0.977), and that it would be shameful if someone from their family had a mental illness (mean = 1.84, SD = 0.934). There is also a leaning towards believing that mental illness should be hidden from family, though not overwhelmingly so (mean = 1.79, SD = 0.896). Furthermore, while these stigmatic references were reported, the respondents expressed a moderate level of comfort to discuss mental health issues with another person, through the overall sample's mean = 3.46; SD = 1.105, indicating a more open level for discussion and opportunity to reduce stigma with knowledge and awareness.

In general, young people reflect a high level of positive attitudes linked to issues of equality and support for citizens with mental illnesses, and yet there is an obvious necessity to act in the sphere of stigma and the support of further tolerance and understanding of mental health issues.

Mental health care need

Table 3: Mental health care need

Descriptive Statistics					
Mental health care	**N**	**Minimum**	**Maximum**	**Mean**	**Std. Deviation**
Do you think it would be nice to talk to someone about your worries for the mental health disorder?	170	1	2	1.03	.169
Do you think it is necessary to get mental health help?	170	1	2	1.01	.108
Do you think it would be beneficial if mental health professionals help people in dealing with mental disorder?	170	1	1	1.00	.000
Will you suggest people for obtaining mental health help to people who have mental disorder?	170	1	2	1.02	.132
Valid N (listwise)	170				

Descriptive statistics on whether young adults need mental health care give a clear and overwhelming affinity toward the recognition and importance of the same. Representing 170 young adults, results indicate a high level of consensus on some of the most important points. This kind of recognition is widely accepted among the notion that it could be nice to talk to someone about worrying due to mental health disorders, with a mean of 1.03 and a very low standard deviation of 0.169, and the mean indicates an almost general agreement. That is, the majority of the young adults find a lot of value in discussing mental health concerns with others. As regards the necessity of getting mental help, the inclination towards seeking the same is strongly affirmed with a mean of 1.01 and a highly reduced standard deviation of 0.108. This almost perfect agreement is quite strong and gives the notion that most of the young adults believe one has to get help for mental health.

More, there is instant, total agreement on the point that mental health professionals assisting people to deal with a mental disorder bring benefit. Indicators from this perspective include a mean of 1.00 and a standard deviation of 0.000, mean to say the total absence of disagreement on this statement claims a very clear understanding of the great role that mental health professionals play in dealing with mental disorders. Finally, there is a high readiness to recommend mental help to others with mental disorders, whose mean and standard deviation are 1.02 and 0.132, respectively. This confirms the overall consensus that recommends mental-related service to those in need.

These are some of the statistics that reflect a young adult population that not only recognizes mental health care but recommends seeking and recommending professional help for mental health issues.

Conclusion

The study concludes that young adults possess a moderate understanding of mental disorders, with a significant awareness of the importance of mental health. While they generally hold supportive and positive attitudes toward individuals with mental illnesses, certain stigmatizing beliefs persist. The findings highlight the necessity for increased education to correct misconceptions, particularly around the causes of mental disorders and the social stigma associated with them. The study also reveals a strong consensus on the need for mental health care, with young adults recognizing the value of discussing mental health concerns and the importance of seeking professional help. Overall, the results underscore the importance of continued efforts to promote mental health awareness and reduce stigma among young adults, ensuring a more informed and supportive approach to mental health issues.

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