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ORIGINAL ARTICLE

A Study to assess Attitude and Expressed Behaviour towards Mental Illness among Adult Population of a Selected Rural Community of South 24 Parganas District, the State of West Bengal

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ABSTRACT

This research was conducted using a descriptive study design for the assessment of attitude and expressed behaviour towards mental illness among adult population of a selected rural community of South 24 Parganas District, West Bengal by Ayesha Sk, Srijani Trivedi, Srabani Mondal, Yasmina Khatun, Susmita Kar, Rajlakshmi Das and Samapti Mondal with the objectives to assess attitude and expressed behaviour towards mental illness among adult population, to figure out the co-relation between attitude and expressed behaviour towards mental illness among adult population and to analyze the correlation between expressed behaviour of adult population towards mental illness and chosen demographic characteristics.

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A quantitative research approach and a descriptive survey research design were adopted for the study. 50 adult persons of all genders of Bishalakshmitala, Burul, South 24 Parganas were selected as sample by purposive sampling technique. A structured interview protocol was used to collect demographic characteristics. Standardized tool the Community Attitude to Mental Illness (CAMI – 12) Scale to assess attitude and Standardized tool Reported & Intended Behaviour (RIB) Scale to assess expressed behaviour towards mental illness among adult population were used. The data were collected from 26.03.26 to 03.04.26. The obtained data were analyzed and interpreted through the application of descriptive and inferential statistical methods. It was found that 26% adult population were both in the age groups 18 – 29 years and 40 – 49 years and 60 - 65 age group accounted for a tenth of them. 86% of them were female and 14% of them were male. 40% of them had completed secondary level of education and 10% had completed graduation and above. 72% of them had no mentally ill family member and 28% had mentally ill person in their family. On the basis of attitude score the majority of adult population, i.e. 64% had moderately favourable attitude, 24% had most favourable attitude and 13.91% had less favourable attitude towards mental illness. On the basis of intended behaviour 88% had average behaviour, 12% had good behaviour and no one had poor behaviour towards mental illness. This study has practical implications for nursing care, education, management, and research.

KEYWORDS

• Attitude • Expressed Behaviour • Mental Illness

INTRODUCTION

Psychiatric disorders represent a pervasive global health challenge, affecting approximately one-tenth of the adult population worldwide at any given moment. Beyond substantial macroeconomic repercussions—such as reductions in the gross national product—these conditions impose profound, hidden societal burdens. These external consequences encompass the psychological strain placed on families caring for impaired relatives, a compromised quality of life for caregivers, systemic social alienation, public stigma, and restricted pathways for personal advancement.

Furthermore, the pervasive misconception that psychiatric conditions are either untreatable or highly detrimental, actively obstructing affected individuals from seeking appropriate clinical interventions. Societal environments frequently exhibit discriminatory behaviors toward people with mental illness (PWMI). Consequently, affected individuals and their families experience significant barriers to sustaining routine social interactions. This pervasive stigma delays timely treatment-seeking behaviors, subsequently hindering clinical recovery and psychosocial rehabilitation. Ultimately, community literacy and perceptions regarding PWMI are critical, as they serve as foundational mechanisms that reinforce preventive actions, help-seeking initiatives, and therapeutic compliance.

Problem statement

A study to assess attitude and expressed behaviour towards mental illness among adult population of a selected rural community of South 24 Parganas District, the state of West Bengal.

OBJECTIVES OF THE STUDY

1. To assess attitude towards mental illness among adult population staying in rural community.
2. To assess expressed behaviour towards mental illness among adult population staying in rural community.
3. To figure out the co-relation between attitude and expressed behaviour towards mental illness among adult population staying in rural community.
4. To identify the association between expressed behaviour of adult population towards mental illness and selected demographic characteristics.

Operational Definitions

1. **Attitude:** Within this research attitude corresponds to thinking or feeling of adult population towards mental health conditions as evaluated by "Community Attitude towards Mental Illness (CAMI – 12) Scale".
2. **Expressed behaviour:** In this study expressed behaviour refers to clear and specific description of intended actions or responses of adult population towards mental health conditions as determined by "Reported and Intended Behaviour (RIB) Scale".
3. **Adult population:** Within this study adult population denotes both male and female persons aged 18 years and above residing at selected rural community of South 24 Parganas District, the state of West Bengal.
4. **Mental illness:** In this study mental illness refers to abnormal changes in one's emotion, thinking or behaviour causing distress and difficulty in maintaining social, work or family activities.

Assumptions

1. Adult persons have positive or negative attitude towards mental illness and adaptive or maladaptive behaviour towards mentally ill persons.
2. Both attitude and behaviour are measurable.

RESEARCH METHODOLOGY

Research Approach

The study adopted a quantitative research approach.

Research design

The researchers utilized a descriptive survey design.

Variables

- **Demographic Variables:** Age, sex, educational level and presence of mentally ill person in the family.
- **Research Variables:** Attitude and expressed behaviour towards mental illness.

Study setting

The researchers carried out the study at Bishalakshmitala, Burul, South 24 Parganas.

Population

The population in this study consisted of adult population of all genders staying in rural community.

Sample selection & Sampling method

Sample selection

In the present research 50 adult persons of all genders of Bishalakshmitala, Burul, South 24 Parganas was selected as sample.

Sampling method

A purposive sampling methodology guided the selection of the sample.

Sampling prerequisites:

Selection Parameters

- Adult persons aged 18 – 65 years
- Adult persons of all genders
- Those who understand Bengali and English

Exclusion Criteria

- Those who were mentally ill
- Those who were not willing to participate

Tools and Procedures for Data Collection

To address the research objectives, the researchers developed a structured interview schedule for demographic variables, Standardized tool Community Attitude towards Mental Illness (CAMI – 12) Scale for the assessment of attitude towards mental illness and Standardized tool Reported & Intended Behaviour (RIB) Scale for the assessment of expressed behaviour towards mental illness persons among adult population were used as data collection tools. Interview technique was used for collection of data.

Table 1: Data collection tools and technique

Study variables	Instruments	Methods
Demographic Profiles	Structured Interview Protocol	Conducting Interviews
Attitude towards mental illness	Standardized Tool: the Community Attitude to Mental Illness (CAMI – 12) Scale	Interviewing
Expressed behaviour towards mentally ill persons	Standardized Tool: Reported & Intended Behaviour (RIB) Scale	Interviewing

Description of data collection tools

Tool I: Structured Interview Schedule: It consisted of four (4) items which included age, gender, educational level and presence of mentally ill persons in the family.

Tool II: Standardized Tool: the Community Attitude to Mental Illness (CAMI – 12) Scale: It is a 12-item questionnaire adapted from the original 40-item CAMI scale (Taylor & Dear, 1981) to measure public stigma, tolerance and prejudice using a 5-point Likert scale, typically graded from 0 (Strongly Disagree) to 100 (Strongly Agree). It assesses two main dimensions—prejudice and exclusion (PE) and tolerance and support (TS) — to categorize community attitudes.

Grading and Scoring of CAMI-12:

Scale: 5-point Likert Scale (0-100 score range per item).

Subscales: 6 questions for prejudice and exclusion (PE) and 6 for tolerance and support (TS). Prejudice and exclusion (PE) measures negative, stigmatizing attitudes. Question nos. 1, 2, 4, 5, 6 & 11 are included in PE. On the other hand, tolerance and support (TS) measures positive, accepting attitudes. Question nos. 3, 7, 8, 9, 10 & 12 are included in TS.

Scoring Structure:

0: Strongly disagree

25: Slightly disagree

50: Neither agree nor disagree

75: Slightly agree

100: Strongly agree

Interpretation

High PE scores indicate higher prejudice, stigma, and desire for exclusion.

High TS scores indicate higher tolerance, acceptance, and support.

Table 2: Adult population's attitude score towards mental illness (Predetermined categories)

Score	Level of attitude
Mean + 1 SD	Most favourable attitude
Mean ± 1 SD	Moderately favourable attitude
Mean – 1 SD	Less favourable attitude

Tool – III: Standardized Tool: Reported & Intended Behaviour (RIB) Scale: It is a validated, brief, 8-item scale used to assess mental health-related stigma by measuring both past (reported) and future (intended) behavioral discrimination. It comprises two parts (4 items each). Part 1 (Items 1-4) measures reported (past/current) behaviour and Part 2 (Items 5-8) measures intended (future) behaviour. In Part 1 response options are 'Yes' 'No' and 'Don't know". In Part 2 response options are strongly disagree, slightly disagree, neither agree nor disagree, slightly agree and strongly agree. Here responses were coded as 1 = strongly disagree, 2= slightly disagree, 3= neither agree not disagree, 4= slightly agree and 5= strongly agree. Cumulative scores range from 4 to 20, with higher values reflecting more positive behavioral intentions. Individual participant totals are determined by summing the response values for items 5 through 8. Items 1 through 4 are excluded from the scoring process.

Table 3: Adult population's expressed behaviour score towards mental illness (Predetermined categories)

Score	Level of attitude
Mean + 1 SD	Good behaviour
Mean ± 1 SD	Average behaviour
Mean – 1 SD	Poor behaviour

Ethical Approval:

Administrative Permission: Administrative permission was taken from Principal, Jagannath Gupta Institute of Nursing Sciences and Head of the Department, Community Medicine, Jagannath Gupta Institute of Medical Sciences, Buita, Budge Budge, Kolkata – 700137.

Ethical Permission: After administrative permission ethical permission was obtained from the Institutional Ethics Committee, Jagannath Gupta Institute of Medical Sciences & Hospital, Buita, Budge Budge, Kolkata –700137.

DATA COLLECTION PROTOCOLS

- Data were ultimately gathered from 2 6.03.26 to 03.04.26 within the group of 50 adult populations staying at Bishalakshmitala, Burul, South 24 Parganas.
- Administrative permission was taken from respective authority.
- House to house visit was done with village guide.
- Met the participants and introduced self.
- Built a rapport with the participants.

- Explained the research objectives and purposes.
- Took consent from the participants.
- Participants were informed that their participation would be entirely voluntary.
- Benefits associated with the study were also explained.
- Confidentiality and privacy were maintained during data collection.
- Code number was used for data collection.
- Data were collected by interviewing technique for demographic characteristics, assessment of attitude towards mental illness and assessment of expressed behaviour towards mentally ill persons.
- Standardized tool the Community Attitude to Mental Illness (CAMI – 12) Scale was used for the assessment of attitude towards mental illness and Standardized tool Reported & Intended Behaviour (RIB) Scale was administered for the assessment of expressed behaviour towards mentally ill persons among adult population.
- Thankful wishes were delivered to the participants.

Statistical Analysis Plan

- The researchers utilized statistical methods aligned with the study's objectives to analyze the data.

RESULTS AND DISCUSSION

Table 5: Frequency and percentage distribution of adult population in terms of their demographic characteristics N = 50

Characteristics of adult population	Frequency	Percentage
Age		
18 – 29 years	13	26%
30 – 39 years	09	18%
40 – 49 years	10	20%
50 – 59 years	13	26%
60 – 65 years	05	10%
Gender		
Male	07	14%
Female	43	86%
Others	0	0%
Educational level		
No formal education	08	16%
Primary	09	18%
Secondary	20	40%
Higher secondary	08	16%
Graduation & above	05	10%
Presence of mentally ill person in the family		
Yes	14	28%
No	36	72%

The data presented in Table 5 showed that 26% adult populations were in the age groups 18 – 29 years and 40 – 49 years and 10% of them were in 60 – 65 years. 86% of them were female and 14% were male. 40% of them had completed secondary level and 10% of them had completed graduation and above. 72% of them had no mentally ill family member and 28% had mentally ill person in their family.

Table 6: Obtained range, mean, median and standard deviation of attitude score of adult population towards mental illness N = 50

Variable	Obtained Range	Mean	Median	Standard Deviation
Attitude of adult population towards mental illness	450 - 975	726.02	700	150.43
Maximum Possible Score: 1200			Minimum Possible Score: 0	

As illustrated in Table 6 the attitude scores of rural adults regarding mental illness yielded a mean of 726.02, a median of 700, and a standard deviation of 150.43.

Table 7: Frequency and proportional distribution of attitude score of adult population towards mental health conditions N = 50

Levels of attitude	Score	Frequency	Percentage
Most favourable attitude	> 876.45	12	24%
Moderately favourable attitude	575.59 -876.45	32	64%
Less favourable attitude	< 575.59	6	12%

The data presented in table 7 showed that the majority of adult population, i.e. 64% had moderately favourable attitude, 24% had most favourable attitude and 13.91% had less favourable attitude towards mental illness.

Table 8: Frequency and proportional distribution of reported behaviur of adult population towards mental health conditions N = 50

Items	Yes	No	Don't Know
Are you currently living with, or have you ever lived with, someone with a mental health problem?	11 (22%)	39 (78%)	0 (0%)
Are you currently working with, or have you ever worked with, someone with a mental health problem?	9 (18%)	41 (82%)	0 (0%)
Do you currently have, or have you ever had, a neighbour with a mental health problem?	12 (24%)	38 (76%)	0 (0%)
Do you currently have, or have you ever had, a close friend with a mental health problem?	7 (14%)	43 (86%)	0 (0%)

Table 8 showed that maximum adult population (78%) reported that they were not currently living with or ever lived with someone with mental health problem. Approximately **22% of respondents** indicated that they currently reside or have previously resided with an individual experiencing mental health issues. No one reported that they didn't know if they were currently living with or ever lived with someone with mental health problem. A large majority of the adult population (**82%**) reported no current or past experience working alongside individuals with mental health problems. No one reported that they didn't know if they were currently working with or ever worked with someone with mental health problem. Conversely, **18% of the respondents** indicated that they currently work or have previously worked alongside someone with a mental health condition. A significant majority of the adult population (**76%**) indicated no current or past experience living next to someone with a mental health condition. In contrast, **24% of the participants** indicated that they currently live or have previously lived near someone with a mental health condition. Notably, zero participants reported any uncertainty regarding the mental health status of their neighbors. Most of them 86% reported that they were not currently having or ever had a close friend with mental health problem. Exactly **14% of the participants** reported currently having or previously having a close friend with a mental health condition, while no respondents reported being unsure of their friends' mental health status.

Table 9: Obtained range, mean, median and standard deviation of intended behaviour score of adult population towards mental illness N = 50

Variable	Obtained Range	Mean	Median	Standard Deviation
Intended behaviour of adult population towards mental illness	4 - 16	7.98	8	3.15
Maximum Possible Score: 20			Minimum Possible Score: 4	

The data presented in Table 9 showed that that mean intended behaviour score obtained by adult population of rural community towards mental illness was 7.98 with median 8 and standard deviation 3.15

Table 10: Frequency and percentage distribution of intended behaviour score of adult population towards mental illness N = 50

Levels of intended behaviour	Score	Frequency	Percentage
Good behaviour	>11.13	6	12%
Average behaviour	4.83 -11.13	44	88%
Poor behaviour	< 4.83	0	0%

Table 10 depicted that the most of the adult population, i.e. 88% had average behaviour, 12% had good behaviour and no one had poor behaviour towards mental illness.

$\mathbf{H_1}$ There is significant relationship between attitude and expressed behaviour of adult rural population towards mental health conditions at the 0.05 level of significance.

$\mathbf{H_{O1}}$ There is no significant relationship between attitude and expressed behaviour of adult rural population towards mental health conditions at the 0.05 level of significance.

Table 11: Co-relation between attitude and expressed behaviour of adult population towards mental illness N = 50

Variables	Mean	Standard Deviation	"r" value	"t" value
Attitude	726.02	150.43	- 0.28	- 2.02
Expressed behaviour	7.98	3.15		

't' at (df 48) 2.01 at p< 0.05

The data presented in table 11 showed that the mean attitude score was 726.02 and mean expressed behaviour score was 7.98. Calculated 'r' value by Karl Pearson correlation co efficient formula was - 0.28. Therefore it can be concluded that there was

negative correlation between attitude and expressed behaviour among adult population towards mental illness of Bishalakshmitala, Burul, South 24 Parganas.

It is also supported by test of significance, where magnitude of calculated't' value was 2.02 at df 48 at the statistical significance level of 5% which is more than table value. So it is statistically significant. So, there is a significant relationship between attitude and expressed behaviour of adult rural population towards mental health conditions at the statistical significance level of 5%. So the research hypothesis H_1 is accepted and the null hypothesis H_{01} is rejected.

H_2 There is significant association between expressed behaviour of adult population residing in rural community towards mental illness and the selected demographic variables (age, gender, level of education and presence of mentally ill person in the family) at the statistical significance level of 5%.

H_{O2} There is no significant association between expressed behaviour of adult population residing in rural community towards mental illness and the selected demographic variables (age, gender, level of education and presence of mentally ill person in the family) at the statistical significance level of 5%.

Table 12: Chi square value showing association between expressed behaviour towards mental illness and age of adult population N = 50

Age of adult population	< Median	≥ Median	x^2	Remarks
Below 40	9	12	0.38	Not significant
Above 40	15	14		

Table value of x^2 at df (1) 3.84, < statistical significance level of 5%

Table 12 showed that there was no significant association between expressed behaviour towards mental illness and age of adult population as obtained value of Chi square was less than table value (3.84).

Table 13: Chi square value showing association between expressed behaviour towards mental illness and gender of adult population (after Yates' correction) N = 50

Gender of adult population	< Median	≥ Median	x^2	Remarks
Male	2	5	0.05	Not significant
Female	22	21		

Table value of x^2 at df (1) 3.84, < statistical significance level of 5%

Table 13 showed that there was no significant association between expressed behaviour towards mental illness and gender of adult population as obtained value of Chi square was less than table value (3.84).

Table 14: Chi square value showing association between expressed behaviour towards mental illness and educational level of adult population N = 50

Educational level of adult population	< Median	≥ Median	x^2	Remarks
Below Secondary	7	10	0.48	Not significant
Above Secondary	17	16		

Table value of x^2 at df (1) 3.84, < statistical significance level of 5%

Table 14 showed that there was no significant association between expressed behaviour towards mental illness and educational level of adult population as obtained value of Chi square was less than table value (3.84).

Table 15: Chi square value showing association between expressed behaviour towards mental illness and presence of individuals with mental health conditions in the family N = 50

Presence of individuals with mental health conditions in the family	< Median	≥ Median	x^2	Remarks
Yes	5	9	1.18	Not significant
No	19	17		

Table value of x^2 at df (1) 3.84, < statistical significance level of 5%

Table 15 shows that there was no significant association between expressed behaviour towards mental illness and presence of mentally ill person in the family as obtained value of Chi square was less than table value (3.84).

There was no significant association between expressed behaviour of adult population residing in rural community towards mental illness and the selected demographic variables (age, gender, level of education and presence of mentally ill person in the family) at the statistical significance level of 5%. So the research hypothesis H_2 is rejected and null hypothesis H_{02} is accepted.

CONCLUSION

Within a nation where misconceptions and social stigma are widespread, educating the adult public about psychiatric conditions remains a critical priority. From the findings it can be concluded that the majority of adult population (64%) had moderately favourable attitude, 24% had most favourable attitude and 13.91% had less favourable attitude towards mental illness. Study findings showed that 88% had average behaviour, 12% had good behaviour and no one had poor behaviour towards mental illness. Study findings also showed that there was negative correlation between attitude and expressed behaviour among adult population towards mental illness. Consequently, mitigating public stigma necessitates the implementation of nationwide awareness campaigns, with a particular emphasis on rural regions, to cultivate a more informed and progressive society. Enhancing community literacy in this manner ensures that individuals experiencing psychiatric conditions do not face the shame that often deters them from seeking essential medical interventions.

IMPLICATIONS

The findings of the study have implications for nursing practice, nursing education, nursing administration and nursing research.

Nursing Education

Nursing education always emphasizes current knowledge. Nurses play a crucial role in improving the attitude and behaviour of adult population of rural community towards mental illness. Various awareness programs help adult population to improve their attitude and behaviour towards mental illness. This can be done by improving the attitude of the public health nurse through CNE or workshop.

Nursing Leadership

The empirical evidence offers valuable insights for nursing administrators to make a plan in implementing awareness programs to improve the attitude and behaviour of adult population towards mental illness. The administrator can make policies where nursing professionals serve a vital function in expanding public awareness, fostering constructive mindsets regarding psychiatric conditions, and cultivating supportive actions toward affected individuals.

Nursing Practice

There is need for increasing awareness of community people towards mental illness to reduce poor behaviour towards mentally ill persons. Nursing practice is provided in multiple care settings like institutions, community and home. So, if attitude can be improved, then behavior will also be positive enhancing overall societal well-being.

Nursing Research

Scientific inquiry serves as a critical foundation for elevating the standards of professional clinical practice. Within the local context, widespread misconceptions and deep-seated stigma regarding psychiatric conditions remain pervasive. Consequently, sustained research initiatives are vital to expanding the community's collective knowledge base, ultimately fostering more constructive attitudes and supportive behaviors toward individuals experiencing mental health challenges.

Limitations

- The study was limited to attitude and both reported and intended behaviour of adult population towards mental illness. Here actual practice could not be assessed.
- The sample size was small.
- The study period was limited.

Recommendations

On the basis of the findings of the study, the following recommendations were made:

- The study can be replicated on a larger sample to generalize the findings.
- A similar study can be done in other settings.
- A comparative study may be done between urban and rural areas.
- A comparative study can be done between male and female population.

Conflict of interest: There had been no conflict of interest, financial or otherwise.

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