

Exploring Perceptions of Mental Health: A Comprehensive Analysis of Attitudes, Stigmas, and Awareness

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Abstract—Neuropsychiatric disorders, constituting 14 percent of the global burden, emphasize the significant impact of conditions like depression, intellectual disabilities, and substance scurrility on public health. Still, a patient gap exists in recognizing the separate contributions of physical and internal health to disability and mortality, possibly due to an inadequate understanding of the elaborate connections between physical and internal well-being. This study delves into the complex connections between physical and internal health, featuring their vital part in all together well-being. Despite affecting millions worldwide, internal ails remain under-treated, with mental health stigma serving as a physical hedge to penetrating remedies and impacting colorful life aspects. Literal groups of internal conditions have eternalized seeing spots, both public and tone-imposed, influencing stations toward seeking help. Individuals suffering from severe mental illness face binary challenges—managing symptoms and disabilities while competing with societal conceptions. This binary burden impedes openings for a quality life, involving employment, housing, healthcare, and social belonging. Stigmatizing language plays a part in sustaining inhospitable perceptions, featuring the significant impact of language on immortalizing stigma. Managing mechanisms, similar to wearing masks, are adopted by individuals to navigate societal prospects and conceal their battles, each serving various purposes. This study also addresses coincidental challenges in mental health, probing the jolt of technological advancements on societal dynamics. While the digital revolution has brought around luxury, it has also led to a decline in social relations and given rise to new effects like cyberbullying. A lack of knowledge and education about modern mental health cases contributes to the perception that mental health effects are less legitimate than physical health cases. In substance, this research seeks to unravel these complications, fostering a more refined understanding and path to mental health

initiatives.

Index Terms—Neuropsychiatric disorders, mental health stigma, Stigmatizing language, societal prospects.

I. INTRODUCTION

Neuropsychiatric illnesses have been linked to around 14 percent of the global burden of disease, mostly as a result of the continuously incapacitating nature of depression and several prevalent intellectual impairments, alcohol and drug use disorders, and psychoses. These figures have raised awareness of the importance of intellectual concerns for public health. However, they may have solidified the exclusion of mental health from mainstream initiatives to improve health and reduce poverty since they emphasise the distinct contributions of physical and intellectual problems to disability and death. It's possible that ignorance about the links between mental disease and other physical conditions led to the undervaluing of the significance of mental disorders. There cannot be health without intellectual fitness since such relationships are unstable mental illnesses. [8].

Millions of people worldwide are impacted by the ubiquitous social problem of mental illness. Even while mental illness is more common than ever, a growing percentage of people who require mental health therapy do not get it. It has been suggested that a significant obstacle to seeking or receiving mental health care is mental health stigma (MHS). Growing research indicates that MHS affects almost every aspect of life and might have a significant impact on a number

of health outcomes, including the decision to seek treatment. [9]. In 1840, mental diseases were categorised as either insane or stupidity. [10].

The label of mental illness has long been seen as one of the most powerful stigmas. Self-stigma, or the internalised consequences of public stigma, can be distinguished from public stigma, which refers to the normal societal attitudes to those seeking help for mental problems. Endorsement of public stigma and self-stigma were separately connected with attitudes towards seeking counselling, with sympathy for a person suffering from a mental illness being more predictive of self-stigma. Different stigmatising elements impact people's attitudes towards seeking mental health counselling in various ways. [1].

In our culture, the stigma around mental health issues is unfortunately still quite strong. This widespread stigma doesn't just affect those dealing with mental illnesses; it also puts a strain on our society as a whole. It's like this heavy weight that makes the process of recovering from mental health challenges even tougher. This stigma creates hurdles, making it harder for people to share their struggles openly and get the support they need. It's about time we work towards breaking down these barriers so that people can feel more comfortable seeking help and society can be more understanding and supportive. [2]

Many people with severe mental illness face a dual challenge. On the other hand, they are battling symptoms and disabilities caused by the disease. At the same time, we face stereotypes and stigma stemming from misconceptions about mental illness. In both cases, people with mental illness are deprived of the opportunities that make up a quality life: good jobs, safe housing, satisfactory health care, and the opportunity to belong to a diverse group of people. Although research has come a long way toward understanding the impact of this disease, it has only recently begun to explain the stigma in mental illness. [4] In the field of child and adolescent mental health, the stigma of mental illness is seen as a serious problem for young people with mental health problems and their relatives. Self and family stigma is thought to be a reason or barrier for young people and their family members to avoid, delay or access mental health services. The consequences of not receiving support are serious and include worsening mental health problems, lower self-esteem, and poor treatment in other systems such as the juvenile justice system, child protection, and education systems, but families The impact is similar. Reduced productivity and strained relationships [7].

Many studies in Linguistics and Cognitive Science have shown that word choice and language use have direct influences on the speaker's thought and actions. The language used to describe mental health conditions can contribute to stigma. Stigmatizing language perpetuates negative attitudes and reinforces stereotypes [6]. Individuals with mental health conditions may develop coping mechanisms that allow them to mask their struggles in public. There are many different reasons why people with mental issues wear masks. In one qualitative study, young people with mental illness cited more

than 20 different reasons for wearing masks. Some of them need to wear a mask to be taken seriously, to perform well at work, to avoid awkwardness, to socialize with co-workers and to adapt, to be spotted, etc. Furthermore, some people with mental disabilities are so good at hiding their symptoms that most of people consider that they are completely fine and they may go all or most of their lives without a diagnosis [5].

The world has changed rapidly in recent decades, especially with the invention of faster transportation, easier movement between countries, and revolutionary developments in information technology. This poses a significant challenge for mental health professionals. The IT revolution also brought with the negative effects. Social interaction, physical activity, and intimate relationships have decreased and a sedentary lifestyle has increased. Cyberbullying is another type of bullying that has become more common in recent years due to increased access to and use of Internet-based services. Such type of modern problems need modern solution. The general lack of awareness and education about such modern mental health issues can result in a lack of understanding among the public. This ignorance may lead to the perception that mental health problems are not as legitimate as physical health problems. [3].

II. METHODOLOGY

For our study, we gathered a diverse group of participants from various age groups, gender identities (Male/Female), and educational backgrounds (ranging from High School or equivalent to Doctoral Degree). Recruitment took place in university hostels, representing different regions of Pakistan.

Participants completed a structured questionnaire addressing their perceptions of psychological and physical health issues. The survey, distributed electronically, ensured easy accessibility, and participants were briefed on the study's purpose and assured confidentiality.

Data analysis involved statistical methods for quantitative data and thematic analysis for qualitative insights. The study adhered to ethical guidelines with informed consent and ethics committee approval.

Limitations include potential non-representativeness and self-report biases. The findings aim to contribute insights into factors influencing the perception of psychological issues compared to physical health problems, informing strategies to reduce stigma and improve mental health support.

The methodology used combines quantitative and qualitative approaches for a comprehensive exploration of participants' perspectives.

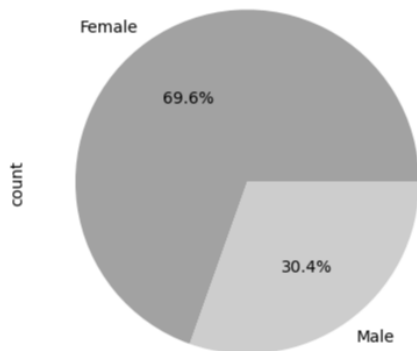
III. EXPERIMENT AND RESULTS

Our demographic and Mental Health Survey Categories includes Demographic Information: Age Gender Educational Background Geographic Location Encountering Psychological Issues: Have you ever encountered any psychological issue? Severity and Stigma: How would you rate severity of psychological issues compared to physical health problems? How

much do you believe there is a stigma associated with mental health issues? Comfort and Reluctance in Discussion: How comfortable are you in discussing your mental health openly with friends or family? How reluctant are you in discussing mental health openly? Discouraging Factors: What factors would discourage you from seeking help for psychological issues? Discrimination and Cultural Factors: Do you think individuals with mental health issues face discrimination in employment or social settings? Do you believe cultural factors contribute to the disparity in treating mental and physical health issues? Preventive Measures and Support: Do you think there is enough emphasis on preventive measures for mental health compared to physical health? Do you believe workplace environments adequately support employees with mental health challenges? Education and Media: Do you believe mental health education should be part of school curriculums? In your opinion, how does the media's portrayal of mental health influence public attitudes and understanding? Technology and Seeking Help: To what extent do you think technological advancements have influenced the willingness to seek help for psychological issues? Perception and Views: In your opinion, what differentiates psychological issues from physical issues? How do you perceive the role of language and terminology in shaping perceptions of mental health? How often do you see positive and realistic views of mental health in everyday situations, not just in the media?

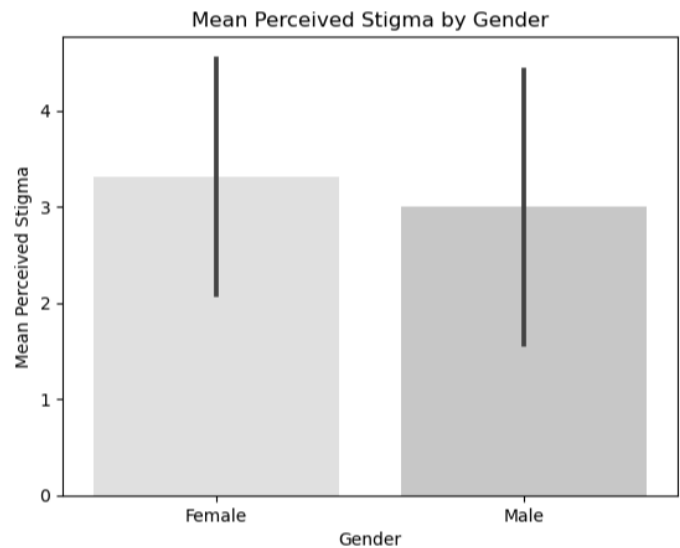
The gender distribution of individuals encountering psychological issues is analyzed. 69.6 percent of the individuals from our sample space who encountered psychological issues are female and the remaining 30.4 percent are male. We can come to the conclusion that the people in our society dealing with psychological issues are mostly female.

Gender Distribution of Individuals Encountering Psychological Issues



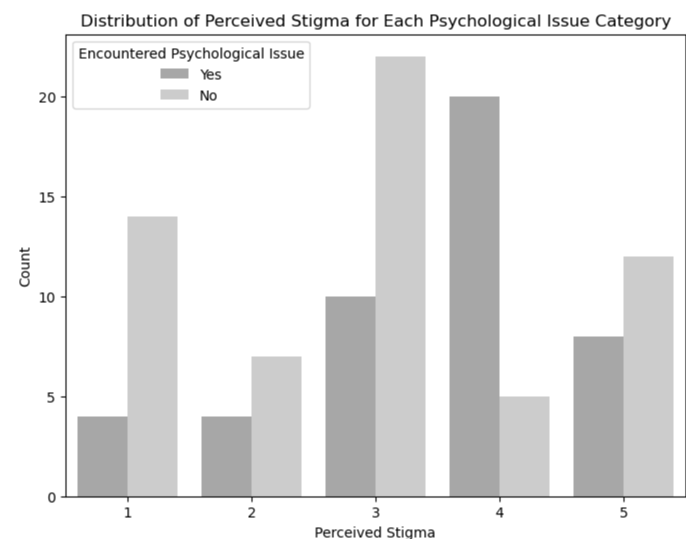
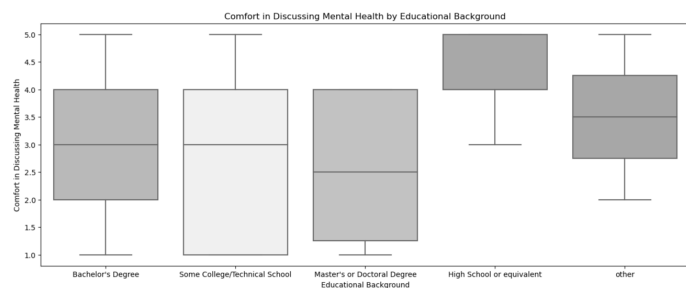
Perceived stigma(PS) is the fear of being discriminated against or the fear of enacted stigma, which arises from society's belief. Stigmatized persons may internalize perceived prejudices and develop negative feelings about themselves and cases feel shame and embarrassment about having the mental illness. We are using 5 percent(0.05) significance level

for all of the hypothesis testing. Independent samples t-test is applied to compare the means of perceived stigma for males and females. Null Hypothesis: There is no significant difference in perceived stigma between males and females. Alternative Hypothesis: There is a significant difference in perceived stigma between males and females. Results: There is No significant difference between the belief in stigma between males and females. Both genders have similar perceptions about the stigma in society associated with mental health issues.

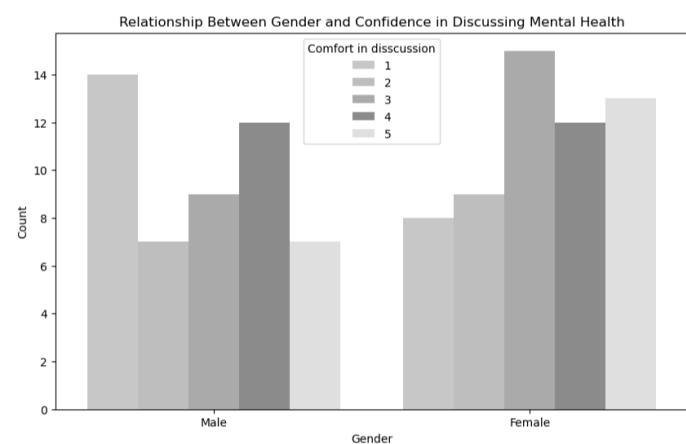


It was tested whether individuals with different educational backgrounds have different levels of comfort in discussing mental health issues. We used an analysis of variance (ANOVA). ANOVA is suitable when you have more than two groups to compare, such as different levels of education. We did hypothesis testing to do this. Null Hypothesis: There is no significant difference in the levels of comfort in discussing mental health issues among individuals with different educational backgrounds. Alternative Hypothesis: There is a significant difference in the levels of comfort in discussing mental health issues among individuals with different educational backgrounds. We used one-way ANOVA to compare means across multiple groups. The code used the f-oneway function from scipy.stats to perform one-way ANOVA. It compares the means of comfort scores for each level of education. We ensured that our data met the assumptions of ANOVA, including the normality of residuals and homogeneity of variances.

We have used a chi-squared test for independence to assess the association between perceived stigma and encountering psychological issues. It is found that there is a statistically significant association between perceived stigma and encountering psychological issues. The bar chart displays the distribution of perceived stigma for each category of the "Encountered Psychological Issue" variable.

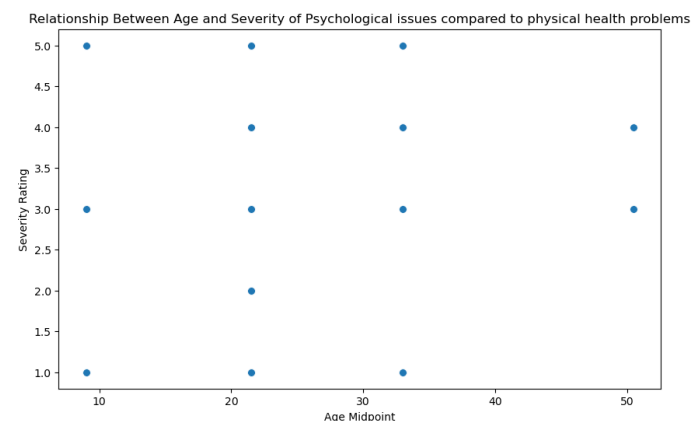


Comparing confidence levels between male and female groups. Testing: to elaborate what percentage of women and what percentage of man are comfortable discussing about mental health or to talk on psychological issues We applied wilcoxon rank sum testing in this. Result: There is no significant difference in confidence levels between genders.

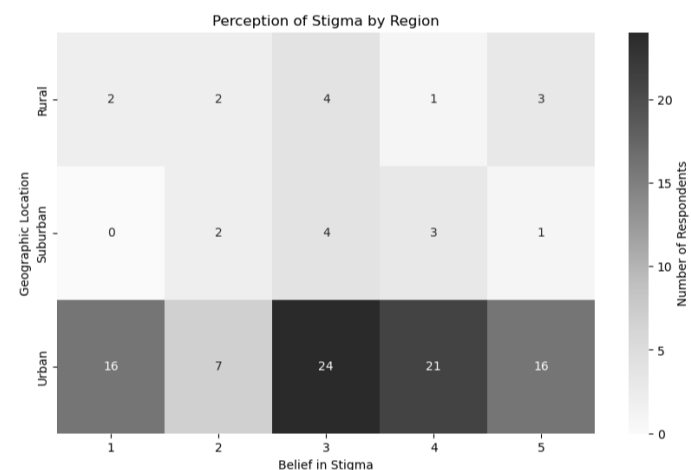


We applied rank correlation to examine the relationship between age and perceived severity of psychological issues. Testing to elaborate the mentality of different age groups,

that what age group of people consider mental health and psychological issues more severe and they think that it should be treated. For this, we applied Spearman rank correlation. Result: There is no significant relationship between age and severity. This means that people from different age groups thinks similar of the severity of psychological issues.

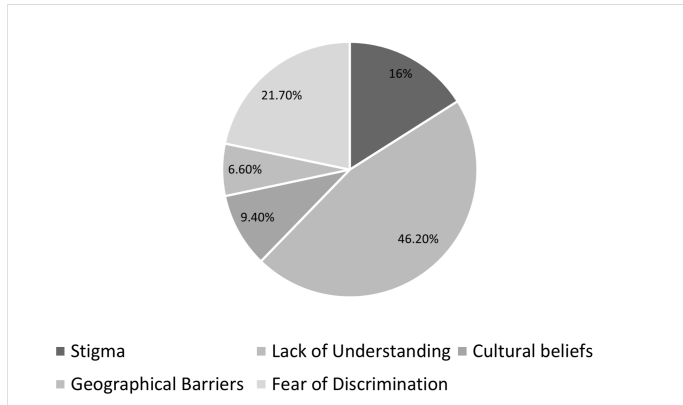


We did a comparative analysis to explore the perception of stigma associated with mental health problems among people in different regions. Testing: People belonging to different areas having different backgrounds have different levels of mentality and have different mindsets so they think accordingly, we want to elaborate on whether there is a difference in thinking of people and areas, Are they related somewhere? We applied the chi-square test to this Result: There is no significant association between the belief in stigma and the geographical location.

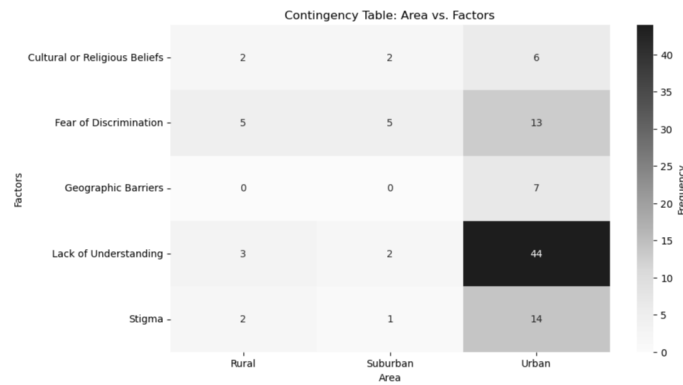


There is a graph indicating some factors, factors that discourage people from seeking help for a psychological issue. These factors included Stigma, Lack of Understanding, Cultural or Religious Beliefs, Geographic Barriers, and Fear of Discrimination. Testing to elaborate that if people are mentally sick, did they know they are mentally sick? Did they know they

needed some treatment? Or they all know but hesitate because of false beliefs and negativity of the society. There we asked factors, what are stopping them. Result: Most of the outcome was a lack of understanding.

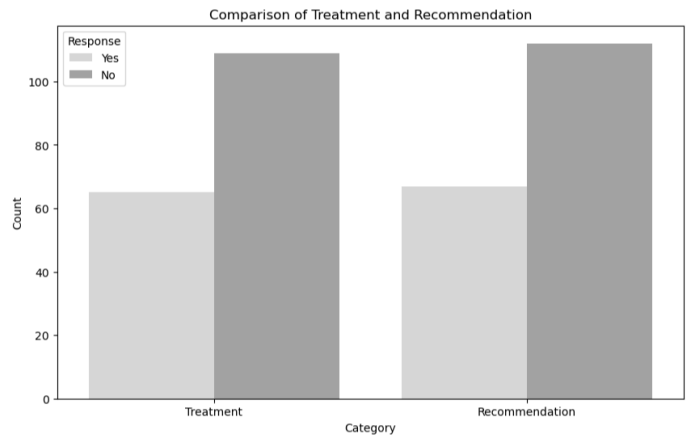
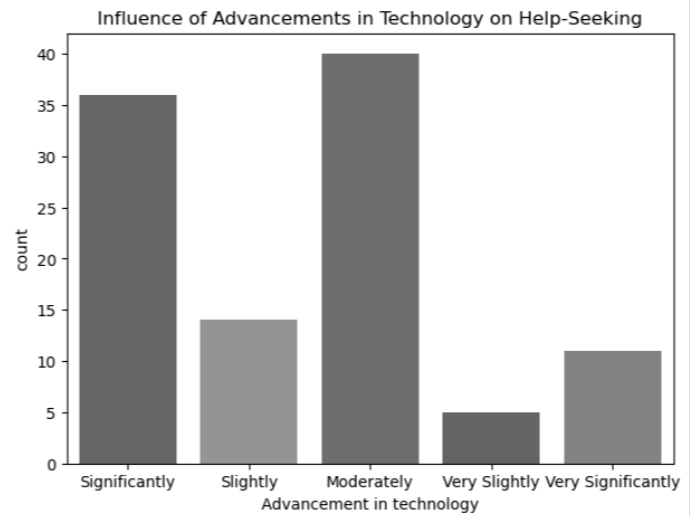


Here is an association between geographical region and perceived factors that discourage seeking help for psychological issues. We were trying to know what people from different regions think about the factors that discourage people from seeking help. Result: Lack of understanding got the more percentage especially in Urban areas.



Next, we checked the influence of advancements in technology on seeking help for psychological issues. Testing to elaborate on what percentage of people think that there should be technological advancement for the treatment of psychological issues Result: A moderate amount of people thought that there should be technological advancement for this.

We analyzed what are people's thoughts on treatment and whether they recommend treating these issues or not. Testing: We asked people how they think that these issues should be treated or not. Should a mentally sick person or a person dealing with some psychological issues do some treatment to get the cure? Result: There was a high recommendation of people in favor of treatment and they recommend others to get them treated.



IV. CONCLUSION

Our findings from our survey of public attitudes toward mental health treatment make it clear that several individuals have reservations about seeking advocacy or support for mental health issues. This finding is not just a mathematical finding; it's a nuanced concern that deserves closer examination to decipher the underlying dynamics. What our research reveals is a combination of factors contributing to this obsession. Cultural influences, the pervasive burden of social stigma, and perhaps some lingering misconceptions about the nature of mental health services all combine to contribute to the prevalence of symptoms we have observed. What, then, are the plans for the future? It's like a collective team effort, a collective effort to find and fix these things. Education campaigns top the list. The goal here is to provide accurate mental health information and clear up any confusion. We believe this can promote behavioral change and reduce the stigma associated with seeking help. Journalists are also very influential as storytellers of our society. A key way to change public opinion is to represent mental illness authentically.

and empathetically in the media. Access to mental health care also emerges as an important issue. It looks like a crowded door that needs to be opened by the concerted efforts of law enforcement, medical experts, and academics. In this sense, the expansion of available mental health services, including cultural awareness, and the use of technologies such as telemedicine can be transformative. Simply put, the way forward requires cooperation. Educators, policymakers, health professionals, and journalists are needed.

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