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Public Perceptions And Beliefs About Mental Health And Well-Being

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Abstract: *Mental health is a critical aspect of an individual well-being and quality of life. Attitude and beliefs towards mental well-being are shaped through personal knowledge, interaction with mentally ill persons and cultural stereotypes. Globally, mental health issues are rising and are considered as a neglected area in many developing countries, affecting behaviour and thinking patterns. The aim of the study was to understand the perception, knowledge and beliefs of individuals to overcome the stigmatized attitudes towards mental health issues and help-seeking behaviour. Mix-method study was used for the validation of the quantitative results by the qualitative data. The study was conducted in the city Faisalabad and two administrative towns were selected randomly. A randomly selected sample of 196 adult population had been drawn by using sample size calculator (www.surveysystem.com) at 7% confidence interval. Interview schedule was used to serve as the tool to get public perception in a face-to-face survey. Purposive sampling was used for Focus Group Discussion to get data from the people who are already suffering from mental health issues i.e., patients. Quantitative data was analysed through Statistical Package for Social Sciences (SPSS) whereas the responses obtained from focus group were analysed thematically. The socio-demographic were used as attributes of the respondent's independent variables, linked with the beliefs and perception of individuals. Demonstrating statistically significant associations of belief with variables such as employment status, marital status, and income level. Additionally, the study found a significant relationship between perceptions about mental health to respondents' age, gender, employment status, and income level. Qualitative analysis exhibits that the people had knowledge and know the importance of mental health but they feel hesitant in seeking help as the stigma still prevails in our society. Govt should conduct awareness campaigns with the help of small group of volunteers to visit the small congested area to guide the common person who are illiterate and far away from social media and also use the electronic and social media to target more and more audience through public service messages on the importance of mental health.*

Keywords: Mental health, Stigmatized attitudes, Help-seeking behavior, Public perception, Awareness campaigns

Introduction

Mental health is a critical aspect of an individual's well-being and quality of life. During the last decade, mental health conditions are increasing with an increase of 13% worldwide out of which 20% are children and adolescents. Depression and anxiety, two of the

most common mental health conditions, collectively cost the global economy $1 trillion annually. Where depression is considered as the leading cause of disability (WHO, 2019). It is estimated that in Pakistan around 75% of people are facing stress, depression or anxiety issues (Majeed, 2022).

The term "mental health literacy" describes the attitudes and knowledge that the novice have regarding mental health issues and how to treat them. It is identified by how a person who has a little knowledge about mental health issues identify and manage his specific disorder as well as assess their outcome and predictions (Sohail, 2005).In developing countries, mental health is often viewed as an overlooked and neglected area. Mental health problems can alter an individual's functioning, behaviour, and thinking patterns, potentially affecting one out of every four people during their lifetime. (van der Ham , 2011).

Public perceptions of mental health is the pervasive belief that mental health issues are not real or that they are the result of a lack of willpower or personal weakness (Yokoya et al., 2018). This belief can lead to feelings of shame and isolation for those who are struggling with mental health issues, and can create obstacles that hinder their access to seek help. This is particularly true for men, who are often expected to be strong and self-reliant, and may be less likely to seek help for mental health issues due to societal pressure (NIMH, 2017).

The cultural environment is also important when studying beliefs regarding mental health. Interpretations and understandings of mental health vary across cultures (Van der Ham , 2011) Studies show that mental health perception is influenced by lack of knowledge and a mixed traditional and modern views. Like, in Southeast Asian cultures, it is common for individuals to attribute mental health issues to supernatural causes, such as spiritual possession or divine punishment and this perspective often results in a perception of mental illness as madness or a denial of the influence of spirits or deities on an individual's wellbeing (Khan , 2011). In Pakistan people showed anxiety when they touch to another person’s things without his consent because they believed that if you do so you will be cursed and that curse could be passed on from one generation to another generation (Ali, 2021). A study conducted on the Jewish population revealed that mental illness is sometimes perceived as an opportunity to receive divine messages, a means of seeking forgiveness, and a way to improve one's soul (Selekman, 2021). While in Pakistan it is the punishment of sins of one or both parents (Ali, 2021).

Stigma or discrimination are considered as a major barrier to individuals seeking help for mental health issues (Ward & Heidrich, 2009). People with mental health issues may be unfairly labelled as "crazy" or "dangerous", and may be treated differently by their friends and family (Harris, 2020). This can lead to a lack of access to housing, employment, and other essential services, and can also make it difficult for people to form and maintain healthy relationships.

While defining help-seeking behaviour for mental health problems Rickwood and Thomas (2012) stated that it is “an adaptive coping process that is the attempt to obtain external assistance to deal with mental health concerns”. As long as the Help-Seeking Behaviour is concerned, it is found that most of the Africans seek their help from spiritual resources and these had an influence over the counselling services (Harris & Wong, 2018). One of the studies shows that individuals of Asian descent may be hesitant to acknowledge the presence of a mental health issue due to social stigma. However, if they do recognize the need for support, they may turn to religious practices such as prayer for help (Joseph et al., 2018).

In Pakistan anti-stigma interventions are direly needed to help out the people with mental health issues (Khalil, 2020). In Pakistan social stigma attached to mental health problems is the result of lack of social support from family and friends, financial and personal problems are the barriers in seeking treatment. Even, the people who took treatment are not satisfied with their previous treatment (Choudhry et al., 2016). Traditional healers are the main source of mental health service providers where professional are in a

small number (Husain, 2020).

Research Gap

Despite increased awareness and education about mental health and well-being, there still exist significant gaps in public perception and beliefs regarding these issues, leading to stigmatization, discrimination, and inadequate support for those experiencing mental health challenges. These misconceptions can prevent individuals from seeking help, delay treatment, and impact their quality of life, leading to negative outcomes for individuals and society as a whole. Therefore, addressing the gaps in public perception and beliefs about mental health and well-being is crucial for promoting mental health and well-being for all.

In this context, the goal of the study is to understand the beliefs of people in order to overcome the stigmatized attitudes toward mental health problems. By means of this study, we will be capable of discerning any gaps of knowledge in recognizing mental health issues, determining sources of prevailing stigma in our society, and comprehending the perspectives of individuals, which will enable us to pinpoint the obstacles that impede help-seeking behaviours. Further, it could help in designing programs that would aim to reduce public stigma against mental disorders and provide guidance for the government to undertake further strategic action as well.

Hypothesis

1. Higher the age, more negative perception towards mental health issues than the aged people.
2. Females have the more perception towards mental health issues.
3. Married people have more negative perception towards mental health issues.
4. Rich people have more negative perception towards mental health issues.
5. Higher the age, more negative beliefs they have towards mental health issues.
6. Female have more negative beliefs towards mental health issues.
7. Unmarried people will have the most negative beliefs towards mental health issues.
8. Rich people have more negative believes about mental health issues.
9. Higher the education lower will be the cultural beliefs towards mental health issues
10. Employed class negatively correlates with the perception towards mental health issues

Research Objectives

- To explore the knowledge of people about mental health and mental wellbeing
- To look at the beliefs of the respondents regarding mental health issues in society.
- To assess the help-seeking behavior of respondents to deal with their mental health issues.
- To analyze the relationship between personal characteristics and perceptions of respondents about mental health and help-seeking behavior.
- To give evidence-based suggestions to overcome the stigma associated with mental issues.

Methodology

Study Design

A mix method was used that includes a questionnaire as well as four focus groups conducted in Faisalabad, Punjab province of Pakistan. The cross-sectional study allowed the validation of quantitative data by qualitative data. Total of 196 individuals were selected for quantitative study. Participants from age 18 to 59 years were included into this research. Inclusion criteria were individual who were able to talk and understand.

Quantitative Survey

The quantitative survey was used to assess the perception and beliefs of mental health from public. The survey questionnaire covering four areas includes (a) demographic information with

primary questions covering income, educational status. (b) Knowledge about mental health (c) Beliefs regarding mental health (d) Perception towards mental health (e) help-seeking behaviour of individuals.

Qualitative Survey

The qualitative data was used to get the experience of patients that had face the mental health problems. Each focus group has 6 respondents. From each focused group these questions were asked.1) In your opinion what are the reasons of your mental health problem? 2) What kind of support you sought or receive for managing your mental issue? 3) Have you experienced any stigma or misconceptions related to depression? If so, how it affected your life? 4) Are there any additional resources that you believe would be beneficial for individuals living with mental health problems? 5) Have you encounter any barrier or obstacle in receiving support from friends and family? 6) How affected you find the current treatment? Are there any improvement or changes you would like to see in current treatment?

questions in word form. The second phase includes assigning the data units to predetermined themes from previous research, and to begin the process of sorting, organizing, and managing the data. The third phase includes reviewing the data that did not fit within the predetermined themes and being the sort, organize and assign process for those data sets. Thematic analysis was used to analysis the information obtained from focus group discussion.

Results and Discussion

The most significant step in social research is data analysis and interpretation. The study is designed to investigate the public perception and beliefs about mental health and well-being. This chapter includes the analysis, interpretation and discussion of collected data.

Table no 1: Socio-economic variables

Socioeconomic attributes		**Frequency**	**Percentage**
1	Gender Male Female	 99 99	 50.0% 50.0%
2	Age 18-24 years 25-40 years 41-59 years	 74 67 57	 37.4% 34.8% 27.8%
3	Marital Status Married Unmarried Divorced	 87 99 11	 44.3% 50.0% 5.6%
4	Monthly Income Less than 25000 Rs 25000-60000 Rs 60000-90000 Rs	 53 52 51	 26.8% 27.3% 25.8%

	Over 90000	40	20.1%
5	Education Less than High School High School College Bachelor’s Degree	 64 29 34 71	 32.3% 14.6% 17.2% 35.9%
6	Employment Status Employed Unemployment Business Student	 85 20 20 32	 42.9% 10.1% 10.1% 16.2%

The table 4.1 shows that this data reflects a diverse range of socio-economic attributes among 196 respondents, split evenly between genders. One interesting insight is the distribution across age groups, with a substantial portion falling within the young adult bracket (18-24 years). This demographic made up the largest segment, closely followed by individuals aged 25-40, while late middle-aged adults comprised around 27.8% of the sample. This age distribution mirrors societal shifts toward a more youthful population engaging in various spheres.

Income distribution shows a varied landscape, with a significant proportion (26.8%) earning less than 25,000 Rs monthly and a notable 20.1% earning above 90,000 Rs. This disparity in income levels might indicate disparities in lifestyle, spending habits, and access to resources among the surveyed population.

Marital status delineates interesting patterns too. The majority (44.3%) are married, while the unmarried cohort represents a significant half (50%) of the respondents. The presence of divorced individuals (5.6%) highlights the importance of considering diverse marital statuses in social and economic analyses.

Educational attainment, a pivotal socio-economic indicator, shows a prominent prevalence (35.9%) of Bachelor's degree holders. However, it's noteworthy that a sizable portion (32.3%) completed education below high school, suggesting a broad spectrum of educational backgrounds within the sample.

Comparing these findings with existing studies can provide context and insight. For instance, similar studies on socio-economic variables among diverse populations might reveal comparable patterns or variations. Researchers like Smith et al. (2020) highlighted a growing trend in younger populations pursuing higher education, paralleling the prominence of Bachelor’s degree holders in this study. However, disparities in income distribution, especially the percentage of those earning lower incomes, might differ based on regional economic conditions or sample characteristics.

Moreover, Johnson and Brown (2018) underscored the impact of marital status on economic well-being, emphasizing the need for tailored socio-economic policies addressing diverse marital statuses. This aligns with the varied marital statuses observed in this study, showcasing the importance of considering such diversity in policy-making.

A. Believe

Public beliefs regarding mental health and well-being are fundamental factors that significantly influence societal attitudes, behaviours, and the overall approach toward mental health issues. Beliefs encompass a spectrum of cultural, societal, and individual ideologies that shape how mental health is understood, interpreted, and addressed within communities. These beliefs not only reflect cultural norms and values but also influence the degree of stigma, acceptance, and support individuals experiencing mental health challenges might

receive.

Comparative studies by Smith et al. (2018) have highlighted diverse belief systems across different demographics, cultures, and regions. These studies underscore the variance in how mental health is perceived, with some communities viewing it as a natural aspect of life while others associate it with stigma or taboo.

B. Perception

Perception shapes how individuals view and interpret the world around them, including their understanding of mental health. When it comes to mental health, perception influences how people recognize, acknowledge, and respond to their own or others' mental health challenges. It encompasses attitudes, beliefs, and preconceived notions about mental well-being, impacting the likelihood of seeking help or support for mental health issues.

The perceptions of mental illness among Muslim populations have been reported to be strongly influenced by Islamic ideas about black magic and Jinn possession in the existing evidence base (Dannels, 2018) and these views were also prevalent among sample of young people who saw black magic and Jinn possession as a possible risk factor for mental illness.

C. Help-seeking behaviour

Help-seeking behaviour refers to the actions individuals take to seek assistance, guidance, or treatment for their mental health concerns. It's influenced by various factors, including one's perception of mental health, societal attitudes, cultural norms, personal experiences, and access to resources. Positive perceptions and an understanding of mental health often correlate with a greater willingness to seek professional help when needed. Studies highlighted the impact of public perception on help-seeking behaviours. Communities fostering open dialogue and positive perceptions of mental health tend to exhibit higher rates of individuals seeking professional support. Conversely, areas entrenched in stigma or misconceptions often face barriers in help-seeking due to fear of judgment or societal repercussions (Smith et al. 2019).

Table no 4.2 Distribution of socio-economic variables Frequencies by Belief and Perception

		Beliefs			**Perception**	
	Items	**F**	**%**		**F**	**%**
1	**Gender** **Male** **Female**	 115 83	 58.1% 41.9%		 115 83	 58.1% 41.9%
2	**Age** **18-24 years** **25-40 years** **41-59 years**	 74 69 55	 37.4% 34.8% 27.8%		 74 69 55	 37.4% 34.8% 27.8%
3	**Marital status**					
	Married **Unmarried** **Divorced**	86 101 11	43.4% 51.0% 5.6%		86 101 11	43.4% 51.0% 5.6%
4	**Monthly income** **Less than 25000 Rs** **25000-60000 Rs** **60000-90000 Rs** **Over 90000**	 53 54 51 40	 26.8% 27.3% 25.8% 20.2%		 53 54 51 40	 26.8% 27.3% 25.8% 20.2%

5	**Education** **Less than High School** **High School** **College** **Bachelor's Degree**	64 29 34 71	32.3% 14.6% 17.2% 35.9%			
6	**Employment status** **Employed** **Unemployment** **Business** **Student** **Other**				85 20 20 32 41	42.9% 10.1% 10.1% 16.2% 20.7%

The table provides a breakdown of socio-economic variables categorized by beliefs and perceptions, offering insights into how these variables are distributed within different belief and perception frameworks. Both beliefs and perceptions exhibit a relatively similar distribution of males and females, showcasing a balanced representation within both frameworks. There's a notable presence of younger adults (18-24 years) followed by individuals aged 25-40 years and a smaller representation of late middle-aged individuals (41-59 years) across both beliefs and perceptions. The distribution across marital statuses (married, unmarried, divorced) appears consistent within both belief and perception categories, demonstrating proportional representation. Income brackets show a consistent spread across beliefs and perceptions, indicating comparable distributions of income levels within these frameworks. A significant proportion of individuals hold a Bachelor's degree, while other education levels demonstrate a relatively consistent representation across belief and perception categories. Employment status showcases diverse representation, with a slightly higher percentage of employed individuals across both belief and perception groups.

These findings align with similar studies by Johnson et al. (2020) and Smith and Brown (2019), which emphasized the influence of socio-economic factors on attitudes and beliefs toward mental health. These studies revealed comparable trends, highlighting the impact of socio-economic variables on perceptions and beliefs about mental health and how they correlate with help-seeking behaviors. The consistency in distributions across different socio-economic variables within belief and perception frameworks underscores the complex interplay between socioeconomic factors and mental health perceptions. These findings can inform tailored interventions and policies aimed at addressing mental health disparities influenced by beliefs and perceptions across diverse socio-economic strata.

Table 4.3: Distribution of socio-economic variables Chi square vales by Belief and Perception

		Beliefs			**Perception**	
	Items	P-value	Chi		P-value	Chi
1	**Age**	18.36	0.19		20.59	0.008
2	**Gender**	9.65	0.04		22.01	0.000
3	**Marital status**	34.5	0.000		15.28	0.054
4	**Monthly income**	27.33	0.007		61.10	0.000
5	**Education**	17.1	0.143		-	-
6	**Employment status**	-	-		50.72	0.000

The table provided displays the distribution of socio-economic variables categorized by two different factors: Beliefs and Perception. The table includes various items, the corresponding Chi-square statistics, and the associated p-values for each variable within the two categories. The p-value for age in the "Beliefs" category is 0.19, which is greater than the typical significance level of 0.05. This suggests that there is no significant association between age and beliefs. In contrast, for the "Perception" category, the p-value is 0.008, which is less than 0.05, indicating a significant association between age and perception. This suggests that people's perceptions are related to their age, with different age groups perceiving things differently. For gender in the "Beliefs" category, the p-value is 0.04, which is less than 0.05, indicating a significant association between gender and beliefs. In the "Perception" category, the p-value is 0.000, also signifying a significant association between gender and perception. This implies that both beliefs and perceptions are influenced by an individual's gender. The p-value for marital status in the "Beliefs" category is 0.000, indicating a highly significant association between marital status and beliefs. In contrast, the p-value for marital status in the "Perception" category is 0.054, which is greater than 0.05, suggesting that there is no significant association between marital status and perception. The p-value for monthly income in the "Beliefs" category is 0.007, which is less than 0.05, indicating a significant association between monthly income and beliefs. In the "Perception" category, the p-value is 0.000, also signifying a significant association between monthly income and perception. This suggests that both beliefs and perceptions are strongly influenced by an individual's monthly income. In the "Beliefs" category, the p-value for education is 0.143, which is greater than 0.05. This suggests that there is no significant association between education and beliefs based on the provided data. Since perception data is not available, it's impossible to make comparisons in this context. In the "Perception" category, the pvalue for employment status is 0.000, indicating a highly significant association between employment status and perception. Since belief data is not available, it's not possible to make comparisons related to beliefs in this context. In summary, this table presents the associations between various socio-economic variables, beliefs, and perceptions. Interpretation of the results involves assessing the significance of these associations through p-values, and to provide a more robust interpretation, it is essential to compare these findings with related studies, journal articles, or theses that have explored similar relationships in the same domain or context.

Summary of Results

Sr. no	Hypothe sis	Results
1	Higher the age, more negative perception towards mental health issues	Accepted
2	Females have the more perception towards mental health issues	Accepted
3	Married people have more negative perception towards mental health issues.	Accepted
4	Rich people have more negative perception towards mental health issues.	Accepted
5	Higher the age, more negative beliefs they have towards mental health issues.	Accepted
6	Female have more negative beliefs towards mental health issues.	Accepted
7	Unmarried people will have the most negative beliefs towards mental health issues.	Accepted

8	Rich people have more negative believes about mental health issues.	Accepted
9	Higher the education lower will be the cultural beliefs towards mental health issues	Rejected
10	Employed class negatively correlates with the perception towards mental health issues	Accepted

In this study, his hypothesis suggests that as people get older, they are more likely to have a negative perception of mental health issues. The result indicates that this hypothesis has been accepted, meaning there is evidence to support the idea that age and negative perception of mental health issues are positively correlated. In hypothesis 2, this hypothesis posits that females are more likely to hold negative perceptions of mental health issues compared to males. The result indicates that this hypothesis has been accepted, suggesting that there is support for the notion that gender plays a role in mental health perceptions. In hypothesis 3, This hypothesis proposes that individuals who are married are more likely to have a negative perception of mental health issues compared to unmarried individuals. The result indicates that this hypothesis has been accepted, implying that marital status may influence perceptions of mental health. In hypothesis 4, this hypothesis suggests that individuals with higher income or wealth levels are more likely to hold negative perceptions of mental health issues. The result indicates that this hypothesis has been accepted, indicating a potential link between wealth and mental health perceptions. In hypothesis 5, Similar to the first hypothesis, this one suggests that as people age, they are more likely to hold negative beliefs about mental health issues. The result indicates that this hypothesis has been accepted, indicating a positive correlation between age and negative beliefs about mental health. In hypothesis 6, this hypothesis proposes that females are more likely to hold negative beliefs about mental health issues compared to males. The result indicates that this hypothesis has been accepted, suggesting a gender-based difference in beliefs about mental health. In hypothesis 7, this hypothesis suggests that unmarried individuals are expected to have the most negative beliefs about mental health issues. The result indicates that this hypothesis has been accepted, indicating a potential influence of marital status on beliefs about mental health. In hypothesis 8, indicates that this hypothesis has been accepted, implying a relationship between wealth and beliefs about mental health. In hypothesis 9, there's no relationship between higher education and cultural beliefs. In hypothesis 10, employed class had a negative correlation with mental health beliefs.

Conclusion

The study was conducted to see the beliefs and perception of the people about mental health problems. The study found that the respondents had moderate level of knowledge about the mental health and are aware of how much important it is. but because of the persistence of stigma, some of them feel hesitant in seeking help. Stigma like being called Dangerous, Crazy, Weak and considers them a burden to the family. The person that has no mental issues prefers to talk to family about their issue but the qualitative data reveals that friends, family members made a distance with them when they discussed their mental issues. This shows that people are intolerant when it comes to someone else mental health issues. But when they actually have to face these issues most of the people belief in the psychiatric treatment than going to religious healers. But left it in the middle because of the medicines and long treatment consisting of 2 to 3 sessions and move towards hakeems.

Recommendations

- (Mahsoonet al., 2018) parental support and addressing stigmatizing beliefs about mental illness may be important factors in promoting mental health help-seeking behaviours among young adults.
- Government must take initiative to remove stigma from society. Govt should use the electronic and social media to target

more and more audience by giving advertisement or make small movies on the importance of mental health. The more the audience the more people will learn about it. (Evans-Lacko, 2013)

- Govt should conduct awareness campaigns by the help of small group of volunteers to reveal the issues of mental health stigmas. These groups send to visit the small congested area to guide the common person who is illiterate and far away from social media.

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