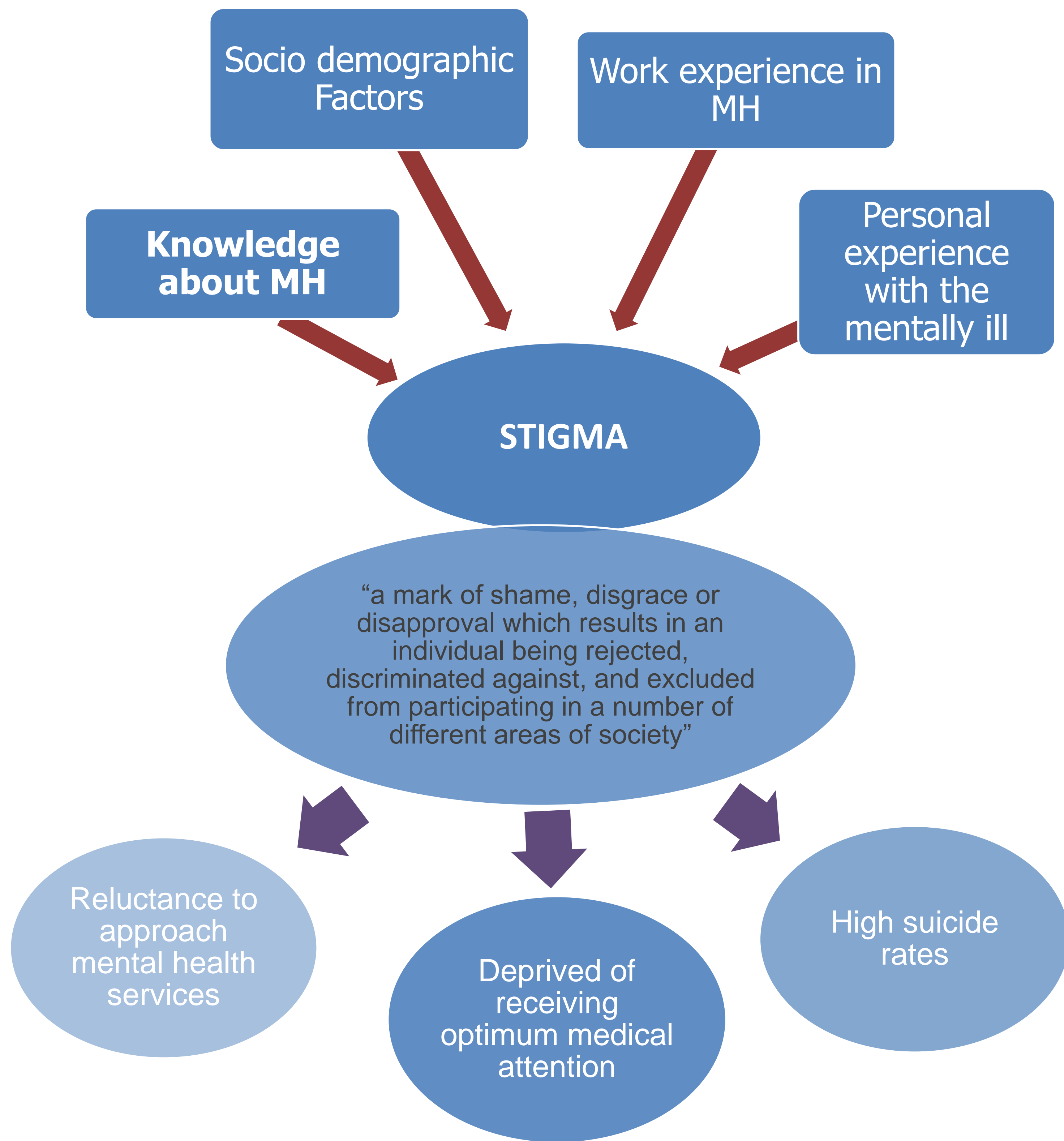


Fernando L H¹, Gunawardena S¹

¹University of West London

INTRODUCTION & JUSTIFICATION



AIM

To describe mental health knowledge and stigma in a community sample and effects of other identified factors

METHOD

Descriptive cross-sectional Self-administered Questionnaire as an online survey

Participants

Conveniently selected sample from Western Province, SL
Over the age of 18 years
Without a history of a diagnosed mental illness

Demographic factors

- Age, gender
- Religion, Ethnicity
- Occupation
- Highest education
- Marital status
- Monthly income
- Presence of a close relative/ friend with mental illness
- Past work experience in the field of mental health

Scales used

Stigma Community Attitudes towards Mental Illness (CAMI)
(Taylor & Dear, 1981).

40 item Likert scale with 5 responses each

- 4 subscales;
- Authoritarianism(AU)
 - Benevolence (BE)
 - Social Restrictiveness (SR)
 - Community Mental Health Ideology (CI)

Literacy Mental Health Knowledge Questionnaire (MHKQ)
(Wang et al., 2013)
20 True or False

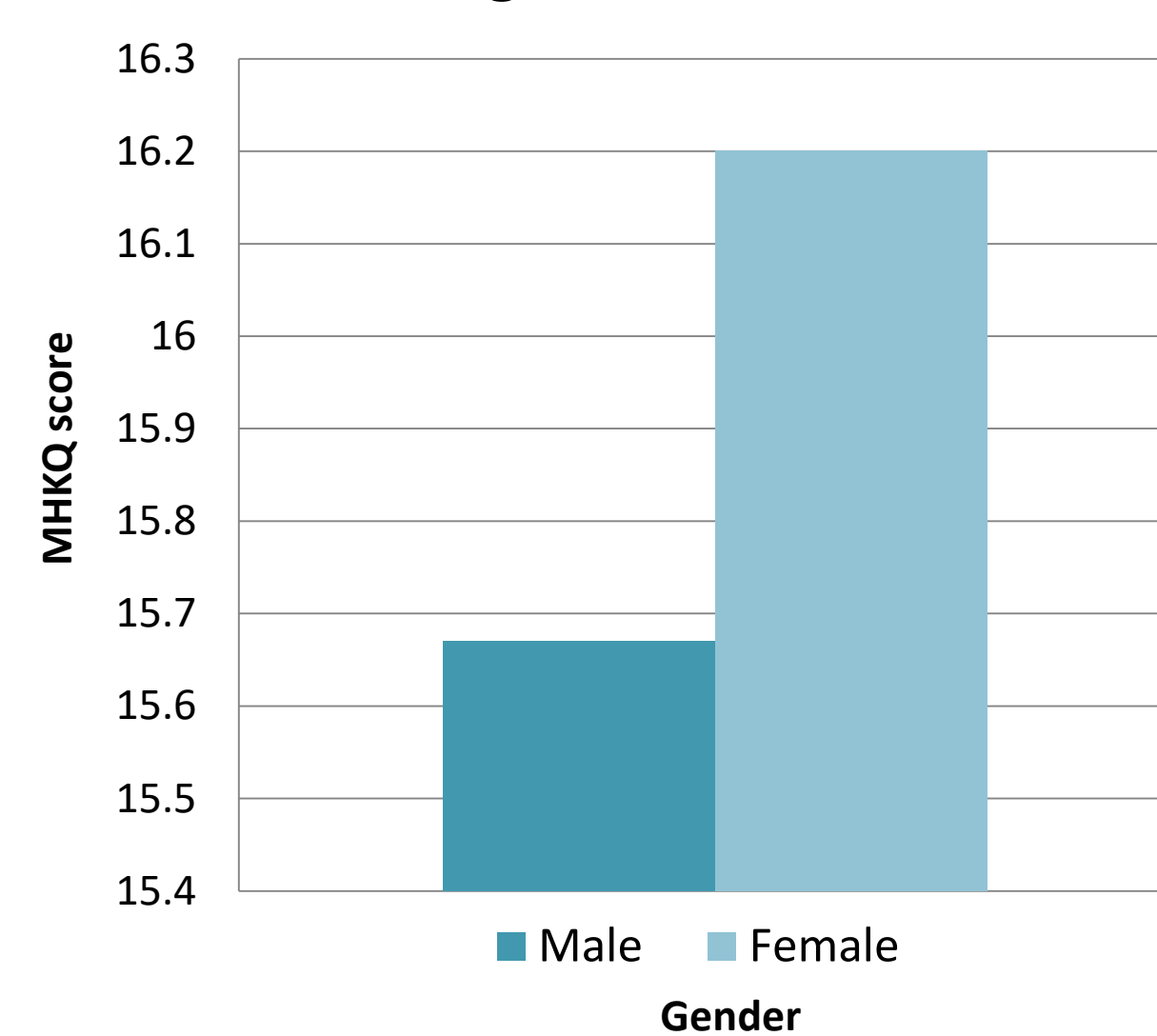
RESULTS

195 Participants

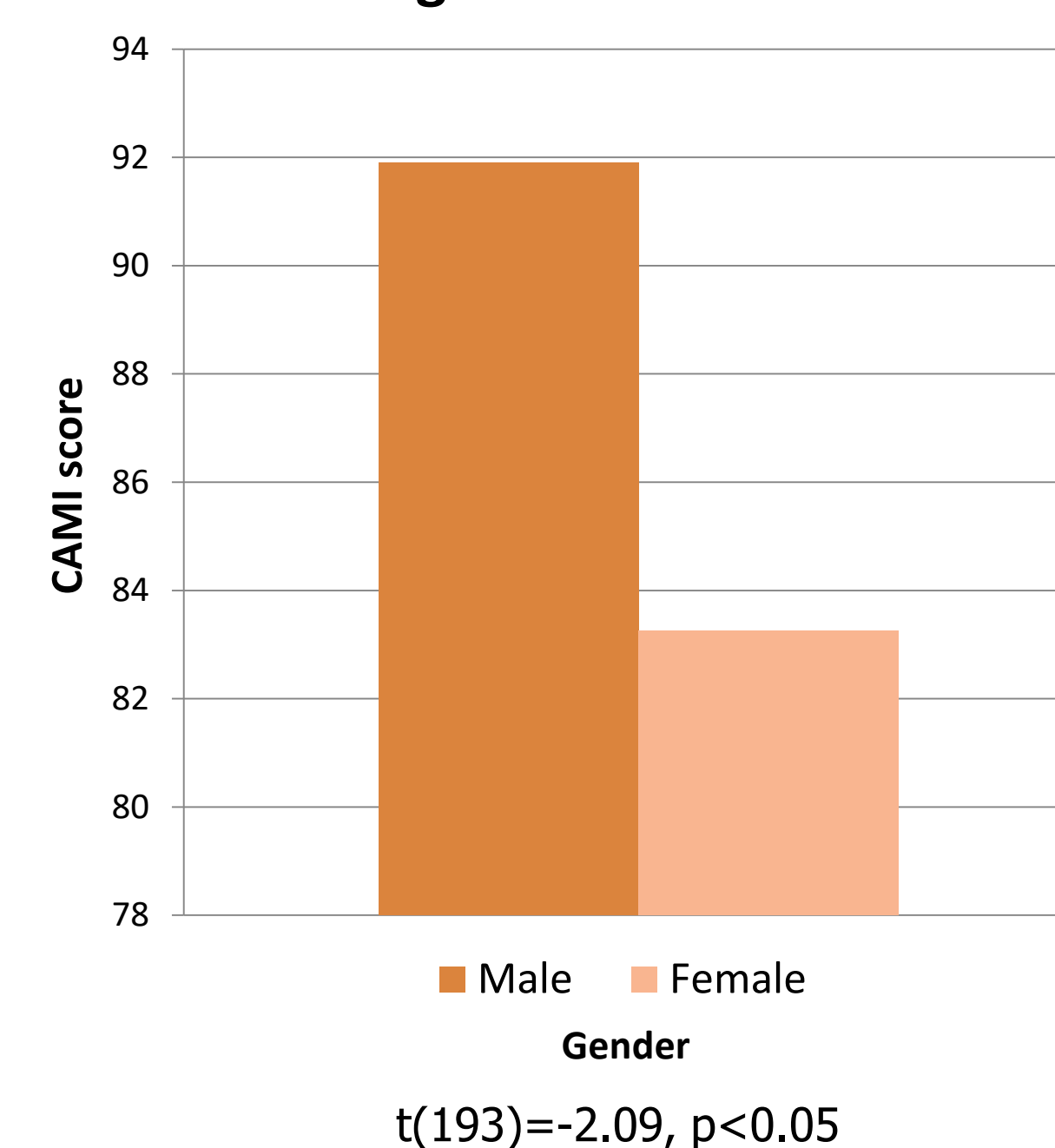
Sample characteristics

Mean age	29.93 years (SD=8.42)
Gender	Females n= 102 (52%) Males n= 82 (48%)
Ethnicity	Sinhala n=145
Religion	Buddhist religion: n=112
Education	Completed higher education n=178 (91.3%)
Work in MH	Yes n= 62
Close friend or relative with mental illness	Yes n= 41.5%

Mental Health Literacy among Males & Females



Stigma to Mental Health among Males & Females



- No variation in knowledge or stigma among ethnicity, religion, education level, income or closely associating a person with mental illness.
- AU significantly reduced with advancing age of participants ($r_s = -0.18, p < 0.05$)
- Married respondents (37%) had favourable attitudes & significantly lower Authoritarianism (H= 6.15, p<0.05)
- Work experience in mental health (n=62) displayed significantly high positive regard, (t(193)=2.52, p<0.05) and knowledge (U = 3205, p<0.05)

MHKQ values expressing MH literacy in the sample significantly predicts CAMI values for level of Stigma
As depicted with multiple regression models

CONCLUSION

Poor knowledge about mental health and mental illness are strong predictors of mental health literacy.

Male gender, being single, not having prior work experience in mental health are confounders contributing to increased stigma towards mental illness.

LIMITATIONS

Only English speaking and Computer literate participants through convenient sampling were included in the study, so the representation of the Sri Lankan population in findings are limited.

Further research with a more geographically diverse sampling with a larger sample size and using paper-based, trilingual questionnaires would enhance representativeness.

IMPLICATIONS

As mental health literacy is a modifiable factor to reduce stigma, interventions could be planned to enhance knowledge in mental health.

The findings will assist in identifying the target populations (males, unmarried, no experience in mental health) and will guide the focus of content (knowledge to include aspects concerning Authoritarianism)

References

- Taylor, S., & Dear, M. (1981). Scaling Community Attitudes Toward the Mentally Ill. *Schizophrenia Bulletin*, 7(2), 225-240. doi: <https://doi.org/10.1093/schbul/7.2.225>
- Wang, J., He, Y., Jiang, Q., Cai, J., Wang, W., & Zeng, Q. et al. (2013). Mental health literacy among residents in Shanghai. *Shanghai Archives Of Psychiatry*, 25(4), 224-235. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4054559/pdf/sap-25-04-224.pdf>

“ Statistically significant negative correlation between knowledge and total stigma scores ($r_s = -0.25, p < 0.01$)