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Social perception on mental illness

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Abstract. Psychiatric disorders are among the top of the conditions that cause disability worldwide and attract one of the highest levels of stigmatization in today's society, which has a strong impact on the quality of life of patients suffering from these conditions. In Romania, mental health develops more difficult than the other medical and social sciences due not to the lack of professionals or lack of interest of the scientific community, but because it still carries the stigma of "madness". This stigma gives him a gloomy aura and over time has led to profound prejudices related to both the beneficiaries of mental health services and their specialists. Many people who need or want to call for services in the field of mental health, refuse or fear to appeal to specialists for fear of stigma and prejudice. Due to these prejudices, the society is reluctant to integrate people who have suffered from a mental illness, they are often stigmatized and rejected by others, being viewed with suspicion due in particular to the unpredictability of its potentially antisocial behaviors and actions. The reason that justifies this research is that by determining the way in which psychiatric patients are perceived, the interest with which the society relates to their problems is highlighted. The results obtained have a practical involvement in the sense that it demonstrates the necessity and usefulness of informing the general population about mental illness. By correct information it is envisaged to change the attitude towards the illness and the mentally ill, thus preventing their stigmatization and discrimination.

Keywords. perception, diseases, environment, residence

Introduction

The results of a national study on the general population's opinion on the mental patient and mental illness published by the National Institute for Research-Development in Health¹ have shed light on elements related to stigma and stigmatization a number of difficulties faced by the community:

- lack of knowledge of the problem of the mentally ill and mental illness on the part of general population;
- associating the image of the mentally ill with the "village madman";

¹ Institute National of Research -Development In Health, *Study National On Opinion Population General With Look La Sufferer Psychic And Disease Psychic*, Bucharest, 2004

- associating the image of the mentally ill with that of a dangerous person, who must be kept locked in a special care unit, a negative image to the formation of which, unfortunately, the contribution of the media is consistent;
- the image of the psychiatrist is often associated with the image of the mentally ill;
- the difficult conditions in which recovery, rehabilitation and integration are carried out;
- lack of continuity, in the community, in the effort made by psychiatrists to recovery and integration of the mentally ill;
- the poor presence of civil society institutions in the field of services addressed to the mentally ill;
- not knowing the legal provisions regarding the mentally ill by members of the institutions of local authorities, which have powers in this regard, as well as their lack of support in carrying out programmes of non-governmental organisations (NGOs) with specific activities.

Through the stereotype of "madness" that society often conveys, it increases the difficulties of adapting the mentally ill. It is therefore necessary to change the public's perception of the mentally ill, in order to improve their adaptation in society, as well as to improve their addressability to mental health services.

The reason for this research is that by determining how the mentally ill are perceived, the interest with which society relates to their problems is highlighted. The results obtained have a practical involvement in the sense that they demonstrate the necessity and usefulness of informing the general population about mental illness. Proper information aims to change attitudes towards the disease and the mentally ill, thus preventing their stigma and discrimination.

The concept of mental illness

The general concept of "disease" has different meanings, being recognized, in parallel, the existence of a "medical history of the disease" and at the same time, of a "cultural history" of it (M. Sendnail apud Enăchescu). F. Laplantine even talks about an "anthropology of the disease", expanding the scope of disease problems by arranging the medical theme in the sphere of human sciences. The disease, the central theme of medicine, is offered as a subject of reflection in the field of human sciences, this being "suffering" experienced by the person.

As far as mental illness is concerned, its anthropological interpretations are diverse and interesting, giving rise to a new understanding of the disease that considerably broadens the limited frameworks of the psychiatric clinic.

Mental illness is a disorder of the state of balance or organization of the individual's mental life, of different forms, intensities and duration, affecting his conduct, personal relationships and activity, of which the patient may or may not be aware"².

Psychic illness is primarily a clinical-medical concept of psychiatry involving, in Constantin Enăchescu's opinion, the following aspects: a cause that produces it, a certain form of clinical manifestation, a clinical evolution, certain consequences on the structure and dynamics of the patient's personality, the possibility of the doctor to act on the evolution of the disease in order to eliminate or mitigate the triggering causes and restoring the mental

² Enăchescu, C., Treaty of Psychopathology, pg. 520

balance of the patient. The adoption of some forms of reintegration of convalescent mental patients, or of those with post-procedural defects, in the social group, family, school, profession, as well as the establishment of prophylaxis methods aimed at maintaining mental health are also considered and combating risk factors³.

Mental illness is considered an important public health problem due to its frequency among the population, as well as the high costs involved in treatment and temporary incapacity for work of the mentally ill. Statistics show that 20-25% of family doctor patients have a psychiatric disorder or important psychological problem⁴. The causes of mental illness are complex and are influenced by genetic factors, stressful life experiences, physical illnesses, difficulties in the family environment, etc.

Social percept

Pantelimon Golu believes that „Human perception must be understood not only as a mirroring of physical esteem in the various portions of the central nervous system, but also as a mirroring of man in another man, as an image of ourselves in others and others within ourselves. By this perception is transformed from individual act to interpersonal act. It becomes one of the fundamental initial mechanisms of reflecting influences and interinfluences in the dynamics of interpersonal relations and in particular in that of communication, because on man influences not only the word, the verbal expression, but also the external appearance of others and their conduct, taken in its immediate manifestation⁵”.

Social perception is defined as a cognitive process that is carried out over time, based on social experiences of the individual, through the use of patterns, stereotypes, clichés or cultural patterns with generalized meanings, existing in a community. Through this process, the individual reflects the human relationships, norms and cohesion of the group, the interaction and psychosocial processes that manifest themselves in a social system (Feldman, 1985).

Social perception refers to the processes by which people come to understand each other, how we get a global picture of the personality of others, as well as the reasons and causes that determine the behavior of others.

Social perception is realized in the individual in two⁶ situations:

- as a real perception of the social behaviour manifested by an individual or members of a group.
- as a presumptive perception, i.e. what the subject expects from the people around, depending on the role-status in their social position.

G.W: Allport wrote that "No person can fully understand another person because no man shares the motives, thoughts and feelings of the other. The only me we have immediate access to is my own self. The knowledge of other people comes to us indirectly and piecemeal. At best, we're going to see a few in passing.⁷

Two dominant conceptions have emerged in terms of the perception of people. This is, in the opinion of some researchers, a rapid and automatic process: an image is immediately formed, based on superficial information, but this image is approximate and quite coarse. In

³ Enachescu C., *Treaty of Psychopathology*, pg.69

⁴ Tudose, F., *Psychopathology and Therapeutic Guidelines in Psychiatry*, pg.35

⁵ Pantelimon Golu, *Social Psychology*, Ed. Didactic and Pedagogical, Bucharest, 1974, pg.139

⁶ Neculau A. *Minority, marginal, Excluded*, Ed. Polirom, Iasi, 1995, pg.143

⁷ G.W. Allport *Structure and personality development*, pg. 493

the view of other researchers, the perception of people is a more elaborate process, rational or cognitive, in which the image is formed only after collecting and processing the entire amount of information available. The two conceptions are experimentally confirmed in different situations. Sometimes we really make instant judgments, sometimes they are based on a slightly more elaborate analysis of the observed behavior. However, most often we orient ourselves in our relationships with others according to first impressions, which can set in motion a self-realising prophecy.

Most of the time, we judge others without regard to the rigors of strict rationality. In the formation of impressions we do not take into account statistical data and situational influences on behavior, these impressions can be altered by the condemnation of victims, the formation of premature, hasty impressions, interpretation, search and creation of evidence that supports first impressions. As subjects of social perception, we have an exaggerated confidence in our ability to judge others and anticipate their behavior.

Studying the social perception of mental illness involves determining the patterns of perception that the population possesses and capturing the social effects that these patterns of perception induce.

The main sources of error in the reception and interpretation of information about a person or group are categorization, attribution, prejudice and stereotyping.

The paradigmatic context of this approach is provided by the theory of labelling⁸, and the explanatory framework is that social phenomenon identified and theorized by Robert Merton known as the *self-creative prophecy*⁹. The mentally ill to whom a particular label is applied gradually tends to identify with it, which is achieved through the process described below:

1. Labelling the mentally ill with a certain negative trait;
2. Assumption by the individual of the role suggested by this trait;
3. Acquiring negative behaviours and attitudes appropriate to the new role;
4. Gradual loss of behaviours and attitudes that do not conform to this role;
5. Identification with this trait and related status.

Studying the aspects of stereotyping and discrimination, Carl O. Word, Mark P. Zanna and J. Cooper (apud. Septimiu Chelcea, Petru Ilut) experimentally discovered the action of self-realizing prophecies within interpersonal relations. These occur without people realizing it, not the result of conscious attempts to confirm their own theories. People's expectations of the behavior of the people they interact with, lead to changes in their behaviour, even when they strive to be unbiased. Self-realising prophecies can act on the individuals who create them like this: once they have formed a certain impression of someone, they find it hard to believe that person might behave in a way incompatible with their representation.

Research objectives

1. Identification of the level of information on mental illness among the population
2. Identification of differences in perception of mental illness related to the environment of residence.

⁸. Becker, H., S., *The Outsiders: Studies in the Sociology of Deviance*, New York, Free Press, 1963, apud James Vander Zanden, *The Social Experience*, New York, Random House, 1989, 123.

⁹Merton, R., K., *Social Theory and Social Structure*, apud Schaefer R. T. And Lamm R. P., *Sociology. A Brief Introduction*, New York, McGraw – Hill, 1994, p. 175.

Research hypotheses

1. The level of information on mental illness of the rural population is lower than that of the urban population.
2. The urban population has a different perception of the mentally ill, compared to the rural population.
3. Social perception of mental illness is different depending on the environment of residence.

Study participants

Following the realization of a comparative study, for methodological reasons, we chose a sample consisting of 120 subjects.

Table. No. 1 – Frequency of occurrence for the environment of residence

residential areas			
		frequency	percent
Valid	rural	60	50,0
	urban	60	50,0
	Total	120	100,0

From the point of view of the residence environment, 60 respondents are from rural areas (30 women, 30 men) and 60 respondents are from urban areas (30 women, 30 men) (table 1).

Table No. 2 - Frequency of occurrence for the environment of residence

genre			
		frequency	percent
Valid	female	60	50,0
	male	60	50,0
	Total	120	100,0

In terms of biological gender, 60 women and 60 men participated in this study (Table 2).

Table No. 3- Frequency of occurrence for the environment of residence

level of education

		frequency	percent
Valid	primary	7	5,8
	secondary	19	15,8
	High school	71	59,2
	university	19	15,8
	graduate	4	3,3
	Total	120	100,0

Regarding the last school graduated, many have high school education (59%), equally have secondary and university studies (16%), 7 respondents have primary education (6%) and only 4 respondents have postgraduate studies (3%). (Table 3).

Table No. 4- Frequency of occurrence for the age variable

age

		frequency	percent
Valid	18-25 years	4	3,3
	26-35 years	21	17,5
	36-45 years	46	38,3
	46-60 years	39	32,5
	Upp 60 years	10	8,3
	Total	120	100,0

Study participants ranged in age from 18 to 63. (table no.4). Most are aged 36-45 years (46-38%), 39 respondents are between 46-60 years of age (33%), the others, in a much smaller percentage, were in the age group over 60 years (8%) 18-25 years (3%).

Research tool

In order to achieve the proposed objectives and based on the premises considered as the basis for the elaboration of research hypotheses, we chose as a tool the questionnaire.

Analysis and interpretation of data

Dimension I. Information on mental illness - Variable 1. Knowledge.

Item 1: "Mental illness can only occur in the elderly"

In the item "*Mental illnesses can occur only in the elderly*", the answers of the respondents were as follows:

The majority of rural women (43%) and urban environment (30%) considered this situation **highly likely** compared to men who have the same residence environment who chose this variant of response in a much smaller percentage.

It is noted, however, that most urban men chose the "more likely" answer option (40%) compared to women from the same environment (20%).

In very small percentages, respondents chose the "unlikely" and "very unlikely" variants.

Item 2: "Mental illness is curable diseases"

At the item "Mental illnesses are curable diseases" the answers were as follows: Most urban men (50%) and rural women (47%) considers the cure of these diseases **likely**, unlike urban women and rural men who have lower percentages of this response variant (33% and 40% respectively). They chose the unlikely response option in equal percentages (17%) both women and men in urban areas. Rural respondents rated 23 percent (23% women 30%) than those in urban areas (17%) to this variant of the response.

Rural men chose the **very unlikely** in double percentage (20%) compared to those in urban areas (10%), a significant difference also between men (10%) and women (23%) urban areas.

Among the respondents, only those from urban areas chose the **very likely** answer option (women 10% and men 20%), among rural respondents with no answer. Both women and men in rural areas consider equal percentages (10%) that the cure of mental illness is **more likely**, unlike in urban respondents where there are differences (male and 3%, women 17%).

Item 3: "The installation of mental illness occurs due to brain imbalances"

Respondents' responses to the theme "Installation of mental illness occurs due to brain imbalances" were as follows:

The majority of rural respondents, both women (50%) and men (43%) are of the opinion that this situation is **very likely**, unlike those in urban areas who chose this variant of response in a much smaller percentage (women 20%, men 30%).

Most urban respondents (women 30%, men 63%) considers that the disease is **likely** to develop due to imbalances in the brain, unlike those in rural areas who responded in the same way only 17% for women and 23% for men.

A significant difference is also observed in the **more likely** response variant for men with different environments of residence (33% rural, compared to only 6% urban environment).

In a very small percentage, the respondents chose the variants "little probably" and "very unlikely".

Item 4: "Mental illness occurs as a result of a stressful situation"

The following responses were recorded in the the theme "Mental illnesses":

The majority of respondents, both those from rural areas (women 53%, men 33%) and those from urban areas (women 33%, men 37%), consider this situation **very likely**, a difference being observed between women in urban areas who have this variant of response in a much higher proportion than those in urban areas (53% vs. 33%).

The **more likely** response was chosen by a large proportion of respondents, both those from rural areas (women 23%, men 27%), and those from urban areas (women 20%, men 23%).

Men from both resident backgrounds consider the occurrence of the disease as **a likely** result of a stressful situation in approximately equal proportions (27% rural, 26% urban), as opposed to women, in which case a difference between the two environments of residence (10% rural, 33% urban environment) is observed.

In very small percentages, respondents chose the "unlikely" and "very unlikely" variants.

Item 5: "The emergence of mental illness is due to a divine will"

The responses to the theme "The emergence of mental illness is due to a divine will" were as follows:

The majority of urban respondents (87% women and 67% men) believe that the occurrence of mental illness is **very likely** to be due to a divine will, compared to rural respondents who chose this variant of response in a smaller percentage (women 60%, men 47%).

Both rural (60%) and urban women (87%) chose this response variant in greater proportions than men in the same residence environment.

To the **more likely** response of this item, rural respondents had higher proportions (17% women, 27% men), than those of the same gender in urban areas (7% women, 20% men).

The same is observed in the **probable** response variant, where rural respondents (17% women, 23% men) had higher percentages than those in urban areas (3% women, 7% men). In a very small percentage, the respondents chose the variants "little probably" and "very unlikely".

Item 6: "Members of my family can get sick with a mental illness"

The following answers were obtained in the item "My family members may become ill with a mental illness":

The majority of urban women (43%) consider this **very likely**, unlike rural women who chose this response variant in a much smaller percentage (23%), while men from both residence backgrounds recorded approximately equal percentages (33% rural, 30% urban).

The same is true of the **more likely** response variant, which urban women chose in double the percentage (20%) compared to those in rural areas (10%), with men from both residence backgrounds recording equal percentages (27%).

Urban men consider a higher percentage (37%) as **likely** to sicken their family members, compared to those in rural areas (23%), women from both residence backgrounds choosing this variant of response in approximately equal proportions (30% rural, 33% urban). Respondents in rural areas consider it **highly unlikely** that family members should be sickened in much higher percentages (33% women, 17% men), compared to those in the urban environment who expressed this opinion (10% women, 3% men). In a very small percentage, the respondents chose the "unlikely" option.

Item 7: "Mental illness is a fantasy of the person"

In the item "Mental illness is a fantasy of the person", the respondents chose the following answers:

The majority of women, both rural (40%) and urban (63%), believe that mental illness is **very likely** to be a person's imagination, as opposed to men who believe this to a lesser extent (20% rural, 26% urban).

This response variant was chosen in a higher proportion of urban respondents (63% women, 26% men), compared to those in rural areas (40% women, 20% men).

Rural women (43%) consider this **more likely** than those in urban areas (17%), with men from both backgrounds choosing this response variant in roughly equal percentages (40% rural, 43% urban).

Rural men consider to a greater extent (37%) likely to be more **likely** than those in rural areas (23%), among women, there is no significant difference.

In a very small percentage, respondents chose the "unlikely" and "very unlikely" variants.

Item 8: "The treatment of mental illness is done only in the hospital"

Respondents' responses to the theme "Treatment of mental illness is done only in the hospital" were as follows:

The majority of rural women (40%), as well as the majority of men from both residence backgrounds (37% rural, 43% urban), consider this situation **very unlikely**, unlike urban women who chose this response option at a much lower percentage (23%).

The **more likely** response option was chosen to a greater extent by women from both environments of residence (23% rural, 27% urban), compared to men from the same environment of residence (7% rural, 13% urban).

A large proportion of rural men (33%) are of the opinion that the treatment of mental illness is **unlikely** to be done only in hospital, unlike women in the same environment of residence, as well as urban respondents, who chose this variant of response percent much lower (10% rural women, 13% urban men).

Respondents in urban areas consider it likely to treat mental illness only in the hospital in equal percentages, in terms of biological gender (23%) and higher than those in rural areas (13% women, 17% men).

The most **likely** response variance was chosen by rural respondents in equal percentages of biological gender (13%) and higher than those in urban areas (7%).

Item 9: "Some people diagnosed with mental illness can also be treated in the family"

The following responses were recorded in the theme "People diagnosed with mental illness" and the following responses were recorded:

Most male respondents (33%), in equal percentages of the environment of residence, believe that it is **likely** that these people can also be treated in the family.

The same is viewed by women - but in slightly smaller percentages (27% rural, 23% urban).

A large proportion of rural women (27%) considers this situation **to be very unlikely**, compared to urban women (17%) who have chosen this variant of the answer. In the case of men, the situation is the opposite, in the sense that more are those in urban areas (17%) who opted for this response than those in rural areas (7%).

A large proportion of women in both residence backgrounds consider equal percentages (27%) the **likely** possibility of these people being treated in the family as well. For this variant of response, men from rural areas opted in double proportion (20%) than those in urban areas (10%).

A large proportion of rural men (30%), as well as rural women (27%), believe that it is **more likely** that treatment of people with mental illness can be done in the family, as opposed to respondents from the same environment of residence, but of different sex (20% urban men, 7% rural women).

Respondents in urban areas who consider this to be **very likely** to be double (20%) compared to those in rural areas (10%), while women in both rural and urban areas chose this variant of response in unequal percentages (13% and 10% respectively).

Item 10 : "People with mental illness can drive cars"

Respondents' responses to the theme "People with mental illness can drive vehicles" are as follows:

The majority of respondents consider that it is **very likely** that people with mental illness will be able to drive their vehicles, women in equal proportions in terms of residence (63%), and men in urban areas in a higher proportion (60%) than those in rural areas (50%).

The **more likely** response option was chosen by male respondents in equal percentages (20% rural, 20% urban), while among women there is a difference in the environment of residence (17% rural, compared to 27% urban).

A large proportion of rural men (30%) are of the opinion that people with mental illness **are likely** to be able to drive vehicles, compared to those in urban areas (17%) who have opted for this response.

In a very small percentage, the respondents chose the "unlikely" and "very unlikely" variants.

Hypothesis 1. The level of information on mental illness of the rural population is lower than that of the urban population.

Group Statistics

environment of residence		N	Mean	Std. Deviation	Std. Error Mean
Dim.1	urban	60	28,1833	3,38737	,43731
	rural	60	27,2167	8,59068	1,10905

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
Dim. 1	Equal variances assumed	3,224	,075	,811	118	,419	,96667	1,1921	-1,3941	3,3274
	Equal variances not assumed			,811	76,913	,420	,96667	1,1921	-1,4072	3,3405

Making a comparison between the averages of the two samples, it is observed that they differ, but not very much, so that the urban population is more informed about mental illness than the rural population.

Looking at the Levene test, where the significance is 0.075, we can say that the differences are statistically significant.

Dimension II. Perception on the mentally ill - Variable 1. The image on the mentally ill

Item 1: "People with mental illness have unpredictable behavior"

Respondents gave the following answers to the theme, "People with mental illness behave unpredictably":

The majority of study participants consider that people with mental illness are **likely** to behave unpredictably, with the highest percentage occurring among urban men (60%), compared to those in rural areas who chose this response variant (50%).

Women in urban areas are of the opinion, in a higher proportion (30%) than those in rural areas and roughly equal to men in the same residence environment (27%) that these people are **likely** to behave in an unpredictable manner.

Rural men consider this situation **more likely** in a higher percentage (23%) than men in urban areas (10%), or women from both residence (17% rural, 13% urban).

In very small percentage, the respondents chose the variant "little probably" and "very unlikely".

Item 2: "People suffering from mental illness are violent"

The responses of study participants to the item "People suffering from mental illness are violent" were as follows:

The majority of respondents consider this **to be likely**, those in urban areas (40% women, 43% men) to a greater extent than those in rural areas (30% women, 30% men).

A large proportion of respondents believe that these people are **very unlikely** to be violent, noting a difference between women from both residence backgrounds who opted for this variant of response in a higher percentage (33% rural, 30% urban) and men from the same residence environment with them, who consider this situation very unlikely in a smaller percentage (27% rural, 23% urban).

Respondents in rural areas (23% women, 20% men) believe that these people are **unlikely** to be violent to a much greater extent than those in urban areas (13% women, 13% men).

In small percentages, respondents chose the "more likely" and "very likely" option.

Item 3 : "People with mental illness have self-destructive tendencies"

The following results were obtained in the the theme "People with mental illness" Most of urban men (60%) are of the opinion that these people are **likely** to have self-destructive tendencies, unlike men in rural areas (40%) and women from both residence backgrounds (37%), who consider this possible in a much smaller percentage .

Both women (40%) and men (17%) rural areas consider that people with mental illness are **very unlikely** to have self-destructive tendencies, to a greater extent than urban respondents (33% women, 13% men). There is also a significant difference between the option of the two biological genera, with women choosing this variant of response in a much higher percentage than men in the same residence environment.

A large proportion of rural men (30%) is of the opinion that this situation is **unlikely**, compared to the rest of the respondents, to whom this option was to a much lesser extent. In a very small percentage, respondents chose the "more likely" and "very likely" option.

Item 4: "All people with mental illness should be isolated from the community"

The following responses were recorded in the the theme "All persons with mental illness" :

A large proportion of urban women (43%) and rural men (37%) considers the need to isolate these people from the community **very likely**, compared to respondents of different gender sids in the same residence environment who opted for this response in a smaller percentage (23%).

The majority of rural women (43%) and urban men (37%) chose the more **likely** response option, as opposed to respondents of different gender and the same environment of residence, who had this option in a smaller percentage (20% rural men, 30% urban women).

A large proportion of respondents considered the need to isolate people with mental illness **likely**, in this situation there was a difference between urban men (30%) and those in rural areas (20%).

In small percentages, respondents chose the "little probably" and "very unlikely" option.

Variable II. The socio-economic condition of the mentally ill

Item 5: "I can collaborate with a new colleague who has been admitted to a psychiatric hospital"

On the item "I can collaborate with a new colleague who has been admitted to a psychiatric hospital" the respondents gave the following answers:

The majority of study participants consider collaboration with these people as **likely**, with urban respondents (43% women, 67% men) to a greater extent than those in rural areas (37% women, 40% men), a significant difference being observed between urban men (67%) and those in rural areas (40%).

A large proportion of rural women (33%) is of the opinion that it is **very likely** to be able to work with people discharged from the psychiatric hospital, compared to women in urban areas (17%) and male respondents from both residence backgrounds (10%).

A greater proportion of rural men (23%) considered that collaboration with these **individuals**, as opposed to those in urban areas, who opted for this variant of response to a lesser extent (7%).

Double the percentage of men in rural areas (20%) compared to those in urban areas (10%) believe that their collaboration with these people is **unlikely**. The situation is reversed for women, where those in urban areas (17%) have opted to a greater extent than those in rural areas for this variant of response.

Respondents consider in smaller and roughly equal percentages that they are **very unlikely** to be able to collaborate with colleagues who have been discharged from psychiatric hospitals.

Item 6: "If the new neighbour were a person who was recently discharged from a psychiatric hospital, I would feel as comfortable as any neighbour"

The answers to the item "If the new neighbour were a person who was recently discharged from a psychiatric hospital, I would feel as comfortable as any neighbour" were the following:

Most respondents consider this **to be likely**, urban men (43%) to a greater extent than those in rural areas (30%, between women from the two environments the difference is very small (37% rural, 33% urban).

Both urban men (43%) and women in the same environment of residence (30%) believe that this situation is **unlikely**, unlike rural respondents who opted for this response in a lower percentage (17% women, 23% men).

Rural men consider a much higher percentage (30%) compared to those in urban areas (3%) that it is very unlikely to feel comfortable in the case of a neighbourhood with a person discharged from a psychiatric hospital, while women from both residence backgrounds have opted for this variant of response in equal proportions (23%).

In smaller percentages, respondents also opted for the **very likely** and more **likely** response option.

Item 7: "A young man suffering from a mental illness can start a family"

Responses to the item "A young person suffering from a mental illness can start a family" were as follows:

Most respondents believe that such a young person is **likely** to be able to start a family, those from urban areas in higher percentages (43%), compared to those in rural areas (women 33%, men 37%).

A large proportion of rural women (27%) and men in urban areas (27%) consider this situation **more likely** to a greater extent than respondents of different gender in the same environment of residence (17%).

Men from both residence backgrounds opted for a **variety** of responses in very likely equal percentages (20%), while women in urban areas (27%) are of the opinion that it is very likely that these people will be able to start a family to a greater extent than those in rural areas (17%).

Both women (20%) and men (17%) rural areas consider this situation **very unlikely**, unlike urban respondents, who chose this variant of response to a lesser extent (3% women, 6% men).

In small percentages, respondents chose the **unlikely** option.

Item 8: "After discharge from a psychiatric hospital, the person enjoys the same trust in the community"

At the item "After discharge from a psychiatric hospital, the person enjoys the same trust in the community" the following responses were recorded:

The majority of respondents consider this situation **much more likely**, those in urban areas to a greater extent (43% women, 50% men), than those in rural areas (40% women, 37% men), with a significant difference between men from different backgrounds (50% urban, 37% rural).

A large proportion of rural men (30%) and urban women (37%) are of the opinion that these people are **very likely** to enjoy trust in the community, compared to respondents in the same environment of residence, but of different gender (13% women, 10% men).

Male respondents from both residence backgrounds consider this possible in equal percentages (27%), while rural women opted for this variant of response in higher percentages (30%) than those in urban areas (20%).

In small percentages, respondents chose the **unlikely** and **very unlikely** option.

Item 8: "After discharge from a psychiatric hospital, the person has difficulty getting a job"

Responses of study participants to the theme "After discharge from a psychiatric hospital, the person has difficulty obtaining a job" were as follows:

Urban respondents consider this situation to a greater extent (27% male, 43% female) more likely than urban respondents (23% men, 30% women).

Most urban men (50%) are of the opinion that these people are **likely** to have difficulty getting a job, unlike those in rural areas who have chosen this variant of response in a much smaller percentage (27%). Women from both residence backgrounds opted for this variant in equal proportions (23%).

Rural men and women in urban areas are of the opinion, in equal percentages (27%) and higher than respondents from the same backgrounds of residence with them, but of different gender (13% rural women, 10% urban men), that these people are **unlikely** to face difficulties in obtaining the job.

Women in urban areas consider this to be **very likely** to be more likely (20%) than those in rural areas (10%).

In small percentages, respondents chose the **more likely** option.

Item 9: "People with mental illness can have children"

The following responses were recorded in the "People with mental illness" the following answers were recorded:

Most respondents believe that people with mental illness are **likely** to be able to have children, those in urban areas (47% women, 43% men) opted for this response in higher percentages than those in rural areas (33% women, 37% men).

A large proportion of urban men (33%) believes that this situation is **very likely**, compared to those in rural areas (13%) and with women, both those in rural areas (23%) and those in urban areas (17%), who opted for this variant of response in a much smaller percentage.

A large percentage of urban women (30%) considers that it is **highly unlikely** that these people will be able to have children, unlike men in the same residence environment (7%), as well as those in rural respondents (20%, equal percentages of women and men) who opted for this response in a smaller proportion.

Respondents in rural areas (17% women, 23% men) consider this situation **unlikely** in higher percentages than those in urban areas (3%, equal percentages of women and men). In small percentages, respondents chose the **more likely** option.

Conclusions

Psychic disease has a social evolution that interacts with its biological substrate, influencing the severity of the disease and even the long-term prognosis. Due to information loss in this area, people suffering from various mental disorders are labeled and excluded from many areas of social life, which also strengthens their avoidance behavior of access to specialized services.

Most of the time, people who use such services are serious cases, resort to psychological/psychiatric treatment as the last alternative or are brought urgently by the owners. Mental illness can occur especially in older people, as appreciated by women in the rural environment, compared to men who said it can occur at any age. The background influenced participants' responses, so that those in urban areas, due to access to information, stated that mental illness can be treated and improved, compared to people in rural areas who do not believe in curing them.

Stress is also considered to be a trigger of these diseases, a fact recognized by urban participants while participants in the rural environment attribute these diseases to divine forces. Study participants also stated that mental illness is best treated in hospital, through medication, but also the family has an important role in treating them, the family climate and family support being very important.

The behaviour of the mentally ill is considered to be unpredictable, that they can sometimes exhibit deviant, aggressive behaviors towards others, and in more advanced situations of the disease can even lead to self-destructive behaviors, in which case they should be isolated from society.

The statistical analysis confirmed the assumptions that urban participants are much more informed about mental illness than those in rural areas.

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