PUBLIC ATTITUDES TOWARD MENTAL HEALTH PROBLEMS IN THE AJARA REGION

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Abstract. The purpose of this study is to assess the level of knowledge, attitudes, and behavioral readiness of the population of the Adjara region toward mental health problems. The research was conducted using a quantitative approach with a sample of 400 respondents representing different age groups, educational levels, and places of residence. The findings indicate that the level of awareness is unevenly distributed: only 35% of respondents demonstrate sufficient knowledge, 50% have partial knowledge, and 15% report no knowledge at all about mental health issues. A high level of stigmatizing attitudes was identified, especially among respondents aged 41 and above, while urban residents demonstrated significantly higher behavioral readiness to interact with individuals experiencing mental health problems. The results highlight the critical importance of reducing stigma and strengthening public education in the field of mental health.

Keywords: mental health, stigma, attitudes, public perception, Adjara region.

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Introduction. Mental health issues remain one of the major challenges of the modern world. According to the World Health Organization (WHO, 2022), one in four people experiences mental health problems at some point in their life. In addition, the OECD (2023) reports that depression, anxiety disorders, and stress-related conditions significantly affect work productivity, economic performance, and overall social well-being.

Despite the growing recognition of mental health as a key public health priority, in many developing countries, including Georgia, public awareness remains insufficient. Cultural norms, traditions, and stigma strongly shape social attitudes toward mental disorders. Link and Phelan (2001) conceptualize stigma as consisting of three interrelated components—stereotyping, prejudice, and social distancing—which together create a harmful social mechanism. Corrigan (2004) argues that stigma represents one of the greatest barriers to seeking and receiving mental health care.

In the Georgian context, this problem is particularly evident in the regions. In Adjara, mental health is still often considered a taboo topic, and mental disorders are frequently perceived as personal weakness or dangerous conditions. Previous studies conducted in Georgia demonstrate that such beliefs increase the likelihood of social exclusion and avoidance of individuals with mental health problems (Gzirishvili et al., 2013).

Therefore, this study aims to examine:

- the level of public knowledge about mental health;
- the prevalence of stigmatizing attitudes;

- behavioral readiness to interact with and support individuals experiencing mental health problems.

The study seeks to provide an evidence-based overview of public perceptions in the Adjara region.

Methodology

Sample

The study included 400 respondents from the municipalities of Adjara (Batumi, Kobuleti, Khelvachauri, Keda, Shuakhevi, and Khulo).

- Gender: Female – 56%, Male – 44%
- Age: 18–25 (24%), 26–40 (34%), 41–60 (28%), 60+ (14%)
- Education: Higher education – 46%, Secondary – 32%, Vocational/other – 22%
- Place of residence: Urban – 64%, Rural – 36%

Instrument and Procedure

A structured questionnaire was used, consisting of four sections:

1. Demographic information
2. Knowledge about mental health (5-point Likert scale)
3. Attitudes and stigma (10 items; Cronbach's $\alpha = .86$)
4. Behavioral readiness ($\alpha = .79$)

Data were collected using both online surveys (Google Forms) and face-to-face interviews.

Data Analysis

The following statistical methods were applied:

- Descriptive statistics
- Chi-square tests
- Correlation analysis
- Logistic regression

Statistical significance was set at $p < .05$.

Results

Level of Awareness about Mental Health (%)

- 35% – sufficient knowledge
- 50% – partial knowledge
- 15% – no knowledge

A significant negative correlation was found between awareness and stigma ($r = –0.40$; $p < .001$), indicating that lower knowledge is associated with higher stigmatizing attitudes.

Stigmatizing Attitudes by Age (%)

- 18–25: 30%
- 26–40: 48%
- 41–60: 69%
- 60+: 82%

Stigma increases significantly with age ($\chi^2 = 18.9$; $p < .001$).

Impact of Education on Attitudes (%)

- Higher education – 68% supportive attitudes
- Secondary – 42%
- Vocational/other – 28%

Education was identified as the strongest predictor of attitudes ($r = .42$; $p < .01$).

Behavioral Readiness in Urban and Rural Areas (%)

- Urban – 63%
- Rural – 39%

Urban respondents demonstrated significantly higher empathy and readiness to provide support (t = 3.4; $p < .01$).

Discussion. The findings confirm that public attitudes toward mental health problems in the Adjara region remain significantly stigmatized, particularly among older and less educated groups.

Consistent with Corrigan (2004), stigma was strongest among respondents with limited knowledge. Similarly, Pedersen and Paves (2014) distinguish between perceived public stigma and personal stigma, both of which were found to be high in Adjara. Shim et al. (2022) emphasize that increased mental health awareness among youth reduces stigma—a trend clearly observed in the younger cohort of this study.

The results also align with Link and Phelan's (2001) theoretical model, demonstrating how stereotypes, prejudice, and social distancing operate together to maintain stigma.

Education emerged as a key protective factor, while rural residency was associated with stronger stigma, possibly due to close-knit social structures and fear of negative public judgment.

Conclusion and Recommendations. This study demonstrates that public attitudes toward mental health in Adjara are shaped by multiple factors, including knowledge, age, education, and place of residence. While younger and more educated groups show signs of reduced stigma, traditional groups continue to associate mental health problems with shame and danger.

The findings indicate both risks and opportunities: although stigma remains widespread, clear pathways for change exist through education and awareness initiatives.

Recommendations

1. **Public Education Campaigns** Regional media campaigns should address myths and normalize mental health as a medical and treatable condition.

2. **Integration into Education System** Mental health topics should be integrated into school and university curricula, including peer education programs.

3. **Training of Professionals** Teachers, family doctors, and social workers should receive training in stigma-sensitive communication.

4. **Improving Access to Services** Increasing geographic and financial access to psychological services is essential, particularly in rural areas.

5. **Further Research** Longitudinal and qualitative studies are recommended to explore changes in stigma over time and its emotional dimensions.

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