

THE STIGMATIZATION OF PSYCHIATRIC ILLNESS: What attitudes do medical students and family physicians hold towards people with mental illness?

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ABSTRACT

Objective: To examine the attitude and opinions of doctors and medical students towards people with mental illness.

Methodology: It is a cross-sectional survey carried out at Mayo Hospital and Fatima Memorial Hospital Lahore Pakistan, from May-July 2006. An anonymous Questionnaire based on previous research in this area was distributed among Family Physicians attending a CME programme, House Officers in four units of a Teaching Hospital, as well as Medical Students.

Results: Four hundred thirty four of 500 questionnaires were returned (86.8%). Schizophrenia, mania, alcohol and drug addiction produced more negative responses than other disorders and more than 60% respondents considered people with these illnesses as dangerous. For depression, anxiety, alcohol and drug addiction, around half the respondents considered that people were to blame for their problems or that they can pull themselves together. People with dementia and schizophrenia were considered to have the worst long term prognosis. Almost 98% of sample felt that psychological factors play an important role in physical illnesses and 383(88.2%) agreed that management of emotional issues is a medical responsibility.

Conclusion: This study showed that there were more stigmatizing views towards people with mental illness in our country's medical professionals than in other countries and even in comparison to general public in developed world. Comparison with other groups in our country would be useful in planning how to reduce the stigmatization of people with mental illness.

KEY WORDS: Mental illness, Psychiatry, Attitudes, Survey.

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INTRODUCTION

Stigma marks an individual out as being different and evokes some form of sanction. Although the stigma of physical illnesses such as cancer, tuberculosis and epilepsy have declined, but mental disorders remain some of the most stigmatized illnesses all over the world. Stigmatization of Psychiatric illnesses has been evident for as long as the illness has existed¹ and despite efforts by individuals as well as groups like World Health Organization, it still exists.² Many studies have shown that stigmatizing attitudes towards mental illnesses are widespread.^{3,4} Negative views such as those implying that people with mental illness are dangerous to others, mental illness reflects

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weakness of character, these disorders are self inflicted, mental illness is feigned or imaginary, or that it is incurable are unfortunately deeply rooted in the society.

Stigmatizing beliefs may result in discrimination against people with such illnesses and have negative consequences on housing, education and employment prospects as well as it increases the feeling of helplessness among sufferers. For people with mental illness, stigma is the largest single obstacle to improving their quality of life.⁵

For effective healthcare delivery, it is crucial that health professionals are not hampered by prejudiced attitudes. The stigmatization of mental illness among health professionals has been studied less than in the general population.⁶ A study in United Kingdom showed that Doctors and Medical students tend to share the same negative opinions of mental illnesses as that of general public although there were more optimistic views with regards to treatment.⁷ It also showed that senior medical staff have more realistic attitudes towards mental illnesses than their junior colleagues. Psychiatrists do seem to generally hold non stigmatizing views in comparison to general population.⁸ In Pakistan although numerous studies were done looking at medical students and doctors views about psychiatry as a specialty and career choice.^{9,10} we were unable to find any study solely looking at how widespread negative attitudes towards mental illness may be within the medical profession.

The aim of current study was to determine the opinions and gather baseline data of Pakistani medical students and family physicians concerning various mental illnesses so that planning can be done how to tackle this issue within medical profession.

METHODS

The study was carried out in Lahore from May-July 2006. The sample comprised of all Family Physicians attending a central CME programme, all house officers in two medical and two surgical units of a teaching hospital and all fourth year medical students of the

same hospital. (Fourth year was selected as lectures in psychiatry as well as Psychiatry ward placements were part of fourth year medical curriculum at the time of study).

An anonymous questionnaire based on seven common psychiatric illnesses (schizophrenia, severe depression, anxiety/panic disorder, mania, alcohol addiction, illicit drug addiction and dementia) was prepared. Permission was obtained from the Royal College of Psychiatrists "Changing minds" campaign for the use of the same basic themes as used in their England National Survey, carried out by Office for National Statistics (ONS) for general public.¹¹ Although the original survey was conducted in person, we thought a questionnaire to be more appropriate as it was less intrusive in the work schedule of doctors (and medical students) and also eliminated any possibility of observer bias. Initially we piloted the questionnaire on a sample of medical students of final year MBBS that was not to be included in the final trial. It was followed by brief changes to the wording of the questions, influenced by the comments received. The questions included in the survey pertained to dangerousness, unpredictability, being hard to talk to, attribution of blame for the condition, the ability to pull oneself together, the likelihood of improvement with treatment, and the prospect of eventual recovery. Information was also requested about respondent's age, gender, and personal knowledge of mental illness (in relation to self or in contact with family members and friends). The questionnaires were distributed and then collected by the same investigator.

For each disorder, respondents indicated their degree of agreement with a statement on a 5 point likert scale. Respondents were considered to have a negative opinion if they chose either of the two responses on the negative side of the midpoint of this scale. SPSS computer software was used for data management and analysis.

RESULTS

Out of 500 questionnaires distributed, 434 were returned giving a response rate of 86.8%. Of the sample 230(53%) were men and

204(47%) were women; 332(76.5%) were in the 21-30 year age range, with 74(17.1%) in 30-50 years group. Only 28(6.5%) were older than 50 years. The sample comprised of 223 medical students, 98 house officers, and 113 family physicians. Among Family Physicians, only 17 were doing clinical practice for <10 years, 53 for 10-20 years and 43 had experience of more than 20 years.

Among the respondents, 23(5.29%) suffered from mental illness themselves and approximately 47% had knowledge of mental illness in relation to family members and friends.

The opinion of participants with respect to seven different mental illnesses are summarized in Table-I. Schizophrenia, mania, alcohol and drug addiction produced more negative responses than other disorders and more than 60% respondents considered people with these illnesses as dangerous. Almost 50% of respondents felt that sufferers of all seven mental illnesses are unpredictable. For depression, anxiety, alcohol and illicit drug addiction, around half of respondents considered that people were to blame for their illness or that they can pull themselves together. This was not thought to be the case in Schizophrenia, dementia and mania. There was an overall

optimistic view of treatment with more than three quarters of respondents believing that treatment would benefit these patients. People with dementia and schizophrenia were considered to have the worst long term prognosis.

Almost 98% of sample felt that psychological factors play an important role in physical illnesses and 383(88.2%) agreed that management of emotional issues is responsibility of medical professionals.

DISCUSSION

The combined data would suggest, as seen in other surveys done on similar topic in developed world^{7,11} that doctors and medical students tend to share the same negative opinions towards mental illnesses. The negative opinions are even more remarkable in case of schizophrenia, alcohol and drug addiction.

Regarding dangerousness, Crisp et al¹¹ in their survey of general population found that nearly three quarters of public felt people with schizophrenia tend to be dangerous. A similar study of medical students and doctors in a London teaching hospital found that more than half of respondents agreed to this statement. Our survey showed a similar pattern to that of general public in developed countries,

Table-I: Attitudes to mental illness by type of illness.
Number of respondents holding negative opinions (Percentages)

Opinion	Schizophrenia	Depression	Mania	Anxiety/ Panic attacks	Alcohol addiction	Drug addiction	Dementia
<i>Danger to others</i>	298 (68.6%)	166 (38.2%)	275 (63.4%)	187 (43.1%)	353 (81.3%)	341 (78.6%)	112 (25.8%)
<i>Un-predictable</i>	315 (72.6%)	239 (55.1%)	283 (65.2%)	256 (59.0%)	284 (65.4%)	280 (64.5%)	222 (51.2%)
<i>Hard to talk to</i>	232 (53.5%)	233 (53.7%)	220 (50.7%)	159 (36.6%)	179 (41.2%)	207 (47.7%)	220 (50.7%)
<i>Have themselves to blame</i>	79 (18.2%)	222 (51.2%)	106 (24.4%)	175 (40.3%)	224 (51.6%)	244 (56.2%)	82 (18.9%)
<i>Could pull themselves together</i>	128 (29.5%)	225 (51.8%)	158 (36.4%)	280 (64.5%)	328 (75.6%)	305 (70.3%)	109 (25.1%)
<i>Would not improve with treatment</i>	97 (22.4%)	66 (15.2%)	63 (14.5%)	67 (15.4%)	75 (17.3%)	71 (16.4%)	123 (28.3%)
<i>Will never recover fully</i>	214 (49.3%)	115 (26.5%)	109 (25.1%)	73 (16.8%)	84 (19.3%)	88 (20.3%)	197 (45.4%)

rather than that of medical profession with 68.6% of respondents believing people with schizophrenia to be dangerous. These opinions are accurate in the sense that a few people with these disorders behave at times in ways that are dangerous to others. However the opinions are generalized too widely. In contrast, in another study looking at mental health support workers attitudes,¹² fewer than 20% of respondents perceived people with Schizophrenia to be dangerous. It may be due to the fact that mental health workers spent considerable amount of time with people suffering from severe and enduring mental illnesses and in general, there is some evidence that increased contact with mental illness may lead to less stigmatizing attitudes among health professionals.¹³ Thus one of the ways to tackle stigma among our medical profession may be to increase exposure to psychiatric patients during undergraduate training.

Another area in which there was consistently higher values compared to previous studies was that of attributing blame. Responses were more stigmatizing among medical professionals in this survey even in comparison to general public survey in England especially for depression, because in our study half of the sample believed people were themselves to blame for their problems. (vs.12.8% in general public survey). This is in contrast to study of doctors and medical students in London⁷ where the findings suggested that overall better understanding by the medical profession of the pathological process of the disease may lead to a lower attribution rate with regards to blame. Our results in this respect may have been due to the fact that medical professionals in our country do not have significant exposure to psychiatry and behavioral sciences during their training, therefore their views are similar to public opinion and with views expressed in the media.

We also found that doctors find it difficult to talk to the patients with psychiatric disorders. As there are not enough psychiatrists in Pakistan, majority of people with mental illnesses do present to as well as are managed by

family physicians. With these stigmatizing attitudes, they may be reluctant to approach and interact with these patients. It also leads to a concern for service provision on general wards by doctors, when looking after patients with concurrent physical and psychiatric illness.

While considering the issue of treatment, three quarters of respondents believed treatment to be effective but these values are still not as high as have been reported in previous studies,^{7,11,12} giving impression of somewhat pessimistic thinking in this aspect among our doctors and medical students. An area of contrast is seen in dementia, where only 28.3% of sample believed that dementia sufferers will not improve with treatment (in comparison to 56.4% and 35.1% in other studies). This is of more concern because dementia being a progressive disease, an ill informed optimistic opinion could ultimately lead to more discrimination.

Our study showed a similar view regarding eventual recovery to that of the general public with around half of respondents believing that people with schizophrenia will recover,⁷ In contrast Mukherjee et al in 2002 found that nearly every four out of five doctor and medical student in their sample thought that people with schizophrenia could recover.⁷

LIMITATIONS OF THE STUDY

This survey was conducted in a major city of Pakistan, therefore its findings may not be the true reflections of all medical professionals in the country. (rural area doctors may have different perceptions). In future a similar survey involving physicians and students on a larger scale including those in rural areas will be helpful. One can also compare the attitude about mental illness among the male and female physicians and experienced vs. fresh medical graduates.

CONCLUSION AND CLINICAL IMPLICATIONS

It is of extreme concern that there were more stigmatizing views about people with mental illness in our country's medical professionals

than in other countries and even in comparison to general public in the developed world. Health professionals have a responsibility to improve their own attitudes and behaviors towards people with mental illness. However without a well planned anti stigma campaign and initiatives at national and local levels, it may not be easy to change these stigmatizing opinions. During our medical training, we should encourage an integrated biological, psychological and social view of health care. If we recognize our patients as unique individuals and not as illnesses, it is harder to stereotype and hold stigmatizing attitudes towards mental illness. Other ways of combating stigma in our profession is to update our knowledge of mental illness, listen to what our patients say about mental illness and its consequences, watch out for stigmatizing language in our day to day work, to be an advocate for those with mental illness and to challenge stigma in media.^{14,15} Media can play a significant role in anti-stigma campaign by highlighting the positive viewpoint and success stories of patients who suffered from mental illness and they recovered to be active and productive members in the community. We feel that our study provides useful information and a starting point for further work in this area.

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