

Stigma and mental health: the perception of the health professionals of the future and feasible interventions

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Abstract

Stigma towards mentally ill people is gaining importance within the field of mental health. The following paper tries to investigate the stigma phenomenon among undergraduates in Medicine, Psychology and Nursing. Since these are the key figures of the future in the treatment of the patients, their possible stigmatizing behaviors can negatively influence the therapeutic course taken by the patients themselves.

For this purpose, a review of the major works concerned with the object of the study was conducted, in order to survey feasible interventions to reduce stigma and negative attitudes among the students.

Key words: *Stigma; Schizophrenia; University students; Anti-stigma project.*

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Introduction

The stigma is a global and complex process, connected to three problems, strongly related to each other: knowledge (ignorance), attitudes (prejudice) and behavior (discrimination) (Giunta & Lo Verso, 2012; Giunta et al., 2018; Thornicroft et al., 2007; Giunta et al., 2017; Mannino et al., 2015; Mannino et al., 2017a). It causes the exclusion of the stigmatized subject from different areas of his life, such as social, economical and working one.

This phenomenon is often observed in the context of mental illnesses, and in particular of schizophrenia, a pathology that consistently interferes with the behavior and the functioning of the subject, that has an unsure etiology, and a treatment that causes many side effects (Fung et al., 2010).

In this regard, stigmatizing attitudes may hinder and influence negatively the treatment of the patients, especially when implemented by healthcare professionals; this is the reason why undergraduates of healthcare majors represent an important target to fight off the stigma (Thornicroft et al., 2007).

In literature we find many international studies that attest how undergraduates of Medicine, Psychology, Nursing and other professionals that work closely with psychiatric patients carry stigmatizing attitudes towards the patients.

In this regard, Ogunsemi, Odusan and Olatawura (2008), through a study conducted on 114 Medical undergraduates, have detected that amongst future medical doctors there's a connection between stigma and psychiatric patients. The students were divided in two groups, of which the first received a case already presented as psychiatric, while the second received the same description, but without any clarification about the psychiatric aspect of the case in point.

The result obtained is that the first group has showed a more stigmatizing attitude, expressing it with a behavior of greater

social distance, which is an index of the persistence of stigma.

Another study conducted by Naeeme and colleagues (2006) has showed that many Medical students present negative attitudes towards people affected by schizophrenia and other mental illnesses, even though they express positive opinions about recovery and possibility of treatment for people affected by mental illnesses.

A similar result has been obtained by James, Omoaregbae and Okogbenin (2012) which, after an interview administered to medical students, have observed how they not only present stigmatizing attitudes towards psychiatric patients as a whole, but show a even greater distrust towards those affected by schizophrenia, tracing the greater stigmatization back to the unpredictability of these subjects.

It has also been showed that future medical doctors judge people affected by schizophrenia as unpredictable, violent and dangerous, assuming them to be responsible of their pathology (Magliano et al., 2016).

It's the assumed unpredictability and dangerousness that worries the students the most, as has also emerged from the study conducted by Dixon, Roberts, Lawrie, Jones, and Humphreys (2008).

Similar attitudes have been detected in psychology students too, that consider the psychiatric subjects as dangerous and to be avoided (Magliano et al., 2016).

Stigma can be conceptualized as a process that entails complex cognitive-behavioral interactions between the individual and the social setting. A example has been provided by the study conducted by Norman, Sorrentino, Gawronski, Szeto and Windell (2010), that have examined a sample of psychology students, considering their value priorities, namely how important was for them the concept of equality, benevolence and social cohesion, in order to evaluate how much these values could influence the showing of detrimental behaviors and stigmatizing attitudes towards people affected by schizophrenia. The study

illustrates that people with less self-centered values showed fewer stigmatizing attitudes. It was also noted that psychology students that know a person or have a family member affected by a mental illness show, compared to others, a minor degree of stigmatizing behaviors and social distance (Lyndon et al., 2016).

This shows that the direct contact or the involvement with people affected by mental illnesses is an effective way to fight off the stigma.

Another category of future professionals that works closely with psychiatric patients are nurses.

A study conducted in Croatia in 2011 (VučićPeitl et al., 2011) on stigma amongst medical and psychology students, non-health professionals and nurses, show that stigma towards schizophrenic patients is high in all the categories considered, even though the nurses employed in psychiatric wards show a higher degree of acceptance compared to others.

A similar result has been achieved by Llerena, Cáceres and Peñas-LLedó (2002): the researchers have compared the attitudes of medical and nursing students towards patients affected by schizophrenia. The results of the study show that both groups, even though have received an adequate preparation about schizophrenia, still show a high degree of stigmatizing behaviors, furthermore believing that people affected by this disorder have low chances of recovery and are dangerous and violent subjects.

What mentioned before has been furthermore underlined by a comparative study conducted on doctors, medical students, nurses and professionals of psychiatric clinics, where researchers have tried to understand if considering schizophrenia as a genetic or environmental disorder can influence the stigmatizing behaviors.

It has been noticed that considering schizophrenia a genetic pathology leads medical students and nurses to perceive this disorder as more unpredictable and dangerous, therefore carrying more stigmatizing attitudes out.

These serious observations have lead during the years to different initiatives and interventions to reduce the stigma, starting especially from those who are the future health-professionals.

What interventions to reduce the stigma?

As we have seen, the process of stigmatization towards patients with mental illnesses doesn't only concern the general population, but health-professionals too, affecting negatively the treatment of these patients.

This negative attitude can cause carelessness towards the medical needs of the patients, their management, and lack of support in their social and personal life.

In a systematic review, Yamaguchi and colleagues (Yamaguchi et al., 2013) have summarized the main anti-stigma interventions, addressed to undergraduates: social contact and education, watching movies and educational role playing games.

In a study conducted by Rivera, Rossetto, Pesqueira and Otero (2007), they have compared attitudes of psychology and nursing students towards subjects affected by schizophrenia. The results of the study show that the attitudes of the students are strongly influenced by the university education received.

From the study emerged that medical students, compared to nursing ones, showed a greater tolerance towards subjects with schizophrenia, probably due to a deeper knowledge of mental illnesses (Read & Harre, 2001).

Theoretical knowledge about mental illnesses not only reduces the idea that these subjects are irrecoverable and dangerous, but makes health-professionals more helpful and caring about this kind of users (Villani & Kovess-Masfety, 2017; Giunta & Lo Verso, 2016; Mannino & Giunta, 2015; Mannino et al., 2017b).

Authors like Valiente and colleagues (2015) have observed that there is indeed a difference in stigmatizing attitudes between medical students and graduates: more clinical ex-

perience, therefore, becomes an important factor to overcome or reduce stigmatizing attitudes.

Nevertheless Economou and colleagues (2012) have showed that when the subjects considered are severe patients, such as patients affected by schizophrenia during an acute phase of the pathology, the contact can become negative because it triggers reactions of fear and, therefore, closure.

In another study (Amini et al., 2016), on the other side, the clinical exposure doesn't have any influence on the attitude of the students towards the mental illness.

Another anti-stigma strategy has consisted in implementing training courses that involve the viewing of videos and shoots.

Altindag and colleagues (2006) have showed that viewing films about patients affected by schizophrenia influences positively the behaviors of the students towards these subjects. Proposing their stories, their human experiences has without any doubt contributed in bringing the students closer to a sensitivity that helps them in seeing a humanity often crushed or made invisible by the illness.

Another study (Röhm et al., 2017) has disproved the results of the aforementioned research, making a sample of students view a film, while the other sample didn't. In this case the results of the two samples didn't underline any significant difference.

Another interesting study has been conducted by Galletly and Burton (2011), which have combined a theoretical intervention, associated with the viewing of a movie, with simulated auditory hallucinations. The sensory experience had without any doubt the merit to make better understand the state of confusion and fear which many patients with severe mental illnesses are forced to spend their existence in.

This discussion shows that there are different strategies that can be used to reduce the stigma, and that they improve the attitude of the future health-professionals towards mental illness. Having said this, it is necessary to carry out other studies with a bigger experi-

mental sample and that entail the verification of the results after a bigger amount of time.

On the basis of these results, it is possible to predict that a closer clinical contact with the patients, associated to other factors such as the knowledge the professionals own about the pathologies, causes a greater decrease in the stigmatizing attitude of the health workers.

Conclusion

A further aspect that has been little investigated until now is the role played by the etiology of schizophrenia in the process of stigmatization and labeling.

This is probably due to the fact that it hasn't been possible to identify a single factor that characterizes all the patients affected by schizophrenia (Walker et al., 2004).

Scientific literature highlights different factors that can somehow be the cause or contributory cause of the pathology, such as the biogenetic, environmental, psychosocial one (amongst which the abuse of psychotropic substances).

The interaction between genetic and environmental factors play a relevant role in the development of the pathology (Van Os et al., 2010), even though it is difficult to discern between genetic and environmental factors (O'Donovan et al., 2003).

These last ones are not regarded as the main cause of the onset of the pathology, but they act as adjuvant: living in an urbanized setting, i.e., seems to be correlated to a higher risk to develop schizophrenia, and, furthermore, social isolation, racial discrimination, family problems, unemployment and precarious housing conditions (Van Os et al., 2010). Whereas, as far as psychological aspects are concerned, the most important factors are stress and emotional sensitivity (Broome et al., 2005).

In literature, they have tried to inquire if there was a relation between stigma towards patients with schizophrenia and the belief of an etiology of genetic or environmental nature.

Until little time ago, it was considered useful, in order to reduce stigma towards patients affected by schizophrenia, to implement interventions that had the goal to underline the biogenetic theory of schizophrenia, presenting it as a disease as any other, in order to fight the idea that schizophrenic patients had to be considered responsible/guilty for their own pathology (Read & Harre, 2001).

A more recent review of the studies differs from the researches aforementioned, assuming, instead, that if the subjects believe that the cause is genetic there will be an increase in stigma. In this regard, Haslam and Ernst (2002) explain it with the theory that even though the biogenetic theory can reduce the belief about the guilt/responsibility of the subject, on the other side it nourishes the prejudice for which the subject is considered not recoverable.

From a study conducted by Magliano and colleagues in 2011 (Magliano et al., 2011) on medical students, it emerges that those who led the cause of schizophrenia back to a biogenetic model instead of an environmental one, showed a greater degree of stigma towards people affected by schizophrenia.

Different studies prove that those who thought the schizophrenia had a genetic basis, not only showed a greater degree of stigma towards schizophrenic patients, but

also expressed a greater desire for social distance, due to the belief that the subjects were unpredictable, dangerous, lacking of self-control (Angermeyer & Matschinger, 2005; Dietrich et al., 2006).

A study conducted by Magliano and colleagues (2016) on psychology students showed that labeling schizophrenia as a genetic pathology was associated with a greater perception of unpredictability and danger, a pessimistic view of the prognosis, with greater trust in pharmacological treatments and less trust in psychological treatments.

What said suggests that a psychosocial explanation of the etiology of schizophrenia could decrease the stigmatizing attitude of people.

The conclusions, sometimes conflicting, that different studies achieve, can create confusion in those who try to understand how it is possible to fight the stigma towards psychiatric patients, especially expressed by who, due to a professional choice, should be able to take care of them in the best way.

Probably every research holds a link in the chain of truth on the topic and one should investigate the chosen samples, the phase in the course of studies chosen by the selected subjects, and other important variables that have somehow influenced the results of the research itself.

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