

**ARE STAFF ATTITUDES TO DIFFERENT TREATMENTS FOR SCHIZOPHRENIA PREDICTED BY THEIR BELIEFS ABOUT PEOPLE WITH THAT DIAGNOSIS?**

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## **ARE STAFF ATTITUDES TO DIFFERENT TREATMENTS FOR SCHIZOPHRENIA PREDICTED BY THEIR BELIEFS ABOUT PEOPLE WITH THAT DIAGNOSIS?**

Despite the existence of a range of evidence-based psychological interventions, the treatment of schizophrenia remains largely pharmacological (1). Poor availability of non-pharmacological therapies for people diagnosed with schizophrenia may be partly due to the attitudes of mental health professionals toward people with this disorder (2, 3).

While the attitudes of lay people toward schizophrenia have been extensively researched, mental health staff's views remain under-researched. Compared to lay people, some professionals seem to have less negative attitudes regarding dangerousness and unpredictability in schizophrenia, and more optimistic views about usefulness of treatments and recovery (2, 3). Evidence of professionals' negative attitudes also exists however, especially regarding prognosis and the capacity of people with schizophrenia to participate in collaborative therapeutic relationships (4).

This study explored whether mental health staff's attitudes to different treatments for people diagnosed with schizophrenia were predicted by staff beliefs about people with this disorder. We hypothesized that professionals who more strongly recommend long-term medication and less strongly endorse psychosocial interventions for schizophrenia would be: more convinced that people with this disorder are dangerous and unpredictable; more pessimistic about recovery; more skeptical about the capacity of people with schizophrenia to have trusting service user-staff relationships; and less positive about the role of the family as a resource.

The survey, approved by the Research Ethical Board of the Department of Psychology of the Campania University, was carried out at the Mental Health Department of Caserta, Italy, from October 2015 to February 2016. Of the 302 professionals approached, 166 (55%) gave written informed consent and completed a questionnaire about people with schizophrenia and a range of treatments (5) (see the online supplement). Ninety (54%) were female; the mean age was 50.1 ( $\pm$

7.3) years; 134 (81%) were married/cohabiting; 32 (19%) were psychiatrists, 24 (14%) psychosocial staff, and 110 (66%) nursing/healthcare staff.

Relationships between professionals' views of PWS and their families with beliefs about need for long term medication and usefulness of psychosocial intervention were initially explored by Spearman's  $r$  coefficients (see the online supplement). The simultaneous effects of views of people with schizophrenia and of their families on respondents' beliefs about medication and psychosocial interventions were investigated by regression analyses.

Professionals who were surer about the necessity of long-term medication more firmly believed that people with schizophrenia are dangerous ( $\beta=.24$ ,  $p<.01$ ) and incapable of a trusting relationship with staff ( $\beta=-.33$ ,  $p<.001$ ; Model's  $F=17.59$ ;  $df=4,135$ ;  $p<.001$ ;  $r^2=.34$ ). Professionals who attributed greater usefulness to psychosocial interventions had a lower perception of unpredictability ( $\beta=-.30$ ,  $p<.001$ ), and a more optimistic view regarding prognosis ( $b=.19$ ,  $p<.05$ ) and the role of families ( $\beta=.26$ ,  $p<.001$ ; Model's  $F=11.8$ ;  $df=5,131$ ;  $p<.001$   $r^2 = .31$ ).

These findings suggest that educating staff about stigma may help increase the provision of psychosocial interventions (1). Future studies should investigate whether improving user-staff relationships - by helping professionals to identify a more positive focus and greater valuing of their relationships with people diagnosed with schizophrenia (4) - may help reduce prejudice and its effects on which treatments are offered to people diagnosed with this disorder.

## REFERENCES

1. Harris A, Boyce P: Why do we not use psychosocial interventions in the treatment of schizophrenia? *Australian and New Zealand Journal Psychiatry* 47:501-504, 2013
2. Schulze B: Stigma and mental health professionals: a review of the evidence on an intricate relationship. *International Review of Psychiatry* 19:137-155, 2007
3. Wahl OA: Attitudes of mental health professionals about mental illness: a review of the recent literature. *Journal of Community Psychology* 38: 49-62, 2010

4. Hewitt J, Coffey M: Therapeutic working relationships with people with schizophrenia: literature review. *Journal of Advanced Nursing* 52:561–570, 2005
5. Magliano L, Strino A, Punzo R, et al: Effects of the diagnostic label 'schizophrenia', actively used or passively accepted, on general practitioners' views of this disorder. *International Journal of Social Psychiatry* 63:224-234, 2017

## ONLINE SUPPLEMENT

**Table 1. Mental health professionals views of schizophrenia (N=166).**

Items	“Not true”		“Partially true”		“Completely true”	
	N	%	N	%	N	%
<b>Views of people with schizophrenia and their families</b>						
People with schizophrenia can recover <sup>a</sup>	22	14	120	77	14	9
People with schizophrenia are unpredictable <sup>a</sup>	18	11	116	74	22	14
People with schizophrenia are dangerous <sup>a</sup>	36	22	121	74	6	4
People with schizophrenia are able to have a trusting relationship with the staff <sup>b</sup>	10	6	92	57	59	37
Families are resources for people with schizophrenia <sup>b</sup>	7	5	69	46	74	49
<b>Need for long-term medication</b>						
People with schizophrenia must take drugs over the life <sup>a</sup>	5	3	61	40	85	56
If stop taking drugs, people with schizophrenia become dangerous <sup>a</sup>	22	14	89	58	43	28
If stop taking drugs, people with schizophrenia become unwell again <sup>a</sup>	1	1	58	38	94	61
<b>Usefulness of psychosocial interventions</b>						
Rehabilitative interventions are useful in schizophrenia <sup>b</sup>	2	1	59	36	101	62
Psychoeducational family interventions are useful in schizophrenia <sup>b</sup>	6	4	42	26	111	70

<sup>a</sup> Item drawn from the Opinions on mental disorders Questionnaire – revised (5); <sup>b</sup> item specifically developed for this study. Need for long-term medication (3 items), subscale’s Cronbach alpha=.70; Usefulness of psychosocial interventions (2 items), subscale’s Cronbach alpha=. 83.

**Table 2. Relationships of professionals' views about people with schizophrenia and their families with need for long-term medication and usefulness of psychosocial treatments.**

Items	Need for long-term medication		Usefulness of psychosocial interventions	
	Spearman's r coefficient	p	Spearman's r coefficient	p
People with schizophrenia can recover	-.21	<.05	.30	<.001
People with schizophrenia are unpredictable	.36	<.001	-.34	<.001
People with schizophrenia are dangerous	.43	<.001	-.34	<.001
People with schizophrenia are able to have a trusting relationship with the staff	-.44	<.001	.28	<.001
Families are resources for people with schizophrenia	-.08	=.4	.26	<.001

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