

Stigmatizacija psihičkih bolesnika – znanje i stavovi zdravstvenih i nezdravstvenih radnika

/ Stigmatization of Psychiatric Patients – Knowledge and Attitudes of Health and Non-health Professionals

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Uz teškoće u svakodnevnom djelovanju zbog simptoma svojih bolesti psihički bolesnici se moraju suočiti i s osjećajem odbačenosti od drugih ljudi, a sve zbog straha od njihovih nepredvidivih reakcija. Cilj ovog istraživanja je utvrditi razlike u znanjima i stavovima o stigmatizaciji psihičkih bolesnika u odnosu na vrstu zanimanja (zdravstveni, nezdravstveni djelatnici i psihijatrijsko osoblje), razinu obrazovanja (osnovno-srednjoškolsko obrazovanje, dodiplomska i sveučilišna diploma), spol i psihijatrijski hereditet u obitelji. Na uzorku od 243 ispitanika [namjernog uzorka zdravstvenih radnika (23,4%), nezdravstvenih radnika (49%) i psihijatrijskog osoblja (27,6%)], heterogenih prema sociodemografskim obilježjima) ispitani su znanje i stavovi prema psihičkim bolesnicima. U istraživanju je primijenjena Revidirana ljestvica za mjerenje stavova prema psihičkim bolesnicima izrađena prema ljestvici Ljetne škole studenata psihologije 2003. te Ljestvica znanja o psihičkim bolesnicima (SZPB) preuzeta iz istraživanja Jokić-Begić, Kamenov, Lauri Korajlija, 2005. Rezultati su pokazali da psihijatrijsko osoblje ima veće znanje o karakteristikama mentalno oboljelih pojedinaca, liječenju te o nastanku mentalnih bolesti od zdravstvenog i nezdravstvenog osoblja, a kod muškaraca samo od zdravstvenih radnika. Nezdravstveno i zdravstveno osoblje više od psihijatrijskog osoblja vjeruje da su s njima poželjni neposredni kontakti, osim kod muškaraca gdje nisu pronađene razlike. Obrazovaniji ispitanici imaju veće znanje o psihičkim bolestima i smatraju u većoj mjeri da su psihički bolesnici radno sposobni i ugodni, kao i da su s njima poželjni neposredni kontakti. Manje obrazovani ispitanici u većoj mjeri vjeruju da psihički bolesnici zaslužuju poštovanje i suosjećanje kao ravnopravni članovi društva. Značajne su razlike dobivene između ispitanika sa psihološkim hereditetom i bez psihijatrijskog herediteta u odnosu na jedan od aspekata stava. Ispitanici bez psihijatrijskog herediteta smatraju da osobe sa psihičkom bolesti zaslužuju više poštovanja i suosjećanja. Rezultati pružaju okvirne smjernice potrebne za oblikovanje procesa destigmatizacije psihičkih bolesnika u populaciji zdravstvenih i nezdravstvenih stručnjaka, kao i osobama različitog stupnja obrazovanja, posebno onima koji rade s mentalno oboljelim pacijentima ili stupaju s njima u kontakt nakon hospitalizacije.

/ With functional problems resulting from the symptoms of their illness, people with mental illness also face the feeling of being rejected by other people, partly because of the fear of their specific and unpredictable reactions. The objective of this study was to determine the differences in knowledge and attitudes regarding psychiatric patients affecting their stigmatization, with respect to the type of employment (health and non-health professionals and psychiatric personnel), level of education (elementary and secondary school, undergraduate degree, university degree), gender, and psychiatric heredity in the family. We used a sample of 243 respondents (intentional sample of health (23.4%), non-health professionals (49%), and psychiatric personnel (27.6%), heterogeneous by socio-demographic characteristics) to examine knowledge and attitudes towards individuals with mental illness using appropriate measuring instruments. The Revised Scale for Measuring Attitudes toward Mental Patients, developed according to the scale of the Summer School of Psychology Students in 2003, and the Scale of Knowledge on Mental Patients (SKMP) taken from the study by Jokić-Begić, Kamenov,

Lauri Korajlija, 2005, were applied. Psychiatric personnel were found to have more knowledge on the characteristics of individuals with mental illness as well as treatment and the development of mental illness regarding psychiatric patients compared with non-health and non-health professionals, and in men only compared with non-health professionals. Non-health and health professionals, to a greater extent than psychiatric personnel, feel that direct contact with individuals with mental illness was desirable, except in men where no differences were found. The more educated respondents had greater knowledge about individuals with mental illness and largely believed that individuals with mental illness are able to work and participate in the society as well as that direct contact with them was desirable. Respondents with lower educational status were more likely to believe that psychiatric patients deserve respect and compassion as equal members of society. Significant differences were found between subjects with and without psychiatric heredity in relation to one aspect of the attitude. Respondents without psychiatric heredity believe that people with mental illness deserve more respect and compassion. The results provide the framework guidelines needed to design the process of destigmatization of psychiatric patients in the populations of health and non-health professionals as well as people of different levels of education, especially those who work with psychiatric patients or come into contact with them after hospitalization.

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UVOD

Svjetska zdravstvena organizacija izvijestila je da je otprilike 20-25 % svjetske populacije tijekom života bolovalo od mentalnog ili neuropsihijatrijskog poremećaja (1). Gotovo trećina odrasle populacije u Europi je tijekom 2017. doživjela neki oblik mentalne bolesti, a trećina te odrasle populacije je doživjela više od jednog problema mentalnog zdravlja ili zlouporabe sredstava ovisnosti (2). Kessler je sažeo rezultate Svjetske ankete mentalnog zdravlja (WMH) koju je provela Svjetska zdravstvena organizacija u 28 zemalja širom svijeta o prevalenciji i (ne)liječenju mentalnih poremećaja

INTRODUCTION

The World Health Organization (2001) reported that approximately 20-25% of the world population was affected by a mental or neuropsychiatric disorder at some time during their lives (1). Almost a third of the adult population in Europe during 2017 has experienced some form of mental illness, and a third of that adult population has experienced more than one mental health problem or substance abuse (2). Summarizing the World Health Organization results in the World Mental Health Survey (WMH) conducted in 28 countries around the world on prevalence and (non) treatment of

ja, koji su pokazali da se mentalni poremećaji prema DSM-IV (kombinacije anksioznih poremećaja i poremećaja raspoloženja, smetnji ponašanja i zloupotrebe supstanci) tijekom života pojavljuju s 18,1-36,1 % učestalosti (3). Unatoč tome, mentalna bolest ostaje jedno od najstigmatiziranijih ljudskih stanja (4). Stigma, odnosno skupina negativnih stavova i vjerovanja koja mogu dovesti do negativnih posljedica, poput negativnog etiketiranja, socijalne izolacije, smanjene mogućnosti zapošljavanja, otežanog dobivanja pomoći, općenito znatno ograničava mogućnosti mentalno oboljele osobe (5-8). Kod oboljele osobe zbog navedenih razloga može doći do pojave osjećaja odbačenosti, bespomoćnosti, besperspektivnosti te do niskog samopoštovanja i samopouzdanja. Stigmatizacija ima znatan utjecaj na mogućnost integracije mentalno oboljele osobe u svojoj socijalnoj zajednici (9,10), na njenu kvalitetu života (11,12) i na suradljivost bolesnika (13). Općenito se smatra da je stigma najveća prepreka kvaliteti života ljudi s mentalnim poremećajima i njihovih obitelji, čak i u većoj mjeri od same bolesti (14). Stigmatizacija bolesnika može biti povezana s relapsom bolesti i povećanom potrebom za hospitalizacijama (9), a može se povezati i s povećanim rizikom za suicid (15).

Istraživanja o stigmatizaciji mentalnih poremećaja provode se u različitim populacijama, najčešće u općoj populaciji, među mentalno bolesnim osobama i njihovim obiteljima te među zdravstvenim radnicima i stručnjacima (14,16-19). Brojna su istraživanja pokazala da je stigmatizacija pojedinaca s mentalnim poremećajima vrlo raširena i da mnoge sociokulturne zajednice imaju predrasude, tj. negativne stavove prema mentalnim bolesnicima (20) te da je stigmatizacija oboljelih od mentalnih poremećaja prisutna u različitim kulturama (21-24).

Istraživanja dosljedno pokazuju da su pružatelji zdravstvenih usluga skloni pesimističkim

mental disorders, Kessler estimated that mental disorders versus DSM-IV (combining anxiety, mood, disruptive behavior, and substance disorders) appear during the lifetime with a frequency of 18.1-36.1% (3).

Despite this, mental illness remains one of the most stigmatized human conditions (4). Stigma, i.e. a group of negative attitudes and beliefs that can lead to negative consequences, such as negative labelling, social isolation, reduced employment opportunities, and difficulty in obtaining help, generally significantly limits the possibilities of a person with mental illness (5-8). Due to the reasons listed above, a person with mental illness may experience feelings of rejection, helplessness, hopelessness, and low self-esteem and self-confidence. Stigmatization has a significant impact on the integration of a person with mental illness in their social community (9, 10), on their quality of life (11, 12), and on the cooperation of patients (13). It is generally considered that stigma represents the greatest obstacle to quality of life in people with mental disorders and their families, to an even greater extent than the disease itself (14). Patient stigmatization may be associated with relapse of the disease and an increased need for hospitalizations (9) and may also be associated with an increased risk of suicide (15).

Studies on stigmatization of mental disorders have been conducted in various populations, most commonly in the general population, among individuals with mental illness and their families, and among health professionals and experts (14, 16-19). Numerous studies have shown that stigmatization of individuals with mental disorders is very widespread and that many socio-cultural communities have prejudices and negative attitudes toward the mentally ill (20), and that stigmatization of people with mental disorders is present in different cultures (21-24).

Research has consistently demonstrated that healthcare providers tend to hold pessimistic

pregledima na stvarnost i vjerojatnosti oporavka što se doživljava kao izvor stigme i prepreka oporavku osobama koje traže pomoć u slučaju mentalnih bolesti (25-30).

Byrne je naglasio da se pojedinci s mentalnim poremećajima suočavaju s dva problema: samom bolesti kao primarnim problemom, a dodatni problem je sram te predrasude s kojima se suočavaju (31). Giorgianni navodi da se i u razvijenim i nerazvijenim zemljama stigmatizirani pojedinci osjećaju zarobljeni u osjećaju srama i inhibira ih neodobranje društva do te mjere da značajno smanjuje njihovu kvalitetu života i ograničava mogućnost oporavka (32). Unatoč znatnim negativnim posljedicama, ako se ne liječe, utvrđeno je da manjina osoba s mentalnim smetnjama u većini zemalja dobiva liječenje i da ih još manje dobiva visoko kvalitetan tretman (3). Upravo se strah od predrasuda i stigme smatra glavnim razlogom zašto ljudi koji pate od mentalnih poremećaja ne traže stručnu pomoć ili ju traže sa značajnom odgodom (14).

Izraz stigma podrazumijeva tri osnovna problema: problem znanja (neznanje), problem stava (predrasude) i problem ponašanja (diskriminacija) (33). Danas se pojam stigmatizacije najčešće primjenjuje, istražuje i analizira u kontekstu (ne)znanja, stavova i posljedičnih socijalnih nedostataka pojedinaca s diskreditacijskim stanjem ili bolešću (14), u ovom slučaju mentalno bolesnih pojedinaca.

Jedan od najpoznatijih, Linkov i Phelanov teorijski koncept, objašnjava stigmatizaciju kao rezultat procesa kombiniranja pet međusobno povezanih sekvencijalnih komponenti: 1) označavanje (negativno označavanje na temelju različitosti, na primjer, prisutnost mentalnih bolesti), 2) stereotipizacija (povezivanje označenih razlika s drugim nepoželjnim karakteristikama, npr. pretpostavkom da je mentalno bolesna osoba sklona nasilničkom i nepredvidivom ponašanju), 3) odvajanje (po-

views about the reality and likelihood of recovery, which is experienced as a source of stigma and a barrier to recovery for people seeking help for mental illnesses (25-30). Byrne has further emphasized that individuals with mental disorders face two problems: the illness itself as a primary problem, and the shame and prejudice they face as an additional problem (31). Giorgianni states that both in developed and underdeveloped countries stigmatized individuals feel trapped in the sense of shame and are inhibited by the disapproval of society to such an extent that it significantly reduces their quality of life and limits the possibility of recovery (32).

Despite the significant negative consequences if untreated, it has been established that only a small minority of people with mental disorders receive treatment in most countries and that even fewer receive high-quality treatment (3). It is precisely the fear of prejudice and stigma that is considered to be the main reason why people suffering from mental disorders do not seek professional help or seek it with a significant delay (14).

The term stigma implies three basic problems: the problem of knowledge (ignorance), the problem of attitude (prejudice), and the behavioral problem (discrimination) (33). Today, the notion of stigmatization is most commonly used, investigated, and analysed in the context of (lack of) knowledge, attitudes, and consequent social deprivation of individuals with a discrediting condition or illness (14), in this case individuals with mental illness.

One of the most famous theoretical concepts advanced by Link and Phelan explains stigmatization as a result of a process of combining five interrelated sequential components: 1) labelling (negative marking based on diversity, for example on the presence of mental illness), 2) stereotyping (linking of labelled differences with other undesirable characteristics, for example the premise that a mentally ill individual is prone to violent and unpredictable behavior), 3) separa-

djela na „nas“ i „njih“ koja izaziva sumnjičavost i negativne emocije, npr. mentalno bolesni pojedinci odvojeni su od socijalne okoline) i 4) diskriminacija i gubitak statusa (nakon što je prethodna komponenta stvorila osnovu za njihovu devaluaciju, odbacivanje i isključivanje). Kao ključnu, petu komponentu, autori ističu ulogu moći, budući da pojedincima smanjenom moći i utjecajem, poput psihijatrijskih bolesnika, nedostaje društvena, kulturna, ekonomska i politička moć da promijene odnos snage, primjerice u odnosu na medicinsko osoblje (34).

Stigma psihijatrijskih pacijenata najčešće podrazumijeva netočne i štetne prikaze o njima kao nasilnima, nesposobnima ili smiješnima, što može dovesti do toga da ljudi imaju izmijenjen pogled o sebi (35). „Osoba koja doživljava stigmatizirajuće stavove i ponašanja nesumnjivo će se osjećati diskreditiranom i obezvrijeđenom i vjerojatno će imati smanjenu sposobnost sudjelovanja ili osjećaja socijalne uključenosti” (36).

Pojedinac osjeća utjecaj stigme u izravnoj komunikaciji sa svojim neposrednim okruženjem, ali i drugim društvenim okruženjem: u obrazovnim ustanovama, zdravstvenom sustavu, na radnom mjestu, u pravnom sustavu i na razini institucija administracije i vlade (14). Iako bi zdravstveni radnici trebali imati značajnu ulogu u poštivanju prava pacijenata i razvijanju poštovanja i razumijevanja, mnogi pacijenti izvješćuju o prisutnosti stigme u zdravstvenom sustavu (28), što potvrđuju i rezultati istraživanja o stigmatizaciji mentalno oboljelih osoba od zdravstvenih radnika. Članovi obitelji mentalno oboljelih osoba (37,38) i profesionalci koji se bave duševnim zdravljem, osobito psihijatri, mogu biti i stigmatizirani, ali i stigmatizatori (39,40).

Posljedice stigmatizacije u zdravstvenom sustavu očituju se kasnim prepoznavanjem i dijagnosticiranjem bolesti i lošijim terapijskim učinkom. Smatra se da je stigmatizacija pru-

tion (division into “us” and “them” that causes suspiciousness and negative emotions, and, for example, causes individuals with mental illness to be separated from the social environment), and 4) discrimination and loss of status (after the above component had created the basis for their devaluation, rejection, and exclusion). As the fifth key component, the authors emphasize the role of power, since individuals with lower power and influence, such as psychiatric patients, lack social, cultural, economic, and political power to change power relationships, for example in relation to medical personnel (34).

Stigma of psychiatric patients most often implies inaccurate and hurtful representations of them as violent, incompetent, or comical, which can lead to people having an altered view of themselves (35). “A person experiencing stigmatizing attitudes and behaviours will undoubtedly feel discredited and devalued and is likely to have reduced ability to participate or feel socially included” (36).

An individual feels the impact of the stigma in direct communication with their immediate surroundings, but also in other social environments: in educational institutions, in the health care system, in the workplace, in the legal system, and at the level of the government institutions (14). Although healthcare professionals should play a significant role in respecting patient rights and developing respect and understanding, many patients report the presence of stigma within the health system (28), which is also confirmed by the results of research on stigmatization of individuals with mental illness by health professionals. Family members of people with mental illness (37, 38) and mental health professionals, especially psychiatrists, can be both stigmatizing and stigmatized (39, 40).

The consequences of stigmatization in the health care system manifest as late recognition and diagnosis of the disease and poorer therapeutic effect. Stigmatization among healthcare providers towards people with mental illness is

žatelja zdravstvenih usluga prema osobama s mentalnim bolestima prepreka učinkovitoj skrbi (28,32,41,42), dovodi i do nedostatnog pristupa njezi, do nedovoljnog liječenja (32,43,44), socijalne marginalizacije (45) i može narušiti odnos između pacijenta i pružatelja zdravstvenih usluga. Možda najvažnije, stigmatizirajući stavovi pružatelja zdravstvenih usluga vjerojatno će produbljivati i komplicirati čovjekov osjećaj odbijanja i izolacije i biti prava prepreka pri dobivanju odgovarajuće skrbi (46).

Schulze (36) izvještava da se vjerovanja stručnjaka mentalnog zdravlja ne razlikuju od vjerovanja opće populacije. Istraživanje je pokazalo da su stavovi zdravstvenih radnika bili bolji od stavova opće populacije u pogledu psihijatrijskog liječenja i građanskih prava pacijenata, ali uglavnom su bili u skladu s negativnim stavovima opće populacije o stereotipima i socijalnoj distanci. Jedno je istraživanje pokazalo da se profesionalci za mentalno zdravlje, poput psihijatara, medicinskih sestara i psihologa, ne razlikuju od opće populacije u željenoj socijalnoj udaljenosti osoba s mentalnim poremećajem (47). Druga su istraživanja također došla do istih zaključaka (48). Osim toga, stavovi prema mentalno bolesnim osobama uvjetovani su osobnim znanjima o psihijatrijskoj bolesti, kulturnim stereotipima, medijskim slikama i znanjem o institucionalnoj praksi (49). Praktičari koji imaju najviše znanja o mentalnim bolestima uglavnom najmanje stigmatiziraju (50). Osobno iskustvo s osobama s mentalnom bolešću može dovesti do pozitivnijih stavova, iako ovo nije univerzalni nalaz (50).

Istraživanje u susjednoj Bosni i Hercegovini pokazalo je da stariji ljudi koji imaju niži stupanj znanja o psihijatrijskoj bolesti, nižeg su socio-ekonomskog statusa, niže razine obrazovanja i koji nemaju mentalno oboljelih osoba u svom okruženju, imaju više razine predrasuda prema psihički bolesnim osobama (51).

believed to present obstacles to effective caregiving (32, 41, 28, 42). It leads to a lack of access to care, under-treatment (32, 43, 44), and social marginalization (45), and can undermine the relationship between the patient and the provider. Perhaps most importantly, stigmatizing attitudes by health care providers are likely to compound a person's feelings of rejection and isolation and be a real barrier to receiving appropriate care (46).

Schulze (36) reports that the beliefs of mental health providers do not differ from those of the general public. The study found that attitudes of health professionals were better than the public with regard to psychiatric treatment and patient civil rights, but were generally in line with negative public views about stereotypes and social distance. One study found that mental health professionals such as psychiatrists, nurses, and psychologists did not differ from the public on desiring social distance from individuals with mental health conditions (47). Other studies have also come to similar conclusions (48).

In addition, attitudes towards persons with mental illness are conditioned by personal knowledge about psychiatric disease, cultural stereotypes, media images, and knowledge about institutional practice (49). Professionals with the most knowledge about mental illness are generally the least stigmatizing (50). Personal experience of those with mental illness may lead to more accepting attitudes, although this is not a universal finding (50).

Research in neighboring Bosnia and Herzegovina has shown that older people who have lower levels of knowledge about psychiatric disease, those from lower socio-economic status, with lower levels of education, and who do not have a person with mental illness in their environment have higher levels of prejudice towards persons with mental illness (51).

In one Croatian survey, 80% of the general adult population would accept socializing with the

U jednom našem istraživanju, na deklarativnoj razini, 80 % opće odrasle populacije prihvatilo bi druženje sa psihičkim bolesnikom, ali kad ih se direktno upitalo o socijalnoj intimnosti, gotovo ih 50 % ne bi prihvatilo psihičkog bolesnika čak ni kao susjeda. Pokazalo se i da što više ljudi znaju o psihičkoj bolesti, njihovi stavovi su pozitivniji i stupanj društvene prihvaćenosti je veći (52). Stavovi također ovise o vrsti psihičke bolesti, a najveća socijalna distanca pokazuje se prema osobama koje pate od shizofrenije i ovisnosti o drogama, dok je najniža prema onima koji pate od depresije, anksioznosti i PTSP-a. U jednom istraživanju odnos mladih u Hrvatskoj prema PTSP-u manje je povezan sa stigmom nego sa stavom prema shizofreniji (53). Istraživanje u Hrvatskoj (54) pokazalo je prisutnost predrasuda i stigmatizirajućih stavova shizofrenih bolesnika među liječnicima, medicinskim sestrama i tehničarima i studentima medicinskog fakulteta. Najčešći razlozi stigmatizirajućih stavova učenika i medicinskih sestara su strah i nedovoljno znanje, dok je visok postotak pozitivnih odgovora o njihovoj rehabilitaciji i resocijalizaciji. Liječnici su potvrdili strah, nepovjerenje i stigmatizirajuće stavove prema shizofrenim pacijentima koji su pronađeni i u općoj populaciji u Hrvatskoj.

S obzirom na važnost teme broj domaćih radova može se smatrati neprimjerenim jer problemu stigmatizacije mentalno oboljelih, posebice od strane zdravstvenog osoblja, treba obratiti osobitu pozornost kao i znanstvenim istraživanjima te odgovarajućim programima i aktivnostima usmjerenim na njihovo destigmatiziranje.

Prema gore navedenom, cilj ovog istraživanja je istražiti znanje i uvjerenja o psihijatrijskim pacijentima na odgovarajućem uzorku u Hrvatskoj, prema struci (zdravstveni i nezdravstveni stručnjaci i psihijatrijsko osoblje), razini obrazovanja i psihijatrijskom hereditetu u obitelji.

mentally ill on the declarative level, but when they were asked directly about social intimacy, almost 50% of them would not accept an individual with mental illness even as a neighbor. It has also been shown that as many people learn about the mentally ill, their attitudes become more positive and their degree of social acceptance is greater (52). Attitudes also depend on the type of mental illness, and greatest intensity of desire for social distance has been reported towards people suffering from schizophrenia and drug addictions, while the lowest levels were found towards those suffering from depression, anxiety, and PTSD. In one study, the relationship of young people in Croatia to PTSD was less related to stigma than the attitude towards schizophrenia (53). A further Croatian study (54) showed the presence of prejudices and stigmatizing attitudes of patients with schizophrenia among physicians, nurses, and technicians and medical faculty students. The most frequent reasons for stigmatizing attitudes of students and nurses are fear and insufficient knowledge, although a high percentage gave a positive answer about their rehabilitation and resocialization. Physicians have reported fear, mistrust and stigmatizing attitudes towards patients with schizophrenia that are found in the general population in Croatia.

Given the importance of the topic, the number of Croatian publications on it can be considered inadequate since the problem of stigmatization of patients with mental illness, in particular by health care personnel, should be afforded due attention in both scientific research and through appropriate programs and activities aimed at their destigmatization.

According to the above, the aim of this study was to explore knowledge and beliefs towards psychiatric patients on an appropriate sample in Croatia, according to profession (health and non-health professionals and psychiatric personnel), the level of education, and psychiatric heredity in the family.

Metodologija

Na uzorku od 243 ispitanika zaposlenika Neuropsihijatrijske bolnice „Dr. Ivan Barbot”, DV „Proljeće” i SS „Ivan Švear” (namjerni uzorak zdravstvenog i nezdravstvenog osoblja te psihijatrijskog osoblja) anonimnim upitnikom ispitani su znanje i stavovi prema psihičkim bolesnicima primjerenim mjernim instrumentima. Svi su ispitanici upoznati sa svrhom ovoga istraživanja i dali su svoj pristanak za sudjelovanje.

Uzorak

Kao što se vidi iz tablice 1, u uzorku je bilo 68,6 % (166) žena i 31,4 % (76) muškaraca u dobi od 16 do 69 godina ($M = 38,7$, $SD = 1,6$).

S obzirom na sociodemografske karakteristike koje su nezavisne varijable u ovom istraživanju, uključeni su ispitanici različitih stupnjeva obrazovanja, zanimanja i psihijatrijskog herediteta u obitelji. S obzirom na vrstu zanimanja, 49,0 % (119) ispitanika je nezdravstvenog osoblja, 23,4 % (57) zdravstvenog osoblja, dok 27,6 % (67) ispitanika radi na psihijatriji. Ukupno 58,3 % (141) ispitanika

Method

Knowledge and attitudes towards persons with mental illness were tested using appropriate measuring instruments on a sample of 243 participants who were employees of the Dr. Ivan Barbot Neuropsychiatric Hospital, Proljeće kindergarten, and Ivan Švear secondary school (intentional sample of health and non-health professionals and psychiatric personnel). All respondents were familiarized with the goal of the study and gave their consent to participate.

Sample

As can be seen from the data in Table 1, the sample consisted of 68.6% (166) women and 31.4% (76) men in the age range of 16 to 69 years ($M = 38.7$, $SD = 11.6$).

Socio demographic characteristics represented independent variables in this study, and participants of different levels of education, occupational activity, and psychiatric heredity in the family were included. Regarding the type of occupation, 49.0% (119) of respondents belonged to non-medical professionals, 23.4% (57) to medical personnel, and 27.6% (67) of

TABLICA 1. Sociodemografski podatci ispitanika
TABLE 1. Socio-demographic characteristics of research participants

Sociodemografske karakteristike / Socio-demographic characteristics		f	%
Spol (16-69 god) / Gender (16-69 years)	ženski / female	166	68,6
	muški / male	76	31,4
Zanimanje / Occupation	nezdravstveno osoblje / non-health professionals	119	49,0
	zdravstveno osoblje / health personnel	57	23,4
	psihijatrijsko osoblje / psychiatric personnel	67	27,6
Obrazovanje / Education	osnovno, srednjoškolsko / elementary, secondary	141	58,3
	VŠS, bacc. / higher, B. Acc.	53	21,9
	VSS, mr.sc., dr.sc. / high, MSc, PhD	48	19,8
Psihijatrijski hereditet / Psychiatric heredity	da / yes	54	22,3
	ne / no	188	77,7

Legenda: Missing vrijednosti nisu uključene u izračun postotka / Legend: Missing values are not included in the percentage calculation

ima osnovno ili srednje obrazovanje, 21,9 % (53) više ili bacc., a 19,8 % (48) ima visoko obrazovanje ili titulu mr. sc./dr. sc. Pozitivan psihijatrijski hereditet u obitelji ima 22,3 % (54) ispitanika.

Instrumenti

Ljestvica stavova

Stavovi su ispitani korištenjem revidirane ljestvice za mjerenje stavova prema psihičkim bolesnicima (SSPP) izrađene prema ljestvici Ljetne škole studenata psihologije 2003. (55) koja se bavila problemom stigmatizacije psihičkih bolesnika, ovisnika o drogama, alkoholičara, homoseksualaca i tjelesnih invalida. Ljestvica se sastoji od 25 tvrdnji. Za svaku tvrdnju, ispitanik je na ljestvici od pet stupnjeva označio u kojoj se mjeri tvrdnja odnosi na njega. Označavanje broja 1 znači „to se na mene uopće ne odnosi“, a broja 5 znači „odnosi se na mene u potpunosti“. Ukupni stav prema psihičkim bolesnicima dobiva se zbrajanjem svih odgovora i u tu svrhu se pojedine (negativno formulisane) tvrdnje rekodiraju tako da viši ukupni rezultat znači pozitivniji odnos prema psihički bolesnim osobama. Ukupni rezultat mogao se kretati od 25 do 125.

Ljestvica znanja

Ljestvica znanja o psihičkim bolesnicima (SZPB) preuzeta je iz istraživanja Jokić-Begić, Kamenov, Lauri Korajlija, 2005. (52). Sastoji se od pet tvrdnji na koje su ispitanici odgovarali s „točno“ ili „netočno“, korištena je za ispitivanje njihovog znanja o karakteristikama mentalno oboljelih pojedinaca, liječenju te o nastanku mentalnih bolesti. Netočni odgovori su šifrirani s 1, a točni s 2 boda, tako da je ukupni rezultat mogao varirati od 5 do 10.

Na kraju upitnika ispitanici su odgovorili na nekoliko pitanja o sebi: dob, spol, stručna sprema, zanimanje, bračni status i psihijatrijski heredi-

respondents worked in psychiatry. A total of 58.3% (141) of respondents had elementary and secondary education, 21.9% (53) higher or B. Acc., and 19.8% (48) had high education or a title of MSc/PhD. Psychiatric family heredity was present in 22.3% (54) respondents.

Instruments

Attitude scale

Attitudes were examined using the revised Scale for Measuring Attitudes towards Psychiatric Patients (SAPP) constructed according to the Summer School for Psychology Students 2003 (55), which deals with the problem of stigmatization of psychiatric patients, drug addicts, alcoholics, homosexuals, and physically disabled. The scale consists of 25 statements. For each statement, the participant indicated on a five-degree scale the extent to which the claim relates to them. A grade of 1 meant “it does not apply to me at all”, and grade 5 meant “it applies to me completely”. The overall attitude towards patients with mental illness was obtained as a sum of all responses, and individual (negatively formulated) claims were converted so that a larger overall score indicated a more positive attitude towards individuals with mental illness. The total score ranged from 25 to 125.

Knowledge scale

The Scale of Knowledge on Psychiatric Patients (SKPP) was taken from the study by Jokić-Begić, Kamenov, Lauri Korajlija, 2005 (52). It has five statements which participants graded as “correct” or “incorrect”, which was used to test their knowledge on the characteristics of the treatment of individuals with mental illness and the development of mental illness. Incorrect answers are scored with 1 and correct answers with 2 points, so that the total score can vary from 5 to 10.

At the end of the questionnaire, the respondents answered several questions about them-

tet, odnosno je li netko iz obitelji bolovao ili boluje od mentalnog poremećaja.

Statističke analize

Sve statističke analize provedene su korištenjem statističkog paketa IBM SPSS 24.0. Kao mjera interne konzistencije (pouzdanosti) upitnika Ljestvice za ispitivanje stavova prema psihičkim bolesnicima (SSPB) i Ljestvice znanja o psihičkim bolesnicima (SZPB) korišten je Cronbachov koeficijent alfa. Faktorskom analizom (metoda glavnih komponenti, Varimax rotacija, s prethodno provedenim Bartlettovim i Kaiser-Meyer-Olkinovim testom) utvrđene su latentne dimenzije koje reprezentiraju prostor definiran česticama upitnika. Za utvrđivanje razlika u znanju i stavovima o mentalno bolesnim osobama s obzirom na vrstu zanimanja i stupanj obrazovanja korištena je jednosmjerna analiza varijance (ANOVA). *Post hoc* test korišten za daljnje usporedbe bio je Scheffeov test. Nezavisnim t-testom ispitane su razlike u znanju i stavovima o mentalnim bolesnicima između ispitanika s različitim psihijatrijskim hereditetom. Razina statističke značajnosti bila je .05, što je uobičajeno za istraživanja u društvenim znanostima.

REZULTATI

Za primijenjenu revidiranu Ljestvicu za ispitivanje stavova prema psihičkim bolesnicima (SSPB) analizirana je latentna struktura i provjerena pouzdanost za svaku od utvrđenih glavnih komponenti (faktora), što je prikazano u tablici 2.

Rezultati Kaiser-Meyer-Olkinove mjere te Bartlettovog testa sfericiteta pokazuju da je matrika korelacija između čestica SSPB pogodna za faktorizaciju. Primjenom Kaiser-Guttmanova te *Scree Plot* kriterija pokazalo se da kovarijancije čestica SSPB mogu najbolje objasniti četiri

sebes: age, gender, education, occupation, marital status, and psychiatric heredity, i.e. whether someone in the family had or is suffering from a mental disorder.

Statistical analysis

All statistical analyses were performed using the IBM SPSS 24.0 statistical package. Cronbach's alpha coefficient was used as a measure of internal consistency (reliability) of the questionnaires, the Scale for Measuring Attitudes towards Psychiatric Patients (SAPP) and Scale of Knowledge on Psychiatric Patients (SKPP). Factor analysis (principal component method, Varimax rotation, with previously performed Bartlett and Kaiser-Meyer-Olkins test) determined latent dimensions representing the area defined by questionnaire items. One-way analysis of variance (ANOVA) was used to determine differences in knowledge and attitudes about persons with mental illness with regard to the type of occupation and degree of education. Scheffe's test was the post hoc test used for further comparisons. Independent samples t-test was used to investigate differences in knowledge and attitudes about psychiatric patients between participants with different psychiatric heredity. The level of statistical significance was .05, which is standard for studies carried out in social sciences.

RESULTS

The latent structure and verified reliability for each of the identified main components (factors), as shown in Table 2, were analysed for the revised Scale for Measuring Attitudes towards Psychiatric Patients (SAPP).

The results of Kaiser-Meyer-Olkin's Measure and Bartlett's Test of Sphericity show that the matrix of correlations between SAPP items was suitable for factorization. Using Kaiser-Guttman's and Scree Plot criteria, it was found that covariates of SAPP items can best illustrate the four main components (factors): F1 = able to work

TABLICA 2. Latentna struktura revidirane Ljestvice za ispitivanje stavova prema psihičkim bolesnicima (SSPB) uz pripadnu pouzdanost (metoda glavnih komponenti, varimax rotacija) (svi ispitanici)**TABLE 2.** Latent structure of the revised Scale for Measuring Attitudes towards Psychiatric Patients (SAPP) with appropriate reliability (main component method, varimax rotation) (all participants)

R.br. / No	Čestice / Items	Komponente / Components				Komunaliteti / Communalities
		F1	F2	F3	F4	
22.	PB ne bi smjeli konkurirati na radna mjesta za normalne osobe / Individuals with MI should not compete for workplaces for normal individuals	,732				,550
23.	PB isključivo je mjesto u bolnici / Individuals with MI have to be committed to hospital	,706				,566
25.	Smatram da PB ne bi trebali imati djecu / I believe that individuals with MI should not have children	,652				,437
24.	PB nisu sposobni raditi niti jedan posao / Individuals with MI are not capable of performing any profession	,616				,503
21.	PB iskorištavaju svoj položaj / Individuals with MI exploit their position	,568				,347
20.	Način na koji se ponašaju PB razdražuje / The manner in which individuals with MI behave is irritating	,493				,314
11.	Nikada nisi siguran u društvu PB / People are not safe in a company of individuals with MI	,460				,347
10.	Ako je netko PB, treba se truditi da to sakrije / If someone is an individual with MI, he/she should try to hide it	,410				,336
16.	Kad vidim PB osjetim nelagodu / When I see an individual with MI, I feel discomfort	,393			-,371	,391
14.	Netko može biti PB, a ujedno i dobar čovjek / Someone can be an individual with MI and be a good person		,782			,633
9.	Poštujem PB kao ljude / I respect individuals with MI as people		,773			,630
15.	Mogu razumjeti PB / I can understand individuals with MI		,676			,525
19.	PB su jednako vrijedni kao i ostali / Individuals with MI are just as valuable as other individuals are		,666			,463
8.	Dobro je što se PB bore za svoja prava / It is good that individuals with MI fight for their rights		,577			,460
12.	PB osoba u meni pobuđuje sažaljenje / Individuals with MI excite compassion in me		,491			,386
13.	Imam vrlo negativno mišljenje o PB / I have a very negative opinion about individuals with MI			,761		,626
7.	Kada bih za nekog poznanika saznao da je postao PB, počeo bih ga izbjegavati / If I found out that one of my acquaintances had MI, I would avoid him/her			,749		,597
4.	Prema PB osjećam ljutnju / I feel anger towards individuals with MI			,666		,452
6.	PB bi trebalo izbjegavati / Individuals with MI should be avoided			,638		,575
18.	Bilo kakvo druženje s PB ne dolazi u obzir / Any kind of socializing with individuals with MI is out of the question			,534		,443
5.	Bojim se PB / I am afraid of individuals with MI			,462	-,376	,464
17.	PB ne zaslužuju brigu društva / Individuals with MI do not deserve the care of society			,453		,378
3.	Ugodno se osjećam u društvu PB / I feel comfortable in the company of individuals with MI				,731	,550
2.	Zaposlio bih PB u svojoj firmi / I would hire an individual with MI in my company				,661	,474
1.	S PB bih samoinicijativno stupio u kontakt / I would initiate a contact with an individual with MI				,655	,447
	Pouzdanost (Cronbachov alfa) / Reliability (Cronbach's alpha)	0,775	0,767	0,788	0,600	
	Svojtvena vrijednost / Eigenvalue	3,416	3,205	3,195	2,072	
	Objašnjena varijanca (%) / Variance Explained (%)	13,666	12,821	12,778	8,290	
	KMO mjera / Kaiser-Meyer-Olkin Measure	,787				
	Bartlettov test sfericiteta (df=300) / Bartlett's Test of Sphericity (df=300)	1736,505 (p<0,001)				

Legenda: podebljano – rekodirane čestice; PB – psihički bolesnik / Legend: bold – converted items; MI - mentally ill

glavne komponente (faktora): F1= sposobni za rad i sudjelovanje u društvu; F2 = zavrjeđuju uvažavanje i suosjećanje; F3 = ne zaslužuju negativan odnos niti izbjegavanje; F4 = poželjni u neposrednom kontaktu. Svi faktori zajedno tumače 48 % ukupne varijance, uz pouzdanost koja varira u rasponu od relativno niske za F4 (0,60) do visoke za F1, F2 i F3 (0,78, 0,77 i 0,79). Također je analizirana latentna struktura i provjerena pouzdanost Ljestvice znanja o psihičkim bolesnicima (SZPB), što je prikazano u tablici 3.

Iz tablice 3 je razvidno da je pouzdanost Ljestvice (*Cronbach's alpha*) na razini relativno nižih vrijednosti (0,61 kod svih ispitanika, 0,63 kod muškaraca i 0,61 kod žena).

U tablici 4. prikazana je analiza razlika u stavovima o psihički bolesnim osobama s obzirom na vrstu zanimanja (ANOVA). Nađena je samo jedna statistički značajna razlika (u daljnjem tekstu M_{raz}) u aspektu stigme psihičkih bolesnika, između ispitanika s obzirom na vrstu zanimanja i svih ispitanika. Ispitanici koji imaju stav da je izravan socijalni kontakt sa psihič-

and participate in society; F2 = deserve respect and compassion; F3 = do not deserve a negative attitude and avoidance; F4 = desirable in direct contact. All factors together account for 48% of the total variance, with reliability ranging from relatively low for F4 (0.60) to high for F1, F2, and F3 (0.78, 0.77, and 0.79, respectively).

The latent structure and the verified reliability of the Scale of Knowledge on Psychiatric Patients (SKPP) were also analysed, as shown in Table 3.

Table 3 shows that the reliability of the Scale (Cronbach's alpha) was relatively low (0.61 in all participants, 0.63 in men and 0.61 in women).

Table 4 shows the analysis of differences in attitudes towards individuals with mental illness with regard to the type of occupation (ANOVA). There was only one statistically significant difference (hereafter denoted as M_{diff}) in the aspects for the stigma towards psychiatric patients between the participants engaged in different types of vocations and all the participants. Participants who have the attitude that direct social contact with psychiatric patients is desirable were more likely to be members of

TABLICA 3. Latentna struktura Ljestvice znanja o psihičkim bolesnicima (SZPB) uz pripadnu pouzdanost (metoda glavnih komponenti)
TABLE 3. Latent Structure of the Scale of Knowledge on Psychiatric Patients (SKPP) with Reliability (Principal Component Method)

R.br. / No	Čestice / Items	Svi ispitanici / All participants		Muškarci / Men		Žene / Women	
		r	h ²	r	h ²	r	h ²
1.	Zajednička karakteristika PB je da nisu svjesni svojih postupaka. / The common characteristic of individuals with MI is that they are unaware of their actions.	,541	,292	,509	,259	,550	,302
2.	PB su agresivni i opasni za okolinu. / Individuals with MI are aggressive and dangerous to the environment.	,586	,343	,679	,461	,534	,286
3.	Roditelji pravilnim odgojnim postupcima u potpunosti mogu spriječiti pojavu PB kod djece. / Parents with proper upbringing can completely prevent the occurrence of MI in children.	,699	,488	,741	,549	,699	,489
4.	Sve se PB mogu liječiti razumijevanjem i razgovorom. / All MI can be cured by understanding and talking	,650	,422	,721	,520	,618	,382
5.	Svaki PB mora se liječiti u bolnici. / Every individual with MI must be treated in a hospital.	,670	,449	,539	,291	,722	,522
Pouzdanost (Cronbach's alpha) / Reliability (Cronbach's alpha)		0,614		0,632		0,609	
Svojevredna vrijednost / objašnjena varijanca (%) / Eigenvalue / Variance exp. (%)		1,995 / 39,895		2,079 / 41,571		1,981 / 39,620	
KMO / Bartlett's Test (df=10) / KMO / Bartlett's Test (df=10)		,690 / 122,144**		,658 / 49,885**		,677 / 83,391**	

Legenda: PB – psihički bolesnik; r – korelacija varijable s faktorom; h² – komunalitet; ** p<0,001 / Legend: MI - mentally ill; r - variable with factor correlation; h² - communality; ** p <0.001

TABLICA 4. Razlike u aspektima stigme psihičkih bolesnika kod ispitanika s obzirom na vrstu zanimanja
TABLE 4. Differences in the aspects of the stigma towards psychiatric patients among participants engaged in different types of vocations

Faktori/aspekti stigme / Factors/aspects for the stigma	Zanimanje / Vocation	Svi ispitanici / All participants			Muškarci / Men			Žene / Women		
		M	SD	F (df= 2, 213)	M	SD	F (df= 2, 67)	M	SD	F (df= 2, 142)
Sposobni za rad i sudjelovanje u društvu / Able to work and participate in social activities	nezdravstveno osoblje / non-health professionals	0,058	1,016	0,431	0,159	0,970	0,670	-0,030	1,055	0,095
	zdravstveno osoblje / health personnel	-0,038	0,894		0,728	0,883		-0,092	0,880	
	psihijatrijsko osoblje / psychiatric personnel	-0,086	1,057		0,000	1,095		-0,113	1,069	
Zavrjeđuju uvažavanje i suosjećanje / Deserve respect and compassion	nezdravstveno osoblje / non-health professionals	-0,052	1,064	0,779	0,050	1,001	1,547	-0,140	1,117	0,626
	zdravstveno osoblje / health personnel	-0,047	0,910		-0,733	0,367		0,001	0,919	
	psihijatrijsko osoblje / psychiatric personnel	0,144	0,937		0,298	0,657		0,087	1,026	
Ne zaslužuju negativan odnos niti izbjegavanje / Do not deserve a negative attitude and avoidance	nezdravstveno osoblje / non-health professionals	-0,022	1,023	0,205	-0,003	0,850	0,130	-0,039	1,158	0,143
	zdravstveno osoblje / health personnel	-0,034	0,979		-0,164	0,110		-0,025	1,012	
	psihijatrijsko osoblje / psychiatric personnel	0,074	0,984		0,087	0,849		0,073	1,048	
Poželjni u neposrednom kontaktu / Desirable in direct contact	nezdravstveno osoblje / non-health professionals	0,167	0,949	7,739**	0,069	0,910	2,224	0,252	0,981	6,452**
	zdravstveno osoblje / health personnel	0,107	0,934		0,411	1,290		0,086	0,921	
	psihijatrijsko osoblje / psychiatric personnel	-0,427	1,045		-0,453	0,781		-0,462	1,106	

Legenda: F = vrijednost ANOVA-e / Legend: F = value of ANOVA statistics, * p < ,05; ** p < ,01

kim bolesnicima poželjan vjerojatnije pripadaju zdravstvenom i nezdravstvenom osoblju, u usporedbi sa psihijatrijskim osobljem. Rezultati *post-hoc* testa pokazali su da psihijatrijsko osoblje ima statistički značajno više negativnih stavova u ovom aspektu u usporedbi sa zdravstvenim ($M_{\text{raz}} = -0,535, p < ,05$) i nezdravstvenim osobljem ($M_{\text{raz}} = -0,594, p < ,01$).

Postoji samo jedna statistički značajna razlika između ispitanika s obzirom na vrstu zanimanja za stigmom psihičkih bolesnika i to kod žena. Žene koje imaju stav da izravni socijalni kontakt sa psihičkim bolesnicima nije poželjan češće su članovi psihijatrijskog osoblja. Scheffeov test pokazao je da psihijatrijsko osoblje ima statistički značajno više negativnih stavova prema ovom aspektu u odnosu na zdravstveno ($M_{\text{raz}} = -0,548, p < ,05$) i nezdravstveno osoblje ($M_{\text{raz}} = -0,714, p < ,01$).

health and non-health professions, if compared with psychiatric personnel. The results of the Post Hoc Test revealed that members of the psychiatric personnel had statistically significant more negative attitudes in to this aspect compared with health ($M_{\text{diff}} = -0.535, p < .05$) and non-health professions ($M_{\text{diff}} = -0.594, p < .01$).

In women, there was only one statistically significant difference between the participants in different types of vocations regarding the stigma towards psychiatric patients. Women who had the attitude that direct social contact with psychiatric patients was not desirable were more likely to be members of psychiatric personnel. Scheffe's test revealed that psychiatric personnel had statistically significant more negative attitudes in this aspect compared with members of health ($M_{\text{diff}} = -0.548, p < .05$) and non-health professions ($M_{\text{diff}} = -0.714, p < .01$).

U uzorku muškaraca nijedna od razlika nije bila statistički značajna. Drugim riječima, sve tri skupine ispitanika imaju sličan odnos prema psihičkim bolesnicima.

S obzirom na znanje o tipičnim karakteristikama osoba sa psihičkim poremećajima i njihovom liječenju, na temelju ANOVA rezultata prikazanih u tablici 5, dobivene su statistički značajne razlike između ispitanika različitih vrsta zanimanja kod svih ispitanika, i muškaraca i žena. Kod svih ispitanika je Scheffeov test dao statistički značajne rezultate i pokazao da psihijatrijsko osoblje ima veće znanje u usporedbi sa zdravstvenim ($M_{\text{raz}} = 1,098$, $p < .001$) i nezdravstvenim osobljem ($M_{\text{raz}} = 1,100$, $p < .001$). Slični (statistički značajni) rezultati dobiveni su za žene: psihijatrijsko osoblje imalo je veće znanje od nezdravstvenog ($M_{\text{raz}} = 1,168$, $p < .001$) i zdravstvenog osoblja ($M_{\text{raz}} = 1,183$, $p < .001$). Međutim, kod muškaraca se pokazalo da postoji statistički značajna razlika između psihijatrijskog i nezdravstvenog osoblja u količini njihovog znanja o psihijatrijskim bolestima i njihovom liječenju. Psihijatrijsko osoblje ima više znanja u odnosu na nezdravstveno osoblje ($M_{\text{raz}} = 1,006$, $p < .05$).

Na temelju ANOVA rezultata prikazanih u tablici 6 nađene su statistički značajne razlike između ispitanika različitih obrazovnih razina u odnosu na tri od ukupno četiri aspekta stigme psihičkih bolesnika: sposobni za rad i sudjelovanje u društvu, zavrjeđuju uvažavanje i suosjećanje, i poželjni u neposrednom kontaktu. I kod

In men, none of the differences were statistically significant. In other words, all three groups of participants had similar attitudes towards people with psychiatric diseases.

With respect to knowledge about the typical characteristics of persons with psychiatric disorders and their treatment, based on ANOVA results shown in Table 5, statistically significant differences were found between the participants engaged in different types of vocations in all participants, in both men and in women. In all the participants, Scheffe's test yielded statistically significant results and revealed that psychiatric personnel had greater knowledge when compared to health ($M_{\text{diff}} = 1.098$, $p < .001$) and non-health professionals ($M_{\text{diff}} = 1.100$, $p < .001$). Similar (statistically significant) results were obtained for women: psychiatric personnel had more knowledge than non-health ($M_{\text{diff}} = 1.168$, $p < .001$) and health professionals ($M_{\text{diff}} = 1.183$, $p < .001$). However, in men there was a statistically significant difference between psychiatric and non-health personnel in their knowledge about psychiatric diseases and their treatment. Psychiatric personnel had more knowledge compared with the group of non-health professionals ($M_{\text{diff}} = 1.006$, $p < .05$).

Based on the ANOVA results shown in Table 6, there were statistically significant differences between participants with different educational levels with respect to three out of four aspects of the stigma of psychiatric patients: able to work and participate in society, deserve respect

TABLICA 5. Razlike u znanju o psihičkim bolesnicima pojedincima kod ispitanika s obzirom na vrstu zanimanja
TABLE 5. Differences in the knowledge on mentally ill individuals among participants from different professions

Zanimanje / Profession	Svi ispitanici / All participants			Muškarci / Men			Žene / Women		
	M	SD	F (df= 2, 232)	M	SD	F (df= 2, 73)	M	SD	F (df= 2, 155)
Nezdravstveno osoblje / non-health professionals	8,424	1,411	17,872**	8,464	1,427	4,135*	8,387	1,407	14,862**
Zdravstveno osoblje / health personnel	8,426	1,283		9,333	0,577		8,373	1,296	
Psihijatrijsko osoblje / psychiatric personnel	9,524	0,820		9,471	0,943		9,556	0,785	

Legenda: F = vrijednost ANOVA-e / Legend: F = value of ANOVA statistics, * $p < .05$; ** $p < .01$

TABLICA 6. Razlike u aspektima stigme psihičkih bolesnika između ispitanika s obzirom na razinu obrazovanja
TABLE 6. Differences in the aspects of the stigma towards psychiatric patients among participants with different education levels

Faktori/aspekti stigme / Factors/aspects for the stigma	Obrazovanje / Education	Svi ispitanici / All participants			Muškarci / Men			Žene / Women		
		M	SD	F (df= 2, 212)	M	SD	F (df= 2, 67)	M	SD	F (df= 2, 142)
Sposobni za rad i sudjelovanje u društvu / Able to work and participate in social activities	osnovna i srednja škola / elementary and secondary school	-0,259	0,950	9,930***	-0,168	0,955	7,298**	-0,300	0,951	5,944**
	dodiplomska diploma / undergraduate degree	0,309	1,010		1,081	0,758		0,126	0,983	
	sveučilišna diploma / university degree	0,350	0,947		0,296	0,882		0,403	1,025	
Zavrjeđuju uvažavanje i suosjećanje / Deserve respect and compassion	osnovna i srednja škola / elementary and secondary school	0,216	1,081	7,680**	0,366	1,049	5,561**	0,149	1,094	3,486*
	dodiplomska diploma / undergraduate degree	-0,141	0,865		0,087	0,951		-0,195	0,848	
	sveučilišna diploma / university degree	-0,408	0,758		-0,404	0,473		-0,412	0,974	
Ne zaslužuju negativan odnos niti izbjegavanje / Do not deserve a negative attitude and avoidance	osnovna i srednja škola / elementary and secondary school	0,069	1,017	0,923	-0,014	0,920	0,125	0,106	1,061	1,051
	dodiplomska diploma / undergraduate degree	-0,165	1,047		-0,073	0,726		-0,187	1,116	
	sveučilišna diploma / university degree	-0,008	0,919		0,072	0,732		-0,089	1,085	
Poželjni u neposrednom kontaktu / Desirable in direct contact	osnovna i srednja škola / elementary and secondary school	-0,016	1,016	4,243*	-0,216	0,807	2,722	0,073	1,089	2,989
	dodiplomska diploma / undergraduate degree	-0,290	0,997		-0,134	1,012		-0,328	1,004	
	sveučilišna diploma / university degree	0,296	0,879		0,323	0,978		0,270	0,789	

Legenda: F = vrijednost ANOVA-e / Legend: F = value of ANOVA statistics, * p<.05; ** p<.01; *** p<.001

muškaraca i kod žena utvrđene su statistički značajne razlike za dva (od četiri) aspekta stigme psihijatrijskih bolesnika: sposobni za rad i sudjelovanje u društvu, kao i zavrjeđuju uvažavanje i suosjećanje.

Scheffeov test pokazao je da svi ispitanici koji imaju sveučilišnu ili dodiplomsku diplomu izražavaju pozitivnije stavove prema osobama sa psihičkim poremećajima od onih koji su završili samo osnovnu ili srednju školu ($M_{\text{raz}} = 0,659$, $M_{\text{raz}} = 0,568$, obje $p < 0,01$). Te razlike su kod žena bile značajne samo za ispitanice sa sveučilišnom diplomom i one koje su završile osnovnu ili srednju školu ($M_{\text{raz}} = 0,703$, $p < ,01$). Kod muškaraca, ispitanici s diplomom pokazali su pozitivnije stavove od onih s osnovnom ili srednjom školom ($M_{\text{raz}} = 1,249$, $p < ,01$).

and compassion, and desirable in direct contact. In both men and women, statistically significant differences were found for two (out of four) aspects of the stigma towards psychiatric patients: able to work and participate in society as well as deserving respect and compassion.

Scheffe's test showed that all participants who had some university or undergraduate degree expressed more positive attitudes towards people with mental disorders than those who completed elementary or secondary school only ($M_{\text{diff}} = 0.609$, $M_{\text{diff}} = 0.568$, respectively, for both of them $p < .01$). In women, these differences were significant only among participants with a university degree and those who completed elementary or secondary school ($M_{\text{diff}} = 0.703$, $p < .01$). In men, participants with

Što se tiče aspekta stigme “zavrjeđuju uvažavanje i suosjećanje”, *post-hoc* test je pokazao da su ispitanici s akademskom diplomom imali negativnije stavove od ispitanika koji su završili osnovnu ili srednju školu ($M_{\text{raz}} = -0,624$, $p < ,01$). Sličan obrazac je dobiven kod muškaraca ($M_{\text{raz}} = -0,770$, $p < ,01$). Kod žena je statistička značajnost ove razlike bila blizu razine 0,05 ($M_{\text{raz}} = -0,561$, $p = ,06$).

Što se tiče aspekta stigme “poželjni u neposrednom kontaktu”, Scheffeo test pokazao je da ispitanici sa sveučilišnim diplomama izražavaju pozitivnije stavove od ljudi s dodiplomskim diplomama ($M_{\text{raz}} = -0,587$, $p < ,05$).

Na temelju rezultata ANOVA-e prikazanih u tablici 7, jasno je da postoje statistički značajne razlike u znanju o osobama sa psihičkim poremećajima s obzirom na razinu obrazovanja ispitanika.

Scheffeo test pokazao je da su ispitanici s pred-diplomskom ili sveučilišnom diplomom imali više znanja o ovoj kategoriji ljudi u usporedbi s onima s osnovnom i srednjom školom. Svi su rezultati bili statistički značajni: $M_{\text{raz}} = 0,795$, $p < ,01$ (dodiplomska razina u odnosu na osnovnu / srednju školu na cijelom uzorku), $M_{\text{raz}} = 0,695$, $p < ,01$ (sveučilišna razina u odnosu na osnovnu / srednju školu na cijelom uzorku), $M_{\text{raz}} = 1,346$, $p < ,05$ (dodiplomski stupanj u odnosu na osnovnu / srednju školu u skupini muškaraca) i $M_{\text{raz}} = 1,124$, $p < ,01$ (sveučilišna razina u odnosu na osnovnu / srednju školu u skupini

an undergraduate degree showed more positive attitudes than those with either elementary or secondary school ($M_{\text{diff}} = 1.249$, $p < .01$).

As for “deserve respect and compassion”, the post hoc test revealed that participants with an academic degree had more negative attitudes than participants who finished either elementary or secondary school ($M_{\text{diff}} = -0.624$, $p < .01$). A similar pattern of data was found in men ($M_{\text{diff}} = -0.770$, $p < .01$). In women, the statistical significance of this difference was close to .05 ($M_{\text{diff}} = -0.561$, $p = .06$).

As for “desirable in direct contact”, Scheffe’s test showed that people with an university degree express more positive attitudes than people with an undergraduate degree ($M_{\text{diff}} = -0.587$, $p < .05$).

Based on the ANOVA results shown in Table 7, it is clear that there were statistically significant differences in knowledge about people with psychiatric disorders based on the participants’ level of education. Scheffe’s test revealed that participants with an undergraduate or university degree had more knowledge about this category of people compared with those with elementary and secondary school. All findings were statistically significant: $M_{\text{diff}} = 0.795$, $p < .01$ (undergraduate level vs. elementary / secondary school on the whole sample), $M_{\text{diff}} = 0.695$, $p < .01$ (university level vs. elementary / secondary school on the whole sample), $M_{\text{diff}} = 1.346$, $p < .05$ (undergraduate level vs. elementary / secondary school in men), and $M_{\text{diff}} = 1.124$, $p < .01$ (university level vs.

TABLICA 7. Razlike u znanju o psihičkim bolesnicima između ispitanika u odnosu na razinu obrazovanja
TABLE 7. Differences in knowledge about psychiatric patients among participants with different education levels

Razina obrazovanja / Education level	Svi ispitanici / All participants			Muškarci / Men			Žene / Women		
	M	SD	F (df= 2, 232)	M	SD	F (df= 2, 73)	M	SD	F (df= 2, 155)
Osnovna i srednja škola / Elementary and secondary school	8,409	1,443	9,537***	8,209	1,505	8,443**	8,500	1,412	3,423*
Dodiplomska diploma / Undergraduate degree	9,204	1,118		9,556	0,726		9,125	1,181	
Sveučilišna diploma / University degree	9,104	0,951		9,333	0,817		8,875	1,035	

Legenda: F = vrijednost ANOVA-e / Legend: F = value of ANOVA statistics, * $p < ,05$; ** $p < ,01$; *** $p < ,001$

muškaraca). Kod žena je statistički značajna razlika utvrđena samo u usporedbi ispitanica s preddiplomskom razinom s onima s osnovnom ili srednjom školom ($M_{\text{raz}} = 0,625, p <,05$).

Što se tiče stavova prema osobama sa psihičkom bolešću u cijelom uzorku, t-test je pokazao statistički značajne razlike između ispitanika sa psihijatrijskim hereditetom i bez psihijatrijskog herediteta u odnosu na jedan od aspekata stava. Prema našim ispitanicima bez psihijatrijskog herediteta osobe sa psihičkom bolesti zaslužuju više poštovanja i suosjećanja, u usporedbi s ispitanicima s pozitivnim psihijatrijskim hereditetom [(t (213) = -2,985, p <,01)]. Slični nalazi dobiveni su kod žena [(t (143) = -2,743, p <,01)], što je dovelo do istog zaključka. Razlike s obzirom na psihijatrijski hereditet nisu bile statistički značajne ni u cijelom uzorku ni kod žena za ostale aspekte stigme. S druge strane, nijedna od razlika za pojedine aspekte stigme nije bila statistički značajna kod muškaraca.

elementary / secondary school in men). In women, a statistically significant difference was found only when participants with an undergraduate grade were compared with those with elementary or secondary school ($M_{\text{diff}} = 0.625, p <.05$).

Regarding the attitudes towards people with psychiatric disease(s) in the whole sample, the t-test showed statistically significant differences between participants with and without psychiatric heredity in their families, with respect to one of the attitude aspects. According to the responses of participants without psychiatric heredity, people with psychiatric disease(s) deserve more respect and compassion, compared with the responses of participants who had such heredity ($t (213) = -2.985, p <.01$). Similar findings were obtained in women ($t (143) = -2.743, p <.01$), leading to the same conclusion. The differences in psychiatric heredity were not statistically significant neither in total participants nor in women. On the other hand, none of the differences was statistically significant in men.

TABLICA 8. Razlike u znanju i stavovima o psihičkim bolesnicima kod ispitanika s različitim psihijatrijskim hereditetom
TABLE 8. Differences in knowledge and attitudes about psychiatric patients among participants with different psychiatric heredity

Faktori/aspekti stigme / Factors/aspects for the stigma	Psihijatrijski hereditet / Psychiatric heredity	Svi ispitanici / All participants			Muškarci / Men			Žene / Women		
		M	SD	t-test (df=213)	M	SD	t-test (df=67)	M	SD	t-test (df=143)
Sposobni za rad i sudjelovanje u društvu / Able to work and participate in social activities	da / yes	0,011	1,033	0,085	0,499	1,120	1,531	-0,187	0,941	-0,811
	ne / no	-0,003	0,996		0,059	0,947		-0,032	1,026	
Zavrjeđuju uvažavanje i suosjećanje / Deserve respect and compassion	da / yes	-0,308	0,786	-2,985**	-0,012	0,877	-0,378	-0,428	0,725	-2,743**
	ne / no	0,099	1,045		0,093	0,968		0,101	1,090	
Ne zaslužuju negativan odnos niti izbjegavanje / Do not deserve a negative attitude and avoidance	da / yes	0,142	0,999	1,112	-0,203	1,217	-1,279	0,281	0,876	1,875
	ne / no	-0,035	0,995		0,097	0,654		-0,101	1,128	
Poželjni u neposrednom kontaktu / Desirable in direct contact	da / yes	-0,050	1,078	-0,445	-0,273	0,757	-1,258	0,040	1,181	,265
	ne / no	0,021	0,978		0,063	0,952		-0,013	0,990	
Znanje o osobama sa psihičkom bolesti / Knowledge about people with psychiatric diseases	da / yes	8,793	1,433	0,389	8,400	1,844	-1,100	8,947	1,229	1,240
	ne / no	8,707	1,307		8,833	1,224		8,642	1,352	

Legenda / Legend: * p <,05; ** p <,01

RASPRAVA

Rezultati istraživanja pokazali su da nezavisne varijable obrazovanja i vrste zanimanja razlikuju ispitanike u aspektima znanja i stavova o psihički bolesnim osobama koji mogu utjecati na njihovu stigmatizaciju.

U pogledu znanja o karakteristikama mentalno oboljelih pojedinaca, liječenju te o nastanku mentalnih bolesti, rezultati su očekivano pokazali da psihijatrijsko osoblje ima veće znanje od zdravstvenog i nezdravstvenog osoblja, a kod muškaraca veće od nezdravstvenog osoblja.

U pogledu stavova prema psihički bolesnim osobama nalazi odgovaraju rezultatima prethodno navedenih stranih istraživanja koji upozoravaju na problem i važnost istraživanja i stavova zdravstvenog odnosno psihijatrijskog osoblja. Rezultati upućuju da nezdravstveno i opće zdravstveno osoblje u većoj mjeri od psihijatrijskog osoblja smatra da su sa psihički bolesnim osobama poželjni neposredni kontakti. Premda bi takav rezultat dijelom mogao odražavati stav o nužnoj profesionalnoj distanci, sadržaj tvrdnji koje čine taj faktor (zaposlio bih psihičkog bolesnika u svojoj firmi; sa psihičkim bolesnikom bih samoinicijativno stupio u kontakt; ugodno se osjećam u društvu psihičkih bolesnika) ukazuje na određenu zadržku, veću nego kod nezdravstvenog i općeg zdravstvenog osoblja, što u jednoj mjeri podupire nalaze srodnih istraživanja o nepodržavajućim stavovima dijela zdravstvenog i psihijatrijskog osoblja.

Obrazovaniji ispitanici očekivano imaju veće znanje o psihički bolesnim osobama. U pogledu stavova rezultati nisu jednoznačni. Obrazovaniji ispitanici u većoj mjeri smatraju da su psihički bolesne osobe sposobne za rad i sudjelovanje u društvu (faktor koji uključuje jednako pravo i mogućnost rada, potomstva te općenito mišljenje da psihički bolesne osobe imaju pra-

DISCUSSION

The results of our study have shown that the independent variables of education and profession differentiate respondents in aspects of knowledge and attitudes on individuals with mental illness that may affect their stigmatization.

With regard to knowledge about the characteristics of individuals with mental illness, their treatment, and the development of mental illness, the results have shown, as expected, that psychiatric personnel had greater knowledge than health and non-health personnel, and the level of knowledge was higher in men than in non-health personnel.

Regarding attitudes towards individuals with mental illness, the findings correspond to the results of the aforementioned international studies that indicated the problem and importance of research and attitudes of health, i.e. psychiatric personnel. The results suggest that the non-health and general health professionals, to a greater extent than psychiatric personnel, feel that direct contact with the individuals with mental illness is desirable. Although such a result may partly reflect the attitude towards necessary professional distance, the content of the claims that make up that factor ("I would hire an individual with mental illness in my company", "I feel comfortable in the company of individuals with mental illness", "I would initiate a contact with an individual with mental illness") show certain restraint, higher than that of non-health and general health professionals, which in some measure supports the findings of similar studies on the non-supporting attitudes on part of health and psychiatric personnel.

More educated respondents were expected to have greater knowledge of individuals with mental illness. In terms of attitudes, the results are not unambiguous. More educated respondents are more likely to think that individuals with mental illness are capable of working and participating in society (a factor that includes equal rights and opportunities for work, offspring, and the general belief that individuals with men-

vo i mogućnost društvenog života i društvenih odnosa kao i svi drugi) i taj se rezultat dosljedno javlja kako kod svih ispitanika, tako i u skupini žena i muškaraca. Obrazovaniji ispitanici u većoj mjeri iskazuju da su psihički bolesnici poželjni u društvu od manje obrazovanih ispitanika. U isto vrijeme manje obrazovani ispitanici u većoj mjeri vjeruju da psihički bolesnici zaslužuju uvažavanje i suosjećanje društvenog okruženja.

Premda je uzorak na kojem je provedeno istraživanje pristran te nije reprezentativan za cijelu Hrvatsku, a korištena Ljestvica znanja obuhvaća uzak opseg znanja i niže je pouzdanosti, istraživanje je dalo korisne smjernice za ovo područje interesa, o kojem je u Hrvatskoj razmjerno malo istraživanja. Pozivajući se na empirijski potvrđene probleme koje psihički bolesnici trpe zbog stigmatizirajućih stavova, rezultati ovog rada ukazuju da u populaciji i nezdravstvenih i zdravstvenih djelatnika, uključujući i psihijatrijsko osoblje, kao i kod ljudi različitih razina obrazovanja, postoji potreba za osvještavanjem postojećih oblika i štetnih učinaka stigmatizacije, te za osmišljavanjem i sustavnim provođenjem procesa destigmatizacije psihički bolesnih osoba (edukacije, unaprjeđivanje komunikacije, programi socijalnog uključivanja, medijske aktivnosti), posebno za osobe koje rade sa psihičkim bolesnicima i s njima dolaze u kontakt tijekom liječenja, kao i u svakodnevnom životu.

U budućim bi istraživanjima, koja bi se zbog važnosti ove teme trebala nastaviti, trebalo osigurati manje pristrane i reprezentativne uzorke, unaprijeđene instrumente komparabilne s rezultatima stranih istraživanja, kao i druge varijable relevantne za problematiku stigme, kako s aspekta potencijalno stigmatizirajućih, tako i s aspekta stigmatiziranih osoba, s ciljem unaprjeđivanja stavova i znanja o stigmi, kao i programa njenog preveniranja.

tal illness should have the same rights and opportunities for social life and social relationships as everyone else), and this result consistently appears in all respondents as well as in the group of women and men. Respondents who were more educated express to a greater extent the belief that individuals with mental illness are preferable in society than respondents of lower educational status. At the same time, respondents of lower educational status largely believed that individuals with mental illness deserve respect and compassion from the social environment.

Although the survey sample was biased and is not representative for Croatia as a whole, and the knowledge scale used covers a narrow range of knowledge and is of lower reliability, the present study has provided useful guidelines in this field, on which there is relatively little research in Croatia. Given the empirically-confirmed problems that individuals with mental illness are suffering due to stigmatizing attitudes, the results of this study indicate that there is a need to explore the existing phenomena and adverse effects of stigmatization among both non-health and health professionals, including psychiatric personnel, as well as in people of different levels of education, and for development and systematic implementation of the process of destigmatization of individuals with mental illness (education, promotion of communication, social inclusion programs, media activities), especially for people working with mentally ill individuals who are in contact with them in the treatment process as well as in everyday life.

Future research, which should continue due to the importance of this topic, should ensure the use less biased and more representative samples, improved instruments that would make the results more easily comparable other international studies, as well as address other variables relevant to the problem of stigma, both from the perspective of potentially stigmatizing individuals and from the perspective of stigmatized individuals, with the aim of improving the attitudes and knowledge on stigma as well as the programs for its prevention.

ZAKLJUČAK

Rezultati su pokazali da nezavisne varijable obrazovanja i vrste zanimanja razlikuju ispitanike u aspektima znanja i stavova o stigmatizaciji psihičkih bolesnika, većinom u očekivanom smjeru.

U pogledu znanja, rezultati su očekivano pokazali da psihijatrijsko osoblje, osobito u usporedbi s nezdravstvenim osobljem, kao i obrazovanije osobe u usporedbi s manje obrazovanim osobama, imaju veće znanje o psihički bolesnim osobama.

U pogledu stavova nezdravstveno i zdravstveno osoblje u većoj mjeri od psihijatrijskog osoblja smatra da su sa psihički bolesnim osobama poželjni neposredni kontakti. Obrazovaniji ispitanici u većoj mjeri smatraju da su psihički bolesne osobe sposobne za rad i sudjelovanje u društvu te da su s njima poželjni neposredni kontakti, ali u manjoj mjeri od niže obrazovanih ispitanika vjeruju da psihički bolesne osobe zavrjeđuju uvažavanje i suosjećanje društvenog okruženja.

Navedeni su rezultati potkrijepili bojazan da pojedini stavovi prisutni, kako kod nezdravstvenih djelatnika, tako i kod zdravstvenog i psihijatrijskog osoblja, mogu biti stigmatizirajući i kao takvi štetiti socijalizaciji i liječenju psihički bolesnih osoba. Rezultati ukazuju na potrebu osmišljavanja procesa destigmatizacije psihički bolesnih osoba u populacijama ljudi različitih razina obrazovanja, kao i zdravstvenih i nezdravstvenih djelatnika, posebno onih koji izravno rade sa psihičkim bolesnicima ili s njima dolaze u kontakt tijekom i nakon hospitalizacije i liječenja.

Rezultati pružaju okvirne smjernice potrebne za oblikovanje procesa destigmatizacije psihičkih bolesnika u populaciji zdravstvenih i nezdravstvenih stručnjaka, kao i osobama različitog stupnja obrazovanja, posebno onima koji rade s mentalno oboljelim pacijentima ili stupaju u kontakt s njima nakon hospitalizacije.

CONCLUSION

The results of our study have shown that education and type occupation were independent variables that differentiated respondents in aspects of knowledge and attitudes that affect the stigmatization of psychiatric patients, mostly in the expected direction.

Our results have shown that the independent variables of education and profession differentiate respondents in aspects of knowledge and attitudes about individuals with mental illness.

With regard to knowledge about individuals with mental illness, our results have shown, as expected, that psychiatric personnel, especially compared with non-health personnel, as well as more educated individuals compared with individuals with lower educational status, have greater knowledge about individuals with mental illness.

In terms of attitudes, non-health and health professionals, to a greater extent than psychiatric personnel, feel that direct contacts with individuals with mental illness are desirable. More educated respondents were more likely to think that individuals with mental illness were capable of working and participating in society and that direct contact with them was desirable, but believed that individuals with mental illness deserve respect and compassion from the social environment to a lesser extent than respondents of lower educational status.

These results have shown the fear that certain attitudes represent in non-health professionals, as well as in health and psychiatric personnel, may be stigmatizing and as such hurt the socialization and treatment of individuals with mental illness. The results point to the need to devise a process of destigmatization of individuals with mental illness in the populations of people of different levels of education, as well as health and non-health professionals, especially those who work directly with individuals with mental illness or come into contact with them during and after hospitalization and treatment.

Doprinos pojedinih autora

Ana Pavelić Tremac, Dražen Kovačević i Joško Sindik osmislili su nacrt istraživanja i prikupili podatke.

Narcisa Manojlović i Joško Sindik izradili su statističke analize.

Svi autori sudjelovali su u istraživanju literature, interpretaciji podataka i pisanju rukopisa.

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Contribution of individual authors

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Ana Pavelić Tremac, Dražen Kovačević, and Joško Sindik performed the design of the study and collection of data.

Joško Sindik and Narcisa Manojlović performed statistical analyses.

All authors participated in literature research, interpretation of data, and writing of the manuscript.

Conflict of interest:

None to declare.

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