

## SOCIAL ATTITUDE TOWARDS MENTALLY ILL IN COMPARISON TO EXPERTS' OPINIONS

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### SUMMARY

**Background:** In modern psychiatry, deinstitutionalization of mentally ill became an essential part of improving state of being of those affected. Integration in community, despite obvious benefits, led to increase in social distance and rejection towards mentally ill. Social stigma affects different life domains of those afflicted, and therefore it is crucial to introduce methods to deal with it. Our objective was to assess and compare psychiatrists' and public attitudes and beliefs about mentally ill people.

**Materials and methods:** Comparison of two samples, one including 107 psychiatrists and second including 708 individuals of the general population. Obtained outcomes were collated with similar studies available in literature.

**Outcomes:** The psychiatrists' attitude was more positive in comparison to the general population. Both groups agree that programs raising public awareness are important, and should be intensified. 41% of general population and 13% of respondents from experts' group think of negative associations with mentally ill.

**Conclusions:** Conception of utilizing mental health experts as the opinion leaders should be carefully thought through. Although awareness of social distance and stigma improved both among psychiatrists and general population since 2005 (Wciorka & Wciorka 2006, Lauber 2004), still there are areas that needs enhancement. Fear present in both groups, probably caused by inter allia image of mental illness in news reports (Angermeyer 2001), is one of such areas.

**Key words:** social stigma - mental health – health policy

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### INTRODUCTION

In recent years, mental health became an object of interest of growing number of international and regional healthcare institutions. According to the World Health Organization, in 2020 mental diseases will become one of the most widespread and severe health issues in Europe (Cybula-Fujiwara 2015). In November 2005 European Commission published a "Green Paper – Improving the mental health of the population: Towards a strategy on mental health for the European Union" (European Commission 2005) subsequently eliciting an international discussion on a matter of mental health promotion, prevention of mental illness and solutions to problems and social prejudice encountered by individuals affected by mental diseases. As an effect, mental health focused a political attention, with an increased number of references and documents related to that topic, creating an impression that it became a priority for European governments. Nevertheless, most of the countries lacked a translation of words into concrete actions, due to the, inter allia, insufficient funding. In Poland situation was similar to other European countries, although because of the political transformation, existing mental health challenges were more severe, and slightly different from those encountered by other members of the European Union. According to the report from 2006, Polish government did not prioritize mental health, with only a few programs implemented into real practice. While some of the areas, such as the

field of substance abuse, were supported both financially and with introduction of some preventive measures, others were nearly completely abandoned, such as the suicide prevention (Jane-Llopis & Anderson 2006, Wciorka & Wciorka 2006).

In modern country it is nearly impossible to ignore problems arising from deteriorating mental health. Growing evidence in literature clearly show how devastating it may be for public health and economy (Jane-Llopis & Anderson 2006) and still it is surprisingly difficult to draw attention of public opinion and media to mental health issues. Without interest and sufficient social pressure it is nearly impossible to conduct required reforms and introduce proper solutions necessary to reform a psychiatric care. The question arises if social awareness of this problem is adequate to the magnitude of the challenge (Wciorka & Wciorka 2006)? Furthermore, de-institutionalisation and striving for a development of community psychiatry, despite primary aim to improve life quality of patients and decrease the stigma connected to mental disease, resulted in new obstacles such as rejection and social distance in various life domains, like housing or occupation (Lauber 2004). Especially the employment situation is crucial, because people with mental disorders are the social group particularly prone to the exclusion from the labor market. In the same time they are peculiarly vulnerable to the negative health consequences of unemployment, and loss of aims, roles and life quality linked to it (Cybula-Fujiwara et al. 2015).

One of the most acclaimed methods of dealing with social distance and prejudice is to utilize opinion leaders, such as mental health professionals, whose attitudes significantly affect society beliefs (Penn et al. 2000, Jorm et al. 2000). Although efficacy of this method is satisfactory, on the other hand negative views of healthcare professionals, perceived by laymen as authorities, may increase the stigma and reinforce false beliefs. Therefore it was of the interest what are the experts' opinions and attitudes towards those affected.

Our aim was to evaluate the mental health professionals' attitudes towards mentally ill, and compare them with opinions of general population and medical students.

## MATERIALS AND METHODS

Two groups of participants were included into the study (Table 1). First one involved 110 psychiatrists, average age equaled 51.4 years (min age 27; max age 78), and it consisted of 75 females (68%) and 35 males (32%). Second group included 708 respondents of general population, 545 females (76.9%) and 163 (23%) males, average age of 23.9 years (min age 19; max age 69). Differences of gender spread between groups were not statistically significant. Most of respondents of general population (47.3%) had upper secondary education, 18% had master's degree, 12% bachelor's degree and 1% doctoral degree.

Place of residence was not varying significantly between groups. General population respondents and psychiatrists were usually citizens of cities above 500.000 residents (respectively 35% and 41%), less often of smaller cities (28% and 26%), towns (20% and 18%) or countryside (15% and 8%).

Study was divided into three stages. Initially a two part, authors' own questionnaire was constructed, consisting of around 15 demographical and 20 research questions. It was provided to the group of 30 respondents

and on the basis of a feedback obtained from them, major mistakes and word selection were corrected. In the second stage, paperback questionnaires were provided to psychiatrists during conferences and on clinical psychiatry wards. The final stage of research included providing questionnaires to the general population, via community social pages, emails and if it was possible paperback copies. After negative selection of non-psychiatrists working with mentally ill, all obtained data was subjected to the statistical analysis using StatSoft Statistica v. 12.0 software. Accepted level of significance equaled  $\alpha=0.05$ . Lilliefors' normality test was utilized to analyze the distribution of data-set. For comparisons of quantitative variables Mann-Whitney's U test was used, together with Wendt's algorithm for a size effect estimation, and in case of more than two variables Kruskal-Wallis ANOVA was used. For qualitative variables  $\chi^2$  test was utilized. Correlation tests were conducted using Spearman's test.

## OUTCOMES

Subjective attitude towards mentally ill, both in psychiatrists (4.5; 95%CI: 4.37-4.63) and general population (4.0; 95%CI: 3.93-4.07) is positive, although significantly better in experts' group in Mann-Whitney's U test ( $p<0.05$ ; Wendt's  $r=0.68$ ). Evaluation of social approach to mentally ill was pessimistic in both groups (1.6 vs 1.12) however significantly lower in general population ( $p<0.05$ ; Wendt's  $r=0.69$ ). Opinion on compulsory treatment was positive in both groups with no statistically significant differences. General population found it significantly harder to agree on construction plans of a psychiatric hospital in their neighborhood (0.08; CI%: 0.03-0.12) in comparison to psychiatrists (0.4; CI%: 0.29-0.51) in Mann-Whitney's U test ( $p<0.05$ ; Wendt's  $r=0.73$ ). Despite notable and significant difference between groups, such a negative attitude in case of mental health professionals remains surprising (Table 2).

**Table 1.** Gender spread in groups

	Psychiatrists		Respondents	
	N	Percentage	N	Percentage
Females	75	68%	545	77%
Males	35	32%	163	23%
Total	110		708	

There were no statistically significant differences between groups in  $\chi^2$  test with  $\alpha=0.05$

**Table 2.** Attitude towards different context of mental illness in psychiatrists (n=110) and general population (n=708)

	Psychiatrists		General population		P value	Wendt's r
	Average	$\pm 95\%$ CI	Average	$\pm 95\%$ CI		
What is your attitude towards mentally ill?*	4.50	4.37-4.63	4.00	3.93-4.07	<0.05	0.68
What is your attitude towards compulsory treatment?*	3.83	3.67-4.00	3.71	3.64-3.78	>0.05	n/a
What would be your attitude towards construction plans of a psychiatric hospital in your neighborhood?***	0.40	0.29-0.51	0.08	0.03-0.12	<0.05	0.73
How do you find a situation of mentally ill in Poland?*	1.60	1.43-1.76	1.12	1.06-1.19	<0.05	0.69

\*Likert's scale 1 (very negative) – 5 (very positive); \*\*\*Likert's scale 0 (negative) – 1 (positive)

**Table 3.** Associations with mentally ill people reported by respondents

	Psychiatrists	Respondents
Negative (f.e loony, moron, shame)	15	290
Percentage	13%	41% 60%*
Positive/neutral (f.e courage, disease, help)		418
Percentage	95	59% 34%*

Difference between Med. Students/Respondens non stat. Significant; Psychiatrists/med. Students or respondents stat significant.  $\chi^2$  test

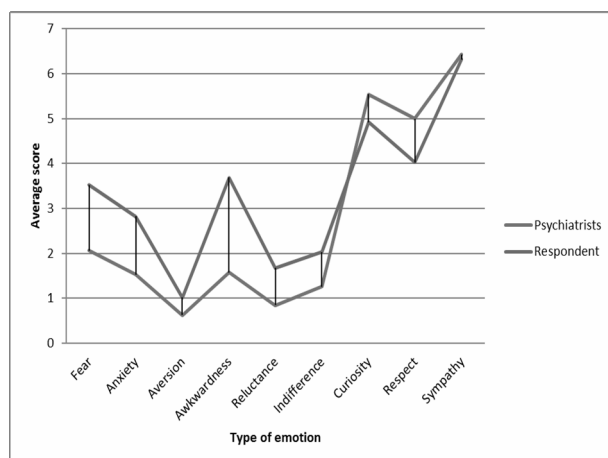
**Table 4.** Emotions elicited by mentally ill

	Average Psychiatrists x General Population	Effect size	p
Fear	2.06 x 3.52	0.66	<0.001
Anxiety	1.52 x 2.82	0.71	<0.001
Aversion	0.62 x 1.00	0.87	0.01
Awkwardness	1.57 x 3.68	0.57	<0.001
Reluctance	0.84 x 1.67	0.80	<0.001
Indifference	1.26 x 2.02	0.80	<0.001
Curiosity	5.53 x 4.91	0.89	>0.05
Respect	5.00 x 4.02	0.83	0.005
Symphathy	6.42 x 6.31	0.09	0.40

Mann-Whitney's U test; Wendt's algorithm for Effect size

Usual wording used to describe mentally ill people had rather positive undertone. In general population 59% of respondents selected words like "courage", "beautiful", "strength" or "challenge", while 41% reported words like "moron", "loony", "idiot" or "shame". Among psychiatrists, negative terms were used by 13% of respondents (Table 3; difference statistically significant in  $\chi^2$  test;  $p < 0.05$ ).

If it comes to emotions elicited by mentally ill people, they differed significantly between groups (Table 4, Figure 1). Encountering a mentally ill person in the past (76.5% of general population), or having such a person in family (50.1% of general population) had a significant, positive impact on respondents' emotions in general population. Differences were found in case of fear, aversion, awkwardness, respect, indifference and reluctance.



**Figure 1.** Emotions elicited by mentally ill people (General population respondents vs. Psychiatrists)

## DISCUSSION

Our hypothesis was that attitudes of mental health professionals, compared to general population, were more positive and exhibited less social distance. Both groups differed in inter alia subjective attitude and emotions elicited by mentally ill. There was also a statistically significant difference in willingness to accept psychiatric hospital in the neighborhood, however in both groups respondents had rather negative attitude. This may be caused by so called "not in my back yard" phenomenon, consisting in behaving like a tolerant person as long as ones interest is not involved (Wolff 1997). Those outcomes are in line with a previous research.

Although in the context of obtained results, our hypothesis may be deemed to be confirmed, it should be noted that attitude of psychiatrists is not clearly positive. According to Lauber et al. (2004), this may be caused by their professional experience and therefore ability to evaluate the condition of mentally ill people. Additionally, we must remember that despite being mental health professionals, they are also a part of general population and its culture which strongly affects their point of view.

Results presented in the following study seem to paint a fairly positive picture of social attitudes, especially in comparison with outcomes from Centre for Public Opinion Research from 1996, 1999 and 2005 (Wciorka & Wciorka 2000, Wciorka & Wciorka 2006). First difference is visible in wording used to describe mentally ill people, according to aforementioned studies, in 1996 as much as 67% of general population used negative terms, in 1999 it was 62%, in 2005 60%

and in the following study only 41%. Important changes were also visible in terms of emotions linked to people mentally ill. In 2005 study by Centre for Public Opinion Research 57% respondents pointed out sympathy as primary feeling, 52% awkwardness, 37% fear, 13% curiosity, 12% indifference and only 8% respect. In our study sympathy preserved its first place while awkwardness fell to 4<sup>th</sup> place with curiosity and respect rising to second and third position. Such revisions of social attitudes may be caused by growing awareness visible in for example respondents' negative assessment of social approach to mentally ill people.

## CONCLUSIONS

Conception of utilizing mental health experts as the opinion leaders should be carefully thought through. Although awareness of social distance and stigma improved both among psychiatrists and general population since 2005 (Wciórka & Wciórka 2006, Lauber 2004), still there are areas that needs enhancement. Fear present in both groups, probably caused by inter alia image of mental illness in news reports (Angermeyer 2001), is one of such areas.

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## References

1. Angermeyer M & Schulze B: Reinforcing stereotypes: How the focus on forensic cases in news reporting may influence public attitudes towards the mentally ill. *International Journal of Law and Psychiatry* 2001; 24:469-486.
2. CBOS: Polacy wobec chorób psychicznych i osób chorych psychicznie. Warszawa, 2005.
3. Cybula-Fujiwara A et al.: Employees with mental illness – Possibilities and barriers in professional activity. *Medycyna Pracy* 2015; 66:57-69.
4. European Commission: Green Paper – Improving the mental health of the population: Towards a strategy on mental health for the European Union. Brussels, 14.10.2005.
5. Jané-Llopis E. & Anderson P: Mental health promotion and mental disorder prevention across European Member States: a collection of country stories. Luxembourg: European Communities.
6. Jorm AF, Christensen H, Medway J, Korten AE, Jacomb PA, Rodgers B: Public belief systems about the helpfulness of interventions for depression: associations with history of depression and professional help-seeking. *Soc Psychiatry Psychiatr Epidemiol* 2000; 35:211–219.
7. Lauber C et al.: What about psychiatrists' attitude to mentally ill people? *European Psychiatry* 2004; 19:423–427.
8. Penn DL, Kohlmaier JR, Corrigan PW: Interpersonal factors contributing to the stigma of schizophrenia: social skills, perceived attractiveness, and symptoms. *Schizophr Res* 2000; 45:37–45.
9. Wciórka B & Wciórka J: Sondaż opinii publicznej: społeczny obraz chorób psychicznych i osób chorych psychicznie w roku 2005. *Postępy Psychiatrii i Neurologii* 2006; 15:255-267.
10. Wolff G: Attitudes of the media and the public. In: J. Leff (Ed.), *Care in the community: illusion or reality?* 1997, 145–163.

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