

MENTAL ILLNESS AND PREJUDICES IN PSYCHIATRIC PROFESSIONALS Data from the social stigma questionnaire for psychiatric professionals: a multicentre study

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SUMMARY

The prejudices about mental illness and the related social stigma are still present in the population. People suffer from both the disease and the marginalization behaviors implemented by the "so-called healthy" towards them and their relatives. Even psychiatric professionals can get sick and suffer for the same reason. The authors of this multicentric study have focused their attention on the presence or absence of groups of psychiatric pathologies among the "insiders". The most frequent pathologies encountered were the mood and anxiety disorders, in a percentage similar to that of the general population. To continue the research on the stigma begun in a previous study, the authors asked themselves if there could be prejudices and/or stigma among psychiatric professionals towards sick colleagues, how they relate in the workplace and how they react to the behavior of colleagues. The stigma questionnaire has been used on psychiatric professionals, and 130 Italian colleagues were tested in the provinces of Avellino, Brindisi and Trento. The data were compared with those of the research on the stigma "Thinking of Psychiatric Disorders as" Normal "Illness" (Tavormina et al. 2016) and it emerged that among the attending professionals there are no statistically significant behaviors of marginalization, exclusion or stigma against sick colleagues, even if there is a certain discomfort in working together. Above all, it emerged that 80% of the interviewees, who have had work experience with sick colleagues, have replied that the latter can treat those who are also sick of their own disease, thus showing esteem and confidence in their work, in analogy with the Jungian thesis of the "wounded Healer" in the myth of the centaur Chiron.

Key words: mental illness, prejudices, social stigma, questionnaire, psychiatric professionals

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INTRODUCTION

In many people, mental disorders are viewed with suspicion and have a different consideration in relation to other diseases. The history of the old madhouse, the social danger of the mental sick and the therapeutic difficulty of the psychiatric patient's care are still present. Bad information and misinformation contribute to highlighting prejudices and social stigma for mental illnesses. The "stigma" is a sign that distinguishes a person in a negative way: it becomes an additional difficulty for him/her that deeply affects the social life of patients and their families (Casacchia 2005). It has manifested itself in Western countries, for example in Germany (Angermey 1997) or in the UK (Crisp 2000), and in the Eastern countries, for example in Hong Kong (Chou 1996) and Singapore (Lai 2001).

The purpose of our research is to evaluate if there are mental illnesses and prejudices even in mental health professionals towards the sick colleague and any relationship difficulties in the work in common. How much the mental illness of the psychiatric professional can negatively influence the patient's care and in what professional consideration the sick operator is kept by his/her colleagues.

THEORETICAL BACKGROUND

Can a psychiatric professional who has suffered from psychiatric diseases treat his/her patients well and in particular those who have had the same illness?

The psychoanalyst psychiatrist C. Jung, in the greek myth of the centaur Chiron (Smith 1997) the "Wounded Healer", suggests that those who have experienced the pain of a disease is more sensitive to understanding and treating sufferers. Barr Ellison, an English psychoanalyst, in 2006 showed that 73.9% of 253 respondent psychotherapists and counselors who work in mental health, have had personally psychological problems (65%) affecting themselves or their families (10%), and that has had directed their career choice in psychiatry (Barr 2006).

The authors of this work agree with the thesis of the "Wounded Healer", wished to continue the research on the social stigma to see if psychiatric disorders were present in the mental health professionals, if they could have caused therapeutic difficulties in patient care and if they were present prejudices or stigmatizing behaviors, continuing the ethical project against the social stigma of the Torre del Greco Mental Health Unit of the ASL Naples 3 South Mental Health Department.

Is mental illness an emotional and professional burden on the psychiatric professional who has experienced his/her suffering? How much are psychiatric illnesses present in them? Do they compromise the relationship with the patient? Does the mental health professional find it difficult to take care of or remove patients by entrusting them to another colleague? Does he retain the trust and esteem of his/her colleagues in his/her professional operations? Does he admit he/she has suffered from psychiatric illness or are he/she ashamed? Does the mental illness of the psychiatric professional compromise his/her relationship with colleagues? These are the most important questions that have guided the authors of this research.

OBJECTIVE AND METHODS

The mental illness and the stigma, with the prejudices related to it, are a real difficulty for the patients, they suffer for a twofold reason, the first caused directly by their pathology and the second connected to the social stigma and to the preconceptions present in the population. Looking for psychiatric pathologies and the possible presence of prejudices on it even among psychiatric professionals has been the specific purpose of this research.

Table 1. The research data. Questionnaire for the psychiatric professional – part A

| N° 130 respondents professionals - Data Summary (Avellino, Trento, Brindisi) | | | |
|--|------------------------------|---|-------------------|
| Age: | | Qualification: | |
| a) till to 30 years | 32 | a) Psychiatrist | 19 |
| b) from 31 to 40 years | 34 | b) Psychologist | 32 |
| c) from 41 to 50 years | 31 | c) Nurse | 39 |
| d) from 51 to 60 years | 26 | d) Social Worker | 8 |
| e) over 60 years | 7 | e) Technician in rehabilitation service | 32 |
| Sex: | | Country: | |
| M | 42 | Italy | 130 professionals |
| F | 88 | Province: | |
| Place of work: | | a) Avellino | 40 |
| a) public | 78 | b) Trento | 43 |
| b) private | 52 | c) Brindisi | 47 |
| Questions | | | |
| <i>Please, give only one answer, choosing the closest</i> | | | |
| 1. Did you choose to work in Psychiatry? | | 7. Were you or are you being treated for your problem? | |
| YES | 105 | YES | 11 |
| NO | 25 | NO | 3 |
| 2. Why did you choose to work in this sector? | | 8. What sort of therapy? | |
| a) Because of Personal Interest | 97 | <i>(Please, allowed also more then one answer)</i> | |
| b) Because of Scientific Interest | 11 | a) Medication | 5 |
| c) Because it was easy to get an opportunity to work in this sector | 14 | b) Psychotherapy | 6 |
| | ac=1 NA=7 | | ab=1 NA=2 |
| 3. Why are you still working in Psychiatry? | | 9. Has your problem caused / Does your problem now cause difficulties in the exercise of your profession? | |
| a) By Choice | 105 | YES | 4 |
| b) Out of necessity | 21 | NO | 10 |
| | NA=4 | 10. Do you feel that a patient with a problem similar to yours could reactivate your problems? | |
| 4. Have you experienced Psychological or psychiatric problems? | | YES | 3 |
| YES | 14 | NO | 11 |
| NO | 115 | 11. Would you have difficulty treating a patient with a problem similar to yours? | |
| | NA=1 | a) NO | 12 |
| • <i>if NO, go to the answer number 13!</i> | | b) A little | 1 |
| 5. If Yes, what sort of problem? | | c) Quite a lot | 1 |
| a) Mood or Affective Disorders | 6 | d) A great deal | 0 |
| b) Anxiety Disorders | 6 | 12. What would you do if you have to treat a patient with a problem similar to yours? | |
| c) Psychotic Disorders | 0 | a) I must look after him | 12 |
| d) Personality Disorders | 0 | b) I will delegate the care of the patient | 1 |
| e) Substance abuse | 0 | c) I will minimise the illness | 1 |
| | comorbidity: ab = 1, abd = 1 | 6. In which period of your life did the problems begin? | |
| a) Infancy | | 0 | |
| b) Adolescence | | 3 | |
| c) Adult Life | | 11 | |

Table 2. The research data. Questionnaire for the psychiatric professional – part B
N° 130 respondents professionals - *Data Summary (Avellino, Trento, Brindisi)*

| | | Questions | |
|---|---------------------------------------|--|-----|
| <i>Please, indicate a single answer; the one which is most representative or frequent</i> | | 19. Do you have psychiatric problems? | |
| | | YES | 7 |
| | | NO | 116 |
| | | NA | 7 |
| 13. Have you ever worked with a colleague who is affected by a mental illness? (| | ● <i>only continue if the answer is affirmative!</i> | |
| | YES | 60 | |
| | NO | 70 | |
| ● <i>if NO, go to the answer number 19!</i> | | 20. How do your colleagues behave towards you? | |
| | | a) well | 7 |
| | | b) badly | 0 |
| 14. If Yes, what was the diagnosis? | | 21. Are you afraid to tell your colleagues about your illness? | |
| a) | Mood Disorders | 17 | |
| b) | Anxiety Disorders | 2 | |
| c) | Psychotic Disorders | 11 | YES |
| d) | Personality Disorders | 7 | NO |
| e) | Substance abuse | 0 | |
| comorbidity: | | 22. Do your colleagues comment on your absences from work? | |
| ab = 7, ac = 3, ad=1, bc=1, bd=3, de=2, abc=2, abcde=2 | | YES | 1 |
| Total = 21 | | NO | 6 |
| 15. How do you relate to him? | | 23. Do your colleagues band together against you? | |
| a) | I avoid him/her | 8 | YES |
| b) | I am forced to work together | 9 | NO |
| c) | I tell him/her to get treatment | 16 | |
| d) | I look after him/her | 24 | |
| 16. How do you feel about how you relate to your mentally ill colleague? | | 24. Do you believe that you should be protected from their behaviour? | |
| a) | Good | 46 | YES |
| b) | Necessary | 7 | NO |
| c) | Defensive | 7 | |
| 17. How does your mentally ill colleague relate to you? | | 25. Have you ever wished to change your workplace? | |
| a) | He/she is aggressive | 9 | YES |
| b) | He/she is diffident | 8 | NO |
| c) | He/she is absent frequently from work | 15 | |
| d) | He/she shows gratitude | 25 | |
| 18. Do you believe that someone who cannot look after himself can look after others? | | 26. Has it ever been ‘suggested’ to you that you should change your workplace? | |
| | YES | 48 | YES |
| | NO | 13 | NO |
| | NA | 18 | |
| | | 27. Do you want to continue working in psychiatry? | |
| | | YES | 5 |
| | | NO | 2 |

The questionnaire on social stigma has been used for psychiatric professionals (psychiatrists, psychologists, nurses, social workers, technicians for the rehabilitation service), elaborated and validated by the authors of ethical, multicentric, statistical and observational research on social stigma (Tavormina et al. 2015). It is a self-administered questionnaire for adults, fully informed about the purpose of the study and free to not answer to the questions also. It was formulated in Italian and translated into English, French and Croatian. The questionnaire for psychiatric professionals, together with that one for patients, was evaluated on a sample, before the administration, to confirm its simplicity and functionality and was approved by the ethics committee of the Mental Health Department of the ASL Naples 3 South.

It is anonymous and protects the rights of privacy, it is standardized and with closed demand. Composed of a general part in which the age is requested, indicated not in a specific way, but for age groups, to avoid identifying the interviewee. The place where he/she works, if he/she works in public or private service, sex and

professional qualification. Then follow 27 specific questions divided into two sections (part A and B): in the first part (A), they are focused on the mental health professional, on his motivation to work in psychiatry, if he has had psychiatric problems, what kind, if he/she is under treatment and with what kind of therapy; in the second part (B) the questions are focused on the relationship between the professionals and the sick colleagues. They are asked if they have had the opportunity to work with sick colleagues, what kind of diagnosis with the same groups of disease, their behavior towards the sufferer, if they welcome him/her, treat him/her or contrariwise they are forced to work together and try to avoid him/her or worse, they marginalize him/her. They are asked how their sick colleague reacts and if him/her self is the same person interviewed to have psychic problems. A significant question for prejudices about mental illness is if he/she can cure those who are ill. This is to see if the confidence of the sick colleague's therapeutic value in taking care of his/her patients is reduced or impaired.

In the questionnaire the mental pathologies have been divided into large groups of belonging, without a specific and precise research of the psychic disorder, for operational simplicity and because the questionnaire, so structured, is addressed to all the professionals working in psychiatry and not only to the doctors (Table 1, 2).

DATA EVALUATION

In outlining the prevalent figure of a Mental Health Professional that emerged from the greater number of answers given to the questionnaire, we can say that a female professional prevails (67.9%), with an average age between 31/40 years (26.1%), with the qualification of a nurse (30%) and working in a public service (60%). She chooses to work in psychiatry (80.7%) for personal interest (74.6%), continues to work by choice (80.7%) and has had no psychological or psychiatric problems (88.4%). Only 14 professionals out of 130, equal to 10.7%, which only 1 in Brindisi, claimed to have had psychological or psychiatric problems and 1 person did not answer to the question. 33% of the professionals interviewed work in Trento in the public service.

The diseases reported by mental health professionals, which have admitted to have had psychic problems, has been 6 cases of Mood disorders (42.8%), which 3 at the EDA Italia congress in Avellino, 6 anxiety disorder (42.8%), which 4 in Trento, 1 case of comorbid mood and anxiety disorders (7.1%) and 1 person with mood disorders, anxiety and psychotic disorder (7.1%). The diseases occurred in adulthood (78.5%) and were treated in 6 cases only with psychotherapy, 5 with drugs, 1 with drugs and psychotherapy and 2 people did not answer to the question.

Only 4 people out of 14 (28.5%) have had difficulty in professional practice due to their psychiatric conditions. Only 3 psychiatric professionals (21.4%) think that a patient with a mental illness similar to her can cause her to suffer, 12 people out of 14 (85.7%) have no difficulty to treat him/her, 1 mental health professional has bit difficulty, 1 minimizes the disease and 1 (7.1%) has enough and delegates patient care.

To 60 professionals out of 130 (46.1%), which only 11 in Brindisi, it happened to work with colleagues suffering from mental pathology. The most frequent psychic disorders highlighted were mood disorders 17 out of 60 (28.3%), followed by psychotic disorders 11 out of 60 (18.3%), which 4 in Trento, personality disorders 7 out of 60 (11.6%), anxiety disorders 2 out of 60 (3.3%), 1 in Brindisi and 1 in Trento. Among the 22 comorbidities (36.6%) reported the most frequent has been that of mood disorders and anxiety disorders 7 out of 22 (31.8%), followed by psychotic and mood disorders (13.6%), 3 cases out of 22, anxiety and substance abuse (9%) and at last anxiety with personality disorder, and psychotic with mood disorders (1/22).

The prevalent professional takes care of the sick colleague (24/60), advises him/her to take care of him/her

self (16/60) and only 9 people out of 60 say that they are forced to work together or avoid him/her (8/60) and believes that just behavior towards the suffering colleague is right and necessary (46/60). The sick colleague shows gratitude (25/60).

To the question n°18 in which it is asked if "can someone who cannot look after himself can look after others can cure those who are sick?", the prevailing opinion among the interviewed professionals has been affirmative, 48 people out of 60 (80%). At the congress of Avellino, despite the 19 positive answers out of 3, 18 people did not answer and it has been the highest number of non-responses. The question has been applied to the professionals (60 out of 130) who had work experience with colleagues suffering from mental pathology. This data is in tune and is better than that emerged in the patients interviewed in the multicenter international study on the stigma: "Thinking of Psychiatric Disorders as Normal Illness" (Tavormina et al. 2016), which expressed confidence in the sick professional, because he/she had suffered from their own pathological experiences: "they can understand me better because they too are ill" (237 answers out of 476, equal to 49.78%). Instead it is in contrast with that recorded among professionals, in the same multicentric study of 2016, in which the prevailing opinion was negative, 90 people out of 155 (58.6%) answered No and only 65 Yes.

The data recorded in this research shows an increase in confidence among the interviewed professionals, compared to the similar one in 2016, on the therapeutic value of the colleague who has had psychiatric problems and it is an overcoming of the wall of prejudices against those who are ill, not thinking more than the sick professional can not cure his/her patients well, in a good and significant percentage of 80% of the interviewees.

Another relevant indication is that out of 130 psychiatric professionals who answered question n° 4 of the questionnaire: "Have you experienced psychological or psychiatric problems?", only 14 people (10.7%) answered Yes and 115 (88.4%) No. It should be noted that to the question n°19, "Have You psychic problems?", which is a direct and control question of n°4, only 7 people answered YES, equal to 5.38%, 5 people in Avellino, 1 in Trento and 1 in Brindisi, and 7 people did not answer, for a total of 14 people. The diversity of results in 7 professionals who did not respond to the question, highlights more how difficult it is for the interviewee to express psychic problems at the moment because of the inconvenience related to them. Differently 7 professionals who answered YES, there is no difficulty in revealing their illness to their colleagues. Therefore, in consideration of the foregoing, the possible inconvenience to admit their own psychic difficulties would be present in 50% of the suffering professionals (7 out of 14).

The prevalent suffering professional believes that other colleagues behave well with her, 7 affirmative answers out of 7, is not afraid to reveal to them her illness

(85.7%), do not point out her absence from work (85, 7%) and do not feel marginalized (85.7%). The 85.7% believe that it should not be protected by the behavior of colleagues, did not want to change the work environment (57.1%), even if they suggested to do so (57.1%) and 71.4% want to continue working in psychiatry.

CONCLUSIONS

Analysis of the data shows that psychiatric diseases are not so present among professionals. Only 10.7% answered affirmatively that they had psychological or psychiatric problems, or least few professionals admitted to having them, also considering the fact that 46.6% of the professionals interviewed said they work with colleagues sick with psychiatric diseases. Probably some of the interviewees did not feel to declare his/her illness.

The most frequent pathologies were those of mood and anxiety disorders, with a prevalence of 48.2%, on 14 professionals who admitted their diseases, while their incidence fell to 28.3% for mood disorders and in the last place anxiety disorders (3.3%), in the evaluations made by professionals who have worked with sick colleagues. In second place are psychotic disorders and personality disorders. The most frequent comorbidity has been that of mood and anxiety disorders.

Therefore, we can point out that the most frequent pathologies are mood and anxiety disorders, both individually and in comorbidity, in the provinces of Avellino, Brindisi and Trento. This data is in tune with the most frequent psychiatric disorders in the general population, as it can be seen from "Anxiety disorders are the most common disorders in all but 1 country (higher prevalence of mood disorders in Ukraine), with prevalence in the range 2.4% to 18.2% (IQR, 5.8%-8.8%). Mood disorders are next most common in all but 2 countries (equal or higher prevalence of substance disorders in Nigeria and Beijing), with prevalence in the range 0.8% to 9.6% (IQR, 3.6%-6.8%)" (Demyttenaere et al. 2004).

The evaluation of the data shows that the prejudices on the mental health of psychiatric professionals have been debunked and that their mental health is weak due to burn-out, or simply because by treating the mentally ill one can get sick of the same illness, almost like if it were contagious. The frequency of the emerged pathologies are in line with those of the general population.

From a statistical point of view there are no significant behaviors of marginalization, exclusion or manifest stigma towards the sick colleague, even if 4 out of 7 (57.1%) were recommended to change their jobs, take care of him/her self and 15% of Mental Health Professionals express difficulties to be forced to work with him/her.

In the end, above all, the preconception that "can not cure the patient who is ill with his/her own illness" has

been overcome, recognizing the professionalism and therapeutic value of the ill psychiatric professional, in perfect harmony with the concept of therapeutic efficacy of the "wounded healer". There is only a discomfort in working cooperation between colleagues and a relative difficulty in revealing their mental illness to others.

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Contribution of individual authors:

Maurilio Giuseppe Maria Tavormina projected and designed the study, discussed results and supervised manuscript;

Romina Tavormina wrote the first draft of the manuscript;

Francesco Franza conducted and collected the questionnaires for Avellino's data;

Wilma Di Napoli conducted and collected the questionnaires for Trento's data;

Antonella Vacca conducted and collected the questionnaires for Brindisi's data.

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