Perception of Medical Staff VIS-A-VIS the Stigma Patients with Mental Disorders

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Abstract

The aim is to show the perception of healthcare professionals on stigma and discrimination against patients with mental disorders in Moldova - Romania. Methods: The study is prospective, quantitative, descriptive type questionnaire applied to medical personnel during the period July 2012-July 2013 in medical centers in Iasi, Suceava, Botosani, Vaslui. It had population of 217 research staff members involved in patient with mental disorders: psychiatrists, psychologists, family physicians, clinicians from other specialties. The questionnaire covered all stages from pre-test, review, validation and application in their final form. The results were statistically processed for each item, showing the correlations later responses to questions based on different characteristics of study groups. Discussion: Stigma is a modifiable risk factor by removing avoidant coping strategies. Between stigma and mental health professionals there is a complex relationship in which they can be stigmatized, stigmatized and important partners in the fight against stigma. Stigma can be reduced through education, protest, legislative reform. Conclusions: Medical staff believes that psychiatric patient is discriminated and stigmatized. The subject of non-discrimination is an ambitious challenge in Romania, an EU member country.

Keywords: Health care, Social stigma, Mental disorder

The Concept of Stigma

According to sociological theories, stigma refers to a type of behavior, a feature, and the subject was classified as undesirable, his reputation was discredited [1]. Marginalized and excluded groups are attested in ancient written documents of mankind. Stigma is a phenomenon with multiple negative consequences in social functioning and in the personal. Stigma has four components as: labeling an individual with a particular disease, generalization individuals with the same disease, creating a division and discrimination of individuals. The diagnosis is a label, but it is not mandatory that diagnosis to determine stigmatization. Thus, breast cancer diagnosis is an example of that although in the past women were ashamed, they now talk openly about the illness without fear of stigmatization [2].

Public stigmatization of the patient frequently generates marginalization on the subject, with social difficulties, difficulties in employment, healthcare unfair [2, 3]. A great individual contribution to social stigmatization has media, which associate mental disorder with notions of incompetence, violence, guilt. Often the stigma, discrimination and the patient is harmed [4]. Media play an important role in the stigmatization of patients with mental disorders, especially by issuing information, which mistakenly focus on crime, unpredictability, danger [5]. In society, the most vulnerable and stigmatized category is that of patients with mental disorders [4].

After Crocker, stigma is focused on three dimensional axes in relationships and social interactions: perspective, identity, and response. Perspective refers to the perception of society or of the patients with
mental disorders towards the stigma. Identity involves affiliation to a group, and the reaction is the result of stigma [6]. Also features stigma (visibility, controllability, impact) is important in the process of stigmatization [7].

There are two main types of stigma: internal stigma and external stigma. In the case of internal stigma (self-stigma), the patient feels different and expects to be discriminated against by the society. Self-stigma refers to internalize inferiority feelings like guilt, shame [8]. External stigma refers to discrimination against others, employing an unfair attitude towards the patient [9]. Both internal and external stigma leads to social isolation [10] and to diminishing the social support [8]. Stigma is seen as a form of social oppression [11].

**Self-Stigma, Social Stigma and Stigma by Association in Psychiatry**

Stigma, a complex process in the society, has multiple ethical implications [2]. The stigmatized patient may have difficulty in getting hired [12], is marginalized, and access to health care services is made difficult. The social stigma of individuals can lead by default to self-stigmatization, and the patient's family may be stigmatized through the so-called phenomenon of stigma by association [2].

Although multiple studies show that patients with mental disorders have a higher number of antisocial behaviors compared to individuals without mental disorders, they are unjustly socially rejected and stigmatized [13]. The perception of society towards the individuals with mental disorders is fear, anger, disgust, hostility, negative emotional experiences that translate into social discrimination [2]. Also, in contrast, the feelings of stigma are: depression, anxiety, guilt, shame, avoidance, anger, with negative consequences on the quality of life of the patients with mental disorders [14, 15]. Stigma in conjunction with the mental disorder represents a significant barrier to a qualitative mental health care act [5].

Adaptive and social skills of patients with mental disorders are diminished or absent, resulting in difficulties in having an independent life [16]. Existing prejudices towards patients with mental disorders contribute to their social isolation, generating discrimination and labeling [3]. Also, the existence of a diagnosis of a mental disorder makes it difficult to the individual to be employed [10]. Psychiatric disorders are still topics that are open to ridicule. The perception of the media regarding patients with mental disorders is exaggerated, and they show the mentally ill individuals to be dangerous, unpredictable [5]. Individuals with certain psychiatric disorders, such as schizophrenia or bipolar disorder, are more stigmatized than the subjects with other psychiatric disorders, such as depression and anxiety [17].

Stigma is frequently associated with psychiatric disorders, especially schizophrenia. Thus, an increasing number of patients with schizophrenia face stigma [18, 19], both before and after the mental disorder is formally diagnosed. Thus, before the individual is to be diagnosed with schizophrenia, there is a prodromal phase of a few days, weeks, or months, with symptoms and behaviors such as: weird speech, bizarre preoccupations [20], loss of interest in hygiene, work, appearance and social activities, symptoms that can generate negative interactions between the individual and the society. Thus, the chronic negative interaction generates various types of stigma: social stigmatization, labeling [21], both at onset and during the course of the disease, whether the disorder was formally diagnosed or not [22]. These stereotypes of negative attitudes generate discrimination, ignorance [23, 24] and incorrect beliefs about the diagnosis of schizophrenia [25].

The general public associates dangerousness with schizophrenia, unlike individuals with addictions [8]. Depressive symptoms [26] are commonly associated with low self-esteem and diminished performance in socially stigmatized patients [27]. The stigmatization of the patient with mental disorders can generate negative discrimination with multiple consequences both in the individual's functioning [28] and in its access to healthcare [29]. Thus, any form of stigmatization has negative consequences.
and impact for the individual with mental disorders [30, 31]. However, some psychiatric disorders such as depression are less stigmatized than schizophrenia; so the risk of external stigma is higher in the latter compared with affective disorders [10].

In Greece, according to some studies, the public has discriminatory attitudes [32], disapproving even of having their legal residence in the vicinity of patients with mental disorders [33]. In general, individuals do not want to hire, to live with or to marry people who have a formal diagnosis of a mental disorder or who were hospitalized in a hospital with a psychiatric profile. For a person who has been admitted to a psychiatric hospital, fear of possible stigmatization or discrimination from others in society makes him or her hide, withdraw from society, as a form of protection. Thus, this attitude of avoidance disrupts the possibility of initiating and maintaining relations, with various future consequences such as not getting hired. Researchers show that labeling is often associated with unemployment, discrimination, depression, low self-esteem, loss of revenue [26, 34].

In 2007, in Romania, 9.8% of the individuals with mental disorders are employed, while 84.5% are unemployed or retired. Also in the US, 60-70% of the people with mental disorders would like to work [35], but only 15% of the people suffering from mental disorders are employed [36]. Unemployment creates poverty, erodes self-esteem and leads to discrimination and social isolation, creating fertile ground for the emergence of mental disorders.

In self-stigmatization, the subject is both the accuser and the target. This means that the subjects have an altered perception of themselves, with various consequences, such as diminished self-esteem, and a poor evolutionary prognosis of the psychiatric condition [2]. Thus, in the perception of the patient with mental disorders, a process of transforming its identity into an incompetent individual may take place [37]. The individual who was hospitalized in a psychiatric hospital anticipates social rejection, becoming defensive, socially withdrawn, living a complex inner conflict [38]. The subject with psychiatric disorders who is aware of the disease has a better prognosis in terms of social functioning. But in situations where disease awareness [39] is associated with stigmatization, the social dysfunction is important [40]. Psychiatric medical research has shown the negative consequences of the internalized stigma, especially in patients with severe mental disorders. The internalized stigma of the patient with severe mental disorders, their quality of life, and their self-respect are in a directly proportional relationship [41]. According to some authors, the degree of social interactions, the quality of life, and the decrease of psychiatric symptoms are indicators that are commonly associated with the reduction of self-stigmatization of the mentally disordered patient [42].

Besides social stigma and self-stigmatization, the phenomenon of stigma by association is common in the families of patients with mental disorders [2]. Stigma by association [9] generally covers all the family members of mentally ill patients, members who are constantly subjected to psychological tensions. Thus, the stigmatization process affects not only the person suffering from mental disorders, but those who come in contact with this person are also affected. The patient becomes a burden to family members, and if the patient with the psychiatric disorder is self-stigmatizing himself or herself, the burden increases in intensity [2]. This type of stigma involves the low esteem of the family, fear, anger, distrust, hopelessness and shame. In most cases, this damage brought to the families of the mentally ill patients leads to a lack of support.

Stigma is a risk factor [43] that can be modified by removing avoidant coping strategies [44, 45]. The recovery and social integration method is another approach to reduce stigma. Thus, reducing the stigmatization of the mentally disordered patient can be achieved by increasing employment [46]. The process of stigmatization is a social phenomenon that can be dimmed only through the will of the society [2]. The media can be an important partner in the fight against stigma, especially through informational programs.
and public debates [3], using television and radio programs [10]. The anti-stigma campaign of 1981-1986 in the UK made using informative materials given to both health professionals and patients had a significant result in reducing the stigma associated with depression in that period [47]. Also, similar anti-stigma campaigns took place in the last few years in Germany and Estonia [49, 50].

**Material and Methods**

This study is prospective, questionnaire type, applied to the medical personnel involved in the psychiatric care of patients with mental disorders, and it was conducted during July 2012 - July 2013. It had a research population of 217 medical staff members involved in the therapy of patients with psychiatric disorders: psychiatrists, psychologists, general practitioners, clinicians from other specialties, from medical centers in Iasi, Suceava, Botosani, Vaslui (four towns from Romania). The questionnaires include questions related to Mental Health Law, stigma, discrimination, confidentiality and informed consent.

The questionnaires covered all stages from pre-test, review, validation, and to application in their final form. The results were statistically processed for each item, and then the correlations of the answers according to the different characteristics of the study groups were made. The Cronbach alpha value was 0.730, a value that gives an acceptable result against the threshold of 0.70, which validates the usage of the questionnaire to other categories of doctors and psychologists involved in the monitoring of people with mental disorders.

In the groups of doctors, the analysis of the frequency distribution based on specialization highlights the predominance of resident doctors (54%); in the group Other specialties and specialist doctors (66%) from the group general practitioners, while in the group of psychiatrist homogeneous distribution stands out regarding the specialization. Applying the Kruskall-Wallis nonparametric inter-group test highlights statistically significant differences between the medical specialties that responded to the questionnaire (Chi-square = 15.22, df = 2, p = 0.001).

**Results**

The distribution of the groups according to gender reveals the preponderance of females, sex ratio F / M = 2.3 / 1. The lowest share of women is found in the group of psychiatrists (66.7%), and the peak frequency occurs in the group of physicians of another specialty but general practitioners (72%), but the distribution of the frequency does not show significantly differences when compared to the other groups (χ² = 0.38, df = 3, p = 0.944).

![Fig. 1: Structure places sex](image)

According to age groups, a higher share of the respondents aged 30-39 years (49.8%) is noted, but there has been noticed a frequency of 4.6% of the respondents aged over 60 years.
Table 1: Batches according to age group

<table>
<thead>
<tr>
<th>Age group (years)</th>
<th>Psychiatrist</th>
<th>another specialty</th>
<th>Family of doctor</th>
<th>Psychologist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>&lt; 30 ani</td>
<td>12</td>
<td>21.1%</td>
<td>16</td>
<td>32.0%</td>
</tr>
<tr>
<td>30-39 ani</td>
<td>32</td>
<td>56.1%</td>
<td>23</td>
<td>46.0%</td>
</tr>
<tr>
<td>40-49 ani</td>
<td>4</td>
<td>7.0%</td>
<td>10</td>
<td>20.0%</td>
</tr>
<tr>
<td>50-59 ani</td>
<td>2</td>
<td>3.5%</td>
<td>7</td>
<td>14.0%</td>
</tr>
<tr>
<td>60-69 ani</td>
<td>5</td>
<td>8.8%</td>
<td>1</td>
<td>2.0%</td>
</tr>
<tr>
<td>70-79 ani</td>
<td>2</td>
<td>3.5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In the study groups, the distribution by age group reveals statistically significant differences in frequency among the groups surveyed according to the age group ($\chi^2 = 227.14$, df = 5, $p = 0.001$):

- In the group of psychiatrists most of the interviewed subjects are found in the 30-39 years range (56.1%) and 12.3% of them are older than 60 years;
- In the group of doctors of another specialty the subjects in the age group 30-39 years (46%) are predominant, followed by the age group under 30 (32%);
- 46% of the general practitioners were aged 30-39 years, while 36% of them are situated in the 40-49 years range; 50% of the psychologists were aged between 30-39 years, and 38.3% in the 40-49 range

Table 2: Distribution of answers to the question of social attitudes by study groups

<table>
<thead>
<tr>
<th>Question 3</th>
<th>Psychiatrist</th>
<th>Another specialty</th>
<th>Doctor of family</th>
<th>Psychologist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Acceptarești/ sautoleranță</td>
<td>32</td>
<td>56.1%</td>
<td>24</td>
<td>48.0%</td>
</tr>
<tr>
<td>Discriminarești/ sauintoleranță</td>
<td>24</td>
<td>42.1%</td>
<td>23</td>
<td>46.0%</td>
</tr>
<tr>
<td>Altele</td>
<td>1</td>
<td>1.8%</td>
<td>3</td>
<td>6.0%</td>
</tr>
<tr>
<td>Mean rank</td>
<td>93.81</td>
<td>104.70</td>
<td>117.34</td>
<td>120.07</td>
</tr>
</tbody>
</table>

- Question: "Do you think that the patient with psychiatric disorders is being discriminated against, when compared to other patients?"

- Responses to this question revealed statistically significant percentage differences between the groups analyzed (Chi-square = 25.63, df = 3, $p = 0.001$):

- The view that the patient with mental disorders is discriminated in relation to other patients is found in 93% of the psychiatrists and 81.7% of the psychologists, while only 52% of the doctors of another specialty and 72% of the general practitioners responded affirmatively this question;

- 30% of the doctors of other specialty cannot appreciate and 18% of them consider that patients with mental disorders are not discriminated against in relation to other patients;
- 14% of the general practitioners cannot appreciate, and 14% believe that patients with mental disorders are not discriminated against in relation to other patients.
Conclusion

In the treatment of the patients with mental disorders, stigma is a major obstacle that must be overcome. Between the professionals working in the mental health area and stigma there is a complex relationship in which they can be stigmatized, the ones stigmatizing, and important partners in the fight against stigma. Stigma can be reduced through education, protest, legislative reform; either through the self-management of stigma or through support. The topic of non-discrimination is an ambitious challenge in Romania, an EU member country, and in the social services, stigma is a major problem in modern psychiatric healthcare.

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