



ARTIGO ORIGINAL/ORIGINAL ARTICLE

Atitudes Estigmatizantes Dirigidas a Pessoas com Doença Mental entre Profissionais de um Hospital Psiquiátrico Stigma Attitudes Towards People with Mental Illness among Professionals Working in a Psychiatric Hospital

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Abstract

Introduction: Mental illness stigma studies demonstrate the presence of stigmatizing attitudes towards people with mental illness both by the public and health professionals. This study aimed to analyze the attitudes of professionals working at a Portuguese psychiatric hospital towards people with mental illness.

Material and Methods: A cross-sectional observational study was conducted to examine the attitudes of professionals through application of Mental Illness Clinician Attitude Scale (MICA) and collection of sociodemographic data.

Results: Scores of MICA questionnaire were significantly lower than the cut-off point for negative attitude in general and across professional categories suggesting that overall professionals seem to manifest a positive attitude towards people with mental illness. There was a trend of decrease in MICA scores throughout increasing years of professional experience although not statistically significant.

Conclusion: Our results do not contradict the need to continue fighting stigma, but instead to better evaluate how these attitudes translate into practice, by including behavioral outcomes in future research.

Resumo

Introdução: Estudos na área do estigma associado à doença mental demonstram a presença de atitudes estigmatizantes em relação às pessoas com doença mental tanto por parte do público em geral como por parte dos profissionais de saúde. Este estudo teve como objetivo analisar as atitudes dos profissionais que trabalham num hospital psiquiátrico português

Material e Métodos: Estudo transversal e observacional para examinar as atitudes dos profissionais, através da aplicação da escala *Mental Illness Clinician Attitude Scale* (MICA) e da recolha de dados sociodemográficos.

Resultados: As cotações do questionário MICA foram significativamente mais baixas do que o ponto de corte definido para atitudes negativas, no total e entre as diferentes categorias profissionais, sugerindo que os profissionais em geral aparentam manifestar uma atitude positiva em relação às pessoas com doença mental. Verificou-se uma tendência de diminuição nas cotações do MICA com o aumento de anos de experiência profissional, embora não estatisticamente significativa.

Conclusão: Os resultados do estudo não contradizem a necessidade de manter a luta contra o estigma da doença mental, sugerindo, ao invés, uma avaliação mais aprofundada de como estas atitudes se traduzem na prática, incluindo a análise de comportamentos estigmatizantes em pesquisas futuras.

Keywords: Attitude of Health Personnel; Health Personnel; Mental Disorders; Social Stigma

Palavras-chave: Atitude do Pessoal de Saúde; Estigma Social; Perturbações Mentais; Profissionais de Saúde

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INTRODUCTION

Stigma can be defined as a social disapproval of individuals or groups of individuals with characteristics who differ from the norm based on stereotypes and prejudice that lead to discrimination and inequality of opportunities.^{1,2} Thornicroft *et al* (2007) point out three fundamental aspects of stigma: (1) the problem of knowledge (literacy); (2) the problem of attitudes (prejudice); and (3) the problem of behavior (discrimination).³ Mental illness stigma permeates several areas such as interpersonal relations, access to employment, housing and healthcare.⁴⁻⁷ One fundamental consequence relates to the person's effort not to be labelled as mentally ill, thus avoiding and delaying access to essential care.² Other important barriers to mental health help-seeking include stigmatizing behaviors perpetrated by healthcare professionals.⁸⁻¹⁰ The frequencies of discrimination in mental health-care setting reported by people with experience of mental illness range from 16% to 44%.⁶ Examples of such behavior include paternalistic attitudes, insufficient supply of information about one's condition or treatment options, excluding the patient from the decision-making process, use of stigmatizing language and therapeutic pessimism regarding rehabilitation.¹¹ Consequently, not only there are barriers in access to care but also treatment discontinuation, ineffective therapeutic relationships, poor quality of care and clinical outcomes.^{6,11} Additionally, the stigma felt by mental health professionals hinders access to mental health care by professionals themselves.¹² The Portuguese National Mental Health Plan, in line with international guidelines, highlights actions to combat mental illness stigma as one of the main strategies to improve mental health care.^{13,14} Investigation of healthcare professionals' attitudes represents an important part of the anti-stigma intervention and in the last decade, a substantial number of measuring instruments have been developed.¹⁵ The Mental Illness: Clinician's Attitudes Scale (MICA) was designed to assess the degree of stigmatizing attitudes by health professionals towards people with mental illness.¹⁶ Evaluation of its psychometric properties considered it a valid and reliable instrument.^{16,17} This study aimed to analyze the attitudes of professionals working at a Portuguese psychiatric hospital regarding mental illness. The Portuguese version of the Mental Illness: Clinician's Attitudes Scale was applied, and results were compared to investigate whether there was an association between attitudes and sociodemographic characteristics as well as contact and professional experience with mental illness.

MATERIAL AND METHODS

A cross-sectional observational study was conducted to examine the attitudes of professionals working at a Portuguese psychiatric hospital - Centro Hospitalar Psiquiátrico de Lisboa (CHPL) - towards people with mental illness. The participants included a non-probabilistic convenience

sample of professionals working at CHPL who agreed to fill out an online questionnaire. All participants signed an informed consent, and the study protocol was approved by the scientific and ethics committee of the hospital.

Data collection was based on an online self-completed questionnaire consisting of three parts: (1) sociodemographic data: age, gender, professional group (psychiatry trainees, psychiatrists, nurses, psychologists, social workers, occupational therapists, administrative assistants and pharmaceuticals); (2) contact with mental illness: regarding years of professional experience and friend or family history of mental illness; (3) Portuguese version of the Mental Illness Scale: Clinician's Attitudes Scale (MICA, versions 2 and 4).

MICA scale is a self-administered and validated instrument designed to assess the degree of stigmatizing attitudes towards people with mental illness.^{16,17} MICA-2 is aimed at medical students, psychiatric trainees and physicians / psychiatrists. MICA-4 is suitable for students and health and social care workers. Even though the scale is not validated for administrative assistants we included this professional group in our sample due to the high level of contact with people with mental illness in their day-to-day work.

The scales are composed of 16 items, scored on a Likert scale ranging from 1 to 6. Items 3, 9, 10, 11, 12, and 16 are scored between 1 "strongly agree" and 6 "strongly disagree". All other items (1, 2, 4, 5, 6, 7, 8, 13, 14, 15) are reverse scored. Total scores can vary between 16-96, with higher ratings indicating greater stigma.

MICA is a continuous scale and does not have a cut-off point, considering it is difficult to claim there is a level above which attitudes are negative. In line with previous work we used mean and standard deviation and set the cut-off point at 56 (16 questions with 6 Likert score answers, with the midpoint being 3.5, therefore 16 questions \times 3.5 midpoint = 56).¹⁸

Statistical analysis was conducted using SPSS (version 25.0). Continuous variables such as age and years of professional experience were expressed as mean \pm standard deviation, whereas categorical variables such as gender, professional category and contact with mental illness were presented as frequencies (%). For inferential statistics, the independent *t* test and one-way ANOVA were used to correlate between scale and categorical variable. The independent *t* test was used to compare means between two unpaired groups while the one-way ANOVA was used to compare mean score between more than two unpaired groups. For correlation between two categorical variables, Pearson's test was used. Significance level was set at $p < 0.05$.

RESULTS

A total of 105 responses to the questionnaire were obtained with one excluded due to inadequate filling. The sample included 104 participants: 25 (24%) nurses, 20 (19.2%)

occupational therapists, 14 (13.5%) psychiatrists, 14 (13.5%) psychiatry trainees, 13 (12.5%) psychologists, 9 (8.7%) administrative assistants, six (5.8%) social workers and three (2.9%) pharmaceuticals. The majority of the responders were female (80.82%, $n = 84$) and the age ranged from 24 to 66 (mean = 44.55; standard deviation (SD) =

12.095). The years of professional experience with mental illness ranged from 1 to 43 (mean= 16.73; standard deviation (SD) = 11.21). Most of responders had contact with mental illness outside professional context, with 49.5% ($n=52$) affirming familiar history of mental illness and 69.5% ($n=73$) report having a friend with a mental illness.

Table 1. MICA score across professional groups.

	N	Mean	SD	Min.	Max.	<i>p</i> value
Administrative assistant	9	34.89	7.39	24	45	
Nurse	25	30.4	7.921	18	45	
Occupational therapist	20	27.5	4.958	21	37	
Pharmaceutical	3	36	6.557	29	42	
Psychiatrist	14	31	8.105	21	54	
Psychiatry trainee	14	29.79	6.29	19	41	
Psychologist	13	30.62	5.98	24	43	
Social worker	6	33.5	8.24	26	48	
Total MICA score	104	30.6	7.065	18	54	0.175^a (ANOVA)

a. $p \leq 0.05$ showing significant statistical difference

b. SD: standard deviation

As shown on Table 1, the mean of MICA questionnaires among all professionals was 30.6 ± 7.07 , which is significantly below the assigned cut-off point (56). There was no statistical significance difference (ANOVA $p=0.175$)

between professional groups, indicating that overall, there seems to be a positive attitude towards psychiatry and people with mental illness.

Table 2. Comparison of the MICA questions across professional groups (only significant values are presented)

	Mean	SD	Min.	Max.	<i>p</i> value
Q8. Staff are not real health professionals	Administrative assistant	2.00	1.5	1	5
	Nurse	1.12	0.332	1	2
	Occupational therapist	1.05	0.224	1	2
	Pharmaceutical	1.33	0.577	1	2
	Psychiatrist	1.93	1.492	1	6
	Psychiatry trainee	1.14	0.535	1	3
	Psychologist	1.31	0.48	1	2
	Social worker	1.67	1.211	1	4
	Total	1.36	0.869	1	6
	Between Groups				

		Mean	SD	Min.	Max.	p value
Q14. General practitioners should not continue an assessment of psychiatric patient	Administrative assistant	3.56	1.509	1	5	
	Nurse	2.88	1.509	1	5	
	Occupational therapist	2.1	1.373	1	5	
	Pharmaceutical	3.00	1.00	2	4	
	Psychiatrist	1.64	0.929	1	4	
	Psychiatry trainee	1.93	0.917	1	4	
	Psychologist	2.85	1.463	1	6	
	Social worker	2.5	1.643	1	5	
	Total	2.47	1.414	1	6	
	Between Groups					0.013^a (ANOVA)

a. $p \leq 0.05$ showing significant statistical difference

b. SD: standard deviation

When analyzing individual MICA questions (Table 2), there are statistical significance difference between professional groups, regarding question 8 “Being a health/social care professional in the area of mental health is not like being a real health/social care professional” (ANOVA $p=0.013$) and question 14 “General practitioners should not be expected to complete a thorough assessment for people with psychiatric symptoms because they can be referred to a psychiatrist” (ANOVA $p=0.013$). In question 8, occupational therapists showed the most positive attitude regarding

mental health professionals (mean MICA score 1.05), and administrative assistants showed the least positive attitude (mean MICA score 2), followed by psychiatrists (mean MICA score 1.93). In question 14, psychiatrists (mean MICA score 1.64) and psychiatry trainees mean MICA score 1.93 reveal a more positive attitude regarding assessment of psychiatric patients by general practitioners, while pharmaceuticals (mean MICA score 3) and administrative assistants (mean MICA score 3.56) show the least positive attitudes.

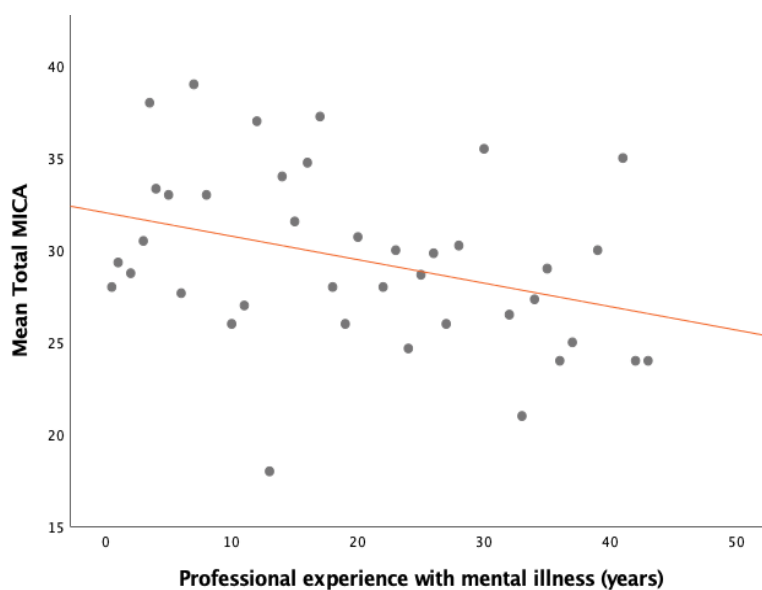


Figure 1. Mean of total MICA score by professional experience (in years).

Regarding years of professional experience with mental illness there was a decrease in MICA score with increasing years of experience (Fig. 1), although no statistically significant difference between them (Pearson correlation $p=0.07$). When analyzing contact with mental illness outside professional context and total MICA score, there was no statistically significant difference between those who had history of friend or relative with mental illness and those who do not have.

DISCUSSION

The present study aimed to analyze the attitudes of professionals working in a psychiatric hospital towards people with mental illness and to evaluate whether there were different results regarding sociodemographic characteristics, contact with mental illness and years of professional experience.

Overall professionals showed low levels of stigmatizing attitudes towards patients with mental illness. In line with our results, Oliveira *et al*, in a study comparing stigma attitudes between psychiatrists, doctors of other specialties and students, concluded that psychiatrists have lower negative attitudes towards patients.¹⁹ These results might be interpreted through the lens of the *contact hypothesis*.

Different approaches might be used to fighting stigma – education, contact and protest – and meta-analysis suggest that contact-based approach is the intervention with better results in reducing stigma of the general population.²⁰ A Portuguese study evaluating medical students' attitudes towards people with mental illness demonstrated the relevance of education and contact in achieving a decrease in stigma attitudes and similar results have been found elsewhere.^{21,22}

In the *contact hypothesis* professional contact is assumed to have the same positive effect on attitudes to mental illness as does familiarity with mental illness through personal or family experience in the general public.²³ Other Portuguese study conclude that stigma was lower in students having a personal history of mental illness and in those with positive familial history.²⁴

Another important factor than can help explaining these findings is the social desirability bias. Considering the questionnaire was applied to professionals working in a psychiatric hospital it cannot be minimized the possibility of over-reporting positive attitudes and under-reporting undesirable attitudes.¹⁹

Although not statistically significant, our results suggest lower levels of MICA score, and therefore decreased stigmatizing attitudes towards patients, by professionals with increasing experience. The same results have been found in other studies showing that older or more experienced health professionals have greater therapeutic optimism and show less negative stereotyping than younger or less experienced professionals.^{7,9} Possible explanations for these results include increased observations of personal recovery on patients overtime, acquiring a greater ability to recognize and challenge stereotypes against mental illness, or accumulate an increased level of personal and family experience of mental illness.⁶ Nonetheless we found no

difference in attitudes between those who had friends or family members with history of mental illness and those who did not.

Even though there were statistically significant difference among professional groups for question 8 “Being a health/social care professional in the area of mental health is not like being a real health/social care professional” with occupational therapists showing the most positive attitude regarding mental health professionals, and administrative assistants and psychiatrists showing the least positive attitude, overall the scores are still consistent with a low level of stigmatizing attitudes within each group. The same applies for question 14 “General practitioners should not be expected to complete a thorough assessment for people with psychiatric symptoms because they can be referred to a psychiatrist”, with psychiatrists and psychiatry trainees revealing a more positive attitude regarding assessment of psychiatric patients by general practitioners, while pharmaceuticals and administrative assistants showing the least positive attitudes.

Contrary to our results, several empirical studies document the stigmatizing attitudes of mental health professionals and address its impacts on service users.^{7,8,12,25} These findings can be explained by high contact with patients with severe and chronic mental illness and when they are at their symptomatic worse.⁶ Secondly, professional burnout has long emerged as an explanation for negative attitudes and discrimination in mental health services.²³ Thirdly, associative stigma, such as the stigma that mental health professionals experience because they are associated with people with mental illness also contributes to greater endorsement of public stigma.¹⁴ Psychiatry stereotypes include views of the practice as ineffective or possibly harmful, with low status, failing to target essential problems and without true scholarship.²⁶ Provider associative stigma was found to worsen self-stigma and treatment satisfaction among people receiving services from these providers.²⁷ Two quantitative studies showed associative stigma in providers is positively related to their burnout.^{26,27}

According to Thornicroft *et al* (2007) stigma contemplates different aspects, such as knowledge, attitudes and behavior.³ There is an assumption of a relation between stigmatizing attitudes and behavior, but behavioral outcomes are not commonly measured in surveys of mental health professionals' attitudes, as it is difficult to assess.⁶ In this study we also did not evaluate behavior outcomes and therefore cannot assume that low stigmatizing attitudes reflect low stigmatization generally. However, we recognize the importance of discriminatory behavior and its negative consequences for people with mental illness whom have been claiming that the rejecting behavior of others may bring greater disadvantage than the primary condition itself.^{3,4,10,11} To the authors best knowledge this is the first Portuguese study evaluating the attitudes of professionals working in a psychiatric hospital towards people with mental illness. It is a starting point for future research on this issue, namely to analyze and compare attitudes of other healthcare professionals working in general hospitals and primary care regarding people with mental illness. Further investigation

should include measures of burden/burnout and associative stigma as other variables to study. Future findings will hopefully allow to target and define measures aimed at reducing mental illness stigma.

Several limitations of this study should be noted. Although the questionnaire was self-administered and anonymous the extent of social desirability bias cannot be neglected as well the existence of a selection bias, considering a non-randomized convenience sample was used. Furthermore, being a cross-sectional study, it does not allow to infer causal relationships among the variables. Other limitations of the study include the small and unequal sample size for professional group and limited variability of the measures.

Responsabilidades Éticas

Conflitos de Interesse: Os autores declaram a inexistência de conflitos de interesse na realização do presente trabalho.

Fontes de Financiamento: Não existiram fontes externas de financiamento para a realização deste artigo.

Confidencialidade dos Dados: Os autores declaram ter seguido os protocolos da sua instituição acerca da publicação dos dados de doentes.

Proteção de Pessoas e Animais: Os autores declaram que os procedimentos seguidos estavam de acordo com os regulamentos estabelecidos pelos responsáveis da Comissão de Investigação Clínica e Ética e de acordo com a Declaração de Helsínquia revista em 2013 e da Associação Médica Mundial.

Proveniência e Revisão por Pares: Não comissionado; revisão externa por pares.

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Confidentiality of Data: The authors declare that they have followed the protocols of their work center on the publication of data from patients.

Protection of Human and Animal Subjects: The authors declare that the procedures followed were in accordance with the regulations of the relevant clinical research ethics committee and with those of the Code of Ethics of the World Medical Association (Declaration of Helsinki as revised in 2013).

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