Attitudes of employees of Tehran-based hospitals toward stigmatizing mental patients: a single center experience and literature review

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Abstract
Introduction: During the recent two decades, the world health organization and the World Association of Psychology have started the campaign for reducing the stigma associated with mental patients in more than 20 countries. The aim of this study is to survey the extent of success and the effects of the campaign on reducing the stigmatization among mental patients.

Methods: The study was conducted as a survey with a population of all the health and treatment staff in the hospitals that run a psychiatry ward. The sample group consisted of employees from two hospitals. Through Cochrane sampling method, 134 of the employees were adopted as sample group. For data gathering, a questionnaire was employed and the gleaned data were analyzed using T-test and the Pierson tests.

Results: Comparing with other patients hospitalized in special hospitals, the participants in two hospitals tended to have more positive and welcoming attitudes regarding themselves and interactions with mental ward patients, acceptance mental patients in social activities, the treatments of the mental patients. The staff in general hospitals or psychiatric hospitals, moreover, kept identical attitudes toward mental patients.

Conclusion: Provision of mental health services in social-oriented fashion or in general hospital settings attenuates stigmatization attitudes toward mental patients and their families. This per se results in provision of better and services for this group of patients at earlier stages of the disease.

Keywords: Mental Disorders, Mental Health Services, Attitude, Mentally ill Person, Hospitals

Introduction
Nowadays, about 450 million all around world suffer from at least one mental/behavioral disease. According to WHO, three years of the years of paralyzed condition is due to psychiatric neural diseases. Unipolar depression is the cause of 12.15% of the years a person spent in paralyzed state. Four out of six main causes of the years of paralyzed state are due to psychiatric neural diseases such as depression, diseases caused by alcohol abuse, schizophrenia, and bipolar disorder. More than 150 million of the world population suffers from depression. As suggested by the statistics, 1 million suicides are committed in the world each year, 25 million suffer from schizophrenia, 38 million from epilepsy, and 90 million form one of diseases caused by alcohol abuse or other mental diseases. In spite of large
number of mental patients, both in Iran and in the world, few of them refer to psychiatric centers for treatment (1). Mental diseases have always been concomitant with stigma. In spite of considerable development in psychiatric disorders treatment in the recent decades, the stigma of being a mental patient still bothers the patients and their families. This attitude is prevalent even among the physicians of different backgrounds and practitioners of different mental health professions (2). People with serious mental illness are challenged by two problems. On one hand, they struggle with the symptoms and disabilities that result from the disease and on the other, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness (3). Across the world, the stigma of mental illness is associated with immense suffering caused by various actors: stress and psychiatric morbidity, problems in relationships, restrictions on social participation, and limitations in employment and educational opportunities (3).

Guffman (1963) considers stigma as a deeply discrediting characteristic, which makes the patient to descend from a normal individual to an abnormal person (4). So the stigma is an attribute that discredits an individual and makes the person different from others. There are two types of mental illness stigma; public stigma and self-stigma (5), each type impacts the stigmatized person differently (6). Public stigma refers to reactions of the public towards a group based on the stigma assigned to that group; although we are used to distinguishing between groups in society and to label the groups with different attributes. It is often taken for granted that different groups in society must be distinguished and labeled accordingly (7). Cultural attitudes to behavior and (mental) illness, which change substantially over time, are another aspect of the social selection of human differences for creating groups (7).

It is important to note that labeling often implies a separation of ‘us’ from ‘them’. This separation leads to the belief that ‘they’ are different from ‘us’ and ‘they’ even are the thing they are labeled (7). In ancient Greece, slaves and criminals were distinguished from ordinary citizen by attaching stigma to them. There are different types of stigma including stigma of maim, stigma associated with specific behavior and personality traits such as sloth and mental dieses, and sexual stigma (8). Many countries have started reforms in mental health care and have made further progress. One aim of these reforms was to better integrate mentally ill people into society. Although, in recent years there has been a growing awareness among mental health professionals, mental illness is still surrounded by stigma. According to Sartorius, stigmatization is the most important obstacle in the way of provision of mental health care to people with mental disorders. Moreover, as Jorm was able to show, the public's ‘mental health literacy’ is still unsatisfactory and needs to be improved. Otherwise, this may hinder public acceptance of evidence-based mental health care. In the 1990s, several programs were launched around the globe, aimed at either improving public knowledge about mental disorders or reducing the stigmatization and discrimination of those suffering from these disorders (e.g.). In light of these developments, we thought that it is time to carry out a new literature review on public beliefs and attitudes, covering the time period between 1990 and 2004 (9).

Reduction of psychology services budget leads to worse and poorer health services and more problems in attracting or keeping valuable staff. Poor performance of the staff is pertinent, in general, to their negative perception of psychiatric services. Moreover, with decrease of the budget dedicated to such services, the quality of services to patient further decreases. Consequently, the patient and their family neglect the early symptoms of mental diseases, which results in intensification of the attached stigma, development of negative attitude in the society toward such patients, and more importantly, disappointment of mental patients (10).

Attaching stigma, of any nature, to mental patients results in discrimination and reduction of self-dignity, depression, isolation, poor individual and social performance, unemployment, economic hardships for the patient, the family, and the society (11).

Stigma, as an integral attachment to a mental disease, is the main obstacle ahead of providing mental health services, increasing living quality of the patient, their family, society, and the staff of mental wards. Fear of and trying to avoid stigma are of the biggest challenges ahead of the patients to receive mental health services and support from supportive networks. Recent five decades have

148 Journal of Health Policy and Sustainable Health
experienced considerable changes in the strategies of mental health services to the patients all around the world. So that, some call this period a revolution in psychology and mental health, which was actually a social-oriented mental health movement. The purpose of the movement was to shift from service-oriented policies to social-oriented policies. Majority of mental services in the world has adopted this approach. In Iran, there have been works to transform the inefficient traditional system into a social-oriented health system. Establishment of psychiatric wards in general hospitals is one of the measures taken by WHO to lessen the stigma attached to the mental patients (12).

This study is aimed to determine the attitude of the staff in Tehran-based hospitals toward removing stigma from mental patients.

**Methods**

This study was conducted during 2010 to determine the attitude of the staff in Tehran-based hospitals toward removing stigma from mental patients. Study population was comprised of health and medical staff of psychiatric ward from two hospitals. Using Cochrane sampling method, 134 staffs were adopted. Self-designed questionnaire was used for data gathering. The questionnaire has two-section. First section of the questionnaire dealt with demographic information of the participants and the second section was constituted of 8 questions on emotion of the respondents, 11 on respondent’s attitudes regarding the diseases and the patients, and 11 on respondent’s attitude regarding the treatment. A great effort was made to make sure that the questions are in line with the research purposes.

The questionnaire was designed based on Likert’s five-point scale (very low = 1; low = 2; moderate = 3; high = 4; very high = 5). Therefore, after comprehensive literature reviews, the questionnaire was evaluated by the advisor professors and other experts and recommended changes were implemented in the questionnaire. Reliability of the questionnaire was confirmed with Cronbach’s alpha (α = 91%).

The data obtained from the returned questionnaires were analyzed in SPSS version 16 and attitudes of the staff in Tehran-based hospitals toward mental patients were surveyed using t-test. All the participants expressed their consent to participate by signing a letter of agreement.

**Results**

As listed in Table 1, 52.3% of the participants were men and 47.7% were women. Regarding education level, 14.2% participants had high school diploma, 61.1% had Bachelors’ degree, and 24.7% were psychiatrists.

Total number of returned questionnaires was 134, among them 44% of the respondents were in general hospitals, and 56% in psychology hospitals. As represented in Table 2, comparing with the staff in special ward, the employees of general hospital are more positive regarding the patients as they feel less enmity and resentment toward the patients.

Independent T-test was used to test the hypothesis (there are differences between male and female staff regarding their attitudes toward mental patients, interaction with the patients and treatment services). The results of the test showed that there is no significant relation between gender of the staff and their attitudes regarding mental patients (Table 3).

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<th>Table1. Demographic information of the participants</th>
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Discussion
The results of statistical analyses showed that the staff in general and psychology hospitals had no significant difference regarding their attitudes toward mental patients, how they interact with mental patients, and the treatment services they provide to the mental patients. The results confirmed that the responses by the health and treatment service staff had no significant relation with the type of hospital they worked at.

Employing physical methods such as tying the patients to bed, administering medicine by force are necessary in some situation, said the nurses and physicians. On the other hand, patients disagreed with such methods. The patients that accepted, and found it necessary, to be hospitalized by force, still disagreed with being kept in a room alone or being subject to physical treatment. This shows that the patients prefer receiving treatment with dignity, which shows importance of patients’ consent with the treatment they receive. This is consistent with the results of Fisher et al (13) which showed that the patients did not support use of force in implementation of treatment programs as the staff of hospitals did.

MikVerhaghe showed in a study that level of self-stigmatization is much less among the patients hospitalized in special separate wards with private treatment setting. Moreover, he argued that mental patients, in crowded wards, tend to do more self-stigmatization. This phenomenon also has to with the way the staff treat the patients (14).

Gorican (15) maintained that people who are informed more about mental patients tend less to stigmatize to the mental patients comparing with those who are not informed about such diseases. This implies that providing people with true information about mental patients and if they are dangerous to others in particular, attenuates stigmatization by others. In turn by reducing stigmatization I patients tend to be less dangerous to others. One can conclude, therefore, that awareness of actual nature of mental diseases is effective on reducing stigmatization. Furthermore, there are convincing evidences that the more interaction and the closer the relation with mental patients, the less the stigmatization.

Hansson et al. (16) studied health service and the staff and concluded that knowledge in the both groups of subjects regarding mental patients leads to less social discrimination and social limitation and also higher positive attitudes toward facilitating socialization process of the patients. Because more educated staff has better attitude toward mental
patients and does better by imposing less social discrimination and limitation, training plays an important role in development of positive attitudes regarding the patients. Moreover, authoritarianism as a personal characteristic found to be related with negative attitude, while knowledge about mental patients and higher education were positively related with reduction of stigmatization. Apparently, interaction with mental disorder patients and receiving educations regarding important issues in this regard are effective on reducing the stigma attached to these patients.

Our results showed that female employees, comparing with men, had significantly more positive attitudes regarding interaction with the patients; however, no significant differences were found in other fields. No significant difference was found between the male and female family members of the patients. Moreover, no significant relation was found between gender of staff and their attitude regarding mental patients. Given the limitations of the study, the results were interpreted based on the response rate.

**Conclusion**

The results showed that provision of social-oriented psychiatric health services or provision of specialized services in special ward in general hospitals attenuates stigmatization attitudes to the patients and their families, which in turn improves acceptance of health services at early stages of the disease. Therefore, taking into account the undeniable advantages of this manner of provision of health services to the mental patients, it is essential to prepare the national infrastructures for provision of social-oriented health services to the mental patients, or provision of such services in general hospitals. This demands financial and human force investment for better use of psychiatric wards in public general hospitals by the government. In addition, experts must be trained at different levels to ensure realization of the purposes of the investments.

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