Comparing Attitudes of Medical Practitioners and Allied Medical Professionals towards Mental Illness and Patients with Mental Health Disorders in Jordan

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ABSTRACT

Objectives: The study is aimed to compare the attitudes of medical practitioners and allied medical professionals, other than mental health workers, towards mental illness, mental health services and their patients in Jordan and to recommend a strategy to reduce the stigma, which represents an additional burden on patients with mental health problems and their families.

Methods: We collected views of 300 medical practitioners and 300 allied medical professionals, from different hospitals in the Jordanian Royal Medical Services concerning stigma.

Results: One hundred seventy six medical practitioners compared to one hundred fifty one allied medical professionals considered mental illnesses to be a medical problem like diabetes or hypertension with a statistically significant difference (p<0.001). A fair number of allied medical professionals believed that mental illness is a type of madness (n=69) or a possession by a demon (n=60), and that mentally ill patients are dangerous and impulsive (n=140) compared to 29, 23, and 99 medical practitioners respectively with statistically significant differences (p<0.0005, 0.00002, 0.002) in that order. One hundred forty five medical practitioners compared to 115 allied medical professionals thought that the public does not trust the treatment provided by psychiatrists and other mental health workers with a statistically significant difference (p<0.0007). Allied medical professionals believed the media helped to reduce stigma of mental illness in contrast to the medical professionals which thought that it did not. The majority felt the need for an increase in public awareness of mental illness and wish to participate in mental health campaigns to support mental health development in Jordan.

Conclusion: Health care professionals at all levels are still carrying negative attitude towards mental health services and their patients in Jordan.

Key words: Mental illness, Negative perception, Stigma

Introduction

Stigma is a Greek word that in its origins refers to a kind of tattoo mark that was cut or burned into the skin of criminals, slaves, or traitors in order to visibly identify them as blemished or morally polluted persons. These individuals were to be avoided or shunned, particularly in public places.[1]

Social stigma is the severe disapproval of or discontent with a person on the grounds of

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characteristics that distinguish them from other members of a society. Almost all stigmata are based on a person differing from social or cultural norms. Erving Goffman defined stigma as: the process by which the reaction of others spoils normal identity.[2] The three forms of stigma recognized by Goffman include: The experience of a mental illness (or the imposition of such a diagnosis); a physical form of deformity or an undesired differentness, and an association with a particular race, religion, belief, etc.[3]

The diagnosis of mental illness comes with the additional burden of a negative label. Review of the literature suggest that the community reacts adversely towards the mentally ill.[4-6] Stigmatization affects employability[7-9] and social acceptability.[10-12]

The stigma attached to mental illness, and to the people who have it, is a major obstacle to better care and to the improvement of the quality of their lives.[13] Because of the past and recurring discrimination towards those with schizophrenia, the World Psychiatric Association has initiated a program in order to prevent this social stigmatization against mental diseases.[14] Twenty countries are participating in the program, and others have expressed their interest in joining.[15]

A study conducted in Jordan in the year 2004, comparing views of medical professionals (other than mental health workers) and lay people towards mental illness reported no statistically significant difference between the two groups in their negative attitude towards mental health workers (n=4, 2% vs. n=6, 12%, p=0.08). Also the same study found that 26% (n=13) of medical employees and 24% (n=12) of lay people (p=0.4) believed that mental health services are still not satisfactory.[16] Added to that, more studies reported that the public commonly perceives people with schizophrenia, alcoholism and drug addiction as unpredictable and dangerous.[17-19] Moreover, another study found that nursing staff in medical/surgical care viewed people with schizophrenia as being more risky and impulsive compared to the views of nursing staff in mental health.[20]

Psychiatrists suffer from stigma too, and are more marginalized than other medical professionals in public debate about their practice. Eventually, lack of public credibility may produce a government unafraid to ignore psychiatrists' views.[21]

Stigma against mentally ill persons is so pervasive that it affects every aspect of their lives. It even stops patients from getting the best treatment, or sometimes from getting any treatment at all.[22] Doctors and medical students tend to share the same negative attitude toward mentally ill people just as the general public.[23]

Psychiatrists can cause stigma too, the negative attitudes of members of the public towards people with mental illness were mirrored by some psychiatrists.[24,25] Lennox and Chaplin surveyed the attitudes of Australian consultant psychiatrists in 1996. They found that 39% agreed with the statement "personally I would prefer not to treat patients with learning disability and mental illness".[26]

As a part of our mandate to support those with mental illness and offer leadership in strategies to address mental illness in Jordan, we convened this study to discuss stigma hoping that it would form the foundation for future scientific research that aimed to facilitate the development of a scheme to deal with stigma and discrimination against mentally ill patients and to improve mental health care in Jordan.

Methods

A 26-item stigma questionnaire was used to elicit the opinions on different forms of social stigma against patients with mental illness and mental health services in Jordan. This 26-item questionnaire is a modified version of a 30-item stigma questionnaire which has been used previously in two different studies conducted in Jordan to evaluate views of medical workers vs. lay people and mental health vs. non-mental health workers towards mentally ill people and mental health services.[16,27]

Four items were omitted upon discussion between the authors and mental health experts either because the answer was apparent ('Have you ever heard of mental illness?' and 'Do you think that mental illness can affect anyone?') or were addressed by other similar questions in the questionnaire ('Do you feel ashamed if one of your relatives has mental illness?' and a question regarding the influence of media on reducing stigma).

The questionnaire was distributed to 300

medical practitioners and 300 allied medical professionals at different hospitals in the Jordanian Royal Medical Services. The participants were chosen from different hospitals on convenience basis and facility size, with ages ranging between 25 – 55 years; it included both males and females. Each participant was given privacy and enough time to answer the questionnaire. Moreover, nothing in the questionnaire can point in any way to the respondent. The approval of the ethical committee of the Royal Medical services was obtained in July 2011.

The Statistical Package for Social Sciences version (SPSS) 11.2 was used to analyze the data. Non parametric tests, χ^2 test and frequencies were applied to analyze the data collected by the questionnaire. Statistically significant results were those with $p < 0.05$.

Results

Table I summarizes the answers given by both groups regarding the 26 items of the questionnaire and their statistical significance. A total of 239 (79.6%) medical practitioners responded to the stigma questionnaire compared to 253 (84.3%) allied medical professionals.

More medical practitioners considered mental illness to be an organic disease like diabetes or arterial hypertension with a statistically significant difference ($p < 0.001$) compared to allied medical professionals (Question 1). More allied medical professionals believed that mental illness is a form of madness ($p < 0.0005$) or a possession by an evil spirit ($p < 0.00002$) compared to medical practitioners (Questions 11, 12). Although, the majority of both groups did not believe in the effectiveness of recipes provided by native healers (Question 14), more medical practitioners stated that the public do not trust treatment plans provided by psychiatrists and other mental health workers (Question 15) with a statistically significant difference ($p < 0.0007$).

Both groups would not agree to rent a house to somebody who has a history of mental illness (Question 20) neither to hire them for any kind of jobs (Question 21) with no statistically significant difference. More allied medical professionals believed that mentally ill patients are dangerous and impulsive with a statistically

significant difference ($p < 0.002$) (Question 24). Both groups agreed that the number of psychiatrists and mental health facilities in Jordan is not sufficient to meet the needs (Questions 16, 17).

Significantly more allied medical professionals than medical practitioners believed that the media helped to reduce the stigma surrounding mental illness (Question 18) ($p < 0.00035$), and were willing to participate in a march or a festival to support mentally ill patients and protect them from the stigma (Question 26) ($p < 0.0000029$).

Discussion

The term stigma refers to any persistent trait of an individual or group which evokes negative or punitive responses. In his 1963 work titled 'Stigma', Goffman has made the salient point that it is not the functional limitations of impairment which constitute the greatest problems, but rather the perceptions of negative difference (deviance) and their evocation of adverse social responses (stigma). He argues that a person is not a deviant until his acts or attributes are perceived as negatively different.[28] Some people have theorized that stigma is harmful to the self-esteem of persons who have mental illnesses. Others have claimed that the stigma of mental illness is relatively inconsequential and should therefore play only a very small role, if any, in shaping the self-esteem of people with mental illnesses.[29] Furthermore, people with mental illness face a double faced sword, and stigma leads to discrimination.[30] Added to that, being stigmatized of having mental illness prevents patients from seeking early help and treatment.[31] Therefore, it is time to change – tackling stigma and prejudice against patients with mental health problems. The director of Time to Change program in the UK gave accounts about sending young people with mental health disorders to fitness centre to teach them new ways to improve their self-esteem and mental health status. Moreover the program aimed to create an environment of no stigma and for people with mental health problems to get the same rights as other members of the public.[32] In our study we aimed to compare the attitudes of medical practitioners and allied medical professionals towards mental illness and patients with mental health disorders in Jordan.

Table I: Attitudes of Medical Practitioners and Allied Medical Professionals towards Mental Illness and Patients with Mental Health Disorders in Jordan

Questions	Medical Practitioners		Allied Medical Professionals		*p*	OR	CI
	yes	no	yes	no			
1. Do you consider mental illness as an organic disease such as diabetes and arterial hypertension?	176 74%	63 26%	151 59.6%	102 40.4%	0.001	1.89	1.27-2.82
2. Will you try to hide the presence of a mental illness in a relative of yours from your friends or colleagues at work?	121 50.6%	118 49.4%	106 41.8%	147 48.2%	0.052	1.42	0.98-2.06
3. Do you feel ashamed or embarrassed if you had a mental illness?	135 56.4%	104 43.6%	153 60.4%	100 39.6%	0.36	0.85	0.58-1.23
4. Do you feel ashamed or embarrassed if you visited a psychiatrist?	89 37.2%	150 62.8%	105 41.5%	148 48.5%	0.33		
5. Do you feel ashamed or embarrassed if you were found by accident in the psychiatric clinic?	90 37.6%	149 62.4%	76 30%	177 70%	0.07		
6. If you visit a psychiatrist, do you try to hide that from your friends and colleagues?	138 57.7%	101 42.3%	146 57.7%	107 42.3%	0.99		
7. Do you consult a psychiatrist or a psychotherapist if you have had any kind of mental illness?	175 73.2%	64 26.8%	196 77.4%	57 22.6%	0.27		
8. Does it affect your decision to marry a particular person, if his/ her relative(s) suffer from a mental illness?	105 43.9%	134 56.1%	110 43.4%	143 56.6%	0.91		
9. Do you feel embarrassed or ashamed when you visit a friend or a relative in a psychiatric hospital?	45 18.8%	194 81.2%	58 22.9%	194 77.1%	0.22		
10. Have you ever visited the department of psychiatry?	123 51.4%	116 48.6%	135 53.3%	118 46.7%	0.67		
11. Do you think that mental illness is a kind of madness?	29 12.1%	210 87.9%	69 27.2%	184 72,8%	0.0005	2.72	1.64-4.50
12. Do you think that mental illness is a possession by the devil?	23 9.6%	216 90.4%	60 23.7%	193 76.3%	0.00002	2.92	1.69-5.07
13. Do you urge your relative or friend to continue the treatment if he/she was diagnosed to have a mental illness?	209 87.4%	30 12.6%	217 85.7%	36 14.3%	0.58		
14. Do you think that the treatment with sorcery is better than the medical treatment with drugs and behavioral psychotherapy?	20 8.3%	219 91.7%	28 11%	225 89%	0.31		
15. Do you think that people trust the treatment prescribed by psychiatrists and psychotherapists?	94 39.3%	145 60.7%	138 54.5%	115 45.5%	0.0007	1.85	1.27-2.69
16. Do you think that the numbers of psychiatrists and psychotherapists are more than that required for the needs of the country?	30 12.5%	209 87.5%	40 15.8%	213 84.2%	0.3		
17. Do you think that mental health services are sufficient in Jordan?	51 21.3%	188 87.7%	67 26.4%	186 73.6%	0.18		
18. Do you think that the media had reduced the stigma of mental illness?	91 38%	148 62%	137 54.1%	116 45.9%	0.00035	1.92	1.32-2.80
19. Have you ever thought of becoming a psychotherapist or a psychiatrist?	80 33.4%	159 66.6%	90 35.5%	163 64.5%	0.62		
20. Do you agree to rent your house to a person with mental illness?	72 30.1%	167 69.9%	59 23.3%	194 76.7%	0.087		
21. Do you agree to hire/ employ a person with a mental illness?	62 25.9%	177 74.1%	53 20.9%	200 79.1%	0.19		
22. Do you think that children may develop a mental illness?	210 87.8%	29 12.2%	225 94.1%	28 5.9%	0.71		
23. Do you think that mental illnesses are curable diseases just like any other diseases?	179 74.8%	60 25.2%	189 74.7%	64 25.3%	0.96		
24. Do you think that a person with mental illness is dangerous and reckless?	99 41.4%	140 58.6%	140 58.5%	113 41.5%	0.002	1.75	1.2-2.55
25. Do you take the work done by psychotherapists and psychiatrists seriously?	41 17.1%	298 82.9%	44 17.3%	209 82.7%	0.06		
26. Are you willing to participate in a march or a festival to support mentally ill patients and protect them from the stigma?	146 61%	93 39%	203 80.2%	50 19.8%	0.0000029	2.59	1.69-3.96

Compared to another study conducted in Jordan in the year 2005, this study showed that health care workers other than mental health professionals are still carrying a belief that mentally ill patient are dangerous and unpredictable.[27] Added to that, another study was conducted in Jordan in the year 2004 and it was found that there was no statistically significant difference between medical employees and lay people regarding the belief

that mentally ill patient are dangerous and reckless.[16] Furthermore, health care workers other than mental health professionals believed that mental illness is madness and a possession by evil.[27] Moreover, no statistically significant difference was found between medical employees and lay people believes that mental illness is a form of madness and a possession by demon.[16]

The small sample size is a limitation in this study, so we hope and recommend carrying out a larger sample sized study or conduct a wider research or survey in this field in the future to reduce the chance of type two errors (False negative results). Added to that, the responses to the questionnaire were indicated by yes/no. This might well be an issue that influence the sensitivity and increase the possibility of more false negative responses.

In addition to the formerly mentioned limitation, we considered this rarely used instrument to be another limitation despite the considerable and significant face value and test re-test reliability. However, questions on stigma are highly influenced by cultural issues; therefore such a questionnaire may not suit other cultures, for example in Europe. We hope that researchers in our country may share with us their interests, notes and possible improvements or modifications concerning the use of the above questionnaire.

One should put in mind the impact of stigma and negative attitudes on early detection, management, and follow up of patients and probably cost, (Question 7) indicated more tendencies to refer or consult mental health workers in case of need for help in the medical worker group, such attitude may have its own impact and disposition on early referral to psychiatric care, probably similar results were found by Adeyemi *et al.*, 2002.[33]

Conclusion

The diagnostic label of mental illness can pose a threat to self-esteem, relationships and job opportunities of psychiatric patients and may render them vulnerable to stigmatization, even by health care providers, which forms an additional burden to their lives.

The study results showed that the practitioners' and allied medical professionals shared negative views towards mental illness and their patients in Jordan. Such an issue necessitates the need to promote psychiatry. Health authorities should support mental health workers and alert the public to the importance of such services. Workshops targeting pre- and post-graduates can help to create a positive attitude towards people with mental health illness, as well as towards people working in this field. Furthermore there is a need to encourage newly medical graduates to join psychiatry-training programs.

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