MEDICAL PROFESSIONALS - STIGMA - PSYCHOEDUCATION

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CONFLICT OF INTEREST

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Mental Illness Stigma

- Three out of four people with a mental illness report that they have experienced **stigma**.

- **Stigma** is a mark of disgrace that sets a person apart. When a person is labelled by their illness they are seen as part of a stereotyped group.

- **Negative attitudes** create prejudice which leads to negative actions and discrimination.
Public perceptions of the causes of mental illness

- Genetics
- Biochemical
- Stress
- Ubringing
- Bad Character
- God's Will

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Mental illness stigma
Mental illness stigma

- Mental illness remains **profoundly stigmatized** despite numerous initiatives to combat the negative stereotypes (Abbey et al, 2011; Sartorius et al, 2010; Thornicroft et al, 2007; Corrigan & Penn, 1999; Corrigan et al, 2012)

- Stigma can be understood as a **combination of problems** of knowledge (ignorance), attitudes (prejudice) and behavior (discrimination) and has been described as a “primary barrier” to treatment and recovery (Corrigan & Penn, 1999)

- It can be **particularly damaging** when it comes from **medical professionals**, to whom people turn for help, and has well documented detrimental effects on both patient care and physician health (Sartorius et al, 2010; Jorm et al, 1999)
Mental Illness Stigma... facts

- around a third would not vote for a politician with depression
- 42% thought people with depression were unpredictable
- one in 5 said that if they had depression they would not tell anyone
- nearly 2 in 3 people surveyed thought people with schizophrenia were unpredictable and a quarter felt that they were dangerous

Harmful effects of stigma

- **Reluctance** to seek help or treatment
- **Lack of understanding** by family, friends, co-workers or others you know
- **Fewer opportunities** for work, school or social activities or trouble finding housing
- Bullying, physical violence or harassment
- Health insurance that doesn't adequately cover your mental illness treatment
- The belief that you'll **never be able to succeed** at certain challenges or that you can't improve your situation
Harmful effects of stigma

- Inhibition of primary prevention
- Limitation of early detection and of positive treatment outcomes
- Contribution to a drain on health resources and on the economy
- An impediment to recovery
- Multi-faceted and creates a multiplier effect (stigma piled upon stigma).

(Mood Disorder Society of Canada, 2006)
Mental Illness Stigma
Medical Professionals
Medical professionals, especially psychiatrists, contribute to stigma through both the careless use of diagnostic labels and through treatments that produce significant side effects.

Discriminatory behavior by doctors can be also involved in the excessive premature death rate among people with mental illness (there is a tendency to ignore these patients' general health problems or discount them as being delusional.

(Sartorius, 2002)
Reasons for non-referral: concerns about the effectiveness of psychiatric treatment and stigma for the patient. (Link et al, 1982)

28% of medical students stated that psychiatric patients were “not easy to like.” As graduates and practicing physicians, that figure rose to 56%. (Bryne, 1999)

Medical practitioners hold a “range of attitudes towards individuals with a psychiatric diagnosis similar to those held by the general public.” (Gray, 2002)
The presence or the mere suspicion of a mental illness in a patient in a general hospital led to reactions among staff that ranged from silence, disbelief (they are not genuinely ill), to invalidation of the patient’s experiences. (Liggins & Hatcher, 2005)

In the UK, 44% of people with mental illness reported experiencing stigma from their primary care physician, and 32% reported stigma from other health care professionals. (Mental Health Foundation. 2000)
Mental Illness Stigma
Medical Students
For medical students, attitudes early on in training tend to be more amenable to change (Nieuwhof et al, 2008).

Their stigmatizing behavior or attitudes will model for others what physicians consider to be appropriate behavior (Abbey et al, 2001).

Medical students and physicians are at higher risk of burnout and addictions than others in the general public, and they are reluctant to seek help due to the associated stigma (Gautam, 2000; Dyrbye et al, 2008).
Stigma contributes to the shortage of choosing a psychiatric career, due to perceptions of it being an unrewarding and stressful profession (Schwenk et al, 2010; Cutler et al, 2009).

This “physician bias” may be due to psychiatrist’s clinical experiences of trying to treat those who are most ill, do not recover fully or relapse frequently (Jorm et al, 2009).

Some effective methods to improve medical students attitudes towards mental illness may be a potent way to disrupt the cycle of stigma (Feldman, 2005).
Model for decreasing stigma and improving medical student attitudes towards mental illness.
Mental Illness Stigma
Mental Health Professionals
Psychiatrists held more negative attitudes toward people with mental illness than the general public.

Mental health professionals of all types are three times more likely to support restrictions for people with mental illness than the general public.

Better knowledge of mental illness did not reduce stereotyping nor did it enhance willingness to interact with people with mental illness. (Nordt, Rossler & Lauber, 2006)
Mental Illness Stigma

Mental Health Professionals

- Mental health professionals are less optimistic about long term outcomes for people with mental illness than the general public. (Hugo, 2001, Mental health literacy in Canada: Phase 1 report, 2007)

- 50% of psychiatrists surveyed by the Michigan Psychiatric Society said that they would treat themselves in secrecy rather than have mental illness recorded on their medical chart. (Myers, 2001)
Reducing Mental Illness Stigma

- Increase the awareness and knowledge of the nature of mental illness and treatment options;
- Improve public attitudes to those who have or have had mental illness, and their families;
- Generate action to prevent or eliminate stigma and discrimination.

(WPA, 2001)
Reducing Mental Illness Stigma

- A biomedically model of mental illness does not seem to reduce stigma amongst population, mostly because it creates in the public’s mind a perception that mental illness is less under a person’s control, that people with mental illness are more unpredictable, more potentially dangerous, more fundamentally different, and less likely to recover (Corrigan and Watson, 2004; Schomerus et al., 2004; Stuart et al., 2012).

- Extending this conclusion to health professionals may be an error, because physicians think about ‘the biological’ differently than the general public does. (Ungar et al, 2013)
Reducing Mental Illness Stigma

- Anti-stigma campaigns among medical professionals using the potential of the Internet might be an effective tool in the fight against the stigmatization of persons with mental illness. (Reha Bayar et al, 2009)

- There is sufficient evidence that psycho-education interventions reduce stigmatising attitudes. (Corrigan, 2012)

- The strongest effect was found for the impact of psycho-education interventions on personal stigma and the desire for social distance. (Reavley & Jorm, 2013)
Thank you!