African Journal of Medical Sciences, Volume 6, Number 1, 2013
 ISSN: 2141-0151 Website: www.africanjournalseries.com

DIFFERENTIALS IN THE STIGMATIZATION AGAINST MENTALLY ILL PERSONS AMONG MENTAL HEALTH PROFESSIONALS

*Kato, G. U. S., **Samuel, E.S. and ***Odo, A.N.
*Federal Neuro-Psychiatric Hospital, Kaduna, Kaduna State,
&*Dept. of Health and Physical Education, Uni. of Nigeria Nsukka, Enugu State, Nigeria

ABSTRACT

This study examined the differentials in the stigmatization against mentally ill persons among mental health professionals (MHPs). The correlation research design was used for the study and the instrument for data collection was a researchers-designed questionnaire. Validity of the instrument was established. The Spearman Brown Rank order Correlation Coefficient was used to test the reliability of the instrument. The population for the study consisted of 105 MHPs which also constituted the sample. Three research questions and three hypotheses were formulated to guide the study. The research questions were answered using the correlation coefficient while regression analysis was used in testing the null hypotheses. The results of the study revealed that the relationship between MHPs' age, gender, level of education and stigmatization was very low. On the basis of these findings, it was recommended among others that both male and female MHPs, irrespective of their characteristics, be involved in the anti-stigma campaigns using team approach.

Key Words: Stigmatization, Labeling, Stereotyping, Mental health, Professionals

INTRODUCTION

Mental health professionals worldwide are involved in anti-stigma efforts. However, studies by Schulze (2007) and Stromwall, Holley and Bashor (2010) have indicated that mental health professionals hold stigmatizing attitudes toward people with mental illness. When people show attitudes and hold beliefs that lead to rejection, avoidance or fear of people they perceive as different, stigmatization has occurred.

Royal College of Psychiatrists, Royal College of Physicians of London, and British Medical Association (2001) defined stigmatization as the compartmentalized descriptive label of the mentally ill person that fails to acknowledge and respect his or her personal uniqueness. It is treating somebody in a way that makes them feel that they are very bad or unimportant. Stigmatization is when components of labeling, stereotyping, separation, power loss and discrimination co-occur in a power situation that allows them to unfold (Link & Phelan, 2001). The components of labeling and stereotyping in Link and Phelan's (2001) definition of stigmatization were adopted as domains of content for measuring stigmatization in this study.

The first component in Link and Phelan's (2001) definition is *labeling*. Labeling refers to the assignment of a word or term to a form of behavior or to a person. According to the Royal College of Psychiatrists, the Royal College of Physicians of London and the British Medical Association, mental health professionals (MHPs) more fundamentally employ the medical approach which endorses the use of a diagnostic 'label' which can reinforce stigma. The diagnosis on its own is frequently a source of stigmatization. Many people are, therefore, reluctant to seek help for mental illness related problems for fear of being stigmatized should they be diagnosed. Iatrogenic stigma, introduced by Sartorius (2002), is the stigma that is caused by mental health professionals (such as diagnosing a person with mental illness, which in turn leads to labeling; cosmetic side effects of medications, which make a person easily identifiable as mentally ill). The medical model is identified with a classificatory (labeling) approach to disease. Corrigan and Watson (2007) emphasized that mental health professionals indeed recognize pitfalls to diagnosis and categorization in their impact on stigma towards the mentally ill. Where comparisons have been made with other conditions, people with a diagnosis of mental illness are far more stigmatized (Lai, Hong, & Chee, 2001; Lee, Lee, Chiu, & Kleinman, 2005).

The second component, *stereotype*, is a belief held about a certain group of people. For example, believing that all people with a diagnosed mental illness are dangerous is a stereotype (Zartaloudi & Madianos, 2010). Mental health professionals appear to share a fixed idea that mentally ill persons are dangerous and unpredictable, with the potential to be violent.These professionals may manifest disgust and anxiety or fear

*Corresponding Author: **Samuel, E.S.*

in the presence of mentally ill persons indicating that they perceive the mentally ill as dangerous and/or unpredictable.

Mental health professionals' privileged knowledge and their support of individual rights do not translate to fewer stereotypes nor enhance the willingness to closely interact with mentally ill people (Lauber, Anthony, Ajdacie-Gross & Rossler, 2004). In the study by Lauber *et al.*, (2004), most professionals were able to recognize cases of schizophrenia and depression, but one in four psychiatrists and psychologists also considered the non-case as mentally ill.

In Nigeria, despite the medical knowledge of the illness by health workers including mental health professionals, they still harbour deeply rooted, cultural beliefs and traditional social acts to stigmatize the mentally sick (Ewhurudjakpor, 2009). People with medical training do not differ from those without medical knowledge in stigmatizing attitudes against the mentally ill (Ukpong, 2010). The problem of knowledge calls for improving professional education, and assuring the quality of professional contacts (Lauber, Nordt, Braunschweig, & Rossler, 2006).

Despite growing knowledge-base of stigma of mental illness, there still is the need to investigate how mental illness stigma manifests itself in the attitudes and beliefs of mental health professionals. While it is true that professionals in the mental health field tend to hold fewer stereotypes than the general public, as would be predicted by their increased exposure to mental illness and those afflicted by it, they still subscribe to many stigmatizing beliefs (Emrich, Thomson, & Moore, 2003; Nordt *et al.*, 2006). For example, mental health nurses have also been found to have both more or less favourable views about people with mental illness than the general public (Caldwell, 2000). While psychiatrists and psychologists are comparatively more tolerant in their beliefs towards persons with mental illness than non-psychiatric physicians, they hold similar beliefs about the level of impairment caused by mental illness, such as the inability of mentally ill persons to maintain employment (Roth, Antony, Kerr, & Downie, 2000). Hugo (2001) found that mental health professionals were less optimistic about long term outcomes for people with mental illness than the general public. Psychiatrists were the most pessimistic of all the professions surveyed, with nurses less so.

Purpose of the Study

The study sought to determine the differentials in the stigmatization against mentally ill persons among mental health professionals.

Research Questions

1. What is the relationship between age of mental health professionals and stigmatization against mentally ill persons?
2. What is the relationship of gender of mental health professionals and stigmatization against mentally ill persons?
3. What is the relationship between level of education of mental health professionals and stigmatization of mentally ill persons?

Hypotheses

Three null hypotheses where tested in the study at 0.05 level of significance.

1. There is no significant relationship between age of mental health professionals and stigmatization against mentally ill persons
2. There is no significant relationship between gender of mental health professionals and stigmatization against mentally ill persons
3. There is no significant relationship between level of education of mental health professionals and stigmatization against mentally ill persons

METHODOLOGY

The descriptive survey design utilizing the correlation method was used. The area of study was Federal Neuro-Psychiatric Hospital, Kaduna. The sample of the study consisted of 105 mental health professionals which is also the entire population. Hence, there was no sampling. The instrument for data collection was the researcher-designed questionnaire called Correlates of Stigmatization and Discrimination against Mentally Ill Persons Scale (COSDAMIPS). The questionnaire had two sections, namely: Sections A and B. Section A had items including personal data of respondents (age, gender, and level of education). Section B included attitude of mental health professionals, consisting of labeling (eliciting labeling attitude responses) and stereotyping (eliciting attitude responses on stereotypes). Subjects were expected to respond to a 4 – point

scale of strongly agree (SA), agree (A), disagree (D) and strongly disagree (SD). The instrument was validated by experts in health, psychology and science education. Reliability of the instrument was measured using the internal consistency method associated with the Cronbach Alpha coefficient which gave reliability measures of .75 and .89. An approval was obtained from the Ethics and Research Committee of the Board of Management of the hospital to conduct the study. The researchers personally distributed 105 copies of the questionnaire to the subjects which were self-administered and 87 returned for analysis.

FINDINGS

Table 1

Correlation Analysis Showing the Relationship Between Age of MHPs and Stigmatization

Items	Correlation Value	P- Value
Labeling		
I think a person who has been in hospital for psychiatric treatment is unfavourable	.135	.214
I think I would feel uncomfortable living with someone who has a mental illness	.140	.197
To avoid rejection the mentally ill should hide obvious symptoms of their illness	.040	.710
I think I would not hire someone who has a mental illness to take care of a family member (e.g. child, elderly person)	.239	.026
I think I would not marry someone who has a mental illness	.246	.022
I think I would pass over the application of someone who has a mental illness in favour of someone else	.120	.269
I think public attitudes to mental illness does not affect people with mental illness	.202	.061
Cluster Value	**.160**	**.214**
Stereotyping		
I sometimes feel afraid to talk to someone who has a mental illness	.299	.005
I think that receiving care in a psychiatric hospital is a sign of personal failure	018	.869
I think that a person who has mental illness is likely to harm others	.082	.451
I think I would feel ashamed if others knew someone in my family had mental illness	.239	.026
I think that a person who has a mental illness is as intelligent as the average person	.079	.468
There is something about the mentally ill that makes it easy to identify them from normal people	.003	.980
I think that someone with a mental illness is as trustworthy as the average citizen .	130	.229
Cluster Value	**.12**	**.43**
Grand Overall	.14	.322

Key: very low .01 - .19, low = .2 - .39, moderate = .70 - .89, high = .90 - .99, very high = 1.0

Table 1 shows that the correlation value for labeling was .160 which fell between .01 - .19, indicating that the correlation between MHPs' age and labeling is very low. The Table further shows the correlation value of .12 for stereotyping which also fell between .01 - .19, indicating very low correlation between MHPs' age and stereotyping. The Table also shows the overall correlation value of .14 which fell between .01 - .19, which also indicates very low correlation between MHPs' age and stigmatization

Table 2
Correlation Analysis Showing the Relationship between Gender of MHPs and Stigmatization

Items	Correlation Value	P–Value
Labeling		
I think a person who has been in hospital for psychiatric is unfavourable	.001	.995
I think I would feel uncomfortable living with someone who has a mental illness	.146	.177
To avoid rejection the mentally ill should hide obvious symptoms of their illness	.009	.931
I would not hire someone who has a mental illness to take care of a family member (e.g. child, elderly person)	.110	.331
I think I would not marry someone who has a mental illness	.042	.702
I think I would pass over the application of someone who has a mental illness in favour of someone else	.119	.271
I think public attitude to mental illness does not affect people with mental illness	.195	.070
Cluster Value	**.088**	**.493**
Stereotyping		
I sometimes feel afraid to talk to someone who has a mental illness	.068	.533
I think that receiving care in a psychiatric hospital is a sign of personal failure	.077	.481
I think that a person who has mental illness is likely to harm others	.198	.066
I would feel ashamed if others knew someone in my family had mental illness	.011	.918
I think that a person who has a mental illness is as intelligent as the average person	.016	.882
There is something about the mentally ill that makes it easy to identify them from normal people	.057	.599
I think that someone with a mental is as trustworthy as the average person	.014	.901
Cluster Value	**.063**	**.625**
Grand Overall	**.075**	**.559**

Table 2 shows that the correlation value for labeling was .088 which fall between .01 - .19, indicating that the correlation between MHPs' gender and labeling is very low. The Table also shows the correlation value of .063 which also fell between .01 - .19, indicating that the correlation between MHPs' gender and stereotyping is very low. The Table further shows an overall value of .075 which also fall between .01 - .19, indicating very low correlation between MHPs' gender and stigmatization.

Table 3

Correlation Analysis Showing the Relationship between MHPs' Level of Education and Stigmatization

Items	Correlation Value	P–Value
Labeling		
I think a person who has been in hospital for psychiatric is unfavourable	.018	.870
I think I would feel uncomfortable living with someone who has a mental illness	.023	.834
To avoid rejection the mentally ill should hide obvious symptoms of their illness	.091	.401
I would not hire someone who has a mental illness to take care of a family member (e.g. child, elderly person)	.237	.027
I think I would not marry someone who has a mental illness	.163	.131
I think I would pass over the application of someone who has a mental illness in favour of someone else	.067	.359
I think public attitude to mental illness does not affect people with mental illness	.352	.001
Cluster Value	**.135**	**.400**
Stereotyping		
I sometimes feel afraid to talk to someone who has a mental illness	.148	.172
I think that receiving care in a psychiatric hospital is a sign of personal failure	.085	.432
I think that a person who has mental illness is likely to harm others	.017	.879
I think I would feel ashamed if others knew someone in my family had mental illness	.081	.459
I think that a person who has a mental illness is as intelligent as the average person	.165	.127
There is something about the mentally ill that makes it easy to identify them from normal people	.007	.949
I think that someone with a mental is as trustworthy as the average person	.010	.928
C luster Value	**.073**	**.563**
Grand Overall	**.104**	**.481**

Table 3 shows that the correlation value for labeling was .135 which fall between .01 - .19, indicating that the correlation between MHPs level of education and labeling was very low. The Table also shows the correlation value of .073 which also fell between .01 - .19, indicating very low correlation between MHPs' level of education and stereotyping. The Table further shows the overall correlation value of .104 which also fall between .01 - .19, indicating very low correlation between MHPs' level of education and stigmatization.

Table 4

Summary of Regression Analysis Testing the Null Hypothesis of No Significant Relationship between the Age of MHPs and Stigmatization Against Mentally Ill Persons

Model 1 Summary R -- Square	Test for Coefficient Bo (Constant)			B1 (Age)		
	Value	t	Sig	Value	t	Sig
.001	32.458	10.703	.000	-.0.375	-.234	.816

Dependent Variable: Stigmatization

The Table shows that R-squared is equal to one per cent. This implies that the MHPs' age has been able to explain stigmatization by one per cent. The Table further shows that the test for coefficient B1, the regression coefficient attached to the age of MHPs, is not significant since the P–value is equal to .816 which is greater than .05 level of significance. Therefore, the null hypothesis of no significant relationship between MHPs' age and stigmatization against mentally ill patients is accepted. This implies that age of MHPs cannot be used to predict stigmatization against mentally ill persons.

Table 5

Summary of Regression Analysis Testing the Null Hypothesis of No Significant Relationship between Gender of MHPs and Stigmatization Against Mentally Ill Persons

Model 1 Summary	Test for Coefficient					
R Square	Bo (Constant)			B1 (Gender)		
	Value	t	Sig	Value	t	Sig
.011	30.212	17.778	.000	1.094	.966	.337

Dependent Variable: Stigmatization

Table 5 indicates that R-squared is equal to 11 per cent. This means that gender of MHPs explained stigmatization by 11 per cent. The Table also shows that the test for regression coefficient B1, attached to gender of MHPs is not significant since the P-value, is equal to .337 which is greater than .05 level of significance. Therefore, the null hypothesis of no significant relationship between gender of MHPs and stigmatization against mentally ill persons is accepted. This implies that gender of MHPs cannot be used to predict stigmatization against mentally ill persons.

Table 6

Summary of Regression Analysis Testing the Null Hypothesis of No Significant Relationship between Level of Education of MHPs and Stigmatization against Mentally Ill Persons

Model 1 Summary	Test for Coefficient					
R Square	Bo (Constant)			B1 (Highest level)		
	Value	t	Sig	Value	t	Sig
.015	33.205	23.841	.000	-1.073	-1.131	.262

Dependent Variable: Stigmatization

Table 6 shows that R-squared is equal to 15 per cent. This means that the level of education of MHPs has explained stigmatization against mentally ill persons by only 15 per cent. The Table also indicates that the test for regression coefficient B1, which is a regression test for the level of education of MHPs, is not significant since the P-value is equal to .262 which is greater than .05 level of significance. Therefore, the null hypothesis of no significant relationship between level of education of MHPs and stigmatization against mentally ill persons is accepted. This implies that MHPs' level of education cannot be used to predict stigmatization against mentally ill persons.

DISCUSSION

The study received very low correlation between MHPs' age and stigmatization against mentally ill persons. This finding disagreed with that of Angermeyer and Dietriech (2006) who found that age as a demographic variable has been correlated with negative attitudes toward mental illness and mentally ill persons and found to be statistically significant. The present study reveals that MHPs' age cannot be used to predict stigmatization against mentally ill persons.

Furthermore, the study indicated very low correlation between the gender of MHPs and stigmatization against mentally ill persons. Contrary to this finding, Adewuya and Makanjuola (2005) established high social distance from mentally ill persons among females at the Obafemi Awolowo University, Ile Ife. Chikaodiri (2009) also investigated the attitude of staff to the care of psychiatric patients within the Bayero University Medical School, Kano and found that female respondents showed more negative attitude toward mentally ill persons than males. Although these findings contradict those of Corrigan and Watson (2007) and

Smith and Cashwell (2011) who had shown that women had fewer prejudicial and discriminatory attitudes towards persons with mental illness or their families than men, it is pertinent to state that this study has faulted any basis for linking gender of MHPs with stigmatization.

This study has shown that there is very low correlation and low relationship between the level of education of MHPs and stigmatization against mentally ill persons. Jugal, Mukherjee, Parashar et al, (2007) apparently disagreed with this finding by calling attention to the presence of myths and misconceptions among medical professionals. Chikaodiri (2010) corroborated this with the finding that health professionals believe that mentally ill persons are to be blame for their illness. Chikaodiri further found that knowledge with mental illness influences perception of mentally ill persons. Jugal et al, (2007) recommended urgent reorientation of doctors in order to reduce prejudicial attitudes toward mentally ill persons. The results showed that level of education cannot be associated with stigmatization of mentally ill persons.

It has been established in this study that there is very low relationship between age, gender and level of education of MHPs and stigmatization against mentally ill persons. This contradicts the position held by Jorm, Korten, Jacomb et al, (1999) and Hugo (2001) that most MHPs report that their stigmatizing attitudes are related to their experiences working with mentally ill persons. Caldwell and Jorm (2001) had, for example, identified mental health nurses as a group of MHPs who had more positive attitudes than other medical professionals because their work allows them have the most contact with mentally ill persons.

CONCLUSION

The study has revealed that correlation between MHPs and stigmatization (labeling and stereotyping) is very low. Additionally, study findings have also shown that there is no significant relationship between age, gender and level of education of MHPs and stigmatization.

RECOMMENDATIONS

Anti-stigma campaigns should be directed at age-groups outside the mental health facilities such as teenagers and young adults between the ages of 20 and 35 who have the tendency to direct their energy towards their mentally ill relations thereby encouraging stigmatization. Male and female members of MHPs, without discrimination, should be involved in mental health and mental illness awareness campaigns around community health agencies in order to earn their confidence to accept mental health services and indeed mentally ill persons.

REFERENCES

Adewuya, A. O. & Makanjuola R. O. A., (2005). Social distance towards people with mental Illness amongst Nigerian students. *Social Psychiatr Epidemiol* 40(5): 865-868

Angemeyer, M. C., & Dietrich, S. (2006). Public beliefs about and attitudes towards people with mental illness: A review of population studies. *Acta Psychiatrica Scandinavica,* 113(3), 163-179.

Caldwell, T. A. & Jorm, A. E. (2000). Mental health nurses' beliefs about interventions for schizophrenia and depression: A comparison with psychiatrists and the public. *Australian and New Zealand Journal of Psychiatry*. 34: 602-611.

Caldwell, T. A. & Jorm, A. E. (2001). Mental health nurses' beliefs about likely outcomes for people with schizophrenia or depression: a comparison with the public and other healthcare professionals. *Australian and New Zealand Journal of Mental Health Nursing.* 10: 42-54.

Chikaodiri, A. N. (2009). Attitude of heath workers to the care of psychiatric patients. *Annals of General Psychiatry*; 8(19): 10: 11186/1744

Chikaodiri, A. N. (2010). Health professionals' familiarity and attributions to mental illness. *Mental illness.* 2(1).

Corrigan, P., & Watson, A. C. 2007). The stigma of psychiatric disorders and the gender, ethnicity, and education of the perceiver. *Community Mental Health Journal,* 43(5), 439-458

Emrich, K., Thompson, T. C., & Moore, G. (2003). Positive attitude: An essential element for effective care of people with mental illnesses. *Journal of Psychosocial Nursing and Mental Health Services,* 41(5), 18-19-27.

Ewhrudjakpor, C. (2009). Knowledge, beliefs and attitudes of health care providers towards the mentally ill in Delta State, Nigeria. *Ethno-Med,* 3(1): 19-25.

Hornby, A. S. (2006). *Oxford advanced learner's dictionary of current English.* Oxford, Oxford University Press.

Hugo, M. (2001). Mental health professionals' attitudes towards people who have experienced a mental health disorder. *Journal of Psychiatric and Mental Health Nursing.* 8: 419-425.

Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H. & Henderson, S. (1999). Attitudes towards people with a mental disorder: a survey of the Australian public and health professionals. *Australian and New Zealand Journal of Psychiatry.* 33 77-83

Jugal, K., Mukherjee, R., Parashar, M. Jiloha, R. C. & Ingle, G. K. (2007). Beliefs and attitudes towards mental health among medical professionals in Delhi. *Indian Journal of Community Medicine;* 33: 3

Lai, Y. M., Hong, C. P. & Chee, C. Y. (2001). Stigma of mental illness. *Singerpore Med J.*; 42(3): 111-114.

Lauber, C. Anthony, Ajdacie-Gross, Rossler, (2004). What about psychiatrists' attitude to mentally ill people? *European Psychiatry,* 19(7). 423-7

Lauber C., Nordt C., Braunschweig C. & Rossler W. (2006). Do mental health professionals stigmatize their patients? *Acta Psychiatr Scandinavica,* 113 (Suppl 429) Supp: 51-59

Lee, S., Lee, M. T., Chiu, M. Y. & Kleinman, A. (2005). Experience of social stigma by people with schizophrenia in Hong Kong. *Br. J. Psychiatry.* 186: 153-157.

Link, B. G. and Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology,* 27: 262-385.

Nordt, Rossler, Lauber, (2006). Attitudes of mental health professionals toward people with schizophrenia and major depression. *Schizophrenia Bulletin,* 32(4), 709-14

Roth, D., Antony, M. M., Kerr, K. L., & Downie, F. (2000). Attitudes toward mental illness in medical students: Does personal and professional experience with mental illness make a difference? *Medical Education.* 34(3). 234-236.

Royal College of Psychiatrists, Royal College of Physicians of London, British Medical Association (2001). *Mental illness: stigmatization and discrimination within the medical profession.* Glasgow, Bell & Bain.

Sartorius, N. (2002). Iatrogenic stigma of mental illness. *British Medical Journal,* 324 (1470-1471).

Schulze, B. (2007). Stigma and mental health professionals: A review of the evidence on an intricate relationship. *International Review of Psychiatry,* 19(2). 137-155.

Smith, A. L., & Cashwell, C. S. (2011). Social distance and mental illness: Attitudes among mental health and non-mental health professionals and trainees. *The Professional Counselor: Research and Practice,* 1, 13-20.

Stromwall, L., K., Holley, L. C. and Bashor, K. E. (2010). Stigma in the mental health workplace: perceptions of peer employees and clinicians. *Behavioral Science Community Mental Health Journal,* 10 (9349-6).

Ukpong, D. I. (2010). Stigmatizing attitudes towards the mentally ill: a survey in a Nigerian University teaching hospital. *South African Journal of Psychiatry*. April 1.

Zartaloudi, A. & Madianos, M. (2010). Stigma related to help-seeking from a mental health professional. *Health Science Journal*. 4: 2.

WOR-2013-086/ I. S. Udofia/irdiworldjournal@yahoo.com 20-9-2013/ Cash Register by Dr. Offiong