

STIGMA IN MENTAL HEALTH: PERCEPTIONS OF STUDENTS WHO WILL BE FUTURE HEALTH PROFESSIONALS



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1. Introduction

The stigma towards mental illness is still very rooted in our society, despite the number of studies, campaigns, and anti-stigma programs developed in recent years. Stigma represents a serious obstacle to recovery and social integration for people who experience a mental illness, affecting directly their well-being and quality of life. It implies that these persons have to deal with many other barriers apart from the disease symptoms. Studies indicate that stigma can be promoted by different social groups (Goffman, 2008). Not only by general population but also by relatives, by individuals with mental illness, and even by mental health professionals (Corrigan, 2007; Corrigan et al., 2004; Schulze, 2007). Convergenly, recent literature suggests that less positive attitudes by mental health professionals interfere with the self-determination and recovery process (Link, 2001; Sirey, 2001, cit. in Sadow & Ryder, 2008).

Key words: Schizophrenia, Stigma, Comparative study, Students, Health courses.

2. Aims

To compare attitudes and stigma towards mental illness in students who may work as mental health professionals..

3. Methods

- **Participants:** non-probabilistic sample of **486 Portuguese students** of Medicine, Psychology, Occupational Therapy and Nursing; 22% male and 78% female; mean age 20.4 years; 65% at beginning of the course and 35% finishing (Table 1).
- **Instruments:** Socio-demographic questionnaire; Attribution Questionnaire - AQ 27 Port. Version (Corrigan, 2003; Sousa et al., 2008).
- **Procedure:** Data was collected in different Faculties of Porto University and Porto Polytechnic Institute in 2009, Using self-completion questionnaire, anonymous and confidential, after formal authorization.
- **Data analysis:** SPSS-17 was used to do a descriptive, *t Student* and One way Anova analysis.

Table 1. Distribution for course and year

Course	Frequency	Percentage
Nursing	141	29,0
Medicine	137	28,2
Psychology	130	26,7
Occupational Therapy	78	16,0
Total	486	100
Beginning	318	65,4
Finishing	168	34,6

4. Results

Data revealed that the sample has little contact with mentally ill individuals (only 19% have relatives with mental illness). Students from Medicine and Psychology present higher values in stigma dimensions, while Occupational Therapy and Nursing show lower values (Table 2). Students beginning the course show higher stigma than those finishing. Having regular contact with mentally ill individuals seems to decrease stigma attitudes.

Table 2. Stereotypes mean from AQ-27 in the sample, related to course, moment in the course and contact with mental illness

Stereotypes (Min 3 - Max 27)	Mean (S.D.) N= 486	Nursing N= 141	Medicine N= 137	Psychology N=130	Occupational Therapy N=78	F (a)	Sig	Beginning N= 318	Finishing N= 168	t	Sig	Contact with M.I. N= 91	Without contact with M.I. N= 395	t	Sig
Responsibility	7,01 (2,9)	7,11	6,70	7,11	7,24	0,740	0,528	7,08	6,88	0,715	0,475	6,68	7,09	-1,170	0,243
Pity	16,02 (4,9)	14,30	16,90	17,85	14,56	16,623	0,000	17,13	13,93	7,088	0,000	15,64	16,11	-0,811	0,418
Anger	7,45 (3,4)	6,87	7,80	8,20	6,64	5,688	0,001	7,66	7,05	1,972	0,049	7,24	7,53	-0,721	0,471
Dangerousness	9,34 (4,5)	7,66	10,43	10,61	8,33	15,270	0,000	9,63	8,78	1,996	0,047	9,42	9,34	0,146	0,884
Fear	8,86 (4,6)	7,38	9,66	10,30	7,74	13,012	0,000	9,29	8,06	2,821	0,005	8,91	8,87	0,080	0,936
Help	21,92 (4,2)	22,66	20,07	22,46	22,94	13,519	0,000	22,12	21,54	1,441	0,150	22,97	21,65	2,976	0,003
Coercion	15,69 (4,1)	15,04	16,33	16,12	15,05	3,509	0,015	15,62	15,83	-0,553	0,581	15,64	15,67	-0,073	0,942
Segregation	8,46 (4,2)	7,41	9,59	9,45	6,69	14,452	0,000	8,75	7,90	2,142	0,033	7,55	8,68	-2,341	0,020
Avoidance	12,34 (5,4)	11,02	14,54	12,61	10,44	15,093	0,000	12,27	12,48	-0,413	0,680	2,12	12,38	-0,421	0,674

(a) Pos-hoc Bonferroni usually opposes Medicine and Psychology to Occupational Therapy and Nursing

5. Conclusions

Some attitudes related to stigma were identified in the sample, contradicting the actual knowledge about mental illness and politics of social inclusion. It seems necessary to modify theoretical topics about mental illness, as well as pedagogical methods. Therefore, stigma and social exclusion should be discussed since the beginning of the courses., as well as direct contact with people who experienced mental illness should be promoted as well since the beginning of the curricula. Future members of mental health teams must be conscious about their role in avoid stigma.

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