Other People Stigmatize… But, What About us? Attitudes of Mental Health Professionals Towards Patients with Schizophrenia

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In every layer of the society, stigma affects the patient with mental illness and people close to the patient, at least as much as the illness. Patients with schizophrenia are the ones most affected by stigmatization. This situation is the case in many countries without the regard for culture or geography. In society, the attitude towards patients with schizophrenia is worse than to those with depression (1,2). As stigma makes daily life more difficult for the patient with schizophrenia, the fear of labelling makes it more difficult for an ill person to seek help from professionals. We always complain that people find it hard to come to professionals because psychiatric clinics are associated with “madness”. Then, let’s ask ourselves, how is the situation on the “inside”? Stigma related with mental illness commonly attributed to attitudes of media or mental health illiteracy of people. If mental health professionals have stigmatizing believes or behaviours, can we explain it with lack of knowledge, or lack of previous contact with mentally ill person? The aim of this chapter is to review the studies about the attitudes of psychiatrists, medical specialists outside of psychiatry, general practitioners, nurses, psychologists, staff and students towards schizophrenia.

General characteristics of the studies

Studies about attitudes of mental health professionals toward people with mental illnesses vary in terms of their target people, target illness and methodology. Some of them were carried out by face to face interviews while letters, e-mails or telephone calls were used in some others. These studies are limited by the tendency to include cooperative respondents. As response rates are relatively low, generalizability of the findings are limited in latter group. Moreover, the answers given may not assess actual behaviour, but should be considered more of a proxy measure of intended behaviour. Most of
the studies we reviewed focused on either stereotypes which also commonly held by lay people, and/or feelings about social distance in mental health professionals. These two aspects of stigma have been questioned either directly by using questionnaires or by means of case vignettes. Vignettes are being used since 1955 in the study of stigma of mental illness. Although the vignette approach has a lot of advantages, it is important to recognize that they are hypothetical and abstracted from “real life” experience. Moreover, the respondent is not in the presence of a real person, is not gleaning information from appearance and other nonverbal clues, and can not assess the described person’s responses to initial gestures that might affect reactions in “real” situations (3). Using a vignette to understand whether the respondents can differentiate a patient from a healthy person has a limited value when the target people are mental health professionals/students. Moreover, Nordt et al. (4) recently reported that surprisingly a quarter of the psychiatrists have described a healthy person in vignette as a patient with mental illness (!).

As majority of the questionaires were developed by the researchers themselves it is not easy to compare the results across the studies. Majority of the studies have been focused on schizophrenia and mood disorders. Some studies evaluated stigma related one of these two disorders, while some others compare them. Findings of the studies seem affected by the type of facilities where the target mental health staff work. Stigma related with mental illness seems lower in those who work in community health services compared to those who work in “revolving door” units. The most common locations which these studies were conducted are Europe and North America. However, there are some studies from eastern Asia and Middle East countries. Some of the studies focused on specific professional groups like nurses or general practitioners, and some others compare the attitudes of different groups of professionals or professionals to lay people (See Table 1).

<table>
<thead>
<tr>
<th></th>
<th>Pretest (n=108) (%)</th>
<th>Posttest (n=54) (%)</th>
<th>p</th>
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</thead>
<tbody>
<tr>
<td>1. Mentally ill can work</td>
<td>88 (83)</td>
<td>47 (87)</td>
<td>n.s.</td>
</tr>
<tr>
<td>2. Would oppose if one of his/her relative would like to marry to someone with schizophrenia</td>
<td>66 (64)</td>
<td>35 (64.9)</td>
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</tr>
<tr>
<td>3. Mentally ill could be recognised by his/her appearance</td>
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<td>4. Schizophrenic patients are dangerous</td>
<td>47 (46)</td>
<td>15 (27.7)</td>
<td>0.02</td>
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<tr>
<td>5. Would not like to have mentally ill neighbour</td>
<td>43 (41.3)</td>
<td>11 (20.3)</td>
<td>0.05</td>
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<tr>
<td>6. Schizophrenic patients are untrustworthy</td>
<td>15 (14.7)</td>
<td>4 (7.4)</td>
<td>n.s.</td>
</tr>
<tr>
<td>7. Schizophrenic patients could harm children</td>
<td>86 (83.5)</td>
<td>37 (68.5)</td>
<td>n.s.</td>
</tr>
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<td>8. Mentally ill should be kept in hospitals</td>
<td>85 (81.7)</td>
<td>44 (81.4)</td>
<td>n.s.</td>
</tr>
<tr>
<td>9. Do not worry and concern to examine the mentally ill patient</td>
<td>73 (68.9)</td>
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</tr>
<tr>
<td>10. Would be treated in the appropriate department of the general hospital</td>
<td>34 (32.4)</td>
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**Psychiatrists attitudes towards schizophrenia**

We know that stigma of mental illness also effects both mental health professionals and institutions. On the other hand, poor attitudes and behaviour of some mental health professionals towards individuals with mental illness and their families may in turn contribute to the poor public image of our profession and stigma related with mental illness (5). Ironically, these negative attitudes interfere with their own help-seeking behaviour for their personal problems (6). In his recent editorial, Sartorius (7) emphasised that psychiatrists should revise their own behaviour in order to convince other people that most people with mental illness retain many of their capacities and that their rights are often not respected. The attitude of psychiatrist plays a key role since it also effects the other members of the team, residents and/or students whom he/she trained. This negative attitude varies from underestimating the effectiveness of psychosocial treatments and to ignoring to inform the patients/families about diagnosis (8).

Link et al. (3) were stated that out of 109 empirical studies between 1995 and 2003, they found 20 studies focused on professional groups (e.g., mental health professionals, general practitioners, medical students). We were able to reach some new studies from Japan (9), Australia (2), Singapore (10), Turkey (11,12), Spain (13) France (14), Switzerland (15) which were particularly focused on stigmatising attitudes of psychiatrists. Although there are two studies which reported that psychiatrists’ attitude was significantly more positive than that of the general population (16,17) majority of the studies showed that the professionals had more negative attitudes compared to that of the public (2,10).

Rate of telling the diagnosis of schizophrenia to the patients/families is lower compared to other diagnoses (18). A study from Japan (4), reported that only 7.3% of psychiatrists always informed their patients of the diagnosis of schizophrenia, and 51.9% of them informed on a case-by-case ba-
sis. The results also revealed that the Japanese term for schizophrenia influences a psychiatrist’s decision to inform patients of the diagnosis and that, by changing the term to a less stigmatized one, the disclosure of information about schizophrenia to patients would be promoted.

Recently, we delivered questionnaires to psychiatrists assessing their attitudes in different parts of Turkey (11). We found that 42.7% of 60 psychiatrists never informed patients of the diagnosis of schizophrenia and 40.7% informed on a case-by-case basis. This ratio is even higher than delusional disorder which has a lot of similarities with schizophrenia in terms of both symptoms and treatment. The reason psychiatrists avoid informing the patients/family members of the diagnosis was the idea that they could not understand the meaning (32.6%) and that they would drop-out from treatment (28.3%). Similar to findings of above mentioned study (4) eighty-eight percent of respondents thought the term “schizophrenia” was used in a pejorative manner in public. Another group from Turkey (12) reported that 65% of psychiatrists believed that to mention the word “schizophrenia” as diagnosis was inappropriate in official documents (e.g. expert reports sent to court) while 35% of nonpsychiatric physicians shared the same opinion.

Bayle et al. (14) from France reported that approximately a third of psychiatrists deem it necessary to announce the schizophrenia diagnosis and approximately two thirds declare that they sometimes announce it. The main reasons for not announcing the diagnosis are firstly the “reticence to give a diagnosis label” and secondly “the functional incapacity of the patient to understand the concept”.

Lopez-Ibor et al. (13) reported that it is not commonplace for psychiatrists to inform patients with schizophrenia about their diagnosis in Spain; they tend to they tend to disguise it under terms such as “psychosis”, “disorder”, or “depression”. More interestingly, the results of a survey on 42 psychiatrists in Madrid reveal that, they blame the patients for issues they should address like noncompliance to medication, the management of aggressiveness. In this survey, some negative attitudes related to social distance were reported. For example, 77% of the psychiatrists reported that they would not engage in a conversation with someone with schizophrenia, and 56% of them say they do not want to live in a hostel with someone with schizophrenia. However, 79% of the respondents reported that they would engage in a friendship with someone with schizophrenia. It seems that, psychiatrists’ attitude can not be generalized, but differs depend on the context of the contact. Van Dorn et al. (19) reported that there was no statistically significant differences between the psychiatrists, patients with schizophrenia, their relatives and members of the general public in the likelihood of violence or the desire for social distance. They reported that the patients tended to have the most negative views of the illness.

The latest study about the attitudes of psychiatrists is from Switzerland (4). There were 201 psychiatrists attended this telephone survey questioning attitudes about restrictions, stereotypes and social distance. Psychiatrists had significantly more negative stereotypes than psychologists, nurses and the general population. They had greater social distance toward the schizophrenia vignette than toward the depression, but psychiatrists’ social distance scores for both illnesses did not differ from general public. There was less approval of legal restrictions (voting, driving licence) in the group of psychiatrists compared to general population, but they had a more positive attitude toward compulsory admission.

Results of above mentioned studies demonstrate that it is too simple to assume that psychiatrists as mental health experts, generally have more positive attitudes toward mentally ill people than the general public.

Attitudes of General Practitioners

Although the role of general practitioners in the healthcare system may vary internationally, they have an important role in the treatment of patients with an established diagnosis of schizophrenia as well as in the identification of people in the early stages of psychosis, and referring them to psychiatrists. This role is more crucial in countries where the enough number of psychiatrists not available. However, stigma was found as a barrier for psychiatric referrals by general practitioners (20).

The results of a recent study by Simon et al. (21), showed that general practitioners in Switzerland are involved in the treatment of approximately a quarter of patients with chronic schizophrenia. A total of 1089 general practitioners’ responses to this postal survey suggest that their knowledge about the symptoms and the course of illness is enough, but they have some difficulties about treatment.

In a recent study in Turkey, 40 % of the general practitioners reported that they were unable to take a clinical decision for a patient with schizophrenia. It has been concluded that despite the general practitioners express some reservation for the follow-up of chronically mentally ill patients, they were willingly to participate in any training activities concerning schizophrenia (22). Twenty-nine % of the participants expressed the possibility of a long term treatment for schizophrenia, while 18 % were a negative view of such effort and responded that these patients would not able to recover from schizophrenia. Recently, we studied the attitudes of general practitioners in two cities (23). The study was in pretest-posttest design, and 106 general practitioners from 71 health institutions responded the questionnaire. In comparison to the earlier studies in Turkey with lay public (1), and ‘medical staff’ attitudes (24), we found out that the GPs attitudes were slightly more negative than these two populations. 27.3% of the lay public described the patients with schizophrenia as dangerous, and the response was same in the GPs (27.7%). The views
of general practitioners show some similarities to the lay public view on schizophrenia particularly in issues of the social context. In general, GPs responded more negatively to the questions on their attitudes in social settings than those which concentrated on their views within their professional roles (Table 2). This might be seen as a buffering effect of professional role within the clinical context.

### Medical Students

Not surprisingly, “tomorrow’s doctors” share the same attitudes with psychiatrists, and general population towards mentally ill. The stigma of using mental health services hits the medical students themselves. The care of medical students as patients is complex because of problems associated with stigma and dual role of trainee and patient in medical school (25). Givens and Tija (26) reported that only 22% of the depressed medical students were using mental health services, and stigma was one of the reasons (30%).

In a recent study, Akdede et al. (27) studied the attitudes of young people who mostly medical students toward psychotic disorders. At the first phase of the study, a case vignette about a young person who begun to show psychotic symptoms was given to students, and their opinions were asked. At the second phase, after the diagnosis of the patient was given as schizophrenia, the same questionnaire was repeated. They found that the positive attitude of the whole group decreased meaningfully after they learned the diagnosis of the patient. There was no difference between the medical students and others.

Recently, we evaluated attitudes of first-year medical students attitudes towards schizophrenia in Urfa, Turkey (28). Before the antistigma training program, 68% of them believed that “people with schizophrenia are violent”, and 84% of them believed that “persons with schizophrenia cannot make correct decision about their own lives”. Effects of antistigma education on this believes will be discussed in following pages of this paper.

There have been some studies that have investigated the effects of mental illness education in medical students (29,30,31). In Turkey, Yanik et al. (32) surveyed the effects of medical education on attitudes towards mental illness using the cross-sectional method, concluding that the attitudes of medical students did not develop favorably through medical education. Another study from Turkey have reached to a similar conclusion by using a case vignette about a patient with depression (33). In a study from Samsun in Turkey, attitudes of 172 intern doctors attitudes were evaluated before and after Psychiatry training period. The researchers found no difference in attitudes between the beginning and the end of the training period (34). In Arkar and Eker’s study (35), it has been reported that after psychiatric training, there was no difference in social rejection toward patients with schizophrenia in fifth year medical students, while there was a positive change toward depression. However, other studies have been successful in finding favorable results (29-31). The largest study in Turkey was carried out among 452 students from the all the three public medical schools located in Istanbul (36). The scores of last year students for depression and schizophrenia scales were better compared with those of the second graders, however, the proportion of students who did not perceive schizophrenia as ‘temporary’ and ‘curable’ and the perceived likelihood of dangerousness for schizophrenia were higher among the last year students compared with the second

### Table 2. Target populations of some recent studies focused on stigma in mental health professionals

<table>
<thead>
<tr>
<th>Psychiatrists</th>
<th>GPs</th>
<th>Nurses and students</th>
<th>Medical students</th>
<th>Staff</th>
<th>General population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grausgruber et al (48, 2006)</td>
<td>x</td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Nordt et al (15, 2006)</td>
<td>x</td>
<td>x</td>
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<td>Kingdon et al (16, 2004)</td>
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<tr>
<td>Lauber et al (54, 2004)</td>
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<td>Mas and Hatim (38, 2002)</td>
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<td>Ucok et al (11, 2004)</td>
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<td>Ucok et al (24, 2006)</td>
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<td>Aydin et al (25, 2003)</td>
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<td>Ono et al (9, 1999)</td>
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<td>Llerena et al (42, 2002)</td>
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<td>Ay et al (37, 2006)</td>
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<td>Fogel et al (6, 2006)</td>
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<td>Van Dorn et al (20, 2005)</td>
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<td>Reddy et al (39, 2005)</td>
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<td>Tay et al (47, 2004)</td>
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Alp Üçok
graders. The improvement in the attitude score between the second and the sixth graders is considered a result of the students’ contact and interaction with persons having mental disorders throughout their medical education. In a study with similar design, a vignette and two dependent measures (social distance scale and dangerousness scale) were used to assess the attitudes of 108 first year and 85 final year medical students in Malaysia (37). The first year students did not have any prior psychiatric training. The final year students who had knowledge and contact were less stigmatizing toward mentally ill patients. There were no significant differences in the attitudes towards mentally ill patient among the first year students regardless they had previous contact or not. The authors conclude that knowledge seems to have the effect inculcating greater tolerance of mental illness. Contact by itself is not sufficient for attitude changes. In another study from Malaysia (38), it has been reported that there was a significant increase in the mean scores of both Attitudes Towards Mental Illness and Attitudes Towards Psychiatry scales following the eight weeks psychiatric attachment for female students, but not male students. Similarly, in Taiwan a study assessing medical students’ change in attitude found a significant change after psychiatric internship. (39). Economou et al. have studied the effect of their psychiatric attachment on their attitudes in 157 medical students in their sixth year of study in Greece (40). Results indicated that students’ psychiatric training and contact with patients in psychiatric hospitals lead to the strengthening of students’ negative beliefs concerning people with schizophrenia. These contradictory results imply that content and targets of the psychiatric education and the conditions of psychiatry clinics may have an effect on the impressions of medical students.

**Psychologists, Nurses and Other Staff**

The patients, particularly inpatients have more contact with nurses and staff than doctors. So, attitudes of these groups of mental health professionals have an impact on patients. Llerena et al. (41) from Spain, surveyed students of medicine and nursing during 2000 about their general knowledge of schizophrenia. They reported to have high awareness of the mental illness, its onset, associated risk factors, manifestations and treatment, with no significant differences between the both groups. On the other hand, both groups thought that people with schizophrenia never recover (50%), considered that they were or could be dangerous or violent (78%), and rejected or were ambivalent about whether to accept them in a social situation (40%). In addition, they did not feel they had enough information about schizophrenia (95%) and they did not know someone with this disorder (75%). Authors commented their findings as paradoxical and concluded that symptoms associated with the acute phase of schizophrenia creates more stigma than the label of schizophrenia alone. Similarly, Özüyigit et al. (42) reported that while both nurses and nursing students have enough knowledge about the etiology and clinical features of schizophrenia they had negative attitudes about social distance, like marrying or working in same office with patients. However, compared to students, nurses reported lower social distance and being acquainted with a mentally ill person found related with lower social distance in this study. In a recent vignette study, the role of the psychiatric mental health nursing class and rotation were identified as improving stigmatizing attitudes and increasing help-seeking among nursing students in United States (43). However, in another study from USA, researchers concluded that health education and experience did not significantly affect attitudes towards mentally ill. Nursing students who had had a friend who was mentally ill prior to their school training showed a decrease in stigmatising attitudes after being exposed to health education and experience whereas other students showed an increase in this study (44). However, this factor was found unimportant in a study on students of nursing in Turkey (45). Rate of defining schizophrenia as a “weakness of personality” was found lower in students with personal history of psychiatric treatment in this study. Those who completed psychiatric training in a depot mental hospital was found more pessimistic about the treatability and outcome of schizophrenia, and also had a more negative believes about “dangerousness” compared to students who did not work in psychiatric unit. In another study from Turkey, Aydin et al. (24) reported that attitudes of nurses who work inpatient units out of psychiatry were more positive than nonpsychiatric physicians but worse than the staff (e.g. driver, cook etc) of the same hospital. Contrary to others, the results of these study suggests a negative correlation between stigmatizing attitudes and education.

The findings of the studies suggest that study conditions affect the attitudes of the nurses. Tay et al. (46) reported that nurses working short-stay wards had more positive attitudes than those working in the long-stay wards. Similarly, in a study from Austria, researchers explained their findings of positive attitudes by nurses by characteristics of study conditions of the participants (47). In this study, a large number of staff came from extramural community-based institutions. They commented that this may have eliminated the well-known clinical observation bias, namely staff in clinical services often see patients with poorer prognosis, including “revolving door” patients. Staff attitudes was found more positive particularly in items related with etiology and treatability of illness compared to general public in this study. Again, more than half of the lay respondents assumed that patients suffering from schizophrenia are more dangerous than average people, while only a quarter of the staff believe this.

Level of education seems play a role in the attitudes of nurses and staff. Ucman (48) reported that mental health staff with higher level of education had more positive attitude to-
ward patients with psychosis. Tay et al. (46) reported that professional qualification of advanced diploma in mental health nursing, nursing degree or having a postbasic certificate was found related with more positive attitude. Similarly, education was found as the only significant factor influencing social distance in staff in above mentioned study from Austria (47).

Possible reasons of negative attitudes

It seems reasonable to explain the stigmatizing attitudes of lay people, police or journalists by lack of knowledge. Antistigma programs focus on topics like the contribution of both biological and psychosocial factors, effectiveness of treatment, or accurate information about violence and mental illness, to discuss myths, and try to exchange wrong believes with ‘true’ ones (49,50). One the other hand, we have to assume that most of the groups which are the topic of this paper have already got the ‘true’ knowledge during their professional education.

What are the possible reasons of negative attitudes of health professionals towards people with schizophrenia?

Corrigan (51,52) states that protest, education and particularly contact with people with mental illness are the most effective approaches for diminishing social stigma. However, findings of above mentioned studies show that “classical” medical education and personal contact with a person with schizophrenia in a “usual” psychiatric environment/conditions have no effect to reduce the stigma in health professionals and students. So let us have a look the conditions which mental health professionals and particularly students come face to face with patients with schizophrenia.

It has been reported that more knowledge about mental illnesses, especially schizophrenia, may increase social distance in lay people (53). Findings in mental health professionals support this report. It seems that theoretical education is not enough to adopt a more positive attitude and behavior. The health professionals who try to approach to the patients professionally as much as possible in their white coats in hospital, are the ordinary members of their own society as well. We can assume that a training period varies between a few weeks to a few years is not enough alone to remove the prejudices which almost located in genes of the society.

Personal contact with the patient plays an important role both to develop and remove the stigma. Personal impressions of health professionals who work out of psychiatric services about patients with schizophrenia is generally limited to what they saw in inpatient units when they were student. The typical patient with schizophrenia medical or nursing student meets in psychiatric ward, is either a person who exhibit bizarre or impulsive behaviours in acute phase of the illness or a chronic patient with severe disability in depot hospital. Come together with the prototype which was shown frequently by media and movies (54), this negative image can easily creates a “patient image” that serve stigmatization and discrimination.

General conditions of psychiatric wards also contribute to stigmatizing attitude of health professionals. Most of the psychiatric ward in all over the world are far from being a therapeutic milieu if not as bad as shown in movies. Psychiatric wards are in an unlucky situation compared to nonpsychiatric inpatient units in terms of availability of leisure activities, psychosocial treatments, rehabilitation facilities and patient load. Patients have to share their beds with other patients because of lack of enough psychiatric beds, or stay in cage-like beds all day in some countries. In addition, Corrigan (55) recently pointed out that many psychiatrists and other mental health professionals opt out of the public service system, which serves people with the most serious psychiatric disorders in USA. Salaries and benefits are better in the private health sector, where providers are more likely to treat relatively benign illnesses like adjustment disorders and relational problems. Hence, quality of services for people with serious mental illnesses like schizophrenia is often inferior to the quality of services for other psychiatric disorders. As a summary, general conditions in most of the psychiatry clinics are not good enough to remove the “lunatic asylum” image in minds. It seems logic to assume that this negative image affects the people who work or being trained in these institutions as well.

In the public’s stereotype, schizophrenia is connected to the ideas of a “split personality” or “split mind”. Although mental health professionals know all are wrong, we may expect that the term itself may contribute to negative attitudes. Local terms which used to define the illness are sometimes even more disturbing than word “schizophrenia” in some cultures. “Seishin-bunretsu-byou” (splitting of the mind) in Japan, generic term “mahalat nefesh” (disease of the soul) in Hebrew, and jing-shen-fen-lie-zheng (mind-split-disease) in Chinese are only some of them (56-59). Opinions of psychiatrists about keeping or changing the term “schizophrenia” vary in different countries. While both mental health professionals and the patients agreed that a substantial proportion of patients reject the current term, and the patients believed that the alternative term was less stigmatizing, mental health professionals accepted the current term compared to patients in Israel (58). In Japan, “togo-shitcho-sho” (integration ataxic disorder), the alternative Japanese translation of schizophrenia was approved by the Japanese Society of Psychiatry and Neurology in 2002 (60). The renaming was triggered by the request of an advocacy group. In a recent study, it was reported that after the change of the name, majority of the psychiatrists (71%) prefer to use the new one, moreover 70% of the psychiatrists, especially the younger ones informed their patients of their diagnosis (61). However, it is not easy to say just changing the term “schizophrenia” with a more acceptable one, will reduce the negative attitudes of mental health professionals toward sufferers of schizophrenia.
What is being done to reduce the stigma, and what can be done more?

It is obvious that challenging the stigma of schizophrenia is going to require a multidimensional approach. Although it is impossible to consider the mental health professionals independent from the community which they live in, something can be done to change the stigmatizing attitudes of this group. The most important thing is to improve the quality of conditions which mental health professionals and the patients come face to face. This demand that can be regarded as an utopia in most parts of the world, actually means to ask to change the traditional approach to patient with severe mental illness.

Another approach that more realistic is to try to keep the stigma and discrimination towards patients with schizophrenia in the agenda of mental health professionals. World Psychiatric Association start “global Programme to Reduce the Stigma and Discrimination Because of Schizophrenia” in 1999. The local projects in United States, Switzerland, Germany, and Turkey chose the general health practitioners and nurses as part of their target population in their communities (62). To organize meetings to discuss the issue in various congresses of mental health professionals, at least serve to confront these people with their own attitudes. The increasing interest has also stimulated research in this area. Angermayer and Holzinger, reported that there is currently a boom of stigma research in psychiatry (63) When “stigma” and “mental illness” were entered as key words in Pubmed search, there are 1093 papers about this topic (until April 2007), and more than half of them were published in last five years. Despite more research we are still far from understanding the stigma process in detail. This, however, is the prerequisite for developing successful anti-stigma interventions.

Another step to reduce the stigma is to discuss the topic with specific target populations in smaller-size meetings. The content of these meeting should be tailored for each target groups. Regardless of their attitudes, particularly general practitioners, nurses, staff and students report that they are willing to join training programs in almost all of the studies. To discuss the myths related to schizophrenia can be helpful for mental health professionals as well. If this program lasts in long period, it makes these efforts more permanent and effective.

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