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Attitude Toward Mental Health, Why Should we Care?

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Abstract

This paper explores the definition of mental illness stigma, it's various component and its prevalence among health care professionals and the general public. It also discuss the link between stigma and discrimination and outlines evidence based methods to develop anti stigma campaigns.

Keywords: Stigma; Mental illness; Discrimination; Stigmatization; Prejudice

Introduction

The term attitude is often used to describe an expression of favor or disfavor toward a person, place, thing, or event (the attitude object) [1]. According to the prominent psychologist Rezler human attitude is "An emotionally linked", learnt belief around an object or situation predisposing one to respond in some preferential manner [2]. The link between attitude and behavior has been the topics of many debates. Early psychologists assumed that behavior will follow attitude however more recent studies argue against this Mental illness stigma is made of three components: stereotypes, prejudice, and discrimination. Stereotypes are a beliefs about members of a specific group and typically represent society's shared beliefs about that group. Stereotypes are generally out of our control—we may apply a negative stereotype unintentionally and do so even if we demonstrate a relatively positive feelings toward a group. Stereotypes can include beliefs such as persons with mental illness are violent and dangerous as well as beliefs related to the causes of mental health problems. Is a negative attitude toward a person or group. This can be displayed during interpersonal interactions with people with mental illness, such as working with or having a friend with mental illness. Manuscript Click here to download manuscript review attitude final.docx Discrimination represents the behavioral component of stigma and is presumed to the consequence of prejudice or stereotypes. It includes actions that operate to the disadvantage of the stigmatized group [3]. This could be in the form of social practices that treat persons with mental illness unfairly. A recent study reported that 47% of the general public were not willing to work in proximity with people suffering from depression, and as much as 30% of the study sample were not comfortable socializing with them [4]. The resulted Mental illness stigma has negative impact on people with mental illness .It reduces their quality of life and leads to developing low self-esteem and negative emotional states. Some may conceal their problems for fear of being judged as having weak personality or poor moral believes. The prominent sociologist Goff man described the phenomenon of "passing," in which the stigmatized individuals hide it from others, this include avoiding seeking professional advice and poor compliance with treatment. In a community based study in UK, 63% of respondents estimated that less than 10 % of the population would be likely to experience a psychological distress at some time in their lives [5]. Nonetheless, emulating knowledge of mental illnesses was shown to have a pivotal role on the ability to identify symptoms of mental disorder, promoting help-seeking and adherence to treatment [6].

Stigma among Health Care Professionals

According to the mental health commission of canada. People with mental health problems experience "some of the most deeply felt stigma" from health care professionals, this includes being "patronized, punished or humiliated" when dealings with health professionals. At times, Discrimination include negative views about a patient's chance of recovery, misattribution of unrelated complaints to a patient's mental illness and refusal to treat psychiatric symptoms in a medical setting. Stigma can start at the early years of medical training. A survey of 1239 medical student from Birmingham University, UK showed that they had negative believes about people with mental illness. Students expressed that such patients take longer time during consultation, tend to carry higher risk of Violence, child neglect and substance abuse. Patients presenting to emergency rooms after an episode of self-harm are sometimes perceived as a bother. These alarming findings can have negative consequences both at personal and professional level, from personal point of view, it is well know that medical doctors are at a higher risk of stress and Burnout which can further lead to mental health problems, some reports suggest that doctors who suffer these symptoms may tend to abuse illicit drugs in an attempt to self-medicate. Observing stigmatizing behavior from other health care professionals may lead the sufferer to avoid seeking professional help for fear of being labeled as inadequate doctor. At the professional level, doctors who holds negative attitude toward mental illness may fail to diagnose patients who present with co morbid mental illness. Those physicians may provide less optimal care to people with mental illness or communicate with them in a way that leads to disengagement from service.

What can we do about it?

A large number of programs and initiatives were developed to reduce mental illness stigma. They can be divided into mass media campaigns, small group training and broad multifaceted interventions. Some initiatives include both of these components.

Mass Media

Mass media campaigns usually provide Information about the causes of mental illness, symptoms, and how to treat them. Despite the popularity of such campaign, very few were evaluated worldwide. Literature showed that In the UK, Defeat Depression campaign and Changing Minds, as well as Like Minds, Like Mine, from New Zealand

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to be the extensively studied. The evaluation included repeated cross-sectional population surveys [7]. The results showed that Defeat Depression campaign appeared to reduce stigmatizing beliefs about depression as well as suicide rates. The second campaign "Changing Minds was associated with modest shifts in attitudes and beliefs".

Training interventions

Educational programs are usually targeted toward a variety of audiences such as health care professionals, who are more likely to come into contact with persons with mental illness. Research finding suggest that health care professional who receive training can exhibit positive changes in attitudes several weeks after exposure to educational interventions. Police officers who attended crisis intervention training reported feeling increased self-efficacy regarding working with people in crisis, increased knowledge and more positive attitudes toward people with mental illness, and less stigma toward people during crisis.

Contact Strategies

Interpersonal contact strategies that involve interactions with persons with mental illness are reported to have better impact on attitudinal changes than educational or mass media [8]. A study by Yamaguchi et al., showed that direct contact with persons with mental illness appeared to be the critical component in stigma reduction, while the impact of education alone and video-based contact strategies were still questionable.

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