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Stigma of Mental Disorders and Role of Nursing Professionals: A Developing Country Perspective

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Abstract

The role of nursing professionals in taking up anti-stigma activity is of immense importance in the resource poor developing countries. Unfortunately, there is little research exploring the attitude of nurses towards mental disorders and people affected thereof, the possible correlates of such attitude have not been widely studied. The potential role of the nurses in anti-stigma activity is yet unexplored in these countries. This is a short review of literature of the literature available regarding the attitude of nurses towards mentally ill in developing countries and appropriate recommendations.

Keywords: Nurse; Mental disorders; Stigma; developing countries

Introduction

The universality of mental disorders has been well acknowledged. From times known, mental disorders has generally evoked a negative social response which is conceptualised as stigma. Given the adverse effects of stigma, it is equally important for those affected and their families, but also for research, advocacy and health policy worldwide [1]. Although reducing stigma has been acknowledged as a global priority for population- based approaches to improving mental health [2], unfortunately, the anti-stigma initiatives and also scientific body of research has largely emerged from developed countries only. Considering the socio-cultural difference, poor mental health literacy, the conception of mental disorders and its management and associated stigma are expected to be different in the developing countries. In the back ground of poor financial and health resources, scarcity of mental health professionals, the role of nursing professionals in taking up anti-stigma activity is of immense importance in these countries.

Nurses are in a unique position to make a positive impact on the public and can use their position of trust to help the public recognize the role and opportunity for advocacy to end stigma [3]. Hence this is important to focus on their knowledge and attitude towards mental disorders and persons with mentally before they are actually involved in anti-stigma activity particularly with the Western literature suggesting the role stigma amongst health care providers as one of the main obstacles preventing adequate mental health and primary health care integration [4]. Stigma and discrimination towards the mentally ill have negative implications for prevention and treatment of mental disorders, as well as the rehabilitation and quality of life of those who suffer from mental disorders [5,6]. Unfortunately, little anti-stigma initiatives which have taken up, tended to target general populations in these countries, without sufficient attention being placed on targeting mental and general health care providers including nursing professional [7].

Recently, there is an emerging body of literature focussing on the knowledge regarding mental disorders and the attitude towards mental disorders and persons with mental disorders among nursing professionals in developing countries from Asia, Eastern Europe and Africa. A 9 country study from Eastern Europe suggests that nurses have a more negative attitude toward pharmacological treatment than (mental) health professionals [8]. Majority of the participant nurses agreed to two features of anti–depressants that are known to be exceptionally rare (addictiveness and changing one's personality). However, many of the nurses supported contacting a professional for depression, such as a general practitioner or psychotherapist. Except for this attitude toward non-standard interventions, nurses, despite their higher degree of education in health sciences, were comparable to community facilitators in attitudes and knowledge about depression. In another study from Africa, the nursing professionals who have been directly involved in care, found to have more positive attitudes than the supportive professional and this seems to show that as individuals improve their ability to interact with persons with mental disorders, they become more tolerant [9]. However, the extent of mental health training (as part of general health training) and duration of experience of working in mental health settings did not influence attitudes as found in the other studies [8,10].

Study from China found that nurses working in a speciality psychiatric hospital attribute more negative characteristics to the mentally ill and hence reflects attitude of exclusion [11]. In another study from general hospital in Maldives, a high proportion of the nurses reported the relationship with the mentally ills they have taken care of in the past, as bad or very bad (49.2%). Nurses also reported a limited amount of training in dealing with the mentally ills, despite having to deal with a number of mental patients [12]. Similar high rates of negative attribute is also found in another study [10].

From our experience in a tertiary care teaching hospital, from India, more stigmatizing attitude towards mentally ill and less openness to community mental health ideology and stronger approval towards restrictive and coercive setting were observed among significant proportion of nursing professional with mental health training during their study curriculum, working with other disciplines than Psychiatry. Lack of acknowledgement for the need for any treatment among significant proportion of the participants and stronger disapproval for

pharmacological treatment were also observed. (Unpublished data). Our experience is similar with the findings from Eastern Europe and China.

Studies on undergraduate nursing students from South Asian countries [13,14] found that with increased amount of theoretical component and clinical exposure, is likely to produce more positive influence and also enhances the preparedness to take up mental health nursing as a career option as found in Western countries as well [15].

Whatever little literature is available results from various studies from indicate, that there a tendency to attribute negative characteristics and stronger approval towards exclusion. Poor mental health literacy as reflected in poor knowledge regarding the causation of mental disorders and disapproval for pharmacological treatment is also prevalent.

Hence there is an urgent need to start developing more effective awareness-raising, training and education programmes amongst nursing professional apart from enhancing the mental health training in the curriculum itself. Periodic sensitization is also required. Since educational activities alone have not been effective in reducing stigmatizing attitude [16], the nursing staffs should also be exposed to mentally ill persons on a regular basis as close contact have been found to be effective way of reducing stigma [9,17-23]. They should also be encouraged to facilitate communication between disciplines, clients, and health care providers. An universal training programme for all the nursing staffs may not be effective. The training programme should be customized on the existing level of knowledge, attitude which is expected to differ on the level of health care system one is working. Individual and local issues also have to be addressed. The anti-stigma activity should be taken up as a routine activity in the health care system of a country. On an individual level, nurses can advocate for patients by policing the health care system for stigmatizing attitudes. Advanced practice nurses may lead stigma-reduction efforts by taking up stigma as topic of research particularly focussing on culturally sensitive stigma intervention, appropriate for individual countries to close the knowledge gap and establish best practice. Through continued effort and advances in research, the progress made in eliminating stigma will not only relieve the people and families that suffer but also lead to healthier communities.

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