ORIGINAL ARTICLE

PERSPECTIVE ABOUT MENTAL ILLNESSES: A SURVEY OF HEALTH CARE PROVIDERS OF ABBOTTABAD

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Background: Mental Health problems are widespread globally and are the leading causes of disability. The lives of people living with mental illnesses are often drastically altered by the symptoms of the illness and made worse by the society's reaction. Stigmatizing attitude among general population is prevalent. Relatively less research has been done to explore the attitude of health care providers towards mental illness especially so in Pakistan. This study aims to investigate views of healthcare providers of Abbottabad regarding mental illnesses. **Methods:** A cross-sectional study was conducted in major hospitals and medical institutes of Abbottabad wherein 640 self-administered questionnaires based on Opening Minds Scale for Healthcare Providers (OMS-HC) were distributed among healthcare providers selected through non-probability convenience sampling; 553 (86.41%) were returned. Data was collected from June to September 2016 and analyzed using SPSS-16.0. **Results:** The mean age of the participants is 26.12 years±7.612. Majority 346 (62%) were medical students, 60 (10.8%) were teachers, 50 (9%) were house officers, 70 (12.7%) were trainee medical officers, 27 (4.9%) were consultants. There were 313 (56.6%) females. The highest degree of stigma was observed among the 'Attitudes' of the people while it was relatively lower in Disclosure and Help Seeking domain and least in the factor of Social Distance. **Conclusion:** Stigma associated with mental illness is prevalent among healthcare providers.

Keywords: Mental illness; Stigma; Health Care Providers; Attitude; Social Distance; Help seeking; Disclosure

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INTRODUCTION

Mental illnesses are notable cause of mortality and morbidity.[1] On one hand the mentally ill people have to deal with the mental anguish and physical disabilities associated with the disease and on the other hand they are subjected to the stigma of the psychiatric disorders.[2] This discriminatory attitude prevents people from disclosing their condition which precludes treatment and recovery. The field of mental health is on last drawer during policy formulations. More importantly the health professionals carrying negative beliefs may hesitate in providing adequate intervention for individuals afflicted with mental illness. The people's outlook about mental ailments is influenced by their knowledge, encounters with people suffering from mental illnesses, media portrayal, cultural stereotypes, and their personal experiences of mental disorders.[3] There are many different mental illnesses including: depression, schizophrenia, substance abuse, autism, and anxiety disorders. There is a huge stigma attached to various psychiatric disorders globally.[4] When compared with the West, Asian countries show a higher prevalence of discriminating attitude towards people with psychiatric disorders. Religious, cultural, supernatural and magical factors play an important role in East.[5] Unfortunately the disdain for mentally challenged people is also prevalent in health care profession. Based on surveys conducted in South East England, Switzerland and India it is revealed that health professionals hold many negative stereotypes about mentally ill patients.[6–8] There is a dearth of literature on mental illnesses in Pakistan. The few researches that have been conducted show contradictory results. A research carried out in Lahore, Pakistan shows that doctors and students alike, considered psychiatric patients as unpredictable, dangerous and hard to talk to. They are of the belief that people with drug /substance abuse problems are unable to pull themselves together and deserve to be admonished.[9] Another research that took place in Pakistan shows that many university going students hold a positive attitude towards mental illnesses despite the lack of knowledge and personal experience. However, a lot of student population is of the view that mental illnesses are somehow linked with supernatural phenomena but this belief was found to be absent among medical students.[10] Many surveys have been conducted worldwide regarding stigmatization of mentally ill patients among public. But comparatively less research is done to find the attitude of health care providers towards this issue and no recent studies have been found in the region of Khyber Pakhtunkhwa (KPK) and Abbottabad. The aim of conducting this study is to determine the perceptions of health care providers in the city of Abbottabad regarding people with mental illnesses. The reason behind conducting this study on health care providers is that: they play a vital role in fighting stigma, diminishing stigma in this

domain can lead to advancement in psychiatry and related fields, more medical students will opt for psychiatry as a career choice, and medical students and doctors undergo immense stress due to their demanding work routine and suffer from poor mental health. Reducing stigma will give them an opportunity to seek professional help.

MATERIAL AND METHODS

This cross-sectional study was carried out in 5 major hospitals along with teaching institutes of Abbottabad, from December 2015 to June 2016 wherein 640 questionnaires were distributed using non-probability convenience sampling technique. A total of 553 were returned (response rate: 86.41%). Medical students from 3rd year onwards, MBBS qualified teachers, trainee medical officers (TMOs), house officers (HOs) and clinicians who had at least some basic knowledge of mental illnesses were included in the study irrespective of age or gender. Psychiatrists were excluded to prevent bias while medical students of 1st and 2nd year were excluded. The questionnaire was piloted once among such respondents outside the district and changes were made accordingly. Data was collected on the questionnaire that consisted of two parts. Part A consisted of baseline demographic information including: gender, age, and profession as well as information about personal experience with mental illness and association with mentally ill people. Part B comprised: standardized questionnaire "Opening Minds Scale for Healthcare Providers (OMS-HC)". This scale is developed by Health Commission of Canada to measure stigma in Health Care Provider population. The questionnaire is based on Likert scale, containing 15 items which are divided in three sub scales: (a) Attitude (question 1–6) (b) Disclosure and Help-seeking (question 7–10) (c) Social Distance (question 11–15). Questionnaires were handed to people who consented and they were assured confidentiality. Researchers explained the aim of the study to the participants and were present at that time to answer related queries. Participants were given freedom to withdraw from the study at any part of the procedure. Data was analyzed using SPSS software version 16.0. Quantitative variable such as age was described as mean±standard deviation. Nominal Variables were described as frequencies and percentages. Ordinal variables (i.e., Likert scale) were described as frequencies and percentages along with measures of central tendency. Chi-square test was used to find whether demographic variables had any effect on Attitude, Disclosure and Help-seeking, and Social Distance. A *p*-value of ≤0.05 was considered statistically significant.

RESULTS

Demographic characteristics of the respondents are summarized in table-1. At baseline, respondents' ages ranged from 20 to 62 years. Mean age of the participants was 26.12±7.612 years with 313 (56.6%) women. Thirty-eight (6.9%) reported that they had been treated for a mental illness, 241 (43.6%) knew a close family member or friend with a mental illness. At baseline, the majority of respondents were medical students 346 (62.6%). A summary of the distribution of responses to each of the OMS-HC items are shown in table-2.

Association of demographic variables with items of OMS-HC is shown in table-3. With respect to attitude, frequency among younger age group (20–30 years) was more in favor of negative attitude towards mental illnesses {question no. 3 (p=0.000) and question no. 6 (p=0.002)}. Males showed more negative attitude than females (p=0.017). Among professional group, consultants held stigmatizing attitude towards psychiatric patients (p=0.042 and p=0.021). Participants treated for mental disorders had negative attitude as compared to those with no such experiences (p=0.000). People in close relation with psychiatric patients showed stigmatizing attitude/behavior (p=0.008). Regarding the subscale of help seeking and disclosure, medical students (p=0.007) and people treated for mental illness (p=0.011) were more reluctant to seek help for mental illness. In the subscale of social distance, male showed stigmatizing behavior towards mental disorders than female (p=0.022) (p=0.036), (p=0.000). The people being treated for mental illnesses were also found to be socially distant from psychiatric patients (p=0.015).

Table-1: Baseline characteristics of respondents (n=553)

Category		Frequency	Percent
Age groups	20–30 years	465	84.1
	31–40 years	52	9.4
	41 & above	36	6.5
Gender	Male	240	43.4
	Female	313	56.6
Professional group	Medical Student	346	62.6
	House Officer	50	9.0
	Trainee Medical Officer	70	12.7
	Consultant	27	4.9
	Teacher	60	10.8
Knowing any psychiatric patient	Yes	241	43.6
	No	312	56.4
Treatment taken for mental illness	Yes	38	6.9
	No	515	93.1

Table-2: Responses to OMS-HC scale (n=553)

QUESTION	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
I am more comfortable helping a person who has a physical illness than I am helping a person who has a mental illness.	116 (21%)	230 (41.6%)	81 (14.6%)	100 (18%)	26 (4.7%)
Despite my professional beliefs, I have negative reactions towards people who have mental illness.	17 (3.1%)	43 (7.8%)	47 (8.5%)	228 (41.2%)	218 (39.4%)
There is little I can do to help people with mental illness.	32 (5.8%)	215 (38.9%)	88 (15.9%)	175 (31.6%)	43 (7.85%)
More than half of people with mental illness do not try hard enough to get better.	102 (18.4%)	251 (45.4%)	78 (14.1%)	87 (15.7%)	35 (6.3%)
Health care providers do not need to be advocates (supporters) for people with mental illness.	61 (11%)	23 (4.2%)	64 (11.6%)	235 (42.5%)	170 (30.7%)
I struggle to feel compassion for a person with mental illness.	74 (13.3%)	238 (43%)	108 (19.3%)	92 (16.6%)	41 (7.4%)
If I were under treatment for mental illness, I would not disclose this to any of my colleagues.	100 (18.1%)	227 (41%)	84 (15.2%)	111 (20.1%)	31 (5.6%)
I would not be reluctant to seek help if I had a mental illness.	119 (21.5%)	237 (42.9%)	60 (10.8%)	101 (18.3%)	36 (6.5%)
I would see myself as weak if I had a mental illness and could not fix it myself.	73 (13.2%)	223 (40.3%)	94 (17.0%)	124 (22.4%)	39 (7.1%)
If I had a mental illness, I would tell my friends.	58 (10.5%)	218 (39.4%)	90 (16.2%)	134 (24.2%)	53 (9.6%)
If a colleague with whom I work told me that they had managed mental illness, I would be as willing to work with him/her.	148 (26.8%)	306 (55.3%)	58 (10.5%)	33 (6.0%)	8 (1.44%)
Employers should hire a person with a managed mental illness if he/she is best person for job.	141 (25.5%)	252 (45.6%)	89 (16.1%)	48 (8.7%)	23 (4.2%)
I would still go to physician if I knew that physician had been treated for a mental illness.	63 (11%)	198 (35.8%)	109 (19.5%)	122 (22.1%)	61 (11%)
I would not want a person with a mental illness, even if it were appropriately managed, to work with my children.	51 (9.2%)	169 (30.6%)	99 (17.9%)	157 (28.3%)	77 (13.9%)
I would not mind if a person with a mental illness lived next door to me.	133 (24.2%)	264 (47.7%)	64 (11.6%)	61 (11%)	31 (5.6%)

Table-3: Association of demographic variables with items of OMS-HC*

Subscale	Question	Age	Gender	Professional Group	Treated for mental illness (yes/no)	Related to psychiatric patient (yes/no)
Attitude	I am more comfortable helping a person who has a physical illness than I am helping a person who has a mental illness.	0.014	0.017	0.042	-	-
	Despite my professional beliefs, I have negative reactions towards people who have mental illness.	-	-	0.021	0.000	-
	There is little I can do to help people with mental illness.	0.000	-	-	-	-
	More than half of people with mental illness do not try hard enough to get better.	-	-	-	-	0.008
	Health care providers do not need to be advocates (supporters) for people with mental illness.	-	-	-	-	-
	I struggle to feel compassion for a person with mental illness.	0.002	-	-	-	-
Help seeking/ Disclosure	If I were under treatment for mental illness, I would not disclose this to any of my colleagues.	-	-	-	-	-
	I would not be reluctant to seek help if I had a mental illness.	-	-	0.007	0.011	-
	I would see myself as weak if I had a mental illness and could not fix it myself.	-	-	-	-	-
	If I had a mental illness, I would tell my friends.	-	-	-	-	-
Social Distance	If a colleague with whom I work told me that they had managed mental illness, I would be as willing to work with him/her.	-	-	-	-	-
	Employers should hire a person with a managed mental illness if he/she is best person for job.	-	0.022	-	0.015	-
	I would still go to physician if I knew that physician had been treated for a mental illness.	-	-	-	-	-
	I would not want a person with a mental illness, even if it were appropriately managed, to work with my children.	-	0.036	-	-	-
	I would not mind if a person with a mental illness lived next door to me.	-	0.000	-	-	-

*only statistically significant *p*-values are shown

DISCUSSION

Three important factors, i.e., (a) Attitude, (b) Disclosure and Help seeking (c) Social Distance were made a part of our study as they are effective in giving an idea about the general beliefs that people hold towards psychiatric illnesses.

Gauging the attitude of the participants, it was found that our results are comparable to previous researches which claim that medical students and doctors hold negative attitudes towards mental illnesses.[9,6,11] These findings can be explained on the basis of 'religious beliefs', "physician bias" and 'culture of the medical community'.[9,10,12.]

It was found that age group based on "20–30 years" (predominantly comprising of students) had comparatively negative attitude towards mental illness as compared to others, these findings are found consistent with the outcome of research conducted in Lahore, Pakistan.[9]

When compared with other professional groups it was found that consultants are more hesitant when it comes to dealing with psychiatric patients. This might be because this group practically encounters such patients in contrast to medical students and teachers whose responses are based on their beliefs rather than their actual actions.

Attitudes of males and females are not very different. However, when a statistically significant difference exist, females are less likely to have negative viewpoint. Our findings support earlier research that indicates more empathy among women toward people with mental illness.[13–5]

When the factor of personal experience with psychiatric illness was taken into account no major differences in response was found. However, when a statistically significant difference existed, it was found that participants who themselves have suffered from mental illness held comparatively more negative reactions towards psychiatric patients. This suggests the presence of self-stigma.

When the fact that the responders knew someone with mental illness was considered, there were again not much dissimilarity between those who knew someone with mental illness or those who did not. However, when statistically significant differences existed, those who knew someone with mental illness, were more likely to show negative attitudes. This is consistent with the findings of Naeem *et al*.[9]

A bold but necessary move, self-disclosure is a first step toward successfully addressing the stigma associated with being mentally ill.[16] A vast number of the respondents in our study were of the opinion that they would not disclose it to their colleagues if they ever suffered from mental illness and would consider themselves weak if they could not fight the illness on their own. However, they were found willing to disclose it to their friends. These findings are comparable to a research carried out in England.[17]

A nationwide study of Canadian doctors' attitudes to becoming mentally ill, suggested that career implications were their biggest concern regarding seeking help, as well as professional integrity and stigma.[18]

These findings are easily understandable given that the emotional climate of the workplace is different from telling your family and friends. There you confront the question of disclosure in the context of concern about your present and future livelihood.[19]

Majority of the participants in our research showed a positive attitude when it came to seeking help for mental illness. This can be explained on the basis that even though the OMS-HC offers a reasonable indication of the beliefs that support behavioral attitudes, they have limitations in capturing actual behavioral responses. This is further supplemented by the finding that among the respondents the one who "actually suffered from mental illness" are hesitant to seek help as compared to those who didn't. But as the vast majority of the participants in our research had no personal experience with mental illness, the overall result favors a positive attitude.

Age, gender and knowing someone close with a psychiatric illness had no impact on help seeking and disclosure. However, respondents with personal experience with mental illness were found hesitant when it came to help seeking. This suggests presence of self-stigma. Among different professional groups, consultants were found more willing to seek help indicating that remaining professional groups which are less exposed to the clinical side are comparatively more influenced by the stigma of mental illness. This finding is important because it suggests that better knowledge, contact and experience may help reduce stigma.

Measures of social distance seek to assess a respondent's willingness to interact with a mentally challenged person in different types of relationships. When interaction with mentally ill people is assessed at more personal level; majority of the participants are of the view that they won't let a person with mental illness even if it were appropriately managed to work with their children. With regards to employment, neighborhood and

work-related environment most of the respondents do not desire social distance from mentally ill people. This social acceptance of psychiatric patients can be attributed to the element that health care providers are more familiar with mental disorders. This is in accordance with the research Corrigan et al which states that members of the general public who are relatively familiar with serious mental illness are less likely to believe that persons who have psychiatric disabilities are dangerous.[20]

Various other researches also reported that people more familiar with mental illness held stronger social care and weaker prejudiced beliefs, and consequently expressed a less strong desire for social distance.[21,22] These findings seem to support the role of familiarity in reducing the stigma surrounding mental illness.

Age, professional group and knowing someone close with a psychiatric illness had no impact on the social distance. Responders who had suffered from mental illness had more discriminating attitude as compared to those who didn't. They showed more reluctance when it came to working with mentally ill colleagues. This once again points towards prevalence of self-stigma.

Another noteworthy discovery was the impact of gender on the social distance. It is found that women that desired less social distance than men from those diagnosed with mental illness. This finding is consistent with previous literature.[23]

Limitations: One of the limitations of this study was the use of a self-administered questionnaire that may have led to social desirability bias. Another potential limitation is that, even though scales such as the OMS-HC offer a reasonable indication of the beliefs that support behavioral attitudes, they have limitations in capturing actual behavioral response. The strength of the study is that it is first study in KPK region that explored the views of healthcare providers about mental illnesses. The sample size was adequate and study included all the major hospitals and medical institutes of the Abbottabad city.

CONCLUSION

It is unwise to assume that people affiliated with the health profession have more liberal views towards mental illnesses. Our findings showed that stigmatizing beliefs are prominent in some aspects while they are insignificant in others. The highest degree of stigma is observed among the 'Attitudes' of the people while it is relatively lower in Disclosure and Help Seeking domain and least in the factor of Social Distance. The lack of research in this aspect on national and local level is a disconcerting realization and needs to be corrected. There is a dire need to address the problem of stigma by adopting appropriate measures which will ultimately help improve the quality of mental health.

Recommendations: Initiatives taken to impart knowledge and awareness and contact interventions will prove beneficial in revamping the discrimination against mental illnesses.

AUTHORS CONTRIBUTION

AL: Conceived the study, write up and literature review. AS and AS: Data collection, statistical analysis, literature review. SW and ZN: Supervised the study and proof read

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