

## **Medical students and stigma of depression. Part I. Stigmatization of patients**

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### **Summary**

The stigmatization of the mentally ill is called the first barrier hampering their treatment and recovery: it leads to the rejection of such individuals, their discrimination and exclusion from participation in various areas of social life. It becomes particularly significant if the patients encounter this attitude among doctors, nurses and others healthcare professionals. The literature describes stigmatizing attitudes towards the mentally ill and it transpires that stigmatization and a negative approach can be found even among medical students, despite the fact that in the course of their studies they receive information on psychiatric disorders and their treatment. The attitude stigmatizing mental illnesses as presented by medical students may be related to their subsequent similar views as physicians, thus adversely affecting the quality of care offered to patients and cause self-stigmatization and its consequences. The paper presents a review of the literature on the stigmatization of patients suffering from depression by medical students and a review of the interventions proposed to-date, as well as a discussion of their effectiveness.

**Key words:** depression, stigmatization, students

## **Introduction**

The knowledge of mental illnesses and disorders is not great among the general public, but it turns out that the stigmatization of the mentally ill is not directly dependent on one's knowledge. Stigmatization is an attitude involving social (generalized) disapproval, negative perception of a specific group of people due to certain physical or mental characteristics, lifestyle, value system or other attributes displayed by this group [1]. The negative consequences of the stigmatization of those with psychiatric illnesses are well documented [2, 3]. Such stigmatization of mentally ill persons leads to the rejection of such individuals, their discrimination and exclusion from participation in various areas of social life [4, 5]. The stigmatization of the mentally ill is also called the first barrier hampering their treatment and recovery (as cited in: [5]). Although in the course of their studies medical students receive information about depression and its treatment the literature describes their negative views which stigmatize the patients with depression and other mentally ill people.

### **Stigmatization of the mentally ill by medical students**

Recent studies conducted in various countries have consistently shown that persons suffering from psychiatric illnesses are stigmatized by medical students. In a paper by James et al. [6] it has been stated that students show stigmatization of the mentally ill and display a more hostile attitude towards schizophrenics than towards those suffering from depression. A similar aversion occurs towards addictions. The study showed as well that students showed a positive attitude towards AIDS and diabetic patients. Korszun et al. [7] focused on the differences between the attitude towards psychiatric illnesses and other diseases among medical students. The study involved 760 students from Great Britain who completed an on-line questionnaire. It contained questions regarding their attitude towards patients with pneumonia, depression, psychosis, intravenous drug users and patients with chronic stomach pain of unknown etiology. The study showed that a personal experience with having a mental disorder or the occurrence of such an illness in a family member or a friend resulted in a less stigmatizing attitude. Men presented a more stigmatizing attitude towards almost all of the aforesaid illnesses compared with women. Interestingly, students showed the strongest stigmatization of those with unexplained stomach pain and it increased the further they progressed in their studies.

Yadav et al. [8] demonstrated that medical students agreed more often than interns with the statement that a depression diagnosis could destroy the patient's career and were more reluctant to invite such a person to a party. Their negative attitude towards patients with depression was associated with their conviction that such people are unpredictable, have impaired conversation skills and are less able to "pull oneself together". A connection was observed between a stigmatizing attitude and the level of

medical education of the subjects. The longer education time goes with more friendly attitudes towards depressed patients.

The paper by Ahmedani et al. studied stigmatization of patients, but also the willingness to treat patients addicted to alcohol or nicotine and persons with depression by medical students and students taking courses for social workers. The study involved 222 participants who filled in an on-line survey. Students reading both subjects did not differ in terms of their willingness to treat the aforesaid illnesses. Both groups displayed lower inclination to treat alcohol or nicotine addiction than depression. Personal history did not have an impact upon the willingness to treat these disorders and men were less eager to offer help [9].

Fernando et al. [10] conducted a study of a negative attitude of medical students and physicians to various mental illnesses. These studies were carried out in Sri Lanka and Great Britain and included over five hundred medical students and several dozens of physicians. Questions concerned the presence and intensity of stigmatization of patients with depression, but also with schizophrenia, anxiety disorders, dementia, alcohol and drug addiction. The results revealed a higher level of stigmatization of patients with depression and alcohol or drug addiction among subjects in Sri Lanka compared with the group in Great Britain. Medical students presented a more negative attitude towards patients with the aforesaid illnesses compared with physicians. The highest level of stigmatization occurred towards patients addicted to drugs, alcohol, and those with schizophrenia and depression.

Arbanas [11] compared the attitude of 325 Croatian medical students and students reading of various majors towards schizophrenia, depression and post-traumatic stress disorder. The study showed that the post-traumatic stress disorder and depression caused the same level of stigmatization, lower than schizophrenia. A negative attitude was the least observable among medical students. Another study in the area aimed at researching the attitude of medical students and doctors from Pakistan towards patients with schizophrenia, depression and drug and alcohol addiction [12]. More than half of participants showed negative feelings towards persons with the aforesaid illnesses. A majority of the participants believed that curing mental illnesses was possible.

Ay et al. [13] carried out a questionnaire-based study at three universities in Turkey. The form contained stories of persons with schizophrenia and depression and questions regarding them, which allowed the researchers to determine the attitudes of the subjects towards these two disorders. The study demonstrated that last year students had a less negative attitude towards patients than second year students, but still showed stigmatizing opinions and views. As regards depression, sixth year students showed a positive change of their attitudes towards visiting a doctor, disclosing diagnosis and the use of medicines. Between second and sixth year the percentage of persons considering those with depression to be dangerous decreased (from 11.3 to 7.7%). 90%

of sixth year students considered depression to be temporary and treatable compared with 75.7% of second year students (statistically significant difference).

Studies conducted in Nigeria provide some interesting data [14]. Ighodaro et al. researched attitudes towards the mentally ill among medical students prior to psychiatry classes, after a course in psychiatry and among physicians. Questions concerned beliefs regarding therapy effectiveness and the attitude towards mental disorders (schizophrenia, bipolar disorders, depression and anxiety disorders) and somatic diseases – diabetes and hypertension. No significant differences were observed between the attitudes of students and physicians towards treatment effectiveness. Psychiatry classes and professional experience showed a substantial positive effect upon stigmatizing attitudes towards the mentally ill. A study currently being conducted among Polish medical students at the Department of Adult Psychiatry in Poznan [15], constituting part of an international project using the International Depression Literacy Survey [16] developed by Brain & Mind Research Institute is based on a similar assumption.

A survey carried out among Pakistan doctors and medical students to determine the attitudes towards patients with psychiatric disorders [17], which included 500 participants, demonstrated that the subjects showed the most negative attitudes towards schizophrenia, mania, alcohol and drug dependency. More than 60% of the participants perceived mentally ill persons as dangerous. In the case of depression, anxiety, alcohol and drug addiction some fifty per cent of the subjects believed that the patients themselves were to blame or that they should “pull themselves together”. Dementia and schizophrenia were seen as illnesses with the worst prognosis.

Such negative attitude can develop very early. Even first or second year medical students already had firm views about individual groups of patients. They sympathized less with patients who they considered “responsible” for their state, e.g. persons with eating disorders [2, 18]. Freshly qualified doctors expressed stigmatizing opinions about the mentally ill, combined with a lack of knowledge about these illnesses and fear [19]. Medical students who had had contacts with psychiatric patients displayed a much more benevolent attitude [13].

### **Interventions/prevention**

Anti-stigma interventions proposed in the literature are focused on mental disorders in general rather than on specific illnesses. Studies performed in the field show that regardless of the type of mental illness it is necessary to concentrate separately on improving knowledge, attitude and behaviors [20]. Procedures described herein are recommended for various types of mental disorders including depression. In the systematic review of the literature (published until April 2010), Yamaguchi et al. [21] presented interventions against stigmatization of the mentally ill by students described in the literature, namely direct contact with patients, education using film “contact” with patients, lectures, role-playing, education – reading lists, use of e-learning pro-

grams. Randomized cross-sectional studies with control groups and controlled before and after studies (some with follow-up assessment) were included. The assessment of the efficacy of interventions aimed at reducing stigmatization of the mental patients by students involved the analysis of the following results: a) knowledge of psychiatric illnesses and disorders; b) attributions/attitudes towards the mentally ill; c) distance in social situations towards such patients; d) attitudes towards using/seeking help.

The knowledge of the illnesses and the patients improved significantly and these changes persisted in the follow-up studies after participation in lectures, following direct contacts and the use of educational movies and films with patients in interventions. Changes in the attitude towards the mentally ill were studied using interventions in the form of direct contacts with patients, contact in the form of films, computer programs, lectures, role-playing, and even simulation of auditory hallucinations (compared with a group with no action taken). None of the interventions applied among medical students brought any significant effects. Compared with a control group without intervention, social attitudes were effectively changed (distance reduction) by interventions using direct contact and (less effectively) lectures. In studies with a control group improvements in the attitude towards using/seeking help were observed following lectures, and these changes persisted in follow-up studies.

In a systematic review of the literature Stubbs [22] presented conclusions regarding the effectiveness of interventions proposed in order to reduce stigmatization of the mentally ill among medical students and healthcare workers. The literature presented various types of interventions: role-playing, first aid in mental illnesses internship, education (education interventions, sending an e-mail with information on stigmatization, direct contact with patients, education with elements of direct contact, combination of lectures and direct contact with patients, combination of lectures with recorded contacts with patients, direct contact with a peer patient, direct contact with a patient's carer. Interventions involving direct contact with the mentally ill, film materials or e-mail effectively reduced the stigmatization of patients by students and doctors. Alas, this effect lessened with time. Effectiveness of role-playing was not confirmed [22].

Ungar et al. [23] claim that the content of such interventions addressed to medical students/physicians and other healthcare workers must be different than in campaigns against stigmatization directed to society at large. These authors believe that providing more information on the bio-medical model may increase negative attitudes among general population (such patients are unpredictable, cannot be controlled, they are irreversibly/incurably ill) [23, 24]. At the same time, in the case of persons professionally dealing with patients suffering from mental illnesses/disorders stressing the biological (organic) etiology of psychiatric disorders renders them less "functional" and more biological, i.e. susceptible to treatment, control [23]. Such medical (biological) views lead to a reduction of distance in clinical situations and pessimism regarding the outcome of the therapy which means less stigmatization, less discrimination of patients.

In interventions of this type addressed to students/physicians presenting brain scans of mentally ill/treated/cured persons was proposed [25].

### Recapitulation

Medical students show stigmatizing attitudes towards the persons with depression and other mental disorders, and views and behaviors which persist or even intensify during their professional work. Systematic reviews of the effectiveness of interventions reducing stigmatization of people with psychiatric disorders among students and healthcare professionals [21, 22] contain insufficient data to recommend specific measures improving the knowledge about the mentally ill, reducing stigmatizing attitudes and behaviors. Developing effective interventions is important because studies show that negative attitudes of medical professionals adversely affect the quality of care [2].

It has been proposed to adopt a multi-dimensional approach in campaigns against stigmatization: explanations using the psycho-social and the bio-genetic/medical model [25] and diversification of the methods applied in different groups (students beginning/completing their studies, post-graduate education and the general population). The interventions used should take into account changes in the attitudes and behaviors, not only the knowledge, and they should be repeated.

In interventions reducing the stigmatization of the mentally ill among medical students it is also necessary to stress that persons with such disorders can live in society and be active [2, 24], while providing bio-medical explanations regarding the etiology and course of psychiatric illnesses and disorders. This is particularly important because an attitude of stigmatization of mental disorders among medical students may lead to holding to such views as doctors, thus adversely affecting the quality of patient care.

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