

Areas of stigma and discrimination of mentally ill people among Internet respondents in Poland

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Summary

Aim. The aim of this study was to investigate the public perception of mentally ill people, stigma of the mentally ill and distance towards them in Poland.

Method. The study group was composed of 1,309 respondents who were interviewed using an authors' own survey, which was spread with the use of online media.

Results. The results indicate a high level of stigma of psychiatric patients in the subjective assessment of their appearance, intellect as well as respondents' sense of superiority over the patients. The stigma of a psychiatric patient is also resolutely demonstrated in the economic aspect, which results from respondents' unwillingness to employ, or even work with people affected by a disorder from the mental illness group.

Conclusions. Undoubtedly, the fight against the phenomenon of stigma and discrimination against people affected by mental health problems is becoming one of the priorities in the field of mental health.

Key words: stigma, social discrimination, mental disorders

Introduction

Even though the knowledge of mental disorders is spreading around the world, the stigma level of people affected by such disorders does not change while in the case of schizophrenia it even deteriorates [1]. Most people affected by mental health problems do not seek help from physicians whatsoever [2]. The reasons for this phenomenon have many factors – poor knowledge about mental disorders in the population, prejudice of the society against mentally ill people, and their discrimination [3, 4]. All these elements make up the term stigma [2]. A patient who is diagnosed with a mental disorder often has to face not only the illness, but also its stigma from the very beginning [5]. The term “stigma” was coined by Erving Goffman, the American sociologist who also

published a book entitled *Stigma. Notes on the Management of Spoiled Identity*. According to Goffman, there are three groups of stigmas defined as: 1) physical stigmas that refer to physical deformities of the body; 2) stigmas of character traits associated with the evaluation of a social unit based on their life until now; 3) tribal stigmas associated with being part of a social group. In the author's opinion, the stigmatized are those who possess "a very extensive discrediting attribute". The person who is characterized by this attribute is unwanted and unaccepted in the society because there is a conflict between the expectations the society has of this person and what the person actually represents [6].

It is very common in the Polish society to perceive people with mental disorders only in relation to their illness, and their individual traits are almost always omitted. A mental disorder comes forward, which defines a person usually in pejorative terms, causing fear and anxiety, and strengthening the negative stereotype. In the case of people who have no knowledge or experience in terms of psychiatry, a sense of fear during the contact with a mentally ill patient is "natural". This group patients is very frequently characterized by the unpredictability of behavior and being capable of posing threat [7].

The study carried out by Bogna Wciórka and Jacek Wciórka indicated that much of the behavior usually perceived as negative is automatically attributed to patients who are treated psychiatrically [8]. The behavior included: inexplicable behavior, aggression, lack of personal hygiene, indifference to patient's own fate, irrational fear or avoiding other people. The fact that the Polish society excludes people who recovered from their mental illness from full participation in social life draws some attention. In particular, such a trend was noticed in case of social roles associated with holding responsibility for other people [8].

Another issue is that stigma due to a mental illness hampers the recovery and patient's return to the optimum form despite being treated properly. Patients usually go through the process of self-stigma; therefore, the recovery becomes even more difficult [9]. According to Beldie et al. [10], one of the major reasons for the stigma of psychiatric patients is lack of satisfactory treatment. In spite of the introduction of new treatment methods, the stereotypes have not drastically changed, however [10, 17].

No consistency in treating specific illnesses, a discrepancy between the supporters of different psychiatry schools, and growing competition between pharmaceutical companies, all contribute to exacerbate stigma in psychiatry [10]. According to a 2008 study of the Public Opinion Research Center (CBOS), the Polish society is aware of the fact that people suffering from mental disorders are discriminated against in our country [8]. Unlike stigma, which is limited to leaving marks, discrimination aims at the deprivation of rights [7]. According to Poles, three areas in which people with mental disorders are treated especially badly are employment, respect for personal dignity and education. This is another aspect that hampers patients' recovery and their return to function satisfactorily in everyday life, which is not possible if patients are treated differently than the rest of the society [8].

There has been no data as yet that would confirm the effectiveness of social and education campaigns aimed at reducing tendencies to stigmatize people affected by

mental disorders [9]. Although such campaigns are carried out, they often lack descriptions, publications and summaries that would confirm their effectiveness, and, therefore, contribute to spread anti-stigma methods in the world. A wider access to anti-stigma campaigns and detailed description of their effects would not only reduce the extent of stigma, but, what is more important, also enhance the life quality of people with mental illnesses and their families [10].

The aim of an anonymous survey, which was carried out by means of the Internet, was to evaluate the attitude towards mentally ill people and their stigma and discrimination levels.

Study group

The study group was comprised of 1,309 people who live in Poland. Most of the respondents were women (81.4%). The mean age of the respondents was 23.9 years (23.9 in the case of women, 23.8 in the case of men) ($SD = 6.09$). A detailed characteristic of the study group is presented in Table 1.

Table 1. Characteristics of the study group

Sex					
Men 18.6%		Women 81.4%			
Marital status					
In relationship 46%		Single 54%			
Place of residence					
Countryside 15.5%	City with < 500 thousand residents 48.1%			City with > 500 thousand residents 36.4%	
Education					
Higher 29.8%	Incomplete higher 32.6%	Secondary 34.4%	Vocational 0.3%	Lower secondary 2.2%	Primary 0.6%
Type of education					
General 9.5%	In humanities 35.4%	In medicine 25.7%	In economy 16.1%	In technology 13.3%	

Respondents' own experience with a psychiatrist, psychologist and psychotherapist was also studied. Among the respondents, 41.3% have sought help from a psychologist at least once, 18.8% from a psychotherapist, and 22.7% from a psychiatrist. Table 2 presents the exact incidence evaluation of using the services of the above-mentioned physicians.

Table 2. Incidence of using the services of a psychologist/psychiatrist/psychotherapist

	No	Yes, once	Yes, several times	Yes, regularly
Psychologist	58.7%	12.8%	21.1%	7.4%
Psychiatrist	77.3%	5.8%	9.0%	7.9%
Psychotherapist	81.3%	2.9%	8.2%	7.6%

Among the respondents as many as 45.4% have met a physician as a result of a mental illness of at least one family member. In addition, 16.3% of the respondents have been treated psychiatrically.

Methods

The study was carried out on the basis of author's own questionnaire, which was available on the Internet from 27.01.2017 to 2.02.2017. It was a CAWI (Computer Assisted Web Interview) quantitative investigation in the form of a survey to fill out individually on a computer. The survey was voluntary and anonymous. The target group was comprised of young people who use www.facebook.com internet portal, by which the survey was made available.

In addition to questions about basic sociodemographic information, the survey contained questions about the aspects of stigma, its fears, as well as questions about knowledge of psychiatric disorders. The form of questions was multiple choice and only one answer could have been chosen. The selection of questions to evaluate the stigma level of mental illnesses among the respondents was conducted based on the study by Bogna Wciórka and Jacek Wciórka for CBOS in 2005, 2008 and 2012 [8, 13, 14]. The respondents were asked to answer questions about their appearance, intelligence and superiority, as well as a subjective sense of shame resulting from a psychiatric disorder. The evaluation of the effect of mental disorder on economic aspects was also analyzed. Such aspects may have resulted from unwillingness to employ, and also cooperate with a person suffering from a psychiatric disorder.

The results were analyzed by means of Statistica 12 software created by StatSoft. The χ^2 test was used for the analysis; if there was no normal distribution of the group, the Mann–Whitney U test was used. In each case, the statistical significance level was $p < 0.05$.

Results

While analyzing individual questions in the survey suggesting the stigma level of psychiatric disorders in Poland, one has to consider that as many as 19% of the respondents claim that mental disorder is shameful. Mostly men have such an opinion ($p = 0.04$) – 23.7% of them think that mental disorder is shameful as compared to 18% of women. The highest percentage of respondents who think that mental disorder is shameful were highly educated in medicine (20.8%). The respondents who were highly educated in technology also stigmatized such a disorder to a rather high extent

(20.7%). However, it was determined that a type of education does not affect the shame evaluation ($p = 0.72$). The same goes for a place of residence ($p = 0.74$). Among the respondents, 8.6% were of the belief that a person affected by psychiatric disorder has less intellectual capacity than other people. In addition, 14.6% of the respondents claim that people with mental disorder look different. Table 3 presents the exact percentage of the answers about the stigma level.

Table 3. Aggregate results of the survey evaluating the stigma level of psychiatric disorders

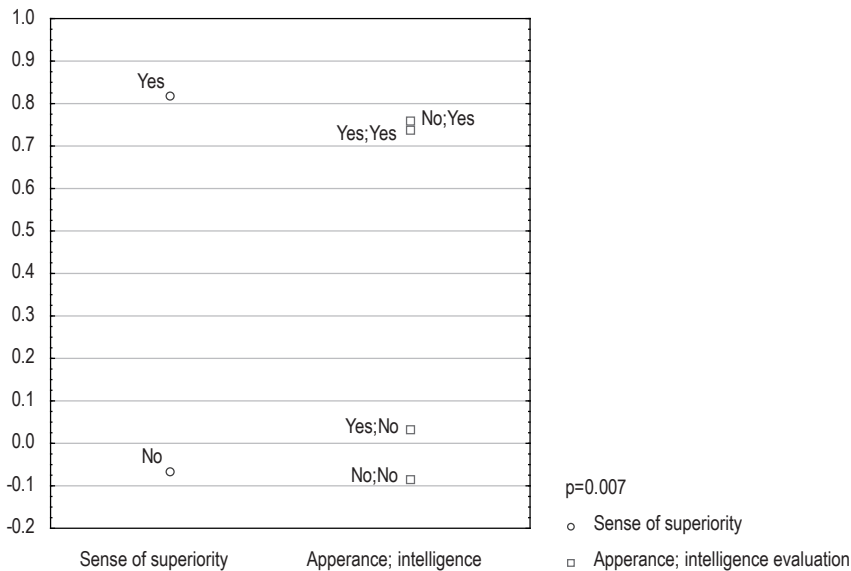
Item	Yes	No
Does a mentally ill person look different from other people?	14.6%	85.4%
Do you feel superior to a mentally ill person?	7.6%	92.4%
In your opinion, do mentally ill people have less intellectual capacity?	8.6%	91.4%
Are psychiatric disorders shameful and should they be hidden from other people?	19%	81%
Would you mind having a mentally ill person as your friend?	10.6%	89.4%
Would you mind having a mentally ill person as your neighbor?	14.1%	85.9%
Would you mind having a mentally ill person as your co-worker?	17.8%	82.2%
If you were an employer, would you hire a person who seeks psychiatric help?	89.4%	10.6%

A type of education does not affect intellectual and visual judgment ($p > 0.05$). A high percentage of the answers suggesting that people with a psychiatric disorder are people of lower intelligence and specific appearance indicates that the subjective evaluation of a sense of superiority over these people will be significant. As many as 7.6% of the respondents regard themselves as superior to mentally ill people. In compliance with the assumptions, a close relationship between a sense of superiority and the evaluation of appearance and intelligence was established ($p = 0.007$). This relationship is demonstrated in Graph 1.

It was estimated in each case that men stigmatized mentally ill people more frequently than women ($p < 0.05$).

The stigma level among the respondents is also visible in the economic sphere. 10.6% of the respondents admit that they would never hire a person who seeks psychiatric help. In the case of their own financial security, the respondents are almost unanimous, and sex, education or a place of residence do not affect the probability of hiring a person with a mental disorder ($p = 0.58$; $p = 0.63$; $p = 0.99$, respectively). In addition, as many as 17.8% of the respondents are reluctant to have a mentally ill person as their co-worker. However, women are more approving and tolerant in this case ($p = 0.016$). Nearly 84% of them do not see a mentally ill person being a co-worker as a problem while almost every fourth man expresses his strong disapproval.

Stigma is a multi-stage process that involves various aspects of life, especially perception of appearance, intelligence, employment possibilities and many more, among which interpersonal relationships should be specified. It is interpersonal relationships that guarantee the improvement of social functioning of people with various mental disorders. It should be pointed out that as many as 14.1% of the respondents cannot



Graph 1. **The relationship between a sense of superiority and evaluation of intelligence and appearance of the mentally ill**

imagine a mentally ill person as their neighbor. 10.6% of the respondents are reluctant to maintain contact with a friend who seeks psychiatric help. It is a smaller percentage, however, still high. Again, women are more tolerant than men (in both cases $p < 0.05$). A close relationship between stigmatizing a neighbor ($p = 0.01$) or a friend ($p = 0.02$) and acquired education was also noticed. People who work or study in the field of medicine tend to be more tolerant. 91.2% of them do not think living next to a psychiatrically ill neighbor is an issue. On the other hand, every fifth engineer or economist would experience discomfort in this situation. Residents of a city with more than 500,000 inhabitants also have a higher tolerance level as opposed to people who live in smaller cities and villages ($p = 0.042$). 89% of big city residents could live next to a psychiatrically treated person. Almost 16.5% of people living in the countryside would rather avoid this situation. Interestingly, this relationship was not established in relation to unwillingness to have a psychiatrically treated friend ($p = 0.4$).

People's life experiences frequently change their perception noticeably. This relationship was also established while analyzing the stigma level of people affected by psychiatric disorders by people who have had contact with a psychiatrist, psychologist or psychotherapist before, or who have been treated psychiatrically themselves. Even the fact of having a person who suffers from psychiatric disorder in one's family has a considerable impact on the judgment of other people in similar circumstances.

The strongest relationship was observed in relation to the evaluation of a sense of superiority and the use of psychiatric services and being treated under the control of a psychiatrist. Only 2.7% of people who have used the services of a psychiatrist have

agreed with this statement ($p < 0.05$), whereas this state of affairs was seen in only 1.87% of people being treated ($p < 0.05$). Contact with a psychologist and a psychotherapist, as well as an illness of a close person have a significant effect on the decline in a sense of superiority ($p < 0.05$). Similar relationships were noticed in the case of evaluation of appearance ($p < 0.05$) and intelligence ($p < 0.05$) of mentally ill people.

One's own experiences also have an impact on economic aspects. 94.3% of people who have ever consulted with a psychiatrist would hire a person with a psychiatric disorder as opposed to 12% of people who have never consulted with a psychiatrist and would not hire such a person ($p < 0.05$). Similar relationships were noticed in relation to a psychologist ($p < 0.05$) and a psychotherapist ($p < 0.05$). There were also strong correlations in relation to the evaluation of unwillingness to have a neighbor or a friend with psychiatric issues. Each type of a psychological, psychiatric or psychotherapeutic experience significantly decreases the stigma level of such people ($p < 0.05$).

Discussion

Mental health is crucial not only from the point of view of an individual, but also of the entire society as it is a component of the definition of health according to the World Health Organization. Mental health allows to live in a society and fulfill the roles associated with the society [11]. The epidemiological study of mental disorders (EZOP-Polska), which has been carried out in Poland for the first time, indicates that a considerable proportion of the society have difficulties with their mental health [12]. These difficulties increasingly affect our population. Unfortunately, the social awareness of mental disorders is still unsatisfactory. The results of the above-mentioned study correspond to surveys carried out before, which also indicate a high stigma level of mentally ill people. All studies confirm that there is a negative attitude to mentally ill people and a distance towards them in the Polish society.

The obtained results correspond to a study conducted in 2012 by the Public Opinion Research Center (CBOS) on the embarrassing nature of mental disorders, which are hidden from others [13]. The study demonstrates that a large proportion of people – almost three-fourths of the respondents – say there is the stigma of mental illnesses. Such an attitude draws attention to the existence of stigma phenomenon [13, 14]. A surprising result of the study was that there is a large proportion of people educated in medicine who confirm stigma and discrimination of mentally ill people. It would seem that such educated people have much more knowledge of mental disorders, their etiology, treatment and prognosis, which would manifest itself in an anti-stigma attitude towards mentally ill people. However, any studies have appeared so far which could show the attitude of professionals in the field of medicine towards psychiatry and people suffering from mental illnesses. This opens an area where further research can be conducted.

Accordance with other research can also be seen in the issue of performing social roles by patients with mental illness by pointing out a very large distance towards them. The results obtained in this area are compatible with the results of the study carried out by CBOS in 2005 [14], as well as with further studies conducted in 2012 [13]. For

instance, a very clear distance to patients suffering from mental health problems can be seen in the study conducted in 2005 by CBOS. The distance was expressed by the opposition to the performance of social roles. The distance became stronger when the role was more associated with responsibility for other people [14]. In the authors' own study, the distance can be seen especially in the economic sphere and employment of patients. The aspect of unwillingness to have a neighbor affected by mental disorder is also very clearly marked and affects about one-sixth of the respondents. However, there are people associated with the medical industry who in the vast majority (90.2%) do not see any obstacles in this area. An opinion about incompetence, less intellectual capacity and being forced to treat such people in a paternalistic way is also widely distributed in the society [15]. The study confirmed a strong correlation between a sense of superiority over people with mental illness and the evaluation of the reduction of their intellectual capacity and differences in their appearance.

The study confirms the existence of the stigma phenomenon, stigmatization and distance, which has remained on a high and still unsatisfactory level over the years. The results of the survey, however, may not reflect the true prevalence of the stigma due to the limitations resulting from the study. Moreover, they cannot be related to the general Polish population. One of the study problems is an unrepresentative study group, which was created in a random selection. The authors' own and non-standardized survey was widespread through social media, which can be a further limitation associated with the age of respondents and their access to the survey. It can be assumed that the respondents have fewer life experiences and, therefore, a smaller chance of contact with anti-stigma campaigns, which can significantly affect their perception of mental illnesses. On the other hand, the high percentage of respondents who have used the services of a psychiatrist or psychologist may suggest that, from the social perspective of general population, the results of the study could indicate even further stigma of psychiatric patients.

The young age of the respondents and the advantage of highly educated people may in turn indicate a greater openness and understanding of psychiatric issues than in the general Polish population. In addition, the impact of mass media has also been shown, including the Internet, on the image creation of a psychiatric patient [16], which can greatly imply a level of stigma among the study group. The power of the mass media is worth mentioning, which, by improving the precision and reliability of the published information, can become a valuable tool in the fight against stigma and promoting positive attitudes in relation to people with mental illness [18].

A methodological limitation of the study is the use of the online survey, which narrowed the group to young people who use social media. The accuracy of the data cannot be verified, even of the personal data of the respondents. We should also take into account the smaller number of male respondents, which probably influenced the results, because only men who have an opinion on mental disorders could participate in the study. On the other hand, this is a study group among which, as can be seen in the results, anti-stigma programs should be conducted.

Conclusions

The study still demonstrated a very high sense of stigma and discrimination against people suffering from mental illness, as well as a distance towards them. Among a group of men, a stronger sense of discrimination against the patients can be noticed because of illness shame, different appearance, as well as reduced mental capacity, superiority over them, and the distance towards them. A very important factor which changes the perception of people suffering from mental illness, including the distance to them, is experiencing an illness themselves or the use of psychiatrist, psychotherapist or psychologist help. The frequency of visits to a specialist has a profound importance among this group. When they are more regular, they reduce the distance and tendency to stigmatize mentally ill people.

The obtained results confirm the necessity to take an action towards overcoming the stigma and distance to people who have problems with mental health. The changes should concern both the organization of mental health care, as well as the promotion of mental health. The increase in the awareness level of mental illnesses in the society can lead to a significant reduction in the stigma level, as well as the avoidance of many implications arising from this phenomenon, and, most importantly, allow such people to return to normal functioning and perform specific social roles.

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