

Attitudes of mental health professionals toward people with mental illnesses

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Public attitudes

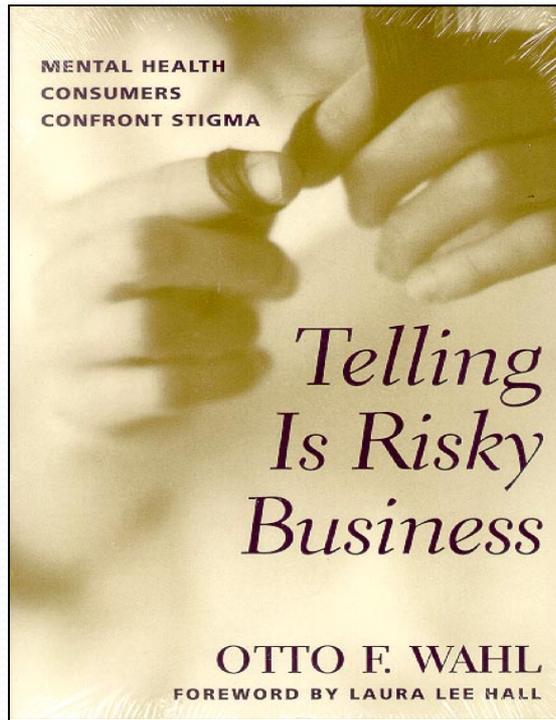
- **There is an extensive literature showing that the general public has many negative beliefs about and attitudes toward mental illness.**
- **Prominent negative beliefs include**
 - **People with mental illness are violent and dangerous.**
 - **Mental illness is a result of bad character.**
 - **People with mental illnesses tend not to recover.**
- **Negative attitudes include**
 - **Desire for social distance from people with psychiatric diagnoses (as co-workers, neighbors, club members)**
 - **Fear, disrespect, and devaluation**

Mental health professionals' attitudes

Although one would expect those choosing to assist people with mental illnesses to have more favorable attitudes, the experience of many people with mental health professionals has sometimes suggested otherwise.

Telling is Risky Business

Wahl (1999)



Consumers reported being treated with lack of respect by caregivers, talked down to as if they were children, and discouraged from taking on challenging roles in life. They described overhearing conversations and jokes told by mental health professionals in which mental illness was ridiculed. Said one respondent:

“The worst discrimination I’ve faced is from so-called mental health professionals.” (p. 57)

Impact of negative attitudes of mental health professionals

Undercurrents

Martha Manning, 1994

Negative attitudes from those to whom people turn for help and understanding may be even more painful and destructive than those from the general public.



“We in mental health sometimes assume that, because we have positive intentions, our actions will automatically be positive and helpful. But benign tyranny is no less oppressive than malevolent tyranny”



**Previous reviews of the
research on mental health
professionals' attitudes
toward mental illness**

Schulze (2007)

- Reviewed 9 studies between 1997 and 2007.
- From six different countries
- Psychiatrists were the most represented group, but other groups of mental health professionals were included also.
- Conclusion: “Mental health professionals’ attitudes largely do not differ from negative public conceptions of mental illness.” (p. 144)

Wahl & Aroesty-Cohen (2010)

- **Identified 19 empirical studies between 2004 and 2009**
 - **From 12 different countries**
 - **8 studies overlapped with those included by Schulze**
- **Findings:**
 - **Attitudes of mental health professionals were generally positive, both in an absolute sense and in comparison to attitudes of the public**
 - **But significant negative attitudes were also apparent.**
 - **Belief in dangerousness**
 - **Doubts about the possibility of recovery**
 - **Reluctance to accept socially**
 - **Same findings if Schulze studies excluded**



**New studies
since 2010.**

Inclusion in review

- **Search of PsycInfo and PubMed databases and reference lists of identified studies published since previous (2010) review**
- **Included only studies involving professionals who work in designated mental health settings or have careers in mental health care**
- **Not included:**
 - **Studies of students/future mental health professionals (but psychiatric residents included)**
 - **Studies of general health care providers**
 - **Studies of people in professionals indirectly related to mental health (e.g., genetic counselors)**
 - **Studies of attitudes toward specific behaviors (e.g., self-harm, suicide)**
 - **Studies of attitudes toward substance abuse, developmental disabilities**

Overview of studies included

16 studies from 13 different countries

- **Australia (2)**
- **Brazil**
- **China**
- **Cyprus**
- **Ireland**
- **Japan**
- **Norway**
- **Palestine**
- **Poland**
- **Sweden**
- **United Kingdom (2)**
- **United States (2)**
- **Zambia**

Overview of studies (cont.)

- **Samples**

- Most studies (11) involved mixed sample of different types of mental health professionals
- Three focused mainly on psychiatrists or psychiatric residents
- One focused on psychologists
- One focused on psychiatric nurses (Nurses were also the largest numbers in many of the mixed samples.)

- **Measures**

- More than 20 different measures used
- Rarely did a study use the same measure as other studies
- Most common measures =
 - Implicit Association Test (IAT)—4
 - Social Distance Scale—2
 - Community Attitudes toward Mental Illness scale (CAMI)—2
 - Devaluation-Discrimination Scale--2

Results

- **Nine studies found predominantly negative attitudes among the mental health professionals studied.**
- **Four reported mixed positive and negative findings**
- **Only three studies reported predominantly positive attitudes among mental healthcare providers.**

Negative attitudes

- **Findings include:**
 - **74% agreement among inpatient staff in Palestine that “members of society are at risk from the mentally ill.” (Ahmead et al., 2010)**
 - **67% agreement among Swedish mental health professionals that “most young women would be reluctant to date a man who has been hospitalized for a serious mental disorder.” (Hannsson et al., 2011)**
 - **75% agreement among Zambian mental health professionals that “political and individual rights of mentally ill persons should be suspended while on treatment to help them.” (Kapungwe et al., 2011)**

Negative attitudes (cont.)

- **More than one third of community mental health staff members in Guangzhou, China agreed that “I would like to avoid contact with patients with mental illness.” (Li et al., 2014)**
- **Qualified nurses (as compared to student nurses) in Ireland expressed more socially restrictive attitudes. (Linden et al., 2012)**
- **Psychiatrists in Brazil “negatively stereotyped individuals with schizophrenia.” (Loch et al., 2011, p. 176)**

Mixed positive and negative results

- **Brener et al. (2013) found positive explicit attitudes but negative implicit ones among mental health workers in Australia.**
- **Kopera et al. (2014) found explicit attitudes of mental health professionals to be more positive than those of medical students in Poland, but no differences in implicit attitudes.**
- **Mittal et al. (2014) that mental healthcare professionals in the U.S. had less negative attitudes than general healthcare providers, although both showed a desire for social distance from individuals with schizophrenia.**
- **Omori et al. (2012) found that the newly adopted Japanese term for schizophrenia was less associated with criminality than the previous term, but the association with criminality became stronger after clinical psychiatry training.**

Positive findings

- **Smith & Cashwell (2010, 2011) found that U.S. mental health professionals had less negative attitudes than non-mental health professionals.**
- **Sun et al. (2014) found that psychiatrists and psychiatric nurses in Guangzhou, China had more positive attitudes than family members or the general public.**
- **Stull et al. (2013) reported that U.S. practitioners involved in an ACT (Assertive Community Treatment) program had positive explicit and implicit attitudes towards individual with mental illness.**

Overview of Results

- **Substantial evidence of stigmatizing attitudes among mental health professionals across the world.**
 - **9 of 16 studies found negative attitudes**
 - **Measures of implicit attitudes generally show that, even when expressed attitudes are positive, negative implicit attitudes may be present.**
 - **Even positive results are limited, mainly showing that professional attitudes are better than other groups but not confirming positive attitudes.**
- **Little support for improvement since previous reviews**
- **Pointing to a strong need for more investigation and more effort to improve the attitudes of mental health professionals toward those they serve.**

An unexplored area

Negative attitudes about mental illness affect not only clients, but also mental health professionals who might themselves be in need of mental health care.

Steven Hinshaw, in his book on stigma, *The Mark of Shame*, quotes psychiatrist Michael Myers:

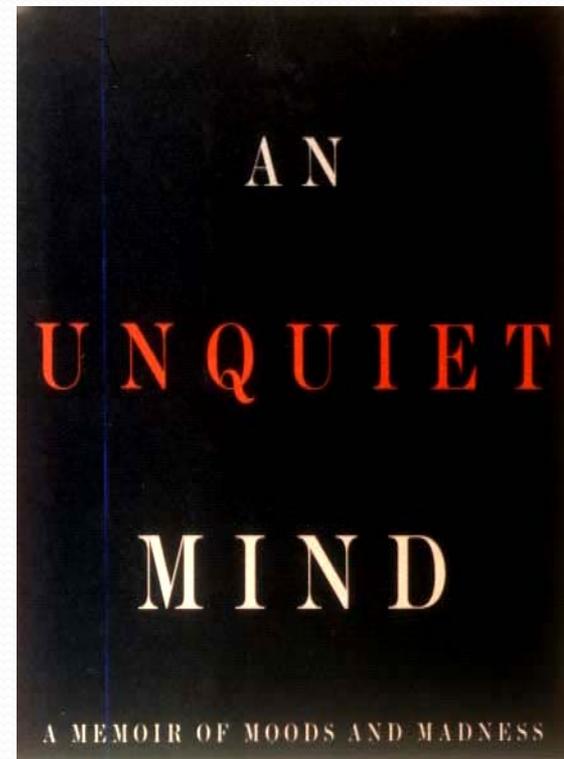
“The stigma attached to mental illness is greater in the house of medicine than in the general public. Stigma, a pernicious force, reinforces denial in physicians that they might fall ill, contributes to their delay in getting medical care, compounds suffering, confuses and frustrates doctors’ families, drives self-medicating, and dangerously heightens the risk of suicide.” (p. 212)

An Unquiet Mind

Kay Jamison, 1995

Kay Jamison also tells, in her book, about the response of a colleague and friend to whom she revealed her illness:

“He was, he said, ‘deeply disappointed” (p. 200). Moreover, the colleague went on to ignore Dr. Jamison’s stellar history of accomplishment while living with bipolar disorder to ask, “Did I really think, under the circumstances, that I was going to be able to handle the stresses of academic life?” (p. 201).



Kay Redfield Jamison

Dissertations in progress

- **Self-reported barriers to mental healthcare-seeking among mental health professionals (clinical psychologists).**
- **Views of mental health professionals (practicing psychotherapists) toward mental illness in a colleague.**