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How "professionals" understand stigma and self-stigma as factors affecting the recovery of patients: preliminary survey-based research

Wiedza „profesjonalistów" na temat stygmatyzacji i autostygmatyzacji jako czynników wpływających na proces zdrowienia pacjentów – badanie wstępne ankietowe

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Abstract

Objective: This study aims to analyse the beliefs of "professionals" about stigma and self-stigma in the group of psychiatric patients. **Material:** The study was conducted on 204 "professionals" involved in the treatment of people with mental disorders. The respondents voluntarily completed the questionnaire. **Method:** A multi-part survey. The questions were grouped into topical blocks on different aspects of stigma and self-stigma. Results: A significant percentage of the respondents encountered the concepts of stigma (100% – doctors, 92.6% – psychologists, therapists, 98.1% – others) and self-stigma (65.9% – doctors, 71.3% – psychologists, therapists, 80.8% – others) in their practice. Most of them try to take stigma and self-stigma into account when treating their patients and believe that these aspects have a strong impact on recovery. They are not aware of any interventions that could support their practice. **Conclusions:** The results indicate the need to develop interventions to prevent stigma and self-stigma among people with mental disorders.

Keywords: stigma, self-stigma, recovery, psychiatric care

Streszczenie

Cel: Celem badania była analiza przekonań „profesjonalistów" na temat stygmatyzacji i autostygmatyzacji w grupie leczonych przez nich pacjentów. **Materiał:** Badanie zostało przeprowadzone na grupie 204 „profesjonalistów" zajmujących się leczeniem osób z zaburzeniami psychicznymi. Były to osoby dorosłe, dobrowolnie wypełniające ankietę. **Metoda:** Badanie ankietowe, składające się z kilku części. Pytania w ankiecie były pogrupowane w bloki tematyczne, dotyczące różnych aspektów stygmatyzacji i autostygmatyzacji. **Wyniki:** Znaczny procent osób badanych spotkał się z pojęciem stygmatyzacji (100% – psychiatrzy, 92,6% – psychologowie, terapeuci, 98,1% – inne zawody) i autostygmatyzacji (65,9% – psychiatrzy, 71,3% – psychologowie, terapeuci, 80,8% – inne zawody). Większość z nich stara się uwzględniać te koncepcje w trakcie leczenia swoich pacjentów i uważa, że zjawiska te mają duży wpływ na proces zdrowienia. Z drugiej strony ankietowani nie znają konkretnych interwencji, które mogłyby wesprzeć ich praktykę zawodową. **Wnioski:** Wyniki wskazują na konieczność opracowania interwencji zapobiegających stygmatyzacji i autostygmatyzacji osób z zaburzeniami psychicznymi.

Słowa kluczowe: stygmatyzacja, autostygmatyzacja, zdrowienie, opieka psychiatryczna

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INTRODUCTION

The prevalence of mental illnesses is increasing – one in eight people worldwide suffers from a mental disorder (World Health Organization, 2022). In addition to taking care of the biological aspect, the mental healthcare system should present a holistic approach in which the psychosocial factors of patients are addressed. One significant impediment to treatment is the perception of stigma by patients (Štrkalj-Ivezić, 2013).

A person is stigmatised when a certain trait or attribute becomes disparaging (Goffman, 1997). This attribute then becomes a subject of stereotypes present in society, which leads to prejudice and discrimination (stigma) (Rüsch et al., 2005). Mentally ill individuals face not only the challenging consequences of their illness, but also the stereotypes and prejudices stemming from the label "mentally ill". Negative stereotypes are reinforced by individuals with prejudices ("It is true that mentally ill people are aggressive"), leading to unfavourable thoughts ("I am terrified of mentally ill people") and negative emotions such as anxiety, fear, and anger (Corrigan and Watson, 2002). Research shows that mental illnesses are more stigmatised than physical illnesses, and are often perceived by society as being the individuals' own responsibility for their condition (Corrigan et al., 2000).

One of the elements of stigmatisation – self-stigma – involves the internalisation of stigma. The patient agrees with the existing stereotype and, because of having the trait, incorporates negative beliefs about him/herself into his/her thinking system (Corrigan, 1998). Due to self-stigma, people with mental illness may experience low self-esteem and abandon the pursuit of their personal goals (e.g. looking for a job, establishing relationships). Researchers call this phenomenon the "why try?" effect (Corrigan et al., 2009). Self-stigma is a significant issue among individuals with psychotic disorders, with 42% of a large European sample reporting moderate or high levels of self-stigma (Brohan et al., 2010). Stigma and self-stigma lead to negative consequences manifesting as reluctance towards treatment, increased anxiety, depression, feelings of low self-esteem low efficacy or increased suicidal tendencies (Corrigan et al., 2016; Drapalski et al., 2013). Self-stigma is also associated with the implementation of strategies to hide information about mental illness (Holmes and River, 1998; Sonik-Włodarczyk et al., 2022).

Stigma and self-stigma are consequences of the lack of knowledge about mental disorders and their effects. Education in this area alters stereotypes, prejudices, and attitudes towards people with mental illness (Mittal et al., 2012). "Professionals" dealing with mental health meet people at different stages of their mental illness. This requires noticing many areas of the treated patient's life. There are methods weakening the negative consequences of stigma and self-stigma, including interventions that counteract them, but they are not widely used in Poland. Numerous foreign studies have demonstrated that various interventions have contributed to reducing the phenomenon of stigmatisation (Thornicroft et al., 2016) or internalised stigma (Alonso et al., 2019) in individuals with mental illness.

This study aimed to assess the beliefs of "professionals" about stigma and self-stigma in the patient group they treat.

METHODS

An online survey containing 35 questions (mostly single-choice) was carried out.

The analysis was carried out in PQStat software (version 1.6.8), and a significance level of $p = 0.05$ was assumed. The analysis was based on Fisher's test for *RxC* tables, which was used to test whether there was a statistical correlation between two qualitative variables.

MATERIAL

A total of 204 mental health "professionals" took part in the survey. Of those surveyed, 83.3% were women and 16.7% were men. The age of the respondents was as follows: under 26 (5.4%), 26–35 (36.8%), 36–45 (28.9%), 46–55 (23.5%), over 55 (5.4%). Tab. 1 shows the breakdown of the respondents by place of residence.

Place of residence (*N* = 204)	Number	Percentage
City of up to 500,000 inhabitants	77	37.7
City with more than 500,000 inhabitants	83	40.7
Village	44	21.6
Total	204	100.0

Tab. 1. Place of residence of the respondents

Profession (*N* = 204)	Number	Percentage
Recovery assistant	2	1.0
Specialist psychiatrist	25	12.3
Doctor in the course of specialisation training in psychiatry	19	9.3
Nurse	12	5.9
Social worker	12	5.9
Psychologist without specialisation	68	33.3
Psychologist with clinical specialisation	13	6.4
Psychotherapist	8	3.9
Therapist	7	3.4
Occupational therapist	12	5.9
Other	26	12.7
Total	204	100.0

Tab. 2. Occupational structure of the respondents

Work experience (*N* = 204)	Number	Percentage
Up to 5 years	81	39.7
From 6 to 15 years	63	30.9
Over 15 years	60	29.4
Total	204	100.0

Tab. 3. Duration of work experience of the respondents

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Workplace ($N = 204$)	Number	Percentage
Psychiatric day hospital	12	5.9
24-hour psychiatric hospital	45	22.1
Mental health outpatient clinic	52	25.5
Private medical and/or psychotherapeutic practice	79	38.7
Community treatment team	22	10.8
Community self-help centre	41	20.1
Social welfare centre	10	4.9
Other	25	12.3

Tab. 4. Workplace of the respondents

Among the respondents, 68.1% hold a master's degree, 18.1% have a medical degree, and 6.4% have incomplete higher education.
Tab. 2 shows the occupational structure of the respondents.
Tab. 3 presents the job seniority of the respondents.
Tab. 4 shows the workplaces of the respondents according to their statements.

RESULTS

In the first part, the participants were asked whether they had encountered the concepts of stigma and self-stigma

A1_In the course of my professional practice, I have come across the concept of stigma	Profession						Total	Fisher's test result
	Group of psychologists and therapists		Group of other "professionals"		Group of psychiatrists			
	n	%	*n*	%	*n*	%	*n*	
I don't know	1	0.9	0	0.0	0	0.0	1	$p = 0.247$
No	7	6.5	1	1.9	0	0.0	8	
Yes	100	92.6	51	98.1	44	100.0	195	
Total	108	100.0	52	100.0	44	100.0	204	

Tab. 5. Presentation of the answers to question A1

A2_I have heard of therapeutic programmes aimed at reducing stigma	Profession						Total	Fisher's test result
	Group of psychologists and therapists		Group of other "professionals"		Group of psychiatrists			
	n	%	*n*	%	*n*	%	*n*	
I don't know	5	4.6	1	1.9	1	2.3	7	$p = 0.390$
No	57	52.8	21	40.4	19	43.2	97	
Yes	46	42.6	30	57.7	24	54.6	100	
Total	108	100.0	52	100.0	44	100.0	204	

Tab. 6. Presentation of the answers to question A2

A3_In the course of my professional practice, I have come across the concept of self-stigma	Profession						Total	Fisher's test result
	Group of psychologists and therapists		Group of other "professionals"		Group of psychiatrists			
	n	%	*n*	%	*n*	%	*n*	
I don't know	8	7.4	2	3.9	5	11.4	15	$p = 0.502$
No	23	21.3	8	15.4	10	22.7	41	
Yes	77	71.3	42	80.8	29	65.9	148	
Total	108	100.0	52	100.0	44	100.0	204	

Tab. 7. Presentation of the answers to question A3

A4_I have heard of therapeutic programmes aimed at reducing self-stigma	Profession						Total	Fisher's test result
	Group of psychologists and therapists		Group of other "professionals"		Group of psychiatrists			
	n	%	*n*	%	*n*	%	*n*	
I don't know	5	4.6	2	3.9	2	4.6	9	$p = 0.146$
No	80	74.1	29	55.8	29	65.9	138	
Yes	23	21.3	21	40.4	13	29.6	57	
Total	108	100.0	52	100.0	44	100.0	204	

Tab. 8. Presentation of the answers to question A4

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Content of the survey question	I agree with the statement		
	Psychiatrists	Therapists	Other
The very fact of being diagnosed with a mental illness arouses discomfort and negative emotions in my patients	56.8%	47.2%	51.9%
My patients are ashamed of a diagnosis of mental illness	45.5%	38.9%	65.4%
My patients feel inferior to people who do not have a mental illness	54.6%	50.9%	50%
My patients say that their lives have changed for the worse since they were diagnosed with a mental illness	4.1%	38.9%	50%
My patients fear that they will not find employment because of a diagnosed mental illness	59.1%	51.9%	76.9%
My patients do NOT disclose to their employers the fact that they have a mental illness	81.8%	54.5%	46.2%
My patients experience reduced self-esteem due to a diagnosis of mental illness	59.1%	55.6%	69.2%
My patients share negative stereotypes about mental illness	40.9%	42.6%	53.9%
My patients say that mental illness has strengthened their ability to cope with other difficulties	75%	67.6%	78%
My patients talk about feeling unworthy or unable to meet their own life goals	43.2%	44.4%	57.7%
My patients have experienced stigma (discrimination, prejudice or labelling) from others at least once in their lives	31.8%	50.9%	50%
The self-stigma of the person with a mental illness contributes to a reduction in their self-esteem	90.9%	84.3%	86.5%
The self-stigma of the mentally ill person contributes to their social isolation	81.8%	79.6%	86.6%
The self-stigma of the mentally ill person influences the severity of their depressive symptoms	43.2%	57.4%	65.4%
From my observations, self-stigma and its consequences are experienced by:			
I would recommend taking part in an intervention aimed at reducing self-stigma:			

Tab. 9. Results of the survey on the beliefs of "professionals" about processes related to stigma and self-stigma; other professions (nurse, social worker, recovery assistant)

in the course of their professional work and whether they knew any therapeutic programmes targeting the issues described. The "professionals" were divided into three groups: psychiatrists, psychologists, therapists and others (social workers, recovery assistants, nurses).

Tab. 5 shows the answers to question A1.

The test result was not statistically significant ($p > 0.05$). Among doctors, all the respondents (100.0%) indicated that they had encountered the concept of stigma during their professional practice. The percentages in the other groups were slightly lower: 92.6% among the respondents from the group of psychologists and therapists, and 98.1% among the respondents from the group of other professions.

Tab. 6 shows the answers to question A2.

The test result was not statistically significant ($p > 0.05$). More than half of the respondents from the group of doctors (54.6%) and from the group of other professions (57.7%) had heard of treatment programmes aimed at reducing stigma. In contrast, more than half of the respondents from the group of psychologists and therapists (52.6%) had not heard of such of programmes.

Tab. 7 shows the answers to question A3.

The test result was not statistically significant ($p > 0.05$). The majority of the respondents from all groups declared that they had encountered the concept of self-stigma in the course of their professional practice (65.9% from the group of doctors, 71.3% from the group of psychologists and therapists, and 80.8% from the group of representatives of other professions).

The Tab. 8 shows the answers to question A4.

The test result was not statistically significant ($p > 0.05$). The largest number of the respondents from all groups had not heard of any therapeutic programmes aimed at reducing self-stigma (65.9% from the group of doctors, 74.1% from the group of psychologists and therapists, and 55.8% from the group of other "professionals").

The questions about the beliefs (knowledge) of the "professionals" about processes related to stigma and self-stigma among their patients are presented in Tab. 9.

CONCLUSIONS

The results of the survey indicate the need to develop simple interventions aimed at supporting patients in their efforts to cope with stigma and self-stigma. "Professionals" dealing with people with mental disorders are aware of stigma and self-stigma, and see the impact of these phenomena on the recovery process, while acknowledging that they do not have the tools to effectively support their patients.

Conflict of interest

The authors report no financial or personal relationships with other persons or organisations that could negatively influence the content of the publication and claim rights to this publication.

Author contributions

Original concept of study; collection, recording and/or compilation of data; analysis and interpretation of data; writing of manuscript; final approval of manuscript: IS, KFC.

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