Stigmatization of People with Mental Illness in Students of Clinical Social Worker Branch (Original Research)

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Original Article

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Abstract:

Objective: The objective is to determine the degree of stigmatization of people with mental illness in the Clinical Social Worker students.
Design: Pilot study.
Participants: 32 students of College of Polytechnics Jihlava. 12 students were taught with and 20 without peer lecturers.
Methods: Stigmatization was measured by the RIBS questionnaire. An additional question focused on work with clients with a psychiatric

illness. The data were processed in MS Excel and IBM SPSS Statistics 22. For comparing the probability distribution of categorical variables the chi square goodness of fit test and semantic differential were used.
Results: It is not possible to clearly describe statistically significant differences between the groups. However, it is evident that lessons with peer lecturers reduce stigmatization.
Conclusion: Instruction with peer lecturers has been justified. Destigmatization-oriented teaching and further research into the stigmatization of the mentally ill will continue.

Introduction

The number of people with mental illness is steadily increasing. One of the major problems they face is stigmatization. This situation is to a large extent caused by media that present these people as dangerous not only to themselves but also to their environment. However, people with mental illness are faced with stigmatization not only when in contact with people around them but also in communication with Health and Social Workers. Destigmatization of psychiatric clients is one of the objectives of the project *Deepening of Cooperation with the Application Sphere for the Purposes of Profile Subjects Innovation*, which is being realized by the *Department of Social Work of the College of Polytechnics Jihlava* in 2017. One of the innovated subjects is *the Basics of Psychiatry and Psychopathology*, the innovation of which is being carried out in cooperation with *FOKUS Vysocina* and the *Center for the Development of Mental Health Care*. The key activity is the participation of peer lecturers, i.e. people with their own experience of mental illness, in teaching. Engaging peer lecturers directly into mental health education has had a long tradition in many developed countries (e.g. Great Britain, the Netherlands). In the Czech Republic, the use of this important destigmatization tool in the context of the professional training of helping professionals is only in its beginnings. Its development is attended to by the *Center for the Development of Mental Health Care* which developed the necessary methodology and training modules (recovery; stigma and discrimination; peer programs; self-management) with the participation of foreign experts in 2013 and 2014, and carried out historically the first lessons with the participation of peer lecturers within an optional subject in cooperation with *the Department of Social Work at the Philosophical Faculty of the Charles University* and the *Prague University of Psychosocial Studies*. The *College of Polytechnics Jihlava*, the *Department of Social Work*, is thus the first university in the Czech Republic to introduce this instrument into teaching and to test its efficiency in compulsory education.

Objective

The aim of this paper is to present the results of a quantitative survey carried out after the pilot training with peer lecturers in the form of a questionnaire survey in which the level of stigmatization of people with mental illness was determined in *Clinical Social Worker* students. One group of these students were trained with the participation of peer lecturers while the other one completed *the Basics of Psychiatry and Psychopathology* subject without peer lecturers. The paper explains the concept of stigmatization; describes the methodology used; presents interpretation of the results.

Due to the small number of students taking part in the pilot phase, the purpose of this survey was to find out whether training with peer lecturers had an impact on the degree of stigmatization. The exact degree of stigmatization will be determined and analyzed in detail on a larger sample of informants in a more extensive qualitative and quantitative survey.

Design

The above-mentioned project was being implemented at the *College of Polytechnics Jihlava* in 2017. The pilot phase took place in the Summer Semester of 2016/2017 Academic Year. The results of the pilot phase are now being evaluated and further instruction with peer lecturers is being planned. The degree of stigmatization in students is assessed by both the quantitative methods presented in this paper and qualitative methods. Psychiatric illnesses are understood as diseases in accordance with the *International Classification of Diseases* (www.uzis.cz).

The word stigma from the historical point of view designates the signs burned on the bodies of slaves in ancient Greece. Stigma is often perceived as a convincing trace; in medicine it is a sign of disease in humans. The stigmatized person is thus impaired by an obvious disorder in the sense of the birth or acquired defect. According to Hartl and Hartl (2010, p. 553), it is a condemning social attitude for alleged mental, physical or social inferiority, subsequently leading to the rejection and exclusion of an individual, group or organization from the surrounding society. Stigmatization of the mentally ill is the topic of research papers, e.g. Winkler (2015), Pechova (2013), graduate theses, e.g. Wohlinova (2015) and texts by psychiatric patients, e.g. Bednarova, Horka (2013).

Participants

The questionnaire survey in the pilot phase was participated in by 32 *Clinical Social Worker* students of the 4th Semester within the compulsory subject of *the Basics of Psychiatry and Psychopathology* at the *College of Polytechnics Jihlava*. 12 of the students were taught with peer lecturers, 20 without peer lecturers. This is a relatively small group and, given the unequal number of students, it is problematic to compare the results. But for practical reasons, it was not possible to implement the pilot phase for more students. On the other hand, we consider the number of students to be sufficient for piloting purposes. The lessons were attended by 8 peer lecturers and 2 academic staff members of VŠPJ.

Methods

An international *RIBS questionnaire* (Evans-Lacko, S., 2011) was used as a data collection tool for both groups. This questionnaire was supplemented by one question about stigmatization when dealing with a client.

The questionnaire evaluation procedure was identical to that used by the author of the questionnaire (Evans-Lacko, S., 2011). In Questions 1 to 4, the respondents who answered the question "I do not know" were excluded from some statistical processing.

In Questions 5-9, the answers were encoded by the five-point ordination 1-5, from "I strongly disagree" with the value 1 to "I definitely agree" with the value 5. For the purposes of determining the overall score, the "I do not know" answer as well as the neutral answer "I neither agree or disagree" were encoded with value 3.

To compare the probability distribution of categorical variables, we can *use Chi square goodness of fit* test (e.g.

Hendl, 2004, p. 304 or Rehak, 2015, p. 123) The output is the p-value and, in the case of significance, also the contingency coefficient (CC), in the case of the association table, the coefficient of association (Cramer's V).

A semantic differential was created to measure the intensity of the psychological and sociological attitudes of respondents. These attitudes were measured separately for the group of students without a peer lecturer and for the group of students with a peer lecturer. The semantic differential was introduced in the work of Osgood, Suci, Tannenbaum (1957) and identifies the nuances peculiar to individual attitudes. A *Likert scale* can reveal only one dimension of the respondent's response to the attitude - whether they agree with it or not. However, a semantic differential uses several different dimensions to determine the respondent's responses to the target word (Hayes, 2004, p. 112). It is the difference in connotation which assigns importance to the language structure of individual respondents. The connotation of every individual person is based on their subjective, inherently vague internal psychological cognitive model. Data processed in MS Excel, IBM SPSS Statistics 22.

Results

Table 1 summarizes the frequency of responses to the first four questionnaire questions.

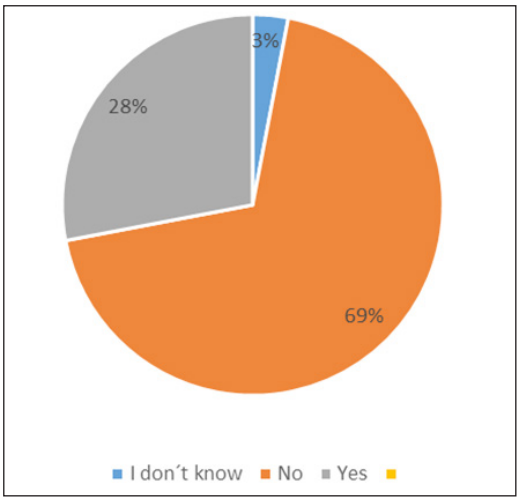
Table 1: Number of answers to the questions concerning living with a person with mental illness, working with such a person, living in their neighborhood, and maintaining friendship.

Question	Yes n (%)	No n (%)	I don't know n (%)
1. Are you currently living or have you ever lived with a person with a mental illness?	9 (28.1%)	**22 (68.8%)**	1 (3.1%)
2. Are you currently working or have you ever worked with a person with a mental illness?	**19 (59.4%)**	12 (37.5%)	1 (3.1%)
3. Is a person with a mental illness currently living or has such a person ever lived in your neighborhood?	10 (31.3%)	**16 (50.0%)**	6 (18.8%)
4. Do you have at present or have you ever had a person with a mental illness as a close friend, boyfriend, girlfriend?	9 (28%)	**22 (68.8%)**	1 (3.1%)

Source: Own Research, 2017

Graphs 1-4 show the percentage share of answers to questions concerning living with a person with mental illness **(Graph 1);** working with such a person **(Graph 2);** living in their neighborhood **(Graph 3);** maintaining friendship with person with mental illness **(Graph 4)**.

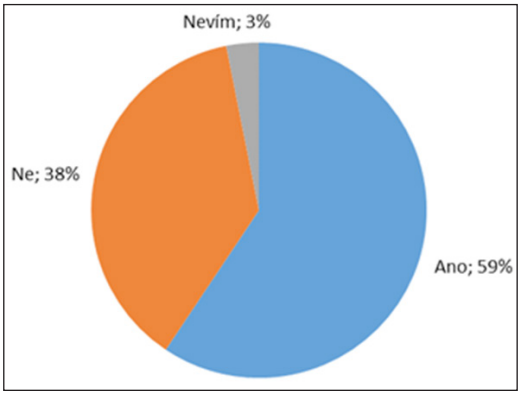
Graph 1: Are you currently living or have you ever lived with a person with a mental illness?



Source: Own Research, 2017

We cannot compare the structure of respondents taught with and without peer lecturers, the *Chi square goodness of fit* test conditions are not met (25% expected values lower than 5).

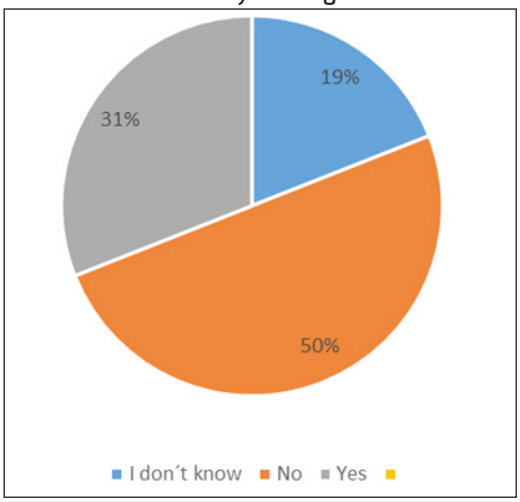
Graph 2: Are you currently working or have you ever worked with a person with a mental illness?



Source: Own Research, 2017

We cannot compare the structure of respondents taught with and without peer lecturers, the chi square goodness of fit test conditions are not met (25% expected values are lower than 5).

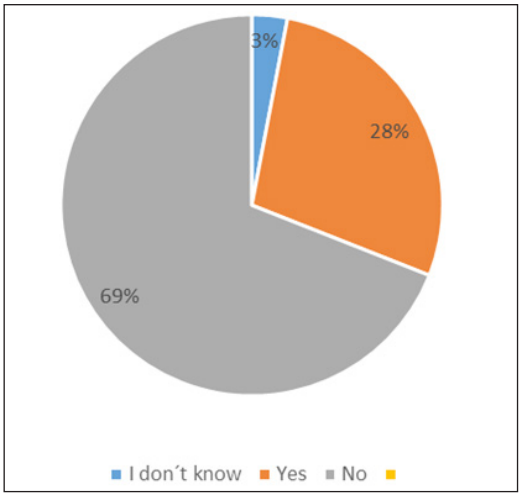
Graph 3: Is a person with a mental illness currently living or has such a person ever lived in your neighborhood?



Source: Own Research, 2017

We cannot compare the structure of respondents taught with and without peer lecturers, the *Chi square goodness of fit* test conditions aren´t met (25 % expected values lower than 5).

Graph 4: Do you have at present or have you ever had a person with a mental illness as a close friend, boyfriend, girlfriend?



Source: Own Research, 2017

We cannot compare the structure of respondents taught with and without peer lecturers, the *Chi square goodness of fit* test conditions are not met (25% of the expected values are lower than 5).

Table 2 shows the absolute and relative frequency of answers to Questions 5–9.

Table 2: The number of responses to questions related to the willingness to live with a person with a mental illness in the future, to work with them, to live in their neighborhood and to maintain friendship, and the willingness to professionally deal with these people.

Question	I definitely agree n (%)	I rather agree n (%)	I neither agree nor disagree n (%)	I rather disagree n (%)	I definitely disagree n (%)	I do not know n (%)
5. In the future, I would be willing to live with a person with a mental illness.	1 (3.1)	**16 (50.0)**	9 (28.1)	4 (12.5)	1 (3.1)	1 (3.1)
Instruction without peer lecturers	1 (5.0)	**10 (50.0)**	4 (20.0)	4 (20..0)		1 (5.0)
Instruction with peer lecturers		**6 (50.0)**	5 (41.7)		1 (8.3)	
6. In the future, I would be willing to work with a person with a mental illness.	13 (40.6)	**17 (53.1)**		2 (6.3)		
Instruction without peer lecturers	5 (25,0)	**13 (65.0)**		2 (10.0)		
Instruction with peer lecturers	**8 (66.7)**	4 (33.3)				
7. In the future, I would be willing to live in the neighborhood of a person with a mental illness.	8 (25.0)	**18 (56.3)**	3 (9.4)	2 (6.3)		1 (3.1)

Instruction without peer lecturers	4 (20.0)	**11 (55.0)**	2 (10.0)	2 (10.0)		1 (5.0)
Instruction with peer lecturers	4 (33.3)	**7 (58.3)**	1 (8.3)			
8. In the future, I would be willing to maintain my relationship with a friend with a mental illness.	**24 (75.0)**	7 (21.9)	1 (3.1)			
Instruction without peer lecturers	**14 (70.0)**	5 (25.0)	1 (5.0)			
Instruction with peer lecturers	**10 (83.3)**	2 (16.7)				
9. In the future, I would be willing to deal professionally with people with a mental illness.	**13 (40.6)**	8 (25.0)	5 (15.6)	5 (15.6)		1 (3.1)
Instruction without peer lecturers	6 (30.0)	**7 (35.0)**	2 (10.0)	4 (20.0)		1 (5.0)
Instruction with peer lecturers	**7 (58.3)**	1 (8.3)	3 (25.0)	1 (8.3)		

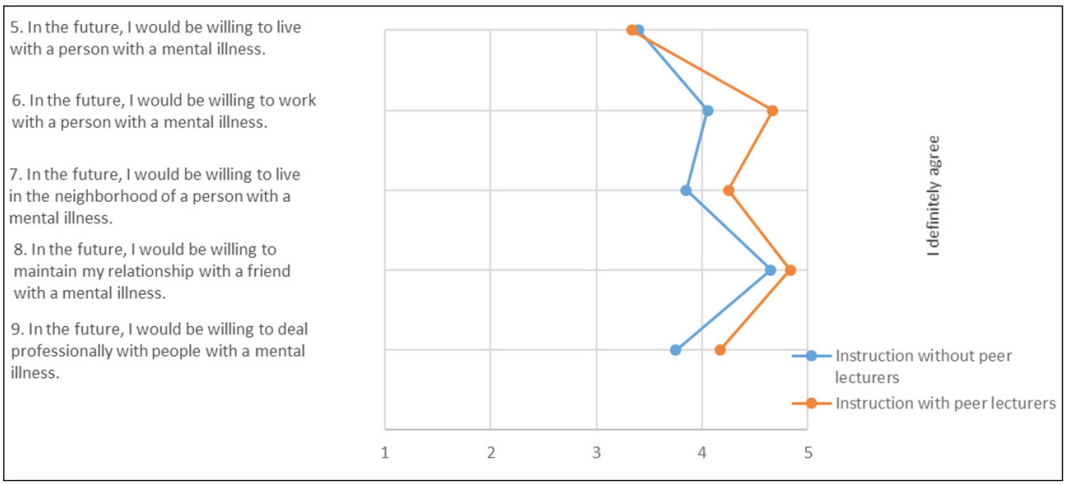
Source: Own Research, 2017

Like in the previous questions, we cannot compare the structure of the participants in terms of instruction conducted with a peer lecturer or without, the requirements of the *Chi square goodness of fit* test are not met (the number of cells with the expected frequency of less than 5 is higher than 20%).

Due to a small sample of participants, testing of statistical hypotheses is impossible. In all the cases where we compare the current attitude with the willingness to live, work, live in the neighborhood, or become friends with a person with mental illness, the number of cells with the low expected frequencies of the respective variations of the two variables is always higher than 20%. If we simplify the output only to a positive, neutral and negative attitude, the situation with the number of cells with the expected frequencies does not improve significantly.

For better illustration of questions 5-9, a semantic differential was used. Its graphical form is shown in **Graph 5**.

Graph 5: Semantic differential for questions 5 – 9.



Source: Own Research, 2017

It is clear from the graph that the students instructed by peer lecturers demonstrate on the average, with just one exception, a more positive attitude. Only in the fifth question (In the future, I would be willing to live with a person with a mental illness) the average score is 3.40 in the group without peer lecturers and 3.33 in the group with peer lecturers. In the other questions, the average score in the group with peer lecturers is higher than in the one without peer lecturers. The average values for questions 5-9 are shown in Table 3.

Table 3: Average score.

Question	Instruction without peer lecturers	Instruction with peer lecturers	Total average
5. In the future, I would be willing to live with a person with a mental illness.	3.40	3.33	3.38
6. In the future, I would be willing to work with a person with a mental illness.	4.05	4.67	4.28
7. In the future, I would be willing to live in the neighborhood of a person with a mental illness.	3.85	4.25	4.00
8. In the future, I would be willing to maintain my relationship with a friend with a mental illness.	4.65	4.83	4.72
9. In the future, I would be willing to deal professionally with people with a mental illness.	3.75	4.17	3.91

Source: Own Research, 2017

The most frequent answers are that the respondents are not currently living or have never lived with a person with a mental illness (less than 70%). Less than 60% are working or have worked with them, half (50%) of the respondents is living with or in the neighborhood of a person with a mental illness and less than 70% (68.8%) do not have or have not had a close friend with a mental illness. In the group with peer lecturers, the "I do not know" answer occurred only in two cases (one answer in **Question 3:** living in the neighborhood of a person with a mental illness, and one answer in **Question 4:** a friend with a mental illness). In the group without peer lecturers, there were a total of seven responses where respondents did not know. Due to the sample size, it is not possible to determine whether these numbers differ (statistically) significantly.

Positive attitudes are in the majority in all the questions related to the willingness to live with people with a mental illness (53.1%), to work with them (93.7%), to live in their neighborhood (81.3%), to be friends with them (96.9%), and to deal with them professionally (65.6%) in the future. The brackets show the sum of the percentages of positively rated questions (I definitely agree and I rather agree).

Discussion

As mentioned above, in view of the number of respondents, the results of this survey cannot be generalized. Nevertheless, it is necessary to show the results of other studies focused on stigmatization of mentally ill people. This problem is not peculiar only to the Czech Republic, other countries are also faced with this issue. According to the results, however, the stigmatization in the Czech Republic, for example compared to Great Britain, is more significant (Winkler, 2015). 56% of the British respondents would not almost mind or would not mind at all living with the mentally ill in comparison to only less than 15% of the respondents in the Czech Republic. Working with a person with a mental illness would not bother 68% of the British, but only one fifth of the Czechs. 72% of the British, but only one quarter of the Czechs, would not mind living in the neighborhood of the mentally ill. Mental illness would be the reason for ending friendship for 2% of the British and for more than 12% of the Czechs, while 56% of the British and less than 8% of the Czechs would definitely continue in friendship.

Conclusion

Given the low number of respondents in the pilot phase, it was not possible to test hypotheses and to look for more significant differences between the two groups of students. However, the pilot phase showed that instruction with peer lecturers is justifiable and has an impact on the degree of stigmatization of mentally ill people. Now it is important to continue the activities **leading to destigmatization.**

Acknowledgement

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References

1. BEDNAROVA M, HORKA L (2013) *In the shadows behind the mirror, or about life with psychosis.* 1st ed. Prague: Triton,. ISBN 978-80-7387-663-0.
2. HENDL J (2004) *Overview of statistical data processing methods: data analysis and meta-analysis.* Prague: Portal,. ISBN 80-7178-820-1.

3. HAYES N (2004) *Fundamentals of Social Psychology*. Prague: Portál,. ISBN 80-7178-763-9.
4. HARTL P, HARTLOVA H (2010) *Great Psychological Dictionary*. 4th ed., 1st ed. In Portal. Prague: Portal,. ISBN 978-80-7367-686-5.
5. EVANS-LACKO S, ROSE D, LITTLE K, FLACH C, RHYDDERCH D, HENDERSON C, THORNICROFT G (2011) *Development and Psychometric Properties of the Reported and Intended Behaviour Scale (RIBS): A Stigma Related Behaviour Measure.* Epidemiology and Psychiatric Sciences. 20(3): 263-271. DOI:http://dx.doi.org/10.1017/S2045796011000308.
6. OSGOOD CH E, SUCI GJ, TANNENBAUM PH (1957) *The Measurement of Meaning*. Urbana, Illinois, University of Illinois Press.
7. PECHOVA O (2013) *Stigma of mental illness: its causes, consequences and coping strategies Proceedings of the Conference on Qualitative Approach*., pp. 20-26. ISBN 9789788086178.
8. REHAK J, BROM O (2015) *SPSS - Practical Data Analysis*. Brno: Computer Press. ISBN 978-80-251-4609-5.
9. WOHLINOVA K (2015) *Involvement of people with mental illness in teaching at universities*. Prague. Thesis. Supervisor: Mgr. Pavel Rican. Prague College of Psychosocial Studies.

Electronic Sources

1. *Stigmatization of mentally ill in the Czech Republic persists. It is supported by media and politicians* (2015). [online]. Available from: http://www.zdravotnickydenik.cz/2015/08/stigmatizace-dusevne-nemocnych-v-cesku-pretrvava-podporuji-ji-media-i-politici/.
2. MKN – 10: *International Classification of Diseases and Associated Health Problems: 10th revision, updated edition as of 1. 1.* (2013). [online]. Available from: http://www.uzis.cz/system/files/mkn-tabelarni-cast_1-4-2014.pdf, s. 189-250.
3. WINKLER P at al. (2015) *Reported and intended behaviour towards those with mental health problems in the Czech Republic and England.* [online]. Available from: https://www.ncbi.nlm.nih.gov/pubmed/26113172. DOI:10.1016/j.eurpsy.2015.05.003.