Attitudes of Psychiatric Hospital Personnel toward People with Mental Illness

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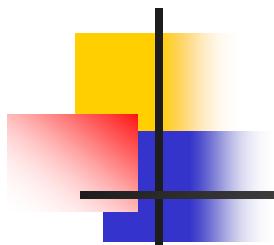
Background

- **Attitudes of psychiatric hospital personnel toward people with mental illness are critical for mental health care.**

- **There is a lack of information about this issue in Taiwan.**
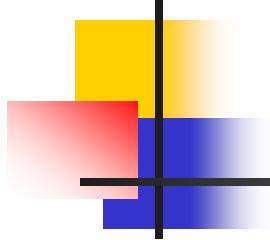
Purpose

- **To explore attitudes of psychiatric hospital personnel toward people with mental illness**

- **To examine factors related to those attitudes**

Research Framework

Demographics
- Gender
- Age
- Education
- Religion

Job Characteristics
- Job position
- Types of contacted clients
- Frequency of contact

Personal Experience
- Mental health training
- The primary working reason
- Stigmatization
- Diagnosis of targeted clients

Attitudes
- Social Distance
- Acceptance
- Rehabilitation & Prognosis
- Intervention
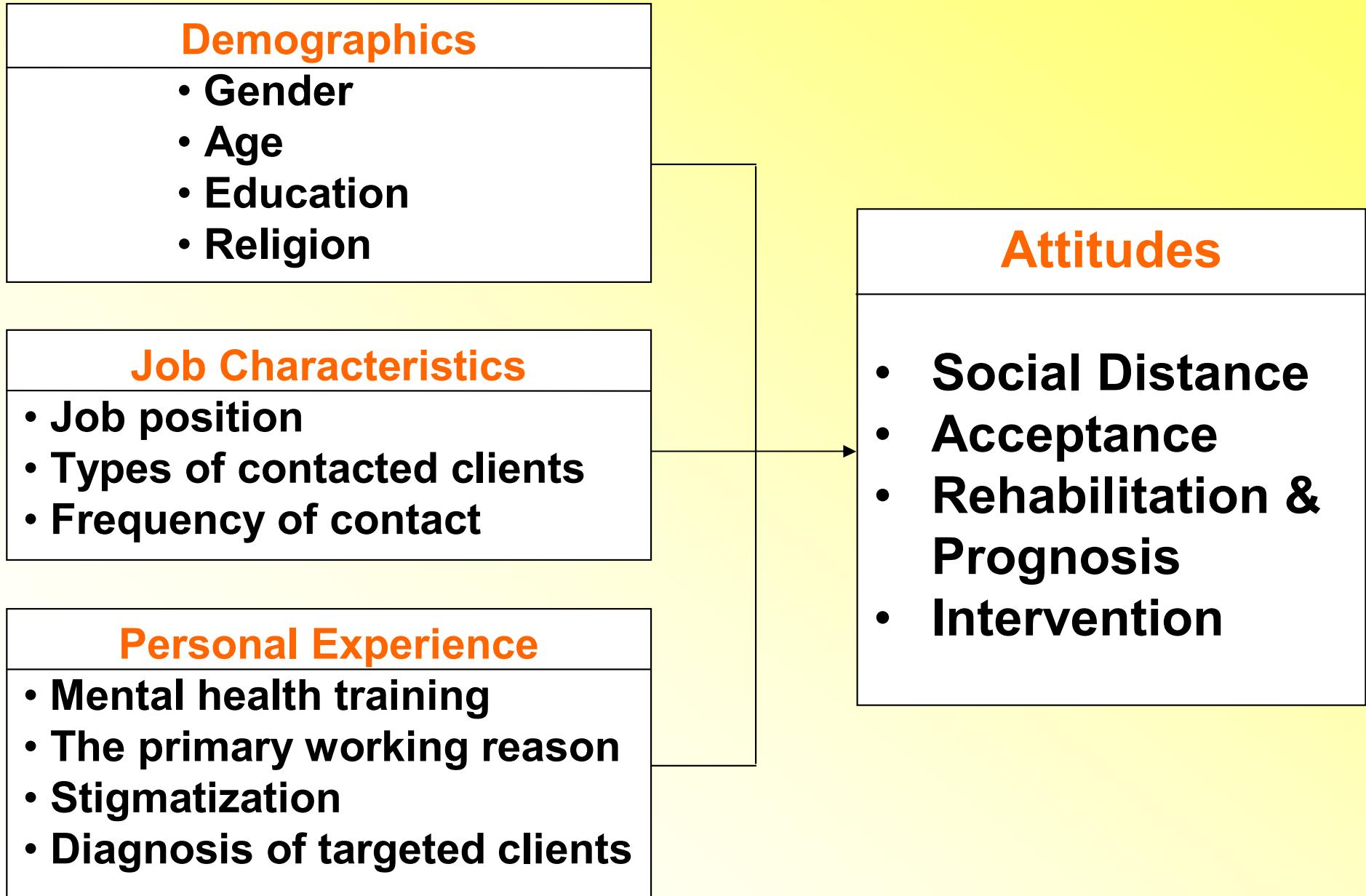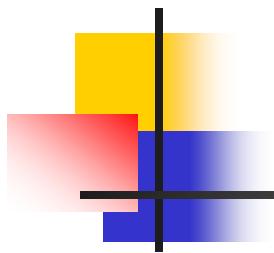
Method

- **Cross-sectional study**

- **Using a self-report questionnaire to collect data**

- **Purposive sampling**
  - **Personnel of one psychiatric hospital in Taiwan (valid questionnaire # = 290)**
  - **The hospital cares for more than two thousand psychiatric clients**
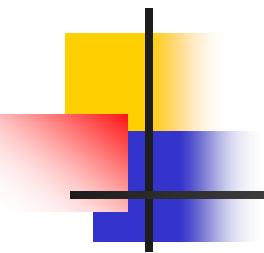
Instrument

- **The questionnaire design was based on other related questionnaire contents, interview data, and experts' suggestions.**

- **All questions were rated on a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). Higher scores represent more positive attitudes.**

- **57 items**
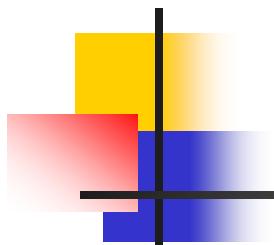
Instrument (con't)

- **Four dimensions:**

  - **Social Distance:** how close the participant could tolerate people with mental illness

  - **Acceptance:** the acceptance and trust level toward people with mental illness

  - **Rehabilitation & Prognosis:** opinions about education, employment, and prognosis of people with mental illness

  - **Intervention:** opinions about interventions used to improve attitudes toward people with mental illness

Demographics of Participants

Gender

Female 56%

Male 44%

Age

≧46 19%

≦25 13%

36-45 29%

26-35 39%

Education

College or upper 62%

High school or lower 38%

Job Position

Others 23%

Health Professional 7%

Ward staff 33%

Mental health Professional 37%
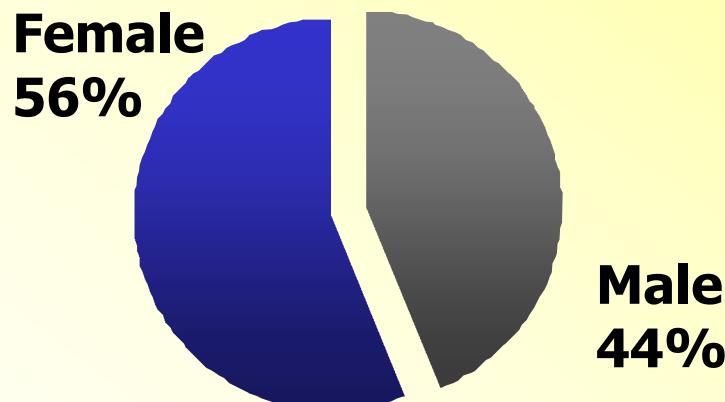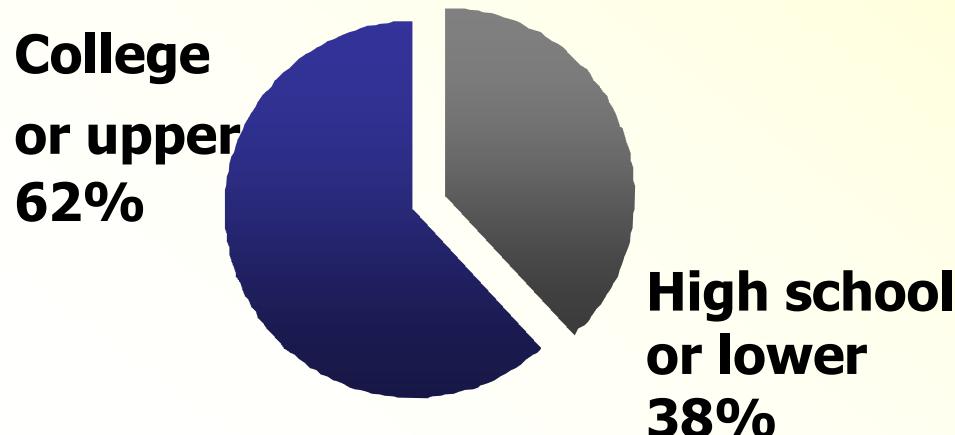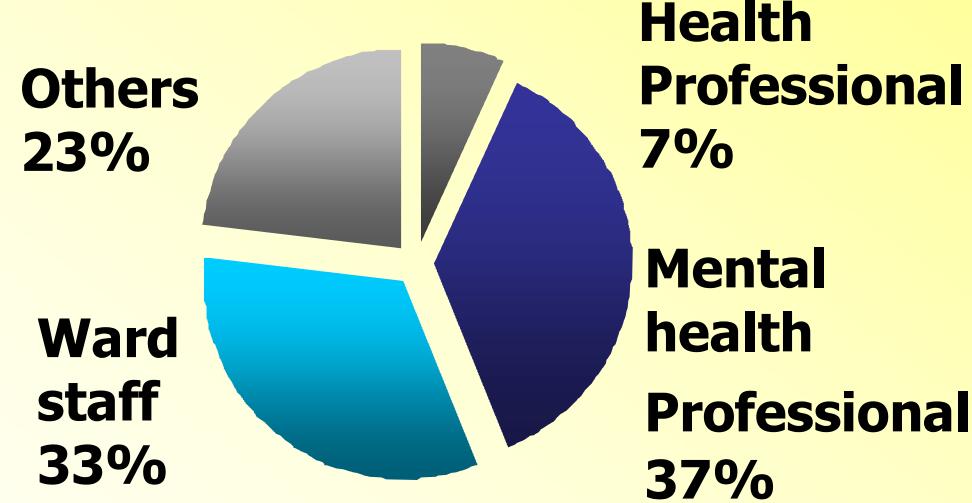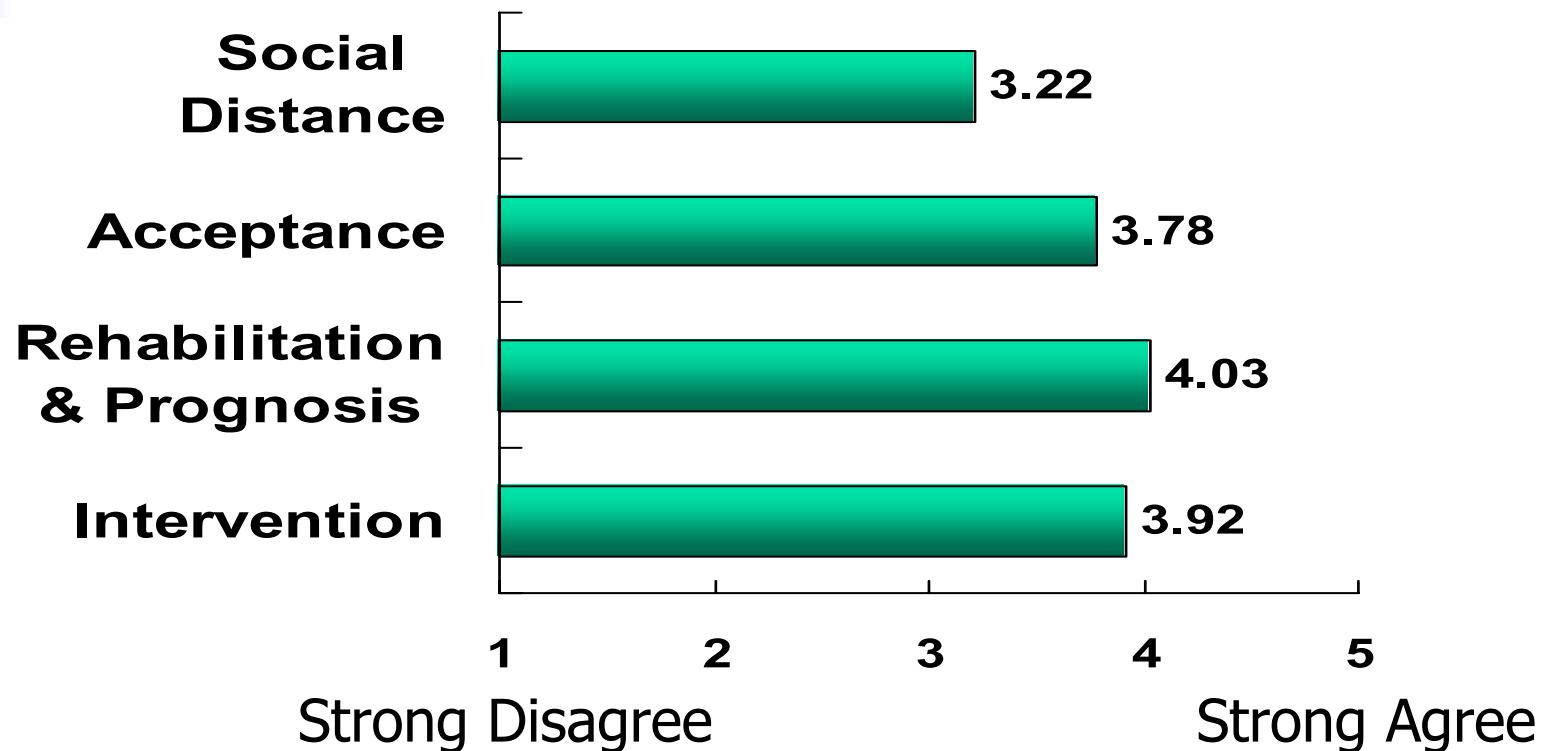
Results

- **<u>Rehabilitation & Prognosis</u> had the highest average scores; <u>Social Distance</u> had the lowest average scores.**

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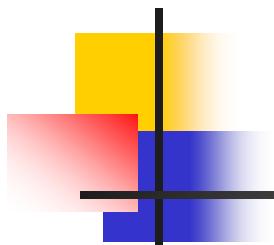
Results (con't)

- **Social Distance**

  - **Lowest scores on marital relationships**

  - **Associated factors (positive group)**

    - **Gender (male)**

    - **Job position (mental health professional)**

    - **Types of contacted clients (more than 2 types)**

    - **The primary working reason (interest)**

    - **Training (people having training)**

    - **Stigmatization (without stigmatization)**
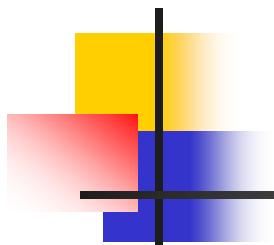
Results (con't)

- **Acceptance**

  - **Associated factors (positive group)**
    - Education (college or upper)
    - Religion (without religion)
    - Job position (mental health professional)
    - Types of contacted clients (more than 2 types)
    - The primary working reason (interest)
    - Training (people having training)
    - Stigmatization (without stigmatization)

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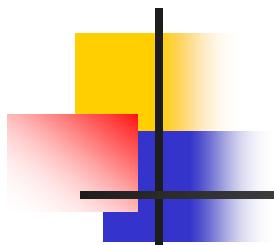
Results (con't)

- **Rehabilitation & Prognosis**

  - **Associated factors (positive group)**

    - **Age (26-35)**

    - **Education (college or upper)**

    - **Types of contacted clients (more than 2 types)**

    - **Stigmatization (without stigmatization)**
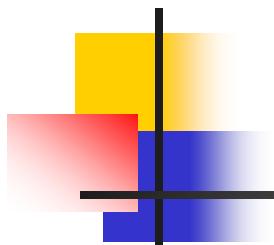
Results (con't)

- **Intervention**

  - **The highest agreement was on providing education and information on mental health for the public to improve attitudes toward people with mental illness.**

  - **Associated factors (positive group)**

    - **Stigmatization (without stigmatization)**
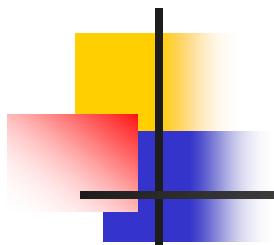
Discussion

- **Personnel were willing to be friends or work with people with mental illness, but not to engage in more intimate relationships with them.**

- **Personnel agreed with the importance of community services, but were unsure that people with mental illness can successfully live in the community.**
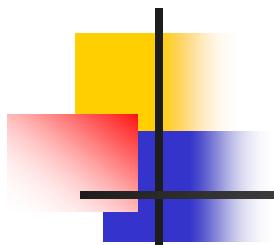
Discussion (con't)

- **Education, job position, types of contacted clients, training, the primary working reason, and stigmatization had significant relationships with more than two dimensions of personnel's attitudes.**

- **Frequency of contact and diagnosis of targeted clients did not show any significant relationships with four dimensions of attitudes.**
  - **Personnel have contacted clients frequently.**
  - **Most clients are people with schizophrenia.**

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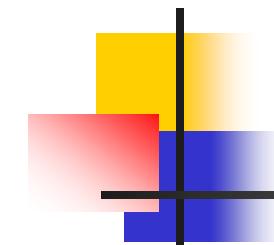
Discussion (con't)

- **Stigmatization showed significant relationships with four dimensions of attitudes.**

    - **Definition: receiving negative feedback from other people because of working in a psychiatric hospital**

- **Fewer studies have examined that psychiatric hospital personnel may also receive negative appraisals from others.**

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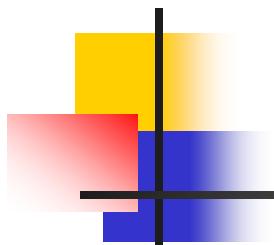
Limitations

- **Cross-sectional study: the direction of relationships was unsure.**

- **External validity: only one psychiatric hospital was selected.**

- **Instrument validity needs to be improved.**

- **Social expectation might influence responses.**
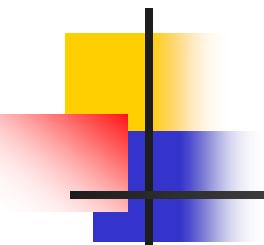
Conclusion

- **Attitudes of psychiatric hospital personnel toward people with mental illness tended to be positive, but they were uncertain whether people with mental illness can live in the community successfully.**

- **People who**
  - had higher education
  - were mental health professionals
  - contacted more types of clients
  - had training
  - worked in a psychiatric hospital because of interest
  - received no stigmatization from others

  tended to have positive attitudes.

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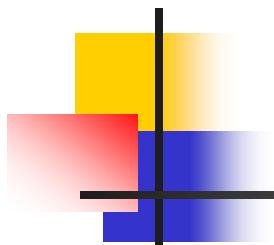
Suggestions

- **For research**
  - Expand the sample size and sampling locations

  - Revise the current attitude questionnaire to improve its validity

  - Explore the content of personnel's stigmatization

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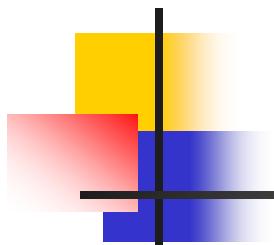
Suggestions (con't)

- **For practice**
  - **Psychiatric hospitals can provide more mental health related training for ward staff and customize the training content.**

  - **Psychiatric hospitals can provide opportunities of job rotations to make personnel contact more types of clients.**

  - **A complete community mental health system is necessary. More effort should be made to improve attitudes toward people with mental illness and further advance their community lives.**
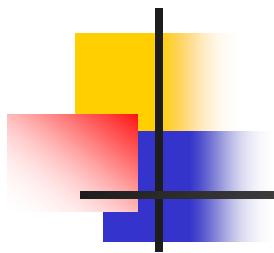
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