STIGMA AND PSYCHIATRIC ILLNESS. A SURVEY OF ATTITUDE OF MEDICAL STUDENTS AND DOCTORS IN LAHORE, PAKISTAN

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Background: The stigma attached to mental illness in the West is now well recognised. There is however, only limited information available on this topic from the developing countries. Measurement of stigma among medical students and doctors is straightforward to carry out allowing targeted work to educate doctors in countries with few resources. This study was carried out to assess the attitude of medical students and doctors, attending medical colleges in Lahore, Pakistan. **Methods:** A survey was circulated among the medical students and the doctors of the three medical colleges in Lahore, Pakistan. 294 (59%) of the 500 survey forms sent out were returned. **Results:** Just over half of the respondents held negative attitudes towards people with schizophrenia, depression, drug and alcohol disorders. However, most had favourable views of the recovery and treatability of the mental disorders. **Conclusions:** The views held by the medical students and the doctors in Lahore, Pakistan are broadly similar to the opinions expressed by the medical students and doctors in the UK.

INTRODUCTION

A number of studies in the USA and Europe have looked at the negative beliefs that individuals hold about people with mental illness.[1-5] This is not new. There is evidence from literature pertaining to the social and the cultural history of medicine that in the western European societies psychiatric stigma was well established in the classical period and this was more during the medieval period. There is however, little work in non-western societies on psychiatric stigma, reviewed status and stigma of mentally ill in societies in which the non western medical traditions dominate or have dominated, specifically, medieval Islamic, Indian and the Chinese medicine. He concluded that psychiatric stigma is common in India and China though may be less prevalent in Islamic societies. There is no record available of how this has changed over time. Some disorders are medicalised and stigmatised, while, others are not. Also, in most societies some supernatural, religious, moralistic, and magical approaches to illness and behaviour exist. This can complicate the perception of mental disorders still further.

Stigmatisation of people with mental disorder not only affects the way people seek help individually, but can also have enormous implications on the development of policy on a national level. Pakistan like most developing countries has severe problems in terms of resources in the health sector. There are only a limited number of psychiatrists. The majority of people with mental disorder seek help from faith healers and religious leaders. The culture in itself has complicating, conflicting and sometimes confusing origins.

We decided to study stigma attached to mental illness among medical students and doctors in Pakistan. Studying stigma in such a culture can provide a comparison of views with developed countries and help to align and probably reorganise, the limited resources available. The reasons for studying psychiatric stigma specifically, among medical students and doctors was, that (a) this is a group which is well conversant in English language, and English psychiatric terminology, (b) doctors can play an important role in reduction of stigma, (c) it will be relatively easy to focus education and other strategies to change attitudes in this group compared with general public.

MATERIAL AND METHODS

The survey was conducted in two stages. The questionnaire focused on items from a survey developed by Crisp et al.[2] Questions were asked about the common mental illnesses to assess respondents' attitudes towards the following issues related to beliefs about those with mental disorders; dangerousness, unpredictability, ability of doctors to talk to them, whether they look different from other people, focus of blame, treatment and recovery. Additional information was gathered on demographic variables, such as age, gender, marital status, as well as professional background and experience.

In the first stage, the main items of the survey were discussed with a small group of medical students and doctors (number=10), to see whether they are familiar with the psychiatric terminology and to explore the areas of concern expressed by them regarding people with mental disorders. Questions

were asked to ensure that all the respondents were aware of the disorders and terminology used. Since more than 90% of the respondents said they were aware of the disorders, all the responders were included in the analyses. In addition to this, we also asked whether the respondents knew some one with mental disorder.

The survey forms were distributed to 500 medical students and doctors by hand. The surveyors went to the lecture theatres and the form was given to every third medical student. In the case of doctors, lists were obtained of all the doctors, and the survey forms were handed over to every third doctor. The completed survey were then returned in pre paid envelopes. 294 forms were returned.

Analyses were carried out using SPSS 10.0. Since most of the variables were categorical, non-parametric tests were used. When measuring normally distributed data, such as age or years of experience, parametric analyses were carried out. For most non-parametric calculations comparisons were made using crosstabs. Where significance testing was needed, chi square test was used.

RESULTS

Of the 500 survey forms distributed, 294 were returned, giving a response rate of 59%.

Table 1. Demographic and other characteristics of the responders

Male	155(51.7%)
Female	137(45.7%)
Single	266 (88.6%)
Married	19 (6.3%)
Doctors (total)	99 (33%)
Doctors with less than 10 years experience	76 (25.3%)
Doctors with more than 10 years experience	22 (7.3%)
Medical students (total)	200 (66.7%)
Students in pre-clinical years	102 (34%)
Students in clinical years	98 (32.7%)

The average age of the respondents was 22.36 years (range 17-40). These were recoded into three groups, ie, up to 21 years (N=118), between 22 and 25 years (N=89)and more than 25 years(N=93). When asked about whether they knew someone with mental disorder, 170 (56.7%) said yes, while 81 (27%) no. the rest did not answer either yes or no.

Table 2. Negative attitudes towards mental illness, (% ages), with 95% CI.

	Type of illness					
Opinion	Schizophrenia	Depression	Panic disorder	Dementia	Alcohol addiction	Drug addiction
Danger to Others	54.7 49.3-58.9	20.7 15.8-25.2	35.7 31.4-39.3	14.3 11.1-17.6	78.7 75.2-82.8	74.3 70.7-78.5
Un-predictable	77 73.8-80.4	51 46.1-56.3	49.0 45.3-53.7	34.7 30.6-38.4	69 66.2-72.5	64.7 62.0-668.5
Hard to talk to	43.3 40.1-46.6	50 47.3-54.1	24.7 21.6-27.0	30.7 26.6-35.1	51.7 48.8-55.9	51.7 49.1-55.3
Feel different	65.3 62.2-68.4	76 73.0-79.1	39 35.6-43.3	33.3 30.2-36.4	57.7 54.8-61.3	71.3 66.9-75.3
Themselves to blame	16.3 12.4-19.5	76 73.0-79.5	16.7 12.9-20.3	8 3.7-11.9	52 48.3-56	54 50.2-57.9
Must pull themselves together	32 28.5-36.3	53.7 50.1-57.6	36.7 32.6-40.5	21.3 18.1-24.2	53.3 50.0-56.2	53.3 49.8-56.6
Do not improve, if treated	15.3 11.6-19.1	7.7 3.8-11.6	7.0 4.4-10.6	46.7 42.9-51.0	9 4.9-13.3	11 7.3-15.5
Never recover	12.3 8.3-16.0	3.7 1.1-7.3	8 4.8-11.0	43.7 40.9-47.2	5.7 2.9-9.4	6 3.6-8.2

Analyses were carried out to look into the differences among the different groups of the medical students and the doctors (i.e. pre clinical and clinical, and for doctors, those with experience less than 10 years, and experience more than 10 years). We did not include doctors with more than 10 years experience in our analyses, due to the very small number. The results showed that for schizophrenia [are unpredictable, pre clinical =67.46%, clinical=95.74%, doctors=91.54%, (X^2 =31, df=2, P=0.000)], [are hard to talk to, pre clinical =47.22%,

clinical=65.88%, doctors=55.38%, (X^2 =12.89, df=2, P=0.005)], [feel different, pre clinical =63.63%, clinical=88.76%, doctors=88.52%, (X^2 =20.45, df=2, P=0.000)], [are themselves to be blamed, pre clinical =25.35%, clinical=9.72%, doctors=38.33%, (X^2 =18.21, df=2, P=0.000)], [don't improve if treated, pre clinical =17.44%, clinical=31.46%, doctors=4.22%, (X^2 =25.97, df=2, P=0.000)]. For depression, [are hard to talk to, pre clinical =61.11, clinical=77.21%, doctors=50.76%, (X^2 =12.91, df=2, P=0.005)], panic disorder [must pull themselves together, pre clinical =67.46%, clinical=95.74%, doctors=91.54%, (X^2 =31, df=2, P=0.000)], drug abuse [unpredictable, pre clinical =75.34%, clinical=90.54%, doctors=90.62%, (X^2 =8.89, df=2, P=0.031)].

When comparisons were made of those who knew someone with mental illness and those who did not, differences were noticed regarding a few items only. These included, schizophrenia, [they are hard to talk to, no=42.10%, yes=59.15% (X^2 =4.76, df=1, P=0.02), feel different , no=72.58%, yes=84.93%, (X^2 =4.35, df=1, P=0.03), for depression, unpredictable, no=65.30%, yes=81.35%, (X^2 =4.98, df=1, P=0.02, alcohol, unpredictable, no=85.50%, yes=84.89%, (X^2 =5.82, df=1, P=0.016).

DISCUSSION

This survey was conducted to gather baseline information on attitudes of doctors and medical students in Pakistan, towards mental illness. We also wanted to compare the results with the results of a similar survey conducted in the UK.[6] The results of our survey were similar to those obtained from the UK. This is probably not surprising, since most medical students and doctors in Pakistan follow medical text books published in the west. Also, most senior doctors have received their training in the English hospital, and might have carried their attitudes towards psychiatric disorders, in the west to Pakistan. However, this does not mean that the members of the general public might hold the same attitudes.

We used the common mental illnesses, which were surveyed in the UK for the same reasons. Medical students and the doctors in Pakistan get their training in English, and are well aware of the terminology. However, to further validate our survey, an initial informal discussion with a small group of medical students and doctors was carried out. This was to make sure that they are well aware of the common psychiatric problems. Since eating disorder was not recognised as a common problem, we did not include it in our survey.

It appears that medical students and doctors hold negative attitudes towards people with schizophrenia, alcohol and drug problems, regarding; dangerousness, unpredictability, being able to communicate with such patients and that they look different. Negative attitude were also observed for those with depression, regarding predictability, ability to talk to, and their ability to pull themselves together and focus of blame. Negative attitudes towards blame and ability to pull one self together were also noticed for those with alcohol and drug problems. This could be partially explained on some of the religious beliefs. Positive attitudes towards treat ability and recovery was similar to those among British medical students and doctors. Whether this is because of the doctors faith in the medical model they follow or their attitudes towards mental illness is hard to say.

Attitudes of doctors and medical students were not very different. However, when a statistically significant difference existed, doctors were less likely to have negative attitudes towards mental illness compared with the medical students. This is again consistent with the findings from the UK survey.

One finding which was surprising was the differences among opinions of different grades. It was not possible to compare the opinions of two groups of doctors i.e; those with experience less than 10 years with those who had experience of or more than 10 years) because of the small number of doctors from more than 10 years experience group who responded. This may be an indicator of lowered awareness and concern about mental disorder amongst senior doctors.

When the fact that the responders knew someone with mental illness was taken into account, there were again no major differences between those, who knew someone with mental illness or those who did not. However, for those items, which showed statistically significant differences, those who knew someone with mental illness, were more likely to show negative attitudes. This is difficult to interpret and is not consistent with the UK survey.

We now plan to further this work, by looking at the attitudes of the lay public. There is some evidence that good educational methods could decrease stigma.[7] We also therefore, plan to send the results of this survey to psychiatrists and heads of the medical colleges in Pakistan.

REFERENCES

1. Crisp AH. The stigmatisation of sufferers with mental disorders. Br J Gen Prac 1997;49:3 -4
2. Crisp AH, Gelder MG, Rix S. The stigmatisation of people with mental illness. Br J Psych 2000;177:4 -7
3. Byrne P. Psychiatric stigma: past, passing and to come. J Royal Society of Medicine 1997;90:618-21
4. Link BG, Struening EL, Rahav M. On stigma and its consequences: evidence from a longitudinal study of

men with dual diagnosis of mental illness and substance abuse. J Health Social behaviour 1997;38:177-90

5. Jorm AF, Jacomb PA, Christensen H. Attitudes towards people with a mental disorder: a survey of the Australian public and health professionals. Australian and Newzeland Journal of Psychiatry 1999;33:77-83
6. Mukherjee R, Fialho A, Wijetunge K. The stigmatisation of mental illness: the attitudes of medical students and doctors in a london teaching hospital 2002; 26:178-181
7. Singh, S., Baxtre, H., Standen, P., et al (1988) Changing the attitudes of tomorrows doctors towards mental illness and psychiatry: a comparison of two teaching methods. Medical education 1988;32:115-22

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