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Mental illness stigmatization factors: Survey among caregivers in Mahajanga Madagascar

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Abstract

Introduction: Psychiatric patients' stigmatization is a major public health problem. The objective of this survey is to determine the factors reinforcing the stigmatizing behaviors of nursing staff towards psychiatric patients.

Methods: This study is descriptive, cross-sectional and prospective analytic conducted in the Emergency Departments of the both Mahajanga University Hospitals and the CSB of the District of Mahajanga I from November to December 2021.

Results: Toxic causes of mental illness were the most mentioned by caregivers (91.4%) followed by environmental causes (74.29%), neurobiological and genetic causes (74.29%) and supernatural causes (17.1%). Thirty-four point three percent of staff believed that mental disorders are not curable. In 73.08% of cases, the staff referred the patient directly. In our study, both groups of staff had high social distance scores with averages of 22.58 for physicians and 23.15 for nurses. High scores were found in 87.5% of cases for physicians and in 89.1% of cases for nurses. There was an association between social distancing and the following stereotypes as perceived by staff: craziness (p=0.002), dangerousness (p=0.031). The decision to treat or refer patients depends mostly on the acquisition of additional Training in Psychiatry (p=0.000). The Training improved skills to take care of the patients.

Conclusion: Anti-stigma actions must be carried out in Mahajanga, particularly among healthcare staff, to improve the quality of life of patients.

Keywords: Caregivers; Mental Disorders; Psychiatry; Stigma

1. Introduction

Mental Health representation has changed from the period considering patients as "crazy" or "insane" to the period as they are called to be in a "trouble desease". However, community still have another point of view of people, young, adults or elderly subjects, suffering from mental illness. Then, it leads to an attitude of reject, even exclusion by community, whatever the causes This stigmatizing attitude often begins with the caregivers themselves.

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2. Material and methods

A descriptive and analytical cross-sectional prospective study was conducted, lasting 2 months from November to December 2021, concerning 2 University Hospital Centers of Mahajanga: CHU Pzaga Androva and CHU Mahavoky as well as at the Basic Health Centers of the District of Mahajanga I. Population concerned General Practitioners and Nurses.

Were included the nursing staff at the emergency and Triage of both Hospital Center, who accepted to answer the questionnaires. Were not included: volunteers, nursing staff holding an administrative position and/or working in Radiology Laboratories and Departments, Healthcare personnal working in Departments other than Emergency of the University Hospitals, and those who did not accept to answer.

The exhaustive sampling mode was used. We proceeded by collecting data using a pre-established survey form. This questionnaire was pre-tested before being finalized. The survey was carried out directly with caregivers and the average duration of a survey was 8 to 10 minutes.

The pre-test consisted on questioning 10 health personnals in other Departments of the CHU PZaGa in order to ensure that they understand the questions and to make corrections if necessary. Socio-demographic variable parameters, variables concerning mental health knowledge and attitudes towards patients with mental disorders were studied. Was evaluated the shame level if a family member is sick, perceptions of stereotypes. The social distance score was used to detect the degree of social distance desired by the respondent campared to the minority described in the question. This study respected the ethical principles to medical research on human subjects, as described in the Helsinki's declaration, especialy informed consent, confidentiality, professional secret, Human Rights. Data were inserted and analyzed with SSPS Version 20 and Excel 2013 software. To investigate the presence of a positive linear association, the Pearson (p) chi-square test was chosen. A p-value of less than 0.05 was considered significant. Certainly, our study has its limits, not allowing to assess the knowledge and attitudes of Health Professionals in Private Health Centers. Moreover, this descriptive study did not consider causes to effects. However, an overview of the realities of Boeny Reference Centers could be shown.

3. Results

Table 1 Distribution of nursing staff according to their socio-demographic profile and relationship quality with patients

		Effective (%)	Total (%)	Average	Min	Max
Staff service	CHU	17 (24.3%)	70 (100%)			
	CSB	53 (75.7%)				
Professions	Medical	24 (34.3%)	70 (100%)			
	Paramedics	46 (65.7%)				
Gender	Male	15 (214%)	70 (100%)			
	Female	55 (78,6%)				
Age (years-old)	[20-40]	42 (60.0%)	70 (100%)	38.114	23	58
	]40-60]	28 (40.0%)				
Exercise duration	<10 years	39 (55.7%)	70 (100%)			
	≥10 years	31 (44.3%)				
Training	Yes	14 (20.0%)	70 (100%)			
	No	56 (80.0%)				
Personal relation with the patient	Yes	17 (24.3%)	70 (100%)			
	No	53 (75.7%)				
Caregivers' experiences	Yes	52 (74.3%)				
	No	18 (25.7%)	70 (100%)			
Decision about treatment of the patients	Treat	14 (26.92%)	52 (100%)			
	Refer	38 (73.08%)				

Study population were n=574 nursing staff and n=70 met the inclusion criteria. It was observed that 78.6% were female, 65.7% were nurses, 60% were in the age group of 20 to 40 years-old and 75.7% worked in the Health Center basic.

Twenty percent received additional Mental Health Training. In 73.08% of cases, the staff referred the patient directly (Table 1). According to their consideration, the causes of mental illnesses were attributed to toxic substances in 91.4% of the nursing staff, then to environmental causes for 74.29%, of neurobiological and genetic origin for 27.1% and to supernatural causes for 17.1%. In 98.6% of cases, professionals believed that the treatment of mental disorders is medication; 40% believed in religious treatment and 11% in traditional one. Thirty-four point three percent of staff believed that mental disorders were untreatable (Table 2). Both groups had high social distance scores with averages of 22.58 for physicians and 23.15 for nurses. High scores were found in 87.5% of cases for Doctors and in 89.1% of cases for Paramedics. There was an association between social distance and the following stereotypes according to staff perception: craziness (p=0.002), dangerousness (p=0.031) (Table 3). Decision-making depends mainly on the acquisition of additional training in psychiatry (p=0.000).

Table 2 Consideration of mental illness by caregivers

	Effective	**Rate (%)**
Causes		
Supernatural	12	17.1
Neurobiologic and genetics	19	27.1
Environment	52	74.29
Toxics	64	91.4
Treatment		
Medical	69	98.6
Religious	28	40.0
Traditional	11	15.7
Prognostic		
Curable	46	65.7
Non curable	24	34.3

Table 3 Perception of caregivers regarding stereotypes and their desire for social distance

Social distance score			
Perception	**Mild**	**High**	**P Value**
No	50.0%	21.0%	
Dangerous			0,031
Yes	50.0%	79.0%	
No	50.0%	25.9%	
Unpredictable			0.258
Yes	50.0%	74.1%	
No	25.0%	9.7%	
Agressivity			0.567
Yes	75.0%	90.3%	

No	62.5%	25.8%	
Crazy			0.002
Yes	37.5%	74.2%	
No	37.5%	13.0%	
Weird			0.287
Yes	62.5%	87.0%	

4. Discussion

4.1. Additional Training in Psychiatry

It was found that 80% of personnal have not received any Additional Training in Psychiatry. Two studies found higher results than the present study, with rates of 91% and 99.1% [1,2]. The collaboration with the NGO working on Mental Health made increased the number of personnel receiving Additional Training in Psychiatry.

Sujaritha and co. [3] found in a study conducted in India in 2017 a rate of training and then psychiatric post of 60.8% for Doctors and 51.5% for Nurses..

4.2. Representation of mental illness

In the present study, 91.4% of participants attributed psychoactive substances as causes of mental illness, 74.29% mentioned environmental causes (traumatic life event, important stressful situation, difficulty at work), 27.1% mentioned neurobiological and genetic causes and 17.1% of officers believed mental illness due to supernatural causes (divine punishment, demonic possession, witchcraft). Gateshill and co. [4] found in a study in England in 2011 that staff attributed mental troubles to toxic causes (alcohol 46.2% and illicit drugs 38.5%) followed by brain dysfunction in 32.7%. Coker and co. [5] claimed through a study in Nigeria in 2018 that health professionals mentioned mainly genetic causes in 96% of cases, toxic causes in 94% of cases and by environmental causes in 83% of cases. The result of the present study could be explained by the experience of health personnel living in society where drug addiction was important in psychotic patients. It is important to precise that several nursing staff of this study still believed in mystical causes (divine punishment, demonic possession, witchcraft) as causes of mental illness.

4.3. Perception of how mental illness was treated

This study observed that apart medical therapy, 40% of health professionals thought about religious treatment and 15.7% believed that traditional customs were an alternative. Gurung and co. [6] found in Nepal in 2014 that 1% of staff believed in the effectiveness of religious treatments, but 86% believed in the effectiveness of meditation and yoga. Mohamed-Kaloo and Laher [7] in 2014 in South Africa study of 10 Muslim caregivers, found that 4 out of 10 participants mentioned traditional treatment as part of the culture in South Africa and collaboration is needed. Religion and culture influenced the perception of caregivers. Françoise [8] in 2013 noted the recent presence of Religion in contemporary Psychiatry. In fact, the process of treating mental disorders depends effectively on culture within a country or society.

4.4. Perception of the prognosis of mental illness

In this study, 34.3% of participants did not believe in the curability of mental illness even when treated well. Coker and co. [5] found a lower result with a rate of 23.6%. Ahmed and co. [10] found that the majority of staff believed in the curability of mental illness with a rate of 79.1% like the study of Gurung and co. [6] with a rate of 94%. However, Jombo and co [10] in Nigeria in 2019 found 70% of staff did not believe in the curability of mental illness. This result inhaces the impact of the socio-cultural difference in the attitude of health personnal. Misperception of the prognosis of mental illness can lead to social distance and therefore contributes to stigma [11]. In the present study, 80% of Paramedics and 50% of Doctors perceived the mentally illness as “crazy”. Gurung and co and Spagnolo and co. [6,12] found lower results with rates of 1% and 9.8 respectively. The lack of knowledge and training of health personnel would be the explanation.

4.5. Social distancing

Both groups of staff of the study had high social distancing scores with averages of 22.58 for Doctors and 23.15 for Paramedics. High scores were found in 87.5% of cases for Doctors and in 89.1% of cases for Paramedics. Fujii and co. [13] found in their study in Japan in 2018 non-stigmatizing attitudes of health care workers through social distancing.

The median scores were 15.5 for Doctors and 14.0 for Paramedics (score of 24). Wong and co. [14] also mentioned in their study carried out in Taiwan in 2020 good staff attitudes on social distancing with averages of 18.87 and 16.67 (score of 35). It may due to perception of the nursing staff that patients are dangerous making avoidance. However, the positive attitude of the nursing staff towards parients facilitates care and recovery [16]. The negative attitude leads to patient disinterest. Even patients had somatic pathologies, they are under-diagnosed, especially homeless ones. Caregivers overlooked their complaints by linking to mental disorder, called “overshadowing diagnosis” [17, 18, 19]. Psychiatric Service and the staff were also victims of stigmatization both by society and their colleagues as some studies [20, 21, 22]. This has an impact on patients and delay their treatment. Furthermore, health professionals expressing negative attitudes cannot be used as models and leaders of an anti-stigma campaign [23].

4.6. Reinforcing factors of the stigmatizing attitudes of caregivers

This study showed that Paramedics perceived the "dangerous" and "crazy" characteristics of psychiatric patients much more. However, there was no correlation between occupation and distance. Minas and co. [3] found that Paramedics had a much more stigmatizing attitude compared to Doctors. However, Ubaka and co. [25] found that Doctors had negative behaviors compared to Paramedics. The result can be explained in the present research by the majority presence of women in the Paramedical staff who feel unable to protect themselves against psychiatric disturbances. In addition, the theoretical trainings obtained during the University Course were be differents for these both staff. Training would not improve the social distance expressed by caregivers in this study.

Cowan and co [1, 28] have found that training improves the attitudes of the nursing staff. Koschorke and co. [29] reported that lack of mental health training contributes to poor perception of psychiatric patients.

4.7. Factors associated with decision-making during an encounter with psychiatric patients

The study showed that there is no correlation between social distancing and decision-making to treat or refer patients. The majority of the staff would have referred their psychiatric patients without even examining them and limiting contact with these groups of patients thus maintaining the stigmatizing attitude.However, obtaining training motivates staff to treat patients. Spagnolo and co. and Mariamand co. concluded that training improves the knowledge of caregivers [30, 31, 32].

5. Conclusion

Stigmatization of people suffering from mental disorders by health professionals exists in Mahajanga. More than a quarter of healthcare staff still believe in supernatural causes attributed to mental disorders and the effectiveness of traditional and religious treatments shared and circulating in society. More than a third of these staff are pessimistic about the outcome of mental illness. Nevertheless, the training improves the ability of health care staff to treat patients. Sensibilizations are necessary such as World Mental Health Day celebrated every October 10 of the year, the establishment of NGOs promoting the fight for mental health. Capacity building, skills and equipment in materials and infrastructure for all healthcare personnel are wished to be improved.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare no conflict of interest.

Statement of ethical approval

The present research work does not contain any studies performed on animals/humans subjects by any of the authors. Permission to conduct the study was obtained from Department of Psychiatry, Analankininina Toamasina University Hospital, Madagascar.

Statement of informed consent

Informed consent was obtained from the patient included in the study. The patient information was be kept confidential during and after study period.

References

[1] Ihalainen-Tamlander N, Vähäniemi A, Löyttyniemi E, Suominen T and Välimäki M. Stigmatizing attitudes in nurses towards people with mental illness: a cross- sectional study in primary settings in Finland. Journal of Psychiatric and Mental Health Nursing 2016; 23: 427—437. DOI: 10.1111/jpm.12319

[2] Mulango ID, Atashili J, Gaynes BN, Njim T. Knowledge, attitudes and practices regarding depression among primary health care providers in Fako division, Cameroon. BMC Psychiatry2018; 18:66. DOI: 10.1186/s12888-018-1653-7.

[3] Sujaritha V, Partheeban M, Thiviya T, Sowmiya M. Attitude towards mental illness among doctors and nurses in a tertiary care centre, Pondicherry, India. International Journal of Research in Medical Sciences 2017; 5: 3059-3064. DOI: 10.18203/2320-6012.ijrms20172987

[4] Gateshill G, Kucharska-Pietura K, Wattis J. Attitudes towards mental disorders and emotional empathy in mental health and other healthcare professionals. The Psychiatrist 2011; 35: 101—105. DOI: 10.1192/pb.pb.110.029900

[5] Coker A, Oo C, Along A, Kanmodi K. Nurses knowledge and attitudes towards the mentally-ill in Lagos, South-Western Nigeria. International Journal of Advanced Community Medicine 2018; 1:15-21.

[6] Gurung G. Knowledge and attitude of nurses regarding mental illness. Journal of Chitwan Medical College 2014; 4: 40—43.

[7] Mohamed-Kaloo Z, Laher S. Perceptions of mental illness among Muslim general practitioners in South Africa. South African Medical Journal 2014; 104: 350-352. DOI: 10.7196/SAMJ.7863

[8] Champion F. La nouvelle présence du religieux dans la psychiatrie contemporaine: Lexemple anglais. Archives de sciences sociales des religions 2013; 17—38. DOI: 10.4000/assr.25197

[9] Ahmed E, Merga H, Alemseged F. Knowledge, attitude, and practice towards mental illness service provision and associated factors among health extension professionals in Addis Ababa, Ethiopia. International Journal of Mental Health Systems; 13. Epub ahead of print December 2019. DOI: 10.1186/s13033-019- 0261-3.

[10] Jombo HE, Idung AU, Iyanam VE. Attitudes, Beliefs and Social Distances towards Persons with Mental Illness among Health Workers in Two Tertiary Healthcare Institutions in Akwa Ibom State, South-South Nigeria. International Journal of Health Sciences 2019; 9: 252-259.

[11] Kvaale EP, Gottdiener WH, Haslam N. Biogenetic explanations and stigma: A meta-analytic review of associations among laypeople. Social Science & Medicine 2013; 96: 95—103.

[12] Spagnolo J, Champagne F, Leduc N, Michèle R, Myra P, Marc L et al. Mental health knowledge, attitudes, and self-efficacy among primary care physicians working in the Greater Tunis area of Tunisia. International Journal of Mental Health Systems2018; 12: 63. DOI: 10.1186/s13033-018-0243-x.

[13] Fujii T, Hanya M, Kishi M, Kondo Y, Cates ME, Kamei H. An internet-based survey in Japan concerning social distance and stigmatization toward the mentally ill among doctors, nurses, pharmacists, and the general public. Asian Journal of Psychiatry 2018; 36: 1—7. DOI: 10.1016/j.ajp.2018.05.017

[14] Wong C-H, Chien S-C, Zeng Y-H, Huang C-C, Tsai W, Chen C-W et al. Influence of social distance toward individuals with psychotic disorders by medical background. Health Technology 2021; 5: 12—12. DOI: 10.21037/ht-21-5

[15] Husain MO, Zehra SS, Umer M, Kiran T, Husain M, Mustafa S et al. Stigma toward mental and physical illness: attitudes of healthcare professionals, healthcare students and the general public in Pakistan. BJPsych Open2020; 6: 1-6. DOI: 10.1192/bjo.2020.66.

[16] Cremonini V, Pagnucci N, Giacometti F, et al. Health Care Professionals Attitudes Towards Mental Illness: Observational Study Performed at a Public Health Facility in Northern Italy. Archives of Psychiatric Nursing 2018; 32: 24—30. DOI: 10.1016/j.apnu.2017.09.007

[17] Thornicroft G, Mehta N, Clement S, Evans-Lacko S, Mary D, Diana R et al. Evidence for effective interventions to reduce mental-health-related stigma and discrimination. The Lancet 2016; 387: 1123—1132. DOI: 10.1016/S0140- 6736(15)00298-6

[18] Van Nieuwenhuizen A, Henderson C, Kassam A, Graham T, Murray J, Howard LM et al. Emergency department staff views and experiences on diagnostic overshadowing related to people with mental illness. Epidemiology and Psychiatric Sciences 2013; 22: 255—262. DOI: 10.1017/S2045796012000571

[19] Graber MA, Bergus G, Dawson JD, Wood GB, Levy BT, Levin I. Effect of a patients psychiatric history on physicians estimation of probability of disease. Journal of General Internal Medicine 2000; 15: 204—206.

[20] Gioradana J-Y. How to identify, measure and reduce self-stigma? Sainte-Marie Colloquium Let's share our expertise: Collection of Acts 2018, 5-11.

[21] Stuart H, Sartorius N, Liinamaa T, Valentin A, Daniel MB, Monica B et al. Images of psychiatry and psychiatrists. Acta Psychiatrica Scandinavica 2015; 131: 21—28. DOI: 10.1111/acps.12368

[22] Chevallier D, Dunezat P. Psychiatry, stigmatization and nursing students: influence and determinants for a professional practice project. Psychiatric Information 2007; 83: 675-681. DOI: 10.3917/inpsy.8308.0675

[23] Pellegrini C. Mental illness stigma in health care settings a barrier to care. Canadian Medical Association Journal 2014; 186: E17.Ferrari AJ, Norman RE, Freedman G, Baxter AJ, Pirkis JE, Meredith GH et al.

[24] Minas H, Zamzam R, Midin M, Cohen A. Attitudes of Malaysian general hospital staff towards patients with mental illness and diabetes. BMC Public Health2011; 11: 317. DOI: 10.1186/1471-2458-11-317.

[25] Fujii T, Hanya M, Kishi M, Kondo Y, Cates ME, Kamei H. An internet-based survey in Japan concerning social distance and stigmatization toward the mentally ill among doctors, nurses, pharmacists, and the general public. Asian Journal of Psychiatry 2018; 36: 1—7. DOI: 10.1016/j.ajp.2018.05.017

[26] Ubaka CM, Chikezie CM, Amorha KC, Ukwe CV. Health Professionals Stigma towards the Psychiatric Ill in Nigeria. Ethiopian Journal of Health Sciences 2018; 28: 483-494. DOI: 10.4314/ejhs.v28i4.14.

[27] Sujaritha V, Partheeban M, Thiviya T, Sowmiya M. Attitude towards mental illness among doctors and nurses in a tertiary care centre, Pondicherry, India. International Journal of Research in Medical Sciences 2017; 5: 3059-3064. DOI: 10.18203/2320-6012.ijrms20172987

[28] Cowan J, Raja S, Naik A, Armstrong G. Knowledge and attitudes of doctors regarding the provision of mental health care in Doddaballapur Taluk, Bangalore Rural district, Karnataka. International Journal of Mental Health Systems 2012; 6: 21. DOI: 10.1186/1752-4458-6-21

[29] Koschorke M, Oexle N, Ouali U, Cherian AV, Deepika V, Gurucharan BM et al. Perspectives of healthcare providers, service users, and family members about mental illness stigma in primary care settings: A multi-site qualitative study of seven countries in Africa, Asia, and Europe. PLOS ONE 2021; 16: e0258729. DOI: 10.1371/journal.pone.0258729

[30] Luc Roelandt J, Caria A, Benradia I and Vasseurs BS. From self-stigma to the origins of the process of stigmatization. About the international survey "Mental health in the general population: images and realities" in France and in 17 countries. Psychology, Society, & Education 2017; 4:137.

[31] Spagnolo J, Champagne F, Leduc N, Michèle R, Myra P, Marc L et al. Mental health knowledge, attitudes, and self-efficacy among primary care physicians working in the Greater Tunis area of Tunisia. International Journal of Mental Health Systems2018; 12: 63. DOI: 10.1186/s13033-018-0243-x.

[32] Mariam MG, Bedaso A, Ayano G, Ebrahim J. Knowledge, Attitude and Factors Associated with Mental Illness among Nurses Working in Public Hospitals, Addis Ababa, Ethiopia. Journal of Mental Disorders and Treatment2016; 2: 108. DOI: 10.4172/2471-271X.1000108.