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The beliefs of teachers toward mental illness

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Abstract

This research is a descriptive study which has been done in order to determine the beliefs of teachers' toward mental illnesses in society. The content of this research covers 1307 teachers who work in the cities of Uşak and İstanbul in the academic year of 2010-2011. According to sampling size calculation formula, the number of individuals to be taken as samples has been determined as 298. However, the research has been completed by the contribution of 260 teachers due to incomplete forms and the teachers refusing to cooperate. As for the tools to collect data; The Interview Form including socio-demographic characteristics and prepared in accordance with the literature by the researchers and Beliefs toward Mental Illness Scale (BMI) have been used. This scale is composed of 3 sub-dimensions; which are dangerousness, incurability / poor social and interpersonal skills and embarrassment. It is a Likert type scale in 6 and it has been evaluated both on sub-scale scores and total scale. High scores received from the scale and sub-scales means a negative belief. Data entry and evaluation processes were carried out by the researchers using SPSS package program. The data have been assessed by using number and percentage test, chi-square, t test, and variance analysis. In the sampling group, while the lowest score is 20 in BMI (n=260), the highest score is 91. The average total score is 50.4±14.1. Dangerousness dimension score average is 23.1 ±6.3, incurability / poor social and interpersonal skills dimension score average is 25.8±9.0 and embarrassment dimension average score is 1.4±1.8. While 60% of the teachers have got higher scores than general score average, 40% of them have got lower scores than general score average. It has been concluded that the teachers, who have been subjects of this research, have displayed a negative attitude toward mental illnesses. It is important to enhance positive attitudes by improving knowledge and understanding toward mental illnesses in order that individuals with mental illnesses could survive in a society where there is no stigma and discrimination. In this sense, it is necessary that teachers reaching out to the majority of their society be informed and their awareness be increased as far as mental health services are concerned.

Keywords: Mental Illness, Stigma, teachers.

1. Introduction

Stigmatization of people with mental illness and being excluded from the society is as old as history of humanity. As symptoms of mental illness were inexplicable and incomprehensible during the ages of illiteracy of history of humanity; it caused people to be seized with fear. Patients' inappropriate and perhaps unexpected behavior and opinions created fear and anxiety in the society and this out of hand situation led to patients' exclusion. Mental illnesses have been scary for people since then and have continued to be a situation which creates restlessness and anxiety. Stigma and discrimination or exclusion toward mental illnesses is common in societies (Taşkın 2004a, Üçok 1999, 2003b). It is known that the community feels the need to stand aloof from people with whom personal contact is needed. Also, there is a tendency observed as the following: People tend to cut off communication with people who are labeled as mentally ill (Arkar 1991; Morrison 1993; Angermeyer and Marchinger 2003a).

Stigma means a sign, mark or a seal of embarrassment, being regarded as a disgrace, not being liked or refused by others. It harms the people with mental disorder, their friends, families and communities they belong to. People with mental disorder because of stigma generally live alone or misunderstood. Tendency to stigma toward mental illnesses and patients' exclusion due to this tendency ruin life quality of patients and their relatives and prevent their adaptation to treatment (Akdede et. al 2004, Oban 2010).

In order for people with mental disorder to live a society without stigma and discrimination, it is important to increase society's understanding and knowledge toward mental illnesses and develop positive attitudes. Educating people will help to decrease stigma toward mental illnesses (Üçok 2003a). Restoring misinformation and prejudices about mental illnesses in the society may be helpful in forming positive attitudes. Giving the message that patients are not strange and dangerous creatures, the situation they are in is only an illness and they have options to be cured is of great importance in developing positive attitudes. Certain groups in the society (students, medical service personnel, administrators of higher positions, police, teachers and employers) should be informed to be able change negative attitudes faster and more effectively (Taşkın and Özmen 2004c, Oban 2010).

The attitudes people adopt are shaped during a process starting from childhood and adolescence continuing until first adulthood. There are even some resources which show that it starts at kindergarden level (Byrne 2000). The attitudes of children were evaluated again every 8 years in a cohort study conducted by Weiss (1994) and it was found out that they had similar attitudes and kept aloof from mental illnesses (Tuna 1997; Byrne 2000).

There is a very limited database about epidemiology of child mental health. According to Turkey's Mental Health Profile results, mental illnesses occur among 17,2 % of the society. Doğan et al (2008) found out in their research that 27,5 % of the students aged between 6-14 were experiencing inadaptability in terms of mental health according to their teachers. The same figure was 24,5 % according to their mothers. Starting in adolescence, many mental illnesses occur in the first adulthood. At the same time, the unwillingness to receive psychiatric help because of stigma causes illness to become chronic. It is very vital to decrease stigma in adolescence. Briefing training about mental changes and illnesses can help to increase adolescents' knowledge level (Pinto-Foltz and Longsdon 2009). So, removing obscurities and prejudices in regard to mental illnesses in adolescents can be possible (Üçok 2003a).

In this regard, teachers who work very closely with the society have an active role in fighting against stigma about mental illnesses. Initially, teachers need to be aware of their own prejudices and labeling practices against people with mental disorder. For this reason this study is a descriptive study planned to determine the attitudes of teachers working in the primary school toward mental illnesses.

2. Method

The study is an example of descriptive study. It was conducted with the participation of teachers who work in primary schools in central Uşak and in county of Kadıköy, Istanbul in academic year 2010-2011 (N= 2453). Of all teachers, 482 of them work in the city of Uşak (40 primary schools) and 1971 of them work (55 primary schools) in the county of Kadıköy, Istanbul. The sampling group consisted of 333 teachers. It was decided to contact 24 schools until reaching 333 teachers by getting number of teachers from provincial directorates for national education and district national education directorates. Half of 24 schools were chosen in Kadıköy and the other half was chosen in Uşak. Due to time and transportation constraints, 24 schools located closest to the researchers were included in the sampling group. Although the aim was to conduct the study with 333 teachers, it was completed with 260 teachers because of unwilling teachers to participate and incomplete forms. Uşak is a city located in Aegean Region with a population of 338,019. There are 40 public primary schools in the city. Kadıköy is a highly developed county on Anatolian side of Istanbul. Its population is 532,835 and there are 55 public primary schools. 1971 teachers work in these schools.

The aim of the study was explained to the participants and it was pointed out that participation is voluntary.

Data Collection Tools: Beliefs Toward Mental Illness Scale (BMI) and information form, consisting of socio-demographic properties and 12 questions, which was prepared in the line of literature by researchers were used. BMI consists of 3 sub-dimensions and it is a six foldlikert scale. Bilge and Çam (2008) carried out the validity and

reliability aspect of the scale. Its total Cronbach Alpha coefficient is 0.82; the subscale of Desperateness and Impairment in Interpersonal Relations is 0.80. Dangerous subscale is 0.71 and lastly Embarrassment subscale was found to be 0.69 *Dangerousness subscale*: This scale mentions that mental illnesses and patients with mental illness are dangerous. *Desperateness and Impairment in Interpersonal Relations*: This subscale mentions about the effect of mental illnesses on interpersonal relations and corresponding desperateness. It also mentions that the individual restrains himself in his relations with people who are mentally ill and experiences desperateness especially because of being affected emotionally. *Embarrassment Subscale*: This subscale states that people who are liable to mental illness experience embarrassment. The scale is interpreted in terms of both total score and subscale scores. High scores taken from the scale and subscales refer to negative belief.

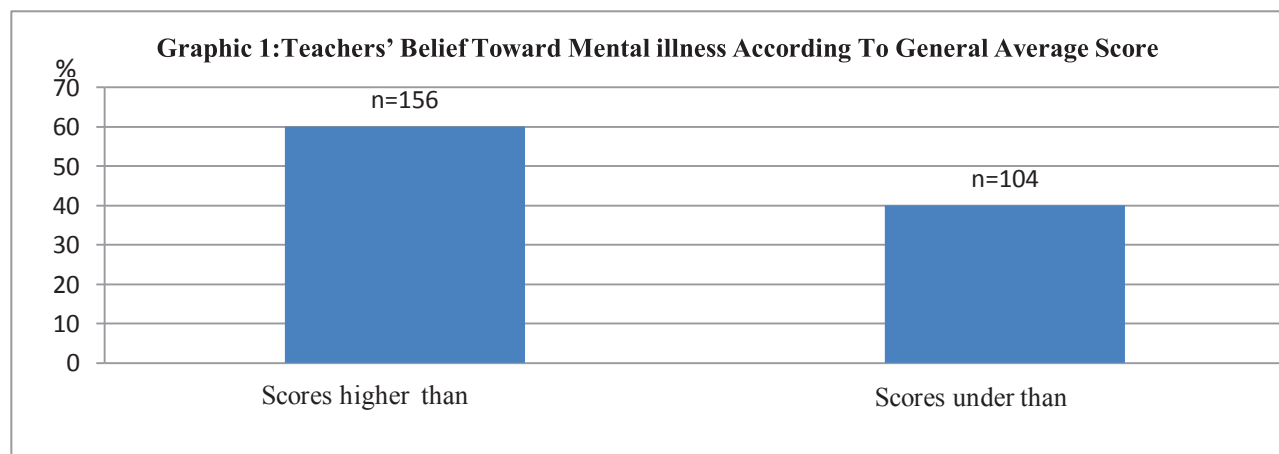
The task of data entry and evaluation was completed by using SPSS program by the researchers. The data was evaluated through number and percentage test, chi-square test, t-test and variation analysis. The dependent variable of the study is BMI score while independent variables are the following questions: The dependent variable is BMI score while sex, living place, age, financial status and the following questions are independent variables: Is there anybody with mental illness? Is there anybody in your immediate surrounding and neighbors with mental illness?

3. Results

Table 1: Teachers’ Beliefs Toward Mental Illness Scale Average Scores (N=260)

| | Average Scores | Dangerousness | Incurability / Poor Social And Interpersonal Skills | Embarrassment |
|-----------|----------------|---------------|---|---------------|
| \bar{x} | 50.4 | 23.1 | 25.8 | 1.4 |
| SS | 14.1 | 6.3 | 9.0 | 1.8 |
| Min | 20.0 | 7.0 | 4.0 | 0.0 |
| Max | 91.0 | 37.0 | 55.0 | 10.0 |

The highest score was 91 while the lowest score was 20 among the participant teachers (n: 260). Total average score is 50,4. Average score for dangerous dimension is 23,1 while it is 25,8 for desperateness dimension and lastly average score for embarrassment dimension is 1,4 (Table1).



Average score of sampling group is 50,4. 60 % of the teachers got scores higher than general average score while the rest was under average score. It was found that teachers within the scope of the study had more negative attitudes toward mental illnesses (graphic 1).

Table 2: Teachers’ Beliefs Toward Mental Illness In Terms Of The Region They Live In.

| Beliefs | Dangerousness | | Incurability / Poor Social And Interpersonal Skills | | Embarrassment | | Total Scores | |
|----------------|-----------------|-----|---|------|----------------|-----|-----------------|------|
| | \bar{x} | SS | \bar{x} | SS | \bar{x} | SS | \bar{x} | SS |
| Regions | | | | | | | | |
| Urban | 22.5 | 6.6 | 24.8 | 9.10 | 1.4 | 1.9 | 48.8 | 14.4 |
| Rural | 24.0 | 5.7 | 27.3 | 8.84 | 1.5 | 1.8 | 52.9 | 13.3 |
| | t:1.90; p: 0.05 | | t:2.13; p: 0.03 | | t:0.73; p:0.46 | | t:2.32; p: 0.02 | |

Beliefs toward mental illness show significant differences in both general total score and three subscale according to region teachers live in (Table 2)

Table 3:Teachers’ Beliefs Toward Mental Illness In Terms Of Their Fear of Mental Illnesses

| Beliefs | Dangerousness | | Incurability / Poor Social And Interpersonal Skills | | Embarrassment | | Total Scores | |
|----------------|-----------------|-----|---|------|----------------|-----|-----------------|------|
| | \bar{x} | SS | \bar{x} | SS | \bar{x} | SS | \bar{x} | SS |
| Emotion | | | | | | | | |
| Unfear | 22.5 | 6.6 | 24.8 | 9.10 | 1.4 | 1.9 | 48.8 | 14.4 |
| Fear | 24.0 | 5.7 | 27.3 | 8.84 | 1.5 | 1.8 | 52.9 | 13.3 |
| | t:1.90; p: 0.05 | | t:2.13; p: 0.03 | | t:0.73; p:0.46 | | t:2.32; p: 0.02 | |

Teachers’ Beliefs Toward Mental Illness According to Their fear of mental illnesses shows significant difference in three subscales (Table 3)

Table 4: Teachers’ Beliefs Toward Mental Illness In Terms Of Some Demographic Properties

| | Frequency | | Dangerousness | Incurability Poor Social And Interpersonal Skills | Embarrassment | Total Scores |
|--------------|-----------|------|-----------------|---|-----------------|-----------------|
| | n | % | $\bar{x}\pm SS$ | $\bar{x}\pm SS$ | $\bar{x}\pm SS$ | $\bar{x}\pm SS$ |
| Age | | | | | | |
| 20-35 | 107 | 41,2 | 23,62±5.81 | 26,50±8.06 | 1,29±1.60 | 51,46±12.5 |
| 36-50 | 124 | 47,7 | 22,76±6.32 | 25,30±9.49 | 1,58±2.03 | 49,83±14.9 |
| 51 and ↑ | 29 | 11,2 | 22,72±8.21 | 25,79±10.71 | 1,72±2.18 | 50,34±16.2 |
| <i>Total</i> | 260 | 100 | F:,587; p>0.05 | F:500; p>0.05 | F:,910; p>0.05 | F:,387;p>0.05 |

Gender

| | | | | | | |
|--|-----|------|----------------|----------------|-----------------|----------------|
| Female | 153 | 58.8 | 23,10±6.06 | 26,03±9.47 | 1,44±1.81 | 50,67±14.5 |
| Male | 107 | 41.2 | 23,13±6.76 | 25,58±8.49 | 1,53±1.99 | 50,39±13.5 |
| Total | 260 | 100 | t:,033; p>0.05 | t:,394; p>0.05 | t:-,370; p>0.05 | t:,161;p>0.05 |
| Marital Status | | | | | | |
| Single | 61 | 23.5 | 23,70±6.88 | 26,73±8.76 | 1,83±2.19 | 52,27±14.7 |
| Married | 199 | 76.5 | 22,93±6.18 | 25,58±9.16 | 1,37±1.77 | 50,03±13.9 |
| Total | 260 | 100 | t:,829; p>0.05 | t:,870;p>0.05 | t:1,686 ;p>0.05 | t:1,084;p>0.05 |
| Financial Status | | | | | | |
| Bad | 28 | 10.8 | 23,82±7.20 | 28,21±8.18 | 2,00±2.10 | 54,03±13.96 |
| Moderate | 125 | 48.1 | 22,97±6.05 | 25,41±9.25 | 1,54±1.86 | 49,95±14.56 |
| Good | 107 | 41.2 | 23,14±6.49 | 25,82±9.05 | 1,28±1.84 | 50,51±13.65 |
| Total | 260 | 100 | F:,202; p>0.05 | F:1,090;p>0.05 | F:1,674;p>0.05 | F:,959;p>0.05 |
| Ownership status of mental illness in their families | | | | | | |
| Have | 33 | 12.7 | 23,21±7.10 | 25,21±9.74 | 1,66±2.17 | 50,09±15.7 |
| Not have | 227 | 87.3 | 23,10±6.24 | 25,94±8.98 | 1,45±1.84 | 50,63±13.9 |
| Total | 260 | 100 | t:,094; p>0.05 | t:,434; p>0.05 | t:605; p>0.05 | t:,204;p>0.05 |
| Ownership status of mental illness or a near neighbor | | | | | | |
| Have | 128 | 49.2 | 22,95±6.05 | 25,50±8.61 | 1,39±1.76 | 49,8±13.2 |
| Not have | 132 | 50.8 | 23,27±6.63 | 26,19±9.50 | 1,56±2.00 | 51,2±14.9 |
| Total | 260 | 100 | t:,405; p>0.05 | t:,619; p>0.05 | t:,692; p>0.05 | t:,770; p>0.05 |

58,8 % of the participants were women and 41, 2 % were male teachers. 23, 5 % of the teachers were single and 76, 5 % of them were married. 60, 8 % of teachers were married and 57, 4 % of teachers were single. Majority of the teachers chose their financial status moderate (48,1 %) and good (41,2 %). Also, majority of the ones who do not have anybody with mental illness in his family (87.3 %), 49,2 % of the teachers stated that they have people either in their immediate surrounding or neighbors. There was not a statistically significant difference between demographic variables and beliefs toward mental illness (Table 4).

4. Discussion

It is known that attitudes toward mental illnesses are one of the factors that affect every stage of mental health services. Especially stigma and discrimination directly affect behavior of seeking remedy, adaptation to treatment and rehabilitation practices. It also affects individuals' (who are experiencing mental illness) noticing this. Negative attitudes toward patients and tendency to alienate them affect the recovery of patients to a great extent. Teaching is a profession which exists in every step of upcoming generations' growth and development and also has a place in the formation of their lifestyles in the future. In this study in which the attitudes of teachers toward mental illnesses are investigate, the results show that the majority of the sample group adopts a negative attitude. These results can be related to general view in literature which suggests that people diagnosed with mental illness are considered by the majority of the society as people who are dangerous, loathed, stranger and somebody whose actions cannot be predicted (Taşkın 2007). The fact that teachers working in the country adopt negative attitudes more toward mental illnesses might mean that treatment and tracing of mental illnesses is more difficult in small regions, patient population seeks less help, symptoms and findings are more apparent and thereby negative attitudes toward these patients are adopted more often. Refusal and stigmatization of patients are considerably more common in the country. Angermeyer et. al.(2004) stated that although there is no significant difference in cities and small towns in terms of substantial stigmatization and behavior of exclusion patients with small town origins are more exposed to negative attitudes and behaviors. According to some studies, women adopt more positive attitudes toward patients compared to men and they tend are less liable to stigmatization and exclusion although they have misinformation especially about treatment (Taşkın 2007, Jorm 2000). The result of the study which suggests that attitudes and

beliefs toward mental illnesses do not change depending on age, sex (Oban 2010) and marital status resembles to the findings by Taşkın (2004b).

Moreover, having met somebody with mental illness or having social experience with patients do not have a considerable effect on attitudes. It has been suggested in some studies that acquaintance results in realistic attitudes and it is not probable to change these attitudes any longer (Taşkın 2007, Oban 2010). According to research findings, a significant correlation between attitudes toward mental illnesses and knowing somebody diagnosed with mental illness in immediate surrounding or in neighbors could not be found. This result bears a resemblance to literature which shows that having met somebody with mental illness or having social experience with patients do not have any considerable effect on attitudes (Taşkın 2007, Corrigan 2005, Bryne 2000). As a matter of fact, it is indicated that acquaintance leads to realistic attitudes and changing these attitudes is not very probable any longer.

It has also been found out in research findings that teachers who expressed their fear of these patients adopt negative attitudes toward mental illnesses. The belief that people with mental illness pose danger for others causes fear in the society and it is one of the most important reasons for negative and excluding attitudes toward people with mental illness. Tendency to stigmatize and exclude patients is closely related to the idea that they are dangerous (Özmen 2007). Research findings bear a resemblance to this literature information. In order to make a contribution to increase mental health level and community mental health services, it is of great importance to reach these individuals by nurses who are educated about this issue, diagnose attitudes toward current attitudes toward mental symptoms and illnesses and carry out work aimed at enhancing attitudes toward these issues through education (Çam and Bilge 2007).

In conclusion, teachers were observed to adopt negative attitudes toward mental illnesses in this study. Against all odds, it is not a realistic approach to remove stigmatization and exclusion of these people altogether. However, changing ill-advised judgments should be the priority target of campaigns against stigmatization. World Health Organization pointed out that doing educational training in relation to health at schools affects adolescents' health positively and helps them to gain a new point of view about life and people, which is reflected on behaviors very positively. It also asked countries to be very sensitive about providing these services (WHO/HPR/HEP, 1998). It is known that nurses will take the lead in the fight against stigmatization of mental illnesses by removing the barriers of stigma and silence. School health nurses should primarily plan, conduct and evaluate programs aimed at raising awareness of teachers who can reach out to both students and their parents. School society should be educated about the illness, prejudices should be eliminated and arrangements should be made in order to prevent stigma and discrimination.

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