

## Regular Article

# The impact of antistigma education on the attitudes of general practitioners regarding schizophrenia\*

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## Abstract

The aim of this study was to examine the views and attitudes of general practitioners (GP) with respect to schizophrenia, and the changes in their attitudes after antistigma education. A total of 106 GPs working in 71 health institutions were included in the study. A questionnaire of 16 items, focussing on doctors' views and attitudes towards schizophrenia, was applied. Questions were about the views and attitudes of doctors towards general myths related to schizophrenia. Doctors were asked to select one of two responses: 'I agree' or 'I disagree', for statements such as 'schizophrenic patients cannot work' and 'schizophrenic patients are aggressive and dangerous'. After completing the questionnaire, all the GPs were given a single session of antistigma education. The questionnaire was repeated 3 months after training meetings in a subsample of 54 GPs which represented the whole sample in terms of gender, age, and years in medical practice. The authors found statistically significant, positive changes on five items out of the 16 items in the post-test survey when compared to attitudes before training, including items about the treatability of schizophrenia, harmfulness and untrustworthiness of schizophrenic patients. The authors' findings suggest that one antistigma education session, supported by the distribution of related documents, can improve GPs attitudes towards schizophrenia.

**Key words** general practitioners, schizophrenia, stigma.

## INTRODUCTION

Stigma and discrimination cause significant burden within mental health care for people suffering from mental illness.<sup>1</sup> Results of five large-scale public surveys from Istanbul, Turkey,<sup>2</sup> Canada,<sup>3</sup> Australia,<sup>4</sup>

Germany<sup>5</sup> and Japan<sup>6</sup> showed that the general public lacks knowledge about schizophrenia and has negative attitudes towards patients who suffer from it. Two of these studies<sup>2,4</sup> reported that public attitudes towards people with schizophrenia are within a more negative frame than public attitudes towards patients with depression. Negative attitudes towards schizophrenia are not confined to the lay public but are also common among mental health professionals.<sup>7–11</sup> In a recent study from Turkey,<sup>12</sup> it was reported that attitudes of non-psychiatrist physicians towards mentally ill people were more negative than the attitudes of other hospital staff at a university hospital. Studies from countries with different cultural backgrounds, like Spain,<sup>13</sup> Oman<sup>14</sup> and Canada,<sup>15</sup> reported that medical students, nursing undergraduates and mental health profession-

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als other than psychiatrists share the beliefs held by the general public in their countries.

General medical practice and primary health care facilities are the main service setting for health care where general practitioners still have a gate-keeper role for mental health referrals.<sup>16</sup> It is, therefore, deplorable that mental health issues receive so little attention in these settings. Several issues, including social stigmatization and underdiagnosis by primary care physicians, were reported as possible causes for this situation.<sup>17</sup> General practitioners prefer to refer patients to mental health services for diagnosis and initial treatment, while accepting to follow up the referred patients in their practices.<sup>18</sup>

In Turkey, general health care depends heavily on primary health care centres and general practitioners as well. Despite the fact that psychiatric services in Turkey are insufficient, primary health services provide limited care for people with mental illness.<sup>19</sup> In a recent study, 40% of general practitioners reported that they were unable to decide about the treatment of patients with schizophrenia. However, despite their reservations concerning the follow up of mentally ill people, general practitioners are willing to participate in any training activities concerning mental illness.<sup>20</sup> In the same study, 29% of general practitioners expressed the possibility of long-term treatment for schizophrenia, while 18% had a negative view of such an effort and responded that these patients would not recover. Another 13% considered schizophrenic patients as dangerous and 15% disclosed that they had some reservations about living close to someone with schizophrenia.<sup>20</sup> The negative pattern of the attitudes concerning schizophrenia and the professional distance to mental health referrals in general health care feed the process of low service utilization in Turkey. As a result, primary health care remains at the central stage for mental health promotion activities in Turkey.

The World Psychiatric Association (WPA) started its Global Programme to Reduce the Stigma and Discrimination Because of Schizophrenia in 1999. Currently, the programme is actively operating in 20 countries (please see the programme's website <http://www.openthedoors.com>). Local projects in the USA, Switzerland, Germany, India, Spain, Slovakia, Romania, Brazil, Egypt, Greece, Morocco, and Turkey chose general practitioners as part of their target population.<sup>21</sup>

This study is part of the national antistigma campaign, which is a partner of the WPA global programme. It was conducted in pre/post test design in order to examine the views and attitudes of general practitioners towards schizophrenia, and the change of attitude in their daily practice after antistigma education.

## METHODS

### Sample

A total of 106 GPs working in 71 primary health care centres in Istanbul and Ankara, Turkey, who agreed to participate in the follow-up study voluntarily were included in the study and attended the education sessions. In the follow up, 52 GPs could not be contacted because of a change in their working place or work schedule during the study period. A total of 54 GPs agreed to complete the follow-up questionnaire. The group interviewed did not differ from the initial group in terms of age, gender, professional experience, and initial response to the questionnaire. A total of 10 one-session educational meetings, with 10–15 participants each, were carried out in Istanbul and Ankara. Follow-up surveys were done in 2003 during visits to the local primary health care centres 3 months after the initial training session, to measure the impact of the intervention.

### Procedure

The interactive training session began with a slide presentation, prepared by the local action committee. Based on the previous field feedback on the professional needs in schizophrenia and its course, the slide presentation lasted approximately 45 min and included current information on the course of schizophrenia and its treatment, the impact of stigma on schizophrenia, and description of GPs' roles. This was followed by an interactive discussion session, which focused on specific cases from general practice. Each session was conducted by a senior psychiatrist who was a member of the local action committee. During the training sessions, participants received the Turkish version of the WPA Global Programme to Reduce the Stigma and Discrimination Because of Schizophrenia Booklet (Information about Schizophrenia) Volume II, the presentation handout, and a quick reminder card with the prodromal symptom checklist and the medication strategies for schizophrenia.

Before the sessions, the volunteers who agreed to participate in the follow-up study completed a questionnaire of 16 items focussing on doctors' views and attitudes towards schizophrenia. A total of 13 questions, excluding 'is there anyone in your family who has a mental illness?' and 'what in your opinion is the most severe psychiatric disorder?' and 'what is the course of schizophrenia?', were about the views and attitudes of doctors towards the general myths related to schizophrenia. Participants were asked to select one of the two responses 'I agree', or 'I disagree' for statements such as 'schizophrenia patients cannot work' and

'schizophrenia patients are violent and dangerous'. The questionnaire was structured in two parts; the first six items focused on GPs' views, in clinical terms, on the course of schizophrenia, while the other seven reflected GP's attitudes towards schizophrenia in social settings. These questions were randomly placed in the questionnaire. At 3 months after the interactive educational sessions, each GP was visited on site. During each visit, GP's responded to the previous questionnaire, and gave feedback information on the intervention.

Pretest data, gender and previous contact with people diagnosed with schizophrenia were analyzed using the  $\chi^2$  test. McNemar statistical analysis was applied for the pre- and post-test analysis.

## RESULTS

The majority of participants were male ( $n = 79$ , 67%), with a mean age of  $34.5 \pm 8.5$  years (24–57). The average of their professional practice years was  $11.4 \pm 8.5$  (1–35) years. In total, 59% ( $n = 62$ ) of the participants reported that they had someone among their acquaintances who had been diagnosed with schizophrenia.

During the initial analysis of the 106 participants, the authors found that the respondents having someone among his/her acquaintances who had been diagnosed with schizophrenia were more likely to disagree with 'patients with schizophrenia should be kept in the hospitals' (8.1% vs 25%,  $\chi^2 = 5.56$ , d.f. = 1,  $P = 0.01$ ). Female participants showed a more positive attitude

towards the course of the illness and the patients ability to understand the treatment (15.2% vs 40.6%,  $\chi^2 = 6.59$ , d.f. = 1,  $P = 0.01$ ). The results of this initial analysis of the first group ( $n = 106$ ) are presented in Table 1.

Regarding the course of schizophrenia, 83% of general practitioners responded that patients with schizophrenia would regain their functionality. This figure reached 92.5% after the training sessions. The response regarding a negative course dropped from 13.2% before training, to 7.5% ( $P = 0.2$ ) during the follow up. The pretest and follow-up responses are shown in Table 1.

## DISCUSSION

The current study presents one of the first results on the impact of educational interventions on schizophrenia for GPs in general medical practice using a pre/post test design. At 3 months after the intervention, the authors observed positive changes in each item, except for items 2 and 10. Out of these, five changes reached statistical significance.

In comparison to earlier studies in Turkey on attitudes of the lay public<sup>2</sup> and medical staff,<sup>12</sup> the authors found that GPs attitudes were almost identical to the lay public. In total, 27.3% of the lay public and 27.7% of GPs described patients with schizophrenia as dangerous. These figures are far lower than earlier reports from the USA<sup>22</sup> (61%), from the UK<sup>23</sup> (71%) and from Canada.<sup>15</sup> Dangerousness is still not one of the core

**Table 1.** Number and percentage of general practitioners whose answer is 'I agree' to items related to attitudes towards schizophrenia

	Pretest ( $n = 106$ ) (%)	Pretest ( $n = 54$ ) (%)	Post-test ( $n = 54$ ) (%)	<i>P</i>
1. Patients with schizophrenia can work	88 (83)	44 (81.4)	47 (87)	0.58
2. Would oppose if one of his/her relative would like to marry someone who has schizophrenia	66 (64.0)	34 (62.9)	35 (64.9)	0.62
3. Schizophrenia patients could be recognized by his/her appearance	39 (37.5)	23 (42.5)	14 (25.9)	0.01
4. Schizophrenia patients are dangerous	29 (27.6)	15 (27.7)	11 (20.3)	0.12
5. Would not like to have a neighbor with schizophrenia	64 (62.1)	33 (61.1)	25 (46.2)	0.09
6. Schizophrenia patients are untrustworthy	47 (46.0)	25 (46.2)	15 (27.7)	0.02
7. Schizophrenia patients could harm children	43 (41.3)	19 (35.1)	11 (20.3)	0.05
8. Schizophrenia patients should be kept in hospitals	15 (14.7)	8 (14.8)	4 (7.4)	0.14
9. I don't worry about examining a person who is diagnosed with schizophrenia	86 (83.5)	41 (75.9)	37 (68.5)	0.39
10. Would a patient with schizophrenia be treated in the appropriate department of the general hospital	85 (81.7)	45 (83.3)	44 (81.4)	0.73
11. Schizophrenia could be treated	73 (68.9)	35 (64.8)	45 (83.3)	0.006
12. Patients with schizophrenia could not comprehend nor apply suggested treatment	34 (32.4)	19 (35.1)	8 (14.8)	0.007
13. Schizophrenia has the chance of recovery	71 (67.0)	35 (64.8)	39 (72.2)	0.34

issues in schizophrenia in Turkey. This might be seen as part of the social tolerance.<sup>2</sup>

In general, GPs responded more negatively to questions concerning their attitudes in social settings than to those related to their professional roles. Nevertheless, the post-test analysis showed that the change was visible in both domains of the questionnaire. Compared to the lay public response of 33.2% in an earlier study in Turkey,<sup>2</sup> GPs expressed a more negative view of living close to someone with schizophrenia after the training (pretest, 61.1%; post-test, 46.3%). In the same study, 69.9% of the lay public had a negative response on marrying someone with schizophrenia. In a later study among academic hospital staff, Aydın *et al.*<sup>12</sup> reported that 52% of academic medical staff and 61.1% of medical residents responded negatively to the same question in the Turkish sample. In the same study, 94.4% of academic medical staff and 85% of residents responded negatively to the question regarding the marriage of a relative with someone who had schizophrenia. A similar pattern can be seen in the authors' results, showing that physicians have a more negative attitude towards schizophrenia within a social context. The authors pretest analysis contradicts previous views that higher education causes less stigmatization.<sup>2,24</sup>

The views of GPs show some similarities to the lay public's view on schizophrenia, particularly within a social context. One of the main difficulties for the utilization of primary health services for mental health care has been the degree of social stigmatization by the community. The authors believe that this attitude is strongly supported by the views of professionals. In the present study, despite the positive response to the question (80%) that patients with schizophrenia could work, only 65% of GPs expressed the view that people with schizophrenia can be effectively treated and recover. During the interactive discussion sessions, the authors observed that most of the GPs referred to their earlier experience as a medical student in psychiatry clinics. Often, their negative impression of mental illness was a result of their encounter with more positive symptoms and odd behaviors in patients seen during that period. They responded by referring to such stereotypes during the pretest assessment. This highlights the importance of antistigma modules within general medical training and the need for further postgraduate intervention within the professional context.

The strongest impact of the education sessions was on GPs' views on the course and treatment of schizophrenia. They responded more positively to questions concerning the availability of treatment and the participation of patients in their treatment. The authors hope that such a change would increase the willingness to work with people with mental illness in the future. The

authors believe that similar initiatives in the field of mental health might turn primary care centres into much needed sources for mental health referrals in Turkey.

The present study carries three main limitations. The GP sample was restricted to two main metropolises in Turkey (Istanbul and Ankara), where the training programmes were able to be established during the study period. The response rate was 51% during the follow up (the number of general practitioners who could be contacted during the follow up). Despite the fact that the follow-up participants resembled the initial group, they were not a random subsample of the total. Furthermore, the authors were not able to add a control group to their intervention. Follow-up assessment was limited to the beliefs and attitudes of the GPs. Further analysis is needed to assess the impact of the intervention module on their daily clinical practices.

Stigma has complex roots in society and it is clear that a limited intervention, such as a short training programme, is insufficient to tackle such a phenomenon. However, the authors found that an educational intervention could promote a change of attitudes and could, if supported with complementary approaches within general medical practices, provide users of mental health services with better access to care and support.

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