THE WAY YOUNG PEOPLE SEE THE MENTALLY ILL: A QUESTIONNAIRE STUDY

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SUMMARY

Background: The stigmatizing of the mentally ill is quite common and has numerous social and economical consequences for these individuals.

Subjects and Methods: The aim of this paper was to examine young peoples’ beliefs regarding the mentally disordered. The authors’ questionnaire regarding the interviewees’ age, gender, social background and their opinions on the mentally ill was conducted among a popular portal’s users.

Results: 11900 people were questioned, including 71% women. 30% of the interviewees were under the age of 19, while 34% of them were between 19 and 24 years old and 36% were over 24. 39% of the interviewees stated they closely knew at least one mentally ill person. 44% of the questioned believed a lot of criminal offenders were mentally ill. 66% of interviewees would not mind sharing a flat with a mentally disordered person, 64% would agree to work with one. Those who personally knew a mentally disordered person were more inclined to share a flat or start a relationship with such an individual, than the rest of the interviewed (51% vs. 37% for flat sharing and 38% vs. 26% for starting a relationship, p<0.001). More questioned under the age of 19 believed that significant number of criminal offenders were mentally ill, than those over the age of 24 (50% vs. 37%, p<0.001).

Conclusions: According to the acquired data, many young Poles believe that the mentally disordered are inclined to break the law and behave aggressively. These opinions seem to be related amongst others to age and gender, and they result in unwillingness to have relations with the mentally disordered.

Key words: mental disorders – stigmatizing - law breaking by the mentally ill - young people’s opinions on the mentally disordered

INTRODUCTION

The stigma of being dangerous, socially incompetent and useless has been carried by the mentally ill for centuries. One does not have to look for long to find many examples of such regard in literature or movie (Damjanović et al. 2009). From ancient times people have known the stories of sinners stricken with madness by gods who wanted to punish them, of madmen attacking others or damaging the holiest and most revered objects with no reason. It seems that for most of our history all occurrences not easily enough comprehensible to most of the witnesses were readily interpreted as the deeds of the mad (Fornaro et al. 2009). As a result, our predecessors have left us with a burden of prejudices and false images, which it is not easy to shake off. The number of organizations fighting the discrimination against the mentally ill and dealing with the stigma of mental illness, such as Stigma Research and Action, Changing Minds stigma campaign or National Alliance on Mental Illness, indicates clearly that the scale of the problem is significant. The issue seems even more serious when the fact that psychiatric disorders are estimated to account for 12% of the global burden of disease is taken into account (WHO 2001). Today stigma may affect more then one in every ten of people on the planet.

But will the future bring changes? It is the young persons who hold the answer. It is the future politicians, economists and social activists that will be shaping the society of tomorrow and determining the conditions of social coexistence. If the future depends on the young, the future of the mentally ill depends on the attitudes of the young towards mental illnesses and those who suffer from them.

SUBJECTS AND METHODS

The aim of the study was to analyze the attitudes of young people towards the mentally disordered and to find what factors are determining these attitudes. To reach this aim, a specially designed questionnaire was posted on one of the websites particularly popular amongst young users. The questionnaire was composed of 12 questions and consisted of two parts, one of which was concerned with demographic data (respondents’ age, gender and place of residence), while the other - with the respondents’ knowledge of different mental disorders and their views regarding the mentally ill. It contained mainly yes/no questions. The factual knowledge of mental disorders was checked using a list of 8 exemplary illnesses. The respondents were asked to tell if each of these 8 illnesses was or was not a mental disorder.

A specially designed survey engine had a built-in cookie-based mechanism to avoid re-participation of the respondent. None of information such as IP addresses or browser type was gathered to make the survey highly anonymous.
The results were statistically analyzed using a Chi-square test (Statistica v. 8.0). Four levels of statistical significance were distinguished: statistical significance (p<0.05), high statistical significance (p<0.01), very high statistical significance (p<0.001) and no statistical significance (p>0.05).

RESULTS
The questionnaire was available online from the 3rd of December 2010 to 26th of June 2011. During this time, 11900 people answered the questions, including 71% women.

The targeted age group was reached successfully, with 30% of the interviewees being under the age of 19, 34% of them between 19 and 24 years old and 36% over 24 years old. Most of the interviewees (73%) were living in town. 39% of the respondents stated they personally knew at least one mentally ill person.

Almost half (44%) of the questioned believed that many criminal offenders were mentally ill. Even more (46%) of them stated that the mentally ill were more violent and cruel than other offenders.

On the other hand, 64% of the respondents would not mind working closely with a mentally disordered colleague and would accept a job offer knowing their future superior had a mental disorder. Still, only 44% of them would decide to share a flat with a mentally ill person. More than two thirds (70%) of the respondents said they would not start a relationship with a person having mental health problems, although most of them (76%) thought their relations with their close ones would not change if any of them were diagnosed with a mental illness.

The interviewees expressed rather optimistic views regarding treatment efficacy; 82% of them stated that proper treatment helps prevent violent behaviour and law breaking amongst the mentally disordered.

According to our simple test, the knowledge of mental illnesses was better in towns than in villages (Table 1).

![Table 1. Differences in knowledge of mental illnesses between village residents and town residents. A number of confirmative answers to a question: Is this mental illness?](image)

<table>
<thead>
<tr>
<th>Illness</th>
<th>Village</th>
<th>Town&lt;200 000</th>
<th>p - value</th>
<th>Town&gt;200 000</th>
<th>p - value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurosis</td>
<td>61%</td>
<td>59%</td>
<td>&gt;0.050</td>
<td>60%</td>
<td>&gt;0.050</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>72%</td>
<td>83%</td>
<td>&lt;0.001</td>
<td>90%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Mental Retardation</td>
<td>50%</td>
<td>49%</td>
<td>&lt;0.001</td>
<td>44%</td>
<td>&lt;0.010</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>33%</td>
<td>35%</td>
<td>&lt;0.001</td>
<td>37%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Depression</td>
<td>71%</td>
<td>72%</td>
<td>&gt;0.050</td>
<td>72%</td>
<td>&gt;0.050</td>
</tr>
<tr>
<td>Emotional unstableness</td>
<td>57%</td>
<td>51%</td>
<td>&lt;0.001</td>
<td>47%</td>
<td>&lt;0.050</td>
</tr>
<tr>
<td>Anorexia</td>
<td>53%</td>
<td>59%</td>
<td>&lt;0.001</td>
<td>65%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Bulimia</td>
<td>49%</td>
<td>55%</td>
<td>&lt;0.001</td>
<td>63%</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

![Figure 1. Differences in knowledge of mental diseases between respondents with and without personal relation with a mentally disordered person. A number of confirmative answers to a question: Is this mental illness?](image)

It was also better in the group of people who know a mentally ill person than in those without this kind of experience (Figure 1).

Those who knew a mentally ill person themselves were significantly more willing to share a flat or start a relationship with such an individual, than the rest of the
interviewed (51% vs. 37% for flat sharing, p<0.001 and 38% vs. 26% for starting a relationship, p<0.001). They also were more inclined to have professional relations with the mentally disordered (65% vs. 61% for working with a mentally ill colleague, p<0.001).

Village residents had more stigmatizing attitudes towards the mentally ill, with many more respondents believing them to be violent (51% for villages vs. 47% for towns <200 000, p<0.001 and vs. 41% for towns > 200 000, p<0.001) and to often break the law (48% vs. 45%, p<0.001 and vs. 41%, p<0.001 accordingly). They also more often stated that they would not accept a job offer if it meant working together with the mentally ill (37% for villages vs. 37% for towns <200 000, p<0.001 and vs. 34% for towns > 200 000, p<0.001), they would not start a relationship with such person (73% vs. 70%, p<0.001 and vs. 66%, p<0.001) or share a flat with one (62% vs. 57%, p<0.001 and vs. 49%, p<0.001).

Negative attitudes towards the mentally ill prevailed amongst those less than 19 years old, who most often stated that the mentally disordered were dangerous and violent (53% vs. 49% for those between 19 and 24 years old, p<0.01 and vs. 38% for those over 24, p<0.001). The oldest age group, despite having much less prejudicial opinions about the mentally ill (for law breaking attitudes: 37% in those over 24 vs. 50% in those under 19, p<0.001), was at the same time least inclined to starting a relationship with one of them (28% vs. 32% accordingly, p<0.001).

Women respondents were less skeptical about treatment efficacy than men (16% vs. 25%, p<0.001), but at the same time they were less willing to start a relationship with a mentally disordered (68% vs. 70%, p<0.05). This might have been caused by fear, as women more often believed the mentally ill to be violent and cruel (47% vs. 43% for men, p<0.001) as well as inclined to break the law (47% vs. 38% accordingly, p<0.001).

**DISCUSSION**

According to the presented results, disturbingly many young Poles seem to believe the mentally disordered to be dangerous and violent. This results in negative attitudes towards the mentally ill and unwillingness to share a flat or personally bond with them. A review of related publications however shows that the problem of stigmatizing the mentally ill is not exclusively Polish. In a French opinion poll carried out between 1993 and 2003, 75% percent of respondents linked “insanity” and “mental illness” with “criminal or violent acts” (Tassone-Monchicourt et al. 2010). A German study looking at attitudes of the young towards people experiencing a manic episode showed them to be very negative (Wolkenstein & Meyer 2008), while the analysis of trends in public attitudes towards people with mental illness in England and Scotland between 1994 and 2003 demonstrated they became less positive over time. As a result, the idea of applying a more tolerant attitude towards the mentally ill did not gain much support from the residents of these two countries (Mehta et al. 2009).

The negative attitude towards the mentally ill is unfortunately mirrored, if not perpetuated, by the mass media. The literature on the subject indicates that current mass media representations of mental health service users appear to emphasize dangerousness and criminality (Cutcliffe & Hanningan 2001), leading to selective media reporting on mentally disordered people’s violent behaviours (Dietrich et al. 2006). The potential negative influence of media on young people, who are still at the point of formulating their views, is particularly disturbing.

Stigma seems to be alive and well across the globe, leading to very serious consequences. One of them is unwillingness to seek professional psychiatric help by people experiencing psychiatric problems (Rose et al. 2007). The other is difficulty finding a partner or a job (Kaszyński & Cechnicki 2011), yet another is growing social distance between the mentally ill and the rest of the society, which creates barriers to effective treatment and prevents reinstating patient’s in their social roles. Due to existing prejudices, mental health service users experience fear of being labelled “mad” and getting excluded by friends when revealing the truth about their disease.

A problem as multi-dimensional and profound as this requires a structured, well-planned approach. In the presented study, the interviewees with the best knowledge of mental illnesses, whether drawn from their personal experience or not, were also the ones who declared the most tolerant and sympathetic views towards the ill. These results indicate the primary role of education in changing people’s negative attitudes towards mental illnesses and those who suffer from them. Many authors draw similar conclusions, stating there is an urgent need for more effective and more specific educational campaigns on mental illnesses (Veltro et al. 2005) and highlighting that drawing public attention to the therapeutic advances in psychiatry may lead to a decrease in stigmatization (Arikan et al. 1999). To change the negative image of the mentally disordered presented in mass media, it seems necessary to appeal to media professionals to report accurate representations of mental illness. The media’s negative influence on young people should be challenged by the adults living and working with them, who should provide opportunities to discuss and reflect on media contents (Dietrich et al. 2006).

When fighting stigma, it is important to use all available sources of communication to reach and influence as many as possible. It has been suggested however that in the group of young people, the positive effects of using an anti-stigma computer programme could be more sustainable than the effects of reading printed anti-stigma materials (Finkelstein et al. 2008).
CONCLUSIONS

Our study shows that many young Poles believe the mentally disordered are inclined to break the law and behave aggressively. These opinions seem to be related amongst others to age and gender, and they result in unwillingness to have relations with the mentally disordered. The better the knowledge of mental disorders and the mentally ill however, the more positive the attitude towards them, which shows that there is a great need for educational anti-stigma interventions. Appropriate programmes should address the lack of factual information on the subject and popularize therapeutics advances in psychiatry in order to fight the regard of mental illnesses as incurable and permanently disabling.

REFERENCES


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