

HOW STIGMA AND NEGATIVE ATTITUDES
TOWARDS THE MENTALLY ILL AFFECT PATIENTS'
QUALITY OF CARE: MOVING TOWARDS A BETTER
UNDERSTANDING FOR CHANGE

Honors Thesis

**Presented in Partial Fulfillment of the Requirements
For the Degree of Bachelor of Nursing**

In the College of Health and Human Services
At
Salem State University

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The Honors Program
Salem State University
2015

Acknowledgements

I would like to thank my thesis advisor, Hannah Fraley, for helping me with this project over the last two semesters. I could not have done it without her, and most likely would have had a nervous breakdown multiple times along the way if it were not for her support. I'd also like to thank my Mental Health nursing professors, Janice King and Anne DeFelippo, for being so passionate about the work that they do and the subject that they teach. Mental illness is something that hits close to home with my family and myself, and I am honored to have been able to learn from them and consequently perform this literature review on a subject that I am so passionate about. Finally, I would like to thank immensely my family for supporting me through the ups and downs over the last four years of nursing school, most importantly my parents Maggie and Jim, my brother Michael and my Auntie Karen.

Table of Contents

Abstract.....	4
Introduction.....	5
Methods.....	6
Results.....	7
Discussion.....	11
Limitations.....	12
Conclusion.....	13
References.....	14
Appendix.....	16
Figure 1.....	16
Table 1.....	17

Abstract

Background: 1 out of every 4 American adults currently have a form of mental illness, while 50% of others will develop a mental disorder at some point in time. Mental illness not only emotionally deteriorates a person; it impairs one's ability to function daily. Mental illness is highly correlated with other chronic diseases, such as diabetes, cardiac conditions and obesity, as well as homelessness and drug and alcohol dependency. The mentally ill are less likely to access healthcare for treatment due to experienced stigmatization, negative attitudes and stereotypes due to their diagnosis. The aim of this study is to detect and understand the negative attitudes towards the mentally ill, and to recognize how to work towards facilitating change in health care.

Methods: CINHALL databases were searched to identify studies performed relating to the stigmatization of mental illnesses and how negative stereotypes affected patients' quality of care. Results included data from qualitative and quantitative studies. Out of 171 reviewed papers, 11 met the criteria to perform this literature analysis.

Results: Stigma towards the mentally ill is a prominent theme identified within the literature. Evidence based changes to eliminate stigma and negative attitudes towards mental disorders must be taken to improve quality of care. Understanding experienced stigma among the mentally ill is a first step to promote much-needed changes to health care delivery.

Introduction

Mental illness is not an easily definable subject due to the multitude of dimensions that the “umbrella term” covers. Mental disorders can be defined as “a health condition characterized by significant dysfunction in an individual’s cognitions, emotions, or behaviors that reflects a disturbance in the psychological, biological or developmental processes underlying mental functioning” according to the American Psychiatric Association (Townsend, 2014, p. 3). It is no secret that behind mental disorders can present negative connotations and stigmas that follow the diagnosis and affect the mentally ill person’s perception of his or herself. How the general public, and more specifically healthcare workers themselves, view mental illness is crucial. If negative attitudes are present within the hospital setting, clients are at risk for ineffective care related to their diagnosis and stigma can occur. Patients with mental illness are less likely to access healthcare treatment, knowing that they may be stereotyped and stigmatized for having their disorder. A nurse’s negative attitude may be reflected towards the patient, which initiates an uncomfortable relationship that lacks trust and respect (van der Kluit & Goossens, 2011).

In order to improve psychiatric patient’s healthcare treatment and compliance, education across all spans of the world, most importantly in healthcare facilities and among workers, is imperative (Linden & Kavanagh, 2011). It is essential to initiate positive regard towards these patients in all aspects of healthcare, given that it is likely each and every type of nurse will at some point interact with a psychiatric patient no matter which field of nursing they work in. Research shows that 40% of patients in a non-

psychiatric facility present with a comorbid psychiatric illness along with their medical condition (Johanna van der Kluit & Goossens, 2011).

Patients diagnosed with mental illness have considerably shorter life spans (Happell, Phung, & Scott, 2014). These patient's lives are cut short by approximately 10-25 years due to their psychiatric diagnosis and linked comorbidities (Robson & Haddad 2011). The aim of this study is to detect and understand the negative attitudes represented towards the mentally ill, and to recognize how to eradicate these negative perceptions from society. The hope is that if stigmas are reduced and negative attitudes are eliminated from the healthcare setting, patients will be more apt to seek treatment, which in turn would extend ones overall health and life span.

Methods

In this study, a multitude of EBSCO based research articles were reviewed. The initial search included the terms "mental illness," "stigmas," "negative attitudes," "healthcare," "care" and "healthcare workers." From these search terms, 171 articles fit within the selection. After reviewing the titles and abstracts of these articles, 98 were excluded due to doubling or irrelevance to the study. Of the remaining articles, additional articles were weeded out to narrow the populations studied to those being treated within hospital settings. The search was then slightly widened to include all mentally ill patients, not only specific disorders. Based on these specifications and selections, a total of eleven articles matched the requirements and were used for research in this literature review. Ideally, the articles would have represented mentally ill patients who were being stigmatized by healthcare workers. However, no substantial articles fit into this category, thus the search was widened again to include mentally ill patients reporting stigma by the

general public. This process is mapped out and depicted in Figure 1 below. During the reviewing process of each article, common themes were identified (Table 1). The table includes sections outlining the type of study performed, methods, populations, outcomes, results and limitations.

Results

While a multitude of different scales and techniques were used to determine the causes of negative attitudes towards mentally ill patients, recurring themes appeared over the span of all eleven articles reviewed. The Behavioral Risk Factor Surveillance System (BRFSS) survey was used in two different studies analyzed in this review (Kobau, DiIorio, Chapman, & Delvecchio, 2010; Bigham, Bornemann, Delvecchio, Kobau, Langmaid & Lubar, 2010). Each study adopted several questions from this survey to assess attitudes of the healthcare workers responding to the questionnaire. Both studies were able to identify increased circumstances of stigma represented by the results of these survey questions. In a study performed by Kobau et al. (2010), two questions the authors asked the respondent were whether they themselves or a close relative or friend had experienced any mental health related conditions in the past year. A year later, Kobau and Delvecchio participated in another study with Bigham, Bornemann and Lubar (2010), which also borrowed questions from the BRFSS scale. In this study, the participant was asked about personal psychological/mental distress. Following asking these questions the authors then proceeded to state multiple statements, asking the participant to agree or disagree with the overall idea. An example of these statements includes “I believe a person with mental illness has only him/herself to blame for the condition” (Bigham et al., 2010, p. 1). The purpose of this methodology was to compare

whether or not a person's own experiences with mental illness contributed negatively or positively to their attitudes towards other mentally ill individuals. As both studies had hypothesized, when individuals had more personal experience with mental illness, whether it is of himself or herself or a close relative or friend, the individual was less apt to agree with negative stereotypes and was more positive in regard to the mentally ill population (Bigham et al., 2010; Kobau et al., 2010). However, it was determined that less than 1/8 of people in these studies had a personal experience with mental illness, therefore more than half of the study participants did have a negative regard to mental illnesses (Bigham et al., 2010; Kobau et al., 2010). Both studies suggested that individuals of foreign descent, primarily Hispanic and Puerto Rican, had reported more negative attitudes towards the mentally ill (Bigham et al., 2010; Kobau et al., 2010). The study performed by Kobau et al. (2010) also discovered that young adults aged 18-24, primarily men, also had the most negative attitudes about mental disorders overall. Both studies agree that further research and education is needed to improve the stigma of mental illness in the general society (Bigham et al., 2010; Kobau et al., 2010).

The most popular scale used by three separate articles in this review is the Community Attitudes to Mental Illness (CAMI) scale. A study performed by Höberg, Magnusson, Ewertzon and Lützen (2008) aimed to evaluate the validity and reliability of the scale. The scale was converted, adapted and redistributed which eventually resulted in a more reliable and valid source of information (Höberg et al., 2008). Linden and Kavanagh's (2012) study that used the CAMI scale assessed the attitudes of student mental health nurses as well as registered and experienced mental health nurses, both of which practiced in either the community or in inpatient settings. Also using this scale,

Pattyn, Verhaeghe and Bracke (2013) performed a study similar to that of Kobau et al., which compared a person's own experiences with mental illness to their attitudes about other individual's mental disorders. Similarly, this study also discovered that those with personal experience had kinder, more positive regard to the mentally ill, while those with little to no experience were more negative about the entire mental health spectrum (Pattyn et al., 2013). Also, those who were employed in the health care field were less negative than those who were not (Pattyn et al., 2013). However, unlike previous articles, Pattyn et al. (2013) found that women appeared more negative in their reactions to mental illness over men. Linden and Kavanagh's (2012) study yielded that although registered nurses overall had more positive regard to mental illnesses, inpatient nurses were more negative than community health nurses when it came to attitudes about mental illness. Also, healthcare employees with less experience, both in the healthcare field and with mental illness itself composed more negative outlooks (Linden and Kavanagh, 2012). Furthermore, both these studies agree that mental health should receive more attention in scientific studies. Pattyn et al. (2013) as well as Linden and Kavanagh (2012) stated that in order for mental illness to not be seen as an awkward subject it needs to be discussed more frequently and openly. Specialized training within healthcare settings can also be instituted to dissolve the negative attitudes that present within them.

Results yielded by Hamdan-Mansour and Wardam (2009) found negative attitudes shown by healthcare workers against mentally ill individuals. This descriptive correlational study issued a non-randomized questionnaire that included multiple statements that were to be agreed or disagreed with, similar to Kobau et al. (2010) study discussed earlier. The most astonishing statistic derived from this questionnaire was that

94.6% of RN participants disagreed with the statement “Psychiatric illness deserves as much attention as physical illness” (Hamdan-Mansour and Wardam, 2009, p. 707). This statement itself magnifies how poorly mental illness is thought about and perceived in an overall sense. This statement also shows the lack of knowledge about mental disorders being a true biological disease. If registered nurses who have endured years of schooling in the sciences disagree with this statement, why would we think the general public would agree? This supports the idea proposed by Happel, Platania-Phung and Scott (2014) that mental illnesses are not taken as seriously as physical illnesses or diseases. Hamdan-Mansour and Wardam (2009) determined that specialized psychiatric training was a large influence on a person’s attitude against mental illness, pressing the need for higher education and training. However, in a study performed by Aydin, Yigit, Inandi and Kirpinar (2003), a point was made that even when all the facts are laid out, negative stigmas still occur. This study expressed that “the attitudes towards the mentally ill subjects are generally negative, even when the respondents are educated about the ‘facts’ of mental illness” (Aydin, Yigit, Inandi & Kirpinar, 2003, p. 22). This article states that it may be that education of one’s own individual attitudes and feelings may be necessary to eliminate stigma from society.

One last study performed by van der Kluit and Goossens (2011) produced a revelation similar to Aydin et al. (2003) that may be the key to beginning to eliminate stigma on mental illness from society. The authors revealed that not only do the negative attitudes affect the mentally ill individual in the healthcare setting; they also distress the healthcare worker who is experiencing the feelings (van der Kluit and Goossens, 2011). “Nurses may feel inadequate...for patients, these attitudes mean they receive inadequate

psychiatric care” (van der Kluit & Goossens, 2011, p. 519). It is stepping towards eliminating negative attitudes for both reasons that will ensure that stigma is properly eliminated. The nurse must recognize why he or she is feeling the emotions that are present during the experience with mentally ill individuals. The authors stated that “many nurses experienced a lack of knowledge and skills” and had the “desire for more training with regard to dealing with patients with comorbid mental illness” (van der Kluit & Goossens, 2011, p. 520).

Discussion

Recognition of negative attitudes and stigma against the mentally ill must be a first step in eliminating these destructive ideas from society. Recurring themes of need for education and specialized training in the mental health field from the articles above were put to test in many different times over recent years. In an attempt to reshape attitudes towards individuals with mental illness, Romem, Anson, Kanat-Maymon and Moisa (2008) created a clinical nursing clerkship to train student nurses in the specialty of psychiatric nursing. The authors’ recognition of issues is identical to those of this study. “Negative cultural perceptions may prohibit help seeking, stigma may constrain long-term compliance with treatment and adequate follow-up and discrimination could hinder rehabilitation within the community” (Romem, Anson, Maymon & Moisa, 2007, p. 396). The authors set forth this clerkship while recognizing that even though the students may not choose mental health as their specialty, psychiatric conditions arise in all different healthcare settings. The students were enrolled in a four-week course to expose them to the multitude of mental illnesses. They worked within mental health settings as well as in the classroom setting participating in group discussions. Following

the course, students reported that they “became more compassionate and less frightened by psychiatric patients” (Romem et al., 2007, p. 402). The students were then more willing to care for these types of patients with less negative feelings towards them. This correlates with the idea that it is necessary to assess personal feelings of the healthcare worker and the mentally ill individual when attempting to eliminate stigma.

Hardy (2012) proposed a similar idea in that specialized training needed to occur within the workplace of healthcare individuals. To evaluate the change in attitudes towards mentally ill individuals, Hardy issued a questionnaire before and after the specialized training. The questionnaire was composed of 20 questions that the participant was asked to agree with or disagree with. When comparing the two questionnaires, a definite change was visible in the responses reflecting the healthcare workers attitudes. “Nurses’ attitudes towards a number of parameters were shifted in a positive direction” (Hardy, 2012, p. 262). The questionnaire proposed questions not only relating to attitudes, but also to knowledge of plan of care towards mentally ill individuals. There were substantial differences in the responses between the first and second questionnaires, which again show the importance of specialized psychiatric training within healthcare facilities (Hardy, 2012).

Limitations

Limitations of this study include the inherent limitations of drawing generalizable conclusions from a literature review. Several studies reviewed were qualitative, therefore presenting potential bias in self-reported data. However, this author took steps to appraise quality of each study selected. It is suggested that this literature review can inform approaches to care with this population. Furthermore, future research should focus on

both qualitative and quantitative methods to both understand the needs of this population, but also intervention development.

Conclusions

Based on the research of these eleven articles, education and training are essential in the movement to eliminate stigma and negative attitudes towards mentally ill individuals in society. As nurses, we must recognize our own feelings towards these issues, and confront them to be able to make a change. Recognizing how efficient training programs were in discussed studies show there is a need for healthcare facilities around the world to move towards instituting them into practice. Nursing schools may also want to establish a training program during the mental health clinical rotation. In society overall, we must disintegrate the idea that mental illness should be frowned upon. Many do not recognize that mental health is equivalent to physical health. It is not a person's choice to be depressed, schizophrenic or bipolar. Mental illnesses need to be discussed frequently so that they become well known and the stigma can be erased. Eradication of stigma and negative attitudes is one step closer in greatly improving the quality of life of the mentally ill.

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Appendix

Figure 1

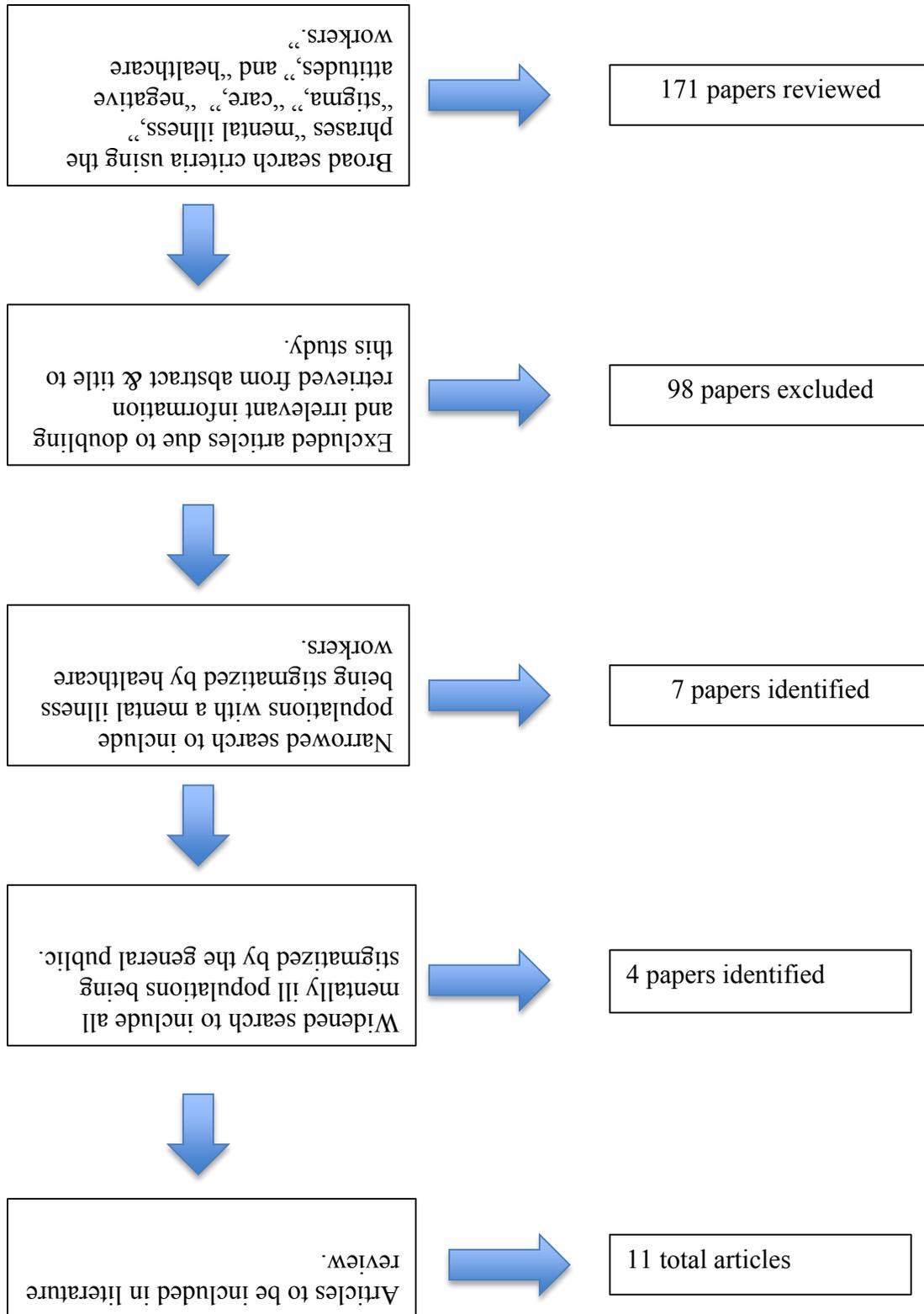


Table 1

Reference (Author, year)	Study Design (randomized, non- randomized)	Intervention (method, mode of delivery, etc.)	Study Population	Outcomes	Results	Limitations
Kobau et al. (2009)	Randomized sample - survey	Numerous scales developed and evaluated to measure attitudes/stigmas. No discrimination of specific illnesses. British Omnibus National Survey used. Looked at the familiarity, general opinions, and beliefs of recovery towards the mentally ill. Face-to-face household survey used semantic diff. technique to evaluate attitudes.	Random sampling chose 20,000 out of 450,000. 13,260 completed the revised Porter Novelli HealthStyles survey. Second wave mailed 6,600 surveys to homes; 5,251 returned. Weighed results by age, sex, race, income, region, and education.	Sample of 5,251 adults was used to represent the U.S adult population. 4% believed the PWMI is to blame. 19% believed PWMI is hard to talk to. 70% disagreed they could pull themselves together on their own. 30% they will potentials recover. Only 30% had a personal history of mental disorder. ½ of people knew someone with depression. 1/3 of people knew someone with a drug addiction.	Men had higher stereotyping scores. Hispanics and non-whites, non-blacks had more negative attitudes. People with a mental illness or knew someone with a mental illness had lower scores. Young adults had a higher incidence of	-Studies not per-formed on medical personnel. -Lower level education not represented -Lower income individuals overrepresented

					negative stereotypes.	
Bigham et al. (2007)	Randomized sample - survey	A random-digit-dialed telephone survey was conducted to measure attitudes about mental illness. A behavioral risk factor surveillance system was used for the surveys content. A 5-point scale of agreement relating to statements asked on the survey ranging from 0 (none of the time) to 4 (all of the time) was used to evaluate responses.	This survey was distributed to non-institutionalized individuals over the age of 18. The survey was used in 35 states, as well as Washington DC and Puerto Rico.	Only 22.3% of individuals strongly agreed, and only 35% slightly agreed that people are caring and sympathetic towards persons with mental illnesses.	It was determined that many believed that the high ratings of people being unsympathetic towards the mentally ill would negatively affect their level of care by medical professionals.	-Did not survey medical professionals. -Only surveyed non-institutionalized individuals- Only English-speaking individuals surveyed. -Does not accurately represent the entire U.S population.
Linden & Kavanagh (2011)	Non-randomized controlled sample - survey	A forty-item self-report questionnaire (CAMI scale) was distributed to two separate populations and included questions regarding community attitudes and social interactions towards people diagnosed with	The survey was distributed to 66 mental health student nurses, and 121 experienced mental health nurses.	The differences in variables regarding the results of the study were graphed in two chi-square tests. Results yielded that work setting affected the attitudes of nursing personnel. As I had hypothesized, mental	No statistical evidence suggested that the attitudes of student nurses were any different	Since this was “attitudinal” research, the relevance of social responding is questionable. No direct measure of socially

		<p>mental illnesses, especially focusing on schizophrenia. The responses were evaluated based on work experience and qualifications; work setting, years of experience, and education on the matter.</p>		<p>health nurses reacted more positively towards people diagnosed with mental illnesses than people with no mental health experience.</p>	<p>than experienced nurses. Nurses who worked in an inpatient setting held more socially restrictive attitudes. Nurses with 10-14 years of experience were the most accepting of the mentally ill. The study showed people were more accepting of the mentally ill if they were not close personally to them.</p>	<p>desirable responding was included. This study was restrictive in its population, and does not accurately represent national statistics. The results were highly generalized.</p>
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Hogberg et al. (2008)	Non-randomized sample - questionnaire	A 40 question CAMI scale was also used in this study, looking at the community reactions of facilitating serving the needs of the mentally ill. Half of the statements were positively worded, the other half were negatively worded. 10 PhD students who evaluated the validity of the content reviewed this questionnaire.	The participants included student nurses who were entering their second term of nursing school. The students were not experienced in the mental health field. The questionnaire was mailed to their homes and 60% returned.	94.9% of the student nurses who participated in the study stated that they had some sort of experience with mental illness outside of nursing school. 20 items were removed from the calculated results due to weak answer percentage.	The results yielded that the factor analysis showed open-minded integration, fear and avoidance, and community MH ideology are adequately represented.	82% of the participants were female, so it was gender biased. The study did not discuss statistics relating to the responses by the nursing students, and therefore the results were not accurately depicted.
Johanna van der Kluit et al. (2011)	Integrative literature review	17 total articles were first reviewed.	11 quantitative studies and 6 qualitative studies met the inclusion criteria. Two articles were excluded, one due to their title, and one represented no significant data. A total of 15 articles were	The older the nurse, the more positive they were towards the mentally ill. Male nurses held more social integration allowances. Female nurses had more discriminatory attitudes. Asians and Blacks had more pessimistic thoughts on depression. Religious nurses were more compassionate towards the mentally ill.	Nurses who had training/experience in mental health were more positive towards pts with mental illness. Many nurses stated that	Secondary outcomes included preeclampsia, GDM, GHTN, postpartum complications

			used.		they lacked knowledge and skills pertaining to how to deal with a mentally ill pt. Nurses with more education and more professional experience had more positive attitudes.	
Hamdan-Mansour et al. (2010)	Descriptive correlational study, non-randomized sample - questionnaire	A descriptive correlational design collected data from mental health nurses. This data evaluated the nurse's attitudes towards mental illness and their satisfaction of mentally ill patient care.	105 mental health nurses in Jordan were given a questionnaire regarding the study. 92 nurses responded, providing an 88% response rate.	More than 70% of the participants agreed with the nine negative items on the questionnaire regarding mental health stigmas. 60% of nurses believed that mentally ill patients were dangerous, dirty, mean, harmful and pessimistic. 95% of nurses disagreed that the mentally ill should be treated as equally as the physically ill. 80%	Overall, mental health nurses had negative attitudes about mentally ill patients. 60% saw them to be dangerous, immature, cold hearted, etc.	³ / ₄ of the participants were women, which skewed the gender bias. The attitudes of the nurses were inconsistent.

				of nurses displayed that they believed mental illness was connected with a person's ability to control him or herself. The nurses disagreed that people are born vulnerable to mental illnesses, however they agreed that mental illnesses were genetic. The results of the nurses' attitudes were skewed and inconsistent.	However, 70% were proud to be a mental health nurse.	
Happell et al. (2014)	Cross-sectional study, non-randomized sample - survey	An online survey was sent out to a group of nurses in Australia. The study looked at the level of healthcare provided by nurses to the serious mental ill patients.	The nurses within the Australian College of Mental Health Nurses were sent the voluntary survey online. A total of 643 nurses responded to the survey.	While the aim of the study was to look at the physical care of the mentally ill, the study did explain perceptions by the nurses towards the mentally ill. This research stated that nurses believed the mentally ill had risky lifestyle behaviors, and that their physically illnesses directly correlated to their mental diagnosis.	This researched state "perceptions and attitudes do significantly predict self-reported physical health care." It also stated that it has	Again, the population was more than $\frac{3}{4}$ women. The study was restrictive to only Australia and did not take into consideration national differences. Only 22% of nurses responded to

					been found that mental diagnoses greatly downplay the importance of physical illness and many illnesses go undetected because of the overlying mental illness diagnosis that nurses and MDs mainly focus on.	the survey. Causative relations cannot be determined due to the non-random selections.
Pattyn et al. (2011)	Randomized sample - survey	A community mental health ideology scale was used to assess the underlying association between contact and attitudes towards the MI.	2,100 people were contacted with the survey, and a total of 1,166 responded. The respondents were interviewed in	Findings showed that people who had received mental health tx themselves, or had family members tx for mental illnesses were much more accepting towards the mentally ill. The degree of intimacy	The attitudes of people with <i>friends</i> with mental illnesses (not relatives) did not	The study was cross-sectional, therefore cannot determine causality. Not everyone could account that they recognized a mentally ill

			computer assisted personal interviews.	and contact relationship significantly correlated with the tolerance of people diagnosed with mental illnesses.	differ much from those who only dealt with the mentally ill in public situations. More people fear people with MIs who they randomly meet in public, rather than someone they already knew.	person in the community. Some may have misrepresented their data.
Aydin et al. (2003)	Non-randomized sample - questionnaire	A questionnaire including questions regarding background information on mental illnesses, work experience, social distance, etc. was distributed to the hospital staff of a teaching hospital in Turkey.	160 members of the hospital staff were interviewed. 40 of each academicians, resident physicians, nurses, and other hospital employees.	Research concluded that even though the academicians, physicians and nurses interviewed were educated on mental illnesses, their stigmas and attitudes towards the mentally ill were more negative than the attitudes of uneducated	According to the breakdown of the data, Physicians were the most negative about interacting with	This research was only relative to patients in Turkey, and cannot be accurately generalized to the national population.

				hospital employees.	schizophrenic and depressed people.	
Romem et al. (2006)	Observational study and questionnaire	Nursing students were observed and assessed to evaluate the effects of the clinical clerkship looking at the students' goals of psychiatric nursing. A questionnaire was distributed before and after the students 4-week program.	126 3 rd year nursing students were observed and evaluated. Only 20 students were male, the rest female.	Students who participated in the clerkship became more compassionate and less frightened by psych patients. After the introduction to psychiatric nursing and the training the nursing students endured, students became more aware of their attitudes and emotional responses. More students were willing to participate in taking care of mentally ill patients.	The clerkship: -revealed attitudinal changes -awareness of physical emotions -prepared knowledgeable nurses -convinced the students that the mentally ill pts should not be segregated.	Observations were performed on such a small group that they cannot be significantly generalized. The study was only performed based on a short 4 week course. The study lacked a control group.
Hardy (2012)	Mirror-imaging study, non-randomized sample - questionnaire	Nurses filled out a questionnaire before and after training. The study was able to evaluate their motivations, strengths, stigmas, attitudes, etc. towards the mentally ill	8 nurses from 6 different general practices took part in the study.	The study proved that training regarding common misconceptions of treating the mentally ill allowed for nurses to become more aware of stigmas and to increase	Before training, nurses were unaware that the life expectancy of someone diagnosed	Only 8 nurses were evaluated in the study, which was a very small participant group. It is extremely

		patients they were treating.		their motivation to work with the mentally ill.	with a mental illness is much lower than that of others. The nurses were more apt after the training to evaluate more about patients emotions and conceptions	difficult to generalize a hypothesis and conclusion based on only 8 responses.
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Goal: Evaluate the stigmas and negative attitudes towards mentally ill patients, by healthcare professionals and the general public. To research why these stigmas exist and discover possible techniques to eliminate them from society.

