Discriminatory Differentials Against Mentally Ill Persons by Mental Health Professionals

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Abstract

Globally, mentally ill persons suffer discrimination. This study examined discriminatory differentials against mentally ill persons by mental health professionals (MHPs). The correlation research design was used for the study and the instrument for data collection was a researcher-designed questionnaire. Validity of the instrument was established by three experts in health psychology and two in science education. The population for the study consisted of 105 MHPs which also constituted the sample. Three research questions and three hypotheses guided the study. The research questions were answered using the correlation coefficient while regression analysis was used to test the null hypotheses. The results of the study revealed that the relationship between MHPs' age, gender, and level of education and discrimination was very low. On the basis of these findings, it was recommended among others that both male and female MHPs, irrespective of their characteristics, be involved in the team approach.

Keywords: Discrimination, Correlation, Mentally ill persons, Mental health professionals, Demographics.

Introduction

Mental health professionals from all over the world, although involved in anti-stigma efforts, appear to discriminate against mentally ill persons. Recent studies indicated that mental health professionals show equal or more desire for social distance from mentally ill persons than the general public (Lauber et al., 2004; Nordt et al., 2006). Separation, power loss and discrimination include the components in Link and Phelan's (2001)conceptualization of the stigmatization process. The components of separation, power loss and discrimination in Link and Phelan's (2001) definition of stigmatization were adopted as domains of content for measuring discrimination in this study.

The first component for consideration in Link and Phelan's (2001) definition for this study is *separation*. Mental health professionals do not only separate people with mental illness into groups and categories in the course of treatment procedures, but also assign them labels which could portray such mentally ill persons as different from the rest of the people. Such labels include "schizophrenic", "depressive", "epileptic", "manic patient", "ECT (electro-convulsive therapy) patient", to mention a few. According to Townsend (2005), selective perceptions place people in categories, exaggerating differences between groups ('them and us') in order to obscure differences within groups.

The next component in Link and Phelan's (2001) conceptualization of stigmatization under consideration is *power loss* (i.e., status loss). Mentally ill persons appear to suffer various forms of harm as members of a social group in the hands of mental health professionals by unjustified treatment coercion. Coercive treatments such as seclusion and

restraint, although legal procedures, could indeed be applied on mentally ill persons out of stereotypes held by mental health professionals.

According to Graumann and Wintermantel (2011), to discriminate is to make distinctions or to acknowledge that differences exist. Therefore, discrimination is an act or practice of making distinctions based on perceived or actual differences. The United Nations (1991) refers to discrimination as any distinction, exclusion or preference that has the effect of nullifying or impairing equal enjoyment of rights. Corrigan (2004) further described discrimination as the behavioural response to prejudice (agreement with a belief), which might include, for example, avoiding a person with mental illness because of the fear from the prejudice and the belief that the person is dangerous. It also means treating someone differently because he or she has a mental illness. Discrimination is defined by Graumann and Wintermantel (2011) as any behaviour made by a person toward another that is based exclusively on the other's innate characteristics or group membership. It involves denying people fair treatment because of their group membership or personal attributes without considering their merit or ability. This definition is adopted for the purpose of understanding discrimination in the context of this study.

Discrimination can be subtle and direct, and occurs on two different levels: individual and institutional. Individual discrimination represents direct discrimination which reflects a desire for and creating social distance and exclusion. If, for example, mental health professionals use seclusion as a punishment or to control mentally ill persons for their convenience it amounts to discrimination at the individual level. Seclusion is a temporary, therapeutic safety measure used for the management of severely disturbed behaviour that is harmful to the patient or others or disrupts the therapeutic environment (Mills, 2004). Seclusion is used only after less restrictive measures are ineffective in containing or redirecting the behaviour.

Restraint is yet another safety measure used by mental health professionals as a last resort to control disturbed and violent behaviour for the safety of patients and others. Restraints shouldn't be used as a punishment or to control a patient's behaviour or for the convenience of mental health professionals. It is indeed a violation of the patient's right to be treated in a least restrictive environment if, for instance, a mental health nurse decides to use restraints on a patient with a disturbed behaviour without having implemented nursing measures to modify the patient's behaviour.

On the other hand, subtle discrimination manifests at institutional level when people are overtly or covertly excluded from public life through a variety of legal, economic, social, and institutional means (Fink, & Tasman, 1992; Link & Phelan, 2001). Psychiatrists for example, work in the psychiatric hospitals as an institution, and have the legal responsibility to diagnose psychiatric, somatic (relating to or affecting the body as distinct from the mind) illnesses, and prescribe a course of treatment for mentally ill persons. Although mentally ill persons have high rates of somatic or physical problems, the strategies to deal with this situation are not satisfactory, and are attributed to institutional stigma (Leucht & Fountoulakis, 2006). Psychiatrists often attribute negative content (psychiatric complaints or symptoms) to mentally ill persons' somatic complaints and examine these with regard to their psychiatric diagnosis and symptoms. This means that mental illness stigma (label) influences the treatment of somatic illnesses negatively (Sartorius, 2006; Kuey, 2008).

Institutional discrimination occurs when social policy, law, or when institutional practices are disadvantageous to stigmatized mentally ill persons cumulatively over time such as laws restricting the civil rights of people with mental illnesses (Corrigan et al., 2003). For example, mentally ill persons on admission in psychiatric hospitals in Nigeria are not known to exercise their basic rights even if they have a voluntary hospitalization status and their mental capacity warrants, for example, the exercise of civic rights. They are kept under

constant observation and their activities restricted. These are subtle policies which are being implemented using mental health professionals against mentally ill persons probably strengthened by institutional stigma. When mental health professionals treat mentally ill persons unfairly by depriving them of their rights and benefits, such mentally ill persons suffer status or power loss and discrimination.

Purpose of the Study

The study determined discriminatory differentials against mentally ill persons by mental health professionals. Specifically, the study provided answer to the following questions:

1. What is the relationship between age of mental health professionals and discrimination against mentally ill persons?
2. What is the relationship between gender of mental health professionals and discrimination against mentally ill persons?
3. What is the relationship between level of education of mental health professionals and discrimination against mentally ill persons?

Hypotheses

Three null hypotheses were tested in the study at 0.05 level of significance

1. There is no significant relationship between age of mental health professionals and discrimination against mentally ill persons.
2. There is no significant relationship between gender of mental health professionals and discrimination against mentally ill persons.
3. There is no significant relationship between level of education of mental health professionals and discrimination against mentally ill persons.

Materials and Methods

The correlation method design was used. The area of study was Federal Neuro-Psychiatric Hospital, Kaduna. A total of 105 mental health professionals constituted both the population and sample size for the study. The instrument for data collection was the researcher-designed questionnaire called the Correlates of Stigmatization and Discrimination against Mentally Ill Persons Scale (COSDAMIPS). The questionnaire had two sections, namely: Section A and B. Section A had items including personal data of respondents (age, gender, and level of education). Section B included behavior of mental health professionals, consisting of separating (eliciting behaviour responses on isolating and distancing attitude).

Subjects were expected to respond to a 4-point scale of strongly agree (SA), agree (A), disagree (D) and strongly disagree (SD). The instrument was validated by experts in health psychology and science education. Reliability of the instrument was measured using the internal consistency method associated with the Cronbach's Alpha coefficient which gave reliability measures of .75 and .89.

An approval was obtained from the Ethics and Research Committee of the Board of Management of the hospital to conduct the study. The researcher personally administered 105 copies of the questionnaire to the subjects which were self-administered and 87 returned for analysis.

Results

Table 1: Correlation Analysis Showing the Relationship between Age of MHPs and Discrimination

Items	Correlation Value	p-value
Separation		
I am not afraid to socialize with the mentally ill	.126	.246
I think the mentally ill should be isolated from the rest of the community	.064	.553
I think I would feel uncomfortable working with someone who has a mental illness	.185	.087
I think I would remain friendly with someone who has a mental illness, once I found out about the mental illness	.000	1.000
I think I would not date someone who has a mental illness	.131	.222
I would feel better with a diagnosis of depression rather than schizophrenia	.288	.007
I think I would be against having a group home for the mentally ill in my street	.065	.590
Cluster Value	**.122**	**.465**
Power Loss		
I think I would treat someone fairly I knew that he or she had a mental illness	.059	.590
I think mental patients need the same kind of control and discipline as a young child	.045	.682
When applying for jobs the mentally ill should not declare their illness	.132	.224
I would prefer not to employ someone with a mental illness even though they may appear to be well	.031	.776
Staffs working in psychiatric hospitals need to be especially Carefulwhen dealing with the mentally ill	.085	.433
I think I would take the opinions of someone who has a		

mental illness less seriously	.018	.868
I think people with mental illness should lower their Expectation of achievements in life	.083	.446
Cluster Value	**.064**	**.574**
Grand Overall	.093	.520

Table 1 shows that the correlation value for separating was .122 which fell between .01 - .19, indicating that the correlation between MHPs' age and separating was very low. The Table further shows the correlation value of .064 which also fell between .01 - .19, indicating very low correlation between MHPs age and power loss. The Table also shows the overall correlation value of .093 which fell between .01 - .19, indicating very low correlation between MHPs' age and discrimination.

Table 2: Correlation Analysis Showing the Relationship between Gender of MHPs and Discrimination

Items	**Correlation Value**	**p-value**
Separation		
I am not afraid to socialize with the mentally ill	.083	.446
I think the mentally ill should be isolated from the rest of the community	.026	.803
I think I would feel uncomfortable working with someone who has a mental illness	.060	.582
I think I would remain friendly with someone who has a mental illness, once I found out about the mental illness	.095	383
I think I would not date someone who has a mental illness	.065	.550
I would feel better with a diagnosis of depression rather than schizophrenia	.158	.143
I think I would be against having a group home for the mentally ill in my street	.047	.665
Cluster Value	**.076**	**.510**
Power Loss		
I think I would treat someone fairly I knew that he or she had a mental illness	.117	.279
I think mental patients need the same kind of control and discipline as a young child	.292	.006
When applying for jobs the mentally ill should not declare their illness	.100	.355

I would prefer not to employ someone with a mental illness even though they may appear to be well	.212	.049
Staff working in psychiatric hospitals need to be especially careful when dealing with the mentally ill	.039	.718
I think I would take the opinions of someone who has a mental illness less seriously	.266	..013
I think people with mental illness should lower their Expectation of achievements in life	.093	.390
Cluster Value	**.159**	**.258**
Grand Overall	**.117**	**.384**

Table 2 shows that the correlation value for separating was .076 which fell between .01 - .19, indicating that the correlation between MHPs' gender and separating was very low. The Table further shows the correlation value of .159 which also fell between .01 - .19, indicating very low correlation between MHPs gender and power loss. The Table also shows the overall correlation value of .117 which also fell between .01 - .19, indicating very low correlation between MHPs' gender and discrimination.

Table 3: Correlation Analysis Showing the Relationship between MHPs' Level of Education and Discrimination

Items	**Correlation Value**	**p-value**
Separation		
I am not afraid to socialize with the mentally ill	.153	.156
I think the mentally ill should be isolated from the rest of the community	.116	.286
I think I would feel uncomfortable working with someone whohas a mental illness	.142	.188
I think I would remain friendly with someone who has a mental illness, once I found out about the mental illness	.025	.816
I think I would not date someone who has a mental illness	.055	.613
I would feel better with a diagnosis of depression rather than schizophrenia	.047	.665
I would be against having a group home for the mentally ill in my street	.106	.328
Cluster Value	**.092**	**.436**
Power Loss		
I think I would treat someone fairly I knew that he or she had a mental illness	.217	.043
I think mental patients need the same kind of control and discipline as a young child	.070	.518
When applying for jobs the mentally ill should not declare their illness	.204	.058
I would prefer not to employ someone with a mental illness		

even though they may appear to be well	.240	.025
Staffs working in psychiatric hospitals need to be especially Carefulwhen dealing with the mentally ill	.171	.113
I think I would take the opinions of someone who has a mental illness less seriously	.075	.491
I think people with mental illness should lower their expectation of achievements in life	.087	.423
Cluster Value	**.152**	**.238**
Grand Overall	**.122**	**.384**

Table 3 shows that the correlation values for separating was .092 which fell between .01 - .19, indicating that the correlation between MHPs' level of education and separating was very low. The Table further shows the correlation value of .152 which also fell between .01 - .19, indicating very low correlation between MHPs' level of education and power loss. The table also shows the overall correlation value of .122 which also fell between .01 - .19, indicating very low correlation between MHPs' level of education and discrimination.

Table 4: Summary of Regression Analysis Testing the Null Hypothesis of No Significant Relationship between the Age of MHPs and Discrimination Against Mentally Ill Persons

Model 1 Summary	**Test for Coefficient**					
R-Square	**Bo (Constant)**			**B1 (Age)**		
	Value	t	Sig	Value	t	Sig
0.002	34.542	12.450	.000	-.625	-.426	.671

Dependent Variable: Discrimination

Table 4 shows that R-squared is equal at two per cent. The implication is that the age of MHPs is explained by only two per cent. The Table also reveals that the test for coefficient B1, which is the regression coefficient for age of MHPs, is not significant since the P–value is equal to .671 which is greater than .05 level of significance. Therefore, the null hypothesis of no significant relationship between age of MHPs and discrimination against mentally ill persons is accepted. This means that the age of MHPs does not predict discrimination against mentally ill persons.

Table 5: Summary of Regression Analysis Testing the Null Hypothesis of No Significant Relationship between Gender of MHPs and Discrimination Against Mentally Ill Persons

Model 1 Summary	**Test for Coefficient**	
R-Square	**Bo (Constant)**	**B1 (Gender)**

	Value	t	Sig	Value	t	Sig
.003	32.641	20.892	.000	.522	.502	.617

Dependent Variable: Discrimination

Table 5 shows that R-squared is equal to 3 per cent. It implies that gender of MHPs has explained discrimination against mentally ill persons only by 3 per cent. The Table further has been able to show that the test for regression coefficient B1, attached to the gender of MHPs, is not significant since the P-value is equal to .617 which is greater than .05 level of significance. This means that the null hypothesis of no significant relationship between gender of MHPs and discrimination against mentally ill persons is accepted. In other words, gender of MHPs cannot be used to predict discrimination against mentally ill persons.

Table 6: Summary of Regression Analysis Testing the Null Hypothesis of No Significant Relationship between Level of Education of MHPs and Discrimination Against Mentally Ill Persons

Model 1 Summary	**Test for Coefficient**					
R-Square	**Bo (Constant)**			**B1 (Highest level)**		
	Value	t	Sig	Value	t	Sig
.059	35.982	28.871	.000	-1.933	-2.277	.025

Dependent Variable: Discrimination

Table 6 shows that R-squared is equal to 59 per cent. This implies that level of education of MHPs has explained discrimination by 59 per cent. The Table further shows that the test for coefficient B1, which is the regression coefficient attached to MHPs' level of education, is significant since the p-value of .025 is less than .05 level of significance. Therefore, the null hypothesis of no significant relationship between MHPs' level of education and discrimination is rejected. This implies that level of education of MHPs can indeed be used to predict discrimination against mentally ill persons.

Discussion

This study showed that there is no significant correlation between MHPs' age, gender, level of education and discrimination against mentally ill persons. This finding contradicted that of Thornicroft, Broham et al. (2008) that discrimination is one out of three elements of the stigmatization process. Data from this study found that discrimination as an element cannot be predicted based on MHPs' correlates of age and gender.

Results from this study also showed that there is a significant relationship between discrimination and the level of education of MHPs. This implies that the level of education of MHPs can be used to predict the level of relationship between them and discrimination

against mentally ill persons. This finding agreed withthat of Evagelou, Adali, Koukia*et* al. (2005) who found that students' opinions toward social integration of mentally ill persons were more positive after a course; and the students were also against the social restriction of mentally ill persons. Kapungwe, Cooper, Mwanza et al. (2010)also found that in Zambia, discrimination is prevalent within mental health care providers. They found that stigma is fueled by misunderstanding of mental illness aetiology and the perception that mentally ill persons are dangerous. This implied that their misunderstanding of the aetiology of mental illness was due to ignorance and needed better education. Kapungwe and colleagues suggested education as a strategy for predicting a reduction of this ignorance.

This study result also agreed with that of Angermeyer and Dietriech (2006) and Nordt*et* al. (2006) who found that people with higher levels of education have been found to be more accepting and had fewer negative attitudes toward persons with mental illness. It is therefore, established in this study that literacy level of MHPs can be used to predict the relationship between them and discrimination. In other words, MHPs' level of education can be used to suggest whether they would discriminate against mentally ill persons.

Conclusion

This study has revealed that correlation between MHPs and discrimination (separating and status loss) is very low. In addition, study findings have also shown that there is no significant relationship between age, and gender of MHPs and discrimination. However, this study found that there was statistically significant relationship between level of education of MHPs and discrimination against mentally ill persons.

Recommendations

Anti-stigma campaigns should be directed at age-groups outside the mental health facilities such as teenagers and young adults between the ages between 20 and 35 who have the tendency to direct their energy towards their mentally ill relations thereby encouraging discrimination. Male and female members of MHPs, without discrimination, should be involved in mental health and mental illness awareness campaigns around community health agencies in order to earn their confidence to accept mental health services and indeed mentally ill persons. The managements of mental health facilities should step-up their training of MHPs through yearly budgetary allocation to each mental health professional group in order to improve their mental health literacy and discourage social distance between them and mentally ill persons.

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