

## The attitudes of Polish psychiatrists toward people suffering from mental illnesses

Artur Kochański<sup>1</sup>, Andrzej Cechnicki<sup>2</sup>

<sup>1</sup>Psychiatric Clinic, Independent Public Clinical Hospital No. 1 in Lublin

<sup>2</sup>Department of Community Psychiatry, Chair of Psychiatry,  
Jagiellonian University Medical College

### Summary

**Introduction.** Stigmatizing convictions, emotions and behaviors toward the mentally ill have impact on the social distance and more acute course of the illness. Research shows that the sufferers are the object of stigmatization also by representatives of medical professionals, including psychiatrists.

**Aim.** The aim of the study was to examine the opinions of Polish psychiatrists regarding the mentally ill and to compare them with similar studies in the general population.

**Material and method.** Polish psychiatrists were the investigated group. A diagnostic survey was conducted with a self-completion questionnaire. 232 questionnaires were analyzed.

**Results.** The results were compared with the general population. 61.5% of the respondents (59% in the general population) believe that a person who is mentally ill has a chance of recovery and 79% (vs. 77%) that coercion in Polish psychiatry is used frequently enough. 95% (vs. 75%) consider mental illness a health problem which is concealed from the others. 43% (vs. 56%) believe that mental illness significantly reduces the ability of regular employment, 13.5% (vs. 30%) believe that it reduces the ability to work in a team and 33% (vs. 71%) that it reduces the ability to do work which requires a lot of self-reliance. 16% (vs. 22%) is opposed to having institutions for the mentally ill near their place of residence. Psychiatrists more often declared a close friendship with people suffering from mental illness (87.5% vs. 32%), and a positive attitude toward the mentally ill and their participation in social life (86.5% vs. 65%).

**Conclusions.** 1. A relatively large group of the investigated psychiatrists compared with the general population has a family member suffering from a mental illness or they themselves suffer from mental illness. 2. Despite their education and professional mission, Polish psychiatrists present similarly stigmatizing attitudes toward the mentally ill as does the general

---

The study was not sponsored.

This study was conducted by the Krakow Schizophrenia Research Group

population. 3. Through their attitudes, Polish psychiatrists co-create a support system, but also participate in the process of stigmatization.

**Key words:** stigma, mentally ill, psychiatrists' attitude

## Introduction

An important consequence of stigmatization and social exclusion of the mentally ill may be a more severe illness. This applies to both those suffering from the first episode and those with a long history of the illness. Negative, inadequate perception of the mentally ill and psychiatry leads to delays in getting help, diagnosis and appropriate treatment, which results in a poorer prognosis of the illness, lower levels of social functioning and quality of life of the patient. To prevent significant underestimation of self-esteem, long-term sufferers try to contradict the diagnosis and the need for treatment, but if they have “good insight”, they daily experience doubts and fears to whom and how, if at all, to disclose the fact of their illness, which carries a risk of reduced life opportunities and loss of social status. The subsequent growing social isolation is associated with fear of assessment and rejection rather than with severity of psychopathology. Researchers believe that mental illness is not only a set of psychopathological symptoms, but above all the daily experience of a mentally ill person, greater dependence on people and institutions and exclusion from many areas of life [1–12].

Only a few studies have touched the problem of the image of the mentally ill among psychiatrists [4, 13, 14]. The conclusions from these studies show that the stigmatization of the mentally ill among the representatives of the medical profession, including psychiatric care, should be discussed more openly. In a Polish study, Dyduch [13] indicated that mental health staff significantly more frequently than primary care staff believe that schizophrenia sufferers differ from other people, and significantly more nurses than doctors recognize that all schizophrenia sufferers are very similar. The image of the ill in the study group of doctors and nurses described by the author did not differ significantly from their image in the general population. Healthcare workers in direct contact with the ill experienced mostly embarrassment, fear, compassion and helplessness, but also interest. In the study of Nordt et al. [4] psychiatrists more often than the general population used prejudicial stereotypes of the mentally ill. Averaged results regarding severity of negative qualities in patients such as being dangerous, unpredictable, stupid were significantly higher in the group of psychiatrists than in the general population. Nurses obtained a similarly high score while other therapists: occupational therapists, social workers, physiotherapists – a nearly equal one as the general population. It also showed significantly higher levels of social distance towards schizophrenia sufferers compared with patients with depression and healthy controls, and again psychiatrists obtained the worst score with a worse result than the general population. This result is consistent with the ones obtained by

Üçok et al. [14], who also showed that with regard to the mentally ill, compared with the general population the psychiatrists were less likely to express positive opinions, and in the vast majority the evaluations were often negative. 88% of the investigated Turkish psychiatrists believe that schizophrenia is a term used in the general population only in a negative sense. Only 56% of Turkish doctors believed in successful treatment of schizophrenia sufferers, 43% declared that they would do not visit their patients in their homes, and 55% reported discomfort when meeting schizophrenia sufferers in a public place. Turkish psychiatrists admitted that they informed patients about a diagnosis of schizophrenia in only 40% of cases, and 22.5% physicians said that they informed the families about the fact every time. The main reasons for not giving such information was lack of ability to understand the term “schizophrenia” (33%) and the risk of stopping treatment (28%). Also, the results of research in Australia [15] confirms that the attitude of psychiatrists to the mentally ill may be more negative than in the general population. Jorm et al. [15] investigated the attitude of psychiatrists, clinical psychologists, family doctors and the general population to people suffering from depression and schizophrenia. Giving descriptions of the symptomatology of two selected patients the researchers asked the investigated group to estimate the probability of occurrence in the future of certain positive circumstances such as friendship, marriage, employment, ability to empathize with the condition of other people and negative ones such as violence, use of psychoactive substances, suicide attempts, absence of close relationships. The most important conclusion from this study was that healthcare professionals predict significantly more frequently the occurrence of negative consequences in mental disorders than the general population and name the threat of discrimination as the most serious.

### **Aim**

The aim of the study is two-fold:

1. to describe the attitude of the Polish psychiatrists to the mentally ill;
2. to compare the opinions of psychiatrists about the mentally ill with the study results of general population.

### **Method**

To investigate the attitude of the psychiatrists to the mentally ill a proprietary questionnaire entitled “Psychiatrists about the mentally ill” was used. The questionnaire was compiled on the basis of the Wciórka [16, 17] questionnaire used by them in the CBOS study “Mental illness – social stereotype and distance” and a study by Kaszyński and Cechnicki [18] entitled “On the work and employment barriers for the mentally ill – the employers’ perspective”. The questionnaire consisted of 15 closed questions with single and multiple choice responses allowed. A part of the questions

used in the CBOS research was omitted because it was inadequate for investigating qualified healthcare professionals. The results of the study conducted with the participation of psychiatrists were compared with the results from 1996 and 2008 to assess the Polish public opinion about mental illness and sufferers [16, 17] and the opinion of employers of small and medium-sized enterprises [18].

### Material

The group comprised of voluntary participants and the surveys were sent to psychiatrists at various centers all over Poland. 259 people were investigated and due to lack of data statistical analysis of 232 questionnaires were eventually conducted. A significant majority of 66% in the study group were women. The age ranged from 25 to 88 years; with the mean age being 42 years. A vast majority of the respondents were residents of cities with a population of over 100 thousand residents (80.4%); 12.6% of respondents lived in towns with 25–100 thousand residents and 3.5% in towns with less than 25 thousand residents and in villages. Significantly more (71%) respondents were employees of psychiatric inpatient institutions compared to 29% of employees in outpatient therapy. In the study group, 25% of doctors were certified psychotherapists or were in the course of certification and only 12% of the respondents held the title of community care specialist.

### Results

The results were presented and compared to the general population in the Wciórka and Wciórka [16, 17] CBOS study and a study by Kaszyński et al. [18].

Expressions used by the psychiatrists' environment to describe the mentally ill

The terms provided by the investigated psychiatrists to describe the mentally ill in their environment have been presented below and grouped according to types (Table 1).

Table 1. Expressions to describe the mentally ill which the psychiatrists have heard in their environment

Type of expression	Number and percentage	Percentage	Significance of differences between studies
N = 232	Psychiatrists' evaluation	Wciórka and Wciórka [17]	P level
Total negative	194 (84%)	61%	< 0.001
Negative – emphasising otherness	191 (82%)	39%	< 0.001

*table continued on the next page*

Negative – emphasising inferiority	11 (5%)	24%	< 0.001
Negative – referring to the psyche	44 (19%)	16%	0.128
Neutral or positive	140 (60%)	25%	< 0.001
Emphasising the illness	93 (40%)	22%	< 0.001
Emphasising understanding	89 (38%)	4%	< 0.001
Regarding the reaction of the environment	10 (4%)	3%	0.162

It was reported that 84% of psychiatrists (61% in the general population) have heard negative expressions about the mentally ill. These were mostly insults emphasizing the otherness or negatively perceived behavior and responses. The majority, i.e., 60% of the respondents (vs. 25%) also heard neutral or positive comments about the mentally ill. Among them more frequently than in the general population there were expressions emphasizing illness (40% vs. 22%) and understanding (38% vs. 4%).

#### Acquaintance with a mentally ill person

One of the measures of social distance toward the mentally ill is the willingness of respondents to disclose who they know personally apart from their patients who suffers from mental illness.

An overwhelming majority of the respondents of 87.5% know some of the mentally ill on a social basis which distinguishes them significantly from 32% in the general population. (Table 2).

Table 2. **Personal contacts of psychiatrists with the mentally ill \***

Who of the people that you know personally was or is mentally ill?	Psychiatrists' opinion	Wciórka and Wciórka [16]
	Number (%)	(%)
Acquaintance/neighbor	160 (69.3%)	66%
Friend	52 (22.5%)	11%
Member of extended family	98 (42.4%)	18%
Member of close family	36 (15.6%)	11%
I myself	7 (3.0%)	1%
Nobody	29 (12.5%)	32%

\* The result does not add up to 100 because the respondents could tick more than one answer

Among the people close to the respondents there are most acquaintances and neighbors, which is similar to the general population, (69% vs. 66%), significantly fewer

friends (22.5% vs. 11%), relatively many members of their close (15.6% vs. 11%) and extended family (42.4% vs. 18%) in comparison to the general population. Similarly, a larger group of psychiatrists (3% vs. 1%) suffer from mental illness.

#### View on recovery from mental illness

An important element of the social image of the mentally ill is the view on their chances of recovery. A belief regarding chances of recovery seems to be especially important for psychiatrists who should not express popular opinion but rather convictions based on research and medical knowledge (Table 3).

Table 3. **Recovery rate of the mentally ill**

Do you think that a mentally ill person has a chance of recovery or will remain ill until the end of their life?	Psychiatrists' opinion	Wciórka and Wciórka [17]
Definitely has a chance of recovery	58 (25.7%)	11%
Probably has a chance of recovery	81 (35.8%)	48%
Will probably remain ill until the end of their life	80 (35.4%)	24%
Will definitely remain ill until the end of their life	7 (3.1%)	3%
Total (data missing in 6 cases)	226 (100.0%)	13% difficult to say

Most of the investigated psychiatrists (61.5% vs. 59%) believe just like the general population that a sufferer has a chance of recovery and approx. 1/3 that it is impossible to recover from mental illness.

#### The legitimacy of the use of treatment without consent in psychiatry

The attitude of the investigated psychiatrists to the use of coercion is presented in Table 4.

Table 4. **Frequency of use of treatment without consent in Polish psychiatry according to psychiatrists**

In your opinion is coercion used in Polish psychiatry?	Psychiatrists' opinion	Wciórka and Wciórka [17]
Too frequently	37 (16.2%)	10%
Frequently enough	181 (79.4%)	77%
Too rarely	10 (4.4%)	—
Total (data missing in 4 cases)	228 (100.0%)	13% difficult to say

A vast majority – 79% of psychiatrists believe that treatment without consent in Polish psychiatry is used frequently enough, and 4% of the respondents would use coercion even more often. Only 16% believed that it is used too often. 77% of the respondents from the general population supported the legitimacy of treating the mentally ill against their will [17].

### Conviction of embarrassing nature of mental illness

The need to conceal mental illness is a common problem and one of the measures of social distance. Such an opinion not only makes it difficult for patients and their families to function on a daily basis but also significantly affects the delay in getting appropriate help in the event of a mental crisis (Table 5).

Table 5. **Do the Polish psychiatrists consider mental illness embarrassing?**

Would you consider mental illness as an illness which is concealed and treated as embarrassing?	Psychiatrists' opinion	Wciórka and Wciórka [17]
Definitely yes	131 (57.0%)	27%
Probably yes	87 (37.8%)	48%
Probably not	8 (3.5%)	17%
Definitely not	4 (1.7%)	3%
Total (data missing in 2 cases)	230 (100.0%)	5% difficult to say

A vast majority (95% of the respondents and 75% in the general population) considered mental illness a health problem which is concealed from others, only 3.5% of the investigated psychiatrists considered that they are generally not concealed and less than 2% (vs. 3%) were of the opinion that in general they are not concealed at all.

### Attitude to the mentally ill

In subsequent questions, the respondents were asked to express directly their own attitude to the mentally ill which may be considered as a measure of the perceived distance (Table 6).

Table 6. **The attitude of the investigated psychiatrists to the mentally ill**

People have very different attitudes to the mentally ill. Could you tell us what your attitude to the mentally ill is?	Psychiatrists' opinion	Wciórka and Wciórka [17]
Definitely positive	128 (55.9%)	12%
Probably positive	70 (30.6%)	53%

*table continued on the next page*

Neutral	17 (7.4%)	26%
Probably negative	14 (6.1%)	4%
Total (data missing in 3 cases)	229 (100.0%)	1% definitely negative; 4% difficult to say

A vast majority (85.6%) of the investigated psychiatrists (vs. 65% of the general population) declared a positive attitude toward the mentally ill, 7% (vs. 26%) neutral and 6% (vs. 5%) rather unfriendly.

### The possibility of the mentally ill having defined social roles

To measure a different aspect of social distance, a question was used in which the respondents were asked to refer to a situation where a mentally ill person in a relation with the study subject would have to meet specific social roles. Despite the fact that 11% of the investigated psychiatrists (13% of the general population) were against a mentally ill being their immediate neighbor and 15% (24%) their close associate, only in two of fourteen social roles (9 of 14 in the population) did the investigated psychiatrists express strong opposition. It has been shown that 76% of the investigated doctors (81% in the general population) would not accept a mentally ill as a minder of their children, and 51% (vs. 54%) as their daughter – or son-in-law. The attitude of the investigated psychiatrists to the mentally ill expressed through the ability to perform the remaining twelve social roles may be defined as more favorable than in the general population [17]. However, there is a surprisingly high level of opposition if a mentally ill was to be a close colleague (15%), immediate neighbor (11%), friend in a group of students (7%) (Table 7) .

**Table 7. The extent of consent of the investigated psychiatrists to have a mentally ill person who they have a relation with hold certain social roles**

How would you react if it turned out that a former mental patient treated in a mental hospital were to become	I would definitely have no objections	I would probably have no objections	I would probably be against	I would definitely be against	Total
	Number (%) vs. (%) total population	Number (%) vs. (%) total population	Number (%) vs. (%) total population	Number (%) vs. (%) total population	Number (%) vs. (%) total population
a. Your child's minder	9 (3.9%) vs. 3%	46 (20.2%) vs. 8%	118 (51.8%) vs. 38%	55 (24.1%) vs. 43%	228 (100.0%)
b. Your child's teacher	37 (16.2%) vs. 3%	121 (52.8%) vs. 13%	48 (21.0%) vs. 35%	23 (10.0%) vs. 41%	229 (100.0%)
c. Your doctor	32 (14.0%) vs. 5%	126 (55.0%) vs. 18%	45 (19.7%) vs. 36%	26 (11.4%) vs. 33%	229 (100.0%)
d. The mayor of your town	60 (26.5%) vs. 5%	104 (46.0%) vs. 18%	37 (16.4%) vs. 32%	25 (11.1%) vs. 36%	226 (100.0%)
e. Your MP	66 (29.2%) vs. 5%	98 (43.4%) vs. 21%	32 (14.2%) vs. 31%	30 (13.3%) vs. 34%	226 (100.0%)

*table continued on the next page*

f. Your daughter – or son-in-law	12 (5.3%) vs. 6%	100 (44.1%) vs. 25%	78 (34.4%) vs. 34%	37 (16.3%) vs. 20%	227 (100.0%)
g. Your parish priest	79 (35.1%) vs. 7%	107 (47.6%) vs. 27%	22 (9.8%) vs. 30%	17 (7.6%) vs. 24%	225 (100.0%)
h. Your teacher	62 (27.6%) vs. 8%	121 (53.8%) vs. 27%	22 (9.8%) vs. 36%	20 (8.9%) vs. 18%	225 (100.0%)
i. Your boss at work	47 (21%) vs. 10%	113 (50.4%) vs. 27%	41 (18.3%) vs. 36%	23 (10.3%) vs. 15%	224 (100.0%)
j. Your room-mate on holiday	80 (35.1%) vs. 14%	106 (46.5%) vs. 39%	22 (9.6%) vs. 25%	20 (8.8%) vs. 11%	228 (100.0%)
k. Your close colleague	82 (35.8%) vs. 17%	112 (48.9%) vs. 50%	25 (10.9%) vs. 21%	10 (4.4%) vs. 3%	229 (100.0%)
l. An unexpected guest at your party	103 (45.0%) vs. 18%	89 (38.8%) vs. 48%	24 (10.5%) vs. 16%	13 (5.7%) vs. 6%	229 (100.0%)
m. Your classmate	136 (59.6%) vs. 20%	77 (33.8%) vs. 53%	6 (2.6%) vs. 12%	9 (3.9%) vs. 2%	228 (100.0%)
n. Your immediate neighbor	111 (48.7%) vs. 27%	91 (39.9%) vs. 54%	15 (6.6%) vs. 12%	11 (4.8%) vs. 1%	228 (100.0%)

#### Positive attitude toward locating psychiatric institutions near the respondents' place of residence

It is vital in building a contemporary model of mental health institutions to locate various treatment centers and psychiatric rehabilitation institutions in the environment of the sufferers (Table 8).

Table 8. Psychiatrists' consent to open an institution for the mentally ill in their neighborhood

If an institution for the mentally ill was scheduled to open in your neighbourhood, would you agree?	Psychiatrists' opinion	Wciórka and Wciórka [16]
	Number (%)	(%)
a. Outpatient centre	222 (96.1%)	86%
b. Nursing home	213 (92.2%)	82%
c. Day care	215 (93.1%)	81%
d. Assisted housing	208 (90.0%)	78%
e. Hospital	194 (84.0%)	78%

Similarly to the general population [17], the respondents would consent to the opening in their neighborhood of institutions for the mentally ill. 96.1% of them (vs. 86% in the general population) would agree to a psychiatric clinic, 93% (vs. 81%) to a day care centre, 92.2% (vs. 82%), to a nursing home, 90% (vs. 78%) to assisted housing for the mentally ill and 84% (vs. 78%) to a psychiatric hospital.

### The ability of the mentally ill to do work

It was investigated how the psychiatrists support job-related activity in the recovery process of their patients (Table 9–11).

**Table 9. Does undergone mental illness limit the mentally ill persons' ability to work for a living?**

To what extent do you think a history of mental illness limits ability to work for a living?	Psychiatrists' opinion	Employers' opinion [18]
It doesn't limit it, or limits it to a small extent	56.4%	36.2%
It limits it considerably, or makes it impossible	43.6%	56.4%
No data	—	7.4% difficult to say

**Table 10. The ability of a mentally ill person to work in a team**

Are people with a history of mental illness capable of teamwork?	Psychiatrists' opinion	Employers' opinion [18]
Yes	86.5%	55.1%
No	13.5%	30.0%
No data	—	14.9%

**Table 11. Willingness of psychiatrists to entrust an employee with a history of mental illness with a task that requires a significant degree of self-reliance**

Would you entrust a staff member with a history of mental illness with a task which requires a lot of self-reliance?	Psychiatrists' opinion	Employers' opinion [18]
Yes	66.8%	19.3%
No	33.1%	71.4%
No data	0.1%	9.3%

It is worth noting that as many as 43.6% of the investigated psychiatrists (and 56.4% of employers) believe that a history of mental illness limits the ability to work for a living.

As many as 13.5% of Polish psychiatrists (and 30% of employers) insist that a person with mental illness is unable to work in a team.

Despite a better score than in the case of the investigated employers (71.4%), still 33.1% of the investigated psychiatrists would not entrust an employee with a history of mental illness with a task that requires a significant degree of self-reliance.

## Discussion

Sartorius [12] believes that stigmatization and discrimination are a major barrier to the development of psychiatric care and diminish the quality of life of the mentally ill. The opinion of psychiatrists as the most significant figures in their environment may be crucial in shaping the social image of the mentally ill and success in the process of their recovery. This study attempts to examine the attitudes of the Polish psychiatrists and compare them with the beliefs of the general population about the mentally ill. The group of Polish psychiatrists significantly more often than the general population had a relation with the mentally ill, and as many as 60% were members of their families. As regards having the mentally ill in the close family, they did not differ so clearly from the general population in Poland and achieved a lower result than in the study of Turkish psychiatrists [14], 25% of whom admitted that they had a schizophrenia, a delusional disorder or a mood disorder sufferer in their close family. It is possible that a big number of those with a mentally ill person in the family could have been one of the factors influencing the decision of the investigated psychiatrists for choosing this particular field of medicine.

### Stigmatization in the language

The expressions heard more often in the group of psychiatrists than in the general population to determine the mentally ill, both negative ones meant as an insult as well as neutral or positive ones, may be associated with more frequent presence of psychiatrists in this environment. However, a very large accumulation of negative expressions should be treated as a manifestation of social stigmatization. As already demonstrated by Nordt et al. [4], Swiss psychiatrists used prejudicial stereotypes of the mentally ill more often than the general population.

### Chance of recovery

Similarly to the general population, the majority of the investigated psychiatrists believe that a person who is mentally ill has a chance of recovery. The results of Turkish [14] and Japanese [6] studies were very similar to the population of Polish psychiatrists as both Turkish and Japanese psychiatrists assessed the likelihood of successful rehabilitation of schizophrenia sufferers at 56%. Dyduch [13] believes that a pessimistic perception of the possibility of recovery from mental illness, evaluated in the study group at 38.5% may have its roots in both the biomedical model of etiology and severity of mental illnesses and depend on the exact place where observations were conducted. Psychiatrists working in large hospitals in the absence of full monitoring of the recovery process, may be subject to an illusion of severe illness which is recurrent and damaging in its very nature [19]. Meanwhile, a number

of long-term prospective studies confirm the findings of the Krakow study [20] that schizophrenia must be considered a multi-dimensional, open process in which, after twenty years of illness 22% of the patients obtained comprehensive assessment of recovery, after twenty years of illness 45% of the investigated patients were observed to display periodic recovery and 16% displayed late recovery not observed in the earlier course of the illness.

#### Hospital treatment and forced treatment

The use of coercion in psychiatry is a very controversial topic. Over the years the attitude toward it has been influenced by a variety of opinions and reactions from extremely liberal attitudes (total rejection of coercion) to extremely restrictive (full permission). Polish studies [13] reported that 30.3% of medical staff, including psychiatrists, considered psychiatric hospitalization as an essential element of treatment. The Swiss authors [7] showed that only 17% of the general population would recommend hospital as a suitable form of treatment for schizophrenia sufferers. It is worth considering whether strong support for the use of coercion in Polish psychiatry is the result of confidence in the courts and mental institutions, or rather indicates lack of interest in what the mentally ill are going through and disregard for their rights. Another possible explanation for this high score is lack of appropriate safety in the network of community mental healthcare centers which would be able to treat also patients in severe mental condition in an outpatient setting.

#### Embarrassment and concealing the illness

Being ashamed of mental illness and displaying a tendency to conceal it are the first step to the whole process of stigmatization. The need to conceal launches perhaps the whole process of stigmatization of the mentally ill. Stigmatization in turn, is conducive to the perception of the patient's suffering through the prism of negative stereotypes describing the illness and the mentally ill functioning in the society [8]. Even more worrying is the percentage of Polish psychiatrists who believe that mental illness is concealed (94.8%), which is clearly significantly higher than the scores in the general population (75%). This may be associated with a conviction among the Polish psychiatrists about low tolerance and acceptance levels of this group of people in the society.

#### Attitude to the mentally ill

A vast majority of the respondents (85.6%) declare a positive attitude toward the mentally ill which is higher than in the general population (65%) [17]. There remains, however, 13.5% of the investigated psychiatrists who for some reason cannot bring

themselves to express a positive attitude toward their patients or even declare their dislike to them. On a national scale, this may include several hundred people from whom we would expect expressions of faith in the recovery process of the mentally ill and their functioning in social roles.

### Social distance

Not to stop at declarations relating to the mentally ill, the investigated psychiatrists were asked about willingness to entrust such people with defined social roles, which was treated as a measure of social distance. Distance in dealing with the mentally ill is one of the most important components in the process of stigmatization as it launches a series of mechanisms leading to the marginalization of the sufferers, their exclusion and limited access to effective support and use of facilities which deepens the sense of stigmatization [9, 10]. Dyduch [13] showed that a daughter-in-law or a son-in-law is the only social role that the investigated psychiatrists were opposed to more than the general population, which the author explains with a biogenetic approach to the etiology of schizophrenia and a potential threat to the health of offspring. In view of the more significant concerns about the mentally ill working as childminders of the investigated psychiatrists, the above explanation is at best only partially applicable. Üçok et al. [14] found that 55.2% of Turkish psychiatrists would be against meeting a mentally ill person at a social gathering. The social distance decreases with the level of knowledge and frequency of personal contact [21, 22]. The psychiatrists' attitude to the mentally ill performing certain social roles in the described study may be regarded as marked by a significant distance. What is significant here, is the respondents' opposition not only to the mentally ill acting as their child's minder (75.9%) and daughter – or son-in-law (50.7%), but also a surprisingly high level of opposition to a mentally ill as a close associate, immediate neighbor or friend in a group of students.

Similarly, a group of psychiatrists which cannot be considered as inconsiderable, for some reason express their opposition to having institutions for the mentally ill in their neighborhood including outpatient institutions (3.9%), day care centers (6.9%), nursing homes (7.8 %), assisted housing (10%), psychiatric hospital (16%). It is puzzling whether this is only reluctance expressed to such an institution or also to the people who are treated there. This is similar to the “not in my backyard” (NIMBY) phenomenon observed and described many years ago by Borinstein [11]. In the 1970s, when community care increased significantly in the United States, significant social resistance was observed. On one hand the Americans opposed the detention of the mentally ill persons under lock and key, but on the other 31% of them were opposed to locating psychiatric outpatient centers near their place of residence. It ought to be kept in mind that psychiatrists despite their education and professional role are also representatives of the society in which they live.

### Work and employment

Work and employment are not only a measure of the progress in the recovery process of people affected by mental illness but also an important part of their participation in social life. A psychological crisis excludes people from professional life, but without proper working conditions it is extremely difficult for the mentally ill to fully overcome this crisis. Nearly 44% of the psychiatrists believe that a history of mental illness significantly reduces the ability to earn a living and only 10% think that such capacity is not limited. Over 13% of the respondents think that a history of mental illness prevents doing teamwork, and 33% of the psychiatrists would not give such a person work which requires a significant degree of self-reliance. The answers to the questions about the ability of the mentally ill to perform various types of work and especially to earn a living are in opposition to the earlier declarations of the investigated psychiatrists where they demonstrated great kindness to the mentally ill in different social roles, including those related to professional work of a teacher, doctor, mayor, MP, priest or close associate. Having a job is the dream of a vast majority of the mentally ill and an important goal in their recovery process. Limitations imposed by Polish psychiatrists on the mentally ill in this sphere may indicate concentration on more medical forms of therapeutic work, lack of awareness of the capabilities and achievements of their patients in vocational rehabilitation and a lack of adequate training or awareness on the needs of the patient.

It should be assumed that the attitudes of the psychiatrists to the mentally ill are closely related to the special relationship that arises between a dependent person requiring help in most basic aspects of human existence and a person with expertise, authority and a number of beliefs about mental illness. We share the conviction of Sartorius et al. [12] that this relationship is embedded in a range of public views, attitudes and emotions relating to both the phenomenon of mental illness, psychiatry as a field of medicine and knowledge, as well as to the mentally ill themselves.

### Conclusions

1. A relatively large group of the investigated psychiatrists (58%) compared with the general population has a family member suffering from a mental illness or they themselves (3%) suffer from mental illness.
2. Despite their education and professional mission the investigated psychiatrists present similarly stigmatizing attitudes toward the mentally ill as the general population.
3. Through their attitudes, the Polish psychiatrists not only create a support system but also participate in the process of stigmatization of the mentally ill.

## References

1. Cechnicki A, Angermeyer MC, Bielańska A. *Anticipated and experienced stigma among people with schizophrenia: its nature and correlates*. Soc. Psychiatry Psychiatr. Epidemiol. 2011; 46(7): 643–650.
2. Schimmelmann BG, Huber CG, Lambert M, Cotton S, McGorry PD, Conus P. *Impact of duration of untreated psychosis on pre-treatment, baseline, and outcome characteristics in an epidemiological first-episode psychosis cohort*. J. Psychiatr. Res. 2008; 42: 982–990.
3. Cechnicki A, Bielańska A, Franczyk J. *Piętno choroby psychicznej: antycypacja i doświadczenie*. Post. Psychiatr. Neurol. 2007; 16(2): 113–121.
4. Nordt C, Rössler W, Lauber C. *Attitudes of mental health professionals toward people with schizophrenia and major depression*. Schizophr. Bull. 2006; 32 (4): 709–714.
5. Sartorius N. *Stigma: what can psychiatrists do about it?* Lancet 1998; 352: 1058–1059.
6. Ono Y, Satsumi Y, Kim Y, Iwadata T, Moriyama K, Nakane Y. et al. *Schizophrenia: is it time to replace the term?* Psychiatry Clin. Neurosci. 1999; 53: 335–341.
7. Lauber C, Nordt C, Rössler W. *Lay beliefs about treatments for people with mental illness and their implications for antistigma strategies*. Can. J. Psychiatry 2005; 50(12): 745–752.
8. Świtaj P. *Doświadczenie piętna społecznego i dyskryminacji u pacjentów z rozpoznaniem schizofrenii*. Warsaw: Institute of Psychiatry and Neurology; 2008.
9. Angermeyer MC, Matschinger H. *Social distance towards the mentally ill: results of representative surveys in the Federal Republic of Germany*. Psychol. Med. 1997; 27: 131–141.
10. Link BG, Cullen FT, Frank J, Wozniak JF. *The social rejection of former mental patients: understanding why labels matter*. Am. J. Sociol. 1987; 92: 1461–1500.
11. Borinstein AB. *Public attitudes toward persons with mental illness*. Health Affairs 1992; 11: 186–196.
12. Sartorius N, Goebel W, Cleveland HR, Stuart H, Akiyama T, Arboleda-Florez J. et al. *WPA guidance on how to combat stigmatization of psychiatry and psychiatrists*. World Psychiatry 2010; 9: 131–144.
13. Dyduch A. *Postawy pracowników opieki zdrowotnej wobec osób chorych na schizofrenię. Rozprawa na stopień doktora nauk medycznych*. Lublin: Medical University of Lublin; 2008.
14. Üçok A, Polat A, Sartorius N, Erkoç S, Atakli C. *Attitudes of psychiatrists toward patients with schizophrenia*. Psychiatry Clin. Neurosci. 2004; 58: 89–91.
15. Jorm AF, Korten AE, Jacomb PA. *Helpfulness of interventions for mental disorders: beliefs of health professionals compared with the general public*. Br. J. Psychiatry 1997; 171(3): 233–237.
16. Wciórka B, Wciórka J. *Polacy o schizofrenii i chorych na schizofrenię. Opinie i diagnozy*. Warsaw: CBOS; 2002.
17. Wciórka B, Wciórka J. *Osoby chorujące psychicznie w społeczeństwie. Komunikat z badań*. Warsaw: CBOS; 2008.
18. Kaszyński H, Cechnicki A. *Polscy pracodawcy wobec zatrudniania osób chorujących psychicznie*. Psychiatr. Pol. 2011; 45(1): 45–60.
19. Cohen P, Cohen J. *The clinician's illusion*. Arch. Gen. Psychiatry 1984; 41: 1178–1182.

20. Cechnicki A. *Schizofrenia – proces wielowymiarowy. Krakowskie prospektywne badania przebiegu, prognozy i wyników leczenia schizofrenii*. Habilitation thesis. Warsaw: Institute of Psychiatry and Neurology, 2011.
21. Grausgruber A, Meise U, Katschnig H, Schöny W, Fleischhacker WW. *Patterns of social distance towards people suffering from schizophrenia in Austria: a comparison between the general public, relatives and mental health staff*. *Acta Psychiatr. Scand.* 2007; 115(4): 310–319.
22. Martin JK, Pescosolido BA, Tuch SA. *Of fear and loathing: the role of „disturbing behaviour”, labels and causal attributions in shaping public attitudes toward people with mental illness*. *J. Health Soc. Behav.* 2000; 41: 208–223.

Address: Andrzej Cechnicki  
Department of Community Psychiatry  
Chair of Psychiatry  
Jagiellonian University Medical College  
31-115 Kraków, pl. Sikorskiego Street 2/8