

## **Assessment of attitudes towards people with mental disorders among medical students – preliminary report**

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### **Summary**

**Aim.** The aim of the study was to assess attitudes towards people with mental disorders.

**Method.** The survey was carried out in a group of 93 students of the fifth year of medical studies, medical faculty, including 59 women and 34 men, aged  $24.34 \pm 1.28$  years.

**Results.** In the conducted research, personal contact with a psychiatrist due to problems with their own mental health was declared by 23% of respondents. The choice of psychiatry as a field of specialization was declared by 19% of students. In the analysis of the questionnaire on beliefs, as many as 83% of respondents considered that mental illness is a cause for shame. At the same time, 81% of respondents would consult a psychiatrist if someone from their relatives suggested it, and 54% saw no problem in informing their friends about this fact. When asked about the use of electroconvulsive therapy, 88% of respondents answered that it is still a method used in specific indications in the field of mental illness. Analyzing the attitude of the respondents to treatment, it was shown that as many as 80% of people believed that compulsory hospitalization was right. It should be emphasized that only 31% of the surveyed students thought that people with mental disorders should decide to have offspring, and 36% of people thought that mentally disturbed people would not be good as parents. As many as 30% of respondents believed that people with mental disorders more often commit crimes than healthy people, and 42% of students had no strong opinion in this aspect. In the study group, 15% of people stated that psychotropic drugs were mainly used to control aggressive behavior, and 58% indicated that they were addictive.

**Conclusions.** The results of the research suggest the necessity of expanding knowledge and shaping appropriate attitudes towards people with mental disorders among future doctors.

**Key words:** students, knowledge about mental disorders, beliefs

## Introduction

Over the last few decades, there has been intensive progress in the development of many fields of medicine, including psychiatry. The spectacular development in the field of pharmacology has provided significant opportunities to improve the quality of life of patients with various mental disorders. At the same time, the fast pace of life and high social demands may be one of the reasons for the constant increase in mental disorders, especially anxiety and depression [1, 2]. The epidemiological assessment of psychiatric disorders and the availability of psychiatric health care under the EZOP-Poland Program conducted in 2010–2011 showed that 23.4% of respondents declared at least one mental disorder in their life, with the highest percentage of neurotic disorders (9.6%) and substance use disorders (12.8%) [2]. Intensive social changes, constant development of psychiatric health care, as well as progress in the field of therapeutic possibilities of modern psychiatry seem not to be accompanied by changes in the social perception of people with mental disorders, psychiatry as a field of medicine and the attitude towards psychiatrists [3]. Most people find it difficult to distinguish between a psychologist, psychiatrist and psychotherapist, and the necessity of psychiatric treatment is still an unacceptable problem. Despite the recently intensified social movements promoting equality and tolerance towards otherness, social attitudes towards people with mental disorders are constantly full of negative stereotypes, and the centuries-old tradition of isolationism as a method of dealing with mental problems of community members only strengthens them.

It seems that psychiatry, as a branch of medicine in the recent period, is slowly emerging from the shadow of its often difficult and sometimes controversial history. The image of the psychiatric hospital presented in the movie *One Flew Over the Cuckoo's Nest* is happily less and less present in the minds of the younger generation. The increasing achievements of modern pharmacotherapy and the recognition of psychotherapy as an important field in the treatment of patients with mental disorders should significantly improve the image of modern psychiatry. The conducted information campaigns and educational programs aim to increase social awareness of mental disorders. At the same time, the negative influence on the perception of people with mental disorders is often created in the media [4, 5]. The ease of access to information present in the modern world, unfortunately, does not always mean its reliability and truthfulness.

The pilot program launched in 2018 to establish Mental Health Centers may have an impact on changing the social perception of people with mental disorders. Its goal, as Professor Wciórka writes, “is to pave the way for a systemic change consisting in an evolutionary transition from the type of assistance that often excludes socially, frees from real co-responsibility and often dehumanizes patients to environmental assistance that finds signs of humanity in mental health crises, engages the responsibility of local

communities, mobilizing their resources to restore people in need of proper help and participation” [6]. It would therefore seem that doctors, and previously medical students, who should have reliable and appropriate knowledge for their profession, should be one of the pillars of a positive change in the field of understanding and promotion of the right approach to people with mental disorders, and especially they should, although partially, be free from negative perceptions about these people.

Therefore, an attempt to evaluate the attitudes of medical students towards the mentally ill and to reflect on their determinants seems to be an important issue. These attitudes may play an important role in the therapeutic process of people with mental disorders, also in various fields of somatic medicine. Hidden negative beliefs may, in turn, be a source of iatrogenic interactions [7]. Considerations about the determinants of attitudes of medical students towards mentally ill people raise an interesting question as to whether they are currently shaped by reliable and modern knowledge acquired during medical studies, or whether they are to a greater extent shaped by social inheritance of stereotypes, in which the hidden negative beliefs about the mentally ill are passed down from generation to generation.

### **Aim**

The aim of the study was to assess attitudes towards people with mental disorders among medical students.

### **Material**

93 students of the fifth year of medical studies at the Medical University of Silesia took part in the project, including 59 women and 34 men aged 22–27 (mean age  $24.34 \pm 1.28$ ; median 24.00; modal value 24.00, middle range 22.00–30.00). The respondents were asked to complete research questionnaires on the first day of classes in the subject of psychiatry, just before their commencement.

The original assumptions of the research was to assess the relationship between knowledge in the field of psychiatry and beliefs about people with mental disorders. The study was designed as an assessment of the above-mentioned elements in a group of students before classes in psychiatry and one year after the classes in this subject. The intention of the researchers was not so much to assess whether the students had acquired an appropriate amount of knowledge, but rather to observe whether their beliefs had changed and whether the acquired knowledge was related to it. Unfortunately, the SARS-COV-2 virus pandemic in 2020 made it necessary to change the research plan. The inability to conduct classes in the field of psychiatry in a normal stationary mode, and at the same time the inability to acquire theoretical and, above all, practical knowledge based on contact with the patient, prevented the assessment of the acquired knowledge and possible changes in the attitudes presented among students. The col-

lected material was analyzed, treating the study as a preliminary report and a possible incentive for further exploration in this field.

### Methods

An original questionnaire consisting of three parts was used in the research. In the first part, demographic data were collected and the respondents were asked about contact with a psychiatrist, either in person or with someone from the family, and about the choice of psychiatry as a future specialization.

The second part of the questionnaire included 21 questions concerning knowledge in the field of psychiatry. The questions were constructed in such a way that the scope of the studied knowledge reflected the so-called general knowledge and was at a level that should be obtained by the person with higher education.

The third part of the survey concerned beliefs about people with mental disorders. Before starting the study, the questionnaire was made available to a group of 30 students of the 6<sup>th</sup> year of medical studies in order to obtain feedback on whether the structure of the questionnaire was understandable (the questionnaire is included in the appendix at the end of the article).

The Bioethics Committee of the Medical University of Silesia in Katowice agreed to conduct the research (PCN/022/KB/14/21).

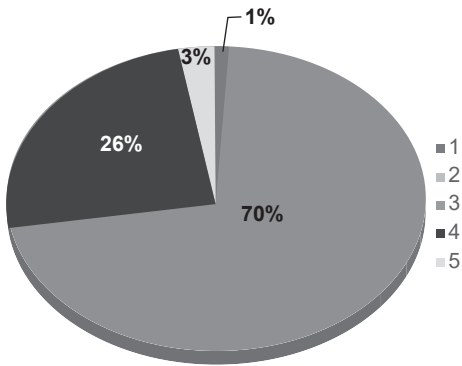
Descriptive statistics were used in the statistical analysis of the material – arithmetic mean, standard deviation and percentage distribution were used. Descriptive statistics were made in Statistica version 13.3, and charts in Excel 2016.

### Results

Among 93 students who filled in the questionnaires, 23% of respondents declared personal contact with a psychiatrist due to problems with their own mental health. In the question concerning the presence of mental disorders in the immediate family, 32% answered yes, 61% answered no, and 7% of the respondents had no knowledge about it. In the entire study group, the choice of psychiatry as a specialization was considered by 19% of respondents, 59% of the respondents strongly denied such a choice, and the remaining participants were undecided.

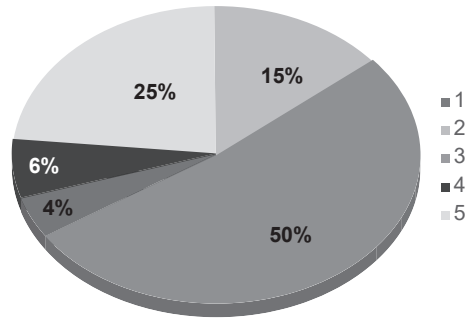
In the questionnaire examining knowledge in the field of psychiatry, 1 point was awarded for a correct answer (the answer “I do not know,” which was also a choice, was not scored). The respondents achieved a mean score of  $15.85 \pm 1.95$  points out of 21 possible points. Figures 1–5 show the analysis of five questions with answers that seem to be the most interesting from the authors’ point of view.

Table 1. presents the results obtained in the questionnaire examining the attitudes of students towards people with mental disorders and psychiatric treatment.



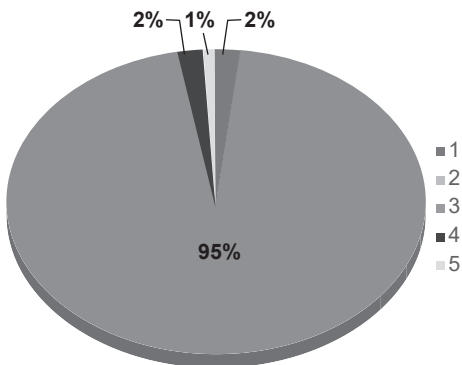
1 – yes; 2 – it is a disease, but not mental one; 3 – no; 4 – it is a disorder but not an illness; 5 – I do not know

Figure 1. Students' answers to the question "Is homosexuality a mental illness?"



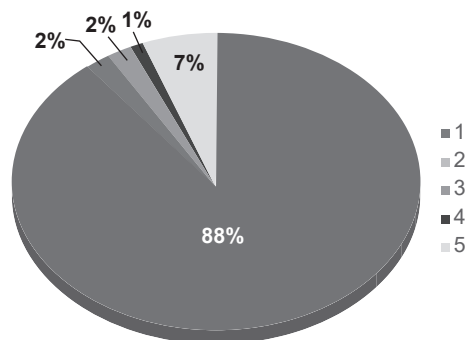
1 – yes, but only for the first visit; 2 – it is not needed; 3 – it is necessary after each treatment interrupted for more than one year; 4 – it is not necessary only in urgent cases; 5 – I do not know

Figure 2. Students' answers to the question "Is a referral necessary to start treatment in a mental health clinic?"



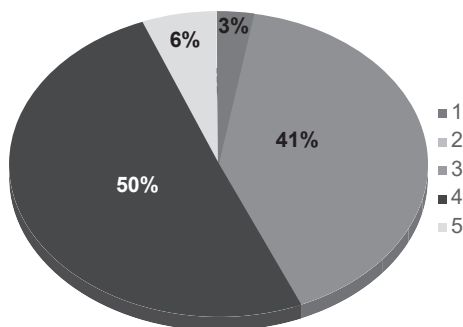
1 – yes, but only in people with a genetic predisposition; 2 – definitely yes; 3 – no, it is only psychologically addictive; 4 – it has no addictive properties; 5 – I do not know

Figure 3. Students' answers to the question "Is alcohol a physically addictive substance?"



1 – yes, in the relevant indications; 2 – no, this method is no longer used; 3 – It is a method used, but not in Poland; 4 – yes, but only in the USA; 5 – I do not know

Figure 4. Students' answers to the question "Is electroconvulsive therapy a still used treatment method in psychiatry?"



1 – no, there is no such effect; 2 – yes, it is psychologically addictive; 3 – yes, it is physically addictive, 4 – 2 and 3 are true; 5 – I do not know

Figure 5. Students' answers to the question "Is marijuana an addictive substance"

Table 1. Attitudes of students towards people with mental disorders and psychiatric treatment

Question	Yes	Rather yes	Rather not	No	I do not know
Would you go to a psychiatrist if someone close to you suggested it is necessary?	19 (21%)	57 (61%)	1 (1%)	2 (2%)	14 (15%)
Would you classify mental illness as one of the diseases that are usually hidden from other people as embarrassing?	34 (37%)	43 (46%)	6 (6%)	7 (8%)	3 (3%)
Do you think a person who becomes mentally ill has a chance of recovery?	23 (25%)	47 (50%)	11 (12%)	2 (2%)	10 (11%)
Do you see any positive aspects of contact with mentally ill people?	23 (25%)	46 (49%)	9 (10%)	1 (1%)	14 (15%)
Do you need campaigns expanding knowledge about people with mental disorders?	82 (88%)	9 (10%)	1 (1%)	0 (0%)	1 (1%)

*table continued on the next page*

Should a mentally ill person inform their friends about this fact?	10 (11%)	40 (43%)	17 (18%)	1 (1%)	25 (27%)
Can a person with mental disorders work under normal conditions?	30 (32%)	46 (50%)	4 (4%)	0 (0%)	13 (14%)
Question	I definitely would not have any objections	I would rather not have any objections	I would rather be against it	I would definitely be against it	I do not know
How would you react if it turned out that a person who used to have mental illness and received treatment in a psychiatric hospital is to become your boss?	4(4%)	17 (18%)	13 (14%)	6 (7%)	53 (57%)
Question	Yes	Rather yes	Rather not	No	I do not know
Should people with mental disorders decide to have children?	3 (3%)	26 (28%)	14 (15%)	5 (5%)	45 (49%)
Can people with mental disorders be good parents?	21 (22%)	39 (42%)	8 (9%)	0 (0%)	25 (27%)
Can children with mental disorders attend kindergarten/school with healthy children?	26 (28%)	49 (53%)	4 (4%)	0 (0%)	14 (15%)
Do you think people with mental disorders are trustworthy?	3 (3%)	50 (54%)	15 (16%)	0 (0%)	25 (27%)
Do people with mental disorders commit crimes more often than healthy people?	6 (6%)	22 (24%)	20 (22%)	6 (6%)	39 (42%)
Should mentally ill people be treated for somatic diseases in the same health care facilities as other patients?	38 (41%)	37 (40%)	12 (13%)	0 (0%)	6 (6%)

*table continued on the next page*

Should psychiatric departments be part of a multidisciplinary hospital or should they be separate units?	20 (21.5%)	41 (44%)	9 (10%)	3 (3%)	20 (21.5%)
Should people with mental disorders hospitalized in "somatic" wards due to somatic problems be treated in a special/different way?	6 (6%)	36 (39%)	34 (37%)	7 (7%)	10 (11%)
Mentally ill people often do not consent to hospitalization, do you think that compulsory hospitalization is right?	30 (32%)	45 (48%)	7 (8%)	1 (1%)	10 (11%)
Do you think psychotropic drugs are mainly used to control aggressive behavior?	0 (0%)	14 (15%)	37 (40%)	25 (27%)	17 (18%)
Do you think psychotropic drugs generally harm more than help?	0 (0%)	1 (1%)	31 (33%)	51 (55%)	10 (11%)
Do you think psychotropic drugs are addictive?	12 (13%)	42 (45%)	20 (22%)	3 (3%)	16 (17%)

## Discussion

According to the report of the Senate, 14.9% of Polish society are people with mental health problems, which gives us the third place in Europe with the EU average of 17.3% [8]. Even before the pandemic period, statistical data showed that 1.6 million Poles receive psychiatric treatment, which is approximately 4.36% of the Polish population. In our research, contact with a psychiatrist due to problems with their own mental health was declared by 23% of respondents, and 32% of respondents confirmed the presence of people with mental disorders in their families. This is a much larger percentage than in the general population. Perhaps this is due to the fact that they are young people and the contact with a psychiatrist is not as big a problem for them as it is for the generation of their parents, and as medical students they are more aware of their mental health problems and, at the same time, a greater need for treatment. For comparison, in the CBOS research, personal contact with a psychiatrist was declared



by 5% of respondents, and contact of a family member with this specialist was declared by 9% of respondents, with an upward trend in this respect over the years 2005–2012 [9]. At the same time, 19% of the surveyed 5<sup>th</sup> year medical students declared that they considered psychiatry as a potential specialization in the future, and the needs in this area are still enormous, taking into account the small number of psychiatrists in Poland (4.3 thousand psychiatrists and 465 are psychiatrists of children and adolescents) [10]. It should be highlighted that the study group consisted of students from the fifth year of studies before the psychiatry classes, so the indicator obtained in the study may change in two directions.

In the knowledge questionnaire, students were asked whether alcohol is a physically addictive substance – 95% of the respondents answered yes. On the other hand, when asked whether marijuana is an addictive substance, 50% of respondents answered that it is addictive physically and mentally, and 46% that only mentally. It seems that this result is important when addictions are ranked second, and according to some studies even first, in the ranking of mental disorders in Poland [2, 11]. In terms of knowledge about the necessity to have a referral to a psychiatrist, 50% of the respondents indicated that it is not necessary (it can be presumed that this is practical knowledge, which is often acquired only during the period of professional work). In a similar study conducted by Mazur et al. [12], 40% of respondents had knowledge about the possibility of visiting a psychiatrist without a referral.

The authors were surprised by the students' knowledge of electroconvulsive therapy, 88% of the respondents answered that it is still a method used in specific indications in the field of mental illness. In the studies by Mazur et al. [12], such knowledge was possessed by 36.7% of respondents. Attention should also be paid to knowledge about homosexuality. In the study group, 70% of students answered that it was not a disease, but 25% considered it to be a mental disorder. It seems that in the case of this question, beliefs could have influenced knowledge.

Shame over mental illness and a tendency to hide it may be a precursor to the process of stigmatization. An important consequence of the stigma and social exclusion of mentally ill people may be the worsening of the course of the illness itself. Negative, inadequate perception of mentally ill people delays the diagnostic and therapeutic process, which results in worse long-term prognosis and a lower level of social functioning and quality of life of the patient [13]. In the analysis of the questionnaire on beliefs, as many as 83% of respondents considered that mental illness is a cause for shame. A similar opinion was expressed by psychiatrists in a study by Kočański and Cechnicki [13], where 95% of the respondents considered mental illnesses as embarrassing [13]. This percentage is higher than in the general population, where in 2005–2012 it ranged between 73% and 75%. At the same time, the researchers emphasized that educated people, probably more aware of the phenomenon of stigmatization, are more convinced of the shamefulness of mental illness [9, 14]. Perhaps this fact should explain

the high percentage of affirmative answers to this question in the group of future doctors. Completely different results were obtained in the research carried out by Babicki et al. [15], where mental illnesses were considered embarrassing only by 19% of the respondents. Despite the belief that there is a certain stigmatization related to mental disorders, as many as 81% of students would consult a psychiatrist if it was suggested by someone close to them, and 54% saw no problem in informing their close friends about this fact, which is a much higher percentage than that obtained in the research by Mazur et al. (26.5%) [12]. Interestingly, in a Singapore study conducted by Picco et al. [16] 68.1% of the surveyed students stated that not turning to a psychiatrist for help may be even harmful.

A positive aspect in contact with people with mental disorders was declared by 74% of the respondents, 57% believed that people with mental disorders are trustworthy, which is a much higher percentage in relation to a study by Czochoła i Kurpas from 2011 [17], where only 14.3% would trust people with mental disorders – however, it was a study on a relatively small group [see also:18]. In the group of surveyed students, 87% would have no objection to their neighbors being a person with mental disorders, 81% believe that children with mental disorders can attend a kindergarten with healthy children, but only 22% would not mind that the person treated in a psychiatric hospital was to become their boss [15]. Similar opinions are formed in the general population. According to the CBOS survey from 2012 [19], 82% of respondents would not be disturbed by the fact of living in the neighborhood of a person with mental disorders, but only 43% would accept a person previously treated psychiatrically as their boss. In the study group of psychiatrists, 70.4% of respondents would agree to have a boss with mental disorders [13].

Willingness to entrust specific social roles can be considered a measure of social distance, which in turn decreases with the level of knowledge and frequency of personal contact [13, 20]. The fifth-year students who did not have the opportunity to acquire reliable knowledge passed on in psychiatry classes, and most of all did not have contact with patients treated for mental disorders, may present an attitude characterized by fear [21]. Research by da Roch Neto et al. [22] shows that social acceptance for people with mental disorders increases with the acquired knowledge. The measure of social distance may also be the acceptance of the presence of patients with mental disorders in health care facilities. Psychiatric wards operating within multidisciplinary hospitals not only provide comprehensive care to patients, but are also one of the elements of the process of transitioning psychiatric treatment from an outdated asylum model to modern, environmental forms of treatment organization. In the study, 65% of respondents believed that psychiatric departments should be part of a multi-specialist hospital and people with mental disorders should be treated in the same facilities as other patients (81%), while 45% of students believed that psychiatric patients should be treated in a special way.

In the study group, 75% of respondents believed that a person with mental disorders had a chance to recover and could work under normal conditions (82%). The belief in the possibility of recovery is an important element of the image of mentally ill people. The CBOS research conducted in 2005–2012 [19] shows that this issue remains unchanged. Still the majority of respondents (58%) in the general population are convinced that people with mental illness have a chance of recovery, and 29% believe that they will remain ill for the rest of their lives. However, each of these opinions was formulated in a vague manner, i.e. the answers “rather” prevailed [19]. In the study of the group of students, as in the CBOS studies, the answer “rather” is also dominant, which may be caused by the excessively general nature of the asked question (it was noticed by several respondents who emphasized the following remark in the questionnaire: “depending on the disease and its course”).

It should be emphasized that only 31% of the surveyed students believed that people with mental disorders should decide to have offspring, and 36% of people believed that mentally disturbed people would not be good as parents. This opinion among medical students may be motivated by the belief that diseases are conditioned by biogenetic basis, as well as the probable inappropriate relationship of the child with caregivers showing mental disorders [20, 23]. In the studies carried out by Kaparounaki et al. [24], 95% of Greek students stated that mental illnesses were rooted in upbringing and childhood, and 60% of the respondents pointed to the inheritance of mental illnesses.

An important observation for the assessment of students’ attitudes towards people with mental disorders is also the issue of the relationship between mental disorders and criminogenesis. As many as 30% of respondents believed that people with mental disorders more often commit crimes than healthy people, and 42% of students showed a lack of determination in this aspect. It is impossible not to emphasize the importance of stigmatization and its influence on the link between mental diseases and a tendency to commit crimes. Which, in turn, may significantly affect the chance of employment, establishing interpersonal relationships or functioning in society in general [25].

When analyzing the attitude of the respondents to treatment, it can be observed that 80% of the respondents believed that compulsory hospitalization is in general, a right procedure. The result obtained in our study is comparable to the opinion that the public held in 1996. In 2012, such a view was expressed by only 75% of respondents [19]. At the same time, 30.3% of medical personnel, including psychiatrists, considered compulsory psychiatric hospitalization as a necessary element of treatment [23]. In Poland, hospitalization without consent is possible in a few situations, strictly defined by the Act on the Protection of Mental Health. Perhaps the high result of affirmative responses in this regard in the studied group was caused by a deficit of knowledge regarding the legal conditions of such a decision.

In our analysis, 15% of respondents stated that psychotropic drugs are mainly used to control aggressive behavior, 58% that they are addictive, and only 1% that they generally harm more than help. The high percentage of people who consider psychotropic drugs to be addictive can be explained by a knowledge deficit in this area, but it can also be caused by an imprecise question (several respondents included the comment “it depends what kind of drug”). What is disturbing is the opinion that as many as 15% of medical students believe that they are mainly used to suppress aggressive behavior.

Despite the popularization of knowledge about mental illnesses, especially about their biological model, and the increasing acceptance of psychiatric treatment, a significant part of the society perceives the mentally ill in a negative way, and this attitude has not changed significantly for years [5]. The analysis of the collected survey material showed that the majority of participants in the study accepted the participation and active presence of patients in public space, while believing that mental illness is still a source of shame. However, in relation to their own personal space, they did not agree to cooperate with the people with mental illness in a common workplace. The attitude regarding the appropriateness of using psychiatric hospitalization without consent also seems to be controversial. The obtained results can be explained by a knowledge deficit, and perhaps also by an attitude marked by an affective component, oscillating mainly around feelings related to anxiety towards the mentally ill.

It seems that reliable knowledge passed on to students during classes in psychiatry, and above all, the possibility of contact with people with mental disorders, may reduce anxiety and constitute the first step to a breakthrough in attitudes and prejudices towards mentally ill people and thus counteract stigmatization and discrimination against psychiatric patients [17, 26, 27]. It also seems important to broaden the knowledge of mentally ill people, to emphasize the aspect of identity and individuality, taking into consideration the patient as an individual, and not as a group of people who are linked by one illness or disorder. It is not the illness, but the current functioning of the individual that determines the range of activities that can be undertaken. Therefore, even within one diagnosis, it is important to differentiate the level of social and individual functioning. The key in psychiatry is avoiding the use of generalizations and the need to educate the young generation of doctors in terms of stigmatizing patients and creating appropriate attitudes in them – including the right language. It is unacceptable to use notions like “schizophrenic” (*schizofrenik*), “autistic” (*autystyk*) even unequivocally considered pejorative. Language creates the reality, also the psychiatric one, and it should be given special attention also in the teaching process. In this context, courses which educate students of medicine in the field of psychology, including those concerning negative beliefs and prejudices, as well as their iatrogenic nature, may also prove to be important [28].

### Work restrictions

Work has several important limitations. First of all, the study was conducted on a limited number of respondents. The lack of a control group made it impossible to use more advanced statistical analysis, and thus made the formulation of conclusions more difficult. Moreover, a non-standardized research tool was used, in which the authors did not avoid some excessive generalizations in the construction of questions and statements.

### Conclusions

The results of the research suggest the need to expand knowledge and shape the right attitudes among future doctors.

A declaration of readiness to undertake psychiatric treatment among the young generation may be one of the manifestations of a positive change in beliefs regarding mental disorders.

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**ATTACHMENT****Knowledge Assessment Questionnaire**

1. Delusions are a disorder of
  - a. thinking;
  - b. perception;
  - c. behavior;
  - d. emotions;
  - e. I do not know
2. Is schizophrenia a chronic disease that requires pharmacological treatment?
  - a. no, it can be treated with psychotherapy;
  - b. yes, the method of choice is pharmacotherapy;
  - c. no, it resolves spontaneously;
  - d. no, it can be treated with hypnosis;
  - e. I do not know
3. Is alcohol a physically addictive substance?
  - a. yes, but only in people with a genetic predisposition;
  - b. definitely yes;
  - c. no, it is only psychologically addictive;
  - d. it has no addictive properties;
  - e. I do not know
4. Should patients with symptoms of mental illness always be hospitalized?
  - a. always, the illness requires treatment in a hospital setting;
  - b. depending on the patient's condition, some patients may be treated on an out-patient basis;
  - c. only when they give their consent;
  - d. whenever the family agrees;
  - e. I do not know
5. The method of choice in the treatment of alcohol dependence syndrome is:
  - a. psychotherapy;
  - b. disulfiram;
  - c. naloxone;
  - d. diazepam;
  - e. I do not know
6. Are mental illnesses diagnosed in children?
  - a. yes, but only in the group of adolescents;
  - b. no, mental illnesses are diagnosed after reaching adulthood;
  - c. yes, similar illness entities occur in children and adults;
  - d. children are not mentally ill;
  - e. I do not know



7. Is homosexuality a mental illness?
  - a. yes;
  - b. it is a disease, but not mental one;
  - c. no;
  - d. it is a disorder, but not an illness;
  - e. I do not know
8. Phototherapy is the method of choice in treatment of:
  - a. schizophrenia;
  - b. seasonal depression;
  - c. addiction to opiates;
  - d. obsessive-compulsive disorders;
  - e. I do not know
9. Sigmund Freud is a creator of:
  - a. behavioral therapy;
  - b. psychoanalysis;
  - c. psychodrama;
  - d. cognitive therapy;
  - e. I do not know
10. Direct coercion is used in the case of:
  - a. the mentally ill or mentally retarded;
  - b. people dangerous to the environment;
  - c. patients treated in a psychiatric hospital;
  - d. addicted people;
  - e. I do not know
11. Which factors may influence the risk of dementia?
  - a. age;
  - b. family history of Down syndrome;
  - c. late onset of depression;
  - d. only a and b;
  - e. all
12. Can a patient be admitted to a psychiatric hospital without his/her consent?
  - a. yes, always;
  - b. never, consent is always required;
  - c. yes, in exceptional life or health-threatening situations;
  - d. only when the family also agrees;
  - e. I do not know
13. Persistently intrusive thoughts or images or actions that are repeated over and over again are:
  - a. delusions;
  - b. hallucinations;

- c. compulsions;
  - d. delusions;
  - e. I do not know
14. The main symptoms of depression do not include:
- a. depressed mood;
  - b. anhedonia;
  - c. disturbances in biological rhythms;
  - d. the answer b and c is true;
  - e. I do not know
15. The appearance of anxiety and somatic symptoms during social interactions is:
- a. agoraphobia;
  - b. social phobia;
  - c. panic attack;
  - d. dysthymia;
  - e. I do not know
16. Is electroconvulsive therapy a still used treatment method in psychiatry?
- a. yes, in the relevant indication;
  - b. no, nowadays this method is no longer used;
  - c. It is a method used, but not in Poland;
  - d. yes, but only in the USA;
  - e. I do not know
17. The diagnosis of the attention deficit hyperactivity disorder (ADHD) requires the presence of attention deficit disorder, excessive activity and:
- a. impulsivity;
  - b. memory disorders;
  - c. low intellectual performance;
  - d. anxiety;
  - e. I do not know
18. The estimated prevalence of schizophrenia in the population is:
- a. 1%;
  - b. 2%;
  - c. 3%;
  - d. 4%;
  - e. I do not know
19. The group of naturally occurring substances in cannabis is:
- a. methamphetamines;
  - b. benzodiazepines;
  - c. cannabinoids;
  - d. opioids;
  - e. I do not know

20. Is marijuana an addictive substance?
  - a. no, there is no such effect;
  - b. yes, it is psychologically addictive;
  - c. yes, it is physically addictive;
  - d. b and c are true;
  - e. I do not know
21. Is a referral necessary to start treatment in a mental health clinic?
  - a. yes, but only in the case of the first visit;
  - b. it is not needed;
  - c. it is necessary after each treatment interrupted for more than a year;
  - d. it is not necessary only in urgent cases;
  - e. I do not know

### **Belief Assessment Questionnaire**

1. Would you go to a psychiatrist if someone close to you suggested it is necessary?
  - a. yes;
  - b. rather yes;
  - c. rather no;
  - d. no;
  - e. I do not know
2. Would you classify mental illness as one of the diseases that are usually hidden from other people as embarrassing?
  - a. yes;
  - b. rather yes;
  - c. rather no;
  - d. no;
  - e. I do not know
3. Do you think a person who becomes mentally ill has a chance of recovery?
  - a. yes;
  - b. rather yes;
  - c. rather no;
  - d. no;
  - e. I do not know
4. Do you see any positive aspects of contact with mentally ill people?
  - a. yes;
  - b. rather yes;
  - c. rather no;
  - d. no;
  - e. I do not know

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5. Do you need campaigns expanding knowledge about people with mental disorders?
    - a. yes;
    - b. rather yes;
    - c. rather no;
    - d. no;
    - e. I do not know
  6. Should a mentally ill person inform their friends about this fact?
    - a. yes;
    - b. rather yes;
    - c. rather no;
    - d. no;
    - e. I do not know
  7. Can a person with mental disorders work under normal conditions?
    - a. yes;
    - b. rather yes;
    - c. rather no;
    - d. no;
    - e. I do not know
  8. How would you react if it turned out that a person who used to have mental illness and received treatment in a psychiatric hospital is to become your boss?
    - a. I definitely would not have any objections;
    - b. I would rather not have any objections;
    - c. I would rather be against it;
    - d. I would definitely be against it;
    - e. I do not know
  9. Should people with mental disorders decide to have children?
    - a. yes;
    - b. rather yes;
    - c. rather no;
    - d. no;
    - e. I do not know
  10. Can people with mental disorders be good parents?
    - a. yes;
    - b. rather yes;
    - c. rather no;
    - d. no;
    - e. I do not know
  11. Can children with mental disorders attend kindergarten/school with healthy children?
    - a. yes;

- b. rather yes;
  - c. rather no;
  - d. no;
  - e. I do not know
12. Do you think people with mental disorders are trustworthy?
- a. yes;
  - b. rather yes;
  - c. rather no;
  - d. no;
  - e. I do not know
13. Do people with mental disorders commit crimes more often than healthy people?
- a. yes;
  - b. rather yes;
  - c. rather no;
  - d. no;
  - e. I do not know
14. Should mentally ill people be treated for somatic diseases in the same health care facilities as other patients?
- a. yes;
  - b. rather yes;
  - c. rather no;
  - d. no;
  - e. I do not know
15. Should psychiatric departments be part of a multidisciplinary hospital or should they be separate units?
- a. yes;
  - b. rather yes;
  - c. rather no;
  - d. no;
16. Should people with mental disorders hospitalized in “somatic” wards due to somatic problems be treated in a special/different way?
- a. yes;
  - b. rather yes;
  - c. rather no;
  - d. no;
  - e. I do not know
17. Mentally ill people often do not consent to hospitalization, do you think that compulsory hospitalization is right?
- a. yes;
  - b. rather yes;

- c. rather no;
  - d. no;
  - e. I do not know
18. Do you think psychotropic drugs are mainly used to control aggressive behavior?
- a. yes;
  - b. rather yes;
  - c. rather no;
  - d. no;
  - e. I do not know
19. Do you think psychotropic drugs generally harm more than help?
- a. yes;
  - b. rather yes;
  - c. rather no;
  - d. no;
  - e. I do not know
20. Do you think psychotropic drugs are addictive?
- a. yes;
  - b. rather yes;
  - c. rather no;
  - d. no;
  - e. I do not know