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Stigmatisation of Mental Illness and its Impact on Recruitment of Medical Students to a Career in Psychiatry

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The stigmatisation of mental illness in Australian and other Western societies is now well documented. This article presents a description of the 'stigmatisation' problem associated with mental illness, and discusses the impact that this problem has had on the demand for Psychiatry as a career. The approach taken at UWA to address the 'recruitment crisis' through the use of innovative teaching strategies is then described. Preliminary evidence on the efficacy of the approach is also presented. These strategies may provide a model for other universities making effort to bolster the numbers of medical students who pursue careers in Psychiatry.

Introduction

Goffman, in his classic 1963 work, defined stigma as "any attribute, trait or disorder that marks the person as being unacceptably different from the 'normal' people with whom the person usually interacts and that elicits some form of community sanction" (Goffman, 1963) There are a number of medical disorders and conditions that are subject to stigmatising and discriminatory attitudes. These include HIV, sexually transmitted diseases, epilepsy, Parkinson's Disease and obesity. As well as illnesses, people with disabilities, genetic conditions, 'abnormal' or disfiguring physical features and intellectual or cognitive impairments also suffer from stigma. Negative attitudes arise from differences portrayed by individuals with certain conditions as compared against a perceived society norm that is often perpetuated by the media, public opinion and values and social interactions (Ablon, 2002). Derogatory views towards these particular medical conditions adversely affects

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sufferers and their families alike, with differences often regarded as deviances and weakness of character. The implications of stigma on an individual's self image, self respect and confidence can be far reaching and impact on many aspects of life including education, employment and relationships (Ablon, 2002).

While stigma towards a number of illnesses, disorders and impairments exists, perhaps the most stigmatised of all medical conditions are mental illnesses. This paper will discuss some of the consequences of stigma towards mental illness from a consumer perspective, and describe sources of stigmatisation and discrimination in the community. The impact of attitudes towards psychiatry as a career for medical students, and their effect on the recruitment of students to a career in psychiatry will be discussed. Finally, programmes that aim to raise community awareness of mental illness stigma, and description of an innovative programme implemented at the University of Western Australia in 2008 as a means of increasing the number of students interested in a career in psychiatry will be described.

Stigma and Mental Illness

Johnstone states that 'people suffering from mental illness and other mental health problems are among the most stigmatised, discriminated against, marginalised, disadvantaged and vulnerable members of society' (Johnstone, 2001). Stigma can impact on the lives of mental health consumers in a number of different ways. These include firstly, their experiences of stigma, for example, hurtful or offensive comments about mental illness, being shunned or avoided, and negative portrayals of mental illness by the media and secondly, experiences of discrimination which include problems with employment, workplaces and the insurance industry (Wahl 1999). Sources of stigma are varied and come from the general community, friends, family members, and mental health care professionals. For consumers stigma can result in a variety of different emotional reactions such as anger, hurt, sadness, and discouragement, some of which have long-term consequences for sufferers (Wahl, 1999). Stigmatisation can also result in feelings of isolation, guilt, embarrassment, negative attitude towards help seeking,

poor adherence to medications and prevention from recovery (Dinos, Stevens, Serfaty, Weich, & King, 2004; Sirey et al., 2001).

For people whose lives have been affected by depression, the consequences of stigma and lack of awareness of depression as an illness were found to be a major theme among participants of community meetings and focus groups (McNair, Highet, Hickie, & Davenport, 2002). Two of the most significant areas of concern to arise from this qualitative study involved discrimination in the provision of mental health services which resulted in negative experiences of accessing care when needed, and discrimination in the workplace which acted as a barrier to wider social participation. A survey by Thornicroft and colleauges found that for people with schizophrenia, the most common areas of negative discrimination were making or keeping friends, discrimination by family members, finding and keeping a job and difficulties in intimate relationships (Thornicroft, Brohan, Rose, Sartorius, & Leese, 2009). Hocking identifies the media as a main source of myths and misconceptions about schizophrenia, and notes that people with schizophrenia are almost always depicted as violent and having a 'split personality' (Hocking, 2003).

Raising Community Awareness of Stigmatisation Towards Mental Illness

Addressing stigmatisation and discrimination towards mental illness can be undertaken on a number of different levels. Over the last few decades strategies and programmes have been developed globally that aim to overcome discrimination and negative stereotyping of mental illness and reduce the impact on those who suffer from these illnesses. Corrigan and Penn identified three core approaches that can be targeted in anti-stigma campaigns – protest, education and contact (PW. Corrigan & Penn, 1999). Protest incorporates strategies such as allowing people to lodge complaints about stigmatising media reports; education aims to provide a range of resources, leaflets and programmes to both the general public and specific sectors such as police officers and government employees so they can make more informed decisions about mental health; and contact by the general public with people who have mental illness may decrease stigma and

discrimination by breaking down barriers and improving attitudes. Implementation of these approaches into specific anti-stigma activities can include public presentations, training workshops, drama and creative expressions, activities undertaken by small businesses such as cafes, courier and delivery companies and community events such as music festivals and radio programmes (Estroff, Perm, & Toporek, 2004).

The media is an important player in providing information upon which the public base their views and opinions, and is influential in shaping social attitudes. As well as perpetuating stigma towards mental illness through inappropriate and biased reporting and stereotyping, the media can also play a central role in raising community awareness and portraying a more positive image of mental illness (Stout, ViUegas, & Jennings, 2004). In Australia this has been recognised by the Federal Government with the establishment in 2000 of the Mindframe National Media Initiative. This comprehensive strategy focuses on how mental illness is depicted in the media with the aim of encouraging responsible, accurate and sensitive portrayals of mental illness and suicide (Mindframe.)). The Initiative has developed a number of resources which includes guidelines for media professionals for the reporting of suicide and mental illness and the SANE Stigma Watch (Sane, 2011). In common with media watch programmes in other countries, StigmaWatch provides the community with an opportunity to act on concerns about stories in the print media as well as television, film and advertising industries, which stigmatise people with mental illness or inadvertently promote self-harm or suicide. Anyone who comes across a media report that stigmatises mental illness or suicide can lodge an online report providing details of the incident. If the report is found to be inappropriate, StigmaWatch informs the media outlet of the reasons for the complaint, and encourages the amendment or removal of the item. Conversely, Good News Stories can also be reported. In 2009/2010, 198 StigmaWatch reports and 40 Good News Stories were received (Sane, 2011).

In New Zealand, the Like Minds, Like Mine project, funded by the Ministry of Health was established in 1997 to counter stigma and discrimination associated with mental illness (Like Mind, 2011). Key

elements of this programme were the active involvement of people with experience of mental illness, and mass media, communications and community action. A range of activities have been implemented including training programmes for mental health consumers to work as educators; education and training workshops; and a national media campaign incorporating advertising and documentary components. Since 2000 there has been an increasing involvement, including leadership and input into the overall strategic direction of the project, from people with mental illness. The media component was evaluated with results showing increases in attitudes and acceptance towards people with mental illness and a greater understanding of issues faced by them (Vaughan & Hansen, 2004).

Stigma and Discrimination of Mental Illness by Healthcare Providers

Stigmatising attitudes towards mental illness have been identified in healthcare services, both in general and mental health systems. Corrigan describes mental illness as a barrier to receiving appropriate care and this has been demonstrated in several studies (P. Corrigan, Markvwitz, & Watson, 2004). In their extensive study of the physical health of the mentally ill, Lawrence and colleagues found that the mortality rate due to ischemic heart disease was almost twice as high in mental health consumers compared to the general population (Lawrence, Holman, Jablensky, & Hobbs, 2003). The study also found that the rate of revascularisation procedures was significantly lower among patients with a diagnosis of dementia, schizophrenia and affective disorders.

However, it is not just within the general health care system that discrimination exists. The impact of stigma and negative attitudes towards mental health consumers in the mental health services has been identified in a number of studies. This can arise both from the 'system' that often fails to meet the needs of people with mental illness, and from the attitudes of professionals working in the provision of these services. From a patient perspective, being treated with respect is important, but often a sense of worthlessness is felt from the treatment received (Lilja & Hellzén, 2008). Negative attitudes of health

professionals towards mental illness may be a causal factor in these perceptions. A survey by Jorm and colleagues (1999) explored the attitudes of mental health professionals (psychiatrists, GPs and clinical psychologists) and the general public towards mental disorder (Jorm, Korten, Jacomb, Christensen, & Henderson, 1999). The study used two vignettes, one depicting depression, the other schizophrenia and developed a scale to measure respondent attitudes towards long term functioning, outcomes and prognosis for the scenarios described in the vignettes. The main findings of the study were firstly, that health professionals rated long term outcomes for depression and schizophrenia more negatively than the public, and secondly that they believed discrimination to be more likely among these patients (Jorm, et al., 1999).

A similar study undertaken in South Australia had comparable results (Hugo, 2001). For the schizophrenia scenario, mental health professionals were found to be less optimistic about prognosis and recovery compared with the general public, but there were no differences for the depression scenario. In this study, professional groups (mental health nurses, medical officers, psychiatrists, and allied staff) expressed similar views, however, Jorm's study found that attitudes of psychiatrists were more negative compared with GPs and clinical psychologists, who were the most positive. While mental health professionals may have a more realistic and educated perspective of mental illness compared with the public, it remains possible that these attitudes could in part explain the negative portrayal of the healthcare system that many people with mental illness express (Jorm, et al., 1999).

The Effect of Stigma on Recruitment of Medical Students to a Career in Psychiatry

Negative attitudes towards mental illness are also evident among medical students and this has a detrimental impact on views of psychiatry as a discipline as well as longer term career making decisions. In common with other Western countries over the last few decades, psychiatry has been a less popular career choice compared with other medical specialties for both Australian and international

medical students (Brockington & Mumford, 2002; Malhi et al., 2002). Since the late seventies, the numbers of medical students and junior doctors choosing psychiatry as a career have declined, leading to a shortage of psychiatrists working in the health care system (Goldacre, Turner, Fazel, & Lambert, 2005; Newton & Grayson, 2003; Sierles & Alan, 1995).

The process of training future psychiatrists begins in medical school. It is important that psychiatric educators are aware of the extent and consequences of stigmatisation towards mental illness so that teaching resources to effectively address these issues and encourage open discussion among students can be developed. All medical courses provide students with some teaching in the areas of psychiatry, neurosciences and behavioural sciences. The amount of time devoted to this in curricula varies considerably between universities. At the University of Western Australia, students currently receive several two to three week modules in behavioural science and introductory psychiatry during the pre-clinical years (years 1-3). In Year 4 they undertake an eight week clinical rotation in psychiatry and a further five weeks in Year 6. However, regardless of the amount of time allocated to teaching psychiatry, students in some medical schools tend to be unenthusiastic towards it throughout their training and regard it as a less popular career choice compared with other medical specialties. (Brockington & Mumford, 2002).

While there are some factors that attract students to a career in psychiatry, negative factors outweigh positive attitudes. On the positive side, students have the perception that psychiatry is an intellectually challenging, dynamic and stimulating area of specialisation; there is more time available to spend talking with patients; patients can be treated as individuals; and that a career in psychiatry would provide a controllable lifestyle with good work/life balance, and opportunities for subspecialisation (Cutler, Alspector, Harding, Wright, & Graham, 2006; Lee, Kaltreider, & Crouch, 1995; Malhi, et al., 2002; Niedermier, Bornstein, & Brandemihl, 2006; Scott, 1986; Wigney & Parker, 2008).

Conversely, negative perceptions of psychiatry are that it lacks a scientific foundation; that it is depressing and frustrating and has no

skill base. Patients are seen as being dangerous and violent and emotionally draining; and treatments are ineffective. It is regarded as a second rate specialty by some and not part of mainstream medicine. Also, there is a perception that psychiatrists are less respected than other specialists (Brockington & Mumford, 2002; Cutler, et al., 2006; Lee, et al., 1995; Malhi, et al., 2002; Rajagopal, Rehill, & Godfrey, 2004; Sierles et al., 2003).

The Need for Innovative Teaching Strategies in Psychiatry for Medical Students

Recruitment of doctors to psychiatry training courses is a growing challenge in Australia and overseas. While medical students are often enthusiastic about psychiatry clerkships and rotations (Fischel, Manna, Krivoy, Lewis, & Weizman, 2008; Galka et al., 2005), it is often a complex mix of circumstances and conditions that ultimately predicts career choice (Scott, 1986). Teaching quality within individual schools and departments and positive elective experiences are important factors in the recruitment of students to psychiatry training courses (Fischel, et al., 2008; Manassis, Katz, Lofchy, & Wiesenthal, 2006). In order to foster more positive views of psychiatry, innovative teaching methods, and opportunities to expose students to the diversity and range of specialisation are needed (Feldmann, 2005).

The Claassen Institute of Psychiatry for Medical Students

As a means of promoting psychiatry as a viable career option and de-stigmatising mental illness to medical students, the School of Psychiatry and Clinical Neurosciences at the University of Western Australia set up the Claassen Institute of Psychiatry for Medical Students (the Institute) in 2008. The Institute is an innovative programme that comes under the governance of the ROSETTA group within our School and is modelled on a successful programme that has been running at the University of Toronto since 1994 (Lofchy, Brunet, & Silver, 1999). It aims to provide students who are interested in psychiatry as a career with the opportunity to experience an extended view of the discipline through a wide range of seminars and elective sessions, and explore the diversity of psychiatric subspecialties. Students in the clinical years of the course who are ‘decided’ and those

who are 'undecided' about psychiatry are encouraged to apply to attend the week long programme which is held in June. Places are limited to 20, which allows close interaction between students and presenters and enables students to build up camaraderie between themselves as the week progresses. The Institute is widely supported by psychiatrists, registrars and a wide range of mental health professionals in Perth, Western Australia.

The Institute programme

Three seminars are held each morning. The seminars cover a wide range of topics including psychotic, mood and anxiety disorders; women's mental health; forensic psychiatry; child and adolescent psychiatry; eating disorders; and research and the future of psychiatry.
On Monday, Tuesday and Wednesday afternoons students attend a clinical elective session in groups of three. These sessions enable students to gain an insight into a variety of community and hospital based local mental health service providers in the Perth metropolitan area. The aim is to provide an insight of the specific service, how it is delivered to those who need it, the professionals involved in service delivery, and the type of clients who access the service. Examples include a mother and baby unit, a mental health carers' organisation, a sexual assault referral centre and residential accommodation providers for people with schizophrenia and mental illness.

Morning tea and lunch are provided for students each day and there is a formal dinner midweek attended by students and presenters involved in the programme. At one of the lunches we invite registrars currently in training to come and chat informally to the students, and at another we invite several consultants, also to chat to students about their working life. This enables students to gain a range of different perspectives of psychiatry as a career and gives them a real world feel for what working as a psychiatrist entails.

Evaluation of the Institute

Evaluation is an important aspect of the Institute. It enables its effectiveness in raising student's level of knowledge and interest of different areas of psychiatry and the extent to which career decisions

are influenced to be measured. It also provides us with valuable feedback and ideas for improvement in future years.

All students participate in evaluation by completing questionnaires throughout the week. This includes a baseline questionnaire (Day 1) at the beginning of the week, a follow-up on the final day (Day 5) and a daily questionnaire to assess each day's seminars and elective sessions. Questions are rated on a scale 1-10, where one indicates low knowledge/interest and ten indicates high knowledge/interest. Opportunities for qualitative comments are provided.

Since 2008, 50 students have attended (19 male, 31 female); mean age 27 years; age range 20-46 years. The mean scores for knowledge and interest in psychiatry and neuroscience all increased from baseline (Day 1) to follow-up (Day 5). Paired samples *t*-tests were highly significant.

Table 1. Changes in interest and knowledge of psychiatry and neuroscience

	Baseline Mean (*SD*)	Follow-up Mean (*SD*)	*t*	*p*-value
Interest in psychiatry	7.5 (1.2)	8.6 (1.4)	-5.371	<0.001
Knowledge of psychiatry	5.7 (1.2)	7.3 (1.0)	-10.312	<0.001
Interest in neurosciences	6.5 (1.8)	7.6 (1.6)	-5.259	<0.001
Knowledge of neurosciences	4.2 (1.4)	6.2 (1.5)	-11.593	<0.001

The mean score for the degree to which students were considering a career in psychiatry increased from 7.9/10 at baseline to 8.3 at follow-up. The number of students definitely considering a career in psychiatry (those who scored the question as 8, 9, or 10/10) rose by 38% from 26 students at baseline to 36 at the end of the week.

At baseline, students were asked to list some thoughts about people with mental illness. Their comments demonstrate a high awareness of issues faced by people with mental illness and societal attitudes towards them. The following is a representative selection of their comments:

- They are still unfairly stigmatised
- Are individuals and have individual needs
- I feel these people are taboo and not well understood by other members of society

- Disadvantaged/poorly represented section of the population
- They suffer in silence
- Not appreciated as having a 'real' illness
- People who desperately need help but faced with social stigma
- They have to deal with a lot of stigma
- They are under recognised, misunderstood, mistreated and we need greater education and understanding to help them
- They need extra help and support and to know that they are not alone

While the students who attend the Institute are a self selected group who have expressed an interest in psychiatry and may not be representative of the student cohort as a whole, it nonetheless demonstrates the impact that a well designed, innovative programme can have on the understanding that students have of psychiatry and neuroscience and their willingness to pursue psychiatry as a career. It also provides useful insight in to the attitudes of a motivated group of students who, should they ultimately choose psychiatry as a career, have the potential to advocate for patients and participate in the destigmatisation of mental illness.

Conclusion

Stigma and discrimination towards people with mental illness is pervasive and has negative impacts and consequences on those who suffer from these illnesses. In Australia there has been support for de-stigmatisation efforts at a Federal level with the introduction of Mindframe National Media Initiative and other countries have funded similar destigmatisation programmes. Research shows that it is possible to raise awareness at a community level and change public views, however, these efforts need to be sustained in order to prevent the positive benefits from wearing off over time.

Unfavourable attitudes towards psychiatry also exist among medical students. Negative portrayals of patients with mental illness, and psychiatry as a profession have been found in many surveys. An innovative programme initiated at UWA has been successful in improving attitudes towards psychiatry and provides evidence of the

success that an educational strategy implemented and supported by psychiatric educators can have.

There is no one strategy to reduce stigma towards mental illness. It is likely that efforts on different fronts will need to be maintained over the coming decades in order for people with mental illness to perceive that their illness is accepted and understood by the community. Psychiatrists have the potential to play a central role in the destigmatisation process. It is crucial that students favourable towards psychiatry are identified in medical school and have the opportunity to explore the discipline in depth through participation in programmes such as the Institute. These students can act as mental health advocates and ambassadors for the future. The Institute is well regarded by psychiatrists, registrars and mental health professionals around Perth and is now an annual event supported by the School of Psychiatry and Clinical Neurosciences.

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