

Abstract

Background: The stigma surrounding individuals with mental illness poses a major obstacle to their recovery. There has been a dearth of research on the stigma of mental health service providers towards individuals with mental illness.

Aim: To explore the accuracy of identifying mental illness, knowledge of mental illness and stigma towards individuals with mental illness amongst staff members of a mental hospital and two non-governmental organizations (NGOs) that provide rehabilitation services for individuals with mental illness.

Methods: A depression or schizophrenia vignette was given to the staff members of the three organizations, followed by a standardized questionnaire that was designed to explore their ability to identify, knowledge of, and stigma towards individuals with mental illness.

Results: Overall, 1,657 questionnaires were collected, yielding a response rate of 91.5%. Schizophrenia elicited more stigma than did depression. The mental hospital staff had more negative attitudes and behaviour towards individuals with mental illness than did the NGO staff. The staff members of all three organizations demonstrated a high degree of accuracy in identifying and knowledge of mental illness, as well as, expressed pity towards its sufferers. However, no associated decrease in social distance was found – indicating a “not-in-my-backyard” phenomenon.

Conclusions: Results showed that a high degree of knowledge of mental illness was associated with a more positive attitude towards individuals with mental illness. However, a more positive attitude did not necessarily translate to less discriminating behaviour. Interventions that may increase the positive attitudes and behaviour of mental health providers towards individuals with mental illness are discussed.

Declarations

I, hereby, declare that research work in this dissertation represents the original work performed in the Kowloon West Cluster of the Hospital Authority by myself and has not be submitted to other university or professional association for admission to a degree or fellowship.

I have no conflict of interest to disclose. There was no external financial assistance received for my work.

This dissertation is accepted for an oral presentation in the Conference on Promoting Community Mental Health, December 2009, Hong Kong