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## Attitude to diseases and social distance of persons with mental disorders

### Abstract

*The stigma of a mental illness negatively affects the social status of patients, compliance, quality of life, and leads to self-stigmatization. The medical sociological method and the modified Bogardus social distance scale were used to examine 271 psychiatric patients in 3 regions of Russia. The sample included patients with schizophrenic disorders, affective disorders, and organic mental disorders. Persons with mental disorders have a high degree of social maladaptation combined with anosognosia: 26.4% of men and 21.7% of women completely denied the presence of mental illness; 51.8% of men and 37.6% of women admitted that they had "psychological problems"; another 16.6% of respondents indicated a "mild mental disorder", and only 10.3% of patients reported having a mental diseases. A high level of stigmatization of persons with mental disorders by psychiatric patients was revealed, which is associated with insufficient criticism of their mental disorder.*

**Keywords:** compliance, criticism of the disease, mental disorders, self-stigmatization, social distance.

### Introduction

Discrimination and stigmatization of people with mental disorders makes them suffer, negatively affects their social adaptation and compliance, and often leads to a restriction of their participation in public life, problems of employment and self-stigmatization (Ruzhenkov et al. 2014; Kaushik et al. 2017; Vrbova et al. 2017). The stigma of mental illness is widespread in all countries, regardless of the level of socio-economic development, level of education, including knowledge of mental health,

and is often caused by the irrational perception of "madness" as a source of unpredictability and danger (Seeman et al. 2016; Grbesa et al. 2017).

The attitude of society towards people with mental disorders is built on the level of social distance, opinions about social danger, tolerance. This attitude is often contradictory (Adewuya and Makanjuola 2008; Schnyder et al. 2017; Picco et al. 2018; Luo, et al, 2018). Most people declare their tolerance and recognize the right of people with mental disorders to be full members of society. However, in real life, they prefer to avoid close social contacts with people

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with mental disorders, and consider their isolation from society to be completely legal (Sowislo et al. 2017; Rasmussen et al. 2019). The increase in social distance is due to the clinical characteristics of a mental disorder and the facts of admission to a psychiatric clinic (Schomerus et al. 2017; Surmann et al. 2017; Lee and Seo 2018; Sommer et al. 2019).

Mental disorders are accompanied by a violation of cognitive, communicative, regulatory functions, which prevents patients from adequately understanding their disease and social adaptation (Collins et al. 2019; Shvets and Khamskaya 2019). The level of self-stigmatization among psychiatric patients is high, from 22.5 to 97.4% in different countries (Subramaniam et al. 2017; Modi et al. 2018). Persons with mental disorders impose restrictions on their social life, accompanied by a sense of inferiority and dependence on the help of relatives and psychiatrists (Niedziedz 2019; Ol'ga et al. 2019). Often, the opinion of patients themselves about mental illness does not differ from the negative ideas that dominate in society (Bradstreet et al. 2018; Coventry and Case 2020). The consequences of self-stigmatization are low self-esteem, exacerbation of psychopathological symptoms, non-compliance, increased suicidal mood and reduced quality of life (Maharjan and Panthee 2019).

## Objectives

The aim of the study is to develop recommendations for the prevention of stigmatization and self-stigmatization of persons with mental disorders.

## Methodology

During 2018, 271 patients of psychiatric clinics in Belgorod, Volgograd, and Voronezh regions were interviewed by the medical and sociological method (anonymous survey) and the modified Bogardus social distance scale (Bogardus 1925): 110 men aged 19-76 (42.3±11.5) and 161 women aged 15-80 (41.8±13.4) years. The questionnaire consisted of 32 questions related to socio-demographic information, assessment of person's own state of mental health, opinions on the application of restrictive measures and coercion during treatment in a psychiatric clinic, the comfort of staying in a psychiatric clinic, and the effect of coercion and violence factors on adherence to treatment.

Bogardus social distance scale modified for stigmatization study (Ruzhenkov et al. 2017; Leung, & Chan, 2016) was interpreted in two ways. The average score (mean) was calculated and the social distance of the group of respondents in relation to persons with mental disorders was determined. The ranking of social distance included 5 options: close relationships (points 1-2), open relationships (points 3-4), distancing (point 5), isolation (point 6), rejection (point 7).

The database was processed using nonparametric statistic methods (descriptive statistics,  $\chi^2$  criterion with Yates correction for 2x2 contingency tables, odds ratio) using the Statistica 6.0 statistical software application.

## Results and Discussion

The clinical structure of mental disorders of the interviewed patients is presented in table 1.

**Table 1.**

*The clinical structure of mental disorders of the examined patients*

№	Diagnosis	ICD-10	Male		Female		Total	
			n	%	n	%	n	%
1	Schizophrenia, schizotypal and delusional disorders	F 20-29	83	75.4	129	80.1	212	78.2
2	Mood affective disorders	F 30-39	6	5.5	25	15.6	31	11.4
3	Organic, including symptomatic mental disorders	F 00-09	21	19.1	7	4.3	28	10.4
Total			110	100.0	161	100.0	271	100.0

Most patients of both sexes, 83 (75.4%) men and 129 (80.1%) women, suffered from schizophrenic disorders represented by the paranoid form of schizophrenia, schizoaffective disorder, and acute polymorphic psychotic disorder with symptoms of schizophrenia. Mood disorders, mainly a major depressive episode, recurrent depressive disorder, were statistically

significantly more common in women (15.6%) than in men (5.5%) ( $\chi^2 = 5.5897$  p = 0.018). Organic mental disorders (organic personality and behavior disorder and organic schizophrenia-like disorder) were diagnosed in 21 (19.1%) men, more often ( $\chi^2 = 13.7825$  p = 0.0009) than in women, 7 (4.3%) cases. There was a pronounced family maladaptation: only

23.6% of patients had their own family (equally often in males and females), 25.5% of patients were divorced, 42.4% never married and 8.5% were widows.

More than half of the patients had a low level of social and labor adaptation (table 2): 137

**Table 2.**

*Disability group by the mental state of the examined patients*

№	Disability due to a mental disorder	Male		Female		Total	
		n	%	n	%	n	%
1	None	50	45.5	84	52.2	134	49.4
2	Disability 3 <sup>rd</sup> group	17	15.5	18	11.2	35	12.9
3	Disability 2 <sup>nd</sup> group	43	39.0	59	36.6	102	37.6
Total		110	100.0	161	100.0	271	100.0

Among the remaining 134 (49.4%) patients without a disability, about 2/3 of the patients, 82 (61.2%), did not have a job. The remaining patients were engaged in low-skilled labor. There were no gender differences in their social status.

The study of a personal assessment of their own mental health revealed an uncritical attitude in most patients (table 3). 29 (26.4%) men and

(50.5%) patients were found to have a disability due to mental illness, mainly the 2<sup>nd</sup> group, characterized by persistent severe mental disorders that impede social functioning.

35 (21.7%) women did not fully recognize the fact of a mental disorder. 51.8% of male patients and 37.6% of female patients noted that they had psychological problems from mild to more severe. 16.6% of respondents, in their own opinion, had mild mental disorders. Only 10.3% of patients were critical of their health, indicating the presence of a mental illness.

**Table 3.**

*Patients' personal assessment of their mental health*

№	Personal assessment of one's own mental health	Male		Female		Total	
		n	%	n	%	n	%
1	Consider themselves mentally healthy	29	26.4	35	21.7	64	23.6
2	Have slight psychological issues	31	28.2	50	31.1	81	29.9
3	Have bothering psychological issues	26	23.6	27	16.8	53	19.6
4	Have slight mental disorders	13	11.8	32	19.9	45	16.6
5	Have serious mental disorders	11	10.0	17	10.6	28	10.3
Total		110	100.0	161	100.0	271	100.0

Verification of the relationship (the Bogardus social distance scale) of the respondents to persons with mental disorders (table 4) showed that only 14.5% of men and 21.7% of women admit them as close relatives or spouses and 25.5% and 19.3%, respectively,

admit them as friends. A quarter (24.5%) of male patients were more loyal than female (9.1%) in terms of accepting people with mental disorders as neighbors ( $\chi^2=5.881$   $p=0.002$ ;  $OR=2.33$   $CI=1.2-4.7$ ).

**Table 4.**

*Social distance between patients and people with mental disorders*

№	Social distance	Male		Female		Total	
		n	%	n	%	n	%
1	Admit as close relatives, marriage	16	14.5	35	21.7	51	18.8
2	Admit as personal friends	28	25.5	31	19.3	59	21.8
3	Admit as neighbors	27	24.6	20	12.4	47	17.3
4	Admit as colleagues	10	9.1	6	3.7	16	5.9
5	Admit as fellow citizens	15	13.6	54	33.5	69	25.5
6	Admit as foreign tourists	–	–	3	1.9	3	1.1
7	Prefer not to see them in this country	14	12.7	12	7.5	26	9.6
Total		110	100.0	161	100.0	271	100.0

The attitude of females with mental disorders to mentally ill people is more closed and distant ( $\chi^2=12.6135$   $p=0.001$   $OR=3.2$   $95\% CI=1.6-6.4$ ) than among men. Whereas 33.5% of

female respondents only accept persons with mental disorders as citizens of their country, only 13.6% of male respondents show similar attitude. The odds ratio indicates that the

number of patients who are hostile to persons with mental disorders is 3 times higher among women than among men. Moreover, 9.6% of respondents experience a pronounced alienation and hostility towards people suffering from mental disorders, and would not want to see them in the country even as tourists.

Analysis of the average assessment showed that patients of both sexes prefer to allow persons with mental disorders for a distance slightly further than "street neighbors" ( $M \pm \delta = 3.4 \pm 1.9$ ).

A study of attitudes towards people with mental disorders showed that 40.6% of the surveyed patients of both sexes have close relationships with them (intimate, family, and friendly).

Open relationships, as official or formal social contacts, were preferred by 33.7% of males, statistically significantly more often ( $\chi^2 = 10.242$   $p = 0.002$ ) than female (16.2%), odds ratio OR = 2.6 95% CI = 1.4-4.9. Among the respondents, 33.5% of women preferred to distance themselves from people suffering from mental disorders, allowing rare contacts without the need for social interaction, which is more often ( $\chi^2 = 12.614$   $p = 0.001$  OR = 3.2 95% CI = 1.6-6.4) than men (13.6%). At the same time, 1.9% of women admitted almost complete isolation of the persons with mental disorders, considering only visual contact, restrained hostility. A total rejection of persons with mental disorders as full members of society was allowed by 12.7% of the surveyed men and 7.5% of women.

The study of social distance, depending on marital status, showed that 36.5% of married patients, 35.9% divorced and 45.7% unmarried

admitted close relationships with people having mental disorders.

28.6% of married people, 22.8% of divorced and 20.7% of single people preferred open relationships with people having mental disabilities. 25.4% of married people distanced themselves from this category of persons. Divorced distanced themselves in 34.8% of cases, statistically significantly more often than unmarried, 18.1% ( $\chi^2 = 6.4831$   $p = 0.0116$  OR = 2.4 95% CI = 1.2-4.8 ).

A total rejection and unwillingness to see people suffering from mental disorders in their country was noted by 28.7% of the surveyed patients: 9.5% married, 5.4% divorced and 13.8% single.

Patients who are married and not married allow the same social distance with persons with mental disorders, a little further than with street neighbors ( $3.3 \pm 1.9$ ). Divorced patients, whose level of social maladaptation is higher, prefer greater distances ( $3.5 \pm 1.7$ ).

A close social relationship was preferred by 35.1% of patients without disabilities and 46% of people with disabilities (table 5). Open relationships with people suffering from mental disorders were allowed by 22.4% of patients without disabilities and 24.1% of patients with disabilities. Distance from this category of people was preferred by 31.3% of people without disabilities, statistically significantly more often ( $\chi^2 = 4.239$   $p = 0.0397$  OR = 1.8 95% CI = 1.0-3.4) than people with disabilities (19.7 %). 10.4% of patients without disabilities and 8.8% of patients with disabilities rejected persons with mental disorders.

**Table 5.**

*Social distance of the examined patients in relation to persons with mental disorders depending on social status*

№	Social distance	Without disabilities		2 <sup>nd</sup> and 3 <sup>rd</sup> group disabilities	
		n	%	n	%
1	Admit as close relatives, marriage	22	16.4	29	21.2
2	Admit as personal friends	25	18.7	34	24.8
3	Admit as neighbors	22	16.4	25	18.2
4	Admit as colleagues	8	6.0	8	5.8
5	Admit as fellow citizens	42	31.3	27	19.7
6	Admit as foreign tourists	1	0.8	2	1.5
7	Prefer not to see them in this country	14	10.4	12	8.8
Total		134	100.0	137	100.0

Patients without a disability distanced themselves from persons with mental disorders further than "street neighbors" ( $3.6 \pm 1.7$ ), while persons with disabilities were eager to make closer contacts ( $3.1 \pm 1.9$ )

Close relations with people having mental disorders (table 6) were accepted by more than

half of patients with persistent criticism, 53.6%; patients with partial criticism, 30.8%; non-critical patients, 35.9%.

Open relationships were preferable for 18.8% of non-critical patients, 25.7% of those with partial criticism and 17.9% of those with full criticism.

28.1% of those without criticism, 24% of those with partial criticism, and 28.6% of critical patients preferred spacing. The complete rejection of persons with mental disorders was preferable for 17.2% of non-critical patients,

statistically significantly more often than for those who partially realized the presence of a mental disorder ( $\chi^2 = 6.0393$   $p = 0.0147$  OR = 3.0 95% CI = 1, 2-7.5).

**Table 6.**

*Social distance of the examined patients in relation to persons with mental disorders, depending on the criticism of their own condition*

№	Social distance	Non-critical		Partially critical		Critical	
		n	%	n	%	n	%
1	Admit as close relatives, marriage	8	12.5	38	21.0	5	17.9
2	Admit as personal friends	15	23.4	34	19.0	10	35.7
3	Admit as neighbors	9	14.1	33	18.4	5	17.9
4	Admit as colleagues	3	4.7	13	7.3	-	-
5	Admit as fellow citizens	18	28.1	43	24.0	8	28.6
6	Admit as foreign tourists	-	-	3	1.7	-	-
7	Prefer not to see them in this country	11	17.2	15	8.4	-	-
Total		64	100.0	179	100.0	28	100.0

Persons with mental disorders were admitted by patients with persistent criticism as friends ( $2.9 \pm 1.9$ ), patients with partial criticism preferred a slightly larger distance "as neighbors" ( $3.3 \pm 1.9$ ), while patients uncritical to their state wished to see them even further ( $3.8 \pm 2.0$ ). In other words, the less pronounced the criticism of one's own state, the more pronounced is the distance between individuals with mental disorders from each other.

## Conclusion

The study found that anosognosia, combined with the negative image of "mentally ill" in the public mind, causes a high level of self-stigmatization among psychiatric patients who identify themselves as mentally healthy. Most patients in a psychiatric hospital, mainly suffering from disorders of the schizophrenic spectrum, with a high level of social and labor maladaptation, are uncritical of their state of mental health, completely deny the disease or associate symptoms with psychological problems or mild mental disorders.

A distinct tendency has been revealed in people with mental disorders to distance themselves from their own kind. Psychiatric patients prefer people with mental health problems to be at a greater distance than street neighbors. A more loyal attitude is inherent in men who find open relationships acceptable; distancing is preferred by women. Divorced and patients without a disability group prefer to distance themselves from people with mental disorders, wanting to see them much further than their "street neighbors".

Patients who are not critical of their state of health admit a complete rejection of people with mental disorders, not wanting to see them even

as "citizens of their country". Close relations were most often considered possible only by patients with strong criticism, allowing them to establish social contacts at a distance corresponding to "close friends".

In measures to prevent stigmatization and self-stigmatization of persons with mental disorders, it is necessary to involve not only the patients themselves, but also their microsocial environment, as well as medical staff of psychiatric hospitals. It is necessary to develop standards for organizing a comfortable space for psychiatric hospitals taking into account the needs of patients and respect for their rights, as well as medical and diagnostic tasks to be solved in the department. The transition from a paternalistic to a partnership model of patient relationships requires the inclusion of blocks of medical bioethics in continuing education programs.

## Recommendations

It is suggested that to conduct this research in more regions of Russia. As well as other countries of the world can be considered in the study in order to get an accurate result and make the research more comprehensive.

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