

## Attitudes of Health Workers towards People with Mental Health Problems in Mosul City – Iraq

مواقف العاملين في مجال الصحة الأشخاص الذين يعانون من الأمراض النفسية

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**أهداف البحث:** يهدف البحث الحالي راسة مواقف العاملين في القطاع الصحي الأشخاص الذين يعانون من مشاكل في صحتهم النفسية والعقلية في مدينة الموصل كما وهدفت الدراسة الى كشف العوامل المحتمل أنها تؤثر على تلك والاتجاهات. **منهجية البحث:** تم استخدام طريقة المسح الكمي . وتم إجراء دراسة تجريبية لأختبار جدوى المسح. **الموثوقية والأنتساق الداخلي للمقياس تم** ن نتيجته (0.82) **الموثوقية القوية للمقياس** عينة الدراسة 300 من العاملين في المجال الصحي من مدينة الموصل - العراق في الفترة من يوليو إلى أكتوبر 2011 والذين تم اختيارهم عشوائيا. **الحزمة الإحصائية للعلوم الاجتماعية** (19) **لتحليل البيانات إحصائيا** : الاستبدي 273 **من المشاركين في المسح** ( 52.7 ) **ممن شملهم الاستطلاع من** ( 51.6% ) **من أجمالي العينة هم من الفئة العمرية (18-24)** . وأظهرت نتائج أختبار الفروق (T-test) **نه لا يوجد** بين ( ) **وبين مواقفهم حيث كانت النتيجة (Sig=0.16)** . **العلاقة بين عمر المشاركين ومواقفهم** تحليل الى عدم وجود علاقة بين المتغيرين حيث كانت النتيجة (Sig=0.167) . **انصبت أسئلة البحث والفرضيات مباشرة على مقارنه مواقف المشاركين مع المتغيرين ( )** . **أن تحليل البيانات اظهر أن هناك جدل وتباين في الأجابات، إلا أن هناك مواقف سلبية بصورة عامة للعاملين في الصحة نحو الأشخاص الذين يعانون من مشاكل في صحتهم النفسية والعقلية.** **التوصيات:1.** هذا البحث الدراسات ال لية الأمراض النفسية يجاد أ المناهج **الاجتماعية** ( ) **الجدال والتحيز** تحسين نوعية الحياة **المصابين ب** 2. **الشروع في تنفيذ برامج توعوية** النفسية العقلية **الحكومية وغير الحكومية** العراقي بشكل عام من أجل تغيير المواقف السلبية تجاه الأشخاص ذوي الأمراض النفسية العقلية. **العاملين في الصحة** : **مشاكل الصحة النفسية والعقلية**

### Abstract:

**Objective:** The main objectives of this research were to identify the attitudes of Iraqi Health workers towards mentally ill people in Mosul city in Iraq and to investigate possible factors, which impact on Iraqi health workers' attitudes to people with mental health problems.

**Method:** A survey quantitative method was used to address the research questions. The survey involved a pilot study to test the feasibility of the survey. Alpha-coefficient reliability tests output was (0.82) and indicated strong reliability on each attitudinal scale. To eliminate the ethical issue, the survey sample utilized a systematic random sample, with a target number for the sample of 300 of health workers. The present research conducted in Mosul medical area in Iraq from July to October 2011. Statistical Package for the Social Science program (SPSS, version 19) was used to analyze the data.

**Results:** Only 273 of 300 surveys were in actuality completed and used for analysis. (52.7%) of the respondents were females. There was a heavier distribution of respondents in the (18-24) age group, representing (51.6%) of the total survey sample. The results of the one-sample test demonstrate a finding of no significance for the relationship between gender and attitudes (Sig= 0.16). The differences of the means among the age groups were tested using one way ANOVA. Analysis of variance for the differences between total respondents' scores and their age indicated non-significance of observing the comparison of group means (Sig = 0.167).

**Conclusion:** The research questions and hypotheses pertained directly to the variables of age, gender, and any other notable finding as housed within the first research question. Although the data analysis shows there are biases in responding, there are in general negative attitudes of health workers in Iraq towards people with mental health problems.

**Recommendations:** 1. The present research recommends that the future study should be examined the relationship between cultural elements (such as sex and gender) and societal attitudes toward mental illness and those with mental illness, and find what types of approaches for raising social awareness to

truly address the biases in the people's attitudes and hence the quality of life for people with mental illness.

2. Initiate educational programmes regarding mental illnesses knowledge through governmental or non-governmental organizations focused in particular on the health workers and on Iraqi community in general in order to change the negative attitudes towards people with mental health problems.

**Key words:** Attitudes, Health Workers, Mental Health Problems

## INTRODUCTION:

The life of an individual depends on, physical, mental, and social health. Mental health is as vital as physical health to the general well-being of individuals, societies and countries (WHO, 2001)<sup>1</sup>. Mental disorders are universal and they affect people of all countries regardless of age, gender and income. Hence, mental health problems have been recognized as an important cause of morbidity (WHO, 2001)<sup>1</sup>. Although mental illnesses affect many people around the world, there are many misunderstandings accompanied people with mental problems and the mental illness itself. In Arabic countries for instance, the word madness is often associated with mentally ill and all people with mental problems are alike (Okasha, 1999)<sup>2</sup>. Al-Adawiet *al.* (2002)<sup>3</sup> tried to find out the social factors that influence on person's attitude towards people with mental illness (PWMI). Following three wars and political conflict in Iraq, there is a clear increase in the mental health problems in particular post-traumatic stress disorder (Raed and Law, 1999)<sup>4</sup>. According to the World Health Organization (2001)<sup>1</sup>, mental illness is considered as the fourth reason leading to morbidity of elderly in Iraq. Ritter and Lampkin illustrated in (2010)<sup>5</sup> that "Stigma is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance. Stigma leads others to avoid living, socializing or working with, renting to, or employing people with mental disorders, especially severe disorders such as Schizophrenia". The stigma attached to the mental disorders has resulted in negative attitudes of people suffering from them. These inappropriate and poor views about mental illness and negative attitudes add to the barriers in the management of the mental health problems (Alwan, 2004)<sup>6</sup>. Therefore, this study aimed to survey the attitudes of Iraqi Health workers towards mentally ill people in Mosul city in Iraq and to investigate possible factors that might have affected people to formulate these attitudes.

## METHODOLOGY:

The present study proposal was based on a quantitative research design, using a survey questionnaire as a tool of inquiry. The tool was adapted from a study by Sadiket *al.* (2010), when the researcher conducted the first systematic survey of attitudes toward mentally illness and people with mental illness in Iraqi society (Sadiket *al.*, 2010)<sup>7</sup>. Several statements of this questionnaire were modified and developed to increase the validity of this instrument and to be more appropriate for achieving the aims of the present research. The survey in this study involved pilot study to test the feasibility of the survey, though no pre-treatment or experimental treatment was used for this data design. The pilot study conducted in July 2011 helped to strengthen the internal validity of the survey. It involved 12 experts from different health departments and professionals' level in Iraq and the UK. Alpha-coefficient reliability tests output was (0.82) and indicated strong reliability on each attitudinal scale. The questionnaire was divided into two parts. Part one included questions of demographics, such as age, income, gender, location, marital status, and other defining social variables that may

inform the topic. Part two contained the section on attitudes and perceptions on mental illness. A Likert-style rating scale was used to score the answers for the attitudes/perceptions portion of the survey. Likert scale is a summated rating scale that provides a simple and economic means of obtaining data on a person's attitudes, beliefs, and behavioral intentions (Frankfort-Nachmias and Nachmias, 2008)<sup>8</sup>. The scale used to extract numerical data for statistical analysis rates from (1-5), with 1 representing strongly disagree, and 5 representing strongly agree. Statistical Package for the Social Science program (SPSS, version 19) was used to analyze the data. The present research conducted in Mosul medical area in Iraq. To eliminate the ethical issue, the survey sample utilized a systematic random sample. The sample was 273 participants, were in actuality completed the questionnaires. The participants of this research recruited from health workers in Mosul city hospitals in Iraq. The sample was based on inclusion criteria, which entailed that the participant must be a health care professional of Iraqi nationality; over the age of 18; and consented to participate in the survey. There were already periodic seminars for health workers that hold weekly in the target hospitals. The agreement and permission were gained from the seminar's coordinator to take last part of these seminars' time to distribute the questionnaires with envelopes. The questionnaire included a brief explanation about how to fill it and state how long it may take to complete. The participants would able to complete the questionnaire and hand in directly to the researcher who was available for a half an hour after the seminar; otherwise, they could fill it, put it in an envelope and hand in to the seminar's coordinator within two weeks. To encourage the participants to respond to this survey, each questionnaire included a written statement concerning to the purpose, aims and benefits of this research.

## RESULTS:

**Table (1), Gender Summary Statistics**

Gender	Frequency	Percent
Male	129	47.3
Female	144	52.7
<b>Total</b>	<b>273</b>	<b>100</b>

Table (1) shows that there is around equitable distribution between the genders of the participants. This result gave strengthens the validity of the findings

**Table (2), Age Summary Statistics**

Age	Frequency	Percent
18-24 years	141	51.6
25-34 years	74	27.1
35-44 years	37	13.6
45-54 years	20	7.3
55 and more	1	0.4
<b>Total</b>	<b>273</b>	<b>100.0</b>

Table (2) is relevant to pertain the relationship between age and attitudes toward mental illness among the respondents. It shows a heavier distribution of respondents in the (18-24) age group, representing (51.6%) of the total survey sample.

**Table (3), Sample of the health workers attitudes' responses**

No.	Item	Scale	1 (%)	2 (%)	3 (%)	4 (%)	5 (%)
1.	Mental illness is caused by genetic inheritance		13.2	32.6	13.9	9.5	30.8
2.	Mental illness is caused by substance abuse		20.9	44.7	7.3	10.3	16.8
3.	Mental illness is caused by bad things happening to the patient		56.0	29.7	4.0	4.0	6.2
4.	Mental illness is God's punishment		10.3	16.8	21.2	7.7	44.0
5.	Mental illness is caused by brain disease		18.3	31.5	13.9	9.5	26.7
6.	Mental illness is caused by a personal weakness		36.3	38.1	10.3	7.4	8.4
7.	Mental illness is the result of adverse social circumstances		50.5	32.2	5.5	2.9	8.8
8.	Anyone may suffer from a mental illness		31.5	22.7	12.1	11.0	22.7
9.	I see mental health problems as something to keep secret		15.8	17.2	12.5	18.3	36.3
10	I would tend to look down on somebody with mental health problems		2.6	7.0	8.4	10.6	71.4
11	I would want to keep their distance from someone with mental health problems		4.8	13.9	14.3	22.0	45.1
12	I would be afraid to have a conversation with a mentally ill person		3.7	22.3	16.1	23.8	34.1
13	People with mental illness are incapable of looking after themselves		31.5	15.8	15.0	24.5	13.2
14	Members of society are at risk from the mentally ill		16.1	20.5	15.8	22.0	25.6
15	Mentally ill patients have no control over their emotions		35.2	29.3	15.4	13.6	6.6
16	If person become mentally ill once, he/she will easily become ill again		26.4	39.6	15.0	9.9	9.2
17	Mental patients and other patients should not be treated in the same hospital		52.7	9.5	4.4	12.1	21.2
18	Even after a person with mental illness is treated, I would still be afraid to be around them		6.2	11.4	9.2	14.7	58.6
19	People with mental illness tend to be violent		15.8	37.7	16.5	24.5	5.5
20	People with mental illness are dangerous		11.4	34.4	21.2	17.2	15.8
21	It is easy to identify those who have a mental illness by the characteristics of their behaviours		41.8	29.7	9.9	7.3	11.4
22	People with mental illness have a lower I.Q.		13.9	16.5	24.5	22.3	22.7
23	All people with mental illness have some strange behavior		26.0	23.1	14.3	21.6	15.0
24	It is not appropriate for a person with mental illness to get married		31.9	19.8	18.3	10.6	19.4
25	I could marry someone with a mental illness		10.3	11.7	18.3	11.7	48.0
26	Those who are mentally ill should not have children		15.4	14.7	20.9	19.8	29.3
27	Those who have a mental illness cannot fully recover		7.7	9.9	17.6	20.9	44.0
28	There is no future for people with mental illness		6.6	10.6	15.8	17.2	49.8
29	After treatment for mental illness they can return to their former job position		50.5	24.5	6.6	8.1	10.3
30	The best way to help those with a mental illness to recover is to let them stay in the community and live a normal life		64.1	16.1	7.7	4.0	8.1
31	After people with mental illness are treated and rehabilitated, I still should not make friends with them		8.4	10.3	14.7	15.0	51.6
32	After people with mental illness are treated, they are still more dangerous than normal people		10.6	10.3	17.2	28.2	33.7
33	Should not laugh at the mentally ill even though they act strangely		63.0	11.4	6.6	8.4	10.6
34	After treatment it will be difficult for mentally ill to return to community		8.8	12.1	15.0	25.6	38.5
35	The mentally ill should not be allowed to make decisions, even those concerning routine events		13.2	18.3	21.2	19.0	28.2
36	Patient is ashamed if people knew that someone in my family had been diagnosed with a mental illness		15.0	9.2	17.9	16.1	41.8

Table (3) the data analysis for 36 statements of the attitudes that included in the survey. Although the data analysis shows there are bias in responding, there are in general negative attitudes of health workers in Iraq towards people with mental health problems. For instance, (64.1%) of the participants respond ‘strongly disagree’ on the following statement ‘The best way to help those with a mental illness to recover is to let them stay in the community and live a normal life’. While (63.0%) of them responded ‘strongly disagree’ on the following statement ‘Should not laugh at the mentally ill even though they act strangely’.

**Table (4), t-tests( Mean and SD )for Gender**

Variables	No	Mean	SD	Df	Sig
Male	129	109.27	14.35	271	0.16
Female	144	106.43	18.86		

SD: standard Deviation, Df: Degree of Freedom, Sig: Significance

Table (4) presents the results of the one-sample test also demonstrate a finding of no significance for the relationship between gender and attitudes.

**Table (5), Analysis of Variance for the Differences between Total Respondents Scores and Their Age**

	Sum of Squares	Df	Mean Square	Sig.
Between Groups	1318.762	4	239.690	0.167
Within Groups	76474.608	268	285.353	
<b>Total</b>	<b>77793.370</b>	<b>272</b>		

Table (5) shows the differences of the means among the respondents’ age groups were tested using one-way ANOVA. It concluded there is no significance.

**DISCUSSION:**

In general, the survey sample revealed a stigma based on individualized bias as demonstrated in the participants’ responses, where people with mental illness should live a normal life as long as the survey sample population did not have to actually be involved in a personal way with such persons (Nordt et al., 2006)<sup>9</sup>. For example, Question 36 asked respondents to rate their response to if they would be ashamed if someone in their family were diagnosed with a mental illness. Around 58% of responses fell within the disagreement categories, while 24% fell within the agreement categories, and 18% remained neutral. The results of this question reflect a change in internal perceptions when the issue becomes personal. It is fairly uncomplicated for someone who does not have to deal with a family member with a mental illness to be more emotionally removed from the issue than a person who is closely related to someone with a mental illness. Thus, when the issue was theoretically personalized, the responses reflected an internal shift in perspective from impersonal, to personal (Al-Adawi, (2002) <sup>3</sup>; Green, (2000)<sup>10</sup>).The problems these types of misperceptions engender is supported by research by the World Health Organization, which notes some common problems that people with mental illness face in society today, including social stigma, social discrimination, violence and abuse by others, restricted political

and civil rights, being excluded from participating in society, reduced access to health, social, emergency, and relief services, reduced opportunities for education, employment, and income generation, and increased prevalence of disability and premature death (World Health Organization, 2010)<sup>11</sup>. The findings concluded there was not a significant relationship between gender and attitudes of the health care workers. In addition, there is no significant relationship between age and the health care workers. The research question refers to a potential influential relationship of the cultural perceptions of Iraqi survey sample participants, and how they view the character of mental illness. These factors were not tested in the statistical data set, though the analysis of the attitudinal type questions does reveal some qualitative-style informational findings (Green, 2000)<sup>10</sup>. The findings from the survey on general attitudinal results were not tested for significance; rather, they do offer a highly qualitative element that provides a rich fabric of information to tie into the statistical findings, and to help guide future research endeavors.

### **CONCLUSION:**

The results of the survey questionnaire reflect a social bias that may be influenced by the cultural base of Iraq toward mental illness and those dealing with mental illness, although gender and age may not be significant factors in these findings. While it is known that people in Iraq may have biases toward their fellow citizens living with mental illness, what it is less well-known are the cultural determinants that continue to feed that bias. As such, developing effective interventions is at present, a haphazard approach, with some interventions working in some situations, and not in others.

### **RECOMMENDATIONS:**

1. The present research recommends that the future study should be examined the relationship between cultural elements (such as sex and gender) and societal attitudes toward mental illness and those with mental illness and what types of approaches for raising social awareness to truly address the biases in the people's attitudes, and hence the quality of life for people with mental illness.
2. Initiate educational programmes regarding mental illnesses knowledge through governmental or non-governmental organizations focused in particular on the health workers and on Iraqi community in general in order to change the negative attitudes towards people with mental health problems.

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