A GROUP OF MIDWIFERY STUDENTS' BELIEFS TOWARD MENTAL ILLNESSES IN TURKEY

TÜRKİYE'DE BİR GRUP ÜNİVERSİTE ÖĞRENCİLERİNİN RUHSAL HASTALIKLARA YÖNELİK İNANÇLARI

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ÖZET

AMAÇ: Bu araştırmada; Ruh Sağlığı ve Hastalıkları Dersini alan ve almayan üniversite öğrencilerinin ruhsal hastalıklara yönelik inançlarının belirlenmesi amaçlanmıştır.

YÖNTEM: Kesitsel olarak uygulanan çalışmanın örneklemini araştırmaya katılmayı kabul eden Ege Üniversitesi İzmir Atatürk Sağlık Yüksekokulu Ebelik Bölümü Ruh Sağlığı ve Hastalıkları Dersi (RSHD) almayan, 62 üçüncü sınıf ve RSHD alan 67 dördüncü sınıf öğrencileri oluşturmuştur. Veri toplama araçları olarak Sosyodemografik Anket Formu ve Ruhsal Hastalığa Yönelik İnançlar Ölçeği (RHİÖ) kullanılmıştır.

BULGULAR: Araştırma bulgularına göre; son sınıf öğrencilerin RSHD almadan önce ruh hastalarına yönelik kısmen olumlu inanca (%53.7) sahip olduğu, dersi aldıktan sonra ise öğrencilerin inançlarında %79.1 oranında değişiklik olduğu saptanmıştır. İnanç değişikliği yaşayan bu öğrencilerin %85.1'i RSHD hakkındaki düşüncelerinin olumsuz inançlarında azalma yönünde olduğunu belirtmişlerdir. Öğrencilerin çoğunluğu (%94.6) RSHD'nin gerekli bir ders olduğunu düşünmektedir. Araştırma bulgularına göre; öğrencilerin RSHD'ni alma durumu ile Ruhsal Hastalığa Yönelik İnançlar Ölçeği'nin *tehlikeli alt ölçeği (t=-0.032,p=0.028)* ve *utanma alt ölçeği* (t=-3.31, p=0.000) arasında fark istatistiksel olarak anlamlı bulunmuştur.

SONUÇ: Araştırma sonucunda; öğrencilerin RSHD'ni aldıktan sonra ruhsal hastalığa yönelik olumlu inançlarında yüksek oranda artış olmuştur. RSHD'ni alan öğrencilerin almayan öğrencilere göre ruh hastalarını daha tehlikesiz gördüğü ve ruh hastalığının utanılacak bir hastalık olmadığına inandıkları saptanmıştır.

Anahtar kelimeler: Damgalama; İnanç; Öğrenci

SUMMARY

OBJECTIVE: The aim of this study was to determine mental illness-related beliefs of the midwifery students who attended and did not attend Mental Health and Mental Illnesses course.

METHOD: This cross-sectional study was carried out on the students who were studying at the Department of Midwifery of Izmir Atatürk School of Health, Ege University. The research sample consisted of 62 third grade students who did not attend MH/MI course, and 67 fourth grade students who attended this course. All these students agreed to take part in this research. Socio-demographic Questionnaire and Beliefs toward Mental Illness Scale (BMI) were used to gather data.

FINDINGS: According to the findings of the research, it was found that before attending MH/MI course, the fourth grade students had partly positive beliefs (53.7%) about the mentally ill and their positive beliefs about mental illnesses after taking the course, the students' beliefs were changed by 79.1%. Students who change belief that 85.1% stated that MH/MI ideas about the direction of reduction of negative beliefs. The majority of the students (94.6%) thought MH/MI course was necessary. According to the findings of the research, the difference between the students' attendance status at MH/MI course and *dangerousness* (t=-0.032, p=0.028) / *shame subscales* (t=-3.31, p=0.000) of the Beliefs toward Mental Illness (BMI) Scale was found statistically significant.

RESULT: In conclusion, there was a dramatic increase in the positive beliefs about mental illnesses of the students after attending MH/MI course. It was determined that compared to the students who did not attend MH/MI course, the ones who attended this course regarded the mentally ill as inoffensive and believed that mental illnesses were not shameful.

Key words: Stigmatization; Belief; Student

INTRODUCTION

Human beings are not born with specific beliefs and attitudes. These are acquired through different ways such as observation, cognitive learning and shaped by social experiences. Accordingly, beliefs which are cognitive components of attitude can change slowly due to new information and experiences. Beliefs and attitudes towards health affect individuals in the preventive, therapeutic, and rehabilitation processes. The mentally ill and mental illnesses tend to be more exposed to stigmatization due to negative beliefs.[1]

Stigmatization is an individual's being vilified by the society they live in because they do not fit in with the social criteria that are regarded as "normal".[2] Stigmatization is based on negative beliefs and related prejudices and experienced through social exclusion and discrimination in interpersonal relationships.[3-5]

Apart from leprosy that is as old as human history and one of the first stigmatized diseases, mental illnesses especially schizophrenia and several diseases such as plague, pox, cancer, tuberculosis, syphilis, epilepsy, AIDS and the people with these diseases have been stigmatized by society.[6-11]

Negative beliefs and attitudes in society trigger the stigmatization of the mentally ill; and the prevention, treatment, and care processes of the stigmatized individuals are often interrupted because of these beliefs and attitudes.

Nurses, midwives, doctors meet the mentally ill during their professional lives, and their ideas about stigmatized individuals are of great importance because these ideas reflect their attitudes and behaviours towards the mentally ill.[12] Thus, the purpose of this study is to determine the mental illness-related beliefs of a group of midwifery students who attended and did not attend Mental Health and Illnesses course.

MATERIAL AND METHODS

This cross-sectional study was conducted with the aim of determining the mental illness-related beliefs of a group of midwifery students who attended and did not attend Mental Health and Illnesses course. The study population consisted of 145 students from the Department of Midwifery of Izmir Atatürk School of Health, Ege University. 75 of these students were in the third grade and did not attend MH/MI course, and 70 of them were in the fourth grade (final year students) and attended MH/MI course. No sample selection method was used in the study, and the whole study population was interviewed. In the end, the study was carried out on 62 third, 67 fourth grade voluntary students who agreed to take part in the research.

a) Data Gathering Tools

1) The Questionnaire Including the Socio-demographic Information of the Students: It is a 20-question form prepared by the researchers, and it aims to portray the students' socio-demographic characteristics, their status of stigmatizing, meeting, and intervening with individuals with mental illness.

2) Beliefs toward Mental Illness Scale (BMI): This is the scale whose validity and reliability of the Turkish language version was carried out by Bilge and Çam (2008).[5] While the scale reliability coefficient (cronbach alpha) was found .82 in the validity and reliability study, it was found .83 in this study. BMI is a 6-point Likert-type scale and it is scored as follows: Completely disagree:0, Largely disagree:1, Partly disagree:2, Partly agree:3, Largely agree:4, Completely agree:5.

Dangerousness Subscale: It addresses how dangerous mental illnesses and the mentally ill are. The subscale includes 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 13rd items.

Incurability and Poor Social and Interpersonal Skills Subscale: It addresses how mental illnesses affect interpersonal relationships and related incurability. It shows that the individual restrains her/himself while building a relationship with the mentally ill since s/he gets affected emotionally and sinks into incurability. The subscale includes 8th, 9th, 10th, 11th, 14th, 16th, 17th, 18th, 19th, 20th, 21st items.

Shame Subscale: It mentions that individuals feel shame for mental illnesses. The subscale includes 12th and 15th items.

The scale is interpreted according to both total score and subscale scores, and high scores gotten from the scale and subscales represent negative beliefs.

b) Ethics

In order to carry out this research, written consent was obtained from Izmir Atatürk School of Health Research Advisory Board, Ege University, and oral consent was obtained from the voluntary students who participated in the research.

c) Data Gathering Method

The study data were gathered through face-to-face interview with the students.

d) Data Analysis

After the data related to the students were coded, number and percentage distributions were used in the analysis of the students' socio-demographic characteristics. T-test was used in the independent groups in order to determine the distributions of mean scores of the students who attended and did not attend MH/MI course according to their socio-demographic characteristics.

RESULTS

As the students' socio-demographic characteristics were analyzed, it was found that 93.0% (N=120) were in the 20-24 age groups and the mean age was 22.76±1.53 (the lowest age: 20.00, the highest age: 29.00). 51.9% of the students (N=67) were in the fourth grade. It was determined that 96.9% of the students were single, 86.8% of their parents were married and lived together, and 72.1% matched their expenses with their incomes.

It was found that 53.7% of the students had partly positive beliefs about the individuals having mental illness or receiving a treatment for it before attending MH/MI (Mental Health and Mental Illnesses) course, and the beliefs of 79.1% about such individuals changed after they attended MH/MI course. It was determined that 56.6% of the students had a positive belief change after attending MH/MI course. Students who change belief that 85.1% stated that MH/MI ideas about the direction of reduction of negative beliefs. and 94.6% regarded thought MH/MI course as necessary (Table 1). 80.6% stated that they rarely met an individual with mental illness, 24.8% made professional attempts for such individuals, 68.8% supported these people to get psychological help. It was determined that 30.2% of the students were exposed to physical and/or psychological trauma, 10.1% were exposed to stigmatization, and 12.4% had a family member with mental illness (Table 2). It was determined that the highest mean subscale score of the BMI was *incurability and poor social and interpersonal skills subscale* with a value of 27.41±8.51, and the total mean score of the BMI was found 50.09±13.13 (Table 3).

Table 1. *Distribution of the Students according to Their Views on Mental Health and Illnesses (MH/MI) Course*

Variables	n	%
The status of attending MH/MI course		
Yes	67	51.9
No	62	48.1
The students' beliefs about the mentally ill or about the people who receive treatment before they attend MH/MI course*		
Positive	15	22.4
Partly Positive	36	53.7
Negative	15	22.4
The same as their current beliefs	1	1.5
The students' belief change towards the individuals having mental illness or receiving treatment after they attend MH/MI course*		
Yes	53	79.1
No	14	20.9
The belief change status towards the individuals having mental illness or receiving treatment after they attend MH/MI course**		
Completely changed	30	56.6
Partly changed	23	43.4
The students' thoughts on MH/MI course*		
Positive	57	85.1
Partly positive	10	14.9
Should MH/MI course be included in the education plan?		
Yes	122	94.6
No	7	5.4

*: Only the ones who attended MH/MI course were included.
**: Only the ones who changed their beliefs were included.

The difference between the students' status of attending MH/MI course and *dangerousness subscale* (t=-0.032, p=0.028) / *shame subscale* (t=-3.31, p=0.000) was found significant (Table 4).

DISCUSSION

The beliefs towards the mentally ill and mental illnesses have been researched more thoroughly for the past 20 years, and it has been stated that the factors such as sex, race, education, religion, age (being at a young age, 16-25 age group) might affect perceptions.[13] Considering this fact, the aim of this study is to analyze mental health and illnesses-related beliefs of the university students who have medical sciences education. According to this, it was found that 93.0% of the students were in 20-24 age groups (N=120) and their mean age was 22.76±1.53 (the lowest age: 20.00, the highest age: 29.00).

Table 2. *The Students' Status of Being Exposed to Stigmatization and Meeting an Individual with Mental Illness*

Variables	n	%
Exposure to physical and/or psychological trauma		
Yes	39	30.2
No	90	69.8
Exposure to any kind of "stigmatization"		
Yes	13	10.1
No	116	89.9
The status of having a family member with mental illness		
Yes	13	10.1
No	116	89.9
The status of meeting an individual with mental illness		
Very often	16	12.4
Rarely	104	80.6
Never	9	7.0
Making any professional attempt for the individuals with mental illness		
Yes	32	24.8
No	97	75.2
The kind of attempt*		
Sending them to hospital	1	3.1
Informing their families	5	15.6
Protecting them from getting harmed	4	12.5
Supporting them to get psychological help	22	68.8
Apart from the related course, having education about stigmatization against mental illnesses		
Yes	28	21.7
No	101	78.3

*: Only the ones who made any attempt for the individuals with mental illness were included.
**: Only the ones who had education about stigmatization were included.

The age range of the sample group was thought to be suitable by the researchers because age group and education level affect especially the process of belief development. Attitudes and beliefs take form during adolescence, they gradually crystallize during early adulthood, and then it gets difficult to change them.[9,14,15] During the study, 51.9% of the students were attending MH/MI course and 53.7% stated to have 'partly positive' beliefs about the mentally ill before attending this course. It was determined that after taking the course, the students' beliefs were changed by 79.1%. Students who change belief that 85.1% stated that MH/MI ideas

Table 3. *The Distribution of Total Scores of the Students' Beliefs toward Mental Illness Scale (BMI) and Its Subscales*

BMI and Subscales	Min	Max	X ± SD
Dangerousness Subscale	2.00	36.00	21.00 ± 5.52
Incurability and Poor Social and Interpersonal Skills Subscale	0.00	53.00	27.41 ± 8.51
Shame Subscale	0.00	10.00	1.67 ± 2.36
BMI	4.00	94.00	50.09 ± 13.13

Table 4. *The Comparison between Total Scores of the Students' Beliefs toward Mental Illness Scale (BMI)/ Its Subscales and Their Status of Attending MH/MI Course*

The Status of Attending MH/MI course		N	X ± SD	t	p
BMI Subscales					
Dangerousness Subscale	Yes	67	20.98 ± 4.74	-0.032	0.028
	No	62	21.01 ± 6.31		
Incurability and Poor Social and Interpersonal Skills Subscale	Yes	67	28.22 ± 8.8	1.13	0.685
	No	62	26.52 ± 8.13		
Shame Subscale	Yes	67	1.04 ± 1.62	-3.31	0.000
	No	62	2.37 ± 2.84		
BMI	Yes	67	50.25 ± 12.84	0.14	0.532
	No	62	49.91 ± 13.54		

about the direction of reduction of negative beliefs also 94.6% regarded MH/MI course as necessary.

Human beings are not born with specific beliefs and attitudes. They can acquire them through several ways such as observation, operant conditioning, and cognitive learning, and these beliefs and attitudes take shape with experiences. Accordingly, beliefs, which are cognitive components of attitude, can change slowly through new information and experiences. According to Morgan (1995)[16], the reliability of message sender plays an important role in the persuasiveness of message. According to the learning principles which are formed in line with learning theories, belief change and development can be possible. As the learning concepts such as stimulus, response, reinforcer, and generalization are presented especially in an effective way, it is possible to bring about change. It can be said that there has been

a 26% reduce in the negative beliefs of the students about the mentally ill and mental illnesses thanks to MH/MI course. It can be seen that according to the students' own perceptions of this course is reduced by the effect of negative thoughts of the same group.

Madianos et al. (2005)[17] found in a study that it was easier for the students to get in touch with the mentally ill and there was an increase in their positive attitudes and beliefs towards them after they received mental health and illnesses education. Ng et al. (1995)[18], Gaebel et al. (2002)[19] found in their studies that the education about mental illnesses given to individuals affected their perspective on and attitudes about the mentally ill in a positive way. In parallel with all these data, the conclusion that can be drawn from this study is that this group might meet the mentally ill during their professional lives and have developed a positive attitude thanks to the course.

According to the findings of the research, it was determined that 12.4% of the students had a family member with mental illness and 80.6% rarely met an individual with mental illness. 24.8% stated that they made a professional attempt for the individuals with mental illness, and it was determined that 68.8% supported such individuals to get psychological help. It was stated that 33.3 % of the students had an acquaintance with mental disorder in the study realized by Küçük et al. (2009)[20]; and this rate was 35.9% in the study done by Bozkurt & Top (2009).[21] Having an acquaintance with mental illness affects the beliefs about this topic. The fact that only few students in the sample group had an acquaintance with mental illness (12.4%) prevented the research results from "getting affected by being a patient's relative."

In the study, the mean score of Incurability and Poor Social and Interpersonal Skills Subscale of BMI was determined to be higher (27.41±8.51) than the other subscale mean scores, and Bozkurt and Top (2009)[21] found the mean score of Incurability and Poor Social and Interpersonal Skills Subscale to be 28.15±7.78 in a study (2009)[21] realized with a group of students. The findings of this research are similar to the findings of our research, and it can be said that the students restrain themselves and experience incurability during relationship process with the mentally ill owing to their age profile and being emotionally affected.

According to the research, the students' BMI and Subscales total mean scores and their status of attending MH/MI course were compared, and a statistically significant difference (p<0.05) was found between their status of attending MH/MI course and *dangerousness subscale* & *shame subscale*. In brief, the students who did not attend this course believed that mental illnesses were dangerous and shameful.

Bostancı & Aştı (2004)[8] found in their study in which they analyzed nurses' attitudes towards the mentally ill that the higher education level the nurses had, the less restrictive their attitudes were; and, on the contrary, the more their protective behaviour was. Likewise, Küçük et al. (2009)[20] determined a statistically significant difference between pre- and post- mental health training attitude scores of the students in their research. Therefore, it is clear that mental illnesses are more frequently exposed to stigmatization.

On the other hand, negative attitudes taken by community-residing people towards the people with mental health problems pose a serious obstacle to these patients' involving in communal living and they limit such people's social adaptation.[2]

It is possible for the students who work in healthcare field or still receive health education to stigmatize the mentally ill and hold negative beliefs and attitudes towards mental illnesses. Therefore, education about mental illnesses is highly valuable because it has a preventive effect against stigmatization, negative beliefs, attitudes, and opinions.

As a consequence, compared to the students who did not attend MH/MI course, the ones who attended it regarded the mentally ill as less harmless and believed that mental illnesses were not shameful. It is thought that placing emphasis upon psychiatry training programmes given to the students who receive midwifery education is of great importance because such programs have enormous power to reach the community. Especially giving an extensive place to special training programmes for belief change might be useful. Since today's students are the medical staff of tomorrow, they form an important link in the chain to protect the health of community and individuals.

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