

心理健康服务从业者的心理疾病污名干预研究

田昊 王晓刚

西南民族大学教育学与心理学学院，成都

摘要 | 心理疾病污名是指个体在社会互动中对心理疾病患者存有的负面评价、消极情感体验和歧视。研究发现，心理健康服务从业者同样对心理疾病患者存在污名，这不仅严重影响了患者的治疗和康复，还降低了其对从事自身职业的意愿和信心。本文就心理健康服务从业者的心理疾病污名进行综述，重点阐述其对患者和从业者自身的负面影响，同时梳理了三种常用的教育、接触及教育和接触结合的干预措施并强调了各自的不足之处，帮助心理健康服务从业者认识和减少自身的心理疾病污名，从而提升服务效果并促进专业素养的发展。

关键词 | 心理健康服务从业者；心理疾病污名；心理疾病患者

Copyright © 2022 by author (s) and SciScan Publishing Limited

This article is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/). <https://creativecommons.org/licenses/by-nc/4.0/>



1 引言

据世卫组织统计，世界上约有八分之一的人患有心理疾病，特别在疫情期间，抑郁症和焦虑症等疾病的发病率增加了25%，心理疾病患者数目增加了近10亿人^[1]。在我国，由于经济的迅速发展，人民群众的心理压力水平不断升高，进而造成种种心理问题。黄悦勤于2019年发表在《柳叶刀》上的中国精神障碍流行病学调查显示，目前我国精神障碍的终身患病率为16.6%，这意味着我国民众一生中有超过六分之一的概率会患精神障碍，然而我国对心理疾病的诊断和治疗严重不足，就诊率还不到10%^[2]。而心理疾病污名是阻碍人们求助的重要因素。心理疾病污名是指个体在社会互动中对心理疾病患者存有的负面评价、消极情感体验和歧视^[3]。心理疾病污名不仅严重影响了患者的治疗和康复，同时也对患者身边的人乃至心理健康服务从业者产生负面影响，降低患者生活质量，其危害甚至比心理疾病本身更严重^[4, 5]。

基金项目：西南民族大学2021年中央高校基本科研业务费专项资金优秀学生培养工程项目“专业教育对心理疾病外显和内隐污名的影响（2021SYXSS58）”。

通讯作者：王晓刚，西南民族大学教育学与心理学学院副教授，国家民委人文社科重点研究基地西南民族地区社会心理服务研究基地分中心主任，研究方向：社会心理服务、心理健康、人格与社会认知。

文章引用：田昊，王晓刚. 心理健康服务从业者的心理疾病污名干预研究 [J]. 中国心理学前沿, 2022, 4 (11): 1387-1399.

<https://doi.org/10.35534/pc.0411163>

我国于2017年发布的《关于加强心理健康服务的指导意见》中明确要求加强医学、教育、康复、社工等相关专业学生的心理学理论教学和实践技能培养,同时加强精神科医师、护士、心理治疗师、心理咨询师、康复师、医务社会工作者服务团队建设^[6]。虽然在以往关于心理健康服务从业者的定义中并不包括社工人员,但近年来,无论是从国家政策还是服务实践都有社工的身影,因此,本文定义的心理健康服务从业者(后文简称从业者)主要是指提供心理健康宣传教育、心理咨询、危机干预、心理治疗等服务的精神科医生、护士、心理治疗师、心理咨询师、康复师及社会工作者等专业从业者,而在心理健康服务人才培养上,我国的心理健康服务人才大多是从学校里培养出来的,很多是心理学专业和医学专业。因此医学生及心理学学生作为心理健康服务从业者的后备军也将在本文中分开讨论。

目前,关于心理疾病态度的大部分研究都集中在公众的态度和信念上,而较少关注从业者的态度^[7]。尽管如此,现有证据表明,从业者也和公众一样对心理疾病患者持有污名态度,甚至比公众更认同对心理疾病患者的刻板印象^[8, 9]。而从业者的污名态度会直接影响到患者的就医行为、就医质量和康复,除此之外还可能会影响到公众对心理疾病患者的态度^[10, 11]。因此,针对从业者群体污名化严重、影响恶劣、干预缺乏的情况,本文主要对从业者的心理疾病污名影响及干预措施进行讨论,希望对未来从业者的人才培养提供参考和帮助。

2 从业者心理疾病污名对患者和自身的影响

2.1 对患者的影响

2.1.1 对患者求助和依从性的影响

心理健康服务依从性(Adherence of Mental Health Services)是指心理健康服务对象对职业康复、社会技能训练、家庭干预和个人成长等心理健康服务的参与程度^[12, 13]。调查发现,由于患者可能预料到将在医疗机构受到歧视和偏见,所以很多心理疾病患者都选择不接受治疗,即便是治疗中的患者其依从性也很差,提前终止治疗的状况也屡见不鲜^[14, 15]。即使是在治疗中,从业者对待心理疾病的消极态度还是会对患者及其家人产生消极影响,阻碍患者接受治疗,甚至影响到患者的治疗信心、治疗依从性,以及能否正常康复^[16-19]。

2.1.2 对患者接受治疗和护理的影响

一般来说,进入医疗机构的第一步就是要进行心理疾病的诊断,但不幸的是,心理疾病诊断会通过贴标签的方式给患者增加污名^[20]。并且在诊断时,心理疾病污名可能会使从业者对评估患者的健康状况产生两个影响:首先,从业者可能无法与患者充分接触以更深入地了解其问题所在;其次,心理疾病污名还会影响到临床治疗,比如影响临床决策^[21]、负面预测患者预后^[22]和过度诊断^[23],使情况恶化。除了医生对其的污名影响外,在护理方面,患者也常常遭受污名^[24],这就导致患者常常无法获得与其他疾病患者相等同的护理措施^[25]。

这些研究表明不论是医务服务机构的精神科医生还是护士,都对心理疾病患者存在污名态度,这种负面的态度严重影响了患者在医疗机构的就诊和治疗,造成了患者依从性差、时常提前终止治疗的情况发生。

2.2 对从业者自身的影响

2.2.1 对从业者服务工作的影响

目前关于从业者的心理疾病污名研究较少,但仍有研究发现精神科医生、医学生等心理健康服务从业者都对心理疾病患者存在污名态度,并且比预期要高得多^[9, 26]。另外,与全科医生、临床心理学家和心理健康护士相比,精神科医生对心理疾病更为悲观^[27, 28],即使是专业的精神科医生也可能对心理疾病患者抱有刻板印象并歧视“精神病”人^[16, 29, 30]。有研究发现,一些从业者对患者的康复并不抱有期待^[31],他们也更不愿意跟心理疾病患者接触^[32],就算是那些对心理疾病患者持有积极态度的从业者,仍希望与心理疾病患者保持一定的社交距离^[8, 33, 34]。特别是当患者出现复杂、多维问题的时候,这种影响更为强烈^[28]。

2.2.2 对心理健康服务从业者社会功能的影响

受到污名的影响,从业者常常不被视为真正的卫生人员,这大大增加了他们对心理疾病的污名态度,降低了他们从事该行业的意愿和信心^[16, 35]。不仅如此,从业者还要饱受种种负面评价:公众认为心理治疗毫无作用甚至可能有害,认为精神科医生是过度依赖药物的低级医生;医学生则认为精神科医生地位低下,也可能“不正常”;患者及其家属认为从业者是污名的根源;而媒体则认为其没有真正的学术水准^[36]。这些负面评价对从业者产生了连带污名,无论是从业者对心理疾病的污名还是其本身受到的连带污名都会阻碍从业者为患者提供更好的服务,加深他们的职业倦怠^[37],进而增加其对心理疾病污名的认可。反过来,从业者受到的污名会恶化他们服务的患者的自我污名及治疗满意度^[38]。

综上所述,从业者所持有的心理疾病污名对患者的求助、治疗依从性、治疗、护理、预后,甚至是自身的服务工作和社会功能都受到了不同程度的影响。即使是再积极的服务从业者也难逃污名,对心理健康服务从业者的污名干预已经走到了刻不容缓的境地。

3 对从业者心理疾病污名的干预

心理疾病污名对从业者和患者的危害巨大,因此,需要对从业者采取干预措施,以促使他们反思和认识自己对待心理疾病患者的污名态度^[39]。目前心理学家们开发了各种干预措施,其中,抗议、教育和接触是三种常用的去污名手段,而针对从业者的常用干预措施主要为教育、接触以及教育和接触相结合的方法,但这三种策略又都有他们各自的局限性。

3.1 教育干预

教育干预的主旨是向公众宣传和普及关于心理疾病的信息,树立正确的心理疾病态度,从而消除误解、降低偏见^[40]。对从业者进行教育,使他们了解污名态度和污名行为,以及这种态度和行为将对患者的信任、希望、康复机会和生活质量可能造成的损害,这对于减少污名至关重要。

3.1.1 在职群体的教育干预

研究发现,心理学家或精神科专家可以举办课程及教育培训活动帮助从业者提高心理疾病相关知识,为患者提供更好的心理健康服务,减少公众及从业者的心理疾病污名^[41]。例如,斯图尔(Stull)的一

项研究表明,接受过高级心理健康培训的从业者对心理疾病患者表现出较少的污名态度^[42],这得到了很多证实^[42-45]。除国外的研究外,我国研究者李洁对广州8个地区的99名社区心理健康服务从业者进行为期一天的课程培训,并在开始前后调查其相关知识及污名态度,结果发现课程培训显著提高了从业者对心理疾病患者的态度,拉近了双方之间的社会距离^[46]。与此同时,线上教育干预的有效性也在专家的考虑范围之内,有学者调查了针对从业者的心理疾病污名网络教育培训的有效性^[47],结果发现通过互联网向精神病学家和精神科住院医师传递的反污名运动也可以有效地减少对心理疾病患者的污名。虽然不同类型的教育培训都可以有效降低从业者的污名态度,但目前包括医生及护理人员在内的心理健康服务从业者都普遍缺乏针对心理疾病污名方面的教育培训^[41, 48, 49],并且只有少数的研究检查了教育干预在减少医务服务从业者心理疾病污名方面的功效^[50]。

3.1.2 学生群体的教育干预

传统的学历教育也是教育干预的一种常见方法。虽然有研究发现^[51],随着精神病学教育水平的提升,污名程度会随着降低,但一项针对中国1372名医学生的横断面调查发现,传统医学教育在对去污名方面作用不大^[52, 53]。对心理疾病患者的污名态度甚至可能随着年级的提升而增加。在另一项测量医学生对待心理疾病的态度^[54, 55]的研究中,发现高年级医学生的心理疾病污名高于低年级学生,具体表现为高年级的医学生更愿意对患有心理疾病的患者使用贬义词,并且更不愿意透露已有的患心理疾病经历^[54, 55]。与此同时,我国大部分医学院校也没有进行足够的医学人文教育,这就导致医学生的医术和移情能力发展不平衡,从而可能影响医学生和患者之间的关系^[56]。

3.1.3 教育干预的不足

教育干预也有种种缺点:第一,有效期较短。近期有研究调查了以去污名为主题的教育干预(研讨会)对大三心理学学生污名态度的影响,结果发现教育干预只带来短期的成效,而没有发现长期的效益^[64]。第二,归因方式可能会起到反效果。通过将心理疾病定义为生物遗传因素来减少污名的教育方式反而会加剧污名^[60]。第三,传统学历教育作用不大,同时还缺少对教育环境的重视。除了教育本身的作用外,良好的教育环境对改善心理疾病污名极为重要,有研究表明当教授表现较少的污名态度时,学生对心理疾病患者的消极态度也会得到改善^[65]。

综上所述,教育干预的应用群体十分广泛,对医学生、心理学学生、医务人员、社会工作者等从业者都可以起到明显的效果,其范围也并不局限于是学历教育或是在职培训。同时,教育干预的规模可大可小,既有几十人的课程培训,也有上百人的研讨会;教育干预的时长也可长可短,从不足一天到长达几年都可实行。此外,由于线上的教育培训并不会影响干预的效果,因此也并不局限于时间地域的限制。所以教育干预是一种十分优良的针对从业者心理疾病污名的干预措施。但是考虑到教育干预的不足,针对从业者的教育干预(无论是学历教育或是在职培训)要谨慎考虑内容和方向的重要性,同时提高从业者对所处环境中污名化行为和做法的有害影响认识,这样才能最大限度发挥教育干预的作用,减少污名。

3.2 接触干预

接触干预是指增加人们与心理疾病患者的人际联系^[66]。接触是影响污名的一个重要因素,同时接

触干预也是改善态度和增加与心理疾病患者交流兴趣的最有效方式^[67]。但是这并不代表着接触一定会带来污名态度的改善,关于接触干预对从业者的作用,目前存在相互矛盾的看法^[68]。

3.2.1 在职群体的接触干预

一些研究确定了从业者与心理疾病患者之间的接触对减少偏见和刻板印象具有积极的作用,是减少自我报告的外显污名的有效方法,建议将与心理疾病患者的接触作为减少污名的关键策略^[69-73]。这是因为如果加强和心理疾病患者的接触,人们可以更好地了解患者,从而降低他们的污名程度。相反,如果没有和心理疾病患者接触过,或者接触的经验很少的人可能持有较多的污名态度^[74-77]。佩里斯(Peris)等人从业者中不同群体的内隐和外显态度进行了比较,结果显示临床心理学家具有较少的污名态度,这可能就是与他们经常和心理疾病患者接触有关^[73]。在我国,对绵竹的395名基层从业者进行测量后发现,村医并没有呈现出比乡镇医生更多的污名态度,这可能是因为大部分村医都在他们生长的地方工作,在多年的生活中已经和同村的患者发生了密切接触,建立了稳定的关系,所以他们的污名程度偏低。因此,对在职群体进行接触干预、增加他们对心理疾病患者的接触经验可能会减少心理疾病污名^[78]。

3.2.2 学生群体的接触干预

接触在学校教育中常常以实习的形式发起,通过医院和社区的心理健康实践减少心理疾病污名。心理疾病实习是获得心理疾病接触经验的关键时期,也是减少污名的有效措施^[79, 80]。有研究发现,医学生在经历了心理健康实习后其外显污名显著减低,并且随访一个月后,医学本科生对心理疾病的外显污名也显著低于非医学本科生^[79]。心理健康专业实践也可以有效地减少护理专业学生对患有心理疾病的人的污名^[81]。此外,临床模拟也可以支持心理健康实践,降低从业者的污名态度,这一点得到了相关的研究证实^[82]。

3.2.3 接触干预的不足

也有一些研究强调了接触的负面影响,例如如果出现预后不良和康复困难的情况都会加剧服务从业者的污名。有四项研究^[43, 83-85]证明了接触不一定带来污名的改善,甚至还有人没有检测出二者任何的关系^[43, 73, 86]。

对于医务人员而言,似乎治疗效果才是他们所看中的,如果患者经过治疗后病情有所好转,医务人员的污名程度可能就会降低,反之,如果治疗效果不明显,那么污名程度就会增加^[74, 87]。例如,心理疾病患者在心脏内科和内科诊室的就诊率更高,但医生反而拥有较高的污名态度^[88, 89],这可能就是因为心理疾病患者在非心理科诊室没有得到应有的治疗所以治疗效果并不明显。

学生群体似乎不太关注治疗效果,对他们而言,和心理疾病患者的接触质量往往影响更大。虽然梅塔(Mehta)等人的研究已经发现,与患有严重、慢性和难治疾病的人接触较多可能会恶化心理疾病污名^[90],但从业者不可避免地需要在患者发病时(症状明显且迫切需要治疗)与之接触,因此他们的接触质量往往较低,从而导致对心理疾病患者的污名增加^[34, 91, 92]。学生群体也常常因实习的需要入驻到精神科病房,所以他们的接触质量往往不高,污名态度也没有显著降低^[91]。因此,接触要满足一定的条件才能起到降低污名的作用,只有那些经验更丰富、接触体验更好、有亲身经历的、对患者更有同理心的从业者在与患者接触时才更安心,更容易降低污名,也更愿意和患者保持交往^[93-95]。

综上所述,虽然接触干预往往可以取到比教育干预更有效的结果^[96],但从业者和心理疾病患者之

间的接触和互动是十分复杂的过程,其结果可能会受到治疗效果、接触质量、患病程度等多种因素的影响。所以,仅仅增加接触的频率是远远不够的,从业者还要注重接触的质量、合理看待治疗预期及对患者充分的尊重和共情,这样才能更好地利用接触干预减轻对心理疾病患者的污名。

3.3 教育和接触结合干预

有研究发现,教育和接触相结合的方法可以有效减少污名态度,而且效果是长期持续的,这种方法已经得到了广泛的认可^[97-101]。

3.3.1 在职群体的教育和接触干预

利恩(Lien)等人对9个国家的医务人员去污名干预研究进行Meta分析,结果发现“间接接触+讲座”的干预模式使用率最高,达到了81.5%,而排名第二的则是“直接接触+学习工作坊”的干预模式,使用率达到了77.4%^[102],这说明教育和接触相结合的干预策略在各国都得到了广泛的认可和使用。此外,加拿大的一项研究比较了学生群体和精神科医生的污名态度是否和教育水平及接触相关,结果发现医生群体显著低于学生群体,确认了增加对心理疾病的教育和接触经验可以显著减少心理疾病污名^[95]。在我国,有研究调查了以接触为基础的教育干预对121名社区工作人员心理疾病污名的影响,结果发现教育和接触相结合的干预组其态度和行为比单一教育组改善更为显著,在三个月的回访后其污名程度改善仍较为明显^[103]。

3.3.2 学生群体的教育和接触结合干预

虽然目前对学生群体的教育和接触结合干预研究较少,但最近有专家团队开发了一套名叫德尔菲法的手段用以减少医学生群体对患者的心理疾病污名,它包括一组四个连续的互动干预,同样包含了教育和接触的方式:放映电影并讨论、精神科培训、与精神障碍患者接触、与精神障碍患者的社会交流、定义污名和个人经历的小组讨论,也被证明十分有效^[51]。虽然有很多研究证实了教育和接触相结合的干预方式可以有效地降低心理健康服务从业者的污名态度,但也有一些研究从业者持有相反态度,认为该方式在行为改变方面效果并不理想,同时干预效果往往只在短时间内有效,而在长时间内效果不佳^[91, 104-107]。

4 展望与启示

本文梳理了心理健康服务从业者的心理疾病污名对患者及自身的影响,同时也简述了三种目前针对该群体常用的去污名措施,希望可以帮助心理健康服务从业者认识、反思自己对心理疾病患者的污名态度,改善污名所造成的危害。综上所述,本文就目前我国心理健康服务从业者污名化严重、干预措施缺乏的情况,为从业者的人才培养提出以下几点建议。

首先,以往的研究都主要在外显态度进行测量和干预,而内隐态度的研究较少,特别是干预的效果层面。但目前的几种针对从业者的干预措施对内隐态度的改善效果都不明显,未来应针对如何改善从业者的内隐污名进行更多的研究和探索,以更好地服务心理疾病患者,提升治疗效果。

其次,鉴于文化与污名之间的关系,反污名干预措施的发展应适应我国本土文化,特别是要重视“面子”文化对从业者的影响。未来的研究开发针对中国文化的干预措施,以减少中国心理健康专业学生及

其他医学生从业者对心理疾病的相关污名。

最后,在教育干预方面,由于医学生的态度受到包括实习及与其他临床医生互动的医学院经历的极大影响,因此在干预中要特别注重教师、领导及前辈的榜样作用,注重学院教育及培训环境中的风气建设,以确保下一代从业者(医学生、心理学研究生等)不会产生这些负面态度。另外,在接触干预方面,研究证明了接触质量比接触频率更为重要,那么如何提高从业者和心理疾病患者之间的接触质量可能也是未来研究的一个方向,尤其是怎样减轻从业者对重型心理疾病发病期的刻板印象,这些对未来心理服务领域的人才培养至关重要。

参考文献

- [1] 世界卫生组织. 世界精神卫生报告: 向所有人享有精神卫生服务转型 [M]. 日内瓦: 世界卫生组织, 2022.
- [2] Huang Y, Wang Y, Wang H, et al. Prevalence of mental disorders in China: A cross-sectional epidemiological study [J]. 2019 (2215-0374 (Electronic)).
- [3] 王晓刚, 尹天子, 黄希庭. 心理疾病内隐污名述评 [J], 心理科学进展, 2012, 20 (3): 384-393.
- [4] Erica De Toledo Piza Peluso É, Blay S L. Community perception of mental disorders [J]. Social Psychiatry & Psychiatric Epidemiology, 2004, 39 (12): 955-961.
- [5] Ronzani T M, Higgins-Biddle J, Furtado E F. Stigmatization of alcohol and other drug users by primary care providers in Southeast Brazil [J]. Soc Sci Med, 2009, 69 (7): 1080-1084.
- [6] 疾病预防控制局. 关于加强心理健康服务的指导意见 [EB/OL]. [2022-11-27]. <http://www.nhc.gov.cn/cms-search/xgk/getManuscriptXgk.htm?id=6a5193c6a8c544e59735389f31c971d5,2017>.
- [7] Thornicroft G, Rose D, Kassam A, et al. Stigma: Ignorance, prejudice or discrimination [J]. Br J Psychiatry, 2007 (190): 192-193.
- [8] Nordt C, Rössler W, Lauber C. Attitudes of mental health professionals toward people with schizophrenia and major depression [J]. Schizophr Bull, 2006, 32 (4): 709-714.
- [9] Chin S H, Balon R. Attitudes and Perceptions Toward Depression and Schizophrenia Among Residents in Different Medical Specialties [J]. Academic Psychiatry, 2006, 30 (3): 262-263.
- [10] Goffman E. Stigma: Notes on the management of spoiled identity [M]. Simon and schuster, 2009.
- [11] Jones E E. Social stigma: The psychology of marked relationships [M]. WH Freeman, 1984.
- [12] Rüsç N, Todd A R, Bodenhausen G V, et al. Implicit versus explicit attitudes toward psychiatric medication: Implications for insight and treatment adherence [J]. Schizophrenia Research, 2009, 112 (1): 119-122.
- [13] Tsang H W, Fung K M, Corrigan P W. Psychosocial treatment compliance scale for people with psychotic disorders [J]. Aust N Z J Psychiatry, 2006, 40 (6/7): 561-569.
- [14] Ahern J, Stuber J, Galea S. Stigma, discrimination and the health of illicit drug users [J]. Drug alcohol dependence, 2007, 88 (2/3): 188-196.
- [15] Calabrese J D, Corrigan P W. Beyond Dementia Praecox: Findings From Long-Term Follow-Up Studies of Schizophrenia, Recovery in mental illness: Broadening our understanding of wellnes [M]. American Psychological Association, 2005: 63-84.

- [16] Schulze B. Stigma and mental health professionals: A review of the evidence on an intricate relationship [J] . *Int Rev Psychiatry*, 2007, 19 (2) : 137-155.
- [17] Harangozo J, Reneses B, Brohan E, et al. Stigma and discrimination against people with schizophrenia related to medical services [J] . *Int J Soc Psychiatry*, 2014, 60 (4) : 359-366.
- [18] Lauber C, Nordt C, Braunschweig C, et al. Do mental health professionals stigmatize their patients [J] . *Acta Psychiatr Scand Suppl*, 2006 (429) : 51-59.
- [19] Corker E. Stigma caused by psychiatrists [J] . *Br J Psychiatry*, 2001 (178) : 379.
- [20] Corrigan P W. How clinical diagnosis might exacerbate the stigma of mental illness [J] . *Soc Work*, 2007, 52 (1) : 31-39.
- [21] Berger M, Wagner T H, Baker L C. Internet use and stigmatized illness [J] . *Soc Sci Med*, 2005, 61 (8) : 1821-1827.
- [22] Peris T S, Teachman B A, Nosek B A. Implicit and explicit stigma of mental illness: Links to clinical care [J] . *J Nerv Ment Dis*, 2008, 196 (10) : 752-760.
- [23] Teachman B A, Allen J P. Development of Social Anxiety: Social Interaction Predictors of Implicit and Explicit Fear of Negative Evaluation [J] . *Journal of Abnormal Child Psychology*, 2007, 35 (1) : 63-78.
- [24] Wang W, Cui H, Zhang W, et al. Reliability and Validity of the Chinese Version of the Scale for Assessing the Stigma of Mental Illness in Nursing [J] . *Front Psychiatry*, 2021 (12) : 754-774.
- [25] Desai M M, Rosenheck R A, Druss B G, et al. Mental disorders and quality of diabetes care in the veterans health administration [J] . *Am J Psychiatry*, 2002, 159 (9) : 1584-1590.
- [26] Korszun A, Dinos S, Ahmed K, et al. Medical student attitudes about mental illness: Does medical-school education reduce stigma [J] . *Acad Psychiatry*, 2012, 36 (3) : 197-204.
- [27] Caldwell T M, Jorm A F. Mental health nurses' beliefs about likely outcomes for people with schizophrenia or depression: A comparison with the public and other healthcare professionals [J] . *Australian and New Zealand Journal of Mental Health Nursing*, 2010, 10 (1) .
- [28] Oliveira A M, Machado D, Fonseca J B, et al. Stigmatizing Attitudes Toward Patients With Psychiatric Disorders Among Medical Students and Professionals [J] . *Front Psychiatry*, 2020 (11) : 326.
- [29] Angermeyer M C, Dietrich S. Public beliefs about and attitudes towards people with mental illness: A review of population studies [J] . *Acta Psychiatr Scand*, 2006, 113 (3) : 163-179.
- [30] Corrigan P W, Druss B G, Perlick D A. The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care [J] . *Psychol Sci Public Interest*, 2014, 15 (2) : 37-70.
- [31] Magliano L, Fiorillo A, De Rosa C, et al. Beliefs about schizophrenia in Italy: A comparative nationwide survey of the general public, mental health professionals, and patients' relatives [J] . *Can J Psychiatry*, 2004, 49 (5) : 322-330.
- [32] Lauber C, Anthony M, Ajdacic-Gross V, et al. What about psychiatrists' attitude to mentally ill people [J] . *Eur Psychiatry*, 2004, 19 (7) : 423-427.
- [33] Reavley N J, Jorm A F. Stigmatizing attitudes towards people with mental disorders: findings from an Australian National Survey of Mental Health Literacy and Stigma [J] . *Aust N Z J Psychiatry*, 2011, 45 (12) : 1086-1093.
- [34] Stuber J P, Rocha A, Christian A, et al. Conceptions of mental illness: Attitudes of mental health professionals and the general public [J] . *Psychiatr Serv*, 2014, 65 (4) : 490-497.

- [35] Sartorius N, Gaebel W, Cleveland H R, et al. WPA guidance on how to combat stigmatization of psychiatry and psychiatrists [J] . *World Psychiatry*, 2010, 9 (3) : 131–144.
- [36] Holzinger A, Beck M, Munk I, et al. Stigma as perceived by schizophrenics and depressives [J] . *Psychiatr Prax*, 2003, 30 (7) : 395–401.
- [37] Yanos P T, Vayshenker B, Deluca J S, et al. Development and Validation of a Scale Assessing Mental Health Clinicians' Experiences of Associative Stigma [J] . *Psychiatr Serv*, 2017, 68 (10) : 1053–1060.
- [38] Verhaeghe M, Bracke P. Associative stigma among mental health professionals: implications for professional and service user well-being [J] . *J Health Soc Behav*, 2012, 53 (1) : 17–32.
- [39] Carrara B S, Ventura C A, Bobbili S J, et al. Stigma in health professionals towards people with mental illness: An integrative review [J] . *Archives of Psychiatric Nursing*, 2019, 33 (4) : 311–318.
- [40] Arboleda-Flórez J, Sartorius N. Understanding the Stigma of Mental Illness: Theory and Interventions [M] . 2008: 1–213.
- [41] Taghva A, Farsi Z, Javanmard Y, et al. Stigma Barriers of Mental Health in Iran: A Qualitative Study by Stakeholders of Mental Health [J] . *Iran J Psychiatry*, 2017, 12 (3) : 163–171.
- [42] Stull L G, McGrew J H, Salyers M P, et al. Implicit and explicit stigma of mental illness: Attitudes in an evidence-based practice [J] . *J Nerv Ment Dis*, 2013, 201 (12) : 1072–1079.
- [43] Kopera M, Suszek H, Bonar E, et al. Evaluating explicit and implicit stigma of mental illness in mental health professionals and medical students [J] . *Community mental health journal*, 2015, 51 (5) : 628–634.
- [44] Corrigan P W, River L P, Lundin R K, et al. Stigmatizing attributions about mental illness [J] . *Journal of Community Psychology*, 2000, 28 (1) : 91–102.
- [45] Essler V, Arthur A, Stickley T. Using a school-based intervention to challenge stigmatizing attitudes and promote mental health in teenagers [J] . *Journal of Mental Health*, 2006, 15 (2) : 243–250.
- [46] Li J, Li J, Huang Y, et al. Mental health training program for community mental health staff in Guangzhou, China: effects on knowledge of mental illness and stigma [J] . *Int J Ment Health Syst*, 2014, 8 (1) : 49.
- [47] Bayar M R, Poyraz B C, Aksoy-Poyraz C, et al. Reducing mental illness stigma in mental health professionals using a web-based approach [J] . *Isr J Psychiatry Relat Sci*, 2009, 46 (3) : 226–230.
- [48] Martínez-Zambrano F, García-Morales E, García-Franco M, et al. Intervention for reducing stigma: Assessing the influence of gender and knowledge [J] . *World journal of psychiatry*, 2013, 3 (2) : 18–24.
- [49] Kauye F, Jenkins R, Rahman A. Training primary health care workers in mental health and its impact on diagnoses of common mental disorders in primary care of a developing country, Malawi: A cluster-randomized controlled trial [J] . *Psychol Med*, 2014, 44 (3) : 657–666.
- [50] Thornicroft G, Mehta N, Clement S, et al. Evidence for effective interventions to reduce mental-health-related stigma and discrimination [J] . *The Lancet*, 2016, 387 (10023) : 1123–1132.
- [51] Rezvanifar F, Shariat S V, Shalbafan M, et al. Developing an Educational Package to Improve Attitude of Medical Students Toward People With Mental Illness: A Delphi Expert Panel, Based on a Scoping Review [J] . *Front Psychiatry*, 2022 (13) : 860117.
- [52] Zhu Y, Zhang H, Yang G, et al. Attitudes towards mental illness among medical students in China: Impact of medical education on stigma [J] . *Asia Pac Psychiatry*, 2018, 10 (2) : e12294.
- [53] Eksteen H C, Becker P J, Lippi G. Stigmatization towards the mentally ill: Perceptions of psychiatrists, pre-clinical and post-clinical rotation medical students [J] . *Int J Soc Psychiatry*, 2017, 63 (8) : 782–791.

- [54] Chew-Graham C A, Rogers A, Yassin N. I wouldn't want it on my CV or their records': medical students' experiences of help-seeking for mental health problems [J] . *Med Educ*, 2003, 37 (10) : 873-880.
- [55] Korszun A, Dinos S, Ahmed K, et al. Medical student attitudes about mental illness: Does medical-school education reduce stigma [J] . *Acad Psychiatry*, 2012, 36 (3) : 197-204.
- [56] Solar A. Factors contributing to difficulty with psychiatric disorder among junior medical staff [J] . *Australasian Psychiatry*, 2002, 10 (3) : 279-282.
- [57] Schlier B, Schmick S, Lincoln T M. No matter of etiology: Biogenetic, psychosocial and vulnerability-stress causal explanations fail to improve attitudes towards schizophrenia [J] . *Psychiatry Res*, 2014, 215 (3) : 753-759.
- [58] Read J, Haslam N, Sayce L, et al. Prejudice and schizophrenia: A review of the "mental illness is an illness like any other" approach [J] . *Acta Psychiatr Scand*, 2006, 114 (5) : 303-318.
- [59] Larkings J S, Brown P M. Mental Illness Stigma and Causal Beliefs: Among Potential Mental Health Professionals [J] . *World Academy of Science, Engineering Technology, International Journal of Social, Behavioral, Educational, Economic, Business Industrial Engineering*, 2012 (6) : 1383-1389.
- [60] Kvaale E P, Haslam N, Gottdiener W H. The "side effects" of medicalization: A meta-analytic review of how biogenetic explanations affect stigma [J] . *Clin Psychol Rev*, 2013, 33 (6) : 782-789.
- [61] Clement S, Jarrett M, Henderson C, et al. Messages to use in population-level campaigns to reduce mental health-related stigma: Consensus development study [J] . *Epidemiol Psychiatr Soc*, 2010, 19 (1) : 72-79.
- [62] Magliano L, Read J, Sagliocchi A, et al. "Social dangerousness and incurability in schizophrenia": Results of an educational intervention for medical and psychology students [J] . *Psychiatry Research*, 2014, 219 (3) : 457-463.
- [63] Reddyhough C, Locke V, Badcock J C, et al. Changing Attitudes Towards Voice Hearers: A Literature Review [J] . *Community Ment Health J*, 2021, 57 (6) : 1032-1044.
- [64] Pingani L, Evans-Lacko S, Coriani S, et al. Time Waits for No One: Longitudinal Study on the Effects of an Anti-Stigma Seminar on the Psychology Student Population [J] . *Int J Environ Res Public Health*, 2021, 18 (10) .
- [65] Griffiths K M, Carron-Arthur B, Parsons A, et al. Effectiveness of programs for reducing the stigma associated with mental disorders. A meta-analysis of randomized controlled trials [J] . *World Psychiatry*, 2014, 13 (2) : 161-175.
- [66] Couture S M, Penn D L. Interpersonal contact and the stigma of mental illness: A review of the literature [J] . *Journal of Mental Health*, 2003 (12) : 291-305.
- [67] Corrigan P W, River L P, Lundin R K, et al. Three strategies for changing attributions about severe mental illness [J] . *Schizophr Bull*, 2001, 27 (2) : 187-195.
- [68] Corrigan P. How stigma interferes with mental health care [J] . *Am Psychol*, 2004, 59 (7) : 614-625.
- [69] Newton-Howes G, Weaver T, Tyrer P. Attitudes of staff towards patients with personality disorder in community mental health teams [J] . *Aust N Z J Psychiatry*, 2008, 42 (7) : 572-577.
- [70] Björkman T, Angelman T, Jönsson M. Attitudes towards people with mental illness: A cross-sectional study among nursing staff in psychiatric and somatic care [J] . *Scand J Caring Sci*, 2008, 22 (2) : 170-177.
- [71] Vibha P, Saddichha S, Kumar R. Attitudes of ward attendants towards mental illness: Comparisons and

- predictors [J]. *Int J Soc Psychiatry*, 2008, 54 (5): 469–478.
- [72] Dabby L, Tranulis C, Kirmayer L J. Explicit and implicit attitudes of Canadian psychiatrists toward people with mental illness [J]. *The Canadian Journal of Psychiatry*, 2015, 60 (10): 451–459.
- [73] Peris T S, Teachman B A, Nosek B A. Implicit and explicit stigma of mental illness: Links to clinical care [J]. *J Nerv Ment Dis*, 2008, 196 (10): 752–760.
- [74] Corrigan P W, Green A, Lundin R, et al. Familiarity With and Social Distance From People Who Have Serious Mental Illness [J]. *Psychiatric Services*, 2001, 52 (7): 953–958.
- [75] Angermeyer M C, Matschinger H, Corrigan P W. Familiarity with mental illness and social distance from people with schizophrenia and major depression: Testing a model using data from a representative population survey [J]. *Schizophrenia Research*, 2004, 69 (2): 175–182.
- [76] Arikan K, Uysal O. Emotional reactions to the mentally ill are positively influenced by personal acquaintance [J]. *Isr J Psychiatry Relat Sci*, 1999, 36 (2): 100–104.
- [77] Angermeyer M C, Holzinger A, Matschinger H. Mental health literacy and attitude towards people with mental illness: A trend analysis based on population surveys in the eastern part of Germany [J]. *European Psychiatry*, 2009, 24 (4): 225–232.
- [78] Wang Y, Wang X, Zhang W, et al. Risk factors of the stigma towards psychiatric patients among primary healthcare workers in China: A county study [J]. *BMC Psychiatry*, 2017, 17 (1): 62.
- [79] Wang P W, Ko C H, Chen C S, et al. Changes of Explicit and Implicit Stigma in Medical Students during Psychiatric Clerkship [J]. *Acad Psychiatry*, 2016, 40 (2): 224–228.
- [80] Peris T S, Teachman B A, Nosek B A. Implicit and explicit stigma of mental illness: Links to clinical care [J]. *J Nerv Ment Dis*, 2008, 196 (10): 752–760.
- [81] Thongpriwan V, Leuck S E, Powell R L, et al. Undergraduate nursing students' attitudes toward mental health nursing [J]. *Nurse Education Today*, 2015, 35 (8): 948–953.
- [82] Oudshoorn A, Sinclair B, Baruth C. Mental Health Stigma Reduction Through Simulated Professional Practice: A Mixed Methods Study [J]. *Clinical Simulation in Nursing*, 2021 (59): 10–16.
- [83] Chien W T, Yeung F K, Chan A H. Perceived stigma of patients with severe mental illness in Hong Kong: Relationships with patients' psychosocial conditions and attitudes of family caregivers and health professionals [J]. *Adm Policy Ment Health*, 2014, 41 (2): 237–251.
- [84] Hansson L, Jormfeldt H, Svedberg P, et al. Mental health professionals' attitudes towards people with mental illness: do they differ from attitudes held by people with mental illness [J]. *Int J Soc Psychiatry*, 2013, 59 (1): 48–54.
- [85] Jorm A F, Korten A E, Jacomb P A, et al. Attitudes towards people with a mental disorder: A survey of the Australian public and health professionals [J]. *Aust N Z J Psychiatry*, 1999, 33 (1): 77–83.
- [86] Von Hippel W, Brener L, Von Hippel C. Implicit Prejudice Toward Injecting Drug Users Predicts Intentions to Change Jobs Among Drug and Alcohol Nurses [J]. *Psychological Science*, 2008, 19 (1): 7–11.
- [87] Ay P, Save D, Fidanoglu O. Does stigma concerning mental disorders differ through medical education [J]. *Social Psychiatry and Psychiatric Epidemiology*, 2006, 41 (1): 63–67.
- [88] Borowsky S J, Rubenstein L V, Meredith L S, et al. Who is at risk of nondetection of mental health problems in primary care [J]. *Journal of General Internal Medicine*, 2000, 15 (6): 381–388.
- [89] Movahedi S, Shariat S V, Shalbafan M. Attitude of Iranian medical specialty trainees toward providing health

- care services to patients with mental disorders [J]. *Front Psychiatry*, 2022 (13): 961538.
- [90] Mehta N, Clement S, Marcus E, et al. Evidence for effective interventions to reduce mental health-related stigma and discrimination in the medium and long term: Systematic review [J]. *Br J Psychiatry*, 2015, 207 (5): 377–384.
- [91] Amini H, Shoar S, Tabatabaee M, et al. The Effect of Clinical Exposure to Patients on Medical Students' Attitude Towards Mental Illness [J]. *Iranian journal of psychiatry and behavioral sciences*, 2016: e1887.
- [92] Feldmann T B. Medical Students' Attitudes Toward Psychiatry and Mental Disorders [J]. *Academic Psychiatry*, 2005, 29 (4): 354–356.
- [93] Vagheei S, Hashemi B M, Kashani Lotfabadi M, et al. The Relationship between Empathy and Stigma towards Psychiatric Disorders among Nursing Students [J]. *Future of Medical Education Journal*, 2018, 8 (2): 38–43.
- [94] Al Saif F, Al Shakhoori H, Nooh S, et al. Association between attitudes of stigma toward mental illness and attitudes toward adoption of evidence-based practice within health care providers in Bahrain [J]. *PLoS One*, 2019, 14 (12): e0225738.
- [95] Sandhu H S, Arora A, Brasch J, et al. Mental Health Stigma: Explicit and Implicit Attitudes of Canadian Undergraduate Students, Medical School Students, and Psychiatrists [J]. *Can J Psychiatry*, 2019, 64 (3): 209–217.
- [96] Corrigan P W, Morris S B, Michaels P J, et al. Challenging the public stigma of mental illness: A meta-analysis of outcome studies [J]. *Psychiatr Serv*, 2012, 63 (10): 963–973.
- [97] Chen S-P, Koller M, Krupa T, et al. Contact in the Classroom: Developing a Program Model for Youth Mental Health Contact-Based Anti-stigma Education [J]. *Community Mental Health Journal*, 2016, 52 (3): 281–293.
- [98] Stuart H, Chen S-P, Christie R, et al. Opening Minds in Canada: Background and Rationale [J]. *The Canadian Journal of Psychiatry*, 2014 (59): 8–12.
- [99] Knaak S, Modgill G, Patten S B. Key Ingredients of Anti-Stigma Programs for Health Care Providers: A Data Synthesis of Evaluative Studies [J]. *The Canadian Journal of Psychiatry*, 2014 (59): 19–26.
- [100] Knaak S, Szeto A C, Kassam A, et al. Understanding stigma: A pooled analysis of a national program aimed at health care providers to reduce stigma towards patients with a mental illness [J]. *Journal of Mental HealthAddiction Nursing*, 2017, 1 (1): e19–e29.
- [101] Maunder R D, White F A. Intergroup contact and mental health stigma: A comparative effectiveness meta-analysis [J]. *Clinical Psychology Review*, 2019 (72): 101749.
- [102] Lien Y Y, Lin H S, Lien Y J, et al. Challenging mental illness stigma in healthcare professionals and students: A systematic review and network meta-analysis [J]. *Psychol Health*, 2021, 36 (6): 669–684.
- [103] Zhang W, Henderson C, Magnúsdóttir E, et al. Effect of a contact-based education intervention on reducing stigma among community health and care staff in Beijing, China: Pilot randomized controlled study [J]. *Asian J Psychiatr*, 2022 (73): 103096.
- [104] Michaels P J, Corrigan P W, Buchholz B, et al. Changing Stigma Through a Consumer-Based Stigma Reduction Program [J]. *Community Mental Health Journal*, 2014, 50 (4): 395–401.
- [105] Vaghee S, Kashani Lotfabadi M, Salarhaji A, et al. Comparing the Effects of Contact-Based Education

- and Acceptance and Commitment-Based Training on Empathy toward Mental Illnesses among Nursing Students [J]. *Iran J Psychiatry*, 2018, 13 (2) : 119-127.
- [106] Rubio-Valera M, Aznar-Lou I, Vives-Collet M, et al. Reducing the Mental Health-Related Stigma of Social Work Students: A Cluster RCT [J]. *Research on Social Work Practice*, 2016 (28) .
- [107] Simon N, Verdoux H. Impact of education program and clinical posting in psychiatry on medical students' stigmatizing attitudes towards psychiatry and psychiatric disorders [J]. *Encephale*, 2018, 44 (4) : 329-336.

A Study of Mental Illness Stigma Intervention for Mental Health Service Practitioners

Tian Hao Wang Xiaogang

College of Education and Psychology, Southwest Minzu University, Chengdu

Abstract: Mental illness stigma refers to the negative evaluations, negative emotional experiences, and discrimination that individuals have toward people with mental illness during social interactions. It has been found that mental health service practitioners also have a stigma against patients with mental illness, which not only seriously affects the treatment and recovery of patients, but also reduces their willingness and confidence to engage in their own profession. This paper provides a review of mental illness stigma among mental health service practitioners, focusing on its negative effects on patients and practitioners themselves. It also identifies three common interventions of education, contact, and a combination of education and contact, and highlights the shortcomings of each, to help mental health service practitioners recognize and reduce their own mental illness stigma, thereby improving service outcomes and promoting professionalism.

Key words: Mental health service practitioners; Mental illness stigma; People with mental illness