

STUDY ON THE SOCIAL DISTANCING TOWARDS PEOPLE WITH MENTAL DISORDERS

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Abstract

Our study aimed to investigate the social distance towards people with mental disorders (MD). The ideational process marked by the concept of social distance led to equating this concept with a lack of openness towards relating to other individuals, perceived to be different as a result of their inclusion in classes set apart from their own group, based on criteria judged to be correct. Thus, the objectives aimed to:

- Assess the willingness to engage in befriending people with MD;
- Assess the perception of the level of intelligence, trust and credibility given to people with MD in society and, in particular, in professional and couple relationships;
- Identify perceptions on the causes of mental health problems, in particular, the extent to which there is individual responsibility for their occurrence;
- Identify the extent to which people with MD are discriminated against in society.

The study methodology consisted in the completion by the participants of a 12-item questionnaire – the Social Distance Scale (Link 1989). The group of subjects was made up of 329 students from different specializations, enrolled in the psycho-pedagogical training programme, undergraduate, and postgraduate courses.

Our study confirms that there is a need for more information on mental health issues, as it influences the degree of social distance. It is well-known that people with MD are subject to discrimination, and the consequences of stigma are visible both in accessing health services and in the quality of interpersonal relationships.

Keywords: social distance, mental disorders, stigma, mental health education.

Introduction

Mental health is a key resource for effective functioning as community members and citizens. However, the World Health Organization points to statistical data on mental health. Globally, 10-20% of children and adolescents experience mental health difficulties. Half of the mental health difficulties start around the age of 14 and three quarters by the mid-20s. Mental

health disorders account for 16% of the young people aged 10 to 19, and suicide is the third leading cause of death among 15 to 19 year olds (cf. Grazzani, I., Colomeischi, A.A., 2021, p.14). The most common mental disorders in the EU member states are anxiety and depression, the latter affecting 4.5% of the population annually. In fact, it was estimated that by 2020 depression would be the second most common cause of disability in developed countries.

People with mental health problems, their family members, as well as psychosocial professionals, are confronted on a daily basis with stereotypes and fears of people in the general population concerning mental health issues. People with mental health problems are seen as dangerous, untreatable, unpredictable and bizarre. Their relatives and loved ones, in turn, are perceived as responsible for the illness or somehow “flawed”. At the same time, the public's view of mental health professionals associates them with the role of gatekeepers or freaks. The general public attitude towards people with mental health problems (and, in particular, schizophrenia) is generally negative (Angermeyer and Dietrich, 2006). Although public perception is differentiated according to different diagnoses, general attitudes have not changed considerably since the 1990s, with schizophrenia and alcoholism continuing to be associated with dangerousness in most cultures (Crisp et al., 2000; Link and Phelan, 1999; Thompson et al., 2002; Angermeyer and Matschinger, 1999).

Several hypotheses can be put forward as possible explanations for the general public's attitude towards people with mental health problems (and especially those with severe problems) as being dangerous, unpredictable and “different”:

1. The process of stigmatisation, which includes, among other aspects, the negative labelling of differences, is strongly activated in severe mental health problems and is influenced by cultural and power distribution mechanisms (Link and Phelan, 2001);
2. Public concern is a reflection of the failure of the welfare system to contain violence (Torrey, 1994);
3. The media, especially through entertainment programmes, contribute to the idea that mental illness is closely linked to violence (Dietrich et al., 2006; Wahl, 2003). This public opinion is often supported by a discourse in the media that promotes a range of negative stereotypes, especially among people who have not had any direct contact with someone stricken by a mental disorder. A number of studies have shown that there is a correlation between the information about mental health issues in the media and the information held by the average person. Over 90% of the participants in one study said that they had had information about people with mental health problems from films. Unfortunately, film productions promote stigma, in that people with MD are portrayed as particularly dangerous.

The study objectives:

Our study aimed to investigate social distance towards people with mental disorders (MD). The ideational process marked by the concept of social distance led to equating it with a lack of openness towards relating to other individuals, perceived to be different as a result of their inclusion in classes set apart from their own group, based on criteria judged to be correct. Thus, the objectives aimed to:

- Assess the willingness to engage in befriending people with MD;
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- Identify the extent to which people with MD are discriminated against in society.

The study methodology consisted of participants completing a 12-item questionnaire - the Social Distance Scale (Link 1989). The questionnaire items were rated on a Likert scale from 1 to 4, where 1 = Strongly Agree and 4 = Strongly Disagree.

Subjects: 329 students from different specializations, enrolled in the psycho-pedagogical training programme, undergraduate and postgraduate courses. The mean age was 23.4 years (MD=23.48). Considering that more female persons work in the teaching field, the distribution of the sample, according to gender, is representative in this respect.

It should be mentioned that the investigation of the opinion on the dimensions presented above, was carried out during the works of the seminar on Fundamentals of Pedagogy, with the presentation of the objectives of Health Education, focusing on the component Emotional and Mental Health Education (Theme: New Educations).

Data Analysis - Presentation of the Basic Statistical Inventory and of the Results of the T One Test

Items	M	t	p
1. Most people would accept as a close friend a person who suffered from a mental illness in the past.	2.62	2.994	0.003
2. Most people think that a person who was in a mental institution is as intelligent as most people.	2.77	6.014	0.000

3. Most people believe that a person who has suffered from a mental illness can be trusted as much as most people.	2.62	3.025	0.003
4. Most people would agree that a person who suffered from a mental illness and has recovered, should be a teacher in a state school or kindergarten.	2.99	8.973	0.000
5. Most people consider staying in a mental institution as a personal failure.	2.78	5.557	0.000
6. Most people would not accept a person who suffered from a mental illness to look after their children.	2.03	-8.810	0.000
7. Most people do not respect people who were in a mental institution.	2.31	3.382	0.001
8. Most businesses and companies would hire a person who suffered from a mental illness in the past if they are qualified for the job.	2.40	-2.028	0.043
9. Most businesses and companies would prefer anyone else to a person who suffered from a mental illness in the past.	2.03	-8.449	0.000
10. Most people in your locality would treat a person who suffered from a mental illness in the past in the same way as the rest of the people.	2.64	3.104	0.002
11. Most young girls would be reluctant to date a man who was admitted to a mental institution.	1.69	18.936	0.000
12. Most people do not take a person seriously if they find out they were admitted to a mental institution.	2.12	-8.234	0.000

In order to check the students' general attitude towards interaction with people with MD, we used the t-test to compare responses with the neutral value 2.5. When the difference between the mean of the responses to an item and the neutral value is negative for items 1, 2, 3, 4, 8, 10, and positive for items 5, 6, 7, 9, 11, and 12, the participants' responses are in favor of recognizing indicators for a negative attitude towards people with MD.

From the data presented, we note, following the presentation of the role of schools in promoting health, a relative tolerance in terms of engaging in friendly relationships with people with MD and a willingness to treat them fairly. However, the means obtained on these two dimensions (MD=2.6) indicate a slightly unfavourable opinion. The analysis of the mean for the dimension *Confidence* in people with MD points to the same conclusion. Yet, we note that, when there is information that people with MD were admitted to specialized medical units, credibility decreases (MD=2.12), "most people do not take a person seriously if they find out that they were admitted to a mental institution".

Social distance towards people with MD seems to be more pronounced in the hypothetical situation of couple relationships (MD=1.69).

In terms of ascribing the causes for the development of MD, there seems to be recognition of a causal complex, since 58.9% of respondents tend to disagree with the view that "staying in a mental institution is a personal failure". However, the opinion on the intelligence level of people with MD is negatively shaped (MD=2.7), with only 5.2% of young people strongly agreeing that these people can be as intelligent as the majority.

The problem of labour market integration of people with MD can be an indicator of social distance. There is the view that a person who has had a moderate emotional and mental health problem can no longer present credibility. Thus, 67% of respondents believe that most businesses and firms would prefer anyone else to a person who suffered from a mental illness in the past. Most professions require some development of specific skills, and some require good physical and mental integrity. Most respondents legitimately have an unfavourable view of the possibility for people with MD to hold teaching positions or to practise a profession that involves looking after children. Although many professions involve a level of overload, we learn from the occupational profile of the teaching profession that "there is the risk of developing neuropsychological disorders over time due to physical and mental overload and overload of the phonatory apparatus as a result of intense vocal effort" (Cognitrom, 2007). We infer that the promotion of mental and emotional health in schools is aimed at both students and teachers.

Conclusions

Mental health problems have always been seen as threatening, frightening problems that induce people's instinctive reaction to stay as far away as possible. The social perception associated with these problems includes the loss of what is considered a distinctively human characteristic: qualities of rationality and free will (American Journal of Public Health, 1999).

It is well-known that people with MD are subject to discrimination, and the consequences of stigma are visible in accessing health services and in the quality of interpersonal relationships. Some researchers have argued that the impact of mental illness stigma is so overwhelming that the stigma can be as damaging as the illness (Feldman și Crandall, 2007). Studies show that both people's awareness and familiarity (experience of contact with people with MD) influence the degree of social distance from people with MD.

Given the impact of stigma on people with MD, information is needed on the following issues:

- Recognising mental health problems;
- Informing about the known causes of MD;
- Discussing misconceptions about people experiencing MD.

Given the increased prevalence of emotional and conduct disorders among children, it is imperative that schools are involved alongside other institutions in primary prevention, promoting the importance of mental and emotional health. The aim of primary prevention is to reduce risk factors and enhance protective factors, thus ensuring the child's better mental development. The examples of good practice in this area invite us to reflect and take initiative. Thus, PROMEHS-Promoting Mental Health at Schools- is an Erasmus+ project in which the first curriculum for promoting mental health has been developed through collaboration between researchers, educational stakeholders and scientific associations from seven European countries (Croatia, Greece, Italy, Latvia, Malta, Romania and Portugal). The study, conducted on a group of 1,392 students from all levels of education, confirms the effectiveness of a programme to promote mental health in schools. Thus, by comparing social-emotional skills, strengths and difficulties before and after running an experimental programme, it is found that the internalisation of problems in primary and lower secondary school children has been reduced, as well as the externalisation of problems for kindergarten and primary school children (Colomeischi, A.A., Duca, D.S., Bujor, L., Rusu, P.P., Grazzani, I., Cavioni, V., 2022).

An important project on education for mental and emotional health was initiated in 2002 by the Romanian League for Mental Health. The project "Mental health problems are treatable. How do you treat people with mental health problems?" aimed to set up an educational campaign against the stigma that leads to the social marginalisation of people with mental health problems (Dumitrescu, M., Dumitrescu, S., 2005, p.16).

Mental health, as well as its imbalances, depends on the education system, on the values offered to the individual and on the way they are assimilated. The destiny of each individual is marked by his or her early years, the socio-cultural environment, the quality of parental models, the educational shortcomings and the form and content of psychobiological developmental crises.

Therefore, we can conclude that any improvement in the child's quality of life can be considered primary prevention in the issue of emotional and mental disorders.

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