

Working age peoples' attitudes towards patients with mental disorders and the relationship with respondents' socio-demographic characteristics

Darbingo amžiaus asmenų požiūris į pacientus, sergančius psichikos sutrikimais ir sąsajos su respondentų sociodemografinėmis charakteristikomis

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SUMMARY

Background. There is ~1% of people suffering from schizophrenia in general population and ~20–30% of those with depressive disorder. Discrimination of these people is a significant social problem and it impacts patients' quality of life. Therefore, it is useful to investigate and improve public attitudes towards these patients. It is important to create destigmatization programs and to improve public education.

Aim. To evaluate the attitudes of different age groups, gender, education and different working groups towards people with schizophrenia and depressive disorder and the relation between respondents' socio-demographic characteristics.

Methods. The prospective cross-sectional study involved 389 Lithuanians aged from 18 to 64 years old to assess their attitudes towards patients with mental disorders. Respondents completed a questionnaire made by the authors, using four question groups: personality trait, dangerousness and isolation from society, necessity for control and stigmatization. According to the collected data, attitudes towards schizophrenic patients and patients with depressive disorders were compared between groups.

Results. Respondents with lower education, elderly people (50–64 years old) and students had more negative attitudes towards people with schizophrenia or depressive disorder compared to other respondents, who participated in this study. Also, by evaluating personality traits, dangerousness and isolation from society, stigmatization ($p \leq 0.001$) and the necessity for control (depression $p < 0.001$, schizophrenia $p = 0.060$), compared with other respondents, the study has shown that respondents, who knew anyone that had one of these illnesses, had more positive attitudes towards such patients. In general, respondents were more likely to stigmatize and discriminate patients with schizophrenia ($p < 0.001$). In their opinion, people suffering from this disorder have less positive personality traits, they are more dangerous and they need a higher control and isolation from the society.

Conclusion. According to our study, respondents with lower education, the older ones (>50 years old) and students had a more negative attitude to both disorders – depressive disorder and schizophrenia. Respondents of all age groups, who have secondary or university education, tend to assess people with depressive disorder more positively, according to their personality traits, dangerousness and the level of control need is also lower compared to the ones suffering from schizophrenia. Those, who personally knew anybody suffering from depressive disorder and/or schizophrenia, had more positive opinions about them, compared to other respondents, although depression was still assessed as more acceptable.

Keywords: depression, depressive disorder, public attitude, risk, schizophrenia, stigma.

SANTRAUKA

Įvadas. Šizofrenija bendroje populiacijoje serga apie 1 proc., o depresiniu sutrikimu – apie 20–30 proc. gyventojų. Sergančiųjų diskriminacija iki šiol išlieka ženkliai socialinė problema, bloginanti pacientų gyvenimo kokybę. Todėl naudinga ištirti visuomenės požiūrį į šiuos pacientus, o požiūrio pokyčiams vykdyti – visuomenės švietimą bei destigmatizacijos programas.

Tyrimo tikslas. Įvertinti skirtingų amžių grupių, lyčių, išsilavinimo bei skirtingų darbinų grupių asmenų požiūrį į pacientus, sergančius šizofrenija ir depresiniu sutrikimu.

Metodika. Kiekybiniu anketiniu tyrimu buvo vertintas 389 18–64 metų amžiaus Lietuvos gyventojų požiūris į pacientus. Respondentai pildė autorių sudarytą anketą, kurioje buvo naudotos keturios klausimų grupės: sergančiųjų asmenybės bruožų vertinimo, kontrolės būtinybės, stigmatizavimo, atskyrimo nuo visuomenės būtinybės ir socialinio pavojingumo. Buvo lygintas respondentų požiūris į šizofrenija ir į depresiniu sutrikimu sergančius asmenis.

Rezultatai. Gauti tyrimo rezultatai parodė, kad žemesnį išsilavinimą turintys, vyresnio amžiaus (50–64 m.) bei studijuojantys respondentai turi negatyvesnį požiūrį į šizofrenija bei depresiniu sutrikimu sergančius asmenis nei kitos tyrimo dalyvių grupės. Apklaustųjų, kurie pažįsta sergančiųjų minėtomis ligomis požiūris buvo pozityvesnis nei likusiųjų, lyginant asmenybės bruožus, pavojingumą ir izoliaciją nuo visuomenės, stigmatizavimą $p \leq 0,001$ ir kontrolės būtinybę (depresija $p < 0,001$, šizofrenija $p = 0,060$). Taip pat nustatyta, kad respondentai buvo labiau linkę stigmatizuoti bei diskriminuoti pacientus, sergančius šizofrenija ($p < 0,001$), nei sergančius depresiniu sutrikimu. Apklaustųjų nuomone, šizofrenija sergantys asmenys turi mažiau pozityvių asmenybės bruožų, yra pavojingesni bei jiems reikia griežtesnės atskirties nuo visuomenės bei kontrolės nei sergantiesiems depresiniu sutrikimu ($p < 0,001$).

Išvados. Žemesnio išsilavinimo, vyresnio amžiaus (virš 50 m.) bei studijuojantys respondentai negatyvesnį požiūrį turėjo tiek į šizofrenija, tiek į depresiniu sutrikimu sergančiuosius. Visų amžiaus grupių bei turinčių tiek vidurinį, tiek aukštesnį išsilavinimą respondentai depresija sergančiuosius vertino pozityviau, atsižvelgiant į jų asmenybės bruožus kontrolės reikalingumą ir pavojingumą, lyginant su sergančiais šizofrenija. Asmenys, kurių šeimos/pažįstamų rate yra nustatyta šizofrenijos ar depresijos diagnozė, turi pozityvesnį požiūrį į sergančiuosius šiomis ligomis, nei likusieji respondentai, tačiau lyginant požiūrį į šias ligas tarpusavyje, depresija išliko pozityviau vertinamas sutrikimas.

Raktiniai žodžiai: depresija, depresinis sutrikimas, rizika, šizofrenija, stigma, visuomenės požiūris.

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INTRODUCTION

There are many different conditions that are recognized as mental disorders. It is noticed that people often do not understand the difference between different mental disorders. The approach often depends on their social status, life experience, education and even age or gender [1]. Despite the growing flow of information regarding people with mental disorders living within our society, the possibility to receive information about different mental disorders, successful treatment, life histories, and stereotypes associated with mental disorders still remain negative in most cases [2].

Despite the growing literacy of the public, the stigma of mental illness is an old and complex phenomenon, and a devastating influence on the lives of people with mental disorders still remains [3]. In addition to the symptoms, persons with mental illnesses are distressed by the stigma and discrimination associated with the disorders [4]. Many persons with mental disorders are not only aware of negative stereotypes, but they also consent with them and turn them against themselves (“Because I have a mental illness, I am stupid and will not get better”). This is called self-stigma and leads to shame, hopelessness, social isolation and low self-esteem [5]. Since the consequences of self-stigma are also predictors of suicidality, it has been hypothesized that self-stigma is a risk factor for suicidality [6]. Therefore, not only does the diagnosis of mental disorder itself, but also the stigma, created by the society, lead to self-stigmatization and lower quality of life (QoL) of such patients [7].

Schizophrenia is a severe and mostly disabling mental disorder which affects approximately 1% of the population world-wide, with little differences between genders [8,9]. Studies in patients with schizophrenia suggest that self-stigma is associated with presence of positive symptoms, general psychopathology, social anxiety, social avoidance, use of withdrawal coping, discrimination experience and emotional discomfort. Perceived and experienced stigma has been shown to be associated with higher literacy rates, belief that the illness is a disease, and a belief that the illness is a consequence of “karma” or “evil spirit”, presence of nonmedical causal beliefs, disability, use of withdrawal or secrecy as coping and discrimination experience [10,11]. The other mental disorder is depression and the prevalence in different countries ranges from 20 to 30% and these rates are increasing [12,13]. Aromaa, with co-authors presented the study, where four main components of mental illnesses, according to the opinions of the respondents, were identified: (1) depression is a matter of will, (2) mental problems have negative consequences, (3) one should be careful with antidepressants and (4) it is impossible to recover from mental problems [14]. These studies show that the society had created myths about mental disorders, and the stereotypical and incorrect thinking about the origins of such diseases prevails. Thus, the individuals with mental disorders are consistently being found to be among the most socially excluded populations and continue to face substantial health, housing, and employment disparities [15].

As the studies have shown, the attitudes towards patients with mental disorders are still negative, and they impact their QoL. Therefore, the aim of this study is to evaluate and to compare the attitudes of different age groups of Lithuanian working

age respondents and the relationship between their socio-demographic characteristics towards people with schizophrenia and depression. Undeniably, poor knowledge about mental illnesses and negative attitudes towards people with mental disorders is widespread in the general public. Studies like this may give an impression of the magnitude of the problem and some insights into how stigma operates in particular countries. Also, we made the hypothesis that the younger generation had a more positive attitude to these disorders, due to the increased availability of information sources.

MATERIALS AND METHODS

This study and its consent procedures were approved by the Centre of Bioethics of the Lithuanian University of Health Sciences (permission number: BEC-MF-104, Nov-28, 2017).

Study population

The working age people from Lithuania were invited to participate in the study. Authors published a questionnaire in a local website (www.apklausa.lt). Participants were taken voluntary. The sample was consisted of those who completed a questionnaire in the social media and matched the inclusion criteria.

The inclusion criteria for the study were: respondents aged between 18–64 years old; their consent to participate in the study and a signed informed consent form before the study procedures. In total, 400 people were invited to participate in this study; 11 participants were excluded from further analysis due to incomplete data. The final sample consisted of 389 people: 187 of them (48.1%) were men.

The study participants filled the socio-demographic questionnaire with information about their age, gender, education and employment status. On the basis of the widely spread attitudes towards people with mental disorders evaluating questionnaire CLAS (Community Living Attitudes Scale Mental Retardation-Short Form) [16], authors created their own questionnaire by adding some of their own questions in order to achieve a clearer reflection of general attitudes towards people with mental disorders. Questions were classified into four groups, presuming that it could be the most appropriate way to evaluate respondents' opinion influence for patients' QoL. Using four self-rating question groups, the respondents' attitudes towards the persons with depression and schizophrenia were evaluated. All 4 question groups were based on literature data [17,18] and consisted of statements, where respondents had to choose the most acceptable answers. Answers were scoring as yes – 2 points, no – 1 point and I do not know – 0. The evaluation was made by calculating the sum of the total score for each question group.

The group of questions on personality traits, which evaluates respondents' opinions about personality characteristics of persons with depression or schizophrenia (9 statements). The sum of scales was calculated by summing up the evaluations of all the answers of the statements, before answering options, such as “friendly”, “inclined to communicate”, “calm” and “reliable” in transcribing, so that a higher response rate reflects a more socially acceptable personality trait (for example, “would you describe a mentally ill person as friendly”, yes = 2, no = 1). Thus, a higher evaluation of the personality trait scales reflects more strongly expressed socially accepted personality

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traits of mentally ill people.

The group of questions on dangerousness and isolation from society (3 statements). A higher total score indicates a stronger belief in the fact that a person with mental disorder can be dangerous to others and should be separated from the rest of the society.

The group of questions on the necessity for control (4 statements). A higher total score indicates a stronger opinion that a person with a mental disorder may have difficulty planning and controlling behaviors, and this person should be hospitalized.

The group of questions on stigmatization. (12 statements). A higher total score indicates the stronger stigmatization of a mental disorder, avoidance and lower tolerance towards people with mental disorders.

Statistical analysis

Statistical methods and descriptive statistics in the assessment of distribution normality of scale data, and the Shapiro-Wilk test statistics show that distribution of scales is different from normal ($p < 0.001$). Also, in some cases exceptions exist, therefore, for the data analysis, nonparametric statistical parameters, which aren't responsive to exceptions or to the demand for normality of distribution, are applied.

Data was analyzed using SPSS Statistics 22.0 software. Statistical analysis included descriptive statistics, non-parametric Kruskal-Wallis criteria, Wilcoxon signs criteria, Mann-Whitney criteria. The statistical significance level $\alpha = 0.05$ – the difference of the indicator in several groups was statistically significant when $p < 0.05$.

RESULTS

The final sample consisted of 389 respondents. All respondents were divided into 3 groups by age, into 2 groups by education and by employment status, respondents were divided into 3 groups. Detailed sociodemographic characteristics of study respondents are presented in Table 1. The biggest part of respondents was 25–49 year old persons (43.7%), those with higher education (56.8%), and employed (64.8%).

Evaluation of general attitudes to mentally ill people showed that respondents identify people with depression as more socially acceptable and view them as having more positive character traits than the ones who suffer from schizophrenia. As shown in Table 2, according to all 4 question groups, the attitudes towards patients with depression, in comparison to patients with schizophrenia, were rated statistically more positive ($p < 0.001$).

Our results showed (table 3) that older respondents (aged 50–64 years old) tend to see people suffering from depression or schizophrenia as more socially unacceptable, and such

Table 1. The sociodemographic characteristics of study participants

Characteristics	Total, n=398	Comparison among groups, p
Age, mean \pm SD	36.7 \pm 14.06	
Age groups, n (%)		
18–24 years	109(28)	
25–49 years	170(43.7)	<0.001
50–64 years	110(28.3)	
Gender:		
Male	187(48.1)	0.447
Female	202(51.9)	
Education:		
Secondary	168(43.19)	
University	221(56.81)	0.001
Employment:		
Employed	252(64.8)	
Student	50(12.9)	
Unemployed	87(22.4)	0.001

respondents indicated that the patients must be controlled. The majority of this age group is most likely to stigmatize such people ($p < 0.05$). Although, there are different attitudes talking about people with schizophrenia: as the results show, the oldest respondents of this research (group of 50–64 years old) statistically and significantly more often have stronger beliefs that the people with those disorders could be dangerous and have to be isolated from the society (6.37 ± 2.27 ; $p < 0.001$). Therefore, the older respondents are more likely to avoid mentally ill people and to exclude them from the society.

As the analysis of the results shows (table 4), people with secondary education compared to those with higher education, think that the ones who suffer from depression are less socially acceptable and also, they tend to stigmatize people with depression ($p = 0.047$) more than those who have schizophrenia. Although, there is an incontrovertible statistical tendency that the respondents with secondary education state that a person suffering from schizophrenia can be dangerous and has to be isolated from the society ($p = 0.031$). Moreover, there is a statistically reliable connection between the education of respondents and their opinion about the necessity to control the people who have some mental disorders. To conclude, the lower the level of a person's education is, the stronger is the tendency to believe that people with mental illnesses must be kept under control.

As shown in table 5, compared to the rest of the respondents, students have stronger beliefs that people suffering from mental disorders can be dangerous and they must be isolated. They also tend to stigmatize these patients more often (depression $p = 0.002$; schizophrenia $p = 0.007$). Moreover, these respondents

Table 2. The comparison of respondents' general attitudes towards patients with mental disorders

	Patients with depression	Patients with schizophrenia	Wilcoxon signed-rank test Z; P Value
	mean \pm SD		
The scale of personality traits [range 0–18]	14.27 \pm 2.25	11.37 \pm 2.48	-13,662; <0.001
The scale of dangerousness and isolation from society [0–6]	3.64 \pm 1.06	5.07 \pm 1.93	12,208 ; <0.001
The scale of the necessity for control [0–8]	5.71 \pm 2.07	7.51 \pm 2.55	13,031; <0.001
The scale of stigmatization [0–24]	16.61 \pm 5.22	21.40 \pm 5.94	15,372; <0.001

Table 3. The comparison of attitudes towards patients with mental disorders among respondents of different age groups

Questions group on	Younger-aged (18–25 years old) ^a	Middle-aged (25–49 years old) ^b	Older-aged (50–64 years old) ^c	Comparison between pairs*; P Value
	mean±SD			
Personality traits [0–18]				
Depression	14.52±2.011	14.58±2.09	13.51±2.52	0.025 (a-c); 0.005 (b-c)
Schizophrenia	1.89±2.49	11.76±2.55	10.24±1.94	<0.001 (a-c); <0.001 (b-c)
Dangerousness and isolation from society [0–6]				
Depression	3.53±0.88	3.53±0.85	3.89±1.41	—**
Schizophrenia	4.66±1.53	4.48±1.46	6.37±2.27	<0.001 (a-c); <0.001 (b-c)
The necessity for control [0–8]				
Depression	5.75±1.94	5.32±1.89	6.25±2.31	0.001 (b-c)
Schizophrenia	7.22±2.32	6.89±2.32	8.74±2.66	<0.001 (a-c); <0.001 (b-c)
Stigmatization [0–24]				
Depression	15.51±3.30	15.51±3.07	19.38±7.77	0.001 (a-c); 0.001 (b-c)
Schizophrenia	19.38±7.77	19.82±4.46	25.80±6.73	<0.001 (a-c); <0.001 (b-c)

*the p value is indicated only among the groups, which have a statistically significant difference

**no statistically significant difference between pairs was obtained

indicate that people with depression should be controlled more ($p=0.002$). No significant difference was found between employed, unemployed people and students at other scale rates. Controversial results were obtained: students evaluated people with mental disorders more negatively than respondents of other employment, but comparing results according to age, younger respondents indicated more positive attitudes. Such results may have been obtained because student sample ($n=50$) was lowest compared to employed ($n=252$) and unemployed ($n=87$) groups. Therefore, it is expedient to perform a study by taking equal sample groups and to compare the results.

Also, study showed that 228 (58.61%) people of our research have relatives or have known anyone suffering from depression or schizophrenia (first group). Results showed that first group respondents evaluate mentally ill people more positively and assign them as more acceptable compared to the ones, who do not know any people with such disorders (second group) (the scale rate of personality trait is statistical significantly higher in the first group of respondents, $p<0.01$, table 6). Also, second group stated that people with those disorders may be dangerous and that they must be isolated from the public and need to be controlled.

DISCUSSION

In this study we examined and compared the attitudes of working age Lithuanian respondents towards people with schizophrenia and depression. Our results have shown that the majority of study participants evaluate people with depression more positively than the ones who suffer from schizophrenia. In general, people with depression tend to look more socially admissible and have a better feature of the character from the point of view of our respondents. Also, the attitude towards mental disorders depends on education: the lower it is, the more negative attitudes occur. It also varies according to the age of sample: stigmatization was more prevalent by older respondents (age 50–64). However, students who participated in the study, had a stronger belief that people with mental disorders may be dangerous and that they need isolation. But despite the age, education and other factors, people, who know anyone suffering from mental disorder, usually see a brighter side of his/her personality compared with the ones who don't.

While there were no studies like this in Lithuania previously, the results of our study were compared to the international ones.

Table 4. The comparison of attitudes towards patients with mental disorders among respondents of different educational groups

Questions group on	Secondary	University	P Value
	mean±SD		
Personality traits [0–18]			
Depression	13.90±2.31	14.80±2.13	0.010
Schizophrenia	11.43±2.64	11.48±2.48	0.739
Dangerousness and isolation from society [0–6]			
Depression	3.77±1.24	3.45±0.85	0.179
Schizophrenia	5.43±2.23	4.96±1.55	0.031
The necessity for control [0–8]			
Depression	6.24±2.32	5.43±1.88	<0.001
Schizophrenia	7.99±2.62	7.43±2.79	0.002
Stigmatization [0–24]			
Depression	18.00±7.02	15.89±2.91	0.047
Schizophrenia	22.40±7.20	21.28±4.73	0.056

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Table 5. The comparison of attitudes towards patients with mental disorders among respondents of different employment groups

Questions group on	Employed	Unemployed mean±SD	Students	P Value
Personality traits [0–18]				
Depression	14.31±2.26	14.58±1.83	13.48±2.64	0.075
Schizophrenia	11.34±2.55	11.68±2.38	10.96±2.24	0.099
Dangerousness and isolation from society [0–6]				
Depression	3.63±1.02	3.35±0.69	4.14±1.51	0.003
Schizophrenia	5.04±1.90	4.58±1.56	6.04±2.24	0.001
The necessity for control [0–8]				
Depression	5.50±1.98	5.65±1.72	6.83±2.64	0.002
Schizophrenia	7.37±2.53	7.50±2.22	8.20±3.03	0.190
Stigmatization [0–24]				
Depression	16.39±4.72	15.22±3.09	20.06±8.26	0.002
Schizophrenia	21.34±5.78	19.86±4.83	24.34±7.33	0.007

One of the statements that was included in our study scale of dangerousness and isolation from society was that people with depression are far less dangerous than my society. Our study revealed that 19.79% of respondents pointed out that they don't agree with that statement. In other study, presented by Munizza and co-authors in Italy, it was found that 1/4 of the respondents (27%) believed that people with depression are dangerous to others and 30% thought that employers should not hire them [19]. So, it can come to conclusion that about 1/4 or 1/3 of people, who participated in these studies, believed that the ones who suffer from depression can be dangerous and need to be isolated.

There is limited literature on how stigma compares across different psychiatric disorders. Limited literature suggests that higher level of stigma is reported by people diagnosed with schizophrenia compared to those diagnosed with depression [10]. In 2017, Hasan and Musleh, two doctors from Saudi Arabia, made a cross-sectional study in order to compare the attitudes towards people with schizophrenia, depression and anxiety disorder. It was found that, regarding schizophrenia, danger to others, unpredictable were the most common perceptions [20]. According to the study made in Denmark, among personal negative attitudes towards people with mental

illnesses, one of the most prevalent appeared to be that they are unpredictable. This applied especially to attitudes towards people with schizophrenia (49.4%) compared to people with depression (11.9%). In the questionnaire, 20% agreed that people with schizophrenia are dangerous compared to only 1.2% in the depression case [21]. In our study, the results were relatively the same: respondents indicated people with schizophrenia as more dangerous and described them as having more negative personality traits than people with depression ($p < 0.001$). Evidence shows that schizophrenia is one of the most stigmatized mental disorders, which are connected to dangerousness and instability stereotypes, to a split personality and to a greater desire for social distance [10].

As the results of the research show, attitudes towards mental disorders depend on the age of the participants. According to the eldest group of our respondents (age 50-64), people with mental disorders are more socially unacceptable, they must be controlled and the majority of this age group tends to stigmatize those people more than the younger respondents ($p < 0.005$). Previous studies found that younger people were more tolerant and less stigmatizing [22,23,24]. This may be a reflection of changing knowledge and perceptions about mental illnesses. It could also be due to the fact that younger people are more

Table 6. The comparison of attitudes in all four questions groups depending on the respondents' existing or non-existing relation with people with mental disorders

Questions group on	Is there anyone diagnosed with depression or schizophrenia among your friends/family members?		P value
	Yes	No	
	mean±SD		
The question group on personality traits [0–18]			
Depression	15.22±1.90	13.42±2.19	<0.001
Schizophrenia	15.10±2.82	10.87±1.95	<0.001
The question group on dangerousness and isolation from society [0–6]			
Depression	3.44±0.82	3.80±1.21	0.001
Schizophrenia	3.93±1.45	5.22±1.93	<0.001
The question group on the necessity for control [0–8]			
Depression	5.26±1.71	6.09±2.26	<0.001
Schizophrenia	6.82±2.44	7.60±2.54	0.060
The question group on stigmatization [0–24]			
Depression	14.74±2.41	18.24±6.35	<0.001
Schizophrenia	18.73±4.48	21.75±6.02	0.001

informed about the causes, treatment and outcomes of mental illnesses, as a result of exposure to campaigns in educational institutions, as well as through social media [25].

Although the younger participants in our study showed a more positive attitude towards mental disorders, students had a stronger belief about dangerousness and the necessity of isolation for people with mental disorders and were more likely to stigmatize them compared to other employment respondents (depression $p=0.002$; schizophrenia $p=0.007$). In the study made in Denmark, researchers were investigating in the attitudes towards people with depression and schizophrenia among social service workers, medical and nursing students. The findings were quite the same as in our study. It was found that social service workers' attitudes are not as negative as students', who participated in the study. It has been reported that 78% of medical and nursing students considered people suffering from schizophrenia to be dangerous and violent [21].

In our study, more than a half of respondents (58.61%) indicated that they have a relative or a friend struggling with depression. The results showed that they had a more tolerant attitude and evaluated these patients more positively ($p \leq 0.001$). In Sweden in 2015 [26], it was investigated how the experience of mental illness relates to stigmatizing attitudes and social distance towards people with depression or psychosis. Among the participants, 67.6% had a personal experience of people with mental disorders. On behalf of depression, personal experience showed a lower level of personal stigma ($p < 0.05$), more willingness to become a colleague ($p < 0.05$), marry a person suffering from depression and having them in the family ($p < 0.001$). As both studies showed, attitudes as well

as the assessments of social distance are more positive among participants who have experienced mental health issues in the family or in close social surroundings, but mainly towards people with depression.

The limitations of the research could be that not all society groups are reflected in the study, but only those, who are active on social media or on the Internet. So it is not possible to comment all Lithuania society, because conclusions were made according to the opinion of 389 respondents from Lithuania aged between 18-64 years old.

In conclusion, despite an increasing amount of information about mental disorders and an easy access to it, the problem of society's negative attitudes towards people with mental disorders is still relevant. It is clear to see the importance of targeting anti-stigma programs, especially those particular to population groupings [27]. The more society acknowledges the problems that people with mental disorders cope with, the more understanding and supportive the public will become. It may come to conclusion, that those people become less self-stigmatizing, less afraid and more motivated to seek help from professionals and to get the best medical care.

Conflicts of interest

Authors declare no conflicts of interest.

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