

Perceived Aetiology of Addiction and Stigmatizing Attitudes of Mental Health Professionals towards Substance Use Disorders Patients

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ABSTRACT

Purpose: The study aimed to investigate the relationship between aetiological beliefs and stigmatizing attitudes of mental health professionals towards substance use patients. It was hypothesized that bio-genetic causal attributions would have a positive relationship with stigmatizing attitudes whereas psycho- social causal attributions would have a negative relationship with stigmatizing attitudes.

Method: Correlational research design and purposive sampling strategy was used to collect a sample of 100 mental health professionals (MHPs) both from government hospitals and private addiction centres.

Results: Results showed that Bio- genetic causal attributions had a positive relationship with stereotypic attitudes, treatment pessimism and non- permissiveness, however, no significant relationship was observed with moralism and treatment intervention. Also, psycho- social causal attributions had a positive relationship with stereotypic attitudes and moralism whereas no significant relationship was present with treatment pessimism, non- permissiveness and treatment intervention.

Conclusion: The study highlights the multifaceted nature of stigma therefore the importance of combined aetiological information in anti- stigma interventions and empirically informed curriculum to reduce stigmatizing attitudes of mental health professionals.

Keywords: Perceived Aetiology, Therapeutic Attitudes, Stigmatizing Attitudes, Substance Use Disorders

INTRODUCTION

Among the developing countries, Pakistan shares the highest burden of mortality due to illicit substance use. According to a report published by United Nations Office on Drugs and Crime⁽¹⁾, 6% of Pakistan's population or 6.7 million people are illicit substance users among them 4.25 million suffer from substance use disorders requiring psychiatric intervention and rehabilitation⁽¹⁾. Similarly, 76% of drug users didn't seek treatment with stigma in health care settings as a major impediment⁽¹⁾. The stigma is prevalent among major stake holders of Mental Health Care (i.e., Psychiatrist and Psychologist). Among various predictors of stereotypic attitudes towards Substance Use Disorders patients (SUD), endorsement of specific etiological beliefs among Mental Health Professionals (MHPs) leads to the maintenance and exacerbation of existing stigma^(2,3).

SUDs maintains its place as the most stigmatized mental health problem both in public and among Mental Health Professionals (MHPs). In health care settings the discriminatory attitude of major stakeholders impacts their willingness to care and therapeutic commitment, therefore accounting for lower quality of care for individuals with substance problem⁽⁴⁾. As, discriminatory attitudes leads to lower investment in education campaigns and training programs for MHPs resulting in therapeutic ineffectiveness thus reinforcing the established therapeutic pessimism about SUDs^(5,6,7,3). Thus, MHPs often feel ill equipped to care for individuals with substance use disorders and find working with them unrewarding⁽⁷⁾. In short, the stigmatizing attitudes predicated by etiological beliefs adversely impact professional and therapeutic attitudes among MHPs resulting in the delivery of sub-optimal mental health services by Psychiatrists and Psychologists.

To alleviate the stereotype of viewing addiction as a choice and weakness of will, a Bio-medical causal explanation of addiction i.e., attributing SUDs to unchanging biological factors was endorsed in anti-stigma interventions and mental health literacy programs for MHPs to bring it into the sphere of medical diagnosis. Therefore, reducing Labelling/ Name- calling and

blaming, bring treatment into closer apposition with evolving psychiatric modes of treatment and makes things more concrete and structured for providers of the treatment^(8,9).

Therefore, the present study aims to investigate the relationship between the perceived aetiology of addiction, and stigmatizing attitudes of mental health professionals in treating patients with substance use disorder (SUDs). The study purpose was to highlight the importance of enhanced SUDs curriculum, training and evaluation for improved attitudes and perceived preparedness to treat patients with substance use among MHPs⁽¹⁰⁾.

METHOD

Research Design: The correlational research design was used access the relationship between aetiological beliefs and stigmatizing attitudes of mental health professionals towards substance use patients.

Sample Characteristics: A sample of 100 mental health professionals (N= 100) consisting of n= 36 (M=33.64, SD=8.34) psychiatrists and n= 64 (M=30.38, SD=7.30) psychologists from psychiatric wards of public hospitals, private addiction centres, and public universities. The sampling strategy was purposive as the targeted sample was chosen on the basis of certain characteristics as suggested by prior studies. Psychologists and psychiatrists having at least 1 year of experience encounter addiction patients at least a few times a year.

Instrument: Short Understanding of Substance Abuse Scale (SUSS¹¹). SUSS consisted of 19- items assessing beliefs in 3 domains Disease Model, Psycho- social Model and Eclectic Model. Items were rated on a 4- point Likert Scale. The internal consistency of the scale in the present study ranged from .30-76.

Substance Abuse Attitude Survey (SAAS¹²). It comprised of consisted of 43- items entailing five sub-scales. Respondent rate items on a 7- point likert scale. The internal consistency of the scale in the present study was ranged from .60-.73.

RESULTS

Table 1: Showing Relationship between Demographic Variables, Perceived Aetiology of Addiction, Stigmatizing Attitudes

Variables	1	2	3	4	5	6	7	8	9	10
1. Age	-	.30	-.09	.18	.00	-.29	-.38*	-.11	-.14	.31
2. Frequency of exposure	-.04	-	-.31	.04	-.03	-.26	-.40*	-.09	-.13	-.02
3. Treatment Type	.05	.59**	-	-.32	-.27	.35*	.63**	.25	.46**	-.21

4. Bio-Medical Model	-.05	.49**	-.37**	-	.19	-.12	-.39*	-.40*	-.06	.32
5. Psycho-social Model	-.09	-.14	.27*	.12	-	-.23	-.30	-.14	-.44**	.12
6. Permissiveness	-.17	-.41**	.35**	-.45**	-.11	-	.32	.27	.46**	-.18
7. Non-Stereotype	-.25	-.08	.24	-.33*	-.09	.20	-	.35*	.44**	-.38*
8. Treatment Optimism	-.18	.42*	-.39**	.09	-.07	-.51**	.31	-	.41*	.19
9. Non- Moralism	-.07	.17	-.09	-.14	-.40**	.08	.45**	.13	-	-.18
10. Treatment Intervention	.13	-.06	.16	-.05	-.00	-.37**	.14	.33**	-.26	-

Note. Group 1 (upper right)= Psychiatrists; Group 2 (lower right)= Psychologist; *p<.05, **p<.01,

Table 2: Group Difference in Aetiological Beliefs and Stigmatizing Attitudes of Mental Health Professionals

Variables	Psychiatry (n= 36)		Psychologist (n= 63)		T	p	95 % CI	
	M	SD	M	SD			LL	UL
Bio-Medical Model	12.55	5.08	16.22	5.74	-3.18	.00	-5.95	-1.37
Psycho-social Model	15.22	1.97	14.82	2.76	.70	.48	-.67	1.40
Permissiveness	29.61	9.43	21.77	8.04	4.29	.00	4.21	11.45
Non-Stereotype	37.00	7.06	34.00	8.99	1.70	.09	-.49	6.49
Treatment Optimism	24.58	4.64	25.14	5.89	-.49	.62	-2.84	1.71
Non- Moralism	34.61	9.82	28.10	5.89	3.95	.00	3.23	9.77
Treatment Intervention	45.52	3.80	46.85	4.36	-1.52	.13	-3.06	.40

Note. SD= Stander deviation, M=mean t=actual, p=potential, LL= lower value, UL= upper level.

In table 1 for psychiatrists' group, it was observed that bio-medical model had a significant negative relationship with non-stereotype attitude and treatment optimism and no significant relationship was observed between bio-medical model and permissiveness, non-moralism and treatment intervention. On the other hand, psycho-social model had a significant negative relationship with non-moralism and a non-significant relationship with permissiveness, non-stereotype, treatment optimism and treatment intervention.

For Psychologists group, bio-medical model had significant negative correlation with permissiveness and non-stereotype attitude and no significant relation with treatment optimism, non-moralism and treatment intervention. Moreover, Psycho-social model had a significant negative relationship with non-moralism only. Whereas a non-significant relationship was observed with permissiveness, non-stereotype, treatment optimism and treatment intervention.

Result in table 2 shows that biomedical aetiology belief model was significantly followed by psychologist as compared to psychiatrist. However, permissiveness and non-moralism subscale of stigmatized attitude was significantly higher in psychiatrist as compared to psychologist

DISCUSSION

The results of the present study indicated that Bio-Medical Causal Explanations had a negative relationship with Non-stigmatizing attitudes (i.e., non-stereotype and treatment optimism). Results are supported by previous evidence as, Kvaale et al.,⁽¹³⁾ demonstrated that attributing SUDs problem to uncontrollable bio-medical factors may reduce blame, however, it is associated with reinforcement of stereotypes of danger and unpredictability and differentness, therefore exacerbating prejudiced attitudes and social distance among health care professionals⁽¹⁴⁾. Moreover, conceptualizing addiction as a deep seated fixed disease provoke essentialist thinking, thereby fostering prognostic pessimism that the problems are unlikely to improve owing to their trait-like and neurobiological nature^(13; 15).

On the other hand, psycho-social causal attributions had a negative relationship with non-moralism. Various studies have concluded that psycho-social explanations are not necessarily beneficial to reduce moralism associated with substance use disorders as psycho-social causal attributions may invoke an overestimation of personal control despite the fact that people's predispositions of self-control varies hence aggravating the blame and shame associated with substance use disorder patients. In addition, other studies have indicated that not necessarily psycho-social explanations but unscientific causal attributions mimicking psycho-social factors are associated with increased responsibility and hence moralization of substance use^(16;17).

Moreover, result showed that biomedical aetiology belief model was significantly followed by psychologist as compared to psychiatrist. However, permissiveness and non-moralism subscale of stigmatized attitude was significantly higher in psychiatrist as compared to psychologist. The core element of the biomedical paradigm is that psychological issues are brain disorders. The limited view of psychiatrists about biological aetiology of addiction might be due the fact, that despite the thousands of researches seeking for biological indicators of mental health issues like schizophrenia or depression, none have shown to be therapeutically useful. Furthermore, very few research are replicable in research. Therefore, some psychiatrists understandably claim that the biological method has high costs but no advantages⁽¹⁸⁾. Furthermore, the attitudes of addiction and community psychiatrists toward people with diagnosed schizophrenia, polysubstance dependence, or comorbid schizophrenia and polysubstance dependence and depression were studied in a research done by Rössler⁽¹⁹⁾. According to these studies, even psychiatrists who interact with highly stigmatized groups of patients could still have negative opinions about those who have other disorders⁽²⁰⁾.

The present study has highlighted the multi-faceted nature of stigmatizing attitudes requiring multi-dimensional measures as the endorsement of a specific etiological belief lowers one form of negative attitudes while exacerbating other form of stigmatizing attitudes, that is, evidence based anti-stigma interventions involving combined etiological information should be emphasized in training and curriculum. It further suggested the importance to devise anti-stigma intervention workshops and advanced course based on recent scientific literature in order to rectify collective misperceptions about SUDs treatment interventions and inform therapeutic preparedness in context of valid and comprehensive scientific literature contrasting to culturally defiled mainstream treatment practices

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