



Original article

EPA guidance on how to improve the image of psychiatry and of the psychiatrist



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ABSTRACT

Stigma against mental illness and the mentally ill is well known. However, stigma against psychiatrists and mental health professionals is known but not discussed widely. Public attitudes and also those of other professionals affect recruitment into psychiatry and mental health services. The reasons for this discriminatory attitude are many and often not dissimilar to those held against mentally ill individuals. In this Guidance paper we present some of the factors affecting the image of psychiatry and psychiatrists which is perceived by the public at large. We look at the portrayal of psychiatry, psychiatrists in the media and literature which may affect attitudes. We also explore potential causes and explanations and propose some strategies in dealing with negative attitudes. Reduction in negative attitudes will improve recruitment and retention in psychiatry. We recommend that national psychiatric societies and other stakeholders, including patients, their families and carers, have a major and significant role to play in dealing with stigma, discrimination and prejudice against psychiatry and psychiatrists.

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1. Introduction

Psychiatry, psychiatric patients and psychiatrists have always been stigmatised against. Reasons for the stigmatisation are many [113]. Fear, prejudices and discrimination are a result of the lack of knowledge. However, attitudes may be difficult to change in spite

of education and training. With psychiatrists themselves pandering to stereotypes of themselves and their colleagues even in fiction [69], the negative attitudes persist. Stigma defined broadly can be understood as negative stereotypes and prejudicial beliefs that people may hold along with discriminatory and inequitable practices which disadvantage patients, their families and their carers [102]. Stigma and discrimination are at the level of the individual through the inter-personal interaction [110], but systemic discrimination still persists, affecting funding and status of the profession [44]. The attitudes are related to a number of

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factors, such as help-seeking and previous experience with the services, therapeutic alliance, expectations of the treatment and explanatory models of the illness of the patients and their families. Varying explanatory models may have a disjunction between psychiatrists and patients, and therapeutic adherence will be affected, leading to poor outcome and feeding into further discrimination.

Psychiatrists are mostly interested in diseases whereas patients are focused on illness and their therapeutic adherence may be negatively affected, leading to poor outcome and feeding into further discrimination. The image of psychiatry and psychiatrists may be affected by aspects not strictly related to stigma: the past of psychiatry includes dark centuries in which asylums and pre-pharmacological interventions (physical restraints, coercion, etc.) have been adopted and may still influence the image of the discipline and psychiatrists.

Unlike other medical specialties, psychiatry has often been seen as unscientific, touchy-feely and without a proper scientific basis. In particular, the heterogeneity of approaches adopted for the care of the mentally ill people, ranging from classical psychoanalysis to biologically oriented treatments, contributed to confusing general population on the role of psychiatrists and of psychiatry. The poor image of psychiatry and psychiatrists affects help-seeking, causing further delay and thereby reducing response rates, creating a vicious circle of further ongoing stigmatisation. In addition, the poor image of psychiatry is reflected in poor resourcing of psychiatric services. This can further lead to poor recruitment and retention of psychiatrists. Another possible consequence of stigmatization of psychiatry is the reduced access of patients to mental health services; in many contexts, patients and carers tend to refer first to less stigmatizing health professionals, such as neurologists, psychologists or GPs [3,118], with long delays to appropriate mental health care.

Stigmatization of psychiatry and psychiatrists may be one of the reasons for the recent “conceptual crisis” of the discipline [27,46,74,97]. The promotion of the public image of psychiatry is one of the most important challenges for future generations of psychiatrists, and it is on the agenda of several professional associations in the field of mental health [34,52,84].

Although several efforts have been made to overcome stigma attached to mental illness, there are no clear indications on how to fight stigma attached to psychiatry and psychiatrists. Bearing in mind these imperatives, the European Psychiatric Association (EPA) set out to produce a Guidance document on reducing stigmatisation of psychiatry and psychiatrists. In this Guidance paper we will:

- provide an overview on stigma against psychiatry and the psychiatrist;
- identify the main common themes of stigmatization in psychiatry;
- shed light on how to improve the public image of psychiatry.

2. Methods

The adopted methodology followed the recommendations set by the EPA Committee on Guidance [67]. PsychINFO, PubMed, Embase, Medline and other databases provided first screen. The search focused on the past five years as a recent WPA Guidance document had included search up to 2009 [102]. The MeSH terms entered were “public knowledge” or “stigma” or “stigmatization” AND “psychiatry” or “psychiatrist” or “mental health professional”. Papers were included if they were written in English and published between 2009 and 2014. In addition, grey literature was

searched along with secondary searches through the references to explore additional materials. The other members of the EPA Guidance Committee and the group of authors made further suggestions. Ninety-five articles (with duplicates removed) were identified. These were in addition to the WPA Guidance [102], which had previously identified a total of 503 potentially relevant papers from a total of 7296 articles up to 2009.

We divided the results into stigma against psychiatry and against psychiatrists. Embedded within each of these, we also highlighted the potential strategies, which can be—and indeed should be—employed in managing and reducing stigma and negative attitudes. It is also worth noting that attitudes against specific branches of psychiatry also differ and may provide a direction in managing the stigma. The EPA Guidance committee approved the proposal and the text.

3. Observations

Over a quarter of a century ago, Buchanan and Bhugra [28] observed that the following inter-related factors can influence attitudes and behaviours:

- doctors’ views towards psychiatrists;
- patients’ views towards psychiatrists and;
- their (doctors’ and patients’) perception of psychiatry.

These three inter-related factors are critical in understanding and engaging other medical professionals. These three factors must be studied carefully.

Earlier, Bhugra [17] had illustrated in a review that public attitudes are influenced by a number of factors and historically have been affected by labels as well. Starting from the philosophical thinking on psyche by philosophers, the lack of knowledge about underlying biological templates of most psychiatric disorders has affected the attitudes. Philosophers have focused on mind whereas often neuroscientists have attempted to focus on brain and its structures and function leading to a degree of confusion and tension between the two subjects. The reactions to a taboo group are a result of many causes, including direct or indirect contact, perceptions and context within which the contact takes place.

Attitudes towards psychiatric treatments have to be seen in the context of attitudes towards the specialty [103]. Although a recent study by Angermeyer et al. [10] showed that readiness to accept treatment from mental health professionals has increased recently, it may have been more specific to psychotherapy in schizophrenia or major depression [9]. The rural vs urban differences indicate that rural residents are more likely to see drinking and painkillers as potential treatments for depression [60]. Looking at the attitudes of respondents in Germany, Slovak Republic and Russia, a general propensity towards psychotherapy as potential treatment was noted in comparison with medication. Natural remedies were seen as more popular in Bratislava and yoga/meditation were seen as more popular in Germany [11]. Thus, a degree of cultural variation in help-seeking may exist, reflecting differing attitudes and possible explanations. There is no doubt that attitudes towards certain psychiatric treatments will be different from those of psychiatry as a whole. These variations may be due to personal experiences of specific interventions.

The challenge raised by Pichot [94] that psychiatry is threatened to be absorbed in other specialties is opposed by Katschnig [74] that challenges to psychiatry are both internal and external. Internal challenges have been identified as multiple specialties, medical scandals, poor recruitment, changing roles and changing expectations from the profession as well as others along

with poor self-esteem [19]. In the same study, the authors found that external challenges to psychiatry included government policies, discrimination and prejudice, along with stigma. Nearly 40 years ago, it was noted that the quality of institutional care was one of the major factors associated with negative attitudes, although attitudes towards psychiatrists did not appear to be too negative [104]. However, an increased propensity to prescribe was seen as a negative aspect of psychiatry. Katschnig [74] argues that psychiatry as a profession must be looked at with the eyes of the sociology of professions analysing (skills and) relationship between the profession and the society at large. The professions have a specialised body of knowledge, high status in the society, are autonomous and have professional standards [20,32,105]. The challenges he goes on to highlight are based on decreasing confidence about the knowledge base, about therapeutic intervention and poor coherent theoretical basis. The negative image, Katschnig notes, is due to negative media too. Maj [84] in his editorial pointed out that the stigma against psychiatrists is related to its past image and argues that a new image must be promoted. Furthermore, a similar argument is put forward by Jablensky [71] in the same issue suggesting that the negative image of psychiatry is associated with a relative lack of advance in theoretical basis of psychiatry, whereas Gaebel et al. [57] go on to suggest that psychiatry is an integral part of medicine and psychiatrists are best placed to play a major role in integrating biological, social and psychological aspects in both somatic and mental disorders. They go on to point out that doctors are attracted to psychiatry because of its ability to link together mind and brain. Gaebel et al. [57] argue that psychiatric research and the conceptualisation of mental disorders are crucial, and understanding of psychopathology (through phenomenology) is a vital core skill.

When focusing on stigmatisation of psychiatry and the psychiatrist by the general public, medical profession, medical students and others, some common themes emerge. These themes include a perception that psychiatry is unscientific [85]. A recent paper [38] indicated that psychiatry should be seen as a natural science, making it possible that the humanities and arts can have more impact on psychiatry. The nature of science is important, but it must be remembered that psychiatry is at that stage of professional development that medicine and surgery were about 150 years ago, when diagnoses were based on a collection of symptoms and classifications were not always very clear. With mapping of the brain, it is possible that clearer and narrower classifications may become possible. Similarly, these future advances may lead to more focused and narrow treatment options.

3.1. Stigmatisation of psychiatry

3.1.1. Health professionals

In the majority of worldwide healthcare system, mental health care is separated from physical health care, and inevitably very few medical colleagues understand the role of psychiatry, particularly so if liaison psychiatry departments are weak or non-existent, and if they have not had adequate exposure to psychiatry during their undergraduate or post-graduate training. The fact that physicians did not work routinely in contact with psychiatrists and that the only way of being in contact with psychiatry is during liaison activities or in emergency settings could contribute to the negative image of psychiatry. Moreover, negative attitudes are related to lack of efficacy of therapeutic intervention [81]. In addition, the attitudes of nurses and nursing students are positive towards psychiatry [16,31,64,98,99,116,124] as are among pharmacy students [43]. It is not surprising that attitudes towards specific therapeutic interventions such as medication or psychotherapy will vary dramatically [88,95,96]. Social workers, interestingly, seem more positive towards medication [15,91], while detention

of patients and treatment against their will arise strong negative feelings in particular among nurses [23,82,119]. Psychiatrists themselves have negative views about certain types of therapeutic intervention [98]. These negative attitudes suggest that those working with psychiatric patients may be more exposed to negative attitudes, especially in relation to side effects.

3.1.2. Medical students, trainees and early career psychiatrists

In a themed issue of the *International Review of Psychiatry* [83], Lydall et al. included a number of studies from around the world looking at medical students' interest in recruitment to psychiatry [7,13,42,45,47,48,58,62,73,92]. The general themes were that a small proportion of students went into medicine because they wanted to do psychiatry and a small proportion changed their mind. A proportion of students did not want to do psychiatry and did not change their mind. Negative attitudes towards psychiatry included the perceived unscientific nature of the subject. The attitudes and intention to specialise were altered for the positive by experiences of teaching, elective placements, exposure to patients [62]. At the beginning of their career, medical students are often interested equally in the art branches (psychiatry, paediatrics, general practice) as in the craft specialties (surgery, orthopaedics, anaesthetics). Perceived low prestige and status among other health professionals plays an important role in creating negative attitudes among medical students, thereby influencing recruitment [1,13,93]. Students may also see psychiatry as providing low job satisfaction [121], though this is not a consistent observation [86,125]. In many countries, financial rewards also play a role [78,106] in poor recruitment. The perceived lack of scientific foundation to the subject also creates a set of negative attitudes [4,5,25,66,87,108]. Obviously, debates about diagnosis and classifications contribute to this negative image [6,75,111,117]. Thus, it can be argued that as there is so much debate about diagnosis, the research findings will be equally problematic [74]. Negative attitudes about various types of therapeutic interventions may also play a role in creating a negative image of psychiatry, thereby putting students off psychiatry.

In the same issue of *International Review of Psychiatry*, the role of European early career psychiatrists to enhance the public image of psychiatry was reported [52], and some activities carried out recently by the EPA early career psychiatrists committee were listed [54]. Authors proposed to enhance their presence within their local communities and to work in partnership with users and carers and with media in order to present a more realistic image of the profession.

3.1.3. Patients and families

The attitudes of patients themselves, as well as those held by their carers and families, are critical in help seeking, in determining pathways to care and subsequent therapeutic engagement and adherence. Apart from the cultural variations in explanatory models, a key aspect is that of attitudes towards psychiatry as a discipline and towards psychiatrists. Negative expectations of treatment and the perceived unhelpful nature of some available psychiatric treatments, such as psychotherapies or ECT, produced poor engagement with services [14,21,100,112] and contribute to develop positive or negative attitudes towards psychiatry.

Psychiatric patients and their relatives have sometimes shown more positive attitudes towards medication and treatment [61,70], which may reflect their own personal experiences rather than general attitudes.

3.1.4. General public

Negative images of psychiatry as held by the general public are related to perceptions of treatments which are given stereotypes colouring in forceful treatments against their will and use of

straitjackets [8]. Although many countries in Europe have led to the development of community care and of community mental health centres, the negative attitudes persist, reflecting the perceived quality of treatment rather than the actual treatment [63] and indeed seen as harmful [24]. Psychotropic medication and ECT are seen as more negative interventions in comparison with psychotherapies and counselling [35,76]. The lack of knowledge may be responsible for negative attitudes.

3.1.5. Others

The media and its portrayal of mental illness and how it is treated play a major role in affecting attitudes towards mental illness. The way in which stories related to mental health are covered and the emphasis placed on making fun of patients with mental illness does lead to negative attitudes. Negative images often get translated into generalised negative attitudes [101]. Film-makers' attitudes reporting large negative portrayal of psychiatry [29,56] play a major role in informing and forming negative attitudes. The negative portrayals of psychiatry pandering to stereotypes of the specialty even in novels written by psychiatrists continue to perpetuate the myth of psychiatry as ineffective and psychiatrists themselves as suffering from psychiatric disorders, not taking reality into account [69]. Newspaper reports and negative media portrayals play a major role in creating further negative stereotypes of psychiatry.

3.2. Stigmatisation against psychiatrists

Although psychiatry and psychiatrists are not separate but closely linked, the negative attitudes may carry different weights across the two settings. The public image of psychiatrists also remains steadfastly negative [102].

3.2.1. Health professionals

Within the medical community, often the status of psychiatrists is seen as low. Often the notion is pushed that "one needs to be crazy to be able to work with crazy patients" [79]. Inevitably, this stereotype leads to further discrimination as well as marginalisation. Thus a lack of respect towards psychiatrists can feed into further prejudice and it has been shown that letters of referral to psychiatrists often do not contain detailed information about the physical state of the patient [36], indicating that there may be a perception either that the physical condition is not important or relevant to the psychiatric state of the patient's well-being, or that psychiatrists do not need to know or will not be able to deal with physical issues. In addition, this may be perceived as a lack of awareness of the physical condition. Although some studies have shown that psychiatric opinions are valued [33,39], psychiatrists are still seen as emotionally unstable [40]. This cognitive dissonance indicates a disjunction between the reality of psychiatrists being helpful and the stereotype of emotional instability.

Other mental health professionals see psychiatrists in a much more positive light. In a study including social workers and occupational therapists, Bhugra et al found that [22] patients and their carers saw a good psychiatrist as being a good listener and communicator and, interestingly, medical models were seen as an important component of treatment. Occupational therapists viewed psychiatrists as having a unique knowledge and providing leadership. Social workers also saw psychiatrists as working collaboratively and being able to look beyond medical models of mental illness. Thus, various stakeholders held reasonably positive views of the role and responsibilities of psychiatrists.

It is possible that attitudes towards psychiatrists are more positive in those European countries where efforts have been made to integrate mental health and physical health services [37].

3.2.2. Medical students

It is possible that medical students' attitudes will be influenced by their senior medical colleagues as well as by their own experiences in dealing with psychiatrists during their clinical placements and elective attachments. It is likely that in many European countries the psychiatric placements in undergraduate training may be very short and students may thus not have adequate exposure. It is also possible that the quality of teaching, the morale of psychiatrists, settings within which both teaching and clinical exposure occur, will all influence students' attitudes. Students may find it difficult to cope with compulsory detention and treatment, along with chronicity of certain psychiatric disorders [7,42,45,47,48,58,62,73,92]. Students may be influenced by negative comments about psychiatrists by their teachers and others during their training [68]. It has also been shown that medical students may see psychiatrists as emotionally unstable or neurotic in comparison with other health professionals [26,28,109]. It is entirely likely that these negative attitudes of medical students will permeate to other spheres and will create further negative attitudes among other medical professionals, thereby setting up a negative vicious cycle.

As mentioned above, negative attitudes held by medical students towards psychiatrists will affect both recruitment and retention.

3.2.3. Patients and families

Interestingly, in spite of the possibility that in many countries psychiatrists have the state given power to detain patients against their will and treat them without their consent if they are deemed to have the potential either to harm themselves or others, studies have shown that attitudes of the families and the patients towards their psychiatrists are not only positive [2,89] but become even more so after experiences of hospitalisation [50,51,116]. Some of the negative attitudes and experiences are said to be related to a lack of time spent with the psychiatrists [2,50,51,72,89,90]. It has also been argued that negative attitudes may be seen as a consequence of the psychiatrist's image as controlling and arrogant [72,89]. These experiences will lead to limited help-seeking and often as the last resort.

3.2.4. General public

The negative attitudes held by the general public towards psychiatrists affect help-seeking. Interestingly, often the general public confuses psychiatrists with psychologists and do not recognise psychiatrists as medically trained [80,115,122]. Yet, the perception that all psychiatrists rely too much on medication persists [41]. The public perceptions include stereotypes that psychiatrists can read people's minds and also that they are agents of repression [49,107,114]. Other roles of psychiatrists as in courts to testify on testamentary capacity [107] and as an academician or administrator, are ignored by the public's perception of the role of the psychiatrist.

3.2.5. Others

In order to effectively fight stigma against psychiatry and psychiatrists it is necessary to include all categories of stakeholders involved in the mental health enterprise. In a recent survey carried out within the EU-funded ROAMER project [65], stigma towards psychiatry and the mentally ill has been recognized as one of the top ten priorities for future research by different categories of stakeholders [53].

Policy makers in charge of funding do not deliver an equivalence of funding needs. In spite of the fact that the burden of psychiatric disorders may be greater than those of physical conditions such as cancer and cardiovascular disease [120], the share of health care is not appropriate. The media's portrayal of

psychiatrists as buffoons, jokers and villains plays a major role in creating negative stereotypes [12,55]. Using derogatory terms, the press and films can play up to stereotypes. In studies of Hollywood [59] and Bollywood [18] films, it has been shown that psychiatrists are often seen as villainous even though their role as helpful, acceptable and a detective of the mind has been shown in nearly one-half of the films. The role of addiction in films in Brazil [30] has recently been explored, suggesting that perceptions and portrayals of alcohol and drug abuse way over-reach the population consumptions. Such approaches can lead to public health interventions.

Having provided a brief overview of public images of both the psychiatrist and psychiatry we will draw together some common themes.

4. Common themes

4.1. Stereotypes

Both for psychiatry and psychiatrists, stereotypes of the profession and the professional continue to persist. These stereotypes produce a negative image, indicating that psychiatrists are unscientific as is the profession, which is embittered, embattled and divided, thus creating an environment which precludes recruitment and retention. Attitudes can certainly be improved by engaging the general public and high school students [77,123]. Increasing knowledge can affect behaviours and attitudes.

4.2. Negative images

Negative images of psychiatry and the psychiatrist indicate that the profession is seen as unscientific and ineffectual, and a low prestige profession. Psychiatry as a profession is portrayed negatively in various types of media, including print and film. Psychiatrists are seen as ineffective, villainous or buffoonish, and various treatments recommended by psychiatrists are seen as ineffective, in particular psychopharmacology and ECT.

4.3. Perceptions and prejudice

The historical perceptions of psychiatry and psychiatrists have contributed to prejudicial attitudes across different groups, which have been studied. Such prejudice and discrimination has led to poor funding and resources, which in turn have caused poor recruitment and retention of psychiatrists.

4.4. Myths

Myths about psychiatry and psychiatrists, especially related to prejudice and discrimination abound. These myths include stereotypes about personality of psychiatrists and their roles.

Although these identified areas tend to overlap, some clear conclusions can be drawn. These conclusions can then be challenged and appropriate interventions are put in place. These interventions must be targeted across groups—media, health professionals, policy makers, general public, patients, their carers and family members.

5. The way forward

We make the following suggestions—some of which are derived from the literature, whereas others are derived from consensus among the group.

5.1. Health professionals

For health professionals, some key steps need to be taken:

- leadership: psychiatrists as professionals must take the lead in taking pride in clinical practice, looking after the most challenging and undeserved patients. The message has to be that many psychiatric conditions can be cured, whereas others can be managed long term;
- evidence based research should be circulated widely. Guidelines based on scientific research must be produced widely and used across all psychiatric settings;
- different cultures deal with different psychiatric illnesses in different ways, according to resources, thus networks of policy development, clinical intervention and research must be established;
- focus on physical and mental health services integration with ring fencing of the mental health funding must be considered.

5.2. Medical students

Medical students are the future of psychiatry and every effort should be made to recruit the best and the brightest:

- teaching: exposure to enthusiastic and charismatic teachers in undergraduate settings should be encouraged and teachers rewarded accordingly. Younger generation learns in a different way, so new web-based methods should be developed;
- clinical exposure to right patients and the right number of patients must be delivered. Allowing medical students to participate to brief psychotherapies will give them the opportunity to understand the effectiveness of these treatment on patient's clinical status and well-being;
- elective attachments have been shown to be successful in recruiting medical students. Especially tailored placements should be made available across different national and international settings;
- engagement in short research projects will open up possibilities of experiencing research methods and developing interpretation of findings.

5.3. Patients and their carers

Patients, their carers and families want to know more about the illnesses, warning signs and management:

- audit: regular audit of clinical services will enable clinicians to understand what changes are needed and how to deliver services. Audits about patient satisfaction and complaints will encourage staff to provide better services;
- education and information: regular courses, information leaflets and newer methods such as phone apps and web-based learning may provide relevant information so that patients, families and their carers can work to identify early signs, signs of relapse and management;
- working with patient organisations is an important aspect in spreading education as well as engaging policy makers. By being advocates for the patient, the profession can attract better funding;
- collaboration across different sectors—voluntary and statutory, primary care and secondary care and social and health care can lead to better engagement and improved outcomes which in turn will improve the image of psychiatry and psychiatrists.

5.4. Others

Media: training the media on reporting and working with them to convey positive messages will help improve the public image. Psychiatrists need to be realistic about their messages.

Working with the media by advocating for the patients, commenting fairly and clearly and being able to speak authoritatively on selected topics in which one has the expertise is important. It is potentially dangerous and unhelpful to comment on everything and every topic.

5.5. Policy makers

Engaging with policy makers should help improve the funding.

Sharing information with policy makers about accurate outcomes and therapeutic interventions can help both sides. Policy makers can educate the professionals about what they require in order to bring about change.

Involving policy makers at an early stage when services are being developed so that they can have an investment in the process, can be an important factor.

Evidence based policy is rare, but the task of the professional is to produce evidence and then explain it in a way so that appropriate interventions can be funded.

Making available guidelines to all policy makers and key stakeholders is crucial so that research, funding and realistic outcomes are available and easily accessible.

6. Conclusions

Historically, the public image of psychiatry and that of the psychiatrist has been negative for a considerable period of time, although some evidence indicates that some of it may be beginning to change. To change this image, the psychiatric profession—and psychiatrists as its representatives—need to move forward, by engaging patients, their carers and families, the media, other stakeholders, including health professionals and medical students, as well as policy makers. As professionals, psychiatrists need to take on leadership roles as well as become key advocates for patients and their families. Working in collaboration with patient organisations, primary care, social care and physicians, psychiatry can start to make its achievements more recognisable.

Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

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