Stigmatizing Attitudes of Mental Health Professionals in Hong Kong: Influence on Recovery in People with Schizophrenia Spectrum Disorders

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Introduction
This research aims to examine the impact of stigmatizing attitude of mental health professionals on the perceived level of recovery and life satisfaction of people with severe mental illnesses (mainly schizophrenia and schizoaffective disorder). The study result is potentially beneficial to the development of a recovery-promoting environment for people with mental illness and enhancement of local psychiatric services.

Objectives
The aim of this research is to investigate whether stigmatizing attitude in mental health professionals exists in local psychiatric settings and if yes, what is the potential impact on the perceived level of recovery and life satisfaction of people with severe mental illnesses (mainly schizophrenia and schizoaffective disorder). Specific research questions include: 1. To what extent the participants perceive stigmatizing attitudes from mental health professionals; 2. How will the stigmatizing attitudes (if they exist) impact on their recovery process and perceived level of life satisfaction.

Methodology
A sample of 79 people with schizophrenia spectrum disorders was selected from 3 local psychiatric day and out-patient rehabilitation settings. Participants were invited to complete four measurements assessing the perceptions of stigma of mental health professionals, level of recovery, quality of mental health service, and life satisfaction. SPSS version 19.0 (with student license of CityU) will be used for statistical analyses. Descriptive analyses will be conducted to illustrate demographic and clinical characteristics of the samples. The predictive relationship between perceived level of stigma (independent variable) and other dependent variables (including self-perceived recovery, life satisfaction, and quality of psychiatric service) will be analyzed by using the Pearson product-moment correlation coefficient.

Result
Participants reported an average score in the stigma and life satisfaction scales but a
comparative low score in the recovery and service quality measures. Analyses showed a negative but relatively weak correlation between the level of perceived stigma of mental health professionals and level of recovery, service quality, as well as life satisfaction. Findings also revealed that life satisfaction was significantly and positively associated with the perceived quality of mental health service and level of recovery. The study highlighted the impact of stigmatizing attitudes of mental health professionals on the recovery of people with serious mental illness. The knowledge gained can be useful in the enhancement of mental health service in terms of reinforcing the crucial role mental health professionals play in creating a stigma-free and recovery-promoting environment for our clients. Active involvement of professionals in anti-stigma campaigns and reorganization of mental health service were important strategies in reducing stigma in practice. Resources should also put into the training of mental health practitioners so as to equip them with adequate knowledge and skills in the conducting recovery-based treatment.