

L. Yllá
A. González-Pinto Arrillaga
J. Ballesteros
V. Guillén

Evolution of attitudes of the population towards the mental patient

Área de Psiquiatría
Departamento de Neurociencias de la UPV
Bilbao (Vizcaya) (Spain)

Introduction. The research work we are presenting on attitudes toward mental illness among the general population of Vizcaya is, to a certain extent, a continuation of an investigation line we began in 1979.

Material and methods. We have used the same questionnaire as in 1979 (Cohen and Struening), slightly modifying it to adapt it to current circumstances with a completely random sample. Cronbach's alpha is 0.8236 and the confidence interval for the difference is 95%.

Results. The attitude towards the mental ill is better nowadays than several decades ago. This is probably because of the deep changes that have occurred in our society which has led those people who previously had a stereotyped attitude and were prejudiced to become more diversified in their opinions with full knowledge of the facts because of better information. Its factor synthesis explains 32.9% of the variation. The factors resulting from this work are: *a)* negative attitude toward the mentally ill (explains 14% variation); *b)* interpersonal/social etiology (explains 7.2% variation); *c)* authoritarianism (accounting for 4.8% variation); *d)* restrictiveness (explains 3.1% variation), and *e)* prejudice (explains 3% variation).

Conclusions. The population has a less magical and prejudicial and a more informed idea of mental illness. Thus the factorial contents are much more disseminated. Consequently, these factors explain a relatively low percentage of variation.

Key words:
Attitude. Mental illness. Society.

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Evolución de las actitudes de la población frente al enfermo mental

Introducción. El trabajo de investigación que presentamos sobre las actitudes frente al enfermo mental de la población general de Vizcaya es en cierto modo la continuación de una línea de investigación que comenzamos en 1979.

Correspondence:
Luis Yllá
Rodríguez Arias, 23, 2.ª planta, puerta 10
48011 Bilbao (Vizcaya) (Spain)
E-mail: onzromei@lg.ehu.es

Material y métodos. Hemos utilizado el mismo cuestionario que entonces (Cohen y Struening) modificado ligeramente para adaptarlo a las circunstancias actuales, siendo la muestra totalmente aleatoria. El Cronbach de fiabilidad es de 0,8236 y el intervalo de confianza para la diferencia es del 95%.

Resultados. La actitud hacia el enfermo mental es mejor ahora que hace unas décadas, probablemente por los cambios en profundidad que ha habido en dicha población, habiendo pasado de tener una actitud estereotipada y de prejuicio a una mayor diversidad de opiniones seguramente con más conocimiento de causa por la mejor información de que dispone hoy día el ciudadano y cuya síntesis en factores explica en total el 32,9% de la varianza. Con el trabajo actual los factores son: *a)* actitud negativa frente al enfermo mental (explica el 14% de la varianza); *b)* etiología interpersonal/social (explica el 7,2% de la varianza); *c)* autoritarismo (explica el 4,8% de la varianza); *d)* restrictividad (explica el 3,1% de la varianza), y *e)* prejuicio (explica el 3% de la varianza).

Conclusiones. La población tiene una idea de la enfermedad mental menos mágica y prejuiciosa y más informada que antaño, lo que hace que los contenidos factoriales estén mucho más disseminados, por lo que éstos explican mucho menos el porcentaje de varianza.

Palabras clave:
Actitudes. Enfermedad mental. Sociedad.

INTRODUCTION

It has always caught our attention that our patients and speciality have always suffered such discrimination and been stigmatized over time on the contrary to most of the patients corresponding to other medical specialities. This occurs up to that point that even now there are very modern and famous clinics such as Monteprincipe of the Madrid Community that do not admit psychiatric patients for admission or out-patient visits and that something similar occurred until a few lustrums ago, even in public health hospitals.

This state of affairs, whose origin we may find when going back in history in the points of view of Rene Descar-

tes who announced a «res extensa» for the body and a «res cogitans» for the spiritual or mental with his dualist theory gave rise to the dissociation between the two types of patients which has continued up to now. «Mental illness is something special, different, perhaps not even a disease» and this rejection unavoidably also included the underevaluation of the medical speciality that treats them: psychiatry.

This led one of the authors of this work to make his doctoral thesis (Yllá, 1979)¹⁻³ on «attitudes towards the mental patient in the general population of Vizcaya» and to follow the track of those results in several works on this subject performed in this time interval. Our current research is the continuation of this research line.

Since discrimination of the mental patient continues to exist to some degree, we repeat the words of Sartorius (1999)⁴ in the sense that the stigma and negative discrimination associated to mental illness are a real problem for the development of the mental health programs and to improve human rights of the mental patients (Guimón, 2004)⁵. This has led us to make this investigation, a subject that is of concern on several latitudes and to several authors. In fact, the influence on attitudes towards the mental patient of a course on psychiatry given to nursing subjects was the object of an almost-experimental investigation made by Keane (1991)⁶, the theory of the attitudes being the framework of the study. The Opinion About Mental Illness (OMI) questionnaire was administered to a group of nursing students before and after an 8 week course. Half of the students attended the course and the other half were used as a control group. The former changed more than the second group in authoritarianism and interpersonal etiology but showed more stereotypical attitudes.

Mohsen Shokoohi-Yekta and Paul M. Retish in 1991⁷ measured attitudes towards mental illness in 83 male graduate studies of the American and Chinese culture with the OMI. The factors were: authoritarianism, benevolence, mental hygiene ideology, social restrictiveness and interpersonal etiology. Statistically, there were significant differences in the two groups in the first, second, fourth and fifth factors. The American group had lower authoritarianism, social restrictiveness and interpersonal etiology and higher benevolence than the Chinese one.

Madianos, Madianou, Vlachonikolis and Stefanis (1987)⁸ also measured the attitudes towards mental disease in a sample of 1,574 male and female adults, residents in two neighborhoods of Athens before the development of the mental health services of the community. This study aimed to identify the components of the attitudes, taking into account the fact that public opinions on mental disease influence the use of the services and level of reintegration of the mental incapacitated subjects into society. The OMI instrument was used. Factorial analysis revealed five dimensions: social discrimination, social restrictiveness, social defect, integration and etiology. Age, education, occupational status and residence site whenever the subject was at least

18 years old affected the factors, reflecting social discrimination and restriction. OMI factor scores made it clear that treatment forms and health care had to be found so that these types of patients would be reintegrated into society. Certain groups of population react to these types of patients with fear and suspicion. This indicates the need to plan community mental health care with intervention programs parallel to the development of the community mental health care services in the Greek psychiatric reform.

In 1992, Rodrigues⁹ compared investigations on attitudes towards mental disease among Brazilian and Spanish students measured with the OMI that he adapted in 1983: 214 adolescent students from the Medicine School of Ribeirao de Prieto and Salamanca, respectively. There were significant differences in the seven attitudinal dimensions in benevolence, social restrictiveness and etiology of mental disease, that also depended on gender and the specialization that the student wanted to study.

In our latitudes, Ruiz Ruiz (1979)¹⁰, unless I am mistaken or have left something out, was the first to carry out in-depth research on attitudes towards the mental patient with a questionnaire that he drew up, including sociodemographic questions and referring to the attitudes that he wanted to study. He also applied a questionnaire on attitudes towards psychiatry and psychiatric treatments and administered a scale on authoritarianism. According to his study, the attitudes are extreme rejection towards psychiatrists and psychiatric hospitals and knowledge about what mental illness is lacking, which results in pity and impotence.

Dolores Aparicio wrote her thesis (1994)¹¹ on the same subject using the same questionnaire. Similar factors to those of the previous study mentioned were formed: religiousness, dangerousness, prejudice, rejection, family support and stereotype.

We have also published works on attitudes and their modification in students of the UPV with the unmodified Cohen and Struening questionnaire (1988)^{12,13}.

MATERIAL AND METHODS

We have used a random sample of all Vizcaya. Its distribution is 50% men and 50% women in each population and three age groups (33% each age cut-off), between 18-35 years, 36-55 years and those over 55 years. The interviews were made in a strictly random way by a known company dedicated to these purposes.

The questionnaire used was the same which we previously used (Cohen and Struening OMI questionnaire) although with a slight adaptation to the new circumstances. In fact, we have modified, for example, the way that some questions refer to the stays in the old psychiatric hospitals of the general hospitals and we have added three items, increasing the questionnaire to 63 items that were always evaluated in the same direction from 1 to 6 (annex 1).

Annex 1	The OMI questionnaire (OEM)
Opinions on mental illness (Cohen and Struening, modified)	
<p>The following manifestations are opinions on how mental patients are.</p>	
<p>By mental illness, we understand the type of disorders that lead patients to come to psychiatric hospitals or departments of any general hospital.</p>	
<p>There are many differences of opinion on this subject. In other words, many people agree with each one of the following statements while others disagree. We want to know what you think about these statements. Each one of them are followed by six choices:</p>	
<p>Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p>	
<p>Check the space provided in each choice that is closest to how you think about each statement with an X. There are no right or wrong answers. We are only interested in your opinion.</p>	
<p>It is very important that you answer all the questions.</p>	
<p>1. Nervous depression normally occurs when people work too much:</p> <p>Strongly agree..... Agree..... I am not sure but probably agree..... I am not sure but probably disagree..... Disagree Strongly disagree</p> <p>2. Mental illness is a disease like any other:</p> <p>Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>3. Most patients hospitalized in psychiatry departments of general or mental hospitals are not dangerous:</p> <p>Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>4. Although the patients discharged from psychiatric departments of general or mental hospitals may be cured, they should not be allowed to marry:</p> <p>Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree</p>	<p>Disagree Strongly disagree</p> <p>5. Mental illness is a way of reaction to demands and pressures of society:</p> <p>Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>6. A significant number of persons become mentally ill due to the life style they have chosen:</p> <p>Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>7. Mental patients give in to their emotions. Normal people think things out:</p> <p>Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>8. Persons who have been patients in psychiatric departments of general or mental hospitals are not any more dangerous than the average citizen:</p> <p>Strongly agree..... Agree.....</p>

Annex 1	The OMI questionnaire (OEM) (continued)
	<p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>9. When a person has a problem or is worried, it is better not to think about it and to keep busy with more pleasant things:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>10. Although they normally do not realize it, many people become mentally ill to avoid difficult problems of daily life:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>11. Mental patients have something that makes it easy to distinguish them from normal people:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>12. Although patients in psychiatric departments of general or mental hospitals behave rarely, it is wrong to laugh at them:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>13. Most mental patients want to work:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>14. Small children of mental patients should not be allowed to visit them when they are committed to psychiatric departments of general or psychiatric hospitals:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>15. People fond of their work rarely become mentally ill:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>16. People do not become mentally ill if they avoid bad thoughts:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>17. Mental patients are so concerned about their own problems that they do not pay attention to how others around them feel:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>18. More tax money should be used in the care and treatment of people with serious mental illnesses:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>19. A heart patient only has one bad thing while the mental patient is completely different from other patients:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>20. Mental patients come from homes where the parents have shown little interest in their children:</p>

Annex 1	The OMI questionnaire (OEM) (continued)
	<p>Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>21. People with mental illness should never be treated in the same hospital as those with physical illnesses:</p> <p>Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>22. Anyone who really tries to improve deserves the respect of others:</p> <p>Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>23. If our hospitals had sufficient prepared doctors, nurses and assistants, many of the mental patients would improve sufficiently to live outside of the hospital:</p> <p>Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>24. A woman would be crazy to marry a man who has suffered serious mental illness even if he seems to have totally recovered:</p> <p>Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>25. If children of mentally ill parents are raised by normal parents, they will probably not become mental patients:</p> <p>Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>26. People who have been a patient of a psychiatric department of general or mental hospitals will never be the same as they were in the past:</p> <p>Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>27. Many mental patients are capable of performing qualified work, although they are mentally disturbed in many aspects:</p> <p>Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>28. Most people who suffer serious mental disorder would prefer to live in a community instead of a mental clinic:</p> <p>Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>29. Mental patients should not be allowed to vote:</p> <p>Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>30. Mental illness of many people is caused by separation or divorce of their parents when they were children:</p> <p>Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>31. The best way to handle patients in a psychiatric department of a general or mental hospital is to lock them up:</p> <p>Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree</p>

Annex 1	The OMI questionnaire (OEM) (continued)
	<p>Disagree Strongly disagree</p> <p>32. Becoming a patient in a mental hospital or psychiatric department of a general hospital means becoming a failure in life: Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>33. Patients in a mental hospital should be permitted to have more privacy: Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>34. If a patient of a mental hospital attacks someone, they should be punished so that they do not do it again: Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>35. If some mentally ill parents raise children of normal parents, they will probably become mental patients: Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>36. All mental hospitals should be surrounded by a large fence and guards and the psychiatry departments of general hospitals should be securely locked up: Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>37. The law should authorize a woman to divorce her husband as soon as he is committed to a mental hospital or psychiatry department of a general hospital suffering a serious mental illness: Strongly agree..... Agree.....</p> <p>I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>38. More than anything, mental patients need support and understanding from family, friends and neighbors: Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>39. Mental illness is generally caused by some nervous system disorder: Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>40. No matter how you look at it, patients with serious mental diseases are not really human: Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>41. Most woman who have been a patient in a psychiatry department or mental hospital at any time could be trusted as caretakers of babies: Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>42. Most of the patients in amend the hospital do not care about their appearance: Strongly agree..... Agree..... I am not sure but probably agree I am not sure but probably disagree Disagree Strongly disagree</p> <p>43. University professors are more prone to become mental patients than businessmen: Strongly agree..... Agree.....</p>

Annex 1	The OMI questionnaire (OEM) (continued)
	<p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>44. Many people who have not been a patient in a mental hospital are more mentally ill than many hospitalized mental patients:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>45. Although many mental patients seem to be well, it is dangerous to ever forget they are mentally ill:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>46. Mental illness is sometimes a punishment for bad actions:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>47. Our mental hospitals should be organized in such a way that the patients feels as if he/she is living at home as much as possible:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>48. One of the man causes of mental disease is lack of moral force or will:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>49. There is little that can be done with the patients in a mental hospital except to make them feel comfortable and keep them well fed:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>50. Many mental patients would stay in the hospital until they were well, even if the door was left open:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>51. All the patients committed to psychiatric departments of general and mental hospitals should be prevented from having children by a painless operation:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>52. Community residents should have the right to reject the installation of a home for mentally ill children in their own community:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>53. Morality of a society is well measured by the quality of care provided to mental patients:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>54. It is important to be especially clear when speaking to a mental patient:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p>

Annex 1	The OMI questionnaire (OEM) (continued)
<p>55. Most of us feel somewhat uncomfortable or nervous in presence of mentally ill persons:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>56. Persons who do not want previous mental patients in their communities are afraid of them:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>57. Those who have been in psychiatry departments of general or mental hospitals have the right to live when they want, as any other citizen:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>58. Religious organizations should commit themselves more to help mentally ill persons adjust to community life:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>59. Patients from psychiatry departments or general or mental hospitals should not be discharged until they act like normal people:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>60. Those who commit suicide are always mental ill patients:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p>	<p>61 Do you believe it is good and desirable that psychiatric departments have been opened in general hospitals in the last decades?:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>62. Do you believe that Psychiatry has advanced in recent years enough to become a speciality of Medicine like any other one?:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>63. In spite of the advances that exist, mental patients continue to be a public danger:</p> <p>Strongly agree.....</p> <p>Agree.....</p> <p>I am not sure but probably agree</p> <p>I am not sure but probably disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>Please fill out the following:</p> <p>Age: years</p> <p>Gender: Man Woman</p> <p>Status: Single Married Separate Widow(er)</p> <p>Studies completed:</p> <p>(none, primary studies, general culture, professional training, high school, middle career or technical studies, university studies specifying if they are in sciences, philosophy and arts, or engineering).</p> <p>Profession:</p> <p>(unemployed, but specifying your profession, retired, housewife/househusband, unqualified worker, qualified worker, office worker, employed in business, technician or middle administrative, technician or upper administrative, student sciences, philosophy and arts or engineering, liberal profession, director, manager or high a state worker, industrial). Please specify your career: doctor, university professor, priest, etc.</p> <p>Religious beliefs:</p> <p>(indifferent, catholic, practicing catholic, other beliefs, non-believer).</p> <p>Political opinion that you identify with most:</p> <p>(none, traditional right, reformist right, liberalism, social democrat, socialism, communism, anarchism).</p> <p>Basque patriot Not basque patriot</p> <p>¿What experience do you have with mental illness?</p> <p>(none, through what I have read; by means of a person [please specify, if you known, friend or relative, parents, or brothers, children, uncles, etc.] who had to go at some time to a psychiatric visit; I, myself, have gone to see a psychiatrist).</p>

The reliability analysis shows a Cronbach of 0.8236 and the confidence interval for the difference is 95%.

RESULTS

Factorial analysis of the Opinion Scale for Mental Illness (OMI)

Prior to the factorial analysis, we performed Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy test that provide a value of 0.817. This was clearly satisfactory to show elevated correlation between the study variables to conduct the factorial analysis. Equally, Bartlett's test of sphericity, on rejecting the null hypothesis (sig.<0.001), assumes that the correlation matrix is different from the identity matrix and thus that there is correlation between the variables.

The main factors are:

Factor 1: negativism. It explains 14% of the variance that could also be called anti-patient factor since all its items, as can be seen in table 1 or even better in the questionnaire attached, refer to the supposed dangerousness of these patients, the need to lock them up, keep away from them, etc. However, the sense of this factor is related with that of factors 3, 4 and 5.

Factor 2: social etiology/interpersonal. This factor accounts for 7.2% of the total variance. It is a factor that basically refers to tolerance, understanding and rationale of the mental patients as its origin is in the fact that the patients cannot do much to avoid it. The determinants of the disorder are not only interpersonal relationships, above all with the closest persons (family, etc.). These items also refer to an origin based on the social dimension, removing the patient from the setting that is closest and intimate to the social one. This can be seen in the corresponding items of the attached questionnaire.

Factor 3: authoritarianism. The weight of this factor is limited to 4.8% of the total variance and is a factor which is very present in all the investigations conducted based on the Cohen and Struening scale and that clearly refers to the concept of «authoritarian personality» of Theodor Adorno.

Factor 4: restrictiveness. This factor exclusively accounts for 3.1% of the total variance. We have defined it as «restrictiveness» as it reflects the belief that the patients are incapable of performing different activities whether in the work setting or in the setting of social relationships. This limits their right to live where they want, or expresses hypothetical thoughts on stating that they are not socially skillful, that they prefer to not coexist in community.

Factor 5: prejudice. Its weight is only 3% and it would show those who confront mental illness with a significant burden of prejudices. Prejudices that result in not wanting to have them as neighbors, whether due to fear or because they simply cause discomfort. They have no faith in them for qualified works. These are «different persons, unconnected with normal persons».

OMI factors and relationship with other variables

OMI and gender. While there are no differences in the position of those interviewed in factor 5 based on gender and there are minimum differences in factors 1 and 2, factor 3: authoritarianism, and factor 4: restrictiveness, have significant differences that show that men have significantly higher levels than women in the former and that, on the contrary, women have the highest levels in the Restrictiveness factor (table 3).

OMI factors and age. A certain correlation is observed in such a way that more age means more negativism against mental patient. In any case, these are indications of correlations which, although significant, are reduced. However, we have performed an analysis of variance to try to identify the groups showing more differentiated positions.

The contrast analysis of the analysis of variance* allows us to verify how there is grading in the score of this factor depending on age. However, the older group, specifically more in the group between 55 and 64 years, are significantly different in factor 1 (fig. 2).

OMI factors and experience in mental illness. There are significant differences between some of the interviewed groups based on the closeness of their experience with mental illness. However, in the authoritarianism factor, in which the variable «experience with mental illness» is shown to be truly discriminating, three groups could be observed. The first, formed by those who have experienced mental illness in the first person or are affected by it, shows the most reduced authoritarianism indexes. On the other extreme, we find those interviewed who are farthest from mental illness (no experience or only by what they have read) with the highest levels of authoritarianism (fig. 3).

OMI factors and religious beliefs. The variance analysis only shows us significant differences between some of the interviewed groups in factors III and VI. However, the contrast tests used (Duncan and Tuckey B) only show significant differences for factor IV: restrictiveness (fig. 4).

* The contrast analyses included are characterized by being extremely insensitivity to variations. Tukey test is more demanding to identify a group as significantly different from the rest on the Duncan tests by being the most sensitive to the differences.

OMI factors and study level. Currently, a certain tendency to give a relatively high score to those who have no studies or only general cultures is seen. With the interperso-

nal/social etiology, those who have studied most are those who most think that there is a social-environmental or interpersonal causality of the mental illnesses (fig. 5).

Table 1	Rotated component matrix	Component				
		1	2	3	4	5
	040 Patients with mental illnesses are not human	0.6989995				
	032 Being a hospital patient means you have failed	0.6772044				
	031 It is better to lock the patients up	0.6312577				
	046 Mental illness is sometimes punishment for bad behavior	0.6274657				
	036 Fenced in hospital with watchmen and closed psychi. service	0.6165691				
	051 Those hospitalized should not be able to have children (operation)	0.5898056				
	052 Neighbors should refuse to have a home for mentally ill children	0.5603192				
	029 Mental patients should be denied the right to vote	0.5373436				
	043 University Prof. are more prone than businessmen	0.5152515				
	026 Patients will never be the same as before	0.5137743				
	04 Mental patients. although cured. not allowed to marry	0.5113183				
	049 Regarding those hospitalized, they should only be made comfortable/fed	0.4871696				
	024 It is crazy to marry a mental patient, although he/she is cured	0.4572344				
	061 Good to incorporate «psychiatry» in general hospitals	-0.438887				
	060 Those who commit suicide are always mental patients	0.4224818				
	016 Not mentally ill if ones flees from bad thoughts		0.6612217			
	025 If children of the ill would be raised with normal, non-ill parents		0.6017464			
	015 Those fond of working not mental patients		0.5274194			
	035 If children of normal parents are cared for by ill parents. they become ill		0.5026538			
	017 The patients are only concerned about their problems		0.4953082			
	05 Mental P. reaction to demands and pressures of society		0.4785919			
	06 Mental P. caused by life style chosen		0.4654919			
	020 Patients from homes with unconcerned parents		0.4584028			
	019 Mental patients different from other patients (cardiac)		0.4559683			
	011 They are easily distinguished from normal persons		0.4466295			
	07 Patients give in to their emotions/without thinking		0.4438372			
	063 In spite of advances. mental patients are dangerous		0.4333006			
	042 Most patients don't care about their appearance		0.4127227			
	054 Important to be clear when speaking to patients			0.574716		
	039 Cause mental illness: nervous syst. disturbance			0.5712574		
	022 Respect of those who want to improve			0.5287863		
	047 Organize hospital as if they life at home			0.4766343		
	012 In spite of patient's extravagancies, you should not laugh			0.4600114		
	09 Better not to think about problems and be busy with pleasant			0.4126464		
	045 It's dangerous to overlook illness in patients			0.4000959		
	03 Most hospitalized not dangerous				0.5340979	
	041 In spite of having been patients, women could raise children				0.5335	
	023 The hospitalized would improve with more staff				0.4580521	
	050 Patients would remain in hospital although they could leave				0.4246733	
	056 Persons who don't want ill for neighbors is due to fear					0.6469058
	055 Most uncomfortable with mental patients					0.5074515
	027 Patients capable of qualified work					0.4280813
	044 People without hospitalization more ill than hospitalized					0.4247479

Extraction method: analysis of principal components. Rotation method: normalization varimax with Kaiser. The rotation has converged in 7 iterations.

Component	Total explained variance								
	Initial self-values			Squared sums of saturations of the extraction			Squared of saturations of the rotation		
	Total	% of variance	% accumulated	Total	% of variance	% accumulated	Total	% of variance	% accumulated
1	8.8733	14.08	14.08	8.8733	14.08	14.08	6.7836	10.77	10.77
2	4.5106	7.16	21.24	4.5106	7.16	21.24	4.7800	7.59	18.35
3	3.0045	4.77	26.01	3.0045	4.77	26.01	3.5174	5.58	23.94
4	1.9407	3.08	29.09	1.9407	3.08	29.09	2.8729	4.56	28.50
5	1.8911	3.00	32.10	1.8911	3.00	32.10	2.2663	3.60	32.10

OMI factors and profession. The analysis of variance detects significant differences in the negativism factor against mental patient, interpersonal/social etiology and authoritarianism. However, the differences found are not too important, since they are only produced normally with Duncan contrast test (less demanding than others to detect significant differences) and, above all, that these occur and the group with booty lowest number of persons included, so that the representiveness of the results is very reduced, however for reasons of space we do not present the charts.

DISCUSSION

We have verified that, in spite of the passing of time, negative attitudes continue to exist in the Vizcaya population towards the mental patient. Four out of the five factors resulting from this work that explain, in all, 32.09% of the variance, are negative for mental patients. These four ac-

count for 24.93% of the variance. In general lines, these negative factors are correlated with gender in such a way that men have, in general, a more anti-patient attitude than women, with age (directly), with closeness lived with the mental patient (inverse relationship), with practicing religiousness, above all catholic (direct), with cultural level (inverse).

It is interesting to recall the doctorate thesis research that one the authors of this article wrote at the end of the 1970s (Yllá, 1980) on this same questionnaire and the same population and whose results were, in some aspects, similar, even in the contents of the factors. However, the opinions are currently more different and as a whole have improved in regards to those expressed at that time. Now the negative factors for mental patient explain, in total, only 25.1% of the variance and at that time it was more than 70%.

This is logical, since society has changed a great deal since then and qualitative changes, as for example demo-

Table 3	Groups statistics				
	Gender	N	Mean	Standard deviation	St. error of mean
1. Negativism	Man	171	0.0567663	1.05318130	0.08053879
	Woman	175	-0.0322733	0.92664294	0.07004762
2. Etiology social	Man	171	-0.0916796	1.00696976	0.07700490
	Woman	175	0.0967826	0.99054863	0.07487844
3. Autoritarianism	Man	171	0.1453311	1.02094823	0.07807386
	Woman	175	-0.1635612	0.94063551	0.07110536
4. Restrictiveness	Man	171	-0.1216770	0.95386511	0.07294389
	Woman	175	0.1258817	1.03462971	0.07821065
5. Prejudice	Man	171	0.0072169	0.00722681	0.07625984
	Woman	175	0.0025783	1.00515235	0.07598238

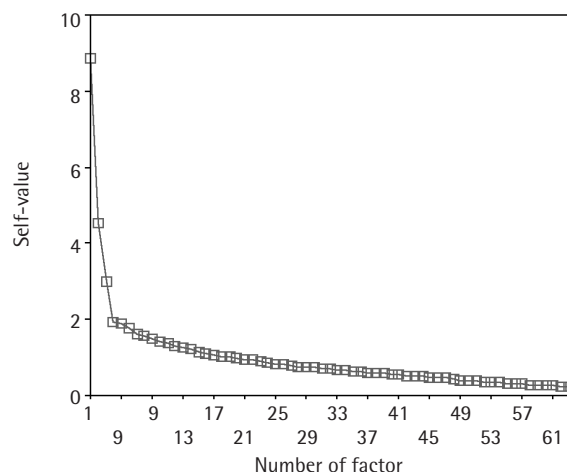


Figure 1 | Sedimentation chart.

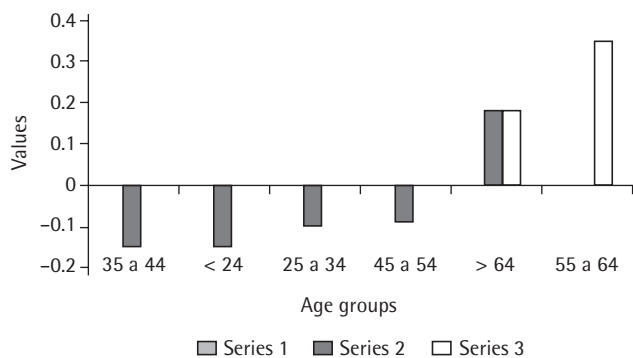


Figure 2 Age and negativism (F1).

cratic transformation, psychiatric reform, frequent exposure and disclosure by communication media, of the psychiatric disorders, etc., are undoubtedly factors which have influenced the attitudes of people towards mental illness.

CONCLUSIONS

Any conclusions reached in the different settings of life are inevitably placed in a time-space reference framework. In this frame, the results of our current research clearly place us, based on the OMI scale now administered, in the face of a multifactorial question where there are many dimensions or elements in question and public opinion on mental illness have made them much more complex and therefore richer than in the past.

It seems as if the opinion and attitude on mental illness are no longer the results of stereotypes, prejudices, etc., in which a preconceived idea on mental illness and of the patients affected was imposed on society and it was these prejudices that led the answers on the scale in very precise directions. Based on this, the soundness of the factorial analysis made can be interpreted.

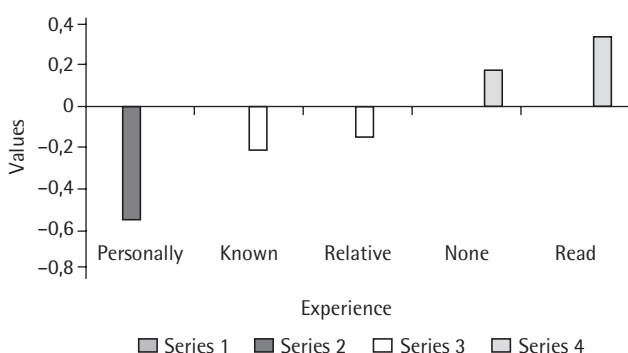


Figure 3 Experience in MI and authoritarianism (FIII).

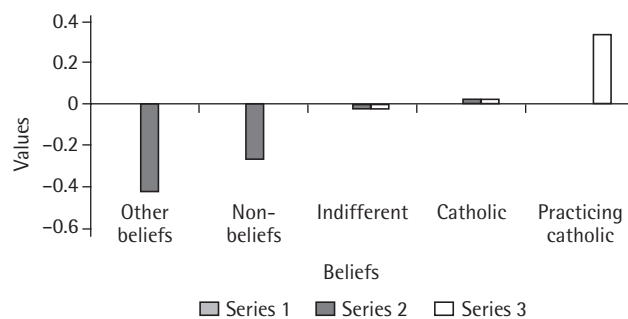


Figure 4 Religious beliefs and restrictiveness (FIV).

Since several lustrums ago, and progressively, the change in attitude of society towards mental patients seems clear based on clinical and social experience, evidence ratified by the research we present. This also confirms that the change is not sufficient and there is still much to do. Thus, an effort must be made to continue promoting this change and controlling it periodically with ad hoc studies such as that here-in presented.

Our present investigation also encourages reflecting on another aspect of the convenience or not of re-applying the same instrument in future investigations as a measure of these attitudes or look for or create another one that could be more appropriate and adapted to the changes that are occurring in our society and our speciality. This reflection comes from the relatively small percentage of variance explained at present (32.9%) with our instrument, compared to previous investigations (94.5% in our work published in 1980) and of the high number of resulting factors, all of them with minimum weight. This indicates the limited homogeneity of the items making up this scale. This, added to the fact that there are sufficient investigations made with it in the past and all of them with similar results, makes us consider the possibility that it may be convenient to use another instrument in the future.

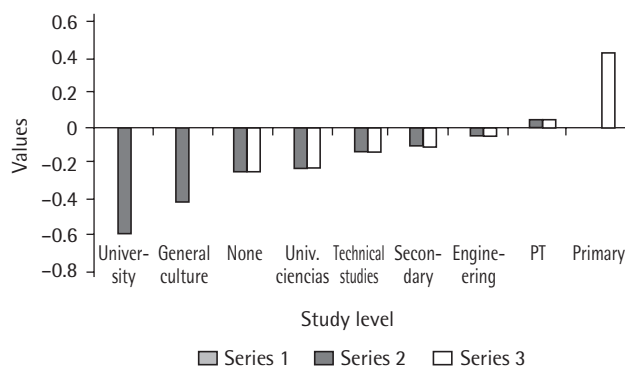


Figure 5 Study level and negativism (FI).

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