What causes mental illness? Mental health workers' causal attributions and attitudes toward treatment prognosis

Axel Bouchard, M.A., Andrea Avila, M.A., & William D. Spaulding, Ph.D.
University of Nebraska – Lincoln

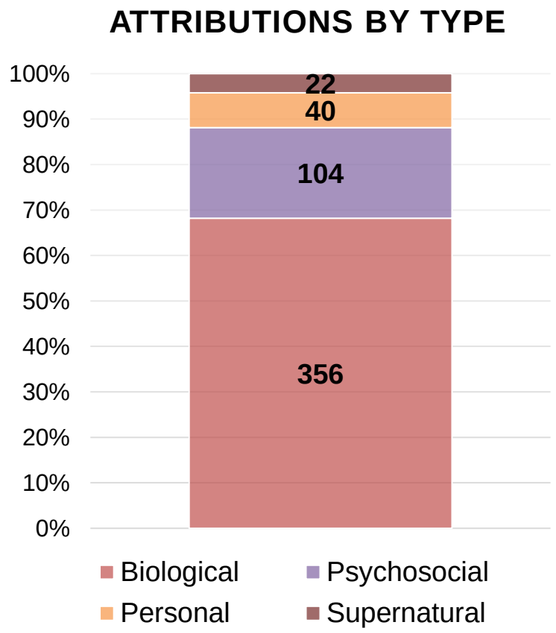
Introduction

People with mental illness are a highly stigmatized group. For example, they are commonly assigned negative stereotype traits such dangerousness, and they are sometimes blamed for their condition (Corrigan et al., 1999; Corrigan & Watson, 2004). Unfortunately, mental health professionals may be just as susceptible to holding such views about people with mental illness as the rest of the populace, which can have serious implications for clinical care (Ping Tsao et al., 2008; Peris et al., 2008). Beliefs about cause, in particular, can profoundly influence how an individual regards people with mental illness. For example, Fiske (2009) found that "pity for the mentally ill is conditional" upon their cooperating with treatment (i.e., medication) and not having caused their own illness; should either condition not be met, the individual is regarded with disgust rather than pity.

There is a growing trend among mental health organizations to address issues of stigma and practitioners' negative attitudes toward those they treat. Nonetheless, the research on mental illness stigma is relatively sparse with respect to mental health workers and their beliefs about cause. The purpose of this study is to examine the types of causal attributions made by mental health workers and their relation to perceptions of treatment prognosis. Specifically, it was hypothesized that causal attributions that assign blame or preclude the possibility of change (e.g., those that hold that mental illness is the result of some character flaw) would be associated with negative perceptions of treatment prognosis.

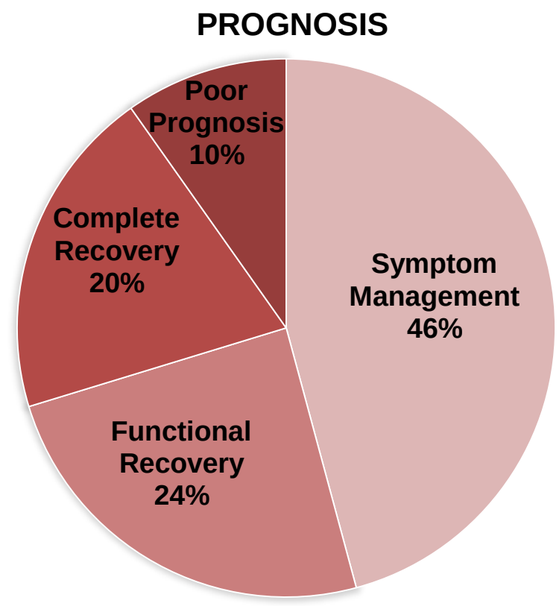
Qualitative domain 1: Causal attributions

Biological	▪ "… chemical imbalance in the brain." ▪ "I feel having a mental illness is the same as having any other medical conditions like autism or a heart condition." ▪ "It's a disease that can run in the family."
Psychosocial	▪ "It is mostly caused by inability to cope with the stress of the society." ▪ "Mental illness is triggered by certain stressors in the society." ▪ "I believe mental illness can come from too much stress."
Personal	▪ "Mentally must have done something wrong to deserve this punishment." ▪ "It can be self inflicted by oneself (this includes someone seeking attention)." ▪ "[It] is a form of imbalance in person's psychological mind. This may be due to some practices which may have negative effect on their thought process - e.g., alcoholic, drugs, cocaine."
Supernatural	▪ "It's a test from the creator." ▪ "It is a sickness when balance in the spiritual realm control gets above an individual." ▪ "My belief is that they are being possessed by certain evil spirit and/or there are some wicked people like withcraft that gave them the illness."



Qualitative domain 2: Attitudes towards treatment prognosis

Symptom Management	▪ "It is something that is not cured but controlled." ▪ "Specific symptoms and can be treated/managed with medication and counseling" ▪ "Mental illness is not curable but the symptoms can be controlled with meds, psychotherapy and ECT."
Functional Recovery	▪ "If properly treated, it can be managed and people afflicted can lead productive lives." ▪ "I believe that mental illness can be treated and with the help of others people with mental illnesses can cope and function like people without mental illnesses." ▪ "It isn't something that is "cured" per se but we can learn alt ways to cope w/emotions, symptoms, etc that can improve overall functioning."
Complete Recovery	▪ "I believe there is a cure to severe mental illness, but the cure is yet to be discovered." ▪ "I believe that mental illness can be cured with proper care." ▪ "Tender, love and care! Jesus is the doctor and prayer is the cure."
Poor prognosis	▪ "It is a sickness that we can not help." ▪ "It can not be treated." ▪ "If your mental now you will always be mental."



Method

Survey Administration and Response Rate. Optional surveys were administered over a 5-year period to new employees at a state psychiatric hospital. 800 out of nearly 1100 surveys were returned, yielding a response rate above seventy percent. Surveys comprised 14-items, 5 of which were demographic in nature (i.e., country of birth, urban or rural upbringing, age, sex, and religion). The remaining items were open-ended questions about mental illness (e.g., *"How is mental illness viewed in your culture?" "What is YOUR opinion about mental illness?" "Can mental illness be cured?"*)

Qualitative Analysis. Content analysis was conducted on the survey data to identify key themes held by employees related to cause, prognosis and treatment outcome. Four general causal attributions were identified, in order of prevalence: biological (68%), psychosocial (20%), personal (8%), and supernatural (4%). Similarly, four themes were identified related to prognosis: symptom management (46%), functional recovery (24%), complete recovery/cure (20%), and poor prognosis/little chance of recovery (10%). Two researchers conducted the qualitative content analysis, achieving a high degree of inter-rater reliability (κ =.847).

Quantitative Analysis. Survey responses were coded as binary variables (yes/no) for each attribution type; many respondents attributed cause to more than one source. Prognosis was coded as a single categorical variable. Chi-square analyses were used to examine the relationships among these variables.

Results

- There was a significant association between prognosis and whether or not respondents made a psychosocial attribution, $\chi^2(3)=11.99$, $p=.007$. This seems to represent the fact that, based on the odds ratio, the odds of a respondent emphasizing functional recovery as opposed to symptom management were 4.73 times higher if he or she made a psychosocial attribution.
- Those who made a psychosocial attribution were more likely to believe that MI could be cured ($\chi^2(1)=6.17$, $p=.013$).
- Chi-square analyses reveal that while many staff attributed MI to multiple sources, those who made biological attributions were significantly less likely to attribute cause to any other factor ($p<.001$).

Discussion

Beliefs about cause and prognosis may interact, influencing how mental health professionals view those with mental illness. For instance, by attributing cause solely to biological factors (biological reductionism), one assumes that individuals with mental illness are a homogeneous group, which leads to a one-size fits all approach to treatment. Indeed, the most common attitude among respondents related to treatment was that symptoms can only be managed with medication, as mental illness is a chronic, incurable disease.

Psychosocial attributions, on the other hand, recognize that mental illness is not just rooted in biology and that other contextual factors play an important role in its cause and progression. Such a belief may be the least stigmatizing among the four causal attributions given its consideration of situational forces and the possibility of positive change. Further study is needed to examine this potential link between stigma, attribution type, and attitudes toward prognosis and treatment outcome.