STIGMATIZATION OF HEALTHCARE PERSONNEL TOWARDS USERS WITH MENTAL DISORDERS IN CHILE

ESTIGMATIZACIÓN DEL PERSONAL DE SALUD HACIA USUARIOS CON TRASTORNOS MENTALES EN CHILE

ESTIGMATIZAÇÃO DOS PROFISSIONAIS DE SAÚDE EM RELAÇÃO AOS USUÁRIOS COM TRANSTORNOS MENTAIS NO CHILE

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A B S T R A C T

Objective: Determine the levels of stigmatization of health personnel towards users with mental health disorders in a Primary Health Care Center in Chile. **Materials and methods:** A cross-sectional descriptive study was carried out in a Primary Health Care Center with a sample of 61 officials selected through stratified random sampling. The Opening Minds Stigma Scale for Health Care Providers questionnaire, validated in Chile, was used, administered through an electronic form. The data were analyzed using Jamovi statistical software, obtaining frequencies, percentages for qualitative variables and measures of central tendency and dispersion for quantitative variables. **Results:** 59% of health personnel are willing to work with colleagues with controlled mental illnesses. However, 36.1% perceive users with mental disorders as a potential risk to the population. Furthermore, 77.1% are in favor of hiring people with controlled mental illnesses if they are the best candidates for the job. **Conclusion:** A moderate trend of stigmatization by health personnel is observed, which becomes evident when answering specific questions, which underlines the need for awareness and training in psychosocial skills.

R E S U M E N

Objetivo: Determinar los niveles de estigmatización del personal de salud hacia los usuarios con trastornos de salud mental en un Centro de Atención Primaria de Salud en Chile. **Materiales y métodos**: Se realizó un estudio descriptivo de corte transversal en un Centro de Atención Primaria de Salud con una muestra de 61 funcionarios seleccionados mediante un muestreo aleatorio estratificado. Se utilizó el cuestionario Opening Minds Stigma Scale for Health Care Providers, validado en Chile, administrado a través de un formulario electrónico. Los datos se analizaron con el software estadístico Jamovi, obteniendo frecuencias y porcentajes para las variables cualitativas, así como medidas de tendencia central y dispersión para las variables cuantitativas. **Resultados:** El 59% del personal de salud está dispuesto a trabajar con colegas que presenten enfermedades mentales controladas. No obstante, el 36,1% percibe a los usuarios con trastornos mentales como un riesgo potencial para la población. Asimismo, el 77,1% se muestra a favor de contratar a personas con enfermedades mentales controladas si son los mejores candidatos para el puesto. **Conclusión:** Se observa una tendencia moderada de estigmatización por parte del personal de salud, la cual se hace evidente al responder preguntas específicas, lo que subraya la necesidad de sensibilización y capacitación en habilidades psicosociales.

R E S U M O

Objetivo: Determinar os níveis de estigmatização do pessoal de saúde em relação aos usuários com transtornos de saúde mental em um Centro de Atenção Primária à Saúde no Chile.**Materiais e métodos:** Foi realizado um estudo descritivo transversal em um Centro de Atenção Primária à Saúde com uma amostra de 61 funcionários selecionados por meio de amostragem aleatória estratificada. Utilizou-se o questionário Opening Minds Stigma Scale for Health Care Providers, validado no Chile, aplicado através de um formulário eletrônico. Os dados foram analisados no software estatístico Jamovi, obtendo-se frequências e porcentagens para variáveis qualitativas, e medidas de tendência central e dispersão para variáveis quantitativas. **Resultados:** 59% do pessoal de saúde estão dispostos a trabalhar com colegas que possuam doenças mentais controladas. No entanto, 36,1% percebem os usuários com transtornos mentais como um risco potencial para a população. Além disso, 77,1% são favoráveis à contratação de pessoas com doenças mentais controladas, caso sejam os melhores candidatos para a vaga. **Conclusão:** Observa-se uma tendência moderada de estigmatização por parte do pessoal de saúde, a qual se torna evidente ao responder a questões específicas, sublinhando a necessidade de sensibilização e formação em competências psicossociais.

Since its origins, the concept of stigma has been associated with negative attributes. Today, it continues to be understood as a mark or attribute that leads to the devaluation of a person (Calle-Carrasco & Campillay 2023). In the field of mental health, stigma has long been reflected in the use of the term "mentally ill", currently called "person with a mental health disorder", and refers to discriminatory beliefs, thoughts and behaviors towards people who receive psychological or psychiatric care (Palacios-Espinosa, 2021).

People with mental health disorders are doubly affected, on the one hand, by the characteristics of their illness, such as the negative effects of the stigmatization to which they are subjected in society (González, 2019), including the health institutions to which they turn to solve their problems, manifesting itself through rejection and discrimination, by perceiving patients as dangerous and unpredictable subjects (Conlago & Trujillo, 2022), which has a negative impact on their recovery, not only by neglecting their illness, but also by causing patients to internalize the negative attitudes and social devaluation they face, producing in them feelings of guilt and self-censorship, which is called "self-stigmatization"(Martínez & Rosas, 2022).

Stigmatizing and/or discriminating against a person with a mental health disorder violates their human rights, including economic, social, cultural, labor, educational and health rights (Riquelme, 2022). Stigma can consequently delay, interrupt or cause this group of patients to abandon treatment, reducing their life expectancy by up to a decade compared to the general population (World Health Organization, 2021).

Chile is not immune to this reality. According to the Mental Health Observatory survey conducted in March 2024, it was found that 9 out of 10 people express their dissatisfaction with the quality of mental health care in the public system, having a negative perception, accusing shortcomings in factors such as patient treatment and timely care (Observatorio de Salud Mental Chile, 2024).

In order to recognize and protect the fundamental rights of users with a mental health disorder or mental or intellectual disability, Law 21.331 was published in Chile in 2021, ensuring access, continuity and opportunity to mental health benefits, with the same treatment that physical health care entails (Diario oficial, 2021). Although the incorporation of this law is a step forward in this matter, it still lacks several aspects to make it comprehensive (Barrera & Parra, 2023), such as incorporating mental health into public policies, promoting the development of the Community Mental Health Care Model network, ensuring adequate financing, among other aspects (Ministerio de Salud, Subsecretaría de Salud Pública, Subsecretaría de Redes Asistenciales, 2024).

Social stigma towards people with mental health problems continues to be one of the main barriers to their recovery, which is why it is necessary to carry out different programs that contribute to raising awareness about the stigma towards these users (Cangas, 2020).

A study on the identification of anti-stigma attitudes in residents in their first and final year of health training in Asturias showed that residents who had received some type of training in mental health had a high "anti-stigma" score, resulting in 77.8% of 112 respondents having no indications of stigma (López et al., 2023).

In order to combat stigmatization and discrimination towards people with mental health disorders, it is necessary to know the level of stigma in the health sector, in order to have basic information to develop action plans, programs, policies, plans, and various strategies that allow ensuring social environments free of discrimination (Agudelo-Hernández et al., 2024).

For this reason, a study was conducted with the participation of health personnel from a Family Health Center (CESFAM), belonging to the Primary Health Care (PHC) network of the Bío Bío Region in Chile, in order to determine the levels of stigmatization of health personnel towards users with mental health disorders in a Primary Health Care Center in Chile. This research seeks to provide a basis for designing public health strategies that reduce stigma in health personnel and strengthen anti-stigmatization attitudes.

MATERIALS & METHODOLOGY

study design and population: A quantitative, descriptive, cross-sectional study was conducted in a CESFAM located in the Biobío region, part of the PHC network. This center has 159 clinical and non-clinical workers, hired under different modalities. To obtain a representative sample, a stratified random sampling of the 159 employees was carried out, which resulted in the selection of 61 participants from the Human Resources payroll. The inclusion criteria were: having more than one year of permanence in the health center and maintaining direct contact with users as part of their functions. Employees with justified work absenteeism during the application of the survey and those who did not sign the informed consent were excluded.

instrument: To determine the levels of stigmatization, the Opening Minds Stigma Scale for Health Care Providers (OMS-HC) questionnaire was used. This instrument, developed in Canada in 2012, assesses stigma towards individuals with mental disorders among healthcare providers. Regarding its internal consistency, the instrument has a Cronbach's alpha of 0.82 (Kassam et al., 2012). Additionally, it was translated and validated in Chile by Sapag and colleagues in 2019, with a Cronbach's alpha of 0.69 (Sapag et al., 2019), and by Gajardo and colleagues in 2021, with a Content Validity Index (CVI) ranging from 0.51 to 0.99 (Gajardo et al., 2021).

The questionnaire consists of 20 items, distributed across four subscales or factors: "attitudes towards people with mental disorders," "social distance," "disclosure and help-seeking," and "negative views" (Sapag et al., 2019; Carrara et al., 2023). The response options follow a Likert-type scale ranging from 1 to 5, where 1 is "Strongly disagree" and 5 is "Strongly agree." The scoring guidelines indicate that higher total scores suggest more stigmatizing attitudes: a score of 20 points is interpreted as minimal stigmatizing attitude, while a score of 100 points indicates maximal stigmatizing attitude (Gajardo et al., 2022).

data collection: Data collection was carried out during the month of May 2024, using the instrument described above, which was implemented through Google Forms.

statistical Analysis: A descriptive statistical analysis was carried out using Excel for data tabulation and subsequently processed in the statistical program Jamovi© V. 2.3.28. Qualitative variables were presented in frequency and percentage tables, while for quantitative variables central tendency measures such as median, standard deviation (SD), minimum and maximum were calculated.

ethical Considerations: To carry out this study, it was necessary to have the approval of the Scientific Ethics Committee of the affiliated University, which was approved according to opinion No. 2024-02, as stipulated in Article No. 10 of Law 2012019, with the purpose of ensuring anonymity and the appropriate use of the information in accordance with the Helsinki Treaty (Asociación Médica Mundial, 2024).

RESULTS

The sociodemographic findings that describe the trends and characteristics of the group studied are presented below. These results offer a valuable perspective to better understand the dynamics and specific needs of health sector professionals.

Table 1 presents the sociodemographic data of the sample studied. The female gender is the majority, with 75.4% of the sample. The majority of participants are in the age range of 30 to 39 years, which is equivalent to 49.2% of the sample. 62.3% of the respondents correspond to professionals. Regarding the years of work experience in the health sector, the most common segment corresponds to 8 to 12 years, covering 34.4% of the participants. Lastly, 45.9% of respondents reported having a close relative diagnosed with a mental disorder.

Table 1.
Sociodemographic characterization of health personnel in a Family Health Center in Chile

Gender	Frequency	Percentage
Femenine	46	75.4 %
Masculine	15	24.6 %
Age group		
20-29 years	7	11.5%
30-39 years	30	49.2 %
40-49 years	15	24.6 %
50-59 years	9	14.7%
Stratum		
Professional	38	62.3 %
Specialist	19	31.1 %
Administration	4	6.6 %
Years of service in the health area		
1 to 3 years	11	18.0 %
4 to 7 years	15	24.6 %
8 to 12 years	21	34.4 %
13 to 20 years	6	9.8 %
21 to 30 years	7	11.5 %
31 to 35 years	1	1.6 %
Familiar with diagnosis of mental disorders		
Yes	28	45.9 %
No	33	54.1 %

Source: own elaboration

In relation to the responses of health personnel to the WHO-HC survey on stigma, this tool allowed us to explore attitudes, beliefs and behaviors towards people with mental health disorders, where it was observed that 3.3% of those surveyed said they preferred to care for users with physical disorders rather than mental ones, while 37.7% expressed being indifferent to the type of pathology they care for. 59% are willing to work with colleagues who have a managed mental illness. Regarding the disclosure of their own mental illness, between 18% and 39.3% of respondents would prefer to share this information with their coworkers. Furthermore, 81.9% would seek medical help outside of their workplace. Regarding the hiring of people with mental illness, 77.1% support their incorporation if they are the best candidates for the position. However, only 50.8% considered it important to inform users with mental disorders that their quality of life could improve, and 26.6% were indifferent to providing this information. In relation to the effort of users, 24.6% believe that many do not make enough efforts to improve, although 34.4% show indifference in this regard. 32.8% consider that users with mental illnesses do not represent a risk for the population, while 36.1% do perceive them as a risk. On the other hand, 50.9% disagree that medication is the best treatment for these conditions. Finally, a large majority (60.7%) are reluctant to allow people with mental illnesses, even if they are controlled, to work with children (Table 2).

Table 2.
WHO-HC survey applied to health personnel in a Family Health Center in Chile

Questions	Frequency & Percentage	Completely Disagree	Disagree	Neutral	Agree	Completely Agree
1. I feel more comfortable caring for people with physical illnesses than those with mental illnesses.	Frequency	12	13	23	11	2
	% of total	19.7 %	21.3 %	37.7 %	18.0 %	3.3 %
2. If a person with a mental illness complains of physical symptoms. they would likely attribute it to their mental illness.	Frequency	10	25	17	8	1
	% of total	16.4 %	41.0 %	27.9 %	13.1 %	1.6 %
3. If a co-worker told me he or she had a mental illness under control. I would remain willing to work with him or her.	Frequency	0	1	2	22	36
	% of total	0 %	1.6 %	3.3 %	36.1 %	59.0 %
4. If I were in treatment for a mental illness. I wouldn't tell any of my coworkers.	Frequency	11	24	15	8	3
	% of total	18.0 %	39.3 %	24.6 %	13.1 %	4.9 %
5. I would be more willing to seek help for a mental illness if the health care professional treating me was not affiliated with my workplace.	Frequency	3	3	5	24	26
	% of total	4.9 %	4.9 %	8.2 %	39. 3%	42.6 %
6. I would consider myself a weak person if I had a mental illness and couldn't handle it on my own.	Frequency	26	24	4	7	0
	% of total	42.6 %	39. 3 %	6.6 %	11.5 %	0 %
7. I would be reluctant to seek help if I had a mental illness.	Frequency	27	19	8	6	1
	% of total	44.3 %	31.1 %	13.1 %	9.8%	1.6 %
8. Employers should hire a person with a controlled mental illness if he or she is the best candidate for the job.	Frequency	1	4	9	30	17
	% of total	1.6 %	6.6 %	14.8 %	49.2 %	27.9 %

9. If I knew that a doctor had been in treatment for a mental illness. I would still see him or her.	Frequency	1	0	10	33	17
	% of total	1.6 %	0%	16.4 %	54.1 %	29.9 %
10. If I had a mental illness I would tell my friends.	Frequency	0	5	4	25	27
	% of total	0 %	8.2 %	6.6 %	41.0 %	44.3 %
11. Health professionals have a responsibility to convey to people with mental illness that their lives will improve.	Frequency	3	11	16	18	13
	% of total	4.9 %	18.0 %	26.2 %	29.5 %	21.3 %
12. Despite my professional beliefs. I have negative reactions toward people who have a mental illness.	Frequency	18	33	8	2	0
	% of total	29.5 %	54.1 %	13.1 %	3.3 %	0%
13. There's not much I can do to help people who have a mental illness.	Frequency	20	30	7	4	0
	% of total	32.8 %	49.2 %	11.5 %	6.6 %	0 %
14. More than half of people with mental illness do not make enough efforts to improve their health.	Frequency	9	16	21	15	0
	% of total	14.8 %	26. 2 %	34.4 %	24.6 %	0 %
15. People with mental illness rarely pose a risk to the public.	Frequency	5	17	19	16	4
	% of total	8.2 %	27.9 %	31.1 %	26.2 %	6.6 %
16. The best treatment for mental illness is medication.	Frequency	9	22	24	4	2
	% of total	14.8 %	36.1 %	39.3 %	6.6 %	3.3 %
17. I would not want a person with a mental illness to work with children. even if the illness was properly controlled.	Frequency	12	25	15	8	1
	% of total	19.7 %	41.0 %	24.6 %	13.1 %	1.6 %
18. Health professionals do not need to be advocates for people with mental illness.	Frequency	12	14	16	17	2
	% of total	19.7 %	23.0 %	26.2 %	27.9 %	3.3 %
19. I wouldn't mind if a person with a mental illness was my neighbor.	Frequency	5	5	17	21	13
	% of total	8.2 %	8.2 %	27.9%	34.4%	21.3 %
20. It is difficult for me to feel empathy for what a person with mental illness goes through.	Frequency	26	29	4	2	0
	% of total	42.6 %	47.5 %	6.6 %	3.3 %	0%

Source: own elaboration

Table 3 shows that the total score of the instrument had a mean of 46.2 (SD 8.30).

The dimension "Attitudes towards people with mental disorders" showed a median of 13 (SD 3.49).

In the dimension "Social distance", a median of 10 (SD 2.92) was obtained.

For its part, the dimension "Disclosure and help seeking" had a median of 8 (SD 2.62).

Finally, in the dimension "Negative views" a median of 9 (SD 3.01) was reached.

Table 3.

Statistics according to dimensions of the WHO-HC survey (20 items) (N=61)

	Median	Standard Deviation	Minimum	Maximum
Total. of the Instrument	46.2	8.30	20	100
Total. "Attitudes towards people with mental disorders" (a)	13	3.49	6	21
Total. "Social distancing" (b)	10	2.92	5	15
Total. "Disclosure and Help Seeking" (c)	8	2.62	4	16
Total "Negative Views" (d)	9	3.01	5	15

Source: own elaboration

(a) Questions 1, 12, 13, 14, 18 and 20. Maximum score 30 points.
(b) Questions 4, 6, 7, 10. Maximum score 20 points.
(c) Questions 3, 8, 9, 17 and 19. Maximum score 25 points.
(d) Questions 2, 5, 11, 15, 16 Maximum score 25 points.

DISCUSSION

The treatment received by users with mental health disorders during healthcare is a critical dimension of health (Martín et al., 2024). This treatment, closely related to the role of nursing, plays a fundamental role in the perception and quality of care (Dois et al., 2023). However, prejudices towards people with mental disorders continue to be a significant barrier that hinders humane care (Cornejo et al., 2025).

The sample used for this study is predominantly female, with 75.4%. This result is consistent with a Chilean study that reported an 85.5% participation of women in the health area (Aguayo et al. 2023). On the other hand, research highlights a gender gap in the health workforce, showing that the male workforce exceeds the female workforce by 75% (Olmedo et al., 2023). The predominant age group in this study is between 30 and 39 years, with 49.2% representation. This finding agrees with studies carried out in Ecuadorian and Argentine hospitals, where the age range oscillates between 30 and 45 years (Dias et al., 2022)(Rivero et al., 2022), which characterizes a predominantly young population (Stricker et al., 2023). Regarding years of work experience in the health sector, the most common segment is 8 to 12 years, representing 34.4% of the participants. However, several studies disagree with this finding, reporting a prevalence of no more than 6 years of work experience in their study groups (Bianchini et al., 2022; Orrego, 2023; Zapata y Hoyos 2024). Furthermore, 45.9% of respondents reported having a close relative diagnosed with a mental disorder. However, Bolivar et al. (2022) demonstrated a low percentage of close relatives with mental health problems among healthcare workers31.

The findings on the stigma of health professionals towards mental disorders highlight the following: only a small percentage of professionals expressed discomfort when caring for users with mental health disorders, compared to those with physical disorders. This result contrasts with the findings of a similar study carried out in Spain (Yunquera & López, 2022), which could be related to the lack of specialization in the care of this type of patient (Díaz, 2022).

On the other hand, a high percentage of health professionals are willing to work with colleagues who have a controlled mental illness. This finding coincides with a Spanish study that indicates that a large percentage of active workers in the health sector suffer from controlled mental disorders (Revilla, 2022). This could be explained by the high prevalence of psychiatric pathologies in health workers, attributed to the emotional and work burdens inherent to their profession, which, however, do not affect the performance of their duties (Cussó, 2022). On the other hand, this research revealed that a high percentage of workers (42.6% and 39.3% respectively) are willing to seek medical help outside their workplace. This could be because they prefer to avoid generating negative perceptions that may affect the evaluation of their work performance (Lopes, 2024).

Regarding the hiring of people with mental illness, 77.1% of respondents (49.2% and 27.9%, respectively) support the idea that employers should hire a person with a controlled mental illness if they are the best candidate for the position. Rebaza (2023), points out that, despite the diversity of mental health pathologies and their different impacts on people's abilities, they are often subject to a high level of prejudice when it comes to access to job opportunities.

Regarding the opinion of respondents, 36.1% (8.2% and 27.9%, respectively) consider that users with mental pathologies represent a risk for the care of the general population. Muñoz and Sánchez37 state that depression, as a mental health disease, constitutes a risk factor that affects job performance, which is closely related to a decrease in productivity. On the other hand, the perception of respondents about employees with mental illness and their interaction with children shows that a large majority, 60.7%, are reluctant to accept that a person with a mental illness, even if it is controlled, performs a job related to the care or attention of children. This attitude reflects a stigmatizing stance, since the capabilities of each individual should be evaluated individually and from an inclusive perspective (Casas et al., 2024). In this sense, promoting positive mental health is essential to combat stigma and promote social inclusion, especially among professionals who work with children and adolescents (Confederación Salud Mental España, s. f.). This finding is consistent with the general results of the instrument, which revealed a moderately stigmatizing attitude, which reveals a general moderately stigmatizing attitude among health personnel, although the level is not extreme, negative attitudes and social distance could impact the quality of care (García, 2021).

Similarly, it is observed that in the dimension "Attitudes towards people with mental disorders" a mean of 13 was obtained with a standard deviation (SD) of 3.49, which indicates a moderately positive attitude among health personnel towards people with mental disorders. This contrasts with a Spanish study where 59.1% of respondents expressed a positive attitude towards the care of users with mental pathologies and only 4.4% showed a negative attitude, suggesting a greater inclination towards acceptance (López et al., 2023).

In the dimension "Social distance", the median was 10, with a SD of 2.92. This reflects a balanced attitude. However, some people still maintain prejudices and prefer a certain distance from those with this psychiatric condition (Evans et al., 2011). This could be related to perceptions of unpredictability or danger associated with mental disorders (Cantillo et al., 2022).

The dimension "Disclosure and seeking help" had a median of 8 with a SD of 2.62. This suggests a significant reluctance to seek help or share information about one's own mental health.43 This could be related to self-stigma, an issue that affects both the well-being and work effectiveness of health personnel (Gajardo et al., 2022).

In "Negative views", a median of 9 was obtained with a SD of 3.01. While some professionals display compassionate and proactive attitudes (Ortiz, 2024), a significant fraction harbor more negative or critical perspectives (Martínez, 2022).

The data reveal that, although a trend towards acceptance and support is evident, stigmatizing attitudes and avoidance behaviors persist that could compromise the quality of care and access to mental health services (Julcapari, 2022).

CONCLUSION

Addressing diverse perspectives related to mental health is crucial to reduce stigmatization and discriminatory treatment toward clients with mental health disorders. This challenge requires not only greater training in psychosocial skills, but also institutional strategies that foster awareness and empathy among health professionals.

It is concluded that, while a moderate tendency of stigmatization by health personnel towards these users is observed in the Primary Health Care Center in Chile, stigmatizing attitudes emerge when asking more specific questions. These findings underline the need for interventions aimed at eliminating subtle prejudices and promoting more inclusive and respectful care.

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