



## The Effect of Short Films About Mental Health and Disorders on Preventing Stigmatization in Nursing Education



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### ABSTRACT

The aim of the study is to determine the effect of nursing students making short films about mental health disorders in preventing stigmatization of the mentally disordered patient. Students, under the supervision of the faculty member who taught the course, worked in groups; each group wrote the script for and then produced and showed the film. Each student performed in one film. Students wrote scenarios about preventing stigmatization of the mentally disordered patient after receiving theoretical education about this topic. The films were completed in a month. Short films made by students were evaluated based on their titles. The titles reveal that the films were mainly concerned with social problems. It is remarkable that students performed in an empathetic way particularly when discussing psychopathology and that they emphasized the attitudes of the families. Students wrote themselves scenarios, performed role-sharing, and employed visual displays, which showed that they were against stigmatization. This study concluded that short films about mental health disorders made by students have a positive effect on preventing stigmatization of the mentally disordered patient.

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When individuals face threatening and disturbing things, they or society often tend to exclude and alienate those who are frightening or disturbing. This process causes the stigmatization of certain patients. Sometimes, this stigma can be as dangerous as the disease itself (Üçök, 1999). Stigmatization is the totality of people's behaviors going so far as to have an attitude against patients and exclude them from society (Kocabaşoğlu & Aliustaoğlu, 2003). Stigmatization is affected by the types of disease, as well as people's social capacities, functions, identities, and most importantly, the family structure they have (Shibre et al., 2001).

In Turkey, there have been many publications concerning attitudes toward the mentally disturbed. The first publication (1971) concerned the social attitudes developed about mental disorders and people with mental disorders. Today, there are many such publications/articles in written/oral media and on the Internet that can be quickly accessed due to the information revolution. These articles indicate that stigmatization occurs as a result of negative beliefs and attitudes toward mental disorders and people with mental disorders. Stigmatization causes the isolation of people with mental disorders and their relatives, and as a consequence, they do not seek medical care. It is particularly important that professionals who work with patients with mental health disorders, as well as other members of the society be aware of this situation

in Turkey in order to combat these negative stereotypes (Çam & Bilge, 2013). Stigma varies significantly from culture to culture and from person to person. It is important to note that the sociocultural context of the person plays a major role in determining his or her place on the continuum (Simmons & Dardas, 2015).

According to the World Health Organization (WHO), 25% of the worldwide population experience a mental disorder at some time during their lives. Furthermore, less than 30% of those who receive a mental health diagnosis seek treatment, and fewer than 40% of those who receive treatment adhere to it (World Health Organization, WHO, 2001a, 2001b). The World Health Organization (WHO) (2001a, 2001b) identified the stigma of mental illness as one of the key barriers to effective treatment due to its negative impacts on individuals' mental health seeking behaviors.

Stigmatization is an important problem to consider in the treatment of mental disorders. It negatively affects social life and the psychological process of patients and their relatives, and thus reduces the patients' quality of life (Lundberg, Hansson, Wentz, & Björkman, 2008; Markowitz, 1998; Rosenfield, 1997; Yanos, Rosenfield, & Horwitz, 2001). Stigmatized people underestimate themselves, have a fear of rejection, feel desperate, and lose self-confidence (Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999; Rosenfield, 1997; Wright, Gronfein, & Owens, 2000). Therefore, stigmatization and discrimination are primary concepts in developing standards for mental health treatment (World Health Organization, WHO, 2001a, 2001b).

The best way of struggle against stigmatization is to try to understand the experiences of astigmatized individual (Stuart, Arboleda-Florez, & Sartorius, 2012). A positive contact with a patient

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who has recovered relaxes people who feel uneasy about working with these patients, as well as breaks the social limitations on the patients. The models based on contact and educational interventions strengthen participants on these issues; this provides a win–win situation (Amering, 2009). Creative drama is one of the models used in working with mentally disordered patients. San (2002) defined creative drama as animating and making sense of a living, an event, idea, abstract concept or behavior, using theater or drama techniques such as improvisation and playing role, through reorganizing previous cognitive patterns in a process where observation, experience, feeling and living are revised. Tekerek (2007) defined creative drama as a living entity, which functions to develop self-confidence and one's essence. It makes a significant contribution by developing human values such as creativity in the process of going from the abstract to the concrete or the reverse. It also develops imaginative power, unites people in common action and organizations, and provides empathy and self-discipline, allowing both the actor and the audience to achieve freedom from stereotypes and respect.

Pinto-Foltz and Logsdon (2009) conducted a literature review focusing on the disciplines of nursing, psychology, and medicine to synthesize the evidence on the most effective interventions for reducing mental illness stigma. Results revealed that stigma was grossly understudied in the nursing literature with only one intervention study conducted in the United Kingdom (Essler, Arthur, & Stickley, 2006). The latter provided a school based intervention for adolescents and did significantly reduce stigma through mental health workshops and theatrical drama.

Of course, most psychiatric mental health (PMH) nurses are aware of the issue of stigma and the damage wrought to patients through its associated stereotyping. But what PMH nurses may not let themselves “see” are the ways stigma extends into their own behaviors, fundamentally impacting the treatment they provide, particularly recovery-oriented services. Thus, what PMH nurses need to see is, first, why stigma cuts into the heart of recovery and, then, how stigma permeates into and undermines the fidelity of nursing's person-centered approach (Delaney, 2012).

An aspect of stigma that PMH professionals may not readily see is how stigma extends into their own professional identity. This subtle dynamic operates within the idea of stigma by association, that is, stigma emanating from close association to a person with mental illness (Mehta & Farina, 1988). A concept largely discussed in terms of family members, it has also been considered in relation to those in the psychiatric work force (Hinshaw, 2007). In this instance, via their work with individuals with serious mental illness, mental health professionals are seen to be judged along the lines of the same stigmatizing stereotypes (Ross & Goldner, 2009).

How about the health care professionals who are charged with educating, influencing, and leading public opinion (Halter, 2008). According to Hoge et al. (2005), stigma exists not only among the public but also among those who deliver care. Although we should expect a higher standard from health care professionals and especially those who educate them, this study supports that stigmatizing attitudes among health care professionals are commonplace and possibly even reinforced through professional training.

The aim of the study is to determine the effect of nursing students making short films about mental health disorders in preventing stigmatization of the mentally disordered patient. In line with this primary purpose, films were evaluated in terms of shooting times, numbers, subjects and the effects on the struggle against being stigmatized with mental diseases.

## METHODS

### Design and Participants

In this qualitative study there are generally three basic data collection ways. These are interview, observation, documentation and

examination of works (Merriam, 2013; Yavuz, Özkara, & Yıldız, 2015). In this research data were obtained through “documentation audit”. The stages of documentation audit are to access to documents, to check the specificity (originality), to understand documents, to analyze data and to utilize data (Yavuz et al., 2015; Yıldırım & Şimşek, 2011). In the analysis of data the content analysis method was used. The data obtained from research were encoded as to comprise a meaningful whole. Themes that explained encoded data at a general level and aggregated them under prominent categories were found. Data were arranged and defined according to the codes and themes obtained. In the final stage the data defined in detail were interpreted by researchers and some conclusions were inferred.

Research's resources and materials were comprised of short films shut related to mental diseases. Stigmatization and empathy measures were not used. The stigmatization and empathy levels concerning mental diseases were explained by making interpretations on films. The reason for this is the qualitative quality of the research and determination of screenplays by the students without submission. Before the short film application students had the following feelings and thoughts; “I am afraid of mental diseases, I do not want to go psychiatry clinic, these diseases never heal, the causes of these diseases are not apparent”.

Content analysis was used for the qualitative evaluation of twenty-five films made by senior students (N = 322) who were enrolled in the nursing department at a vocational school of health sciences and attended PMHNC between the years 2012 and 2015 (three academic semesters). PMHNC is a twenty-two-hour course held for one week; six hours are theoretical and sixteen hours are practical. Students perform clinical work practices after getting trained in both preventive services and health care and rehabilitation. A faculty member in the mental health and disorders nursing program taught the course during the time the research was carried out.

### Practice

When students completed MHDC 84-hour theoretical education in the semester and started the hands-on aspect of the course, they also started writing and making short films about mental health and disorders at a non-clinic work site. Before the film work began, students were assigned to groups of ten-persons each. During the next step, students wrote film scenarios and offered them for their counselor's approval. They produced the films based on the scenarios they had written. Each student performed a role and they decided among themselves to engage in role-sharing. Films were completed in a month. The completed films were given a title and were shown to the students. Students selected the best three films in each three academic semesters. Every student voted for a film except the film in which he or she performed. The author received the students' permission to undertake qualitative analysis.

## RESULTS

In this section, the themes obtained as a result of content analysis and the interpretation of films related to these themes took place.

When the films were analyzed according to titles, the researchers found that most of them were about mental disorders related to the psychopathology and social problems (Table 1).

**Table 1**  
Distribution of Films According to Topics.

Film groups	n	%
Films about psychopathology	11	44
Films about social problems	10	40
Films about treatment	4	16
Total	25	100.00

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