Cada vez es mayor la atención que los servicios comunitarios de salud mental dedican al análisis y preocupación que tienen los efectos de las actitudes sociales en las personas con problemas de salud mental. Estas personas se encuentran con dos problemas: uno derivado de su trastorno y un segundo que emerge derivado del estigma. La estigmatización es un suceso complejo que trascurre mediante una serie de pasos y se denomina "proceso de estigmatización".

El objetivo general del trabajo es conocer si existe cierto grado de estigma en los trastornos mentales dentro de la población evaluada y en qué variables asociadas.

En el estudio participaron 310 personas. El rango de edad de los participantes se estableció en cinco intervalos. Otras variables estudiadas fueron el nivel educativo y la experiencia previa con los trastornos mentales. Para evaluar el estigma en los trastornos mentales se desarrolló un cuestionario específico.

En la variable sexo, no se encuentran diferencias significativas en cuanto al estigma. Por el contrario en la variable edad, los resultados reflejan que existen diferencias estadísticamente significativas en el grupo de mayores de 54 con el resto de grupos (18-24; 25-34; 35-44) menos con el grupo de 45-54 años. Otro de los hallazgos es que existen diferencias estadísticamente significativas entre las personas que no han tenido experiencia previa con algún trastorno mental en comparación a las personas que lo han padecido ellos mismo o alguien conocido. También se encuentran diferencias estadísticamente significativas entre los que no han tenido experiencia previa con los trastornos mentales en comparación con los profesionales de la salud mental. Por último, tampoco se encontraron diferencias estadísticamente significativas en la variable nivel de estudios.

Se ha evidenciado la existencia de cierto grado de estigma en la población y se ha confirmado que algunas de las variables estudiadas, tienden a reflejar mayor grado de estigma. Variables como edad y experiencia previa con los trastornos mentales han resultado concluyentes.

Palabras clave: estigma, trastorno mental, salud mental, edad, experiencia previa, estudios, sexo.

Introduction

According to the World Health Organization (WHO), mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"

There are two reference manuals for classifying disorders and diseases. The DSM is the Diagnostic and Statistical Manual of Mental Disorders and the International Classification of Diseases and Health-Related Disorders (ICD) developed by the WHO.

Community mental health services are paying more attention to the analysis and concern about the effects of social attitudes on people with mental health problems. These people find themselves with the problems derived from their disorders and apart from a second problem that comes from the stigma (López et al., 2008).

Stigmatization is a complex event that occurs through correlative steps called "stigmatization process" (López et al., 2008).

Another important concept related to stigmatization of mental disorders are the stereotypes. They are knowledge networks known by different members of the same social group. Stigmatized people are aware of this phenomenon and assume these patterns as lawful, what creates self-stigma (Muñoz & Uriarte, 2006).

Main Objective

The main purpose of this project was to discover if there exists any sign of stigma in mental disorders within population and in which associated variables. There were four specific objectives: (1) to study sex influences, (2) age, educational level (3) and (4) previous experience in the stigma of mental disorders within the population.

Hypothesis

(1) there is some degree of stigma in the assessed population, (2) older people will score higher on their stigma, (3) people who have no previous experience with mental disorders will show statistically remarkable differences in stigma from those who have had previous experience, (4) there will be statistically significant differences between men and women in relation to stigma, and (5) people with basic educational levels will have more stigma than people with higher education level.

Methodology

This research is a non-experimental and transectional design, as data is been collected just once, at a single in time. The purpose is to describe the variables and analyze their incidence and interrelation at a specific time.

The study included 310 people of whom 38 were excluded because they did not adequately answered the 2 validation questions, leaving a total of 272 participants. Women account for 71,33% and men for 28,67%. The age range of participants was established at five different intervals: 18-24; 25-34; 45-54; >54 years. The one that got the highest frequency was the interval between 25-34 years with a 42,28%.

Another different established variables were: educational level, grouped in two categories (basic and higher education), previous experience with mental disorders was also

taken into account (myself or someone around me, I am a mental health professional and I have had no contact with mental disorders before).

The following materials were used to carry out the study: computer, Google Forms, social networks, Microsoft Word, Microsoft Power Point, Microsoft Excel and IBM SPSS Software.

To assess stigma in mental disorders, a Likert questionnaire was developed specifically for this study.

The inclusion criteria defined were: to have a minimum of 18 years old, Spanish language knowledge, to sign the informed consent and, finally, to answer correctly ("I am totally agree") to the 2 validation questions.

It began to be disseminated through social network. Moreover, a poster was designed to make participation more attractive; specifying that participation in this research would be rewarded at the end of it with a diptych with important information about mental disorders and a directory of related centers and entities. The links are as follows:

https://drive.google.com/open?id=1TCtPJOEPmH13655Iq1-bfEk0bGEATo0e

https://drive.google.com/open?id=1rAUZ7uyE9XJz_7raLO3YgnbCAeOQiB2O

The analysis of the results was made by IBM SPSS Statistics 22.

Results

The reliability measured by Cronbach's Alpha and the validity through the two halves analysis by the Spearman-Brown coefficient of the developed questionnaire was 0,864 and 0,833 respectively.

ANOVA analysis were performed on every variable. Variable "Sex" did not reflect any meaningful difference ($p = 0,224$) being the average in women of 49,10 (SD = 11,921) and in men of 51,04 (SD = 11,664) and with a greater tendency for men to stigmatize mental disorders.

A post-hoc analysis was also performed on the variable "Age". For this purpose, a homogeneity test of variances (Levene) was carried out, which indicates that we can assume equal variances and as a consequence the statistic "Bonferroni" was applied. The results show that there are statistically meaningful differences ($p = 0,010$) in people over 54 years old in comparison with the rest of the groups (18-24 ($p = 0,016$); 25-34 ($p = 0,003$); 35-44 ($p = 0,019$)), except the group between 45-54 years ($p = 0,067$). According to the averages obtained for the different age intervals, there is a tendency for a higher stigma score in the age interval >54 years, which is 60,92 (SD = 12,499).

To find out if "Previous experience with a mental disorder" influences on the degrees of stigma, a post-hoc analysis was also conducted. The homogeneity test of variances (Levene) indicated that we can assume equal variances and therefore the statistic "Bonferroni" was also applied. This reveals that there are statistically significant differences ($p = 0,001$). People who have had no previous experience with mental disorders, those whose average is 52,26 (SD = 12,254) compared to people who have suffered any mental disorder with an average of 48,180 (SD = 10,831), they have statistically significant differences ($p = 0,018$). There are also statistically significant differences ($p = 0,004$) between those who have not previous experience that have obtained 44,153 (SD = 11,915).

No statistically differences were found in the variable "Level of studies" (p = 0,717). However, there is a trend towards higher stigma scores in the basic study group with an average of 50,40 (SD = 12,829) and a lower trend in people with higher studies, with an average of 49,57 (SD = 1,758).

Discussion

We accept the first hypothesis because, once the statistical analysis were carried out, an average of 49,6 in stigma has been identified.

According to the second hypothesis referred to older people that have higher stigma scores and how they confirm the results, we can confirm it.

The third hypothesis could also be confirmed, people who responded to the questionnaire and indicated that they had no previous experience with mental disorders scored some degree on stigma.

The fourth hypothesis could not be confirmed, since the analysis of mean differences has not been able to demonstrate that there are significant differences, although at the beginning there is a greater tendency in man to respond in stigma of than in women.

Finally, the fifth hypothesis could not be confirmed either. Although there is a greater tendency observed in the group called "basic education", these differences have not been meaningful enough.

Conclusions

The existence of a certain degree of stigma within the population has been noticed. It has also been confirmed that some of the variable studied tend to reflect a greater degree of stigma. Variables such as age or previous experience with mental disorders have revealed that they make influence on the degree of the stigma.

The factors that may influence on the trend towards greater stigma in the sample showed in the age group >54 years could be that an image of mental disorder typical of the mad time still survives.

Another relevant variable in the study has been "previous experience with mental health disorder", whether it's someone own's experience, someone close to you or if you are a health professional. We identified that scores decreased considerably, compared to those who have not had an experience before.

Some possible explanations for the sources that stigma maintains could be the media; for example: cinema and television have brought to the big screen a high surrealistic content and full of topics regarding mental health.

It is also important to highlight the distinction in the treatment of physical illnesses as opposed to mental health problems. Mental disorders are intangible and have no clear location, an as well, they cannot be perceived by the naked eye.

The limitations found during this study were as follows: (1) the size of the samples, (2) the homogeneity of the concept, (3) the presence of the researcher. As in a future time there exists the need to psychoeducation and raise awareness among the population.

Key words: stigma, mental disorder, mental health, age, previous experience, educational level, sex.

¿EXISTE ESTIGMA EN LOS TRASTORNOS MENTALES?

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Tutora: Berenice Serrano Zárate

INTRODUCCIÓN

Cada vez es mayor la atención que los servicios comunitarios de salud mental dedican al análisis y preocupación que tienen los efectos de las actitudes sociales en las personas con problemas de salud mental.

Por un lado, estas personas se encuentran con los problemas derivados de su enfermedad o trastorno, siendo en muchos casos intermitentes o episódicos y susceptibles de una intervención cada vez más efectiva. Pero, el segundo problema que emerge es el derivado del estigma, que paradójicamente, suele ser más permanente y difícil de intervenir.

HIPÓTESIS

H1: Existe cierto grado de estigma en la población evaluada.

H2: Las personas de mayor edad puntuarán más alto en estigma.

H3: Las personas que no hayan tenido experiencia previa con los trastornos mentales mostrarán diferencias estadísticamente significativas en estigma respecto a las que si hayan tenido experiencia previa.

H4: Habrá diferencias estadísticamente significativas entre hombres y mujeres en relación al estigma.

H5: Las personas con niveles de estudios básicos presentarán mayor estigma que las personas con estudios superiores.

OBJETIVOS

GENERAL Conocer si existe cierto grado de estigma en los trastornos mentales en la población y en que variables asociadas.

Estudiar la influencia del sexo en el estigma de los trastornos mentales de la población.

Estudiar la influencia de la edad en el estigma de los trastornos mentales de la población.
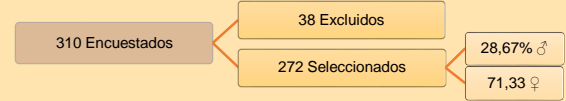
ESPECÍFICOS

Estudiar la influencia del nivel de estudios en el estigma de los trastornos mentales de la población.

Estudiar la influencia de la experiencia previa en el estigma de los trastornos mentales de la población.

MÉTODO

➤ Diseño de investigación no experimental transeccional descriptivo.

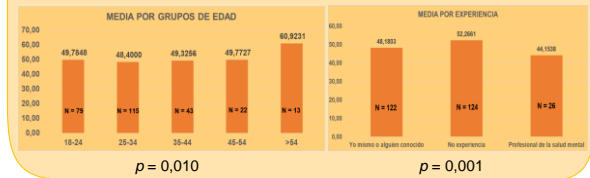310 Encuestados
38 Excluidos
272 Seleccionados
28,67% ♂
71,33 ♀

➤ Rangos de edad: 18-24 (29,05%); 25-34 (42,28%); 35-44 (15,08%); 45-54 (8,09%); >54 (4,78%).
➤ Nivel educativo: estudios básicos (11,03%) y estudios superiores (88,97%).
➤ Experiencia previa: yo mismo o alguien conocido (44,85%), profesional de la salud (9,56%) o sin experiencia (45,59%).
➤ Escala tipo Likert de 5 puntos con 32 ítems (Puntuación Máxima 150 ptos, Mínima 30 ptos).
➤ Criterios de inclusión: 18 años, idioma, consentimiento informado y contestar bien a las preguntas de validación.
➤ Encuesta (Google Form) → Resultados (Excel) → Análisis (SPSS)

RESULTADOS

Confiabilidad = 0,864   Validez = 0,833   Media Estigma = 49,6581

$\bar{x}$ Hombres 51,04 (SD 11,664)
$\bar{x}$ Mujeres 49,10 (SD 11,921) $p = 0,224$

$\bar{x}$ E.Básicos 50,40 (SD 12,829)
$\bar{x}$ E.Superiores 49,57 (SD 11,758) $p = 0,717$

MEDIA POR GRUPOS DE EDAD

49,7848 (N = 79, 18-24); 48,4000 (N = 115, 25-34); 49,3256 (N = 43, 35-44); 49,7727 (N = 22, 45-54); 60,9231 (N = 13, >54)

$p = 0,010$

MEDIA POR EXPERIENCIA

48,1893 (N = 122, Yo mismo o alguien conocido); 52,2661 (N = 124, No experiencia); 44,1538 (N = 26, Profesional de la salud mental)

$p = 0,001$

CONCLUSIONES

Estigma   Edad   Experiencia

Limitaciones
➤ Muestra
➤ Homogeneidad del concepto
➤ Presencialidad del investigador

Líneas futuras
➤ Psicoeducación
➤ Concienciación

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