

STIGMA ABOUT MENTAL HEALTH IN SLOVENIAN FIRST YEAR MEDICAL STUDENTS

Nina Vučinić¹, Rok Holnthaner¹, Sara Plakolm Erlač¹, Norbert Skokauskas¹, and Hojka Gregorič Kumperščak¹

¹Affiliation not available

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Nina Vučinić¹, Rok Holnthaner², Sara Plakolm Erlač³, Norbert Skokauskas⁴, Hojka Gregorič Kumperščak^{3,5}

¹Center for Mental Health, Public Medical Centre Ptuj, Ptuj, Slovenia

²Deivision of Psychiatry, University Medical Centre Maribor, Maribor, Slovenia

³Department of Child and Adolescent Psychiatry, Division of Pediatrics, University Medical Centre Maribor, Maribor, Slovenia

⁴Centre for Child and Adolescent Mental Health and Child Protection, Institute of Psychiatry, Norwegian University of Science and Technology, Trondheim, Norway

⁵Faculty of Medicine, University of Maribor, Maribor, Slovenia

Abstract

Stigma surrounding mental health persists as a significant impediment to adequate support and help-seeking behaviors in Slovenia, despite advancements in psychiatric care and education. This study investigates the prevalence of stigma among first-year medical students at the University of Maribor, Slovenia who lack prior exposure to mental health education. A total of 118 students participated in the baseline assessment, with 66 students completing the questionnaire post-intervention. The intervention involved implementing the Life Transitions program, aimed at enhancing mental health literacy and reducing stigma. There was a significant reduction in stigma after intervention (Wilcoxon $Z = -3.06$, $p < 0.01$), suggesting a positive impact of the educational program. This reduction aligns with findings from similar programs globally, suggesting the efficacy of educational interventions in mitigating mental health stigma. The study emphasizes the importance of integrating mental health education into medical curricula to foster stigma reduction and enhance mental health literacy among future healthcare professionals.

Keywords: *stigma, mental health, medical students, Slovenia, education, intervention*

INTRODUCTION

Despite its small size and the population being only 2.1 million, Slovenia has made significant strides in the field of psychiatry, with a focus on holistic approaches to mental health care. The country prioritizes community-based initiatives, comprehensive mental health services, and ongoing research to address the evolving needs of its population. The country's mental health system provides a range of services, including outpatient clinics, inpatient care, and community-based support networks. Additionally, Slovenia has been proactive in integrating psychiatric care into primary healthcare settings, aiming to increase accessibility and early intervention for mental health issues (14). Slovenian psychiatry emphasizes a collaborative approach

between patients, families, and healthcare professionals, reflecting a commitment to promoting mental well-being and reducing stigma.

Stigma, according to the World Health Organization (WHO), encompasses feelings of shame, disapproval, and subsequent rejection, discrimination, and exclusion (4). It involves being labeled by certain traits, which can isolate individuals and lead to their perceived deviation from social norms (5). Those with mental disorders often bear the brunt of such stigmatization, facing discrimination across different aspects of life, making them among the most vulnerable members of society (6).

In Slovenia, despite progress in mental health care, stigma remains a significant barrier to seeking help and receiving adequate support for mental health issues.

In 2018 Ljubotina, Đorđević and Sivec reported that stigma regarding mental health remains pervasive across Slovenian society, leading to discrimination and social exclusion for individuals with mental illness (1). Efforts to combat stigma include public education campaigns, advocacy initiatives, and increased access to mental health services, yet challenges persist in changing societal attitudes and perceptions toward mental health (2).

Another study from 2018 examined attitudes toward mental illness of medical students, Maribor University, Slovenia. This is one of the only two Medical faculties in Slovenia (the other being in Ljubljana). The study reported that sixth-year medical students were the most stigma-free, since they already completed the psychiatry clerkship (it is completed in the fifth year) and are thus more educated about mental disorders.

METHODS

Subjects

We introduced the program Life Transitions to the first-year medical students at the University of Maribor in the academic year 2023/2024. We chose first year students because they have not yet completed the psychiatry clerkship or attended any classes about mental health. The study population included 118 students.

Materials

We adapted the original Canadian Transitions program (9) to the needs of Slovenian students. This was done in collaboration with the program authors from Canada.

Procedure

Before joining the program in October 2023, the participants completed the questionnaire including questions about stigma. This provided us with a baseline (T0). The next month and a half was dedicated to the educational program. The students independently reworked the document Life Transitions and discussed the topics addressed with qualified tutors (who attended two workshops in September 2023), as part of three tutoring hours.

The follow up (T1) was conducted in December 2023 and January 2024 after the implementation of the Life Transitions program.

Measuring instruments

The Attitudes Towards Mental Illness Questionnaire (8), was used to assess stigma about mental health in the initial assessment and after the intervention.

Statistical analysis Top of Form

Since the distribution of our data was not normal, we had to use non-parametric Wilcoxon Signed Ranks Test for repeated measures to compare differences in ranks before and after implementation of our program. The data was calculated using the IBM SPSS Statistics 23.

Bottom of Form

Results

116 students (23 male, 80 female, 13 did not reveal gender) participated in our baseline study (T0), and 66 students (12 male, 44 female, 10 did not reveal gender) participated in completing the questionnaire after the education (T1). This means 55.93% of students participated in T0 and T1. All included participants are first year medical students and had no prior education in mental health.

Before the intervention the mean sum of scores for stigma was higher (71.39) than it was post intervention (68.41). The analysis results, which are shown in Table 1, show significant decrease in stigma about mental health (Wilcoxon $Z = -3.06$, $p < 0.01$).

Table 1 Average sum of scores of the 68 participants for stigma and the change of their scores from baseline to follow-up

Variable	Baseline Mean	Baseline Minimum	Baseline Maximum	Follow-up Mean	Follow-up Minimum
Stigma	71.39	54	84	68.41	53

DISCUSSION

The attitude towards stigma about mental health in first year medical students' in Maribor University, Slovenia has reduced following participation in the Life Transitions program.

Our findings parallel the results demonstrated by Wei et al., in the original Canadian Transitions program, who also yielded similar positive outcomes on stigma (9, 10). A systematic review and meta-analysis of Mental Health First Aid (MHFA) studies also observed minor reductions in stigma. However, a systematic review of studies focusing on mental health educational initiatives indicated no significant reductions in stigma among healthcare students (11). This trend was similarly observed in the Finnish study, which also had smaller number of participants in the follow up study, but there was no reduction in stigma regarding mental health (13). These discrepancies may be attributed to cultural differences, as individuals in Finland tend to hold more positive attitudes toward mental health in general (12). This hypothesis can also be supported with the comparison of our Slovenian data with the Finnish. Their baseline mean (54.20) was already lower than our baseline mean (71.39), which suggests that stigma about mental health is in general lower in Finnish students, compared to Slovenian.

In conclusion education about mental health and increasing mental health literacy is one of the factors in reducing stigma, but addressing stigma effectively requires a multifaceted approach involving collaboration between government, healthcare providers, and community organizations to promote awareness, understanding, and acceptance of mental health conditions (3).

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