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Stigmatizacija duševnih bolesnika od srednjoškolaca*

/ Stigmatisation toward the mentally ill in high school students*

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Cilj ovog istraživanja bio je ispitati stavove srednjoškolaca prema shizofreniji, depresiji i posttraumatskom stresnom poremećaju te koliko na formiranje njihovih stavova utječe formalno obrazovanje, spol, religijska pripadnost, obrazovanje i bračni status roditelja. U istraživanju je sudjelovalo 156 učenika završnih razreda iz tri srednje škole na području Primorsko-goranske županije: 57 učenika za zanimanje medicinska sestra/medicinski tehničar opće njege Medicinske škole u Rijeci, 41 učenik Salezijanske klasične gimnazije u Rijeci i 58 učenika Pomorske škole u Bakru. Korišten je upitnik koji se sastoji od demografskog upitnika i upitnika ljestvice stavova prema duševnim bolesnicima. Rezultati su pokazali da postoji statistički značajna razlika u stavovima srednjoškolaca prema psihijatrijskim bolesnicima s obzirom na srednju školu koju pohađaju, u korist učenika medicinske škole koji imaju pozitivnije stavove od ostalih, te je i statistički značajna razlika u stavovima prema pojedinim psihijatrijskim bolestima, tako da najviše negativnih stavova srednjoškolci imaju prema shizofreniji, a najmanje prema depresiji. Ne postoji razlika u stavovima srednjoškolaca s obzirom na vjersku pripadnost i bračni status roditelja. Razlika u stavovima s obzirom na obrazovanje roditelja statistički je značajna samo u stavu prema shizofreniji, gdje su rezultati pokazali negativnije stavove srednjoškolaca čije su majke visoko obrazovane. Razlike u stavovima prema spolu ispitanika nije bilo moguće sa sigurnošću utvrditi s obzirom da su većina ispitanika ženskog spola učenice za zanimanje medicinska sestra i nije ih objektivno uspoređivati s učenicima muškog spola koji su većinom učenici pomorske škole. Usporedba podataka dobivenih od gimnazijalaca kojih je podjednako prema spolu, nije pokazala razlike između stavova po spolu. Prema rezultatima istraživanja možemo zaključiti da na formiranje stavova srednjoškolaca prema psihijatrijskim bolesnicima uvelike utječe formalno obrazovanje, odnosno stečeno znanje o psihijatrijskim bolestima, što je dokazano u istraživanju na ispitanicima srednjoškolcima medicinske škole koji su pokazali najmanju stigmatizaciju psihijatrijskih bolesnika, vjerojatno zbog stručnog znanja koje su stekli tijekom obrazovanja. Na osnovi te činjenice možemo zaključiti da u budućnosti treba više raditi na edukaciji o psihijatrijskim bolestima i mentalnom zdravlju, i tek onda možemo očekivati manju stigmatizaciju psihijatrijskih bolesnika u društvu.

The aim of this study was to examine the attitudes of high school students toward schizophrenia, depression and posttraumatic stress disorder and explore how formal education, gender and religious affiliation affected those attitudes together with the education and marital status of their parents. A total of 156 fourth-grade students from three secondary schools in the Primorje-Gorski Kotar County participated in the study: 57 medical nursing students from the Medical High School in Rijeka, 41 students from the Salesian Classical High School in Rijeka and 58 students from the Maritime High School in Bakar. A demographic questionnaire and a questionnaire on attitudes toward patients with mental illnesses were used. The results have shown that there was a statistically significant difference in the attitudes of high school students toward psychiatric patients based on the secondary school they attended, showing that students from the Medical school had more positive attitudes toward the mentally ill than others, and there was also a statistically significant difference regarding the attitudes toward specific psychiatric illnesses. High school students had the most negative attitudes toward schizophrenia and the least negative toward depression. There was no difference in the attitudes of high school students with regard to their religious affiliation and marital status of parents. The differences in attitudes based on the parents'

levels of education were statistically significant only regarding the attitudes toward schizophrenia – the results showed that high school students whose mothers were highly educated had more negative attitudes. High school differences in attitudes based on the gender of the participants could not be established since the majority of participants from the Medical High School were female nursing students, while male students were the majority at the Maritime High School. Comparison of data obtained from high school students by gender did not reveal differences in attitudes based on gender. In order to explore the difference in attitudes based on gender, it would be necessary to extend the study to a much larger number of respondents and exclude students from medical schools. Based on the results of this study, it can be concluded that the attitudes of high school students toward psychiatric patients were greatly influenced by formal education, i.e. acquired knowledge on psychiatric illnesses, since high school students from the Medical high school showed the smallest extent of stigmatization toward psychiatric patients, most likely due to the expertise and knowledge obtained through their education. Therefore, we can conclude that in the future more effort should be put into education on psychiatric disorders and mental health in general, and only then could we expect less stigmatization toward psychiatric patients in our society.

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UVOD

U svim poznatim civilizacijama ljudi su vjerovali kako su na neki način duševne bolesti i nasilje povezani. U kasnom srednjem vijeku, pod utjecajem kršćanske crkve, natprirodne teorije mentalnih poremećaja ponovno su dominirale Europom. Praznovjerje, astrologija i alkemija prevladavali su u djelovanju i razmišljanju. Počevši od 13. stoljeća, mentalne bolesnike, posebno žene, počeli su progoniti kao opsjednute vještice. Lov na vještice i čarobnjaštvo nisu popustili sve do 17. i 18. stoljeća, nakon što je više od 100.000 opsjednutih i navodnih vještica spaljeno na lomači (1,2).

Koliko god danas ljudi žele vjerovati da su se izdigli od prije opisanih postupaka ili da je sadašnjost uvijek najnaprednije vrijeme, na ljudsko se razmišljanje i danas dalje uglavnom odražavaju iste ili slične teorije o duševnim bolestima kao one u proteklim tisućljetnim razdobljima,

INTRODUCTION

Throughout history and in all known civilizations, people often believed in the connection of mental illness and violence. In the late Middle Ages, the supernatural theory of mental disorders dominated in Europe under the influence of the Christian church. Superstition, astrology and alchemy prevailed both in action and thought. At the beginning of the 13th century, mentally ill, especially women, were persecuted as possessed witches. Hunting witches and witchcraft did not diminish until the 17th and 18th centuries, and in that period more than 100,000 alleged witches had been burnt at the stake (1,2).

As much as people today want to believe that they have moved past the mind-set described above or that the current period is always the most advanced, human thinking today still largely reflects in the same or similar theories of mental illnesses as those in past millennia, which is also noted in some modern studies (3,4).

što se spominje i nekim suvremenim istraživanjima (3,4).

U današnje vrijeme znatnog napretka znanosti i saznanja u razumijevanju bioloških odnosa u mentalnim bolestima ipak, čini se, ne napredujemo dovoljno u boljem socijalnom prihvaćanju osoba s duševnim bolestima. Stavovi okoline prema mentalnim bolesnicima i psihijatrijskom liječenju uglavnom su i danas nepovoljni (5,6).

Mentalni bolesnici skloni su prikriti svoju bolest, a eventualno otkriti detalje o svojim teškoćama i liječenju samo osobama kojima vjeruju. Osim toga, zbog negativnog stava okoline sebe smatraju manje vrijednima. Ove odlike samostigmatizacije uvelike pogoršavaju psihosocijalne i mentalno higijenske uvjete oboljelih, otežavaju ishod liječenja i njihovu socijalnu i medicinsku rehabilitaciju (7).

U psihijatrijsku terminologiju izraz stigma uveo je kanadski sociolog Erving Goffman koji istražuje reakcije osoba koje ponašanjem ili izgledom odstupaju od društveno prihvaćenih standarda. Stigma se odnosi na sramotu koju takve osobe mogu osjetiti, pa zbog straha od diskreditiranja okoline, a u obranu svog identiteta, prikrivaju svoje nedostatke (8).

Brojna istraživanja ukazuju na uglavnom negativne društvene reakcije prema osobama s mentalnim bolestima. Ispitanici smatraju da su mentalno bolesni manje predvidljivi i da nemaju dobre ishode u liječenju za razliku od onih s tjelesnim bolestima. Ta uvjerenja povezana su s odbijanjem društva i podrazumijevaju neke, ali ne sve, učinke stigme na mentalno oboljele osobe. Stigmatizirane osobe s duševnim bolestima često trpe zbog odbacivanja iz okoline i diskriminacije u svim životnim situacijama. Stigma mentalne bolesti ima pogubne učinke na živote osoba s ozbiljnim mentalnim bolestima, osobito oboljelih od shizofrenije. Poguban učinak takvog stava nerijetko dovodi do začaranog kruga u kojem sami „nosioci stigme“ prihvaćaju diskriminatorski i pokroviteljski (paternalistič-

Today, in a period of considerable advances in science, knowledge and understanding of the biological base of mental illness, it seems that we have not progressed sufficiently toward better social acceptance of persons with mental health disorders. Even today, attitudes toward patients with mental health problems and in psychiatric treatment, are still mostly unfavourable (5,6).

Patients suffering from mental disorders are sometimes inclined to conceal their illness, eventually disclosing details of their difficulties and treatment only to people they trust. In addition, because of the perceived negative attitudes in their social environment, they feel less valuable. These characteristics of self-stigmatization worsen the psychosocial and mental hygiene conditions of the patients, complicating the treatment outcome and the patients' social and medical rehabilitation (7).

In psychiatric terminology, the term *stigma* was introduced by Canadian sociologist Erving Goffman. Goffman explored the reactions of people who deviated from socially accepted standards by their behaviour or appearance. Stigma refers to the shame that such people may feel, the fear of being discredited by others and hiding their perceived imperfections in order to defend their own identity (8).

Numerous studies point to mostly negative social reactions to people with mental illnesses. Respondents believe that the mentally ill are less predictable and that they do not have good outcomes in treatment, as opposed to those with physical illnesses. These beliefs are associated with social rejection and comprise some of, but not all, effects of stigma on mentally ill persons. Stigmatized persons with mental illnesses often suffer from rejection from their environment and discrimination in everyday situations. The stigma of mental illness has detrimental effects on the lives of people suffering from severe mental illnesses, particularly schizophrenia. The ruinous effects of stigmatizing attitudes often lead to the vicious circle in which the “stigma bear-

ki) stav okoline. Sve to rezultira povlačenjem bolesnika iz javnog života, skrivanjem bolesti, osjećajem srama i najgore od svega, nerijetko izbjegavanjem liječenja (9-11).

Tijekom proteklog razdoblja u znanosti je provedeno mnogo istraživanja kako bi se utvrdio učinkoviti način i strategija borbe protiv stigmatizirajućih stavova i diskriminirajućeg ponašanja društva (12). Posebno su važna znanstvena istraživanja i saznanja o utjecaju formalnog obrazovanja, okoline, obitelji, konfesijske opredjeljenosti, spola i drugih čimbenika na formiranje stavova o mentalnim bolestima (13-16). Postoje i istraživanja o stigmatizaciji duševnih bolesnika od strane studenata (17,18), kao i o od srednjoškolaca, ali su znatno rjeđa (19,20).

CILJ ISTRAŽIVANJA

Cilj ovog istraživanja bio je ispitati kakvi su stavovi srednjoškolaca prema oboljelima od psihijatrijskih bolesti i koliko na stigmatizaciju duševnih bolesnika utječe formalno obrazovanje, spol, religijska pripadnost, obrazovanje i bračni status roditelja.

Odabrane su tri psihičke bolesti i/ili stanja. Kao najozbiljnija, kronična i invalidizirajuća duševna bolest koju karakterizira posebni tip poremećaja mišljenja, afekta i ponašanja odabrana je shizofrenija, dok je zbog činjenice da je danas najučestalija od svih psihičkih bolesti odabrana depresija i depresivnost. Trijadu upotpunjuje posttraumatski stresni poremećaj, koji je posljedica događaja koji su ugroza nečijeg života ili tijela, a koji je u našem društvu prisutan u većem broju kao posljedica Domovinskog rata.

ISPITANICI I METODE

U istraživanju je sudjelovalo 156 učenika završnih razreda iz tri srednje škole na području Primorsko-goranske županije: 57 učenika za

ers" themselves accept the discriminatory and patronizing attitudes of society. As a result, patients withdraw from their social environment, concealing the disease, feeling ashamed, and worst of all, often avoiding treatment (9-11).

Hitherto, a significant amount of scientific research has been carried out to discover an effective strategy to combat stigmatizing attitudes and discriminatory behaviours in society (12). Formal education, social environment, family, confession, gender and some other factors are of particular importance in the formation of attitudes about mental illnesses (13-16). There are also studies on stigmatization of mental patients by university students (17,18) and by high school students, but they are few (19,20).

RESEARCH GOAL

The aim of this study was to examine the attitudes of high school students toward psychiatric illnesses and how much the stigmatization of patients with mental health disorders was affected by the students' formal education, gender and religious affiliation, and the educational and marital status of their parents.

Three mental illnesses and / or conditions were selected. Schizophrenia was selected as the most serious, chronic and disabling mental illness, characterized by a particular type of disorder of thought, affect and behaviour; depression was selected due to the fact that it is the most frequent of all psychiatric disorders today. The triad was completed with posttraumatic stress disorder, the disorder that has been diagnosed often in our society after the psycho-traumatization during the Homeland War.

PARTICIPANTS AND METHOD

156 final grade students from three high schools in the Primorsko-goranska County participated in the survey: 57 medical nursing stu-

zanimanje medicinska sestra/medicinski tehničar opće njege Medicinske škole u Rijeci, 41 učenik Salezijanske klasične gimnazije u Rijeci i 58 učenika Pomorske škole u Bakru. Istraživanju su pristupili svi učenici koji su toga dana bili na nastavi.

Korišten je upitnik koji se sastoji od demografskog upitnika i upitnika ljestvice stavova prema duševnim bolesnicima (21).

Ispitivanje je provedeno u terminima redovne nastave tijekom ožujka i travnja 2017. godine. Ispitivanje je bilo dragovoljno i anonimno, te su ispitanici upoznati sa svrhom istraživanja. Prilikom istraživanja poštovali su se etički i bioetički principi, te je osigurana privatnost i zaštita tajnosti podataka.

Prikupljeni podatci statistički su analizirani i prikazani kao apsolutne i postotne vrijednosti, te kao aritmetička sredina \pm standardna devijacija. Za analizu statistički značajnih razlika varijabli izraženih u nominalnoj mjernoj ljestvici korišten je hi-kvadrat test. Za testiranje razlika na kontinuiranim varijablama korištena je jednosmjerna analiza varijance i t-test za zavisne uzorke. Statistička značajnost određena je na $p < 0,05$. Podatci su analizirani putem statističkog programa SPSS 16 (*Statistical Package for the Social Sciences, version 16.0., SPSS Inc, Chicago IL*).

REZULTATI

Demografski podatci

Podatci koji su prikupljeni demografskim obrascem odnose se na školu koju pohađaju, dob, spol i vjersku pripadnost ispitanika, te na bračno stanje i stupanj obrazovanja njihovih roditelja.

Dob i spol

Prosječna dob svih ispitanika je 19,2 godine (SD=0,677); 74 (47,4 %) učenika je muškog, a 82 (52,6 %) ženskog spola. Prosječna dob i

dob od studenata iz Medicinske škole u Rijeci, 41 student iz Salesijanske klasične gimnazije u Rijeci i 58 studenata iz Pomorske škole u Bakru. Istraživanje je sudjelovali svi učenici koji su toga dana bili na nastavi.

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RESULTS

Demographic data

Data that were collected through the demographic form consisted of information on the school the participants attended, their age, gender and religious affiliations, and the marital status and level of education of their parents.

Age and gender

The average age of all participants was 19.2 years (SD = 0.677), and 74 (47.4%) of them were boys and 82 (52.6%) were girls.

učestalost spola prema školama prikazani su u tablici 1.

Prema podacima prikazanima u tablici 1 vidljivo je da se učenici statistički značajno razlikuju u dobi ($F=69,495$, $p<0,01$) i prema spolu ($\chi^2=59,928$, $p<0,01$) s obzirom na školu koju pohađaju. Učenici iz Medicinske škole značajno su stariji u odnosu na učenike iz Salezijanske gimnazije i učenike Pomorske škole. Učenici Medicinske škole uglavnom su djevojke, dok su učenici Pomorske škole uglavnom mladići.

Vjerska pripadnost

Na pitanje o religijskoj pripadnosti većina učenika, tj. 131 (84 %) se izjasnilo da pripada kršćanskoj vjeroispovijesti. Četvero učenika izjasnili su se kao pripadnici pravoslavne vjeroispovijesti (2,6 %), troje islamske vjeroispovijesti (1,9 %), a trinaestero učenika se izjašnjavaju kao ateisti (8,3 %). Petero (3,2 %) učenika je na pitanje vjerske pripadnosti zaokružilo odgovor „ostalo“. Ni jedan učenik nije se izjasnio kao pripadnik budizma ili judaizma. Učestalost vjerske pripadnosti prema školama prikazana je u tablici 2. pri čemu su učenici koji su odgovorili da su pravoslavne vjeroispovijesti pripojeni ispitanicima koji su se izjasnili kao pripadnici kršćanske vjeroispovijesti.

Učenici se ne razlikuju u vjerskoj pripadnosti s obzirom na školu koju pohađaju ($\chi^2=10,225$, $p>0,05$). Naime, u sve tri ispitivane škole većina ispitanika se izjašnjava da su kršćanske vjeroispovijesti.

According to the data presented in **Table 1**, students statistically significantly differed in age ($F = 69.495$, $p < 0.01$) and gender ($\chi^2 = 59.928$, $p < 0.01$) considering the school they were attending. Students from the Medical High School were considerably older than students from the Salesian Classical High School and students of the Maritime High School. Medical school students were mostly girls, while Maritime School students were mostly young men.

Religious affiliation

When asked about their religious affiliation, most students, 131 (84%) of them, stated that they were Catholics. Four students declared themselves as members of the Orthodox Church (2.6%), three of them were members of Islam (1.9%) and thirteen students declared themselves atheists (8.3%). Five (3.2%) of the students chose “other” regarding religious affiliation. No student declared themselves as a member of Buddhism or Judaism. The frequency of religious affiliation in schools is shown in **Table 2**, where Orthodox students were grouped with Catholics under the term “Christian”.

Students did not differ in their religious affiliation depending on the school they attended ($\chi^2 = 10.225$, $p > 0.05$). In all of the three schools, most students declared themselves as members of the Christian faith.

TABLE 1. Average age and frequency of gender of participants

	Medical High School N=57	Salesian High School N=41	Maritime High School N=58	Oneway ANOVA	
	M (SD)	M (SD)	M (SD)	F	p
AGE	19.8 (0.411)	18.8 (0.435)	18.9 (0.595)	69.495	.001
	N (%)	N (%)	N (%)	<i>Hi-square test</i>	
GENDER				χ^2	p
Girls	46 (80.7)	27 (65.9)	9 (15.5)	52.928	.001
Boys	11 (19.3)	14 (34.1)	49 (84.5)		

TABLE 2. Review of different religious affiliation of participants in schools

	Medical High School N=57	Salesian High School N=41	Maritime High School N=58	Hi-square test	
	N (%)	N (%)	N (%)	χ^2	p
Christian	50 (87.7%)	38 (92.7%)	47 (81.0%)	10.225	.116
Muslim	1 (1.8%)	2 (4.9%)	0		
Atheist	5 (8.8%)	1 (2.4%)	7 (12.1%)		
Other	1 (1.8%)	0	4 (6.9%)		

Obrazovanje roditelja

Prema podacima prikazanima u tablici 3. vidljivo je da se majke ($\chi^2=52,095$) i očevi ($\chi^2=29,252$) statistički značajno razlikuju u stupnju obrazovanja s obzirom na školu koju im pohađa dijete. Premda nam hi-kvadrat ne dozvoljava određivanje između kojih skupina postoji statistički značajna razlika, pregledom učestalosti možemo zaključiti da su majke i očevi djece koja pohađaju Gimnaziju češće fakultetski obrazovani, u odnosu na majke i očeve djece koja pohađaju Medicinsku i Pomorsku školu.

Bračni status roditelja

Većina roditelja u ukupnom uzorku ispitanih učenika je u bračnoj zajednici (n=120, 76,9 %). Dvoje učenika imaju roditelje koji žive u izvanbračnoj zajednici (1,3 %). Razvedene roditelje ima 25 učenika (16 %). Sa samohranim ocem živi troje (1,9 %) učenika, a sa samohra-

Parents' education

As shown in **Table 3**, mothers ($\chi^2 = 52,095$) and fathers ($\chi^2 = 29,252$) significantly differed in the level of education depending on the school their child was attending. Although the hi-squares did not allow determination between the groups, we could conclude through frequency analysis that mothers and fathers of the children attending the Salesian Classical High School were more often college educated than mothers and fathers of children attending the Medical and Maritime High School.

Marital status of parents

Most parents in the total sample of the examined students were married (n = 120, 76.9%). Two students had parents living in extramarital cohabitation (1.3%). 25 students had divorced parents (16%). Only three (1.9%) students were living with a single father, and six (3.8%) with the single mother. The marital status of

TABLE 3. Educational level of mothers and fathers of participants in different schools

	MOTHER			FATHER		
	Medical High School N=57	Salesian High School N=41	Maritime High School N=58	Medical High School N=57	Salesian High School N=41	Maritime High School N=58
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Elementary school	7(12.3)	0	3 (5.2)	0	0	3 (1.9)
High school	43 (75.4)	16 (39.0)	36 (62.1)	47 (82.5)	15 (37.5)	38 (65.5)
College	3 (5.3)	0	10 (17.2)	4 (7.0)	7 (17.5)	8 (13.8)
University and higher	4 (7.0)	25 (61.0)	9 (15.5)	6 (10.5)	18 (45.0)	9 (15.5)
Hi-square test		$\chi^2=52.095$ p=.001			$\chi^2=29.252$ p=.001	

nom majkom šest učenika (3,8 %). Bračni status roditelja prema školama koje pohađaju ispitanici prikazan je u tablicama 4. i 5., pri čemu su roditelji u izvanbračnoj zajednici svrstani u kategoriju u braku, a odabiri samohrana majka i samohrani otac su svrstani u zajedničku kategoriju samohranih roditelja.

Učenici se ne razlikuju prema bračnom statusu roditelja s obzirom na školu koju pohađaju ($\chi^2=8,336$, $p>0,05$). Većina roditelja učenika iz sve tri škole je u braku (tablica 4.).

STAVOVI PREMA PSIHIJATRIJSKIM BOLESNICIMA

Stavovi prema psihijatrijskim bolesnicima i vrsti bolesti s obzirom na školu koju učenici pohađaju

Kako bismo odgovorili na prvi cilj istraživanja ispitali smo razlikuju li se srednjoškolci u stavovima prema psihijatrijskim bolesnicima s obzirom na škole koje pohađaju. Prosječne vrijednosti stavova prema osobama oboljelima od depresije, shizofrenije i PTSP-a kod učenika različitih škola prikazane su u tablici 5.

parents in the three schools is shown in **Table 4** and in **Figure 5**, where parents in cohabitation were classified as married and both single mothers and single fathers were classified in a common category of single parents.

The students did not differ based on their parents' marital status between the three schools ($\chi^2 = 8.336$, $p>0.05$). Most of the students' parents from all three schools were married (**Table 4**).

ATTITUDES TOWARD PSYCHIATRIC PATIENTS

Attitudes toward psychiatric patients and type of mental health disorders based on the school attended by the student

In order to satisfy the first research objective, we examined whether high school students differed in their attitudes toward psychiatric patients based on the schools they were attending. The average values of high school students' attitudes toward persons suffering from depression, schizophrenia and PTSD are shown in **Table 5**.

TABLE 4. Marital status of parents in different schools

	Medical High School N=57	Salesian High School N=41	Maritime High School N=58	Hi-square test
	N (%)	N (%)	N (%)	$\chi^2=8.336$ $p=.080$
Married	45 (78.9)	36 (87.8)	41 (70.7)	
Divorced	7 (12.3)	3 (7.3)	15 (25.9)	
Single parent	5 (8.8)	2 (4.9)	2 (3.4)	

TABLE 5. Average scores and differences in attitudes toward depression, schizophrenia and PTSD in schools

	Medical High School N=57	Salesian High School N=41	Maritime High School N=58	Oneway ANOVA	
	M(SD)	M(SD)	M(SD)	F	p
Depression	33.9 (6.58)	38.0 (5.37)	40.1 (6.34)	14.602	.001
Schizophrenia	38.4 (5.36)	41.6 (5.02)	43.2 (5.46)	11.663	.001
PTSD	34.8 (6.17)	38.8 (4.93)	40.8 (5.57)	16.858	.001

Učenici se statistički značajno razlikuju u stavovima prema oboljelima od depresije ($F=14,602$, $p<0,01$), shizofrenije ($F=11,663$, $p<0,01$) i PTSP-a ($F=16,858$, $p<0,01$). Tukey *post-hoc* testom dobiveno je da učenici Medicinske škole imaju statistički značajno pozitivnije stavove prema oboljelima od depresije, shizofrenije i od PTSP-a u odnosu na učenike koji pohađaju Gimnaziju i učenike koji pohađaju Pomorsku školu. Učenici iz Gimnazije i učenici Pomorske škole ne razlikuju se u svojim stavovima prema oboljelima od depresije, shizofrenije i PTSP-a.

U ukupnom uzorku dobiveno je da učenici postižu najniži rezultat na podljestvici depresije ($M=37,3$, $SD=6,72$), zatim na podljestvici PTSP ($M=38,1$, $SD=6,19$), a najveći na podljestvici shizofrenije ($M=41,0$, $SD=5,67$), tj. učenici imaju najpozitivniji stav prema oboljelima od depresije, zatim slijedi stav prema oboljelima od PTSP-a, a najnegativniji stav iskazuju prema oboljelima od shizofrenije. Kako bismo ispitali jesu li razlike u prosječnom intenzitetu stava spram oboljelih od depresije, shizofrenije i PTSP-a na razini statističke značajnosti primijenjen je niz zavisnih t-testova. Razlike u intenzitetu stavova s obzirom na različite bolesti provjerene su za svaku školu posebno, te za ukupan uzorak. S obzirom da razlike u intenzitetu stavova unutar škola imaju isti smjer (odnosno razlike u stavovima između bolesti jednake su za sve tri škole) u tablici 6. prikazani su rezultati koji se odnose na ukupan uzorak.

Prema podacima prikazanima u tablici 6. vidljivo je da je prosječna vrijednost stava prema

Students differed significantly in their attitudes toward depression ($F = 14.602$, $p<0.01$), schizophrenia ($F = 11.663$, $p<0.01$) and PTSD ($F = 16.858$, $p<0.01$). Tukey's *post-hoc* test showed that the students from the Medical High School had significantly more positive attitudes toward depression, schizophrenia and PTSD than students attending the Salesian Classical High School and students attending the Maritime High School. Salesian High School students and Maritime High School students did not differ in their attitudes toward people suffering from depression, schizophrenia or PTSD.

In the overall sample, a lower score was recorded on the depression subscale ($M = 37.3$, $SD = 6.72$) then on the PTSD subscale ($M = 38.1$, $SD = 6.19$), and the highest score was noted on the schizophrenia subscale ($M = 41.0$, $SD = 5.67$), which means that students had the most positive attitudes toward depressed patients, followed by patient with PTSD s, and the most negative attitudes were expressed toward patients with schizophrenia. In order to examine whether the differences in the displayed attitudes toward depression, schizophrenia and PTSD were at the level of statistical significance, a number of dependent t-tests were applied. Differences in the intensity of attitudes were checked for each school separately and for the total sample. Given that differences in the attitudes toward psychiatric disorders within schools had the same direction, the results shown in **Table 6** represent the total sample.

According to data presented in **Table 6**, we can see that the average score in attitudes toward pa-

TABLE 6. Display of differences in the attitudes toward depression, schizophrenia and PTSD in the total number of participants

	Total number of participants N=156		t	p
	M(SD)			
Depression	37.3 (6.72)	Depression-Schizophrenia	-8.109	.001
Schizophrenia	38.1 (6.19)	Depression-PTSD	-1.703	.090
PTSD	41.0 (5.67)	Schizophrenia -PTSD	6.730	.001

oboljelima od shizofrenije statistički značajno negativnija u odnosu na prosječne vrijednosti stavova prema oboljelima od depresije i PTSP-a. Prosječne vrijednosti stavova prema oboljelima od depresije i oboljelima od PTSP-a se ne razlikuju.

Stavovi prema psihijatrijskim bolesnicima i vrsti bolesti s obzirom na spol ispitanika

Ispitano je također postoji li statistički značajna razlika u stavovima prema oboljelima od depresije, shizofrenije i PTSP-a s obzirom na spol ispitanika. Prosječne vrijednosti stavova za muške i ženske ispitanike te značajnost razlike prikazane su u tablici 7.

Učenici se statistički značajno razlikuju u stavovima prema oboljelima od depresije, shizofrenije i PTSP-a s obzirom na spol. Djevojke imaju statistički značajno pozitivnije stavove prema oboljelima od sve tri bolesti u odnosu na mladiće. Međutim, s obzirom da većina djevojaka pohađa medicinsku školu, a većina mladića pomorsku srednju školu postoji mogućnost da su dobivene razlike u spolu odraz specifičnosti srednje škole koju ispitanici pohađaju (od ranije je utvrđeno da učenici srednje medicinske imaju pozitivnije stavove).

Kako bismo provjerili jesu li razlike u spolu odraz vrste škole koje ispitanici pohađaju, ispitali smo postoje li razlike između djevojaka i mladića koji pohađaju Gimnaziju s obzirom da je to jedini uzorak u kojem je spol donekle podjednako zastupljen i dozvoljava statističku

tients with schizophrenia was statistically lower compared with the average scores in attitudes toward patients with depression and PTSD. The average values of attitudes toward patients with depression and patients with PTSD did not differ.

Attitudes toward psychiatric patients and mental health disorders according to the gender of participants

We analysed whether there were statistically significant differences in attitudes toward depression, schizophrenia and PTSD in relation to the gender of participants. The average scores of attitudes in male and female participants and the significance of differences are shown in **Table 7**.

Students differed significantly in attitudes toward depression, schizophrenia and PTSD according to their gender. Girls had statistically more positive attitudes toward patients suffering from all three disorders than boys. However, since most girls attended the Medical High School and most boys the Maritime High School, there was a possibility that gender differences in attitudes depended on the high school attended by the participants (since it had been shown earlier that Medical High School students had more positive attitudes).

In order to check if gender differences were the a reflection of the school, we examined whether there were differences between girls and boys attending the Salesian High School since it was the only sample in which both genders were somewhat equally represented and allowed

TABLE 7. Average scores and differences in attitudes toward depression, schizophrenia and PTSD according to the gender of participants in the whole sample

	Boys N=74	Girls N=82		
	M (SD)	M (SD)	t	p
Depression	38.8 (6.89)	35.9 (6.28)	2.784	.006
Schizophrenia	42.5 (5.48)	39.7 (5.53)	3.176	.002
PTSD	40.1 (5.93)	36.2 (5.84)	4.187	.000

usporedbu. T-testom za nezavisne uzorke nije dobivena značajna uloga spola u prosječnim stavovima kod učenika koji pohađaju Gimnaziju (tablica 8.).

Stavovi prema psihijatrijskim bolesnicima i vrsti bolesti s obzirom na religijsku pripadnost

Jedan od ciljeva istraživanja bio je ispitati razlikuju li se učenici u stavovima prema psihijatrijskim bolesnicima s obzirom na religijsku pripadnost. Od ponuđenih kategorija većina učenika se izjasnila kao pripadnici kršćanstva (86,6 %), 13 kao ateisti (8,3 %), troje (1,9 %) islamske vjeroispovijesti, pet je odgovorilo ostalo, dok niti jedan učenik nije bio budist ili židov. S obzirom da u pojedinim kategorijama broj učenika ne prelazi 5, usporedba u stavovima spram psihijatrijskih bolesnika moguća je samo između onih učenika koji su se izjasnili za kršćanstvo i učenika koji se izjašnjavaju kao ateisti.

Prosječne vrijednosti te razlike u stavovima između učenika koji su kršćani i onih koji su ateisti prikazane su u tablici 9.

statistical comparison. T-test for independent samples did not show significant gender role differences in attitudes of students attending Salesian Classical High School (**Table 8**).

Attitudes toward psychiatric patients and mental health disorders according to religious affiliation

One of the aims of the study was to examine whether students differed in attitudes toward psychiatric patients in regard to the students' religious affiliation. Most students declared themselves Catholic (86.6%), 13 of them declared themselves atheists (8.3%), only three (1.9%) were Muslim and five of them answered "other"; no students were Buddhist or Jewish. Since the number of students in some categories did not exceed 5, a comparison of attitudes toward psychiatric patients was only possible between those students who declared themselves Catholics and atheists.

The average scores of attitudes and of difference between the students who were Catholics and those who were atheists are shown in **Table 9**.

TABLE 8. Average scores and differences in attitudes toward patients with depression, schizophrenia and PTSD according to gender among students of the Salesian Classical High School

	Boys N=14	Girls N=27	T-test	
	M (SD)	M (SD)	t	p
Depression	38.9 (5.12)	37.6 (5.53)	.773	.444
Schizophrenia	42.7 (3.15)	41.0 (5.73)	1.015	.316
PTSD	40.2 (5.68)	38.2 (4.47)	1.191	.241

TABLE 9. Average scores and differences in attitudes toward depression, schizophrenia and PTSD in Catholics and atheists

	Catholics N=135	Atheists N=13	T-test	
	M (SD)	M (SD)	t	p
Depression	37.7 (6.4)	35.3 (9.78)	1.208	.332
Schizophrenia	41.2 (5.40)	40.1 (7.94)	.710	.272
PTSD	38.1 (6.02)	37.8 (7.19)	.202	.955

Premda učenici koji se izjašnjavaju kao ateisti u prosjeku imaju pozitivnije stavove spram psihijatrijskih bolesnika u odnosu na učenike koji se izjašnjavaju kao kršćani, između njih nema razlika.

Stavovi prema psihijatrijskim bolesnicima i vrsti bolesti s obzirom na bračni status roditelja

Kako bi se ispitalo razliku učenika u stavovima prema psihijatrijskim bolesnicima s obzirom na bračni status roditelja, ta kategorija je dihotomizirana. Naime, za potrebe usporedbe napravljene su dvije kategorije bračnog statusa: živi s oba roditelja (oženjeni i izvanbračna zajednica) i živi samo s jednim roditeljem (razvedeni, samohrani otac i samohrana majka).

Učenici se ne razlikuju u prosječnim stavovima prema psihijatrijskim bolesnicima s obzirom na to žive li s oba ili samo s jednim roditeljem (tablica 10.).

Stavovi prema psihijatrijskim bolesnicima i vrsti bolesti s obzirom na obrazovanje roditelja

Kako bi se ispitalo razliku u stavovima s obzirom na stupanj obrazovanja majke i oca, kategorija obrazovanja je dihotomizirana na način da osnovna škola i srednja škola čine jednu kategoriju obrazovanja, a viša škola i visoka škola drugu kategoriju obrazovanja. Prosječne vrijed-

Although on average atheist students had more positive attitudes toward psychiatric patients compared with students who profess themselves Catholics, **there were no statistically significant differences between them.**

Attitudes toward psychiatric patients and mental health disorders based on parents' marital status

In order to examine the difference between the students' attitudes toward psychiatric patients with regard to their parents' marital status, this category was split into two categories of marital status: students living with both parents (married and cohabitating) and students living with only one parent (divorced, single father or single mother).

Students did not differ in average attitudes toward psychiatric patients whether they lived with both or only with a single parent (**Table 10**).

Attitudes toward psychiatric patients and mental health disorders due to parents' level of education

In order to examine the difference in attitudes according to the educational levels of the parents, the education levels of the parents were split into two categories, the first being elementary and secondary school and the second college and university education. Average scores of attitudes toward depression, schizophrenia

TABLE 10. Average scores and differences in attitudes toward depression, schizophrenia and PTSD based on the marital status of the parents of the participants

	Both parents N=122	Single Parent N=34	T-test	
	M (SD)	M (SD)	t	p
Depression	37.5 (6.74)	36.6 (6.69)	.680	.497
Schizophrenia	41.1 (5.69)	40.9 (5.68)	.166	.868
PTSD	38.2 (6.3)	37.6 (5.87)	.467	.641

nosti stavova prema depresiji, shizofreniji i PTSP-u s obzirom na stupanj obrazovanja majke prikazane su u tablici 11.

Učenici se ne razlikuju u svojim stavovima prema psihijatrijskim bolesnicima s obzirom na obrazovni status majke u odnosu na depresiju i PTSP, dok je kod shizofrenije dobivena statistički značajna razlika. Učenici čije majke imaju viši obrazovni status imaju negativnije stavove prema oboljelima od shizofrenije (tablica 11.).

Prosječne vrijednosti stavova prema oboljelima od depresije, shizofrenije i PTSP-a s obzirom na stupanj obrazovanja oca ispitanika (tablica 12.).

Učenici se ne razlikuju u svojim stavovima prema psihijatrijskim bolesnicima s obzirom na obrazovni status oca u odnosu na oboljele od depresije, shizofrenije i PTSP-a (tablica 12.).

and PTSD according to the mother's degree of education are shown in **Table 11**.

Students did not differ in their attitudes toward psychiatric patients based on their mother's level of education in relation to depression and PTSD, but there was a statistically significant difference for schizophrenia. Students whose mothers had higher levels of education demonstrated more negative attitudes toward patients with schizophrenia (**Table 11**).

The average scores of attitudes toward depression, schizophrenia and PTSD according to the degree of education of the father of the respondent are shown in **Table 12**.

Students did not differ in their attitudes toward psychiatric patients suffering from depression, schizophrenia or PTSD based on the father's level of education (**Table 12**).

TABLE 11. Average scores and differences in attitudes toward depression, schizophrenia and PTSD according to the mother's level of education

	Elementary & Highschool N=105	College & University N=51	T-test	
	M (SD)	M (SD)	t	p
Depression	36.9 (6.98)	38.0 (6.13)	-0.956	.341
Schizophrenia	40.1 (5.42)	43.0 (5.68)	-3.183	.002
PTSD	37.6 (6.61)	38.9 (5.19)	-1.244	.215

TABLE 12. Average scores and differences in attitudes toward depression, schizophrenia and PTSD according to the father's level of education

	Elementary & Highschool N=103	College & University N=52	T-test	
	M (SD)	M (SD)	t	p
Depression	37.1 (6.36)	37.6 (7.48)	-0.417	.677
Schizophrenia	40.5 (6.13)	41.9 (4.59)	-1.452	.149
PTSD	37.4 (6.38)	39.3 (5.74)	-1.727	.086

RASPRAVA

U istraživanju koje je obuhvatilo 154 učenika završnih razreda triju srednjih škola na području Primorsko-goranske županije statistički je

DISCUSSION

In a survey involving 154 students of the final grades in three high schools in the area of Primorsko-Goranska County, a statistically signif-

značajna razlika u prosječnoj dobi učenika, i to za godinu dana u korist učenika za zanimanje medicinska sestra/medicinski tehničar opće njege (medicinska sestra) Medicinske škole u Rijeci u odnosu na učenike Pomorske škole Bakar i Salezijanske gimnazije. Razlog za godinu dana razlike u dobi učenika je taj što se učenici za zanimanje medicinska sestra školuju pet godina.

Prema spolu postoji velika razlika u broju djevojaka i mladića koji se obrazuju u ovim školama. Ipak, razlika je najveća u Pomorskoj školi gdje se učenici obrazuju većinom za tradicionalno „muška“ zanimanja dok je u medicinskoj školi u zanimanju medicinska sestra ta razlika nešto manja. U posljednjih 30-tak godina broj mladića koji se obrazuju za to „tradicionalno žensko“ zanimanje je u značajnom porastu.

Pretpostavka da će razlika u stavovima srednjoškolaca prema psihijatrijskim bolesnicima biti statistički značajna s obzirom na različitost srednjih škola koje pohađaju je točna. Učenici iz Gimnazije i učenici Pomorske škole ne razlikuju se u svojim stavovima prema oboljelima od depresije, shizofrenije i PTSP-a. Učenici Medicinske škole imaju statistički značajno pozitivnije stavove prema oboljelima od depresije, shizofrenije i od PTSP-a u odnosu na učenike koji pohađaju Gimnaziju i učenike koji pohađaju Pomorsku školu. To može biti tako jer učenici za zanimanje medicinska sestra tijekom svog formalnog obrazovanja u četvrtom razredu imaju predmet Zdravstvena njega - zaštita mentalnog zdravlja u obimu od 37 sati teorije i 37 sati vježbi, a u petom razredu predmet Zdravstvena njega psihijatrijskih bolesnika u obimu od 34 sati teorije i 102 sata vježbi. Tijekom nastave učenici vježbe odrađuju na Klinici za psihijatriju KBC-a Rijeka te su u kontaktu s psihijatrijskim bolesnicima, djelatnicima i obiteljima bolesnika. Teoriju da dobra edukacija utječe na smanjivanje stigme potkrepljuju finski autori (16) istraživanjem iz 2016. godine,

significant difference in average age was observed among medical nursing students from the Medical High School in Rijeka compared with the students of the Bakar Maritime High School and the Salesian High School. The explanation for this can be found in the longer duration of schooling for medical nurses in the Medical High School (5 years of educational curriculum – one year more than the other two schools).

Substantial gender differences were noted regarding the number of girls and boys who were being educated in the schools. Male predominance was characteristic of the maritime school where the students are traditionally educated for “male” professions, while this gender traditionalism was decreasing in the nursing school. In the last 30 years, the number of male students who have been educated for this “traditionally female” occupation has increased significantly.

The hypothesis that there will be a statistically significant difference in the attitudes of high school students toward psychiatric patients depending on the high schools they were attending proved to be correct. Salesian High School students and Maritime High School students did not differ in their attitudes toward people suffering from depression, schizophrenia or PTSD. Students of the Medical High School had significantly more positive attitudes toward depression, schizophrenia and PTSD than the students attending Salesian High School and students attending the Maritime High School. This may be because nursing students had substantial teaching hours on mental health care during their formal education in the 4th grade, consisting of 37 hours of theory and 37 hours of practicals, and in the 5th grade they receive education on psychiatric health care of psychiatric patients comprising 34 hours of theory and 102 hours of practicals. During these courses, students take their practicals at the Department of Psychiatry in Rijeka Clinical Hospital Center and are in contact with mental health workers, psychiatric patients and their families. The notion that good education

koji su predložili pojačanu edukaciju o mentalnom zdravlju formalnim obrazovanjem medicinskih sestara iz područja mentalnog zdravlja u kurikulumu zdravstvenog odgoja u osnovnim i srednjim školama.

Pretpostavka da će razlika u stavovima srednjoškolaca prema oboljelima od shizofrenije biti statistički značajna u odnosu na oboljele od depresije i posttraumatskog stresnog poremećaja također je potvrđena. Unatoč značajnoj razlici u stavovima između škola, najizraženiji negativni stavovi srednjoškolaca su prema oboljelima od shizofrenije, potom od posttraumatskog stresnog poremećaja, te najmanje negativni prema oboljelima od depresije. Ovi rezultati su u skladu s rezultatima istraživanja koje su proveli britanski istražitelji 2014. godine (22) i koje je pokazalo da su stavovi društva prema osobama sa shizofrenijom daleko više stigmatizirajući nego prema osobama s anksioznošću i depresijom. Shizofrenija je u društvu prepoznata kao najteža psihijatrijska bolest, s najvećom stigmatizacijom i diskriminacijom, što potvrđuje i istraživanje hrvatskih autora (23), koji su proveli istraživanje o stigmatizaciji pacijenata oboljelih od shizofrenije i koje je pokazalo da nema razlike između opće populacije, te zdravstvenih djelatnika i budućih zdravstvenih djelatnika, iako su medicinske sestre zaposlene na psihijatrijskim odjelima pokazale veći stupanj prihvaćanja takvih pacijenata i veće razumijevanje prema samoj bolesti. Nažalost, shizofrene osobe i same sebe u velikom stupnju stigmatiziraju, kako pokazuju rezultati istraživanja hrvatskih autora (24).

Pretpostavku da razlika u stavovima srednjoškolaca prema psihijatrijskim bolesnicima nije statistički značajna s obzirom na spol nije moguće potvrditi ovim istraživanjem. Kako su većina ispitanika ženskog spola učenice za zanimanje medicinska sestra nije ih objektivno uspoređivati s učenicima muškog spola koji su većinom učenici pomorske škole. Iako su

affects the reduction of stigma was supported by Finnish authors (16) in a study from 2016, who suggested that enhanced mental health education through formal nursing education also be added to the curriculum of health education in primary schools and high schools.

The hypothesis that the difference in high school students' attitudes toward schizophrenia patients will be statistically significant compared with attitudes to those suffering from depression and posttraumatic stress disorder was also confirmed. Despite a significant difference in attitudes between schools, the most pronounced negative attitudes were toward patients with schizophrenia, followed by patients with posttraumatic stress disorder, and the least negative attitudes were shown toward patients with depression. These results are consistent with the results of the study conducted by British investigators (22) in 2014, which showed that the attitudes of society toward people with schizophrenia are far more stigmatizing than attitudes toward persons with anxiety disorders or depression. Schizophrenia has been recognized in society as the most severe psychiatric illness with the greatest stigma and discrimination, as confirmed in a study by Croatian authors (23) who examined the stigmatization of schizophrenic patients. The study found no significant difference in attitudes between the general population and healthcare workers, although nurses employed in psychiatric department showed a greater degree of acceptance of patients with schizophrenia and greater understanding of the disease itself. Unfortunately, the patients suffering from schizophrenia self-stigmatize to a great degree, as demonstrated in a study by Croatian authors (24).

The hypothesis that the difference in the attitudes of high school students toward psychiatric patients will not be statistically significant in terms of gender could not be confirmed in this study. Since most female participants were nursing school students, we could not objective-

neka istraživanja opće populacije pokazala da muškarci imaju izraženije negativne stavove od žena (25). U nekim istraživanjima stavova javnosti o osobama s mentalnim poremećajima, dokazano je da nema statističke značajnosti među spolovima (20). Usporedba podataka dobivenih od gimnazijalaca kojih je u podjednakom broju prema spolu, nije pokazala razlike između stavova po spolu. Da bi se istražila razlika u stavovima među spolovima potrebno je proširiti istraživanje na mnogo veći broj ispitanika, te iz njega izuzeti učenike medicinskih škola.

Potvrđena je pretpostavka da razlika u stavovima srednjoškolaca prema psihijatrijskim bolesnicima neće biti statistički značajna s obzirom na religijsku pripadnost. Premda učenici koji se izjašnjavaju kao ateisti u prosjeku imaju pozitivnije stavove spram psihijatrijskih bolesnika u odnosu na učenike koji se izjašnjavaju kao kršćani, ne postoje među njima razlike. Jean Decety s Univerziteta u Chicagu i njegovi suradnici (26) proveli su 2015. godine istraživanje u 6 zemalja što je dokazalo da su djeca odrasla u obitelji ateista značajno više empatična i altruistična. Kako se tek 8,3 % (13 učenika) ispitanika u ovom istraživanju izjasnilo kao ateist, ovi rezultati se ne mogu uzeti kao pouzdani, te bi bilo vrijedno istražiti hipotezu na većem uzorku.

Potvrđena je pretpostavka da razlika u stavovima srednjoškolaca prema psihijatrijskim bolesnicima neće biti statistički značajna s obzirom na bračni status roditelja. Učenici se ne razlikuju u prosječnim stavovima prema psihijatrijskim bolesnicima s obzirom na to žive li s oba ili samo s jednim roditeljem. Kako na stavove srednjoškolaca osim roditelja utječu društvo i mediji, često puta i negativno, o čemu se navodi i u radu hrvatskog autora (27), razumljivo je da razlika stavova srednjoškolaca prema psihijatrijskim bolesnicima nije značajna s obzirom na bračni status roditelja. Moguće je da bi se daleko drugačiji rezultati dobili da je istraživa-

ly compare them with male students who were predominantly maritime school students. Although some surveys of the general population have shown that men have more pronounced negative attitudes toward the mentally ill than women (25), others have found no statistically significant difference among the genders (20). **Comparison of data on differences in attitudes according to gender obtained from Salesian High School students did not show differences in attitudes by gender.** In order to explore the difference in attitudes due to gender, it would be necessary to extend the study to a much larger sample and probably exclude students from medical high school.

The hypothesis that the difference in attitudes of high school students toward psychiatric patients will not be statistically significant based on the religious affiliation of the students was confirmed. Although atheist students on average had more positive attitudes toward psychiatric patients compared with students who professed to be Christian, there were no statistically significant differences between them. Jean Decety from the University of Chicago and his associates (26) conducted a survey in 6 countries in 2015, which demonstrated that children in families of atheists were significantly more empathetic and altruistic. As only 8.3% of the participants in the current study (13 students) declared themselves atheists, these results cannot be taken as reliable, and it would be worthwhile to investigate this topic on a larger sample.

The hypothesis that the difference in the attitudes of high school students toward psychiatric patients will not be statistically significant depending on the marital status of the parents was also confirmed. Students did not differ in average attitudes toward psychiatric patients whether they lived with both or only with one parent. As the attitudes of high school students, apart from parents, are unfortunately also being negatively affected by the society and the media, which was also discussed in a study

nje provedeno među učenicima nižih razreda osnovnih škola kada je utjecaj roditelja na djecu daleko veći nego kod srednjoškolaca završnih razreda. Ipak, tada bi trebalo prvo ispitati stavove roditelja i utvrditi razlikuju li se stavovi roditelja u braku od stavova samohranih roditelja, pa tek potom ispitati stavove učenika, te ih povezati.

Pretpostavka da će razlika u stavovima srednjoškolaca prema psihijatrijskim bolesnicima biti statistički značajna s obzirom na obrazovanje roditelja je manjim dijelom potvrđena. S obzirom na obrazovni status očeva učenici se ne razlikuju u svojim stavovima prema psihijatrijskim bolesnicima u odnosu na depresiju, shizofreniju i PTSP. Učenici se ne razlikuju u svojim stavovima prema psihijatrijskim bolesnicima s obzirom na obrazovni status majke u odnosu na depresiju i PTSP, dok je kod shizofrenije dobivena statistički značajna razlika. Učenici čije majke imaju viši obrazovni status (24,4 %) imaju negativnije stavove prema oboljelima od shizofrenije, suprotno očekivanjima da će djeca roditelja s višim stupnjem obrazovanja imati manje izražene negativne stavove prema shizofrenim bolesnicima, jer bi znanje trebalo smanjiti predrasude. Vjerojatno za to postoji više razloga, a jedan od mogućih je da te obitelji imaju shizofrene bolesnike, pa postoji jaka samostigmatizacija shizofrenih bolesnika i njihovih obitelji (4,24).

ZAKLJUČAK

Iz svega navedenog moguće je zaključiti kako postoji značajna stigmatizacija psihijatrijskih bolesnika među učenicima određenih završnih razreda srednjih škola Primorsko-goranske županije. Značajno više su stigmatizirani shizofreni bolesnici nego depresivni i PTSP. Najmanje stigmatiziraju duševne bolesnike učenici medicinske škole koji se obrazuju za zanimanja medicinska sestra/tehničar što je u skladu s postavkom kako na stavove utječe

by Croatian author (27), it was understandable that the difference in attitudes of high school students toward psychiatric patients was not significantly different based on the marital status of their parents. It is possible that far different results would have been obtained if the survey was conducted among primary school students, as the influence of parents on children is more significant at that age. In such a study, the parents' attitudes should be examined first, taking into consideration the attitudes of both married and single parents and then comparing their attitudes with the attitudes of students.

The hypothesis that the difference in attitudes of high school students toward psychiatric patients will be statistically significantly different depending on their parents' education was confirmed to a certain extent. Based on the educational status of their fathers, students did not differ in their attitudes toward psychiatric patients regarding depression, schizophrenia or PTSD. Students did not differ in their attitudes toward psychiatric patients based on their mother's educational status regarding depression and PTSD, but attitudes toward schizophrenia were significantly different. Students whose mothers had higher educational status (24.4%) had more negative attitudes toward patients suffering from schizophrenia – contrary to expectation that children of parents with higher education would have less pronounced negative attitudes toward schizophrenia, as knowledge should reduce prejudice. There are probably several reasons for these results: some members of the family may have suffered from schizophrenia and, as can be seen from the papers mentioned above, there is a strong trend of self-stigmatization in patients with schizophrenia and their families. The Japanese have therefore have changed the name of schizophrenia to “disorder of integration” for the purpose of stigmatization reduction, which has led to a significant reduction of the stigma in society, healthcare workers, families and the patients themselves (4,24).

znanje. Zato je potrebna znatno veća edukacija mladih koji se nalaze na pragu zrelosti i započinjanja odraslog načina života. Dužnost je zajednice da im omogući život bez predrasuda za dobrobit svijetu.

CONCLUSION

Based on the results described above, we can conclude that there is significant stigmatization of psychiatric patients among final year high school students of Primorsko-goranska County. Patients with schizophrenia were significantly more stigmatized than depressed patients and patients with PTSD. Patients with mental health disorders were least stigmatized by medical high school students who were educated in nursing programs, which is consistent with the notion that knowledge affects the attitudes towards mental illness. It is therefore necessary to significantly improve the education of young people who are at the threshold of maturity and have just started to form their adult lifestyle. It is the duty of the community to enable them to live without prejudice for the benefit of all.

LITERATURA/ REFERENCES

1. Pennington DC. Osnove socijalne psihologije. Jastrebarsko: Naknada Slap, 2004.
2. Lončar M, Henigsberg N. Psihičke posljedice traume. Zagreb: Medicinska naklada, 2007.
3. Zagorščak K, Cvek Buhin A, Sajko M, Božičević M. Stavovi i predrasude studenata sestrištva prema psihički bolesnim osobama. Soc psihijat 2017; 45: 209-16.
4. Hotujac Lj. Psihijatrija. Zagreb: Medicinska naklada, 2006.
5. Sesar MA, Ivezić S, Mužinić L, Zubić D. Povezanost između samostigmatizacije, percepcije diskriminacije i socijalne mreže kod oboljelih od shizofrenije. Soc psihijat 2016; 44: 105-19.
6. Frančišković T, Moro Lj. Psihijatrija. Zagreb: Medicinska naklada, 2009.
7. Begić D. Psihopatologija. Zagreb: Medicinska naklada, 2016.
8. Goffman E. Stigma: Notes of the Menagement of Spoiled Identity. New York: Simon&Schustre, Inc, 1986.
9. Štrkalj-Ivezić S. Život bez stigme psihičkih bolesti. Zagreb: Medicinska naklada, 2016.
10. Link BG. Stigma as a barrier to stigma for the self-esteem of people with mental illness. Psychiatr Serv 2001; 52: 1621-6.
11. Livingston JD, Body JE. Correlates and Consequences of Internalized Stigma for People Living with Mental Illness: A systematic review and meta-analysis. Soc Sci Med 2001; 71: 85-97.
12. Jokić-Begić N, Kamenov Ž, Lauri Korajlija A. Kvantitativno i kvalitativno ispitivanje sadržaja stigme prema psihičkim bolesnicima. Soc psihijat 2005; 1: 10-19.
13. Tennen H, Herzberger S. Depression, self-esteem and absence of self-protective attributional biases. J Pers Soc Psychol 1987; (1):72-80. Dostupno na: <https://www.ncbi.nlm.nih.gov/pubmed/3820080>
14. Crisp AH, Gelder MG, Rix S, Meltzer HI, Rowlands OJ. Stigmatisation of People with Mental Illness. Br J Psychiatry 2000; 1: 4-7. Dostupno na: <http://bjp.rcpsych.org/content/177/1/4.long>
15. Watson AC, Corrigan P, Larson JE, Sells M. Self-Stigma in People With Mental Illness. Schizophr Bull 2007;6: 1312-18. Dostupno na: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2779887/>
16. Ihalainen-Tamlander N, Vähäniemi A, Löyttyniemi E, Suominen T, Välimäki M. Stigmatizing attitudes in nurses towards people with mental illness: a cross-sectional study in primary settings in Finland. J Psychiatr Ment Health Nurs 2016; 6-7:427-37. dostupno na: https://www.ncbi.nlm.nih.gov/pubmed/?term=V%C3%A4h%C3%A4niemi%20A%5BAuthor%5D&cauthor=true&cauthor_uid=27500395
17. Vijayalakshmi Poreddi, Rohini T, Suresh Bada M. Attitudes toward people with mental illness among medical students. J Neurosci Rural Pract 2015; 3: 349-54. Dostupno na: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4481789/>
18. Rožman J, Arbanas G. Stigmatiziraju li studenti i studentice sestrištva oboljele od posttraumatskog stresa? JAHS 2015; 1: 43-50.

19. Reavley NJ, Jorm AF. Young people's stigmatizing attitudes towards people with mental disorders: findings from an Australian national survey. *Aust N Z J Psychiatry* 2011; 12: 1033-9. Dostupno na: <https://www.ncbi.nlm.nih.gov/pubmed/21942780>
20. Arbanas G. Stavovi maturanata medicinske škole prema shizofreniji, depresiji i posttraumatskom stresnom poremećaju. *Soc psihijat* 2005; 1: 41-6.
21. Arbanas G. Adolescents' attitudes toward schizophrenia, depression and PTSD. *J Psychosoc Nurs Ment Health Serv* 2008; 3: 45-51. Dostupno na: <https://www.ncbi.nlm.nih.gov/pubmed/18416274#>
22. Wood L, Birtel M, Alsawy S, Pyle M, Morrison A. Public perceptions of stigma towards people with schizophrenia, depression, and anxiety. *Psychiatry Res.* 2014; 1-2: 604-8. Dostupno na: <https://www.ncbi.nlm.nih.gov/pubmed/25064387>
23. Peitl Vučić M, Peitl V, Pavlović E, Prološćić J, Petrić D. Stigmatization of patients suffering from schizophrenia. *Coll Antropol* 2011; 2: 141-5. Dostupno na: <https://www.ncbi.nlm.nih.gov/pubmed/22220422>
24. Horvat K, Štrkelj-Ivezić S. Povezanost osobne stigme i socijalne samoeфикаsnosti osoba s dijagnozom shizofrenije. *Soc psihijat* 2015; 43: 121-8.
25. Istraživanje stavova javnosti o osobama sa mentalnim poremećajima. Dostupno na: <http://www.zzjzfbih.ba/wp-content/uploads/2009/02/Istrazivanje-stavova-javnosti-o-osobama-sa-mentalnim-poremecajima-u-FBiH.pdf>
26. Decety J, Cowell JM, Lee K, Mahasneh R, Malcolm-Smith S, Selcuk B *et al.* The Negative Association between Religiosity and Children's Altruism across the World. *Curr Biol* 2015;22:2951-5. Dostupno na: <https://www.ncbi.nlm.nih.gov/pubmed/26549259>
27. Jukić V. Nevladine udruge i mediji stigmatiziraju duševne bolesnike, psihijatrijske ustanove te psihijatre i druge psihijatrijske djelatnike. *Soc psihijat* 2013; 41: 140-2.