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ORIGINAL PAPER

Chris Papadopoulos · Gerard Leavey · Charles Vincent

Factors influencing stigma
A comparison of Greek-Cypriot and English attitudes towards mental illness in north London

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Abstract *Background* Stigma about mental illness continues to run deeply in most societies, creating considerable difficulties for patients and families. Previous research points to particularly strong stigmatising attitudes in Greek and Greek Cypriots (Triandis 1989). It is unclear whether these attitudes continue to be held by UK-born Greek Cypriots. *Method* In an area of north London which contains a large Greek-Cypriot population, we compared the attitudes towards mental illness by first- and second-generation Greek Cypriots and those of white-English ethnicity. Seventy-nine white-English participants and 91 Greek Cypriots were interviewed using a snowballing method. We used the 'Community Attitudes to Mental Illness scale' (Taylor and Dear 1981) to measure attitudes to mental illness. In addition we used questions from Wolff et al. (1996c) to measure subjects' knowledge of mental illness and contact with people with mental health problems. *Results* We found that Greek Cypriots had less contact with mentally ill people, were less knowledgeable about mental illness and hold more stigmatising views than their English participants. Contrary to our expectations, we found little difference in attitudes about mental illness held by first- and second-generation Greek Cypriots. Knowledge about mental illness was associated with a positive attitude towards people with mental health problems. *Conclusions* Aggressive educational campaigns targeted at specific minority communities such as the Greek-Cypriot community are required to challenge the stigma attached to mental illness.

Key words stigma – mental illness – attitudes – Greek Cypriot – English – London

C. Papadopoulos (✉) · G. Leavey
Barnet, Enfield and Haringey Mental Health Trust
St. Ann's Hospital
St. Ann's Road
Research and Development Department
London, N15 3TH, UK
E-Mail: chris@chrispaps.freeserve.co.uk
Gerard.Leavey@Haringey.nhs.uk

Prof. C. Vincent
Department of Psychology
University College London
1-19 Torrington Place
London, WC1E 6BT, UK
E-Mail: C.Vincent@ucl.ac.uk

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Introduction

The issue of stigma around mental illness is important for prevention, early detection and community treatment of psychiatric disorders (Malla and Shaw 1987). The World Health Organisation (WHO) has highlighted how stigma, if not combated, can create "a vicious cycle of alienation and discrimination which can lead to social isolation, inability to work, alcohol or drug abuse, homelessness or excessive institutionalisation, all of which decrease the chance of recovery". The National Service Framework for Mental Health (Standard 1) also emphasises the importance of reducing the discrimination and social exclusion associated with mental health problems. Since 1998, the Royal College of Psychiatrists has been campaigning to reduce stigmatisation towards mental illness (Crisp et al. 1999). An earlier 5-year 'Defeat Depression Campaign' had a marginal effect on public opinion of the illness (Paykel et al. 1998). A study in the UK by Wolff et al. (1996b) suggests that people from minority ethnic groups are more likely to hold negative attitudes towards mental illness than white British-born. They also found a relationship between lack of knowledge and negative attitudes about the mentally ill and that minority ethnic respondents were more likely than the white UK-born group to object to an educational campaign. Triandis (1989) suggests an individualism-collectivism dimension to explain differences between ethnic groups. He suggests that in individualistic cultures, such as the UK and the USA, behaviour is often determined by personal goals. In collectivist cultures, however, such as Greece and China, in-group goals are given greater importance. Therefore, the spread of neg-

ative attitudes towards mental illness is stronger among in-group members in collectivist groups. Thus, families are more likely to keep secret the existence of a member with a disability or mental illness. This view is supported elsewhere (Westbrook et al. 1993; Jacques et al. 1970). Collectivist cultures also retain a strong sense of cultural identity (Triandis 1989). According to Berry and Kim (1988), when immigrants voluntarily choose to retain their original cultural identity, they are seeking 'separation' from their new host culture. According to Hofstede (1991) this separation is a response to high levels of uncertainty and also to differences, real and perceived, between the host culture and the migrant culture. For first-generation immigrants, Greek-Cypriot ethnicity is an unquestioned fact. It is primarily related to an imagined Greek Cypriotness of their past in Cyprus. They retain their collectivist culture and, as a result, tend to seek help only from close friends and family members when suffering from mental illness and may have minimal contact with psychiatric services (Andreou 1986; Papadopoulos 1999). For British-born Greek Cypriots, ethnicity is more complex, negotiated and symbolic. The direct connection with the country of origin is blurred and rarely desired (Georgiou 1999). They are constantly adapting to the host culture while attempting to retain aspects of their Greek-Cypriot identity (Papadopoulos 1999).

We aimed to measure the attitudes, knowledge and contact of Greek-Cypriot Londoners in relation to people with mental health problems. In addition, we wanted to examine whether the first-generation Greek Cypriots hold different attitudes towards the mentally ill than the second-generation Greek Cypriots. We hypothesised that Greek Cypriots, compared to the English, would: a) be more likely to hold negative attitudes and have less contact with people with mental illness and b) have less knowledge about mental illness. We also hypothesised that Greek-Cypriot-born people would hold more stigmatising views about mental illness than Greek Cypriots born in the UK.]

Subjects and methods

Participants

The study population included first- and second-generation Greek Cypriots and white-English people (controls) from North London (Boroughs of Enfield and Haringey and Islington). These primary participants then provided contact details of people similar to themselves in terms of ethnicity and other social characteristics who might be willing to participate.

Measures

We used the following measures:

1. The 'Community Attitudes to Mental Illness scale' questionnaire (CAMI) (Taylor and Dear 1981) was used for measuring attitudes towards people with mental health problems. We selected this tool as it is relatively brief and focuses on community rather than professional attitudes toward the mentally ill. The tool focuses on measuring levels of authoritarianism, benevolence, social restrictiveness and community mental health ideology. However, due to the majority of participants being unable to understand questions referring to community mental health ideology, it was decided that these items would be dropped from the analysis.
2. We added questions used by Wolff et al. (1996c). These items related to participants' knowledge of mental illness and their personal beliefs about aggression and intelligence in people with mental health problems. We also asked about their contact with mentally ill people. These questions asked whether the participants personally had experienced a mental health problem, and if they have a family member and/or a non-family member who has had a mental health problem.
3. We collected socio-demographic data on: age, sex, place of birth (born UK or Cyprus/Greece), educational level, marital status and social class (occupational groupings).

Procedure

Without an adequate sampling frame from which to recruit members of the Greek-Cypriot community, we used a snowball sampling method (Morrison 1989). Our primary Greek-Cypriot and English informants were approached through a variety of settings such as community and social clubs, schools and colleges and random door-stopping in economically diverse areas in North London. Following participation, respondents were grouped according to their socio-demographic profile (gender, age, social class, education). We then asked them to nominate other people of similar background who might agree to participate. The questionnaires were self-completed with the researcher on hand to answer any queries. A Greek translation of the questionnaire was provided for those who preferred it.

Analysis

The data were analysed using SPSS (Version 10.1). Frequencies and descriptives were calculated for all levels of data. The CAMI questionnaire was analysed for scale reliability using Cronbach's alpha coefficient. For non-parametric data, Mann-Whitney U-tests were carried out for tests of significant relationships between groups. Social class was determined by the 'Occupation Groupings' (MRS 1991). We calculated a score for 'knowledge of mental illness' by adding six binary items (correct = 1, incorrect = 0) and one multiple item (score = 0–4). These scores were aggregated and a median score obtained (high/low).

Results

Alpha-coefficient reliability tests of the CAMI inventory showed strong reliability on each attitudinal scale. The results were as follows: authoritarianism = 0.64; benevolence = 0.73; social restrictiveness = 0.78.

One hundred and seventy people completed the questionnaire. Of these, 91 were Greek Cypriots and 71 were white English. Of the Greek-Cypriot participants, 38 were first generation and 53 were second generation (range = 15–79, mean = 39, SD = 16.4). There were no age or gender differences in this group, nor were participants selected from the same extended family. Forty-seven per cent of participants were male and 53 % were female. Forty-five per cent of participants were single and 54.7 % were married, cohabiting, divorced, separated or widowed. All socio-demographic data are given in Table 1.

Thirty-eight per cent of all participants (n = 64) had

Table 1 Socio-demographic details of participants

	Greek (n = 91)	English (n = 79)
Male	44 (48%)	35 (44%)
Female	47 (52%)	44 (56%)
15–35 years of age	45 (49%)	39 (49%)
36–79 years of age	46 (50%)	40 (51%)
Primary/secondary/A-Level	46 (68%)	39 (49%)
College/university/higher	29 (32%)	40 (51%)
Single/divorced/separated/widowed	53 (58%)	40 (51%)
Married/cohabiting	38 (42%)	39 (49%)
A/B	28 (31%)	22 (28%)
C1/C2	39 (43%)	46 (58%)
D/E	24 (26%)	11 (14%)

visited a psychiatric hospital. Forty-eight per cent (n = 83) had known someone with a mental health problem of whom 29.4 % (n = 50) were family members with a mental health problem. Nine per cent (n = 15) reported having a mental health problem at some time in their lives.

Lower social class and educational attainment were significantly associated with negative attitudes towards the mentally ill (Table 2). In addition, these individuals were less knowledgeable about mental illness ($U = 2178.000, P < 0.01$). Older participants (aged 36–79) were found to be more negative in terms of believing people with mental health problems were more aggressive ($U = 2783.000$, $P < 0.01$) and less intelligent ($U = 3094.500$, $P < 0.05$) than other people, and beliefs about their social restrictiveness ($U = 2834.000$, $P < 0.05$). Contact with people with mental health problems was not associated with age, sex, marital status and social class.

Participants who scored low for knowledge and contact with the mentally ill were significantly more likely to hold negative attitudes towards this group. However, no association between participants' contact with mental illness and their views on the intelligence and aggression of the mental illness was found (Table 2).

Using stepwise logistic regression, we examined the independent predictors of the five constructs of stigma (authoritarianism, social restrictiveness, benevolence, intelligence, aggression). The most consistent predictor of stigma is 'knowledge level' (Table 2). Thus, higher knowledge scores correlate with decreased stigma (Table 3).

The Greek-Cypriot participants were significantly less knowledgeable and had less contact with mental illness than white-English people. However, we found no differences when comparing the first- and second-generation Greek-Cypriot participants on levels of knowledge and experience (Table 3).

Compared to English people, Greek-Cypriot participants were more authoritarian, more socially restricting towards the mentally ill and more likely to view them as less intelligent. However, there were no ethnic differences between ethnic groups on measures of benevolence or aggression. First- and second-generation Greek-Cypriot participants held similar attitudes, although the first-generation Greek Cypriots viewed people with mental health problems as significantly less intelligent than the second-generation Greek-Cypriot participants (Table 3).

Discussion

Our findings, in agreement with previous research, suggest that Greek Cypriots hold more stigmatising attitudes about mental illness despite paradoxically providing similar scores to the English on 'benevolence' towards people who have mental health problems. The higher 'social restrictiveness' and 'authoritarianism' scores of the Greek Cypriots appear to be associated with a perception of people with mental illness as aggressive and unintelligent. Thus, they appear to have some concern for people with mental illness but this is outweighed by considerations of safety and the need to control their behaviour. Greek Cypriots reported less contact with and knowledge of mental illness, the latter

Table 2 Stepwise logistic regression model showing significant predictors of five constructs of stigma

	Authoritarianism	Benevolence	Social restrictiveness	Aggression	Intelligence
Educational level			OR = 0.70 CI = 0.50–0.96 P = < 0.05		
Social class level	OR = 1.51 CI = 1.06–2.15 P = < 0.05				
Knowledge level	OR = 0.71 CI = 0.60–0.83 P = < 0.001	OR = 1.18 CI = 1.02–1.38 P = < 0.05	OR = 0.72 CI = 0.61–0.85 P = < 0.001	OR = 0.85 CI = 0.75–0.96 P = < 0.05	OR = 0.68 CI = 0.54–0.84 P = < 0.001
Level of contact		OR = 1.64 CI = 1.14–2.35 P = < 0.01			

OR odds ratios; *CI* confidence intervals

Table 3 Participant's knowledge, contact levels and attitudes towards people with mental health problems

	Knowledge level	Contact level	Authoritarianism	Benevolence	Social restrictiveness	Aggression	Intelligence
	MR	MR	MR	MR	MR	MR	MR
Ethnicity							
Greek Cypriot (n = 91)	72	74	96	81	94	90	77
English (n = 79)	102	98	73	91	76	77	93
U	**2324****	**2583.5****	**2600.5****	**3183.5**	**2855***	**2959**	**2872.5****
Generation							
First-Generation Greek Cypriot (n = 38)	43	45	50	50	52	50	37
Second-Generation Greek Cypriot (n = 53)	48	46	43	43	42	42	51
U	**911.5**	**981**	**856.5**	**843.5**	**774**	**786**	**683****
Gender							
Male (n = 79)	80	90	92	82	92	79	81
Female (n = 91)	90	82	80	89	80	89	88
U	**3161**	**3252**	**3093.5**	**3288.5**	**3049**	**3067**	**3215**
Age							
Younger (n = 84)	84	85	81	82	76	75	90
Older (n = 86)	86	86	90	89	95	92	75
U	**3500.5**	**3571.5**	**3245**	**3320.5**	**2834***	**2783****	**3094.5***
Education							
High (n = 94)	93	87	62	86	62	68	81
Low (n = 54)	64	67	89	70	90	81	72
U	**1822****	**2178****	**1851.5****	**2280***	**1837****	**2284***	**2509.5***
Social class							
High (n = 115)	97	90	75	91	76	77	89
Low (n = 55)	61	75	107	75	106	99	76
U	**1795****	**2611.5**	**1989****	**2563.5***	**2035.5****	**2282****	**2620.5***
Knowledge							
High (n = 101)	–	101	68	102	73	78	91
Low (n = 69)	–	62	111	61	103	92	75
U	**–**	**1884****	**1737****	**1792.5****	**2245.5****	**2805***	**2743.5****
Contact							
High (n = 69)	109	–	65	104	69	80	88
Low (n = 101)	69	–	100	73	97	87	82
U	**1854****	**–**	**2064.5****	**2183.5****	**2344****	**3065**	**3146.5**

* P = < 0.05; ** P < 0.001; *MR* Mean Rank; *U* Mann-Whitney U-Test

being the crucial factor for attitude formation towards people with mental health problems. Previous research indicates that Greek Cypriots living in the UK are likely to strongly deny a family member having a mental health problem, will try to conceal it and only contact psychiatric services if the symptoms are extremely severe (Dunk 1989; Papadopoulos 1999; Madianos et al. 1987). This contrasts with the findings of Madianos et al. (1999) who found that public attitudes towards mental illness in Athens have become more open and tolerant due to the systematic implementation of various mental health interventions.

We anticipated that acculturation of second-generation Greek Cypriots would lessen the antipathy towards people with mental health problems, their attitudes more closely resembling those of the white-English respondents. However, we found that this was not the case. Greek Cypriots of either generation are just as likely to perceive that people with mental health problems are dangerous and should be avoided. In previous research we found that a range of cultural attitudes remain persistently strong between the Greek-Cypriot generations in the UK (Papadopoulos 1999). Second-generation Greek Cypriots regard their religious faith (i. e. Greek Orthodoxy) as one of the most important indicators of their identity (Papadopoulos 1994 and Papadopoulos 2000). Religion is an integral element of the first-generation Greek-Cypriot identity and this does not diminish in the presence of a very secularised host society.

As in other research we found that contact with (Corrigan et al. 2001; Crisp et al. 2000; Brockington et al. 1993) and knowledge about (Wolff et al. 1996b) mental illness tend to be incompatible with stigmatising attitudes. In areas such as London with large well-defined ethnic communities that appear to hold on to their culture through language and religion, a campaign specifically targeted for these communities taking account of their specific cultural and language needs with the aims of increasing exposure and educating the community towards mental illness, may help to reduce stigmatisa-

tion and alleviate personal and family suffering. Other research also suggests that a campaign should attempt to tackle discrimination by highlighting that any group different from the majority has equal rights (Crisp et al. 2000). Early recognition and intervention are generally considered to have greater relevance and impact for minority ethnic groups (Patel 1999).

Limitations It should be noted that a limitation of this study is the use of the 'snowballing' method. Although snowballing is an effective and low-cost way of reaching certain populations, it introduces sampling bias and may explain the lack of association between contact and age, gender, marital status and social class.

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