

# STEREOTYPES

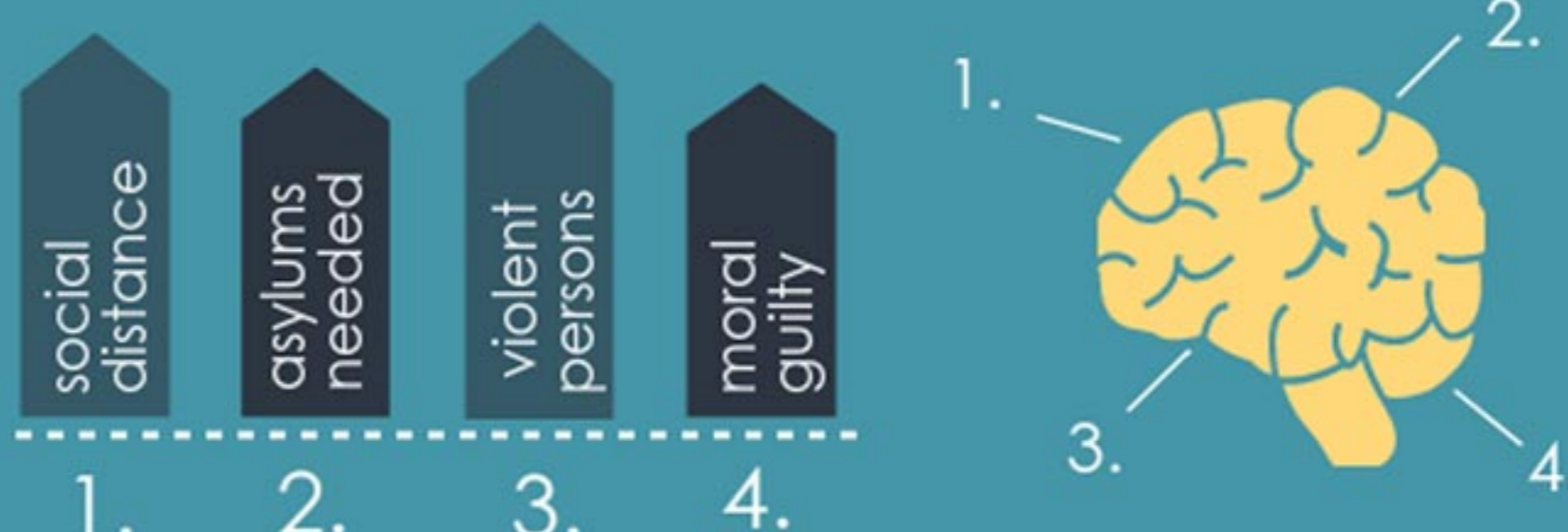


ADOLESCENT POPULATION



DIVERSITY  
+  
MENTAL  
ILLNESS

# PREJUDICE FOUND



## ITALIAN STUDY OF STIGMATIZING ATTITUDES

## SUBSCALES



STIGMA  
QUEST

EDUTAIN  
MENT

EMOTION



CRONBACH'S ALPHA

T0 0,84 / T1 0,87



## QUALITATIVE STUDY OF ADJECTIVE TABLE

Goffman's social discriminated categories:  
mental illness, fisical handicap,  
extra comunitary person, eccentric personality

subscale 1 T0 24% T1 15%  
subscale 2,3 T0 15% T1 28%  
subscale 3 NO VARIATION

## PROFILING

## ABSTRACT



In bio-psycho-social terms this study focus on the not acquired social component as like a social heritage. We compared dual relationship among categories for a total of 25 liasons

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Purpose: Identify cognitive bias that lead to stigma in a large and spread population of adolescent: 4.500 students of 60 schools in 30 Apulia's cities.

Methods: Participants were interviewed before (T0) and after (T1) a six month intensive prevention campaign on mental illness done by Apulia Governmental Health Agency with 60 mental health professionals engaged in. The questionnaire used was a semi-qualitative one: Stigmaquest (Bellomo, Ferretti, Starace) in its 1.4 version.

Results: Factor analysis - Cronbach's alpha values were 0,840 (T0) and 0,871 (T1)- described three sub scale dealing with three cognitive assets: 1) evidence of a high social distance behaviours; 2) discriminative ideas about hospitalization and violence attribution of mental patients, 3) prejudice with moral justifications. There were found significant shifts in variance for sub scale 1: from 24% (T0) to 15% (T1) and sub scale 2: from 15% (T0) to 28% (T1). Total variance displayed in factor analysis was 47% (T0) and 52% (T1). In a further factor analysis extended to the 75% of variance more items were found but not a sub scale. Chi-squared test confirmed differences from T0 to T1.

Conclusions: A better cognitive know how for mental health professionals was reached by study feedback. The study also provides evidence that an educational programme in school should be developed at least for three years with a better investigation on smaller groups stigma items. Thus to be able to realise a one or two class personalised prevention cognitive strategy.

## MENTAL ILLNESS IS NOT A HANDICAP STATE



6 mounths  
prevention  
campaign



60 mental  
health  
professionals



social  
advertising

## COGNITIVE FAILURE / MIND THEORY EFFICACY