

	Objectives	Method and Sample	Covariates	Results
<p>Country: United States and Canada.</p> <p>Year of Publication: 1993</p> <p>Study date: 1993</p>	To examine the relation between primary care clinicians' attitudes, beliefs, and training and their perceptions of the importance and frequency of depression.	A 56-item questionnaire was mailed to 226 clinicians in the Ambulatory Sentinel Practice Network Inc (ASPEN), a primary care research network.	Demographic variables, attitudes of the primary care practices, beliefs, training, treatment.	Results of path analysis indicate that clinician training in depression, beliefs about the burden and discomfort associated with diagnosing and treating depression, perceptions of their patients' discomfort, and self-efficacy in diagnosing and treating depression are all significantly related to clinician perceptions of whether depression was an important and frequent primary care problem. Further analysis indicates that actual prevalence of depression accounted for little variability in clinicians' beliefs and attitudes about depression.
<p>Country: Brazil.</p> <p>Year of Publication: 1996</p> <p>Study date: 1994</p>	To assess the attitudes towards depression among general practitioners working in primary health care centers in Brazil.	Cross sectional study. All general practitioners working in the city of Campinas were invited to complete the Depression Attitude Questionnaire (DAQ) (N=110). 78 (71%) of them completed the DAQ.	Demographic variables, attitudes of the general practitioners.	Forty-two per cent of participants considered it "difficult to differentiate whether patients are presenting with unhappiness or a clinical depressive disorder that needs treatment". 47% of them agreed or strongly agreed that "the majority of depression seen in general practice originates from patients' recent misfortunes". The statement "I feel comfortable in dealing with depressed patients' needs" was endorsed by 57% of respondents, 46% agreed that "Working with depressed patients is heavy going", and 27% felt it is not "rewarding to spend time looking after depressed patients"
<p>Country: Spain.</p> <p>Year of Publication: 1999</p> <p>Study date: 1999</p>	To assess primary care physicians' attitudes towards excessive alcohol consumption and to identify potential predictors of physicians' stigmatizing attitudes.	The study applied a structured, anonymous, self-administered survey, consisting of sociodemographic- and labor-related variables, as well as a Likert-scale questionnaire on attitudes. Total sample comprised 486 medical professionals (except pediatricians) working in primary care in the Murcia region were invited to answer the questionnaire; 227 (46.70%) agreed to participate.	Demographic variables, attitudes of the general practitioners, labor variables.	They presented skepticism (68.9%) when treating patients with problems caused by inadequate intake of alcohol and indifference in their work with patients with alcohol problems, although they agreed (72.9%) they should continue training on the subject of alcohol abuse. It was found that older medical professionals were less likely to work with individuals with alcohol problems.
<p>Country: Finland.</p> <p>Year of Publication: August 2000</p> <p>Study date: May 2000</p>	To identify barriers to healthcare providers carrying out competent brief interventions to help heavy drinkers to reduce their drinking.	A questionnaire on attitudes, skills, knowledge, training needs and suggestions for implementation of brief interventions was mailed to all nurses and physicians working in primary health care in two Finnish cities. One hundred and sixty-seven primary health care nurses and 84 physicians returned the questionnaire.	Demographic variables, attitudes of the physicians, knowledge, skills and beliefs.	The physicians were readier than the nurses to discuss alcohol with their patients and more of them thought that detection and treating of early phase alcohol abusers was appropriate to their everyday work. Physicians were more familiar than nurses with the content of brief interventions. The nurses expressed a greater need for training than the physicians. "More practical training" was most often their first choice (50%; 103/205). It was also most often among their three choices (90%; 184/205). The respondents also expressed a need for more information about brief intervention studies; 27% (56/205) gave this as their first choice and 63% (130/205) placed it among their three choices. Personal training and lectures were also often among the three most important choices (49%; 100/205 and 36%; 74/205, respectively).

<p>Country: Israel.</p> <p>Year of Publication: 2007</p> <p>Study date: 2002</p>	<p>To examines the knowledge, attitudes and barriers of primary care physicians toward providing care for depression and anxiety in their practices.</p>	<p>They constructed a questionnaire with face validity. The main domains of the questionnaire are: (A) attitudes and knowledge and competence, (B) barriers toward depression and anxiety care, and (C) definition of measures to improve the care of these disorders in primary care practice. They sent the questionnaire to 99 primary care physicians (PCPs) from 14 primary care clinics in the southern district of CHS in the Beersheba region. All the clinics in the region, 14 altogether, were approached. All the clinics were urban.</p>	<p>Demographic variables, attitudes of the primary care physicians, knowledges, barriers.</p>	<p>80.6% of the participants agreed with the statement that depression and anxiety are frequent problems in primary care and they should be treated in primary care clinics, but 37.3% reported to have little interest in treating mental disorders, 47.7% thought depression and anxiety should be treated in mental health clinics; 43.3% of the participants declared that they experienced a personal difficulty in taking care of patients with depression and anxiety, and 85% identified time constraint as a major barrier to care of depression and anxiety in primary care. 80.6% of the physicians would like to improve their knowledge in diagnosis and treatment of depression and anxiety, 83.6% would like to improve their skills and 80.6% would like to receive personal counseling from psychiatrists (outreach visits) concerning their patients.</p>
<p>Country: Switzerland.</p> <p>Year of Publication: 2005</p> <p>Study date: 2001</p>	<p>To obtain information about the number of patients in the early and chronic stages of schizophrenia seen in general practice; the needs and attitudes of GPs, their diagnostic knowledge concerning early phases of schizophrenia and their knowledge and practice concerning treatment of patients with first-episode and multi-episode schizophrenia.</p>	<p>Questionnaires were sent to 3978 GPs in a first wave in April 2001. The same questionnaire was sent 8 months later to the same GPs. Owing the retirement and the refusal to participate of some GPs, the second sample consisted of 3830 GPs. The questionnaire was anonymous with 23-items consisted of four demographic items, and 19 (partly multi-item) questions which assessed six dimensions to analyze.</p>	<p>Demographic variables, attitudes of the primary care physicians, knowledges, needs and treatment.</p>	<p>A total of 1089 GPs responded to the survey. A fifth of GPs (230; 21%) reported no problems when treating patients with established schizophrenia; 608 (56%) judged the patients' behaviour to be problematic but continued care in their practice, and 144 (13%) preferred to refer patients because of their problematic behaviour. In addition, the more GPs considered the patient's behaviour to be problematic, the more often they referred them to specialists and did not seek collaboration. Early psychosis had a low prevalence in general practice, and GPs expressed a wish for specialised, low threshold referral services. Diagnostic and treatment knowledge showed inconsistencies. Most GPs said they would treat first-episode schizophrenia with antipsychotics, but only a third recommended maintenance treatment after a first episode of schizophrenia that would conform with international recommendations.</p>
<p>Country: Brazil.</p> <p>Year of Publication: 2009</p> <p>Study date: 2007</p>	<p>Reports on the views of Primary Health Care (PHC) providers in Southeast Brazil on the use of alcohol and other drugs which reflect stigma, moralization, or negative judgment.</p>	<p>Non-controlled exploratory study, with an intentionally defined sample. Attitudes toward the use of alcohol and other drugs were evaluated in comparison to Hansen's disease, obesity, depression, schizophrenia, HIV/AIDS, and tobacco use. Six hundred and nine PHC professionals in active public health care service took part in the study: 369 (60.6%) served in municipalities in the Zone da Mata region of the State of Minas Gerais, and the other 240 (39.4%) in Ribeirão Preto in the State of São Paulo, Brazil.</p>	<p>Demographic variables, Medical condition (Tobacco use, Marijuana/Cocaine dependence/Alcoholism/HIV-AIDS/Obesity/Depression/Hansen's Disease/Schizophrenia).</p>	<p>Regarding attitudes towards alcohol addiction, primary care physicians had the lowest scores, meaning less negative attitudes, when compared to other health professionals. There was a similar trend when comparing the professionals' views of different health conditions: primary care physicians had the lowest prevalence of negative attitudes about marijuana/cocaine dependence. No differences were observed regarding difficulties in dealing with patients in relation to the length of work history in PHC, age or gender of professionals. The study found a positive and statistically significant correlation between primary care physicians and the other professionals age and moral judgment towards alcoholics (increased age, increased moralization).</p>

<p>Country: Australia.</p> <p>Year of Publication: 1999</p> <p>Study date: 1999</p>	<p>Compare the Australian public's attitudes towards people who have been treated for a mental disorder with the attitudes of general practitioners (GPs), psychiatrists and clinical psychologists</p>	<p>Cross sectional study. The survey was posted to all psychiatrists in Australia, a sample of general practitioners (GPs) listed on the national register of medical practitioners (the Medicare Provider File), and all members of the College of Clinical Psychologists. The questionnaire was based on a vignette of a person suffering from a mental disorder. A household survey was carried out with a nationally representative sample of 2031 Australian adults aged 18-74 in August 1995. This sample represented a response rate of 85%.</p>	<p>Demographic variables, attitudes of the general practitioners.</p>	<p>For the depression vignette, the public rated positive outcomes as more likely and negative outcomes as less likely than did the physicians and the psychiatrists. Clinical psychologists also rated positive outcomes as more likely and negative outcomes as less likely than did physicians; clinical psychologists and physicians rated negative outcomes as less likely than did psychiatrists. For the schizophrenia vignette, the general population rated positive outcomes as more likely and negative outcomes as less likely than did all three professional groups. For the schizophrenia vignette, the general population was less likely to believe there would be discrimination than the physicians and the other two professional groups. There was general agreement that discrimination was more likely for schizophrenia than depression. For physicians, there was a significant effect of age group on ratings of negative outcomes for schizophrenia, with younger physicians making more negative ratings, although post hoc Scheffe tests found no differences between pairs of age groups at the $p < 0.01$. Female physicians, who tended to be younger psychiatrists rated negative outcomes as more likely for both depression and schizophrenia.</p>
<p>Country: Hong Kong.</p> <p>Year of Publication: 2013</p> <p>Study date: 2009-2010</p>	<p>Describe the attitudes of primary care physicians towards mental health patients in Hong Kong, especially to examine the doctors' views on schizophrenia and depression, and the influence of their demographic variables.</p>	<p>Cross sectional study. Questionnaire developed by the research team was sent to members of Hong Kong College of Family Physicians. Potential respondents were allocated on equal basis to one of the two sets of questionnaire, set 1 for clinical vignette of schizophrenia and set 2 for depression. (Response rate of 37% (500 of 1360).)</p>	<p>Sex, Work setting, Work sector, Type of practice, Relative/friend with mental disorders, Years since graduation, Type of mental illness.</p>	<p>The authors found that primary care doctors in Hong Kong had more negative attitudes towards patients with schizophrenia than depression. Also the results showed that primary care doctors were more willing to treat patients with depression (71.5%) than schizophrenia (40%). They were less likely to feel comfortable to deal with the needs of patients with schizophrenia (37.0%) than of patients with depression (60.9%). The more experienced doctors were more likely to refer patients with schizophrenia or depression to specialized treatment because they considered it annoying to deal with such patients. Experienced doctors showed more negative attitudes towards patients with mental disorders in general than the less experienced ones. These results suggest that clinical experience accumulated through years of practice may not strengthen medical practitioners' confidence and attitudes in managing psychiatric patients.</p>
<p>Country: United States.</p> <p>Year of Publication: 2014</p> <p>Study date: 2011-2012</p>	<p>Evaluate completed measures of stigma characteristics, expected adherence, and subsequent health decisions (referral to a specialist and refill pain</p>	<p>Cross sectional study. Research participants completed one of two vignettes of a patient who varied based on presence or absence of a diagnosis of schizophrenia. Nurses, physicians, and psychologists from mental health and primary care clinics were recruited from five VA hospitals in the</p>	<p>Sex, Age, Ethnicity, Professional discipline.</p>	<p>The study showed that health care providers who stigmatized mental illness were more likely to be pessimistic about the patient's adherence to treatment. Stigma was greater among those providers who were relatively less comfortable with using mental health services themselves.</p>

	prescription) about a male patient with schizophrenia who was seeking help for low back pain due to arthritis.	southeast and southwest areas. 166 health care providers (42.2% primary care, 57.8% mental health practice) from the Veteran's Affairs (VA).		
Country: United States. Year of Publication: 2014 Study date: 2011-2012	This study compared the attitudes of mental health and primary care providers toward persons with schizophrenia at 5 Veterans Affairs (VA) facilities.	This study utilized a cross-sectional anonymous survey, including clinical vignettes describing identical patient scenarios for a hypothetical patient with and without schizophrenia, to examine the differences in attitudes of primary care and mental health providers. Participants included 351 VA providers from 5 VA medical centers, including 205 mental health providers (psychiatrists, psychologists, and mental health nurses) and 146 primary care providers (nurses and physicians).	Covariates included provider years in clinical practice, data collection site, demographic variables including provider age, gender and race.	The results revealed, on the stereotype characteristic scale, that both primary care physicians and primary care nurses expressed more negative stereotypes toward the individual with schizophrenia than the individual with depression in the questionnaire and the two clinical vignettes. For the social distance model, both primary care physicians and psychiatrists showed more social distance toward the individual with schizophrenia than the individual with depression.