Mental Illness: Clinicians’ Attitudes Scale

Note to researchers distributing this scale: please only use after reading instructions in “Manual for Researchers”.

Instructions: for each of questions 1-16, please respond by ticking one box only. Mental illness here refers to conditions for which an individual would be seen by a psychiatrist.

1. I just learn about mental health when I have to, and would not bother reading additional material on it.

2. People with a severe mental illness can never recover enough to have a good quality of life.

3. Working in the mental health field is just as respectable as other fields of health and social care.

4. If I had a mental illness, I would never admit this to my friends because I would fear being treated differently.

5. People with a severe mental illness are dangerous more often than not.

6. Health/social care staff know more about the lives of people treated for a mental illness than do family members or friends.

7. If I had a mental illness, I would never admit this to my colleagues for fear of being treated differently.

8. Being a health/social care professional in the area of mental health is not like being a real health/social care professional.

9. If a senior colleague instructed me to treat people with a mental illness in a disrespectful manner, I would not follow their instructions.

Mental Illness: Clinicians’ Attitudes Scale MICA-2 © 2010. Health Service and Population Research Department, Institute of Psychiatry, King’s College London. We would like to thank Aliya Kassam for her major contribution to the development of this scale.

Contact: Professor Graham Thornicroft. Email: graham.thornicroft@kcl.ac.uk

Mental Illness: Clinicians’ Attitudes Scale

MICA-4

Note to researchers distributing this scale: please only use after reading instructions in “Manual for Researchers”.

Instructions: for each of questions 1-16, please respond by ticking one box only. Mental illness here refers to conditions for which an individual would be seen by a psychiatrist.

10 I feel as comfortable talking to a person with a mental illness as I do talking to a person with a physical illness.

11 It is important that any health/social care professional supporting a person with a mental illness also ensures that their physical health is assessed.

12 The public does not need to be protected from people with a severe mental illness.

13 If a person with a mental illness complained of physical symptoms (such as chest pain) I would attribute it to their mental illness.

14 General practitioners should not be expected to complete a thorough assessment for people with psychiatric symptoms because they can be referred to a psychiatrist.

15 I would use the terms ‘crazy’, ‘nutter’, ‘mad’ etc. to describe to colleagues people with a mental illness who I have seen in my work.

16 If a colleague told me they had a mental illness, I would still want to work with them.

Thank you very much for your help.

Mental Illness: Clinicians’ Attitudes Scale MICA-2 © 2010. Health Service and Population Research Department, Institute of Psychiatry, King’s College London. We would like to thank Aliya Kassam for her major contribution to the development of this scale.

Contact: Professor Graham Thornicroft. Email: graham.thornicroft@kcl.ac.uk