# Curbing Stigma: A Positive Step in Battling against Mental Illnesses

# ANUMOL JOSEPH

\*Lecturer, Dashmesh College of Nursing, SGT University, Gurgaon, Haryana, India.

#### **Abstract**

Stigma is something about a person that causes her or him to have a deeply compromised social standing, a mark of shame or discredit. Despite the fact that public has now become aware about the neurobiology behind the mental illness, this awareness has not caused significant reduction in the stigma. One of the factors contributing to stigma is media, as most newspaper stories related to mental illness focus on dangerous and violent acts. Often these stories end up in front headlines causing fear, resentment, anger, prejudice and hatred among people. Reducing stigma must involve programs of public advocacy and public education on mental issues. Additionally, effective means of treatment regimen for mental disorders will help to decrease stigma to a great extend.

**Keywords:** Stigma; Myths; Misconceptions; Mental illnesses.

#### Introduction

There are still many myths and misconceptions that the society has formed related to mental disorders that are prevalent in the world. Stigma is defined as a cluster of negative attitudes and beliefs that motivate the

Corresponding author: Anumol Joseph, 15/203, N.R. Complex, Srinivaspuri, New Delhi-110065, India.

E-mail: anu000712@yahoo.com

general public to fear, reject, avoid and discriminate against people with mental illness.[1] The impact of this stigma is enormous.[2] Patients and their families often report that the diagnosis of a mental illness is followed by increasing isolation and loneliness as family and friends withdraw.[3] In rural areas of India, many villagers still believe mental illness is caused by evil spirits. People seek treatments from witch doctors or family members which includes chaining up the mentally ill, keeping them hungry, secluded, chanting spells, poking them with pins, or beating them "to force the spirits out". The traditional medicine has generally placed more emphasis on preventing mental illness than treating it - with herb-based nerve tonics, nasal therapy, vomiting, purging and enemas.

Myths and misconceptions about mental illness contribute to the stigma, which leads many people to be ashamed and prevents them from seeking help. Generally, people who have mental disorders are considered lazy, unintelligent, worthless, stupid, unsafe to be with, violent, always in need of supervision, possessed by demons, recipients of divine punishment, unpredictable, unreliable, irresponsible, without conscience, incompetent to marry and raise children, unable to work, affects rich people, increasingly unwell throughout life, and in need of hospitalization. The literature reviewed suggested that the way in which the general public perceives people

with mental health problems depends on their diagnosis. Those with schizophrenia are seen as dangerous and unpredictable.[4] People with alcohol and drug addictions are not only seen as dangerous, but the public also blames them for their addiction.[5] There still seems to be a general consensus that anyone with mental illness is unreliable, especially in terms of looking after children. Many believe having a mental illness reduces intelligence and the ability to make decisions. [5] People with mental health problems are "frequently the object of ridicule or derision and are depicted within the media as being violent, impulsive and incompetent". It also found that the myth surrounding violence has not been dispelled, despite evidence to the contrary.

Unfortunately, such misconceptions remain predominant in people who are supposed to deliver the health care services. It is found that medical professionals share high proportion of misconceptions and have discriminatory attitude toward psychiatry and patients of mental disorders. This should not happen because effective treatment exists for almost all mental illnesses. Worse, the stigma experienced by people with a mental illness can be more destructive than the illness itself. The Department of Health (U.K.)[7] funded a programme called Shift, which aimed to reduce the discrimination that those with mental ill health face. Many people with mental health problems say that the biggest barrier to getting back on their feet is not the symptoms of illness, but the attitudes of other people.[8] Widespread social stigma, myths, and adverse belief systems of mental illness cannot be removed by just increasing the public awareness, but rather requires comprehensive community-based program based on psychosocial understanding of the disease.

Types of Stigma

Three types of stigma have been identified[9]:

1. *Public stigma-* what public does to those with mental illness.

- 2. *Self-stigma-* when individuals internalize public stigma and harm themselves.
- 3. Label avoidance stigma-when individuals who are not mentally ill avoid mental health care so as not to be marked with the label.

Public stigma can be changed with education and contact. Self stigma can be addressed by fostering group identity, changing perceived basis of stigma, and making strategic decisions about disclosing one's own mental health history. Label avoidance stigma can be changed through public education and having contact with those who are in treatment.

Who holds stigmatizing beliefs about mental health problems?

The stereotypes the society has formed involves broad range of people within the society, regardless of whether they know someone with a mental health problem, have a family member with a mental health problem, or have a good knowledge and experience of mental health problems.[10] For example, stigma directed at adolescents with mental health problems came from family members, peers, and teachers. 46% of these adolescents described experiencing stigmatization by family members in the form of unwarranted assumptions (e.g. the sufferer was being manipulative), distrust, avoidance, pity and gossip, 62% experienced stigma from peers which often led to friendship losses and social rejection[11] and 35% reported stigma perpetrated by teachers and school staff, who expressed fear, dislike, avoidance, and underestimation of abilities. Mental health stigma is even widespread in the medical profession, at least in part because it is given a low priority during the training of physicians and GPs.[12]

Factors Causing Stigma

The social stigma associated with mental health problems almost certainly has multiple causes. Throughout history people with mental health problems have been treated differently, excluded and even brutalized. This treatment may come from the misguided views that people with mental health problems may be more violent or unpredictable than people without such problems, or somehow just "different", but none of these beliefs has any basis in fact.[12] Similarly, early beliefs about the causes of mental health problems, such as demonic or spirit possession, were 'explanations' that would almost certainly give rise to reactions of caution, fear and discrimination. Even the medical model of mental health problems is itself an unwitting source of stigmatizing beliefs. First, the medical model implies that mental health problems are on a par with physical illnesses and may result from medical or physical dysfunction in some way (when many may not be simply reducible to biological or medical causes). This implies that people with mental health problems are in some way 'different' from 'normally' functioning individuals. Secondly, the medical model implies diagnosis, and diagnosis implies a label that is applied to a 'patient'. That label may well be associated with undesirable attributes (e.g. 'mad' people cannot function properly in society, or can sometimes be violent), and this again will perpetuate the view that people with mental health problems are different and should be treated with caution.[13]

Media aggravates mental illnesses to an extent that creates fear among people and forces them to develop a negative outlook towards them and separate them society. News media has the tendency to report sensational cases out of proportion with actual occurrences, may report the stories of serial murderers, psychopaths often without real insights into mental illness. In order to increase the popularity and reader rates they hardly cover the stories of millions of people who recovered from mental illnesses or drug addictions. The cinematic depictions of mental illness like schizophrenia are characterized stereotypical and misinformation about symptoms, causes and treatment. An analysis of English-language movies[14] released between 1990-2010 that depicted at least one character with

schizophrenia, found that most schizophrenic characters displayed violent behaviour, one-third of these violent characters engaged in homicidal behaviour, and a quarter committed suicide. This suggests that negative portrayals of schizophrenia in contemporary movies are common and are sure to reinforce biased beliefs and stigmatizing attitudes towards people with mental health problems.

The statistical information obtained by the survey conducted by the Mental Health Foundation on stigma related to mental illness has revealed following facts[15]:

- ❖ 56% of people reported that they face discrimination from their family members.
- 51% faced discrimination from friends.
- ❖ 44% felt discriminated against by general practitioners.
- ❖ 35% reported discrimination from health professionals who were not general practitioners.
- ❖ 37% witnessed discrimination when job seeking.
- 25% of young American adults believed that recovery was possible for someone with mental illness.
- ❖ 42% of Americans believed that someone with a mental illness can be as successful as someone without mental illness at work.

The findings of a study conducted in New Zealand by the Mental Health Foundation[16] and open mind survey enlightened on the following facts: Out of the 785 respondents, 267 (34%) said they had been discriminated against when using mental health services; 442 (56%) said that they had not been discriminated against.

# Anti- Stigma Programs

Stigma reduction initiatives must take place at both individual and community levels. Many organizations have launched awareness and education programs and campaigns targeted at the general public to combat the stigma and discrimination associated with mental health problems.

# Role of Nurse in Combating Stigma

We as mental health care providers have a crucial role in creating a mentally healthy community that supports recovery and social inclusion and reduces discrimination. Changing the attitudes of people is a difficult task. Nurses ought to have a better understanding of what the stigma is, what are its impacts on the mentally ill patients (patients with mental illness are affected not only with their illness but also with the discrimination they receive from the society) and ways to minimize stigma and its effects. At promotive level nurses can indulge in activities related to dispelling myths and stereotypes associated with vulnerable groups, increasing awareness about psychosocial factors affecting health and illness, and enhancing ability to give supportive and humanistic health care. It is important to understand that every individual has mental health needs irrespective of mental health diagnosis. Strategies for nurses to combat stigma include:

- At primordial level, nurses can teach people healthier and adaptative ways of coping during stress. Also they can be taught to solve their own problems using problem solving model and finding alternatives from available options.
- Stigma also serves as a barrier in seeking treatment and as a source of reluctance in forming therapeutic alliance and engaging in therapeutic interventions. By intervening at the primary preventive level, people may be able to avoid a full episode of mental ill heath, and retain their jobs, relationships or social standing.
- Also with the concept of deinstitutionalisation, treatment is made available at the grass root level; in the community level so that stereotypes associated with mental hospital are reduced.
- As through psychiatric rehabilitative services prognosis has become good, nurses and occupational therapists can teach patients the skills to earn livelihood, constructive utilisation of the leisure and

time.

- Teach facts about mental health and illness to the general public.
- Get to know people with personal experiences of mental illness and share their testimony with others.
- As nurse advocates, speak up in protest when friends, family, colleagues or the media display false beliefs and negative stereotypes.
- Labelling or judging people with a mental illness should be stopped, and they should be treated with respect and dignity
- Encourage the patient talk openly about his or her experience of mental illness. The more hidden mental illness remains, the more people continue to believe that it is shameful and needs to be concealed. Don't use words that could be hurtful to someone with a mental illness.
- Remember that mental illness is not a joke. If someone is laughing about mental illness, take the opportunity to educate that person.
- ❖ Educate people not to believe everything depicted through media. Mental illness is seldom portrayed accurately in the movies, on TV, in the newspaper and in books. Reach out to someone who may need help for a mental illness. You may recognize some signs of depression or even warnings of suicide. Talk to this person in an understanding way and encourage him or her to get help.

### Conclusion

The stigma reduction initiatives can be taken up by public education which should take place at individual and community level. It must be understood that everyone encounters stress and that all are prone to maladaptative coping responses. Nurses can teach the public that mental health is a continuum and that mental illness is caused by a complex combination of factors. They need to educate the public that mental illnesses are not a resultant of moral

failings and limited will power but they are true medical illnesses that respond well to specific treatment.

#### References

- New Freedom Commission on Mental Health (NFCMH). Achieving the promise: Transforming mental healthcare in America, Final report, DHHS Pub no-SMA-03-3832. Rockvilli, Md: US Department of Health and Human Services; 2003.
- 2. Pinto-Foltz M, Logsdon M. Stigma towards mental illness:a concept analysis using post partum depression as an exemplar. *Issues Ment Nurs*. 2008; 29: 21.
- 3. Stuart Gail W. Principles and Practice of Psychiatric Nursing, 8<sup>th</sup> edition. Mosby Publishers; 2005: 175-177.
- 3. Crisp AH *et al*. Stigmatisation of people with mental illnesses. *The British Journal of Psychiatry*. 2000; 177: 4-7.
- 4. Crisp AH *et al.* Stigmatization of people with mental illnesses: a follow-up study within the Changing Minds campaign of the Royal College of Psychiatrists. *World Psychiatry*. 2005; 4: 106-113.
- Angermeyer MC, Matschinger H. The stigma of mental illness in Germany: A trend analysis. *International Journal of Social Psychiatry*. 51: 276-284.
- 6. Queensland Alliance for Mental Health. From Discrimination to Social Inclusion. A Review of the Literature on Anti Stigma Initiatives in Mental Health. Available at: tinyurl.com/Queenslandstigma.

- 7. Department of Health. Shifting Attitudes to Mental Illness . 2004. www.shift.org.uk.
- 8. Department of Health (undated). Available at tinyurl.com/DH-stigma
- 9. Corrigan P, Wassel A. Understanding and influencing the stigma of mental illness, *J Psychosoc Nurs*. 2008; 46: 42.
- 10. Moses T. Being treated differently: Stigma experiences with family, peers, and school staff among adolescents with mental health disorders. *Social Science Medicine*. 2010; 70(7): 985-93.
- 11. Connolly, Geller, Marton & Kutcher. Peer responses to social interaction with depressed adolescents. *Journal of Clinical Child Psychology*. 2005; 21: 365-370.
- 12. Jean E Wallace. Mental health and stigma in the medical profession. *Health London*. 2012; 16: 3-18.
- 13. http://www.psychologytoday.com/blog/whywe-worry/201308/mental-health-stigma.
- 14. Swanson JW, Holzer E, Ganju VK, & Jono RT. Violence and psychiatric disorder in the community: Evidence from the epidemiological catchment areas. *Hospital and Community Psychiatry*. 1990; 41: 761-770. Available at: http://www.psychologytoday.com/blog/whywe-worry/201308/mental-health-stigma.
- 15. Owen PR. Portrayals of schizophrenia by entertainment media: A content analysis of contemporary movies. *Psychiaric Services*. 2012; 63(7): 655-9. Available at: http://www.psychologytoday.com/blog/why-we-worry/201308/mental-health-stigma.
- 16. http://www.mentalhealth.wa.gov.au/mental\_illness\_and\_health/mh\_stigma.aspx.