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Stigma Surrounding Mental Illness and Those Affected



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Hayley P. Hazlett¹, Hannah S. Mejeur¹, Madeline G. Postma¹, Samuel P. Abraham^{2*}

¹Bronson School of Nursing, Western Michigan University, Kalamazoo, Michigan, USA

^{2}Associate Professor of Nursing, Bethel University School of Nursing, Mishawaka, Indiana, USA*

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ABSTRACT

Background: Mental illness stigma is ever prevalent in society and continues to affect the daily lives of those suffering from mental illness. The purpose of this research was to identify stigma surrounding mental illness. **Method:** This literature review included findings from various studies on mental illness stigma and the effects it can have on aspects of daily life. Articles were identified through electronic databases based on common themes. All articles were analyzed in reference to the impact stigma has on those diagnosed with mental illness. The review question was: What stigma surrounds mental illness and those affected? **Results:** Mental illness stigma was found to affect various aspects of people's daily lives, for example, in their relationships, education, employment, and their housing. To combat this stigma education, exposure, and advocating mental illness were found to help break down the stigma. **Conclusion:** Mental illness stigma is still a huge issue that exists in society. However, if people educate themselves and begin to treat mental illness like any other physical ailment the stigma should begin to decrease.

INTRODUCTION

Mental illness stigma is defined as the preconceived notion that an individual is flawed [1]. Stigmas related to mental illness can include both public and internalized humiliations. Public stigma would include stereotypes and negative associations constructed and spread by society. Internalized stigmas, or self-stigma, would encompass the public stigmas that an individual with mental illness will absorb from others and incorporate into their self-image [2]. These stigmas can be created and spread because of a lack of knowledge and understanding of mental illness.

The organization, National Alliance of Mental Illness (NAMI), focuses on ways in which people can overcome and combat mental illness stigma in their everyday life. They also discuss the importance of engaging in open conversations with people about mental health and mental illness. People need to be encouraged to think of mental illness as being no different from a physical illness. Education is an important part of breaking the stigma cycle [3]. The purpose of this research was to identify stigma surrounding mental illness. The review question was: What stigma surrounds mental illness and those affected?

BACKGROUND

Throughout history, mental illness has been highly stigmatized and looked down upon. Only in more recent years has mental health treatment and the views on mental illness gotten better, but there is still room for improvement. In early America, those with mental illness were mainly cared for by families or in prisons. Mental illness was viewed as a spiritual failure and individuals were often shamed for their conditions [4]. Some treatments of this time included bloodletting and purging as many people believed that the person with mental illness was possessed by an evil spirit or that they had a physical ailment that caused them mental distress. The stigmatization continued with women who had mental illness being persecuted as witches who were possessed by the devil up until the 18th century [5].

The more modern treatment of mental health was established in the 17th and 18th centuries with the opening of hospitals and asylums built to treat those with mental illness. These hospitals and asylums were used to house the mentally ill not just to attempt to treat them, but to keep them away from the general public so as not to endanger anyone. The mentally ill of the time were viewed and treated as less than human [5]. There were no effective treatments in place so many treatments were tested in these times on the patients who were forced into

the care of these places. Most changes in psychiatric care did not take place until the middle of the 20th century when pharmacologic advancements were made [1]. These changes in care also brought about some changes in attitudes of the general public towards people with mental illness.

The Parity Act of 1996 was passed for mental health to receive the same type of insurance coverage as any other type of medical need [1]. At the time, insurance hardly covered mental health care or established limits to the type of coverage they gave. In 2006, the Institute of Medicine (IOM) recognized high prevalence of mental health care and the discrepancies in the quality of care that was delivered. Based on this recognition, the IOM released “Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series” [4]. The framework the IOM describes is one that improves the delivery of mental health care and reduces the stigma that was experienced.

CASE STUDIES

Observation of stigma toward individuals with mental illness is described in these two case studies.

Case 1

In speaking with an individual with mental illness, she felt that staff members in the inpatient settings often get upset when she asks questions or just wanted to talk to them. This is a form of stigma because staff treated the mentally ill differently than they treated each other, or someone without a mental illness. She has been called “crazy” several times in her life. This is a word the general population uses to describe someone with mental illness because they are different from themselves. This word carries a lot of stigmas because people are not called "crazy" when they have a physical problem, but when it is a mental problem that differs someone from others they tend to be looked down upon. This individual felt as if she was different and not worthy. She felt she was not “normal” due to her mental illness and will never be able to have a “normal life” because of her illness. She seemed let down when all she wanted to do was maybe ask to color or tell someone they did not want what was going to be served for dinner. It was very sad to hear about the lack of empathy and understanding.

Case 2

Another individual expressed concern, that since he was taking a short break from work to get mental health treatment, he may not have a job when he returns for work. Outside of work, he was also concerned about this relationship with his significant other and parental figures. He said that because of his severe depression, he had been having issues in relationships and those close to him had said they wished he would just “feel better already.” Mental illness is never as easy as just “feeling better already” so these types of comments can do a lot of harm to those struggling with their diagnoses. This individual discussed many instances where he felt “abnormal,” less than,” or a “burden,” because he struggled with mental illness.

METHOD

For the review of existing research on the topic of stigma related to mental illness, there were a variety of sources to choose from. The topic was fairly broad, therefore, to narrow down the subjects in which to discuss, databases were used to find similar articles on subtopics within mental illness stigma. The databases from which sources were pulled included ProQuest, PsycINFO, university Library, Taylor & Francis, Wiley, SagePub, and ClinicalKey. All of the articles used in the literature review were peer-reviewed and published no earlier than 2015.

LITERATURE REVIEW

The purpose of the literature review was to describe different areas that are affected due to stigma related to mental illness. The sub-topics under the stigma of mental illness these articles cover are education, relationships, employment, and housing (see Figure 1). The key themes found throughout the reviewed articles were difficult relationships, problems thriving, difficulties with everyday living, and hardships performing tasks and jobs in relation to people with no mental health issues. These topics were chosen because each is a large aspect of daily life and are the most likely to affect those living with mental illness when altered by stigma.

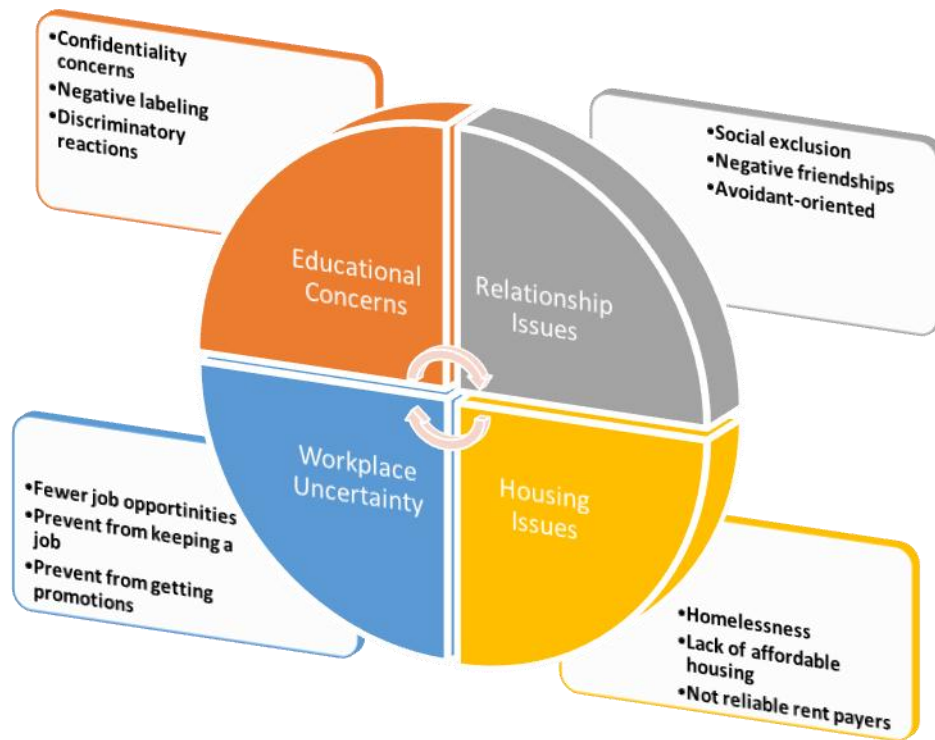


Figure No. 1: Four themes emerged regarding the effects of stigma related to mental illness

Relationships

Mental illness stigma has been shown to negatively affect interpersonal relationships. Hailemariam et al. [6] performed a qualitative study involving 39 rural Ethiopians living with serious mental illness (SMI) or living with somebody with SMI. Women living with SMI are at greater risk for gender-based violence and were more likely to face generally poorer outcomes in health, economics, and social relationships. In many parts of rural Africa, women are expected to perform a variety of roles in the household, and SMI can greatly interfere with these tasks. If women do not perform these expectations, they are at risk of being socially stigmatized. Individuals with SMI are less likely to get married because they are sometimes perceived as “dangerous.” They have also been found to have fewer friendships than those without SMI. The findings of their study determined that outreach to people living in rural areas with SMI was important because it was unlikely that they have the resources they need. Mental health treatment is also important for those with SMI because it can help to improve their social outcomes.

Lattanner and Richman [7] conducted two studies to analyze how forms of stigma towards people with mental illness, combined with people concealing their mental illness, pose a barrier to the quality of friendship between individuals. The first study involved 120 individuals with mental illness who completed a scale about the degrees of approach and avoidance they experience. Next, they completed a series of questionnaires about friendship and internalized stigma. Internalized stigma is when a person with a mental illness feels shame about themselves and feels as though social exclusion is necessary [7]. The first study revealed how internalized stigma leads to a more avoidant, or negative friendship, rather than an approachable one. The second study involved 187 individuals who were asked to describe a time in their lives when they felt stigmatized by their friends due to their mental illness. It was concluded that those with mental illness experiences had avoidant-oriented relationships at a higher rate than those without mental illness [7].

Murphy et al. [8] researched the impact of mental illness of parents on their children, and the implications it had for them as they grew older. They conducted 60 to 90-minute-long interviews with 13 individuals over the age of 18 who grew up with a parent who had been hospitalized for mental illness. These mental illnesses included schizophrenia, psychosis, depression, or other mood disorders. It was found, children of parents with mental illness may experience “second-hand social rejection” because of their parent’s self-stigma towards themselves [8]. The children would also describe their parents in a negative, stigmatizing way by calling them things like “strange” and “nutcases.”

Education

Education plays a large role in everyday life for people of many ages. This includes those from school-age to those pursuing higher education. Stigma can negatively affect social and economic resources making it increasingly difficult for people to receive the proper education. As time goes on, the rate in which school-age children are being diagnosed with mental illness continues to increase. The current statistic of mental illness diagnosed in young children is about 1 in 10, with many cases diagnosed under 15 either reoccur or persist into adulthood [9]. As the prevalence of mental illness increases in these young children, the number of resources that schools attempt to create and implement also increases. The fact that there are places kids can go to outside of the home that could act as a safe space for them is a great move towards the future. However, there still exists the stigma around people seeking-out help.

Gronholm et al. [9] identified two themes in the opposition of young students in seeking-out help from school provided mental health resources. The first being, anticipated and experienced stigma. This theme reflected three sub-topics that included negative labeling, discriminatory reactions, and confidentiality concerns. The issues that students had with the offered resources were mainly because of the visibility to peers and the possible reactions they would receive in regard to seeking help. Negative labeling was the largest sub-topic with the students getting labeled as “abnormal” or being associated with negative stereotypes as the main concern. While this was generally a concern as to how others would view them, there were also some internalized beliefs and stigma related to mental illnesses [9].

The second sub-topic was discriminatory reactions [9]. This was the discrimination that students would receive from peers and teachers for needing to use the mental health services. Confidentiality concerns were the last sub-topic under the anticipated and experienced stigma theme. The students expressed worry that if they sought out school counseling or peer mentors that the information that was spoken of in confidence would be revealed to others. The second general theme found in this study was the consequences of stigma. This theme covered student’s anxieties about negative reactions and uncertainty, as well as, distance from support due to stigma and lack of trust in the systems provided [9].

The American College Health Association [10] report indicated that 34.5% of college-level students had suffered from severe depression that impacted their day-to-day functionality. Mental health issues such as anxiety and depression tend to be prevalent in college students and these illnesses can affect education, relationships, and overall health. When student’s schoolwork and grades are being negatively impacted by their inability to function as they normally do due to their mental illness the first thing they should do is reach out and get help. Unfortunately, that is not what happens in most cases. Due to the stigma around mental illness, as with younger people, many college-age students do not wish to seek out help at the risk of exposing themselves to stigmatization. There are also the times when a student does reach out to their professors to get accommodations and they are rejected [10].

Smith and Applegate [11] explained that there have been instances where struggling students talked about the effect their mental illness was having on their education with their professors. They have been told that they are just using the illness as an excuse for leniency to seek specialized treatment. They also discussed how many higher education instructors carry negative preconceived notions that certain mental disabilities will automatically mean

those students will do poorly in their class regardless of accommodations made [11]. To be able to succeed in a higher education setting, such as college, students must feel safe from bias and stigma when disclosing personal information or seeking help for an illness that is out of their control.

Levin et al. [12] argued that college-level students tend to rate high on self-stigma scores regarding seeking treatment for mental illness. These high scores were based on a stigma scale used in determining the perceived level of stigma for seeking out different types of mental health treatment. The college student's responses showed that even if they were struggling with mental illness, they were unlikely to seek help from a mental health professional due to the stigma, whether self or public. However, the students did seem to be more receptive to the idea of getting treatment through "self-help." The "self-help" was an alternative option to help lessen the stigma surrounding treatment and to hopefully encourage college students to seek out other methods of treatment if they were too concerned about stigma from traditional methods [12]. While education is highly affected by mental health stigma, one of the major components of combating mental health stigma is through education.

Workplace

Mental illness also has an effect on obtaining jobs and employment [13]. Stigma can prevent people from getting or keeping suitable jobs because they are responsible for their behavior and symptoms. Discrimination likely lowers someone's ability to get hired for a position. "Individuals living with the condition are 6-7 times more likely to be unemployed than the general population with a 70-90% unemployment rate, which is a higher rate than any other group with disabilities in the United States" [13]. These numbers are often true for individuals living with schizophrenia, in particular. Improving and preventing stigma becomes crucial for helping these individuals to get and maintain jobs. Nurses need to recognize that this is an ongoing problem in the workplace and develop new policies that will protect these individuals from discrimination that could, in turn, affect their employment. This can be accomplished by educating those in the workplace with training and increasing engagement on mental health. This will help individuals in the workplace become more understanding and learn to use non-stigmatizing language.

Housing

Homelessness is a problem in individuals with mental illness [14]. This is due to their symptoms making steady employment difficult, which then affects their housing situations. There is a stigma that individuals with mental illness limitations are not reliable regarding paying rent. In 1963, the Community Mental Health Act was signed to approve the construction of 1,500 community-based treatment facilities [14]. This act had both a positive and negative effect on the mental illness community. It gave individuals a place to get treatment, but it also closed down many state mental health institutions causing deinstitutionalization. This alongside the lack of affordable housing caused the homeless population numbers to rise. There is a great need to provide accessible and affordable housing for these individuals where stigma will not play a part. The Affordable Care Act helps individuals, such as these, to obtain housing and health care [14].

Interventions

Mental health-related stigma is a wicked problem [15]. The need to address stigma and consider the consequences is vital. It describes mental illness stigma as a problem that needs to have many solutions because the problem itself has many definitions. This could be through the use of stereotypes or discrimination, ignorance or misinformation, attitudes, prejudice, and many others. There is a need for further research on the long-term effects of anti-stigma interventions, however, current research on the short-term effects seems promising for positive long-term outcomes [15].

One study splits the interventions into three categories: education, contact, and protest. Education is needed to improve mental health literacy in those with a mental health illness and those without. To do this education through schools, places of employment, and public areas should be implemented. Since mental illness stigma can be found everywhere, their education to combat it should be just as widespread if it is to be decreased. The second part is contact, this means having direct interaction with someone with a mental illness. Many times, this is done through interpersonal connection with an individual who struggles with mental illness but wishes to share their story [15]. This will decrease anxiety about interacting with someone with mental illness, and will also produce empathy, and understanding. The hopes of direct interaction will decrease stigma because it will show individuals the real people who deal with mental health and not what is portrayed in media and television which may differ

greatly from reality. These interactions, however, need to be carefully planned and implemented to protect the person sharing their story, as well as, the other individuals involved.

The final section discussed is on protest. The protest is used to spread awareness and reveal the struggles stigmatization causes for the people affected [15]. Another way to lessen mental illness stigma is to avoid creating new stigmas. In creating new stigmas, a person is contributing to the negativity and hurt their cause [11]. Some ways that creating new stigmas can be avoided is through choosing your words carefully and creating an accepting environment for those with mental illness (see Figure 2).

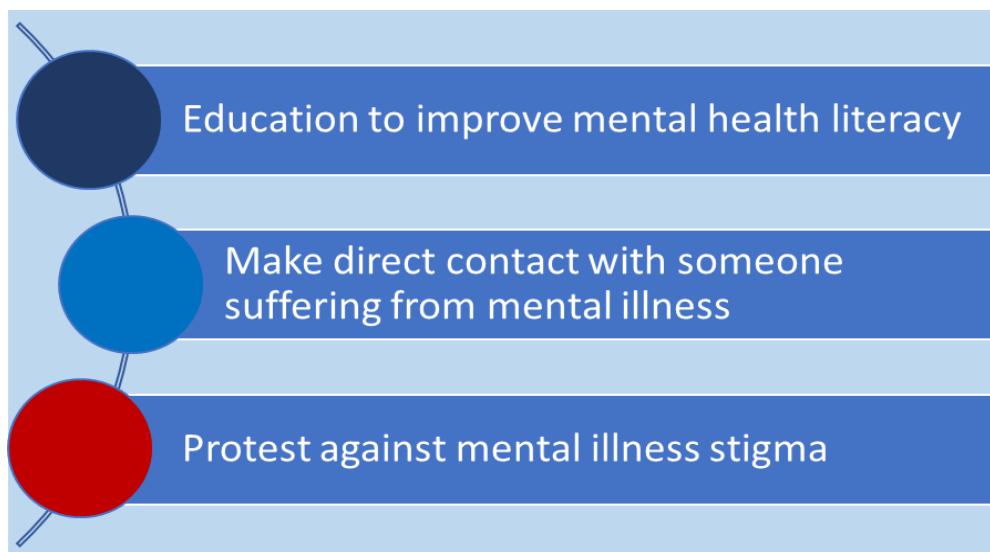


Figure No. 2: Emerging themes related to interventions to curtail the wicked problem of mental illness stigma

SUMMARY OF THE LITERATURE

The literature has shown that mental illness stigma can hurt many areas of a person's life, for example, in their relationships, education, career, and their housing. Relationships can be difficult due to mental illness stigma because it affects not only the self-image of the person diagnosed with mental illness but also how those around the person that perceives them. Also, those with mental illness who do not wish to seek out treatment may struggle with performing normal daily tasks that another person may not understand. This lack of understanding can cause rifts to build in relationships and make it difficult to develop connections.

The stigma surrounding mental illness can also cause issues with pursuing education and obtaining stable employment. Those who have mental illness may struggle against stigma in their path to continue their education whether it is in disbelief of their struggles or the stigma from their peers or teachers in seeking out help. Employment follows along the same course as education. It is sometimes difficult for those with mental illness to obtain employment, especially stable employment, due to stereotypes and negative associations towards workers who may struggle with their mental health. This stigma may then follow them when they look for affordable housing. The landlords want renters to have a stable job to pay their bills in full and on time. If someone does not have a stable job it can be difficult for them to find the money every month to pay bills. People, especially those in roles that can teach others, need to recognize this stigma and educate ourselves, and others to decrease or eliminate the stigma that follows mental illness. This will improve the lives of those living with a mental illness and decrease the effects stigma has on these aspects of their life.

CONCLUSION





Stigma associated with mental illness affects many aspects of one's life. The literature revealed mental health stigma greatly impacts relationships, education, the workplace, and housing. As future nurses, education is needed and with regards to mental illness to decrease stigma and inaccurate perceptions of mental illness. Self-reflection should occur regarding personal biases to prevent them from getting in the way of the delivered care. By learning about how stigma affects those with mental illness, there is opportunity to improve the quality of therapeutic relationships and assist patients in achieving the best possible outcomes.

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	<p>Hayley P. Hazlett <i>Bronson School of Nursing, Western Michigan University, Kalamazoo, Michigan, USA</i></p>
	<p>Hannah S. Mejeur <i>Bronson School of Nursing, Western Michigan University, Kalamazoo, Michigan, USA</i></p>
	<p>Madeline G. Postma <i>Bronson School of Nursing, Western Michigan University, Kalamazoo, Michigan, USA</i></p>
	<p>Samuel P. Abraham– Corresponding Author <i>Associate Professor of Nursing, Bethel University, 1001 Bethel Circle, Mishawaka, Indiana,</i></p>