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Stigma against the Mentally Ill: Knowledge Needed for Breaking Down the Barrier

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ABSTRACT

Background: Mental illness has been highly stigmatized and looked down upon throughout time. The stigma of mental illness is an ongoing theme that requires more attention. Previous research has shown stigma to be most prevalent in the workforce, by healthcare professions and family, and when seeking affordable housing, all stemmed from a lack of knowledge. **Purpose**: The purpose of this review was to seek out the areas where stigma is felt most and why. Method: This was a review of pertinent literature. **Findings:** There is an extreme need for proper education on this topic, normalizing discussions of mental illnesses and promoting resources to the public. Knowledge will lead to a decreased stigmatization and leave those struggling with a mental disorder more apt to seek the help they need. **Conclusion:** The first step in reducing stigma is to increase the base level of knowledge of mental illness.

1. INTRODUCTION

For many years now, a stigma has carried itself alongside mental illness. Stigma is defined as the preconceived thoughts that a person is flawed in this case because of their mental illness [1]. National Alliance of Mental Illness reports that one in five Americans who live with mental illness has been affected in their life by the harm of stigma [2]. The purpose of this review was to identify the outlets where stigma is felt by a patient living with mental illness and what causes this stigma. The question for review was: Where do those with mental illness felt the stigma?

Throughout history, mental illness has been a topic that has been underestimated and undertreated. Mental illness has been highly stigmatized and looked down upon throughout time. In ancient civilization, mental illness was not recognized and was not treated as a disease [3]. At the time, mental illness was seen as demonic and unnatural, and leaders and communities tried to contain it or "fix" individuals in other ways. These were often cruel and harmful interventions that could lead to death if the person did not change. The interventions often resulted in admonishment, exorcism, or whatever was dictated by the community and religious leaders [3]. They truly believed these behaviors were not normal, and individuals should not possess such issues.

Ancient Greek society was the first to acknowledge and treat mental illness as a medical issue [3]. At this time, mentally ill individuals were treated outside their homes in sanctuaries, where they could get the help they needed. The care here may not have been as beneficial as they often did things such as bathing, dieting, and praying to help the ill heal, but it was a step in the right direction for mental illness and the treatment to follow. After this point, a large amount of the treatment continued to be cruel as people thought they were healing the "mad," which was not the case. The first society to have hospitals that cared for mentally ill patients was the Islamic cultures [3].

Mental health institutions continuously progressed, and asylums became a commonplace where individuals were housed.

At the United States peak in the 1950s, 560,000 people were institutionalized [3]. Places were extraordinarily overcrowded, and the care the patients were receiving was not adequate nor

helpful. Many state hospitals were closed from 1950 to 1990, and individuals were released back into society with little to nothing. Trying to receive help or treatment was very hard due to many insurance companies not covering mental healthcare. Mental healthcare was not covered, early limits were set on mental health coverage, higher copayments were assigned, and there were limitations set on hospital days, making it nearly impossible for people to receive the care they needed [1]. The Mental Health Parity Act was passed in 1996 to help with these issues that people were facing. This required insurers to provide coverage and offer annual and lifetime benefits to all individuals at the same level they provided for medical coverage [1]. Other laws have been passed to help with the disadvantages that individuals with a mental illness face and progress have been made. However, there is still room for improvement, but we as a world have made progress.

2. CASE STUDIES

Data were derived from observations and conversations of stigma felt by the individuals described in the following three case studies. Individuals in the case studies stated that stigma was felt in the workplace, when finding affordable housing, and from family members and healthcare professionals (see Figure 1).

2.1 Case A

When speaking with an individual with a mental illness, it became apparent the sense of embarrassment and or shame. He described his events leading to alcoholism and how it stemmed from undiagnosed post-traumatic stress disorder (PTSD) that he never received or sought treatment for due to "being a man" and "sucking it up." This was the first sign of stigma surrounding his mental illness that men commonly are shown to look past mental illness and "be a man".

When describing his past life and relationships, he harshly criticizes himself and what he once did in life. He openly discussed how he felt workforce judgment for his alcoholism. In times of relapse, he shared that he would be afraid to leave his house due to the shame he would receive for being "weak" and "incapable" of staying sober. This was disheartening to hear because he ultimately was suffering from various mental illnesses that were co-occurring.

2.2 Case B

While interacting with an individual who has a mental illness, it was evident the stigma encountered while in society. He hindered his discussion regarding cocaine use, and it was apparent this was because he was humiliated to admit what he had done. He was embarrassed about his life and the events leading to hospitalization and discussed them in a roundabout way. Being ashamed is a stigma that many individuals who use drugs face in society because they are scared to admit what they have done due to the lack of support the community gives them. This individual also said how long it took him to get help because he thought he was better off on his own and at one point thought he might be better off not on this earth at all. Seeking treatment can be very difficult for individuals who have a mental illness. He discussed how nervous he was because he did not want to feel judged by healthcare workers.

His family had written him off due to the decisions he had made in his life. His children wanted no contact with him because they did not want his negativity around. He often heard the words “you are better than that" from his mother. When hearing this, it drove him to use more because he felt like he was a failure and had no purpose in life. We often think that people can change these behaviors independently; however, it sometimes takes an entire team to help these individuals get back on their feet. It was a roller-coaster of emotions when talking with this patient, and I cannot imagine what he has been through and lost due to his experiences of stigma related to mental illness.

2.3 Case C

The opportunity to sit in on a group therapy session presented as the epitome example of observing and listening to patients express the stigma felt throughout their day-to-day lives. Many members shared a sense of feeling as if they were thought of as less because of their mental illness. They even discussed keeping it a secret to avoid the stigma and the loss of respect they would get. Examples of where they felt they were from their family, friends, and work. One group member described it as "exhausting" and that he "just wanted to be treated like a normal person like everyone else." As the group session went on, ten out of ten people in the group shared experiences and emotions related to the stigma they have felt. This was a disheartening

experience to hear about how much additional stress was brought to them from the stigma of their mental illnesses.

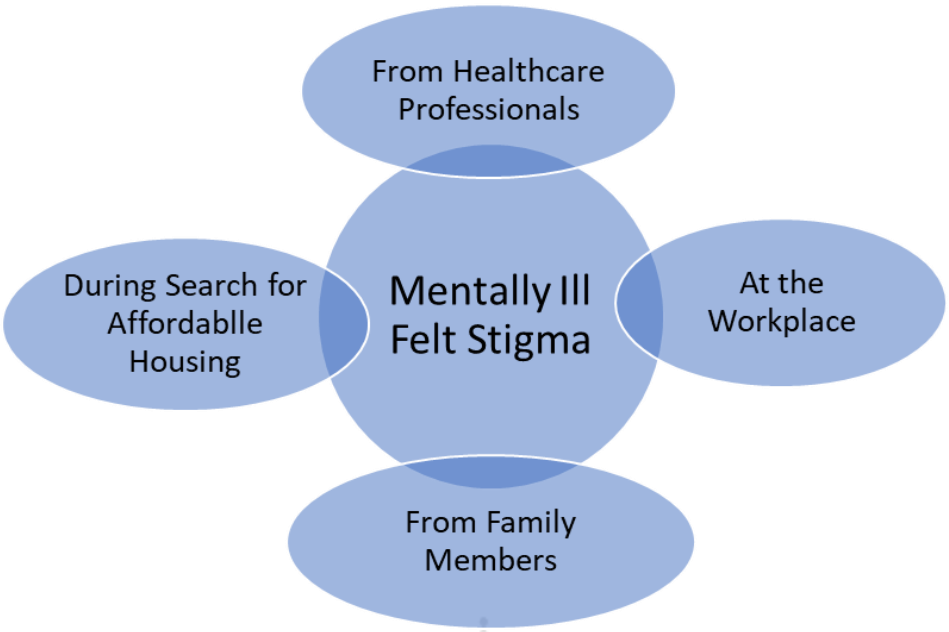

Figure No. 1. Mentally ill individuals in the case studies identified where they felt stigma.

3. LITERATURE REVIEW

The purpose of the literature review was to discover why there is a stigma surrounding mental illness, the areas where the stigma of mental illness is most commonly found, and the patient's perception of their stigma. The leading cause of stigma was from lack of education. The areas where stigma was felt were in the workplace when looking for affordable housing and from family members and healthcare professionals. Lastly, the review showed that mentally ill people anticipate stigma in the above areas where stigma is typically found.

The key themes found were that the leading cause of stigma is a lack of education about mental illness [4]. Stigma hinders one's ability to find and perform jobs at optimal functioning [5]. It also is challenging to find affordable housing while balancing a mental illness from a lack of support [6]. The patient feels stigma in interpersonal relationships from family and healthcare providers [7]. The literature says that mental illness stigma is under-studied and has a lot of room for improvement with more awareness of mental illness as an illness instead of a mental problem

[8]. Stigma is anticipated by the person with a mental illness and usually unnoticed by the person who is stigmatizing [7].

3.1 Methods

There were many topics to research relating to the stigma that people with mental illness encounter in everyday life. There were numerous sources to choose from as well as encompassing many different areas. Keywords used to narrow down the information were "stigma," mental illness," "family," "housing," and "health care." Using these words lead us to specific articles for the topics covered in the literature review. The databases used include PsychiatryOnline, SagePub, Cogent Psychology, BioMed Research International, Rand Corporation, International Journal of Social Psychiatry, and Psychiatric Services. All collected information from the articles was peer-reviewed and published between 2015 and 2020.

3.2 Lack of Knowledge Regarding Mental Illness

Like many other topics regarding stigmas and biases, lack of education about the topic is a major contributing factor. The prevalence of mental illness is not discussed or taught adequately; therefore, a stigma is created. Barriers may include lack of knowledge, structural barriers, and attitudinal barriers. By enhancing knowledge about mental illnesses, such as understanding different illnesses and these symptoms, or awareness of resources and services available, society can begin to break down the attitudinal barrier, including stigmatism and fear of expressing help with mental illness [4].

A systematic review was conducted, reporting the implementation and evaluation of a 12-week mental health course at a university in Hong Kong. The new mandatory undergraduate course objectives included enhancing literacy about mental health issues, education about the need to strive for stability in mental health, and ending the stigma surrounding these illnesses [4]. Using a pre-post study design with quantitative methods for data collection, questionnaires were used to evaluate enrolled student's attitudes and beliefs towards people with mental health issues, their current knowledge regarding mental health, and their personal experience with mental illnesses. Results of comparing the pre-questionnaire with the post-questionnaire yielded a positive result in educating about mental health as a prevention strategy and mental health stigma reduction [4].

3.3 Stigma in the Workplace

The stigma against starting discussions about mental health and seeking out resources can hinder one's work ethic and occupation status. As it is understandably more difficult to function in day to day life with an untreated mental disorder, it is coherent that this would affect one's ability to perform at an optimal level at their place of employment. A cross-sectional study evaluated the association of mental illness-related stigma with burnout in employees among nonprofessional occupational mental health staff [5]. The Maslach Burnout Inventory (MBI) was used to measure burnout level and included three dimensions: emotional exhaustion, depersonalization, and personal accomplishment. The Link's Devaluation-Discrimination-Scale (DDS) is a questionnaire asking about the extent of agreement using a four-point scale ranging from "agree" to "disagree." After statistical analysis, the results of the study show a correlation between burnout dimensions and stigma, specifically causing depersonalization. In conclusion, workplaces must decrease mental illness related stigmas to help employees maintain stable mental health and reduce employee burnout [5].

3.4 Affordable Housing Complications

It is no secret that homelessness and housing complications are major life consequences undeserved from mental illness stigma. When comparing the general population to the homeless population, the mental illness rate is higher in the homeless population [9]. Many people with mental illness in an acute recovery period or long term are on Supplemental Security Income (SSI). With this being the primary source of income while attempting to seek work and resume daily functions, many housing opportunities offered are either just barely affordable, which takes all of their source of income, or not affordable at all [6]. This system continues the cycle of homelessness amongst those with mental illnesses by not offering other sources of federal financial housing support to people with mental illness. Finding affordable housing is an issue for the stigmatized mentally ill population. Helping them starts with more support and ending the stigma by treating mental illness the same as physical illness through education [1].

3.5 Negatively Viewed by Health Care Providers

Receiving substantial healthcare can be an issue for just about anyone but seems to significantly affect individuals with mental illnesses. The stigma placed on people who have a mental illness is a significant barrier to access treatment and recovery and affects the quality of physical care [10]. Stigmatization occurs on different levels within the healthcare system: intrapersonal, interpersonal, and structural. Stigma can come from anywhere within the system and impacts the treatment of individuals with mental illnesses. Stigma comes from bad attitudes, lack of awareness, lack of skills, and lack of knowledge [10]. Lack of awareness arises when healthcare workers do not even realize they judge an individual based on what they believe. Awareness could be taught through anti-stigma training and provide a more holistic treatment to individuals seeking mental illness help. Lack of skills can affect treatment because providers may not reach out if they do not feel comfortable helping based on their knowledge. This can also affect the quality of treatment if a provider is unsure of what to do. Individuals seeking treatment often feel that healthcare providers negatively view them. Keeping an open mind is something that providers need to remember, and using appropriate body language will help make treatment effective [10].

3.6 Family Members Face Stigma through Association

Family plays a large role in the care of peoples with mental illnesses. The stigma which surrounds individuals with mental illness in return encompasses the family involved as well. The stigma that the family members may face is by association, which is termed associative stigma [11]. In one study, families were aware of the stigma placed on mental illness but were not aware they too would be judged based on the disability of one of their family members. Families view the lack of health care as the strongest discrimination that society portrays on mentally ill individuals. Another form of stigma that family members often face is being labeled. Family members are labeled because of the association from caring or interacting with the individual who has a mental illness [11]. Many family members, specifically parents, are often blamed for causing the individual's mental illness. The stigma surrounding mental illness that is placed on family members ultimately comes from a lack of knowledge by the peoples who are judging.

3.7 Patient Perception of Impending Sense of Rejection

The stigma of mental illness is felt more by the person with mental illness than anyone and is typically anticipated to be experienced. It is a prevalent feeling in the workplace, social, and interpersonal relationship settings [7]. The study review asked patients about the exact forms of stigmatization they felt and where it was most prevalent. The areas where the most stigma was felt and or anticipated to be felt were interpersonal interactions with the subcategories of rejection by others and avoidance of contact, the public image of mentally ill people with the subcategories of media coverage and representation in feature films, access to social roles with the subcategories jobs/occupations and partnership, and lastly structural discrimination with the subcategories of taking out insurance or rehabilitations measures [7].

The results showed that many patients reported having lost many interpersonal relationships due to their illness, which is some of the support they need the most [7]. It also noted that they felt the stigma the most in their social roles. The study resulted in most patients anticipating more stigma than they felt, which is an example of how much the stigma affects the lives of the mentally ill. This concept of anticipation is so severe that they avoid certain situations without feeling rejection and stigma. An example is not applying to a job to feel the impending sense of rejection that will come from not getting it due to their mental illness [7].

3.8 Interventions Includes Education of Prejudiced Individuals

It seems our society has created categorizations of people regarding mental health. Someone is either mentally stable or mentally ill – making it more difficult for individuals to open up about their feelings and need for mental health assistance. This perception of "us" vs. "them" must be broken down to nurture better those who need it. Interventions to assist in ending the mental health stigma have come a long way in the last few decades, but more studies must be done to hold a lasting effect.

All of the issues related to mental health stigma, including occupational disadvantage, homelessness or inadequate housing options, health care, family processes, and the patient's perception, all lead back to one common denominator: poor education about the subject. Nurses, and anyone else informed enough to help end the stigma, must start at the root of the problem to

help transform this wrong perception. Emphasizing affirming attitudes, along with empathy and empowerment for those who have a mental illness is needed. It is also necessary to educate those who have prejudiced thoughts and beliefs and aid them to unlearn their inhibited biases.

A primary form of stigma reduction is through training interventions. One course of action is targeting certain groups for educational programs, such as healthcare providers and police officers. Studies show that the results of these training have had a positive impact on knowledge and attitudes regarding mental illness and decreased forceful or unnecessary arrests, and increased referrals to psychiatric facilities when in contact with someone in crisis. A positive change in healthcare providers' attitudes is shown when anti-stigma education is provided for those still in training. Educational interventions have shown positive results when implemented in adolescents, including secondary school populations and undergraduate students [12].

Another intervention yielding positive effect is interpersonal contact with a mentally ill person. This strategy is linked to longer-term attitudinal changes, whereas education alone creates a more short-term anti-stigma experience. The National Alliance of Mental Illness' program 'In Our Own Voice' is a program that educates on mental illness experiences by having two individuals with serious mental illness who are in recovery speak about their personal experiences [12]. Nurses should seek out programs in their community and actively participate in these exercises that incorporate interpersonal interaction with mentally stable people and a group of mentally ill people.

A more broad-based intervention to educating those of the general population is mass media campaigning. Information may commonly be posted by mental health care professionals or celebrities that have experienced mental illness [12]. Though trends have shown a positive impact on education and training interventions, more research needs to be done to find a way to make a lasting effect, not just a short-term effect.

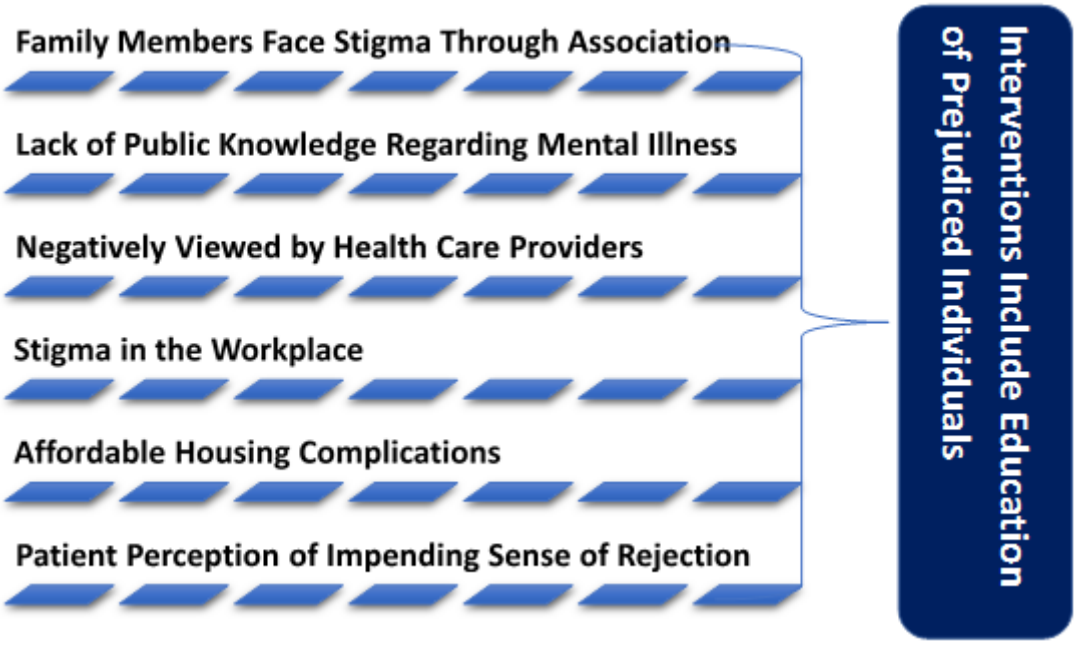

Figure No. 2. Emerging themes regarding stigma related to mental illness.

4. CONCLUSION

As the reviews have stated, our society's stigma against those with mental health disorders leaves the mentally ill population at risk for issues in nearly every aspect of their lives, often making their situation much worse than just experiencing the mental disorder alone. Issues may include but are not limited to homelessness and poverty as they are at risk for exclusion from occupations, barriers to healthcare and adequate treatment, associational stigma against family members of the mentally ill, and loss of interpersonal relationships due to such a negative personal perception of their illness. Minimal research has been done regarding interventions to reduce stigmatization, and more extensive studies must be done. But at the base of the issue, it comes down to a lack of education about mental health. As a society, we must educate our population about mental disease, symptoms, treatments, and effects of the disorder. Knowledge will assist in breaking down this barrier that has formed against those who are mentally ill.

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