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Social Stigma Against Mental Health: Educate, Protest, and Contact

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ABSTRACT

Background: An important focus of mental health nursing is taking into consideration the role that stigmatization plays when directing a plan of care for current and future patients. Current research states that exposure and education about mental illnesses can reduce the occurrence of stigma surrounding them. A negative stigma surrounding mental illness severely lowers the individual to seek treatment for their mental health exacerbations. By taking time to understand mental health and the multiple disorders that fit into this category the public can lower stigma and stop the unintentional harm to their wellbeing. **Purpose:** The purpose of this review was to define stigma, explore the detrimental effects the stigma surrounding mental health has, and find ways to decrease social stigma. **Method:** An analysis of peer-reviewed journals and scholarly studies from multiple sources was done to obtain relevant information for this study. **Findings:** Findings show that the public has a negative view of those who are mentally ill, including thinking these people are dangerous, unpredictable, unreliable, and untreatable. Many studies revealed that the general population perceives mental illness as a separate issue from physical illness, when in fact physical illness and mental illness have more similarities than differences. Studies also revealed that people are not properly educated on how stigma impacts individuals with mental illness, even in terms of access and quality of healthcare. **Conclusion:** Based on these findings, healthcare workers of all walks and specialties must educate both their patients and others on the concepts of mental health to lower the negative stigma and control the lives of those with mental illness. Stigma is altered by protest, education, and contact.

INTRODUCTION

The need to eliminate stigma is nothing new. A U.S. Surgeon General's Report on Mental Health identified stigma as a public health concern that leads people to "avoid living, socializing or working with, renting to, or employing" individuals with mental illness [1]. One of the largest challenges of mental health today is the stigmatization around it. Per the Centers for Disease Control and Prevention (CDC), much of this begins with conversational terms used in daily life. People are afraid to be titled as “insane,” or “crazy,” which prevents them from seeking necessary medical attention [2]. Rather than using stigmatizing terms, it is recommended by the CDC to use correct terms which are person-centered [2]. For example, instead of saying “mentally ill,” it is correct to say, “person with mental illness.” In addition, it is crucial to refer to the specific mental disorder whenever possible. It is more widely accepted to refer to somebody as a “person with bipolar disorder,” to reduce stigmatization. Stigma can also suppress the chances of recovery for people coping with mental illness. Gallego *et al.* [3] even described stigma as a second illness about the primary diagnoses. The National Association of Mental Illness (NAMI) definition of stigma is listed in Figure 1.

NAMI Definition of Stigma	Alienated and seen as "others."
	Perceived as dangerous.
	Seen as irresponsible or unable to make their own decisions.
	Less likely to be hired for a job.
	More likely to be criminalized than offered health care services.
	Afraid of rejection to the point that they don’t always pursue opportunities.

Figure No. 1: NAMI definition of stigma suffered by individuals with mental illness

The use of the term “mental illness” has been phased out during the past 30 years, in favor of less stigmatizing terms such as “mental health”(4). When people are stigmatized in these groups, not only does it affect the victim’s ability to seek medical attention, but it will likely cause anger and stress for that individual. For people with mental disorders, coping with feelings of anger or feelings of stress can be extremely challenging. Acquiring the skills to use various coping mechanisms takes practice and oftentimes needs facilitation by a therapeutic professional. Because of the stigma against mental health, these individuals needing education on coping skills are more likely to not seek help. Through this research, a goal is to identify the stigmatization against mental illness and raise awareness. It is imperative to find the means to put an end to this stigmatization. Altering conversational speech will help to end this stigma that is merely the beginning. Primarily, the purpose is to learn what impact stigmatization has on people with mental illness within today's society. Questions arise of how do individual opinions harm the minds of people with mental health disorders, and how can this stigma be majorly altered? Ultimately, mental health disorders need to be widely accepted throughout the world for optimal mental wellness and stability within our society.

Background

Research has shown that mental disorders are subject to negative judgments and stigmatization far more than any other type of illness. This stigmatization can be severely disabling when taking into consideration that people are faced with the task of coping with the often-devastating effects of their illness, in addition to social exclusion and prejudices associated with mental health [5]. Stereotyping is often encompassed within the stigma. Stereotypes refer to prefabricated opinions and attitudes towards members of certain groups, which include the mentally ill. In the case of mental illness, stereotypes can become dysfunctional because they typically activate generalized rather than customized response patterns. A quote from the book Stigma: Notes on the Management of Spoiled Identity, published in 1963 by Erwin Goffman reads, there is no country, society, or culture where people with mental illness have the same societal value as people without mental illness [5]. There are three ways to directly reduce the stigma and discrimination of mental illness. These general approaches include information/education about mental illness, protest unfair descriptions of mental illness, and direct contact with the mentally ill. To mediate these strategies mass media, opinion leaders, and persons of trust can be used.

The concept of stigma does not have a uniform definition, but it is agreed upon that individuals who are stigmatized have a characteristic that marks them as different from the majority of people and becomes the basis for exclusion or avoidance [6]. Stigmatization of individuals with mental illness has a long tradition of generalization, and the word itself indicates negative connotations. In ancient Greece, a stigma was a brand to mark slaves or criminals. This study also states that for millennia, society did not treat persons suffering from depression, autism, schizophrenia, and other mental illnesses much better than slaves or criminals [5]. Exposure to violence, vulnerability due to lack of shelter, alienation due to stigma, the experiences of severe mental illness (SMI), and subsequent institutionalization, make homeless persons with SMI uniquely susceptible to trauma exposure and subsequent mental health consequences [7].

CASE STUDIES

Three individuals presented their definitions of stigma and how the stigma surrounding mental illness has affected them differently. All three of these case studies provide a brief overview of the patient's life and how stigma has impacted their outcomes, for better or worse. Figure 2 shows the list of stigmas experienced by individuals in the case studies.

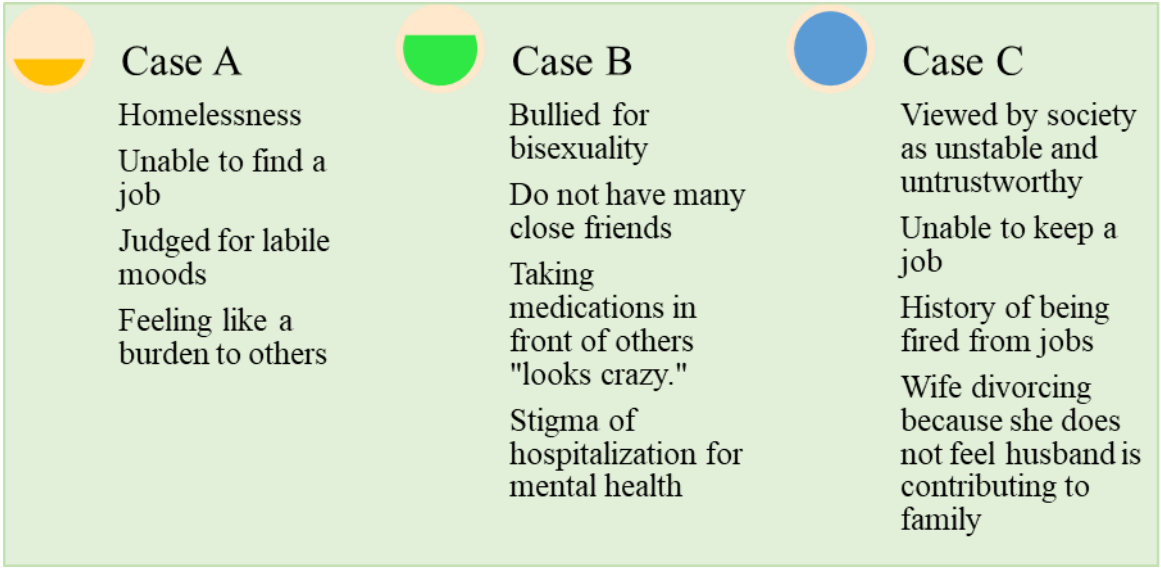

Figure No. 2: Stigma experienced by individuals in the three case studies

Case A

Case A is a 43-year-old woman with the primary diagnosis of schizoaffective disorder. This patient does have an extensive history of psychiatric admissions for nearly 15 years. The patient previously had an addiction to alcohol and various street drugs. Currently, she denies the use of alcohol and drugs but does use recreational marijuana. The reason for hospitalization was due to a change in medication through her primary care provider that was believed to send her into a mental health exacerbation, threatening to harm herself and others. She was unemployed and on disability since she was not able to find an accommodating workplace. This was an indicating factor that social stigma has played a role in her life. When asked directly how she felt about the stigma surrounding her mental health diagnosis she noted multiple negative factors. These factors included feeling like an outcast and a burden on her mother's side of the family since mental health disorders only run on her father's side. She spoke about her difficulty finding a job and housing that was suitable for her needs. She also stated that she finds it difficult to accept care for her illness because of the fear that she is constantly being judged for having ups and downs with her mental health.

Case B

Case B is a 20 young female hospitalized for the chief complaint of suicidal ideation. She has previously been diagnosed with major depressive disorder, generalized anxiety disorder, post-traumatic stress disorder, and borderline personality disorder. She uses marijuana every week but denies the use of alcohol or other drugs. She had numerous areas of self-mutilation across her body. She stated that much of the self-mutilation stems from people who bully her for her bisexuality. The stigma of being bisexual has directly impacted the patient's mental health to the point of the patient coping by inflicting harm to herself. She also stated that she does not have many close friends due to the number of medications she takes. She mentioned that taking her medications in front of people at school makes her "look crazy" and drives people away. She spoke about difficulty explaining the concept of mental illness to people her age and prefers to spend time with people of older age, such as people with whom she works. Along with this, she is feeling anxious about returning to work after her discharge because she is afraid of what her work-friends will think of her staying in a mental hospital.

Case C

Case C is a 39-year-old male who presented with posttraumatic stress disorder (PTSD) exacerbation and suicidal ideation. He voluntarily admitted himself to the hospital and has been hospitalized for the same issue three times. His PTSD originated as a medic in a foreign country in an active war zone. He shared that he is disabled from his mental health diagnosis and unable to function in a society that views him as "unstable and not trustworthy." He then went in-depth to share that because of stigma, he is not able to find an occupation that is accommodating to his PTSD triggers. When posed with a PTSD trigger at work, he often needs a 15-30-minute break to use his coping mechanisms. Previous jobs have fired him for going over his allotted standard employee break time. When asked about experiencing stigma from his family, he responded that his wife is currently filing for divorce because he is not able to get a high-paying job to contribute to his family.

LITERATURE REVIEW

In the process of performing the literature review, two main databases were used, these databases are the US National Library of Medicine National Institutes of Health, and the Centers for Disease Control. The social stigma surrounding mental illness can be seen from multiple angles such as in education, quality of care, and police behaviors. Some research studies that were reviewed were conducted in foreign countries, to evaluate the occurrence of social stigma regarding mental illness all over the world.

Perceived as Dangerous

In a study about mental health stigma and predicted police behaviors, Yasuhara *et al.* [6] discuss the various stigmatizing notions associated with mental illness. Some examples outlined include employment discrimination or misconceptions that persons with mental illness are “dangerous” or “criminal.” The researchers developed a multi-scale assessment tool that assesses concepts like perceived dangerousness, self-care, treatment amenability, social distance, and predicted police behavior. There were 641 participants from three US universities in the south and northeast, consisting of freshmen up to seniors. The survey was anonymous and consisted of 28 items to measure. It was revealed in the study that people who believe individuals with mental

health problems have poor self-care will also want to put more social distance between themselves and these individuals. The results also showed that dangerousness and treatment amenability should also be considered the same construct because individuals who are perceived as dangerous are seen as less likely to be able to receive treatment [6].

In a peer-reviewed article, Ahmedani [8] discusses how the dimensions, theory, and epistemology of mental health stigma have several implications. The World Health Organization reported that an estimated 25% of the worldwide population is affected by a mental or behavioral disorder sometime during their lives and is expected to increase. The dimensions are peril (dangerousness), origin (biological and genetic factors), controllability (individuals with other existing disorders like pedophilia or cocaine dependence), pity (disorders that are pitied to a greater degree are less stigmatized), concealability (visibility of the illness), and course, stability, and disruptiveness (the likelihood an individual will recover and how a disorder may impact relationships). The study also goes in-depth about how social stigma is structural in society and can create barriers for persons with a mental disorder. Structural means that stigma is a belief held by a large fraction of society in which persons with the stigmatized condition are less equal or are part of an inferior group. It is important to recognize self-stigma when discussing social stigma. The knowledge that stigma is present within society can have an impact on an individual even if that person has not been directly stigmatized. Decreasing the amount of stigma in society and within individuals themselves can help these clients seek mental health services [8].

Handling Psychiatric Emergencies

Psychiatric emergencies can also be left untreated due to stigma in the healthcare systems and healthcare providers. Silva *et al.* [9] describe psychiatric emergencies as a severe change in behavior that can pose a risk of harm for self or other people who need immediate attention. Encompassed in this description includes suicidal ideations, severe self-neglect, substance abuse crises, and aggression [9]. The study shows that private practice psychiatrists stereotype people with mental illness at the same amount the public does and tend to engage in more social distancing for people who have a diagnosis of schizophrenia, which can decrease the quality of care. However, one interesting factor that has been opposite for the public, is that the older the psychiatrist, the less amount of stigma they have. This could be attributed to years of experience

in treating mental health emergencies [9]. To reduce the amount of stigma seen in psychiatrists, it may be helpful to implement frequent simulations with evaluations and strategy exercises to increase the amount of experience a psychiatrist has despite their age.

Nurses also contribute to the high level of stigma regarding psychiatric emergencies. Hospital emergency rooms often treat patients who are having a psychiatric emergency. Emergency rooms differ from psychiatric care centers in the sense that safety measures are not as common specifically relating to psychiatric emergencies [9]. Nurses have reported not having enough resources to help a person experiencing a psychiatric emergency, and not enough protection for themselves in terms of people and security. This can cause an increased amount of insecurity, causing nurses to increase their amount of social distancing with patients and decrease the quality of care given. A way to remedy this situation is having a dedicated area of an emergency department to psychiatric emergencies that have an adequate amount of people and resources [9].

The Attitude of Doctors Towards Patients

In another study investigating patient stigmatization in psychiatric care, Babicki *et al.* [10] created a study to assess the level of stigmatization of psychiatric patients among doctors. Patient stigmatization in psychiatric care leads to less quality of medical service, neglect of patient complaints, lack of appropriate doctor-patient relationship, and therefore higher mortality. Researchers used an online, quantitative, computer-assisted web interview, which was an anonymous, voluntary survey addressed to doctors working in Poland. Participants included 501 doctors from various specialties, in various stages of their career. Among the sample, 75% of participants were women. The MICA-4 scale (a standardized psychometric tool) was used, as well as a socio-geographic assessment and questions asking the level of stigmatization. The MICA-4 (Mental Illness: Clinician's Attitudes Scale) is a 16-item scale and questions are based on Likert's six-point scale. Respondents could score between 16 to 96 points, the higher the score the higher the stigmatization. The average score of the MICA-4 scale showed an average score of 40.26 with women showing a more favorable attitude toward mental illness. Results of the study include 77% of women and 64% of men were afraid of patients with a mental illness. Of the respondents, 88% see no difference in the appearance of a healthy person and a person suffering from a mental disorder. One limitation of this study was that epidemiological data shows that

men constitute 42% of professionally active doctors; however, in this study men were only 25% [10].

The Attitude of Public Towards Psychiatric Nurses

In this next research study [11], the stigma surrounding patients with mental illness and mental health nurses in Indonesia was examined. Researchers explored the experiences of stigma in 15 nurses and 15 patients. Of the nurses, 10 were male and 5 were female and of the patients 7 were male and 8 were female. The nurses all graduated nursing school with a specialty in mental health nursing and had 5-15 years of experience. The patients were aged 21-52 years with mild/moderate symptoms noted in their chart. To collect data, researchers used semi-structured interviews used as a guide to explore aspects that were considered vital to understanding the elements of the different types of mental health-related stigma. Interviews took from 30-45 minutes to complete. The analysis of the interviews revealed five main things, four of those related to patients with mental illnesses. These four main themes are public stigma, family attitudes, perceived stigma from a patient perspective, and employment discrimination [11]. The fifth theme identified is professional stigma, described stigma experienced by healthcare professionals who worked with patients with mental illnesses. Participating patients also believed that they were rejected, avoided, and discriminated against because they had a mental illness. They also reported that community members rejected them because society held wrong assumptions about mental illness. From the nurse's perspective, some noted that the public lacked consideration and empathy toward those who suffered from mental illness. This lack of consideration and corresponding lack of appropriate policies often resulted in homelessness and isolation among people with mental illness. The nurse also talked about their own experience with stigma and described how they were labeled as “crazy nurses” because they care for “crazy people.” The limitation to this study was that no matter how reassuring researchers were about anonymity and confidentiality, some participants might not have felt comfortable in expressing or discussing difficult experiences [11].

Stigma as a Complex Issue Worldwide

Social stigma regarding mental illness often leads to isolation in individuals who receive psychiatric diagnoses. In another study, Mannarini and Rossi [12] state that people with mental

illness often experience social distancing from others, not by choice. Multiple studies attribute this finding to the perceived danger people think those dealing with mental illness have [12]. To change this way of thinking, campaigns have emphasized that mental illness is a medical condition that needs to be resolved with medical treatment. These campaigns focused on biological causes for mental illness, along with types of treatments available to remedy the diagnosis, and showed a comprehensive analysis of mental illness reduces the amount of social distancing that occurs [12]. Campaigns like these show the community that people who struggle with mental illness are still human, and are worthy of recovery from illness, and nurses should participate whenever possible (see Figure 3).

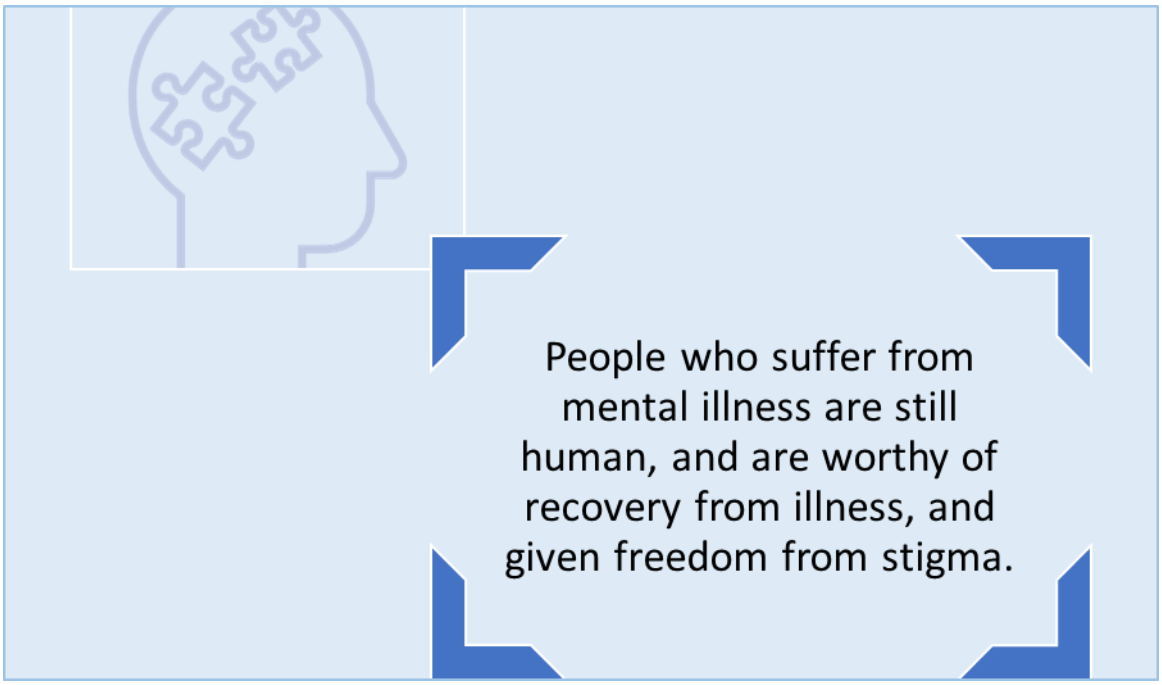

Figure No. 3: Campaigns needed to promote the reality of people who suffer

The study also discusses how social stigma for mental illness is present among many different cultures [12]. The study was performed in Germany, Russia, and Mongolia, and involved questions of stigma between depression and schizophrenia. While the topic involved only two mental health illnesses, the results all showed that all these countries had similar social stigmas [12]. However, people of different cultures attributed their desire to social distance from individuals with mental illness for different reasons. Some countries attribute the social distance due to the type of mental disorders, while others distance for causal beliefs or etiology. As talked

about above, having the campaigns to educate people on the causes and treatments of mental illness, along with the statistics that people with mental illness typically are not dangerous, is helpful to reduce social stigma in terms of social isolation for people who cope with mental illness [12].

To combat stigma, Mannarini and Rossi [12] study targeted university students in three different countries who are studying to become teachers themselves, so they can teach in their classroom how to recognize stigma for mental illness, how to reverse it, and which countries have the highest prevalence of stigma. The population of the study consisted of 1598 students, 513 being men, and 1026 being women. The age of participants ranged from 18-58 years old [12]. Countries participants are located in include Russia, Spain, and Canada. The study did not include any incentives, so the subjects were simply volunteering and had no direct motive to be involved in the study other than helping with the issue of mental illness stigma. The study was purely analytical and was carried out using a questionnaire about how people would distance themselves from individuals with schizophrenia, and common stereotypes surrounding schizophrenia [12].

Results of the study showed that overall Spain has the most stigma relating to schizophrenia, and Canada has the least [12]. Eta-squared statistics further showed that between all three countries, men consistently have a higher level of stigma regarding mental illness than women. The test also highlighted that surprisingly no level of significance is related to the age of the participants and the level of stigma. Factors that influenced the amount of stigma most significantly are culture, tradition, and access to education [12]. Countries such as Canada have made social stigma regarding mental illness a priority subject for people pursuing education. However, Spain has only consistently made the subject a priority for health education including nursing, medicine, and psychology. Upon reviewing previous similar studies, it has shown that Russia has made progress towards reducing stigma. This communicates the importance of performing studies in countries that need more attention to reducing stigma, as statistical evidence is used, and changes can be made from it [12].

The Natan *et al.* [13] study results reveal that the public feels uncomfortable seeking referral to mental health services through the public health system, with Arab Israelis and men expressing lower levels of comfort than did Jewish Israelis. St. Louis [14] study in South Africa sought to compare public attitudes toward stuttering, obesity, and mental illness as well as to identify the predictive potential of four ratings relating to these and other neutral or desirable conditions (see Figure 4). Summary scores for the surveys in the 500-respondent samples revealed negative attitudes toward all three [14].

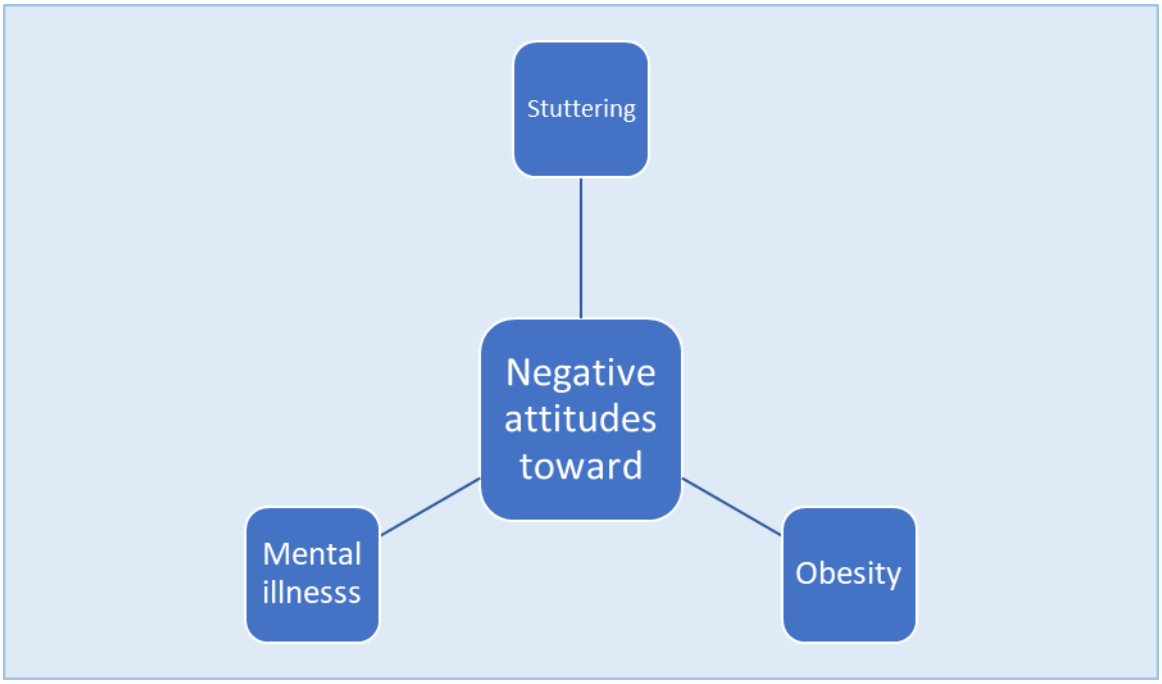

Figure No. 4: A South African study found negative attitudes expressed towards MI, obesity, and stuttering

Impact of Causal Beliefs of Mental Illness

Another study performed in Singapore targets how causal beliefs of mental illness can even impact the likelihood of individuals seeking help [15]. Mental illness is left untreated more than any other health sector and can lead to further damage the longer it takes to seek treatment. Possible reasons people do not seek help include being labeled as mentally ill, experiencing isolation from others, and being discriminated against while at work. The study occurred at a university and consisted of 390 students who were chosen from a convenience sampling method.

Two parts are performed that allow for evaluation of the intervention used in the study. For part one, students answer a questionnaire about causal beliefs of mental illness and inventory attitudes towards seeking mental health services to get a baseline before the intervention is carried out. Students are not evaluated again until 3 months after the intervention to assess the long-term impacts of it. The intervention portion includes a vignette to evaluate the causes of depression and what a person can do for treatment [15].

The results of this study also show evidence that males tend to know less about the causes of mental illness, have more stigma, and are not typically open to seeking help for mental illness [15]. A positive correlation was also seen between the increasing age of participants and increasing amounts of stigma. The study also showed that using the vignette increased the likelihood of seeking treatment for mental illness but noted that other options need to be explored to increase the likelihood to a greater level. Areas that need the highest level of improvement include the causes of mental illness [15]. This shows that nurses are needed to educate the public about causes for mental illness, and the importance of seeking treatment.

Understanding Health Inequity

A study was found relating similarly to the challenges that "Case B" faced. Particularly, this research focuses directly on the differences in quality of care to patients with disability, mental illness, various sexual orientations, and various gender identities [16]. The difference in these patients leads to healthcare inequity related to discrimination and stigmatization (see Figure 5). This research aims to raise awareness around the concept of healthcare inequity to people of different societal groups. One of the two approaches is to note the lack of knowledge in addressing these differences within our current public healthcare system. The second approach observes the concerns of those who belong to these groups which receive lower-quality care [16]. By approaching in two directions, individuals can obtain the insight of both the care providers and the patients. The dimensions of sexual orientation, gender identity, mental illness, and disability have varying effects of health inequity through stigma. To decrease the gap between the varying quality of healthcare, patients and staff must recognize and advocate for awareness of these differences.

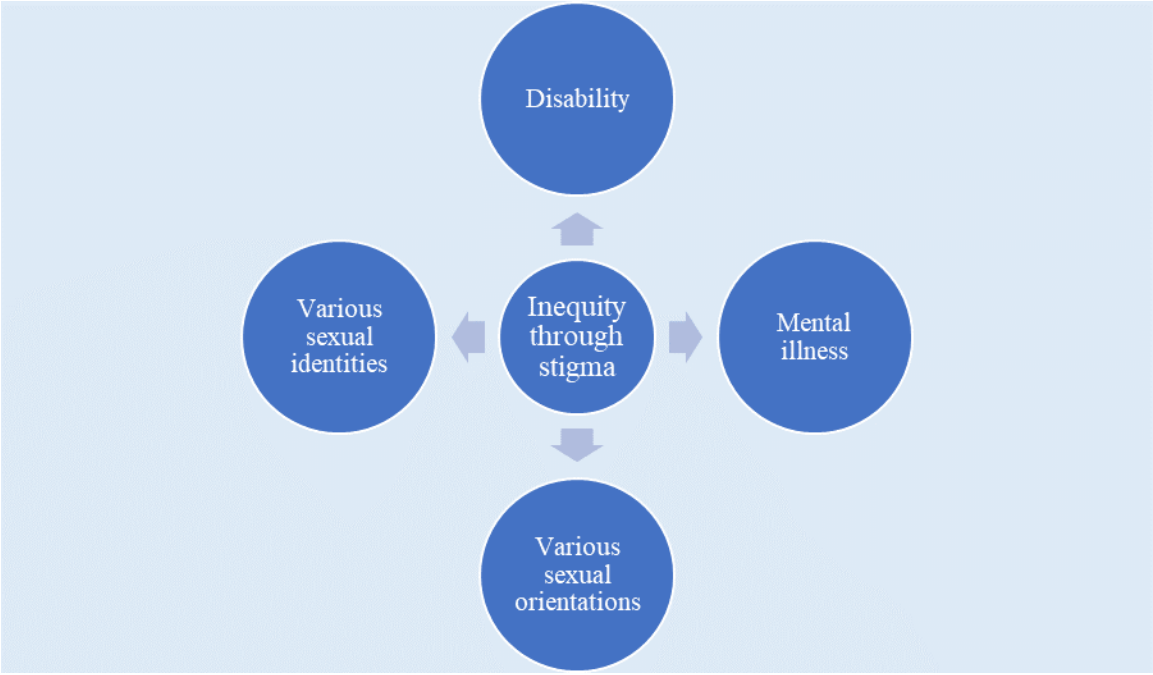

Figure No. 5: The difference in these patients leads to healthcare inequity related to discrimination and stigmatization

Professional Stressors of Psychiatry

There has been a significant increase in advocacy for change in the stigma of mental health, in recent years [17]. Many efforts have been made to end this stigma across the globe, however, many of the people who experience the reality of mental illness have criticized the methods in which this is done. Many of the individuals and family members of those with mental illness have expressed the feeling that the de-stigmatization efforts are not at all for people with mental illness, but rather to de-stigmatize the psychiatric profession altogether. This research provided insight into how mental health professionals have complicated positions as being part of anti-stigma activities. Members of the mental health professional world can contribute to stigmatization, while also being stigmatized [17]. The third position is to de-stigmatize, which is ultimately the goal. The findings of this research suggest that mental health professionals who are stigmatized view their stigmatization as a professional stressor of psychiatry. Through this research, it is found that a primary goal of de-stigmatization can be pursuing one's professional self-interest. These programs created to end the stigma against mental health have shown to be widely successful [17].

Strategies that Alter Stigma

Another part of the literature suggests that people with mental illness are not only coping with the symptoms of their illness, but they also must cope with the symptoms of being stereotyped related to the misconceptions that mental illness carries along with it [18]. This causes people with mental illness to have difficulty finding jobs, housing, stable relationships, and even quality healthcare. Three strategies that alter stigma are to protest, educate, and contact. This literature shows what stigmatization is on an individual psychological level. However, it fails to notice that stigma is built-in to the structure of our society. Stigma is shown to be integrated into society and is most evident in the justice system, laws, and social services [18]. In addition, our resources are largely allocated with stigma in mind. It is time to steer the focus away from resources that are still dependent on social structures, which maintain societal stigmatization.

Positive coping strategies for trauma included being mentally strong, knowledgeable, and aware, whereas the main negative coping strategy is avoidance. People attributed their experiences of homelessness and severe mental illness to past traumas [7]. Rupert *et al.* ([19] found that for parents, mental illness stigma was interconnected with stigma relating to perceived violations of social and cultural norms related to parenting. Children's experience of stigma resulted in bullying, embarrassment, guilt and social isolation, and efforts to conceal their parent's mental illness. One outcome was that stigma prevented children and parents from seeking much-needed support. Public health policies and campaigns that focus exclusively on promoting open disclosure of mental illness to foster community education outcomes are unlikely to be effective without additional strategies aimed at preventing and redressing the structural impacts of stigma for all family members [19].

Shi *et al.* [20] reviewed 22 studies including 3,381 participants who met the inclusion criteria. Eighteen variables were included for the meta-analysis. For disease-related characteristics, only "disease attribution" and "care time/day" were associated with affiliate stigma. For psychosocial characteristics, "support from others," "burden," "depression," "stress," "distress" and "face concern" were related to affiliate stigma. Results indicated health-focused interventions for family caregivers such as respite care, self-help groups, online support program, and psychosocial education can mediate the impact of affiliated stigma [20].

Adu *et al.* [21] found that people living with mental illnesses and their families may conceal their conditions to avoid prejudice and discrimination. Stigma often prevents people from receiving adequate health care and other social support services which could exacerbate social and health consequences such as unemployment, homelessness, substance use, and compulsory hospitalization. In this paper, we discuss social contact as a promising anti-stigma strategy for enhancing social interactions among people with mental illnesses, their families, and those without mental illnesses. Zieger *et al.* [22] found that the correlation of higher stigma with lower education was in line with the previous research, and interestingly, it was found that higher stigma correlated with weaker religious devotion.

Higher Rates of Morbidity and Mortality

When referencing the "stigma" of mental health, this is intended to be the negative attitude or belief that people with mental illness are people to be discriminated against, feared, outcasted, and rejected [22]. This report also states that stigma creates entirely new anxiety and stressor for people with mental illness. Stigma also comes from everybody, even from people who have mental illness themselves. People with mental disorders are in turn deterred from seeking necessary medical attention leading to either poor adherence to medical treatment, or a lack of treatment at all. Because of this, people with mental disorders have higher rates of physical comorbidity and mortality compared with those who do not have mental disorders. The goal of this research is partially to bring light to the many similarities within mental and physical illnesses to decrease the stigma of mental disorders. Another goal of this literature is to address the negative implications that psychiatric wellness is unpredictable and more difficult to treat than physical ailments. It is also imperative to observe that these two goals can be used interchangeably with mental and physical health and wellness. It is crucial to address the fictitious idea that psychiatric illness cannot be effectively medicated [22]. Figure 6 lists the summary of findings from the literature regarding stigmatized individuals.

Figure No. 6: Summary of findings from the literature regarding stigmatized individuals

DISCUSSION

The findings of the literature review suggest that the stigmatization of individuals with mental illness has impacted how treatment occurs in every way. Stigmatization leads people with mental illness diagnoses to be seen as lesser than people with other health diagnoses such as heart failure, diabetes, and cancer. Every diagnosis needs some form of medical treatment. However, people with mental health diagnoses may not receive equity in care.

Responses by the community can help to reverse stigmatization regarding mental health illnesses. Education about the causes of mental health disorders in all levels of schooling would

be beneficial for society to view people struggling with mental health issues as worthy of seeking treatment that they deserve. In doing so, a community of support can be on standby, decreasing the odds of isolation for those needing validation. This is important to increase public health outcomes, making for an overall healthy community. Three ways to directly reduce the stigma and discrimination of mental illness are to teach people about mental illness, protest unfair descriptions of mental illness, and increase direct contact with the people struggling with mental illness (see Figure 7).

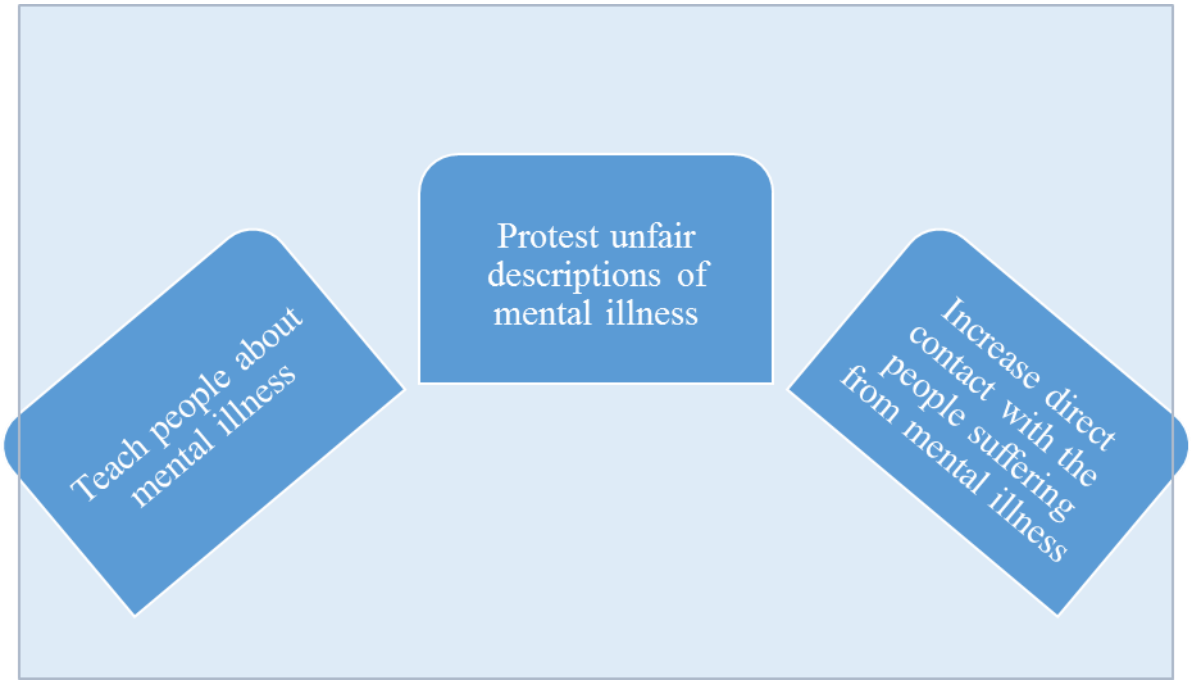

Figure No. 7: Three ways to directly reduce the stigma

Nurses, along with other members of the healthcare team, also need to contribute to lowering the stigmatization regarding individuals with mental health diagnoses. Having resources available to give the proper care for people who have a mental illness is necessary for all healthcare settings. The proper resources improve patient outcomes and allow care for patients with respect, making them more likely to seek care again when having a mental health crisis. It is also productive for nurses to see mental health diagnoses as part of overall health. Using terms such as "crazy" to describe people with mental illness will only cause further division and isolation for people who need help. Nurses continuing to be role models for the idea of mental wellness will further reduce mental health stigmatization. Surprisingly, Shah *et al.* [23] study resulted in significant

positive findings, related to care providers predominantly perceiving those individuals with mental health difficulties were trustworthy, capable of engaging in employment and were comfortable with having them as their friends. This is a breath of fresh air at these times of increased stigma.

CONCLUSION

Five keywords have been driving the findings of the studies, they are mental illness, stigma, education, disability, and advocacy. It is important to note that these are not the only words that we find to be necessary to the information provided. As previously mentioned, stigma is altered by protest, education, and contact. Through the many journals that have thoroughly discussed, ultimately similar themes are found. These themes provide information suggesting that mental illness can be well managed, under control, and it can happen to anybody with no rhyme or reason. While there are risk factors for having various mental disorders, there is no requirement for having a mental illness. To end the stigma, communities must celebrate differences while maintaining the knowledge that mental and physical ailments are more similar than the general population assumes. Nurses must have a moral obligation to society to educate themselves, patients, families, and the public about the stigma of mental illness, and what people individually and collectively can do to abolish it.

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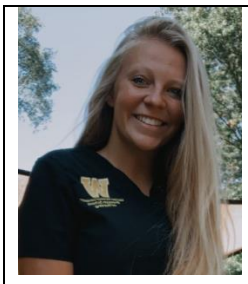	**Jillian L. Jaquays** *Bronson School of Nursing, Western Michigan University, Kalamazoo, Michigan, USA*
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