

SEMINAR WEEK 1: MENTAL HEALTH STIGMA



WHAT IS STIGMA?

DEFINITIONS FROM SOCIAL PSYCHOLOGY

- Stereotyping – “a mental representation or impression of a social group that people form by associating particular characteristics and emotions with the group ” (Smith, Mackie & Claypool, 2015, p142).
- Prejudice – “a positive or negative evaluation of a social group and its members” (Smith et al., 2015).
- Discrimination – “any positive or negative behaviour directed towards a social group and its members (Smith et al., 2015).
- What is Stigma?

WHAT IS MENTAL HEALTH STIGMA?

- Stigma - Mental health stigma can be divided into two distinct types:
- Social stigma is characterized by prejudicial attitudes and discriminating behaviour directed towards individuals with mental health problems as a result of the psychiatric label they have been given.
- In contrast, perceived stigma or self-stigma is the internalizing by the mental health sufferer of their perceptions of discrimination (Link, Cullen, Struening & Shrout, 1989), and perceived stigma can significantly affect feelings of shame and lead to poorer treatment outcomes (Perlick, Rosenheck, Clarkin, Sirey et al., 2001).

FOOD FOR THOUGHT

- Where do stigmatised attitudes come from?
- Who holds these attitudes?
- Why does stigma matter?
- Can we ever hope to eliminate them?



MENTAL HEALTH STIGMA



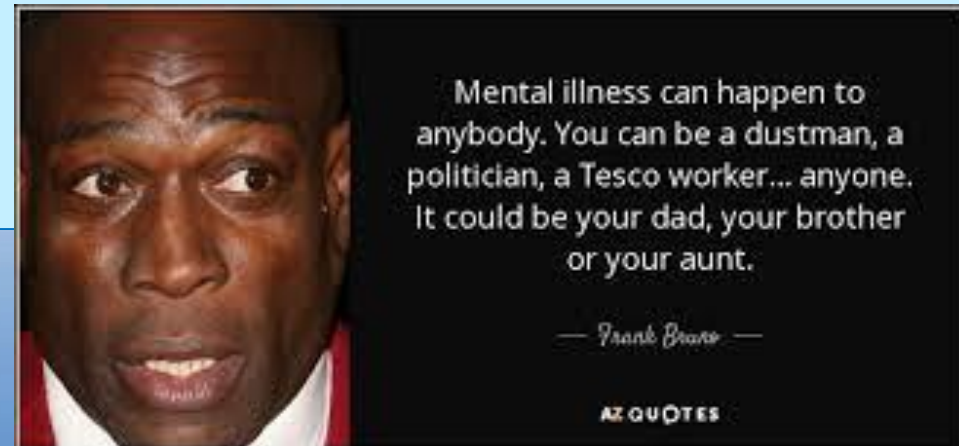
- According to Byrne (2000), the treatment of the mentally ill with disgrace and discredit remains a significant problem within society.
- Despite the increasing knowledge of the neurochemical correlates of mental illness, sufferers of a variety of mental illnesses are perceived as `weak`, `pathetic`, `sad` or `violent` and the subject of continued ridicule.
- Why? Where do these beliefs arise from?

THE DEVELOPMENT OF STIGMA

- Early research – Phelan et al. (1998)
- Explored the perceptions and reactions of the parents or spouse of 156 individuals with a MI diagnosis.
- Over half of the relatives concealed their illnesses and hospitalisations.
- Why? Think of the use of common language; does this influence peoples` perceptions?
- What do you think `Courtesy Stigma` (Goffman, 1963) relates to?
- What about the role of the media?
- And the diagnostic process?

THE INFLUENCE OF THE MEDIA:

- Recall 2003 and the portrayal of Frank Bruno by the Sun tabloid:
 - “Bonkers Bruno locked up” later changed to “Sad Bruno in mental home”
 - Content analysis of movies 1990-2010 (Owain, 2012) which contained at least one person with schizophrenia found that the majority were portrayed as violent, a third homicidal and one quarter as suicidal.
- The same today?



THE MEDICALISATION OF MENTAL ILLNESS:

- The Medical Model – why?

- Perceived as different from normal
- Labelling theory
- Medicalisation of everyday living
- Clinician – patient relationship



- E.g. Depression –

- Third most common reason for visiting the GP
- A tendency to over diagnose? (Singleton et al., 2001)
- Medicalisation of emotions? (Shaw & Woodward, 2004)
- Pharmaceutical industry? (Moynihan, 2006)

EMPIRICAL RESEARCH BASE



- Who stigmatises?
- A broad range of individuals stigmatise regardless of knowledge or experience (Wallace, 2010; Moses, 2010).
- Moses (2010) – measured stigma of adolescents from parents, peers and teachers:
 - 46% reported unwarranted assumptions, distrust, avoidance, pity and gossip by family members
 - 62% reported social rejection from peers
 - 35% reported fear, avoidance, dislike and underestimation of their ability from teachers
- Wallace (2010) – even in the medical profession ...why?

EMPIRICAL RESEARCH BASE

- In 1998, the UK College of Psychiatrists started a five year campaign `Changing minds: every family in the land`
- As part of this Crisp and colleagues (2000) surveyed 1727 adults` attitudes to depression, panic disorder, schizophrenia, dementia, eating disorders, alcohol and drug abuse.
- The focus was on attributions, perceptions of dangerousness, responsiveness to treatment and prospect for recovery.

CRISP ET AL., CONTINUED...

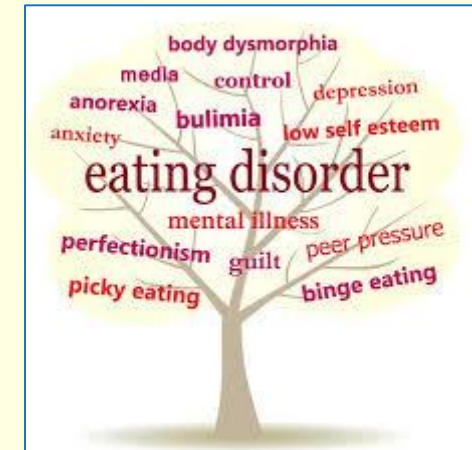
- Findings:
- The greatest stigma was expressed for Schizophrenia, alcohol and drug misuse, where:
 - 70% perceived sufferers as dangerous
 - 80% were perceived as unpredictable
 - The majority were perceived as being responsible for their behaviour
- For depression:
 - 62% were believed to be difficult to talk to
 - 19% of pp`s thought sufferers should pull themselves together
 - 23% believed that sufferers could not recover



CRISP ET AL., CONTINUED...

- For Eating Disorders:

- Overall slightly less stigma, but
- 33% of individuals thought that the sufferers were to blame
- 33% thought that sufferers should just pull themselves together
- 33% thought that sufferers were difficult to talk to
- Over two thirds of people trivialised the eating disorder



IMPLICATIONS OF CRISP

- 1. Knowledge –
 - Most individuals believed that sufferers could get better IF they were treated. Does this mean a lack of knowledge or not? What should campaigns therefore do?
- 2. Communication and empathy –
 - Sufferers perceived as difficult to talk to, feel very different to us and unpredictable. Does this lead to a cycle of avoidance? How do clinicians treat them?
- 3. Future directions –
 - What should campaigns aim to do? Challenge, promote and reduce...

MEASURING STIGMA

- Try it for yourselves...
- Attitudes to mental illness (Time to change, 2014).



[Time to change 2014](#)

STIGMA, ED'S AND DEPRESSION

- Stigma of Depression



- Stigmatised attitudes differ across mental health disorders (Ebner & Latner, 2013)
 - Five vignettes describing AN, BN, BED, MDD and obesity
 - 15 item stigma scale – low scores = high stigma
 - ANOVA, Pearsons and CFA

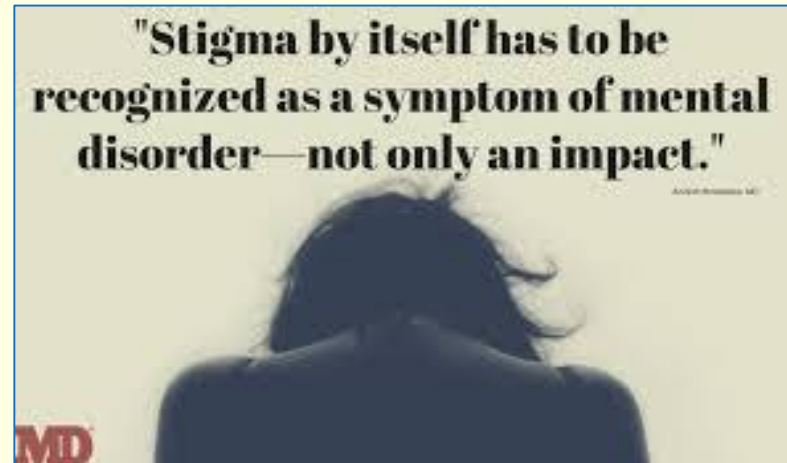
EXPERIENCES OF MENTAL HEALTH STIGMA

- Experiencing stigma
- Louise Byrne

**KEEP CALM
AND END
MENTAL HEALTH
STIGMA AND
DISCRIMINATION**

THE IMPACT OF STIGMA:

- Why does it matter?
 - To reduce prejudice and discrimination
 - To reduce social exclusion
 - To improve social support
 - To improve subjective QoL
 - To improve self esteem
 - To improve treatment outcomes
 - To reduce self stigma
 - To reduce social isolation
 - To reduce guilt, hopelessness and the self-fulfilling hypothesis



CAN/HOW CAN WE ELIMINATE STIGMA?

- More on this next week but...
 - A campaign must be multifaceted
 - Not just for the sharing of knowledge
 - To challenge stereotypes
 - To challenge the Media
 - To challenge the professionals
- Social Psychologists have input:
 - Brown (2010) mass participation and social contact, to facilitate positive integration, contact and disclosure.
 - E.g. Time to Change Roadshows.

