

ECMH6003: Mental Health Education



AIMS OF TODAY`S SESSION:

- **CONSIDERATION OF STEREOTYPING, STIGMA, PREJUDICE AND DISCRIMINATION**
- **EMPIRICAL RESEARCH BASE OF MENTAL HEALTH STIGMA IN GENERAL**
- **SPECIFIC FINDINGS FOR SCHIZOPHRENIA, DEPRESSION AND EATING DISORDERS**
 - **THE IMPACT OF STIGMA ON THE INDIVIDUAL**

Learning Outcomes



Critically analyse empirical evidence relating to the effectiveness of a range of educational initiatives in the field of mental health



Demonstrate a strong awareness of the role of service users and survivors in developing Mental Health services and educational initiatives



Design an appropriate intervention for tackling issues relating to education in mental health



Organise their knowledge and learning through the use of information resources and present their work at the appropriate level

Definitions from Social Psychology



STEREOTYPING:

Stereotyping is defined as an "oversimplified, usually pejorative, attitude people hold toward those outside one's own experience who are different. They are a result of incomplete or distorted information accepted as fact without question". A stereotype is simply a widely held belief that an individual is a member of a certain group based on characteristics. Due to the process of overgeneralization within social perception, stereotyping leads to a great deal of inaccuracy in social perception. Cognitive Schema...

Sex, race, age, sexual orientation, religion and physical ability are various categories which exist in stereotyping. The most prevalent and controversial forms are sex and race.

Definitions continued...



- **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. Sometimes referred to as **Public Stigma**
- 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).
- There is also **Experienced Stigma**.

Definitions continued...



- **Prejudice:**

- Prejudice is a baseless and usually negative **attitude** toward members of a group. Common features of prejudice include negative feelings, stereotyped beliefs, and a tendency to discriminate against members of the group. While specific definitions of prejudice given by Psychologists can differ, most agree that it involves prejudgments that are usually negative about members of a group.

- **Discrimination:**

- The treatment of a person or particular group of people differently, in a way that is worse than the way people are usually treated.

Food for thought...



Can we ever
hope to
eliminate
them?

Where do
stigmatised
attitudes
come from?



Why does
stigma
matter?

Who holds
these
attitudes?



Stigma of Mental Illness



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?

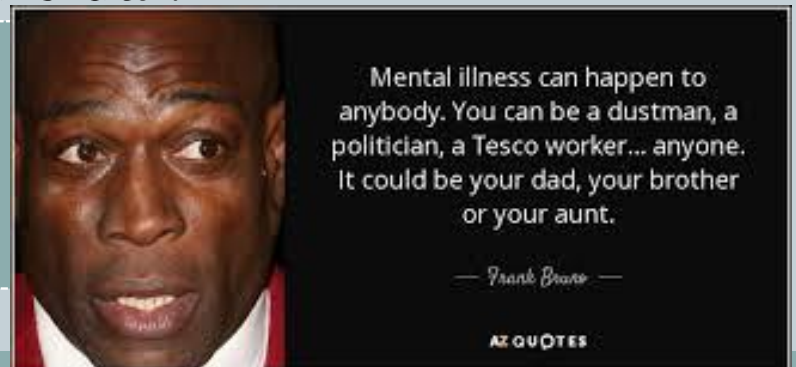
The influence of the Media:



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 MI:



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 (210) – 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 (Ebnetter & Latner, 2013)
 - Five vignettes describing AN, BN, BED, MDD and obesity
 - 15 item stigma scale – low scores = high stigma
 - ANOVA, Pearsons and CFA

Stigma and Eating Disorders



- Stigma and ED`s



- Findings:

- People with BED were believed to be more responsible for condition than those with AN or BN.
- Individuals with ED`s more to blame than those with MDD
- People with MDD more unpredictable and more unwell
- People with BED have a lack of self discipline

Stigma with Schizophrenia



- Schizophrenia Stigma



Stigma in Schizophrenia (Lv, Wolf & Wang, 2013)



- Experiencing stigma and self stigma in Chinese patients with schizophrenia:
- Measures:
 - Detailed demographics
 - Self stigma scale – 70% reported this
 - Experienced stigma scale – over 50% experienced this
 - Social support scale – low mean scores
 - Quality of life scale – low mean scores
 - Severity of psychotic symptoms scale – more negative symptoms
- Multiple Regression

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

The impact of Stigma:



Read the article by:

Burke, Zabel, Clark & Morrison
(2016) – Experiences of stigma in
psychosis: A qualitative analysis of
service users' perspectives



Answer the questions on the following slides:

The impact of Stigma:



1. What did Wood and colleagues (2015) suggest regarding the impact of stigma?

2. What do Brohan et al. (2010) identify as the three categories of stigma?

3. What is the SIMS and what does it measure?

4. Summarise the participant demographics in Wood et al.'s (2016) study.

5. Briefly summarise their methodology.

6. What primary themes did they suggest?

The impact of Stigma



7. Outline the main findings of the Wood et al. study.



8. What did Wood et al, offer as limitations to their study?



In summary:

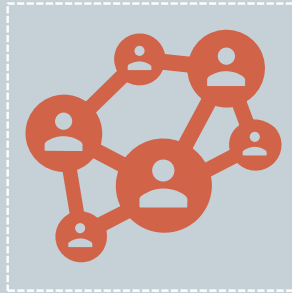


There are a wide array of negative outcomes that can occur as a result of stigma.



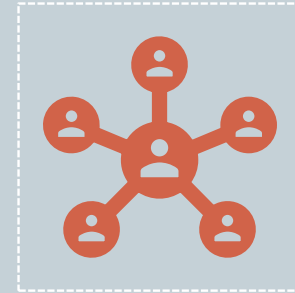
Stigma should be part of the assessment process and should inform interventions aimed at reducing both public and self-stigma mechanisms.

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.