

Stigma hurts:

How stigma of mental illness affects families and
what social workers can do

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Stigma

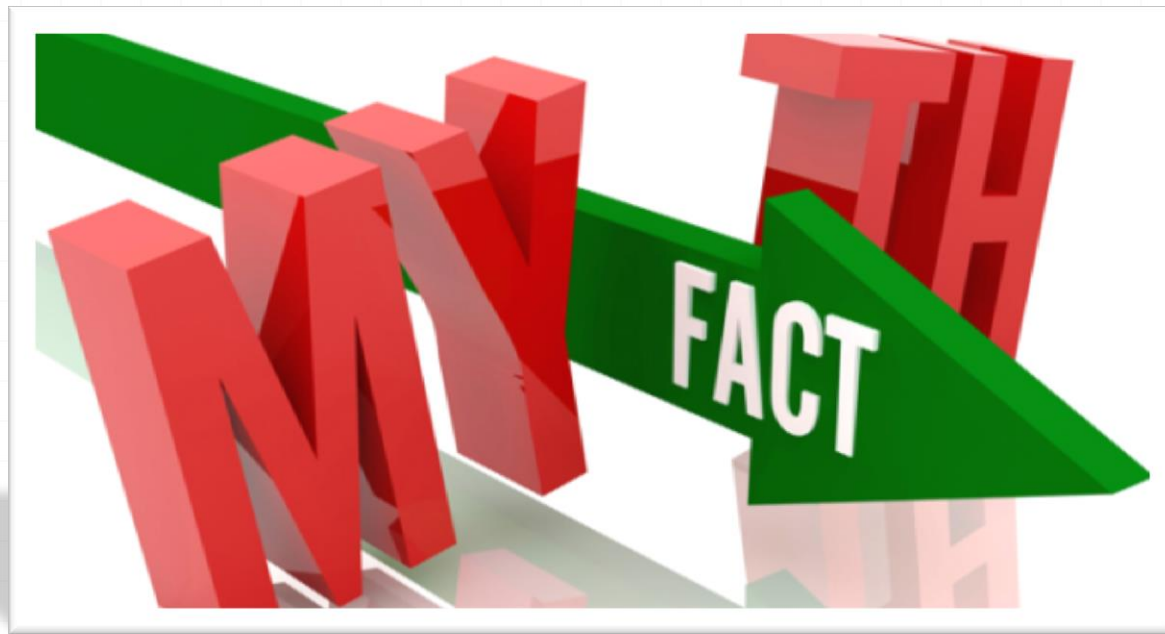
Overview

- Definition, types, & components of stigma
- Harmful effects of stigma of mental illness
- Theoretical frameworks
- Impact of stigma on care-seeking
- Role of culture
- Latest research on stigma
- Social workers' role

Have You Been Infected by Stigma about Mental Illness?



What are Some Common Misconceptions about People with Mental Illness?



How Do We Describe People with Illness?

Cancer



Mental Illness



*“If you got cancer, sympathy...
Any kind of physical illness, you get sympathy.
But, mental illness... you won’t get sympathy.”*

(67-yr-old White male with clinical depression;
Huggett et al., 2018, p. 386)

Attitudes Towards People with Mental Disorders

(Angermeyer & Dietrich, 2006)

- In need of help and dependent on others
- Feeling sorry for persons with mental illness
- Feelings of uneasiness, uncertainty, & fear
- Unpredictable
 - schizophrenia (54-85%)
 - alcoholism (71%)
- Violent & dangerous
 - Schizophrenia (18-71%)
 - Alcoholism (65-71%)
 - Depression (14-33%)
 - Anxiety (26%)

Stigmatizing Attitudes Towards People with Mental Illness

(Pescosolido et al., 2010)

- Unwilling to have people with a mental illness marry into family
 - Schizophrenia (69%)
 - Alcohol dependence (79%)
- Unwilling to work closely with people diagnosed with
 - Depression (47%)
 - Schizophrenia (62%)
 - Alcohol dependence (74%)
- Unwilling to socialize with people diagnosed with
 - Depression (30%)
 - Schizophrenia (52%)
 - Alcohol dependence (54%)

What is Stigma?



- Derived from a Greek word that means “mark” or “puncture”
- “a severe social disapproval due to believed or actual individual characteristics, beliefs, or behaviors that are against norms, be they economic, political, cultural, or social” (Lauber, 2008, p. 10)

How Stigma Operates

(Abdullah & Brown, 2011)

Cue

(Mark indicating that a person may have a mental illness)



Stigmatizing *Belief* (**Stereotype**)



Stigmatizing *Attitude* (**Prejudice**)



Stigmatizing *Behavior* (**Discrimination**)

What Do *YOU* Do to Reduce Stigma?



Why is Stigma a Problem?

- It causes feelings of guilt, shame, inferiority, and a wish for concealment.
- It affects all facets of a person's life (e.g., employment, housing, education, insurance, criminal justice system, child welfare systems, etc.) (Link & Stuart, 2017)
- Major barrier to accessing mental-health treatment (Clement et al., 2015)

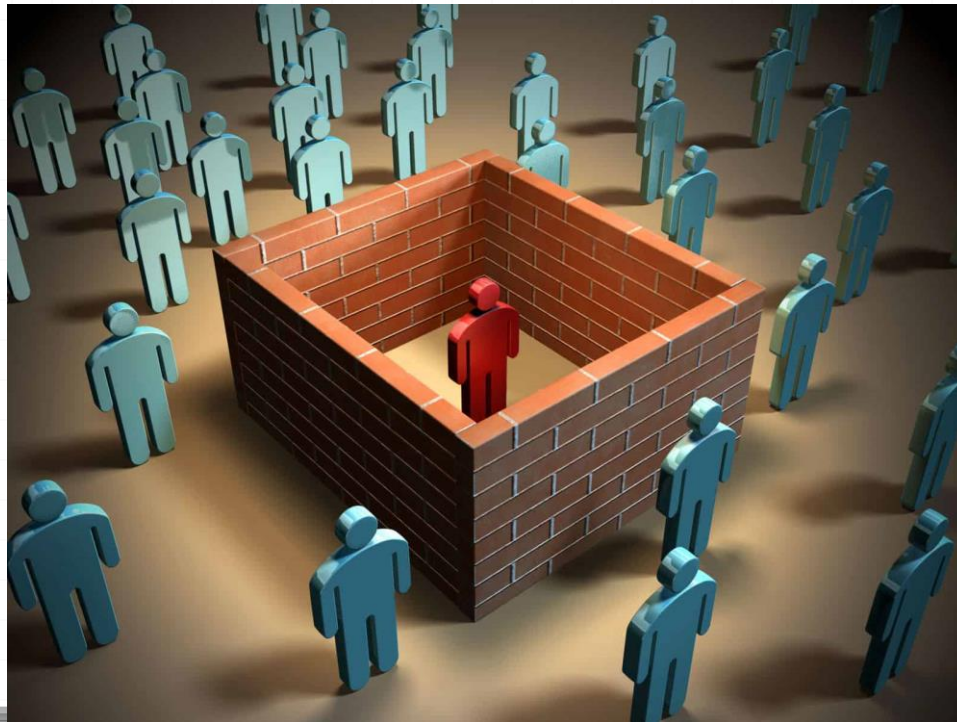
Treatment Gap

- More than 70% of individuals with mental illness do not receive mental health treatment (Henderson, Evans-Lacko, & Thornicroft, 2013).
- People with serious mental illness do not participate in treatment more often than those with minor disorders (Narrow et al., 2000)



Social Distancing

Oa phenomenon whereby people with mental issues are more isolated from others



Stigma Susceptibility

(Abdullah & Brown, 2011)

- Six dimensions that contribute to an individual's susceptibility to stigmatization
 - **Concealability**: *Is the condition easily detectable?*
 - **Course**: *Is the mental illness chronic?*
 - **Disruptiveness**: *Is the mental disorder perceived to be damaging to interpersonal interactions?*
 - **Peril**: *Is the condition perceived to be threatening?*
 - **Aesthetics**: *Is the mental illness visually disconcerting?*
 - **Origin**: *Is the mental illness genetic?*

Hierarchy of Stigma

(Huggett et al., 2018)

- Different levels of stigma attached to different diagnostic labels
- *“If you said that you had psychosis or schizophrenia, you might get more stigma than someone with depression.”*
(26-yr-old White female with schizophrenia)



Types of Stigma

(Sheehan, Nieweglowski, & Corrigan, 2017)

- Public stigma
- Self-stigma / Internalized stigma
- Courtesy / Associative / Family stigma
- Structural stigma



Public Stigma

(Corrigan & Watson, 2002)

<i>Stereotype</i>	Negative belief about a group (e.g., dangerousness, incompetence, character weakness)
<i>Prejudice</i>	Agreement with belief and/or negative emotional reaction (e.g., anger, fear)
<i>Discrimination</i>	Behavior response to prejudice (e.g., avoidance, withhold employment and housing opportunities, withhold help)

Consequences of Public Stigma

(Abdullah & Brown, 2011)

People with mental illness	Family members
Loss of employment & housing	Reduced social status in the community
Increased interactions with the criminal justice system	Blamed for causing children's illness
	Blamed for medical noncompliance

Self-Stigma / Internalized Stigma

(Corrigan & Watson, 2002)

<i>Stereotype</i>	Negative belief about the self (e.g., character weakness, incompetence)
<i>Prejudice</i>	Agreement with belief, negative emotional reaction (e.g., low self-esteem, low self-efficacy)
<i>Discrimination</i>	Behavior response to prejudice (e.g., fails to pursue work and housing opportunities)

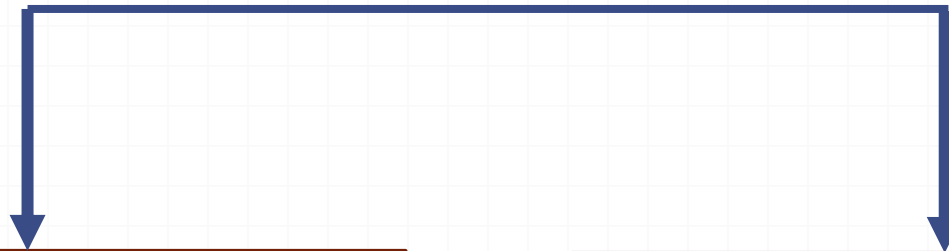
“Once you’ve got a label, that’s it. You are that label. You are the diagnosis. Especially if it’s a serious disorder.”
(41-yr-old White male with a mental disorder)

*“Can’t be normal as a mum...
because I’ve got this label, I can’t do normal things now.”*
(28-yr-old White female with depression, anxiety, & borderline
personality disorder)

(Huggett et al., 2018, p. 386)

Self-Stigma / Internalized Stigma

(Tucker et al., 2013)



Internalized Stigma of
Having a Mental
Illness

Internalized Stigma of
Seeking Treatment

Four Stages of Self-Stigma

(Corrigan, Druss, & Perlick, 2014)

Perceived stigma

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graph TD; A[Perceived stigma] --> B[Agreement with the stigma]; B --> C[Self-application]; C --> D["Why try" effect];
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Agreement with the stigma

Self-application

"Why try" effect

Consequences of Self-Stigma

- Decreased self-esteem, self-efficacy, & hope (Livingston & Boyd, 2010)
- Decreased empowerment, weakened social support, & decreased quality of life (Livingston & Boyd, 2010)
- Decreased treatment-seeking (Clement et al., 2015)
- Medication no-compliance (Hajda et al., 2015)
- Premature treatment discontinuation (Sirey et al., 2001)

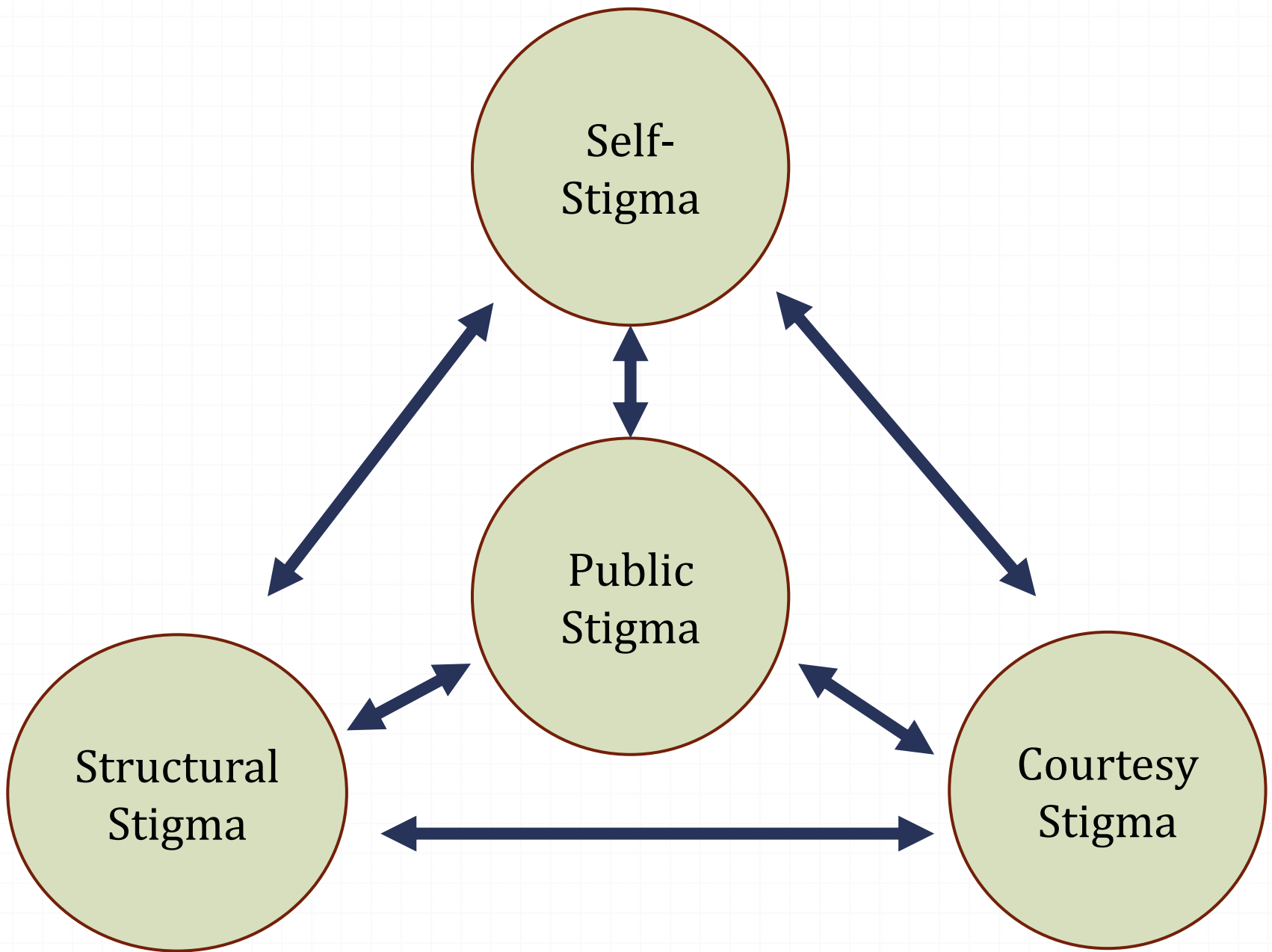
Structural / Institutional Stigma

- Public and private sector policies that restrict opportunities of the minority group (e.g., restricting parental rights due to past history of mental illness; Corrigan et al., 2005).
- Deep reductions proposed in the Trump administration's FY 2018 budget request:
 - \$5.8 billion cut to the National Institutes of Health vs. \$400 million cut to mental health and substance abuse programs

Courtesy / Associative / Family Stigma

(Goffman, 1963)

- “Families, friends, and others being objects of prejudice and discrimination due to their association with the person with mental illness”
- **Vicarious Stigma**: the sense of sadness and helplessness a family member feels when observing a relative being the object of prejudice or discrimination due to the mental illness



Theoretical Frameworks

- Labeling theory (Scheff, 1966)
- Psychiatric perspective (Gove, 1982)
- Social-cognitive approach (Corrigan, 2004)
- Social identity perspective (Tajfel, 1978)



Social-Cognitive Model of Stigma

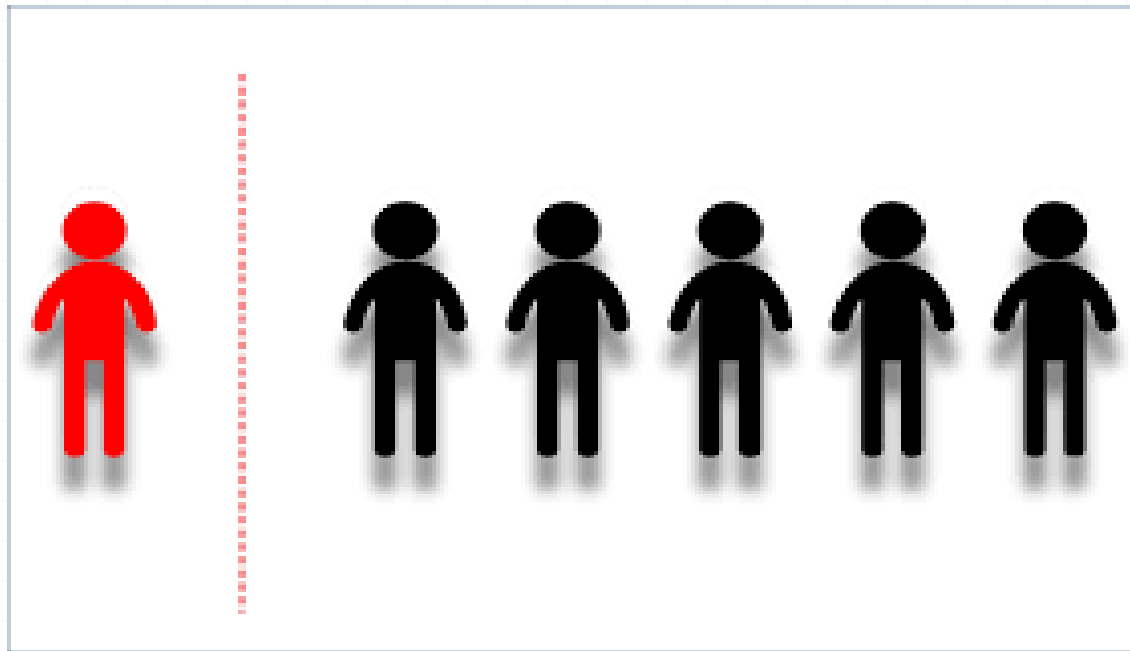
(Corrigan & Watson, 2002)

- **Stereotypes:** Collectively shared beliefs
- **Prejudice:** Negative emotional reactions
- **Discrimination:** Behavioral reactions
 - Individual
 - Structural

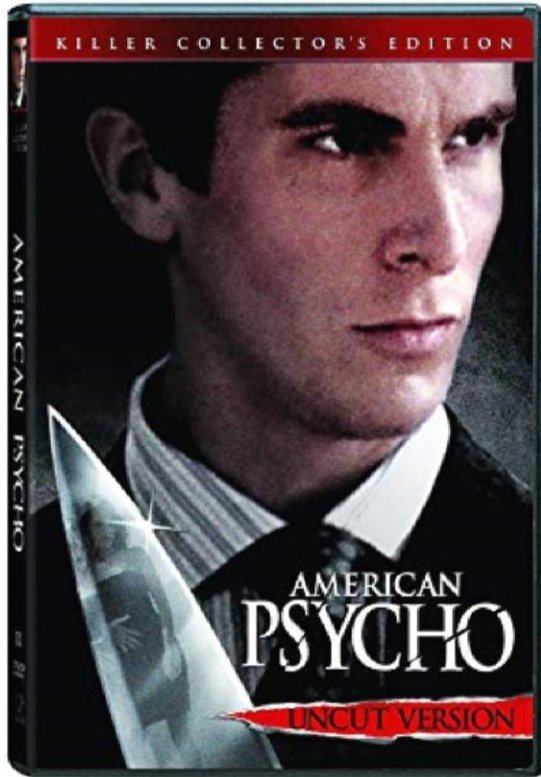
Social Identity Theory

(Tajfel & Turner, 1979)

- In-group vs. outgroup
- The differences separate “us” from “them.”



Stigma at the Box Office



Stigma in the Media

DAILY NEWS
NEW YORK'S ORIGINAL NEWSPAPER

TEXAS CAMPUS TRAGEDY KILLS 11
PAGE 4 & 7

GREAT NEW YORK EATS THAT FIT THE BILL
PAGE 16-18

★★★
FOR JAMES BOND'S 'WORLD'
PAGE 44

EXCLUSIVE INVESTIGATION

1,200
KILLED BY
MENTAL
PATIENTS

Shock 10-year toll exposes care crisis

10-YEAR TOLL
MORE than 1,200 people have been killed by patients with mental illness in the last decade. It has averaged 11 deaths after a millisecond was looked up for the state. The death toll is 10 times that of the 100,000 people who die from heart disease each year.
Full Story on Page 4 and 7

Photo Courtesy

NEW! SPECIAL EDITORIAL
SEE PAGES 2 & 3

Stigma in the Media



Professionals' Stigmatizing Attitudes

- Underestimating the capacities and skills of people with mental illness
- Lack of interest in the person's background and needs
- Exclusion of relatives from treatment planning
- Pessimistic views of the person's chances of recovery

The **time to change** Campaign

let's end mental health discrimination
(Henderson, Evans-Lacko, & Thornicroft, 2013)

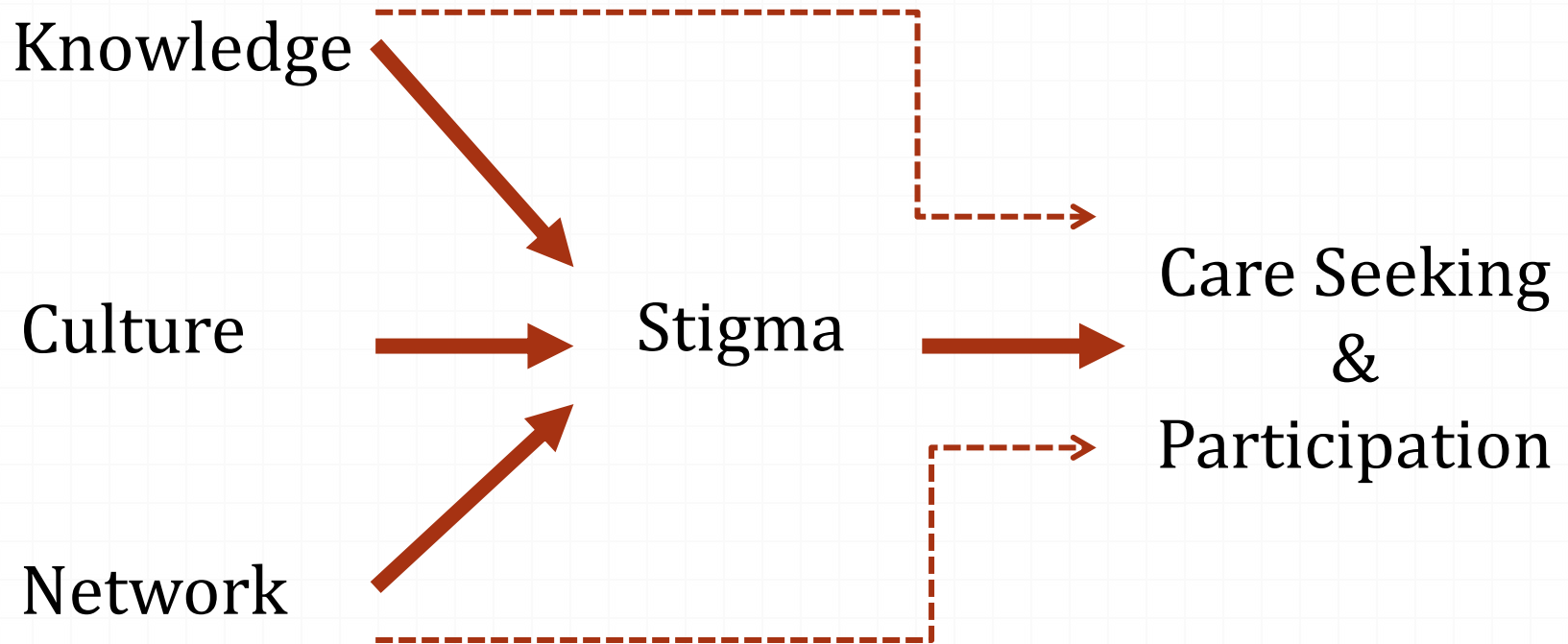
- After the campaign began in 2009, the overall discrimination level fell.
 - Reduced discrimination from friends, family, dates, neighbors, employers, & education professionals
- No reduction in reports of discrimination from mental or physical health professionals

How Stigma Affects Mental Health Care-Seeking

- **Treatment stigma** (Vogel et al., 2007; “*What would others think of me if I were to seek help?*”)
- The *more* anticipated stigma from friends and family for having a mental illness and the *more* clients internalized stigma, the *less* likely they were to seek mental health treatment (Clement et al., 2015; Fox, Smith, & Vogt, 2018).
- Perceived stigma may affect help-seeking more in rural than urban residing adults (Gulliver, Griffiths, & Christensen, 2010).

Impact of Knowledge on Stigma & Care Seeking

(Corrigan, Druss, & Perlick, 2014, p. 44)



What Social Workers Can Do

FIGHT MENTAL HEALTH
STIGMA

Destigmatizing the Language

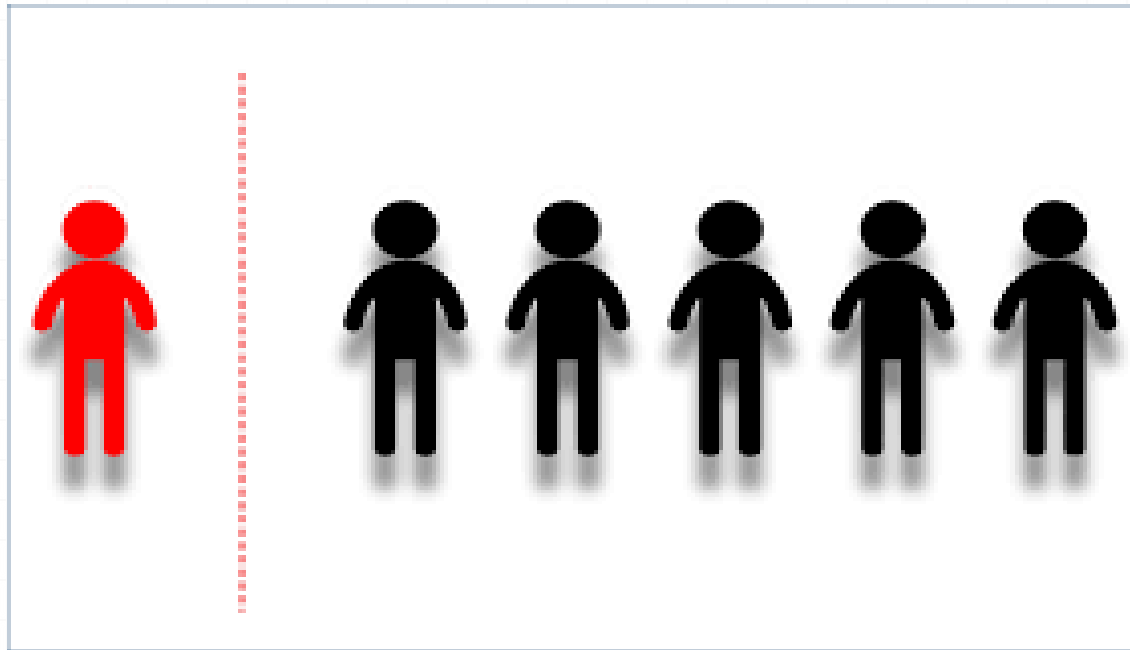
- Avoid labeling.
- Diagnosis does not define the person.



Social Identity Theory

(Tajfel & Turner, 1979)

- In-group vs. outgroup
- The differences separate “us” from “them.”



Use “Person First” Language!

- A person is more than the diagnosis.
- “John has schizophrenia.” (o)
- “John is schizophrenic.” (x)



Normalizing

O Aim: to reduce the shame, anxiety, & self-stigma associated with mental illness



Empowerment

(Rusch, Angermeyer, & Corrigan, 2005)

○ Enhance personal empowerment to reduce self-stigma.

Self-Stigma

Empowerment

Low self-esteem
& self-efficacy

High self-esteem
Righteous anger

Strategies to Reduce Stigma

(Corbiere, Samson, Villotti, & Pelletier, 2012)

0 Education

0 Contact

0 Protestation

0 Person-centered

0 Working on recovery & social inclusion

0 Reflective consciousness

Education

- Aim: To diminish stigma by replacing myths and negative stereotypes with facts (Rusch & Xu, 2017)
- Mental Health First Aid (Jorm et al., 2010): Improves mental health literacy
- Family education (SAMHSA, 2009)
 - Empathic engagement, fact sharing, support, clinical resources, social network improvement, problem-solving & communication skills
 - Journey of Hope
 - The National Alliance of Mental Illness's Family-to-Family

Workplace Anti-Stigma Interventions

(Hanisch et al., 2016)

- Effective in changing employees' knowledge, attitudes, and behavior towards people with mental illness
- Mandatory anti-stigma programs in an organizational setting
- Intensive interventions in terms of length and information

Contact

- Strategic interactions between people with mental illness and the public
- Face-to-face, TV, Facebook, YouTube
- Include summaries of the illness & replies representing recovery, statements of impact of stigma, & calls to action
- Compared to education, contact shows significantly better effects on attitudes toward people with mental illness (Corrigan, Morris, Michaels, Rafacz, & Rusch, 2012)

Differences in Target Groups

(Thornicroft et al., 2016)

- For adults, social contact was the most effective intervention.
- For college students, mental health education was the most effective approach.
- For health care professionals, both mental health education and contact were effective. Both live contact and filmed versions were effective.

Approaches to Decrease Self-Stigma & Promote Personal Empowerment

(Huggett et al., 2018)

- Psychoeducation
- Disclosure
- Peer Support



Psychoeducation

(Mittal et al., 2012)

- Goal: to correct negative, distorted views about mental illness
- Informs about mental illness (e.g., etiology, prognosis, available treatments, how self-stigma develops and affects individuals with mental illness).
- Examples of persons with severe mental illness who have successful careers and lead a happy life
- Acceptance & Commitment Therapy (ACT)
- Group identification

Mental Health Disclosure Workshop

(Corrigan et al., 2015)

- “Coming Out Proud”
- Three-session program led by people with mental illness
- Participants learn adaptive aspects of disclosure.
- Reduced the impact of internalized stigma

Peer Support

- Recovery model (NICE, 2015)
- designed to enhance the sense of empowerment & self-determination
- Protective factor against public stigma & help reduce self-stigma (Whitley & Campbell, 2014)



Neurobiological Understanding Does *Not* Work

- Holding a neurobiological conception of mental illness was unrelated to stigma or tended to increase the odds of a stigmatizing reaction (Pescosolido et al., 2010).
- No changes or an increase in public stigma of mental illness
- Increased public desire for social distance (Angermeyer et al., 2011)
- Reduced empathy (Lebowitz & Ahn, 2015)
- Perpetuated stigmatizing views among health care professionals (Shulze, 2007)

Self-Stigma Reduction Programs

(Rusch & Xu, 2017)

Example	Core Strategies
Narrative Enhancement & Cognitive Therapy (NECT)	Psychoeducation, cognitive restructuring, narrative enhancement
Cognitive Behavioral Therapy (CBT)	Psychoeducation, normalization, cognitive restructuring, coping skills training
Acceptance and Commitment Therapy (ACT)	Self-acceptance, mindfulness, value-directed behavioral intervention

Self-Stigma Reduction Programs

(Rusch & Xu, 2017)

Example	Core Strategies
Ending Self-Stigma (ESS)	Psychoeducation, cognitive restructuring, empowerment
Self-Stigma Reduction Program	Psychoeducation, motivational interviewing, cognitive restructuring, social skills training
Consumer-Operated Service Programs (COSPs)	Peer support, empowerment

What Social Workers Can Do

(Phillips, Pearson, Li, Xu, & Yang, 2002)

- Discuss the problem of stigma with clients and families.
- Assess the way in which stigma is affecting self-esteem and quality of life.
- Encourage clients to externalize stigma as society's ignorance rather than internalizing it.
- Encourage clients and families to join with others in similar situations.

Cognitive Restructuring

- Self-stigma seen as a dysfunctional belief or self-concept
- Help counter self-stigmatizing beliefs
- Clients learn to address their self-defeating thought with contradictory evidence.
- Cognitive therapy reduces negative appraisals of psychotic experiences and showed significant reduction in internalized stigma (Morrison et al., 2013).

Mindfulness

(Hayes et al. 2004)

○ Encourage clients to non-judgmentally notice self-stigmatizing evaluations and related emotions as passing events of their minds.

(“This is just one of my passing thoughts.”)

○ Allow them to step back from their thoughts rather than to view them as necessarily accurate reflections of reality, reducing the risk of self-stigma.

Anti-Stigma Interventions

(Fox, Smith, & Vogt, 2018)

○ Assess the level of symptom severity.

(a) For those with low to moderate depressive symptoms

○ Focus on internalized stigma of seeking treatment

(b) For those with high depressive symptoms

○ Focus on reducing anticipated stigma

Culturally-Appropriate Anti-Stigma Interventions



Stigma in Different Cultures

(Abdullah & Brown, 2011)

- Ethnic minorities express more stigmatizing attitudes. Compared to Whites;
 - Asians and Hispanics perceive individuals with mental illness more dangerous.
 - AAs are more likely to reject the idea that mental illnesses are caused by genetics.
 - AAs have more negative attitudes towards professional mental health treatment.
 - For AA, more contact was associated with more dangerous perceptions.

Stigma Among African Americans

(Abdullah & Brown, 2011, 2019)

- Negative attitudes toward mental health services are due to fear of stigma and racism.
- AA cultural values (communalism, kinship, & group identity) may lead to social distance to protect the integrity of their kin.
- If seen as a curse or punishment from God, there may be more stigmatization.
- Schizophrenia and alcohol use disorder were most stigmatized, which resulted in desire for social distance.

Stigma Among Asians & Pacific Islanders

(Abdullah & Brown, 2011; Subica et al., 2019)

- Attributed to a person's weak/bad character or way they were raised
 - Major depression (73%)
 - Schizophrenia (86%)
- Schizophrenia would improve on its own (34%).
- Believe that mental illness is a result of having evil spirits or punishment for not respecting ancestors
- Having a mental illness is a reflection on the person's family and can bring the family shame.

Targeting Asians & Pacific Islanders

(Abdullah & Brown, 2011; Subica et al., 2019)

- Reduce blame by presenting mental illness as a function of natural, spiritual, or life events occurring outside an individual's scope of personal responsibility
- Lived experience of depression and/or alcohol use to create greater understanding of and openness to interacting with persons with mental illness
- Contact interventions exposing the community to personal stories and testimonials

Conclusion

- The fight against stigma is a complex endeavor with multifaceted implications.
- It must be examined from multiple perspectives (e.g., clients, their families, and healthcare professionals).



**Thank
You!!!**