

Mitigating Stigma in Severe Mental Illness

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"Stigma"

- "Stigma", directly translated, refers to a visible mark usually made by a pointed instrument. The current usage of "stigma" is derived from the mark tattooed or branded into the skin of slaves or prisoners, denoting their undesirable status
- Stigma is an attribute that is deeply discrediting—one that taints
 the bearers and reduces their social value
- Stigmatizing attitudes to mental disorders are responsible for substantial distress, a reluctance to seek appropriate help, and reduced employment, social, and accommodation opportunities among people with a mental illness

The Mark – *Assigned Stigma*

- The word "stigma" refers to a mark that denotes undesirable status
- The mark must be visible/recognizable to others for stigmatization to occur
- Some among the public who recognize the mark will be directly unpleasant
- As a group, the public, may institutionalize barriers to those who are recognized as having the mark
- Those who are directly unpleasant or who institutionalize barriers do so from a position of power

The Mark – Internalized Stigma vs Stigma Resistance

- Individuals with the mark may accept the assignment of undesirable status
- This internalized stigma is associated with shame, depression, reduced self-esteem, and reduced "trying"
- Individuals with the mark may resist the assignment of undesirable status
- This stigma resistance is associated with self-determination, high self-esteem, and continued "trying"

The Mark – *Affiliate Stigma*

 Stigma may be assigned to family members/important others associated with individuals with the mark

Stigma may be assigned to those who provide care to individuals with the mark

Prejudice

- A preconceived opinion that is not based on reason or actual experience (Google Dictionary)
- An unfavorable opinion or feeling formed beforehand or without knowledge, thought, or reason; any preconceived opinion or feeling, either favorable or unfavorable; unreasonable feelings, opinions, or attitudes especially of a hostile nature, regarding an ethnic, racial, social, or religious group (Dictionary.com)

Discrimination

- The unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, or sex (Google Dictionary)
- Treatment or consideration of, or making a distinction in favor of or against, a person or thing based on the group, class, or category to which that person or thing belongs, rather than on individual merit (Dictionary.com)

Severe Mental Illness Stereotypes

- The most prominent stereotypes surrounding the mentally ill presume dangerousness, unpredictability, and unreliability
- Patients with schizophrenia are most affected by such views
- Stereotypes are not necessarily wrong or negative, as they can help us make quick judgments about persons who share specific characteristics
- To make a fair and rational judgment about individuals, however, would require more information than simply calling up stereotypes
- In the case of the mentally ill, we can only determine whether a
 person is indeed dangerous, unpredictable, or unreliable if we
 make an effort to know him or her better

Risk Markers – Expanding Opportunities for Stigma

- Recent studies have identified genomic and non-genomic PRBs (eg, genomic variants, blood analytes, gray matter volume). PRBs may soon become a powerful tool for improving psychiatric care and prevention
- Mental health stigma and discrimination are already widespread, and data caution that biological explanations of psychiatric disorders can exacerbate these stigmatizing attitudes, increasing the desire for social distance and heightening the perceived dangerousness of the patient
- Unbridled by nonexistent or limited PRB anti-discrimination protections, the threat of PRB-based stigma and discrimination may lead many to forego PRB testing, even if shown to have clinical utility. To maximize the clinical and social benefits of PRB-based technologies, educational campaigns should address mental health and PRB stigma, and lawmakers should carefully consider expanding legislation that prohibits PRB-based discrimination

Young People with Epilepsy in Tanzania

- Followed up 84 YPWE and 79 age-, sex-, and village-matched controls recruited into a case-control study of childhood epilepsy in rural northern Tanzania
- Fewer YPWE than controls were in an intimate relationship (42.3% vs 76.9%) or in education or paid employment (33.3% vs 91.1%) and they reported elevated perceived stigma scores (27.4% vs 3.8%)
- Among YPWE, a positive education or employment outcome was predicted by a lower seizure frequency (AOR 3.79) and a higher BI score (AOR 12.12); a positive relationship outcome was predicted by a higher BI score (AOR 45.86) and being male (AOR 8.55)
- YPWE were more likely to experience adverse employment, educational, and relationship outcomes in the transition to adult life than controls, with the greatest disadvantage experienced by females, those with greater functional disability, and those with poorer seizure control

Internalized Stigma

Alienation
Discrimination Experience
Stereotype Endorsement
Social Withdrawal

Internalized Stigma of Mental Illness Inventory (ISMI) Alienation

- 1. I feel out of place in the world because I have a mental illness
- 5. I am embarrassed or ashamed that I have a mental illness
- 8. I feel inferior to others who don't have a mental illness
- 16. I am disappointed in myself for having a mental illness
- 17. Having a mental illness has spoiled my life
- 21. People without mental illness could not possibly understand me

Internalized Stigma of Mental Illness Inventory (ISMI) **Discrimination Experience**

- 3. People discriminate against me because I have a mental illness
- 15. People often patronize me, or treat me like a child, just because I have a mental illness
- 22. People ignore me or take me less seriously just because I have a mental illness
- 25. Nobody would be interested in getting close to me because I have a mental illness
- 28. Others think that I can't achieve much in life because I have a mental illness

Internalized Stigma of Mental Illness Inventory (ISMI) Stereotype Endorsement

- 2. Mentally ill people tend to be violent
- 6. Mentally ill people shouldn't get married
- 10. People with mental illness cannot live a good, rewarding life
- 18. People can tell that I have a mental illness by the way I look
- 19. Because I have a mental illness, I need others to make most decisions for me
- 23. I can't contribute anything to society because I have a mental illness
- 29. Stereotypes about the mentally ill apply to me

Internalized Stigma of Mental Illness Inventory (ISMI) Social Withdrawal

- 4. I avoid getting close to people who don't have a mental illness to avoid rejection
- 9. I don't socialize as much as I used to because my mental illness might make me look or behave "weird"
- 11. I don't talk about myself much because I don't want to burden others with my mental illness
- 12. Negative stereotypes about mental illness keep me isolated from the "normal" world
- 13. Being around people who don't have a mental illness makes me feel out of place or inadequate
- 20. I stay away from social situations in order to protect my family or friends from embarrassment

Internalized Stigma – Prevalence

- A systematic electronic PubMed, Medline, and Web of Science database search was conducted regarding the prevalence, correlates, and effects of personal stigma (ie, perceived and experienced stigmatization and selfstigma) in patients with schizophrenia spectrum disorders
- On average, 65% of patients perceived stigma
- 56% actually experienced stigma
- 49% reported alienation (shame) as the most common aspect of self-stigma
- While socio-demographic variables were only marginally associated with stigma, psychosocial variables, especially lower quality of life, showed overall significant correlations, and illness-related factors showed heterogeneous associations, except for social anxiety that was unequivocally associated with personal stigma

Internalized Stigma – Suicide

- A sample of 71 outpatients with a diagnosis of schizophrenia who attended Psychosocial Rehabilitation Centers were evaluated. The study assessed the prevalence of internalized stigma and its possible association with sociodemographic, clinical, psychological, and psychopathological variables, as well as suicidal behavior and suicidal ideation
- 21% of the patients had internalized stigma
- Internalized stigma was associated with higher prevalence of suicidal ideation during the last year, higher number of suicide attempts, higher current suicidal risk, worse self-compassion, higher self-esteem, higher scores on depression, higher prevalence of depression, and higher hopelessness
- After multivariate analysis, hopelessness and the existence of depression were independently associated with internalized stigma, although depression showed trend towards significance

Internalized Stigma – Medication Nonadherence and Lack of Family Support

- To assess the magnitude, domains, and covariates of internalized stigma among patients with mental illness in southern Ethiopia
- The study was carried out by using a cross-sectional study design. A total of 317 patients with mental illness were involved. Internalized stigma was measured using the ISMI
- The prevalence of internalized stigma was 32.1% among people living with mental illness
- Being female, medication nonadherence, and lack of family support were factors independently associated with internalized stigma

Internalized Stigma – More Severe Psychopathology

- 100 individuals, most of whom were African American and had a diagnosis of SMI, were receiving mental health services from 1 of 3 community outpatient mental health programs or 1 Veterans Affairs medical center
- 35% of participants reported moderate to severe levels of internalized stigma, which was not significantly associated with any demographic variable or diagnosis
- Greater internalized stigma was associated with lower levels of self-esteem, self-efficacy, and recovery orientation, as well as with more severe psychiatric symptoms

Internalized Stigma – Self-Directedness

METHODS

 120 outpatients with diagnosis of schizophrenia, established with Mini International Neuropsychiatric Interview were consecutively included in the study. Self-stigma was assessed with the ISMI, personality dimensions with Temperament and Character Inventory, and psychopathology with Positive and Negative Symptom Scale

RESULTS

 Regression analyses controlling for psychopathology, age, length of illness, and number of hospitalizations revealed that higher level of harm avoidance and low self-directedness predicted internalized stigma

Self-Directedness

- Self-directedness is a personality trait of self-determination, that is, the
 ability to regulate and adapt behavior to the demands of a situation in
 order to achieve personally chosen goals and values
- Cloninger has described it as "willpower", defined as "a metaphorical abstract concept to describe the extent to which a person identifies the imaginal self as an integrated, purposeful whole individual, rather than a disorganized set of reactive impulses."
- Cloninger's research has found that low self-directedness is a major common feature of personality disorders generally
- Low self-directedness is associated with external locus of control, whereas high self-directedness is associated with internal locus of control
- Self-directedness has a strong inverse association with neuroticism and a strong positive association with conscientiousness

Summary: Internalized Stigma

- 40% to 50% of patients with SMI report internalized stigma; this is a common, but not ubiquitous phenomenon
- More severe overall psychopathology is often associated with internalized stigma
- Lower self-esteem and higher depression (the components of "morale") are consistently associated with internalized stigma
- Alienation is often the highest subscale contributing to ISMI scores, potentially leading to isolation and loneliness, and the experience of "social anxiety"
- Self-directedness/conscientiousness may protect from internalized stigma
- Better cognitive function may protect from internalized stigma

Stigma Resistance

Rejects prejudice and derogatory self-assessment

Friends, family, treatment

Stigma Resistance

- Stigma resistance is the degree to which a patient rejects derogatory self-assessments
- It is associated with higher self-esteem and reported empowerment, higher levels of hope and quality of life, and less depression

Internalized Stigma of Mental Illness Inventory (ISMI) Stigma Resistance

- 7. People with mental illness make important contributions to society
- 14. I feel comfortable being seen in public with an obviously mentally ill person
- 24. Living with mental illness has made me a tough survivor
- 26. In general, I am able to live my life the way I want to
- 27. I can have a good, fulfilling life, despite my mental illness

Stigma Resistance in Patients with Schizophrenia

- 157 participants completed the ISMI, including its subscale on stigma resistance. Measures of perceived devaluation and discrimination, depression, self-esteem, empowerment, quality of life, and demographic and clinical variables were obtained
- Two-thirds of all patients showed high stigma resistance
- Stigma resistance correlated positively with self-esteem, empowerment, and quality of life and negatively with stigma measures and depression
- A social network with a sufficient number of friends, being single or married, in contrast to being separated, as well as receiving outpatient treatment, was associated with higher stigma resistance

Social Inclusion/Isolation

Family and Friends

Community

Internet

Social Inclusion and Work

- This study explored the level of social inclusion among people with psychotic-related conditions using a standardized interview
- The Social Inclusion Interview Schedule
- Data from 71 participants were available, 38 in one cohort and 33 in the other
- Participants' mean age was 40
- The majority lived in the community and were satisfied with their living arrangements
- In each cohort, the same 2 areas of community integration emerged as problematic—having something productive to do and being close to someone in the community

Understanding the Social Costs of Psychosis: The Experience of Adults Affected by Psychosis

- The second Australian national survey of psychosis was conducted across 7
 Australian sites. Semi-structured interviews with adults living with psychosis
 assessed mental health status, social and role functioning, life satisfaction,
 and future goals. The cohort comprised 1825 adults with a psychotic illness
- Most adults indicated experiencing loneliness (80.1%) and a need for more friends (48.1%). Men were more likely to have never had a long-term relationship (59.4% M, 33.2% F)
- Even though women were more likely to experience anxiety in social situations $[(\chi(2)(1) = 8.95, P < .01)]$, they were more likely to have attended a social activity in the past year $[\chi(2)(2) = 11.84, P < .01]$
- Just over half of the survey participants (56.7%) reported having daily or nearly daily contact with family members
- In the past year, 69% had not attended any social activity and 43% described stigma as a barrier

Understanding the Social Costs of Psychosis: The Experience of Adults Affected by Psychosis (cont'd)

- Although 63.2% showed significant impairment in social functioning, only 29.5% had received help for this in the last year
- Social isolation and loneliness were rated as major challenges by 37.2% of the cohort
- Alongside education and employment, social functioning and participation must be addressed to improve social inclusion for people with psychosis
- Programs targeting social opportunities (befriending, peer support), social anxiety, and social functioning for all stages of psychosis are warranted

Internalized Stigma – Loneliness

- Using data on 150 people with SMI, the study used logistic regression to predict (1) loneliness from sociodemographic and clinical characteristics, and (2) psychiatric hospitalization from presence of loneliness. The study also examined mediating effects
- Study participants who were most willing to ask for help were 70% less likely (OR, 0.30; Cl, 0.09–0.99; *P*<.05) to be lonely than those who were least willing, and participants with high levels of internalized stigma were 9.25 × as likely (Cl, 9.25; OR, 2.29–37.32; *P*<.01) as other participants to be lonely
- Participants who were most lonely were 2.69 × (CI, 1.03–7.04, P<.05) as likely to be placed in psychiatric hospitals as those who were less lonely
- Loneliness mediates the association between internalized stigma and psychiatric hospitalization (OR, 1.30; CI, 1.04–1.73)

"Mattering" to Others

- Adults living with SMIs, such as schizophrenia, face numerous social challenges that may leave them feeling isolated, stigmatized, and that they do not matter to others, thus thwarting the potential for recovery
- Clubhouse members (N=119) completed 1-hour, in-depth personal interviews assessing perceived social support, experiences of mental health recovery, and stigma associated with living with a mental health condition as well as a sense of mattering to others
- Mediation analyses revealed the significant effects of mattering to others
 as explaining the relationship between social support and recovery as
 well as the relationship between social support and internalized stigma
- Mattering to others among consumers of social and health care interventions can serve to engage individuals who may withdraw from supports or internalize negative self-stereotypes based on internalized stigma

Identification with Social Groups and Internalized Stigma

- To examine how social group membership might influence the stigma surrounding mental ill-health
- Participants from 2 urban centers in Ireland (N=626) completed a survey measuring stigma of mental health, perceived social support as well as identification with 2 different social groups (community and religion)
- Mediation analysis showed that subjective identification with religious and community groups led to greater perceived social support and consequently lower perceived stigma of mental ill-health
- Furthermore, findings indicated that high identification with > 1 social group can lead to enhanced social resources, and that identification with a religious group was associated with greater community identification

The Future of Mental Health Care: Peer-to-Peer Support and Social Media

- People with SMI report benefits from interacting with peers online from greater social connectedness, feelings of group belonging, and by sharing personal stories and strategies for coping with day-to-day challenges of living with a mental illness
- Within online communities, individuals with SMI could challenge stigma through personal empowerment and providing hope
- By learning from peers online, these individuals may gain insight about important health care decisions, which could promote mental health care seeking behaviors

Employment

Discrimination

Disclosure

For some, not all

Stigma and Work

- The sample included 197 patients: 99 patients (G1) with psychosis and 98 (G2) with anxious and affective disorders
- The level of self-stigmatization (total score of SSMIS-SF) in patients in G1 (psychosis) increased with the length of illness r(99)=.253; P=.011
- Employment status seems to correlate with the level of selfstigmatization (F(3, 184) = 5.27; P=.002). Patients unemployed and on disability pension had higher levels of self-stigmatization than patients working full-time
- Patients who took medication regularly (full medical adherence) had lower scores of SSMIS-SF total scores in comparison with patients with lower adherence (t(195) = 3.476; *P*=.001; Cohen's *d*=.25)

Mental Illness Discrimination in the Labor Market

- Mental illness labels are accompanied by devaluation and discrimination
- This study extends research on reactions to mental illness by utilizing a field experiment (N=635) to test effects of mental illness labels on labor market discrimination. This study involved sending fictitious applications to job listings, some applications indicating a history of mental illness and some indicating a history of physical injury
- In line with research indicating that mental illness leads to stigma, we predicted fewer callbacks to candidates with mental illness. We also predicted relatively fewer callbacks for applicants with mental illness when the jobs involved a greater likelihood for interpersonal contact with the employer
- Results showed significant discrimination against applicants with mental illness, but did not indicate an effect of potential proximity to the employer

Work and Disclosure

- Fear of stigma may lead employees to choose not to disclose a mental disorder in the workplace, thereby limiting help-seeking through workplace accommodation
- In-depth interviews were conducted with 13 employees of a post-secondary educational institution in Canada
- Findings indicated that employees begin from a default position of nondisclosure that is attributable to fear of being stigmatized in the workplace as a result of the mental disorder
- In order to move from the default position, employees need a reason to disclose. The decision-making process itself is a risk-benefit analysis, during which employees weigh risks and benefits within the existing context as they assess it

Disclosure and Employment

- Clinical and job search variables as well as attitudes toward disclosing a mental health issue to an employer were assessed among 301 unemployed individuals with mental health problems
- Predictors of reemployment at 6-month follow-up were assessed using multiple regression, adjusted for sociodemographic variables, unemployment length, and depressive symptoms
- Greater reluctance to disclose mental health problems at baseline predicted reemployment after 6 months
- Reemployment was also associated with male sex, better education, lower disability levels, and more job offers at baseline
- A cautious approach toward disclosing a mental health problem may facilitate short-term reemployment. It is unclear whether this is a successful long-term strategy in employment settings

Stigma and Work

- Self-stigma and the cognitive appraisal of mental illness stigma as a stressor were measured at baseline among supported employment participants (N=116). These variables and work-related discrimination in the past year were assessed 1 year later (N=96).
- Compared with participants who did not find employment (N=30), those who worked without experiencing discrimination (N=25) had lower levels of self-stigma and stigma stress at 1 year. Among those who worked and reported work-related discrimination (N=38), these measures did not decrease significantly
- Experiencing discrimination at work may determine whether employment has positive effects in terms of self-stigma and stigma stress among individuals with mental illness

Perceived and Measured Stigma among Workers with SMI

- This research analyzed the extent to which self-reports of job-related discrimination by persons with SMI are associated with econometric measures of discrimination
- Data were from the 1994–1995 National Health Interview Survey-Disability Supplement. Data for workers with mood, psychotic, or anxiety disorders (N=1139) were compared with data for those without such disorders (N=66,341). The main outcome measures were self-reports of wages and stigmatizing experiences in the workplace
- After the analyses controlled for functional limitations and job characteristics, no significant difference in mean wages was found between workers with SMI who did not report experiencing stigma and those with no mental illness. In contrast, for all types of mental disorders examined, mean wages for workers with SMI who reported experiencing stigma were significantly lower than mean wages for those with no mental illness

Empowerment in Supported Employment Research and Practice: *Is it relevant*?

- In this cross-sectional study, the following scales were administered to 120 persons: Empowerment Scale, Profiles of Occupational Engagement Scale, Manchester Short Assessment of Quality of Life Scale, Rejection Experience Scale, and Brief Psychiatric Rating Scale
- Higher scores of empowerment were associated with fewer symptoms and experienced stigma, a higher level of engagement in daily activities and community life, better quality of life, and having work rehabilitation
- The group of participants that said "Yes I want to work" had a somewhat high mean score for empowerment, level of engagement, and quality of life, but a low mean score with regard to both symptoms and experienced stigma

Psychosocial Treatment to Reduce Internalized Stigma

Comprehensive Treatment Programs, Psycho-Education

Disclosure Programs

Other Psychosocial Treatments

Comprehensive Treatment vs TAU Effects on Stigma

- The study authors developed a community-based comprehensive intervention to evaluate its effects on clinical symptoms, social functioning, internalized stigma, and discrimination among patients with schizophrenia
- An RCT including an intervention group (n=169) and a control group (n=158) was performed
- Participants were measured at baseline, 6 months, and 9 months
- The study found a significant reduction on anticipated discrimination, BPRS and PANSS-N total scores, and an elevation on overcoming stigma and GAF in the intervention group after 9 months. These suggested the intervention may be effective in reducing anticipated discrimination, increasing skills, overcoming stigma, as well as improving clinical symptoms and social functioning in Chinese patients with schizophrenia

Ending Self-Stigma Psycho-Educational Program

- This community-based RCT was carried out to test the ESS
 psychoeducational intervention, a structured 9-session group intervention designed to help adults with SMIs reduce internalization of mental illness stigma and its effects
- 268 adults from 5 different mental health programs in Maryland took part.
 After baseline interview, consenting participants were randomly assigned to the 9-week ESS intervention or a minimally enhanced TAU control
- Compared with participants in the control condition, ESS group participants showed significant decreases on the stereotype agreement and self-concurrence subscales of the Self Stigma of Mental Illness Scale, significant improvement on the alienation and stigma resistance subscales of the ISMI, and a significant increase in recovery orientation from baseline to post-intervention
- None of these differences were sustained at 6-month follow-up

Psycho-Education in Bipolar Disorder

- This review sought to summarize the extant literature on the efficacy of 4 modalities of psychoeducation (individual, group, family, Internet-based) in the management of patients with bipolar disorder
- The majority of psychoeducation RCTs (28 of 40 studies, 70.0%) focused on group and family psychoeducation, with positive benefits reported in clinical outcomes, treatment, and functioning measures
- Group psychoeducation was associated with reduced illness recurrences, decreased number and duration of hospitalizations, increased time to illness relapse, better treatment adherence, higher therapeutic lithium levels, and reduced stigma
- Family psychoeducation was associated with reductions in illness recurrence, hospitalization rates, and better illness trajectory as well as increased caregiver knowledge, skills, support, and sense of well-being and reduced caregiver burden

Coming Out Proud

- The program encompasses weighing the costs and benefits of disclosure in deciding whether to come out, considering different strategies for coming out, and obtaining peer support through the disclosure process
- Research participants who experienced mental health challenges were randomly assigned to a 3-session COP program (n=51) or a waitlist control (n=75). Outcome measures that assessed the progressively harmful stages of self-stigma, stigma stress appraisals, and depression were administered at pre-test, post-test, and 1-month follow-up
- People completing COP showed significant improvement at post-test and follow-up in the more harmful aspects of self-stigma compared to the control group
- COP participants also showed improvements in stigma stress appraisals

Coming Out Proud (cont'd)

- In a pilot RCT, 100 participants with mental illness were assigned to COP or TAU control condition. Outcomes included self-stigma, empowerment, stigma stress, secrecy, and perceived benefits of disclosure
- Intention-to-treat analyses found no effect of COP on self-stigma or empowerment, but positive effects on stigma stress, disclosure-related distress, secrecy, and perceived benefits of disclosure. Some effects diminished during the 3-week follow-up period
- COP has immediate positive effects on disclosure- and stigma stress-related variables and may thus alleviate stigma's negative impact

Psychotherapy to Reduce Internalized Stigma

- The paucity of studies (N=3) investigating interventions for internalized stigma and the absence of effective interventions for reducing this type of stigma is a matter of significant concern
- Of the interventions investigated, each employed a cognitive or cognitivebehavioral therapy (including acceptance and commitment therapy)
- There was no evidence that stigma interventions were effective in reducing perceived or self-stigma
- There is a need to determine if such interventions can be better tailored to reduce stigma and also to consider alternative approaches that might be effective
- If self-stigma represents an internalization of negative community attitudes, it
 is possible that interventions that are effective in reducing perceived stigma
 might also reduce self-stigma

Stigma/Family and Important Others

Affiliate stigma

Burden, especially violence

Education helps, fun helps

Sources of Burdens on Families of Individuals with Mental Illness

- This study set out to explore the relationship between stigma, accessibility of mental health facilities, and family burden through individual interviews of patients' relatives in order to understand the burden on mentally ill patients' relatives from their perspectives
- 10 interviewees from 2 outpatient psychiatric clinics were recruited and interviewed. Each interviewee had at least 1 family member receiving outpatient psychiatric services
- Much of the burden was related to stigma and to lack of mental health and rehabilitation services
- Consequences included social isolation of the families, difficulties experienced by the mentally ill patients when trying to obtain competitive employment, and financial difficulties
- Subjective burden resulting from social stigma included frustration, anxiety, low self-esteem, and helplessness

Stigma/Family and Important Others

- This study aimed to compare the affiliate stigma across schizophrenia, bipolar disorder, and major depressive disorder, and to investigate potential factors associated with affiliate stigma
- Each caregiver of family members with schizophrenia (n=215), bipolar disorder (n=85), and major depressive disorder (n=159) completed the Affiliate Stigma Scale, Rosenberg Self-Esteem Scale, Caregiver Burden Inventory, Taiwanese Depression Questionnaire, and Beck Anxiety Inventory
- Caregivers of a family member with schizophrenia had a higher level of affiliate stigma than those of bipolar disorder (β = -0.109; P<.05) and major depressive disorder (β = -0.230; P<.001)
- Self-esteem, developmental burden, and emotional burden were significant factors for affiliate stigma

Psycho-Education Reduces Internalized Stigma in Siblings of Patients with Schizophrenia

- In this prospective controlled open-label trial, 80 siblings of persons with schizophrenia were allocated in equal numbers to the brief need based psychoeducation group and TAU group
- The outcomes were measured at baseline, and after the first and third month post-intervention
- There was a significant group × time interaction effect on knowledge (F=8.71; P<.01; η_p^2 =.14) and self-stigma scores (F=14.47; P<.001; η_p^2 =.21), wherein the brief psychoeducation group showed a significant increase in knowledge and reduction in self-stigma with medium effect size through baseline to the third month follow-up as compared to the TAU group

Mothers of Handicapped Children

- To evaluate mothers support groups in relation to outcomes and changes in behaviors, as reported by the mothers
- 51 members from 7 support groups completed the survey. 4 group interviews were done, including 12 mothers in total
- 33 (64%) mothers reported that their participation in MFA groups leads to stress relief and having fun
- 18 (36%) mothers reported that they exchanged experiences during the group sessions
- Mothers attended the groups due to their desire to solve pressing practical problems that they experienced when caring for their children, to receive more community support, and to be able to leave the house to attend meetings deemed useful by their families
- Having fun is an important factor ensuring regular group attendance and an indicator of improved well-being. Importantly, mothers were also able to experience stress relief by exchanging experiences and suggesting possible solutions in a caring and trusting environment

Assigned Stigma/The Public

Diagnosis, Severity of Psychopathology
Intensity of Interventions Needed
Associated Disability

Assigned Stigma/The Public

- The public assigns stigma based upon diagnosis (the more severe, eg, schizophrenia, assigned the most stigma), judgments of the intensity of the interventions needed (eg, hospitalization vs outpatient care), and judgments of the level of associated disability
- Efforts to improve the public's opinions of patients with SMI have shown limited effectiveness
- Explanations stressing the biological underpinnings of SMI reduce the blame assigned to patients, but increase the public's concern that patients with SMI are dangerous and unpredictable, as well as the public's desire to maintain social distance

Interventions to Reduce Internalized Stigma

- This study links 2 large, international datasets to explore the association between public stigma in 14 European countries (Eurobarometer survey) and individual reports of self-stigma, perceived discrimination and empowerment among persons with mental illness (n=1835) residing in those countries
- Individuals with mental illness living in countries with less stigmatizing attitudes, higher rates of help-seeking and treatment utilization, and better perceived access to information had lower rates of self-stigma and perceived discrimination
- Those living in countries where the public felt more comfortable talking to people with mental illness had less self-stigma and felt more empowered

Stigmatization of People with Mental Illnesses

- To determine opinions of the British adult population concerning those with mental illnesses as baseline data for a campaign to combat stigmatization
- Survey of adults (n=1737 interviewed; 65% response) regarding 7 types of common mental disorders
- Respondents commonly perceived people with schizophrenia, alcoholism, and drug addiction as unpredictable and dangerous. The 2 latter conditions were also viewed as self-inflicted. People with any of the 7 disorders were perceived as hard to talk with. Opinions about effects of treatment and prognosis suggested reasonable knowledge. About half the respondents reported knowing someone with a mental illness
- Negative opinions indiscriminately overemphasize social handicaps that can accompany mental disorders. They contribute to social isolation, distress, and difficulties in employment faced by sufferers

Gainful Employment Reduces Stigma Toward People Recovering from Schizophrenia

- 404 adults listened to 1 of 4 vignettes describing a 25-year-old male with schizophrenia and responded to a standard set of items measuring social distance
- The individual who was gainfully employed (vs unemployed), or who had a prior misdemeanor (vs felony) criminal offense, elicited significantly less stigma
- Employment may destigmatize a person coping with both psychiatric disability and a criminal record
- Mental health services should encourage paid employment and other paths to community integration

Assigned Stigma by the Public

- Contact with people with mental illness is considered to be a promising strategy to change stigmatizing attitudes
- This study examined the underlying mechanisms of the association between contact and attitudes toward community mental health care. Data are derived from the 2009 survey "Stigma in a Global Context-Belgian Mental Health Study", using the Community Mental Health Ideology-scale
- Results show that people who received mental health treatment themselves or have a family member who has been treated for mental health problems report more tolerant attitudes toward community mental health care than people with public contact with people with mental illness
- Besides, the perception of the effectiveness of the treatment seems to matter too

Interventions to Reduce Assigned Stigma

- Assigned stigma refers to the stigmatizing attitudes of members of the community (the public)
- Educational interventions have small effect sizes of unknown durability
- Educational interventions delivered via the Internet were at least as effective as interventions delivered using other means. Currently many school-based and workplace stigma reduction programs are delivered faceto-face
- This has substantial resource implications. Online interventions can be delivered more flexibly, with fewer personnel and resources and with high fidelity
- Cost considerations are particularly important in the context of small effect sizes
- Patient contact is of unclear benefit, especially contact with more severely ill patients

Neurobiological Explanations

- Over the last several decades, a prominent anti-stigma strategy used in high-income countries has promoted neurobiological causes or "disease like any other messages to the general public
- Concomitantly, industry marketing strategies have also provided the public with a wealth information on symptoms, brain-based etiologies, and specific pharmacologic solutions
- Rather than reducing stigmatized views, neurobiological explanations have had little or no effect on social intolerance, and in some cases, have deepened it

Assigned Stigma/Clinicians

Non-mental health clinicians

Mental health clinicians

Similar to the public

Assigned Stigma/Clinicians

- Both non-mental health and mental health clinicians commonly hold stigmatizing views of patients with SMI
- One might expect that mental health care professionals would hold at least neutral attitudes towards patients with mental illness. However, they display at least equal or, in some cases, even stronger negative beliefs and attitudes than persons within the general population
- A Swiss study found that psychiatrists are more in favor of community psychiatry for persons with SMIs than the general population. But when the willingness for social contact is assessed, there is no difference between psychiatrists and the general population
- All interviewed persons showed less desire for social contact with patients with schizophrenia compared to persons with either symptoms

Views of Psychiatrists and Medical Students

- This study was carried out by assessing psychiatrists (n=68), preclinical (n=194), and post-clinical (n=354) medical students' attitudes towards the mentally ill
- Participants in the 3 groups had statistical significant different levels of stigma with a decline in scores as you are more exposed to psychiatry
- Familiarity with mental illness was associated with less stigma
- Participants who had friends or family members who suffered from mental illness or they themselves suffered from a mental illness had less stigma

General Practitioners, Psychiatrists, Clinical Psychologists, and the Public

- Postal survey of 518 GPs, 506 psychiatrists, and 498 clinical psychologists and a telephone survey of 6019 members of the general community
- Participants were given a case vignette describing a person with either depression, depression with suicidal thoughts, early schizophrenia, chronic schizophrenia, posttraumatic stress disorder, or social phobia; and 2 questionnaires to assess stigmatizing attitudes
- The stigmatizing attitudes in health professionals were found to be comparable to those in members of the general community in social distance and also in personal and perceived attitude stigma
- Among health professionals, female gender, age, and being a GP were associated with higher scores on the personal stigma scales
- Mental health professionals had lower scores on the personal "Weak-not-sick" and "Dangerous/unpredictable" scales than members of the general community, while there were no significant differences in the desire for social distance between health professionals and the general community

Stigma Assigned to Mental Health Clinicians

Seen as more eccentric and undependable

Public Perceptions of Mental Health Care Providers

- A convenience sample (N=260) completed the questionnaire, rating "typical" target professionals (some treating specified mental health conditions) on semantic differential scales. 3 focus groups (N=15) triangulated questionnaire findings
- Mirroring mental illness stereotypes, questionnaire participants rated counsellors and psychiatrists as more eccentric and unpredictable than GPs
- Professionals specializing in treating substance abuse and schizophrenia were rated as less empathetic, agreeable, predictable, and conventional than those treating depression, reflecting differing representations of these conditions
- Focus group participants postulated that mental health problems may cause or result from mental health employment

Psychiatrists and Perceived Stigma

- An international multicenter survey was conducted in psychiatrists and GPs from 12 countries. Responses were received from N=1893 psychiatrists and N=1238 GPs
- Psychiatrists reported significantly higher perceived stigma and discrimination experiences than GPs
- About 17% of the psychiatrists perceive stigma as a serious problem, with a higher rate in younger respondents

Practical Take-Aways

- Quality treatment that reduces the severity of psychopathology, sustains remission, and limits disability will lessen assigned and internalized stigma
- Engagement with family/important others and with other social groups, and the availability of productive activity may limit internalized stigma and increase stigma resistance
- Family/important others experience a mixture of internalized stigma and grief, and can benefit from education and support
- Effort spent to change the public produces limited benefit. Novel strategies are needed (*maybe soap operas*)