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Stigma Reduction Techniques/Campaigns for Practitioners in a Rural Community Mental Health Practice

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Stigma Reduction Techniques/Campaigns for Practitioners in a Rural Community Mental Health Practice

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INTRODUCTION

Stigma is an attempt to label a particular group of people as less worthy of respect than others. It is a mark or sign of shame, disgrace or disapproval and results in rejection and discrimination. "…The term "stigma" is from the Greeks, who defined it as a mark meant to publicly and prominently represent immoral status" (Goffman, 1963). Stigmas can be obvious based on skin color, size, gender, or ethnicity or they can be hidden as is often the case for mental illnesses. Stigma is a growing health concern that may affect one's desire to seek treatment for mental health issues.

Problem: The problem is that people with mental health issues often experience serious, debilitating and persistent stigma and discrimination from all parts of society, including family members, coworkers, neighbors, friends and health care providers (Kirby, 2008). This includes discrimination in finding suitable housing and employment, as well as, with social exclusion. Stigma is seen in attempts to marginalize, exclude, or exercise power over individuals who are different in some way from others and mental illness often generates misunderstanding, prejudice, confusion and fear. Some people with mental illness report that stigma can often be worse than the illness itself, which may prevent treatment (samhsa.gov**).**

Purpose: The purpose of this project was to systematically review the literature on the negative effects of stigma on the therapy seeking clients of rural mental health centers. Also to provide information on anti-stigma programs are to create awareness about how stigma affects people with mental illnesses, and to have participants develop a sense of what it means to walk in the shoes of a person with mental illness (Corrigan, 2004, p. 19). The research question was how do we help people from being victimized by the prejudice and discrimination that arises from stigma?

METHODS

A review of existing stigma literature including literature that reflects a rural perspective was conducted. Fifty-four articles and 6 books were reviewed for this project. Over twenty-five anti-stigma campaigns were reviewed to learn more about the efforts currently in place to reduce stigma associated with mental illnesses and those whose lives are affected by a mental health diagnosis. Research studies were examined to learn how and why stigma exists and how stigma affects one's attitudes and decisions to seek help for mental illnesses. Searches were conducted from 1995-2010 and included key terms such as: stigma reduction, mental illness stigma, stigma in rural areas, social inclusion, social exclusion, social support, and public mental health. The following campaigns are representative of best practices for stigma reduction:

Stigma Reduction Campaigns

Program	In Our Own Voice	Opening Minds	Talking About Mental Illness	Stamp Out Stigma
Target/ Population	The general public, law enforcement, students, and educators	Youth (12-18), health care professionals and society at large	Secondary school students & people with first hand experience with mental illness	General public, Lions & rotary clubs, high-schools, civic clubs, police departments, college students
Intervention	Contact based, speakers, personal stories, 90 minute program by those with mental illness, interaction with an audience through active discussions	Contact based, collaboration among services providers, employers, families & caregivers. Speeches, speakers, education, & media, A systems reform	Education based, personal stories and support resources, ready to use activities, follow-up activities, pre/ post tests to evaluate effectiveness	Contact based, community outreach, Panel of consumers, speaking engagements to interact with panelists and ask questions, trainings in businesses and schools
Purpose/ Goals	To decrease stigma and the impact on one's life, struggles with mental illness, and recovery	To end mental health discrimination, change attitudes, challenge discrimination and improve well-being	Educate, provide information, correct fears, myths and misconceptions, challenge negative perceptions	Educate and dispel common myths and stereotypes surrounding mental illness. Educate, inform, and inspire
Results	Participants showed significantly greater decrements in stigmatizing attitudes	A ten year national strategy to reduce stigma of mental illness in Canada	Effective in bringing positive change in knowledge about mental illness, and reducing stigma by face-to-face contact	Increased education for audience Increased self-esteem for panelists Over 650 successful presentations to date

References Available Upon Request

LITERATURE REVIEW

General findings from a systematic literature review revealed the following:

Rural residents tend to seek mental health services later in the course of their illnesses, with more persistent and disabling symptoms, and require more intensive treatment (President's New Freedom Commission on Mental Health, 2003, p. 51). Stigma is particularly intense in rural communities where anonymity is difficult to maintain (Surgeon General, 1999). "Lack of anonymity, associated with mental health stigma, further limits individuals' use of mental health services in rural areas" (Braun & Rudd, n.d.). "The negative attitudes attached to having a mental disorder in a rural area can lead to under-diagnosis and under-treatment of mental disorders in rural residents" (samhsa.gov).

There are Five Types of Stigma (Corrigan, 2005).
1.) *Public Stigma* occurs when the general population endorses the prejudice and discrimination of MI
2.) *Self-Stigma* occurs when people with mental illness internalize stigmas impacting self-esteem, self-sufficiency, or they develop an awareness, agreement, or self-application of stereotypes
3.) *Label Avoidance* occurs when people do not seek services, or drop out of services prematurely, to escape the stigmatizing mark of mental illness
4.) *Institutional or Structural Stigma* is when policies or systems are discriminatory toward MI individuals
5.) *Courtesy Stigma* affects associates of people with MI such as family, co-workers, and friends

As a result of stigma, people with serious mental health problems are associated with high mortality including suicide attempts, high risk of accidents, and medical problems. The average age of death for severely mentally ill was 52.4 versus 72.8 for the general population (Flory & Friedrich, n.d.). This disparity in life expectancy is unacceptable. People with mental health problems deserve to live lives that are as long and healthy as others. (samhsa.gov). "…**Reducing the stigma of mental illness could be a potential benefit for patients suffering from chronic pain and depression**" (Freidl, et al., 2008)

Ways that Practitioners Can Help Clients' Challenge Self-Stigmatizing Attitudes (Warner & Leff, 2006).
1.) Normalize unusual experiences with others who share similar experiences
2.) Work with families to educate about mental illness
3.) Cognitive therapies for low self-esteem, depression, and increased insight
4.) Creative activities to separate oneself from negative experiences
5.) Encourage the "user movement" to form national organizations
6.) Promote social inclusion through positive societal integration

Other findings include:
Clubhouse participation and selective disclosure of one's illness are strategies that may help to reduce self-stigma (Greig & Bell, 2000).

Cognitive and narrative therapies used to challenge self-stigmatizing attitudes show positive results in the research (Kondrat & Teater, 2009, Larson & Corrigan, 2010, Leff & Warner, 2006).

"…**Participating in a meaningful work experience may also help** people with mental illness cope with stereotypes regarding their illness, improve their quality of life, and increase their self-esteem…working has powerful implications on stigma reduction for both the participants with mental illness and the work site supervisors and coworkers" (Greig & Bell, 2000).

"…**Qualitative research may provide important insights** into some of the cultural determinants of attitudes and behaviors associated with mental illness, including mental illness stigma" (Mathews, Corrigan, Smith & Aranda).

Evidence finds contact between the general public and people with mental illness may be an effective approach to significant and lasting attitudinal changes (Corrigan & O'Shaughnessy, 2007). Contact between neighbors, co-workers, family members and other people can have a greater anti-stigma effect than for example, when famous people disclose (Corrigan & O'Shaughnessy, 2007).

As more people "come out" about their psychiatric history, and interact with the public at large, attitudes about those labeled mentally ill should improve (Corrigan & O'Shaughnessy, 2007, Goffman, 1963). "In order to support people with mental illness, successful long-term anti-stigma campaigns are necessary to reduce public stigma in society" (Rusch, Angermeyer, & Corrigan, 2005).

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IMPLICATIONS FOR PRACTICE

The most effective anti-stigma programs are tailored specifically to the perceptions, concerns, behaviors, and contexts of targeted power groups at the local level (Corrigan, 2005, p. 41). People in power, such as landlords, employers, policy makers, and the media are not always aware of the attitudes that lead to discrimination against people with mental illness (Corrigan, 2005, p. 22). Needs assessments and focus groups are valuable ways to identify attitudes against people with mental illness and to create an action plan (Corrigan, 2005, p. 42). Replacing misinformation with new understanding and knowledge takes time and repeated effort. Social workers have an ethical obligation and responsibility to help decrease stigma toward those with mental illness. The following framework represents effective ways to mitigate stigma:

Social Approaches to Changing Public Stigma (Corrigan, 2005)

Education	-Contrasts the myths of mental illness with the facts
Contact	-Facilitates interactions b/t people with mental illness & members of power groups
Protest	-Frames the moral injustices of prejudice and discrimination and then instructs power group to suppress those attitudes
Consequences	-Rewards people for positive expectations and affirmative actions. Withholds rewards for stigmatizing attitudes and discriminatory behaviors

RECOMMENDATIONS

Macro level…
•Support campaigns and organizations that are working to reduce stigma
•Teach the public that mental illness is a chronic disease from which people can recover
•Get members of local key power groups to participate in anti-stigma efforts
•Communities can make a difference through education and awareness—start with a needs assessment
•Provide education and contact early and often starting in middle-school and high school
•Anti-stigma programs ought to assess any changes in attitudes or behaviors to evaluate their impact

Micro level…
•Avoid prejudging those with mental illness on the basis of society and media stereotypes
•Learn more about mental illness to reduce fear, misunderstanding, and one's own stigmatizing beliefs
•Respond to false statements about mental illness with accurate data
•Help people with mental disorders re-enter society
•Listen to people who have experienced mental illness
•Adopt person first language such as "person living with a mental illness" and avoid negative labels
•Talk openly about mental illness, share your own experience with a mental disorder
•Encourage people to publicly disclose their experiences with mental illnesses
•Social workers should support evidenced-based practices & use advocacy skills to help reduce stigma

CONCLUSION

The general population is significantly unaware of the number of people with psychiatric disorders because it is a largely hidden stigma. During the course of a year, more than 54 million Americans are affected by one or more mental disorders. Mental disorders can affect anyone; it knows no age limits, economic status, race, creed, or color. It is sometimes easy to forget that our brain, like all of our other organs, is vulnerable to disease.

Initiatives aimed at effecting change and educating the public help eliminate the misperceptions and biases that keeps people with mental illness from living, working, and participating fully in the community (mha.colorado.org). Mental illness stigma is a social injustice, described by Corrigan (2005), as one of the "last civil rights movements" intended to promote the rights of consumers with mental illness.

Multiple anti-stigma programs have emerged in the United States and abroad in the past decade. Campaigns and programs targeted to reduce stigma and discrimination exist at local, state, national, and international levels. Groups around the world have made the reduction and elimination of discrimination a priority.

"Contact between the public and people who have mental illnesses produces the greatest results with regard to positive change. The more interaction between people with mental illnesses and the public, the more stigma will be torn down" (Corrigan, 2005).