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STIGMA OF PSYCHIATRIC DISEASES AND PSYCHIATRY

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SUMMARY

The aim of this review is evaluate stigma seen among people suffering from psychiatric disorders. We will show the negative effects of stigma on psychiatric services and evaluate the importance of continiuous anti-stigma programs. It is encouraging that new anit-stigma programmes are developed. The aim of this program is the restoration of dignity to patients and institutions. Media play an important role in shaping the view of an average person on psychiatric patients and most programms use media as a mediator to promote a positive attitude to psychiatric disorders. Apart from ignorance, fear and hostility they have to deal with self-stigma, as well. Through anti-stigma programs, psychoeducation of patients and families about the disorder and treatment options we can give them an acitve role in the treatment, restore dignity, self-confidence, quality of life and reintegrate them into the society.

Key words: *stigma - effect of stigma - psychiatry*

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Introduction

According to data from the World Health Organization we can aspect that every fourth person will have a mental disorder during his life course. Psychiatric services have the goal to equally take care of the biological, psychological and social dimension of treatment. The most serious obstacle for treatment initiation is stigma (Ivezić 2006). A person is stigmatized when some characteristics or differences are linked to other characteristics which then are valued as his primary discredit feature. Stigma is a concrete collective idea of people with psychiatric disorders, a negative stereotype about psychiatric disorders which then additionally complicates and firms the stigma. Stereotypes (collective beliefs that psychiatric patients are dangerous) related to stigma contribute to additional discrimination. Stigmatized psychiatric patients not only suffer from the disorder, they suffer because of the stigma as well (Kecmanović 2010). Prejudice confirm negative stereotypes. Discrimination is the activity that involves prejudices. The aim of anti-stigma programs in destigmatization of people with symptoms of mental disorders and the reintegration into the society, because stigma presents a social problem, as well.

The consequences of stigma on people suffering from mental health disorders

Stigma comes from a Greek word which means prick or mark, or allegorically said it means shame, stain or mockery. Stigma is a consequence of ignorance about psychiatric disorders and only education or informance can change prejudices toward people suffering from psychiatric disorders. Stigma of persons with psychiatric disorders leads to discrimination in the social environment, consequently leading to progression of the disorder and causing isolation from the sociocultural surrounding. This has enourmous effects on treatment outcome leading to postponed rehabilitation and reintegration on a pre-disorder usual functioning level. Because of this direct and indirect effects the cosequences can be visible on every level of functioning, finally leading to total social degradation. Because of various and unfortunately well-established prejudices that psychiatric patients present „a danger for the society they life in“, symptoms are not recognized in the prodromal phase because patients have „a fear of stigma“. They often are „convicted“ to suffer by their own, families often fell guilty and ashamed because of the disorder of the family member and all this leads to late treatment initiation. That is why psychiatrist still see people suffering for decades even from anxiety disorders until they seek for help. Mostly clinicians see patients in late stages of the disorder when symptoms become easily visible for the family members and the environment.

Negative stereotypes about psychiatric disorders

Negative stereotypes about psychiatric disorders lead to rejection, maintenance of stigma and development of fear towards people suffering from mental health disorders. According to available data, during the past fifthy years the awareness about mental health disorders has risen. But this new achievements didnt lead to better attitudes toward people suffering from psychiatric disorders. People with mental health disorders are often valued as unpredictable, irrational and dangerous (Kecmanović 2010). We often cannot split the phenomenon of stigma from discrimination which is a product of stereotypes. If a person accepts prejudices and attitudes that are imposed and behaves according to them, stigma is developed. The patient can develop various emotional reactions like shame, low self-esteem if he sees himself as dangerous, weak and ineffective, so we are talking about two stigma types: social and self-stigma. Stigma of psychiatric disorders has negative effects on people suffering from the disorder, on their families and psychiatric services. The

stigma of psychiatry is widespread and doesnt show a trend of weakening, instead during the last decades the effects of stigma have risen. From all psychiatric disorders shizophrenia and addictions have been most stigmatized (Leff et Warner 2006). The attitude towards psychiatric patients is different then towards non psychiatric patients and it is shaped by stigma and neglection of individual characteristics. Psychiatric patients are valued as people with severly damaged abilities that are crucial for their routine life. It is often said that they are damaging and harming for social interactions by itself as well as for the actors. This is one more reason why they are often avoided and rejected in most social situations, which then leads to stigma. People with mental health disorders have small chances to be employed or promoted to more responsible jobs. Their perception of themself is often shaped by the attitudes of people in their surrounding. They often fell ashamed (self-stigma), lose their self-respect, reduce social communication and quality of life. They often fell powerless and socially withdrawn so they underestimate their abilities and suffer because of that. A family member of a person with a mental health disorder invests a lot of time in the care and attention this person needs. They often are stigmatised because of the fact that this disorders are heritable and from the ill family member they already are aware of the stigma related to the disorder. In family members of a mentally ill person others often look for traces of the disorder or for something unusual. And if you look for something you usually find it and then u common characteristic suddenly become suspicious and is often seen as a sign of the disorder in people who have a ill family member (Page 1995).

The main goal of psychiatry as a medicine branch

The basal aim of psychiatry is to take care of mentally ill patients, to improve their quality of life and to capacitate them for their independent interpersonal and social relations. Because of stigma people suffering from mental health disorders try to hide their disease, so stigma effects time of treatment initiation (is this going to be timely or late) and this affects the prognosis and course of the disorder. It is well known that only 30% of people with a psychiatric disorder seek for treatment (Regier 1993). The effects of stigma on a individuals life can be harmful and dangerous as the disorder by itself. A mental health disorder is one disease, but a stigmatised disorder makes it a double disorder (Corrigan 2004). Stigma is the most important barrier from psychiatric treatment seeking and adequate quality of life in persons suffering from mental health disorders (Sartorius & Schulze 2005). With the reduction of finances for health issues, psychiatry usually loses the most. Resources for prevention, treatment, rehabilitation and research are cut down. The most prominent reduction is often seen in psychiatry usually because of the stigma and prejudice that psychiatric treatment leads only to weak outcome. The society doesn't see the economic benefits from investing into psychiatry. Because of all those facts that have their source from stigma continuous antistigma programs are imperative (Hinshaw 2007, Sartorius 2005).

How can we alleviate the stigma of persons with symptoms of a mental health disorder

Psychoeducation of patients and their families lead to both cognitive and emotional changes towards mental health disorders, which improves self-consiousness, prevents isolation of patients and their families, encourages positive emotions and leads to less felling of shame, guilt and discrimination in patients and family members. The main goal of psychoeducation is to maintain the cooperation with patients in the treatment process in order to provide them a better insight into the disorder by itself. The maintenance of positive transfer-contratransfer therapeutic relations is crucial in this process as it leads to better and longer remisions and prevents the relapse of symptoms in a long-term period. A psychiatric disorder can be very severe as it influences cognitive, behavioral and functional aspects of a personality. Remision, especially in early stages, will not lead to defects on this three personality traits, which will consequently have destigmatization effects on members of the society. The maintenance and focus on social and work functionality in remisions is the most adequate process of reintegration into the society, and early retirement presents a type of stigma as it tells how a person with a psychiatric disorder is not able to function normally. Psychiatry is stigmatized because of that as well, because it is evaluated as a branch of medicine that is unable to treat patients and acts only with mechanical restraints. It is as well seen as a branch that „saves people from dangerous patients which their family members would preferably set into lifelong asylums, to be free of them and the reminder that they could eventually suffer from same symptoms". In that way it is not only the patients and family members who are stigmatized, but psychiatrist as well, even between colleagues from other branches of medicine. The discrimination of patients, families, psychiatrists and psychiatry is seen in everyday attitudes of the society, politics and financial support which now for decades are the smallest for psychiatric interventions and therapies.

Even in clinical environment psychiatry wards are marginalized and psychiatric patients are treated less efficient once their diagnose is seen. In clinical settings there is always the tendency in cases of urgent somatic states to transfer psychiatric patients to treatment to psychiatric wards although most of them are not equipped for that.

Antistigma programs

Their is a need for development of more serious antistigma program meaning that they have to be concordant with the targetting population. This programs have to be emitted through media, so that the

general population is educated about the enormous effects of stigma, not only on patients but the general society as well. Patients and health care workers have to be involved in order to prevent self-stigma and improve quality of life and promote an active role of a person suffering from a mental health disorder in their treatment course. The methods against stigma which have shown to be effective are the ones based on a combination of education, contact with user societies and protests (Corrigan 2001, 2012). Education needs to involve exact informations which will be opposite to wrong negative beliefs or myths on which prejudices and behaviors are based on. Members of societies of people suffering from mental health disorders need to be actively involved. This has enourmous effects on their quality of life providing them the opportunity to work on their social skills which are very often damaged. In this contacts we can easily change our prejudices by making personal experiences and learning about the disorder directly from someone who has „lived" through those symptoms. In protests the media have always to be invovled. When media present negative stereotypes it is good to oppose them by providing a more realistic and personal experience. In a good programme it is important to emphasize a optimistic and realistic view with a ethical note that provides the opportunity that by changing attitudes we help people that are in treatment and change negative stereotypes about the disorder. A patients has the right to get adequate informations about the disorder and diagnose. It is extremely important to inform them in a way that is not observed as stigmatizing. Patients should be provided with informations about the latest data regarding the prognosis, protective factors and treatment options. Physicians which have difficulties with their own stigmatizing attitudes will often hide the diagnose especially when we talk about psychotic disorders like shizophrenia. If we do not openly talk about the diagnose we indirectly support a myth about „the horrible illness", so the patient will be even more scared, discouraged and all this will reduce the chance for recovery.

Conclusion

Stigma has negative effects on psychiatric patients, their relatives and psychiatric services. The increase of knowledge about psychiatric disorders during the last decade, unfortunately didnt lead to less stigma. The mentioned data based on various research sets an imperative that antistigma programs have to be continuously implemented and reviewed. Antistigma programs have to involve primary prevention of stigma through media which will provide information for the general population; secondary prevention involving health professionals and terciary prevention which would include antistigma programs of psychiatric patients by providing them exact data about their disorder, treatment options, improve self-respect through the process of destigmatization of mental disorders and reduce self-stigma by providing them the opportunity to be actively involved in their life, by informing them and raising awareness about the nature of the disorder and treatment options which would lead to better quality of life and the reintegration into to society.

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References

1. *Corrigan PW: How stigma interferes with mental health. American Psychologist 2004; 59:614−625*
2. *Corrigan PW, River LP, Lundin RK, Penn DL, Uphoff-Wasowski Campion J, Mathisen J, Gagnon C, Bergman M, Goldstein H, Kubiak MA: Three strategies for changing attributions about severe mentall illness Schizophr Bull 2001; 27:187-195*
3. *Corrigan PW, Mueser KT, Bond GR, Drake RE and Solomon P: Principles and practice of psychiatric rehabilitation: An empirical approach. Guilford Press, 2012*
4. *Hinshaw SP: The mark of shame: Stigma of mental illness and an agenda for change. Oxford, Oxford University Press, 2007*
5. *Ivezić S: Stigma duševne bolesti – psihijatrija. Medix, 2006; 64:108-110*
6. *Kecmanović D: Nemogućnost prevencije stigme duševnog poremećaja i destigmatizacije osoba sa duševnim poremećajem. Psihološka istraživanja, Vol. XIII (2), 2010; 185-217*
7. *Leff J, Warner J: Social inclusion of people with mental illness.Cambridge, Cambridge University Press, 2006*
8. *Page S: Effects of the mental illness label in 1993: acceptance and rejection in the community. Journal of Health and Social Policy, 1995; 7:61−68*
9. *Regier DA, Narrow WE, Rae DS, Manderscheid RW, Locke BZ, Goodwin FK: The de facto US mental and addictive disorders service system. Epidemiological catchment area prospective 1-year relevance rates of disorders and services. Archives of General Psychiatry 1993; 50:85−94.*
10. *Sartorius N, Schultze H: Reducing the stigma of mental illness. A report from a global programme of the WPA. Cambridge, Cambridge University Press, 2005*
11. *Simon B: Shame, stigma, and mental illness in ancient Greece. In: Fink PJ, Tasman A, editors. Washington (DC): American Psychiatric Press, 1992*

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