Psychiatria Danubina, 2017; Vol. 29, Suppl. 5, pp S910-917 *Conference paper*

METHODS TO FIGHT MENTAL ILLNESS STIGMA

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SUMMARY

Mental illness stigma is still widely spread and present in all the cultures and nations. Even more, during the last half of century there hasn't been much change in the perception of mentally ill persons as "incurable and dangerous individuals incapable of living on their own".

The significance of mental illness stigma is determined by the size of its negative effect on mentally ill individuals, their family members, and the psychiatric service as well as on the society as a whole.

In order to reduce the negative effects of stigma on the life of mentally ill individuals as well as to provide equal lifestyle in the community, at the beginning of the 1990s the World Health Organization recommended a global and decisive fight against the mental health stigma and discrimination. Since then three effective methods proliferated in fighting the mental illness stigma. These methods consist of combining education, contact with stigmatized group representatives and protest.

To achieve better efficiency of anti-stigma program, the fight should be led by citizens of all age groups, especially younger people, the media, health care providers involved in treating the patients, but also the patients themselves as well as their family members.

Key words: *mental health - mental illness - social stigma - stereotype*

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Introduction

The criteria of successful treatment of mental disorder no longer represents the mere disappearance of the symptoms but also enabling an individual to fully engage life in the community in accordance with his/hers roles, capabilities and personal interests. To achieve these goals one of the biggest obstacles is the mental illness stigma. According to Kendell, the mental illness stigma is the most significant challenge to be met by the contemporary psychiatric service to the degree in which the stigma devalues the success achieved in treatment of certain mentally ill individuals (Kendell 2004). On the other hand, but in the same light, Sartorius and Schulze report that the stigma is the most significant obstacle in providing mental health service to individuals with mental disorders and increasing the quality of their life (Sartorius & Schulze 2005).

Although not exclusively related to psychiatric disease, but also to any other negative labelling of an individual just because of being different from the majority (e.g. sexual orientation, skin colour, ethnicity, etc), the stigma always results in lack of acceptance or in exclusion from the society (Crocker et al. 1998). In general, the stigma is caused by combination of ignorance and fear, which makes ground for rooted myths and prejudice. Since fear and shame of the mental disorders date back centuries ago, the stigma of the mental illness is probably one of the oldest and most deeply rooted stigmas in the human collective consciousness (Stuart 2008).

The concept and significance of mental illness stigma

To understand the social exclusion of mentally ill individuals, it is necessary to bear in mind and understand the concept and meaning of stigma (Link & Phelan 2001). Stigma is related to the prejudice, i.e. preconceived negative notions deeply rooted and determined on the basis of insufficient knowledge on the subject of prejudice, in this case mental illnesses (Devine 1989, Hilton & Von Hippel 1996). Prejudice is acquired during lifetime, either by upbringing or negative experience. The behaviour resulting from the prejudice can have different forms which result in unjust actions of different degree. The worst part of the stereotype and prejudice is the discrimination which is a heavy violation of basic human rights (Crocker et al. 1998). Discrimination is putting a person in less favourable position based on his/her certain characteristics, in this case the health state, i.e. existence of mental illness.

Stigmatization of individuals suffering from mental illness is defined as negative labelling, marginalization and avoidance only due to suffering from a mental illness. Therefore, the result of the presence of mental illness isn't only reflected in difficulties caused by certain symptoms but also in lack of adequate reaction of the society to the illness (Rüsch 2005a, Link & Phelan 2001). Although mostly related to schizophrenia, the stigma is not exclusively predetermined for certain mental illnesses - it also includes a wide variety of psychiatric disorders such as mood disorders, anxiety, eating disorders, narcomania, etc (Gerlinger et al. 2013, Griffiths et al. 2008, Mond et al. 2006, Griffiths et al. 2006). Furthermore, stigma is often transferred to the

families of mentally ill individuals, as well as to the mental health institutions and their employees (Gray 2002).

Consequences of mental illness stigma

Consequences of stigma today reach to such extent that they represent a public health issue in almost all western countries (Phelan et al. 2000, Rüsch 2005b, Gray 2002). The consequences vary from lack of understanding by family and friends to discrimination of mentally ill individuals at workplace or in school. As a result, mentally ill individuals develop low self-confidence and esteem which additionally complicates their social and professional functioning as well as their treatment (Rüsch 2005b, Gray 2002). According to research, in average half of antipsychotic therapy users do not fully and correctly engage in their therapy due to stigma (Cramer & Rosenheck 1998). This is the main cause of high relapse rate which among other things causes significant hospital expenses and burden to the healthcare system (Weiden & Olfson 1995). Besides, a significant number of individuals with mental disorders are often reluctant, due to stigma, to seek much needed help (Barney et al. 2009, Barney et al. 2006, Corrigan et al. 2001a). In a one-year epidemiological study Regier et al. indicated that less than one third of individuals with mental and addictive disorders sought psychiatric help (Regier et al. 1993).

Considering the aforementioned as well as other direct and indirect consequences of negative impact of stigma on the mental patients' treatment and quality of life, it is no surprise that in the beginning of 1990s the stigma was at the centre of the global strategy by World Health Organization which called upon its members to fight it (World Health Organization 2013), as well as by the World Psychiatric Association (WPA) which started numerous activities regarding the issue (Sartorius & Schulze 2005). One of the most significant WPA activities in 1996 was starting the international program to fight stigma and discrimination related to schizophrenia (see www.openthedoors.com). Schizophrenia had been chosen as the focus since it's a serious and long term condition characterized by symptoms that the general public most commonly associates with mental disorders. Furthermore, the difficulties related to rehabilitation of schizophrenic individuals are also often associated with stigma (Sartorius 1998). WPA initiative is trying to increase the awareness and knowledge of the nature of schizophrenia and treatment options aiming to improve public attitudes about individuals suffering from schizophrenia and generate action to eliminate discrimination and prejudice.

Stigma preventions and destigmatization of individuals with mental disorders

Destigmatization represents a process of liberating individuals with mental disorder from the stigma, while prevention of stigmatization encompasses actions aimed at not relating stigma to mental disorder that is to individuals with mental disorders. Although these are two different procedures, they both have unique goal focused on liberating mental disorders from stigma. It should be noted that so far a large number of projects and measures has been undertaken to destigmatize and/or prevent stigmatization of mentally ill individuals (Estroff et al. 2004, Pinfold et al. 2003, Stuart 2003), but they haven't yielded results that would unambiguously indicate the possibility of efficient and permanent prevention of the stigma of mental disorder or destigmatization of mentally ill individuals (Griffiths et al. 2014, Angermeyer & Dietrich 2006, Thornicroft 2006).

Methods to reduce the mental disorder stigma

Considering the extent of negative effects of stigma on mentally ill individuals, especially severe mental disorder such as schizophrenia, our medical and ethical obligation is to work on making the attitudes towards psychiatric disorder positive. The fight against stigma must be systematic and at all levels, starting from professionals involved in treatment of individuals with mental disorders, through patients and their family members, to the media and all age groups, especially the young people (Rüsch et al. 2005a, Gray 2002, Ivezić 2006).

Knowledge changes attitudes

According to the public image of mentally ill individuals (in the media, motion pictures, theatre and literature), mentally ill individuals are perceived and portrayed as beings that are "unpredictable, incomprehensible, unreasonable and dangerous" (Hyler et al. 1991, Wahl 1995, Thompson et al. 2002, Angermeyer & Dietrich 2006, Green et al. 2003). Such characteristics of psychiatric patients are almost unanimously pointed out as their main attributes, especially if psychotic disorders are concerned. Such an image of a psychiatric patient in the eyes of the public is a product of a stereotype of mental disorder, without which stigma cannot be practically understood, nor can the extent of its effect be explained or the possibilities of its mitigation/removal be considered (Stuart 2008). It should be pointed out that the stereotypical attitudes are universal and not just related to societal and public attitudes. Unfortunately, such attitudes are often shared by the health care workers, even those employed in psychiatric institutions (Fabrega 1995). Therefore, there are stereotypes harming the health of large number of mentally ill individuals among us and it is necessary to view them from all different angles (medical, psychological, social, economical, ethnical), but also to impact their change at all levels.

Considering such background of stigma development which determines and complicates the anti-stigma fight and directs it to all social levels, due to practical reasons I find that the stereotypes need to be viewed in their wider context. What are stereotypes and why are they so important in fighting the stigma? Stereotypes are knowledge structures known to most of the society members (Hilton & Von Hippel 1996, Judd & Park 1993), i.e. efficient way of categorizing information on

different social groups. The stereotypes contain collective opinions on groups of individuals that quickly and efficiently enable us to create impressions and expectations from individuals pertaining to the stereotyped group. In other words, stereotypes are beliefs about characteristics of members of certain group or category of people (McGarty et al. 2002). It should be noted, since it's evident from the aforementioned, that the stereotypes themselves are not a bad thing. Difficulties arise only when people act upon rigid and negative stereotypes in a discriminatory way (Byrne 2000). Stigma of a mental disorder represents an example of negative stereotype about people with mental disorder. While prejudice expresses conformity with the negative stereotype ("That's right! All mentally ill people are violent"), discrimination encompasses actions reflecting prejudice, i.e. activities in accordance with the prejudice (Devine 1989, Hilton 1996).

Regarding this conceptual course of development of the perception of and the relationship with a mental patient, it is clear how important is the role of a negative stereotype about mentally ill individuals in their rejection and maintenance of negative attitudes towards them, as well as in instigation of fear of them. One of the important ways to change these deeply rooted negative stereotypes and attitudes towards the mental patients is definitely the way of knowledge (Rüsch et al. 2005a, Gray 2002).

What can individuals do regarding the stigma?

All healthcare workers, especially the ones in mental health field, should consider their own attitudes and awareness of this issue. My clinical experience indicates the fact that primary and secondary healthcare providers, including the ones in mental health field, often consciously or unconsciously contribute to stigmatization of mentally ill individuals. This clinical experience is supported by the findings of empirical research determining that healthcare providers support stigmatization of psychiatric patients, and according to some research even to the same extent as the general population (Gray 2002, Lauber 2004, Sartorius 1998). Similarly, in a research by Read and Baker it was confirmed that half of the subjects reported being discriminated by the healthcare system during the treatment (Read & Baker 1996). Furthermore, in a large-sized study by the London Mental Health Trust the subjects/patients reported their closest relations (family and friends) as the most common sources of discrimination, followed by colleagues and family doctors who had been portrayed as insensitive and rejecting as well as excessively confident in drugs efficiency (Faulkner & Layzell 2000). All this indicated that the stigma has an ethical dimension and that in the medicine in general and psychiatry in particular, violation of ethical guidelines contributes to the development of mental disorder stigma. Therefore one must point out the extreme importance of respecting the patient's autonomy, protecting their rights and interests, and creating relationship based on trust (Fatović-Ferenčić & Tucak 2011, Ivezić 2006). However, the fact is that many psychiatric patients are still exposed to unnecessary harmful paternalism and are very often regarded as being less capable and autonomous in making life decisions due to stigmatizing attitudes. Such attitudes can reflect the treatment choice which should basically always be applied with the patient's consent except, of course, in cases of compulsory treatments.

Stigma as an ethical problem

Seeing the stigma through a prism of ethical guidelines, today's arising problem is the noncritical usage of psychopharmaceuticals and neglect of psychological and social dimension of a treatment. Namely, although the treatment quality of mental disorders has improved significantly due to having more efficient pharmaceuticals, their noncritical usage increased the danger of treatment becoming "inhumane" and endangering the basic therapeutic dimension of the doctor-patient relationship (Faulkner & Layzell 2000, Ivezić 2006). According to ethical principles, the psychiatrists are obliged to provide the best up-to-date treatment available, which means placing equal importance on biological, psychological and social dimensions of a treatment. Emphasizing the attitude that the mental illness is of a biological origin, while neglecting other forms of treatment, may further increase the stigma (Mehta & Farina 1997, Dietrich et al. 2004).

One of the problematic ethical situations that could be a stigmatizing factor is definitely the issue of telling the patient the diagnosis or not, and the way in which a professional should convey the correct information about the illness. While on one hand a patient has a right to correct information on his/her illness, including the diagnosis, on the other hand there is a problem of how to convey the correct information to the patient in the least stigmatizing way possible. The fact is that some doctors, even when not certain, make haste in declaring the diagnosis to the patient without considering that it might cause fear, as well as develop the stigma of mental illness. On the other hand, the doctors who have difficulties with stigmatizing attitudes are more likely not to tell the correct diagnosis to a patient, especially when schizophrenia is concerned. However, unless a diagnosis is discussed openly, the myth of a horrible illness is unconsciously supported, and the patient will recognize it and be more frightened which will in turn reduce his/her chances of recovery. Besides, if a patient doesn't receive enough information about the illness, if he/she isn't asked about own attitudes towards the illness and the treatment, and the understanding of what happened to him/her, patient's chances of recovery will also be significantly lower (Ivezić 2006, Fatović-Ferenčić & Tucak 2011).

It is definitely not the question whether to reveal the information to the patient or not, but rather how to

convey the correct information in a manner not burdened by stigma. Although at first, this question in medical terms should not be a huge problem for professionals; in communication and ethical terms these are highly demanding situations that require the professionals to be sensitive, truthful, open and flexible. It should be noted that there are no uniform instructions on how to convey the information on an illness to the patient. Since each patient is different as well as his/her situation, the most adequate approach is an individual and a flexible one, in which the amount and speed of conveying the information are adjusted to the patient and his/her condition. The patient should always have the control over the timing and the amount of conveyed information, and it is also useful to check the previous knowledge and the perception of the illness the patient already has (Lučanin & Despot Lučanin 2010, Fatović-Ferenčić & Tucak 2011). Unfortunately, routine work often involves situations in which the worst prognosis is conveyed to the patients and the emphasis put only on medication adherence. Strategically, before revealing information it is useful to make a plan and follow it. Of course, a patient should never be told untrue information nor should the severity of the situation be lessened. However, besides the bad news the patient should also receive a good one, i.e. be provided with hope. Furthermore, the patient and his/her family members have a right to information about research on different prognosis of the illness, the factors that might improve the prognosis, the protective factors as well as available treatment options. Our professional and ethical obligation is to provide such information to the patient and his/her family members, which certainly contributes to stigma prevention and better cooperation in treatment (Lučanin & Despot Lučanin 2010, Ivezić 2006)

Methods to fight stigma

During the last twenty years the World Health Organization has created and ensured the implementation of anti-stigma programs throughout the world (World Health Organization 2013). The goal of these programs is raising awareness and knowledge on different problems related to mental health, with constant encouragement of the media to report on the mental health issues in a milder and more positive way. Up to now three methods have proliferated to fight stigma and stereotypes on mental disorders: education, personal contact and protest (Corrigan & Penn 1999).

Education

The goal of education is to try and prevent or reduce the stigma by revealing opposite information, i.e. knowledge related to mental patients. The education involves different forms of informing such as ebooks, video or structured teaching programs. According to the results of current research, short educational courses on mental illnesses have proven useful in reducing stigmatizing attitudes with different participants, for example police officers (Pinfold et al. 2003), blue- and white-collar workers (Tanaka et al. 2003), and high school students (Esters et al. 1998). However, despite the decrease in stigmatizing attitudes, the effects of educational campaigns on behaviour changes are still limited (Griffiths et al. 2014, Rüsch et al. 2005a). These limitations are mostly related to the fact that educational programs mainly involve people who already share the views of the campaign or have contact with mentally ill individuals (Devine 1995, Rüsch et al. 2005b).

In order to be effective, the content of educational campaigns is essential (Rüsch et al. 2005a, Gray 2002). Since western psychiatry today tends to take a neurobiological approach to mental illness, the main content of educational programs is mostly biological basis of mental disorders. So, for example, in case of schizophrenia, the most stigmatized disorder, the main content of the central message through the workshops are the biological causes of schizophrenia. Such message tries to influence the views on schizophrenia in a way that it is understood as biochemical or biological, i.e. genetic problem, in order to reduce shame and disgrace related to schizophrenia. Such approach that views the occurrence of mental disorder as biochemical or genetically inherited can influence the shame and guilt related with these types of disorders. However, emphasizing the genetic, i.e. unchangeable etiology of a disease poses a threat for the mentally ill individuals to be viewed as "second-class" citizens (Mehta & Farina 1997). It could strengthen the sense of gap between "us" and "them" and lessen the hope of cure, which is contrary to what the campaigns are expected to achieve. These assumptions are supported in empirical findings. Mehta and Farina confirmed that describing mental illnesses from a medical instead from a psychosocial aspect leads to more strict behaviour towards mentally ill individuals (Mehta & Farina 1997). Similar results were obtained in the international research study of over 7000 participants in Germany, Russia and Mongolia. The research showed that most of the participants were of the opinion that the social gap between general and the schizophrenic population would be wider if the public were aware of the biological etiology of the disorder (Dietrich et al. 2004). With this in mind as well as the complex interaction between the genes and the environment, the message that the psychiatric disease is of genetic or neurological nature, not only simplifies the situation but is also of little help in terms of fighting the stigma (Phelan 2002).

Contact

The method of personal contact in social psychology is long-known as a way to reduce prejudice towards individuals different from the majority in any aspect (Pettigrew & Tropp 2000). At the basis of this method is the belief that through a personal contact an individual will see that the people in question are not as the prejudice portrays them, which results in significant

reducing or elimination of prejudice and discrimination. This method is confirmed by empirical findings that have recognized personal contact as an efficient method to reduce prejudice towards people of other race or ethnic group (Gaertner et al. 2000). However, it should be noted that the prejudice towards psychiatric patients is not identical to racial and ethnical prejudice. Namely, in a way it goes without saying that the contact with people of other races or ethnicity/nationality will show that they are not "so scary" the way prejudice portrays them. But when it comes to prejudice towards people with mental disorders, the efficiency of personal contact on changing the negative stereotype in any case depends on when and where the mental patients are contacted and the consequences the disorder had on them. It is no doubt that an individual who sees a patient in an acute state of the disorder in the psychiatric ward unit will have a different image of the mental patients than the one who meets mental patient in remission within the society. Similarly, an individual gets one impression when in personal contact with a patient in remission manifesting numerous negative schizophrenic disorder symptoms, and completely different one when in personal contact with someone suffering from schizo-affective disorder in remission with barely recognizable or non-existent symptoms. Moreover, there will be one impression of mentally ill patients if a personal contact is made with a patient in rather good mental but poor social state, and complete different one with the patient who has family and a good social support. Accordingly, in order to have personal contact, or better said meeting mentally ill individuals, mitigate or remove existing prejudice, many criteria must be met. Nevertheless, a question remains whether the correct, real image of mentally ill individuals is the image of psychotic individual in a stable long-term remission, socially taken care of, or a psychotic individual in an acute state of disorder or the one who is completely socially neglected (Kecmanović 2010). This was indicated in the findings by Couture and Penn (2003) in a systematic review of impact of personal contact on attitudes towards mentally ill individuals, who discovered that most of the studies indicated that personal contact reduced stigmatizing views of mentally ill persons. However, the authors point out that the largest number of studies hadn't been conducted in a correct methodological way – among other things the nature of contact with mentally ill persons hadn't been considered, i.e. the circumstances of the contact (Couture & Penn, 2003). The aforementioned indicated that it is important to consider all the circumstances in evaluating impact of personal contact on attitudes towards mentally ill individual.

However, contact is definitely an important strategy in reducing stereotypes and stigma related to mental illness (Corrigan et al. 2012, Kolodziej & Johnson 1996). As a method, contact is most efficient in combination with education, especially if the education takes place in a cooperative interaction (Griffiths et al. 2014, Corrigan et al. 2012). For example, a school-based anti-stigma program could be more interesting if instead of regular lecture there were time for informal discussion between patients and students. This is supported by numerous empirical findings of research done with high school students which combined education and direct contact (Bock & Naber 2003, Pinfold et al. 2003, Schulze et al. 2003). The results of the research indicate that contact is the more efficient part of the intervention itself. In this regard an Austrian research comparing education with and without contact is very interesting. A positive change in attitudes towards mental patients took place only with those students who also had contact with the patients throughout education (Meise et al. 2000).

Along with education and cooperative interaction, status equality as well as institutional support is also important for the efficiency of fighting the stigma (Rüsch et al. 2005a, Griffiths 2014). Status equality means that while performing the task mentally ill individuals are equal to healthy individuals. Since work environment provides equality it would definitely make a significant contribution in changing the attitudes towards mental illnesses.

One of the main limitations of contact as an anti-stigma method is the small-scale feasibility, i.e. not being able to engage large number of population (Kecmanović 2010, Rüsch et al. 2005a, Rüsch et al. 2005b).

Protest

It is a fact that mentally ill individuals are often negatively portrayed in the media. Different civic groups are organizing public protests trying to impact the negative public stereotypes on mentally ill individuals. Public protests can be organized to defend the rights of mentally ill individuals. According to the literature, protests have changed many stigmatizing statements in the media (Wahl 1995, Rüsch et al. 2005a, Rüsch et al. 2005b). Namely, whenever the media presents a negative stereotype of the mentally ill, it is desirable to contrast it with a positive view. However, we must note that while combating stigma it is very important to describe the disorder realistically and optimistically, rather than romanticize it, since the outcome of the programs largely depends on it.

The protests are essentially about defying stigmatization and discrimination of mentally ill individuals. One such example is the anti-stigma campaign of the German association of mentally ill individuals BASTA (Bavarian Anti-Stigma Action) whose mailing list notifies its members on new stigmatizing media content. Their interventions have removed 80 percent of the discriminating content in the media, while the media companies publicly apologized for the content (Rüsch et al. 2005a).

The success of such initiatives in reducing the negative image of the mentally ill in the eyes of the public is indicated by the information coming from the USA

(Wahl 1995). However, according to the literature, opinions on the efficiency of anti-stigma campaigns are still discrepant (Kecmanović 2010). This is supported by the findings of a significant number of studies indicating that the protests do not reduce stigmatizing views but in some cases even strengthen them (Corrigan et al. 2001b, MacRae et al. 1994, Penn & Corrigan 2002). Namely, socio-psychological research has shown that the protest leads to repression of stereotyped opinions and discriminating behaviours. Although seemingly paradoxical, the repression often results in its strengthening (MacRae et al. 1994). This is a phenomenon called „rebound effect" – stronger suppression of small groups subjected to stereotyping. How does the rebound effect take place? The fight against a current stereotype demands a high cognitive effort. The effort is such that it leads to a severe reducing of (cognitive) capability to accept new information that might replace the old, stigmatizing ones, the stereotypes. That results in an individual continuing to only accept the information supporting the specific stereotype, as it was before confronting the public messages stating it was inappropriate to speak badly about people with mental disorders (Kecmanović 2010, MacRae et al. 1996). Due to this, it can be concluded that protests are efficient in reducing stigmatizing public views of mentally ill people while not so efficient in changing the human prejudice. As a reactive strategy the protests might help in reducing the stigmatization of public behaviour, but are definitely less efficient in promoting the new, positive attitudes towards mentally ill persons (Rüsch et al. 2005a, Griffiths 2014).

Conclusion

Despite the progress in treatment of individuals with mental disorders and advances towards treatment inside the community, the consequences of mental illness stigma today have such an extent that they respresent a global public health problem. These consequences range from lack of understanding by the family and friends to discrimination of mentally ill patients in the society, at the workplace or in school. The result is that the mentally ill individuals develop low self confidence and esteem, which additionally complicates their social and professional functioning as well as treatment and quality of life.

Having in mind the extent of the negative consequences of stigma on individuals with mental disorder, especially severe one such as schizophrenia, our medical and ethical obligation is to work on making the attitudes towards mental illness positive. Therefore all the health care provides, especially those in mental health field, should reconsider their own attitudes and awareness of the issue, and follow ethical guidelines in treatment of people with mental disorders. According to ethical principles, psychiatrists have a duty to provide the best treatment available up to date, which means paying equal attention to biological, psychological and social dimensions of treatment. Emphasizing biological origin of a psychiatric disorder, while neglecting other treatment options, only increases the stigma.

Nowadays the efficient methods that have proliferated in fighting the mental health stigma include combination of education, contacts with stigmatized group representatives and protests. The background of these anti-stigma methods is the idea that the false beliefs and myths the stereotypes and prejudice against the mentally ill are built upon need to be contrasted with correct information. For that purpose there are lectures, books, videos and other audiovisual material. Having contact with people that one has prejudice towards, provides a personal experience that can help in changing attitudes. Contact as a method of changing attitudes is more efficient if it involves status equality, cooperative interaction and institutional support. Changing attitudes will be more successful if the people with history of mental disorder are included in the anti-stigma programs. Protests include defying stigmatization and discrimination of mentally ill individuals.

In the end it should be pointed out that the stigma fight should be implemented systematically and at all levels, starting with professionals involved in treatment of the mentally ill people, the mentally ill people themselves and their family members, as well as the media and citizens of all age groups, especially the young ones.

Acknowledgements: None.

Conflict of interest: None to declare.

Contribution of individual authors:

Sanjin Lovrić: literature review, selection of the adequate articles and studying this topic;

Miro Klarić: studying this topic and writing toward previously selected articles.

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