Stigmatisation of mental illness – current findings and challenges

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Background

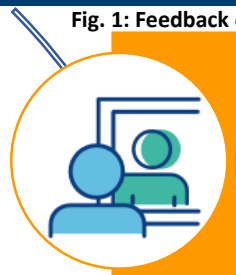
Stigmatisation is a broad phenomenon which includes processes of labeling, stereotyping, separation, status loss, and discrimination [1]. **Structural stigma** includes societal-level conditions, cultural norms and institutional policies that constrain opportunities, resources, and wellbeing of the stigmatized [2,3]. There is a crucial role of fear and lack of knowledge. Mental health professionals are one of the main sources of stigmatisation [4]. Most stigmatized: schizophrenia, borderline personality disorder and substance abuse [5-8]. **Self-Stigma** means the process wherein a person's previous social identity is progressively replaced by devalued and stigmatized view of oneself [3]. There are direct effects on well-being and recovery variables of people with mental illness [9] and associations with poor clinical and functional outcomes [10]. **Ingroup-Stigma:** High ingroup value and perceived legitimacy of discrimination useful to help people with mental illness to better cope with stigma [11] vs. multiple stigmas within peer group interactions, power and oppression can manifest within micro relationships of ingroup as they fight for legitimacy [12].

Methodology and sample

Qualitative outreach longitudinal study design, 5 measurement points over 12 months from 2016-20. Guided interviews at move-out (T1), after 6 weeks (T2), at 3, 6, and 12 months (T3-5) about stigmatization experiences. Inclusion criteria: users of psychiatric residential care facility with intention to move-out to live independently. Length of stay <30 years, F1-F6. Analysis: Qualitative content-analytical evaluation according to Kuckartz of feedback received during the course on experienced stigma. A total of n=18 former users were included. The mean age was 38.7 (min=19, max=67), balanced gender ratio, mean length of stay of 4.24 years (min=0.6, max=12.8).

Results

Fig. 1: Feedback on experienced stigmatisation processes



Structural Stigma (n=53)

- Impended access to affordable housing
- Offices and authorities - not being listened to and being stalled
- Health care system – SMI as an explanation for all physical complaints

"Looking for an apartment, right? That's the hardest thing. […] And then they have to give the address. That's often the end of the conversation. Because then they know that this is a psychiatric residential home."

"And then he didn't talk to me at all the whole time, only to P (legal guardian) (.) Because he thought: "The stupid one there from the psychiatric residential home."

"There was a crazy doctor who somehow did this standard neurological examination [...] and of course it didn't work out. She said: "I see no reason to admit you" and sent us home again. I: Although all physical examinations were basically conspicuous? X: Yes."

Self-Stigma (n = 17)

- Over-focus on own illness
- Inhibitions to disclose illness due to expectation of rejection and self-deprecation

"Whether I told her my fears, like "Well, when the kids see this and tell this at home, I'm just afraid that if the kids accidentally hurt themselves, that the parents will think "Here, they're copying this now."

Ingroup-Stigma (n = 37)

- You - I - and the other - Between identification and demarcation
- Fear of the incomprehensible - Psychosis and dissociation cause highest desire for distancing and are associated with shame

"When I leave there by bus, I feel like I'm being looked at a lot more. When you're in X. Then you're either an employee or a patient. Fortunately, I'm always perceived as an employee, which is quite good."

"Sure, I'm sorry that people are sick, too, but I just can't deal with some of the illnesses. Psychoses and all that/ I just can't do it. It is for me/ not possible."

n = number of mentions

Conclusions

Structural stigma is the most frequently named form. The access to affordable housing is the most frequent reported reason preventing a move out of an inpatient form of housing. From the users' point of view, important fields of development for the necessary reduction of stigmatisation processes are measures that enable equal access to the housing and labor market. In addition, (mental/health-care) professionals should perceive people with SMI more holistically and try to prevent negative therapeutic reactions in order to reduce exclusion processes and to provide necessary medical and financial services. Increased social acceptance of mental illness and education about symptoms, behaviors, and ways to cope could help reduce stigma among people with SMI.

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