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Research Article

MENTAL HEALTH STIGMA: A SYSTEMATIC LITERATURE REVIEW

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A B S T R A C T

Globally people with mental illness have long experienced prejudice and discrimination. Public stigma is a pervasive barrier that prevents many individuals from engaging in mental health care. This systematic literature review aims to: (1) summarize stigma findings focused on the public's stigmatizing beliefs and actions and attitudes toward mental health treatment for children and adults with mental illness, and (2) draw recommendations for reducing stigma towards individuals with mental disorders.

INTRODUCTION

Many people with mental illness experience humiliation, rejection and marginalization due to their diagnosis, and often describe the after-effects of mental health stigma as worse than those of the condition itself. On one hand, they struggle with the manifestations and disabilities that result from the disease and on the other, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness.[1] As a result of both, people with mental illness are devoid of the opportunities that deteriorate their quality of life. Although research has gone far to understand the impact of the disease, it has only recently begun to explain stigma around mental illness. Much work yet needs to be done to fully understand the extensiveness and scope of prejudice against people with mental illness. In this paper, we integrate research specific to mental illness stigma, its consequences and what can be done to reduce its impact.According to the World Health Organization (WHO), "it is estimated that 450 million people suffer from mental disorders, globally".[2] Around 80% of the people with mental disabilities live in low and middle countries (LMICs), four out of five people with serious mental disorders living in LMICs do not receive the needed mental health care.[2-3] Mental illness accounts for 14% of all disability adjusted life years (DALYs) lost worldwide,[4,5] and is one of the major contributors to the global burden of disease.[4] Among Indian population, the estimated prevalence of mental disorders is found to be 5.8%.[6] A study from Pune, Maharashtra suggests that the prevalence of mental health disorders is 5%.[7] A study from Bangalore reports the prevalence of mental health disorders ranged from 9.5 to 102 per 1000 population.[8] A study among elderly population of South India estimated the prevalence of depression to be 12.7%.[6]

Despite the existing programs for the control of non-communicable disease, including mental illness, mental health disorders remains as one of the unrevealed disease burdens in India due to stigma and discrimination.[9-10] According to the National Alliance on Mental Illness (2011), one in four adults experience a mental disorder and one in 17 lives with a serious mental illness.[11] Two main types of stigma occur in people with mental illness, social stigma and self-stigma. Social stigma, also called Public stigma is the reaction that the general population has towards the people with mental illness. Self-stigma is the prejudice which people with mental illness turn against themselves. Both public and self-stigma may be understood in terms of three components: stereotypes, prejudice and discrimination as shown in Table 1.[12-14] Both types of stigma can lead a person to avoid seeking help for their mental health problem due to embarrassment or fear of being shunned or rejected.

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Table 1 Comparing definitions of public stigma and self-stigma

Type of stigma	Definition
Public stigma	Stereotype: Negative- belief about a group (e.g., dangerousness, incompetence, character weakness) Prejudice: Agreement - with belief and/or negative emotional reaction (e.g., anger, fear) Discrimination: Behavior response to prejudice (e.g., avoidance, withhold employment and housing opportunities, withhold help)
Self-stigma	Stereotype: Negative- belief about the self (e.g., character weakness, incompetence) Prejudice: Agreement- with belief, negative emotional reaction (e.g., low self-esteem, low self-efficacy) Discrimination: Behavior response to prejudice (e.g., fails to pursue work and housing opportunities)

Public Stigma

Globally, stigmas about mental illness seem to be widely endorsed by the general public. Studies suggest that the majority of citizens in developed nations have stigmatizing attitudes about mental illness.[15-18] Furthermore, stigmatizing views about mental illness are not limited to illiterate members of the general public; even well-trained professionals from most mental health disciplines subscribe to stereotypes about mental illness.

Stigma seems to be less evident in Asian and African countries [19], though it is unclear whether this finding represents a cultural sphere that does not promote stigma or a dearth of research in these societies. The available research indicates that, while attitudes toward mental illness vary among non-Western cultures [19-20], the stigma of mental illness may be less severe than in Western cultures. Notably, stigma seems almost nonexistent in Islamic societies.[21] Cross-cultural examinations of the conception, proficiency, and responses to mental illness are clearly needed.

Several themes describe misconceptions about mental illness and corresponding stigmatizing attitudes. Media analyses of film and print have identified three: people with mental illness are homicidal maniacs who need to be feared; they have childlike perceptions of the world that should be marveled; and they are responsible for their illness because they have weak character. [22]

Public stigma among mentally ill persons is measured with the Community Attitude towards the Mentally Illness (CAMI) scale, developed in the late 1970s by Martin Taylor and Michael Dear, Professors of geography at McMaster University in Hamilton, Ontario, Canada.[23] Based on the total scores of stigma of CAMI scale, quartiles are considered as cut off points for low, medium and high stigma. The scale has following four dimensions:

1. Authoritarianism: the need to hospitalize the mentally ill people.
2. Benevolence: the responsibility of society for the mentally ill; the need for sympathetic and kindly attitudes.
3. Social Restrictiveness*:* the dangerousness of the mentally ill; maintaining social distance and lack of responsibility.
4. Community Mental Health Ideology*:* the therapeutic value of the community; the impact of mental health facilities on residential neighborhoods; the danger to local residents posed by the mentally ill.

Severe mental illness has been linked to drug addiction, prostitution, and criminality.[24-26] The behavioral impact (or discrimination) that results from public stigma may take four forms: withholding help, avoidance, coercive treatment, and segregated institutions. Previous studies have shown that the public will withhold help to some minority groups because of corresponding stigma.[27] A more extreme form of this behavior is social avoidance, where the public strives to not interact with people with mental illness altogether. The 1996 General Social Survey (GSS) found that more than a half of respondents are unwilling to: spend an evening socializing, work next to, or have a family member marry a person with mental illness.[28] Social avoidance is not just self-report; it is also a reality. Research has shown that stigma has a deleterious impact on obtaining good jobs and take delight in safe housing. [29-31] Discrimination can also appear in public opinion about how to treat people with mental illness.

Self-Stigma

Self-stigma occurs when people internalize these public attitudes and suffer numerous negative consequences as a result.[32] Social psychologists' study stigma as related to internal and subsequent behavioral processes that can lead to social isolation and ostracism.[33] Stereotypes are the way in which humans categorize information about groups of people. A member of the general public may choose to remain distant from a person with mental illness because of their fear (prejudice) and belief (stereotype) that the person with mental illness is dangerous. It is comprised of endorsement of these stereotypes of the self (e.g. "I am dangerous"), prejudice (e.g. "I am afraid of myself"), and resulting self-discrimination (e.g. self-imposed isolation). Once a person internalizes negative stereotypes, they may have negative emotional reactions. Low self-esteem and poor self-efficacy are primary examples of these negative emotional reactions.[34] Self-discrimination, particularly in the form of self-isolation, has many detrimental effects leading to decreased healthcare service use, poor health outcomes, and poor quality of life.[35-36] Poor self-efficacy and low self-esteem have also been associated with not taking advantage of opportunities that promote employment and independent living.[37] Link *et al* noted people who internalize the stigma of mental illness worsen the course of their illness because of the harm of the internalized experience.[38] Thus, the harm of self-stigma manifests itself-through an intra-personal process, and ultimately, through poor health outcomes and quality of life.

Strategies to Break the Stigma around Mental Health

Stigma is social injustice and an error of society. Hence, eradicating it is the responsibility and should be the priority of that society.

Separating the individual from the disorder

Just by being a bit more mindful about the way we address the sufferers can play a significant role. Instead of saying that "He is autistic," one should say "He is suffering from autism''. Language matters.

Acknowledge the facts

We should be able to ignore the myths and misconceptions related to mental health. Instead acknowledge the prevalent facts about it.

Education

Education programs are effective for a wide variety of participants, including college undergraduates, graduate students, adolescents, community residents, and persons with mental illness. Stigma is further diminished when members of the general public meet persons with mental illness who are able to hold down jobs or live as good neighbors in the community.

Looking at them from a positive perspective

The disorder is just a part of the person. We should look at their various positive aspects - even they are responsible and make valuable contributions to the society. Let's applaud their positive stories. Let's see them beyond their mental illness.

Empathize

We can place ourselves in their shoes and look at the world from their perspective. We need to understand them, support them and encourage them to cope with their illness. It's something that they really need.

Inclusion

We should include people with mental disorders in various aspects. They have every right to take an equal part in the society. Let's not deny them of that.

Mental illness is not different from physical illness

It is very necessary to understand and accept the fact that both mental and physical illnesses are on the same level. If one is not being judged or seen negatively for asking a professional help for the pain in their abdomen, then who are we to judge them if they seek help for depressive symptoms?

Encouragement

We need to encourage and support people suffering from mental health disorders to come out and talk about the same openly. Encouragement can really help them be comfortable with themselves.

Protest

Groups protest inaccurate and hostile representations of mental illness as a way to challenge the stigmas they represent. These efforts send two messages. To the media: STOP reporting inaccurate representations of mental illness. To the public: STOP believing negative views about mental illness. Protest is a reactive strategy; it attempts to diminish negative attitudes about mental illness, but fails to promote more positive attitudes that are supported by facts.

Peer Support

Consumer-operated programs offer another way for people with serious mental illness to enhance their sense of empowerment. Groups like these provide a range of services including support for those who are just coming out, recreation and shared experiences which foster a sense of community within a larger hostile culture, and advocacy/political efforts to further promote group pride. Hence, opportunities for the public to meet persons with severe mental illness may discount stigma. Interpersonal contact is further enhanced when the general public is able to regularly interact with people with mental illness as peers.

CONCLUSION

Mental health stigma is not only an interpersonal issue: it is a health crisis. Individuals with serious mental illness die decades earlier than they should, driven not by increased suicides or injuries, but poor physical health. The review's findings suggest that large-scale contact-based interventions in high-income countries-involving service users as a core element, with sustained funding and engagement-can be leveraged to reduce the stigma risked by people with mental illness because of society's misunderstanding and fear. As a society, demystification of mental illness and acceptance along with other health conditions is the ultimate goal. However, until health-care systems seriously address the reduced standard of care received by people with mental health problems, the stigma can never be eliminated.

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