STIGMA ASSOCIATED WITH MENTAL ILLNESS, THE ADVERSE CONSEQUENCES, AND STRATEGIES TO ADDRESS AND RESOLVE IT

Many people who would benefit from mental health services choose not to use them because of stigma, particularly the threat of social disapproval or diminished self-esteem — resolving the stigma of mental illness would improve service use and outcomes[1]

TYPES OF STIGMA

Public stigma

Public stigma is common among all levels of society including medical professionals, and is the reaction of the general population to people with mental illness based on stereotypes (beliefs), prejudice and discrimination[2]

Self-stigma

Self-stigma corresponds to the internalized shame, guilt and poor self-image experienced by people with mental illness caused by acceptance of societal stereotypes, prejudice and discrimination[2,3]

ADVERSE CONSEQUENCES OF STIGMA

Stigma has a variety of adverse effects on people with mental illness

A systematic review of 45 articles revealed a negative relationship between self-stigma and psychosocial variables, such as hope, self-esteem and empowerment; self-stigma was also positively associated with psychiatric symptom severity and negatively associated with treatment adherence[4]

Avoidance of mental health services[1]

Stigma is the main obstacle to seeking mental health care and a better life for many hundreds of millions of people worldwide[5]

Involve people with lived experience

Traditionally, anti-stigma campaigns have been led by mental health professionals and organizations, but it is increasingly appreciated that they are more effective when they also involve people with lived experience[7,8]

Raise mental health awareness[7]

Anti-stigma awareness initiatives for the general population include traditional and social media using documentaries and talk shows (rather than drama that might sensationalize mental illness and reinforce negative characterizations) and popular mass events, such as marathons and festivals[7]

Psychoeducation

Psychoeducation can be delivered via online platforms including website messages and educational SMS[3]

SMS, short messaging service

Contact-based interventions[7]

The two most important contact-based intervention elements are role play and contact-based learning,[3] for instance, celebrity disclosures and testimonies of success stories by people with mental health conditions and opportunities to interact with them[7]
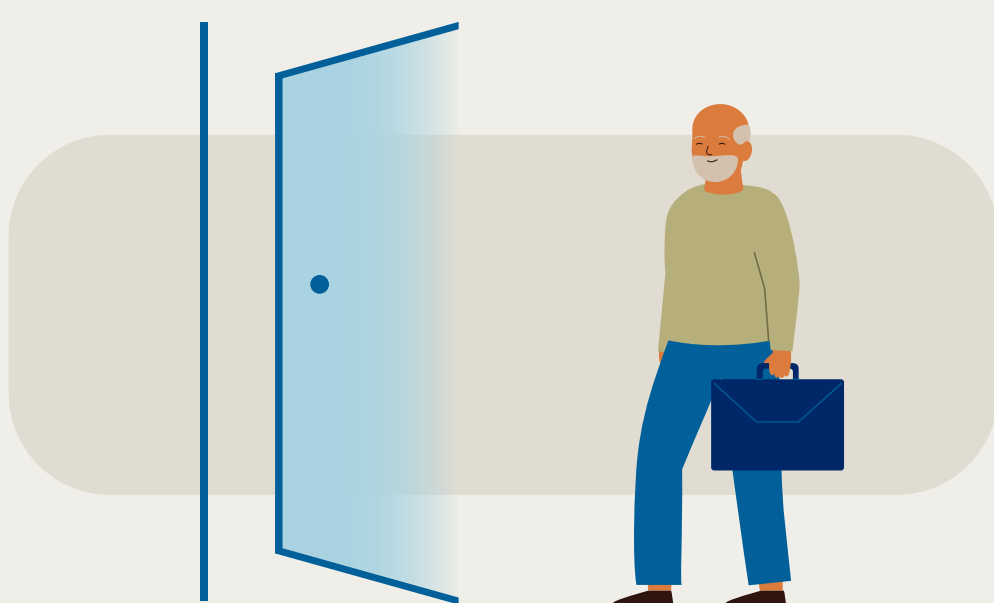
Advocacy by influential figures or groups[7]

It is important to make the right decision about which influential figure or group leads the de-stigmatization efforts — for instance, mental health experts might partner with organizations that have larger influence[7]

Legislation of anti-discriminatory laws[7]

For instance, removal of declaration of mental illness in job application and scholarship forms, policies that encourage employers to hire and support people with lived experience in workplaces, and guidelines for employers on how to respond sensitively to people who choose to disclose mental illness[7]

Intervention studies show that destigmatization of mental health illnesses may lead to increased readiness of people with mental illness to seek professional help[6]

44 RCTs

attitude, help-seeking, knowledge

public and self-stigma
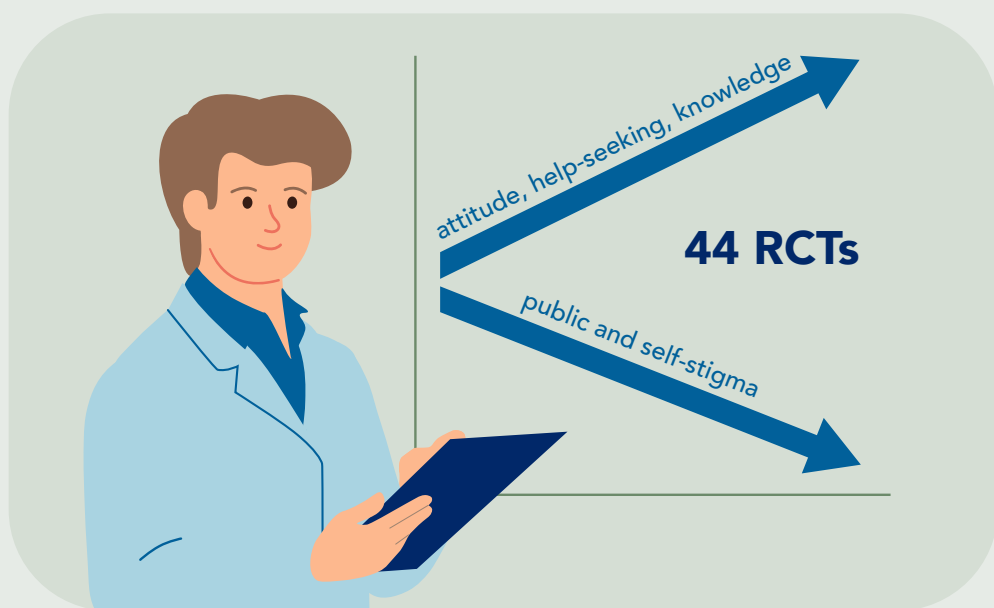
A systematic review of 44 RCTs evaluating the effectiveness of anti-stigma interventions at educational institutes including education through lectures and case scenarios, contact-based interventions, and role-plays showed:

- A significant improvement for stigma, attitude, help-seeking, knowledge of mental health including recognition of depression, and social distance
- A reduction in both public and self-stigma[3]

RCTs, randomized controlled trials

References

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