INTRODUCTION

Stigma is an attempt to label a particular group of people as less worthy of respect than others. It is a mark or sign of shame, disgrace or disapproval and results in rejection and discrimination. "...the term ‘stigma’ is from the Greeks, who defined it as a mark put to publicly and prominently represent immoral status” (Goffman, 1963). Stigma can be obtained based on skin color, size, gender, or ethnicity or be hidden as is often the case for mental illnesses. Stigma is a growing health concern that may affect one’s desire to seek treatment for mental health issues.

Problem: The problem is that people with mental health issues often experience serious, debilitating and persistent stigma and discrimination from all parts of society, including family members, neighbors, friends and health care providers (Kivel, 2008). This includes discrimination in finding suitable housing and employment, as well as, with social exclusion. Stigma is seen in attempts to marginalize, exclude, or exercise power over individuals who are different in some way from others and mental illness often generates misunderstanding, prejudice, confusion and fear. Some people with mental illness report that stigma can often be worse than the illness itself, which may prevent treatment (Samsa, 2002).

Purpose: The purpose of this project was to systematically review the literature on the negative effects of stigma on the therapy seeking clients of rural mental health centers. Also to provide information on anti-stigma campaign efforts. The goal of anti-stigma programs are to create awareness about how stigma affects people with mental illnesses, and to have participants develop a sense of what it means to walk in the shoes of a person with mental illness (Corrigan, 2004, p. 19). The research question was how do we help people from being victimized by the prejudice and discrimination that arises from stigma.

METHODS

A review of existing stigma literature including literature that reflects a rural perspective was conducted. Fifty-four articles and 6 books were reviewed for this project. Over twenty-five anti-stigma campaigns were reviewed to learn about the efforts currently in place to reduce stigma associated with mental illnesses and those whose lives are affected by a mental health diagnosis. Research studies were examined to learn how and why stigma exists and how stigma affects one’s attitudes and decisions to seek help for mental illnesses. Searches were conducted from 1995-2010 and included key terms such as stigma, reduction, mental illness stigma, stigma in rural areas, social inclusion, social exclusion, social support, and public mental health. The following campaigns are representative of best practices for stigma reduction.

LITERATURE REVIEW

General findings from a systematic literature review revealed the following:

- Rural residents tend to seek mental health services later in the course of their illnesses, with more persistent and disabling symptoms, and require more intensive treatment (President’s New Freedom Commission on Mental Health, 2003, p. 51). Stigma is particularly in rural communities where anonymity is difficult to maintain (Surgeon General, 1999). “Lack of anonymity, associated with mental health stigma, further limits individuals’ use of mental health services in rural areas” (Braun & Rudd, n.d.). “The negative attitudes attached to having a mental disorder in a rural area can lead to under-diagnosis and under-treatment of mental disorders in rural residents” (Samsa, 2002).

- There are Five Types of Stigma (Corrigan, 2005).
  1.) Public Stigma occurs when the general population endorses the prejudice and discrimination of mental illness, with negative attitudes and behaviors associated with mental illness, including mental illness stigma (Mathews, 2002, p. 3).
  2.) Self-Stigma occurs when people with mental illness internalize stigmas impacting self-esteem, self-sufficiency, or they develop an awareness, agreement, or self-application of stereotypes.
  3.) Label Ascription occurs when people do not seek services, or drop out of services prematurely, to escape the stigmatizing mark of mental illness.
  4.) Institutional or Structural Stigma is when policies or systems are discriminatory toward MI individuals.
  5.) Stigma affects associates of people with MI such as family, co-workers, friends, and neighbors.

As a result of stigma, people with serious mental health problems are associated with high mortality including suicide attempts, high risk of accidents, and medical problems. The average age of severe mental illness is 24 years old (Surgeon General, 1999).

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- The most effective anti-stigma programs are targeted specifically to the perceptions, concerns, behaviors, and contexts of targeted power groups at the local level (Corrigan, 2005, p. 43). People in power, such as landlords, employers, policy makers, and the media are not always aware of the attitudes that lead to discrimination against people with mental illness (Corrigan, 2005, p. 22). Needs assessments and focus groups are valuable ways to identify attitudes against people with mental illness and to create an action plan (Corrigan, 2005, p. 42). Replacing misinformation with new understanding and knowledge takes time and repeated effort. Social workers have an ethical obligation and responsibility to help decrease stigma toward those with mental illness. The following framework represents effective ways to mitigate stigma.

IMPLICATIONS FOR PRACTICE

- Social Approaches to Changing Public Stigma (Corrigan, 2005).
  - Education
    - Conducts the myths of mental illness with the facts
  - Contact
    - Facilitates interactions b/t people with mental illness & members of power groups
  - Protest
    - Frames the moral injustices of prejudice and discrimination and then instructs power group to improve these attitudes
  - Consequences
    - Rewards people for positive expectations and affirmative actions. Withdraws rewards for stigmatizing attitudes and discriminatory behaviors

RECOMMENDATIONS

- Micro level:
  - Support campaigns and organizations that are working to reduce stigma
  - Teach the public that mental illness is a chronic disease from which people can recover
  - Get members of local key power groups to participate in anti-stigma efforts
  - Communities can make a difference through education and awareness-start with a needs assessment
  - Provide education and contact early and often starting in middle-school and high school
  - Anti-stigma programs ought to assess any changes in attitudes or behaviors to evaluate their impact

- Macro level:
  - Avoid prejudging those with mental illness on the basis of society and media stereotypes
  - Learn more about mental illness to reduce fear, misunderstanding, and one’s own stigmatizing beliefs
  - Respond to false statements about mental illness with accurate data
  - Help people with mental disorders re-enter society
  - Listen to people who have experienced mental illness
  - Adopt person first language such as “person living with a mental illness” and avoid negative labels
  - Talk openly about mental illness, share your own experience with a mental disorder
  - Encourage people to publicly disclose their experiences with mental illnesses
  - Social workers should support evidenced-based practices & use advocacy skills to help reduce stigma

CONCLUSION

The general population is significantly unaware of the number of people with psychiatric disorders because it is a largely hidden stigma. During the course of a year, more than 54 million Americans are affected by one or more mental disorders. Mental disorders can affect anyone; it leaves no age limits, economic status, race, or gender. It is sometimes easy to forget that our brain, like all of our other organs, is vulnerable to disease.

Initiatives aimed at changing education and encouraging the public help eliminate the misperceptions and biases that keep people with mental illness from living, working, and participating fully in the community (nchicago.org). Mental illness stigma is a social injustice, described by Corrigan (2005), as one of the "last civil rights movements" intended to promote the rights of consumers with mental illness.

Multiple anti-stigma programs have emerged in the United States and abroad in the past decade. Campaigns and programs targeted to reduce stigma and discrimination exist at local, state, national, and international levels. Groups around the world have made the reduction and elimination of discrimination a priority.