STIGMA IN MENTAL HEALTH: A CONCEPT ANALYSIS

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Goals & Framework of Concept Analysis

- The Goals of the Concept Analysis:
  - Enhance understanding of the concept for use in research or clinical practice.
  - Bring the concept closer to being used for research or for clinical practice.
  - Identify the commonalities and shared experiences of stigma in the mentally ill population.
  - Increase understanding and conceptual clarity of stigma.
  - Contribute to instrument development and theory testing. (Meleis, 2012)

The Concept: Stigma

- Stigma in mental health is a universal health issue.
- The term “stigma” can be traced back to 1700s.
- The word “stigma” is derived from the Greek word root which means “mark,” a brand impressed by an iron.
- It also referred to marks branded on cattle or on people who served as slaves in ancient times in the Orient or in Greece.
- Stigma has a negative influence on people’s lives, creating social distance which interferes with their interactions with people in the society.

(New Catholic Encyclopedia, 2003)
The Concept: Stigma

- Recently, the concept of stigma was introduced into medical science to describe the discrimination experienced by people suffering from illnesses, such as HIV/AIDS, obesity, psoriasis, & mental health disorders.
- Stigma disqualifies certain groups from full social acceptance and the ability to conform to the typical standards of society.
- Stigma has a persistent influence on the individual’s health care problems, as well as on the community, family, and national political responses to illness.

(Goffman, 1963; New Catholic Encyclopedia, 2003)
The Concept: Stigma

- Stigma has a persistent influence on the individual’s health care problems, as well as on the community, family, and national political responses to illness.
- Stigmatized people suffer from chronic stress, which has additional negative effects on their physical and mental well being.
- There is strong evidence that people with mental illness have less access to primary health care.
- There is evidence that mental health clients receive inferior care for medical problems. The rates of cardio-vascular disease, obesity, and diabetes are increasing in people with mental illness.

(Corrigan & Watson, 2002; Bjorkman, Angelman, & Jonsson, 2008; Dehert et. al., 2009; Druss & Bradford, 2000; Druss & Von Esenwein, 2006; Hatzenbuehler, Phelan, & Link, 2013)
Definition of Stigma

- Link and Phelan (2001) defined stigma as a process which occurs when a person demonstrates noticeable social differences, and thereby becomes unfairly labeled based on emotional or physical symptoms or atypical characteristics.

- Gary (2005) defined stigma as “a collection of negative attitudes, beliefs, thoughts, and behaviors that influences the individual, or the general public, to fear, reject, avoid, be prejudiced, and discriminate against people with mental disorders” (p.980).
### Types of Stigma

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<thead>
<tr>
<th>Public Stigma</th>
<th>Self-Stigma</th>
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<tr>
<td>Public stigma refers to the attitudes and beliefs of the general public towards persons with mental health challenges or their family members.</td>
<td>Self-stigma is when a person with mental illness internalizes stigma and experiences diminished self-esteem and self-efficacy.</td>
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(Corrigan, Powell, & Rusch, 2012; Watson, 2007).
## Types of Stigma

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<thead>
<tr>
<th>Stigma by Association</th>
<th>Double Stigma</th>
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<td>- Stigma by association occurs when negative characteristics (e.g., psychological distress and feeling of inferiority) are attributed to individuals, family members, care givers, and healthcare providers who are in close contact with stigmatized people.</td>
<td>- Double stigma occurs when a person with mental illness concurrently experiences more than one type of stigma such as a mental health diagnosis and a physical disability.</td>
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(Corrigan, Powell, & Rusch, 2012; Halter, 2008; Watson, 2007)
Assumptions

- There is a link between people’s negative attitudes and stigma towards clients with mental illness.
- The more mentally ill clients believed that they are different and devalued in the eyes of others, the more self-stigma occurs.
- There is a relationship between stigma and loss of social identity.
- Increased awareness and acceptance of mental illness may lead to reductions in stigma.

(Corrigan & Watson, 2002; Major & O’Brien, 2005; Minas, Zamzam, Midin, & Cohen, 2011)
Antecedents: The Concept of Stigma

- Individual with health problems
- Prejudice
- Blame
- Feelings of rejection
- Extreme self-conscious
- Fear of others discovering health status

(Berjot & Gillet, 2011 & Hatzenbuehler, Phelan, & Link, 2013)
Characteristics: The Concept of Stigma

- Unfavorable attitude from an individual or group
- Feeling devalued
- Unpleasant personal experience
- Perceived negative social norms

(Crocker, 1999; Link & Phelan, 2001; Berjot & Gillet, 2011)
# Concept of Stigma: Consequences

<table>
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<tr>
<th>Negative Consequences</th>
<th>Positive Consequences</th>
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<tr>
<td>Feeling inferior</td>
<td>Being assertive by talking about stigma</td>
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<tr>
<td>Negative IPRs</td>
<td>Care-Seeking Behaviors</td>
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<tr>
<td>Discrimination</td>
<td>Ongoing participation on treatment</td>
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<tr>
<td>Barriers to health care</td>
<td>Active participation in anti-stigma actions</td>
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<td></td>
<td>E.g., media, community awareness program, etc.</td>
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<td>Mental health</td>
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<td>Physical health</td>
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<td>Decrease quality of life</td>
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<td>Social isolation</td>
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<td>Overall opportunity loss</td>
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(Corrigan, 2004; Link & Phelan, 2001; Hatzenbuehler et al., 2013; Bjorkman et al., 2008; Schneider et al. 2011; Gary, 2005)
Stigma in Mental Health

Antecedents

- Extremely Self-conscious

Individual with Mental Health Problems

- Feelings of Rejection
- Feelings of shame & blame
- Prejudice
- Fear of others discovering health status

Characteristics

- Unfavorable attitude from an individual or group
- Feeling devalued
- Unpleasant personal experience
- Perceived negative social norms.

Consequences

A. Negative

- Feeling inferior
- Negative IPRs
- Discrimination
- Barriers to health care
  - Physical Health
  - Mental Health
- Decreased quality of life
  - Social isolation
  - Overall opportunity loss

B. Positive

- Being assertive by talking about stigma
- Care-seeking Behaviors
- Ongoing participation in treatment
- Active participation in anti-stigma actions
  - E.g., Media, community awareness program, etc.
Recommendations

Nursing Practice:
- Examine own beliefs and values
- Individualized patient care
- Conduct research studies

Patients and Families:
- Provide support for patients and families
- Acceptance of mental illness
- Educate patients, families, and communities about mental health and mental illness
Recommendations

Nursing Education:

- Evaluate current education practices and examine how theoretical and clinical components of curriculum address stigmatization.
- Evaluate whether the time allotted for mental health theory and clinical education is sufficient to address stigma.
- The nursing profession must recognize all specialties area, including mental health nursing, as equally valuable and contributing to the health of individuals, families, and communities.
## Stigma Research

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<th>Current Studies</th>
<th>Proposed Studies</th>
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<tr>
<td>● The majority of studies address schizophrenia</td>
<td>● More studies on types of stigma and what people encounter</td>
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<td>● Mostly qualitative and descriptive studies emphasizing on violence,</td>
<td>● Strategies to address stigma</td>
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<td>stereotypes, and discrimination</td>
<td>● The effect of stigma on families</td>
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<td>● Few intervention studies</td>
<td>● Nursing education studies</td>
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References


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