



STIGMA OF MENTAL ILLNESS IN 21ST CENTURY: AN OVERVIEW

Dr. Mehfooz Ahmad

Assistant Professor-II

Amity Institute of Clinical Psychology

Amity University Gurugram, Haryana, India

Abstract: The people with mental health problems suffer discrimination, exclusion, negative typification and expectations. Stigmatized individuals may anticipate devaluation and discrimination from others, leading them to adopt harmful coping mechanisms such as secrecy or withdrawal. Stigma may dissuade parents from believing their adolescent child has a mental health problem because the label may lead to harm like marginalization and discrimination for the adolescent. Parents prefer social distance from children labelled as “mentally ill” and are more reluctant to have their own children interact with a child who has a mental illness, There is need to increase interpersonal interaction to encourage people with mental disabilities to disclose their experience. An educational program found decreases in stigma related to mental illness like psychosis, depression etc. Hence, there is need to minimise stigma by adopting appropriate strategy.

Index Terms - stigma, mental illness, disorders, education.

I. INTRODUCTION

Stigma has been defined as a process with five interrelated components: discrimination through a process of separation based on negative attitudes and prejudice resulting from labelling and cultural stereotypes of society towards the stigmatised group leading to social, economic and political power differences Link and Phelan(2001). The people with mental health problems suffer discrimination and exclusion as well as negative typification and expectations – what in the Global North is termed ‘stigma’ – which can lead to not seeking adequate care, treatment or support (Venkatesh et al., 2015). In developing countries major problem in stigmatized population was associated with not to seek help with their mental health issues. Stigmatized individuals may anticipate devaluation and discrimination from others, leading them to adopt harmful coping mechanisms such as secrecy or withdrawal (Moses, 1989). According to Thara, Kamath and Kumar, 2003, there are two types of stigma i.e. self-stigma and public stigma. Firstly, when a member of a stigmatized group internalize the negative views held by the general public it is termed as self-stigma. Secondly, when the general public supports a prejudice about a stigmatized group it is termed as public stigma. In addition to

these two stigmas, there is professional stigma which occurs when healthcare professionals hold stigmatizing attitudes toward their patients, which are often based on fear or misunderstandings of the causes and symptoms of mental illness, or when professionals themselves experience stigma from the public or other healthcare professionals because of their work and connection with stigmatized individuals (Ahmedani, 2011). Stigmatization toward people with ID was found within mainstream health professionals (Pelleboer-Gunnink et al. 2017). Perceived Stigma is the conviction that the public have negative attitudes towards individuals with mental health issues and the apprehension that others will discriminate them, while Experienced Stigma identifies incidents of unjust treatment due to Mental Health Problem (Brohan, Gauci, Sartorius, Thornicroft, 2010). When mental illness occurs, it does not only impacts the index patient but also the family members, Significant sufferer among them are the parents. Specifically, movies have been faulted for perpetuating stereotypes and misrepresenting mental illness(Wedding, Boyd and Niemiec, 2010). Labels such as paagal (mad), aalsi (lazy), sust (lethargic), darpok (coward) were reportedly used for patients with severe mental illness in North India and because of which they stopped or wanted to stop their treatment (Grover et al., 2020). The framework that organizes our conceptualization of the relationship between HIV-related internalized stigma and depression is based on the idea that the internalization of stigma can lead to depressive symptoms, due to a constellation of self-defacing self-perceptions, including feelings of worthlessness, shame, and guilt (Kalichman et al., 2009). It has been revealed in report of United Nations Convention on the Rights of Persons with Disabilities explicitly that social disadvantage flows more from institutional practices as compare to impairment in individual. According to United Nations General Assembly (2006) the signatories to the convention agree to remove attitudinal and structural barriers that interfere with full and effective social participation of the individual.

II. Eaton et al (2016) interviewed 11 mothers with childhood mental illnesses, the results showed that parents of children with mental illness experience self-stigma which leads to feeling of being a bad parent and self-humiliation. Stigma may dissuade parents from believing their adolescent child has a mental health problem because the label may lead to harm like marginalization and discrimination for the adolescent and/or family (Pullmann et al., 2010). It has been reported by caregivers in the study by Raguram, Raghu, Vounatsou and Weiss, 2004) that the nature of include difficulty in getting the patient married, maintenance of marital relationship and problems in marriage of close relatives. While conducting research about stigma of people with intellectual disabilities the closeness of a relationship (i.e., familiarity) has been found to extremely important (Blundell, Das, Potts, et al.(2016). Adults prefer social distance from children labeled as “mentally ill” and are more reluctant to have their own children interact with a child who has a mental illness, such as ADHD or depression (Martin, Pescosolido, Olafsdottir, & Mcleod, 2007).

III. Kumar et al. (2009) have also demonstrated ways in which women are stigmatised through being marked as deficient in relation to ideals of womanhood that include appropriate performances of motherhood. As compare to women, man has displayed more symptoms of certain mental illnesses (e.g., alcohol dependency, many externalizing disorders,; Grant, 1997). On the other hand certain disorders are more evident among women than men (e.g., major depression; Kessler, 2003). Gilmore and Chambers (2010) demonstrated that, on issues related to access to sexual education, contraception and freedom of sexual expression, care providers saw more freedom as acceptable for women without ID than for women with ID

IV. Strategies to overcome:

V. Contact-based interventions typically involve brief contact between members of a majority group and a stranger representing the stigmatized population who is quite different from a naturally occurring contact. An opportunity for interpersonal interaction between people who have mental illness and who may hold stigma towards them should be provided to decrease stigma among people. A key ingredient of contact-based interventions is the delivery of testimonies by service users (Jorm, 2020).. According to Corrigan and O'Shaughnessy(2007), a way to massively increase the power of contact is to encourage people with mental disabilities to disclose their experience. Those who actually do disclose their experience can contribute significantly to fighting stigma. Ranging from local to national, an educational campaigns can be designed at any level, which may explain the status of education interventions as the best-evaluated stigma change strategy. A meta-analysis of public stigma-reduction interventions that included educational programs, found decreases in stigma related to mental illness, psychosis, depression, and all diagnoses combined (Griffiths et al., 2014). Although real-world experiences with people who have schizophrenia can help overcome stigma, the news media can serve as a change agent when it comes to individuals' views on people with schizophrenia (Stout, Villegas, & Jennings, 2004). Wahl (1995) believes citizens are encountering far fewer sanctioned examples of stigma and stereotypes because of protest efforts. Earlier evidences indicated that protest campaigns have been an effective strategy in decreasing stigmatizing images of psychiatric disorders.

VI. Conclusion

In nutshell, stigma towards mental illness is widely prevalent in the society. Whenever anybody caught any mental illness, they are less likely to reveal it due to the fear of discrimination and poor self worth. As a result, the illness may go untreated and take more severe form. Therefore' there is need to minimise stigma by adopting appropriate strategy.

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