Editorial

Stigma, discrimination and mental illness

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In line with the general remit of the journal to produce useful high quality papers on issues of importance to users of mental health services, this issue of the *Journal of Mental Health* is devoted to stigma, discrimination and mental illness. As many of us who work in the mental health field know, individuals with mental illness experience the double-edged sword of managing both their illness and the negative attitudes and behaviours from the community. It has an effect on all aspects of their lives. There is evidence of less favourable social interactions, discrimination in work opportunities and housing as well as their access to health care. Some of this discrimination results from a genuine misunderstanding of the nature of mental ill health but in other cases, the stereotype of particularly severe mental illness has been so absorbed and framed in all types of media that it seems almost impossible to dispel these myths in the general public. This issue is devoted to research that may help in this endeavour.

Discrimination of all kinds has a detrimental effect on mental health. There is evidence that it may have a toxic effect not only after the illness has developed but in the onset of the illness itself. Boydell *et al.* (2001) showed a dose response relationship between the incidence of psychosis and the likelihood of being from an ethnic minority in a UK sample. The figures are a relative risk of 2.38 when the non-white ethnic community was the largest proportion (27–57%) to a relative risk of 4.4 where the non-white community was the smallest proportion of the population of a neighbourhood (less than 22%). These data replicate previous reports from the USA (e.g. Rabkin, 1979). They have been interpreted as showing that social factors have a direct effect on the risk for developing psychosis for people from ethnic minorities, perhaps as a result of discrimination and institutionalised racism.

Perceived alienation has been suggested to be a specific stressor that is important in the onset of psychosis (Janssen *et al.*,

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2003). In their longitudinal study, Janssen *et al.* (2003) observed there was an increased rate of reported delusional ideation in those who experienced more discrimination. So the effects of discrimination appear to be invasive even before the onset of the disorder.

After the onset of symptoms, there is a further effect of discrimination and perceived stigma in the contacts people have with mental health services. This may lead to an increase in the delay prior to initial treatment that then has an effect on the long-term recovery rates in psychosis, particularly symptoms (Norman & Malla, 2001).

Figure 1 provides a quick guide to the possible influences of discrimination and stigma. Although the relationships illustrated are not comprehensive it is clear that they can have an effect throughout the whole course of the disorder. Discrimination comes from peers and from all levels in society and seriously erodes the coping capacities of people with mental ill health. We have concentrated on its effects on psychosis but discrimination and stigma affect all people with

mental ill health. Discrimination may be one of the chronic social influences affecting the onset of depression and may contribute to traumatic life experiences that we know can have ill effects at all stages of life.

It is clear that reducing discrimination and increasing protection may have profound effects on the course of serious mental disorders but it has never been entirely clear what sorts of interventions would prove to be the most influential. The campaigns have had variable beneficial effects in terms of the reductions in stigma and the durability of effects. Many have been novel with community efforts around joint art exhibitions, athletics meetings and football. For the majority of these campaigns, there is rarely any associated formal assessment although a general feeling by the organisers is that they had achieved some positive effects. Recently there have also been attempts to provide young people with theatrical productions in schools to try to help young people to recognise their own and their friends mental health problems and to give advice
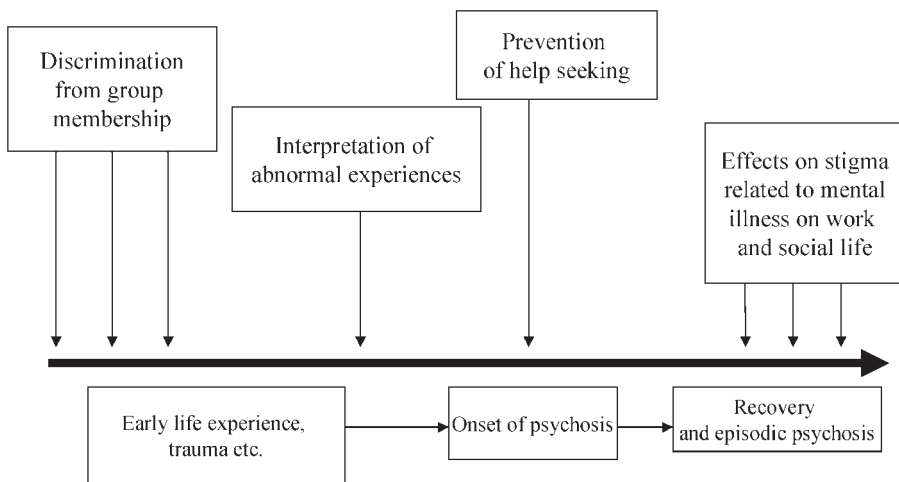

Figure 1: Effects of discrimination over the life course.

about how help may be sought (e.g the HELP project run by NIMHE see www.nimhe.org). It may be that some of these community interventions could be improved by more research on the particular triggers as well as dissecting the beneficial from the downright problematic effects of some interventions. This issue of the Journal of Mental Health has been devoted to teasing out some of these issues and providing our readers with more sound evidence on which to build further interventions and campaigns.

We recognise that discrimination and stigma also affect children with mental health problems but there is little evidence of the impact of discrimination on the young. It is also clear that negative attitudes to mental illness do not appear fully formed in adulthood. There is evidence that these negative attitudes are present in the young even when they are unsure of what mental illness or ill health is with some reporting them in children as young as 8 years old (Wahl, 2003). Mental health advocates have therefore begun to realise that efforts directed towards children may be particularly beneficial at shaping attitudes before they are well formed and entrenched. It may also be cost-effective and have longer lasting effects than on adults. Instead of providing only a single set of academic articles in the area, we have extended our remit to include a special book review section and some information to our readers on web sites where further information on campaigns around the world might be sought.

Academic articles on stigma and discrimination

The special section of academic articles is edited by David L. Penn and represents an integration of research in this area and in addition, to report promising empirical findings. The seven articles on stigma and mental illness are divided into three short sections: (1) the perspective of the person with mental illness; (2) media contributions to stigma; and (3) changing stigma. In addition to the breadth of coverage the papers also use various methodologies, which cast different sorts of light on the problems of stigma. The first two, written by Knight and colleagues and Green and colleagues, describe different qualitative approaches for investigating the personal experiences of individuals with mental illness. Interestingly, despite the use of different methods, similar findings are obtained across the two studies, suggesting that consistent themes of stigmatisation exist for individuals with mental illness. Although there is consistency within studies of stigma in people with mental health problems, are these effects more generally found for other groups of individuals? Taking this somewhat different approach, Corrigan and Mathews, draw upon work conducted with individuals who are gay or lesbian, and discuss the similar challenges that individuals with mental illness face when deciding to disclose their personal history to others. These papers underscore the need to obtain the perspective of individuals with mental illness before stigma interventions can be developed.

One cannot discuss stigma and mental illness without considering the images of persons with mental illness promulgated by the media. Therefore, the second set of papers consists of two articles that address this issue. In the first paper Wahl reviews how mental illness is depicted in children's media. Most will agree after

reading this article that children are exposed to distorted images of persons with mental illness, that possibly contribute to the development of stigmatising attitudes and behaviour in adulthood.

Due to much of the work by Wahl and colleagues, the negative content of media images of persons with mental illness is well known. Seiff takes this work one step further by examining media content through the lens of the journalism field. Specifically, she discusses some of the techniques, via 'framing', that the media use to convey information and messages regarding people with mental illness. In essence, this article discusses the process and structure underlying media content. It is a process and structure that can be used to the benefit of people with mental illness as well as to produce negative effects.

The final section is devoted to changing stigma and is composed of two articles that discuss the relationship between contact and stigma. There is impressive evidence that greater contact with individuals with mental illness is associated with less stigmatising attitudes. In an empirical report, Alexander and Link examined the effects of four different types of contact (family, friend/ spouse, public and work) on attitudes using a large, nationally based survey. This represents a significant extension of the field in two important ways: First, the sample is large and not restricted to a select group (e.g., college students). Second, it treats contact as a multi-dimensional, rather than a unidimensional construct. It is these different dimensions that may relate to different aspects of stigma and therefore may be manipulated to produce the maximum beneficial effects.

Couture and Penn extend this analysis by differentiating between the effects of 'self-reported contact' (i.e., contact based on participants' reports of past experience with individuals with mental illness) and prospective contact (e.g., as provided in a classroom, on the job training, etc). They also attempted to de-construct the contact construct similarly to the work of Alexander and Link. Not all contact reduces stigma, which has important implications for the development of stigma intervention programmes.

Book reviews

Following these academic articles that move the field forward, we have taken a novel approach. Our book review section instead of consisting of weighty academic texts in this issue contains only children's books. This follows from Wahl's description of the media images that children are subjected to via the television and films. This book review section should provide a balance by pointing to useful texts that can engage children by providing an age appropriate guide to issues in mental ill health. We hope this section will provide parents, teachers, mental health professionals as well as service users with access to information that is sympathetic to the plight of people with mental ill health without trying to deny all the associated problems.

In order to access as wide a range of opinion as possible we have asked children, mental health professionals and service users to read the books. We are particularly grateful to three of the authors for providing a description of what they hoped to achieve in their writing. We have tried to provide our readers with a broad range of books but we know we are only just scraping the

surface. We have therefore decided to repeat this process (subject to our reader's approval) and include other books that have themes about specific mental health issues such as substance misuse. Any suggestions from our readers would be welcomed.

Web sites

In order that our readers should have access to good practice in mental health campaigns we have compiled a list of web sites on anti stigma campaigns. This is not a comprehensive list, but we hope it will give a flavour of the sort of work currently being carried out across the globe to try to reduce stigma.

Concluding comments

It is our hope that this issue of JMH will continue to inspire research in the area of stigma and mental illness. This work has far reaching implications for the mental health field, for both trainees and professionals, not just members of the general community. We cannot ignore the fact that stigma exists even among those of us in this field, which may act as a subtle barrier to treatment access, adherence, and efficacy. This is an issue that has been discussed, and somewhat considered, in the treatment of individuals with first-episode psychosis and prodromal symptoms. While treatments are offered in 'stigma-free settings' (i.e., those not identified as a psychiatric facility), the issue still stands of how being identified as someone with a psychosis (or the potential for developing one), impacts on how this person is viewed by others (who are aware of this condition) and by the person him or herself (McGlashan, 2001).

This work also has implications for how individuals with mental illness are depicted in the media, and the need for persons with mental illness, mental health professionals, and the media field to work collaboratively on reporting (and presenting) mental illness in a responsible manner. Of course, much of what we have discussed in this issue is the depiction of mental illness in 'traditional media' (i.e., newspapers, films, and television). With its interactive capability, new media such as the internet may have great potential for both educating and dispelling myths regarding mental illness, as well as providing a resource for people who seek treatment or advice, but because of stigma, are afraid to reach out to others for this information.

We have made much progress since Erving Goffman published his important work on Stigma in 1963 (Goffman, 1963). And in fact, the past 5 years have witnessed an explosion of research in this area, perhaps due to the 1999 Surgeon General's Report on Mental Illness in the United States (US Department of Health and Human Services, 1999). Although we will never eliminate stigma, if this trend continues, we will go a long way to reducing the impact of it on the lives of people with mental illness, which will improve their quality of life and prognosis, and reduce the societal cost of mental illness. This is our goal.

References

Boydell, J., van Os, J., McKenzie, K., Allardyce, J., Goel, R., McCreadie, R. & Murray, R. (2001). Incidence of schizophrenia in ethnic minorities in London: Ecological study into interactions with environment. *British Medical Journal*, *323*, 1336.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice Hall, inc.

Janssen, I., Hanssen, M., Bak, M., Bijl, R., De Graaf, R., Vollebergh, W., McKenzie, K. & van Os, J. (2003). Discrimination and delusional ideation. *British Journal of Psychiatry*, *182*, 71–76.

McGlashan, T. (2001). Psychosis treatment prior to psychosis onset: Ethical issues. *Schizophrenia Research*, *51*, 47–54.

Norman, R. & Malla, A. (2001). Duration of untreated psychosis: A critical examination of the concept and its importance. *Psychological Medicine*, *31*, 381–400.

Rabkin, J. (1979). Ethnic density and psychiatric hospitalization: hazards of minority status *American Journal of Psychiatry, 136*, 1562–1566.

US Department of Health and Human Services. (1999). *Mental Health: A report by the Surgeon General*. Rockville, MD: US Department of Health and Human Services, Substance abuse and Mental Health Services, Center for Mental Health Services, National Institute of Health.

Wahl, O. (2003). Children's views of mental illness: a review of the literature. *Psychiatric Rehabilitation Skills*, in press.