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Stigma Reduction Techniques/Campaigns for Practitioners in a Rural Community Mental Health Practice

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Stigma Reduction Techniques/Campaigns for Practitioners in a Rural Community Mental Health Practice

Becky Mensing, MSW  -  Department of Social Work

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 meant to publicly and prominently represent immoral status” (Goffman, 1963). Stigma can be obtained based on skin color, social standing, ethnicity or other biological or psychological factors that are 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: family, neighbors, friends and health care providers (Kvetny, 2008). This includes discrimination in finding suitable housing and employment, as well as, social stigmatization. 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, GDP).

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

Fifty-four articles and 6 books were reviewed for this project. Over twenty-five anti-stigma campaigns were reviewed to learn more 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

Stigma Reduction Campaigns

<table>
<thead>
<tr>
<th>Program</th>
<th>In Our Own Voice</th>
<th>Openings Minds</th>
<th>Talking About Mental Illness</th>
<th>Stamp Out Stigma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target/Population</td>
<td>The general public, law enforcement, students, and educators</td>
<td>Youth (12-18), health care providers, social workers, prisons and society at large</td>
<td>Education for students &amp; people with mental illnesses, and their family &amp; caregivers</td>
<td>General public, law enforcement, community, families, schools, police departments, college students</td>
</tr>
</tbody>
</table>

Cognitive and narrative therapies used to challenge self-stigmatizing attitudes show positive results in the research (Rendell & Teeter, 2005; Luepker, Corrigan, 2010; Jeff & Warner, 2006).

Intervention

Contact based, speakers, personal stories, 20 minute program by those with mental illness, interaction with an audience through active discussions

Education based personal experiences, and support resources, need to use activities in follow-up activities, pre/post tests to evaluate effectiveness

Contact based, community outreach, level of comfort, reduced stigma, speaking engagements to interact with panelists and ask questions, training in businesses and schools

Evidence finds contact between the general public and people with mental illness may be an effective approach to significant and lasting attitudinal changes (Corrigan & O’Shaugnessy, 2007). Contact between neighbors, co-workers, family members and other people can have a greater anti-stigma effect than, for example, when famous people disclose (Corrigan & O’Shaugnessy, 2007).

As more people “come out” about their psychiatric history, and interact with the public at large, attitudes about those labeled mentally ill should improve (Corrigan & O’Shaugnessy, 2007; Goffman, 1963). “In order to support people with mental illness, successful long term anti-stigma campaigns are necessary to reduce public stigma in society” (Rush, Angermeyer, & Corrigan, 2005).

“Contact the public between the people with mental illnesses and the public, the more stigma will be torn down” (Corrigan, 2005).

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, creed, or color. It is sometimes easy to forget that our brain, like all of our other organs, is vulnerable to disease.

Implications for practice

(Re)discovering the 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.

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References Available Upon Request