Mental health related stigma and social inclusion

Suzan Oudejans, Phd
Honours college FSW University of Leiden– march 19th 2019

Phrenos kenniscentrum

Kennisconsortium Destigmatisering en sociale inclusie

SO1

Dia 2

SO1 NHL Stenden moet er nog bij > evt in de plaats van Werkplaats Sociaal domein Friesland
Suzan Oudejans; 9-5-2018

Stigma

- A visible or perceivable mark or sign (i.e. receiving mental health treatment),
- that differentiates people from one another,
- that is connected with undesirables features (dangerous, untrustworthy, incompetent),
- where one party has a status of less power,
- and that leads to rejection or neglect.

(Link & Phelan, 1998)

Appearances of stigma

- Collective level
  - Public stigma (views held by the general public)
  - Structural stigma (laws, policies)
  - Provides-based stigma (prejudice and discrimination by professionals)
- Individual level
  - Self-stigma (legitimize and internalize stereotypes and prejudice)
  - Courtesy stigma (stereotypes, prejudice acquired by connection with a stigmatized person)

Stigma: the problem

- Mental health problems: high prevalence, misconceptions, prejudices, misunderstandings;
- 25-50% experiences discrimination and 50-75% expects to be discriminated (i.e. at work, social relations);
- Negative effects for social identity;
- Found in many research projects (ASPEN, INDIGO);
- Counteracts positive results of treatment or counseling;
- Increases disadvancement in housing, work, study and social relations.

Public opinion

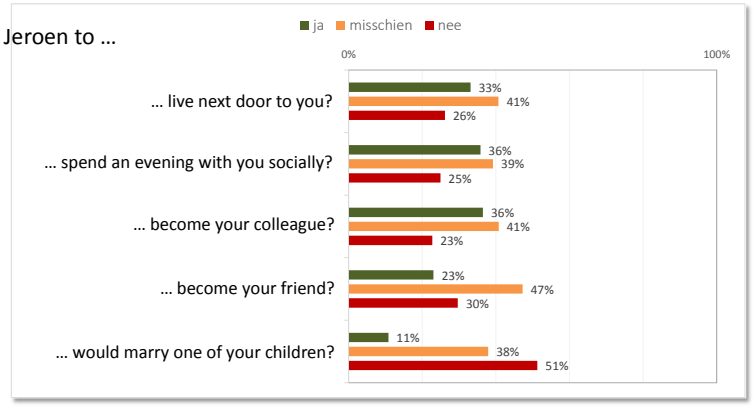
Boekel, L.C. van, Brouwers, E.P.M., Weeghel, J. van, & Garretsen, H.F.L. (2013). Public opinion on imposing restrictions to people with an alcohol- or drug addiction: A cross-sectional survey. *Social Psychiatry and Psychiatric Epidemiology*.

TILBURG UNIVERSITY

Tranzo

Social distance towards people with mental health disorders

Would you like Jeroen to …



N = 2376; Oudejans, Spits & van Weeghel, 2018

- Stable over the last 20 years
- Predictors for more social distance desired: lower education, young people, men, non-western background (& less knowledge on mental disorders)

Evidence based programs

- Contact based education most applied and most effective,
- For young people, just education is more effective
- Small tot moderate effects
- Evidence for long-term effects is limited
- More research on effective elements and mechanism is required

- Mental Health First Aid (MHFA)
- Beyond the Label
- Living Library
- Honest Open and Proud (HOP)
- Conceal or Reveal (CORAL)
- In Our Own Voice/SOLVE
- NECT (self-stigma)

(Gronholm et al., 2017; Morgan et al., 2018)

Reduction of public stigma

Five principles (TLC3)

- **Targeted**: aimed at important subgroups in society (employers, policy decision-makers, housing association, care-givers)
- **Local** contact-programs tend to be more effective
- Set up (equal) **contact** between people with and without mental health disorders
- Contacts should be **credible** (people with lived experience in the lead)
- Contacts should be **continuous**

(Corrigan 2011)

Key ingredients:

1. Include contact based education/personal testimony
2. Emphasize and demonstrate recovery
3. Include multiple contact mediums (e.g. live, video)
4. Teach 'what to do'/give practical skills
5. Dispel myths
6. Choose enthusiastic facilitator who can 'set the tone'

(Knaak et al., 2014)

Central issues

- Stigma-education
  - General public
  - Professionals
  - Persons with mental health problems
- Language
- How to reach people for stigma education?

Theorema of W.I. Thomas (1928)

"If men define situations as real,
they are real in their consequences"

Phrenos
kenniscentrum

Kennisconsortium
Destigmatisering
en sociale inclusie