

Public stigma in the Netherlands

predictors and target groups (preliminary results)


Introduction

A substantial part of people with a mental health disorder experience public stigma (disapproval or rejection of the general public). This hinders recovery. Interventions mitigating stigma and promoting positive attitudes can alleviate this problem. For the design of interventions and programs, knowledge of factors that are associated with stigma and stigmatizing attitudes is required.

Objectives of this project:

- ✓ identify predictors of stigmatizing attitudes
- ✓ identify target groups for anti-stigma interventions

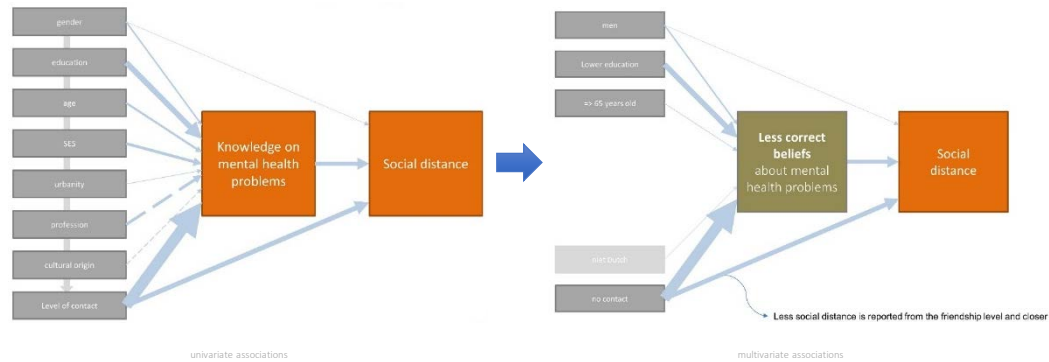
Methods

- ✓ a panel of 2376 Dutch respondents of the general public
 - ✓ online questionnaire
 - ✓ vignette of 'Jeroen' (depression/psychosis)
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- Mental health knowledge (MAKS)
 - Level of contact report (LCR)
 - Social distance scale (SDS)
 - demographic characteristics (occupational profession, regional differences etc.)

Results

On average, respondents answered 57,5% of the questions 'correct'. Mean MAKS score was 44.5 (SD = 5.0). Higher scores imply more mental health knowledge.

On the question if respondents wanted Jeroen to move next door to them, 26% answered 'yes', and 11% wanted him to marry into the family (SDS; $M = 15.3$; $SD = 3.9$)



Being male, lower educated and older, as well as having no contact with people with mental disorders was associated with less mental health knowledge ($F(11,2363) = 55.35, p = 0.00$; 20,5% variance explained).

A regression model explaining 12.7% of variance was obtained ($F(27,2347) = 12.66, p = 0.00$), with men expressing more social distance towards Jeroen as well as respondents with lower levels of mental health knowledge, of which less correct beliefs were related strongest to social distance. In addition, only very close levels of contact with persons with mental disorders were associated with less social distance.

Jeroen with psychosis elicited more social distance than Jeroen with depression, and the association with gender was absent for Jeroen with psychosis.

Conclusions

Targeting men with less mental health knowledge might be a valuable strategy for stigma reduction – a finding consistent with international studies. Only the closest levels of contact were predictive of less social distance. Creating awareness for the presence of persons with mental health problems, promoting contact and targeting on correct beliefs might be a valuable strategy. In addition, a distinction should be made between mental disorders for identifying target groups: social distance for psychosis appears to be more general than for depression.