



the wpa global programme to reduce stigma and discrimination because of schizophrenia

Annotated bibliography of selected publications and other material related to stigma and discrimination.

An update for the years 2002 to 2006

Aichberger, M. and Sartorius, N. (2006)



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Introduction

Social exclusion, the lack of respect for people with a mental disorder, the negative discrimination of people with mental illness before the law and the difficulties they face when searching for employment or housing, the loss of social status of the families of patients and finally the loss of self-respect and self-esteem by people with a mental illness are all related to the stigma associated with such illness. The stigmatisation of people who have a mental illness not only adds to difficulties in their daily life: it also prevents them from getting access to treatment and care, thus further worsening their usually very difficult position.

In 1996, the World Psychiatric Association (WPA) launched its Global Programme Against Stigma and Discrimination Because of Schizophrenia. The Programme's central co-ordinating office is located in Geneva. The programme is guided by a Steering Committee composed of Professors J. Arboleda-Flórez, J.J. López-Ibor, A. Okasha, N. Sartorius, H. Schulze, C.N. Stefanis and N.N. Wig. Its Scientific Director is Professor Norman Sartorius.

The programme has developed a series of materials which include a detailed guide and manual for the development of national programmes, a concise description of schizophrenia, an assembly of materials used in fighting stigma (e.g. books, films, posters), a description of the programmes fighting stigma in different parts of the world, a description of work in the field sites of the WPA programme and a report of the WPA Global Programme. A recently published book (N. Sartorius and H. Schulze, 2005)¹ provides a description of the numerous other materials produced by the many countries participating in the programme and its website www.openthedoors.com gives references to the programme's publications.

In 2001 it became obvious that it would be useful to publish a listing of publications related to programmes dealing with stigma in the form of a selected bibliography with abstracts of relevant books and articles. This bibliography, summarising the work on the topic of stigma and discrimination of the mentally ill from very early publications to the year 2001, was composed by Anouchka Pickenhagen and Norman Sartorius and published in 2002. The present volume has been produced to update the previous bibliography and contains abstracts and references to the relevant literature from 2002 to mid-2005.

The main search engines used in the development of this bibliography were Ovid and Google. The databases used within Ovid were Medline, PsychInfo and SocioFile. References corresponding to key words such as stigma, discrimination, schizophrenia were listed first and the respective articles examined in the libraries of the University of Vienna and the Vrije Universiteit in Amsterdam. Each of the articles was read and summarised for the bibliography by Marion C. Aichberger.

The next step was the examination of the articles written by well-known experts on the subject and an examination of lists of references given for articles dealing directly with the topic. The references collected in this manner were handled in the same way as those obtained through the search engines.

This bibliography is selective, not comprehensive. Articles which were not dealing directly with the subject as well as those that seemed to rephrase texts found elsewhere were dropped. Articles written with the aim to analyse the process of policy making and employment were included even when their focus was broader than schizophrenia.

In the first part of the bibliography articles are organised in thematic sections as indicated on page 4. In Group A – perception, assessment and consequences of stigma in various situations, there are references dealing with stigma and discrimination in the work place, public services, the media, educational institutions, family/informal caretakers and

¹ [Sartorius N, Schulze H \(2005\) Reducing the Stigma of Mental Illness. A Report from a Global Programme of the World Psychiatric Association. Cambridge University Press 2005.](#)

other settings. In Group B, there are references to intervention programmes undertaken to reduce or prevent stigma linked to mental disorders.

The second part of the bibliography lists the numbers of the references (Bibliography Numbers) relevant to the key words given on page 5.

Many people were very helpful in the creation of this bibliography. Space limitation does not allow us to list all of them and to describe their contribution. M. Angermeyer, L. Burti, A. Chechnicki, P. Corrigan, S. Johnson, S. Marwaha, R.S. Murthy, M. Sato, H. Stuart, G. Thornicroft, R. Warner have sent us references on the topic and articles that could not be found in the libraries to which we had access. They and others offered advice and guidance as well as specific suggestions. To all of them go our very sincere thanks.

We hope that this publication will usefully complement the array of materials produced by the WPA programme and thus facilitate the development of programmes against stigma and discrimination in the sites participating in the Open The Doors programme and those that will join them.

This update of the bibliography of publications on stigma related to mental illness shows that research on and initiatives fighting the stigma connected to mental illness are many and that they are growing in numbers and success. This gives reason to hope that positive changes in attitudes towards the mentally ill will occur and that those affected by the illness and their families will have a chance to live a life of quality and will be helped to carry the heavy burden of the disease that can throw a heavy shadow on their life.

M. Aichberger

N. Sartorius

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GROUP A

Section 1 – The work place

Bibliography Number: 1

Reference Type: Journal Article

Type of Article: Editorial

Author: Boardman, J., Grove, B., Perkins R. & Shepard, G.

Year: 2003

Title: Work and employment for people with psychiatric disabilities

Journal: British Journal of Psychiatry

Volume: 182

Pages: 467-468

Abstract: Being 'in work' has important implications for the personal well-being, social status and civil rights of those with mental illness, as well as for their use of health and social services. Employment, work and leisure are key dimensions of social adjustment. Studies show clear interest in work and employment activities among users of psychiatric services, with up to 90 % of users wishing to go into (or back to) work. Though, for people with long-term mental illness, rates of employment are low. In the UK there is widespread ignorance of the existing evidence about services and approaches that are effective in helping people with mental illness to work and keeping them in employment. However, during the past two decades there has been an expansion of employment initiatives for such people. A local comprehensive mental health work and employment service should contain a spectrum of opportunities, with possibilities for access at any point and the flexibility for people to move or to stay, according to individual needs. Community mental health teams have a central role in assessing need and facilitating access to relevant local opportunities. Furthermore, more research in this area needs to be done, to develop well working strategies.

Bibliography Number: 2

Reference Type: Book

Author: Cechnickiego, A., Kaszynskiego, H.

Year: 2003

Title: "The Future of Work for Mentally Ill People" (in Polish)

City: Kraków

Publisher: Stowarzyszenie na Rzecz Rozwoju Psychiatrii i Opieki Środowiskowej

Bibliography Number: 3

Reference Type: Journal Article

Type of Article: Original

Author: Dalgin, R.S.; Gilbride, D.

Year: 2003

Title: Perspectives of people with psychiatric disabilities on employment disclosure

Journal: Psychiatric Rehabilitation Journal

Volume: 26

Issue: 3

Pages: 306-10

Abstract: Background: The Americans with Disabilities Act (ADA) of 1990 protects people with disabilities from employment discrimination. Under the ADA, employers must accommodate the known disabilities of a qualified employee or applicant. For persons with psychiatric disabilities, which are often invisible, the individual is required to make a conscious decision regarding

disclosing their disability to an employer. The decision to disclose is very complex because the person needs to consider the possibility of confronting stigma and negative stereotypes.

Aim: A qualitative study including a focus group and individual interviews was conducted to gather data from people with psychiatric disabilities/labels regarding employment disclosure.

Methods: A sample of 11 individuals, who were self-identified as having psychiatric disabilities/labels, and had all been hospitalised on at least one occasion were interviewed in a focus group and of these 5 people were afterwards interviewed individually. Of the 11 participants, 7 were employed, 6 of whom were working 35+ hours per week.

Results: Major findings include the significant impact of disability identity (does the participant think they have a disability), and the importance of appropriate job matching as a disclosure strategy. Disclosing to an employer was not an acceptable idea for most of the participants because of their concern about negative response.

Conclusion: Psychiatric vocational rehabilitation providers need to be aware of the impact of disability identity on the employment disclosure decision-making process. They need to inquire about and address consumers' concerns about negative response to disclosure from employers and co-workers.

Bibliography Number: 4

Reference Type: Journal Article

Type of Article: Letter

Author: Everett, B.

Year: 2004

Title: Best practices in workplace mental health: an area for expanded research

Journal: Healthcare Papers

Volume: 5

Issue: 2

Pages: 112-3

Abstract: Mental health, mental illness and the workplace is a timely topic. Many Canadian employers are recognising the consequences for their bottom line of not addressing the Issue. It appears to be the right time to exchange the word discrimination for stigma. According to the author this opens a rights and responsibilities dialogue that would be valuable. Further, employers and employees would understand the term. The author describes two populations to consider when discussion this matter; those who want to enter the workforce, possibly for the first time, and those who want to stay in the workforce. Studying both populations' needs and experiences would yield new knowledge. Moreover, the author states that broadening the investigation scope to include instances where things are working (best practices) should be considered. And finally, concentration only on anti-stigma programs in the matter of workplace stigma would exclude other innovations.

Bibliography Number: 5

Reference Type: Journal Article

Type of Article: Original

Author: Henry, A.D.; Lucca, A.M.

Year: 2004

Title: Facilitators and barriers to employment: the perspectives of people with psychiatric disabilities and employment service providers

Journal: Work

Volume: 22

Issue: 3

Pages: 169-82

Abstract: Aim: This study examined the perspectives of people with psychiatric disabilities and employment service providers regarding factors that most directly help or hinder consumer efforts to obtain and maintain employment.

Methods: Forty-four adults with serious mental illness (SMI) and 30 providers participated in 12 focus groups across Massachusetts. At the beginning both consumer and provider groups were faced with two broad questions: 1) what factors help most people with SMI to get and keep jobs (facilitators), and 2) what factors prevent most people with SMI from getting and keeping jobs (barriers)? Data were analysed qualitatively and both person and environmental factors were highlighted.

Results: Among facilitators, participants agreed that quality consumer-provider relationships and individualised employment services are most instrumental in helping consumers to achieve their employment goals. Participants identified a range of environmental barriers, including Issues related to the service system, entitlement programs, non-human resources, and social stigma.

Conclusion: A more intense communication between various employment services, a wider range of anti-stigma interventions based in the community, integrating employers and, to foster consumer empowerment to by improving access to information about human service and Social Security Administration and other entitlement systems, appear to be important steps to take.

Bibliography Number: 6

Reference Type: Journal Article

Type of Article: Editorial

Author: Huxley, P.; Thornicroft, G.

Year: 2003

Title: Social inclusion, social quality and mental illness

Journal: British Journal of Psychiatry

Volume: 182

Pages: 289-90

Abstract: It has been argued that people with a significant mental illness are among the most excluded in society. Sayce (2001), for instance has proposed that psychiatrists should directly embrace social inclusion and recovery as treatment goals. They should indirectly contribute by engaging in the wider social policy debate, including for example Issues relating to the disability rights agenda. In this editorial the authors further discuss various aspects of this topic.

Bibliography Number: 7

Reference Type: Journal Article

Type of Article: Original

Author: Laudet, A.B.; Magura, S.; Vogel, H.S.; Knight, E.L.

Year: 2002

Title: Interest in and obstacles to pursuing work among unemployed dually diagnosed individuals

Journal: Substance Use and Misuse

Volume: 37

Issue: 2

Pages: 145-70

Abstract: Background: Employment status is commonly used as a sign of stability in recovery and an outcome variable for substance abuse treatment and research.

However, there has been little attention in the literature on the topic of work for the dually diagnosed (i.e., persons diagnosed with both substance use and mental health disorders).

Aim: To investigate perceived barriers in pursuing work and in the utilisation of vocational rehabilitation services among unemployed individuals with a dual psychiatric diagnosis.

Methods: Data collected in 1999 are presented on expressed interest in and perceived barriers to pursuing work and on the utilisation of vocational rehabilitation (voc-rehab) services among unemployed members of a dual recovery self-help fellowship (N= 130).

Results: While members generally expressed high interest in working, they also cited multiple obstacles to attaining and maintaining employment. A path model was specified and tested. Significant contributors to interest in working were substance use status and physical health rating. Consistent with our hypotheses, mental health symptoms and greater perceived obstacles (e.g., stigma, fear of failure, and insufficient skills) were significant contributors to perceived difficulty in pursuing work, whereas substance use, physical health, and regency of employment were not. Finally, those who perceived less difficulty in pursuing work were more likely to utilise vocational-rehabilitation services, and men were more likely than women to use these facilities; interest in work was not significantly associated with utilising voc-rehab services.

Conclusion: The roles of mental health disorders and substance use in relation to pursuit of employment are discussed, as well as that of perceived obstacles such as stigma. The paper addresses the setting of realistic vocational goals and possible strategies to mitigate barriers to increased employment of dually diagnosed individuals.

Bibliography Number: 8

Reference Type: Journal Article

Type of Article: Review

Author: Mangili E., P.M., Buizza C., Rossi G.

Year: 2004

Title: Attitudes toward disabilities and mental illness in work settings: a review (in Italian)

Journal: Epidemiologia e Psichiatria Sociale

Volume: 13

Issue: 1

Pages: 29-46

Abstract: Aim: To analyse employers' and employees' attitudes towards the job integration of people with mental illness or disability and to highlight the socio-demographic and organisational characteristic that are more significantly associated with such attitudes.

Methods: a *PsychINFO*, *AskERIC* and *Medline* search for studies published from 1961 to 2002, was performed, with using keywords such as *attitudes*, *stigma*, *schizophrenia*, *mental illness*, *disability*, *employers*, *employees*, *co-workers* and *supported employment*.

Results: This review of literature showed that the possibility for people with severe mental illness or disability to enter job market is limited by the discriminating attitudes of employers. The socio-demographic and organizational characteristics, which are more significantly associated with employers' more positive attitudes, are: dimension of company, previous positive contact with people with disability and employers' high educational level.

Conclusion: Such information could be useful to identify and, perhaps, select those companies, which can be predicted as more likely to accept people with mental disorders as part of their work force; they could also be used to train job applicants to improve their social skills. Finally such information could be used to plan specific programs to modify attitudes of employees and employers.

Bibliography Number: 9

Reference Type: Journal Article

Type of Article: Review

Author: Marwaha, S.; Johnson, S.

Year: 2004

Title: Schizophrenia and employment - a review

Journal: Journal of Social Psychiatry and Psychiatric Epidemiology

Volume: 39

Issue: 5

Pages: 337-49

Abstract: **Background:** Little is known about the extent to which work contributes to the recovery of people with schizophrenia. There is increasing interest in the subject because of new service models and the economic cost of unemployment in people with severe mental illness.

Aims and Method: A literature search was carried out with the aim of investigating: a). employment rates in schizophrenia and first-episode psychosis and the extent to which they have changed over time; b). the barriers to work; c). the factors associated with being employed among people with schizophrenia; and d). whether employment influences other outcomes in schizophrenia.

Results: There are wide variations in reported employment rates in schizophrenia. Most recent European studies report rates between 10 % and 20%, while the rate in the US is less clear. There is a higher level of employment among first-episode patients. The employment rate in schizophrenia appears to have declined over the last 50 years in the UK. Barriers to getting employment include stigma, discrimination, fear of loss of benefits and a lack of appropriate professional help. The most consistent predictor of employment is previous work history. Working is correlated with positive outcomes in social functioning, symptom levels, quality of life and self esteem, but a clear causal relationship has not been established.

Conclusion: Very low employment rates are not intrinsic to schizophrenia, but appear to reflect an interplay between the social and economic pressures that patients face, the labour market and psychological and social barriers to working.

Bibliography Number: 10

Reference Type: Journal Article

Type of Article: Original

Author: McQuilken M, Z.J., Novak J, Starks RD, Olmos A and Bond GR.

Year: 2003

Title: The work project survey: consumer perspectives on work

Journal: Journal of Vocational Rehabilitation

Volume: 18

Issue: 1

Pages: 59-68

Abstract: **Aim:** Mental health consumers at an urban mental health centre were surveyed about their motivations for working and perceived barriers to employment.

Methods: A survey was developed and administered by a consumer-led research team to 389 persons receiving case management and outpatient services.

Results: Most consumers were either working (16%) or reported a desire to work (46%). The latter group constituted 55% of the 310 respondents who were not working at the time of the study. The most common perceived barrier was the fear of losing Social Security benefits. Consumers also reported concerns about receiving low pay and being ashamed of their job histories. Among the 38% of the total sample who expressed a reluctance or unwillingness to work, two-thirds indicated that, if they did not have to worry about losing Social Security benefits while working, they would try to obtain employment. A total of 179 (49%) respondents expressed a preference for receiving vocational services at their clinical sites, versus at a clubhouse location.

Conclusion: Most consumers in this study were working or wanted to work. Consumers' motivations for work can be increased, especially if key barriers to work are described as removable. Preferences for types and locations of vocational services need to be considered in planning services.

Bibliography Number: 11

Reference Type: Journal Article

Type of Article: Original

Author: Salkever, D.S.; Shinogle, J.A.; Goldman, H.

Year: 2003

Title: Return to work and claim duration for workers with long-term mental disabilities: impacts of mental health coverage, fringe benefits, and disability management

Journal: Mental Health Services Research

Volume: 5

Issue: 3

Pages: 173-86

Abstract: **Background:** Long-term disability insurance for mental disorders represents a major economic burden. There is suggestive evidence that return from disability status to work may be more difficult for persons with mental disorders. A recent survey of large private sector employers (William M. Mercer, Inc., 1998) found that 53 % of respondents felt that obstacles to return to work were greater for psychiatric disabilities. Obstacles cited included employee reluctance to return and employer uncertainty about ways to create a supportive work environment. Other research on employer perceptions and the stigma of mental disorders suggests that discriminatory attitudes on the part of employers and co-workers may also be a barrier to return to work (Scheid, 1998).

Aim: In this paper the relationship of mental health benefits provided by 116 employers, to return to work and duration of disability claims for 407 of their employees who were on long-term disability (LTD) leave for mental disorders were examined.

Methods: The mental health benefits data were coded from summary plan description booklets provided by employers. Information on other fringe benefits and employers' disability management practices were obtained from a survey of the employers. Relationships between mental health benefit features, other fringe benefit and disability management factors, and our outcomes were estimated via logistic regression and survival analysis.

Results: These indicated that three mental health benefit plan features were negatively related to the return-to-work probability: (1) a high deductible (> \$600), (2) longer

pre-existing condition exclusion periods, and (3) having a carve-out.

Conclusion: The level of financial support provided by the LTD plan and the availability of complementary financial supports such as STD and retirement benefits, tended to discourage return to work. Strong evidence was found that shorter duration limits encourage return to work and shorter claims duration. The findings suggest that cost saved by access restrictions may be partially offset by higher turnover costs for employees with disabilities due to mental disorders. Carve-outs were also predictive of shorter claims duration.

Bibliography Number: 12

Reference Type: Journal Article

Type of Article: Discussion paper

Author: Stuart, H.

Year: 2004

Title: Stigma and work

Journal: Healthcare Papers

Volume: 5

Issue: 2

Pages: 100-11

Abstract: **Background:** Recent studies show profound consequences of stigma, including diminished employability, lack of career advancement and poor quality of working life for people with serious mental disorders.

Method: In this paper the author summarises the findings of various studies done on this topic.

Results: Findings show that people with serious mental illnesses are more likely to be unemployed or to be under-employed in inferior positions that are incommensurate with their skills or training. If they return to work following an illness, they often face hostility and reduced responsibilities.

Conclusion: These conditions may lead to self-stigma and increased disability. The authors suggests to increase research to focus on mental health stigma and work, the collection of population data on stigma and work and finally, to create business-research alliances to find probable solutions.

Section 2 – Public services

Bibliography Number: 13

Reference Type: Journal Article

Type of Article: Original

Author: Arrillaga Arizaga, M.; Sarasqueta Eizaguirre, C.; Ruiz Feliu, M.; Sanchez Etxeberria, A.

Year: 2004

Title: Attitudes of primary care health staff to the mentally ill patient, psychiatry and the mental health team (in Spanish)

Journal: Atencion Primaria

Volume: 33

Issue: 9

Pages: 491-5

Abstract: **Background:** The reform of psychiatry in Spain is meant to have had a positive outcome on the attitudes and knowledge on mental health of health care professionals.

Aim: To measure the reliability of a questionnaire on attitudes and knowledge of mental health of the mental health team. To find out what these attitudes are and what their associations with demographic and work variables are.

Methods: A self-administered, anonymous questionnaire including a section with social, demographic and work data was administered to the health staff of primary care centres in the area of Guipuzcoa. The survey includes items on attitudes towards the mentally ill, psychiatry, the referral Mental Health Centres, staff's perception of their own knowledge and their attitude towards attending courses on the subject.

Results: The reply rate was 70%. The factorial analysis had 5 factors whose measurements and scores were: "attendance at courses", 30.8 (8-40); "knowledge", 17.5 (7-35); "more treatment", 12.2 (6-30); "less treatment", 14.4 (5-25); "care through the MHC", 11.5 (4-20). The internal consistency of the 5 scales was 0.95, 0.92, 0.85, 0.83, and 0.65, respectively. 13% did not think you had to be on the look out for the mentally ill.

Conclusion: No negative attitude towards the mentally ill was perceived. Primary care health staff perceived their lack of psychiatric knowledge and that they did not have sufficient dealings with the MHC, and showed good predisposition towards improving these insufficiencies.

Bibliography Number: 14

Reference Type: Journal Article

Type of Article: Mini Review

Author: Austin, J.C.; Honer, W.G.

Year: 2005

Title: The potential impact of genetic counselling for mental illness

Journal: Clinical Genetics

Volume: 67

Issue: 2

Pages: 134-42

Abstract: Mental disorders are relatively highly heritable, yet complex with important interactions between genetic risk and environmental factors in determining illness expression. Due to the high prevalence of these complex disorders, steady increase in knowledge about genetic contributions, and increasing public awareness, this area may come to represent a significant proportion of all genetic counselling. The potential impact of genetic counselling in mental illness is broad. As well as the conventional expectations, genetic counselling may have the positive outcomes of reducing the guilt, shame, and stigma associated with mental illness, even within families. However, like many interventions in medicine, genetic counselling for mental disorders could potentially have unintended consequences resulting in increased stigma, guilt, and shame. The potential impacts of genetic education and providing recurrence risks on stigma are reviewed, as well as the role of education about the environment as a way of modifying family members' guilt. The review allows a preliminary formulation of a series of suggestions for genetic counselling in mental illness.

Bibliography Number: 15

Reference Type: Journal Article

Type of Article: Original

Author: Aydin, N.; Yigit, A.; Inandi, T.; Kirpinar, I.

Year: 2003

Title: Attitudes of hospital staff toward mentally ill patients in a teaching hospital, Turkey

Journal: International Journal of Social Psychiatry

Volume: 49

Issue: 1

Pages: 17-26

Abstract: Background: Attitudes of hospital staff are important for admission, early diagnosis and treatment, and the rehabilitation process of mentally ill patients. Aims: The main objective of this study was to investigate and compare hospital workers' attitudes toward and knowledge of schizophrenia and depression. Methods: In 2001, a total of 160 hospital staff (40 academicians, 40 resident physicians, 40 nurses and 40 hospital employees) in a teaching hospital were interviewed with a questionnaire. The questionnaire included items about background information, a one-paragraph vignette, questions on social distance and expected burden, recognition of mental illness, hospitalisation, prognostic outcome, and to whom and where the patient should be admitted. Results: Although academicians, resident physicians, and nurses have sufficient knowledge about schizophrenia and depression, the frequency of their negative attitudes towards mentally ill subjects was more than that for uneducated hospital employees. Conclusions: It was commented that this difference might be a result of negative effects of the medical education system.

Bibliography Number: 16
Reference Type: Journal Article
Type of Article: Original
Author: Coker, E.M.
Year: 2003
Title: Narrative strategies in medical discourse: constructing the psychiatric 'case' in a non-western setting
Journal: Social Science and Medicine
Volume: 57
Issue: 5
Pages: 905-16
Abstract: The organising goal of the present study was to analyse and understand the 'discursive presentation' of the Egyptian psychiatric patient through the texts, or narratives, contained within the patient medical charts. It is argued that the medical record, as a written document blending overt medical imperatives with more unexamined cultural assumptions about self-hood and abnormality, is an unusually rich source of discursive data concerning the 'cultural negotiations' implicit in the construction of the patient according to the two (often competing) world views represented by western biomedicine and traditional Egyptian culture. Psychiatry in Egypt is much more than a 'foreign transplant'; to assume this is to deny the culturally constructed nature of western biomedicine and psychiatry, which have their roots in historical and cultural notions of self, society, the individual, and normality versus abnormality. Egyptian psychiatry is the product of an ongoing active blending of two very different conceptualisations of these Issues.

Bibliography Number: 17
Reference Type: Journal Article
Type of Article: Original
Author: Corrigan, P.W.; Markowitz, F.E.; Watson, A.C.
Year: 2004
Title: Structural levels of mental illness stigma and discrimination
Journal: Schizophrenia Bulletin
Volume: 30
Issue: 3
Pages: 481-91

Abstract: Most of the models that currently describe processes related to mental illness stigma are based on individual-level psychological paradigms. In this article, using a sociological paradigm, the concepts of structural discrimination was applied to broaden the understanding of stigmatising processes directed at people with mental illness. Structural, or institutional, discrimination includes the policies of private and governmental institutions that intentionally restrict the opportunities of people with mental illness. It also includes major institutions' policies that are not intended to discriminate but whose consequences nevertheless hinder the options of people with mental illness. After more fully defining intentional and unintentional forms of structural discrimination, current examples of each are provided. Then the implications of structural models for advancing our understanding of mental illness stigma is discussed, including the methodological challenges posed by this paradigm.

Bibliography Number: 18
Reference Type: Journal Article
Type of Article: Review
Author: Corrigan, P.W.
Year: 2004
Title: How stigma interferes with mental health care
Journal: American Psychologist
Volume: 59
Pages: 614-625
Abstract: As a result of clinical and services research, providers and policymakers have developed evidence-based guidelines that suggest specific treatments will improve the lives of people with particular problems and disorders. Though, two disconcerting trends have become known to services researchers. For one, many people with mental illness never pursue treatment, and for two, others begin treatment but fail to fully adhere to services as prescribed. Several studies have found evidence for these tendencies (Regier et al., 1993, Kessler et al., 2001, Willis, Willis, Male, Henderson & Manderscheid, 1998). In this article it is discussed why people with mental health problems fail to engage in treatment. The general public seems to infer mental illness from four cues: psychiatric symptoms, social-skills, deficits, physical appearance, and labels. The label appears to be the main cause for stigma from this side. An individual being identified has having a label (e.g. by seeing a psychiatrist) or by behaving in a way like someone who is meant to have this label, will be treated differently, more cautious or even more discriminatory. The negative impact of public stigma is also observed in the general health care system. People labelled mentally ill are less likely to benefit from the depth and breathe of available physical health care services than people without these illnesses. Moreover, it is suggested that individuals with mental illness are less likely to receive the same range of insurance benefits. Further research showed an inverse relationship between stigmatising attitudes and treatment adherence. People with mental illness often internalise stigmatising ideas and believe that they are less valued because of their psychiatric disorder. Low self-efficacy and demoralisation has been shown to be associated with failing to pursue work or independent living opportunities at which people with mental illness might otherwise succeed (Link, 1982, 1987). Research has shown a significant relationship between shame and avoiding treatment. Stigma and service utilisation also seem to interact with the ethnic background of the potential consumer. Future research

needs to investigate the link between stigma and avoidance in all its aspects further,

Bibliography Number: 19

Reference Type: Journal Article

Type of Article: Original

Author: Diaz-Caneja, A.; Johnson, S.

Year: 2004

Title: The views and experiences of severely mentally ill mothers - a qualitative study

Journal: Journal of Social Psychiatry and Psychiatric Epidemiology

Volume: 39

Issue: 6

Pages: 472-82

Abstract: Background and Aim: The majority of women with severe mental illness are mothers. Little is known about their experiences and the extent to which their needs are met.

Methods: Semi-structured interviews were carried out with 22 women with schizophrenia, bipolar affective disorder or severe depression with psychotic symptoms in Inner London. Participants' experiences, views about services and needs for support in parenting were discussed. Interviews were transcribed verbatim and qualitative thematic analysis carried out.

Results: Most participants who looked after their children described motherhood as rewarding and central to their lives. However, they described the demands associated with parenting and at the same time coping with severe mental illness as considerable, and some feared that their children would be adversely affected by their illnesses. Parenting responsibilities created practical impediments to engaging with mental health services. Fear of losing custody or access to children dominated interactions with mental health and social services, making most participants reluctant to disclose difficulties in parenting to professionals. A widespread assumption that mentally ill women are inherently poor parents, regardless of the facts of individual cases, was described, and stigma was seen as affecting children as well as mothers. Services were perceived as offering little continuing support in relation to parenting, intervening only in crises.

Conclusion: Little attention has so far been paid in research and service development to the fact that the majority of mentally ill women are mothers. Strategies for assessing and meeting the resulting unmet needs should be developed and evaluated.

Bibliography Number: 20

Reference Type: Journal Article

Type of Article: Original

Author: Filipic, I.; Pavicic, D.; Filipic, A.; Hotujac, L.; Begic, D.; Grubisin, J.; Dordevic, V.

Year: 2003

Title: Attitudes of medical staff towards the psychiatric label "schizophrenic patient" tested by an anti-stigma questionnaire

Journal: Collegium antropologicum

Volume: 27

Issue: 1

Pages: 301-7

Abstract: Background: Little is known about the attitudes of medical professionals, medical trainees and other hospital workers towards schizophrenic patients in Croatian hospitals.

Aim: To investigate the opinions and attitudes of medical staff towards schizophrenic patients.

Methods: The research included three groups of examinees, 200 physicians of various specialities, 200 nurses and technicians working in Zagreb city hospitals, and 200 3rd and 4th year students of the School of Medicine in Zagreb. Previously validated anti-stigma questionnaire was used, consisting of 25 questions divided into three thematic groups, structured and adapted to the specific requirements of this study. The Results were mutually compared and statistically analysed by applying the chi 2-test.

Results: Significant difference ($p < 0.01$) was found between the participating groups in various answers. The Results point to the existence of prejudices and stigmatising attitudes in all three investigated groups. The most frequent reasons for stigmatising attitude of students are based on fear and insufficient knowledge about mental patients and schizophrenia as a disease, while there are a high percentage of positive answers to the questions on rehabilitation and re-socialisation. The nurses/technicians also show a high degree of mistrust towards schizophrenic patients and mostly answer with "I don't know", thus presenting insufficiently formed attitudes about the mentioned problems. The physicians in their answers confirm fear, mistrust and stigmatising attitudes towards schizophrenic patients found in general population in Croatia.

Conclusion: The consequences of such attitudes are the low quality of life of schizophrenic patients, and slow, often incomplete, re-socialisation.

Bibliography Number: 21

Reference Type: Journal Article

Type of Article: Original

Author: Hellzen, O.; Kristiansen, L.; Norbergh, K.G.

Year: 2003

Title: Nurses' attitudes towards older residents with long-term schizophrenia

Journal: Journal of Advanced Nursing

Volume: 43

Issue: 6

Pages: 616-22

Abstract: Background: In institutional care, a symptom-oriented approach is a frequently used but seldom-discussed method for treating people with severe mental illness.

Aim: To investigate whether nurses' approach could be explained with reference to a client's individual clinical picture or the fact that they had a diagnosis of schizophrenia.

Methods: An exploratory study of the staff's view of a caring approach for a fictitious older long-term schizophrenic resident who also suffers from severe dementia was conducted. All nurses working in the field of psychiatry at seven different units in one municipality in northern Sweden were an integral part of the study. The units were divided into two groups and classified as 'dwelling' or 'support'. The 'dwelling group' was characterised by nurses working at traditional group dwellings, and the 'support group' by nurses working in small teams and visiting people with long-term mental illness in their homes. Responses were received from 62 women and 23 men, of whom 14 were Registered Nurses and 69 were Enrolled Nurses. A questionnaire was used, developed from a case description of a 68-year-old woman with typical symptoms of severe cognitive decline, with

problematic behaviour and a diagnosis of long-term schizophrenia.

Results: The main finding was that nurses with long experience became less sensitive in their relationship with the resident than less experienced nurses. There appeared to be a tendency for long work experience to have a negative effect on nurses' attitudes towards the resident. Further Results revealed that most nurses favoured a symptom-oriented approach towards the person depicted in the vignette. However, those in the 'support group' appeared to choose a personhood-focused approach more frequently than those in the 'dwelling group'.

Conclusion: The nurses could be interpreted as being caught in a moral dilemma between ends and means. This dilemma could be represented on the one hand as the 'conformist mode', with an acceptance of ends and means, and on the other hand as the 'innovation mode', with acceptance of ends but with few legitimate means to achieve them.

Bibliography Number: 22

Reference Type: Journal Article

Type of Article: Original

Author: Kingdon, D.; Sharma, T.; Hart, D.; The Schizophrenia Subgroup of The Royal College of Psychiatrists' Changing Minds Campaign

Year: 2004

Title: What attitudes do psychiatrists hold towards people with mental illness?

Journal: Psychiatric Bulletin

Volume: 28

Issue: 11

Pages: 401-406

Abstract: **Background:** People with mental illness are confronted with stigmatising attitudes and discriminatory behaviour in a wide array of situations. What attitudes the ones hold who are caring for them, e.g. psychiatrists, has so far not been studied sufficiently.

Aim: To investigate the attitudes that psychiatrists hold towards people with mental illness.

Methods: Each member of the Royal College of Psychiatrists in the UK was sent a questionnaire based on previous research in this area, supplemented with relevant questions on management.

Results: 2813 of 6524 questionnaires were returned (43%). Psychiatrists' attitudes compared favourably with those of the general population. Among other findings, they believed that the risk of dangerousness was overemphasised, that misdiagnosis of schizophrenia in Black people is common, and that poly-pharmacy and the use of antipsychotic medication above British National Formulary levels occurs too often.

Conclusion: Psychiatrists' attitudes are substantially more favourable towards people with mental illness than those of the general population with individual, but important, exceptions. Some aspects of psychiatric management, especially of antipsychotic medication, may undermine this, however. Comparison with other groups, e.g. general practitioners, nurses and social workers would be useful in planning how to reduce the stigmatisation of people with mental illness.

Bibliography Number: 23

Reference Type: Journal Article

Type of Article: Original

Author: Lauber, C.; Anthony, M.; Ajdacic-Gross, V.; Rossler, W.

Year: 2004

Title: What about psychiatrists' attitude to mentally ill people?

Journal: European Psychiatry

Volume: 19

Issue: 7

Pages: 423-7

Abstract: **Background:** In mental health research nowadays one of the most important goals is to find strategies to conquer the stigma of mental illness. One of these strategies is to make use of opinion leaders, such as mental health professionals. Their opinion may have a multiplying effect in the general population, but also among other health professionals.

Aim: To assess and to compare experts' and lay attitudes towards community psychiatry and the respective social distance towards mentally ill people.

Method: Comparison of two representative Swiss samples, one comprising of 90 psychiatrists, the other including 786 individuals of the general population.

Results: The psychiatrists' attitude was significantly more positive than that of the general population although both samples have a positive attitude to community psychiatry. The statement that mental health facilities devalue a residential area has revealed most agreement. Psychiatrists and the public do not differ in their social distance to mentally ill people. Among both samples, the level of social distance increases the more the situation described implies "social closeness".

Conclusion: The strategy to use psychiatrists as role models or opinion leaders in anti-stigma campaigns cannot be realised without accompanying actions. Psychiatrists must be aware that their attitudes do not differ from the general public and, thus, they should improve their knowledge about stigma and discrimination towards people with mental illnesses.

Bibliography Number: 24

Reference Type: Journal Article

Type of Article: Original

Author: Mann, C.E.; Himelein, M.J.

Year: 2004

Title: Factors associated with stigmatisation of persons with mental illness

Journal: Psychiatric Services

Volume: 55

Issue: 2

Pages: 185-7

Abstract: **Background:** Stigmatisation of individuals with mental illnesses is widespread and serves as a major barrier to treatment.

Aim and Method: In a survey of 116 undergraduates, the authors examined the impact of diagnosis, attitudes about treatment, and psychiatric terminology on stigma associated with mental illness.

Results: Stigmatisation of schizophrenia was significantly higher than stigmatisation of depression. More positive attitudes toward treatment were associated with significantly less stigma. However, psychiatric terminology had no impact on attitudes toward mental illness. Significantly less stigmatisation of mental illness was found among females than among males.

Conclusion: Reducing the stigmatisation of mental illness continues to be an important goal for mental health professionals.

Bibliography Number: 25
Reference Type: Journal Article
Type of Article: Original
Author: McDonald, D.D.; Frakes, M.; Apostolidis, B.; Armstrong, B.; Goldblatt, S.; Bernardo, D.
Year: 2003
Title: Effect of a psychiatric diagnosis on nursing care for non-psychiatric problems
Journal: Research in Nursing and Health
Volume: 26
Issue: 3
Pages: 225-32
Abstract: Aim: This study was designed to test how patients' psychiatric diagnoses would affect nursing care for medical problems.
Methods: Sixty nurses were randomly assigned to three groups in this post-test-only experiment. Control group nurses read a vignette describing a man admitted with a possible myocardial infarction (MI). Non-psychotic group nurses also read that the person was on alprazolam. Psychotic group nurses read that the person was on haloperidol, benztropine, lorazepam, trazadone, fluoxetine, and lithium.
Results: Psychotic group nurses estimated a decreased probability that the patient was having an MI and were less likely to respond to additional possible MI symptoms.
Conclusion: An increased awareness of the potential to stereotype medical patients with a history of psychosis might assist nurses when providing care.

Bibliography Number: 26
Reference Type: Magazine Article
Author: Medscape
Year: 2004
Title: How Stigma Interferes With Mental Healthcare: An Expert Interview with Patrick W. Corrigan, PsyD
Magazine: Medscape Psychiatry & Mental Health
Volume: 9
Issue Number: 2
Date: 12/09/2004
Abstract: The stigmatisation of people with mental illness is widespread in our society. What is stigma? How does it negatively affect patient outcomes and how can it be reduced? Randall F. White, MD, contributing writer at Medscape, interviewed Patrick W. Corrigan, PsyD, about these issues. Dr. Corrigan is a Professor of Psychiatry and Psychology at Northwestern University and Executive Director of the Centre for Psychiatric Rehabilitation at Evanston Northwestern Healthcare, both in Evanston, Illinois.

Bibliography Number: 27
Reference Type: Journal Article
Type of Article: Original
Author: Prince, P.N.; Prince, C.R.
Year: 2002
Title: Perceived stigma and community integration among clients of assertive community treatment
Journal: Psychiatric Rehabilitation Journal
Volume: 25
Issue: 4
Pages: 323-31
Abstract: Background: Facilitating the integration of persons with psychiatric disabilities is an important goal of community programs. In addition to limitations such as inadequate housing, poverty, and unemployment, a common barrier to community adjustment identified by

people with psychiatric disabilities is their perception of being stigmatised.

Aim: To examine the relationships between perceived stigma and community integration in 95 clients of assertive community treatment (ACT) teams, using sequential multiple regression procedures.

Method: Participants (N= 385) were recruited from among clients of four ACT programs located in Eastern Ontario. All participants met criteria for major mental disorder, including chronic course and disability and resided in community settings, except for brief periods of hospitalisation. In course of the study participants were personally interviewed (one-on-one interview). Measures used were the Devaluation-Discrimination Scale (Link, 1987) to measure the perceptions of stigma, community integration was measured using the scales devised by Aubry and Myner (1996), the Perceived Social Support Scale (Arnold, 1995;1996) and the Rosenberg Self-Esteem Scale (Rosenberg, 1965) were used as measures of perceived support. Psychiatric symptoms were rated by research assistants using the Brief Psychiatric Rating Scale (BPRS, Overall & Gorham, 1962) and as a measure of psychosocial functioning the Multnomah Community Ability Scale (MCAS, Barker, Barron, McFarland, & Bigelow, 1994) was used.

Results: Findings indicate that despite their physical presence in the community and the intensive support ACT clients receive, they believe other community members will reject them. Moreover, this perception appears to interfere with their sense of belonging, particularly among those who also perceive less social support and who have greater psychosocial skill deficits. With respect to the community integration measures, participants reported fairly low physical and social integration, and moderate psychological integration.

Conclusion: Perceived social support and psychosocial functioning are significantly related to the extent to which ACT clients are able to fulfil the tasks of the daily living. However, in addition to community focused anti-stigma campaigns, stigma-related issues should also be addressed with ACT clients themselves.

Bibliography Number: 28
Reference Type: Journal Article
Type of Article: Original
Author: Prior, L.; Wood, F.; Lewis, G.; Pill, R.
Year: 2003

Title: Stigma revisited, disclosure of emotional problems in primary care consultations in Wales

Journal: Social Science and Medicine

Volume: 56

Issue: 10

Pages: 2191-200

Abstract: The nature and effects of stigma have been widely discussed in the context of mental illness, and references to stigma are commonly used to explain a wide array of social processes. For example, it is often claimed that stigmatisation affects aspects of personal identity, that it underpins unjust and discriminatory behaviour, and that it is responsible for reluctance among members of the lay public to disclose the presence of treatable psychiatric symptoms and problems to health professionals. A widespread reluctance to disclose symptoms of 'emotional problems' to health professionals is in fact well documented. Yet the reasons for such patterns of behaviour are far from clear.

In this paper, on the basis of qualitative data collected from primary care attendees in Wales (N=127), the

authors suggest that appeals to stigma are inadequate to explain the phenomenon. More likely, it seems, is that members of the lay public have markedly different images from health professionals of what constitutes a mild to moderate psychiatric problem. Consequently, it is argued that the phenomenon of non-disclosure could be viewed more accurately as a problem of alternative taxonomic systems than of fear of stigma. The implications of the argument for health practice and theory are outlined.

Bibliography Number: 29

Reference Type: Journal Article

Type of Article: Editorial

Author: Sartorius, N.

Year: 2002

Title: Iatrogenic stigma of mental illness

Journal: British Medical Journal

Volume: 324

Issue: 7352

Pages: 1470-1

Abstract: The stigma attached to mental illness, and to the people who have it, is a major obstacle to better care and to the improvement of the quality of their lives. In course of various anti-stigma initiatives many topics have been addressed, though, one of the most obvious sources of stigmatisation, the careless use of diagnostic labels still needs to be made conscious. Diagnoses are useful tools in medicine because they summarise the information about a patient's illness and facilitate communication among members of the profession. They become less helpful in communication with other professions and can be harmful when used by non-professionals who are not familiar with the original definition of the term. Furthermore the professionals, the psychiatrist, working with individuals with a mental illness need to become more aware of various ways they contribute to the stigmatising process of mental illness. The authors give numerous arguments to start this debate.

Bibliography Number: 30

Reference Type: Journal Article

Type of Article: Original

Author: Tay, S.E.; Pariyasami, S.; Ravindran, K.; Ali, M.I.; Rowsudeen, M.T.

Year: 2004

Title: Nurses' attitudes toward people with mental illnesses in a psychiatric hospital in Singapore

Journal: Journal of Psychosocial Nursing Mental Health Services

Volume: 42

Issue: 10

Pages: 40-7

Abstract: **Background:** A positive attitude toward people with mental illnesses is a necessary dimension of psychiatric nursing practice. Although studies have been conducted in Israel and Australia to examine the attitudes of nurses toward people with mental illnesses, no such study had been conducted in Singapore.

Aim: This study explored the factors influencing nurses' attitudes toward and their involvement in caring for people with mental illnesses, and sought to establish the relevance and effects of mental health training on enhancing the nurses' positive attitudes.

Methods: A descriptive, self-administered questionnaire, which contained 24 statements scored on a Likert scale, was used. Factors related to attitudes toward people with mental illnesses included age, professional qualification,

years of psychiatric nursing experience, type of ward, and designation (i.e., position within the institution). The questionnaires were given to all of the local nurses working in a psychiatric hospital in Singapore, and 96% returned the questionnaires.

Results: These showed that nurses with any of the following characteristics had a more positive attitude: age group of 31 to 50; professional qualification of advanced diploma in mental health nursing, nursing degree, or post-basic certificate; or more than 10 years of psychiatric nursing experience. In addition, nursing officers had a more positive attitude than staff nurses or assistant nurses, and nurses working in the short-stay wards had more positive attitudes than those working in the long-stay wards.

Conclusion: These results should be considered when planning interventions aiming to change attitudes towards the mentally ill.

Bibliography Number: 31

Reference Type: Journal Article

Type of Article: Original

Author: Ucoc, A.; Polat, A.; Sartorius, N.; Erkok, S.; Atakli, C.

Year: 2004

Title: Attitudes of psychiatrists toward patients with schizophrenia

Journal: Psychiatry and Clinical Neuroscience

Volume: 58

Issue: 1

Pages: 89-91

Abstract: **Background:** Stigma and discrimination against schizophrenia are common all over the world, and thus psychiatrists have an important role in reducing this. Though, little is known about the attitudes of psychiatrists towards their own clients.

Aim: This survey was carried out in order to evaluate the attitudes of psychiatrists towards people with schizophrenia.

Methods: A questionnaire was distributed to psychiatrists to investigate their attitudes toward patients with schizophrenia.

Results: A total of 42.7% of 60 respondents never informed patients of the diagnosis of schizophrenia and 40.7% informed on a case-by-case basis. The reason that psychiatrists gave for avoiding informing the patients/family members of the diagnosis was the idea that they would not understand the meaning (32.6%) and that they would drop-out from treatment (28.3%). A total of 88.4% of respondents thought the term 'schizophrenia' was used in a pejorative manner in public.

Conclusion: The findings revealed that stigmatising attitudes of society are also shared by some psychiatrists.

Bibliography Number: 32

Reference Type: Journal Article

Type of Article: Original

Author: Watson, A.C., Corrigan, P.W., & Ottati, V.

Year: 2004

Title: Police officer attitudes and decisions regarding persons with mental illness.

Journal: Psychiatric Services

Volume: 55

Issue: 1

Pages: 49-53

Abstract: Background: A significant portion of police work involves contact with persons who have mental illness.

Aim: This study examined how knowledge that a person has a mental illness influences police officers' perceptions, attitudes, and responses.

Methods: A total of 382 police officers who were taking a variety of in-service training courses were randomly assigned one of eight hypothetical vignettes describing a person in need of assistance, a victim, a witness, or a suspect who either was labelled as having schizophrenia or for whom no information about mental health was provided. These officers completed measures that evaluated their perceptions and attitudes about the person described in the vignette.

Results: A 4 x 2 multivariate analysis of variance (vignette role by label) examining main and interaction effects on all subscales of the Attribution Questionnaire (AQ) indicated significant main effects for schizophrenia label, vignette role, and the interaction between the two. Subsequent univariate analysis of variance indicated significant main effects for role on all seven subscales of the AQ and for label on all but the anger and credibility subscales. Significant role-by-label interaction effects were found for the responsibility, pity, and credibility subscales.

Conclusion: Police officers viewed persons with schizophrenia as being less responsible for their situation, more worthy help, and more dangerous than persons for whom no mental illness information was provided.

Section 3 – Media / health policy

Bibliography Number: 33

Reference Type: Journal Article

Author: Abelha, L., Legay, L.F., Lovisi, G.

Year: 2004

Title: The Brazilian process of psychiatric reform in the globalisation era: challenges and perspectives (in Portuguese)

Journal: Cadernos Saúde Coletiva, Rio de Janeiro

Volume: 12

Issue: 1

Pages: 9-25

Abstract: The present paper shows the globalisation process and its influence in the Brazilian Health System and psychiatric reform. The mental health care in the community, which is ongoing in many countries, is just beginning in Brazil. The neoliberal ideology and globalisation tend to worsen psychiatric patients' situation. Despite the fact that managed care intends to obtain outcomes and efficacy evidences, this task is so difficult to achieve in the mental health System. Then, the psychiatric reform can be better understood under the health policy formulation, requiring ethical discussions about the difficulties and needs of the psychiatric patients.

Bibliography Number: 34

Reference Type: Journal Article

Type of Article: Mini Review

Author: Antoniou, J.

Year: 2004

Title: Does crime literature contribute to the stigmatisation of those with mental health problems?

Journal: Psychiatric Bulletin

Volume: 28

Issue: 3

Pages: 95-97

Abstract: In this article a mental health service user with a diagnosis of schizophrenia, who has been involved in the Royal College of Psychiatrists' campaign 'Changing Minds', examines various books by crime novelist Agatha Christie attempting to discover the extent to which she played a part in the creation of the perception of the 'mad' killer. The author concludes that the characters with schizophrenia, depression and substance abuse featured in Christie's novels seldom kill - only in 4 out of more than 80 books. Though, mental health problems are discussed extensively in 13 novels as well as being mentioned in passing in many others, and this may reinforce the perception that people with these problems can be violent to the point of murder. At least a large number of the characters in her books certainly think this way, according to the author.

Bibliography Number: 35

Reference Type: Book

Author: Corrigan, P.W.

Year: 2004

Title: Beat the stigma and discrimination! Four lessons for mental health advocates

City: Tinley Park

Publisher: Tinley Park, IL: Recovery Press

Number of Pages: 76

Bibliography Number: 36

Reference Type: Journal Article

Type of Article: Original

Author: Corrigan, P.W.; Watson, A.C.; Gracia, G.;

Sloven, N.; Rasinski, K.; Hall, L.L.

Year: 2005

Title: Newspaper stories as measures of structural stigma

Journal: Psychiatric Services

Volume: 56

Issue: 5

Pages: 551-6

Abstract: Background: Structural stigma and discrimination occur when an institution like a newspaper, rather than an individual, promulgates stigmatising messages about mental illness.

Aims: This study examined current trends in the news media on reporting topics of mental illness.

Methods: All relevant stories (N=3,353) in large U.S. newspapers were identified and coded during six week periods in 2002. Stories were coded by themes that fit into four categories: dangerousness, blame, treatment and recovery, and advocacy action (that is, calls for public policy and action that increase the quality of care or opportunities for those with mental illness).

Results: Thirty-nine percent of all stories focused on dangerousness and violence; these stories most often ended up in the front section. Few stories promulgated the idea that either the person or the family was responsible for mental illness (2 %). Instead, stories about genetic or biological or environmental causation (for example, stress and trauma) were more common (15 %). There were equal numbers of stories about biological and psychosocial treatments (13 and 14 %, respectively). Four percent of all treatment-related stories addressed recovery. Twenty percent of stories contained themes that fell into the broad category of advocacy action. These stories addressed the shortage of resources in the public mental health arena, the need for better care, the absence of good-quality housing, and the goal of insurance parity.

Conclusion: Data on how mental illness is represented in newspapers yield a useful perspective on structural stigma and the policies and standards that are applied by the news media. These findings have implications for influencing the press.

Bibliography Number: 37

Reference Type: Journal Article

Type of Article: Original

Author: Corrigan, P.W.; Watson, A.C.; Heyrman, M.L.; Warpinski, A.; Gracia, G.; Slopen, N.; Hall, L.L.

Year: 2005

Title: Structural stigma in state legislation

Journal: Psychiatric Services

Volume: 56

Issue: 5

Pages: 557-63

Abstract: **Aim:** This article discusses examples of structural stigma that results from state governments' enactment of laws that diminish the opportunities of people with mental illness.

Methods: To examine current trends in structural stigma, the authors identified and coded all relevant bills introduced in 2002 in the 50 states. Bills were categorised in terms of their effect on liberties, protection from discrimination, and privacy. The terms used to describe the targets of bills were examined: persons with "mental illness" or persons who are "incompetent" or "disabled" because of mental illness.

Results: About one-quarter of the state bills reviewed for this survey related to protection from discrimination. Within that category, half the bills reduced protections for the targeted individuals, such as restriction of firearms for people with current or past mental illness and reduced parental rights among persons with a history of mental illness. Half the bills seemed to expand protections, such as those that required mental health funding at the same levels provided for other medical conditions and those that disallowed use of mental health status in child custody cases. Legislation frequently confuses "incompetence" with "mental illness."

Conclusions: Examples of structural stigma uncovered by surveys such as this one can inform advocates for persons with mental illness as to where an individual state stands in relation to the number of bills that affect persons with mental illness and whether these bills expand or contract the liberties of this stigmatised group.

Bibliography Number: 38

Reference Type: Journal Article

Type of Article: Brief report

Author: Duckworth, K.; Halpern, J.H.; Schutt, R.K.; Gillespie, C.

Year: 2003

Title: Use of schizophrenia as a metaphor in US newspapers

Journal: Psychiatric Services

Volume: 54

Issue: 10

Pages: 1402-4

Abstract: **Background and Aim:** Research has identified misleading and stigmatising popular beliefs about schizophrenia, but little is known about media images corresponding to these beliefs. Building on Susan Sontag's exploration of cancer in the 1978 book 'Illness as Metaphor', the authors hypothesise that "schizophrenia" is now more commonly misused.

Methods: A total of 1740 newspaper articles from 1996 or 1997 that mentioned schizophrenia or cancer were randomly selected and then coded for contextual and metaphorical use.

Results: Only 1 percent of articles that mentioned cancer used that illness in a metaphorical way, compared with 28 percent of the articles that mentioned schizophrenia. Results differed by newspaper but not by region.

Conclusion: The authors suggest that these inaccurate metaphors in the media contribute to the ongoing stigma and misunderstandings of psychotic illnesses.

Bibliography Number: 39

Reference Type: Journal Article

Type of Article: Original

Author: Hoffmann-Richter, U.; Forrer, F.; Finzen, A.

Year: 2003

Title: Schizophrenia in the German national paper Frankfurter Allgemeine Zeitung - a didactic play (in German)

Journal: Psychiatrische Praxis

Volume: 30

Issue: 1

Pages: 4-7

Abstract: The Basel Project on Psychiatry and the Printed Media has focussed on the role of the media in the development and enhancement of prejudice and stigma against the mentally ill. Analysing the reporting of the German national paper Frankfurter Allgemeine Zeitung on schizophrenia revealed a gap between the competent reporting on the illness schizophrenia and a devaluing use of schizophrenia as a metaphor. This is of special importance since almost three fifth of the identified articles (48 of 83) use schizophrenia as a metaphor.

Bibliography Number: 40

Reference Type: Journal Article

Type of Article: Health Policy Report

Author: Iglehart, J.K.

Year: 2004

Title: The mental health maze and the call for transformation

Journal: New England Journal of Medicine

Volume: 350

Issue: 5

Pages: 507-14

Abstract: In this policy article the author describes the presidential initiative to combat the devastating condition the US American mental health care system is in from its start in 2002. The history of Mental Health Commissions in the United States and the newly formed New Freedom Commission on Mental Health are discussed.

Bibliography Number: 41

Reference Type: Journal Article

Type of Article: Original

Author: Lawson, A.; Fouts, G.

Year: 2004

Title: Mental illness in Disney animated films

Journal: Canadian Journal of Psychiatry

Volume: 49

Issue: 5

Pages: 310-4

Abstract: **Aim:** To examine the prevalence of verbalisations about mental illness in the animated feature films of The Walt Disney Company (TWDC). The results

are discussed within the context of children's repeated exposure to popular animated movies and their learning of labels and stereotypes associated with mental illness.

Methods: 34 animated feature films produced by TWDC for mental illness references (for example, "crazy" or "nuts") were coded. A coding manual to systematise the content analysis was developed, to ensure accuracy of the data, and to ascertain intercoder reliability.

Results: Most of the films (that is, 85%) contain verbal references to mental illness, with an average of 4.6 references per film. The references were mainly used to set apart and denigrate the characters to which they referred. Twenty-one percent of the principal characters were referred to as mentally ill.

Conclusion: The findings have implications for child viewers in terms of their potentially learning prejudicial attitudes and distancing behaviours toward individuals perceived as being mentally ill. To further verify this connection, an assessment of the incidence of Disney film exposure and attitudes toward people with a mental illness, using a sample of school-aged children, is needed.

Bibliography Number: 42

Reference Type: Journal Article

Type of Article: Review

Author: Magli, E.; Buizza, C.; Pioli, R.

Year: 2004

Title: Mental illness and media (in Italian)

Journal: *Recenti Progressi Medicina*

Volume: 95

Issue: 6

Pages: 302-7

Abstract: Great amounts of knowledge on mental disease that the community possesses are turning out of information disclosed from the media. It is common in the press to connect actions of violence and murders to mental diseases. For this reason, the reader is induced to infer that murders and other violent actions are more frequently caused by people who suffer from mental illness, than by other people of the general population. The mystifying impression provided by the media accrues from the fact that these reports are rarely compensated by positive reports. Objective of the present study is to characterise the type of information concerning mental illness diffused from the local daily paper "Giornale di Brescia" in the year 2001. The results show that many articles connote negatively mental disease. The journalistic sensationalism denouncing mentally ill people as being more dangerous than other individuals in our society still remain.

Bibliography Number: 43

Reference Type: Journal Article

Type of Article: Original

Author: McSween, J.L.

Year: 2002

Title: The role of group interest, identity, and stigma in determining mental health policy preferences

Journal: *Journal of Health Politics, Policy and Law*

Volume: 27

Issue: 5

Pages: 773-800

Abstract: Public attitudes toward mental health present an interesting puzzle. While mental health is one aspect of general health and well-being, it receives less support for government spending increases than health care. One explanation lies with the stigma that is attached to mental illness. This stigma produces more negative attitudes on

policy issues related to persons with mental illness such as government spending for mental health. However, group identification, as defined by personal experience or a family member who has experienced a mental illness, may have a strong effect on these attitudes. Using data from the 1996 General Social Survey's module on mental health the author examined this and other hypotheses and found evidence that group identification increases the likelihood of increased support for government spending for mental health. These findings exist even in quantitative models, which include politically relevant variables and measure identification with mental illness in two different ways. These findings suggest that mental health is policy for the few because those most supportive of government spending increases are persons who share the common identity of experiencing mental illness.

Bibliography Number: 44

Reference Type: Journal Article

Type of Article: Original

Author: Nairn, R.G.; Coverdale, J.H.

Year: 2005

Title: People never see us living well: an appraisal of the personal stories about mental illness in a prospective print media sample

Journal: *Australian New Zealand Journal of Psychiatry*

Volume: 39

Issue: 4

Pages: 281-7

Abstract: **Aim:** Having found no discussions of self-depictions offered by psychiatric patients in the mass media the authors sought such items in a prospective national sample of print media and analysed how those speakers portrayed themselves.

Methods: As part of a larger study of media depictions of mental illnesses in print media all items with any mental health or illness aspect that appeared in a New Zealand publication over a four-week period were collected. The resulting collection of 600 items ranged from news briefs to full-page newspaper articles. From that set items in which a person identified as having been a psychiatric patient or as having a mental disorder was either quoted by the reporter who had interviewed them, or personally described their experiences, were selected and analysed. Employing both prepositional analyses and discourse analysis it was explored how the speakers were positioned and patterns or themes in their construction of living with a mental illness could be identified.

Results: Only five articles (0.8%) met the criteria for a person with a mental disorder being reported directly. In those items the journalists had positioned the speakers as credible, expert sources that, in representing their lives and experiences, drew on five clusters of resources, which were titled: Ordinariness/Living Well; Vulnerability; Stigma; Crisis; and Disorder/Treatment.

Ordinariness/Living Well foregrounded the role of personal strengths in living well and in overcoming adversity, particularly that associated with being stigmatised. This theme was identified as central to the ways in which these speakers depicted themselves as recognisably human and understandable.

Conclusion: The findings are preliminary but these depictions are different from those reported by most researchers. Unlike those depictions, these speakers provided accessible and recognisably human self-portrayals. That finding intensifies the authors' concern that most researchers appear to be unaware that these

consumer voices are largely absent from mass media depictions of mental illnesses.

Bibliography Number: 45

Reference Type: Journal Article

Type of Article: Original

Author: Penn, D.L.; Chamberlin, C.; Mueser, K.T.

Year: 2003

Title: The effects of a documentary film about schizophrenia on psychiatric stigma

Journal: Schizophrenia Bulletin

Volume: 29

Issue: 2

Pages: 383-91

Abstract: Aim: This study examined whether viewing a documentary that depicts individuals with schizophrenia can reduce psychiatric stigma.

Methods: One hundred and sixty-three individuals were randomly assigned to one of four conditions: no documentary film, documentary about polar bears, documentary about fears of being overweight, and documentary about schizophrenia. Participants also completed a battery of tasks assessing attitudes toward persons with schizophrenia, attributions about the disorder, and intentions to interact with individuals with schizophrenia.

Results: The findings showed that compared to the other experimental conditions, the documentary about schizophrenia resulted in more benign attributions about schizophrenia (e.g., less likely to blame individuals with schizophrenia for the disorder) but did not change general attitudes about schizophrenia (e.g., perceived dangerousness). The film also did not increase participants' intentions to interact with persons with schizophrenia. These findings could not be attributed to mood changes associated with the film or how much participants liked the film.

Conclusion: The findings provide partial support for the hypothesis that a media depiction of persons with schizophrenia can reduce stigma.

Bibliography Number: 46

Reference Type: Original Article

Author: Peres, M.F.T., Nery Filho, A.

Year: 2002

Title: Mental illness in Brazilian penal law: legal irresponsibility, potentiality for danger/aggressiveness and safety policies (in Portuguese)

Journal: História, Ciências, Saúde-Manguinhos

Volume: 9

Issue: 2

Pages: 335-355

Abstract: Psychiatric information and practice are closely related with the field of criminal law, questioning classical penal law premises, such as responsibility and freewill. We have analysed the articles related to mental health in Brazilian penal laws, since Código Criminal do Império do Brazil (Brazilian Empire criminal laws) from 1830. Our objective is to describe the structuring of a legal status for the mentally ill in Brazil, as well as the model of penal intervention in the lives of those considered as 'dangerous' and 'irresponsible'. In order to do so, we have analysed not only specific articles on penal law, but also texts by specialised analysts. In addition, we have discussed the concepts that keep mentally-ill criminals in a rather ambiguous situation, i.e. legal irresponsibility, potential aggressiveness and safety policies.

Bibliography Number: 47

Reference Type: Journal Article

Type of Article: Review

Author: Thompson, K.

Year: 2003

Title: Stigma and public health policy for schizophrenia

Journal: Psychiatric Clinics of North America

Volume: 26

Issue: 1

Pages: 273-94

Abstract: Few families seem to be preparing adequately for the future with respect to financial planning or care giving responsibilities. The consequences of schizophrenia on siblings and sibling relationships can be significant. Exploring how the chaos and confusion that typically accompanies the onset of the illness may have adversely affected family members and family relationships can offer an opportunity to build proactive partnerships toward future planning for continuity of care for the mentally ill. The Schizophrenia Society of Saskatchewan facilitates family involvement in fostering a sibling support strategy focused on the specific Issues faced by siblings of people with schizophrenia. Support groups and the provision of concrete family financial and care giving planning are tangible ways siblings can prepare better for the future. Strengthening lobbying capacities is also important to advocate partnerships between integrative community-based, client-centred services and family members of the severely mentally ill.

Bibliography Number: 48

Reference Type: Journal Article

Type of Article: Editorial

Author: Thornicroft, G.; Maingay, S.

Year: 2002

Title: The global response to mental illness

Journal: British Medical Journal

Volume: 325

Issue: 7365

Pages: 608-9

Abstract: The scale of the global challenge posed by mental illness has become increasingly clear in recent years. The inadequacy of the international response is only now apparent with the publication of three ground breaking reports from the World Health Organisation. In this editorial the authors have a look at the growing burden of mental disease world-wide.

Bibliography Number: 49

Reference Type: Original Article

Author: Wagner, L.C.

Year: 2005

Title: Existential needs of people with psychotic disorders in Porto Alegre, Brazil

Journal: British Journal of Psychiatry

Volume: 186

Issue: 2

Pages: 141-145

Abstract: Background: Needs for care in service users with schizophrenia are often defined by professionals and focus on basic needs for health and social care rather than broader existential issues.

Aims: To examine the perceptions of users and formal and informal carers of the needs of people with non-affective psychosis.

Method: A qualitative study was conducted involving focus groups of service users and informal and formal carers in a major Brazilian city.

Results: Existential needs were the most important theme for people with psychotic disorders. Informal and formal carers mainly regarded such needs as secondary to needs for health, housing, leisure and work. Carers usually reduced the existential questioning of the ill person to symptoms or the result of a privation such as lack or failure of medication and its consequences.

Conclusions: We require an approach to service users wherein respect and understanding are prized as the first needs from which all others will naturally follow. We also need to give greater priority to existential issues in validated schedules that measure needs in clinical work and research.

Section 4 – Educational institutions

Bibliography Number: 50

Reference Type: Journal Article

Type of Article: Original

Author: Chung, K.F.; Chan, J.H.

Year: 2004

Title: Can a less pejorative Chinese translation for schizophrenia reduce stigma? A study of adolescents' attitudes toward people with schizophrenia

Journal: Journal of Psychiatry and Clinical Neuroscience

Volume: 58

Issue: 5

Pages: 507-15

Abstract: **Background:** The term jing-shen-fen-lie-zheng (mind-split-disease) has been used to denote schizophrenia in Chinese societies. Many Asian countries, where the Chinese writing system is used, adopt a similar translation.

Aim: This study examined whether a less pejorative name si-jue-shi-diao (dys-regulation of thought and perception) as a diagnostic label for symptoms of schizophrenia could reduce stigma.

Methods: Secondary school students (n = 313) were randomly assigned to read a vignette with one of four labels: si-jue-shi-diao, jing-shen-fen-lie-zheng, jing-shen-bin (mental illness), and no label. Students expressed their social distance, stereotypes held, and attributions toward a young adult who met the Diagnostic and Statistical Manual-IV of Mental Health Disorders criteria for schizophrenia.

Results: It was found that psychiatric labelling did not have a statistically significant main effect on attitude measures. However, students with religious beliefs were more accepting toward the target individual associated with diagnostic label than one with no labelling. The results cast doubts that less pejorative labels can reduce the social stigma of schizophrenia. Some potential drawbacks in using politically correct terms to describe schizophrenia are highlighted.

Bibliography Number: 51

Reference Type: Journal Article

Type of Article: Original

Author: Cooper, A.E.; Corrigan, P.W.; Watson, A.C.

Year: 2003

Title: Mental illness stigma and care seeking

Journal: The Journal of Nervous and Mental Disease

Volume: 191

Issue: 5

Pages: 339-41

Abstract: **Background:** Various researchers have hypothesised that the negative effects of stigmatising attitudes may dissuade people from seeking care because they do not want to be labelled 'mental patient'.

Aim: To show whether stigma predicts care seeking across the various domains of care.

Methods: 79 participants were drawn from the at-large student body of a local community college. This study assessed care seeking and mental illness stigma. Care seeking was measured through self-administration of the short scale for assessing the Attitudes Toward Seeking Professional Psychological Help (ATSPPH). Stigma was assessed using the Attribution Questionnaire.

Results: It was found that respondents were less likely to seek services if they viewed people with mental illness as responsible for their disorder, did not pity them, reacted to them with anger, and were likely to withhold help.

Conclusion: The findings of the study would suggest that changing attitudes regarding personal responsibility for mental illness may increase the public's openness to seeking mental health services when in need.

Bibliography Number: 52

Reference Type: Journal Article

Type of Article: Original

Author: Corrigan, P.W.; Lurie, B.D.; Goldman, H.H.;

Sloven, N.; Medasani, K.; Phelan, S.

Year: 2005

Title: How adolescents perceive the stigma of mental illness and alcohol abuse

Journal: Psychiatric Services

Volume: 56

Issue: 5

Pages: 544-50

Abstract: **Background:** Research among adults has yielded three sets of conclusions about the stigma of mental illness. First, people with mental illness are stigmatised more severely than those with physical health conditions; those who abuse alcohol are viewed more harshly than those with mental illness. Second, stereotypes of mental illness related to responsibility and dangerousness lead to negative emotional reactions and discriminatory behaviours. Third, familiarity with people with mental illness tends to diminish stigma.

Aim: This study attempted to validate these findings with a large and diverse sample of adolescents.

Methods: A total of 303 adolescents completed a revised version of the Attribution Questionnaire (rAQ) that presented four vignettes, each describing a different type of peer: a peer with mental illness, with mental illness caused by a brain tumour, with alcohol abuse problems, and with leukaemia. The rAQ comprises seven Likert scale items of agreement that research participants rated for each vignette. Items included pity, danger, fear, responsibility, anger, help, and avoidance. Participants also completed a revised Level of Contact Report to assess their familiarity with mental illness.

Results: As with adults, adolescents stigmatised peers who abuse alcohol most severely, followed by those with mental illness. Peers with leukaemia were treated more benignly than the other groups. Having a brain tumour mediated the stigmatising effect of mental illness. Adolescents who agreed that persons with mental illness are responsible for their illness and are dangerous demonstrated more discrimination toward these persons. However, this finding was not supported for alcohol abuse. Familiarity yielded an unexpected effect among adolescents; those who reported more familiarity with

mental illness were more likely to endorse stigma of mental illness.

Conclusion: Adolescents tended to discriminate among conditions, viewing substance abuse more harshly than the other disorders. Blame and dangerousness were important variables leading to discrimination, and contact with persons with mental illness led to more discrimination.

Bibliography Number: 53

Reference Type: Journal Article

Type of Article: Original

Author: Kurumatani, T.; Ukawa, K.; Kawaguchi, Y.; Miyata, S.; Suzuki, M.; Ide, H.; Seki, W.; Chikamori, E.; Hwu, H.G.; Liao, S.C.; Edwards, G.D.; Shinfuku, N.; Uemoto, M.

Year: 2004

Title: Teachers' knowledge, beliefs and attitudes concerning schizophrenia- a cross-cultural approach in Japan and Taiwan

Journal: Journal of Social Psychiatry and Psychiatric Epidemiology

Volume: 39

Issue: 5

Pages: 402-9

Abstract: **Background:** Mental health education of the general public is essential for the effective promotion of society's mental health. However, there has been no investigation of the general public's mental health literacy with Japanese and Taiwanese socio-cultural backgrounds.

Aim: To investigate the knowledge of Japanese and Taiwanese elementary school teachers about mental disorders after educational campaigns on Post-Traumatic Stress Disorder in regions which have had been stroke by natural disasters.

Methods: A total of 129 Japanese and 150 Taiwanese elementary school teachers were surveyed about knowledge, beliefs and attitudes concerning schizophrenia by means of a questionnaire with a vignette describing a case of the disease. Identification of the case, cause of the disease, coping behaviour for the case, and perception of stigmatising and supporting attitudes by parents and neighbours of the case were investigated.

Results: It was shown that only small percentages of the Japanese and Taiwanese respondents were able to make a correct identification, psychosocial factors as a cause of schizophrenia were most common, as was the rejection of psychotropic medication. Significantly stronger stigma perception was shown in the Japanese respondents than in the Taiwanese, which may be attributable to the high institutionalisation rate in Japan.

Conclusion: Japanese and Taiwanese teachers' knowledge, beliefs and attitudes regarding schizophrenia were similar to those found in the general public in Western societies.

Bibliography Number: 54

Reference Type: Journal Article

Type of Article: Original

Author: Lauber, C.; Ajdacic-Gross, V.; Fritschi, N.; Stulz, N.; Rossler, W.

Year: 2005

Title: Mental health literacy in an educational elite - an online survey among university students

Journal: BMC Public Health

Volume: 5

Issue: 1

Pages: 44

Abstract: **Background:** Mental health literacy is a prerequisite for early recognition and intervention in mental disorders.

Aim: To determine whether a sample of university students recognise different symptoms of depression and schizophrenia and revealing factors influencing correct recognition.

Methods: Bivariate and correspondence analyses of the results from an online survey among university students (n=225).

Results: Most participants recognised the specific symptoms of depression. The symptoms of schizophrenia were acknowledged to a lower extent. Delusions of control and hallucinations of taste were not identified as symptoms of schizophrenia. Repeated revival of a trauma for depression and split personality for schizophrenia were frequently mistaken as symptoms of the respective disorders. Bivariate analyses demonstrated that previous interest in and a side job related to mental disorders, as well as previous personal treatment experience had a positive influence on the symptom recognition. The correspondence analysis showed that male students of natural science, economy and philosophy are illiterate in recognising the symptoms depression and schizophrenia.

Conclusion: Among the educational elite, a wide variability in mental health literacy was found. Therefore, it's important for public mental health interventions to focus on the different recognition rates in depression and schizophrenia. Contact possibilities must be arranged according to interest and activity (e.g., at work). In order to improve mental health literacy, finally, education and/or internship should be integrated in high school or apprenticeship curricula. Special emphasis must be given towards the effects of gender and stereotypes held about mental illnesses.

Bibliography Number: 55

Reference Type: Journal Article

Type of Article: Letter

Author: Llerena, A.; Caceres, M.C.; Penas, L.E.M.

Year: 2002

Title: Schizophrenia stigma among medical and nursing undergraduates

Journal: European Psychiatry

Volume: 17

Issue: 5

Pages: 298-9

Abstract: **Background:** Negative attitudes toward schizophrenia are associated with difficulty of integration of those suffering from this mental illness into the community. The attitudes toward schizophrenia of various groups of the population have been studied in Spain so far. Though, there are no data about schizophrenia stigma in health care undergraduates.

Aim: To explore the knowledge and perceptions toward schizophrenia of undergraduate health care students.

Methods: A total of 274 students of medicine and 70 students of nursing from the University of Extremadura (Spain) were surveyed during 2000 about their general knowledge of schizophrenia.

Results: They reported to have high awareness of the mental illness, its onset, associated risk factors, manifestations and treatment, with no significant differences between the both groups. However, participants thought that people with schizophrenia never recover (50%), considered that they were or could be dangerous or violent (78%), and rejected or were ambivalent about whether to accept them in a social

situation (40%). In addition, they did not feel they had enough information about schizophrenia (95%) and they did not know someone with this disorder (75%).
Conclusion: These findings suggest that medical and nursing undergraduates have ambivalent or discriminatory attitudes toward recovery, level of violence or dangerousness, and social management of people with schizophrenia. This contrasts to the fact that these undergraduate students seem to be knowledgeable about the nature of schizophrenia. This could be explained by the evidence that knowledge of the symptoms associated with the acute phase of schizophrenia creates more stigma than the label of schizophrenia alone; on the contrary, knowledge about the aftercare settings may reduce it. A second explanation for the present findings might lie in the absence of social contact with people suffering the disorder. For this, specific anti-stigma interventions should be aimed directly at students of health care professions.

Bibliography Number: 56

Reference Type: Journal Article

Type of Article: Original

Author: Mas, A.; Hatim, A.

Year: 2002

Title: Stigma in mental illness: attitudes of medical students towards mental illness

Journal: Medical Journal Malaysia

Volume: 57

Issue: 4

Pages: 433-44

Abstract: **Background:** Negative attitudes towards people with mental illness can be attributed to stigma.

Aim: To determine the attitudes of medical students towards mental illness by comparing those who have had contact with mental patients and those who have not. This study also assesses to what extent knowledge about mental illness can affect the students' attitude.

Methods: A vignette and two dependent measures (social distance scale and dangerousness scale) were used to assess the attitudes of medical students towards mental illness. They comprised of 108 first year and 85 final year medical students in University of Malaya, Kuala Lumpur. The first year students didn't have any prior psychiatric training.

Results: The final year students who had knowledge and contact (undergone 8 weeks of clinical psychiatric training) were less stigmatising toward mentally ill patients. There were no significant differences in the attitudes towards mentally ill patient among the first year students (no knowledge) regardless they had previous contact or not.

Conclusion: Knowledge seems to have the effect in inculcating greater tolerance of mental illness. Contact by itself is not sufficient for attitude changes.

Bibliography Number: 57

Reference Type: Journal Article

Type of Article: Original

Author: Ng, P.; Chan, K.F.

Year: 2002

Title: Attitudes towards people with mental illness. Effects of a training program for secondary school students

Journal: International Journal of Adolescence Psychiatry

Volume: 14

Issue: 3

Pages: 215-24

Abstract: **Aim:** To investigate the influence of a training program on attitude change towards people with mental illness.

Methods: One hundred and seventeen students from 13 schools formed school-based mental health clubs, which composed the treatment group. They were given a mental health training program at different schools. The comparison group consisted of 102 secondary school students who had received no intervention. Students of both groups were assessed before the commencement, at the last session, and seven months after completion of the program with an OMICC (Opinion about Mental Illness in Chinese Community) scale developed by the authors.

Results: The study revealed significant positive changes, which could last a longer period of time, in specific attitudes on separatism and stigmatisation of people with mental illness among students after the training program.

Bibliography Number: 58

Reference Type: Journal Article

Type of Article: Original

Author: Ponizovsky, A.; Grinshpoon, A.; Sasson, R.; Baidani-Auerbach, A.; Ben Eliezer, D.; Shershevsky, Y.

Year: 2003

Title: Knowledge and attitudes about mental disorders among principals of adult education schools

Journal: Israeli Journal of Psychiatry and Related Sciences

Volume: 40

Issue: 4

Pages: 283-9

Abstract: **Background:** The Ministry of Health is stepping up its efforts to both reduce the inpatient psychiatric population and enable former inmates to become fully reintegrated into society. The latter aim includes the provision of formal education for those with mental disorders who did not complete a full cycle of schooling. Stigma and discrimination at school may lead to the failure of this program.

Aim: To explore the knowledge and attitudes of the principals of schools for adult education towards mental illness and persons with mental disorders.

Method: Almost all countrywide school principals (93.8%, n = 76) were interviewed by telephone using a short questionnaire of 16 items tapping their knowledge and attitudes. Frequency distributions, Chi-square and t-tests were used to analyse the data.

Results: The school principals were able to mention a fewer number of mental disorders in contrast to medical conditions, used as reference criteria. They recognised psychosis but not depression as a mental disorder. Their attitudes revealed an ambivalent approach to the person with a mental disorder, including those that are students. Higher level of academic education was associated with positive attitudes, while personal familiarity with a mentally disturbed person was slightly associated with more positive school-related attitudes.

Conclusion: The results suggest a "case for action": programs to enhance mental health knowledge and foster more positive attitudes among school principals would seem to be needed. This would better assure the integration of the former inpatient into the adult education system.

Bibliography Number: 59
Reference Type: Journal Article
Type of Article: Original
Author: Sadow, D., Ryder, M., Webster, D.
Year: 2003
Title: Is education of health professionals encouraging stigma towards the mentally ill?
Journal: Journal of Mental Health
Volume: v. 11
Pages: 657-665
Abstract: Aim: To investigate if health education for health professionals increases the likeliness of developing stigmatising attitudes towards mentally ill.
Methods: All the students in a Boston area nursing school were offered the opportunity to take a battery of tests before and after receiving health education, training and experience. The battery included measures of overall attitudes towards the mentally ill, writing judgements about 'troubled people' in specific situations (a vignette instrument), a social desirability scale, a request for basic demographic information as well as information regarding previous contact with the mentally ill and a pilot measure of 'courtesy' stigma. 'Courtesy' stigma refers to the stigma attached to people associated with the mentally ill, such as mental health professionals.
Results: Health education and experience did not significantly affect attitudes towards the mentally ill but subjects overall rated mental health professionals more 'kindly' after being exposed to health education and experience. Students who had had a friend who was mentally ill prior to their school training showed a decrease in stigmatising attitudes after being exposed to health education and experience whereas other students showed an increase. Other experience with the mentally ill, such as being co-workers on the job, did not have the same effect.
Conclusion: Implications for the training of health professionals are discussed.

Bibliography Number: 60
Reference Type: Journal Article
Type of Article: Original
Author: Watson, A.C.; Otey, E.; Westbrook, A.L.; Gardner, A.L.; Lamb, T.A.; Corrigan, P.W.; Fenton, W.S.
Year: 2004
Title: Changing middle schoolers' attitudes about mental illness through education
Journal: Schizophrenia Bulletin
Volume: 30
Issue: 3
Pages: 563-72
Abstract: Aim: The field test of The Science of Mental Illness curriculum supplement for middle school (grades 6-8) children provided an opportunity to assess knowledge and attitudes about mental illness in more than 1,500 middle school students throughout the United States and to evaluate the impact of an educational intervention on stigma-related attitudes. Two primary questions were examined: (1) what are the baseline knowledge and attitudes about mental illness in this sample of middle school students, and (2) does participation in a curriculum about the science of mental illness increase knowledge and improve attitudes about mental illness?
Results: Consistent with findings from other studies, results indicate that students had some understanding of mental illness as a problem of the brain with biological and psychosocial causes; however, they lacked knowledge about treatment and overall were "not sure" about many

aspects of mental illness. The students did not strongly endorse negative attitudes about mental illness at baseline. The curriculum produced significant improvements in both knowledge and attitudes at post-test and was most effective in improving attitudes among those with more negative baseline attitudes.
Conclusion: These findings suggest that a brief educational program can be an effective intervention to increase knowledge and improve attitudes about mental illness.

Section 5 – Family / Informal Caretakers

Bibliography Number: 61
Reference Type: Original Article
Author: Amaral, P.C.G., Durman, S.
Year: 2004
Title: What the family thinks of psychiatric service (in Portuguese)
Journal: Acta Scientiarum, Health Sciences Maringá
Volume: 26
Issue: 1
Pages: 113-119
Abstract: This study was carried out from November to December 2000, in São Cristovão district, Cascavel-Paraná, Brazil. Ten families of individuals who suffered from psychic distress and were submitted to some kind of treatment in the psychiatric field were observed. It aimed at understanding the knowledge of these specific people about the alternative proposed by psychiatric reform. Texts about psychiatry and the movement of psychiatric reform were adopted as theoretical references. These texts were used for the comprehension and analyses of the data collected. As methodological reference, this study was based on a qualitative research that enabled us to categorise and interpret these data. Results showed that the absence of psychiatric services make difficult the person's re-socialisation.

Bibliography Number: 62
Reference Type: Original Article
Author: Bandeira, M. Barros, S.M.
Year: 2005
Title: Family burden of psychiatric patients (in Portuguese)
Journal: Jornal Brasileiro de Psiquiatria
Volume: 54
Issue: 1
Pages: 34-46
Abstract: This article presents a literature review of researches that have investigated the family burden resulting from the daily care of psychiatric patients and also the impact produced by this burden in their mental health. The article discusses family burden in the context of psychiatric deinstitutionalisation, in which the changes to short hospitalisation periods and community treatments turn the family into the main provider of care to patients. The positive consequence of the greater family involvement in the care of patients and their need of support are also pointed. The article presents the concepts of objective and subjective burden and discusses the results of researches in this area, which identified several variables contributing to a greater feeling of burden in the family members and the coping strategies which can contribute to deal with this experience and to decrease the feeling of burden. It is pointed that mental health services need to implement appropriate interventions to give

support to those families in their experience of caring for their patients.

Bibliography Number: 63

Reference Type: Journal Article

Type of Article: Review

Author: Brady, N.; McCain, G.C.

Year: 2004

Title: Living with schizophrenia: a family perspective

Journal: Online Journal of Issues in Nursing

Volume: 10

Issue: 1

Pages: 7

Abstract: The lifetime emotional, social, and financial consequences experienced by individuals with schizophrenia have significant effects on their families. Family responses to having a family member with schizophrenia include: care burden, fear and embarrassment about illness signs and symptoms, uncertainty about course of the disease, lack of social support, and stigma. Study findings about families in which parents are hostile, critical, or overly involved are equivocal about whether this negative environment contributes to patient relapse. This review summarises the studies related to the family responses and emotional environment of families who have a member with schizophrenia.

Bibliography Number: 64

Reference Type: Journal Article

Type of Article: Original

Author: Bromley, J.S.; Cunningham, S.J.

Year: 2004

Title: 'You don't bring me flowers any more': an investigation into the experience of stigma by psychiatric in-patients

Journal: Psychiatric Bulletin.

Volume: 28

Issue: 10

Pages: 371-374

Abstract: Aims and Method: A structured interview-based questionnaire was used to measure the number of cards and gifts received by 40 people undergoing psychiatric in-patient treatment, compared with an age- and gender-matched group of medical in-patients. The study also assessed the amount of disclosure of admission and diagnosis to family and friends in the two groups.

Results: The psychiatric patients received about half as many cards as the medical patients (60 v. 112). Gifts to the psychiatric patients were often practical in nature and seldom included luxury items such as flowers. Disclosure of admission for mental illness (compared with the physical illness group) was significantly lower, both to family members (139 v. 193, $P=0.041$) and friends (74 v. 332, $P=0.0001$).

Conclusion: The stigma of mental illness is reflected in the secrecy surrounding disclosure of hospital admission and the lack of tokens of support. Clinicians should be aware of the resulting sense of isolation and shame, and the consequences for mental health in view of reduced social networks increasing the risk of future relapse rates. Reduced contact with mentally ill patients has implications for society as a whole in maintaining the status quo of stigma.

Bibliography Number: 65

Reference Type: Journal Article

Type of Article: Original

Author: Corrigan, P.W., & Miller, F.E.

Year: 2004

Title: Shame, blame, and contamination: A review of the impact of mental illness stigma on family members

Journal: Journal of Mental Health

Volume: 13

Pages: 537-548

Abstract: In his classic text, Goffman (1963) defined courtesy stigma as the negative impact that results from association with a person who is marked by a stigma. Family members of relatives with mental illness are frequently harmed by this kind of stigma. Using a social cognitive model of mental illness stigma, the authors review ways in which various family roles (e.g., parents, siblings, spouses) are impacted by family stigma. They distinguish between public stigma (the impact wrought by subsets of the general population that prejudice and discriminate against family members) and vicarious stigma (suffering the stigma experienced by relatives with mental illness). Results of this review suggest parents are blamed for causing their child's mental illness, siblings and spouses are blamed for not assuring that relatives with mental illness adhere to treatment plans, and children are fearful of being contaminated by the mental illness of their father or mother. Future interventions should start testing programs that help to erase the various manifestations of family stigma.

Bibliography Number: 66

Reference Type: Journal Article

Type of Article: Original

Author: Kadri, N.; Manoudi, F.; Berrada, S.; Moussaoui, D.

Year: 2004

Title: Stigma impact on Moroccan families of patients with schizophrenia

Journal: Canadian Journal of Psychiatry

Volume: 49

Issue: 9

Pages: 625-9

Abstract: Aims: First, to explore whether in Morocco, a non-western country, family members of patients with schizophrenia suffer from stigma and, if they do, which areas of their lives are most affected; and second, to explore family members' knowledge about the illness and their attitudes toward the patients.

Methods: The study was conducted among 100 family members accompanying patients with schizophrenia. A heteroquestionnaire that inquired about family members' and patients' socio-demographic data, family members' knowledge of the patients' illness, their attitudes and behaviours toward the patient, and their perception of stigma, was used.

Results: Family members' mean age was 47.44 years, SD 12.83; 69% were women; 38% had no education; and 77% had no professional activity. Most families (76%) reported having no knowledge about the illness. However, the illness was considered to be incurable (39%), severe (37%), chronic (80%), and handicapping (48%) and was believed to be caused by drug use (25%), stressing life events (such as conflict or bereavement; 46%), sorcery (25%), organic disturbance (30%), or heredity (23%). It was found that most of the families suffer from stigma and discrimination. A total of 86.7% reported they have hard lives because of the illness, and 72% reported psychological suffering caused by sleep and relationship disturbances and a poor quality of life.

Conclusion: In this study, showed that Moroccan families of patients with schizophrenia suffer from stigma. These were the same findings as in European, In North American, and in some Arab and Islam countries. Despite the belief that traditional societies are more supportive of the weak and the sick, stigma is a major burden in addition to that of the illness.

Bibliography Number: 67

Reference Type: Journal Article

Type of Article: Original

Author: Lee, S.; Lee, M.T.; Chiu, M.Y.; Kleinman, A.

Year: 2005

Title: Experience of social stigma by people with schizophrenia in Hong Kong

Journal: British Journal of Psychiatry

Volume: 186

Pages: 153-7

Abstract: **Background:** Research on stigma often focuses on general public attitudes and overlooks patients' subjective experiences of everyday stigma arising from significant others.

Aim: To document and compare the interpersonal experiences of stigma in patients with schizophrenia and patients with diabetes mellitus in Hong Kong.

Methods: Four focus groups were conducted to generate a self-report questionnaire. Data were collected from out-patients with schizophrenia (n=320) and diabetes (n=160).

Results: Significantly more patients with schizophrenia (>40%) than diabetes (average 15%) experienced stigma from family members, partners, friends and colleagues. Over 50% anticipated stigma and about 55% concealed their illness. Dysphoria occurred in over half.

Conclusion: Interpersonal (especially intrafamilial) stigma was pervasive, hard to avoid and devastating to patients with schizophrenia. Family support had to be realised rather than assumed, despite the emphasis on relationship bonds in Chinese society. Programmes that build the family as a rehabilitative resource should start early to reduce the development and adverse impacts of stigma.

Bibliography Number: 68

Reference Type: Journal Article

Type of Article: Original

Author: Lukens, E.P.; Thorning, H.; Lohrer, S.

Year: 2002

Title: How siblings of those with severe mental illness perceive service and support

Journal: Journal of Psychiatric Practice

Volume: 74

Issue: 4

Pages: 489-501

Abstract: **Aim:** Through focus group interviews, participants were asked to describe the impact over time of having a sibling with severe mental illness.

Methods: Five focus group interviews with 19 participants were carried out. Codes and categories derived from the text of the transcribed interviews were grouped into broad themes. The respondents described the manifestations and challenges of contending with the severe and persistent mental illness of an adult sibling.

Results: The respondents expressed consistent concern about obtaining more and better services for their siblings and, confusion about the role of confidentiality in provider communications with family members. Further, they reported having difficulty discovering or comprehending where and how to effectively communicate concern about

changes they observed in the behaviour or compliance of their siblings, 2) what a reviewing physician would consider a legitimate need for hospitalisation, 3) how to proceed when a sibling successfully eluded hospitalisation or other seemingly needed treatment, and 4) how to proceed when hospitalisation was terminated without a well-defined care or transition plan.

Conclusion: There exists an increased need for exchange of information and clarity of communication among family members and providers, following best practice guidelines that are well documented but not well implemented.

Bibliography Number: 69

Reference Type: Journal Article

Type of Article: Original

Author: Muhlbauer, S.

Year: 2002

Title: Experiences of Stigma by Families with Mentally Ill Members

Journal: Journal of the American Psychiatric Nurses Association

Volume: 8

Pages: 76-83

Abstract: **Background:** Although researchers have explored the concept of stigma and stigma transformation, minimal research has addressed family experiences in severe mental illness. Examining this experience will increase understanding and may aid development of intervention strategies.

Aim: To examine the experience of stigma from a family member's perspective, to analyse stigma types and consequences, and to search for management strategies.

Methods: This qualitative study was based on a framework of symbolic interaction and dramaturgical interviewing. 26 respondents, all with mentally ill relatives, participated in a 1 ½ - to 2-hour semi-structured interview.

Results: Stigma was experienced as part of a sequential process and occurred in private and public life domains including internalised, family centred, direct personalised stigma was reported, institution stigma was viewed as highly problematic. Successful management and self-disclosure techniques were noted.

Conclusion: Although types of stigma remain problematic, successful management strategies are possible.

Bibliography Number: 70

Reference Type: Journal Article

Type of Article: Original

Author: Nyati, Z.; Sebit, M.B.

Year: 2002

Title: Burden of mental illness on family members, caregivers and the community

Journal: East African Medical Journal

Volume: 79

Issue: 4

Pages: 206-9

Abstract: **Aim:** To determine the burden of mental illness in the family/caregiver and the community.

Methods: A cross-sectional descriptive study set in rehabilitation centres, community day centres, resettlement villages and in the community in three provinces (Harare, Bulawayo and Masvingo), Zimbabwe. The sample size comprising sixty six care-givers and 126 patients were consecutively interviewed for the study.

Results: The care-givers had a mean age of 48.8 +/- 15.7 years. The majority were females (80.3%), married males, 76.9%, unemployed females, 94.3% and parents of the patients accounted for 51.5%. Many respondents believed that the cause of mental illness was witchcraft (31%), they experienced financial constraints (63.6%), and spent a lot of money on food (56.1%). Patients were younger than their caregivers, with a mean age of 37.7 +/- 12.8 years and mostly on medications (91.3%).

Conclusion: The caregivers were mainly women and unemployed, whereas patients were mostly male. Caregivers were faced with multiple problems, but they were more tolerant to patients' behaviour than the community at large.

Bibliography Number: 71

Reference Type: Journal Article

Type of Article: Review

Author: Ohaeri, J.

Year: 2003

Title: The burden of care giving in families with a mental illness: a review of 2002

Journal: Current opinion in Psychiatry

Volume: 16

Pages: 457-465

Abstract: In this review the author attempts a synthetic overview of the broad range of Issues in the field of family/informal caregiver burden for all categories of mental disorders. Finally, the author comes to the conclusion that there has been a paradigm shift in professionals' perceptions of the caregiver. The new challenges include, how best to support the family; improving caregiver perception of professionals; comparison of caregiver costs across illness groups; cross-cultural perspectives; longitudinal assessment for trait/state-dependent characteristics; and practical assessment tools in the clinical setting.

Bibliography Number: 72

Reference Type: Journal Article

Type of Article: Original

Author: Ostman, M.; Kjellin, L.

Year: 2002

Title: Stigma by association: psychological factors in relatives of people with mental illness

Journal: British Journal of Psychiatry

Volume: 181

Pages: 494-8

Abstract: **Background:** Stigma affects not only people with mental illnesses, but their families as well. Understanding how stigma affects family members in terms of both their psychological response to the ill person and their contacts with psychiatric services will improve interactions with the family.

Aim: To investigate factors of psychological significance related to stigma of the relatives.

Methods: In a Swedish multi-centre study, 162 relatives of patients in acute psychiatric wards following both voluntary and compulsory admissions were interviewed concerning psychological factors related to stigma.

Results: A majority of relatives experienced psychological factors of stigma by association. Eighteen per cent of the relatives had at times thought that the patient would be better off dead, and 10% had experienced suicidal thoughts. Stigma by association was greater in relatives experiencing mental health problems of their own, and was unaffected by patient background characteristics.

Conclusion: Interventions are needed to reduce the negative effects of psychological factors related to stigma by association in relatives of people with mental illness.

Bibliography Number: 73

Reference Type: Original Article

Author: Pereira, M.A.O.

Year: 2003

Title: Representation of mental illness by the patient's family (in Portuguese)

Journal: Interface

Volume: 7

Issue: 12

Pages: 71-82

Abstract: In the paradigm of patient care that the recent Brazilian psychiatric reform preconizes, the social reintegration of the patients suffering from mental illnesses is sought through open services (Centres or Nuclei of Psychosocial Support, known as CAPS or NAPS) in which an interaction with the patient's family is established, in order to foster a communication process that enables the mental health professional to understand the context of the patient's life history and, based on it, to develop educational efforts involving this group. This facilitates the patient's reintegration into the web of social relations that stigmatised him/her or from which he/she was excluded. This study investigates the social representations of the families of psychiatric patients as regards mental illness, relying on interviews and observation as data-collection tools, and was guided by the principles of qualitative research. Through concrete experiences, the people investigated developed ideas that point to relationship difficulties with the bearer of mental illness. As a result, aggression, depreciation and abandonment arise within the family, all of which give rise to a need for support from healthcare services. The results attained may be useful as input to expansion projects of the mental healthcare network.

Bibliography Number: 74

Reference Type: Journal Article

Type of Article: Original

Author: Phillips, M.R.; Pearson, V.; Li, F.; Xu, M.; Yang, L.

Year: 2002

Title: Stigma and expressed emotion: a study of people with schizophrenia and their family members in China

Journal: British Journal of Psychiatry

Volume: 181

Pages: 488-93

Abstract: **Background:** The most damaging effect of stigma is the internalisation of others' negative valuations.

Aim: To explore the factors that mediate patients' emotional and cognitive responses to stigma.

Methods: Based on responses to 10 open-ended questions about stigma appended to the Chinese version of the Camberwell Family Interview, trained coders rated the effect of stigma on both patients and family members in 1491 interviews conducted with 952 family members of 608 patients with schizophrenia at 5 sites around China from 1990 to 2000.

Results: Family members reported that stigma had had a moderate to severe effect on the lives of patients over the previous 3 months in 60% of the interviews, and on the lives of other family members in 26% of the interviews. The effect of stigma on patients and family members was significantly greater if the respondent had a high level of expressed emotion, if the patient had more severe positive

symptoms, if the respondent was highly educated and if the family lived in a highly urbanised area.

Conclusion: Clinicians should assess the effect of stigma as part of the standard work-up for patients with mental illness, and help patients and family members reduce the effect of stigma on their lives.

Bibliography Number: 75

Reference Type: Journal Article

Type of Article: Original

Author: Schulze, B.; Angermeyer, M.C.

Year: 2003

Title: Subjective experiences of stigma. A focus group study of schizophrenic patients, their relatives and mental health professionals

Journal: Social Science and Medicine

Volume: 56

Issue: 2

Pages: 299-312

Abstract: **Background:** Schizophrenia has been found to be one of the most stigmatising conditions. To the present, most research on stigma related to mental illness has drawn conclusions on the adverse reactions faced by people with schizophrenia from studies on public attitudes or analogue behavioural studies. The views of those exposed to the stigmatising reactions, however, has largely been absent.

Aim: To explore stigma from the subjective perspective of people with schizophrenia, a focus group study was carried out at the four centres involved in the WPA Global Programme against Stigma and Discrimination because of Schizophrenia in Germany.

Methods: In order to get a comprehensive picture of how stigma affects the lives of schizophrenic patients, collateral information was sought from relatives and mental health professionals. The focus groups enquired about concrete stigmatisation experiences of the patients and incidences of stigma witnessed by the other two groups. Focus group sessions were tape-recorded and transcripts were coded using an inductive method.

Results: These reveal four dimensions of stigma: interpersonal interaction, structural discrimination, public images of mental illness and access to social roles. Examples are given for the views of patients, relatives and mental health professionals on each of the four stigma types. Further, the consequences for conceptualisations of stigma and the development of effective strategies to reduce stigma and discrimination because of schizophrenia are discussed.

Bibliography Number: 76

Reference Type: Journal Article

Type of Article: Original

Author: Shibre, T.; Kebede, D.; Alem, A.; Negash, A.; Deyassa, N.; Fekadu, A.; Fekadu, D.; Jacobsson, L.; Kullgren, G.

Year: 2003

Title: Schizophrenia: illness impact on family members in a traditional society - rural Ethiopia

Journal: Journal of Social Psychiatry and Psychiatric Epidemiology

Volume: 38

Issue: 1

Pages: 27-34

Abstract: **Background:** Studies have consistently shown that both the subjective and objective dimensions of burden among family members of schizophrenia patients

and other psychiatric disorders are prevalent. However, as most of these reports were from western societies, we lack information on the subject in developing countries.

Aim: The study was conducted within the framework of the ongoing epidemiological study of course and outcome of schizophrenia and bipolar disorders in a rural population of 15-49 years of age.

Methods: Three hundred and one cases of schizophrenia and their close relatives participated in the study after a screening using the Composite International Diagnostic Interview, CIDI 2,1 and the Schedule for Clinical Assessment in Neuropsychiatry, SCAN 2,1, as measurement instruments.

Results: Family burden is a common problem of relatives of cases with schizophrenia. Financial difficulty is the most frequently endorsed problem among the family burden domains (74.4 %). Relatives of female cases suffered significantly higher social burden ($Z = 2.103$; $p = 0.036$). Work ($Z = 2.180$; $p = 0.029$) and financial ($Z = 2.088$; $p = 0.037$) burdens affected female relatives more often than males. Disorganised symptoms were the most important factors affecting the family members in all family burden domains. Prayer was found to be the most frequently used coping strategy in work burden (adj. OR = 1.99; 95 % CI = 1.08-3.67; $p = 0.026$).

Conclusion: Negative impact of schizophrenia on family members is substantial even in traditional societies such as those in Ethiopia where family network is strong and important. The scarce existing services in the developing countries should include family interventions and support at least in the form of educating the family members about the nature of schizophrenia illness and dealing with its stigma and family burden.

Bibliography Number: 77

Reference Type: Journal Article

Type of Article: Original

Author: Thara, R.; Kamath, S.; Kumar, S.

Year: 2003

Title: Women with schizophrenia and broken marriages - doubly disadvantaged? Part I: patient perspective

Journal: International Journal of Social Psychiatry

Volume: 49

Issue: 3

Pages: 225-32

Abstract: **Aim:** To investigate the situation of women who are schizophrenic and have been separated from their husbands and see if they are double stigmatised.

Methods: This is a qualitative study of 76 women with schizophrenia whose marriages had broken. The sample was drawn from three different centres. Using qualitative methods of exploration, information regarding their illness, the marriage and its separation and the various consequences of this event was gathered.

Results: Many of them had not separated legally and were not receiving any maintenance from their husbands. Their concerns centred around their future, the fact they would be a burden to their ageing parents and in some cases about their children. Stigma attached to separation was as poignant as that of being mentally ill, if not more. However, a striking aspect was that even after several years of separation, these women still harboured a lot of hope that they would be able to reunite with their husbands.

Bibliography Number: 78
Reference Type: Journal Article
Type of Article: Original
Author: Thara, R.; Kamath, S.; Kumar, S.
Year: 2003
Title: Women with schizophrenia and broken marriages - doubly disadvantaged? Part II: family perspective
Journal: International Journal of Social Psychiatry
Volume: 49
Issue: 3
Pages: 233-40
Abstract: Background: Women with schizophrenia and broken marriages in India are disabled and stigmatised not only by the illness, but by the social attitudes to marital separation and divorce.
Aim and Methods: Caregivers of 75 such women attending mental health facilities in Chennai were interviewed in an attempt to understand their perceptions, attitudes and concerns about the future of their wards. Burden on the families was assessed using the Burden Assessment Schedule developed by the authors.
Results: Most families expressed intense distress and were especially concerned about the long-term future and security of these women. Care of the children of these women was an additional problem, in the face of total lack of any financial support from the husbands. Further, the various socio-cultural factors modulating the scene are also discussed.

Bibliography Number: 79
Reference Type: Journal Article
Type of Article: Original
Author: Tsang, H.W.; Tam, P.K.; Chan, F.; Cheung, W.M.
Year: 2003
Title: Sources of burdens on families of individuals with mental illness
Journal: International Journal of Rehabilitation
Volume: 26
Issue: 2
Pages: 123-30
Abstract: Background: Families of individuals with mental illness face a range of practical and emotional stresses. Studies that have addressed the sources of these burdens are limited. Literature suggests that burdens could come from the stigmatising attitudes towards individuals with mental illness and inadequate public resources. Nevertheless, how public attitudes and availability of public resources have affected the burden on patients' families remains to be studied.
Aim: This study set out to explore the relationship between stigma, accessibility of mental health facilities and family burden through individual interviews of patients' relatives in order to understand the burden on mentally ill patients' relatives from their perspectives.
Methods: Ten interviewees from two out-patient psychiatric clinics were recruited and interviewed. Each interviewee had at least one family member receiving out-patient psychiatric services. Altogether 11 mentally ill patients were involved.
Results: Data analyses showed that much of the burden was related to stigma and to lack of mental health and rehabilitation services. Consequences included social isolation of the families, difficulties experienced by the mentally ill patients when trying to obtain competitive employment and financial difficulties. Subjective burden resulting from social stigma included frustration, anxiety, low self-esteem and helplessness.

Conclusion: Implications of the findings to social policy and development of mental health services were discussed.

Bibliography Number: 80
Reference Type: Journal Article
Type of Article: Original
Author: Veltman, A.; Cameron, J.; Stewart, D.E.
Year: 2002
Title: The experience of providing care to relatives with chronic mental illness
Journal: Journal of Nervous and Mental Disorders
Volume: 190
Issue: 2
Pages: 108-14
Abstract: Background: Research on family caregivers of mentally ill relatives has historically focused on negative aspects of care giving, often described as caregiver burden. The authors document caregivers' perspectives on both the negative and positive aspects of care giving.
Methods: A qualitative approach was used. Data collection involved 20 in-depth, audio taped, semi-structured interviews focusing on caregivers' positive and negative personal experiences with care giving to a relative with mental illness.
Results: Caregivers reported common negative impacts but also beneficial effects, such as feelings of gratification, love, and pride. Main themes included stigma, systems issues, life lessons learned, and love and caring for the ill relative.
Conclusion: This study counterbalances the predominantly negative consequences previously reported and adds to the emerging literature on positive aspects of care-giving. Mental health professionals need to help care-giving families make choices to improve their challenging situations and identify the rewards of care-giving, and to advocate for increased systemic supports to ease caregiver burden.

Section 6 – Non-specific settings

Bibliography Number: 81
Reference Type: Journal Article
Type of Article: Original
Author: Addison, S.J.; Thorpe, S.J.
Year: 2004
Title: Factors involved in the formation of attitudes towards those who are mentally ill
Journal: Journal of Social Psychiatry and Psychiatric Epidemiology
Volume: 39
Issue: 3
Pages: 228-34
Abstract: Background: Various researchers have developed possible explanatory models for different attitudes towards mentally ill individuals; among these, knowledge of mental illness commonly is a key element.
Aim: To explore the effect of cognitive information on attitude by examining different components of both knowledge and attitude and how these elements relate to each other. Further to explore the impact of behavioural information on attitudes.
Methods: A total of 169 participants, with a range of attitudes and knowledge, completed two questionnaires: attitudes were assessed using the Community Attitudes towards the Mentally Ill scale (Taylor and Dear 1981) which yields four attitude factors; knowledge was

assessed using a questionnaire devised by Nunnally (1961), which yields ten knowledge factors.
Results: Multiple regression analyses provided some support for the hypothesis that some areas of knowledge (particularly knowledge concerning guidance and support, and knowledge concerning the role of avoidance of morbid thoughts in mental health) are predictive of specific attitudes, but much of the variance remained unexplained by the predictive knowledge variables. Post hoc analyses revealed that those people who had had personal experience of people with mental illness were generally more positive in their attitudes towards them.
Conclusions: Selected knowledge factors only accounted for a modest amount of the variance in attitude factor scores. Affective (e. g. fear, revulsion, anxiety) information may explain a greater percentage of variance in attitude factor score.

Bibliography Number: 82

Reference Type: Journal Article

Type of Article: Original

Author: Al-Krenawi, A.; Graham, J.R.; Dean, Y.Z.; Eltaiba, N.

Year: 2004

Title: Cross-national study of attitudes towards seeking professional help: Jordan, United Arab Emirates (UAE) and Arabs in Israel

Journal: International Journal of Social Psychiatry

Volume: 50

Issue: 2

Pages: 102-14

Abstract: **Background:** Help-seeking processes provide critical links between the onset of mental health problems and the provision of professional care. But little is known about these processes in the Arab world, and still less in transnational, comparative terms. With this study the help-seeking processes among Muslim Arab female students in Jordan, the United Arab Emirates and Israel has been compared.

Aims: The attitudes of Arab Muslim female students from Israel, Jordan and the United Arab Emirates (UAE) towards mental health treatment are compared.

Method: A sample of 262 female Muslim-Arab undergraduate university students from Jordan, United Arab Emirates (UAE) and Arab students in Israel completed a modified Orientation for Seeking Professional Help (OSPH) Questionnaire.

Results: Data revealed that nationality was not statistically significant as a variable in a positive attitude towards seeking professional help; year of study, marital status and age were found to be significant predictors of a positive attitude towards seeking help. High proportions of respondents among the nationalities referred to God through prayer during times of psychological distress.

Conclusion: The discussion considers implications for professional service delivery and programme development. Future research could extrapolate findings to other Arab countries and to Arab peoples living in the non-Arab world.

Bibliography Number: 83

Reference Type: Journal Article

Type of Article: Original

Author: Angermeyer, M.C.; Beck, M.; Matschinger, H.

Year: 2003

Title: Determinants of the public's preference for social distance from people with schizophrenia

Journal: Canadian Journal of Psychiatry

Volume: 48

Issue: 10

Pages: 663-8

Abstract: **Background:** In recent years, several programs have been initiated to reduce stigma related to mental illness. Numerous strategies have been applied, though quite often strategies have had to be chosen primarily based on intuition than on empirical data.

Aim: To examine the extent to which the public's desire for social distance from people with schizophrenia is influenced by beliefs about the disorder and stereotypes about those suffering from it.

Methods: In spring 2001, a representative survey of individuals of German nationality aged 18 years and over (n = 5025) was carried out. Each subject was given a fully structured interview that began with the presentation of a vignette.

Results: Both labelling and beliefs about the causes and prognosis of schizophrenia, as well as the perception that those suffering from it are unpredictable and dangerous, had an impact on the public's desire for social distance. However, the latter proved to be more important. Respondents who identified the disorder depicted in the vignette as mental illness, those who blamed the individual for its development, and those who anticipated a poor prognosis expressed a stronger desire for social distance. Endorsing biological factors as a cause was also associated with increased social distance.

Conclusion: Targeting the stereotype of unpredictability and dangerousness appears to be a particularly important goal to reach to help to lessen the stigma and discrimination because of mental illness.

Bibliography Number: 84

Reference Type: Journal Article

Type of Article: Original

Author: Angermeyer, M.C.; Matschinger, H.

Year: 2003

Title: Public beliefs about schizophrenia and depression: similarities and differences

Journal: Journal of Social Psychiatry and Psychiatric Epidemiology

Volume: 38

Issue: 9

Pages: 526-34

Abstract: **Background:** Stigma research in psychiatry has mainly focused on mental illness per se. However, recent studies suggest that considerable differences exist between the various disorders.

Aim: To examine similarities and differences of the public's conceptions of schizophrenia and major depression.

Methods: In spring of 2001, a representative survey was carried out in Germany involving individuals of German nationality who were at least 18 years old and who were living in private households (n = 5,025). The participants were presented a vignette containing a diagnostically unlabeled psychiatric case history. The participants' attributions of the causes of the problem, the anticipated prognosis, personal attributes and their emotional reactions were assessed by different scales administered after the presentation of the vignette.

Results: Both disorders have in common that they are identified by the majority of the public as an indication of mental illness, that acute stress is most frequently endorsed as cause, that from most respondents a poor natural course is expected which contrasts with a

remarkably favourable treatment prognosis, and that people suffering from the two disorders most frequently evoke pity and a desire to help. The perception of dangerousness is closely associated with increased fear and anger, and decreased pity. One of the most notable differences between the two disorders is that while in the case of schizophrenia, labelling as mental illness primarily affects respondents' emotional reactions negatively, in the case of major depression a positive effect prevails. People with schizophrenia are, by far, more frequently considered as dangerous and unpredictable. They evoke more fear while people with major depression evoke more pro-social reactions.

Conclusion: The described similarities and differences of public beliefs and attitudes with regard to schizophrenia and major depression have important implications for the planning of anti-stigma programs and may help to develop more tailor-made interventions.

Bibliography Number: 85

Reference Type: Journal Article

Type of Article: Review

Author: Angermeyer, M.C.

Year: 2003

Title: The stigma of mental illness from the patient's view - an overview (in German)

Journal: Psychiatrische Praxis

Volume: 30

Issue: 7

Pages: 358-66

Abstract: **Background:** Since the beginning of research on the topic of stigmatisation of mentally ill the main focus had been laid either on the theoretical background or the attitudes and perceptions of their environment. In the recent years a shift towards research involving the ones suffering of the consequences of stigma has happened.

Aim: This study provides an overview of the research on subjective stigmatisation of mentally ill people.

Method: All articles on this topic that have been published since the mid 1980 were analysed.

Results: Mentally ill people are exposed to stigmatisation in many ways. The anticipated and experienced stigmatisation as well as their attempts chosen for coping have fatal effects on their social relationships, their working situation, and their quality of life. The same is true for the emotional well-being and the self-esteem of the ill. In addition, the fear of stigmatisation has a negative effect on the help seeking behaviour and the compliance of the ill with the psychiatric treatment.

Conclusion: Efforts aimed at reducing stigmatisation of mentally ill people should not be confined to fighting the discrimination objectively existing, but should also take into consideration the subjective stigma experiences of the persons affected.

Bibliography Number: 86

Reference Type: Journal Article

Type of Article: Original

Author: Angermeyer, M.C.; Schulze, B.; Dietrich, S.

Year: 2003

Title: Courtesy stigma - a focus group study of relatives of schizophrenia patients

Journal: Journal of Social Psychiatry and Psychiatric Epidemiology

Volume: 38

Issue: 10

Pages: 593-602

Abstract: **Background:** Stigmatisation of people with mental illness has been investigated in numerous studies. Little research, however, has been done to explore how relatives of people with schizophrenia perceive and experience stigmatisation and how they can fight such stigmatisation.

Method: Aiming to explore stigma from the perspective of relatives of people with schizophrenia, focus group interviews were conducted with 122 members of advocacy groups from different parts of Germany. Focus group sessions were tape- and video-recorded and transcribed. Transcripts were coded using an inductive method, generating categories (domains) from the material.

Results: The analysis of focus group data shows that, contrary to previous research findings, discrimination and disadvantages encountered by relatives of schizophrenia patients reach far beyond the spheres of direct social interaction and access to social roles. Our study revealed two additional domains in which relatives encounter stigmatisation: structural discrimination and public images of mental illness. Furthermore, psychiatry has been identified as one important source of stigma. Relatives also suggested numerous anti-stigma interventions. These can be grouped into five main categories: communication measures, support for the ill and their relatives, changes in mental health care, education and training, and control and supervision.

Conclusion: Based on these findings, ways of how relatives of schizophrenia patients and mental health professionals can fight against stigma should be discussed.

Bibliography Number: 87

Reference Type: Journal Article

Type of Article: Original

Author: Angermeyer, M.C.

Year: 2004

Title: Stigmatisation of mentally ill patients by the society (in German)

Journal: Psychiatrische Praxis

Volume: 31 Suppl 2

Pages: S246-50

Abstract: **Background:** In our society, people with mental illness are exposed to various forms of discrimination. In principle, individual and structural discrimination plus discrimination due to self-stigmatisation can be distinguished.

Content: These three forms of discrimination are illustrated based on results from one of the author's studies. Negative consequences of discrimination for those afflicted are described such as lack of self-confidence and reduced subjective well-being as well as social disadvantages and disadvantages with regard to treatment and rehabilitation. Finally, using the association "Irrsinnig menschlich" ("Madly human") in Leipzig as an example, approaches to reduce discrimination of mentally ill people are presented.

Results: Today individuals suffering of a mental illness are still discriminated even though many factors in psychiatric care have changed to a better. Especially people with schizophrenia seem to be even more devaluated than still at the beginning of the 1990.

Conclusion: Anti-stigma campaigns, like "Irrsinnig Menschlich", do have an effect on the general public's attitudes on this topic, though it should be said, that long-lasting and continuing programs are vital to ensure an attitude change in the future.

Bibliography Number: 88
Reference Type: Journal Article
Type of Article: Original
Author: Angermeyer, M.C.; Buyantugs, L.; Kenzine, D.V.; Matschinger, H.
Year: 2004
Title: Effects of labelling on public attitudes towards people with schizophrenia: are there cultural differences?
Journal: Acta Psychiatrica Scandinavica
Volume: 109
Issue: 6
Pages: 420-5

Abstract: Background: A representative survey which was recently conducted in Germany came to the conclusion that labelling as mental illness has an impact on public attitudes towards people with schizophrenia, with negative effects clearly outweighing positive effects. The question arose as to whether this pattern was specific to Germany, or whether it can also be found in other cultures.

Aim: To examine whether the findings of the survey in Germany can be replicated in other countries.

Methods: In the summer of 2002, representative surveys were carried out in Novosibirsk (Russia) and in Ulaanbaatar (Mongolia), using the same sampling procedure and interview as in Germany.

Results: As in Germany, in Novosibirsk and Ulaanbaatar labelling as mental illness was positively correlated with the endorsement of the belief that the individual depicted in the vignette is in need for help. However, unlike in Germany, labelling had no significant effect on the endorsement of the stereotype of dangerousness.

Conclusion: The findings support the notion that labelling effects are culture-related. Therefore, anti-stigma efforts need to be tailored to the specific conditions in a particular country.

Bibliography Number: 89
Reference Type: Journal Article
Type of Article: Original
Author: Angermeyer, M.C.; Beck, M.; Dietrich, S.; Holzinger, A.
Year: 2004
Title: The stigma of mental illness: patients' anticipations and experiences
Journal: International Journal of Social Psychiatry
Volume: 50
Issue: 2
Pages: 153-62

Abstract: Background: There are studies that either deal with the stigmatisation patients anticipate or with patients' concrete stigmatisation experiences. Up until now, however, research is short of studies that investigate both aspects of subjective stigmatisation simultaneously.

Aims: This study aims at investigating to what extent patients with schizophrenia or depression anticipate and experience stigmatisation and how this is influenced by the type of mental disorder and the social environment.

Method: A total of 210 patients with schizophrenia or a depressive episode were interviewed, one half living in a city and the other in a small town.

Results: Most of the patients expect negative reactions from the environment, particularly as concerns the access to work. Concrete stigmatisation experiences were most frequently reported in the domain of interpersonal interaction. Even though schizophrenia patients and patients with depression anticipated stigmatisation similarly frequently, the former reported concrete

stigmatisation experiences more frequently than the latter. Conversely, patients living in a small town anticipated stigmatisation more frequently than patients from the city, even though both had actually experienced stigmatisation at a similar rate.

Conclusion: The results underline the necessity to differentiate between anticipated and experienced stigmatisation. This is highly relevant for planning interventions aimed at reducing the stigma of mental disorder.

Bibliography Number: 90
Reference Type: Journal Article
Type of Article: Editorial
Author: Arboleda-Florez, J.
Year: 2003
Title: Considerations on the stigma of mental illness
Journal: Canadian Journal of Psychiatry
Volume: 48
Issue: 10
Pages: 645-50

Abstract: In this review the author primarily, reviews the theoretical elements that are fundamental to stigma's social construct, together with stigma's negative consequences for persons with mental illness and their families and secondly, the author comments on resent research on stigmatisation and discrimination.

Bibliography Number: 91
Reference Type: Journal Article
Type of Article: Original
Author: Camp, D.L.; Finlay, W.M.; Lyons, E.
Year: 2002
Title: Is low self-esteem an inevitable consequence of stigma? An example from women with chronic mental health problems
Journal: Social Science and Medicine
Volume: 55
Issue: 5
Pages: 823-34

Abstract: Background: It is often assumed that membership in a stigmatised group has negative consequences for the self-concept. However, this relationship is neither straightforward nor inevitable, and there is evidence suggesting that negative consequences may not necessarily occur.

Aim: To perform a more detailed analysis of the consequences for the self-concept of an individual with a mental illness in order to understand the relationship between stigma and the self. A critical examination of modified labelling theory is presented, with examples from a study examining perceptions of stigma and their relationship to self-evaluation in women with chronic mental health problems.

Method: Tape recording of semi-structured interviews with open-ended, flexible questions and qualitative analyses were used in preference to global measures of self-esteem of 10 women who had been diagnosed as having a mental illness for at least one year. All participants attended a weekly women's day at a Drop-In centre run by a mental health organisation.

Results: It was found that although the women were aware of society's unfavourable representations of mental illness, and the effects this had on their lives, they did not accept these representations as valid and therefore rejected them as applicable to the self. The participants did not deny

their mental health problems, but their acceptance of labels was critical and pragmatic. Labels were rejected when they were perceived as carrying an unrealistic and negative stereotype, or when the women felt that their symptoms did not fit with the diagnostic criteria.

Conclusion: The study indicates the importance of investigating people's own understanding of their social categories and the implications of these for their self-concepts.

Bibliography Number: 92

Reference Type: Report

Author: Carr, V., Halpin, S., Low Prevalence Disorder Study Group

Year: 2002

Title: Stigma and discrimination [electronic resource] : a bulletin of the Low Prevalence Disorders Study

City: Canberra

Institution: Commonwealth Department of Health and Ageing

Type: Report

Report Number: 6

Abstract: Stigma against people who have experienced a mental illness is deeply entrenched in our culture. This report presents the nature of the problems associated with stigma and through its recommendations suggests positive strategies to genuinely impact on stigma in our society.

Bibliography Number: 93

Reference Type: Journal Article

Type of Article: Original

Author: Chan, S.; Yu Iu, W.

Year: 2004

Title: Quality of life of clients with schizophrenia

Journal: Journal of Advanced Nursing

Volume: 45

Issue: 1

Pages: 72-83

Abstract: **Background:** For the institutionalisation of mental health care in Hong Kong that has taken place since the 1980s, many people with mental health problems are being cared for in the community. The majority of clients have a diagnosis of schizophrenia, and many have a long duration of illness and multiple readmission. There is concern about their quality of life.

Aim: To investigate quality of life and related factors in clients with a diagnosis of schizophrenia in Hong Kong.

Method: A sample of 176 was recruited from a psychiatric outpatient department. Structured face-to-face interviews were conducted using the Brief Psychiatric Rating Scale and the Hong Kong Chinese World Health Organisation Quality of Life Scale-Brief Version.

Results: The majority of participants was single and unemployed. They were least satisfied with their psychological health, financial situation, life enjoyment and sexual activity. Women (n = 91) reported less satisfaction with quality of life than men (n = 86). Unemployed people (n = 100) were less satisfied with their quality of life than the employed (n = 76). Higher levels of mental health problems and higher numbers of previous hospitalisations were associated with negative perceptions of quality of life.

Discussion: People with mental health problems had significantly less satisfaction with their quality of life than a sample from the general population in Hong Kong surveyed in a previous study. As well as experiencing distressing mental symptoms, they had many difficulties,

such as financial problems, unemployment and lack of opportunities to participate in social activities, that resulted from stigma and discrimination. These had a great impact on their quality of life.

Study limitations: Because of the small sample size and its convenience nature, the findings may not be generalisable to all clients in Hong Kong. A generic instrument was used to measure quality of life, and this may not have been sensitive to certain aspects of mental health clients' lives.

Conclusion: The findings suggest that there is a need to strengthen social and vocational rehabilitation for people with mental health problems in Hong Kong. A more holistic and intensive model of care is required to meet their complex needs. A larger and more diverse sample should be used in future research, and a quality of life measure specifically designed for people with mental health problems should be used.

Bibliography Number: 94

Reference Type: Journal Article

Type of Article: Original

Author: Chung, K.F.; Wong, M.C.

Year: 2004

Title: Experience of stigma among Chinese mental health patients in Hong Kong

Journal: Psychiatric Bulletin

Volume: 28

Issue: 12

Pages: 451-454

Abstract: **Aim:** The study was intended to rectify the lack of data on how Chinese people experience the stigma of mental illness.

Method: A questionnaire on perceived stigmatisation, experiences of rejection and ways of coping with stigma was completed by 193 persons attending a psychiatric outpatient clinic in Hong Kong.

Results: Most of the participants were aware of the stigma associated with mental illness, but experiences of rejection were relatively less frequent. Eleven per cent of the respondents indicated that they were neglected by health care professionals and 8% had been avoided by family members. The most frequently reported coping method was maintaining secrecy about the illness.

Conclusions: In China, people with mental health problems experience stigma in various degrees. However, some of the people surveyed expressed feelings of relief that others were supportive and sympathetic towards their illness. Mental health professionals should maintain optimism in helping their patients to cope with the stigma.

Bibliography Number: 95

Reference Type: Journal Article

Type of Article: Original

Author: Coker, E.M.

Year: 2005

Title: Selfhood and social distance: Toward a cultural understanding of psychiatric stigma in Egypt

Journal: Social Science and Medicine

Volume: 61

Issue: 5

Pages: 920-30

Abstract: **Background:** Psychiatric stigma is a concept that is often used uncritically by policy-makers to explain the underutilisation of professional psychiatric services in non-western societies. Stigma, however, is a multi-determined process manifestations and effects of which

cannot be viewed separately from the larger social and cultural context.

Aim: The present paper presents the results of a qualitative study of psychiatric stigma in Egypt from the perspective of lay respondents.

Method: A vignette method was used to elicit judgements of social distance and qualitative responses to stories depicting psychosis, depression, alcohol abuse and a 'possession state' from 208 respondents recruited through their places of work.

Results: The results indicated that while stigma does exist in Egypt, the form that it takes must be understood with reference to Egyptian notions of selfhood that locate behavioural disturbances in the intersubjective rather than intrapsychic realm. On the one hand, individual blame is diffused as responsibility for the illness and its cure is placed in the social, not personal (or biological) realm. On the other, behavioural disorders that threaten the social fabric of society are particularly stigmatised and often met with social rejection.

Bibliography Number: 96

Reference Type: Journal Article

Type of Article: Original

Author: Corrigan, P., Rowan D, Green A, et al

Year: 2002

Title: Challenging two mental illnesses stigmas: personal responsibility and dangerousness.

Journal: Schizophrenia Bulletin

Volume: 28

Pages: 293-309

Abstract: **Background:** Two stigmatising attitudes related to dangerousness and personal responsibility may undermine the opportunities of persons with serious mental illness.

Aim: This study set out to examine path models that explain how these attitudes lead to discriminatory behaviour and to assess the impact of anti-stigma programs on components of personal responsibility and dangerousness models.

Method: 213 persons were randomly assigned to one of five anti-stigma conditions: education on personal responsibility, education on dangerousness, contact with a person with serious mental illness where personal responsibility is discussed, contact where dangerousness is discussed, or no change. Participants completed an attribution questionnaire representing personal responsibility and dangerousness path models at pre-test, post-test, and 1-week follow-up. Further they completed tasks that represented helping behaviour.

Results: The results suggested that fear of dangerousness was a key attitude leading to discriminatory behaviour. Furthermore, results showed that subjects who had contact with persons with serious mental illness experienced greater changes than subjects in the education or control groups did on measures of attribution and helping behaviour.

Conclusion: Findings from this research suggest the prime agent for stigma change is the person with serious mental illness. Therefore more participation of consumers in anti-stigma campaigns should be seen as an essential any part of an anti-stigma approach.

Bibliography Number: 97

Reference Type: Journal Article

Type of Article: Review

Author: Corrigan, P.W.; Watson, A.C.; Ottati, V.

Year: 2003

Title: From whence comes mental illness stigma?

Journal: International Journal of Social Psychiatry

Volume: 49

Issue: 2

Pages: 142-57

Abstract: **Aim:** This paper seeks to answer two fundamental questions: What is the basis of the current form of mental illness stigma? and, Why do western cultures stereotype people with mental illness as dangerous, incompetent and blameful, rather than something else?

Discussion: The authors argues that a motivational model called system-justification offers several benefits for answering these questions. System-justification portrays stigma as a way of making sense of economic and political differences between the majority and stigmatised subgroups. System-justification was contrasted with two cognitive models of stigma that seem to have strong support from naive psychology: mental illness stigma results as the normal perception of a group of people who are dangerous and/or blameworthy and there is a kernel of truth to the stigmatising attitudes about people with mental illness. Although research supporting the latter two models is mixed, there are significant limitations to the models, as well as concerns that normal perception and kernel of truth might actually promote stigma.

Conclusion: As an alternative, system-justification combines three paradigms that suggest its worthiness for future research: 1) a review of historical and economic forces that influence social phenomena; 2) the need of humankind to understand these forces and organise them into a unitary framework; and 3) the cognitive mechanisms that are essential for this comprehension. Implications of this model for stigma change are discussed.

Bibliography Number: 98

Reference Type: Journal Article

Type of Article: Original

Author: Corrigan, P.; Thompson, V.; Lambert, D.;

Sangster, Y.; Noel, J.G.; Campbell, J.

Year: 2003

Title: Perceptions of discrimination among persons with serious mental illness

Journal: Psychiatric Services

Volume: 54

Issue: 8

Pages: 1105-10

Abstract: **Aims:** To gain further perspective on discrimination experienced by persons with mental illness by comparing self-reports of discrimination due to mental illness to self-reports of discrimination due to other group characteristics, such as race, gender, and sexual orientation.

Methods: A total of 1,824 persons with serious mental illness who participated in a baseline interview for a multistage study on consumer-operated services completed a two-part discrimination questionnaire. The first part of the questionnaire assessed participants' perceptions about discrimination due to mental illness as well as more than half a dozen other group characteristics. The second part of the questionnaire asked participants who reported some experience with discrimination to identify areas in which this discrimination occurred, such as employment, education, and housing.

Results: More than half of the study participants (949 participants, or 53 %) reported some experience with discrimination. The most frequent sources of this discrimination were mental disability, race, sexual orientation, and physical disability. Areas in which discrimination frequently occurred included employment, housing, and interactions with law enforcement. Areas in which discrimination was experienced did not significantly differ among groups of study participants characterised by mental disability, race, gender, sexual orientation, or physical disability.

Conclusion: Discrimination based on group characteristics other than mental illness does not diminish the impact of stigma associated with mental illness. Anti-stigma programs need to target not only discrimination related to mental illness but also that associated with other group characteristics, such as race, gender, sexual orientation, and physical disability.

Bibliography Number: 99

Reference Type: Journal Article

Type of Article: At Issue

Author: Corrigan, P.W.; Watson, A.C.

Year: 2004

Title: At Issue: Stop the stigma: call mental illness a brain disease

Journal: Schizophrenia Bulletin

Volume: 30

Issue: 3

Pages: 477-9

Abstract: Educating the public that mental illness is a brain disease is a popular strategy for combating mental illness stigma. Evidence suggests that while such an approach reduces blame for mental illness, it may unintentionally exacerbate other components of stigma, particularly the benevolence and dangerousness stigmas. Conversely, psychosocial explanations have proven promising, yet they ignore the growing evidence regarding genetic and biological factors. The authors propose a balanced approach that combats the various myths about mental illness with factual information.

Bibliography Number: 100

Reference Type: Journal Article

Type of Article: Original

Author: Corrigan, P.W.; Watson, A.C.; Warpinski, A.C.; Gracia, G.

Year: 2004

Title: Implications of educating the public on mental illness, violence, and stigma

Journal: Psychiatric Services

Volume: 55

Issue: 5

Pages: 577-80

Abstract: **Aim:** This study examined how two types of public education programs influenced how the public perceived persons with mental illness, their potential for violence, and the stigma of mental illness.

Method: A total of 161 participants were randomly assigned to one of three programs: one that aimed to combat stigma, one that highlighted the association between violence and psychiatric disorders, and a control group.

Results: Participants who completed the education-about-violence program were significantly more likely to report attitudes related to fear and dangerousness, to endorse services that coerced persons into treatment and treated

them in segregated areas, to avoid persons with mental illness in social situations, and to be reluctant to help persons with mental illness.

Bibliography Number: 101

Reference Type: Journal Article

Type of Article: Original

Author: Depla, M.F.; de Graaf, R.; van Weeghel, J.; Heeren, T.J.

Year: 2005

Title: The role of stigma in the quality of life of older adults with severe mental illness

Journal: International Journal of Geriatric Psychiatry

Volume: 20

Issue: 2

Pages: 146-53

Abstract: **Background:** Stigma and discrimination against older people with mental illness is a seriously neglected problem.

Aims: To investigate whether stigmatisation of older adults with mental disorder is associated with the type of residential institution they live in or the type of disorder they suffer and, to assess the role of stigma experiences in their quality of life.

Methods: A cross-sectional study was carried out of 131 older adults with severe mental illness, recruited in 18 elder care homes operating supported living programmes and in eight psychiatric hospitals throughout the Netherlands. Stigmatisation was assessed with an 11-item questionnaire on stigma experiences associated with mental illness. Quality of life was assessed with the Manchester Short Assessment of Quality of Life (MANSA). To better ascertain the role of stigma, we also assessed in comparison the relationship of social participation to quality of life.

Results: Some 57% of the respondents had experienced stigmatisation. No association emerged between residential type or disorder type and the extent of stigma experiences. Stigmatisation did show a negative association with quality of life, a connection stronger than that between social participation and quality of life.

Conclusion: A feeling of belonging, as contrasted with being excluded, is at least as important for the quality of life of older people with severe mental illness as their actual participation in the community.

Bibliography Number: 102

Reference Type: Journal Article

Type of Article: Letter

Author: Desapriya, E.B.; Nobutada, I.

Year: 2002

Title: Stigma of mental illness in Japan

Journal: Lancet

Volume: 359

Issue: 9320

Pages: 1866

Abstract: This letter shortly describes the process which led the Japanese Society of Psychiatry and Neurology to change the name for 'schizophrenia' from seishi buntetsu byo (split-mind disorder) to togo shiccho sho (loss of co-ordination disorder).

Bibliography Number: 103

Reference Type: Journal Article

Type of Article: Original

Author: Dickerson, F.B.; Somerville, J.; Origoni, A.E.; Ringel, N.B.; Parente, F.

Year: 2002

Title: Experiences of stigma among outpatients with schizophrenia

Journal: Schizophrenia Bulletin

Volume: 28

Issue: 1

Pages: 143-55

Abstract: Background: Many individuals with schizophrenia are devalued and discriminated against because of their mental illness. There has been only limited study of how individuals with schizophrenia experience mental illness stigma.

Aim: To evaluate 74 stable outpatients with schizophrenia receiving community care.

Methods: Study participants were interviewed with the Consumer Experiences of Stigma Questionnaire (CESQ), the Positive and Negative Syndrome Scale, and several social functioning measures.

Results: On the CESQ, all but one respondent indicated having at least one stigma experience. The most frequently reported CESQ items were respondents' worry about being viewed unfavourably because of their psychiatric illness (70%) and avoidance of telling others about it (58%). Many respondents also indicated having heard offensive statements (55%) and media accounts (43%) about persons with psychiatric disorders. Socio-economic variables, but not symptoms or social functioning measures, were related to the extent of stigma and discrimination experiences.

Conclusion: These results document the extent to which persons with mental illness experience negative reactions from others. Strategies are needed to enhance how persons with schizophrenia cope with stigma.

Bibliography Number: 104

Reference Type: Journal Article

Type of Article: Original

Author: Dietrich, S.; Beck, M.; Bujantugs, B.; Kenzine, D.; Matschinger, H.; Angermeyer, M.C.

Year: 2004

Title: The relationship between public causal beliefs and social distance toward mentally ill people

Journal: Australian and New Zealand Journal of Psychiatry

Volume: 38

Issue: 5

Pages: 348-54; discussion 355-7

Abstract: Aim: The aim of this study is to investigate the nature of the relationship between public causal beliefs and social distance toward people with mental disorders, particularly schizophrenia and depression.

Methods: In total, three representative surveys were carried out in Germany, Russia and Mongolia using personal, fully structured interviews.

Results: Despite the subjects' different cultural backgrounds, their responses show similar trends with regard to attributing depression and schizophrenia to psychosocial causes: 'acute stress' (life event) was most frequently endorsed as the cause for these two disorders. The biological causes ('brain disease' and 'heredity') were less frequently selected for depression than for schizophrenia. Irrespective of place and type of mental disorder, endorsing biological factors as the cause of schizophrenia was associated with a greater desire for social distance, the same relationship applies to depression in half the instances.

Conclusion: It would be premature to draw conclusions with regard to interventions aimed at reducing discrimination based on stigma. However, our study

provides stimulus for re-considering the assumptions underlying anti-stigma interventions: that promulgating biological concepts among the public might not contribute to a desired reduction in social distance toward people with mental disorders.

Bibliography Number: 105

Reference Type: Journal Article

Type of Article: Original

Author: Dinos, S.; Stevens, S.; Serfaty, M.; Weich, S.; King, M.

Year: 2004

Title: Stigma: the feelings and experiences of 46 people with mental illness. Qualitative study

Journal: British Journal of Psychiatry

Volume: 184

Pages: 176-81

Abstract: Background: Stigma defines people in terms of some distinguishing characteristic and devalues them as a consequence.

Aim: To describe the relationship of stigma with mental illness, psychiatric diagnosis, treatment and its consequences of stigma for the individual.

Methods: Narrative interviews were conducted by trained users of the local mental health services; 46 patients were recruited from community and day mental health services in North London.

Results: Stigma was a pervasive concern to almost all participants. People with psychosis or drug dependence were most likely to report feelings and experiences of stigma and were most affected by them. Those with depression, anxiety and personality disorders were more affected by patronising attitudes and feelings of stigma even if they had not experienced any overt discrimination. However, experiences were not universally negative.

Conclusion: Stigma may influence how a psychiatric diagnosis is accepted, whether treatment will be adhered to and how people with mental illness function in the world. However, perceptions of mental illness and diagnoses can be helpful and non-stigmatising for some patients.

Bibliography Number: 106

Reference Type: Journal Article

Type of Article: Original

Author: Ertugrul, A.; Ulug, B.

Year: 2004

Title: Perception of stigma among patients with schizophrenia

Journal: Journal of Social Psychiatry and Psychiatric Epidemiology

Volume: 39

Issue: 1

Pages: 73-7

Abstract: Background: Many individuals with schizophrenia are stigmatised by society. It is necessary to understand the factors contributing to stigma.

Aim: To investigate the relation of symptoms and other patient characteristics with perceived stigmatisation in patients with schizophrenia.

Method: Sixty patients with schizophrenia were included in the study. Symptomatology was assessed with the Positive and Negative Syndrome Scale. Perceived stigmatisation was measured by several questions which were included in the World Health Organisation-Disability Assessment Schedule-II (WHODAS-II). Patients were grouped as positive or negative for perceived

stigmatisation. Characteristics of patients and severity of symptoms were compared between the two groups.
Results: The results showed that patients who reported to perceive stigmatisation had more severe symptoms than the patients who did not perceive stigmatisation. Positive symptoms and general psychopathology scores were significantly higher in the group perceiving stigmatisation. Patients reporting stigmatisation were significantly more disabled than the group negative for perceived stigmatisation. Demographic variables were not different between the two groups. Stepwise regression analysis showed that depression and active social avoidance were the items which could predict the perception of stigmatisation.

Conclusion: The relation between perception of stigmatisation and symptoms is a vicious circle in which the elements reinforce each other. Interruption of this circle will increase the adaptive abilities and decrease the disability of these patients.

Bibliography Number: 107

Reference Type: Journal Article

Type of Article: Original

Author: Evert, H.; Harvey, C.; Trauer, T.; Herrman, H.

Year: 2003

Title: The relationship between social networks and occupational and self-care functioning in people with psychosis

Journal: Journal of Social Psychiatry and Psychiatric Epidemiology

Volume: 38

Issue: 4

Pages: 180-8

Abstract: **Background:** Relatively few studies have examined relationships between the social networks of people with psychotic disorder and other aspects of their functioning.

Aim: To describe the social networks of people with psychosis and to investigate relationships between social networks and personal and occupational functioning, taking account of illness course.

Methods: A two-phase epidemiological survey of persons with psychosis was conducted in four predominantly urban areas of Australia. A census and screen for psychosis was followed by a semi-structured interview of a stratified random sample of participants to assess their functioning. Data relating to functioning and social networks from 908 individuals (most with a diagnosis of schizophrenia) were analysed using structural equation modelling (SEM).

Results: The majority of people with psychosis (67 %) had a network comprising of family and friends, 15 % were defined as having a family-dominated network, 11 % a friends-dominated network and 7 % of participants were defined as socially isolated (no family or friends). Participants who had friends and family in their network (12 %) or who had a family-dominated network (7 %) were more likely to be in full-time employment compared with those with a friends-dominated network (4 %) or those who were socially isolated (5 %). Dysfunction in self-care was more frequently reported among socially isolated people (50 %) and those with family-dominated networks (47 %) than among those with friends-dominated networks (35 %) and those who had friends and family in their social network (23 %). SEM revealed a strong association between social integration and functioning ($r = 0.71$), even after controlling for illness course. Social integration was defined as having contact

with family and/or friends and functioning was defined as having employment and no difficulties in self-care. Male gender was associated with poorer self-care, and female gender was slightly, but significantly, associated with a greater likelihood of having friends.

Conclusion: There is a strong relationship between social networks and functioning after taking account of course of illness. That is, the presence of family and friends is generally associated with better self-care and employment. Interventions that are targeted at improving social relationships are likely to have a positive impact on self-care and occupational functioning (and vice versa).

Bibliography Number: 108

Reference Type: Journal Article

Type of Article: Original

Author: Freidl, M.; Lang, T.; Scherer, M.

Year: 2003

Title: How psychiatric patients perceive the public's stereotype of mental illness

Journal: Journal of Social Psychiatry and Psychiatric Epidemiology

Volume: 38

Issue: 5

Pages: 269-75

Abstract: **Background:** It is well established that the general public has devaluating attitudes towards psychiatric patients. In order to avoid rejection, many of these patients develop coping strategies, such as withdrawal and concealing their treatment history. These efforts are in themselves stressing, which might have negative consequences for the course of the disorder.

Aim: To evaluate how many and which patients do actually perceive the public's stereotype as threatening and, therefore, expect rejection.

Method: Ninety psychiatric patients and a sample of 1042 persons of the Austrian general population were asked whether they agreed with five devaluating statements about mental patients contained in a questionnaire developed by Link et al. Matched pairs comparisons and multiple logistic regression were employed in order to find out whether patients agreed with these statements to the same extent as the general population did.

Results: For the statements that most people believe that psychiatric patients are "less intelligent", "less trustworthy" and "taken less seriously", patients thought significantly less often than the general population that most people devalue mental patients. For two statements ("personal failure", "think less of") no difference was found.

Conclusion: It seems that some psychiatric patients are less convinced than the general population that most people devalue psychiatric patients in specific respects; these patients might fear rejection less than other patients do. Those who actually fear rejection might need anti-stigma assistance more urgently than the first group.

Bibliography Number: 109

Reference Type: Journal Article

Type of Article: Original

Author: Gaebel, W.; Baumann, A.; Witte, A.M.; Zaeske, H.

Year: 2002

Title: Public attitudes towards people with mental illness in six German cities: Results of a public survey under special consideration of schizophrenia

Journal: European Archives of Psychiatry and Clinical Neuroscience

Volume: 252

Issue: 6

Pages: 278-87

Abstract: **Background:** Negative attitudes and rejecting behaviour of the public towards the mentally ill and people with schizophrenia in particular are some of the main obstacles to successful treatment.

Aim: Attitudes of the urban population in Germany towards people with mental illness were investigated in this study. The results are compared with those of attitude surveys conducted by other research centres participating in the World Psychiatric Association's (WPA) global anti-stigma-programme "Fighting Stigma and Discrimination because of Schizophrenia - Open the Doors" (WPA 1998).

Methods: A total of 7246 German-speaking persons aged 16 and over were interviewed in private households in six German cities by telephone using a standardised questionnaire. The respondents were asked about their knowledge in regard to schizophrenia, their social distance towards people with schizophrenia and estimations of the social stigmatisation of mental patients in general.

Results: 33.1 % of the interviewees were able to name causes of schizophrenia. 76.5 % of the interviewees believe that people with schizophrenia often or very often need prescription drugs to control their symptoms. 81.1 % believe that most people would pass over the job application of a former mental patient in favour of another applicant. 4.6 % would oppose a group (of 6-8) people with schizophrenia to move into their neighbourhood.

Conclusion: Improvements in the education of the public about mental illnesses and provision of the opportunity for personal contact with mentally ill people are considered to be important measures for promoting the acceptance of the mentally ill by the public.

Bibliography Number: 110

Reference Type: Book

Author: Gaebel, W., Möller, HJ, Rössler W

Year: 2005

Title: Stigma - Diskriminierung - Bewältigung, Der Umgang mit sozialer Ausgrenzung psychisch Kranker

City: Stuttgart

Publisher: Kohlhammer

Volume: 1

Number of Pages: 295

ISBN: 3-17-017819-9

Abstract: This book presents a collection of articles, personal perspectives and commentaries from various consumers, caretakers and experts on the stigma and discrimination of mentally ill. It contains depictions of the basic concepts of stigma and its development, current research and the experiences of individuals with mental illness being stigmatised. Additionally multiple examples for strategies to overcome the hurdle stigma are given.

Bibliography Number: 111

Reference Type: Journal Article

Type of Article: Original

Author: Graf, J.; Lauber, C.; Nordt, C.; Ruesch, P.; Meyer, P.C.; Rossler, W.

Year: 2004

Title: Perceived stigmatisation of mentally ill people and its consequences for the quality of life in a Swiss population

Journal: Journal of Nervous and Mental Disorders

Volume: 192

Issue: 8

Pages: 542-7

Abstract: **Background:** The awareness of social conceptions of mental illness is essential in understanding the social realities of people with mental illness. Labelling due to psychiatric hospitalisation can have a powerful influence on people's life chances. Little is known about subjective perceptions of stigmatisation and discrimination and the influence of these beliefs on the quality of life of mentally ill people.

Aims: To analyse how psychiatric inpatients and the general population perceive stigmatisation and discrimination toward people with mental illness. Further to examine the consequences of these beliefs on the quality of life of those affected.

Methods: A sample of 280 psychiatric patients and a sample of 124 people from the general public were given the German version of Link's Perceived Devaluation and Discrimination Questionnaire. Then the patient sample was presented the short form of the World Health Organisation Quality of Life Instrument - WHOQOL-BREF to which had been added items from the long version of this instrument. Further the patients' psychopathology was assessed by the German version of SCL-90R.

Results: Both patients and community members believed that most people rejected former mental patients. Thus, attitudes toward mental illness have their source in the socialisation of the individual and his or her cultural context rather than in the currently pathological state of those affected. In a multiple regression analysis, we showed that even if controlled for demographic and clinical factors, perceived devaluation and discrimination had a significant negative effect on the quality of life of the mentally ill people.

Conclusion: For planning and implementing psychiatric treatment programs, it is important to be aware of social conceptions of mental disorder.

Bibliography Number: 112

Reference Type: Journal Article

Type of Article: Position paper

Author: Graham, N.; Lindesay, J.; Katona, C.; Bertolote, J.M.; Camus, V.; Copeland, J.R.; de Mendonca Lima, C.A.; Gaillard, M.; Gely Nargeot, M.C.; Gray, J.; Jacobsson, L.; Kingma, M.; Kuhne, N.; O'Loughlin, A.; Rutz, W.; Saraceno, B.; Taintor, Z.; Wancata, J.

Year: 2003

Title: Reducing stigma and discrimination against older people with mental disorders: a technical consensus statement

Journal: International Journal of Geriatric Psychiatry

Volume: 18

Issue: 8

Pages: 670-8

Abstract: This technical consensus statement is jointly produced by the Old Age Psychiatry section of the World Psychiatric Association and the World Health Organisation, with the collaboration of several NGOs and the participation of experts from different Regions. It is intended to be a tool for (i) promoting debate at all levels on the stigmatisation of older people with mental disorders; (ii) outlining the nature, causes and consequences of this stigmatisation; and (iii) promoting and suggesting policies, programmes and actions to combat this stigmatisation.

Bibliography Number: 113
Reference Type: Journal Article
Type of Article: Original
Author: Hocking, B.
Year: 2003
Title: Reducing mental illness stigma and discrimination - everybody's business
Journal: Medical Journal Australia
Volume: 178 Supplement
Pages: S47-8
Abstract: The stigma associated with schizophrenia is pervasive, both in the community and among healthcare workers, and forms a real barrier to optimal recovery from the illness. The negative consequences of stigma include discrimination in housing, education and employment, and increased feelings of hopelessness in people with schizophrenia. Health professionals have a responsibility to improve their own attitudes and behaviour towards people with schizophrenia so they do not contribute to the stigma. Educational campaigns aimed at people in the community and media personnel could help to demystify mental illness and reduce the portrayal of offensive stereotypes of people with schizophrenia.

Bibliography Number: 114
Reference Type: Journal Article
Type of Article: Original
Author: Holzinger, A.; Beck, M.; Munk, I.; Weithaas, S.; Angermeyer, M.C.
Year: 2003
Title: Stigma as perceived by schizophrenics and depressives (in German)
Journal: Psychiatrische Praxis
Volume: 30
Issue: 7
Pages: 395-401
Abstract: **Aim:** The goal of this study is to investigate the stigma of mental illness from the perspective of the persons directly affected by it.
Methods: 210 patients with schizophrenia or major depression were questioned about anticipated and concrete stigmatisation experiences, using a questionnaire especially developed for this study.
Results: Most of the patients expected negative reactions from the environment. Three quarters were convinced that their job application would be rejected when it became known that they are mentally ill. Almost two thirds felt apprehensive that others would avoid them due to their illness. There is hardly any difference between schizophrenia and depressive patients' assessment of stigmatisation of mentally ill people. Concrete stigmatisation experiences were most frequently reported in the domain of interpersonal interaction. Second comes the distorted picture of mentally ill people that is depicted in the media and experienced as hurtful by the patients. The obstacles to access social roles (partnership, work, etc.) perceived by the patients come third. Participants least frequently mentioned structural discrimination, i. e. disadvantages regarding psychiatric treatment or rehabilitation measures. Contrary to anticipated stigmatisation, there are differences between the two diagnostic groups when it comes to concrete stigmatisation experiences. Schizophrenia patients more frequently report that others would avoid contact with them and that the access to social roles was especially complicated for them. They also seemed to be more

exposed to structural discrimination than depressive patients.

Conclusion: Based on the results of this study, ways are discussed of how stigmatisation and discrimination of mentally ill people can be reduced.

Bibliography Number: 115
Reference Type: Journal Article
Type of Article: Original
Author: Hugo, C.J.; Boshoff, D.E.; Traut, A.; Zungu-Dirwayi, N.; Stein, D.J.
Year: 2003
Title: Community attitudes toward and knowledge of mental illness in South Africa
Journal: Journal of Social Psychiatry and Psychiatric Epidemiology
Volume: 38
Issue: 12
Pages: 715-9
Abstract: **Background:** Although recent advances in psychiatry have increased our understanding of psychiatric disorders, many people with chronic or severe psychiatric disorders may be unaware that effective treatment is available. It is possible that ignorance and stigma prevent such persons from seeking appropriate help, and that community attitudes and beliefs play a role in determining the help-seeking behaviour and successful treatment of the mentally ill. Nevertheless, there is little research on the attitudes of lay persons toward mental illness within the South African community.
Aim: To investigate the knowledge and attitudes of the general South African public toward mental illness, specifically regarding the causes of illness and treatment options.
Methods: The study design employed a questionnaire survey. Structured interviews (n = 667) were conducted with members of the general public. One of eight vignettes, portraying depression, schizophrenia, panic disorder or substance abuse, with subtle or obvious symptoms, was presented to each respondent.
Results: The main findings were that cases were most often conceptualised as stress-related or due to a lack of willpower rather than as medical disorders. Treatment advocated was more often to talk the problem over than to consult professional medical help. Psychotherapy was the preferred treatment option, particularly in vignettes where symptom presentation was subtle, and in cases of substance abuse.
Conclusion: These data suggest that stigma and misinformation regarding mental illness exist, influencing preferred treatment modality and help-seeking behaviour. More work needs to be done to educate the public about the psycho-biological underpinnings of psychiatric disorders and about the value of effective treatments. A better understanding of these disorders amongst the public would presumably lessen stigmatisation and encourage the use of currently available and effective interventions.

Bibliography Number: 116
Reference Type: Journal Article
Type of Article: Original
Author: Lauber, C.; Nordt, C.; Falcato, L.; Rossler, W.
Year: 2002
Title: Determinants of attitude to volunteering in psychiatry: Results of a public opinion survey in Switzerland

Journal: International Journal of Social Psychiatry
Volume: 48

Issue: 3

Pages: 209-19

Abstract: Background: The United Nations proclaimed 2001 the "International Year of Volunteers". Little is known about factors influencing the attitude to volunteering in psychiatry. However, knowledge about these factors is important as target groups to be addressed by an awareness and promotion campaign could be identified.

Aim: To determine the influence of demographic, psychological and sociological factors on the attitude to volunteering in psychiatry.

Methods: Multiple logistic regression analysis of the Results of an opinion survey conducted on a representative population sample in Switzerland (n = 1737).

Results: Public attitude is mostly positive. It depends, however, on the form of volunteering. Two explanatory models for volunteering in psychiatry were found: first, the "antipathetic person" having social distance to and negative stereotypes towards the mentally ill. Second, the "people with social responsibility and commitment" who have former experience in volunteering, a positive attitude to community psychiatry, interest in mass media, a social profession and perceive discrimination of mentally ill persons. Age and gender are significant predictors.

Conclusion: An awareness and promotion campaign to use the vast potential of people willing to volunteer in psychiatry can be primarily focused on those with a basic interest in social issues. Volunteering must be limited in time and responsibility. Contacting people with a positive attitude by mass media is a promising way.

Bibliography Number: 117

Reference Type: Journal Article

Type of Article: Original

Author: Lauber, C.; Nordt, C.; Falcato, L.; Rossler, W.

Year: 2004

Title: Factors influencing social distance toward people with mental illness

Journal: Community Mental Health Journal

Volume: 40

Issue: 3

Pages: 265-74

Abstract: Background: When identifying ways to reduce stigmatisation because of mental illness it is crucial to understand contributing factors. Social distance - the willingness to engage in relationships of varying intimacy with a person - is an indicator of public attitudes toward persons with mental illness.

Aim: To investigate the factors contributing to social distance towards mentally ill people.

Methods: Multiple linear regression analysis of the results of a vignette-based opinion survey conducted on a representative population sample in Switzerland (n = 594).

Results: The level of social distance increases if situations imply 'social closeness.' The vignette describing a person with schizophrenia, attitudes to general aspects of mental health (lay helping, community psychiatry), emotions toward those affected, and the attitude toward consequences of mental illness (medical treatment, medication side effects, negative sanctions, e.g. withdrawal of the driver license) were found to predict social distance. Demographic factors such as age, gender, and the cultural background influence social distance. The explained variance (R²) is 44.8%.

Conclusion: Social distance is a multifaceted concept influenced by, e.g., socio-economic and cultural factors, but also by the respondent's general attitude toward (mental) health issues. These results suggest that more knowledge about mental illnesses, especially schizophrenia, may increase social distance. The findings presented here may help to focus anti-stigma campaigns not only on transmission of knowledge, but on integrating different approaches.

Bibliography Number: 118

Reference Type: Journal Article

Type of Article: Review

Author: Link, B.G.; Yang, L.H.; Phelan, J.C.; Collins, P.Y.

Year: 2004

Title: Measuring mental illness stigma

Journal: Schizophrenia Bulletin

Volume: 30

Issue: 3

Pages: 511-41

Abstract: The effectiveness of efforts designed to address mental illness stigma will rest on one's ability to understand stigma processes, the factors that produce and sustain such processes, and the mechanisms that lead from stigmatisation to harmful consequences. Critical to such an understanding is one's capacity to observe and measure the essential components of stigma processes. This article was designed to assist researchers in selecting or creating measures that can address critical research questions regarding stigma. The conceptualisation of stigma processes leads one to consider components of labelling, stereotyping, cognitive separating, emotional reactions, status loss, and discrimination. The authors reviewed 123 empirical articles published between January 1995 and June 2003 that have sought to assess mental illness stigma and use these articles to provide a profile of current measurement in this area. From the articles they identify those measures in more detail so that readers can decide whether the described measures might be appropriate for their studies. Furthermore, the authors identified gaps in stigma measurement in terms of concepts covered and populations assessed.

Bibliography Number: 119

Reference Type: Journal Article

Type of Article: Original

Author: Magliano, L., De Rosa, C., Fiorillo, A., Malangone, C.; Maj, M.

Year: 2004

Title: Perception of patients' unpredictability and beliefs on the causes and consequences of schizophrenia- a community survey

Journal: Journal of Social Psychiatry and Psychiatric Epidemiology

Volume: 39

Issue: 5

Pages: 410-6

Abstract: Background: The belief that mental disorders involve a high risk of unpredictable behaviours is a factor which influences negatively the social acceptance of the mentally ill.

Aim: To compare the beliefs about the causes and psychosocial consequences of schizophrenia expressed by 536 respondents who had the firm conviction that patients

with schizophrenia are unpredictable and by 457 respondents who firmly believed that they are not. **Methods:** The survey was conducted in 30 Italian geographic areas, randomly selected taking into account their location and population density. The data were collected by the Questionnaire about Opinions on Mental Illness (QO).

Results: Respondents who believed that patients with schizophrenia are unpredictable reported more frequently factors such as use of alcohol and drugs and frequenting bad company as being involved in the development of the disorder. In addition, this group showed more restrictive opinions about patients' civil and affective rights. Low education was found to be significantly associated with perception of "unpredictability" in schizophrenia.

Conclusion: These results suggest the need to: a) inform the general public on the main clinical characteristics of schizophrenia and on the risk of unpredictable behaviours in the acute phases of this mental disorder and, b) carry out sensitisation campaigns against discrimination toward people with schizophrenia emphasising successful experiences of social integration.

Bibliography Number: 120

Reference Type: Journal Article

Type of Article: Original

Author: Magliano L, F.A., De Rosa C, et al.

Year: 2004

Title: Beliefs about schizophrenia in Italy: a comparative nation-wide survey of the general public, mental health professionals, and patients' relatives

Journal: Canadian Journal of Psychiatry

Volume: 49

Issue: Original

Pages: 171-179

Abstract: **Background:** The opinions of the general public, patients' relatives, and health professionals regarding the causes, treatment, and psychosocial consequences of schizophrenia can influence its detection and outcome.

Aim: To compare beliefs about the causes, treatment, and psychosocial consequences of schizophrenia in a sample of 714 lay respondents, 465 mental health professionals, and 709 key relatives of patients with this disorder.

Methods: The survey was conducted in 30 geographic areas of Italy that were randomly selected after considering location and population density. The Questionnaire About Opinions on Mental Illness (QO) was used to collect data.

Results: 34 % of the lay respondents, 20 % of the professionals, and 68 % of the relatives stated that schizophrenia is exclusively caused by psychosocial factors. Lay respondents' opinions on patients' civil rights and social competence tended to be more similar to those expressed by professionals than to those reported by relatives. Lay respondents differed from the two other groups in their beliefs regarding the effectiveness of psychological treatment, patients' unpredictability, and whether patients should be admitted to asylums.

Conclusion: These results suggest that the general public needs to be better informed about schizophrenia's main characteristics, available treatment, and risk for dangerous behaviour. The existing gap among the study's target populations could be reduced through campaigns aimed at increasing public awareness of the affective and civil rights of patients.

Bibliography Number: 121

Reference Type: Journal Article

Type of Article: Original

Author: Nordt, C.; Muller, B.; Lauber, C.; Rossler, W.

Year: 2003

Title: Increased stigma through a former stay in a mental hospital? Results of a public survey in Switzerland (in German)

Journal: Psychiatrische Praxis

Volume: 30

Issue: 7

Pages: 384-8

Abstract: **Background:** The perception of how most people stigmatise mentally ill persons has consequences for the affected.

Aim: To investigate if a former stay in a mental hospital is connected with an additional stigma.

Methods: In three linguistic areas of Switzerland we conducted a representative opinion survey (N = 1737) on public attitude towards mental illness, psychiatric treatment, and the institutions involved. Using Link's Devaluation-Discrimination-Scale a randomly selected sample was asked on the telephone about the perceived stigma concerning (1) a currently mentally ill person or (2) a former mentally ill person or (3) a former mental inpatient.

Results: In all three linguistic areas of Switzerland we found in the case of current illness a lower social acceptance or a higher discrimination, respectively. Also in all linguistic areas those who were asked about "former mental illness" or "former stay in a mental hospital" did not differ regarding perceived acceptance or discrimination.

Conclusion: This study does not confirm the assumption of increased stigma because of a former stay in a mental hospital. An inquiry of subjective experience of a hospital stay, however, would probably lead to other results than that of a public survey.

Bibliography Number: 122

Reference Type: Book

Author: Nunes J, Simmie,S.

Year: 2002

Title: Beyond Crazy: Journeys Through Mental Illness

City: Toronto

Publisher: McClelland & Stewart

ISBN: 0771080697

Abstract: In any given year, one in five Canadians will experience symptoms of mental disorder. So why do we still have such a long way to go towards true understanding and acceptance? Because people are afraid to talk.

"Beyond Crazy takes us beyond the barriers of fear and stigma to meet real Canadians from all walks of life who have encountered mental illness. They tell stories of what it is like to journey to the edge of the abyss and back again, of what it is like to suffer deep psychosis or depression, a misdiagnosis, a life-threatening eating disorder, the suicide of a loved one. And they tell stories of hope recovered, of finding the road back to wellness, of families made stronger than ever.

Using the most honest and compelling language - and often a good dose of humour - brave celebrities and unsung heroes tell it like it is. By doing so, they make it easier for those who follow, easier to get past the fear, to move beyond crazy.

Bibliography Number: 123
Reference Type: Journal Article
Type of Article: Original
Author: Ono, Y.; Satsumi, Y.; Kim, Y.; Iwadate, T.; Moriyama, K.; Nakane, Y.; Nakata, T.; Okagami, K.; Sakai, T.; Sato, M.; Someya, T.; Takagi, S.; Ushijima, S.; Yamauchi, K.; Yoshimura, K.
Year: 1999
Title: Schizophrenia: is it time to replace the term?
Journal: Psychiatry and Clinical Neuroscience
Volume: 53
Issue: 3
Pages: 335-41
Abstract: Background: How may the term 'schizophrenia' influence a psychiatrist's decision to inform his patients of the diagnosis?
Aim: To investigate the attitudes of Japanese psychiatrists toward their patients who suffer from schizophrenia. The authors were specifically concerned with whether the psychiatrists inform their patients of the suspected diagnosis.
Methods: A self-reported questionnaire was distributed to 150 executive board members of the Japanese Society of Psychiatry and Neurology and analysis of the data obtained from 110 respondents was carried out.
Results: These showed that the concepts that psychiatrists use when they give a diagnosis of schizophrenia vary considerably. Fifty-nine per cent of the respondents informed their patients of a diagnosis of schizophrenia on a case-by-case basis, while 37% informed only the patients' families. A tree analysis showed that the most important predictors for informing the patients of the diagnosis were assumptions about the public image of schizophrenia and a negative impression of the term schizophrenia, translated as 'Seishin Bunretsu Byou' in Japanese.
Conclusion: The results revealed that the Japanese term for schizophrenia influences a psychiatrist's decision to inform patients of the diagnosis and that, by changing the term to a less stigmatised one, the disclosure of information about schizophrenia to patients would be promoted.

Bibliography Number: 124
Reference Type: Journal Article
Type of Article: Original
Author: Penn, D.L.; Corrigan, P.W.
Year: 2002
Title: The effects of stereotype suppression on psychiatric stigma
Journal: Schizophrenia Research
Volume: 55
Issue: 3
Pages: 269-76
Abstract: Aim: To investigate the effects of stereotype suppression on psychiatric stigma.
Methods: Two studies were carried out. In experiment one, 52 participants were presented with a photograph of someone labelled with schizophrenia and instructed to write a passage describing a day in that person's life. Half of the participants were instructed to avoid using schizophrenia-related stereotypes in their passages (the stereotype suppression condition). Participants were then, in experiment two, presented with a photograph of a different individual labelled with schizophrenia and asked to write another passage with stereotype suppression instructions omitted.

Results: The results showed that while stereotype suppression occurred for the first passage, the expected rebound effects were not observed in the second passage. Furthermore, the results were unchanged when participants' prior experience with persons with mental illness was considered. In a second study, the effects of stereotype suppression on behaviour (i.e. seating distance from a person with schizophrenia) were examined in 58 participants. While the stereotype suppression instructions resulted in less stereotypical passages, replicating the results of study 1, no rebound effects on behaviour were observed. A non-significant trend was observed whereby previous contact with persons with mental illness was associated with less social distance from someone with schizophrenia.
Conclusion: Implications of the findings for reducing psychiatric stigma are discussed.

Bibliography Number: 125
Reference Type: Original Article
Author: Peluso, E.T.P., Blay, S.L.
Year: 2004
Title: Community perception of mental disorders: a systematic review of Latin American and Caribbean studies
Journal: Social Psychiatry and Psychiatric Epidemiology
Volume: 39
Issue: 12
Pages: 955-961
Abstract: Background: Little is known about the perception of mental disorders and stigma in developing countries. The aim of this study was to review the literature on popular perception of mental disorders in Latin America and the Caribbean.
Methods: Electronic search was made on Medline and Lilacs for original articles published from January 1980 to December 2001, using public attitudes and mental disorders as key words on Medline and attitudes about health as well as stigma as key words on Lilacs. In addition, a manual search was conducted in the references of the articles obtained in the electronic search and in area periodicals.
Results: The search produced 871 articles, ten of which fulfilled the inclusion criteria. Attitudes in relation to the mentally ill are predominantly positive, especially among individuals with a higher educational or socioeconomic level. Schizophrenia is the condition most often identified as mental illness and considered the most serious affliction. Depression and alcoholism are identified as mental illnesses by a smaller portion of the population. The community mostly recommends treatment with health professionals.
Conclusion: In Latin America and the Caribbean, there is a tendency to share the beliefs of the western medical model and few signs of the presence of elements from traditional medicine or religion. However, the studies exhibited various methodological gaps and problems. New studies, using more appropriate methodology, should be carried out in this region.

Bibliography Number: 126
Reference Type: Journal Article
Type of Article: Review
Author: Phelan, J.C.
Year: 2002
Title: Genetic bases of mental illness - a cure for stigma?
Journal: Trends in Neuroscience
Volume: 25
Issue: 8

Pages: 430-1

Abstract: An increased emphasis on biological causes of mental illness has been viewed as having the potential to significantly reduce stigma. From this perspective, the current genetics revolution can be seen as a source of hope. However, some have argued that biological attributions could increase stigma, for example by making the ill person seem 'defective' or 'physically distinct' - 'almost a different species'. In this paper, the author uses a multicomponent conceptualisation of stigma as a guide in forming hypotheses about the likely impact of genetic attributions on the stigma of mental illness.

Bibliography Number: 127

Reference Type: Journal Article

Type of Article: Correspondence

Author: Pompili, M.; Mancinelli, I.; Tatarelli, R.

Year: 2003

Title: Stigma as a cause of suicide

Journal: British Journal of Psychiatry

Volume: 183

Pages: 173-4

Abstract: Mental illness is widely considered to be stigmatising for the ones suffering of it. Not only does it prevent people from building up social contacts, it does as well prevent people from seeking treatment, which in turn exposes them to a greater risk of suicide. A number of environments can be traced where this process takes place. In the family, the family members' relationship to the patient may affect the extent to which the patient's stigma is transferred to the family members, as in the case of schizophrenia. In such extreme cases, difficulties in dealing with a chronic disease, which often results in relapses, hospitalisation and social impairment, leads family members to stigmatise the patients. They may even further behave in a way that may lead the patient to assume that suicide might be a solution for their situation. In contrary, having suicidal feelings is more and more associated with becoming stigmatised. To put a halt to this vicious circle both, the stigma of mental illness as well as suicide should be addressed in course of destigmatisation efforts.

Bibliography Number: 128

Reference Type: Journal Article

Type of Article: Original

Author: Raguram, R.; Raghu, T.M.; Vounatsou, P.; Weiss, M.G.

Year: 2004

Title: Schizophrenia and the cultural epidemiology of stigma in Bangalore, India

Journal: Journal of Nervous and Mental Disorders

Volume: 192

Issue: 11

Pages: 734-44

Abstract: **Background:** The antagonistic social response to mental illness, conceptualised as stigma, has become an increasingly important topic for research, advocacy, and health policy world-wide. Various studies document its impact on patients and their families, regarding it in global terms lacking adequate attention to the conceptual and practical importance of the socio-cultural setting.

Aims: To explore aspects of the cultural epidemiology of schizophrenia and stigma related to it at a psychiatric referral centre in Bangalore, India.

Methods: A total of 60 patients with schizophrenia, based on ICD-10 diagnostic criteria for research, were randomly selected in the inpatient psychiatric treatment facility at

the NIMHANS (National Institute of Mental Health and Neuroscience). Patients' clinical symptoms were assessed with PANSS, further principal family caregivers were interviewed with a semi structured EMIC. The EMIC interview was based on a framework of cultural epidemiology that assessed illness-related experience specified by patterns of distress (PD), the meaning of illness specified by perceived causes (PC), and help-seeking behaviour (HS). Each section of the EMIC interview includes both a quantitative and a qualitative assessment. Every section begins with open-ended queries to assess spontaneous reactions with reference to narrative and locally relevant categories. These are followed by probes asking about categories not previously mentioned, and in turn followed by questions drawing out a summary judgement concerning the most troubling aspect of the illness, the most important perceived cause, and the first help sought outside the home. This EMIC interview also includes a separate section on stigma.

Results: After multivariate statistical regression and qualitative analysis of narratives the following variables were identified as being possible explanatory factors for stigma. Suspiciousness and inappropriate sexual behaviour (PD), heredity and bad deeds (PC), and informal help seeking (HS). Previous allopathic help seeking was negatively associated with stigma. Analysis of coded text segments from respondents narratives showed how these variables were related to family- perceived stigma, with reference to marriage practices, moral meanings of schizophrenia, and ways in which effective allopathic care minimised stigma.

Conclusion: Findings indicate the value of integrated quantitative and qualitative methods and should inform culturally sensitive clinical practice and mental health policy.

Bibliography Number: 129

Reference Type: Journal Article

Type of Article: Original

Author: Ritscher, J.B.; Phelan, J.C.

Year: 2004

Title: Internalised stigma predicts erosion of morale among psychiatric outpatients

Journal: Psychiatry Research

Volume: 129

Issue: 3

Pages: 257-65

Abstract: **Background:** Stigma in society causes harm to people with severe mental illness (SMI) and internalised stigma represents its psychological point of impact.

Aim: To evaluate the extent of internalised stigma in a sample of outpatients with SMI, using the Internalised Stigma of Mental Illness (ISMI) Scale, developed with consumer input.

Method: Survey participants included 82 outpatients at the mental health service of a US Department of Veterans Affairs Medical Centre, 47 of whom completed the ISMI at both baseline and follow-up. Participants were presented the ISMI, the Perceived Devaluation and Discrimination Scale to measure the perceived stigma, symptoms of depression were measured by CES-D scale and for self-esteem the Rosenberg self-esteem scale was used.

Results: About a third of the sample reported high levels of internalised stigma. We tested whether internalised stigma predicted increased depressive symptoms and reduced self-esteem at 4-month follow-up, controlling for baseline levels. Depression was predicted by Alienation,

Stereotype Endorsement, Social Withdrawal Scales and total ISMI score. Reduced self-esteem was predicted by Alienation. ISMI results were stronger than those for the widely used Devaluation-Discrimination Scale. The finding that alienation further reduces morale speaks to the difficulty of pulling oneself out of this type of vicious cycle without assistance.

Conclusion: In addition to trying to lessen the stigma of mental illness in society, it should be worked on lessening its psychological impact on people with mental illness.

Bibliography Number: 130

Reference Type: Original Article

Author: Rodrigues, C.R. Figueiredo, M.A.C.

Year: 2003

Title: Concepts on mental diseases held by professionals, users, and their families

Journal: Estudos de Psicologia (Natal)

Volume: 8

Issue: 1

Pages: 117-125

Abstract: Transforming mental health institutions has been defying because it is necessary to deconstruct ideologies in all areas of knowledge. Therefore we want to discuss contents, beliefs and values held by professionals, mental health service patients and their families in relation to mental health. Reification is a concept of the Social Psychological Theory and it has been used to discuss people's concepts towards mental health. This study has been developed with thirty people: 10 professionals, 10 users and 10 family members in Marília area (SP) outpatient service. Data were collected in semi-structured interviews, according to a technique developed by Figueiredo (1989). The interviews were a technical adaptation of content analysis. Based on these data analysis, the following subcategories were found: emotional instability, loss of normality pattern, biological vision, inherited predisposition and stigma. These six subcategories suggested that often mental health concepts are stereotyped from acquired knowledge and praxis maintains the status quo, without creating new intervention models.

Bibliography Number: 131

Reference Type: Journal Article

Type of Article: Review

Author: Rössler, W.

Year: 2005

Title: Das Stigma psychischer Erkrankungen

Journal: Die Psychiatrie

Volume: 1

Issue: 2

Pages: 5-11

Abstract: No other illness is subject to more negative public attitudes than mental illness. In consequence this leads to social exclusion and discrimination. The general Public is aware of this. There is a superficial willingness to integrate mentally ill in everyday life for example as a colleague at work, but most people refuse to establish a personal relationship to mentally ill. Professionals do not display a decisive more positive attitude in this matter. Psychosocial triggers play an outstanding role in the onset of mental illness. Perceiving mental illness as an illness with a biological basis creates more distance to mentally ill. Further the author discusses anti-stigma strategies on the basis of the current literature.

Bibliography Number: 132

Reference Type: Journal Article

Type of Article: Original

Author: Tanaka, G.; Inadomi, H.; Kikuchi, Y.; Ohta, Y.

Year: 2004

Title: Evaluating stigma against mental disorder and related factors

Journal: Psychiatry and Clinical Neuroscience

Volume: 58

Issue: 5

Pages: 558-66

Abstract: **Background:** Since levels of stigma have shown to differ according to region and attributions of residents, studies of specific target areas and groups are needed to allow implementation of effective educational programs. In Japan, government facilities, such as health centres, conduct public educational programs but do not necessarily quantitatively evaluate the effectiveness of these.

Aims: This study attempted to identify public attitudes toward mental disorders and related factors of the main target population of such educational programs.

Methods: The subjects comprised 2632 people living in the area covered by the K health centre in N prefecture. All of these participants belong to the main recipients of public awareness campaigns. The participants were given self-administered questionnaires including the Mental Disorder Prejudice Scale (MDPS), a scale of previous contact with people with mental disorders, a welfare activities scale, and a community problem - solving attitude scale.

Results: Factor analysis of the Mental Disorder Prejudice Scale identified three factors: 'rejection', 'peculiarity' and 'human rights alienation'. Regression analysis revealed that age, welfare activities, an active problem-solving attitude, lecture attendance, and previous contact, exerted independent effects with respect to 'rejection'.

Conclusion: These results suggest the importance of distributing accurate information according to the specific target population and creating more opportunities for people to have meaningful interactions with people with mental disorders in order to dispel the stigma.

Bibliography Number: 133

Reference Type: Journal Article

Type of Article: Original

Author: Tanaka, G.; Inadomi, H.; Kikuchi, Y.; Ohta, Y.

Year: 2005

Title: Evaluating community attitudes to people with schizophrenia and mental disorders using a case vignette method

Journal: Psychiatry and Clinical Neuroscience

Volume: 59

Issue: 1

Pages: 96-101

Abstract: **Aim:** Utilising the case vignette method, community attitudes about people with schizophrenia and mental disorders, and perceived causes of and images regarding schizophrenia were investigated.

Methods: Participants comprised 1596 respondents living in the area covered by the K health centre in N prefecture. The survey utilised the Mental Disorder Prejudice Scale, a case vignette, and other basic attributes. The case vignette survey yielded the following results: when asked about a landlord refusing to rent an apartment to the vignette subject, approximately 80% of respondents agreed with the landlord's decision.

Results: However, when asked about necessary conditions for the vignette subject to live in an apartment independently, only 2.4% of respondents chose 'difficult under any circumstance'. Approximately half of the respondents chose the following conditions: 'periodic visits to the hospital', 'availability of a system where people can discuss and address any problems that might arise' and 'attending a sheltered workshop or making attempts to rehabilitate'. Regarding acceptance as a neighbour after meeting the listed conditions, most respondents stated they would 'treat him just like any other neighbour' (47.3%), followed by 'help as much as possible in times of need' (36.3%). In other words, approximately 80.0% of respondents were willing to have the vignette subject as their neighbour. In addition, many respondents thought that schizophrenia is caused by problems in interpersonal relationships (64.8%) and represents an unstable disease (69.9%). When asked about having the subject as a neighbour, respondents were more willing to accept him as a neighbour after clarifying conditions for living arrangements.

Bibliography Number: 134

Reference Type: Journal Article

Type of Article: Original

Author: Taskin, E.O.; Sen, F.S.; Aydemir, O.; Demet, M.M.; Ozmen, E.; Icelli, I.

Year: 2003

Title: Public attitudes to schizophrenia in rural Turkey

Journal: Journal of Social Psychiatry and Psychiatric Epidemiology

Volume: 38

Issue: 10

Pages: 586-92

Abstract: **Background:** The aim of this study was to determine the public's attitudes and their correlates towards patients with schizophrenia in rural areas.

Methods: The study was carried out in a village near Manisa City, Turkey. Two hundred and eight subjects completed the public survey form which consists of ten items screening demographic and health status and 32 items rating attitudes towards schizophrenia.

Results: Half of the subjects stated that persons with schizophrenia are aggressive and that they should not be free in the community. More than half of the subjects stated that they would be irritated about having a neighbour with schizophrenia (61.5%), that they would not rent their home to a person with schizophrenia (58.2%), that they do not want to work with a person with schizophrenia (61.1%), and that they would not get married to a person with schizophrenia (85.6%).

Conclusion: The public in rural areas sufficiently recognises schizophrenia but has a tendency to stigmatise schizophrenic patients. Their attitudes are generally negative and rejective. They do not want close contact with schizophrenic patients. Interpretation of schizophrenia as a mental illness leads to more negative attitudes and increases the social distance.

Bibliography Number: 135

Reference Type: Journal Article

Type of Article: Original

Author: Walkup, J.; Cramer, L.J.; Yeras, J.

Year: 2004

Title: How is stigmatisation affected by the "layering" of stigmatised conditions, such as serious mental illness and HIV?

Journal: Psychological Reports

Volume: 95

Issue: 3 Pt 1

Pages: 771-9

Abstract:

Aim: Vignettes were used to examine the effect of labelling a person with two stigmatised illnesses, HIV disease and serious mental illness (schizophrenia). The additive model predicted that stigma associated with combined HIV and serious mental illness would resemble the simple sum of those for the two conditions. The discounting model predicted that the presence of serious mental illness would lead subjects to view the target individual as less responsible for infection, resulting in less stigmatisation than given for HIV alone.

Methods: Data collected from 244 participants at a public north-eastern university supported the additive model.

Results: Stigmatisation was highest in the group labelled with both HIV and serious mental illness, while stigmatisation associated with someone with only HIV was less than those associated with someone with only serious mental illness.

Conclusion: One interpretation for these results is, that the stigmatisation associated with mental illness is more pronounced than the stigmatisation associated with HIV. This conclusion is consistent with a wealth of studies indicating that the stigmatisation associated with mental illness is among the highest of any group studied. Two other factors may play a role. First, the scale used in this study was based on work done by Link and colleagues. While Link has applied his stigma approach to various conditions, he has focused on the stigmatisation associated with mental illness. It is possible that the scales are more sensitive to serious mental illness stigmatisation and "missed" HIV stigmatisation. A second potential explanation lies within the subjects themselves. Research suggests that personal contact is associated with lower stigmatisation ratings for both AIDS, and mental illnesses. Students may be more likely to be exposed to people they know to be infected with HIV than to people they know to have a mental disorder. Further, popular cultural figures with HIV may exert an influence.

GROUP B

Bibliography Number: 136

Reference Type: Journal Article

Type of Article: Original

Author: Angermeyer, M.C.; Richter-Werling, M.

Year: 2003

Title: A mental health education program: the school project "Crazy? So What!" initiated by "Irrsinnig Menschlich (Madly Human) e.V. Leipzig" (in German)

Journal: MMW Fortschritte der Medizin

Volume: 145

Issue: 12

Pages: 38, 40-1

Abstract: The school project "Crazy? So What!" aims to educate young people about mental disorders and to raise their tolerance of the mentally sick. Personal encounters between the students and the mental ill is a major aspect of the scheme. To date, 820 students from 27 schools in Saxony, Thuringia and Saxony-Anhalt have participated in the program. The evaluation of the project within the framework of a case-control study revealed that negative stereotypes and the reserve shown towards the mentally handicapped actually can be reduced. The long-term goal

is to integrate mental health/illness into the school curriculum.

Bibliography Number: 137

Reference Type: Book Section

Author: Cechnicki, A., Bielanska A.

Year: 2002

Title: "Schizophrenia - Open the Doors - Program against Sigma and Discrimination of People Suffering from Schizophrenia" (in Polish)

Book Title: Schizophrenia, different contexts, different therapies

City: Kraków

Publisher: Biblioteka Psychiatrii Polskiej

Volume: 2nd

Bibliography Number: 138

Reference Type: Book Section

Author: Cechnicki, A.

Year: 2004

Title: Positive educational campaign. The result of four years of the Polish program "Schizophrenia - Open the Doors" (in Polish)

Book Title: Schizophrenia, different contexts, different therapies

City: Kraków

Publisher: Biblioteka Psychiatrii Polskiej

Volume: 3rd

Bibliography Number: 139

Reference Type: Journal Article

Type of Article: Editorial

Author: Corrigan, P.W.

Year: 2003

Title: Beat the stigma: Come out of the closet.

Journal: Psychiatric Services

Volume: 54

Issue: 10

Pages: 1313

Abstract: Advocacy groups and other mental health stakeholders have argued that stigma is a major barrier preventing people with mental illness from accomplishing many of their life goals. The past years several groups have developed projects to attack this problem. Among these groups, the Substance Abuse and Mental Health Services Administration that even launched the Centre to Address Discrimination and Stigma and the World Psychiatric Association with the implementation of the "Open the Doors" projects. At the same time people with mental illness who previously chose not to disclose their experience have been coming out of the closet, renowned individuals as well as people who could happen to be our neighbours, co-worker or friends. "Coming out" could become a formal strategy of multiple stakeholder groups. Then professional and provider groups should join with consumer-survivors and family advocates to strategize about the best ways for people with mental illness to "come out".

Bibliography Number: 140

Reference Type: Journal Article

Type of Article: Original

Author: Corrigan, P.W.

Year: 2004

Title: Target-specific stigma change: a strategy for impacting mental illness stigma

Journal: Journal of Psychiatric Rehabilitation

Volume: 28

Issue: 2

Pages: 113-21

Abstract: In the past decade, mental health advocates and researchers have sought to better understand stigma so that the harm it causes can be erased. In this paper, we propose a target-specific stigma change model to organise the diversity of information into a cogent framework. "Target" here has a double meaning: the power groups that have some authority over the life goals of people with mental illness and specific discriminatory behaviours which power groups might produce that interfere with these goals. Key power groups in the model include landlords, employers, health care providers, criminal justice professionals, policy makers, and the media. Examples are provided of stigmatising attitudes that influence the discriminatory behaviour and social context in which the power group interacts with people with mental illness. Stigma change is most effective when it includes all the components that describe how a specific power group impacts people with mental illness.

Bibliography Number: 141

Reference Type: Journal Article

Type of Article: Editorial

Author: Corrigan, P.W.

Year: 2004

Title: Don't call me nuts: an international perspective on the stigma of mental illness

Journal: Acta Psychiatrica Scandinavica

Volume: 109

Issue: 6

Pages: 403-4

Abstract: Besides psychological distress and psychiatric disabilities as consequences of mental illness, people being diagnosed with such will experience public's reaction to mental illness. This often being lead by prejudicial beliefs and emotions causing the public to discriminate an individual with a mental illness. Stigma has been tackled by consumers, family members, and other advocacy groups; from the mental health researchers' side efforts have been made to develop a more rigorous understanding of stigma and its various ways of harming people with mental illness and to objective evaluations meant to erase its impact. Gaining a more complete understanding of the effects of stigma requires broadening stigma research into the international arena. Though, understanding stigma is only have of the battle, of equal importance is testing strategies that are meant to erase its impact.

Bibliography Number: 142

Reference Type: Book

Author: Corrigan, P.W.

Year: 2005

Title: On the stigma of mental illness: practical strategies for research and social change

Series Editor: Corrigan, P.W.

City: Washington DC

Publisher: American Psychological Association

Number of Pages: 343

ISBN: 1591471893

Abstract: Written by participants and first-rate social scientists in the Chicago Consortium for Stigma Research,

On the Stigma of Mental Illness: Implications for Research and Social Change explores the causes and ramifications of mental illness stigma and possible means to eliminate it. The book translates basic behavioural research, especially from social psychology, to an issue of prime importance to clinical psychology.

Serious mental illness is a double-edged sword: It not only challenges those affected with the disability itself, but can also expose those affected to an unjust social stigma. Such a stigma can then deny these individuals opportunities to work, live independently, and pursue other goals.

At the core of many problems facing people with mental illness is public reaction to their disabilities (e.g., landlords may not rent to and employers may not hire someone with a serious mental illness). The authors explore the causes of such stigmatising attitudes, including media images and a culture that does not respect persons with mental illness. Living within such a culture often leads to self-stigmatisation as well. While laws such as the Americans with Disabilities Act have decreased the impact of discrimination, contact between those with mental illness and those without may be one of the most effective ways to diminish stigma.

This book includes practical strategies for dealing with public stigma and self-stigma, including deciding when and how to disclose one's psychiatric history to others.

Bibliography Number: 143

Reference Type: Book

Author: Crisp, A.

Year: 2001

Title: Every Family in the Land: Understanding Prejudice and Discrimination Against People with Mental Illness (electronic book)

Series Editor: Crisp, A.H.

City: London

Publisher: Sir Robert Mond Memorial Trust

Number of Pages: 464

ISBN: 0 9541314 0 1

Abstract: This book presents a collection of over 80 articles, personal perspectives and commentaries on the most common mental disorders to help to dispel some of the stigma which is attached to these. Produced as part of the Royal College of Psychiatrists' anti-stigma campaign 'Changing Minds', it offers insights into the causes, experiences and misunderstanding of, and reactions to, what lies behind generic diagnosis such as personality disorder, schizophrenia, depression, dementia, eating disorders, and alcohol and drug misuse and the stigma that stems from these labels.

Bibliography Number: 144

Reference Type: Journal Article

Type of Article: Letter

Author: Crisp, A.

Year: 2003

Title: An update of the College's anti-stigma campaign website.

Journal: Psychiatric Bulletin

Issue: 27

Pages: 33-35

Bibliography Number: 145

Reference Type: Journal Article

Type of Article: Special article

Author: Crisp, A.H.; Cowan, L.; Hart, D.

Year: 2004

Title: The College's Anti-Stigma Campaign, 1998-2003: A shortened version of the concluding report

Journal: Psychiatric Bulletin

Volume: 28

Issue: 4

Pages: 133-136

Abstract: The anti-stigma campaign which started in autumn 1996, involved numerous service users to ensure that their experience and views were represented within the campaign. A campaign tool kit was developed which's major elements include: a council report (CR91) 'Mental illness: Stigmatisation and discrimination within the medical profession, which is a product of a co-operation involving the British Medical Association and the Royal College of Physicians as partners, and with the collaboration of the Royal College of General Practitioners, further, a '1 in 4' cinema film of 2 minutes which was launched in London as part of World Mental Health Day 2000, an electronically published book on the topic of stigma titled 'Every Family in the Land', furthermore, the book 'Changing Minds: Our lives and mental illness' on success stories about how people have coped with, and overcome, difficulties brought about by mental illnesses, 'Tube cards' with an advertisement of the campaigns website, a variety of booklets, statements, leaflets and the campaign video - '1 in 4', a multi-media CD-ROM about mental health aiming at 13- to 17-year-olds, four picture books aiming at 4- to 7-year-olds and multiple articles published in the medical press on the issue of mental illness stigma. In addition to this a series of campaign roadshows brought the message to doctors and employers.

Bibliography Number: 146

Reference Type: Journal Article

Type of Article: Report

Author: Crisp, A., Gelder, M., Goddard, E., Meltzer, H.

Year: 2005

Title: Stigmatisation of people with mental illnesses: a follow-up study within the Changing Minds campaign of the Royal College of Psychiatrists

Journal: World Psychiatry

Volume: 4

Issue: 2

Pages: 104 -113

Abstract: Background: A population survey before the start of the Changing Minds campaign showed that negative opinions about people with mental illnesses were widely held, and that opinions about different disorders differed in important ways.

Aim: To repeat the survey 5 years later, when the campaign had ended.

Methods: Interviews were conducted with a sample of 1725 interviews and a response rate of 65%, enquiring about demographic variables, about eight opinions concerning seven common mental disorders, and whether the respondents knew anyone with one of these mental disorders.

Results: The pattern of response in this second survey resembled that in the first. However, there were significant changes. Though often small, apart from reported opinions concerning treatment and outcome, they were all reductions in the percentages of stigmatising opinions. Seventy seven percent of respondents reported knowing someone with one of the seven disorders. Those who did so in respect of severe depression or panic and phobias were less likely to have stigmatising opinions about

people with the corresponding disorder, but the same did not apply to the other disorders. The greatest proportion of negative opinions was in the 16-19 year age group, and respondents with higher education were less likely than the rest to express such views.

Conclusion: Stigmatising opinions are frequent in the community but the various disorders are not stigmatised in the same way. Campaigns to reduce stigma should take account of these differences, and of the need to address young people.

Bibliography Number: 147

Reference Type: Journal Article

Type of Article: Report

Author: Estroff, S.E.; Penn, D.L.; Toporek, J.R.

Year: 2004

Title: From stigma to discrimination: an analysis of community efforts to reduce the negative consequences of having a psychiatric disorder and label

Journal: Schizophrenia Bulletin

Volume: 30

Issue: 3

Pages: 493-509

Abstract: Discrimination related to psychiatric disorders and people diagnosed with them is receiving increased interest and attention from researchers, policy makers, and the general public. There are diverse views about how best to alter and reduce what all parties agree are personally painful, socially wasteful, and morally inexcusable practices that surround people with psychiatric disorders. In this article the results of a first step national survey of noteworthy on-the-ground efforts to reduce the negative consequences of having a psychiatric disorder and label are reported. The sample consists of non-traditional, innovative local efforts along with wellknown programs. Nominations of exemplary anti-stigma and antidiscrimination efforts were solicited from a national data base developed for this project. Next, an expert consensus panel selected 36 exemplary programs from among 102 nominations. A descriptive analysis and summary of the shared qualities of exemplary programs are provided.

Bibliography Number: 148

Reference Type: Journal Article

Type of Article: Review

Author: Gaebel, W.; Baumann, A.E.

Year: 2003

Title: Interventions to reduce the stigma associated with severe mental illness: experiences from the open the doors program in Germany

Journal: Canadian Journal of Psychiatry

Volume: 48

Issue: 10

Pages: 657-62

Abstract: Stigma associated with mental illness and psychiatric treatment and the discrimination toward people with mental illnesses that frequently results from this are main obstacles preventing early and successful treatment. To reduce such stigma and discrimination, especially toward people with schizophrenia, the World Psychiatric Association anti-stigma program Open the Doors is currently being implemented in 27 countries. Since August 1999, the campaign has been executed in 7 project centres in Germany. Public information programs and educative measures aimed at selected target groups should improve the public's knowledge regarding

symptomatology, causes, and treatment options for schizophrenia and schizophreniform disorders. Improved knowledge should in turn abolish prejudice and negative perceptions and facilitate the social reintegration of those suffering from mental illness.

Bibliography Number: 149

Reference Type: Journal Article

Type of Article: News

Author: Gould, M.

Year: 2004

Title: Government moves to end stigma of mental illness

Journal: British Medical Journal

Volume: 328

Issue: 7454

Pages: 1456

Abstract: The government's Social Exclusion Unit (SEU) has announced far-reaching proposals which it hopes will end the stigma and discrimination attached to mental illness. The 'Mental Health and Social exclusion' report by the unit had displayed the enormous costs of sickness and disability benefits for mental health conditions. Further a five year plan with anti-stigma and discrimination campaign aimed at employers, schools, and the media was set out. Progress on the plan will be overseen by the National institute for Mental Health in England (NIMHE) and implemented on a local level by primary care trusts and local authorities.

Bibliography Number: 150

Reference Type: Journal Article

Type of Article: Original

Author: Jorm, A.F.; Christensen, H.; Griffiths, K.M.

Year: 2005

Title: The impact of beyondblue: the national depression initiative on the Australian public's recognition of depression and beliefs about treatments

Journal: Australian and New Zealand Journal of Psychiatry

Volume: 39

Issue: 4

Pages: 248-54

Abstract: **Aim:** To evaluate whether a campaign to increase public knowledge about depression (beyondblue: the national depression initiative) has influenced the Australian public's ability to recognise depression and their beliefs about treatments.

Methods: Data from national surveys of mental health literacy in 1995 and 2003-04 were analysed to see if states and territories which funded beyondblue (the high exposure states) had greater change than those that did not (the low exposure states). In both surveys, participants were asked what was wrong with a person in a depression case vignette and to give opinions about the likely helpfulness for this person of a range of treatments. In the 2003-04 survey participants were also asked questions to assess awareness of beyondblue.

Results: Awareness of beyondblue in the states that provided funding was found to be around twice the level of those that did not. Using the low-exposure states as a control, the high-exposure states had greater change in beliefs about some treatments, particularly counselling and medication, and about the benefits of help-seeking in general. Recognition of depression improved greatly at a national level, but slightly more so in the high-exposure states.

Conclusions: The data are consistent with beyondblue having had a positive effect on some beliefs about depression treatment.

Bibliography Number: 151

Reference Type: Journal Article

Type of Article: Original

Author: Meise, U.; Sulzenbacher, H.; Kemmler, G.; Schmid, R.; Rossler, W.; Gunther, V.

Year: 2000

Title: "...not dangerous, but nevertheless frightening". A program against stigmatisation of schizophrenia in schools (in German)

Journal: Psychiatrische Praxis

Volume: 27

Issue: 7

Pages: 340-6

Abstract: **Aim:** Evaluation of a brief school programme providing information about schizophrenia to high school students. It was investigated whether the programme changed the students' attitude towards this target group and whether information given by a patient affects the results.

Methods: 114 high school students (6 school classes) took part in the programme: 57 students were informed by a psychiatrist and an afflicted person (group A), the other 57 were informed by a psychiatrist and a social worker (group B). The students' attitude towards schizophrenics was assessed using a vignette of a fictitious class-mate suffering from schizophrenia (according to DSM criteria) and by questionnaires assessing the students' emotional and cognitive reactions and their social distance towards the person described by the vignette.

Results: Only in group A (psychiatrist and afflicted) there was a significant improvement regarding the emotional reaction (reduction of fear, increase in positive emotions) and a significant decrease in social distance. Moreover, students no longer associated psychiatric illness with being "crazy". In group B (psychiatrist and social worker) these changes could not be observed. There was even a significant increase in describing patients with schizophrenia as dangerous.

Conclusion: As high school students themselves consider their level of knowledge about psychiatric illness as low, information about this topic should be given more attention than is currently done (also from a preventive point of view). For such information to be effective and to affect students' attitudes positively, it appears necessary that students have the opportunity to get in contact with a person affected by psychiatric illness. For changing attitudes it is also essential how information is presented.

Bibliography Number: 152

Reference Type: Journal Article

Type of Article: Original

Author: Pinfold, V.; Huxley, P.; Thornicroft, G.; Farmer, P.; Toulmin, H.; Graham, T.

Year: 2003

Title: Reducing psychiatric stigma and discrimination--evaluating an educational intervention with the police force in England

Journal: Journal of Social Psychiatry and Psychiatric Epidemiology

Volume: 38

Issue: 6

Pages: 337-44

Abstract: **Background:** World-wide there are programmes challenging negative stereotypes of people with mental health problems and associated discriminatory behaviours, but the evidence base describing what works in practice is still underdeveloped.

Aims: To evaluate the effectiveness of a mental health training intervention with the police force in England.

Methods: A total of 109 police officers took part in training workshops about mental illness and completed pre- and post-questionnaires assessing knowledge, attitudes and behavioural interventions.

Results: Mean attitude scores fell from 2.4 at baseline to 2.3 at follow-up ($p < 0.0001$) using a 5-point Likert scale. Five key message statements were assessed - 70% of cases successfully reported more messages at follow-up as compared to baseline. Another indication of officers' awareness of issues relating to mental health was captured in descriptions of what officers remembered from sessions. 37% noted specific pieces of information, particularly in relation to violence, recovery or prevalence. 30% most remembered difficulties relating to communication and the 'hearing voices' exercise and 10% noted they would remember the personal experiences that were delivered. In general it was found that officers can recognise people with mental health problems who are mentally distressed and that officers could definitely work with someone with an illness such as schizophrenia. Though finally the stereotype of perceiving mentally ill people as more likely to show violent behaviour was not successfully challenged.

Conclusion: Short educational interventions can produce changes in participants' attitudes towards people with mental health problems and convey essential information on mental illness. It should be of high priority that the evidence base of 'what works' to reduce psychiatric stigma in practice is further broadened.

Bibliography Number: 153

Reference Type: Journal Article

Type of Article: Original

Author: Pinfold, V.; Toulmin, H.; Thornicroft, G.; Huxley, P.; Farmer, P.; Graham, T.

Year: 2003

Title: Reducing psychiatric stigma and discrimination: evaluation of educational interventions in UK secondary schools

Journal: British Journal of Psychiatry

Volume: 182

Pages: 342-6

Abstract: **Background:** The persistent and disabling nature of psychiatric stigma has led to the establishment of global programmes to challenge the negative stereotypes and discriminatory responses that generate social disability, but these initiatives are rarely evaluated.

Aim: To assess the effectiveness of an intervention with young people aimed at increasing mental health literacy and challenging negative stereotypes associated with severe mental illness.

Methods: A total of 472 secondary school students attended two mental health awareness workshops and completed pre- and post-questionnaires detailing knowledge, attitudes and behavioural intentions.

Results: Young people use an extensive vocabulary of 270 different words and phrases to describe people with mental health problems: most were derogatory terms. Mean positive attitude scores rose significantly from 1.2 at baseline to 2.8 at 1-week follow-up and 2.3 at a 6-month follow-up. Changes were most marked for female students

and those reporting personal contact with people with mental illness.

Conclusion: Short educational workshops can produce positive changes in participants' reported attitudes towards people with mental health problems.

Bibliography Number: 154

Reference Type: Journal Article

Type of Article: Guest Editorial

Author: Pinfold, V.

Year: 2004

Title: Anti-discrimination actions in mental health

Journal: Journal of Psychiatric Mental Health Nursing

Volume: 11

Issue: 3

Pages: 250-252

Abstract: In this editorial the author discusses current findings on stigma and discrimination within the mental health care system, and possible ways of intervention to put a halt to this process.

Bibliography Number: 155

Reference Type: Book

Author: Sartorius, N., Schulze H.

Year: 2005

Title: Reducing the Stigma of Mental Illness

Series Editor: Sartorius, N., Schulze H.

City: Cambridge

Publisher: Cambridge University Press

Number of Pages: 238

ISBN: 0 521 54943 4

Abstract: This book details the results of the efforts of the international programme to fight the stigma and discrimination associated with schizophrenia of the WPA. A programme which was implemented in more than 20 countries. Further it provides recommendations and guidance for those seeking to join this initiative or to start similar efforts for dispelling stigma and discrimination.

Bibliography Number: 156

Reference Type: Journal Article

Type of Article: Original

Author: Schulze, B.; Richter-Werling, M.; Matschinger, H.; Angermeyer, M.C.

Year: 2003

Title: Crazy? So what! Effects of a school project on students' attitudes towards people with schizophrenia

Journal: Acta Psychiatrica Scandinavica

Volume: 107

Issue: 2

Pages: 142-50

Abstract: **Background:** For the stigma associated with schizophrenia effective treatments are often not being used and social integration is frequently prevented by negative stereotypes and public fear. With the aim of counteracting stereotypes before they arise, targeting children and young people is a central approach in public education and anti-stigma campaigns.

Aim: aiming at promoting young people's mental health and reducing stigma towards people with schizophrenia, project weeks were carried out with secondary school students aged 14-18 years (n=90). Key to the project week is meeting a (young) person with schizophrenia.

Methods: Students' attitudes and behavioural intentions towards people with schizophrenia were assessed before and after the project. Parallel, a control group of students

were questioned (n=60). Assessment was repeated after 1 month.

Results: Despite expected ceiling effects, the project led to a significant reduction of negative stereotypes. For social distance, a positive trend could be observed. These developments were not present with the controls. Attitude changes were still evident at the 1-month follow-up.

Conclusion: Results support the hypothesis that young people's attitudes about schizophrenia are susceptible to change. Anti-stigma projects at school level could thus be a promising approach to improving public attitudes and to preventing stereotypes from becoming reinforced.

Bibliography Number: 157

Reference Type: Journal Article

Type of Article: Original

Author: Stuart, H.

Year: 2003

Title: Stigma and the daily news: evaluation of a newspaper intervention

Journal: Canadian Journal of Psychiatry

Volume: 48

Issue: 10

Pages: 651-6

Abstract: **Aims:** To evaluate a media intervention designed to improve one newspaper's portrayal of mental illnesses, specifically, schizophrenia. The project was part of an international anti-stigma program, Open the Doors, organised by the World Psychiatric Association.

Methods: The media intervention attempted to influence news content directly by providing reporters with more accurate background information and helping them develop more positive story lines. The evaluation compared story content and length over a 24-month period: 8 months prior to the anti-stigma intervention and 16 months post intervention.

Results: Positive stories outnumbered negative stories by a factor of 2 in both pre- and post periods. Positive mental health stories increased by 33% in the post intervention period and their word count increased by an average of 25%. Stories about schizophrenia also increase by 33%, but their word count declined by 10%. At the same time, negative stories about mental illness increased by 25% and their word count by 100%. The greatest increase was in negative news about schizophrenia. Stigmatising stories about schizophrenia increased by 46%, and their length increased from 300 to 1000 words per story per month.

Conclusion: The immediate effects of the media intervention were positive, resulting in more and longer positive news stories about mental illness and more positive news stories about schizophrenia. However, when considered from a broader perspective, locally focused efforts yielded meagre results in light of the larger increases in negative news, particularly in negative news concerning people with schizophrenia - the target group for the program

Bibliography Number: 158

Reference Type: Journal Article

Type of Article: Review

Author: Stuart, H.

Year: 2003

Title: Stigma and stigma reduction : lessons learned (in French)

Journal: Sante mentale au Quebec

Volume: 28

Issue: 1

Pages: 54-72

Abstract: This paper reviews stigma and its consequences for mental health consumers, presents results from three large scale stigma-reduction programs that have been implemented at national and international levels, and focuses on the specific experiences of the Canadian Pilot Program of the World Health Organisations Global Program to Fight Stigma and Discrimination Because of Schizophrenia in order to draw lessons for better practices for anti-stigma programming. Experiences to date suggest that the most cost-effective interventions are likely to be carefully targeted to specific sub-populations. Broad-based public education campaigns have been disappointing and are unlikely to produce meaningful change in attitudes or behaviours. Approaches that employ contact with mental health consumers in the context of anti-stigma education appear most promising.

Bibliography Number: 159

Reference Type: Journal Article

Type of Article: Original

Author: Tanaka, G.; Ogawa, T.; Inadomi, H.; Kikuchi, Y.; Ohta, Y.

Year: 2003

Title: Effects of an educational program on public attitudes towards mental illness

Journal: Psychiatry and Clinical Neuroscience

Volume: 57

Issue: 6

Pages: 595-602

Abstract: The World Psychiatric Association promotes global anti-stigma programs. However, evaluation research is crucial to developing effective programs. The present study examined the effects of a lecture on mental health on public attitudes towards mental illness. Subjects were recruited from individuals employed by private companies and the government. Attitudes towards mental illness were measured using the Mental Illness and Disorder Understanding Scale developed by the authors and the Scale of Negative Attitudes Towards the Independence of People with Mental Disorders. Test scores obtained before and after the lecture were compared. The results demonstrated that scores on both scales improved significantly. The present study suggests the effectiveness of this type of educational program in reducing stigma attached to mental illness and disorder.

Bibliography Number: 160

Reference Type: Journal Article

Type of Article: Original

Author: Thompson, A.H.; Stuart, H.; Bland, R.C.; Arboleda-Florez, J.; Warner, R.; Dickson, R.A.; Sartorius, N.; Lopez-Ibor, J.J.; Stefanis, C.N.; Wig, N.N.

Year: 2002

Title: Attitudes about schizophrenia from the pilot site of the WPA worldwide campaign against the stigma of schizophrenia

Journal: Journal of Social Psychiatry and Psychiatric Epidemiology

Volume: 37

Issue: 10

Pages: 475-82

Abstract: Background: A series of surveys were conducted to assess the attitudes of the public, and other groups, toward those with schizophrenia.

Aim: These surveys were aimed to aid in the planning and evaluation of the WPA anti-stigma initiative in Alberta, Canada.

Method: A questionnaire was developed and administered via telephone to over 1,200 individuals in three Alberta cities, and in paper and pencil format to 40 members of the Schizophrenia Society of Alberta and 67 medical students.

Results: These revealed that "loss of mind" was rated to be more disabling than any other handicapping condition. In general, respondents showed a relatively sophisticated understanding of schizophrenia and a higher level of acceptance than might have been predicted. Nonetheless, this acceptance was not as high for situations where closer personal contact was likely, and fears of dangerousness continue to be associated with schizophrenia. The majority of respondents, however, felt that treatment aided those with schizophrenia, expressed support for progressive programmes for the mentally ill, and stated that they would be willing to pay higher taxes so that programming could be improved.

Conclusions: The results do not support the utility of a broad approach for an anti-stigma campaign, but rather suggest a more specific focus, such as perceived dangerousness.

Bibliography Number: 161

Reference Type: Newspaper Article

Type of Article: Interview

Reporter: Umachandran, S.

Year: 2004

Title: Overcoming a stigma :The Schizophrenia Research Foundation (SCARF) in Chennai has been fighting the myths surrounding mental illness for 20 years.

Newspaper: The Hindu

City: Chennai (Madras)

Issue Date: 01/02/2004

Content: An interview with Dr. Thara from the Schizophrenia Research Foundation (SCARF) in Chennai who has been fighting the myths surrounding mental illness for 20 years.

Bibliography Number: 162

Reference Type: Journal Article

Type of Article: Original

Author: Vaughan, G.; Hansen, C.

Year: 2004

Title: 'Like Minds, Like Mine': a New Zealand project to counter the stigma and discrimination associated with mental illness

Journal: Australasian Psychiatry

Volume: 12

Issue: 2

Pages: 113-7

Abstract: In this article the authors demonstrate how mass media advertising and community education has been successfully used in New Zealand as part of a comprehensive public health project to reduce stigma and discrimination associated with mental illness. They state that the involvement of people with experience of mental illness in the campaign has been critical to its success. Advertising involving the stories of well-known and famous people who have experienced mental illness has created significant interest, awareness and improved attitudes among the general public. Local community education and other follow-up activities have also contributed to this success.

Bibliography Number: 163
Reference Type: Journal Article
Type of Article: Editorial
Author: Villares, C.C.; Sartorius, N.
Year: 2003
Title: Challenging the stigma of schizophrenia
Journal: Revista Brasileira de Psiquiatria
Volume: 25
Issue: 1
Pages: 1-2

Abstract: In this editorial the authors view the Brazilian Mental Health System and its contribution to the stigma associated to mental illnesses. Due to the fact that the mental health care structure is still in a transition phase the family becomes the core of care taking for mentally ill and by lack of family support structures in this concern families internalise stigma and suffer with shame, guilt, anger, and distrust of others.

Bibliography Number: 164
Reference Type: Journal Article
Type of Article: Original
Author: Warner, R.
Year: 2005
Title: Local projects of the world psychiatric association programme to reduce stigma and discrimination
Journal: Psychiatric Services
Volume: 56
Issue: 5
Pages: 570-5

Abstract: The World Psychiatric Association Programme to Reduce Stigma and Discrimination Because of Schizophrenia, which was launched in 1996, has established projects to fight stigma in 20 countries, using social-marketing techniques to enhance their effectiveness. This article describes some of the strategies used and the lessons learned in implementing two local anti-stigma projects. At each site the first steps were to establish an action committee and to conduct a local survey of perceived stigma. On the basis of the survey, the local action committee selected a few homogeneous and accessible target groups, such as students, employers, and criminal justice personnel. These smaller groups were targeted, because focusing on the general public is expensive and unlikely to have a measurable impact. Messages for the target groups and the media used to reach them were carefully selected, tested, and refined. The author gives examples of the work that was done with such target groups as high school students and the criminal justice system. Guidelines are provided for setting up a consumer speakers' bureau, which is valuable for addressing target groups. The bureau can be made up of people who have experienced mental illness, family members, and mental health professionals. Guidelines are also provided for establishing a media-watch organisation, which can lobby news and entertainment media to exclude negative portrayals of people with mental illness. Organisers of local projects should be on the lookout for useful changes that can become permanent, such as changes in the curriculum for high school students or for police officers in training. Projects such as these can be effective in reducing stigma and can be relatively inexpensive.

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