Review Article

The Health System's and the State's Approach to Mental Illness and Stigma

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Abstract

Background: The stigma of mental illness has been in the collective consciousness of humanity for eons. Speaking specifically for Greece, it is generally accepted that the stigma is still at high levels and at least higher than that of Western countries.
Objective: This study aims to draw the attention of health professionals and the community to the stigma of mental illness and its approach from society and health professionals.
Methodology: Extensive literature search in the electronic database "PubMed", "Google Scholar" and "Scopus" and in scientific journals via search engines using the keywords : mental illness, stigma, depression, health professionals. There was a time restriction,(the last ten years.) A key criterion for the selection of the articles was the English language.
Results: The stigma of mental illness is attributed to situations of exclusion and negative social reaction which form part of the overall social dynamics, serving the needs and situations that are born in the context of social interaction. The mentally ill tend to receive lower level health facilities worldwide. This is due to the fact that the health professionals, who do not have the appropriate expertise, cannot manage the mentally ill as needed and the communication between them becomes dysfunctional, while they themselves are unable to describe accurately the symptoms they are experiencing. The result is the mentally ill do not receive the care they are entitled to, even if they suffer from several serious health problems. The diagnostic label is an umbrella under which cases of patients are grouped who may nevertheless have very strong differences between them, both as to the condition and as to the diagnosis. Many programs and various measures aimed at combating the stigma and discrimination that accompany the most serious mental disorders have been enacted in Greece.
Conclusions: A significant step in combating the stigma is to raise public awareness about mental health issues. Various initiatives and campaigns can contribute to this, at a local or national level.

Key Words: Mental illness, stigma, depression, health professionals

Introduction

In the Greek language, stigma means spot, stain, an indelible mark, a sign by which society separates those it wants to brand. Metaphorically , stigma is a strongly pejorative designation, given to someone for various reasons and it is very difficult to get rid of. Its bad reputation and moral demerit accompanies a person by defining and burdening him. It may mean anything from shame to social condemnation (Babiniotis, 2002). Trying to reach the interpretations given by scientists to define stigma, one almost always inevitably returns to the work of Goffman (1963) and the way in which he introduced it as a feature deeply frowned upon which "reduces the person , from a complete and ordinary person to contaminated and disdained(Goffman, 1963). The approach of Scambler separates stigma to internal or self-stigmatization and external or discriminating (Scambler, 1998). Internal stigmatization refers to the shame and expectation of discrimination that prevents people to express their problem freely and therefore to seek help for it.

Generally, stigmatization constitutes the negative evaluation of a person as tainted or discredited, based

on some of the features which could be a mental disorder, nationality, drug abuse or a physical disability. This is the cause or the negative impact of a "tag" capable of separating the individual from the rest of society. According to the characterization of Goffman, it is the relationship between "a feature and a stereotype» (Goffman, 1963). Stigma as a social concept involves the element of labelling and is associated with the rejection of a deviant behaviour. It is something that accompanies a person and which fundamentally undermines the person's social position, an indelible mark of shame or worthlessness.

The stigma of mental illness has been in the collective consciousness of humanity for eons. Perhaps this fact alone might be the cause of its diachronic persistence in all aspects of social interaction. Speaking specifically for Greece,it is generally accepted that the stigma is still high and at least higher than that of Western countries (Link et al, 2001). Mental illness is a term used to express a large group of disorders that cause problems in the thinking, emotion and behaviour of humans but also in communicating with his fellow man. Mental illness can infect people of all ages, children, adolescents, adults and seniors and can occur in any family.

Many people with severe psychological disorders may appear different because of their symptoms or due to the side effects of their medication. People may perceive these differences, feel uncomfortable because they cannot understand them , and react negatively towards these people. The scene of mental illness and the image of the mentally sick has changed even more significantly in recent years with the even greater advances in psychopharmacology, the simultaneous use of a wide variety of psychotherapeutic interventions and the creation of modern psychiatric services in the community (Economou et al, 2009). Nevertheless, mental disease remains largely unsolved and enigmatic, an unexplored field for the general public , covered by a multitude of erroneous views, prejudices, beliefs and fears ,giving it the character of myth and the element of stigma.

Stigma within social relations

Exclusion phenomena as well as negative social reaction, such as those involving the stigmatization of a deviant condition or status, are part of the broader social dynamics, serving the needs and situations that are born in the context of social interaction. At an individual, psychological level, the stigmatization of certain third parties works for the person who stigmatizes as a practice that increases his /her self-confidence, sense of control over external reality and eases anxiety.

The feature that is perceived as a sign of diversity, as stigma, is signified as a threat (Blascovich et al, 2000) and increases stress levels in social interaction. The depreciation of the identity of those perceived as different, thus menacing, which is manifested through practices of "special" approach , such as systematically avoiding them, separating them and, finally marginalizing them , allows mental and to some extent ,real elimination of this threat. The threat, that marks what is perceived as "dangerously different", even for the single individual who adopts stigmatistic beliefs or practices, has social origins and meaning. It stems from the different characteristics that make up the identity of the individual groups in a society and as understood at a level of intergroup interaction (Lauber et al, 2004).

The different social identities are formed by groups with different social perspectives and experiences. The set of common needs, goals and incentives, providing intra-group cohesion within a group, also modulates the recruitment and interpretation of the outer social environment (Deaux & Major, 1987; Swann, 1987), thus enabling different readings of social reality. Given the significant differences in recruitment groups with different social experiences and perspectives, the study of stigma is also important to be placed within intergroup relations and social interaction between the group that stigmatizes and the group which receives the stigmatistic beliefs and practices (Economou et al, 2010).

The meanings attributable to a situation vary, therefore, depending on the characteristics of the social identity of those involved. Consequently, the shades which a potentially stigmatic situation gets must be viewed as in line with the meanings and the psychological content that the situation is viewed by the subjects involved. According to Jones (1984), a situation that "is labelled" as demeaning or deviant by someone, can be seen as innocent and charming by someone else(Jones et al, 1984). Research in the field of operation of prejudices and stereotypes reinforces the foregoing conclusions, since it suggests that the shaping of stereotypes as well as their expression is largely dependent on the content of the particular condition (Gaertner & Dovidio, 1986). The experience of the depreciation of identity for the person stigmatized is also defined to a large

extent by the social content it is perceived by. The extent to which the person who is the target of stigmatization or the derogatory meanings endorses or renounces the derogatory meanings attributed to him is always a function of the qualities the person himself attaches to his social identity, but, much more, the qualities he attaches to the social identity of those who stigmatize him.

However, the process of stigmatization is not exhausted interpretively in the spectrum of social relations. The manifestations of stigma are determined by historical and socio-political parameters, the broader cultural context in which and from which derives the importance of a diversity effect. The framework, which includes the set of values, ideologies and stereotypes that prevail in a given social and historical conditions, but also the specific situations in which a phenomenon or behaviour unfolds, is of great importance to the content that perceives the phenomenon and, therefore, as to its stigmatization.

Exactly because stigma refers primarily to the same social identity and because, while the characteristics considered desirable for the identity and personality of the person vary from society to society and from culture to culture, there is considerable variation in time and socio- cultural context for which entities are stigmatized and their degree of stigmatization (Link & Phelan, 2001). However, stigma is a universal and timeless phenomenon, despite the different styles and nuances it perceives per frame, which occurs in all societies and in all cultures (Yang et al, 2007).

The universality of the phenomenon suggests that stigma poses a functional value not only for the individual or the group which attaches to other stigmatic characterizations, but also for social life in general (Crocker et al, 1998). Stigmatization of certain entities as pathological, antisocial ie, plays an important role in maintaining the dominant ideology and, through it, to safeguard the acquired rights and privileges of society that appears consistent and compatible with it.

Approach of stigma by health professionals

Health professionals generally appear more pessimistic in relation to the evolution of the health of their patients. The main cause is the fact that the incidents encountered with greater frequency are then harsher. By contrast, the most uncomplicated cases interrupt treatment too soon , and as a result the doctor is in constant touch with events he assesses as incurable. Furthermore, due to the sensitivity of the issue of mental health and the severity of the impact that the correct completion of treatment may have, psychiatrists tend to be discouraging, exaggerated and overprotective with their patients, with a view to protecting themselves. This means that it is likely that trained psychiatrists promote and perpetuate the phenomenon of stigma (Thornicroft et al, 2010). The result is that patients realize once again their diversity and their inability to maintain a normal daily routine, try to live on their own, work and generally become autonomous (Link & Phelan, 2006).

Iatrogenic stigmatization, however, does not only concern the psychiatric body but also doctors of other specialties. It is a fact that the mentally ill tend to enjoy worldwide, lower level health care. This is due to the fact that the health professionals who do not have appropriate expertise cannot manage the mentally ill as required, the communication between them becomes dysfunctional ,they themselves being unable to accurately describe the symptoms they experience, while their doctors deal with distrust on their part (Keusch et al, 2006).

The result is the mentally ill not to receive the care they are entitled to, even if they suffer from several serious health problems. The above confirms the fact that the mentally ill have especially lower life expectancy worldwide compared with the general population, with the number one cause being cardiovascular diseases (Hocking, 2003; Thornicroft et al, 2010). Iatrogenic stigmatization unfortunately does not stop by putting a label on the sick, as the treatment of symptoms of a mental illness can cause side effects that may stigmatize the patient more than the disease itself (e.g extrapyramidal side effects). Governments often impose cheaper treatments for economic reasons without regard to the problem of side effects. Unfortunately many doctors accept this situation despite the fact that they know that it is not in the interest of their patients. Even worse, psychiatrists and mental health professionals stigmatize patients in many ways. Up until about the early 2000s, psychiatrists in some European countries and elsewhere, were demanding more vacation days and higher salaries on the grounds that psychiatric patients were, according to them, dangerous, while claiming that mental illness does not differ at all from other diseases (Gray, 2002). Psychiatrists recommend separate legislation for people with mental illness to protect them, ignoring the effects this can have. It would be useful for all of us to look at our behaviour and to realign it towards

the direction of reducing stigma against patients with psychiatric disorders (Sartorius, 2002).

Unfortunately, it has not been long since health professionals used to criticize both society and the relatives of patients with psychiatric problems, not only for lack of sensitivity, but also for a strange type of racism towards them. It must be accepted that a piece of this attitude comes from ourselves, perhaps covertly (Kyziridis, 2006).

The diagnostic label

Nothing achieves the stigmatization of the patient in the framework of mental health care, as the very diagnosis of his illness/disease (Ben-Zeev et al., 2010). Careless use of the diagnostic label constitutes an obvious source of stigmatization by health professionals. Diagnoses are useful tools in medicine because they summarize the information about the disease of a patient and facilitate communication between health professionals. They become less helpful in communicating with other professions and not at all helpful, or even harmful, when used by non-practitioners who are not familiar with these terms. This means no matter how helpful they might prove to health professionals, they have proved devastating for the patient.

Diagnosis constitutes a label / tag, a vignette as it is usually called by scientists studying stigma which is attached to the patient, internalized by him and very easily adopted by public opinion of non-specialists, who without knowing its real significance , reproduce, distort and transform it into a stigma tool (Angermeyer et al, 2004). The effortless conclusions on hearing a diagnosis is directly related to the classification of position depending on the nature of the disease. Thus, non-experts tend to always associate the label of schizophrenia recklessly with hazard and that of depression with compassion (Corrigan, 2007). Even doctors should communicate through diagnoses in a careful and cautious way. Both the public and health professionals, often have negative attitudes towards patients with mental disorders and adapt their behavior accordingly. Health systems are also responsible for requiring medical decisions taken by medical diagnoses, without taking into account the information associated with the diagnosis of the patient and ensuring it.

According to the article by Zen et al. (2010), the destructive process that starts from the time of diagnosis includes the steps of clustering, homogeneity and stability. Clustering results in a group of people seen as a meaningless entity. Homogeneity gives the illusion that all members of the group under consideration are identical, sharing the same characteristics and having the same needs, so the diagnosis in most cases is wrong. The diagnostic label becomes an umbrella under which circumstances patients are grouped ,who may ,however, have very strong differences between them, both as to the condition and as to the diagnosis (Dinos et al, 2004). Moreover, the sense of homogeneity favours the reproduction of prejudices reinforcing stigma once again . Stability stems from the perception of public opinion that mental illness is incurable, and this condition is permanent because no patient has hope of rehabilitation from the group in which it is placed.

It is worth noting that in some cases the diagnosis has proven valuable for the patient himself. Testimonials of patients suggest that at the time of the diagnosis they may possess a sense of relief, because they feel they are not alone for the first time, but that there are other people who may feel similarly to them. What is proposed in this case is certainly not the abolition of diagnostic terminology but its use as a dynamic process, not as something which the patient would "bear" for the rest of his life. However, even in the event of termination of the use of medical diagnoses, it is questionable (and unlikely) that stigma will be eliminated(Corrigan, 2007).

Actions against stigma in Greece

- **World Psychiatric Association (WPA)**

In 1996 the World Psychiatric Association (WPA) in response to the challenge for the de-stigmatization of mental disorder, initiated an international program to combat stigma and the discrimination that accompany the most serious mental disorder, schizophrenia, with the key message "Open the doors" (Open Doors), a message which opposes the logic that wants patients outside the walls "and marks an opening to society, but also from society towards people with mental health problems (Stuart, 2004). The central message is a message with intercultural value, since the "image" of a door constitutes all human symbolism to access and acceptance. The program is a prime example of anti-stigmatic programs carried out with an increasing frequency worldwide (Rosen et al, 2000), whose main objectives are:

- To raise awareness and inform the public
- To improve the attitudes and perceptions of the public

- To develop actions to reduce prejudice and discrimination

The pilot program was implemented in Austria, Spain and Canada while in the next wave it was joined by Greece . In each case the program is undertaken by a national body and a corresponding coordinator and is adjusted to each country's specifications.

- **University Mental Health Research Institute (UMHRI)**

The World Psychiatric Association commissioned the UMHRI configuration, development and implementation of the Greek Program against the social stigma of schizophrenia, led by professor and academic Costas Stefanis. The choice of our country in this effort was very important because it was given the opportunity to bring to the surface a topic covered in Greek society by a "mystery" veiled with many legends, beliefs and prejudices. At the same time, it was a unique opportunity to capitalize on the international experience and be adapted to the Greek conditions so that an effective campaign to combat stigma could be organised in Greece.

Thus in 2000, with the slogan "Schizophrenia: Let's open the doors," the "Programme against the stigma of schizophrenia» (Schizophrenia: Open the doors) began in Greece, whose main objective was to inform and sensitize the public about schizophrenia, develop actions to change negative views and improve public attitudes (Stuart, 2004). The plan of the program was adapted to the Greek data and was performed as one nationwide information and awareness campaign with the help of all means of media and distribution of especially treated information material from schools to households. The outcome and effectiveness of the program was assessed as successful as the targets set were met by a significant part.

- **Program "anti-stigma"**

From 2004 until today, to combat the stigma associated with overall mental illness UMHRI has implemented a broader program, the Program against the stigma of Mental Disorders "anti-stigma." It is a scientific program that operates in many diverse fields of research, education, communication and advocacy. Now, after 10 years in operation, the Program "anti-stigma" has gained vast experience from both the systematic and ongoing research in the Greek population, and by the various anti-stigmatic interventions it has implemented (Stuart, 2008).

Despite the specific strategies and overall efforts made so far, the stigma of mental illness is difficult to be eradicated (Sartorius & Schulze, 2005). It is striking that, in the modern world of burgeoning humanitarian movements, the social stigma attached to mental disorders remains strong and ignorance and derogatory reasoning still prevail for the mentally ill (Hegerl & Wittenburg, 2009). For this reason, combating stigma becomes a crucial parameter for the modern, integrated and multidisciplinary treatment of mental illness, while also serving as a global challenge.

Conclusions

An important step in combating stigma is to raise public awareness about mental health issues. Various initiatives and campaigns at a local or national level can contribute to this, particularly campaigns that help bring the public together with the mentally ill. This can be done locally and especially where there are Mental Health Units.

Proposals to reduce the stigma of mental illness:

• Educate the community by disseminating accurate information about mental illness

• Defence Statements when misconceptions are presented in the media

• Encourage the use of positive images to refer to people with mental illness and highlight the reality that mental disease can be easily treated

• Focus on skills, not limitations

• Focus on open discussion which helps to bring the subject up and leave the narrow personal limits

• Avoid focusing on illness as synonymous with disability. It is best to refer to the difficulties and problems posed by the disease in daily life

• Avoid equating people with the disease. The person is not the disease. For this reason, use respectful language . Prefer the term overbearing, instead of saying the person has depression.

Contrary to stigma, but equally simplistic, is the perception ,which has not ceased to be displayed, that psychosis is a simple particularity while ignoring the fact that most of the time it is a painful particularity. If part of the suffering belongs to the disease, the other part is due to the internalization of stigma. And here is where our separate interference fits to reduce or eliminate the stigma of mental illness, regardless of whether our treatment option is medication or psychotherapy, or a combination of the two. The

question of de-stigmatization is a challenge to the ideals of any society which wants to be called just, humane and favored.

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