A HYBRID INTERVENTION FOR CHALLENGING THE STIGMA OF MENTAL ILLNESS

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Abstract: *The stigma of mental illness has significant negative impact on people experiencing it, to an extent that it may lead to the avoidance of mental health services. Various strategies have been developed to change people's negative and ill-founded attitudes towards the mental illness. This paper presents a novel strategy which builds innovatively on a robust model of attitude, while supporting both educational aims and access to the emotional world of people experiencing mental illness.*

Key words: *mental health, stigma, strategies for changing stigma.*

1. Introduction

With the increasing number of people suffering from mental illness, its stigma is a seriously disconcerting problem adding unfair burden to people already challenged by such illness. A wealth of research has explored the causes of this stigma and how it can be addressed by changing people's attitude towards mental health in general and sufferers of mental illness in particular. Such strategies target protest, education, and direct contact with people experiencing mental illness, and their impact has been explored among the large public and medical professionals, the two groups identified as key in endorsing the stigma. We know however little about the potential of addressing this stigma among other groups of endorsers such as mass media workers. While findings indicate the effectiveness of some of the strategies addressing stigma, they also suggest specific limitations. In this paper we describe the design of a novel intervention, operationalizing the tripartite model of attitude (Rosenberg and Hovland, 1960) to address holistically all three attitudinal components: the cognitive, affective and behavioural dimensions of mental illness stigma. The proposed intervention aims to help people develop a more holistic representation of people experiencing mental illness as complex individuals rather than merely ill ones. As a hybrid intervention, it integrates the most successful strategies for challenging stigmas; educational one for challenging cognitions, and behaviours, as well as direct access to the inner world of people experiencing mental illness to challenge participants' emotions and values. This paper outlines the design rationale of the proposed intervention, and its iterative refinement through two workshops with journalists and members of two Romanian NGOs focusing on mental health and stigma of mental illness.

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2. The Stigma of Mental Illness

Merriam-Webster dictionary defines stigma as "a set of negative and often unfair beliefs that a society or group of people have about something" (Merriam-Webster). This definition emphasizes that stigma is underpinned by societal attitudes which are both negative and wrong. In the context of mental health, stigma has been defined as the complex attitude underpinned by negative perceptions about people with mental illness (Corrigan, 2000). Furthermore, in their review of stigma and mental health, Hayward and Bright (1997) noted stigma's ability to publicly reinforce the negative perception of mental health sufferers, through its derogative labelling. An extensive body of work has explored the key dimensions of this attitude, indicating the emphasis of the severity and stability of the illness, as well as patient's control over its offset (Wiener, 1993, 1995). More specifically, people wrongly perceive mental illness as chronic and untreatable, its sufferers as less likely to get better in time, or in control of their illness. As a result, people perpetuate the stigma by providing decreasing help and distancing themselves from mental health sufferers who are also kept accountable for their illness (Hayward and Bright, 1997). Stigma is a problematic issue as it deepens the burden of people suffering for mental health illness at several levels. First, once diagnosed as mentally ill, people are at the receiving end of discriminatory practices: they are less likely to get employed, to be accepted as tenants, to exercise control over their choice for treatment; they are also more likely to be falsely accused of violent crimes (Hayward and Bright, 1997; Corrigan, 2000). Such disconcerting array of negative impact of the psychiatric diagnostic can often act as deterrent for people to actually seek professional help from the fear of being stigmatized (Hayward and Bright, 1997). A wealth of research in clinical psychology has explored models for understanding mental illness stigma and developed strategies for changing attitudes towards it. We now turn our attention to models explaining the stigma.

2.2. Theoretical models explaining the reasons for mental illness stigma

According to Corrigan (2000), three main perspectives have been employed to explain the rise and prevalence of stigma including sociocultural, motivational and social cognitive theories. Sociocultural perspectives explain stigma as a means to justify social injustice, motivational perspectives consider stigma's role in addressing psychological needs, while social cognitive perspectives conceptualize stigma as the result of human knowledge processing. Furthermore, in his model of stigma based on attribution theory, Corrigan (2000) argues that stereotypes mediating discriminatory behavior are rooted in four types of signals used to infer mental illness such as the label of psychiatric diagnostic, people's aberrant and frightening behavior, limited social skills, as well as the untidiness or uncleanness aspects of their personal appearance. These types of signals are read to infer three classes of ungrounded stereotypes or misconceptions about people suffering from mental health problems: they are dangerous and need to be feared and isolated, they are naïve and helpless and need to be taken care of, or they are irresponsible and need to be restrained and controlled (Couture and Penn, 2003). Hayward and Bright's review (1997) identified similar causes for mental illness stigma including dangerousness, attribution of responsibility, poor prognosis, and disruptive social interaction. Such stereotypes resonate with the attitudes of mental health staff towards their patients, as identified in a landmark study by Cohen and Struening (1962): authoritarianism, benevolence, and social restrictiveness, each one justifying coercion, parental-like treatment, and social distance from the mentally ill patients, respectively.

2.3. Interventions for addressing mental illness stigma

But who are the main endorsers of the mental illness stigma? Corrigan (2000) identified two sources of endorsement for the stigma of mental illness: general public whose members are often uninformed, and mental health professionals who tend to adhere to the stereotypes about mental illness. In this section we offer an overview of the main strategies for changing attitudes towards the mental illness stigma, and for transforming them. Hayward and Bright (1997) critiqued the limited conceptualisation of mental health and its restricted focus on the dichotomy illness - health. They proposed instead a focus on *the whole person* who is more than just a mental health patient, but a person with whom people can engage with without prejudice and form a positive impression about.

Among the factors decreasing stigma, familiarity with the issue of mental illness and with people suffering from it has been deemed as important (Hayward and Bright, 1997). Such familiarity can be gained through different means, from learning about the mental illnesses, to meeting those suffering from them. Couture and Penn (2003) identified three methods for addressing the stigma of mental illness, in decreasing order of effectiveness: (i) *protest strategy* instructing people to avoid stereotypes about mental illness, (ii) *education strategy* providing factual data about mental illness to increase people's understanding of it, and (iii) *promoting contact strategy*, for directly meeting those suffering from mental illness in order to understand that most of the stereotypes about mental illness are ill-founded. Contact matters not in terms of the amount but quality of the contact and what it entails: pleasantness, cooperation, and intimacy (Couture and Penn, 2003).

To summarize this whole section, mental illness stigma involves negative labels about one's behavior reducing the whole person to a single exclusive dimension: the illness. This in turn leads to discrimination, social distance, rejection, and even negative, hostile attitudes towards mental illness sufferers. Together, these negative consequences are reflected in a limited access to social, economic and political power which can further add to the burden of the mental illness. Such secondary victimization, i.e., the negative impact of the mental illness stigma may motivate people to no longer seek professional help in order to avoid psychiatric diagnosis and its labelling. Without adequate support, people suffering from mental illness experience increased difficulties of maintaining functional social relationships both at work and at home, and are at higher risk of social isolation.

3. Mental Health in Romania

Statistics on mental health indicate that about 1% of Romanian population suffers from mental illness, with depression being the most prevalent, particularly among young people[3]. The situation is even more problematic as indicated by almost 10% of the population suffering from undiagnosed depressive disorders. Depression is also responsible for the 50% higher teenage suicide rate than in the rest of Europe[4]. Romanian public lacks the understanding of mental health and of the stigma of mental illness, and subsequently discrimination has a stronger negative impact (Stanculescu et al., 2008).

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[3] Mental Health Briefing Sheets Facts and Activities in Member States. (2008). http://ec.europa.eu/health/ph_determinants/life_style/mental/docs/Romania.pdf

[4] Popescu, I. (2015). Romania Insider. http://www.romania-insider.com/suicide-rate-among-romanian-teenagers-50-higher-than-the-european-average/152031/

4. Novel Intervention for Changing Attitude about the Mental Illness Stigma

In this section we describe a novel intervention targeting the stigma of mental illness and provide rationale for its design. Our proposed intervention is novel in three ways. First, it is grounded on a theoretical model of attitude which has been limitedly explored to support interventions for mental illness stigma, i.e., tripartite model of attitude (Rosenberg and Hovland, 1960). Second, it offers a hybrid of two most successful strategies: education and promoting contact, while addressing their limitations. For example, education strategy provides factual information about the mental illness, but lacks addressing the mental illness sufferers as complex human beings. In contrast, promoting contact strategy facilitates access to real people suffering from mental illness, in order to dispel stigma related stereotypes. The challenge however here is to ensure quality of contact, which is particularly difficult in naturalistic settings. In designing the interventions, we have drawn from our experience in communication (Coman, 2008; Coman and Coman, 2002), stereotypes in mass media (Coman, 2005; Coman, 2012), emotional memories (Sas et al.,2010,2013,2015) and wellbeing (Sas and Chopra, 2015; Sas et al., 2016; Sas and Coman, 2016).

We propose a hybrid intervention which aims to sensitize members of the mass media to the issues of mental illness stigma by (i) educating them about the ill-founded rationale of stigma's stereotypes, (ii) providing direct access to the emotional and creative world (Salovaara et al., 2011) of people suffering from mental illness, and (iii) supporting increased awareness of mass media as a promoter of stereotypes, by engaging workers in critical reflection on media excerpts illustrating stereotypes of mental illness stigma. For a discussion about the value of sensitizing concepts see Sas and colleagues (2014). We decided to work with one specific sector of large public, i.e., namely mass media workers, as they offer a less explored case study for the investigation of interventions for addressing mental illness stigma. While it is known that the large public and professional medical staff are partly responsible for endorsing this stigma, there has been less exploration of different sources of endorsement and how attitudes among those people may be changed. We argue that through their impact, mass media workers are also key participants in shaping and perpetuating this stigma among the members of the public.

4.1. Content of the intervention

The intervention was designed as a half day event consisting of the three activities, each addressing one of the components of the tripartite model (Rosenberg and Hovland, 1960). According to this model attitudes which involve evaluation of a specific person, activity or event, have three key components influencing this evaluation: (i) *cognitive*, i.e., assumptions, beliefs or knowledge about the object of the attitude; (ii) *affective*, i.e., feelings, emotions, values related to it; and (iii) *behavioural*, i.e., intended behaviour towards the object being evaluated, in the light of one's cognitive and affective components. The three activities of this intervention include:

- challenging ill-founded myths of mental illness, most of them as unfounded stereotypes highlighted in the literature section;
- supporting empathy by allowing access to the experience of mentally ill people both through statistics and poetry;
- fostering (self-)awareness of how mass media perpetuates the stigma of mental illness.

Activity 1: Challenging ill-founded myths of mental illness

   This activity involves a short presentation followed by discussion on seven key myths. Each of these myths is dispelled through evidence-based arguments:

(1) mental illnesses are untreatable vs. facts indicating that they can be diagnosed and that people can benefit from a large range of treatments and psychotherapies;

(2) mental illnesses do not negatively impact on one's personal and family life vs. anyone can develop mental illness during the course of their lives, and one in four families is currently affected;

(3) people experiencing metal illness are cognitively impaired vs. mental illness and cognitive impairment are distinct; anybody can be affected by mental illness regardless of their intellectual ability;

(4) people suffering from mental illness should be hospitalized vs. scientific evidences suggest the increased effectiveness and reduced cost of community-based treatment;

(5) people suffering from mental illness are aggressive and dangerous vs. findings indicate that these people are no more violent than the rest of the population; and the risk of violence is real for less than 3% of mental illness patients when they are not treated adequately or consume alcohol or drugs.

(6) mental illness limits people ability to work vs. facts indicate that occupational therapy and work in general support recovery and strengthen the sense of self-esteem by fostering social relationships and economic independence;

(7) metal illnesses are forever vs. the advent of medical treatment ensures that many mental illnesses can be treated and in many cases completely cured.

Activity 2: Supporting empathy by accessing the inner experience of mentally ill people

   This activity consists of two tasks. The first one involves a presentation and discussion of a survey completed in the UK by over 3000 people who experienced mental illness[5] (Time to change, 2009). The survey findings indicate that almost 30% of respondents mentioned the challenge of admitted publicly that they have a mental disorder. Another third also believed that those diagnosed with a mental illness can continue to function and work responsibly. This task was intended to foster empathic response with respect to the challenges of mental illnesses, as they are directly experienced by those affected by them. This emotional sensitivity and rapport was further strengthened through the second task.

   This second task is designed to challenge the unidimensional view of people suffering from mental illness, towards regarding them as complex people, with sophisticated emotions and able to articulate creatively their thoughts and feelings. The task challenges people to identify from the five short poems[6] below, the one(s) written by people with mental disorders (they all were).

Activity 3: Fostering awareness of mass media's perpetuation of mental illness stigma

   This activity targets the behavioural component of mass media workers' attitude towards mental illness stigma and involves two tasks. The first task presents three excerpts from Romanian newspapers illustrating mental illness stigma, which offered the opportunity to discuss in group the myths they proliferate.

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[5] Time to change: https://www.time-to-change.org.uk/sites/default/files/Stigma%20Shout.pdf
[6] Poems were selected from those available online on the Orizonturi charity website: http://www.orizonturi.org/

Excerpt 1. The end of the world[7]

"Valerica Cheiaua has been a community nurse for 4 years, in Calarasi... The hospital appointed her to "the Deserted". This is a district with ghostly bocks of flats, built near the cemetery, without access to services of water and electricity, with windows ripped off. There are crawling weird creatures, whores, schizophrenics, teenage mothers, thieves, poor people, and forgotten old people. Not even the postman, police or town hall officials go there. Not because of fear, but disgust".

Excerpt 2. A crazy priest fighting policemen[8]

"Extremely drunk, an individual dressed in priest's clothes was speeding among cars at the wheel of a Mercedes. The surprising fact was the his Reverence was driving the wrong way jeopardizing both himself as well as the other drivers bewildered by the crazy man cutting their way".

Excerpt 3. They are crazy; they are free[9]

"In Botosani, there are people suffering from schizophrenia, who have difficulties to adapt to society and create problems for those around. Over 700 patients from the Psychiatric Hospital end up being a menace for society".

Poem 1: Open Petals
When flowers sleep
In grassy libraries
They give voice to my love
Which calls you in the night,
Together with the Moon and my fear,
To guard them till dawn.
Thus, my thought
Recalls the past
On a chamomile field
Where you secretly harvest and smell
And hold Love
Close to your heart…
In dark rests the past,
The stars,
And the flowers,
I rest under the shadow of the Moon
Like a cape made of dew…

Poem 2: Where are you Love?
Where are you Love?
How long I've been waiting
Just the arms of pain
Have me long caressing
Your sweetest gaze
Where can be found?
Years fly in haste
I am growing old
Where are you my Love?
My sweetest dream

Poem 3: The tree and the field
Do you see that lordly tree defying
the nakedness of the field?
Do not wish to cut it down…
When you are low it will harbor you from
heat, rain and wind…
The field is the world
I am the tree.

Poem 4: Sisyphus' Stone
Cast away the sadness from your soul
For yet another day, as long as I stand
On the pebbles of this shore,
Sipping oblivion, like it is a poem
Where I loose myself,
Like a shadow in middays.

Poem 5: The endless song of the lark
The endless song of the lark…
Everything has still just as beautiful…
Frightening beautiful…
But I can no longer find myself…
I am a stranger…
To find tranquility, is like a weak hope, a bitter medicine for the defeated…
I look for my path…
If I will find it, I'll ask to give me power to forget… and to not forget…
My life is bitter, empty, but I want to live

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[7] Badalan, A. (2006). The End of the World. *Jurnalul National*, 18.12.2006
[8] Vlad, R. (2006). A crazy priest fighting policemen. *Averea*, 16.12.2006
[9] Monitorul de Botosani. They are crazy; they are free. 01.10.2007

The second task also targets the written press, by presenting the findings from a study from the National Agency of Press Monitoring[10] which showed that from 637 newspaper articles addressing the issue of metal health, 50% perpetuate stigma, while only 17% include educational aspects. The study concluded with seven mechanisms for avoiding the stigma of mental illness in mass media. We communicated these mechanisms with illustrative examples in the form of the three excerpts outlined on the previous page.

Avoid labelling and any pejorative terms when referring to people suffering from mental illness. Use professional language and discuss about the person rather than the diagnosis, i.e., person suffering from schizophrenia, rather than schizophrenic. The illness does not define a person, all people including those with mental health problems are complex individuals deserving respect.

Avoid generalizations and ensure that the description of a challenging behavior of a person with mental health problems is framed as a particular case, unless you provide hard data based on statistics or academic research. For example, mention that according to statistical data, such people are no more violent than healthy people, i.e., in the UK 95% of crimes is committed by people with no mental health problems.

Avoid referring psychiatric diagnosis particularly in the title and throughout the article.

Be clear and precise when mentioning mental illness for example by researching about that specific mental illness in order to form a rich understanding of the situation.

Do not stop to the identification of the problem but continue to analyze it in depth in order to suggest solutions or ways of preventing it; if needed seek professional advice from experts in relevant fields.

End the article on an optimism note seeking to also include positive information about people with mental health problems. This aspect is crucial for restoring a more balanced perception, particularly when the article mentions negative behavioral aspects of people with mental health problems.

Infuse educational aspects to reduce stigma by referring to role models as celebrities who were diagnosed with mental illness and benefited from successful treatment; interviews with people benefiting from professional health services, and interviews with mental health professionals with respect to the current treatment modalities; information regarding the availability and quality of mental health services, and their challenges.

4.2. Future Work

The proposed intervention has been iteratively designed and initially evaluated through two half day iterations, with about a dozen of participants. Participants were Romanian journalists, as well as members of NGOs focusing on the stigma of mental illness. As the result of the workshops the intervention was slightly improved. For example, we articulated better the findings for dispelling the myths, increased the number of poems, and provided additional content for the behavioral component. The most impactful component of the intervention appeared to be the affective one, mostly the poems. This is an important preliminary finding indicating the value of the emotional component in changing stigma about the mental illness. Our work has focused predominantly on describing the intervention and its design rationale. Future work will focus on its rigorous evaluation for example by employing scales for measuring is short- and long-term impact.

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[10] National Agency for Press Monitoring (2006) http://www.activewatch.ro/

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