

Review

Stigma of mental illness, can it be reduced?

Kapil Dev UPADHYAYA *Senior consultant Psychiatrist, Western Regional Hospital, Pokhara, Nepal*

Stigma can be defined as a mark of shame, disgrace or disapproval which results in an individual being rejected against and excluded from participating in a number of different areas of society.

"Stigma erodes confidence that mental disorders are valid and treatable health conditions. It leads people to avoid socialising, employing or working with, or renting to or living near persons who have mental disorders. Further stigma tragically deprives people of their dignity and interferes with their full participation in society" (US Department of Health and Human Services, 1999).

The stigma attached to epilepsies and mental disorders prevents such individuals from participating in normal activities including education, marriage, work and sports. Epilepsy was historically seen as a mental disorder and is still considered this way in Nepalese society. As a result, people with epilepsy suffer from almost the same degree of stigma as those with mental disorders. Similarly, stigma attached to schizophrenia leads to social isolation, discrimination, alcohol or drug abuse and homelessness which decreases the chances of proper treatment, recovery and leading a normal life.

According to Goffman (1968) "stigma is social exclusion. Any bodily sign designed to expose something unusual or bad about the moral status of the signifier". Once stigmatised, the person is made to fit one of a limited number of stereotypes of mental illness and sidelined (Byrne, 1997). The degree and type of stigmatisation varies according to prevailing cultural norms (Warner, 1996). The families who provide the physical and emotional support to patients of mental disorders and

epilepsies have to bear the negative impact of stigma and discriminations. The patients and family members often like to be secretive about the illness, attending psychiatric services and receiving treatment secretly. Patients referred to mental health specialist by other clinicians often do not like to attend because of the stigma of psychiatric disorders and fear of being labeled as mental patients. Dislike of psychiatric patients by doctors is not uncommon. Most of the people like to keep a social distance with mentally ill patients and their family members. Thus negative attitudes and stigma have direct effects on the management of mental disorders.

Stigma can be of two types: Enacted stigma and felt stigma. Enacted stigma refers to actual discrimination or unacceptability, whereas felt stigma refers to the fear of such discrimination.

Because of the felt stigma, well-educated Nepalese people often prefer to label their mentally sick member as a drug addict or alcohol abuser rather than a mental patient. Breakdown of marriage is very common if one partner (specially a female) is mentally sick. Often the patient has to live separately or stay with her parents.

Fear of mental illnesses, perceptions that mental patients are often violent and dangerous, myths about mental disorders and the false belief that modern biomedical model of treatment will not benefit mental patients are some of the other causes of stigma in Nepalese society.

There is a superstition that most of the mental disorders are caused by supernatural factors like evil spirits, ghosts, witchcrafts and so forth. Patients suffering from mental disorders and their families have enormous faith in traditional healers and so they always consult faith healers because their healing practices are in line with prevailing beliefs

about the causation of mental illness. It is estimated that there are more than 500,000 faith healers in Nepal and their services are available in every village or community. Patients suffering from minor and self-limiting illnesses may benefit by such healing treatment. For many patients, traditional healing methods may be psychotherapeutic also.

A common picture of a mental hospital is an old prison-like building with filthy living conditions, leaking roofs, eroded floors, broken doors and windows, a large number of chronic psychotic patients, minimal number of psychiatrist and psychiatric nurses, and electroconvulsive therapy as the main treatment modality due to the lack of funds for psychotropic medication. All these factors have helped to increase the stigma of mental hospitals, mental patients and the psychiatrists.

Patients suffering from psychosis may be abused or harassed in public. They are forced to resign from their jobs or may be fired. It is still a practice in rural communities of Nepal to keep psychotic patients in mechanical restraints like leg-locks and handcuffs. It is not only the psychotic patients but cases of epilepsy and mental retardation that are kept in mechanical restraints. Such practice is mainly because the community is not aware of the need for medical treatment of such cases, the lack of nearby treatment facilities and the inability of rural people to afford long term medication for schizophrenic and epileptic patients.

Stigma and discrimination are the most significant obstacles to the development of mental health care and to ensuring a life of quality for people suffering from mental illness (Sartorius 1998). Many people are frightened of mental illnesses as a result of ignorance. The negative impact of stigma on the quality of life of individuals and families is massive.

Mental health specialists, especially the psychiatrist, must take initiatives to increase the understanding of mental illness in the society. Psychiatrists should take a holistic approach of managing mental disorders and epilepsies, through informing, advising, helping, counselling and providing strategies of coping with stress as well as reducing stigma towards the patients and their family members.

The negative institutional image of mental hospitals adds to the stigma of mental dis-

orders. Thus, the institutional image has to be improved to a level comparable to general hospitals.

Training and awareness programmes for traditional healers will be helpful to reduce superstitions and there by to reduce stigma of mental illness.

The mass media can play a key role to foster more positive community attitudes and behaviours towards the people suffering from mental disorders and epilepsy's. The media can be used to inform public, to motivate individual attitude and behaviour change and to advocate for social change.

Families play a key role in caring the patients. Families have to be informed about the nature of the illness, the importance of medication and compliance, the need to recognise early sign of relapse and ensure swift resolution of crises. This will lead to better recovery of patients, which in turn will help to reduce stigma.

Good care of mental patients, such as proper diagnosis, early intervention, rational use of treatment, follow up service, relapse prevention and involvement of family members, are essential for successful management of patients and reduction of stigma.

The resources that are available for mental health programmes in Nepal are very low. The total beds for mental patients in the country are less than 250, and human resources for mental health care are very limited. In such a situation, hospitalising mental disorder patients for brief periods, developing facilities of treatment and following up and providing mental health services at the community level might help to reduce stigma.

Some of the people who suffered from mental disorders at some point of time and who have fully recovered after treatment can contribute a lot by being vocal advocates of the mentally ill and their rights.

References

- Byrne P (1997) Psychiatric stigma : past, passing to come. *Journal of the Royal Society of Medicine*, 90 : 618-621
- Goffman E (1968) *Stigma : Notes on the Management of Spoiled Identity*. Reprinted 1990. London: Penguin
- Sartorius N (1998) Stigma of Mental Illness : *The Lancet*, 352, 1057
- US Department of Health and Human Services (DHHS) (1999), *Mental Health : a report of Surgeon General*

Kapil Dev UPADHYAYA: Stigma of mental illness, can it be reduced?

Executive summary. Rockville, MD, Department of Health and Human Services, US Public Health Service
Warner R (1996) The Cultural Context of Mental Distress.

In Mental Health Matters: A Reader (eds. T Heller, J Reynolds, R Gomm, et al), pp.54-63 London: Macmillan