Stigmatization of people suffering from mental disorders implies their negative labeling, marginalization and avoidance of such individuals [1,2].

In the distant past, slaves and convicts were branded with red-hot iron to convey a clear message to the environment that they were disempowered people of less value. Presently, people with psychiatric disorders are not as visibly marked, but they are slaves and victims of prejudice and wrongful attitudes of other members of the community, which result in rejection and discrimination against the mentally ill.

One possible approach to stigmatization of psychiatric patients is to differentiate active and passive stigmatization. A significant number of people express their hostility, disdain, and contempt for mentally ill people directly and openly. On the other hand, many people recognize the irrationality and injustice of such behavior, but by their inaction they in fact give a passive support to stigmatization.

Previous studies have not yielded consistent results on the impact of education, socioeconomic status and other demographic parameters on the formation of stereotypes regarding the mentally ill. However, attention is drawn to the fact that several studies have confirmed that medical students are prone to stigmatization, which will probably have a negative impact on their relationship with such a patient while doing medical practice [3].

Psychiatric patients suffer in two different ways: having a mental disorder is a source of suffering by itself (anxiety, depression, suicidal thoughts, psychotic symptoms...) and it can disrupt their family and social functioning, and the stigma which comes with the psychiatric diagnosis additionally prevents them from re-establishing their position and role in society (even in the phase of full clinical recovery).

Stigma affects patients with psychotic and with non-psychotic mental disorders

It is evident that stigmatization of patients with psychotic disorders is more obvious and "harsher". The most common prejudice related to patients with schizophrenia and other psychotic disorders is that the disease is incurable, and that the patients are aggressive, with unpredictable behavior and dangerous to the environment. They should be avoided and business contacts and marital relationships should not be made with them.

Stigma accompanying non-psychotic disorders (anxiety disorders, depression...) may not be so obvious, but it is nonetheless devastating for the patients. The most common bias related to non-psychotic disorders is that it is not a disease but a manifestation of laziness and weakness of the individual.

Whatever form of stigma is associated with the mental patients, from the pessimism regarding the prognosis and treatment options to the non-recognition of certain psychiatric disorders, stigma causes great damage by its unfavorable influence on the course of disease, the outcome of treatment and the rehabilitation of patients.

Self-Stigma

Public stigma implies social devaluation, discrimination and rejection of the mentally ill imposed by the society under the influence of prejudice and stereotyping. Being under the burden of public stigma, the patients are often subject to self-stigma [4]. Psychiatric patients, who have experienced a violating episode of contempt and avoidance and/or have been afraid of getting exposed to stigma, often lose self-esteem, blame themselves for the disease, avoid social contact and communication, withdraw from society, enter isolation, become passive and fall into the trap of double stigmatization. Self-isolation of the patient creates a situation of mutual avoidance of the healthy and sick where the sick and suffering can further reduce their chances of successful recovery [5]. Many patients find it much harder to bear the impact of stigma than the actual symptoms of their mental disorders.

Stigma affects both the patient’s family and psychiatric profession

Stigma can spread even on to the family of mentally ill patients and can exert negative effects in numerous ways [6-8]. Some families often feel guilty;
and having the sense of responsibility for the family member’s mental illness, they question themselves about the cause. The parents of the patient can grow apart from each other because they may blame one another for the genes inherited from their side or just poor parenting in general. Many families are ashamed of the patient and can lose their self-esteem, being afraid of condemnation and rejection as well as exclusion from their social networks. They sometimes experience discrimination in the sense that their neighbors and friends may “ignore” them, to get fired or lose their apartment, because they have become “problem families”. Some families put in a lot of energy and effort to mask the disease as a “family secret.” The family is torn between caring for the mentally diseased person (which itself causes mental suffering and prejudice) and fighting off the pressures of their surrounding environment. Family cohesion and quality of life are tested greatly and families often need the help of psychologists and/or participation in anti-stigma programs to overcome the difficulties involved.

Stigma can also affect psychiatrists dealing with the diagnosis and treatment of mental disorders [9,10]. Prejudice and/or stereotype often form the opinion that most mental disorders are incurable, and the remaining disorders are not actual disorders but those who have them are a group of spoiled weaklings who do not require treatment, but should instead be “shaken-up” by physical work. Based on that, a “logical” conclusion is often deemed that the job of the psychiatrist is in vain and unnecessary. Psychiatrists are often seen as doctors who treat by methods that are not scientifically based and who manipulate patients without therapeutic success. On the other hand, most psychiatrists think that their work is underestimated in society and under-recognized. In the professional medical community, stigma is now considered a professional stress associated with the psychiatric profession, which can reduce job satisfaction and may make some professionals leave this field of work.

Stigma as a barrier to a timely diagnosis and the treatment of psychiatric disorders

The basic therapeutic principle in psychiatry as well as in other areas of physical medicine states that it is necessary to:

- diagnose the disorder as early as possible and begin treatment
- give proper dosage of the medication for therapy
- apply the medical treatment for the required amount of time

However, a substantial number of patients, especially those with anxiety and depressive disorders, are so afraid of stigma induced by the diagnosis of mental disorders that they do not seek any medical attention. Many of them resort to some form of self-treatment by using alcohol and/or other substances and anxiolytic drugs in an attempt to suppress their anxiety and depressed mood.

If they do seek medical attention, these patients usually do so after many years during which their illness has not been treated properly, or only when clear psychiatric complications develop (comorbid substance abuse, depression...), so the underlying psychiatric disorder is often overlooked because other psychiatric problems are highlighted. This complicates treatment and affects the outcome adversely.

Patients with non-psychotic disorders (anxiety, depression...) generally emphasize only their physical problems to their general practitioners and unless they are asked about the psychological symptoms directly, they rarely mention their issues spontaneously. So, the general practitioners often group the symptoms and then send the patient to a cardiologist, gastroenterologist or other specialist of body medicine instead to a psychiatrist.

Patients with psychotic disorders often have an impaired judgment of reality and they are unaware of their disorder and the need to seek medical help. In such cases, the family has a key role in the initiation of treatment, but sometimes the family tends to cover up and try to conceal the illness of their family member, thus delaying treatment and losing valuable time.

It happens that patients who have mental disorders are hospitalized for their comorbid physical illness in a department that manages somatic diseases. Because of the fear that they may be treated differently than other hospital patients, some patients keep quiet about their possible psychiatric heredity as well as their diagnosis and stop taking psychotropic drugs. This may lead to diagnostic uncertainty and the reappearance of the mental disorder.

Measures to overcome the stigma in psychiatry

- educational programs for patients, their families, health care professionals and society in general
- correction of often sensationalist and inappropriate reporting and the attitude of the public media in relation to people with psychiatric disorders
- legislation and measures to protect the rights of psychiatric patients

The Section on Stigma and Mental Health of the World Health Organization has launched a series of activities in order to reduce and eliminate stigma, legalize the rights of people with mental disorders and ensure that medical treatment is available to everyone [11].
References