Stigma on People with Mental Illness

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Abstract: As a minority group, people with mentally illness are not deeply concerned with the society. Information mismatch and incomprehension lead to discrimination and misunderstanding. The purpose of this paper is to reveal this unfair discrimination in order to reduce the misunderstanding. Specifically, it introduces the specific mental illnesses or symptoms are more likely to be misunderstood by others, how discrimination was generated by people because of the inaccurate cognition towards mental illness, and the impact of discrimination on people with mental illness. The stigma not only harms patients in the process of socialization and integration of the society, but also influences patients' families and daily life. These harms and disadvantages make patients suffer secondary hurting in addition to the disease. The expectation of treating this unfairness is that with the development of society and time, more and more people will understand the situation of patients with mental illness and be able to get along with them with a normal mind. Plus, it is the top priority of research to intervene such stigma and further reduce the negative impact on patients. However, due to the different implementation measures, the society lacks a real practice template. There is no real data on the effectiveness of the intervention. It is all theoretical, and there is no research based on the actual implementation results, which needs to be further addressed in future research.

Keywords: Stereotype, Mental illness, Impacts, Stigma, Discrimination

1. Introduction

Due to diseases, status and other reasons, the disadvantaged groups in society will be rejected or not understood by the powerful groups, resulting in a series of social problems. In the prevailing situation of mental problems, the public still avoid talking about mental illness. Social discourse often imagines such populations as marginal, pathological, and stigmatizing negative perceptions and stigma against people who are mentally sick. Most individuals that have mental illness will suffer twice as much from the stereotype [1]. In addition to the negative psychological and physical effects of the disease, being wrongly labeled on them can aggravate the psychological damage of patients with mental illness [1].

The stigma of mental illness reacts in 3 ways: popular prejudices in society, systemic social exclusion, and self-stigma caused by self-identification with these prejudices and injustices. After searching, reading past literature and surveys, it was found that the negative effects of stigma on patients were not discussed in detail, and the negative effects of self-stigmatization were not clearly stated. Therefore, this article aims to list the negative effects on patients who are mentally sick more

detailed on the basis of previous academic literature. Staff from the National Institute of Mental Health (NIMH) program advised researchers that only the creation and assessment of clinical or community therapies were high priority since they were persuaded that stigma continued to cause individuals trauma. The stigma of mental illness will thus be covered in this article along with its causes, manifestations, which symptoms are more likely to generate stigma, negative effects, and educational enlightenment.

2.   The Causes of the Stigma on Mental Illness

The stigma on mental illness has been around since very early times and has been caused by a variety of factors.

2.1.   Inaccurate Cognition of Mental Illness

As a disease with a long history, mental illness has a wide range of patients all over the world. With the rapid development of society, the negative impact on people's living environment and the increase of work pressure, the number of patients is still growing. However, knowledge about mental disorders (mental health literacy) has been comparatively neglected. Many individuals of the general population are unable to correctly identify mental problems and are unaware of the definitions of common psychiatric words. For example, when a sample of the Australian public been seen interludes of people suffering from major mania or schizophrenia, the vast majority understood that the person was suffering from a mental health problem, but only 39% and 27% correctly identified the condition as depression or schizophrenia, including both [2]. 11% of those who responded to the depression vignette thought the individual had a medical issue [2]. In a similar vein, surveys conducted in Europe have revealed that the terms schizophrenia and mania are frequently misunderstood [2], and that the term "schizophrenia" is frequently connected to a split personality [2]. Due to the influence of family and social environment, the public lacks the correct identification of patients, and the phenomenon of mental illness stigmatization also arises. Since the public is accustomed to classifying people based on the learned knowledge as a cognitive standard, the disorder and insecurity of a few mental patients due to their illness have been widely concerned [1]. Therefore, the public has the impression of the group as untouchable and dangerous. Secondly, due to medical and national perception problems, most of the patients do not receive care, which reinforces the public's negative image of them, and patients have an unfair stereotype of themselves. For instance, someone who thinks that people who have schizophrenia are dangerous can eventually admit to being afraid of people who have serious symptoms of mental illness (SMI) [3]. This emotional response leads to discrimination, or perhaps the behavioral response to having unfavorable thoughts and feelings about a person in a stigmatized outgroup [3]. Members of the general population may choose to avoid people with mental illnesses because they worry (prejudice) and believe (stereotype) that they are dangerous.

2.2.   Environmenmtal Factors—Reinforcement of Stigma

In addition to public ignorance about mental illness, there are many other factors that further reinforce discrimination. After being given such a stigmatized image by society, individuals who are mentally sick or a history of mental illness will be influenced by environmental factors such as family, hospital, and social management in the process of socialization. If the negative impact is large, then patients will suffer a lot of unfair and unjust treatment [4]. Such treatment includes discrimination, followed by apathy in the family environment, incomprehension, and deterioration of interpersonal relations [4]. In addition, the relationship between patients and hospital staff, the media influence during the rescue process, such as negative comments on social networks, and the

avoidance of patients during re-employment, all reinforce the concept of stigmatization of mental illness. People who are mentally sick may also be self-isolated, ignoring possible outside opportunities for development and even hostile to outside help. Since the public's mental health literacy has not improved due to relative neglect, this may make it more difficult for them to embrace evidence-based mental health therapy [2]. Additionally, many individuals with common mental illnesses may not be given access to adequate self-help resources and may not receive the proper community assistance [2]. Peril is a component of special concern in the literature on mental illness stigma. People are more ready to discriminate against those who feel that mental illness is related with risky or violent conduct. Unfortunately, from 1950 to 1996, Americans saw mentally ill people as more aggressive [5].

3. Common Public Stereotypes & Specific Symptoms

Due to the cause of psychosis may be because the individual character. development is not perfect, after suffering setbacks appear mental abnormality; Or there's a genetic component; There are also factors that are affected by the location of the brain. Some people with mental illness will be mad and aggressive when they have an attack, and they will even kill people and destroy things. Such dangers, especially aggression and violence, are recognized by the public and become a stereotype. The media and the public often describe people who have mental illness as thugs. It is common for patients with mental illness to be reported as aggressive and violent [6]. The media mainly focused on the harm to social and public order caused by patients [6]. Newspapers and magazines in 20 provinces and cities in China published 1,939 articles related to mental illness between September 1, 2005, and August 31, 2006, of which 314 were accidents of killings that caused by patients with mental illness [6]. From May 1, 2013, to May 1, 2017, more than half of the articles (51.7%, n = 640) on People's Daily Online and Tencent online reported that patients with mental illness had harmed social order, most of which were extreme violent acts such as beating, smashing, looting, and killing [6]. Newspapers and other media repeatedly rendered the details of the patients' accidents and attacking, portraying them as "thugs" who randomly selected the target of injury, indiscriminate injury, and cruel means of injury. To be particular, in addition to other symptoms, such as schizophrenia or severe bipolar disorder caused by auditory hallucinations, visions, or hallucinations. In auditory hallucinations or conversations with imaginary characters, the situation is also considered abnormal by the public because of fear, alienation, and even rejection or disgust caused by lack of understanding. Those who exhibit seven characteristics—dangerousness, disruptiveness, being detached from reality, personal responsibility, rarity, inability to be treated with medicine, and degree of avoidability—tend to be stigmatized [5].

3.1. The Consequences of Stigma in the Patient

There are two types of harm caused by mental disease. The first stems from the illnesses' immediate effects—cognitive, emotional, and behavioural issues that impair one's capacity to operate efficiently. The second type of harm is the topic of this article—the social rejection, interpersonal upheaval, and shattered identity caused by mental illness stigma [5]. Stigma may have a wide range of detrimental repercussions on patients and stakeholders, particularly in their everyday lives. For the patients themselves, mental patients will produce great pressure, suffering from the double torture of illness and stigma. This can lead to a fear of stigma and an unwillingness to confront or seek medical attention in the early stages of illness, thus delaying effective treatment. On October 19, 2010, a symposium on the status and countermeasures of mental health was held. It was claimed that the basis of mental illness is relatively large in the country, but the basis of prevention or treatment of mental disease is very weak [7]. It is difficult for patients with mental illness to return

to normal social life after receiving rehabilitation treatment in hospitals [7]. The rehabilitation place of patients is mainly completed in the ward, and the rehabilitation activities of social function recovery and training are hardly carried out [7]. Patients have psychological and social function degeneration, social support and social welfare status is more difficult, after rehabilitation, it is also difficult to complete the re-socialization and integration into society [7]. Patients frequently avoid or postpone medical attention and treatment for mental health disorders due to stigmatizing views [8]. According to the results of the US National Comorbidity Survey [8], only 41% of people with mental illnesses received care from psychiatrists (12%), non-psychiatric mental health specialists (16%), general practitioners (23%) or others [8]. Despite the idea that medical professionals like physicians and other medical students must be "invincible," mental health issues are prevalent in this group [9]. Decreased levels of self-help are sought by med students and physicians, who frequently only contact mental health facilities in times of crisis [9]. One of the main causes of symptom concealing and a roadblock to using mental health treatment is fear of being subjected to stigma [9].

The most common kind noticed and researched is public stigma, which is a reflection of prejudice and discrimination aimed at a group by the general public. When individuals absorb these prevalent viewpoints, they experience self-stigma and various detrimental effects as a result. Some patients with severe psychiatric problems may have lower self-esteem as a result of internalizing stigmas associated with mental disease [10]. It consists of the acceptance of these self-deprecating stereotypes (such as "I am dangerous"), prejudice (such as "I am frightened of myself"), and the ensuing self-discrimination (such as self-imposed solitude) [3]. More than one-fifth of those suffering from affective disorders and half of those suffering from schizophrenia or other psychotic illnesses report having experienced self-stigma, suggesting that many people with significant mental diseases do as well [3]. In terms of substantive results, it is evident that across a range of cultures and situations, elevated concentrations of stigmatization are linked to higher levels of depression and psychiatric symptom severity as well as lower levels of self-esteem and recovery orientation [11].

3.2. The Impact of Stigma on Patients -- in Social Work

Because of the rejection of the society, the mentally ill will fall into self-seclusion, fall into a. bad situation in terms of economic, social rights and psychological aspects, and lack of coping methods. In addition, for the family of the patient, if the patient himself/herself is the support of the family, that is, the main source of family income, then because of the medical expenses, the personal job hunting in the society is not successful, the financial source will be seriously threatened. Patients residing in cities reported that the mentally ill have a more difficult time finding work and are often excluded from the labor market [12]. The majority of respondents (58%) expected prejudice in their interactions with others and in their work (55%). Employment discrimination is the most normal stigmas experienced by individuals with mental illnesses [13]. When compared to those with physical impairments, people with mental disabilities are twice as likely (the majority) to face employment-related stigma [13]. In the United States, one out of every three mental health consumers reported being rejected for a job after their psychiatric condition is known, and in other cases, job offers are withdrawn once a psychiatric record is exposed [13]. Fear of stigma and rejection by prospective employers might erode confidence and lead to a bad performance in job interviews. People with mental illnesses may start to regard themselves as unemployable over time and cease looking for employment entirely [13]. According to surveys of US employers, 50% are hesitant to recruit someone with a psychiatric history or who is now receiving therapy for depression, and almost 70% are hesitant to hire someone with a background of drug misuse or who is presently on antipsychotic medication [13]. Half of employers would seldom hire an individual

with a mental disability, and approximately one-quarter would terminate a worker who had not disclosed a psychological ailment [13].

3.3. The Impacts for the Patients' Families

Family members may also be exposed to gossip, and associated family members may also feel pain in their relationships and work. In addition to providing financial support for people with mental illness, families also provide daily personal care and emotional support. The suffering caused by the illness is not only for the patients themselves, but also for the families of the patients. Due to the lack of knowledge and care for mental illness, some family members will feel anxious or depressed. While the patient suffers from self-stigmatization and social stigmatization, family members also have a strong sense of stigma associated with mental illness. In the role of "family members of a person have mentally disease," most people are more likely to hide their illness and afraid that others will be unfriendly if they know about it. Such as being treated differently by relatives or being prejudiced by neighbours. Families may be reluctant to discuss their children's status with previously close neighbours for fear of stigmatizing them. Both the patient and the family are afraid of being ostracized and disliked by their neighbours.

4. Conclusions

This paper mainly discusses the inducements of stigmatization of mental illness, the specific manifestations of stigmatization and the impact of stigmatization on patients in various aspects. A large body of previous research has shown the negative effects of stigmatization of mental illness both on the individual and the broader environment. Patients' families, reemployment, personality aspects are stigmatized, which brings about discrimination and lack of understanding of the serious impact. And they are increasingly labelled as dangerous and unsane, labels that must be stamped out.

The public should make a change by understanding the processes and consequences of stigma on persons with mental illnesses in this study. The first is to strengthen the knowledge about mental illness publicity, to create a good social environment. Actively learning about patients' situations, whether through social media or policies and regulations, can change people's prejudices. It would also help to build a well-functioning aid system. Sociological research on stigma like this has declined because it is difficult to see the effect of implementing interventions in a short period of time. The lack of effective, visible solutions is a limitation of previous research, because mental illness is stigmatized in so many ways, and the general public perception is not something that can be reversed in a short period of time. Even so, with the progress of society, people have a more enlightened attitude towards mental diseases, so the popularization of psychological knowledge will develop better and faster in the future. Mental patients themselves are no longer ashamed to express and seek help because of stigma. Future research needs to focus more on addressing such stigmatizing measures, and the publication of such stigmatizing phenomena is sufficient. For example, after educating a certain public about mental illness, a scale is used to determine whether such measures have a certain positive effect on stigma. Similarly, the role of a good therapist in de-stigmatizing a patient needs to be carefully studied as a way to build self-esteem in people with mental illness.

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