

Stigma as a barrier to mental health care

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Over 60 million Americans are thought to experience mental illness in a given year, and the impacts of mental illness are undoubtedly felt by millions more in the form of family members, friends, and coworkers. Despite the availability of effective evidence-based treatment, about 40% of individuals with serious mental illness do not receive care and many who begin an intervention fail to complete it. A new report, published in *Psychological Science in the Public Interest*, a journal of the Association for Psychological Science, investigates stigma as a significant barrier to care for many individuals with mental illness.

While stigma is one of many factors that may influence care seeking, it

is one that has profound effects for those who suffer from mental illness:

"The prejudice and discrimination of mental illness is as disabling as the illness itself. It undermines people attaining their personal goals and dissuades them from pursuing effective treatments," says psychological scientist Patrick W. Corrigan of the Illinois Institute of Technology, lead author on the report.

"One does not work long on [mental health issues](#) before recognizing the additional hardships caused by stigma," write Former U.S. First Lady Rosalynn Carter, Rebecca Palpant Shimkets, and Thomas H. Bornemann of the Carter Center Mental Health Program in a commentary that accompanies the report. These problems continue today, they add, in the form of poor funding for research and services compared to other illnesses; structural forms of discrimination; and "widespread, inaccurate, and sensational media depictions that link mental illness with violence."

In the report, Corrigan and co-authors Benjamin G. Druss of Emory University and Deborah A. Perlick of Mount Sinai Hospital in New York synthesize the available scientific literature, identifying different types of stigma that can prevent individuals from accessing [mental health](#) care.

Public stigma emerges when pervasive stereotypes—that people with mental illness are dangerous or unpredictable, for example—lead to prejudice against those who suffer from mental illness.

The desire to avoid public stigma causes individuals to drop out of treatment or avoid it entirely for fear of being associated with negative stereotypes. Public stigma may also influence the beliefs and behaviors of those closest to individuals with mental illness, including friends, family, and care providers.

Corrigan and colleagues note that stigma often becomes structural when it pervades societal institutions and systems. The fact that mental health care is not covered by insurance to the same extent as medical care, and the fact that mental health research is not funded to the same levels as medical research, are two clear indications that stigma targeted at mental illness continues to exist at the structural level.

In the face of these realities, the report identifies approaches to addressing stigma that can help increase care seeking among those with [mental illness](#). These approaches operate at various levels, from promoting personal stories of recovery and enhancing support systems, to instituting public policy solutions that enhance actual systems of care.

Researchers, advocates, and care providers have made gains over the past few decades in increasing the number of people receiving adequate and appropriate mental health care, but stigma remains a significant barrier to care. The new report surveys existing scientific research on mental health care participation as a way of advancing efforts to eradicate this barrier.

"This issue of *Psychological Science in the Public Interest* makes a strong start in consolidating and disseminating what we now know—that public policy, the law, and media remain our greatest resources to stimulate change and spur action," Carter, Palpant Shimkets, and Bornemann write in their commentary. "We also need to build bridges to other fields that connect to mental health, such as public health, primary care, and education."

In taking this integrative, multi-level approach, they are confident that there is hope for the future:

"Together, we can create robust systems and services all along the path of recovery and encourage early intervention and access to treatments

without fear of labels or diminished opportunities. When that is achieved, we will know that our tireless efforts to eradicate [stigma](#) have been successful."

The report, "The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care," and the accompanying commentary, "Creating and Changing Public Policy to Reduce the Stigma of Mental Illness," are available online for free to the public.

More information: Former U. S. First Lady Rosalynn Carter, Rebecca Palpant Shimkets, and Thomas H. Bornemann. "Creating and Changing Public Policy to Reduce the Stigma of Mental Illness." *Psychological Science in the Public Interest* October 2014 15: 35-36, [DOI: 10.1177/1529100614546119](#)

Patrick W. Corrigan, Benjamin G. Druss, and Deborah A. Perlick. "The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care." *Psychological Science in the Public Interest* October 2014 15: 37-70, [DOI: 10.1177/1529100614531398](#)

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