

The impact of stigma and discrimination on people with mental health problems

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Mental illness in the 21st Century - An Increasing Challenge for Europe, European Parliament, Brussels May 2013

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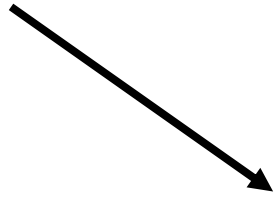
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Many impacts and consequences

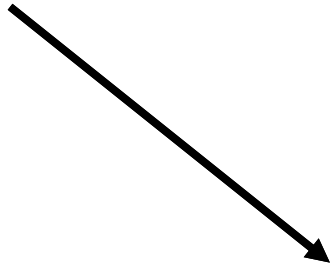
- Health
- Family and community
- Education
- Employment
- Housing / Social Welfare
- Issues of Civic Rights and Duties

3 inter-related problems

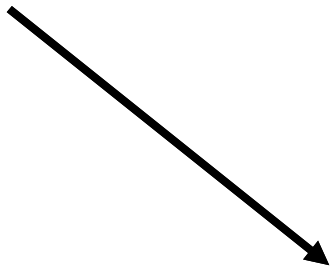
Stigma



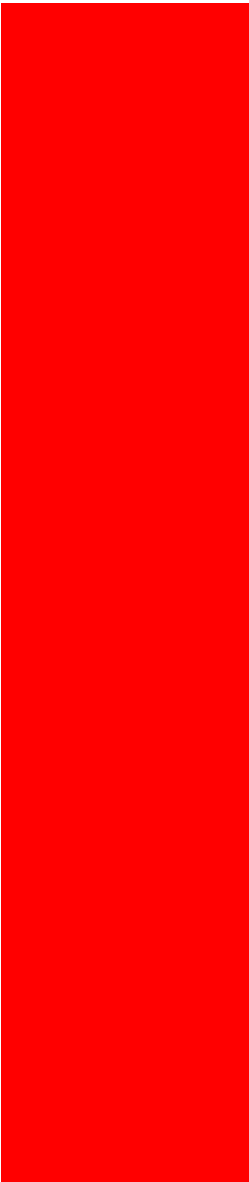
Ignorance - problem of knowledge



Prejudice - problem of attitudes



Discrimination - problem of behaviour



Stigma can affect
access and utilisation
of health services

Some issues

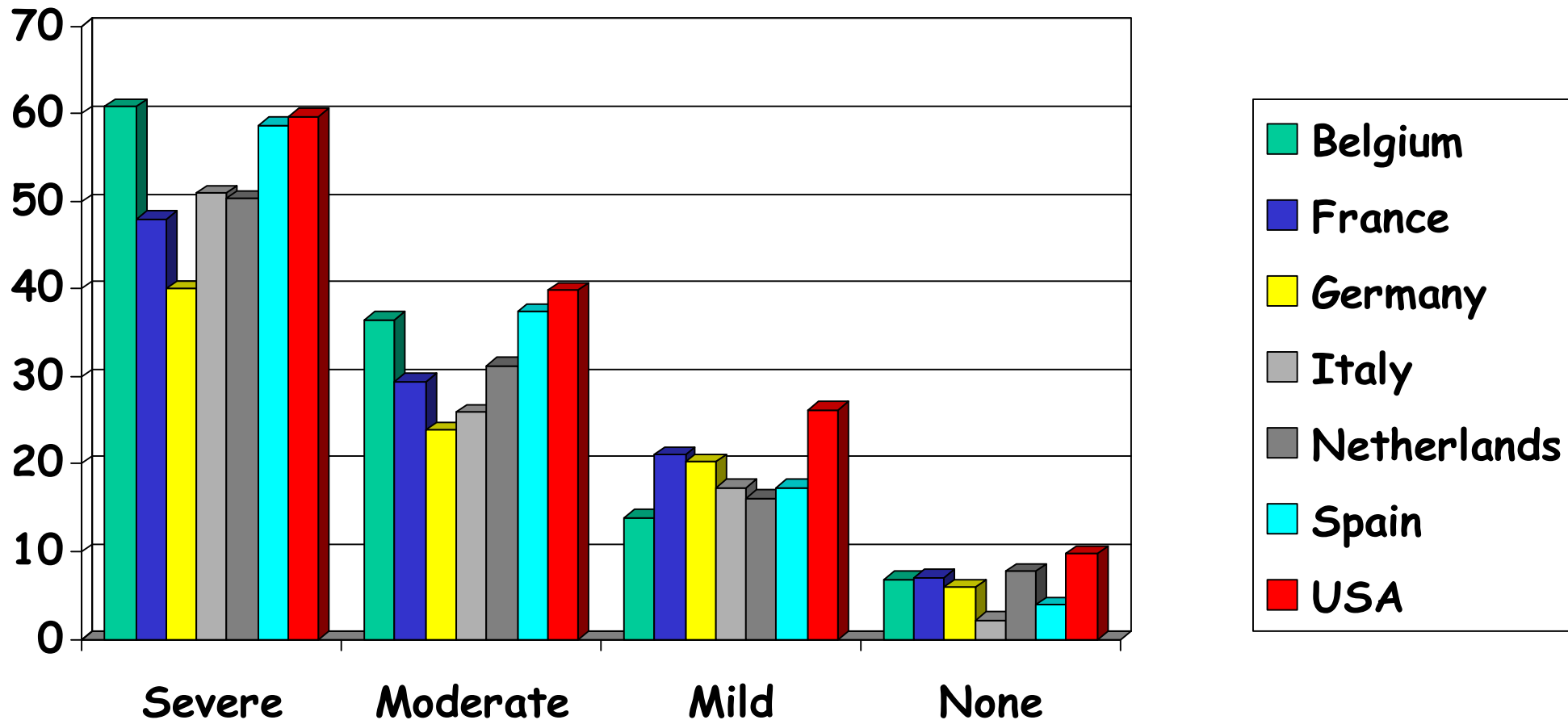
- Fear of being labelled by health services
- Fear of reaction of social networks
- Negative attitudes of some health care professionals
- Negative attitudes of other professionals

Negative attitudes

Table 3. Frequencies of patients and staff partially or totally agreeing to 12 statements of beliefs about people with a mental illness (staff *N* = 140, patients *N* = 141).

Statement	Patients %	Staff %	Difference <i>p</i> *
Most people would accept a former mental patient as a close friend	66.0	65.7	NS
Most people believe that a person who has been in a mental hospital is just as intelligent as the average person	44.0	46.7	NS
Most people believe that a former mental patient is just as trustworthy as the average citizen	41.4	43.1	NS
Most people would accept a fully recovered former mental patient as a teacher of young children in a public school	52.5	62.5	NS
Most people believe that entering a mental hospital is a sign of personal failure	61.7	49.6	.043
Most people would not hire a former mental patient to take care of their children, even if he or she had been well for some time	73.8	66.4	NS
Most people think less of a person who has been in a mental hospital	62.1	44.9	.004
Most employers will hire a former mental patient if he or she is qualified for the job	47.8	38.0	NS
Most employers will pass over the application of a former mental patient in favour of another applicant	72.5	75.6	NS
Most people in my community would treat a former mental patient just as they would treat anyone	54.7	51.1	NS
Most young women would be reluctant to date a man who has been hospitalized for serious mental disorder	68.6	67.4	NS
Once they know a person was in a mental hospital, most people will take his or her opinions less seriously	61.4	49.6	.048

12-month service use by severity of anxiety mood and substance disorders in World Mental Health Survey (% of target population)



Adapted from Wang et al 2007

Profound impact of premature mortality

Diagnosis	Male		Female	
	Life Expectancy (95% CI, number of deaths)	Difference from male UK population*	Life Expectancy (95% CI, number of deaths)	Difference from female UK population*
Any Serious Mental Illness[△]	64.5 (63.3–65.6, n = 243)	-12.9	69.9 (68.7–71.0, n = 203)	-11.8
Schizophrenia (F20) [△]	62.8 (61.6–64.10, n = 196)	-14.6	71.9 (71.0–72.8, n = 126)	-9.8
Schizoaffective disorder (F25) [△]	69.4 (68.3–70.5, n = 16)	-8.0	64.1 (60.9–67.2, n = 28)	-17.5
Bipolar affective disorder (F31) [△]	67.3 (66.1–68.5, n = 43)	-10.1	70.4 (69.5–71.4, n = 65)	-11.2
Substance use disorders (F10–F19)[△]	63.9 (62.7–65.0, n = 254)	-13.6	66.9 (65.5–68.3, n = 94)	-14.8
Depressive episode and recurrent depressive disorder (F32–F33)[△]	66.8 (65.6–67.9, n = 284)	-10.6	74.4 (73.5–75.3, n = 336)	-7.2

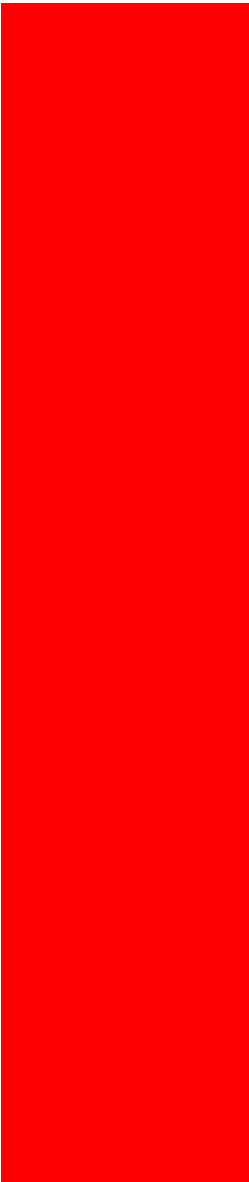
Life expectancy at birth of people with specific mental disorders in the period of 2007–09 (N = 31,719).

*Life expectancy at birth 2006–08 in UK: Male = 77.4 years; Female = 81.6 years [27].

[△]Significant difference between genders.

Impacts at home

- Many people receive great support from families, but sometimes there can be stigmatising attitudes by some family members
- Families can also experience 'stigma by association'
- Intimate relationships can be affected; social networks can wither



Stigma and exclusion
can have long lasting
consequences

Socio-economic impacts by age 25 of behavioural problems in children aged 7-9 in New Zealand

Education / Employment Outcome	50% of cohort of children with fewest behavioural problems	5% of children with most severe behavioural problems
No educational /vocational qualifications	6%	52%
University degree by age 25	36%	0%
Unemployed > 12 months between age 21 and 25	7%	17%
Welfare Dependent age 25	9%	33%
Became a parent before 20	6%	14%
Imprisoned ever	0%	8%
Drug dependant	6%	15%
Mean Gross Income (\$US 2010 prices)	\$22,336	\$16,063

Fergusson et al, 2005 Journal of Child Psychology and Psychiatry

Association between public views of mental illness and self-stigma among individuals with mental illness in 14 European countries

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² *Department of Mental Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA*

- 'Individuals living in countries where the public felt more comfortable talking to people with mental illness had less self-stigma
 - and felt more empowered'



Stigma and
discrimination are
very visible in the
labour market

Attitudes towards employment

"Today, companies are used to joining and managing people with physical disabilities. This is quite common now and there's no problem such as fear. **On the contrary, it is true that as soon as mental ill health is discussed, managers slam on the brakes.**"

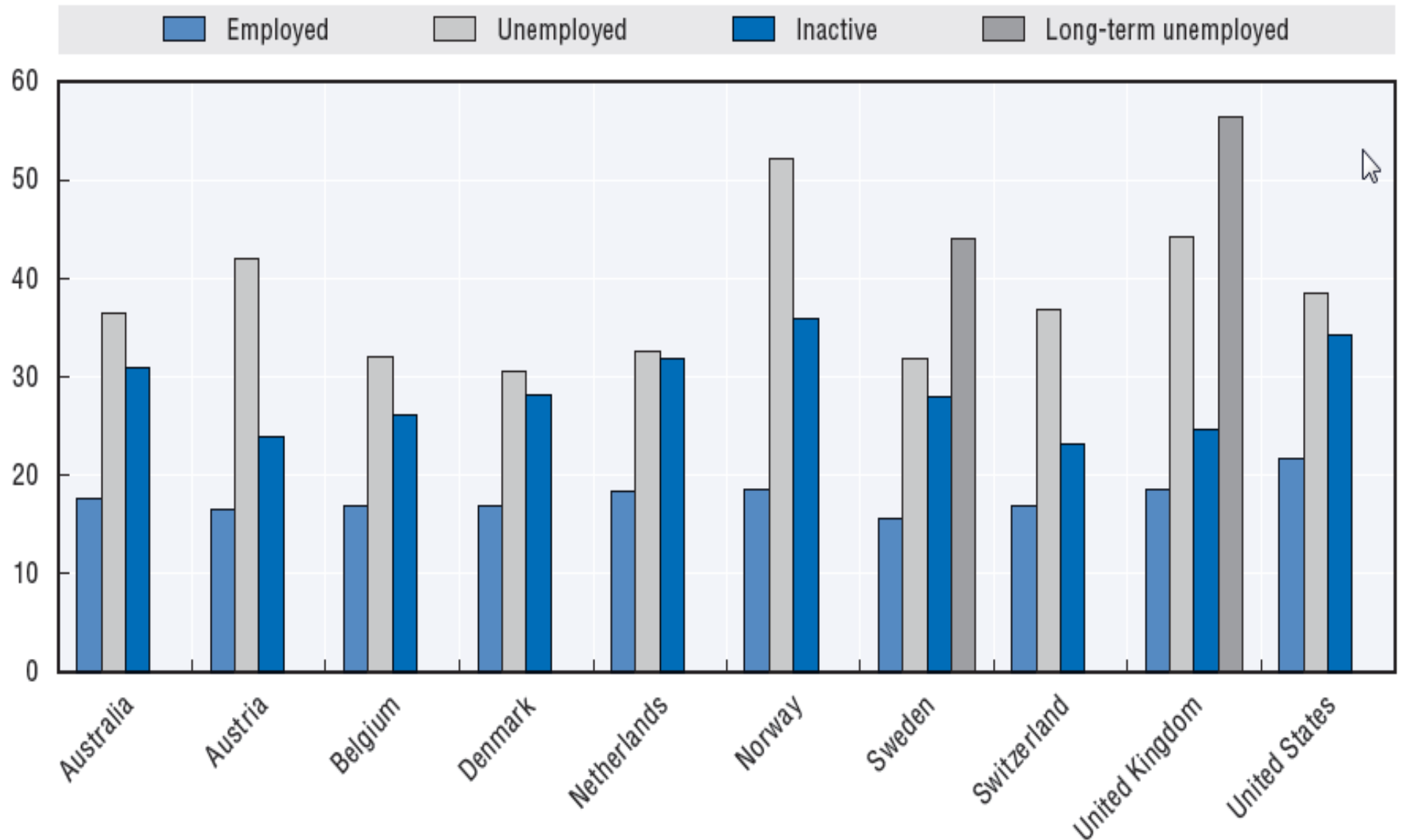
"When the personnel is reduced in a service and you have to hire or keep a disabled person, physical disability doesn't seem to be such a constraint because once the professional environment is adapted, there's no productivity problem, **contrarily, mental disability is a problem for productivity.**"

Source: Optiwork Group 2006

Some issues

- Evidence that people are turned down for jobs
- May anticipate discrimination and stop seeking work
- Risk of discriminatory behaviours if disclose problems at work - micro management, gossip, social exclusion, loss of career progression opportunities
- Disclosure of problems at work likely to occurs when a crisis or alternatively when someone feels valued and secure in their workplace

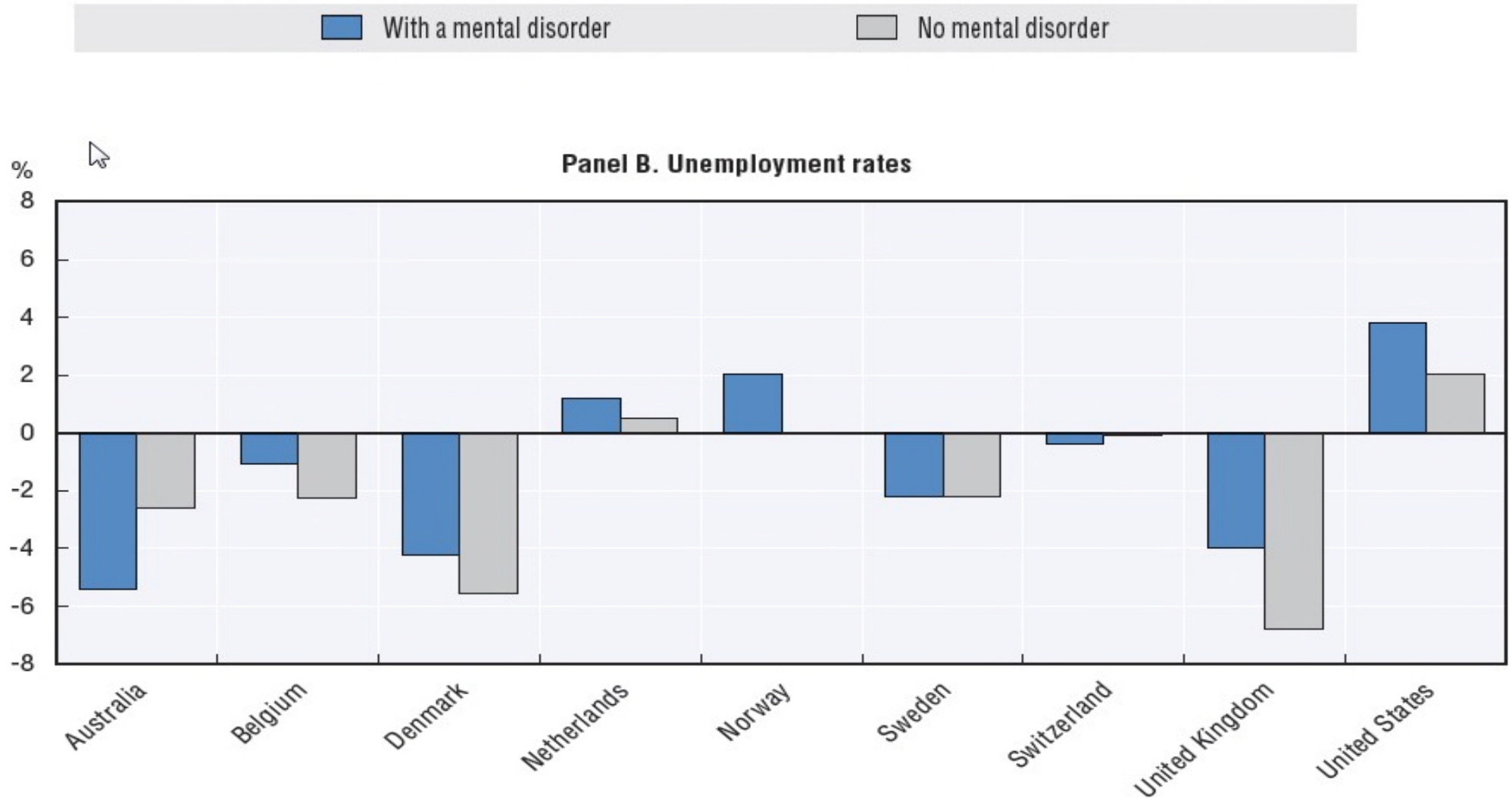
Prevalence of a severe or moderate mental disorder (in percentage), by labour force status,^a
latest available year



Source: 'Sick on the job' OECD, 2012

Figure 2.5. **The employment and unemployment gap of people with a mental disorder has increased**

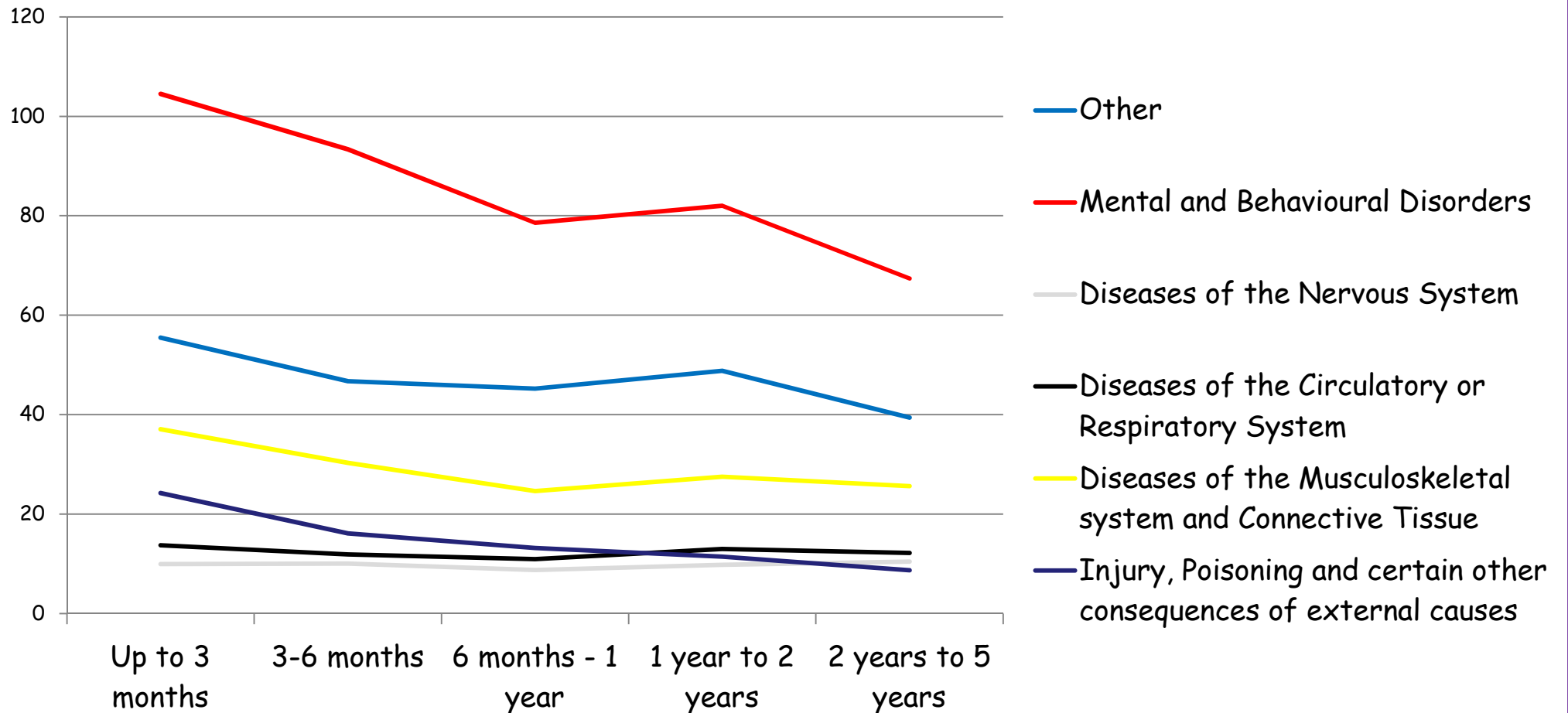
Percentage-point change in employment and unemployment rates for people with and without a mental disorder between the mid-1990s and the mid- to late 2000s



Source: 'Sick on the job' OECD, 2012

Disability Benefit Claims GB 2008 -2012

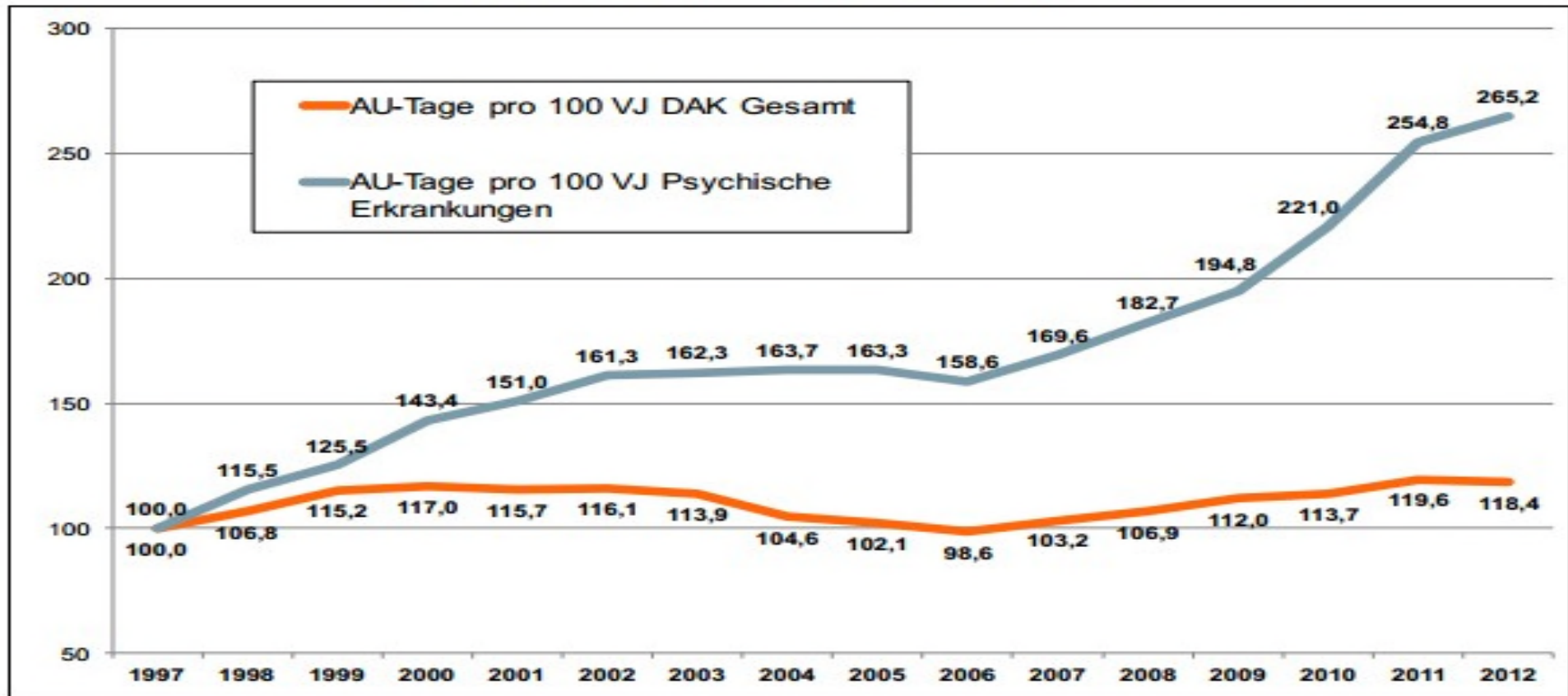
Duration of Employment and Support Allowance Claims



Source: Department of Work and Pensions, 2012

Higher levels of absenteeism

Abbildung 23: Entwicklung des Fehltagevolumens aufgrund psychischer Erkrankungen im Vergleich mit dem AU-Gesamtvolumen. Indexdarstellung 1997 = 100



Quelle: AU-Daten der DAK-Gesundheit 1997-2012

In summary

- Pervasive and long lasting impacts
- Adverse impacts have major socio-economic impacts
- Requires actions to deal with ignorance, prejudice and discrimination
- Recommendation on research gaps to be made as part of FP7 ROAMER roadmap mental health research in Europe