Barriers to Recovery: Stigma and Discrimination

CalSWEC Mental Health Project

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Learning Objectives

Upon completion of this course you will:

- Identify the barriers to recovery
- Identify the components of stigma
- Understand the impact of internalized stigma
- Understand the relationship between stigma and discrimination
- Identify the factors that contribute to professional stigma
This course addresses the barriers to recovery and explores ways these barriers can be overcome.

- **Stigma**
  - External
  - Internalized
  - Professional

- **Discrimination**
  - Housing
  - Employment
  - Transportation
Stigma

- Stigma is a mark of disgrace or shame. It has four components
  - Labeling someone with a condition
  - Stereotyping people with that condition
  - Creating a division – a superior “us” group and a devalued “them” group which results in loss of status
  - Discriminating against someone on the basis of the label
Researchers have identified three sets of stigmatizing attitudes

- **Fear and exclusion**: Persons with severe mental illnesses are dangerous, should be feared, and therefore, kept out of the community
- **Authoritarianism**: persons with severe mental illnesses are irresponsible; their life decisions should be made by others
- **Benevolence**: persons with severe mental illnesses are childlike and need to be cared for
Match the following situations to a stigmatizing attitude

- John’s psychiatrist tells him what medication he should take
- Newspaper headline: “Psychotic Killer on the Loose”
- Annie’s mother loses her job but doesn’t want Annie to know
- Julie’s case manager suggests she get a volunteer job rather than the paid job Julie wants
- Although he’s been symptom free for 2 years, Patrick’s father continues as his payee
- Residents protest against a housing program for adults with mental illness planned for their community at a city council meeting
Stigma and the Consumer

The relationship between the illness, stigma, and disability

- It’s hard enough to deal with the symptoms of a major mental illness. But, in addition the consumer must endure the prejudice and discrimination of a society that robs them of a good job or a safe home.
- As a result of stigma, consumers report feeling ostracized, damaged, flawed, defective and unwanted. It can lead those who need hope to face the world each day, to isolation, depression, and suicide
- However, these impacts are not an inherent part of mental illness. They are socially constructed and result in oppression and discrimination
Disability is defined as “a physical or mental handicap, especially one that prevents a person from living a full, normal life or from holding a gainful job”

Since a byproduct of stigma is discrimination, including discrimination in housing and employment…

How do we determine the extent of the impact of symptoms vs. the impact of stigma on disability?
Family members too are injured by stigma. Parents, siblings and partners experience feelings of distance from neighbors, co-workers and friends.

The issues facing family members date back to the early origins of psychiatric theory. With little known about mental illness, early theorists promoted the concept that parents were to blame for mental illness in their children.

Despite many advances in the understanding of mental illness, old attitudes continue to influence the way family members are treated today.
Stigma and the Community

- Stigma robs communities of an important resource
- Many persons with mental illness rely on government assistance when they could be out working, earning a reasonable wage and living independently
- Excluding groups of people from society deprives that society of the strengths, skills, talents and gifts that make for a richer and varied community
Stigma and the Media

- Portrayals of mental illness in newspapers, radio, television, novels and movies have an enormous impact on stigma and discrimination. A 1990 survey conducted by the Robert Wood Johnson Foundation found that the primary source of information about mental illness for those people who responded to the survey was mass media (SAMHSA, 2006). However, media representations of mental illness are widely distorted and inaccurate.
Internalized Stigma

- Immersed in a society that perpetuates disrespectful images of mental illness, many persons with psychiatric disabilities begin to believe these images.
- Believing the stereotypes about mental illness, the person’s self-esteem is undermined.
- Internalizing the negative views of others leads to self-doubt and depression.
Challenging Internalized Stigma

- Reviewing the myths
- Confronting irrational beliefs
- Gaining personal power
“The biggest barrier to my recovery was listening to all those professionals. Always telling me what I couldn’t do instead of believing in me and encouraging me. They would say things like “You shouldn’t try to work, it’s too stressful,” and “You’ll always need to be on medication.” They told me that my goals were unrealistic. They might as well have told me just to give up! Once I stopped listening to them I started my recovery. I’ve done pretty well for myself. I’ve been able to hold a job for 5 years and I don’t take medication anymore.”
The history of professional stigma

- Historically, people with mental illness have been subject to grave abuses in institutional settings: sometimes starved, tied to beds, beaten, and subject to inhumane practices such as lobotomies, electroconvulsive shock treatments, immobilizing medications and forced sterilizations.

- Although the image of patients wearing straightjackets, locked in a tiny room, and tied to a bed are seen as a legacy of the past, institutional violence, abuse and injuries are “far more common than is reasonable acceptable” (Levy and Rubenstein, 1996, p.285).
Professional stigma in the present

- Studies have shown that many mental health care professionals harbor unconscious negative feelings about their clients (Tate, 1991).

- When people encounter stigmatizing attitudes from helping professionals, it has a negative impact on their willingness to seek and continue treatment.
Why mental health professionals with good intentions create barriers to recovery

- Many mental health professionals are not knowledgeable about recovery
- A sense of responsibility for the welfare of consumers can conflict with recovery’s emphasis on empowerment
- Confusion over whether mental health reimbursement systems will pay for recovery-oriented services
- Aversion to risk can conflict with the consumers’ right to make choices and take chances
- Mental health services historically have focused on managing symptoms vs. improving lives
- A belief on the part of some practitioners that persons with serious mental illness will not benefit from therapy or are “too difficult”
What combats professional stigma

- Persistent exposure to recovery’s success, both to persons in recovery and the mental health practitioners who have worked with them
- Education for mental health professionals which emphasizes recovery-oriented practice
- Recovery-based in-service training opportunities for beginning practitioners
- A commitment to confronting stigmatizing attitudes and language in mental health settings
- Hiring mental health consumers and family members in mental health programs; viewing “lived experience” as relevant and valuable preparation for mental health work
Stigma and Discrimination

Discrimination in housing
- The Federal Fair Housing Act prohibits both individual and community discrimination,
- However, finding safe, affordable housing in the community of one’s choice, continues to be a challenge for persons with psychiatric disabilities

Discrimination in employment
- The Americans with Disabilities Act (ADA) outlaws discrimination in public services, transportation, public accommodations and in public and private employment
- However, people with serious mental illness experience unemployment rates of 80-90% although a majority of them wish to work
“Shadow Voices: Finding Hope in Mental Illness”, Mennonite Media. 
www.shadowvoices.com

“Confronting Stigma”, CNTV, California State University, East Bay

Psychological and Social Aspects of Psychiatric Disability, Edited by Spaniol, Gagne, 
and Koehler, Center for Psychiatric Rehabilitation, Sargent College of Health and 
Rehabilitation Sciences, Boston University, 1997

Don’t Call Me Nuts!, Corrigan and Lundin, Recovery Press, The University of 
Chicago, 2001

Psychiatric Rehabilitation Skills in Practice: A CPRP Preparation and Skills Workbook, 
Edited by Mark S. Salzer, USPRA, 2006

Surgeon General’s Report of Mental Health: Culture, Race, Ethnicity, 
http://mentalhealth.samhsa.gov

“Barriers to Recovery and Recommendations for Change: The Pennsylvania 
Consensus Conference on Psychiatry’s Role”, Rogers, Vergare, Baron and 
Salzer, Psychiatric Services, August 2007 Vol. 58 No. 8

A Report of the Mental Health Services Act Stigma and Discriminatory Advisory 
Committee, California, June, 2007

Resources

- CA Dept. of Fair Employment and Housing, [http://www.dfeh.ca.gov/](http://www.dfeh.ca.gov/)
- Protection and Advocacy, [http://www.pai-ca.org/](http://www.pai-ca.org/)