STIGMATIZATION IN MENTAL HEALTH PROBLEMS AND PSYCHIATRIC NURSING

Gamze SARIKOC[1], Fatma OZ[2]

[1]Gulhane Military Medical Academy School of Nursing, Department of Psychiatric Nursing, Etlik, 06010, Ankara, Turkey, email: gsarikoc@gata.edu.tr, telephone: +905306422313

[2] Hacettepe University, Faculty of Nursing, Department of Psychiatric Nursing, Sıhhiye, 06420, Ankara, Turkey, email: fatmaoz@hacettepe.edu.tr

Abstract

Mental health problems, are known to race and seen in every socioeconomic level, in every cultural group, in the developed and developing countries. Mental disorder label reveals the stereotypes which represent the common idea of the society in the individual. Stereotypes are effective information structures which enable defining or perceiving a social group. As indicated in many studies, "mentally ill stereotype" in the society is the "dangerous" and "unpredictable" stereotype. This conclusion causes that a standing prejudice is revealed. Nurses, who constitute more than half of the mental health professionals, are responsible for rehabilitation, organizing the hospital environment and most of the services provided. Positive and negative attitudes adopted towards individuals with mental disorders are revealed most clearly in the relationship between the patient and the nurse Nurses' attitudes regarding prevention of labeling, is important to build bridges between people all health professionals for mental disorders.

Keywords: *mental health problems, stigmatization, psychiatric nursing*

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1. Introduction

Mental health problems, are known to race and seen in every socioeconomic level, in every cultural group, in the developed and developing countries (T.C. Ministry of Health, 2007). Mental problems are quite important for society as they are frequent and may result in disabilities and cause economical loss (Ocaktan et. All. 2004). Prejudices regarding the fact that individuals with mental disorders are considered as dangerous as they are unpredictable and their actions cannot be understood and these prejudices are established and generalized by mass media. It is seen in researches that these individuals are alienated and subjected to negative attitudes which cause stigmatization (Bahar, 2007; Fink et. All. 1992; Star, 1955).

2.1. Stigmatization

Stigma concept is defined as a black mark which endangers the respectability of an individual or a group, causes objection by others or hesitation and devalues; the existence of a circumstance which should be ashamed of or the indication of not being accepted by others (Challenging Stigma, 2005; Alptekin et. all., 2007; Mak et. all. 2006; Schulze et. all. 2003; Porter, 1998; Byrne, 2000). According to Erwing Goffman (Goffman, 1963), stigmatization "is a situation which causes a deep shame, devalues the individual and reduces respectability". Stigmatization concept is the body of attitudes which involves society's adopting a particular attitude against and alienating certain patient groups. In that respect, individuals with mental disorders constitute the most affected group in many societies (Kocabaşoğlu et. all, 2003; Demiralp et.all, 2005).

Mental disorder label reveals the stereotypes which represent the common idea of the society in the individual. Stereotypes are effective information structures which enable defining or perceiving a social group (Watson, 2001). Studies identified four stereotypes for mental disorders; individuals with mental disorders are dangerous and they should be avoided, the weakness or deficiency in their character is responsible for their disability or incapability. Individuals with mental disorders are not responsible for their actions and behaviours due to their mental condition and it requires experts to make a decision about them, these individuals look like children and they need someone as protector like parents (Watson, 2001).

As indicated in many studies, "mentally ill stereotype" in the society is the "dangerous" and "unpredictable" stereotype. This conclusion causes that a standing prejudice is revealed (7). For a member of a social group, prejudice is a judgment generated on some previous judgments and stereotypes just because of being a member of that group (Kırel et.all, 2004). Prejudices strengthen stereotypes and cause emotional reactions such as fear and therefore discriminative and alienating behaviours occur (Watson, 2001). Loss of social status also occurs in the socially alienated person in which negative ideas are developed as a result of "not being one of us, different" label (Corrigan, 2001; Gonzalez et. all, 2007).

2.2. Impact of Stigmatization on the Patients

Reintegration of the mentally ill individual in the society and gaining their previous functionality are closely related to the society's general attitude towards mental disorders (Taşkın et. all, 2006). It can be seen in various studies that the society has labelling attitudes towards individuals with mental disorders and do not want to be in close connection with such

people as the society considers individuals with mental disorders as "dangerous" and "unpredictable". In addition, there are many studies which indicate that mental disorder label causes negative and rejectionist attitudes (Taşkın et. all, 2006; Özmen et. all,2004). Stigmatization for mental disorders may be as bad and harmful as the symptoms of the disorders (Feldman et. all, 2007), because labelling causes social isolation, limited living opportunities and delayed call for help in patients. Due to negative evaluations by the society, insulting discrimination and internalized stigmatization, self-confidence of the individuals is damaged, their self-respect decrease and their quality of life deteriorates in time (Kocabaşoğlu et. all, 2003; Çam et.all, 2009; Switaj et.all,2009; Corrigan, 1998; Gaebel et.all, 2003, Link et. all, 2006). Stigmatization individuals devalues themselves, suffer from the fear of being rejected and lose their hope (Sirey et. all, 2007). Negative labeling of the mentally ill leads to serious difficulties in many areas of their lives. They experience housing and job discrimination, and they also suffer isolation, friendship and relationship failures, parental conflict, income loss, an increase in their depressive symptoms and a decline in their social skills (Corrigan et.all, 2004; Gingerich, 1998; Bostancı, 2005; Switaj 2009; Corrigan, 2005; Hocking, 2003).

2.3.The role of the nurse in fighting with stigmatization

Nurses, who constitute more than half of the mental health professionals, are responsible for rehabilitation, organizing the hospital environment and most of the services provided. Positive and negative attitudes adopted towards individuals with mental disorders are revealed most clearly in the relationship between the patient and the nurse. Attitudes of nurses who are close and long term contact with the patients directly affect the patients and their attitudes may also influence the therapeutic environment of the clinic (Bahar, 2007).

Psychiatry nurses, who have roles such as therapist, advisor, trainer, consultant, researcher, clinician and case manager, also have an identity of policy maker in the field of social psychiatry. Primary precaution in accordance with social psychiatry involves determining and preventing some factors which deteriorate mental health. Secondary precaution is reducing the illness rate of individuals who are under high risk with early diagnosis and treatment of acute and preclinical diseases. Tertiary precaution is determined as minimizing the impacts of mental illness on the individual with rehabilitation and care. The nurse in the social psychiatry team works with healthy and risky groups and the population diagnosed with psychiatric diseases. When providing services to the population diagnosed with psychiatric diseases, the case manager is in the position of the team member who implements care and rehabilitation. Within the scope of the tertiary precaution, social

psychiatry nurse evaluates the patient and his/her family in their own environment by the help of home visits. The nurse evaluates the possibility of familial and social medical crisis of the patient and his/her family and makes attempts for coping with and resolving such crises. Determines training requirements in relation with the disease, symptoms of the disease, treatment options, communication skills, stress and coping with the stress, solving problems, assertiveness, sources and use of social support and provides training. Implements therapy in terms of increasing insight, recognizing feelings, organizing behaviours and managing the disease. Evaluates opportunities in meeting the needs of the individual such as accommodation, employment, social security and nutrition and provides financial and social support if necessary (Çimen, 2009).

Protectiveness is an important step in mental disorders. Prevention of mental disorders aims decreasing the frequency and prevalence of mental disorders, preventing or delaying the recurrence of the diseases and reduce the impact of the disease on the individual, his/her family and the society. Prevention of mental disorders is one of the effective ways to reduce the burden of the diseases on the country. When making mental health policies, preparing laws and making decisions, the countries and societies which want to reduce the medical, social and economic burden of the mental disorders are expected to pay more attention to prevention and improvement in mental health (Gültekin, 2010).

Various studies show that acquiescent, supportive and tolerant attitudes influence the patient in a comforting and reintegrative manner and enable their participation in treatment and care; on the contrary insulting, rejecting, restrictive and abstractive attitudes alienate the patient and influence the treatment and care in a negative manner. For that reason, regardless of their field of study, nurses are expected to diagnose the underlying causes of emotions and behaviours which may occur in case of diseases and plan and implement care accordingly. When doing so, it is important to be free from social prejudices and not to lose objectivity being aware of their own emotions and attitudes (Kayahan, 2009). In their study in which they evaluate the attitude and behaviours of the nurses towards individuals with mental disorders, Bostancı and Aştı (Bostancı, 2004) concluded that the psychiatry nurses exhibited more positive attitudes than other nurses and stated that having psychiatry knowledge and skills will be effective in preventing prejudices and fallacies. Psychiatry nurses who can provide medical training and consultancy in protection from mental diseases, can understand the psychological condition of the healthy individuals and patients and evaluate their behaviours, have good skills to perceive psychological needs, can provide necessary care, consultancy, rehabilitation and support to the patient and have knowledge and skills in interpersonal relationships should

be at the front row in studies aiming for decreasing labelling and discriminating against individuals with mental disorders (Psikiyatri Hemşireleri Derneği,2014). They should improve themselves in the light of the advanced technology and science and carry out the roles of advocating patients and protecting the mental health of the society.

3. Conclusion

Protection, development and maintenance of mental health of individual, family and community is carried out by a multidisciplinary team approach with the functioning of health services. Nurse is also one of the members of this team. Nurses' attitudes regarding prevention of labeling, is important to build bridges between people all health professionals for mental disorders. Nurses often facilitate communication among various healthcare disciplines, they can use this skill to facilitate dialogue to reduce stigma.

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