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USING CONTACT AND EDUCATION AS A MEANS OF COMBATING THE STIGMA OF MENTAL ILLNESS: AN EXAMPLE OF A POLISH FOUNDATION „EF KROPKA”

Abstract

Social stigma is widely recognized as a major barrier to recovery from mental illness. In Poland, as in other countries, the society perceives mental illnesses as an intimidating problem, while the people affected are often treated with reservation and a sense of distance. One of the first Polish organizations addressing stigmatization and social exclusion of people with mental disorders was the “Open the doors” Association from Kraków. Now their work is followed in Warsaw by the Foundation eF point (*Fundacja eF kropka*). It is a non-governmental organization formed at the initiative of people professionally involved in helping persons with mental illness experience. The Foundation’s attempt is to change the negative assumptions about the outcomes of mental diseases, convictions rooted in social awareness and patients’ self-perception. This paper describes how the Foundation uses the education and contact approaches to reduce the stigma surrounding mental illness and to foster personal empowerment of people receiving psychiatric treatment. The details of its new anti-stigma initiative “Together against stereotypes” are provided.

Mental illness stigma – a barrier to recovery

People affected by mental illnesses bear a double burden: that of the psychopathological symptoms and deficiencies in social functioning and, sometimes even to a greater extent, of the social stigma and its behavioral consequence – discrimination. In this regard, stigma is often called “the second illness”. It is believed that it is currently the most important challenge in mental healthcare and one of the main obstacles in the recovery process. Although numerous efforts have been undertaken globally to eradicate psychiatric stigma (Sartorius & Schulze, 2005), it continues to exert harmful effects on people with mental health problems, their families, treatment providers and whole communities (Corrigan, 2005a). In the USA, Wahl (1999) conducted a nation-wide survey among over 1300 people with mental illness about their experiences of stigma and discrimination, followed 100 of the survey respondents with interviews and found out that social rejection was a frequently reported phenomenon. Respondents said that others avoided them once their psychiatric disorder or mental health treatment was disclosed; friends stopped calling, neighbors’ visits decreased and social invitations declined. People experienced an increased sense of isolation and alienation from their communities. In another large-scale study involving over 700 participants with schizophrenia, Thornicroft et al. (2009) found coherent stigma experiences across 27 countries. The most common areas of negative experienced discrimination were making and keeping friends, discrimination by relatives, keeping or finding a job and intimate or sexual relationships.

There is a consensus that widespread negative approach towards people with mental illness (i.e. public stigma) is only one aspect of the problem. No less important are the attitudes and reactions of the stigmatized themselves, who often accept and relate to themselves negative stereotypes of mental illness, which results in lower self-esteem, lack of faith in the efficacy of their own actions, the abandonment of efforts to achieve meaningful life goals, and reduced help-seeking (Corrigan, 2005a; Corrigan et al, 2009). This phenomenon is referred to as self-stigma or internalized stigma.

Stigma in the Polish context

Poland is one of the few countries where, over the past two decades, studies on opinions about and attitudes towards people affected by mental diseases were conducted every few years on representative samples of the population (Wciórka & Wciórka, 2000, 2006, 2008; Wciórka, 2012). This research consistently demonstrates that insufficient knowledge and rather stiff stereotypes (only to a slight degree dependent on age and gender of the respondents) influence considerably the attitudes towards people with mental illnesses. The society perceives mental illnesses as an intimidating problem, while the people affected are often treated with reservation and a sense of distance. Evidently, there is a tendency to exclude persons receiving psychiatric treatment from significant social life areas. It is reflected in the objection to their assuming the roles connected to responsibility and requiring trust (such as e.g. teacher or doctor). Meanwhile, a substantial part of the society believes that people suffering from mental diseases are discriminated against in our country, especially in terms of their right to employment, education, dignity, asset protection and fair trial.

Over recent years, studies documenting various aspects of stigmatization from the point of view of people receiving psychiatric care were also performed in Poland. In one study conducted in Warsaw on a sample of 153 people with schizophrenia it was found that a majority of respondents reported having concealed their illness for fear of rejection (86%), witnessed others saying offensive things about people with mental health problems (69%), worried about being viewed unfavorably by others (63%) and been treated as less competent (59%) (Świtaj et al, 2009). A similar study performed by Cechnicki, Angermeyer & Bielańska (2011) on a sample of 202 schizophrenia patients from the Małopolska region revealed that the majority of respondents anticipated discrimination in interpersonal contacts (58%) as well as in the area of employment (55%). The most common experiences of actual discrimination in interpersonal interactions were the feeling of rejection by other people (87%) and having had an interpersonal contact broken off (50%). Furthermore, almost one third (31%) of the participants had experienced discrimination in the area of employment. Other studies carried out in Poland showed how stigma and discrimination negatively affect personal and family life of people receiving psychiatric treatment (Świtaj et al, 2014a), reduce their sense of empowerment (Wciórka, Świtaj & Anczewska, 2014) as well as self-esteem and the willingness to seek social support (Świtaj et al, 2015), and contribute to elevated levels of depression (Świtaj et al, 2014b) and loneliness (Świtaj et al, 2014b, 2015). Thus, the evidence from this body of research clearly mirrors the results of public

opinion surveys and highlights the need for undertaking initiatives aiming to counteract the pernicious impact of mental health stigma and discrimination.

Changing societal attitudes towards people with mental illness

Researchers distinguish three main strategies for changing public stigma: education, contact, and protest (Corrigan, 2005a, 2005b). Educational approaches to stigma challenge inaccurate stereotypes about mental illnesses, replacing them with factual information, e.g. indicating that the difference in the rate of homicides by people with serious mental illness versus the general population is very small. Educational strategies include public service announcements, books, flyers, movies, videos, web pages, podcasts, virtual reality, and other audiovisual devices (Finkelstein, Lapshin & Wasserman, 2008; SAMHSA, 2011). The benefits of such interventions are their low cost and broad access. A second strategy for reducing stigma is personal contact with members of the stigmatized group. Members of the general population who meet and interact with people with mental illnesses will likely show lower levels of prejudice (Corrigan, 2005b). Socio-psychological research has identified factors that seem to moderate contact effects (Allport, 1954; Pettigrew & Tropp, 2000), including one-to-one contact so that people who engage with one another can learn of similar interests and potentially cultivate a friendship (Herek & Capitanio, 1996; Levin, van Laar & Sidanius, 2003), relation that includes a common goal (Cook, 1985), and interactions with a person who moderately disconfirms prevailing stereotypes (Blanchard, Weigel & Cook, 1975; Reinke et al, 2004). Social activism, or protest, is the third form of stigma combat. Protest strategies highlight the injustices of various forms of stigma and censure offenders for their stereotypes and discrimination.

The contact strategy seems to be the most promising method of fighting mental illness stigma. Still, it is obviously more difficult to apply on a large scale than e.g. education. There is some evidence that joining these two methods might be particularly beneficial (Rüsch, Angermeyer & Corrigan, 2005). A recent meta-analysis of 79 studies representing 38,364 research participants from 14 countries has demonstrated that both education and contact have positive effects on reducing the public stigma of mental illness. However, contact has been found to be better than education at reducing stigma for adults, whereas for adolescents, the opposite pattern has been found (Corrigan et al, 2012).

Fundacja eF kropka (Foundation eF point) – a Polish initiative promoting social inclusion of people with mental illness

In Poland, the predominant model of mental health care is still hospital-centered with coexisting ambulatory care. Although in recent years the number of psychiatric wards in general hospitals has increased, as well as day hospitals and community-based facilities, the reform is not progressing as fast as it should be due to the organizational and financial issues.

One of the first Polish organizations addressing stigmatization and social exclusion of people with mental disorders was the “Open the doors” Association from Kraków. On the local level its members educated medicine and psychology students, as well as mental health services providers about service users’

discrimination and promoted social inclusion ideas. Now their work is followed in Warsaw by the Foundation eF point (Fundacja eF kropka). It is a non-governmental organization formed at the initiative of people professionally involved in helping persons with mental illness experience as well as providing them with therapy. The Foundation's attempt is to change the negative assumptions about the outcomes of mental diseases, convictions rooted in social awareness and patients' self-perception. The mission of the Foundation is to prevent isolation of people who experienced mental crisis, counteract social stigma and dispel stereotypes about mental illnesses. It is by means of multi-dimensional therapeutic activities that hope to build a basis for breaking the barriers or personal inhibitions enabling a return to natural activity and roles in personal and social life.

In collaboration with the owners of Warsaw famous restaurant, the Foundation runs a program of professional traineeship in gastronomy "Together in the kitchen". It is innovative in a sense that it integrates socially engaged business with socially stigmatized people. Persons after psychotic crisis (trainees who are being helped in recovery) as well as the trainers – restaurant staff who introduce partnership paradigm are the target group of the program. Another initiative of the Foundation is an educational portal. Volunteers – who experienced mental health crisis themselves – will be running it, supported by professionals. This portal will focus on promotion of mental health and ways of dealing with mental crises. It will be addressed to all stakeholders: people with mental disorders, their families, professionals, media, and policy makers.

"Together against stereotypes" – using contact and education to fight mental health stigma

To respond to the major problem encountered by people with mental disorders, i.e. social stigma, the eF point Foundation created a project "Together against stereotypes" submitted to the Ministry of Labor and Social Policy, planned for 2015-2016. The project involves experts by experience activity. They will be trained to become educators and will use acquired skills to run anti-discrimination trainings for various stakeholders groups (employees of Job Agency, Institute of Psychiatry and Neurology, Alzheimer Center in Warsaw). At the next stage of the project implementation, police and priests will be educated. The main purpose of the project is to counteract stigmatization and discrimination of people who experienced mental illness through social and professional activation. Its detailed objectives include:

1. raising self-esteem, self-agency and sense of responsibility for one's actions of the people who experienced mental illness, i.e. empowerment according to recovery-empowerment theory;
2. improving co-operation, effective communication and task completion skills of the people who experienced mental illness;
3. developing training management and training materials preparation skills of people who experienced mental illness;
4. raising awareness of the discrimination of other minority groups among the project participants;
5. increasing satisfaction from the performed work of people who experienced mental illness;

6. acquiring skills necessary to be an affective educator – expert by experience – by people who experienced mental illness;
7. raising professional competences and the level of knowledge of the participants of anti-discrimination trainings (employees of Job Agencies, Institute of Psychiatry and Neurology, Alzheimer Center in Warsaw); and
8. raising awareness of the needs of people who experienced mental illness among Warsaw inhabitants and increasing openness to developing social and professional relations with people affected by such diseases.

Trainings about illnesses and treatment methods are usually run by professionals. What makes this project innovative is expert by experience involvement in teaching. This enables to transfer substantial knowledge with new perspective, beneficial for trainees, as well as trainers. It is composed of two elements, i.e. two effective anti-discriminatory methods. Firstly, it educates society through direct contact and an informative promotional campaign. Secondly, it educates, supports and empowers patients in their re-entry to the public life – a method against self-stigmatization. Self-stigma can be perceived as the polar opposite of empowerment (Corrigan, 2002; Corrigan, 2005a; Corrigan & Watson, 2002). In this approach the focus from dealing with social stigma is moved to fostering personal empowerment.

Empowerment is now understood as a complex concept. It encompasses a number of phenomena relating to changing the social perception of mental disease, reforming the operations and rationale of medical care and social welfare, and changing the intra-psychic and behavioral dimensions of patients themselves. It combines both process and outcome (Fitzsimons & Fuller, 2002). All individual and social actions (education, training, volunteering, changing the health care system) which take service user agency into account and implement the before mentioned goals fit the empowerment agenda.

Conclusions

Professional help for people with mental illness experience is something more than the purely medical model. It requires instigation of hope and realistic goal setting. Clinical and community observations have demonstrated that discrimination, labeling and stigma lead to social exclusion and imply high individual and social costs. Efforts are now being made to find ways to prevent or reverse social exclusion of service users. On the societal level, this means encouraging complete functioning in society, assuming responsible roles and social engagement. On the individual level, it means motivation and self-determination.

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