

Mental illness stigma, discrimination and public health programs in help seeking.

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Introduction

Globally, more than 70% of people with mental illnesses do not receive treatment from medical personnel. Evidence suggests that factors increasing the likelihood of treatment avoidance or delay before seeking care include a lack of knowledge about the characteristics of mental illnesses, a lack of knowledge about how to access treatment, prejudice against people with mental illnesses, and the expectation of discrimination against people diagnosed with mental illness [1]. In this article, we examined the evidence to see if large-scale anti-stigma campaigns could increase the number of people seeking help.

Access to mental health care, stigma and discrimination

Stigma and discrimination have a multifaceted relationship with access to care; stigma and discrimination can impede access at the institutional (legislation, funding, and availability of services), community (public attitudes and behaviours), and individual levels. Descriptive studies and epidemiological surveys indicate that potent factors that increase the likelihood of treatment avoidance, delays in care, and service discontinuation include (1) a lack of knowledge about the features and treatability of mental illnesses, (2) a lack of knowledge about how to access assessment and treatment, (3) prejudice against people who have mental illness, and (4) expectations of discrimination against people who have a mental illness diagnosis.

Based on the experience of mental distress or other sociodemographic characteristics, stigma and prejudice and their impact on access to care may differ [2]. For instance, compared to those with other mental health issues, people with psychosis are more likely to be viewed as violent and unpredictable. Psychotic disorders are therefore very stigmatising. As a result, there may be a lot of actual and projected discrimination in healthcare settings. Furthermore, substance abuse is frequently linked to high rates of institutional discrimination and public stigma, which may deter people with substance abuse issues from seeking medical attention because they worry about receiving subpar care from medical professionals or getting into trouble with the law.

Multiple stigma among particular subpopulations may make access to care more difficult. Because people of different ethnic groups may have had varied histories and experiences

with the health care system, some barriers may be more common among them. For instance, ethnic minorities may have more bad experiences with compulsion in mental health care. It has been suggested that future research should focus on help-seeking attitudes and behaviour, as well as subgroups and possible connections between groupings [3].

Role of public health programs on help seeking

The solutions for decreasing stigma and discrimination and enabling access to care will need to be equally diversified due to the complicated multi-layered nature of stigma and discrimination and the ensuing difficulties associated with getting care [4]. There are linked but distinct national projects in Scotland, England, and Wales of the United Kingdom to lessen stigma and discrimination. Each of these anti-stigma programmes is made up of various components that are aimed at different target audiences (such as the media and young people) as well as the general public. They also operate on various levels, including those of national social marketing campaigns, regional activities based on support from stakeholders, and small community groups that are given funding to carry out local anti-discrimination work.

Regarding plans for getting assistance and disclosing the condition, attitudes regarding mental illness displayed a more erratic pattern [5]. Intentions to seek help for a mental health problem were associated with attitudes of tolerance and support for community care, but not with stigmatising attitudes of prejudice and exclusion, according to a factor analysis of the scale used in the Department of Health Attitudes to Mental Illness Survey. According to these findings, the existence of fervently optimistic views may be more important for aid seeking and disclosure than the absence of negative attitudes.

Conclusion

The earlier research revealed that social marketing activities would boost intentions to seek assistance if they were successful at enhancing knowledge and positive attitudes. It was also conceivable that exposure to the advertising may have had an indirect impact on intentions to seek assistance. To study the association between campaign awareness and intended help seeking and disclosure to friends and family, we included questions to gauge awareness of the Time to Change social marketing campaign in the 2012 Attitudes to Mental Illness Survey.

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References

1. Thornicroft G. Most people with mental illness are not treated. *Lancet*. 2007;370(9590):807-08.
2. Patel V, Koschorke M, Prince M. Closing the Treatment Gap for Mental Disorders. *Routledge Handbook of Global Public Health*. Taylor & Francis. 2011:385-93.
3. Thornicroft G. Physical health disparities and mental illness: the scandal of premature mortality. *Br J Psychiatry*. 2011;199(6):441-42.
4. Henderson C, Thornicroft G. Stigma and discrimination in mental illness: Time to Change. *Lancet*. 2009;373(9679):1928-30.
5. Corrigan PW, Watson AC. Factors that explain how policy makers distribute resources to mental health services. *Psychiatr Serv*. 2003;54(4):501-7.