

Mental Health Stigma Among Filipinos: Time For A Paradigm Shift

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SHORT REVIEW

Abstract

This paper aimed to provide a review of mental health stigma in the Philippines, its implications on policy and programs, and interventions on addressing the issue. Stigma towards people with mental illnesses in the Philippines is rampant; there seems to be lack of sensitivity in referencing mental health issues. Many forms of stigma affect people with mental illnesses. Stigmatizing attitudes and discriminatory behaviors are evident at home, school, workplace and healthcare settings. Stigma is a major barrier to the recovery of mentally ill persons. Increasing the awareness of the public on mental illnesses through health education and promotion is already an established intervention. Various strategies can also be done, such as integrating culture and arts, by providing incentives to companies which have mental health policies, and recognizing institutions and media agencies which promote positive portrayals of people with mental illnesses.

Keywords: *social stigma, mental health, mental disorders, Philippines*

Introduction

Stigmatizing attitudes date back to the 16th century when manifestations of mental illnesses are associated with witchcraft, magic and evil doings. People with mental illnesses were treated harshly – they were placed in asylums far from the public, while some are even detained in jails and madhouses; they were ridiculed and called names. It was not until the 19th century when mental illnesses were slowly being viewed to be of medical causes rather than supernatural in nature. Today, on account of the advancements made in psychiatric research, we now understand the science behind many mental illnesses, and have explanations for management and treatment. However, despite these developments, stigma remains in our society. People with mental illnesses are still suffering from the same stigmatizing attitudes and discriminatory behaviors.

In the Philippines, stigmatizing attitudes towards people with mental illnesses are typically demonstrated with humor or hatred; whereas, media representations of them are usually associated with harm and misconduct. Stigma exists in school settings, in the workplace and even in medical institutions among healthcare practitioners. Stigma

continues to be the biggest barrier to the development of the mental health system in general – it affects planning and organizing of mental health programs, influences the allocation and prioritization of resources for mental health, and impedes the delivery of mental health services.

This paper provided a brief discussion on the perception of Filipinos on mental illness as influenced by stigma. This paper also discussed the implications of stigma on people with mental illness, the general public and on public health. Lastly, this paper enumerated possible interventions and strategies that may address the issue.

Mental health stigma among Filipinos

Abdullah and Brown [1], highlighted that stigma is inextricably bound to culture. Culture influences behaviors and beliefs, and sets the standard for what is considered normal and acceptable to a society. Beliefs about mental health and illness are, therefore, also culturally bound.

For the Filipino culture, having mental illness is viewed as a family's mental illness [1]. In a study, private stigma (self-stigma) is said to mediate the relationship between public stigma and attitudes of seeking professional help; private

stigma also has a negative correlation with intentions to seek professional help; while another study found that loss of face has been found to be directly associated with perceived stigma for both seeking and receiving psychological help among Filipinos [2].

Although mental health stigma evidently persists in the Philippines, there is very limited information on the depth of its burden among Filipinos with mental illness. The Department of Health (DOH) considers the lack of promotional programs on mental health a reason for the persistently high stigma in the country [3]. Derogatory terms such as “*abnoy*” and “*baliw*” are easily incorporated in casual conversations. People often use mental illness insults in describing annoying politicians [4]; the President himself is not spared of these insults. Restraining of people with mental illness is not something new; sometimes, their family members are even the ones who detain and keep them far from the public. The Filipinos' knowledge on mental illness appears to be simplistic, the opinions can be quite unforgiving, and the stigmatizing behaviors seem to be uninhibited.

Implications of stigma

Stigma towards people with mental illness is conceived not only by the public, but by those with mental illness as well, towards themselves. Public stigma is the negative attitudes and discriminatory response of the people towards people with mental illness. Self-stigma results when people with mental illness internalize the stigmatizing notions of the public towards them [5].

Stigmatizing attitudes have been found to increase over time [6]. Stigma entails a great deal of negative outcomes to individuals suffering from mental illness. Public stigma presents as danger to social opportunities. Results of a study in the U.S. revealed that 56% of Americans are reluctant to spend an evening socializing with people who have mental illness, 58% are reluctant to work closely with them, and 68% would not allow them to marry into their family [1]. Despite their willingness to work, employment opportunities of people with mental illnesses are also compromised. It is evident from the limited data available, that people with mental health problems, particularly those with psychotic disorders, have very low rates of employment [7]. Furthermore, a study found that more than 50% of its sample population have deliberately concealed their condition (schizophrenia) from co-workers and friends out of fear of being stigmatized [8].

Media plays a critical role in shaping the public's perceptions of mental illness. Tragic news concerning people with mental illness is often sensationalized. An analysis of tabloids made by Angermeyer & Schulze [9] in Germany found that news articles included very little information on the mental illness of people involved with serious crimes. Meanwhile, a different analysis by Corrigan [10] in the U.S. found that 39% of violence may be attributed to mental illnesses. Similarly, people with mental illness face stigmatizing responses from the police. A study showed that they are more likely to be arrested by the police [11]; meanwhile, a survey on the attitudes of police officers in Greece found that 60% believed that people with mental illness are more dangerous than the general population, 47% thought that these people should be on continuous medication, 67% thought that they should be permanently hospitalized, more than 60% believed that they are rarely or never able to work, and 75% believed that they are rarely capable of building a family and living independently [7].

Moreover, self-stigma presents as a danger to self-esteem. Because of their condition, people with mental illness may believe that they are less appreciated and less respected by others. These negative feelings may lead to demoralization and decreased self-worth and self-efficacy [5]. Those who disclosed their mental illness to a greater extent have been found to experience significantly higher damaging effects on their self-esteem. Social interactions are also affected by self-stigma. People with mental illness tend to have negative expectations from other people and so they are likely to act defensively when interacting but appears to have less self-assurance [1].

Stigma affects the willingness of people with mental illness to seek help [5]. A study in the the U.S. by Alvidrez *et al.* [12] found that 32% of its participants did not initially recognize the need to seek help for their mental problems because of stigma. Furthermore, Cooper *et al.* [13] stated that stigma influences people in considering other alternatives of help seeking, such as informal sources. Similarly, the effects of stigma persist not only in initiating help seeking but as well as when treatment has already started. Studies by Sirey, *et al.* [14] found that stigma affects antidepressant medication noncompliance and premature treatment discontinuation, particularly among older clients. Underutilization of mental health services is influenced by stigmatization even in countries where services are offered free of charge [7]. Family shame also serves as a significant predictor of treatment avoidance [5].

Stigma presents as a barrier in all the levels of prevention of public health. It serves as an obstacle to acquiring information about mental health problems [1]. Current data is needed in order to address the persisting mental health issues in the country. However, there is definitely a lack of accurate and relevant information that will assist the government in formulating comprehensive mental health policies (primordial level of prevention). Moreover, stigma can affect the willingness of policy makers in investing in mental health. In turn, it leads to lower prioritization in the allocation of government funds for mental health and subsequently resulting to poor delivery of services. Furthermore, stigma may affect the eagerness of the public to participate in awareness and promotional campaigns (primary prevention) about mental health which are designed to minimize the onset of mental health illness in the public. Likewise, when there are already mental illness cases involved, stigma serves as a barrier to the utilization of programs that aim early case detection and management (secondary prevention), as well as to the continued participation in treatments to lessen severity of illness (tertiary prevention) [15].

Interventions addressing stigma

Byrne [16] points out that the starting point for all target groups at every level of intervention is education. He said that education in the form of research helps the public, particularly the professionals, in understanding the complexities of stigma. It also provokes discussions among scientific communities which, in turn, results to even more investigations on the subject matter. Studies on the interaction of varying aspects of self-stigma and care seeking can be done, as well as conducting regular surveys on the public attitudes to mental health, mental well-being and mental illnesses which may serve as baseline information to other studies and as reference for future policies [5]. Interactions with people having mental illness further supplement educational approaches [17,18]. Contact may be direct, face-to-face interaction, or indirect, through watching video interviews.

Anti-stigma campaigns have already been introduced from around the world, mostly from developed countries. Some campaigns target mental health stigma and discrimination in general for all groups like the *See Me* campaign of Scotland [19], the *Time to Change* of U.K. [20], and *Elephant in the Room* of Canada [21]; while other campaigns are more directed to a particular mental disorder like the *Beyond Blue* campaign of Australia which

targets depression and anxiety [22], and the *Open the Doors* campaign, an international movement started by the World Psychiatric Association (WPA) focused on reducing stigma among schizophrenia patients [23]. An awareness campaign in Australia was conducted to improve mental health literacy and help-seeking attitudes among young people. The campaign had a significant impact on self-identified depression, increased awareness of suicide risks, improved help-seeking behaviors, and reduced perceived barriers to help-seeking [7].

According to Lauber [24], targeted interventions may be more effective because the objectives and messages are more specific. Targeted groups can be workplaces, schools, police as well as mental health professionals. The labor agency of the government must work with the human rights commission in assuring that the rights of mentally ill persons are lawfully maintained. Employers can offer possible working arrangements with mentally ill employees like working from home or giving additional time to finish their tasks. Meanwhile, increasing awareness in the school setting can be done through educational workshops and watching video interviews, documentaries or movies about mental illness. Interventions among police officers may include training seminars on dealing with mentally ill persons, on being cautious and more careful in interacting with them.

Mental health professionals are encouraged to go beyond educating within the confines of their clinics to participating in programs of public education. According to Byrne, every intervention must convey the importance of stigma and discrimination, challenge the stereotypes within ourselves, and continue to explain the nature of prejudice [16]. In the U.S., the National Alliance of the Mentally Ill (NAMI) has pushed for better legal protection in terms of housing and working conditions for people with mental illness through education. The group has also been successful in pointing out negative representations of mentally ill people in the media [6].

The media serves as a highly influential instrument in reframing public perception of mental illnesses. Hostile and violent representations of people with mental illness should be discontinued. Instead, media should focus on reporting accurate descriptions and explanations of mental illnesses. In addition, the media should not only focus on the illness itself but also on ways of coping with the illness and assisting support groups [25]. Guidelines on reporting mental illnesses can be developed to ensure responsible journalism

among news agencies. Media prizes and awards may be given to media outlets showing positive and innovative representations of people with mental health problems [15].

Culture and arts can also be incorporated in anti-stigma awareness campaigns. Concerts, theater performances and art exhibits focusing on mental illnesses are organized in different parts of the world, all with the same goal of diminishing stigma and discrimination. The World Health Organization (WHO) compiled these efforts in a report on global advocacy campaigns to end mental health stigma. Some of the activities mentioned in the report were the Indian theater play entitled, *Mind Matters*, which portrayed a journey through a person's mind, and *The Hidden Artist* art exhibition which showcased the paintings of persons with mental illness from Israel. Events like these were included in mental health festivals or fairs, wherein free diagnosis and consultation services were also provided [26]. In the Philippines, a free art exhibit organized by the nonprofit organization, NoBox Transitions Foundation, Inc., entitled *Still Life*, featured the works of local artists with drug use and addiction as the subject [27].

Other strategies done in the Philippines were mostly spearheaded by private individuals and non-government organizations. Students of the University of the Philippines Manila College of Nursing initiated a fundraising event for their psychiatric patients at the National Center for Mental Health (NCMH); this event later prompted the students in organizing other activities such as a symposium on mental health awareness and a socializing event for the patients of NCMH [28]. According to a report by Corrales [29], the Janssen Pharmaceutical Companies of Johnson & Johnson has collaborated with the National Institutes of Health, University of the Philippines Manila (NIH-UPM) and the Foundation for the Advancement of Clinical Epidemiology, Inc. (FACE) in creating the country's first integrated mental health information system; this collaboration is a product of the *Into the Light* project of Janssen aimed to promote awareness and eliminate stigma towards mental illness. As stated in the report, Prof. Maria Lourdes Amarillo, the project leader of the mental health information system, said that the identification of the magnitude of mental illness will be the first step in ending stigma, thus, gathering baseline data will result in the creation of effective solutions that will address the needs of people with mental illnesses [29]. The Philippine Psychiatric Association (PPA) released awareness videos and started the petition #MHACTNOW to encourage the public to support the Philippine Mental Health Act of 2014 [30].

Conclusion

The mere avoidance of people in engaging in discussions on mental illnesses has a lot to say about how it is perceived by the public. There is undeniably high stigma associated with mental illnesses in the country. These stigmatizing views are translated in the way the public uses offensive labels in describing mentally ill persons, as well as in equating them with people, particularly politicians, who the public considers dishonorable and undesirable. Moreover, media reports of people with mental illness who are involved in crimes are almost always overemphasized and lacking in the information needed that will, at the least, attempt to explain the rationale for their conduct. As a result, people with mental illnesses are faced with enduring stigmatizing attitudes and responses from the public which may further exacerbate their mental well-being and compromise their physical conditions and social relations.

Interventions which aim to reduce stigma can be integrated in the community, school, workplace and other settings. Promotion and education strategies are considered effective and efficient means of increasing awareness of the public on mental health problems. Targeted interventions are believed to be more successful due to their responsiveness to individual needs. Creating events which incorporate culture and arts is a more enjoyable and interactive way of increasing awareness on mental illnesses.

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