Archives of Psychiatric Nursing xxx (xxxx) xxx–xxx

Contents lists available at ScienceDirect

Archives of Psychiatric Nursing

journal homepage: www.elsevier.com/locate/apnu

Self-stigma, mentally ill persons and health services: An integrative review of literature

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ARTICLE INFO

Keywords:
Self-stigma
Mentally ill persons
Health services

ABSTRACT

Integrative review about self-stigma among people with mental illness and its relationship with health services. A total of 149 articles were found in four databases. After screening, 9 articles were selected for complete reading and data extraction. The studies identified that higher levels of self-stigma result in lower levels of adherence to treatment and that lower levels of self-stigma result in greater adherence to treatment. Active participation and engagement in the aspects of care facilitate the empowerment of people with mental illness for better adherence to treatment, reduction of self-stigma and increase of recovery possibilities.

Introduction

People with mental illness are challenged doubly. They struggle with the symptoms and disabilities that result from the disease and also are challenged by stereotypes and prejudice that result from misconceptions about mental illness (Corrigan & Watson, 2002). People with mental illness often internalize negative stereotypes, resulting in self-stigma and low self-esteem. They may think: “people with mental illness are bad and therefore I am bad, too” (Rüsch et al., 2009).

Self-stigma occurs when people internalize these public attitudes and suffer numerous negative consequences as a result. In this aspect, the individual becomes aware of the negative stereotypes that other people attribute and necessarily agrees with these stereotypes and applies them to himself (Corrigan, Watson, & Barr, 2006).

According to Watson, Corrigan, Larson, et al. (2007), two self-stigma implications deserve attention: self-devaluation, resulting from the perception of inclusion in a devalued category and self-isolation, as a consequence of the concern about how other people will respond to their condition. When people perceive devaluation, they may avoid situations where public disrespect is anticipated. The implications therefore occur in a vicious cycle, in which aspects of recovery are blocked in treatment, as well as other spheres of the individual's life, as attempts to avoid stigmatization, causing a decrease in social support.

With the implications of self-stigmatization, there is a decrease in self-esteem and self-efficacy, contributing to a lack of hope in achieving life goals and worsening of the course of the mental illness (Link, Phelan, Bresnahan, et al., 1999). Other consequence related to self-stigmatization is what has been called the “why try” effect, in which self-stigma functions as a barrier to achieving life goals. Diminished self-esteem leads to a sense of being less worthy of opportunities that undermine efforts of independence (Corrigan, Larson, & Rüsch, 2009).

However, not all people with mental illness internalize public stigma. Some people do not perceive and/or do not annoy with its effects. In addition, some people feel outraged by public stigma and seek justice and, therefore, are seen as encouraging dealing with the negative consequences of stigma. This attitude is associated with high self-esteem, better quality of life and increased social support (Corrigan, Faber, Rashid, et al., 1999).

The process of stigmatization of people with mental illness has consequences to interpersonal relations, considering the set of negative attributes involved, stimulating a generalized undesirability (Link & Phelan, 2001). The desire for social distance is considered a determining factor in the way people with mental illness are treated, as the symptoms of a mental illness are associated with perceived danger. These people are negatively affected by rejection, what generates distancing and exclusion, also compromising the search for help, adherence to treatment and social integration (Link & Phelan, 2001; Peluso & Blay, 2004). Even as public stigma, self-stigma has consequences such as emotional reactions and negative behaviors that directly interfere in health care and can act as a barrier to the access to health care and treatment adherence.

In this sense, the aims of this study are to identify, critically evaluate and synthesize the evidences pointed out in the literature about self-stigma among people with mental illness and its relationship with health services. This review may contribute to the understanding of self-stigma among people with mental illness as a barrier to their relationship with health services.

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http://dx.doi.org/10.1016/j.apnu.2017.11.001
Received 27 August 2017; Received in revised form 26 October 2017; Accepted 2 November 2017

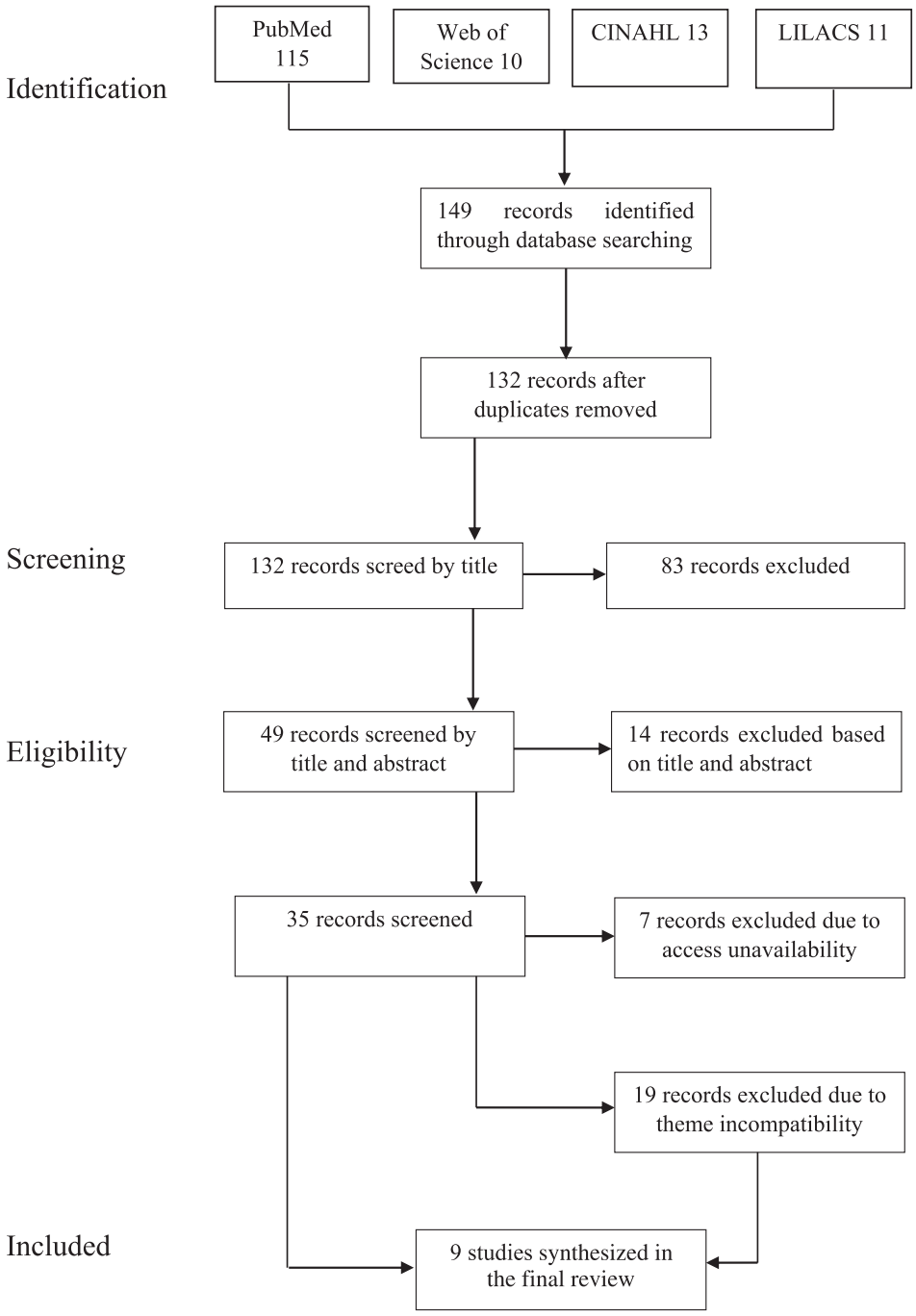

Fig. 1. Flow of information: integrative review according to databases and full texts captured.

Method

Integrative review

Integrative review based on the method of Whittemore and Knafl (2005), carried out through publications that investigated, in the context of health services, the phenomenon of self-stigma in people with mental illness. Integrative review combines data from different types of research, including empirical or theoretical studies, focusing on methodology, theory and results (Whittemore & Knafl, 2005). The self-stigma in people with mental illness and its relationship with health services was summarized and analyzed with the purpose to draw general conclusions about the phenomenon. This integrative review is important for future interventions to reduce self-stigma in people with mental illness.

Problem identification

The self-stigma among people with mental illness and their relationship with health services was the problem identified to conduct the integrative review. The guiding question for the integrative review was identified as: What is relationship between self-stigma in people with mental illness and health services? The question was formulated using the PICo strategy (P: patient or problem, I: intervention, Co: context) (Briggs, 2014), which consisted of: P (people with mental illness), I (internalized stigma/stigma), Co (health services).

Data search

In consultation with a health science reference librarian relevant databases were identified and search terms were refined. The electronic