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ORIGINAL ARTICLE

Stigma: The relevance of social contact in mental disorder[☆]

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KEYWORDS

Stigma;
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Mental illness;
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programmes

Abstract

Introduction: The stigma associated with mental illness is a health problem, discriminating and limiting the opportunities for sufferers. Social contact with people suffering a mental disorder is a strategy used to produce changes in population stereotypes. The aim of the study was to examine differences in the level of stigma in samples with social contact and the general population.

Method: The study included two experiments. The first (n=42) included players in an open football league who played in a team with players with schizophrenia. In the second included, a sample without known contact (n=62) and a sample with contact (n=100) were compared. The evaluation tool used was AQ-27, Spanish version (AQ-27-E). The mean difference between the two samples of each of the 9 subscales was analysed.

Results: In the first experiment, all the subscales had lower scores in post-contact than in pre-contact, except for *responsibility*. The two subscales that showed significant differences were *duress* ($t=6.057$, $p=0.000$) and *Pity* ($t=3.661$, $p=0.001$).

In the second experiment, seven subscales showed a significance level ($p < 0.05$). *Segregation* and *responsibility* and did not.

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Conclusions: It is observed that the social contact made in daily situations can have a positive impact on the reduction of stigma. This can help to promote equality of opportunity.

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PALABRAS CLAVE

Estigma;
Contacto social;
Enfermedad mental;
Trastorno mental;
Esquizofrenia;
Programas
comunitarios

Estigma: la relevancia del contacto social en el trastorno mental

Resumen

Introducción: El estigma asociado a la enfermedad mental es un problema de salud, discriminando y limitando las oportunidades de las personas que lo padecen. El contacto social con personas que sufren un trastorno mental es una estrategia utilizada para producir cambios en los estereotipos en la población. El objetivo del estudio fue examinar las diferencias en el nivel de estigma en muestras con contacto social y población general.

Metodología: El estudio incluye dos experiencias. La primera ($n = 42$) incluye jugadores de una liga de fútbol abierta en la que juega un equipo de jugadores con diagnóstico de esquizofrenia. En la segunda se compara una muestra sin contacto conocido ($n = 62$) y una muestra con contacto ($n = 100$). La herramienta utilizada de evaluación fue el AQ-27, en versión española (AQ-27-E). Se analizaron la diferencia de medias entre las dos muestras, de cada una de las 9 subescalas.

Resultados: En la primera experiencia, todas las subescalas presentaron menor puntuación en poscontacto que en precontacto, excepto *responsabilidad*, dos subescalas que mostraron diferencias significativas fueron *coacción* ($t = 6,057$, $p = 0,000$) y *piedad* ($t = 3,661$, $p = 0,001$).

En la segunda experiencia, siete subescalas mostraron nivel de significación ($p < 0,05$). *Responsabilidad* y *segregación* no lo mostraron.

Conclusiones: Se observa que el contacto social realizado en entornos cotidianos puede producir un impacto positivo en la reducción del estigma, esto puede contribuir a favorecer la igualdad de oportunidades.

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What is known?

The stigma surrounding people with mental disorders leads to discriminatory attitudes in daily life situations and fewer opportunities. It has been acknowledged that these people may have less probability of receiving the appropriate standards in health care.

What does this paper contribute?

Community guidance provides for an environment of normality in performing daily life activities. This study analyses the difference in stigmatising attitudes of the general public through contact within a framework of daily community coexistence for the whole population. It also reflects on the quality of this contact in community environments.

Introduction

People who suffer from mental illness are more severely stigmatised than those who are in other medical, social, political or economic circumstances.¹⁻³ Members of the population in general are also less likely to interact with people who have mental disorders.⁴ For this reason the approach of health professionals in general and nurses in particular is extremely important as a determining factor in the quality of care people with mental disorders receive.⁵ Stigmatising attitudes foster discrimination in daily life situations, restricting opportunities. As a consequence and out of fear of stigmatisation, people with mental disorders may become isolated from society, resulting in a worsening of their clinical status and their prognosis.⁶⁻⁸

Apart from direct discriminatory experiences caused by other people, those with mental disorders may be affected by structural discrimination, such as lower investment into healthcare resources.^{9,10} Thus people with mental disorders usually also experience unequal treatment in physical health conditions, and this may contribute to premature morbidity and mortality.^{11,12}

Stigmatisation may be conceptualised as a process which involves complex cognitive-behavioural interactions between the individual and the social environment.¹³ There are several different components to stigma: stereotypes,

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