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STIGMA & THE IMPAIRED PRACTITIONER

“It’s ok not to be OK”. In the midst of the COVID-19 pandemic, mental health issues like depression, anxiety, and fatigue are increasing. In a world often beset with stigma against mental health discussions and ‘admissions’, it’s an incredibly important message. The sad reality is that, especially for the medical professional, being ‘not OK’ is not really an option. Psychiatrists, psychologists, nurses, occupational therapists – stigma against the ‘impaired practitioner’ is real. And in a world where more than 300 million people suffer from depression and close to 800 000 people die by suicide every year, shouldn’t mental health be treated as any other illness is?

Over the last two years, more research has been done into stigma and its effects. We know that labelling leads to stigmatisation which leads to a separation (the ‘us-and-them’ phenomenon) and discrimination. It’s a vicious cycle and the healthcare practitioner is not exempt.

WHAT IS STIGMA?

Stigma happens when people see you in a negative way because of

your mental illness. The resulting discrimination is when you’re treated in a negative way because of your mental illness. Stigma happens when a person is defined by their illness rather than who they are as an individual. For example, labelling someone as “schizo” versus “You suffer from schizophrenia”.

Erving Goffman (*Stigma: Notes on the Management of Spoiled Identity*, 1963) states that stigma is “an attribute that is deeply discrediting” that reduces someone “from a whole and usual person to a tainted, discounted one”. The stigmatised, thus, are perceived as having a “spoiled identity”. Very often, stigma comes from lack of understanding or fear. Inaccurate or misleading media representations of mental illness contribute to both those factors. Studies show that while the public may accept the medical or genetic nature of a mental health disorder and the need for treatment, many people still have a negative view of those with mental illness. “Part of the stigma of mental illness is that people treat it differently – it’s a biological condition. Calling a day off a mental health / wellness day, can

almost be more stigmatising. We need to always know the difference between waking up feeling miserable and bleh one morning, to suffering from clinical depression,” says Prof Renata Schoeman.

THE HARMFUL EFFECTS OF STIGMA

For people suffering with mental health issues, social stigma and discrimination can make their problems worse, possibly stopping them getting the help they need because of the fear of being stigmatised makes it harder to recover.

More than half of those with mental illness don’t receive help for their disorders, and the stigma of mental illness is universal. According to the Mental Health Foundation, nearly 9 out of 10 people with a mental illness feel stigma and discrimination negatively impact their lives. People with mental health issues reported that they are among the least likely of any group with a long-term health condition or disability to find work, be in long-term relationships, live in good housing, and be socially

included in mainstream society. A 2016 study on stigma concluded "There is no country, society or culture where people with mental illness have the same societal value as people without mental illness."

Stigma may not be obvious or be expressed in large gestures. It can come in the words people use to describe a mental health condition or people living with mental illness. This can involve hurtful, offensive,

or dismissive language, which can be upsetting for people to hear. This can cause them to feel alone and that no-one understands what they are going through.

Some of the harmful effects of stigma include:

- Feelings of shame, hopelessness and isolation
- Reluctance to ask for help or to get treatment
- Lack of understanding by family,

friends or others

- Fewer opportunities for employment or social interaction
- Bullying, physical violence or harassment
- Internalisation of negative beliefs
- Social isolation
- Low self-esteem
- Worsening symptoms
- Lack of criminal justice

Different types of stigma

PUBLIC STIGMA

- The negative or discriminatory attitudes that others have about mental illness

SELF-STIGMA

- The negative attitudes, including internalized shame, that people with mental illness have about their own condition

INSTITUTIONAL STIGMA

- This is more systemic, involving policies of government and private organisations that intentionally or unintentionally limit opportunities for people with mental illness.
- Examples include lower funding for mental illness research or fewer mental health services relative to other health care.

Mental health remains more labelled and stigmatised than physical health. In large part, because we can't 'see' mental illness. Wheelchair accessible bathrooms are a legal requirement, but do we apply mental health equivalents? Public and structural stigma becomes embedded. "We start to self-stigmatise and label ourselves

as separate," comments Schoeman. Professionals don't actually talk about when they're not OK and are perceived and expected to be strong, to have all the answers, to cope.

Stigma around mental illness is a big issue in some diverse racial and ethnic communities and can be a major barrier to people from those cultures accessing mental

health services. In some Asian cultures, seeking professional help for mental illness may be counter to cultural values of strong family, emotional restraint and avoiding shame. Among some African groups, distrust of the mental healthcare system can also be a barrier to seeking help.

With a growing number of people



Society generally still blames the victim. A smoker with cancer is treated less compassionately than a non-smoker with cancer, for example.

experiencing a decline in their mental health, society is becoming better equipped to respond to our needs. However, the stigma around mental illness and seeking help remains.

Research has shown that healthcare professionals are more guilty of stigmatisation than the general public. In South Africa, up to 44% of patients in the healthcare

system experienced stigmatising treatment from a healthcare professional when mental healthcare was needed.

Stereotypes & Prejudices	People with mental illness are dangerous, incompetent, to blame for their disorder, unpredictable	I am dangerous, incompetent, to blame
Discrimination	Therefore, employers may not hire them, landlords may not rent to them, the health care system may offer a lower standard of care	These thoughts lead to lowered self-esteem and self-efficacy: "Why try? Someone like me is not worthy of good health."

Source: Adapted from Corrigan, et al.

Medical writer, Naveed Saleh says, "The media teaches us about people with whom we don't routinely interact. This constant flow of data gives us incessant social cues about the nature of other groups of people—including which groups of people should be praised or scorned." Stigmatisation of mental illness in media is abundant. Media representations of people with mental illness influence perceptions and stigma. Media portrayals too often skew toward the negative, inaccurate, overgeneralised, or trivialised.

Emma Frankham (National Alliance on Mental Illness) found many examples of stigmatising language in media accounts from journalists, family members, community members, and officials.

- Using mental illness as the defining characteristic of an individual: "paranoid schizophrenic," "alcoholic" or "drug addict."
- Describing people with mental illness as helpless with little chance of recovery.
- Using derogatory language: "crazy," "insane," "mental," "crazed," "deranged," "nut."
- Implying that suicide is caused by a single event rather than mental illness.
- Portraying violence as the norm for people with mental illness. (Research has indicated that on average individuals with mental illness are not violent and that individuals with mental illness are more likely to be victims of violence.)
- Describing individuals with mental illness as "not normal" and "not mentally there."

Stigmatising language indicates how society reacts, judges, and thinks about issues like mental illness. And what we see is concerning. Focussing on the individual with mental illness rather than framing mental illness as a societal issue leads society as a whole "more likely to blame an individual for their illness." South Africa need not look further than the Life Esidimeni Tragedy as proof.

STIGMA IN THE WORKPLACE

Employee Assistance Programmes are in place to help employees deal with a variety of issues that affect mental and emotional well-

being. According to the Centre for Workplace Mental Health, only about 3-5% of employees use available EAP services.

There should be more compassion towards leave regardless of what the type of compassionate needs. "We all need to be more aware of mental wellness and we all need to take care of our mental health daily." There should be more focus on prevention and management of our mental health before we reach the point of needing sick leave for a mental illness.

Stigma and discrimination are still prevalent in the workplace. The APA Foundation's Centre for Workplace Mental Health suggests organisations strive to "create a culture in which mention of depression, anxiety, post-trauma, and other common illnesses become as mentionable as diabetes, hypertension, and migraines."

Programmes and services need to be tailored to company culture and leaders must be trained to identify emotional distress and make referrals and respond promptly and constructively to behavioural performance issues. Stigma in health facilities undermines diagnosis, treatment, and successful health outcomes.

STIGMA AND THE IMPAIRED PRACTITIONER

Acknowledgement of the impaired physician as a distinct problem in medicine has been the subject of attention for over 35 years. It is estimated that anxiety, depression and mental illness occur commonly among health practitioners. Depression is seen in 10 - 20% of doctors and the suicide rate among doctors is reportedly 50% higher than that of the general population. Chemical dependency has a lifetime prevalence approaching 10 - 15%, alcohol dependence varies from 8% to 15%, and the abuse of opiates and benzodiazepines has been shown to be enabled by self-prescribing.

The awareness, compassion, and attention to ensure 'impaired practitioners' obtain the services that they themselves provide for others is scant. Stigma of mental illness thrives in the medical profession due to "the culture of medicine, medical training, perceptions of physicians,

and the expectations and responses of health care systems". (Jean E. Wallace)

In their paper, *The Impaired Practitioner - Scope of the Problem and Ethical Challenges*, published in October 2006 in the South African Medical Journal, Professors Ames Dhai, Christopher P. Szabo, and David Jan McQuoid-Mason write that "physicians as a group deviate from the norm when seeking treatment when they fall ill. Physicians have a tendency to diagnose and treat themselves, and if they do seek care they often do not use the usual programmes of the health service, choosing instead to seek the advice of colleagues." Establishing a therapeutic relationship and reversing roles from practitioner to patient is a complex one.

Questions for mental healthcare practitioners to ask themselves:

1. Do we label and isolate or do we diagnose and include and empower patients?
2. Do we recognise and address cultural stereotypes and labels?
3. Do we explain conditions and diagnoses?
4. Do we actively address stigma in the media? Do we contact the HPCSA, phone and complain? Do we raise awareness?
5. Do we separate us and them – psychiatrists vs patients?

Individuals, Professionals, and Organisations Have a Duty to Help Reduce the Stigma of Mental Illness:

- Talk openly about mental health.
- Respond to misperceptions or negative comments by sharing facts and experiences.
- Be conscious of language – remind people that words matter.
- Encourage equality between physical and mental illness – draw comparisons to how they would treat someone with cancer or diabetes.
- Show compassion for those with mental illness.
- Be honest about treatment – normalise mental health treatment, just like other health care treatment.

References available upon request