Stigma and mental disorder: occupational therapist's perspective*

Estigma e transtorno mental: perspectiva do terapeuta ocupacional

ORIGINAL ARTICLE

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http://dx.doi.org/10.11606/issn.2238-6149.v26i3p309-316

Uemura L, Mariotti MC Muñoz Palm RC. Stigma and mental disorder: occupational therapist's perspective. Rev Ter Ocup Univ São Paulo. 2015 Sept.-Dec.;26(3):309-16.

ABSTRACT: The stigmatization of individuals with mental disorder is a factor that may interfer on their occupational performance, since the moment of searching for a job until their social relationship. This situation can occur from their families, colleagues, neighbors, as well as the mental health professionals. *Aims of the study*. To verify the perspective of Occupational Therapists, which works in mental health in Curitiba and metropolitan area, about the stigma. *Methodology*. A quantitative approach was performed, cross-sectional and exploratory. To the data collection was used a closed questionnaire and was performed a descriptive analysis. *Results.* The professionals that work in mental health in Curitiba and metropolitan area demonstrated comprehension of the stigma to people with mental disorder and presented uncertainties with the self sensation of stigma. *Conclusion*. It was possible to perceive how is the occupational therapists' view in relation to the stigma related to people with mental disorder, wich were in agreement with most part of the international literature data.

KEYWORDS: Social stigma; Mental health; Occupational therapy.

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RESUMO: O estigma é um fator que pode interferir no desempenho ocupacional dos indivíduos com transtorno mental, desde sua busca por trabalho até em suas relações sociais. Esta situação pode ocorrer a partir dos familiares, colegas, vizinhos, como também dos profissionais da saúde mental. Objetivos: verificar a perspectiva dos terapeutas ocupacionais que atuam na saúde mental em Curitiba e região metropolitana a respeito do Estigma. Metodologia: Estudo de abordagem quantitativa, transversal e de cunho exploratório. Para a coleta de dados utilizou-se um questionário fechado e foi realizada a análise descritiva dos dados. Resultado: Os profissionais que atuam na saúde mental em Curitiba e Região Metropolitana demonstraram compreensão do estigma para os indivíduos com transtorno mental em grande parte do questionário e apresentaram incertezas quanto a própria sensação de estigma. Conclusão: Foi possível perceber a perspectiva do terapeuta ocupacional em relação aos estigmas de indivíduos com transtorno mental, que estiveram de acordo com a maior parte dos dados encontrados na literatura internacional.

DESCRITORES: Estigma social; Saúde mental; Terapia ocupacional.

*Integral part of the undergraduate scientific research project "Impact assessment of an occupational therapy program on the quality of life and occupational performance of people with mental disorders and their families", 2013/2014 from the Occupational Therapy Department of the Federal University of Paraná (UFPR).

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INTRODUCTION

According to Goffman[1] (p.11), stigma is a term originated in Ancient Greece, where they used to physically mark individuals with the purpose of indicating that there was something extraordinary or negative in their moral status, and that this person should be avoided.

Stigmatizing attitudes associated with mental illness are reported by Foucault[2] (p.8) by the end of the Middle Ages when insane people took the lepers' place, being excluded from society. From half of the 17th century on, when hospitalization facilities were created, insane people were admitted along with the poor and unemployed[2]. At that moment, people with mental illness started to be seen as part of the social poverty environment and associated with inability, either for work or group integration[2].

Nowadays, the stigma towards those with mental disorder still persists. Researches referred to by Lyons and Ziviani[3] (p.1002) point out that the term *mental illness* is related to "images of unpredictable, unreliable, unpleasant, incompetent and bizarre people". In addition, Thornicroft et al.[4] (p.411) point out that the main areas in which negative discrimination happens are in intimate relationships and friendships, as well as in job searching and keeping.

Stigma and mental health professionals

Schulze[5] (p.138-9) approaches stigma experiences of people with mental disorder and their family members when relating with the mental health professionals whose attitudes have been perceived as disheartening or discouraging and also lowered patients to the deficits of their disease. Other stigma attitudes perceived in these professionals are: lack of interest in the mental illness individual's context and needs, and exclusion of the family members in the treatment plan[6,7,8].

Domer[9] (p.19) has found in a research that most of the occupational therapists in its sample feels that it is necessary to understand the stigma and the negative impacts it may have over the client's engagement and performance in daily activities. More than half of therapists who act according to the ethical standards have agreed or fully agreed with having an unfounded sense of defeat for a client due to his/her diagnosis.

Strategies adopted in the fight against stigma

The World Health Organization – WHO[10] (p.120) describes preliminary steps which can be established in countries in the process of mental health legislation. Among them is the identification of mental disorders and barriers to good quality mental health care. The stigma and discrimination associated with individuals with mental disorders are indicated as examples of obstacles to the attention to good quality health which the legislation can help to overcome[10].

Corrigan et al.[11] (p.187) refer to three identified approaches to change stigma attitudes: education, which consists in replacing stigma attitudes through accurate conceptions regarding mental disorder by using public advertisement, books, movies, leaflets, among others; contact, which happens through facilitation of interaction between the population and individuals with mental disorder; and protest, which seeks to suppress these attitudes and negative representations regarding mental disorders, aiming to reach out the media and the audience[11,12].

Stigma and occupational therapy

Niekerk[13] (p.66) points out the tendency of the health care team in focusing on the disease and on the symptoms associated with psychiatric commitment. The negative stereotype which society and health care professionals hold, like accepting that people with psychiatric disorders are not able to participate in certain occupations, is often unnoticed. According to the author, enough attention has not been given to the confrontation of attitude barriers – which limit people with mental disorder's participation – as much as it has been given to the removal of architectonic barriers to people with physical disabilities[13].

According to Venter and Zietsman[14] (p.194), with the purpose of eliminating the stigma of mental disabilities from patients, the occupational therapist can start by trying to understand the whole impact the stigma has in their situation. Besides of affecting community reintegration, it can also interfere in the individual's potential to comprehend his/her own condition. Considering the public rejection that is around mental disorders, when discovering their "despicable" disease, patients use defense mechanisms to protect themselves[14].

Being the origin of the problem emotional, it is in this aspect that an individual should begin treatment. The occupational therapist needs to establish an acceptance and empowering relation with patients guiding them to the comprehension of their condition. It is only through creating opportunities and using emotional experiences in a positive way that mental disorder stigma can be solved[14].

Krupa[15] (p.201) approaches stigma and discrimination comprehension in the field of occupational therapy through three strategies: broadening the comprehension of occupations in a wider social context; developing approaches in a proactive way, fighting against stigma process through routine clinical meetings; and approaching the structural mechanisms that influence social detachment in occupational therapy.

Focusing on the occupation, Krupa[15] (p.201) argues that professionals are capable of taking the leadership role in community meetings against stigma, as well as of being activists politicizing the occupation power to achieve the goals of anti-stigma campaigns. According to the author, it is necessary that occupational therapy practices move forward to results that go beyond individual meaning, evaluating comprehension[15].

The second issue addressed by Krupa[15] (p.202) concerns stigma process that occurs in daily clinical meetings, in which people with mental disorders receive discouraging messages from health care professionals about expecting a community life characterized by marginalization. The development of a relationship that seeks to eliminate stigma and discrimination will bring important aspects of the individual's stigma experiences. This way, the occupational therapist needs to integrate approaches explicitly and proactively, which will compensate those experiences through acceptance and respect creating a culture opposed to rejection in relationships and the workplace[15].

At last, Krupa[15] (p.202) considers the influence of the stigma and discrimination process in the career concerning work standards of occupational therapists. To deal with structural problems, it is necessary for the occupational therapist to think about how to organize better, so that the negative influences of stigma and social detachment are minimized[15].

METHODOLOGICAL PROCEDURES

This study is part of the research project that has been approved by the University of Paraná's (UFPR) Sectional Committee of Ethics in Researches with Human Beings under number 10880131103.

Participants

Data collection was carried out between September and October, 2013, with occupational therapists who work in Psychosocial Attention Centers (CAPS), as well as in psychiatric hospitals and mental health ambulatories in the city of Curitiba, state of Paraná, Brazil, and its metropolitan region.

Occupational therapists who work with adults in mental disorders CAPS, hospitals, Day Hospitals, and mental disorder ambulatories were used as inclusion criteria; whereas alcohol and drugs CAPS, hospitals, Day Hospitals that admit alcohol and other drugs cases, and child CAPS were used as exclusion criteria.

Instrument

An identification form and a questionnaire with multiple-choice questions, translated and adapted from *Stigma: Occupational Therapy Questionnaire*, presented in an academic document from the Occupational Therapy's Doctorate Program in Ohio, United States of America[9], were used.

The original questionnaire has fifteen sentences referring to stigma, occupations, and occupational therapist practices. For this study, questions about stigma but not related to mental disorders were removed, thus remaining a total of eleven questions. Ten of these questions provide answers of the Likert type, which can be answered with one of five options: completely agree, agree, not sure, disagree, and completely disagree; whereas the remaining question, which refers to occupation areas, can be answered by choosing all of the eight options if they apply.

Previously, the questionnaire has been directly given to three occupational therapists through contact done by phone and a meeting in a predetermined place. The research goals were explained and after the participants had fulfilled it, the questionnaire was revised to check for the need of alterations in its organization.

Data analysis

A descriptive statistical analysis of the collected data was performed.

RESULTS

From the Health Establishments National Database (CNES), we selected twenty-four establishments in Curitiba and its metropolitan region including CAPS I, CAPS II, hospitals and psychiatric clinics. Among the selected establishments, we found forty-seven occupational therapists.

The first contact was made through telephone using the contact numbers available on the website. Then, those who agreed to participate in the research informed their email address to which the questionnaire could be sent.

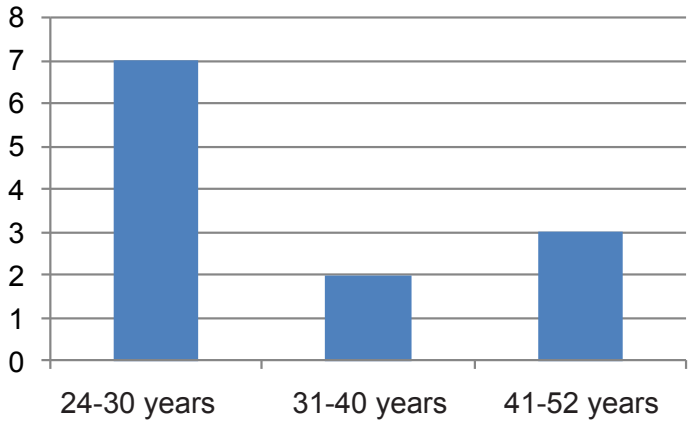
Two of the twenty-four establishments were no longer operating and one of them was not in the CNES database. In three of those establishments, it was not possible to reach the occupational therapists after four attempts.

After this, the questionnaires and identification forms were sent to all email addresses that had been informed by the professionals. Throughout October they were sent to nineteen professionals, and, after three attempts, nine have answered resulting in a total of twelve participants.

Sociodemographic data

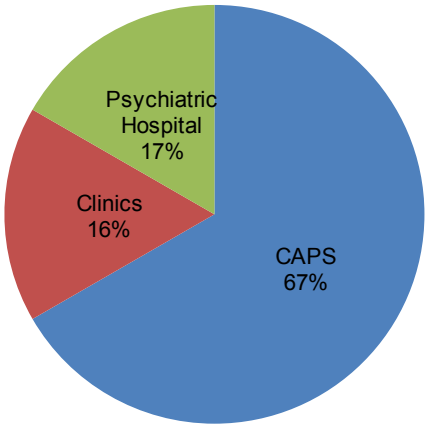
Twelve occupational therapists participated in the research, eleven female and one male. Half of the professionals are from Curitiba, state of Paraná, Brazil, four of them are from the interior of the state and two of them are from different regions of the country. The professionals' age group was between 24 and 52 years old.

Graph 1 - Age group



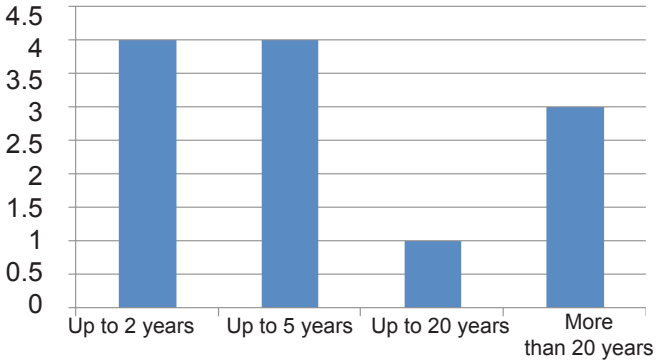
Regarding workplace, seven professionals worked at CAPS I or II, while five of them worked in Psychiatric Clinics or Hospitals.

Graph 2 - Workplace



As for the period of working experience in the mental health field, the therapists' experience time ranged from 10 months to 29 years.

Graph 3 - Period of working experience in the field



Nine of the participants were specialists, five of them in the field of mental health. Only two participants said they worked in another place besides the one firstly identified.

QUESTIONNAIRE DATA

All participants (100%) have agreed that they have good understanding of what stigmas are and that it is necessary that professionals in the field understand the negative impact they could bring to the client's engagement and performance of daily tasks.

When asked about having the knowledge of the terms that can be perceived as pejorative by a client, three of the professionals (25%) have shown uncertainty, whereas eight of them have agreed (66.6%), and one of them has completely agreed.

In relation to the barriers that the stigma can present to the individual, in the sense of having an independent life, 50% of the participants have completely agreed and one of them has disagreed.

Regarding the negative impact that the stigma can bring to the patients' family or to people closely related to them, only one therapist has disagreed, another one has showed uncertainty, and the remaining ones have agreed or completely agreed.

As for the client's search in adopting or successfully performing meaningful and purposeful roles, half of the professionals (50%) have completely agreed that the stigma can have a negative impact, four of them agreed (33.3%) and two of them disagreed (16.6%).

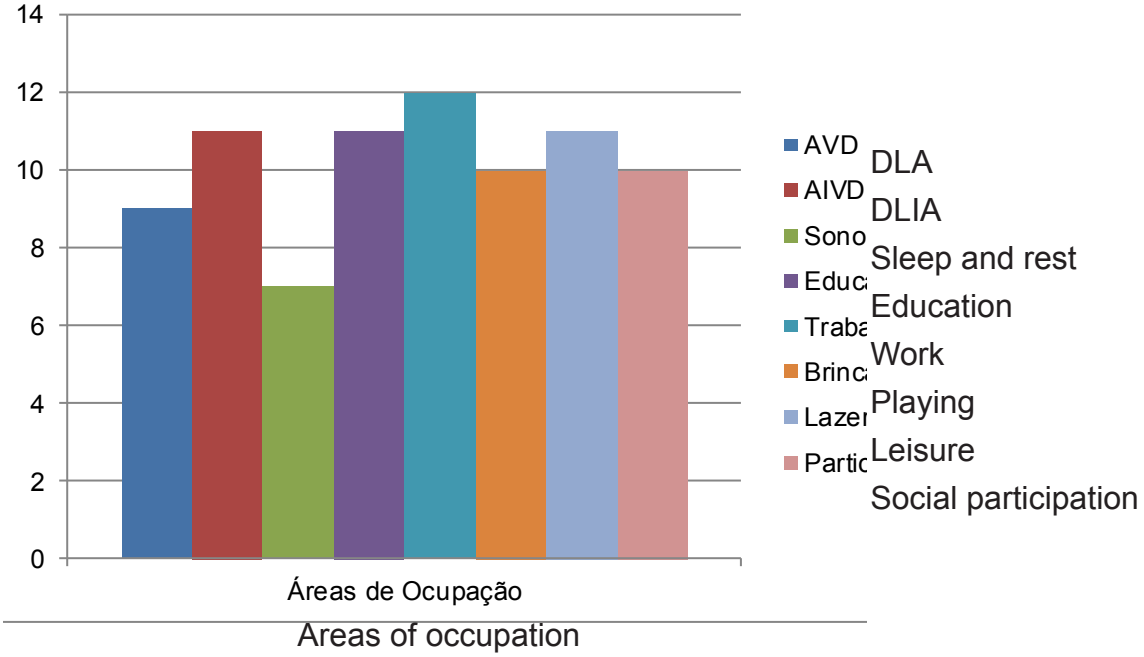
Regarding the occupational therapy issue, only one professional has shown uncertainty about the profession's capacity to develop an important role in solving any negative impact that the stigma may bring to a client, whereas most of the other participants have agreed (58.3%) or completely agreed (33.3%).

Half of the occupational therapists agreed in remembering an experience of an unfounded sense of defeat for a client due to his/her diagnosis, whereas the other 50% of them have shown uncertainty about that.

Concerning the influences of stigma in the occupational areas, most of the professionals have claimed that negative impacts exist in every area (daily life activities – DLA; daily life instrumental activities – DLIA; sleep and rest; education; work; playing; leisure; and social participation).

According to the therapists, the main areas of occupation negatively impacted by stigma are: working (12), DLIA (11), education (11) and leisure (11). Last of all, there is sleeping and rest (7).

Graph 4 - Areas of occupation impacted by stigma



DISCUSSION

From the results of the described data collection, it is possible to highlight that the sample of occupational therapists from Curitiba and its metropolitan region have shown to comprehend what stigmas are, and to be conscious that they can interfere in the performance and engagement of individuals with mental disorders in the occupations.

The data corroborates with what was previously described in the literature by Domer[9] (p.47), whose results shows that the main occupation professionals have perceived as affected by the stigma is working, whereas sleep and rest was the less mentioned. The result indicates that the perception of the occupational therapists in this study is in accordance with the information presented in the literature, which reveals that many times individuals find limitations and barriers when searching for and keeping a job[4].

However, data diverge in what is considered the second area most affected by stigma. In Domer's study[9] (p.47), social participation was chosen by 96.4% of the occupational therapists, while in this study, the same area was chosen by 83.3%; followed by DLA, education, and leisure. Besides, social participation has also been pointed out in the literature, along with working, as one of the areas that are most affected by stigma, in which people feel the interference in the relationship with family, friends or closely related people[4, 16].

Although the professionals have stated to have knowledge about the stigma and the barriers for the occupations and independent life of the individuals with mental disorders, only one professional has completely agreed with knowing the terms that can be pejorative, 25% of them showed uncertainty. The percentage presented was higher than in Domer's sample, in which 10.6% showed uncertainty[9].

Half of the participants have also reported remembering an unfounded sense of defeat due to a client's diagnosis. This research data corresponds to the one accomplished by Domer[9] (p.20), in which 59.5% of the occupational therapists have agreed or completely agreed with the aforementioned item.

According to Domer[9] (p.21), occupational therapists who establish a goal for their patients based on a certain attribute, like diagnosis, may have a stigmatized attitude towards them. From this information, it is possible to infer that the knowledge and understanding of stigma do not indicate that the professionals themselves do not have such attitude. This behavior creates a concern regarding professionals, as the author points out that it can "prevent the professional from adopting a holistic perspective and from providing a good quality occupational therapy service" [9].

However, in the search for relieving the stigma from people with mental disorder, the understanding of its meaning and of its impacts for the individual's life, with which the professionals showed agreement, is already an important part for enabling the occupational therapists to act in the confrontation, as described in the literature by Venter and Ziestsman[14] (p.194). Domer [9] (p.21) further states that it is through understanding and consciousness about stigma that professionals can strengthen their relation with patients, contributing to the occupational therapists' goal of helping people to live a meaningful and purposeful life.

CONCLUSIONS

The research enabled the correlation of the perspectives presented by occupational therapists from Curitiba and its metropolitan region with the ones from mental health professionals from other countries.

In a broad context, the literature has illustrated the barriers of stigma in several areas of the individuals' life, which may directly or indirectly impair their performance in their occupational roles. In addition, some proposals to fight and face such situations have been found, pointing out actions that involve society and professionals working with mental health, including occupational therapists.

Data collection has allowed the presentation of a sample of the occupational therapists' perspective concerning the knowledge of stigma related to people with mental disorders in Curitiba and its metropolitan region.

It is understood that occupational therapists have an important role for reducing stigma situations, since they are professionals who seeks the individuals' full participation in society occupations, as well as in their social relations. Their work aims at helping individuals to empower themselves and to understand their situation, besides of the diagnosis. To achieve that, it is necessary that professionals also have this understanding and assimilate the theme aware of its impacts in the person's different areas of occupation.

In spite of the knowledge presented by mental health professionals and occupational therapists, we observed that many of them still keep stigmatizing attitudes.

The relevance of the understanding about stigma and its influences in the search for its confrontation is highlighted as a pertinent theme to be discussed and reflected upon in the professionals' practices.

The objectives of the research were achieved, but the need to widen the surveyed population is emphasized, since there were difficulties in obtaining answers to the e-mails, as well as participation in filling out questionnaires, which has limited the study sample.

Appendix I. Instrument – Questionnaire with Occupational Therapists

Dear Respondent,

Coined by Erving Goffman, o term stigma describes the situation of one individual who is disqualified from full social acceptance (Goffman, 1963, p.9). Stigmas represent barriers that hold back people of searching or getting the best health services.

The objective of this evaluation é to obtain data about the barriers presented by stigma to those attending occupational therapy treatments. We believe that the philosophy undergone occupational therapy can represent an important role on the managing of negative impacts of stigmatization.

As an occupational therapy professional, your answers to this research are important due to your professional experiences.

Your answers are confidential and your identity will be preserved.

I. Professional Identification

Name:
Age: Gender: F ( ) M ( )
Phone number:
Email:
Education:
Institution of work:
Workplace address:
Practice time:
Practice time in mental health field:
Post-graduation: Yes ( ) No ( ) Field:
Do you have another job? Yes ( ) No ( ) Where:

1. Domer RA. Increasing awareness of stigmatization: advocating the role of occupational therapy. Ohio: University of Toledo; May 2012.
2. Instrument translated and adapted by the authors in 2013, from original "Stigma: Occupational Therapy Questionnaire" de Rayan A. Domer.

II. Questions

Questions	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
1. I feel that I have a good understanding of what stigmas are					
2. I feel that it is necessary for occupational therapy practitioners to understand what stigmas are and the negative impact(s) that they can have on a client's engagement in and performance of daily occupation(s)					
3. I feel that I am knowledgeable about the negative impact(s) that stigmas may have upon a client's engagement in and performance of daily occupation(s)					
4. I feel that I am knowledgeable about the many terms that can be perceived as being derogatory by a client					
5. With my understanding of stigmas, I feel that they can introduce barriers towards independent living for clients					
6. With my understanding of stigmas, I feel that they can have a negative impact on the family members of a client (or any other person who is closely associated with a client).					
7. With my understanding of stigmas, I feel that they can negatively impact a client's quest to adopt or successfully fulfill meaningful and purposeful roles.					
8. With my understanding of stigmas, I feel that the profession of occupational therapy can play a major role in addressing any negative impact(s) that stigmas may have on a client.					
9. Practicing in accordance to ethical standards, I find myself making a strong effort to use person-first language when communicating with others as a means to avoid 'labeling' a client due to their health condition					
10. With my understanding of stigmas, I feel that they can negatively impact all eight areas of occupation as outlined in the Occupational Therapy Practice Framework (i.e., ADL, IADL, rest and sleep, education, work, play, leisure, and social participation)					

Continua

Continuação

	ADL	IADL	Rest and sleep	Education	Work	Play	Leisure	Social participation
11. Please, specify (if any) which areas of occupation you feel may be negatively impacted by stigmas (check all that apply)								

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Received: April 20, 2015
Accepted: August 27, 2015