Brief report

# Challenges and opportunities in stigma for psychiatrists: An analysis of effective coping mechanisms to reduce stigma associated with mental illnesses

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**Abstract**

Stigma leads to discrimination of the patient, family, health care providers and services. A workshop-type qualitative analysis was conducted with a panel of 40 psychiatrists to attempt to apply evidence based anti-stigma strategies to five given hypothetical case vignettes. Various combinations of protest, education and challenge strategies were selected as effective by the panel. The analysis also revealed a number of stigmatising beliefs related to psychiatry as a profession and behaviour of patients. Psychiatrists themselves need to change such beliefs as part of reducing stigma related to mental illnesses.

**Key words:** stigma, beliefs, behaviour, discrimination, mental illness, psychiatrist

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## Introduction

Stigma is a mark of shame and is associated with mental illnesses, poverty, HIV and many other life conditions. It has been defined as a negative attribute that reduces the value of the person with whom it is associated with (1). Stigma in mental illnesses leads to discrimination in education, employment and leisure activities (2,3).

Stigma extends its effects towards medical professionals who treat persons with mental illness, in addition to its effects on persons with a mental illness, their families, and places where they receive care. As psychiatrists we face stigma in everyday practice, and we may be responsible for propagating stigma as well as mitigating it (4).

There are three recognised methods of reducing stigma: protest, education and challenge, out of which most evidence is available for education and challenge (5, 6). However, each strategy used to reduce stigma needs to be tailored to the particular situation. A mixture of coping strategies may be most effective for most situations. Psychiatrists are frequently at the receiving end of discrimination, which requires them to be skilled in applying these coping strategies in their daily professional and practical life (4).

## Aims and methods

Applying evidence-based effective coping strategies to counter stigma and discrimination in a given practical situation needs careful and skillful judgement. We felt that inviting a group of psychiatrists to analyse few hypothetical but realistic situations where stigma is expressed may lead to better practical recommendations on how to cope in such situations.

The participants (n= 40) were psychiatrists with different levels of experience, ranging from doctors who had recently entered psychiatry training to retired veteran psychiatrists. The moderator (first author) divided participants into five groups of eight members each by allocating each participant a number from one to five according to the seating order. On observation the five groups looked broadly similar in composition as far as age, gender and psychiatry experience were considered.

The moderator allocated case vignettes, one per group, which were applicable to daily practice in psychiatry and addressed various aspects of stigma and discrimination. This was followed by a focus group discussion on how to manage the situation. Each group shared their findings with other groups. Discussions within the group and between groups were structured to recognise aspects of stigma and discrimination related to the contents of the case vignettes, distinguish contributory beliefs and affect states, i.e. attitudes and best coping strategies. The discussions were carefully documented and framework approach was used to analyse qualitative data.

## Results

### Vignette 1

The ward sister of the psychiatry inpatient unit of a provincial hospital made a request to the medical superintendent (MS) for four new beds for the unit. The MS agrees to give old beds discarded from another ward.

#### Discussion on vignette 1

*Aspects of stigma/ discrimination*: Place that provides psychiatric services, namely the psychiatry inpatient unit in this case, was given lower priority.