Illuminating stigma: A qualitative analysis to understand the dimensions of mental illness stigma in Midwestern communities

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Background

Stigma around mental illness exists, but its dimensions are often poorly defined or shadowed in nuance, which makes defining effective intervention strategies difficult.

We explored two questions in this analysis:
(1) How do members of communities targeted by Make It OK, an anti-stigma program in Minnesota and beyond, **describe the dimensions of stigma**?
(2) What are the **facilitators and barriers** to addressing mental illness stigma?

Methods

- **Qualitative analysis** of two open-ended survey questions
- **Random sample** of 4448 individuals; 1971 participants
- **Inductive** thematic analysis
- Created **a priori framework** based on established stigma dimensions in literature (Ahmedani (2011), Bresnahan & Zhuang (2011), and Masuda & Latzman (2011))

Stigma dimensions

Actions toward people with mental illness
- Distancing
- Distancing: No support
- Distancing: No support: Talking or engaging

"Fear prevents many from engaging with others who have or may have a mental illness. What is the right thing? Will I do or say the wrong thing?"

- Judge
- Label
- Pity or sympathy

Beliefs about persons with mental illness
- Controllability

"There is a mentality that everyone can pull themselves up by their own bootstraps. That no assistance is needed or that it's their own fault for being who they are."

- Perceived character flaws
- Dangerousness
- Aesthetics
- Exaggeration
- Status loss

Beliefs about mental illness
- Concealability

"I think in general it's an uphill battle because people more readily identify with a problem they can see rather than something like mental illness that isn't as visible."

- Aesthetics
- Root cause
- Disruptiveness
- Course

Stigmatizer
- Community or public

"I think it's something that's just looked down upon in the general community and the vast majority of people aren't comfortable talking about it"

- Community or public: Race and culture
- Community or public: Faith community
- Media
- Generational
- Authority Figure
- Family or friend
- Health Professional
- Person with mental illness

Afflicted
- Family member or friend
- Youth
- Self
- Homeless
- Men

"People treat people with mental illness, especially homeless people with mental illness, bad and they just disregard them or ignore them"

Stigma facilitators

Support from authority figures
Awareness and education
Programs available
Resources
Community support
Contact with people with mental illness

"I feel ill-equipped to help and support someone as they move through the ups and downs."

"The more information and individual stories of challenges and triumphs, the better. People need to realize how widespread mental illness is, and not feel alone."

Conclusions

Dimensions of stigma are **interrelated** and cannot be understood without one another.

Interventions **must tailor programming** to the target population because communities face different barriers and facilitators to reducing stigma.

No **one is immune** to mental illness stigma, and evaluations like this shine a light on the work still needed to eliminate it.

Ahmedani, B. (2011). Mental Health Stigma: Society, Individuals, and the Profession. *Journal of Social Work Values and Ethics, 8*(2), 41-416.
Bresnahan, M., & Zhuang, J. (2011). Exploration and validation of the dimensions of stigma. *Journal of Health Psychology*, 16(3), 421–429. https://doi.org/10.1177/1359105310382583
Masuda, A., & Latzman, R. D. (2011). Examining associations among factor-analytically derived components of mental health stigma, distress, and psychological flexibility. *Personality and Individual Differences*, 51(4), 435-438.

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