



RESEARCH ARTICLE

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## PREJUDICE, STIGMA AND MENTAL HEALTH: AN INTEGRATIVE REVIEW OF LITERATURE - QUALITATIVE FINDINGS BETWEEN THE YEARS OF 2016 AND 2018

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### ABSTRACT

The objective of this study is to demonstrate the results of a literary investigation in the form of an integrative review that aims to bring up to date, in an updated manner, the state of the subject of prejudice and discrimination concerning the field of mental health. The research covered the years 2016, 2017 and 2018. The descriptors prejudice, AND mental, AND health were used in the following search engines: Scielo, Pepsic, PsycINFO, LILACS and MEDLINE, and included, theoretical studies, empirical (quantitative, qualitative or mixed), literature reviews, which resulted in the selection of (N=49) articles for the corpus. The themes that emerged most were: the relationship between discrimination and multidisciplinary health care team, prejudice and schizophrenia, ethnic prejudice and mental suffering, prejudice and depression, aspects of the relationship between work and mental suffering, and lastly, media and prejudice.

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## INTRODUCTION

Among the problems that permeate the issue of mental suffering, the theme of prejudice and stigmatization emerges as a possessing strand of great relevance and meaning. It is true that individuals suffering from some form of mental suffering are victims of prejudice and discrimination throughout their days (PAIVA *et al.* 2016), thus face a double condition of victimization: that deriving from their own condition of illness, which requires adequate multidisciplinary treatment, and that derives from the various nuances of prejudice that act in their respective social context, which requires a deep discussion to point out some of their assumptions, and potential methods of intervention. In this context, it is necessary to problematize the issue of stigma and prejudice in relation to mental health, as they exist, act, and reach both professionals involved in the area (UNGAR, KNAAK & SZETO, 2016), as well as service users. Of

attention to mental health and their families (PRADO & BRESSAN, 2016). It is possible to state, with some certainty, that events involving some kind of discriminatory treatment in relation to individuals with mental distress are quite common and common, and in this context, it is the role of the professional working in this health care mode, to develop a careful look at that it does not happen right before your eyes or worse, so that it is not itself an instrument of discrimination and social distancing. It must be said that combating prejudice and stigma is not an easy task. Attitudes that lead to their proper management can range from: promoting full contact with mentally ill individuals (BLUNDELL *et al.* 2016; CORRIGAN *et al.* 2017), encouraging access and reintegration into the labor market (MORAES & CASTRO-SILVA, 2016; LABERON, SCORDATO & CORBIÈRE, 2017), the proper understanding of the diagnosis itself (VENTURA, de MORAES & JORGE, 2017), the encouragement of study and educational and enlightening programs on the subject, both to health professionals and the

general population (LABERON, SCORDATO & CORBIÈRE, 2017; YUAN *et al.* 2017; JUNG *et al.* 2017: XU *et al.*), and lastly, family support and inclusion is still important. (KRUPCHANKA *et al.* 2016). As noted, the issue is complex.

## MATERIALS AND METHODS

### A Literature Review

The integrative review as a research method enables the elaboration of a synthesis about the investigative state of a given issue, and can thus help the production and direction of new research in the area, as well as pointing out gaps that need to be filled with new studies. (MENDES, SILVEIRA & GALVÃO, 2008). As a specificity of integrative review under other research methods, such as qualitative review, meta-analysis and systematic review, there is the possibility of integrating different theoretical and empirical research (quantitative or qualitative) on a given theme. (SOARES *et al.*, 2013), with the ultimate goal of rigorously synthesizing findings from primary studies developed through diverse research designs. From a perspective of attention and care in mental health, the integrative review can help to understand phenomena already studied on subjects related to the theme, in order to present the state of research on this phenomenon. The integrative review may also contribute to new theoretical developments, as well as assist in the creation of health practices and public policies. The study presented here proposes to question by the state of the following question: what aspects and delineations between prejudice and mental suffering have appeared in research in the field of mental health, and which notes on this correlation have research emerged?

### Study Designs

For our study, the following databases were consulted: PePSIC (Periódicos Eletrônicos de Psicologia), SciELO (Scientific Electronic Library Online), PsycINFO (American Psychological Association), and through the BVS (Biblioteca Virtual em Saúde) was possible to access MEDLINE (Medical Literature Analysis and Retrieval System Online) and LILACS (Latin American and Caribbean Health Science Literature). As inclusion criteria we adopted: 1) indexed articles; 2) published in the years 2016, 2017 and 2018; 3) published in Portuguese, Spanish, French or English; 4) thematic involving individuals in situations of mental suffering victimized by conducts of prejudice; 5) presence of prejudice or stigma factors about the individuals involved in mental health care as a theme. No geographical boundaries were established for study selection to encompass results on a worldwide scale. Having established the above criteria, all the studies that fitted were selected. Such an approach is purposefully broad, thus including theoretical studies, literature reviews, empirical studies (quantitative, qualitative or mixed) as well as other formats. Due to the number of studies found, we opted for a cut over the last 3 years, however, no exclusion was made based on the area of study or the approach taken. Exclusion criteria were: 1) productions published in a different timeframe than intended; 2) diverse production of complete articles properly indexed; 3) different theme from the intended one; 4) productions with a similar theme, but which addressed the issue of prejudice through a bias other than mental suffering.

### Procedures

The search initially searched for the following descriptors: "preconceito" and "saúde" and "mental", yielding the following results: 1) Pepsic - 3 articles; 2) Scielo - 15 articles (3 repeated among themselves, reducing the number to 12); 3) PsycINFO - 0 articles; 4) LILACS - 27 articles; and lastly 5) MEDLINE - 122 articles. However, it was perceived that the use of the descriptors by their English equivalents brought a greater number of results, besides those already demonstrated in Portuguese, thus, we opted for the descriptors' 'prejudice' 'AND' 'mental' 'AND' 'health' 'as the final research model. The search process with the final descriptors took place on December 2018 and yielded the following results: 1) Pepsic - 5 articles; 2) Scielo - 13 articles; 3) PsycINFO - 32 articles (manually refined for full articles indexed as periodicals); 4) LILACS - 41 articles; and finally, 5) MEDLINE - 181 articles, totaling 272 results, already temporally refined for the last 3 years, using the resources of the database tools themselves, and manually in PsycINFO. Then, the titles and abstracts were read to proceed with their selection, according to the criteria already presented. Once the inclusion and exclusion criteria were applied, the refined results were as follows: 1) Pepsic - 3 articles (3 repeated with LILACS); 2) Scielo - 4 article (2 repeated with LILACS and 1 repeated with MEDLINE and LILACS); 3) PsycINFO - 7 articles; 4 articles (3 repeated with Scielo and 3 with Pepsic); and finally, 5) MEDLINE - 47 articles (1 article repeated within its own database, and 1 article repeated with Scielo and LILACS), thus totaling, after the repetitions, 62 individual results to be analyzed. By reading the full texts it was observed that 2 full texts (MEDLINE) were available only in German, another 2 (MEDLINE) were not available for public consultation, and lastly, 1 full text (MEDLINE) was a magazine article signed by the editorial. All have been deleted.

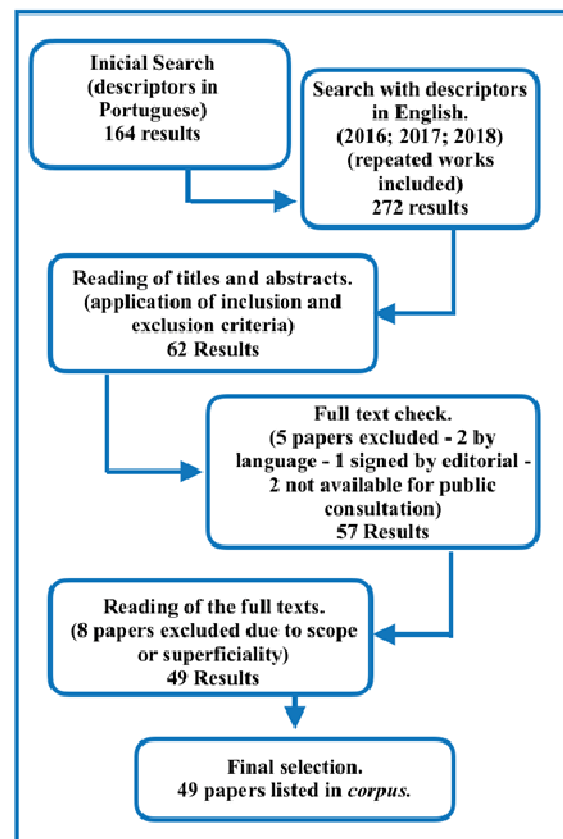


Table 1. Search process and selection of results

After the differences were resolved, all texts were completely read and reassessed, resulting in the exclusion of 8 more articles for the following reasons: 6 of them found by PsycINFO, as they emphasized, respectively; (1) - anti-gay religious prejudice as a risk factor for mental illness; (2) - prejudice against different ethnic groups as a risk factor for depression; (3) - risk factors for mental distress, focusing on attitudes such as poor diet, alcohol consumption, among others; (4) - the risk of suicide in transgender individuals under stress; (5) - the adaptation of Asian and Asian-Indian students at US universities and depression factors with these students;

(6) - and another that focused on aging and chronic disease situations with family care. 2 studies found by MEDLINE were excluded because they focused, respectively, on (7) - discrimination in adolescent children of immigrant parents, and (8) - discrimination concerning African American leukemia populations. Finally, (49) articles were selected to compose the corpus of the present study, and their information was categorized, evaluated and synthesized. The categories of analysis are presented as follows: Article citation, article's scope, and main results and conclusions.

## RESULTS

Nº	Authorship and Year	Article's Scope	Main Results and Conclusions
1	Reis, L. B. & Paula, K. M. P. de (2018)	Down syndrome and mental distress from the perspective of mothers and caregivers x coping strategies.	- Social prejudice as a major stressor indicated by mothers. - Social prejudice suffered by children as a factor of social isolation.
2	Moraes, R. C. P., de & Castro-Silva, C. R. de (2016)	Work as a method of psychosocial rehabilitation and inclusion for individuals with mental illness.	- Association of work with freedom and autonomy. - The subversion of capitalist logic by cooperative work. - Cooperativism and the economy would solidify as a form of inclusion and resocialization of the individual in mental distress.
3	Machado, L. de F., Murofuse, N. T. & Martins, J. T. (2016)	Prejudice and discrimination about mentally ill individuals in the poultry industry and poor working conditions as a reinforcing factor for mental illness.	- Workers in mental distress are accompanied by stigma and suffer discrimination in the workplace. - The worker subjected to the rhythm of machinery and poor working conditions as a factor of physical and mental illness. - Mental illness is treated as subterfuge or invention.
4	Paiva, P. C., Torrenté, M. de O. N. de, Landim, F. L. P., Branco, J. G. de O., Tamboril, B. C. R. & Cabral, A. L. T. (2016)	Mental suffering, the importance of social reintegration and family care from the perspective of the health agent.	- Failures in the process of psychiatric deinstitutionalization done in the country due to the lack of preparation for caregiver families. - Home as the first source of exclusion for the person in mental distress. - Intimate relationship between daily life, prejudice and abandonment and social exclusion.
5	Detomini, V. C., Raserá, E. F., & Peres, R. S. (2016)	Sexuality, mental illness and prejudice and stigmatization with the theme.	- Presence of discrimination and unpreparedness from the mental health professional. - Widespread predominance of stigma and negation with the theme. - There is an urgent need for a paradigm shift in relation to the theme.
6	Prado, A. L. & Bressan, R. A. (2016)	Fear as an assumption of stigma in relation to mental suffering and the educational role as a method to combat prejudice.	- Fear breeds prejudice, which constantly reinforces results into a permanent condition of stigma. - The problem of the labeling of mental disorders and their emotional and economic consequences. - Lack of adequate information as a determinant to reinforce stigma and discrimination.
7	Cavalcante, D. M. & Cabral, B. E. B. (2017)	Medicalization <i>versus</i> existential consequences by the voice of those affected by mental suffering.	- The use of psychotropic as a whistleblower of mental pathology, which generates prejudice and exclusion. - The social identity of being 'sick'. - Diagnosis as a factor that generates stigma and prejudice. - The problem of labeling and the access to the labor market.
8	Ventura, C. A. A., Moraes, V. C. O. de & Jorge, M. S. (2017)	Prejudice, hate speech, social exclusion and the problem of access to employment with individuals suffering from mental diseases.	- The importance of defending the human rights of individuals in mental distress. - The evident need for an ethical reconstruction in the relationship between mental health professionals and their clients. - Presence of serious gaps in the Brazilian reality concerning good care, and to provide satisfactory information and consciousness on mental health.
9	Antunes, C. M.C., Rosa, A. S. & Brêtas, A. C.P. (2016)	The stigmatized disease <i>versus</i> the resignification of life.	- The disease as possessing moral significance. - Stigma occurs as a social construct. - Misinformation and incorrect information as stigmatizing factors. - Prejudice and discrimination as drivers of the 'social death' of the individual.
10	Laberon, S., Scordato, N. & Corbière, M (2017)	Mental suffering <i>versus</i> labor market <i>versus</i> discrimination <i>versus</i> unemployment.	- Social exclusion as a major problem. - Social representation of mental disorders and people with mental distress as barriers to recruitment. - People with suffering are seen as lacking skills and as a burden on society.
11	Pelletier, JF., Pouliot-Morneau, D., Houle, J., Bordeleau, J., Laroche, S. & Rowe M (2017)	Mental health care x public inclusion policies and treatment programs.	- The need and importance of resocialization, insertion and social participation. - The need to develop mental health care policies based on listening to the system user. - Frequency in mental health treatment groups as a bias factor.
12	Yuan, Q., Picco, L. Chang, S., Abdin, E., Chua, BY., Ong, S., Yow, KL., Chong, SA. & Subramaniam, M. (2017)	The understanding about mental health from the professionals working in the area compared with the general population.	- Direct contact with the individual in mental distress as a way to combat prejudice. - Intra-family contact with people with mental illness means less prejudice compared to the absence of these conditions. - People with higher education levels showed less signs of prejudice regarding the theme.
13	Jung, W., Choi, E., Yu, J., Park, DH., Ryu, SH. & Ha, JH (2017)	Perception of mental suffering from the eyes of the general public.	- Older age related to more tolerance and less prejudice. - Female population with higher levels of prejudice. - Early career professionals with higher levels of prejudice. - Low education and schooling levels related to prejudice and negative stereotypes.

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14	Tavormina, R. & Tavormina, MGM (2017)	Dance as a factor to combat stigma and prejudice and as a support to individuals with mental suffering.	<ul style="list-style-type: none"> <li>- Dance as an artistic expression of emotions.</li> <li>- Dance as an instrument of resocialization.</li> <li>- The depressed is perceived as the outsider, the marginalized, the out-of-pace.</li> </ul>
15	Fresán, A., Robles-García, R., Madrigal, E., Tovilla-Zarate, CA., Martínez-López, N. & Arango de Montis I (2017)	Influence factors on the perception of schizophrenia: ethnic and demographic variables.	<ul style="list-style-type: none"> <li>- Preference of caregiver families for hospitalization over homecare in mental health care in Latin America.</li> <li>- Long stigmatization period as major stigmatization and prejudice.</li> <li>- Low income as a predisposition to stigma and self-stigma.</li> </ul>
16	Xu, Z., Huang, F., Kösters, M. & Rüschi N(2017)	Systematization about the construction of the path of prejudice towards the condition of stigma. Cultural traits and characteristics of prejudice and discrimination.	<ul style="list-style-type: none"> <li>- Stigma is divided between public and self-stigma.</li> <li>- The condition of public stigma is formed from stereotypes, prejudice and discrimination.</li> <li>- Analysis of cultural traits as a basis for building an appropriate anti-stigma intervention.</li> </ul>
17	Villani, M. & Kovess-Masfety V (2017)	Short workshop format interventions as a way of modifying opinions and concepts about mental suffering and thus reducing existing prejudice.	<ul style="list-style-type: none"> <li>- Positive results after a 4 day workshop.</li> <li>- Contact-based strategies as a way to combat the prejudice of the general population and health care agents.</li> </ul>
18	Saridi, M., Kordosi, A., Toska. A., Peppou, LE., Economou, M. & Souliotis, K(2017)	Hospital professionals perceptions of mental health care about depression and the economic crisis as a risk factor.	<ul style="list-style-type: none"> <li>- Social reintegration as a factor for the improvement of mental suffering.</li> <li>- Mental health care and care professionals less subject to pre-judgment and stigma than the general population.</li> </ul>
19	Baba, Y., Nemoto, T., Tsujino, N., Yamaguchi, T., Katagiri, N. & Mizuno, M (2017)	Comparisons regarding perceptions about schizophrenia, depression and other psychoses.	<ul style="list-style-type: none"> <li>- Effective possibility to combat fear arising from stigma and prejudice through information and breaking of stereotypes.</li> <li>- Stigma and discrimination for schizophrenia considerably greater than for depression.</li> <li>- Contact with the suffering individual as an 'ambiguous' factor.</li> </ul>
20	Reavley, NJ., Morgan, AJ. & Jorm, AF (2017)	Perceptions about prejudice, discrimination and social distancing from the eyes of a large sample of the general population.	<ul style="list-style-type: none"> <li>- Clarification about the disorder as an indispensable factor to combat stigma with schizophrenia.</li> <li>- Family and circle of friendships as a place of support and also of discrimination.</li> <li>- Difficulty of the mentally suffering individual to make and maintain friendships.</li> <li>- Differences in the distance from the perspective of those who avoid and those avoided.</li> </ul>
21	Corrigan, P., Schomerus, G., Shuman, V., Kraus, D., Perlick, D., Harnish, A., Kulesza, M., Kane-Willis, K., Qin, S., Smelson, D (2017)	Systematization of the interrelationship between stigma, prejudice, stereotype and discrimination.	<ul style="list-style-type: none"> <li>- Stigma as a descriptive condition that causes a mark of being unfairly rejected</li> <li>- External aspect of stigma such as the belief in stereotypes and prejudice.</li> <li>- Internal strand of manifestable stigma in the form of discrimination.</li> </ul>
22	Koike, S., Yamaguchi, S., Ohta, K., Ojio, Y., Watanabe, KI. & Ando, S (2017)	The impact of the renamed schizophrenia in Japan and the difference in perception between parents and children.	<ul style="list-style-type: none"> <li>- Stigma as a factor contrary to the search for treatment from those who suffers from mental illness.</li> <li>- Name change as an asset to combat prejudice.</li> <li>- Information as a strategic value in the fight against prejudice.</li> </ul>
23	Ta, TM., Zieger, A., Schomerus, G., Cao, TD., Detling, M., Do, XT., Mungee, A., Diefenbacher, A., Angermeyer, MC. & Hahn, E(2016)	Differences in perception about stigma and prejudice concerning those who live in the countryside and the city.	<ul style="list-style-type: none"> <li>- The prejudice causes suffering in the individual and his family.</li> <li>- Stigma and discrimination is greater in middle and low incomecountries.</li> <li>- Former patients and relatives who have had contact with mental illness perceive the subject with less prejudice.</li> </ul>
24	Lebowitz, MS. & Ahn, WK (2016)	Stigma and prejudice towards patients from the perspective of mental health professionals and the assumptions involved in this perception.	<ul style="list-style-type: none"> <li>- Biological concept of illness contributes to stigmatization.</li> <li>- The higher the degree of intervention and attention, the lower the social distance from the patient.</li> <li>- Human understanding of mental suffering contributes to the reduction of prejudice.</li> </ul>
25	Tavormina, MG., Tavormina, G., Nemoianni, E., Franza, F., d'Errico, I., Spurio, MG., Tavormina, R., Zdanowicz, N., De Mesmaeker, S., Harangozó, J., Nyulászi, A., Bulyáki, T., Urlic, I., Russo, A. & Agius, M(2016)	The mental illness of health professionals and reflections on the power to help others.	<ul style="list-style-type: none"> <li>- Metaphor of wounded doctor who heals best.</li> <li>- Existence of shame regarding mental and emotional suffering.</li> <li>- Presence of prejudice about mental suffering among the suffering professionals themselves.</li> <li>- Misconception of 'who gets sick does not cure'.</li> </ul>
26	Bhui, K (2016)	Different forms of prejudice and the political and ethnic bias involved.	<ul style="list-style-type: none"> <li>- Biological consequences of discrimination.</li> <li>- "Brexit" as a reaffirmation of multiple prejudice.</li> <li>- Prejudice and discrimination as a self-development tool</li> </ul>
27	Tee, S. & Üzar Özçetin YS (2016)	The formulation of strategies to combat prejudice in mental health from the training in nursing.	<ul style="list-style-type: none"> <li>- Person-centered approach to care as a way to curb prejudice.</li> <li>- The need to take care of 'dehumanizing language'.</li> <li>- The need for 'emotional connection' with the suffering patient.</li> </ul>
28	Morgan, AJ., Reavley, NJ., Jorm, AF. & Beatson, R (2016)	Reports and experiences of prejudice and discrimination experienced by patients with mental distress with professionals of the mental health care network.	<ul style="list-style-type: none"> <li>- Lack of adequate information, lack of proper attitudes and decisions, paternalistic treatment, and carelessness as frequent issues in mental health care.</li> <li>- Adequate emotional support and a good understanding of suffering as factors to combat prejudice and stigma.</li> </ul>
29	Silke, C., Swords, L. & Heary, C (2016)	The perception of prejudice and stigma through the eyes of the adolescent public.	<ul style="list-style-type: none"> <li>- Tripartite conception of stigma; stereotype, prejudice and discrimination.</li> <li>- Subject in suffering perceived as having great danger.</li> <li>- Especially negative attributions regarding mental illness.</li> </ul>
30	Mascayano, F., Tapia, T., Schilling, S., Alvarado, R., Tapia, E., Lips, W. & Yang, LH (2016)	Systematization of research on stigma in mental illness in Latin America and the Caribbean.	<ul style="list-style-type: none"> <li>- Culture as a key factor in shaping prejudice.</li> <li>- Most studies on stigma from the eyes of the general public.</li> <li>- Family more likely to perceive mental suffering amicably.</li> </ul>

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31	Choi, H., Hwang, B., Kim, S., Ko, H., Kim, S. & Kim, C (2016)	The look about prejudice from nursing professionals x training strategies for coping with the theme.	<ul style="list-style-type: none"> <li>- Importance of simulated classes as an instrument to combat prejudice.</li> <li>- Importance of developing empathy with the patient.</li> <li>- Empathy condition as dependent on commitment to the profession and work.</li> <li>- Commitment while dependent on the state of satisfaction of the professional.</li> </ul>
32	Lee, EH., Hui, CL., Ching, EY., Lin, J., Chang, WC., Chan, SK. & Chen, EY (2016)	Perceptions about different forms of mental illness.	<ul style="list-style-type: none"> <li>- Schizophrenia as a modality of higher incidence of prejudice among the forms of illness.</li> <li>- Stigmatization as an instrument of social distancing and not seeking treatment.</li> <li>- Less severe diseases perceived as being 'the fault of the sick'.</li> </ul>
33	Haralambous, B., Dow, B., Goh, A., Pachana, NA., Bryant, C., LoGiudice, D. & Lin, X (2016)	Perceptions about depression and anxiety by the Chinese public.	<ul style="list-style-type: none"> <li>- Depression perceived as weakness by the Chinese public.</li> <li>- Difficulty seeking treatment.</li> <li>- Immigration as a risk factor for stigma and depression.</li> <li>- Older population as more prone to mental distress.</li> </ul>
34	Palad, YY., Barquia, RB., Domingo, HC., Flores, CK., Padilla, LI. & Ramel, JM(2016)	Integrative review of measuring instruments on physical, mental, and mental distress.	<ul style="list-style-type: none"> <li>- Note on the need for standardization of measuring instruments on stigma and prejudice.</li> <li>- Stigma construction follows widely cultural criteria.</li> </ul>
35	Bowen, ML (2016)	The role of the media in building a look at mental illness and personality disorders by the general public.	<ul style="list-style-type: none"> <li>- Mental illness reported as related to violence.</li> <li>- Labeling problem of mental disorders.</li> <li>- Internalization by the public of attitudes such as fear and fear based on media representations.</li> <li>- Mental illness related to crime and disorder.</li> </ul>
36	Hatch, SL., Gazard, B., Williams, DR., Frissa, S., Goodwin, L., Hotopf, M. & SELCoH Study Team (2016)	Prejudice as a stressor and risk factor for mental illness in minority immigrant groups.	<ul style="list-style-type: none"> <li>- Prejudice more manifest in places of greater ethnic and migratory diversity.</li> <li>- An individual sees himself as a burden due to the prejudice against him.</li> <li>- Public mental health care policies should be tailored to the needs of specific cultural groups.</li> </ul>
37	Möller-Leimkühler, AM., Möller, HJ., Maier, W., Gaebel, W. & Falkai, P (2016)	Psychiatry perceived as a complex and exception approach, which victimizes and, at the same time is responsible for stereotypes and prejudice.	<ul style="list-style-type: none"> <li>- Lack of consensus on existing psychiatric treatments.</li> <li>- Influence of the media on the image construction of psychiatry.</li> <li>- Difficulty in integrating physical and mental health.</li> </ul>
38	Krupchanka, D., Kruk, N., Murray, J., Davey, S., Bezborodovs, N., Winkler, P., Bukelskis, L. & Sartorius, N (2016)	Schizophrenia: intra and extra-familial prejudice in the voice of caregivers and family members.	<ul style="list-style-type: none"> <li>- Mental suffering as a factor of family breakdown.</li> <li>- Family image as the main value threatened by stigma and prejudice.</li> <li>- Need to include family members and patients in the construction of mental health care policies.</li> </ul>
39	Mossakowski, KN. & Wongkaren, TS (2016)	Spirit of 'aloha' versus discrimination and prejudice motivated by the presence of depression: the influence of cultural characteristics.	<ul style="list-style-type: none"> <li>- Cultural resources as models of the manifestation of prejudice and discrimination.</li> <li>- The discrimination associated with the emergence of new forms of mental illness in the subject already with it.</li> </ul>
40	Hamilton, S., Corker, E., Weeks, C., Williams, P., Henderson, C., Pinfold, V., Rose, D. & Thomicroft, G (2016)	Risk factors for discrimination among users of mental health care and attention services.	<ul style="list-style-type: none"> <li>- 4 risk factors identified.</li> <li>- Presence of schizophrenia.</li> <li>- Presence of compulsory hospitalization.</li> <li>- Avoidance of prejudice and early social withdrawal.</li> <li>- Longer use of services associated with higher rates of discrimination and prejudice.</li> </ul>
41	Sheehan, L., Nieweglowski, K. & Corrigan, P (2016)	Discussion about the construction and development of the stigma phenomenon.	<ul style="list-style-type: none"> <li>- Stigma division as cognitive, affective, and behavioral.</li> <li>- It is presented in audience, self-stigma, and structural stigma.</li> </ul>
42	Blundell, R., Das, R., Potts, H. & Scior, K (2016)	The contact with mental suffering versus the construction of the stigma and the social distancing from it.	<ul style="list-style-type: none"> <li>- Contact and its influence on self-esteem and prejudice.</li> <li>- Possibility of good contact and bad contact.</li> </ul>
43	Koike, S., Yamaguchi, S., Ojio, Y., Ohta, K. & Ando, S (2016)	Language versus representation of mental suffering versus media aspects.	<ul style="list-style-type: none"> <li>- Literature and education as most efficient factors to combat stigma.</li> <li>- Name change of schizophrenia as a reducer of associated prejudice.</li> <li>- Endorsement of the negative aspects of pathology by the media.</li> <li>- Schizophrenia related by propensity to crime, violence, and suicide.</li> </ul>
44	Chen, SP., Koller, M., Krupa, T. & Stuart, H (2016)	Contact-based education as the basis for the development of an anti-stigma educational policy.	<ul style="list-style-type: none"> <li>- Construction and systematization of a 'contact theory'.</li> <li>- Good contact dependent on sufficient knowledge.</li> <li>- Reduction of anxiety regarding illness.</li> <li>- Contact as a factor and change in perspective regarding the individual with mental distress.</li> </ul>
45	Thornicroft, G., Mehta, N., Clement, S., Evans-Lacko, S., Doherty, M., Rose, D., Koschorke, M., Shidhaye, R., O'Reilly, C. & Henderson, C (2016)	Systematization of studies on methods of reducing stigma and prejudice in the medium and long term.	<ul style="list-style-type: none"> <li>- Evidence does not endorse that 'contact theory' is best suited to reducing stigma in the medium to long term.</li> <li>- Little is known about the effectiveness of interventions to combat stigma.</li> </ul>
46	Marchand, K., Palis, H. & Oviedo-Joekes, E (2016)	Prejudice and discrimination suffered by patients with mental illness from the contact with the mental health care team.	<ul style="list-style-type: none"> <li>- Patients with mental distress are more likely to suffer any discriminatory attitude when treating than patients with physical distress.</li> <li>- Lack of adequate staff training as a factor of increasing prejudice and discrimination.</li> </ul>
47	Ungar, T., Knaak, S. & Szeto, AC (2016)	Stigma: consequences and coping strategies in mental health care.	<ul style="list-style-type: none"> <li>- Individualized approach is required.</li> <li>- One must take into account the actual context of the subject, educational level, social needs.</li> <li>- Generalist models fail to combat stigma.</li> </ul>
48	Griffith, JL. & Kohrt, BA (2016)	Neuroscience and stigma. proposals for intervention and treatment.	<ul style="list-style-type: none"> <li>- Stigma as a result of the interrelationship between prejudice, stereotype and discrimination.</li> <li>- Stigma as a byproduct of normal behavior.</li> </ul>
49	Millner, U., C. & Min, K(2017)	The challenges faced by mentally challenged Asian-Americans in reaction to the labor market and access to employment.	<ul style="list-style-type: none"> <li>- Main challenges pointed out as: lack of family support; double discrimination; and lack of access to culturally appropriate services.</li> <li>- The highlighting of cultural power and positive points as a way to combat discrimination and prejudice.</li> </ul>

## DISCUSSION

**Prejudice, Stigma, and Discrimination:** Given the results presented, it is correct to say that the issue of prejudice emerges as of the highest relevance regarding the theme of mental suffering. Associated with the process of stigma, discrimination, and stereotyping, prejudice re-victimizes the already victimized person and thus aggravates their mental distress (THORNICROFT *et al.* 2016; CORRIGAN *et al.* 2017; XU *et al.* 2017 ). From a misleading and stereotyped understanding of any form of mental impairment or illness, a biased feeling arises, which in turn manifests itself pragmatically in the form of discriminatory conduct. This sum of factors, when intense and recurrent, is called stigma (SHEEHAN, NIEWEGLAWSKI & CORRIGAN, 2016; CORRIGAN *et al.* 2017). In this same way, it is important to systematize the theme of prejudice as preached by the doctrinal majority, so it is stated that there is a majority agreement on the following understanding: stereotypes are inevitable, and are thus learned from an early age and manifest themselves in the form of a fixed opinion about something, such as the association of alcoholism with family suffering, or depression with low productivity (CORRIGAN *et al.* 2017). Prejudice, on the other hand, originates from an emotional agreement for a given stereotype; it is, therefore, an emotional and evaluative response of a pre-established opinion about something. It would be like thinking 'ok, patients with mental disorders are unpredictable and dangerous... I'm afraid of them' (CORRIGAN *et al.* 2017 p.3). When the affective response to a stereotypical assignment manifests itself through behaviors and words, there is discrimination, which manifests itself when, for example, an individual fails to hire another, or avoids it because of a belief about the existing mental disorder be associated with violence and inappropriate conduct (CORRIGAN *et al.* 2017).

Stigma can be described as a social rejection resulting from a negative perception about one or another characteristic, this rejection leads to the construction of an identity about the other, out of context and negative, inserts a kind of encumbrance in that perceived as apart from the group or organization. Social. (SHEEHAN, NIEWEGLAWSKI & CORRIGAN, 2016; CORRIGAN *et al.* 2017). It can still be defined as a profoundly disbelieving attribution to an abnormal situation, so the stigma is structured when labeling, stereotyping, loss of status, and discrimination occurs intensely and simultaneously in the context of an unbalanced power relationship. (BLUNDELL *et al.* 2016). The reaffirmation of a stigma pervades a prejudiced perception about something or someone, and once manifested as a pre-established label, the stigma drives and gives rise to a series of prejudiced ideas and thoughts about the individual victim of this labeling, the Prejudice can also manifest itself in the form of acts, conduct or omissions, generating discrimination, social distancing, loss of autonomy and aggravation of symptoms of mental suffering. It is correct to say that prejudice, stigma, discrimination and stereotyping are concepts that cross and complement each other. Stigma or prejudice is characterized by exclusion, rejection, guilt, and devaluation, which result in hasty and adverse social judgment about a particular group or individual (CHEN *et al.* 2016). Applied in the context of mental distress, such manifestations often contribute to the distancing of these individuals from their treatment and prevent their full social participation (CHEN *et al.* 2016; MARCHAND, PALIS & OVIEDO-JOEKES, 2016;

CORRIGAN *et al.* 2017). The loss of status and autonomy of individuals in mental distress can lead to treatment abandonment and loss of access to the most essential health services, so understand that the problem of prejudice presents itself as a major barrier to recovery in mental health and the promotion of true quality of life (UNGAR, KNAAK & SZETO, 2016).

**Ethnic and Demographic Nuances:** Within the researched theme, the ethnic and demographic aspects of mental suffering was a prominent theme in the selected studies. The basic premise is that discrimination by ethnic motivators would be associated with a higher risk of developing mental distress such as depression, anxiety, and even psychotic conditions, yet the assumption that factors such as frailty and emotional distress can lead to illness is not commonly accepted (HATCH *et al.* 2016; BHUI, 2016). That said, it is important to note that the influences of discrimination on the physical and mental health of the individual have lately been demonstrated (HACHT *et al.* 2016). It was found, for example, that the stigma existing in such cases would be translated as an important barrier to the recovery of the suffering or mentally ill individual (MASCAYANO *et al.* 2016), there would then be a situation of triple victimization, where the individual victimized by the symptoms of his psychic condition would also be the victim of two forms of prejudice, one directed to his condition of psychological distress and another due to the fact of belonging to this or that ethnic minority. Prejudice and discrimination in the context of the ethnic and cultural paradigm is built from the perception of a particular individual about a distinct social group, this same group is, as a priority, perceived as having characteristics considered inferior, say about them. Cultural customs, race, skin color, or gender (BHUI, 2016). One of the problems of prejudice and discrimination, when it manifests itself in the face of this ethnic paradigm, is that the unjustly devastated individual develops in his or her inner sphere feelings of low self-esteem and social disempowerment, which would lead to the loss of his power of life, of their autonomy (BHUI, 2016). It should be reiterated that experiences of rejection, isolation, and low expectation of improvement are often reported by users of mental health services (CORRIGAN *et al.* 2017; MASCAYANO *et al.* 2016). The fight against this kind of prejudice would, firstly, involve identifying the demand, that is, by identifying, from the discourse of the victimized individuals, the real challenges they face, which may in turn be related to lack of family encouragement, social support, double discrimination, among others (MILLNER & KIN, 2017). That said, it is necessary to develop new forms of coping and also foster resilience as a method of coping against such hostilities (BHUI, 2016), so that the experience of discrimination can result in personal growth and empowerment.

### Challenges for Mental Health Care

From the analyzed studies, the contact with prejudice and discrimination within the service places, as well as through contact with professionals of mental health services is a topic addressed by a large number of studies (UNGAR, KNAAK & SZETO, 2016; MARCHAND, PALIS & OVIEDO-JOEKES, 2016; PAIVA *et al.* 2016; DETOMINI, RASERA & PERES, 2016; CAVALCANTE & CABRAL, 2017; VENTURA, MORAES E JORGE, 2017; PELLETIER *et al.* 2017; FRÉSAN *et al.* 2017; VILLANI & KOVESS-MASFETY, 2017; SARIDI *et al.* 2017; BABA *et al.* 2017; REAVLEY &



JORM, 2016; LEBOWITZ, PHIL & AHN, 2016; TEE & ÖZÇETIN, 2016; MORGAN *et al.* 2016; CHOI *et al.* 2016; HATCH *et al.* 2016; MÖLLER-LEIMKÜHLER *et al.* 2016; KRUPCHANKA *et al.* 2016; HAMILTON *et al.* 2016), which demonstrates that the theme of prejudice within mental health units is a concern worldwide, deserving wide debate and deep reflection. Mental health caregivers are an important target for anti-stigma and anti-prejudice interventions, as although individuals are dedicated to helping others, recurrent bouts of prejudice and discrimination are frequently reported in research (UNGAR, KNAAK & SZETO, 2016; MARCHAND, PALIS & OVIEDO-JOEKES, 2016). Such episodes may contribute to a greater internalization of stigmatizing beliefs and self-prejudice by those who live with mental suffering, which leads to the breaking of the therapeutic alliance and avoidance of treatment (YUAN *et al.* 2017; UNGAR, KNAAK & SZETO, 2016). Other aspects and consequences of these behaviors include the emergence of misdiagnosis, the marginalization of users, less service time, inadequate care, and the lack of ethical and attentive patient care (UNGAR, KNAAK & SZETO, 2016; THORNICROFT *et al.* 2016).

### Labor Market Access

Several studies have addressed the practical consequences of prejudice and stigma regarding access to and maintenance of employment and work, thus showing that, especially in Brazilian studies, the theme seems to be of the highest value and deserves to be part of a current discussion (MORAES & CASTRO-SILVA, 2016; MACHADO, MUROFUSE & MARTINS, 2016; VENTURA, MORAES & JORGE, 2017; LABERON, SCORDATO & CORBIÈRE, 2017; SARIDI *et al.* 2017; HATCH *et al.* 2016). In this sense, it is important to emphasize the importance of work in the life of the individual, since both coexist since the beginning of human history and promote the development of sociability and the strengthening of social bonds (MORAES & CASTRO-SILVA, 2016). In the context of the work developed by the individual with mental suffering, it is necessary that it has an emancipatory character and is guided, above all, in a process of inclusion and resocialization. The stigmatization process is one of the main obstacles to hiring individuals with mental problems. In this sense, the employer's understanding and pre-understanding about mental suffering would become the first obstacle to hiring people under these conditions (LABERON, SCORDATO & CORBIÈRE, 2017). The discriminatory event in the context of the work becomes effective due to the highly pejorative socially cultivated understandings and, also, due to social distrust, that is, discriminates and moves away from anything that does not comply with the prevailing social norms and internalized by the majority (LABERON, SCORDATO & CORBIÈRE, 2017). In general, it is agreed that more research is needed on the subject of access and maintenance of work by individuals in mental distress. As methods to combat stigma and prejudice in this same context, we cite the correct dissemination of information about the theme, appropriate education within the process of professional training, the proposition of training and techniques to reduce stereotypes and prejudice, among others (LABERON, SCORDATO & CORBIÈRE, 2017). The understanding that poor working conditions, influenced by low wages and unhealthy conditions, can lead to situations of illness and mental suffering is unanimous among the articles that addressed the theme.

### Combat and Intervention Strategies

Regarding the attitudes of the general population towards mental distress, these can be positive as to acceptance, neutral, linked to tolerance, and negative, ranging from prejudice to fear. It can be safely realized that among the general population, negative attitudes such as prejudice and discrimination are the majority (YUAN *et al.* 2017). As a rule, research shows that the general population tends to a more prejudiced perception of mental distress when compared to the attitudes of mental health professionals (YUAN *et al.* 2017), this would be justified, especially to greater access to information about mental health, as of the symptoms and the pathology itself, by professionals in the field, as well as explained through contact theory, which will be discussed later. Although these results were obtained, it was also found that the hidden desire for social distancing towards the mentally ill individual is present both in the general public and among medical professionals, at very similar rates (YUAN *et al.* 2017). Prejudice and intolerance from the viewpoint of the general public is related to ignorance and little knowledge on the subject, such attitudes can be countered with targeted education, contact with individuals with mental suffering, anti-stigma and anti-prejudice campaigns, as well as access to literature in the area, and also a combination of these same factors (XU *et al.* 2017; CORRIGAN *et al.* 2017). Some studies also claim that anti-stigma interventions should be appropriate for the age of the target audience. It is cited, for example, that education would be more efficient for younger populations and direct contact would be more appropriate for older populations (XU *et al.*, 2017). The same intervention methods have yet to be culturally modeled, so a very efficient strategy in western Europe may not have the same effects, for example, in China (XU *et al.* 2017). The inclusion of individuals with mental distress themselves in participating in the construction of strategies to confront prejudice seems to be still quite important (PELLETIER *et al.* 2018). In such cases, patient participation in such decision making would be an important asset in raising existing problems that are perceived through the eyes of those who suffer them.

Regarding the methods of combating stigma and prejudice, the theory of contact is mostly accepted by the authors (BLUNDELL, DAS & SCIOR, 2016; THORNICROFT *et al.* 2016; PELLETIER *et al.* 2018; XU *et al.* 2017; CORRIGAN *et al.* 2017; CHEN *et al.* 2017. SHEEHAN, NIEWEGLOWSKI & CORRIGAN, 2016; PRADO & BRESSAN, 2016). Contact as a way of combating stigma is sometimes misunderstood and often suffers from too much simplicity with which it is explained, such as the presence of contact with the mentally ill individual or his absence (BLUNDELL, DAS & SCIOR, 2016). Contact within the context of mental suffering concerns the experience of personal perception of one individual with another in situations of suffering or mental illness. It should be said that the term contact does not necessarily refer to personal contact in the private or family sphere, for example, one can have contact with mental suffering from information from the media, or through the experiences of others. Contact is generally seen as an effective method of combating stigma and prejudice, however, it is personal contact that usually gives the best results (THORNICROFT *et al.* 2016; XU *et al.* 2017). There are, however, some peculiarities, for example: some studies show that the contact may be more efficient when for university students in general than for medical students, this was due to the existence of a pathologic paradigm of perceive,

within the respective area of study, the mental suffering (XU *et al.* 2017). Another example presented to us is that contact-based interventions are more efficient in adults, and education and information are more efficient in adolescents, the justification is that the adolescent is not yet fully psychically developed and would, therefore, be more receptive to the teachings (CHEN *et al.* 2016). Another important point of discussion within this same method is the possibility of the existence of good and bad contact. The data obtained by some studies partly refute the effectiveness of contact-based interventions (THORNICROFT *et al.* 2016), these state, above all, that interventions, whatever they may be, must be appropriate to the concrete reality, so they may cause positive effects in front of the phenomena, and not compromise an already impaired system. Therefore, the quality of contact is fundamental for the complementation of its effects, for example, a bad contact, when linked to the lack of control and violence, experienced at an early age, would have the necessary power to increase social distance, and thus, discrimination conducts (BLUNDELL, DAS & SCIOR, 2016). Finally, within this type of intervention, any initiative to perceive the other's suffering in its entirety is widely supported as a strategy to combat stigma and prejudice (XU *et al.* 2017; YUAN *et al.* 2017).

## Conclusions

Our study aimed to conduct a literary review that could tint the problem of mental suffering in the face of the revictimization generated by prejudice, stigma, and discrimination. Undoubtedly, on a world scale, the experience of being discriminated, stigmatized or stereotyped translates negatively with the improvement of a state of mental suffering. The bias is even more complex when such behaviors are perpetuated by mental health professionals or public care institutions in the area (SHEEHAN, NIEWEGŁOWSKI & CORRIGAN, 2016). The fact is that the theme of prejudice against mental suffering is proven to be a worldwide problem that needs and should be debated, so interventions must be developed, tested and refined. In this understanding, there seems to be a consensus that personal contact, coupled with first-person narratives about mental suffering, bring a substantial benefit regarding to reduce prejudice and conducts of discrimination (THORNICROFT *et al.* 2016; CORRIGAN *et al.* 2017), at this point, several studies debated the so-called "contact theory", and agreed, with few exceptions, on its benefits. It can be concluded from our analysis that there is still little certainty as to the efficiency of intervention methods to combat stigma and prejudice, but it is certain that the following factors contribute positively: the propagation of adequate information, anti-prejudice programs, and disciplines in schools, contact with individuals in moderate mental distress, adequate training for professionals in the field, use of appropriate language criteria to refer to the theme, attention focused on the patient, support groups for family members, among others. The biggest challenge seems to be to implement these tools with minority groups and financially disadvantaged communities. Fighting stigma and prejudice in the field of mental health is not an easy task, the intense pace of work, combined with the multiple demands on professionals and, especially on family caregivers, make the problem suffer multiple influences. Moreover, 'one-size-fits-all' combat strategies are not adequate and efficient given the pragmatic coefficient involved (UNGAR, KNAAK & SZETO, 2016). Prejudice and discrimination manifest themselves in different ways under different social groups, and

in some cases cultural empowerment and the strengthening of personal characteristics are appropriate, and in others, coercive attitudes must be tested as a means of combating even criminal conduct towards victimized people. The theme is complex, but it is important to hold in mind the individual who actually suffers, and, based on the respective discourses and the demands arising from him, to outline viable and efficient strategies.

## REFERENCES

- Antunes C. M. C., Rosa A. S. & Brêtas A. C. P. 2016. Da doença estigmatizante à resignificação de viver em situação de rua. *Rev Eletrônica Enfermagem* [on line].
- Baba, Y., Nemoto, T., Tsujino, N., Yamaguchi, T., Katagiri, N., & Mizuno, M. 2017. Stigma toward psychosis and its formulation process: Prejudice and discrimination against early stages of schizophrenia. *Comprehensive Psychiatry*, 73, 181–186.
- Bhui, K.S. 2016. Discrimination, poor mental health and mental illness. *International Review of Psychiatry*. [Epub ahead of print].
- Blundell R., Das R., Potts H. & Scior K. 2016. The association between contact and intellectual disability literacy, causal attributions and stigma. *Journal of Intellectual Disability Research*, 60 (3): 218–27.
- Bowen M. L. 2016. Stigma: Content analysis of the representation of people with personality disorder in the UK popular press, 2001–2012. *International Journal of Mental Health Nursing* 2016; 25(6): 598-605.
- Cavalcante, D. M. & Cabral, B. E. B. 2017. Uso de medicamentos psicotrópicos e repercussões existenciais para usuários de um CAPS II. *Estudos de Psicologia (Natal)*, 22(3), 293-304.
- Chen S. P., Koller, M. & Krupa S. H. 2016 Contact in the classroom: Developing a program model for youth mental health contact-based anti-stigma education. *Community Ment Health J* 2016;52:281–293.
- Choi, H., Hwang, B., Kim, S., Ko, H., Kim, S., & Kim, C. 2016. Clinical education in psychiatric mental health nursing: Overcoming current challenges. *Nurse Education Today*, 39(Supplement C), 109–115.
- Corrigan, P., Schomerus, G., Shuman, V., Kraus, D., Perlick, D. & Harnish, A. 2017. Developing a research agenda for understanding the stigma of addictions Part I: Lessons from the Mental Health Stigma Literature. *American Journal on Addictions*, 26(1), 59–66
- Detomini, V. Co., Rasera, E. F. & Peres, R. S. 2016. Sexualidade e saúde mental: vivências, serviços e estigmas. *Revista da SPAGESP*, 17(2), 81-95.
- Fresán, A, Robles-García R., Madrigal, E., Tovilla-Zarate, C-A., Martínez-López, N. & Arango de Montis I. 2017 Demographic and clinical features related to perceived discrimination in schizophrenia. *Psychiatry Res.* 2018;262:427–30.
- Griffith, J. L. & Kohrt, B. A. 2016 Managing stigma effectively: what social psychology and social neuroscience can teach us. *Acad Psychiatry.* 2016;40(2):339–47.
- Hamilton, S., Corker, E., Weeks, C. *et al.* 2016. Factors associated with experienced discrimination among people using mental health services in England. *J Ment Health*, 25, 350–8
- Haralambous, B., Dow, B., Goh, A., N., A. Pachana, C., Bryant, D., LoGiudice *et al.*, 2016. "Depression is not



- an illness. It's up to you to make yourself happy": Perceptions of Chinese health professionals and community workers about older Chinese immigrants' experiences of depression and anxiety, *Australas J Ageing*, 35(4) (2016), 249–254.
- Hatch, S., Gazard, B., Williams, D., Frissa, S., Goodwin, L., SELCoH Study Team, *et al.* 2016. Discrimination and common mental disorder among migrant and ethnic groups: findings from a South East London Community sample. *Soc Psychiatry Psychiatr Epidemiol* 2016; 51: 689–701.
- Ho-Ming L., E. Hui, C. Yee-Ning C., E., Lin, J., Chang, W. C., Chan, S. & Chen, E. 2016. Public Stigma in China Associated With Schizophrenia, Depression, Attenuated Psychosis Syndrome, and Psychosis-Like Experiences. *Psychiatric services* (Washington, D.C.). 67.
- Jung W, Choi E, Yu J, Park D., H, Ryu, S., H. Ha, J., H. 2017. Attitudes toward the mentally ill among community health-related personnel in South Korea. *Indian J Psychiatry*. 2017;59(3):328–332.
- Koike, S, Yamaguchi, S, Ohta, K, Ojio, Y, Watanabe, KI, Ando, S 2016b. Mental health-related stigma among Japanese children and their parents and impact of renaming of schizophrenia. *Psychiatry and Clinical Neurosciences* in press, 142-151.
- Koike, S. Yamaguchi, S. Ojio, Y. Ohta, K., Ando, S. 2016. Effect of name change of schizophrenia on mass media between 1985 and 2013 in Japan: a text data mining analysis. *Schizophrenia Bulletin* 42, 552–559.
- Krupchanka, D. Kruk, N. Murray, J. Davey, S. Bezborodovs, N. Winkler, P. Bukelskis, L. Sartorius, N. 2016. Experience of stigma in private life of relatives of people diagnosed with schizophrenia in the Republic of Belarus. *Soc Psychiatry Psychiatr Epidemiol* 51(5):757–765.
- Laberon, S., Scordato, N. & Corbière, M. 2017. Representations of Mental Disorders and Employment Fit Perceived by Employers of the Regular Labour Market in France. *Sante mentale au Quebec*. 42. 133-153.
- Lebowitz, MS, Ahn, W. 2016 Using personification and agency reorientation to reduce mental-health clinicians' stigmatizing attitudes toward patients. *Stigma Health* 1(3):176–184
- Machado, L. de F., Murofuse, N. T., & Martins, J. T. 2016. Vivências de ser trabalhador na agroindústria avícola dos usuários da atenção à saúde mental. *Saúde em Debate*, 40(110), 134-147.
- Marchand, K., Palis, H. & Oviedo-Jokes, E., 2015. Patient Perceptions of Prejudice and Discrimination by Health Care Providers and its Relationship with Mental Disorders: Results from the 2012 Canadian Community Health-Mental Health Survey Data. *Community Mental Health Journal*. 52, pp. 294-301.
- Mascayano F., Tapia, T., Schilling, S., Alvarado, R., Tapia, E., Lips, W. & Yang, L.H. 2016. Stigma toward mental illness in Latin America and the Caribbean: A systematic review. *Revista Brasileira de Psiquiatria* 2016;38(1):73-85.
- Mendes, K. Dal S., Silveira, R. C. de C. P. & Galvão, C. M. 2008. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto & Contexto - Enfermagem*, 17(4), 758-764.
- Millner, U. C., & Kim, M. 2017. Perspectives on work and work-related challenges among Asian Americans with psychiatric disabilities. *Asian American Journal of Psychology*, 8(3), 177-189.
- Moller-Leimkuhler, A. M., Moller, H. J., Maier, W., Gaebel, W., & Falkai, P. 2016. EPA guidance on improving the image of psychiatry. *European Archives of Psychiatry and Clinical Neuroscience*, 266, 139–154.
- Moraes, R. C. P. de, & Castro-Silva, C. R. de. 2016. Sentidos e Processos Psicossociais envolvidos na Inclusão pelo Trabalho na Saúde Mental. *Psicologia: Ciência e Profissão*, 36(3), 748-762.
- Morgan, AJ., Reavley, NJ., Jorm, AF. & Beatson, R. 2017 Experiences of discrimination and positive treatment from health professionals: a national survey of adults with mental health problems. *Australia NZ J Psychiatry* 2016; 50: 754–62.
- Mossakowski, K. N. & Wongkaren TS. 2016. The Paradox of Discrimination, the “Aloha Spirit,” and Symptoms of Depression in Hawai'i. *Hawaii J Med Public Health*. 2016;75(1):8–12.
- Paiva, P. C., Torrenté, M. de O.N. de, Landim, F. L. P., Branco, J. G. de O, Tamboril, B. C. R., & Cabral, A. L. T. (2016). Psychological distress and community approach to the voice of the community health agent. *Revista da Escola de Enfermagem da USP*, 50(spe), 139-144.
- Palad, Y. Y., Barquia, R. B., Domingo, H. C., Flores, C. K., Padilla, L. I., & Ramel, J. M. 2016. Scoping review of instruments measuring attitudes toward disability. *Disability and Health Journal*, 9(3), 354–374.
- Pelletier J-F, Pouliot-Morneau D, Houle J, *et al.* 2017. Evaluation of a citizenship-oriented intervention: The citizens' project of the university of recovery. *Sante Mentale au Quebec* 42(1): 205–222.
- Prado, A. L., & Bressan, R. A. 2016. O estigma da mente: transformando o medo em conhecimento. *Revista Psicopedagogia*, 33(100), 103-109.
- Reavley, N. J., Morgan, A. J. & Jorm, A. F. 2017. Predictors of experiences of discrimination and positive treatment in people with mental health problems: findings from an Australian national survey. *Soc Psychiatry Psychiatr Epidemiol* 2017; 52: 269–77.
- Reis, L. B., & Paula, K. M. P. de. (2018) Coping materno da Síndrome de Down: identificando estressores e estratégias de enfrentamento. *Estudos de Psicologia (Campinas)*, 35(1), 77-88.
- Saridi, M., Aikaterini, K., Toska, L. Evangelia, P. & Marina, E. K. S. 2017. Attitudes of health professionals towards the stigma surrounding depression in times of economic crisis. *International Journal of Social Psychiatry*, Vol 63, Issue 2, pp. 115 – 125.
- Sheehan, L., Nieweglowski, K. & Corrigan, P. 2016 The stigma of personality disorders. *Curr Psychiatry Rep*. 2016;18(1):11.
- Silke, C., Swords, L., & Heary, C. 2016. The Development of an Empirical Model of Mental Health Stigma in Adolescents. *Psychiatry Research*, 242, 262– 270.
- Soares, C. B., Hoga, L. A. K., Peduzzi, M. S. C., Yonekura, T. & Silva, D. R.A. D. 2014. Revisão integrativa: conceitos e métodos utilizados na enfermagem. *Revista da Escola de Enfermagem da USP*, 48(2), 335-345. Suppl. 1, pp 125-131.
- Ta, T. M., Zieger, A., Schomerus, G., Cao, T. D., Dettling, M. Do, X. T., *et al.* 2016 Influence of urbanity on perception of mental illness stigma: A population based study in urban and rural Hanoi, Vietnam. *Int J Soc Psychiatry*. 2016;62:685–95
- Tavormina, M. G.M., *et al.* 2016. Thinking of Psychiatric disorders as normal illness. Data from a questionnaire on

- social stigma: a multicenter study. *Psichiatria Danubina*; Vol. 28.
- Tavormina, R. & Tavormina, M. G. M. 2017. Overcoming the social stigma on mood disorders with dancing. *Psychiatr Danub*. 2017 Sep;29(Suppl 3):427-431.
- Tee, S. & Uzar Ozcetin, Y. S. 2016. Promoting positive perceptions and person centred care toward people with mental health problems using co-design with nursing students. *Nurse Education Today*, 44, 116–120.
- Thornicroft, G., Mehta, N., Clement, S. *et al.* 2016. Evidence for effective interventions to reduce mental-health-related stigma and discrimination. *The Lancet*, 387, 1123–1132.
- Ungar, T., Knaak, S. & Szeto, A. C. 2016. Theoretical and practical considerations for combating mental illness stigma in health care. *Community Mental Health Journal*, 52, 262–271.
- Ventura, C. A. A., Moraes, V. C. O. de & Jorge, M. S. 2017. Direitos humanos de pessoas com transtornos mentais: perspectiva de profissionais e clientes [Human rights of people with mental disorders: health professionals' and clients' views]. *Revista Enfermagem UERJ*, [S.l.], v. 25, p. e4344.
- Villani, M. & Kovess-Masfety, V. 2017. Could a short training intervention modify opinions about mental illness? A case study on French health professionals. *BMC Psychiatry* 17(1):133.
- Xu, Z., Huang, F., Kusters, M., & Rusch, N. 2017. Challenging mental health related stigma in China: Systematic review and meta-analysis. II. Interventions among people with mental illness. *Psychiatry Research*, 255, 457–464.
- Yuan, Qi, *et al.* 2017. "Attitudes to mental illness among mental health professionals in Singapore and comparisons with the general population." *PLoS ONE*, vol. 12, no. 11, 2017, p. e0187593. *Opposing Viewpoints in Context*.

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