



RESEARCH ARTICLE

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PREJUDICE, STIGMA, AND MENTAL HEALTH: AN INTEGRATIVE REVIEW OF LITERATURE - QUANTITATIVE 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 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. Of the selected papers, (n=21) were led by psychiatrists, (n=16) by psychologists, (n=5) by nursing professionals, (n=3) sociologists, and (n=1) work led by a physiotherapist, (n=1) by occupational therapist, and (n=1) by law professional with a second training in international relations. As for the countries that published the most studies, the United States has (n=13) published studies, followed by Brazil (n=10), England (n=9), and Germany with (n=4). In all, 234 authors produced 49 studies, resulting in an average of 4.8 authors per work and an average of 16,30 studies per year.

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INTRODUCTION

The social construction of stigma is generally universal and inherent in human societies. It arises from the formation of stereotypes about what is perceived by the individual as something different (GRIFFITH & KOHRT, 2016). From the stereotyping of the difference in the face of our contact with reality, there emerges a characteristic way of thinking that sometimes leads to a subjective construction of the figure of the other imbued with pejorative and prejudiced meanings or attributions. Such a construction of human thinking seems to take place, above all, supported by superficial and unreasonable judgments of reality. From the recurrence and rooting of these factors, stigma would be formed as a mechanism of social and community defense whose intention would be the strengthening of group relations between peers (GRIFFITH & KOHRT, 2016), is still considered a byproduct of group behavior considered normal, therefore acts as a kind

of encumbrance, a shadow of meaning that accompanies the victimized individual. Stigma can, among other definitions, be understood as the result from the 'situation in which the individual is disqualified from full social acceptance due to the dynamics of difference worthy of shame' (GRIFFITH & KOHRT, 2016 p.3). It is thus a social construction that results in the attribution of a mark to the individual seen as different or apart. When a kind of shadow of abnormality is imbued in it, thus emerges as a result of intense, recurrent and exacerbated prejudice. It is proposed in our study to demonstrate the results of a literary investigation in the form of an integrative review, and bring, in an updated manner, the state of prejudice related to the field of mental health and also concerning the individual victimized by mental suffering. It is intended to demonstrate the quantitative results of an investigation into the latest research on prejudice, and related topics such as stigma, discrimination and social distancing from mental suffering.

MATERIALS AND METHODS

A Literature Review: An integrative review of literature aims to raise empirical or theoretical research and, from them to verify, not only the general lines of conclusion about a given theme but also the way that same theme has been treated in the literature. In this sense, it is reported as a research method since 1980 (MENDES, SILVEIRA & GALVÃO, 2008), having the important function of gathering and synthesizing research results on a delimited theme or question, in a systematic and orderly way, as well as to contribute to the general understanding of the investigated subject. 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).

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. 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.

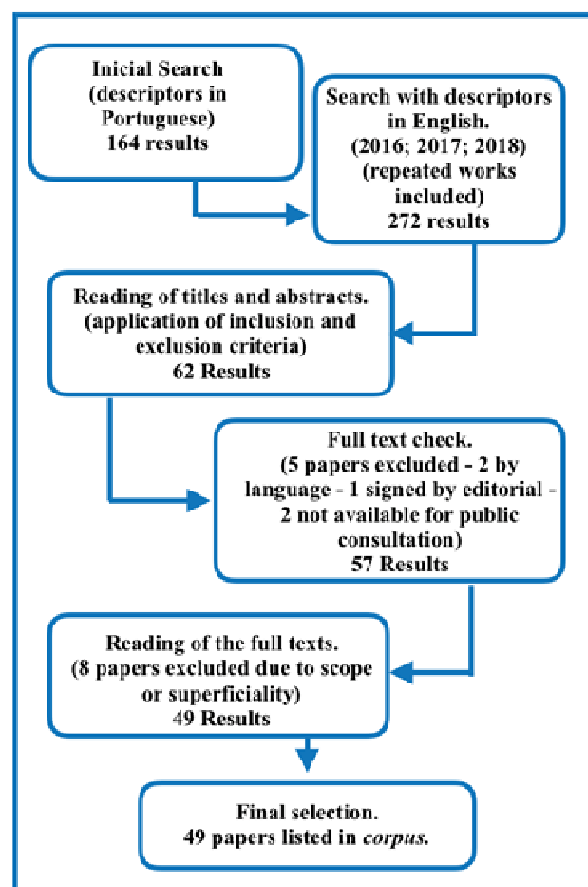


Table 1. Search process and selection of results

RESULTS

Table 2. Articles of the corpus - by author, year, title, indexing base, local country of publication and local country of research

No	Authorship and Year	Title	Base*	Country of Publication	Research Host Country
1	Reis, L. B. & Paula, K. M. P. de (2018)	Coping materno da Síndrome de Down: identificando estressores e estratégias de enfrentamento.	S L	Brazil	Brazil
2	Moraes, R. C. P., de & Castro-Silva, C. R. de (2016)	Sentidos e Processos Psicossociais envolvidos na Inclusão pelo Trabalho na Saúde Mental.	S L	Brazil	Brazil
3	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.	S	Brazil	Brazil
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)	Psychological distress and community approach to the voice of the community health agent.	S L M	Brazil	Brazil
5	Detomini, V. C., Rasera, E. F., & Peres, R. S. (2016)	Sexualidade e saúde mental: vivências, serviços e estigmas.	P L	Brazil	Brazil
6	Prado, A. L. & Bressan, R. A. (2016)	O estigma da mente: transformando o medo em conhecimento.	P L	Brazil	Brazil
7	Cavalcante, D. M. & Cabral, B. E. B. (2017)	Uso de medicamentos psicotrópicos e repercussões existenciais para usuários de um CAPS II.	P L	Brazil	Brazil
8	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.	L	Brazil	Brazil
9	Antunes, C. M.C., Rosa, A. S. & Brêtas, A. C.P. (2016)	Da doença estigmatizante à resignificação de viver em situação de rua.	L	Brazil	Brazil
10	Laberon, S., Scordato, N. & Corbière, M (2017)	Representations of Mental Disorders and Employment Fit Perceived by Employers of the Regular Labour Market in France.	M	Canada	France
11	Pelletier, JF., Pouliot-Morneau, D., Houle, J., Bordeleau, J., Laroche, S. & Rowe M (2017)	Evaluation of a citizenship-oriented intervention: The Citizens' Project of the University of Recovery.	M	Canada	Canada
12	Yuan, Q., Picco, L. Chang, S., Abdin, E., Chua, BY., Ong, S., Yow, KL., Chong, SA. & Subramaniam, M. (2017)	Attitudes to mental illness among mental health professionals in Singapore and comparisons with the general population.	M	USA	Singapore
13	Jung, W., Choi, E., Yu, J., Park, DH., Ryu, SH. & Ha, JH (2017)	Attitudes toward the mentally ill among community health-related personnel in South Korea.	M	India	South Korea
14	Tavormina, R. & Tavormina, MGM (2017)	Overcoming the social stigma on mood disorders with dancing.	M	Croatia	Italy
15	Fresán, A., Robles-García, R., Madrigal, E., Tovilla-Zarate, CA., Martínez-López, N. & Arango de Montis I (2017)	Demographic and clinical features related to perceived discrimination in schizophrenia.	M	Ireland	Mexico
16	Xu, Z., Huang, F., Kösters, M. & Rüsçh N (2017)	Challenging mental health related stigma in China: Systematic review and meta-analysis. II. Interventions among people with mental illness	M	Ireland	China
17	Villani, M. & Kovess-Masfety V (2017)	Could a short training intervention modify opinions about mental illness? A case study on French health professionals.	M	England	France
18	Saridi, M., Kordosi, A., Toska, A., Peppou, LE., Economou, M. & Souliotis, K (2017)	Attitudes of health professionals towards the stigma surrounding depression in times of economic crisis.	M	England	Greece
19	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.	M	USA	Japan
21	Reavley, NJ., Morgan, AJ. & Jorm, AF (2017)	Predictors of experiences of discrimination and positive treatment in people with mental health problems: findings from an Australian national survey.	M	Germany	Australia
21	Corrigan, P., Schomerus, G., Shuman, V., Kraus, D., Perlick, D., Harnish, A., Kulesza, M., Kane-Willis, K., Qin, S., Smelson, D (2017)	Developing a research agenda for understanding the stigma of addictions Part I: Lessons from the Mental Health Stigma Literature.	M	England	USA
22	Koike, S., Yamaguchi, S., Ohta, K., Ojio, Y., Watanabe, KI. & Ando, S (2017)	Mental-health-related stigma among Japanese children and their parents and impact of renaming of schizophrenia.	M	Australia	Japan
23	Ta, TM., Zieger, A., Schomerus, G., Cao, TD., Dettling, M., Do, XT., Mungee, A., Diefenbacher, A., Angermeyer, MC. & Hahn, E (2016)	Influence of urbanity on perception of mental illness stigma: a population based study in urban and rural Hanoi, Vietnam.	M	England	Vietnam
24	Lebowitz, MS. & Ahn, WK (2016)	Using Personification and Agency Reorientation to Reduce Mental-Health Clinicians' Stigmatizing Attitudes Toward Patients.	M	USA	USA
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)	Thinking of psychiatric disorders as "normal" illness. Data from a questionnaire on social stigma: a multicenter study.	M	Croatia	Italy
26	Bhui, K (2016)	Discrimination, poor mental health, and mental illness.	M	England	England
27	Tee, S. & Üzar Özçetin YS (2016)	Promoting positive perceptions and person centred care toward people with mental health problems using co-design with nursing students.	M	Escotland	England

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28	Morgan, AJ., Reavley, NJ., Jorm, AF. & Beatson, R (2016)	Experiences of discrimination and positive treatment from health professionals: A national survey of adults with mental health problems.	M	England	Australia
29	Silke, C., Swords, L. & Heary, C (2016)	The Development of an Empirical Model of Mental Health Stigma in Adolescents.	M	Ireland	Ireland
31	Mascayano, F., Tapia, T., Schilling, S., Alvarado, R., Tapia, E., Lips, W. & Yang, LH (2016)	Stigma toward mental illness in Latin America and the Caribbean: a systematic review.	M	Brazil	Chile
31	Choi, H., Hwang, B., Kim, S., Ko, H., Kim, S. & Kim, C (2016)	Clinical Education In psychiatric mental health nursing: Overcoming current challenges.	M	Escotland	Coréia do Sul
32	Lee, EH., Hui, CL., Ching, EY., Lin, J., Chang, WC., Chan, SK. & Chen, EY (2016)	Public Stigma in China Associated With Schizophrenia, Depression, Attenuated Psychosis Syndrome, and Psychosis-Like Experiences.	M	USA	Hong Kong
33	Haralambous, B., Dow, B., Goh, A., Pachana, NA., Bryant, C., LoGiudice, D. & Lin, X (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.	M	Australia	Australia
34	Palad, YY., Barquia, RB., Domingo, HC., Flores, CK., Padilla, LI. & Ramel, JM(2016)	Scoping review of instruments measuring attitudes toward disability.	M	USA	Philippines
35	Bowen, ML (2016)	Stigma: Content analysis of the representation of people with personality disorder in the UK popular press, 2001-2012.	M	Australia	England
36	Hatch, SL., Gazard, B., Williams, DR., Frissa, S., Goodwin, L., Hotopf, M. & SELCoH Study Team (2016)	Discrimination and common mental disorder among migrant and ethnic groups: findings from a South East London Community sample.	M	Germany	England
37	Möller-Leimkühler, AM., Möller, HJ., Maier, W., Gaebel, W. & Falkai, P (2016)	EPA guidance on improving the image of psychiatry.	M	Germany	Germany
38	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.	M	Germany	Republic of Belarus
39	Mossakowski, KN. & Wongkaren, TS (2016)	The Paradox of Discrimination, the "Aloha Spirit," and Symptoms of Depression in Hawai'i.	M	USA	USA
40	Hamilton, S., Corker, E., Weeks, C., Williams, P., Henderson, C., Pinfold, V., Rose, D. & Thornicroft, G (2016)	Factors associated with experienced discrimination among people using mental health services in England.	M	England	England
41	Sheehan, L., Niewegowski, K. & Corrigan, P (2016)	The stigma of personality Disorders.	M	USA	USA
42	Blundell, R., Das, R., Potts, H. & Scior, K (2016)	The association between contact and intellectual disability literacy, causal attributions and stigma.	M	England	England
43	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.	M	USA	Japan
44	Chen, SP., Koller, M., Krupa, T. & Stuart, H (2016)	Contact in the Classroom: Developing a Program Model for Youth Mental Health Contact-Based Anti-stigma Education.	M	USA	Canada
45	Thornicroft, G., Mehta, N., Clement, S., Evans-Lacko, S., Doherty, M., Rose, D., Koschorke, M., Shidhaye, R., O'Reilly, C. & Henderson, C (2016)	Evidence for effective interventions to reduce mental-health-related stigma and discrimination.	M	England	England
46	Marchand, K., Palis, H. & Oviedo-Joekes, E (2016)	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.	M	USA	Canada
47	Ungar, T., Knaak, S. & Szeto, AC (2016)	Theoretical and Practical Considerations for Combating Mental Illness Stigma in Health Care.	M	USA	Canada
48	Griffith, JL. & Kohrt, BA (2016)	Managing Stigma Effectively: What Social Psychology and Social Neuroscience Can Teach Us.	M	USA	USA
49	Millner, U., C. & Min, K(2017)	Perspectives on Work and Work-Related Challenges Among Asian Americans With Psychiatric Disabilities.	Ps	USA	USA

Indexing Bases: L = Lilacs; M = Medline; P = Pepsic; S = SciELO; Ps = PsycINFO

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: year of publication, country of publication, country of research, journal of publication, methodological designs, thematic area, authors, results, and main conclusions.

Analysis

The surveys were taken on a global scale, absolutely all the studies that were included were included, and no exclusion was made due to any geographical component, making a total of 49 surveys. All were published in the years 2016, 2017 or 2018, leaving 2016 with 65% of searches (32), 2017 with 33% (16), and finally 2018 with only 2% (1).

As for the area of training of the researchers, a survey had been made about the main author in each of the studies. The results show that most research on the subject is led by psychiatrists (21). Others (16) had psychologists as leading researchers; (5) were led by nursing professionals; (3) by sociologists, remaining, (1) work led by a physiotherapist; (1) by occupational therapist; (1) by a law professional with a second degree in international relations. Most of the Brazilian studies were led by psychologists, out of a total of nine, (7) of them have a psychologist as the first researcher, while the (21) works led by psychiatrists, come from foreign countries. Regarding the research headquarters, Brazil appears with the largest number (9), followed by England (7), United States (6), Canada (4), and Australia and Japan with (3) each. France, Italy and South Korea are tied for 6th place, with two polls each. The countries, Germany, Singapore, the Republic of

Belarus, the Philippines, Hong Kong, Chile, Ireland, Vietnam, Greece, China, and Mexico, appears with one study each. It is worth mentioning that Germany had 2 studies excluded because they were available exclusively in the native language, without translation into any of the four languages included in this study. Regarding the places of publication of the studies, the following data were obtained. The United States has (13) published studies, followed by Brazil (10), England (9), and Germany (4). Australia and Ireland appears with three studies each, and Canada, Scotland, and Croatia with two studies each. India published a study only. There were 38 articles published in English, 9 in Portuguese, 2 in French and zero in Spanish. According to the data of the indexers used, of the 49 selected studies, 28 of them were published in different countries from which the researches were based, and 21 were published in the same countries where the researches were performed. The journals with the most results were: *Psychiatry Research Journal - Elsevier* (Netherlands-based World), and *Community Mental Health Journal - Springer* (USA) with 3 studies published in each. Five journals published 2 studies each, they were: *Psychology Studies* (Campinas), *International Journal of Social Psychiatry - SAGE* (England), *Australian and New Zealand Journal of Psychiatry - SAGE* (Australia and New Zealand), *Nurse Education Today - Elsevier* (Netherlands-based World Cup), and lastly, *Social Psychiatry and Psychiatric Epidemiology - Springer* (Berlin). All other journals published unique studies. In all, 234 authors produced the 49 studies, thus resulting in an average of 4.8 authors per paper. As for the authors who produced more than one study, S. Yamaguchi (Japan) appears with 3 publications, while the authors Y. Oijo (Japan), S. Ando (Japan), K. Ohta (Japan), S. Koike (Japan), E. Choi (Japan), G. Shomerus (Germany), MGM Tavormina (Italy), R. Tavormina (Italy), C. Henderson (USA), P. Corrigan (USA), and G. Thornicroft (England) signed 2 studies each. All other authors signed only one study each.

Of the 49 articles selected, about 70% of them (35) addresses the issue of prejudice against mental suffering as the main point of the study presented, the remaining 30% of the studies (14) addresses the issue of prejudice against mental suffering indirectly, presenting the theme although, in a very deep way, sometimes as a cause, a consequence, or even as a risk factor of certain illness situations. Another relevant finding was that the vast majority (36), exact 74% of studies indicate possible solutions to the problems raised, only a minority ($n = 13$), 26% of studies were limited to presenting the data obtained and pointing future search directions. In all, 43% (21) of the surveys are quantitative, 39% (19) of the surveys are qualitative, and 18% (9) are mixed-integrated (quantitative). Among the 49 studies obtained, 12% (6) of them are literature reviews aimed at obtaining a general overview of the researched subject, 15% (7) are theoretical-bibliographical research on a particular theme, and by finally, the vast majority, 73% of the studies (36) used some case study modality. All studies that used case studies (36) made any mention of the approval by the ethics council or about the signing of consent by the participants. Of the 36 studies that used case studies, 45% (16) used interviews as a method for collecting and analyzing information, another 45% (16) used questionnaires for the same purpose, 5% of studies (2) used field diaries allied to interviews for data collection and analysis, and lastly, the remaining 5% (2) used differentiated methods, one of which used the application of a psychological test allied to the clinical interview, and another collected

information from the observation of focus groups with patients undergoing mental health treatment combined with the application of a questionnaire to the care team.

DISCUSSION

Of the selected studies, 3 of them focused on the relationship and influence of the media on the process of constructing prejudice within society, and 2 of them found positive aspects in the renaming of schizophrenia by the media. The same studies also agree that the media has a relevant role in internalizing the public's attitudes such as fear of being associated with suffering and mental illness. Of all the selected studies, only one dedicated to the subject of the sexuality of the mentally suffering individual, this identified the presence of discrimination and unpreparedness of the professionals in the area to deal with the problem, as well as the high predominance of stigma related to the theme by the general population. Thus points out a pressing need to change the paradigms regarding the theme of sexuality of individuals with mental disorders or some kind of mental suffering. The aspects of the relationship between work and mental suffering were brought by 5 studies, all agree that both the problem of prejudice, as well as the association of the individual in mental suffering with low productivity and inability to work, contribute to stagnation. Of these 5, an article seems to corroborate this same understanding but adding an ethnic and cultural bias as aggravating the issue. However, except for a study that focused on the negative aspects and illnesses of poor and intense working conditions, the other 4 seem to agree that access to employment and work has a largely beneficial function in terms of the resocialization and maintenance of social ties by patients with disorders or mental suffering. Twelve works had as object of study the multidisciplinary mental health care team. Of these, 4 brought data and reports on prejudice and discrimination events suffered by patients with mental distress through contact in care by the same team. All of them (12) agree on the fact that the lack of adequate information, as well as the lack of preparation during the educational process, contribute greatly to the inadequate care and prejudiced and discriminatory behaviors of these professionals. These same 12 studies also propose the construction of a human understanding of mental suffering in detriment of a strictly biological concept of the subject, and one of these studies deepens the theme of humanization in mental health and concludes that professionals in the field should be supported by a person-centered approach, as well as counter what he calls dehumanizing language, and develop, within a boundary grammar, an emotional connection with the patient.

Of the 49 studies selected, 7 focused on the interrelationship between ethnic or racial characteristics and mental distress. Of these, two agree that there is a double degree of discrimination against prejudice directed at the mental distress of members of ethnic and racial minorities, both agree that building and strengthening a salient ethnic identity can help in the treatment and no incidence of depression and anxiety-related disorders. Of these 7, 4 studies were dedicated to the theme of mental distress among immigrant minorities, all of which point to the need for the development of support and treatment programs for these populations that should be guided by their real needs and demands. All studies in this same subgroup (7) seem to agree that ethnic bias, when involved in the context of mental distress, brings greater complexity to the theme, and thus

requires all those involved to make a greater effort to understand the theme and to develop suitable therapeutic methods. Among all the 49 selected works, 6 of them deal with the language theme at some point. All agree that the mistaken discourse about a certain form of mental suffering or illness influences the emergence of conducts of prejudice and discrimination, as well as the potentization of existing stigma situations. These studies further agree that knowledge, study, and adequate information on the topic are key methods for moving to a more humane and conscious discourse. Among these 6 studies, 4 show that prejudice arises from the association of mental suffering with conduct of violence, disobedience, lack of control, and even criminals, such association would be simultaneously propagated by media discourse (2), and by the general public (2), which would hinder opportunities for resocialization and access to the labor market. From this 6, 2 studies were also dedicated to research the effects of the name change of schizophrenia that occurred in Japan by the year of 2002, thus concluding as positive the effects of this renaming, but they also emphasize that the association with teaching practices and the development of anti-prejudice disciplines can be much more effective in combating prejudice and discrimination.

Among the types of mental disorders mentioned, schizophrenia emerges as the focus of the largest number of studies (7), all of them are dedicated to study the interrelationship between it and the manifestations of prejudice directed at it. Two works, as previously mentioned, are dedicated to studying the effect of its renaming as a way to combat existing stigma. The remaining 5 studies agree that the diagnosis and presence of schizophrenia emerges as the most prevalent risk factor for the suffering of discrimination by users of the mental health care system in contact with health service professionals. The same 5 studies agree that the intensity of stigma regarding schizophrenia is constructed from the difficulty concerning successful treatment, recurrence of symptoms, constant patient visits to care units, the eventual presence of compulsory hospitalization, and the association of pathology with a conduct of violence. All studies dealing with schizophrenia (7) seem to agree that concerning the modalities of mental illness or suffering, schizophrenia seems to be the most imbued with misconceptions, which gives to this particular psychopathology great complexity in combating stigma and prejudice directed at it. Of these seven, 3 studies state that the prevailing stigma about schizophrenia contributes to social withdrawal and the lack of treatment at appropriate times and places. Of the 7 studies cited, 5 concern the mental distress of family members and caregivers of individuals with schizophrenia, such suffering would therefore come from the process of illness itself, with all the difficulties that symptomatic manifestations bring, and potentiated by the prejudice that exists together to the theme and manifested externally by discriminatory behaviors inside and outside the treatment places with their families with illness.

Prejudice against depression was a theme deepened by 5 studies. In one of them, depression was treated along with other related disorders such as mood disorders, anxiety disorders, bipolar affective disorder, and obsessive-compulsive disorder. In the same study, the benefits of dance therapy with treating individuals with such modalities of suffering. Another study compared attitudes toward depression with other types of mental disorders, such as schizophrenia and attenuated psychosis syndrome. The results of this study were that

individuals with depressive conditions suffer less and differently than those with schizophrenia. Of the 5 studies that dealt with depression, 3 agree that there seems to be an ever-present stigma in depressive conditions regarding an individual's self-responsibility for their pathology, such as their weakness character, as well as their belief about a therapy based on willpower and positive thinking. Regarding depression, prejudice acquires contours with very distinct characteristics. One of these studies concludes that both depression and anxiety are related to immigrant life experiences, such as the difficulty of learning a new language and adapting to new roles and status in family and social contexts. All studies dealing with depression (5) corroborate the fact that a good educational and formative process on the theme can contribute greatly to the fight against prejudice and behavior seeking for appropriate treatment, this same study points out that, even with the associated stigma, the vast majority of respondents (85%) claim not to practice any avoidance behavior towards individuals with depression. Still, regarding the studies on depression, 3 of them conclude that depression is not associated with violence and unpredictability, being mostly perceived as a mild and poorly compromising pathological condition. It is relevant to mention that a study dealt with stigma due to the recurrent use of psychiatric and controlled drugs, thus demonstrating that the use of psychotropics acts as a whistleblower of mental pathology, generating prejudice and exclusion. This same study also points to the problem of the medicinal label, where there would be, *a priori*, a mental image about the names and functions of these same drugs.

One study points to the theme of human rights of people with mental suffering and points to the need for an ethical reconstruction in the relationship between mental health professionals and their clients, as a way to combat prejudice and strengthen the constitutional principle of human dignity. This study also states that the pragmatic maintenance of human dignity in this context would, therefore, require access to employment and resocialization of patients with mental suffering. Finally, another study focused on prejudice in situations of mental distress developed due to the use of psychoactive substances, thus stating that prejudiced / discriminatory behavior occurs in these cases from three emotional responses; the fear related to the use of such substances, the tendency to perceive individuals in such situations as the only ones to blame for their ills, and lastly, to a guilt internalized by the suffering individual, which leads to the feeling of shame and removal of any form of treatment. The research understands that in such cases the first step in treatment is to ask for help.

Conclusion

Is a fact 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 sense, there seems to be a consensus that personal contact, coupled with first-person narratives about mental distress, have a substantial benefit in reducing prejudice and conducts of discrimination (THORNICROFT *et al.* 2016; CORRIGAN *et al.* 2017). Of the modalities of mental distress, schizophrenia was considered the most exposed to prejudice and discrimination, however, it was not deepened by any Brazilian study, which shows, at least in part, that recent attention to this aspect of the theme is short of

desirable. Family empowerment, as well as the development of strategies based on their discourses, seems to be a good way towards improving the living conditions of patients with schizophrenia and their families (KRUPCHANKA, 2016). There was also a great deal of attention regarding the bias scenario in Asian countries, and numerous studies focused mainly on the relationship of mental illness/suffering and prejudice faced by these individuals. The development of the theme, on a world scale, has been led by European countries alongside the United States, it is clear from the studies under analysis that a systematization about the theme is beginning to take shape and the same language about the problem is very close to be spoken. However, the theme is broad and needs further research, so it can be stated that crossings between prejudice and mental health along with problems of access to work, immigration, demographics, gender, or economic issues need to be raised and debated. Still in this sense, the lack of studies conducted in countries with less economic power was perceived, so that it is necessary to emphasize the imminent need for research on the subject in these countries, where there seems to be an even greater complexity, considered factors such as poor income distribution, social inequality, and lack of education. Thus, it is suggested, for the literary complementation on the subject, that studies and researches are encouraged in these localities. It can be concluded from the analysis that there is still little certainty about 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 at 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.

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