DISCUSSION PAPER

The scar that is more than skin deep: the stigma of depression

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SUMMARY. The stigma of depression is a major factor hindering effective treatment. In 1992, the Royal College of Psychiatrists and the Royal College of General Practitioners launched a 'defeat depression' campaign. This aimed to reduce the stigma associated with depression by improving public awareness of the condition and by improving health professionals' knowledge of the illness. The mental health team and general practitioners can work together to encourage people to seek help to alleviate this distressing illness.

Keywords: depression; attitude to health; discrimination; prevention projects.

Introduction

CARE for mentally ill people is best provided jointly by cooperation between general practitioners and psychiatrists. Increasingly, psychiatry is practised outside the old mental hospitals; more general practitioners now undertake at least six months training in psychiatry.1 There is a need for collaborative research to demonstrate the epidemiology of psychiatric conditions as they occur in general practice and to evaluate treatment services.2

Defeat depression campaign

A new initiative on depression entitled 'defeat depression' was launched in January 1992 by the Royal College of Psychiatrists in association with the Royal College of General Practitioners.3 This joint enterprise is long overdue as, despite the availability of effective treatments, 50% of sufferers of depression go untreated.4 This is probably largely owing to the stigma that is still attached to mental illness. Patients may not recognize their unpleasant symptoms as evidence of illness; they may fail to consult their general practitioner because of fear and shame; and even if they do consult, they may not present depressive symptoms but concentrate only upon somatic aspects. The general practitioner may fail to diagnose depressive illness even if they do consult.5 For these reasons, the first objective of the defeat depression campaign is 'to reduce the stigma associated with depression'.6

Stigma of depression

His Royal Highness the Prince of Wales, patron of the defeat depression campaign, stated in his lecture to the Royal College of Psychiatrists last year that:

'A stigma is a distinguishing mark of social disgrace, and ultimately comes from the Greek word stizein meaning to tattoo. This appropriately conveys the image, for the mentally ill person, of being branded; . . . whose unaccept-

able behaviour embarrasses family and friends. The quiet, unobtrusive sufferer from depression understandably fears being tarred with the same brush. As a result, he or she dares not admit to symptoms, and so does not receive treatment until having suffered greatly for an unnecessarily long time. This stigma makes the whole of life even more difficult for both the mentally ill and the mentally handicapped, it affects the patients themselves, their relatives, and all who deal with them.7

The humiliating branding that causes this scar of stigma starts with the prejudice of those around the patient — at home, at work, at school, in the neighbourhood. However, low self-esteem, which is always a part of depressive illness, feeds on this prejudice and the stigma becomes incorporated into the way the individual sees himself or herself; it becomes more than superficial. It permeates every part of the depressed person, or to quote Pascal:

'The nature of man is so framed, that not only by often hearing himself a fool, he believes it; but by often calling himself a fool, he enters into the same opinion. Every person holds an inward and secret conversation with his own breast, and such as it highly concerns him well to regulate, because even in this sense, evil communications corrupt good manners'.8

Unfortunately, the general public are usually ignorant of the psychopathology, the outcome, and the methods of treatment for depressive illness, and thus they may stigmatize mentally ill people. Doctors, who should know and act better, may do so also. Psychiatrists are sometimes the victims of the stigma attached to their patients and sometimes the perpetrators of derogatory comment. Nurses and other health professionals have often stigmatized the mentally ill among their patients by implicit prejudice, and sometimes less subtle forms of discrimination. Even general practitioners have been known to make adverse comment upon their most demanding and importunate patients. It needs to be borne in mind that the low opinion that others may have of mentally ill patients will fuel this predisposition of those who are depressed to be further stigmatized, despite the fact that many depressed people make a worthy contribution to improve their local community and to better mankind.

Public perceptions

In launching the defeat depression campaign, a poll was conducted in December 1991, in which 2009 people aged 15 years and over were interviewed across the United Kingdom. The findings confirmed the suspicion that stigma towards mentally ill people is, unfortunately, still flourishing.9 Among the general public, over half reported experience of depression, either personally (22%), or through contact with a close relative (32%), or friend (13%) suffering depression. It was unanimously agreed that anyone can suffer from depression, and major adverse life events such as death in the family, unemployment or relationship breakdown were seen as prominent causes. Approximately one third of respondents regarded biological changes in the brain or virus infection as causes of depression while 66% considered women's health issues such as the puerperium, the menopause and the menstrual cycle to be aetiological.
Although 73% of the general public believed that 'depression is a medical condition like other illnesses', only 46% viewed antidepressants as effective, and 78%, against all the evidence, regarded antidepressants as addictive; 85% considered counselling to be effective.

Sixty percent of the general public spontaneously mentioned that they would turn to their general practitioner if they suffered from depression. However, 60% also considered that 'people feel embarrassed to consult their general practitioner with depression' and over half believed that 'people with depression are afraid that they will be regarded by their general practitioner as unbalanced or neurotic', and were also concerned how general practitioners would react to being consulted over depression. Seventy per cent were not sure that their general practitioner was trained sufficiently to deal with depression and 57% considered that general practitioners tend only to prescribe pills.9

A further study investigated attitudes towards depression among a small group of clinicians including general practitioners, psychiatrists, general physicians, geriatricians and paediatricians; other health care professionals including practice nurses, health visitors, pharmacists and social workers; and the general public.10 There was agreement among these groups that the general practitioner has a key role in the identification and treatment of depression, and that there is still stigma attached to the condition and, through association, to psychiatry. Clearly, there is a pressing need for the general public to have accurate information, and also for the relevant health professionals including medical practitioners to receive more detailed education.

The way ahead

The stigma of depression is a major factor hindering effective treatment. Hence, there is a large amount of untreated depression, high long term morbidity, even mortality from the illness, and therefore the need for the defeat depression campaign. One appropriate response to the Health of the nation11 would be attempting to reduce the suicide rate by all available means. This is a major target for health care.

Recovered sufferers can make a significant contribution to reducing the stigma of depression, and a courageous assault on the stigma was mounted at the launch of the campaign by Professor John Horder, a former president of the Royal College of General Practitioners, and by a well known personality Virginia Ironside, who described their own personal experiences of depression. John Horder described the 'physical pain' of depression, 'gnawing at life', which had occurred as a younger man and which was similar in quality and quantity to the pain of myocardial infarction experienced later. In Virginia Ironside's graphic personal account she described her subjective feeling of depression as being 'marinated in gloom'. Such frank discussion of their own suffering, with other descriptions by prominent patients,12,13 must help in the demythologizing process. Those outstanding people who have been through the dark tunnel of depression, have come out into the daylight at the other end, and have then described their experiences have substantially helped their fellow sufferers.

The president's essay prize of the Royal College of Psychiatrists was instituted during the 150th anniversary of British psychiatry and gives the president an opportunity to ask the essayists to address a topic on which further discussion is sought. The subject in 1992 was 'The stigma of mental illness and what should be done about it'. The six authors of essays, M R Baggage, J Brown, J Hillery, J L Gillow, J C Hughes and N von Fraunhofer, made valuable contributions. There were many suggestions for lessening the stigma of depression. There is a need to separate the prejudice shown by others from the stigma which feeds on the low self esteem of the depressed person; cognitive therapy can then make a contribution in challenging what depressed people have come to believe about themselves. Effective treatment carried out by all medical practitioners should result in recognition to normal mental health in most cases; this of itself, would powerfully reduce stigma, both for the individual patient and in society. Education about mental illness and its effective treatment is important for the whole of the medical profession and other related health professions. Perhaps better integration of mentally ill people within the rest of society will eventually help, although this has not achieved much so far.

The words we use are value laden and emotion laden, and perhaps even our choice of words and the way we describe our patients may contribute to the lessening of stigma. A media-watch campaign to monitor biases in the media, and point them out when appropriate could be as effective for mentally ill people, against whom there is discrimination, as it has been for other minority and stigmatized groups.

Perhaps even discussing this subject in the Journal could make a beneficial contribution.

References


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