

REDUCING THE STIGMA OF PEOPLE WITH MENTAL HANDICAP*

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Abstract: The article presents strategies and methods to reduce the stigma of people with mental handicap. These aspects were debated in the Pilot Seminar in the Project Public Health-Mental Health, Santé Publique - Santé Mentale (SPSM).

The project aims to train specialists in the professional insertion of mental handicap.

The aim of article is to describe a better method of reducing the stigma of persons with mental handicap. This method will be useful to elaborate mental health policies.

The method of research analyzes: literature, tools and practices of specialists in the field of mental handicap. In the project seminar, there were made exchange between specialists to ameliorate the work instruments and specific skills in order to find the best method to reduce stigma in this field. This method is adapted to the tendencies in European mental health needs. The conclusion of research is: the best way to reduce stigma in this area is employing persons with mental diseases.

Keywords: stigma, mental handicap, professional integration, specialists, project.

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Introduction

The dictionary of synonyms defines "the stigma of mental disorder" as a "mark of disgrace associated with a particular circumstance, quality, or person" (www.dictionary.com/stigma).

The disgrace comes by misunderstanding the person with mental health problems, because, otherwise, these individuals do not overlap by the social behavioral pattern.

The stigma stems from the lack of information. Lack of information creates prejudgment. Prejudgment creates negative attitudes. Negative attitudes create negative actions and these lead to discrimination. The discrimination leads to prejudice.

The effect of prejudice of stigma is the exclusion of people with mental diseases from access to employment and insurance.

One study which was made in 2006, by the CDC and Substance Abuse and Mental Health Services show that: 'only one-quarter of young adults between the ages of 18–24 believed that a person with mental illness can eventually recover' (Health Styles Survey, SAMSHA, 2007).

This study shows us that just 25% of adults with mental health diseases believed that people are caring and sympathetic to persons with mental illness.

This means that it is necessary to conduct prevention actions in order to reduce and combat stigma as a mental health priority (SAMSHA, 2007).

This is necessary in order to realize the inclusion of people with mental diseases. The reduction of stigma is useful to reduce mental handicap for persons with mental diseases.

Contemporary society uses the next conceptual analyze about people with mental handicap (De Backer, 2014):

- Exclusion;
- Segregation;
- Integration;
- Inclusion.

This model was extended to 5 steps by R. Aehnelt, as debated in a pedagogical way in *Projet de décret « inclusion »*. *Origines, philosophie, calendrier et implications*. B. De Backer CBCS, jan. 2014. This work presents the notion of extinction, which is the distinction between lives that are worth living and those that are not worth.

This is applicable in field of labor and employment of persons with mental diseases.

Exclusion is separation between those who are engaged in work and those who can not be employed.

Segregation of people with mental diseases means to separate and group them based on arrear psychic ability (protected workshops). Integration is when people with psychic problems are together in a common job and work place, collectively, together, side by side (social enterprises).

Inclusion is putting people with mental diseases in the same workplace with healthy people, all together (normal enterprises). This is the enterprise where the work places are adapted to worker needs.

This aspect is better illustrated in next picture (<https://www.diagram+exclusion-separation-integrationinclusion>), (figure 1).

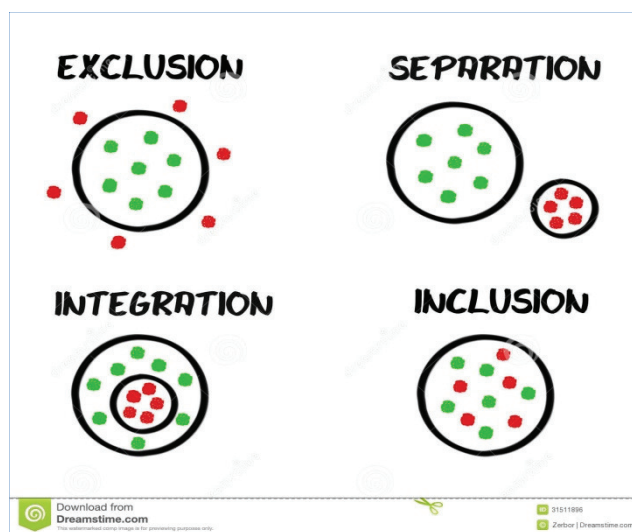


Figure 1. Diagram of Exclusion-Segregation-Integration-Inclusion (<https://www.diagram+exclusion-separation-integrationinclusion>).

The need of people with mental handicap is to educate the public opinion to support persons with mental diseases. The education of public opinion reduces stigma towards them.

SPSM Project trains specialists in professional insertion of mental handicap. It is an innovative research in Socio-professional Integration to reduce stigma in mental health problems. The project involves 5 countries: Switzerland, Luxembourg, Romania, France and Belgium. In the pilot seminar of SPSM Project which brings together specialists in health, psychology, pedagogy and sociology, were made classes about the methods to reduce the mental handicap stigma. These classes cover skill improvement of specialists to reduce stigma of people with mental

diseases (Gavrilă-Ardelean, 2016). This is useful to reduce the handicap of these people through good socio-professional insertion. This research project constitutes a social therapy.

Aims of Research

The article aims to describe a better method to reduce stigma of persons with mental handicap.

Research Method

The method of research analyzes: tools and the practices of specialists in the field of mental handicap. In the project seminar there were made exchanges between specialists to ameliorate work instruments and specific skills in order to find the best method to reduce stigma in this field. Everything is adapted to the tendencies in European mental health needs.

One of the classes trains to:

- ameliorate the skills of professional integration specialists in the field of stigma, in order to reduce mental handicap through better work integration;
- exchange the work tools related to socio-professional integration for people with mental handicap.

Results

The anti-stigma class of SPSM pilot seminar was made on Thursday, under the name: 'Factors of Inclusions' (table no. 1).

Table no.1. Training anti-stigma class of SPSM pilot seminar

Days	Thursday	Friday
Classes	Factors of inclusions	Tools

The Training anti-stigma class of pilot seminar aims to establish the best method for specialists to solve problem situations. Problem situations are stigma-obstacles in the process of professional integration. These classes have modules designed to ameliorate the skills and practice of professional integration specialists. The classes have practical exercises based on using competences in specific life stigmatization contexts. The threats and their solutions were analyzed in interactive modules.

The anti-stigma module includes the next points:

- mechanisms in perception of reality;
- social roles;

- stigmatizing elements;
- elements of inclusion;
- concept of recuperation (Gatens-Robinson, 1992);
- coaching;
- skills analyze;
- management of stress;
- communication.

These points were presented in terms of practical cases, in role play. To reduce the stigma of mental disease, we developed a prevention method based on information and education to population.

The reduction of stigma is realizable through:

- accompaniment;
- forming/informing;
- sensitization / training professionals of the insertion handicap (early prevention);
- amplification of ridicule and stereotypes induce humor (Grawez, Mercier, 2008).

This training ameliorated the competences of professional integration specialists, as studied by Gavrilă-Ardelean elsewhere (Gavrilă-Ardelean, 2015).

At the end of the seminar, the tools (questionnaires, tests) were collected in drop-box, in order to improve the insertion specialists' work in reducing the stigma.

The specialists' points of view were collected together with the tools in drop box. Here, they will be studied in future researchers.

Conclusion

The conclusion is: the knowledge about practical aspects, methods and tools for specialists is vital in order to employ the persons with mental handicap. Also, finding and helping to maintain in job the people with psychiatric diseases is the best method to reduce their handicap (Gavrilă-Ardelean, Gavrilă-Ardelean, 2016).

The results of pilot seminar of the project show:

- the functions of professional integration specialists who were trained in modules for reducing stigma (O'Hara, 2003);
- that the reduction of stigma will be a good factor of inclusion for people with psychiatric diseases (Goldman, 2013);
- the social inclusion, ameliorates psychical handicap by improving self esteem through socio-professional role (Gavrilă-Ardelean, Moldovan, 2014).

The goal to improve socio-occupational integration competences of specialists was achieved in the next fields of inclusion factors, good methods and new tools.

The steps of inclusion are represented in figure 2.

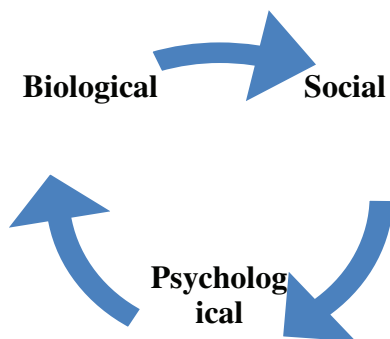


Figure 2. Steps of education for professional inclusion of people with mental diseases

The new concept of work integration for people with mental diseases is a road with a unique way from *Diversity* to *Inclusion* (figure 2).

All these concepts are debated in the SPSM Project.

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