

Stigma by association : among family members of people with mental illness

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VALORISATION

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In this valorisation addendum, a discussion of the additional scientific and practical value of the studies presented in this dissertation is provided.

Public stigma

Public stigma is a set of negative expectations and reactions of members of the general public towards an individual person or group of persons, and it is, nowadays, seen as an attribute that results in widespread social disapproval. Hence, public stigma contains cognitive, affective, and behavioural elements which reflect the perceiver's perspective.

Stigma by association

Public stigma may “spill over” from being directed at persons with a stigmatised condition to people associated with them (e.g., family, friends, or companions). This phenomenon is called courtesy stigma, family stigma, or *stigma by association*.

Public stigma and stigma by association are severe problems for people with mental illness and their family members. Stigma by association diminishes family members' psychological well-being and quality of life, and it hampers the recovery of people with mental illness. Moreover, both public stigma and stigma by association are seen and experienced as a gross social injustice. This dissertation explored and described underlying processes, experiences, and consequences of stigma by association among family members of people with mental illness. It also described the effect of four characteristics (familial relationship, gender, co-residence, and whether one is convinced of the heredity of mental illnesses) of family members of people with mental illness on their experiences and consequences of stigma by association. Lastly, this dissertation presented results on coping strategies family members of people with mental illness use to prevent, reduce, or adapt to the stigmatised condition or situation.

Although the presented studies in this dissertation are cross-sectional, a better understanding of stigma by association, and its underlying processes, experiences, and consequences can likely contribute to more adequate support, information, education, interventions, and stigma reduction programs for family members of people with mental illness.

RELEVANCE

The World Health Organization estimates that over 450 million people worldwide suffer from mental illness; some estimates even mention numbers of 500 million and more. As such, a large number of people suffer from mental illness. Subsequently, the number of family members of people with mental illness must be enormous as well as the number of family members that may (potentially) experience stigma by association.

Scientific relevance

The studies presented in this dissertation increase knowledge about stigma by association among family members of people with mental illness, its underlying processes, experiences, and consequences. The outcomes of these studies can stimulate further research and program development on the experiences and the detrimental effects of stigma by association. The results of the studies presented in this dissertation may also be transferred to adjacent research domains (e.g. industrial and organisational psychology, developmental psychology).

Social relevance

Stigma by association, as public stigma, is seen and experienced as a social injustice. It also negatively affects the well-being and quality of life of family members of people with mental illness. It may cause family members of people with mental illness to withdraw from social networks and from their family member with mental illness. Furthermore, they may diminish their social support provision to this family member during periods of hospitalisation and thereafter. Both withdrawal and diminished support have detrimental effects for people with mental illness as their family support system is usually one of the last that remains standing. In this way, withdrawal and diminished family support negatively affects the chances of recovery for the family member with mental illness and, as such, enlarges mental illness related burden and costs to society. The direct and indirect effects of stigma by association may, therefore, not only be harmful for both the person with mental illness and his or her family members, but also for society at large, socially and economically.

Economic relevance

Stigma by association negatively affects the psychological, physical, emotional, and functional health of family members of people with mental illness, and it may subsequently hamper the recovery and therefore lengthen the time in treatment needed by people with mental illness. Consequently, health care costs for the person with mental illness, his or her family members, and society at large may increase due to stigma by

association. Additionally, family members of people with mental illness may also suffer psychological and physical health problems due to stigma by association, and they may experience productivity losses in the workplace due to these health problems or experience the inability to concentrate on the job, due to the stigmatisation of their family member or oneself. The results reported in this dissertation on coping with stigmatisation may also be transferred to the workplace (e.g., coping with workplace mobbing). Future research can aim to determine how costs can be reduced by stigma reduction programs.

TARGET GROUPS

The research results in this dissertation can be of interest to the academic community, family members of people with mental illness, people with mental illness, mental health professionals, support and interest groups, policy makers, civil servants, psychology students, and employers.

Academic community

The phenomenon of stigma by association among family members of people with mental illness has received comparatively little attention in empirical research. This dissertation advances insight regarding the underlying processes, experiences, and consequences of stigma by association. This dissertation also adds to the limited literature on coping with stigma by association among family members of people with mental illness (i.e., aged 18 years or older). Further research may inform us explicitly on the effect of stigma by association among young family members of people with mental illness (aged younger than 18 years) and on the coping strategies they use to prevent, reduce, or adapt to the negative impact of stigma by association.

Family members of people with mental illness

For family members of people with mental illness, the results can indicate that knowledge of the underlying processes, manifestation, experiences, and consequences of stigma by association is important and that coping with stigma by association is especially important. The extended knowledge of stigma by association presented in this dissertation can be integrated in the development of education programs, interventions on stigma by association, and stigma reduction programs. The findings on coping strategies in this dissertation can help family members develop new and more effective coping skills and encourage them to dispose of maladaptive coping skills. Furthermore, the findings show how individual characteristics of family members can affect their experiences and consequences of stigma by association. These findings emphasise the

importance of an individual approach and support provision to each individual family member of people with mental illness.

People with mental illness

Knowledge about the experiences and consequences of stigma by association is relevant for people with mental illness as well as their family members. People with mental illness can become more aware of their family members' experiences of stigma by association, its consequences, and the ways in which these experiences and consequences of stigma by association may negatively affect the lives, attitudes, and family roles of family members within their family.

Mental health professionals and civil servants

Mental health professionals should be educated and informed about family members' experiences of stigma by association and the consequences thereof. They should explicitly be informed about the detrimental consequences stigma by association may have for family support towards the family member with mental illness and, consequently, for the recovery of this family member. Moreover, some experiences of stigma by association take place in the field of mental health services and thus pertain to mental health professionals and civil servants; the underlying cognitions, emotions, and behaviour of stigma by association should also be combatted within mental health care.

Support and interest groups

Members of support and interest groups were included in this research. The results of this dissertation may therefore be of specific interest to them. They may bring these findings and the subjects of stigma and stigma by association to the attention of policy-makers, and put them on the policy agenda.

Policy makers

Stigma and stigma by association should become part of policy makers' and politicians' agendas primarily because stigma by association is a social injustice and also because of the high costs the experiences and consequences of stigma by association impose on society (e.g., increased health costs, productivity loss, etc.).

Employers

Employers may be confronted with the consequences of stigma by association. Employees with a family member with mental illness may have experiences of stigma by

association, encounter psychological distress, and experience a diminished well-being that may result in concentration problems or absenteeism. Therefore, employers should be informed about stigma by association and its consequences. Employees may perform better when there is a possibility to talk about their home situation, their family member with mental illness, their sorrows, and their experiences of stigma by association, especially if experiences of stigma by association occur at the workplace.

Psychology students

Psychology students may encounter cognitions, emotions, and attitudes related to experiences of stigma by association among family members of people with mental illness in their future profession. They may also experience stigma by association themselves because of their work as a mental health professional. They should, therefore, be informed and educated on the subject of stigma by association, its consequences, and on coping strategies that may be effective in preventing or targeting stigma by association. Furthermore, it is important that they are aware of their own stigmatising cognitions, emotions, and attitudes.

ACTIVITIES/PRODUCTS

The findings in this dissertation can be used for adjusting or extending existing educational programs and training sessions, or for the development of new ones for people with mental illness, their family members, mental health professionals, civil servants, and other experts in the field of mental health care. The effects of individual characteristics (familial relationship, gender, co-residence, and the belief that mental illness is hereditary) on family members' experiences and consequences of stigma by association add specific knowledge, and should be taken into account in these programs and training sessions. The knowledge about adaptive and maladaptive coping strategies can be transferred to the development of practical and effective coping skills.

The results of this dissertation can be used to further develop various products and services. Five user groups and related activities/products can be roughly distinguished:

1. Academic community
 - a. The results of the studies in this dissertation can be presented at conferences within the academic community.
 - b. Knowledge transfer to science programs on stigmatisation and (mental) health.
 - c. The development of additional courses and workshops on the subjects of stigmatisation and stigma by association.
2. Family members of people with mental illness, people with mental illness, and support and interest groups

VALORISATION

- a. The results of the studies in this dissertation can be presented at conferences among support and interest groups.
 - b. The development of additional training programs on stigmatisation, stigma by association, and coping strategies.
 - c. Consulting (knowledge transfer) on the subjects of stigma and stigma by association.
3. Mental health professionals, psychology students, and civil servants
 - a. The results of the studies in this dissertation can be presented at conferences on psychiatry, psychology, and mental health care.
 - b. Additional courses and training programs can be developed on the subjects of stigmatisation, stigma by association, and the effects of individual characteristics of family members of people with mental illness on the experiences and consequences of stigma.
 - c. Workshops on the stigmatisation of professionals in mental health care can be organised, as well as on mental health care professionals' own emotions, prejudice, stereotypes, and stigmatising behaviour towards people with mental illness and their family members
 - d. Consulting (knowledge transfer) on these subjects.
4. Policy makers
 - a. The results of the studies in this dissertation can be presented at conferences and debates on (mental) health care, employability, and the labour market
 - b. Consulting on the subjects of stigmatisation, stigma by association, and mental health care.
5. Employers and employers' associations
 - a. The results of the studies in this dissertation can be presented at conferences on employability, working environments, and occupational health services.
 - b. Consulting and coaching on the subjects of stigmatisation at the workplace, of specific professions, and on stigmatised occupational diseases.

INNOVATION

The findings in this dissertation give more insight into experiences and consequences of stigma by association among family members of people with mental illness, and contribute to the still limited literature on stigma by association. Furthermore, detailed and further insight is given into the effects of individual characteristics of family members of people with mental illness, and coping strategies family members use in relation to experiences and consequences of stigma by association. The results of this dissertation offer substantial input for developing, adjusting, or extending research programs, training sessions, and workshops about mental illnesses, stigmatisation, and stigma by association. We will seek to further implement the results and knowledge of the studies

presented in this dissertation not only in the field of mental health care, but also in adjacent research domains and subjects (e.g. workplace mobbing, absenteeism reduction programs, return-to-work or work reintegration programs). Consultancy and knowledge-transfer on the subjects of stigmatisation, stigma by association, health care, and return-to-work can be offered, as can participation in public debate.

SCHEDULE AND IMPLEMENTATION

Several support groups, supported employment organisations, sheltered workshops, social enterprises, and mental health institutions have expressed interest in information and education on the subject of stigma by association. Conference talks will be given in the coming year. Further research on stigma and stigma by association among vocational populations in Dutch emergency and rescue services and the Dutch armed forces is currently the subject of talks with these services and the armed forces. Research methods and procedures will be made suitable for research on stigma and stigma by association among these vocational populations and implementation will continue in the coming years.