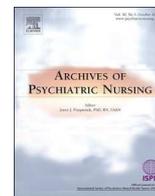


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Stigma in health professionals towards people with mental illness: An integrative review



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Introduction

Stigma related to mental illness can act as a barrier to opportunities that define a good quality of life. This can serve as an impediment to accessing necessary health services leading to disempowerment (Corrigan & Watson, 2002). Stigma has proven to exacerbate mental health problems and can seriously affect chances of recovery, reinforcing negative attitudes and discriminating behaviours in the process (Sartorius, 2007). Stigma is a social construction that devalues people as a result of a distinguishing characteristic or mark (Biernat & Dovidio, 2000). It is also defined by the co-occurrence of elements such as labeling, stereotypes, social distance, status loss and discrimination. Aside from the aggregation of these elements, in order for stigma to exist it should also be expressed within the context of social, economic and political power (Link & Phelan, 2001). That is, it must involve a combination of personal attributes and social stereotypes related to societal access to and endorsement of well-known “unacceptable” or “inferior” human characteristics (Goffman, 1963). Although stigma is often discussed as a unitary construct, there is evidence that it is complex and multidimensional, with components that depend on the measures used and the type of disorders being investigated (Griffiths, Christensen, Jorm, Evans, & Groves, 2004; Stansfield et al., 2008; Watson, Miller, & Lyons, 2005).

In general, people with mental illness are perceived as strange, frightening, unpredictable, aggressive and lacking self-control (Crisp, Gelder, Rix, Meltzer, & Rowlands, 2000; Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999; Phelan & Link, 1998). It is important to recognize media influence as one source of influences on stigma, especially regarding images and messages conveyed by mass media. Some examples are movies, in which people with mental illness are represented as dangerous and living out their lives in psychiatric institutions (Corrigan, Markovitz, Watson, Rowan, & Kubiak, 2003), or

people with mental illness as homicidal maniacs who need to be feared; or even the idea that they are responsible for their illness because they have a weak character (Wahl, 1995).

A major portion of research regarding attitudes towards mental illness has focused on the general public's attitudes and beliefs (Thornicroft, Rose, Kassam, & Sartorius, 2007). Attitudes are multifaceted and are closely linked with knowledge, which is made up of different types of information and acquired through a variety of sources such as education, training and experience, that is, are influenced by societal ideas and culture (Addison & Thorpe, 2004). This is certainly true for health providers' attitudes, which are influenced by ideas and culture of the health care system they work within. Generally speaking, it is expected that health professionals promote positive, compassionate, and supportive attitudes towards people with mental illness (Kassam, Papish, Modgill, & Patten, 2012). However, some health professionals often convey less supportive perceptions of the possibility of success and recovery for people with mental illness (Hodges, Inch, & Silver, 2001; Rüsche, Angermeyer, & Corrigan, 2005).

Knowing the experiences of service users and family perceptions regarding the stigmatizing attitudes of health professionals is important to understand the implications of stigma in health services, especially mental health services (Charles, 2013). Stigma among health professionals is a significant concern as healthcare services are the main avenue by which mental health patients are likely to achieve satisfactory integration or re-integration into society. Health professionals should be aware of the adverse impact that stigmatizing attitudes and discriminatory behaviours might have for service users (Caldwell & Jorm, 2000).

This integrative review identified, critically assessed and synthesized peer-reviewed evidence regarding social stigma in health professionals towards people with mental illness. Although there are many studies which examine stigmatizing attitudes towards people affected

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Table 1
Adapted table from Ursi's instrument.

Identification	Author	Who conducted the study?
	Year	When was the study conducted?
	Country	In what country was the study conducted?
	Title	What is the title?
	Origin	What was the origin?
Methodological characteristics	Language	What is the language?
	Purpose	What were the objectives of the study?
	Design	What was the study design? Was the study longitudinal, cross-sectional?
	Sample	What was the sample of the study?
	Instruments	What type of instrument was used to measure stigma?
	Findings	What were the findings of the study?
	Evidence level	What was the evidence level of the studies?
	Limitations identified	What were the strengths and limitations of the study?
Rigor evaluation	Studies rigor	The methodological steps were clearly described?

by mental illness, an integrative review focusing on stigma among health professionals has never been conducted. This is the first integrative review to examine the attitudes of health professionals towards people with mental illness and provide practical implications for minimizing stigma in health care settings.

Scope of the review

Integrative reviews combine data from different types of research, including empirical or theoretical studies, focusing on methodology, theory, as well as results. Thus, integrative reviews have the potential to build nursing science, informing research, practice, and policy (Whittemore & Knafl, 2005). This review may contribute with future interventions targeting health professionals, especially training and awareness initiatives which encourage reflexivity about the impact of stigmatizing attitudes and discriminatory practices. Therefore, mental illness related stigma among health professionals present in the literature was summarized and analyzed to draw general conclusions about the phenomenon.

Problem formulation

Often health professionals (various types of professionals) act through stigmatizing attitudes towards people with mental illness. This was identified as the problem which led to the development of the integrative review. As a result, the guiding question for this review was identified as: What is the relationship between stigma in health professionals and people with mental illness?

Data search

For the operationalization of the review, we selected the following electronic databases for our search: PubMed (a specialized database for biomedical sciences); Web of Science (a multidisciplinary database that indexes articles with high impact factor); and CINAHL (an important database in the field of Nursing). MeSH (Medical Subject Headings) and DeCS (Health Sciences Descriptors) were used to search the identified databases for publications related to the proposed theme. The vocabularies used were “social stigma” and “mentally ill persons” and “health personnel”. Publications in English, Spanish and Portuguese were included in the review. The inclusion criteria for the selected studies were: articles about stigma, health care professionals and mental illness; articles published in English, Spanish and Portuguese; primary studies, with qualitative or quantitative methods, mixed methods and theoretical studies, retrieved from each databases from 1992 to 2015. The exclusion criteria adopted were the impossibility of acquiring the article, those classified as editorials, theses or dissertations, reviews, letters to editor, opinion articles, editorials, and commentaries.

A large number of articles were excluded (n = 406) because they: 1)

solely focused on self-stigma and mental disorders related to self-esteem, adherence to treatments, instruments of measurement, hospitalization, and psychological support; 2) did not include health professionals in as participants in their study; 3) emphasized mental illness related to psychological support, social inclusion, family members and caregivers, recovery, medicines, measurement instruments; 4) focused on people with mental illness and their perceptions and experiences; 5) focused on stigma not related to mental health (HIV, work, natives, gender, military); or 6) described the evaluation of anti-stigma programs.

Data evaluation

This integrative review was conducted by two independent reviewers according to the established criteria (Cooper, 1982; Polit & Beck, 2012). Titles and abstracts were screened using the inclusion criteria. Articles that met the inclusion criteria were selected for thorough reading. The information related to source, focus of study and method were evaluated. Through our search, we found 144 articles through the PubMed database, 32 of which were selected. Web of Science revealed 182 articles, of which 41 were selected. Ninety-eight articles were found through CINAHL, of which 18 articles were selected. After removing any duplicates, 24 articles remained and were selected to be read in full. Of these, six articles did not relate with the proposed theme, resulting in the final analysis of 18 articles. For data evaluation, methodological assessment tools (Table 1) were adapted from the literature (Ursi & Galvão, 2006) to extract information from the studies. For the analysis of the rigor of the studies, the Briggs' (2014) instrument was used.

Data analyses

Data was extracted from the selected articles and collected using an instrument developed specifically for this review (Ursi & Galvão, 2006). All articles were classified according to the authors, origin and year of publication, sample characteristics, goals, methods, and main results which are presented in Table 2. The selected articles were then categorized according to the main results, such as: implicit and explicit attitudes (attitudes that are at unconscious level, are involuntarily formed and typically unknown; attitudes that are at the conscious level, are deliberately formed and easy to self-report), positive and negative attitudes, social distance, labeling, positive and negative contact, anti-stigma campaigns and education (Fig. 1). We observed a prevalence of descriptive studies (level of evidence IV) (Fineout-Overholt, Williamson, Gallagher-Ford, Melnyk, & Stillwell, 2011), that showed low level of scientific evidence. Studies were recently published and in English.

Table 2
Authors, origin and year of publication, sample characteristics, goals, methods, and main results.

Author/periodic/origin	Aims	Sample	Method	Main findings
Stull, McGrew, Salvors, and Ashburn-Nardo (2013) Journal of Nervous and Mental Disease USA	Examine implicit and explicit attitudes in an Assertive Treatment Community (ACT) team and explore the extent of discrimination	- 154 participants from 55 ACT teams from nine states	- Implicit measure: Implicit Association Test (IAT) - Explicit measure: a series of single-item explicit bias measures	- Positive implicit and explicit attitudes - Stigma attached to clinical care
Kopera et al. (2014) Community Mental Health Journal Poland	Investigate explicit and implicit attitudes regarding people with mental disorder among medical students and health professionals (psychiatrist and psychotherapist)	- Two groups: (29 psychiatrists and psychotherapists); (28 first-year medical students)	- Explicit measure: Emotion Scale; 51-item Opinions about Mental Illness Scale - Implicit measure: Go/No-go Association Task (GNAT)	- Health professionals less prone to discrimination - Both groups with implicit negative attitude, ambivalent attitudes - Prolonged contact with the patient did not always reduce implicit negative attitudes - Professionals have more positive attitudes in comparison to the general public, but both groups have strong stereotypes, especially when it comes to schizophrenia - Psychiatrists have negative stereotypes - Knowing mental disorders does not reduce stereotypes and does not increase the desire to reach out to people with mental disorders - Psychiatrists with negative stereotypes - There are stigmatization and a need for anti-stigma campaigns
Stuber, Rocha, Christian, and Link (2014) Psychiatric Services USA	Compare the general public and health professionals' attitudes about the perception of danger and desire for social distance in people with mental disorders	- 731 providers; 770 general population	- Vignettes with cases of depression and schizophrenia	- Professionals have more positive attitudes in comparison to the general public, but both groups have strong stereotypes, especially when it comes to schizophrenia - Psychiatrists have negative stereotypes - Knowing mental disorders does not reduce stereotypes and does not increase the desire to reach out to people with mental disorders - There are stigmatization and a need for anti-stigma campaigns
Nordt, Rössler, and Lauber (2006) Schizophrenia Bulletin Switzerland	Investigate the attitudes of health professionals and the general public regarding people with mental disorders	- 1073 health professionals; 1737 general public	- Use of questionnaires and vignettes	- Professionals have more positive attitudes in comparison to the general public, but both groups have strong stereotypes, especially when it comes to schizophrenia - Psychiatrists have negative stereotypes - Knowing mental disorders does not reduce stereotypes and does not increase the desire to reach out to people with mental disorders - There are stigmatization and a need for anti-stigma campaigns
Loch et al. (2013) BMC Psychiatry Brazil	Evaluate attitudes of Brazilian psychiatrists in relation to people with schizophrenia	- 1414 Brazilian psychiatrists	- Interview and use of questionnaires	- Professionals have more positive attitudes in comparison to the general public, but both groups have strong stereotypes, especially when it comes to schizophrenia - Psychiatrists have negative stereotypes - Knowing mental disorders does not reduce stereotypes and does not increase the desire to reach out to people with mental disorders - There are stigmatization and a need for anti-stigma campaigns
Vendsborg et al. (2013) Danish Medical Journal Denmark	Identify a psychiatric team attitudes about people with mental disorder	- 548 members of mental health teams from psychiatric units	- Use of questionnaires (MICA)	- Professionals have more positive attitudes in comparison to the general public, but both groups have strong stereotypes, especially when it comes to schizophrenia - Psychiatrists have negative stereotypes - Knowing mental disorders does not reduce stereotypes and does not increase the desire to reach out to people with mental disorders - There are stigmatization and a need for anti-stigma campaigns
Björkman, Angelman, and Jonsson (2008) Scandinavian Journal of Caring Sciences Sweden	Investigate attitudes of psychiatric nurses in relation to people with mental disorders	- 120 nurses or nursing assistants	- Use of questionnaires	- Professionals have more positive attitudes in comparison to the general public, but both groups have strong stereotypes, especially when it comes to schizophrenia - Psychiatrists have negative stereotypes - Knowing mental disorders does not reduce stereotypes and does not increase the desire to reach out to people with mental disorders - There are stigmatization and a need for anti-stigma campaigns
Rao et al. (2009) Journal of Psychiatry and Mental Health Nursing United Kingdom	Use validated instrument to quantify stigmatizing attitudes among health professionals in a forensic hospital	- 108 mental health professionals	- Use of questionnaires (MICA)	- Professionals have more positive attitudes in comparison to the general public, but both groups have strong stereotypes, especially when it comes to schizophrenia - Psychiatrists have negative stereotypes - Knowing mental disorders does not reduce stereotypes and does not increase the desire to reach out to people with mental disorders - There are stigmatization and a need for anti-stigma campaigns
Newton-Howes, Weaver, and Tyrer (2008) Australian and New Zealand Journal of Psychiatry United Kingdom	Identify the perception of difficulty of managing patients with personality disorders by a secondary mental health service team	- All mental health professionals from four units in England	- Secondary analysis of the Comorbidity of Substance Misuse and Mental Illness Collaborative (COSMIC)	- Professionals have more positive attitudes in comparison to the general public, but both groups have strong stereotypes, especially when it comes to schizophrenia - Psychiatrists have negative stereotypes - Knowing mental disorders does not reduce stereotypes and does not increase the desire to reach out to people with mental disorders - There are stigmatization and a need for anti-stigma campaigns
Horsfall, Cleary, and Hunt (2010) Issues in Mental Health Nursing Australia	Provide an overview of stigma and some conceptions of contemporary mental health stigma and explore strategies to reduce stigma for mental health professionals	Theoretical	- Thematic analysis (overview of stigma and conceptions)	- Professionals have more positive attitudes in comparison to the general public, but both groups have strong stereotypes, especially when it comes to schizophrenia - Psychiatrists have negative stereotypes - Knowing mental disorders does not reduce stereotypes and does not increase the desire to reach out to people with mental disorders - There are stigmatization and a need for anti-stigma campaigns
Reavley et al. (2014) Australian & New Zealand Journal of Psychiatry Australia	Apply scales to measure stigma in health professionals (psychiatrists, psychotherapists, clinicians) and compare the levels with those of the general public	- 6848 health professionals	- Vignettes with patients suffering from depression, schizophrenia, post-traumatic stress disorder and social phobia - Questionnaires (social distance and Depression Stigma)	- Professionals have more positive attitudes in comparison to the general public, but both groups have strong stereotypes, especially when it comes to schizophrenia - Psychiatrists have negative stereotypes - Knowing mental disorders does not reduce stereotypes and does not increase the desire to reach out to people with mental disorders - There are stigmatization and a need for anti-stigma campaigns

(continued on next page)

Table 2 (continued)

Author/periodic/original	Aims	Sample	Method	Main findings
Peris, Teachman, and Nosek (2008) Journal of Nervous and Mental Disease USA	Assess the connection between stigma and experience working with mental illness, by measuring explicit and implicit attitudes in health professionals	- 1539 health professionals	- Implicit measure (IAT) - Explicit Measure (semantic differential scale)	- Professionals with a background in mental health with implicit and explicit positive attitudes - Professionals are subject to the influence of practicing stigma
Chambers et al. (2010) International Journal of Nursing Studies United Kingdom	Describe and compare attitudes towards mental illness through a sample of mental health nurses of five European countries and investigate factors associated with these attitudes	- 810 nurses from 72 mental health wards	- CAMI scale	- Positive attitudes in general, with small variations explained by the socio-cultural context
Vibha, Sadjichha, and Kumar (2008) International Journal of Social Psychiatry India	Study psychiatric team attitudes about people with mental disorder and explore the relationships of different domains with several socio-demographic factors	- 100 health professionals	- CAMI scale	- Psych ward attendants with more positive attitudes than general assistants - Important variables for positive attitudes: older age, higher education and greater contact with the patient
Courtis, Lauber, Costa, and Cattapan-Ludewig (2008) International Review of Psychiatry Switzerland	Assess the mental health knowledge and attitudes about people with mental disorders in a sample of health professionals and compare the results between the different professionals and between the Brazilian and Swiss samples	- 99 health professionals	- Use of questionnaires - Vignettes with cases of depression, with proposals for treatment	- Differences in the Brazilian and Swiss health systems affect therapeutic interventions
Jorm, Korten, Jacomb, Christensen, and Henderson (1999) Australian and New Zealand Journal of Psychiatry Australia	Compare Australian public attitudes about people with mental disorders with the attitudes of general practitioners, psychiatrists, and psychotherapists	- 2031 (general public), 872 (doctors), 1128 (psychiatrists), 454 (psychotherapists)	- Vignettes with cases of depression and schizophrenia (opinion on life after treatment and discrimination by another person)	- Health professionals with less stigmatizing attitudes than the general public, due to greater contact with patients
Chien, Yeung, and Chan (2014) Administration and Policy in Mental Health China	Identify the main factors associated with the perception of stigma for people with mental disorder from various perspectives (self-report, caregivers and health professionals)	- 73 mental health professionals, 311 patients, and family caregivers	- Application of 8 scales	- Destigmatization strategies should be discussed, especially in the family context
Hansson et al. (2013) International Journal of Social Psychiatry Sweden	Investigate the attitudes of a mental health team in relation to people with mental disorders and compare it with the attitudes of patients in contact with mental health services	- 140 health professionals, 141 patients	- Use of questionnaires	- Health professionals with negative attitudes

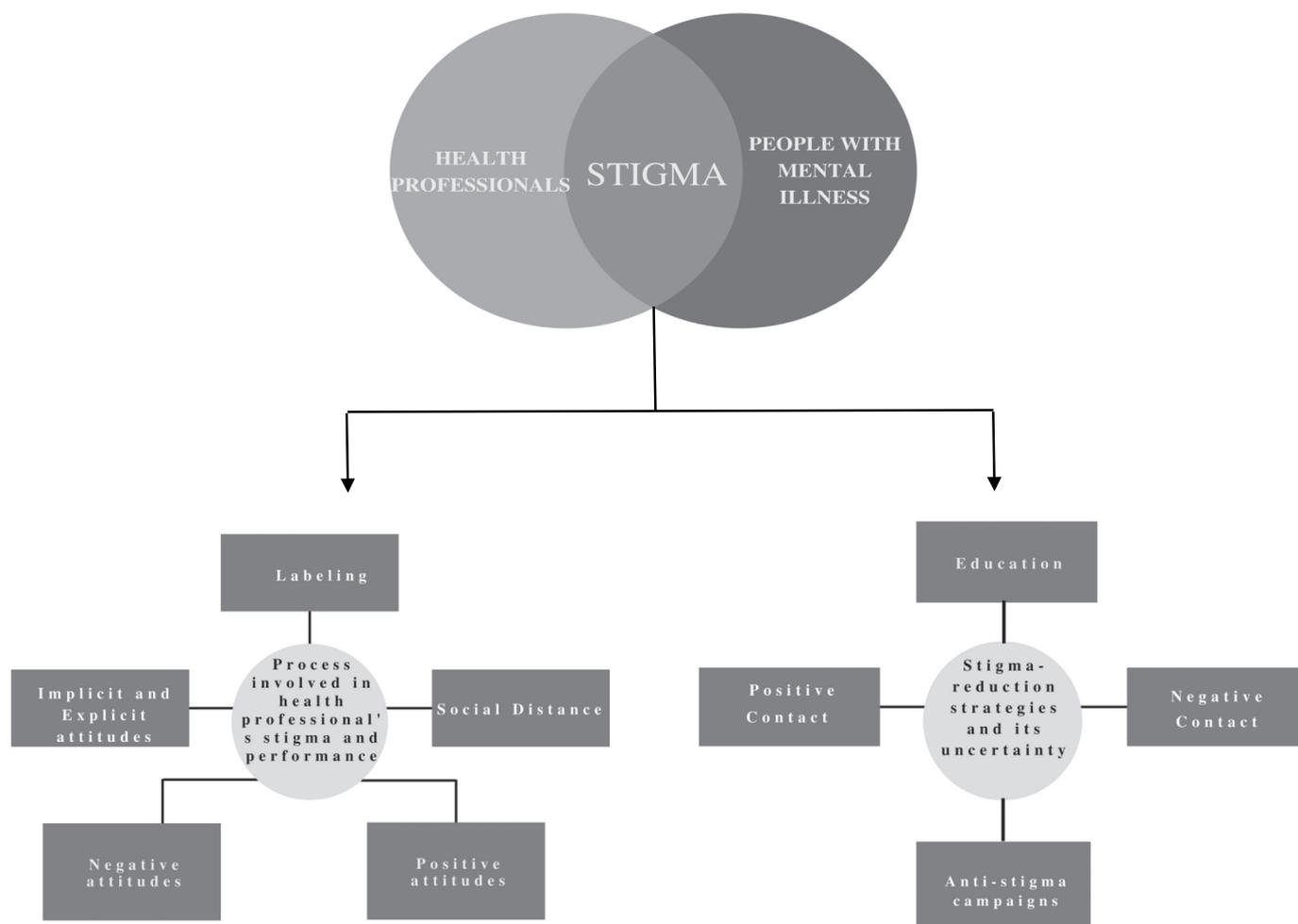


Fig. 1. Categorization of studies on stigma in health professionals towards people with mental illness.

Presentation

In total, eighteen studies focused on stigma among health professionals towards people with mental illness. The majority were descriptive-exploratory quantitative studies (n = 17), only one was a theoretical study, and was selected because it focused on concepts related to stigma among health professionals towards people with mental illness. Studies were mainly conducted in the European continent (n = 9), followed by the United States (n = 3), Australia (n = 3), India (n = 1), China (n = 1), and Brazil (n = 1), and most were published in mental health related journals (n = 15). In terms of samples populations, the majority of studies exclusively focused on healthcare professionals (n = 10), followed by health professionals and the general public (n = 4) and health professionals and healthcare students, and finally service users and caregivers and family members (n = 3). The studies, the majority of which were quantitative (n = 17), used assessment tools – questionnaires (n = 11), vignettes about people affected by mental illness (n = 4), and tests (Implicit and Explicit Measures) (n = 3) to measure levels of stigma among health care professionals. Of the seventeen quantitative studies, sixteen defined and justified the sample frame, nine informed the reliability of the instruments being used and five were related to the content validity of the measures used. The qualitative study related the research question and explained and justified relevant concepts and contents, as stigma-reducing strategies for mental health professionals.

Based on a critical reading of the selected articles, two categories of analysis were developed: 1. Health professionals' performance and manifestations of stigma 2. Stigma-reduction strategies and their

uncertainty.

Health professionals' performance and manifestations of stigma

In the health care field, the use of stereotypes and the assignment of negative characteristics before evaluating the health condition of service users can have two impacts. First, the health professional may not adequately engage with the service users to gain a deeper understanding of the problem and second, the service users no longer receive appropriate care, aggravating the situation (Berger, Wagner, & Baker, 2005). Thus, in many health care settings, stigmatization can cause more damage than the disease itself and can significantly contribute to decrease the quality of life for service users (Peluso & Blay, 2004; Ronzani, Higgins-Biddle, & Furtado, 2009). “In this sense, stigmatization regarding health conditions can often become as or more harmful than the illness itself” (Ronzani et al., 2009, p. 1081).

All studies explored opinions, beliefs, and attitudes of health professionals (psychiatrists, general practitioners, psychotherapists and nurses) in relation to persons with mental illness. Half of the studies (n = 9) compared opinions, beliefs, and attitudes of health professionals with those of the general public (Jorm et al., 1999; Nordt et al., 2006; Peris et al., 2008; Reavley et al., 2014; Stuber et al., 2014), medical students (Kopera, 2014; Peris et al., 2008), caregivers (Chien et al., 2014) and the service users themselves (Hanssom et al., 2013).

Attitudes, one aspect of stigma, are defined as a long-term organization of beliefs and cognitions with an affective charge for or against a person. Certain attitudes predispose individuals to actions consistent with the cognitions and emotions pertaining to that person (Rodrigues,

Assmar, & Jablonski, 2005). They can be positive or negative, explicit (attitudes that are at the conscious level, are deliberately formed and easy to self-report) or implicit (attitudes that are at unconscious level, are involuntarily formed and typically unknown), socially developed by cultural norms and as a result of learning processes.

There is increasing recognition that explicit measures may underestimate levels of stigma. In contrast, implicit attitudes, evaluations that may reside outside of conscious control or awareness, may be more sensitive to detecting associations that persons would not explicitly endorse or would prefer not to reveal (Hinshaw & Stier, 2008). Of the studies analyzed, three (Kopera, 2014; Peris et al., 2008; Stull et al., 2013) investigated implicit and explicit attitudes of health professionals towards people with mental illness and had comparable results.

Stull et al. (2013) used the “Implicit Association Test” (IAT) to measure implicit attitudes in health professionals in an Assertive Treatment Community (ACT). The study also used vignettes to describe cases of schizophrenia in order to identify explicit attitudes. Results showed that certain participating health professionals had more positive explicit and implicit attitudes towards people with mental illness, according with scales. More positive attitudes were associated with higher levels of education, meaning health professionals with advanced mental health training demonstrated less stigmatizing attitudes towards people with mental illness. Kopera (2014) using the same methodology also identified more positive explicit attitudes among health professionals (psychiatrists, psychotherapists and medical students), particularly among older professionals with advanced training. Implicit and explicit attitudes among health professionals were also compared with those of medical students in study of Peris et al. (2008). Findings revealed both groups had positive attitudes (less stigmatizing attitudes), although the professionals were less inclined to stigmatize and had less restrictive attitudes, a factor associated with their experience and greater contact with people with mental illness. These three studies reinforced the importance of evaluating implicit and explicit attitudes of health professionals because while explicit stigma is self-reported and occurs within conscious awareness, implicit stigma occurs outside of conscious control, which may impact assessment, whether treatment is offered, the type of interventions offered, prognoses and recovery.

Other studies also revealed positive attitudes of health professionals (psychiatrists, psychologists and general practitioners) towards people with mental illness and associated factors such as age, training and experience (Nordt et al., 2006; Reavley et al., 2014; Stuber et al., 2014). These factors relate to the concept of social contact (Corrigan & Watson, 2002), where lower levels of stigma result due to interaction with people with lived experience. Interpersonal and social contact is further enhanced when the general public is able to regularly interact with people with mental illness as peers, what can lead to the reformulation of stereotypical beliefs about the stigmatized group.

While most studies found more positive attitudes among mental health professionals in older age categories, one investigation (Vibha et al., 2008) contradicted this finding reporting that younger health professionals had more positive attitudes. This may be explained by the fact that younger generations have more flexible attitudes, can be influenced by positive media messaging about mental health, and have relatively more education. “One could hypothesize that this may be due to the fact that the younger generation has a more flexible attitude, which gets influenced by media promotion as well as education, whereas the older age groups generally carry more rigid attitudes, making them impermeable to change.” (Vibha et al., 2008, p. 476).

Vendsborg et al. (2013) warned of “diagnostic overshadowing” where a patient's physical problems are overshadowed by their psychiatric diagnosis (Thornicroft, Brohan, Kassam, & Lewis-Holmes, 2008). The purpose of the study was to measure attitudes among psychiatric staff and to test the usefulness of the scales in a Danish context. The majority of the respondents believed in the possibility of recovery for patients and only a minority associated a high degree of dangerousness with schizophrenia. Besides that, the majority of the

respondents believed that the illness was chronic and agreed on the need for staff to also be aware of patients' somatic illness. However, the study identified lower levels of stigmatizing attitudes in health professionals leading to more positive attitudes towards the possibility of mental health recovery for service users (Vendsborg et al., 2013).

Studies that found more positive attitudes among health professionals also warned about the risk of developing negative attitudes towards people with mental illness. This may be due to the fact that stigmatizing attitudes are common among health professionals and are closely related to professional experience working with and caring for people in symptomatic stages of mental illness (Horsfall et al., 2010).

Prejudice is another component of stigma and is defined as an offensive reaction of an individual or group towards individuals or groups, based on the belief that they have negative features (Corrigan et al., 2003). Six studies (Chien et al., 2014; Hanssom, 2013; Jorm et al., 1999; Kopera, 2014; Newton-Howes et al., 2008; Rao et al., 2009) showed prejudice against people with mental illness through the identification of negative attitudes among health professionals (general practitioners, psychiatrists and clinical psychologists).

An important factor which influences stigmatizing attitudes is regular contact with people with mental illness. Data from four studies (Chien et al., 2014; Hanssom, 2013; Jorm et al., 1999; Kopera, 2014) indicates competing ideas regarding contact (Corrigan, 2004), revealing that it does not guarantee an improvement in stigmatizing attitudes since health professionals have complex interactions with people with mental illness.

In the study of Newton-Howes et al. (2008), stigma was measured among secondary health service professionals towards people with personality disorders, highlighting the impact of diagnostic labeling and the difficulty in treatment. Labeling is another aspect involved in stigma that, when applied to a person, identifies or defines them by a single feature. A person can be labeled as ‘deviant’ when they are perceived to be violating a social norm (Link & Phelan, 2001). In the health care field, labeling has strong implications for those who are stigmatized, leading to debilitating consequences.

Rao et al. (2009) revealed highly stigmatizing attitudes among mental health workers towards people with mental illness in a forensic hospital. Service users with schizophrenia and substance use issues generated the most stigmatizing attitudes while those in recovery prompted less stigmatizing attitudes in health professionals. As a recommendation, the authors suggested greater publicity of cases which highlight recovery through treatment.

We must also point out that some studies (Nordt et al., 2006; Reavley et al., 2014; Stuber et al., 2014) identified the desire for social distance, even among health professionals (psychiatrists, psychologists and general practitioners) with positive attitudes towards people with mental disorders. Social distance is one of the most important components in stigmatization because it reflects a person's desire to engage in activities with people with certain health conditions (Corrigan et al., 2003). The desire for detachment often occurs because of distorted perceptions about people with mental illness being dangerous and predictable (Link et al., 1999).

Social contact, labeling, recovery and social distance are all components of stigma which are interrelated and lead to discriminatory actions. Discrimination must be addressed by stigma-reduction measures, as it is a major obstacle to the development of treatment and recovery services targeted towards people with mental illness.

Stigma-reduction strategies and its uncertainty

Stigma is an important variable for people in need of mental health treatment because it influences the impact of the intervention. To enhance quality of life and sustain benefits over time, one must consider understanding and reducing the effect of mental health stigma (Link et al., 1999).

Stigma-reduction strategies tend to be composed of contact, protest

(often applied against stigmatizing public statements, media reports and advertisements), and educational components (Corrigan et al., 2003; Rüscher et al., 2005). However the analyzed studies highlight the limited effectiveness of these strategies (Björkman et al., 2008; Hansson, 2013; Jorm et al., 1999; Loch et al., 2013; Nordt et al., 2006; Vibha et al., 2008).

Contact with people with mental illness is recommended as a key strategy for reducing stigma (Newton-Howes et al., 2008) and the studies (Björkman et al., 2008; Vibha et al., 2008) were compatible with this idea. A few studies identified contact between health professionals and people suffering from mental illness as having a positive impact on the reduction of prejudices and stereotypes. However other studies (Chien et al., 2014; Hansson, Jormfeldt, Svedberg, & Svensson, 2013; Jorm et al., 1999; Kopera, 2014) stressed the negative effects of contact, such as a negative prognosis and the difficulties associated with recovery, increasing stigmatization among professionals.

Public awareness campaigns were identified as potential strategies to address stigma and have been implemented in many countries to reduce the stigma attached to people with mental illness (Horsfall et al., 2010). Some studies (Björkman et al., 2008; Loch et al., 2013; Nordt et al., 2006) warn against the scarcity of these campaigns, considering their limited reach as well as challenges of measuring impact, both among the general public and health professionals. It is also suggested that there is a need for studies that identify beliefs and attitudes about people with mental illness prior to developing awareness-raising campaigns and when searching for more specific interventions.

Health professionals are vulnerable to stereotypes because they are in contact with service users at critical points in time; when symptoms may be apparent and they are in dire need of treatment (Stuber et al., 2014). This may increase negative perceptions about mental illness leading to the development of stereotypes. To complement the idea, health professionals should not assume that they themselves do not believe in stereotypes or are more willing to interact with people with mental illness (Caldwell & Jorm, 2000).

Health professionals are also part of the general population and are exposed to socialization processes which can lead to the internalization of stigmatizing and discriminatory attitudes (Hansson, 2013). Educating health professionals about stigmatizing attitudes and practices that they might convey and the damage it can cause in relation to trust, hope, chance of recovery and quality of life for service users is essential for reducing stigma. Anti-stigma campaigns delivered to psychiatrists and psychiatric residents via the internet might be effective in reducing stigma against people with mental illness, according to a study which investigated the efficacy of a web-based mental illness stigma education program for mental health professionals (Bayar, Poyraz, Akson-Poyraz, & Arıkan, 2009).

In addition to training, health professionals should engage in processes that actively defy their own personal beliefs and attitudes to broaden their views and facilitate productive relationships with people with mental illness (Hansson, 2013). On the other hand, measures to reduce stigmas, such as educational programs, anti-stigma campaigns and personal contact are considered important, and address explicit attitudes, but do not impact unintended processes based on implicit bias (Kopera, 2014).

Thus, these measures may not be completely effective, and therefore new assessments and methods that interfere with implicit attitudes are necessary. For example, the Implicit Association Test (IAT) consists of questions that participants must answer as quickly as possible, so that answers are not based on self-control or social desirability processes. The IAT showed that unconscious emotions are reflections of the clinical work of the health care professional, such as devaluation, low wages, and demotivation, influencing opinions, beliefs, and attitudes about people with mental disorders. However, stigma reduction measures that interfere in the findings of assessments of implicit attitudes were discussed simply as being an important aspect for further investigations and interventions (Kopera, 2014).

Limitations and further directions

The limitations of the study are related to its broader results. We searched the relationship between stigma in health professionals and people with mental illness, and did not specify types of mental illness or categories of health professionals. Therefore, this review may help health professionals to reflect on their stigmatizing attitudes towards people with mental illness, or even identify that they do not know their own stigma in their care practices. The results presented indicate the need for future interventions aimed at health professionals, in order to stimulate reflection and awareness of their own attitudes, which can often be stigmatizing and discriminatory. As well, more research should be conducted to fully understand the impact of anti-stigma strategies on implicit attitudes, which have an impact on assessment, type of treatment offered, quality of treatment and perceived potential for recovery.

Besides that, the level of evidence from the studies was low, which demonstrates the need for new research to investigate stigmatizing attitudes of health professionals through consistent methods and instruments with evaluated psychometric properties.

Conclusion and practical implications

Results from this integrative review present a foundation to better understand stigmatizing attitudes and practices of health care providers towards people with mental illness as well as interventions which aim to reduce stigma in health care settings. Recognizing the complex nature of stigma and the key role that clinicians, especially nurses, who are in close contact with service users in different health services and are recognized for the capacity to understand the needs and expectations of users who seek for care at health services.

As **implications for research**, findings suggest that implicit attitudes towards individuals with mental illness play an important role in stigmatizing practices and should be explored further. Besides that, there are **implications for health care education**, related to educational efforts targeting health care professionals, which must promote critical thinking about personal beliefs and attitudes as well as increase awareness of the detrimental impact of stigma on actions and practices within health care settings. This could be through sensitization techniques and through contact with people with mental illness, to demystify beliefs and to promote the reflection of health professionals regarding their own attitudes. With respect to **implications for clinical practice**, since evidence shows that stigma can have a detrimental impact on persons with mental illness, the quality of care they receive and treatment options, thereby impacting their potential for recovery, increased efforts should be made to change stigmatizing attitudes and practices among health care providers.

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