

The Relationship between Social Stigma Recognition and Discrimination Perception for the Mentally-ill: on Samples of the General Public and the Mentally-ill

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Introduction

Social stigma and discrimination are the most common human rights issues faced by the mentally-ill. This study conceptually clearly distinguishes social stigma with cognitive characteristics and discrimination with behavioral characteristics, and tries to measure social stigma and discrimination applied with social representations not individual levels for the mentally-ill.

- This study aims to measure the social stigma recognition and discrimination perception applied with the social representation of the mentally-ill for the general public and the mentally-ill, and to identify the differences according to demographic variables (gender, age) within each group. Through this, the necessity of setting the direction of human rights education intervention according to gender and age of the general public group and the mentally-ill group is investigated.
- This study aims to confirm how sub-factors of social stigma recognition affect discrimination perception and its sub-factors, respectively. Through this, it is intended to suggest effective interventions to improve the human rights of the mentally-ill by identifying areas that need improvement in the social stigma recognition.
- This study aims to examine the differences in the social stigma recognition and discrimination perception for the mentally-ill between the general public and the mentally-ill. By examining the differences between groups, this study attempts to confirm the need for customized interventions for each group to induce changes in the human rights awareness of the mentally-ill in society.

Methods

- Participants**
 - The general public (online survey): 257 men and women adults nationwide
 - The mentally-ill (face-to-face survey): 163 adult men and women adults who have received psychiatric outpatient treatment
- Analysis:** Using SPSS 25.0, analysis descriptive statistics, skewness and kurtosis, correlation analysis, independent sample t-test, ANOVA, regression analysis

Measures

- Social Stigma Recognition Scale for the mentally-ill**
 - 22 items, four sub-factors (Maladaptive interpersonal relationship, Low efficacy, Personality and risk, Disability), 7-point Likert Scale, Chronbach's alpha: .94 (Maladaptive interpersonal relationship .95, Low efficacy .59, Personality and risk .91, Disability .80)
- Discrimination Perception Scale for the mentally-ill**
 - 8 items, two sub-factors (School and Interpersonal relationship, The rights of the individual), 7-point Likert Scale, Chronbach's alpha: .93 (School and Interpersonal relationship .92, The rights of the individual .86)

Results

Table 1. Differences in the SSR and DP for the mentally-ill between age group (sample: the general public / the mentally-ill) (18~29(a), 30~39(b), 40~49(c), 50~59(d), 60~69(e))

DV	age	The general public		The mentally-ill	
		M(SD)	F	M(SD)	F
Social Stigma Recognition(total)	a	4.38(.92)		4.53(1.14)	
	b	4.36(.82)		4.15(1.17)	
	c	4.76(.82)	4.475**	4.09(1.19)	2.491*
	d	4.51(.86)		4.23(1.27)	a > e
	e	4.52(.87)		3.67(1.21)	
Discrimination Perception(total)	a	4.09(1.03)		3.86(1.57)	
	b	4.27(1.20)	5.080**	3.92(1.55)	371
	c	4.88(.97)		3.82(1.75)	
	d	4.71(.97)		3.61(1.48)	
	e	4.72(.97)		3.61(1.48)	

*p<.05, **p<.01, ***p<.001

- In the general public, overall, the older age group had higher social stigma recognition and discrimination perception for the mental-illness than the lower age group. And women had higher discrimination perception for the mentally-ill than men.
- In the case of the mentally-ill, unlike the general public, the social stigma recognition for the mentally-ill was higher in the lower age group than in the higher age group.

Table 3. The Effect of SSR on DP (sample: general public / mentally ill)

IV	DV	β (general public)	β (mentally-ill)
Social Stigma Recognition 1: Maladaptive interpersonal relationship	Discrimination Perception	.595**	.675**
Social Stigma Recognition 2: Low efficacy		.015	-.046
Social Stigma Recognition 3: Personality and risk		.570**	.651**
Social Stigma Recognition 4: Disability		.372**	.518**
Social Stigma Recognition 1: Maladaptive interpersonal relationship	Discrimination Perception 1: School and interpersonal relationship	.655**	.726**
Social Stigma Recognition 2: Low efficacy		.015	.008
Social Stigma Recognition 3: Personality and risk		.601**	.681**
Social Stigma Recognition 4: Disability		.325**	.533**
Social Stigma Recognition 1: Maladaptive interpersonal relationship	Discrimination Perception 2: The rights of the individual	.438**	.551**
Social Stigma Recognition 2: Low efficacy		-.024	-.094
Social Stigma Recognition 3: Personality and risk		.447**	.549**
Social Stigma Recognition 4: Disability		.360**	.426**

*p<.05, **p<.01, ***p<.001

- In both the general public group and the mentally-ill group, the higher the maladaptive interpersonal relationship, personality and risk, and disability factors, the higher the discrimination perception.

Results

Table 4. Differences in the SSR and DP for the mentally-ill between the General Public and the Mentally-ill

DV	M(SD)		t
	The general public	The mentally-ill	
Social Stigma Recognition(total)	4.52(.87)	4.20(1.21)	2.894**
Maladaptive interpersonal relationship	4.82(1.11)	4.34(1.45)	3.686**
	4.33(1.02)	4.19(1.39)	1.088
	4.60(1.05)	4.26(1.48)	2.541*
	3.60(1.24)	3.68(1.59)	-.558
	4.52(1.08)	3.76(1.52)	5.651**
Discrimination Perception	4.72(1.18)	3.98(1.61)	5.173**
	4.32(1.17)	3.64(1.60)	5.448**

* p<.05, ** p<.01, *** p<.001

Table 5. Differences of gender in the SSR and DP for the mentally-ill between the General Public and the Mentally-ill

DV	Men		t	Women		t
	The general public	The mentally-ill		The general public	The mentally-ill	
Social Stigma Recognition(total)	4.44(.87)	4.14(1.27)	1.943	4.59(.88)	4.27(1.14)	2.192*
Maladaptive interpersonal relationship	4.70(1.16)	4.26(1.50)	2.309*	4.95(1.05)	4.43(1.41)	2.949**
	4.30(1.01)	4.23(1.35)	.389	4.36(1.04)	4.15(1.44)	1.149
	4.52(1.05)	4.10(1.53)	2.223*	4.67(1.06)	4.42(1.42)	1.404
	3.64(1.22)	3.77(1.57)	-.625	3.56(1.29)	3.69(1.60)	-.163
	4.40(1.26)	3.73(1.52)	3.533**	4.65(1.09)	3.88(1.53)	4.841**
Discrimination Perception	4.56(1.20)	3.93(1.56)	3.141**	4.89(1.13)	4.10(1.67)	4.202**
	4.23(1.10)	3.51(1.64)	3.546**	4.41(1.24)	3.66(1.59)	4.208**

* p<.05, ** p<.01, *** p<.001

Table 6. Differences of age in the SSR and DP for the mentally-ill between the General Public and the Mentally-ill (18~29(a), 30~39(b), 40~49(c), 50~59(d), 60~69(e))

DV	age	M(SD)		t
		The general public	The mentally-ill	
Social Stigma Recognition(total)	a	4.18(.92)	4.53(1.14)	-1.741
	b	4.36(.82)	4.15(1.17)	.952
	c	4.76(.82)	4.09(1.19)	2.549**
	d	4.51(.86)	4.23(1.27)	.956
	e	4.52(.87)	3.67(1.21)	4.155**
Discrimination Perception	a	4.09(1.03)	3.86(1.57)	.919
	b	4.27(1.20)	3.61(1.33)	2.608*
	c	4.64(1.07)	3.92(1.55)	2.210*
	d	4.88(.97)	3.82(1.75)	2.690**
	e	4.71(.97)	3.61(1.48)	4.049**

- The general public showed significantly higher in both social stigma recognition, including the maladaptive interpersonal relationships, personality and risk, and discrimination perception for the mentally-ill including school and interpersonal relationship and the rights of the individual compared to the mentally-ill.
- In the social stigma recognition, the general public women showed significantly higher compared to the mentally-ill women, and in the discrimination perception, the general public showed significantly higher compared to the mentally-ill in both men and women.
- The general public in their 40s and 60s had a higher social stigma recognition for the mentally-ill than the mentally-ill of the same age, and the general public in their 30s and 60s had a higher discrimination perception than the mentally-ill of the same age.

Discussion

Implications

- In this study, social stigma and discrimination were conceptually separated and measured. In addition, to confirm the general public and the mentally-ill's social stigma and discrimination for the mentally-ill, the social stigma recognition and discrimination perception, related to social representation, were measured. Through this, social stigma and discrimination for the mentally-ill could be more accurately identified from a more objective point of view, and social phenomena could be confirmed.
- Differences in the social stigma recognition and discrimination perception for the mentally-ill between age group and gender in the general public and the mentally-ill
 - In the general public group, there were differences in social stigma recognition and discrimination perception between ages, and there were differences in discrimination perception between genders. In addition, there was a difference in social stigma recognition between age in the mentally-ill. Therefore, it suggests that detailed interventions between age and gender of each group are needed to cultivate human rights of the mentally-ill.
- The effect of social stigma recognition on discrimination perception in the general public and the mentally-ill
 - The maladaptive interpersonal relationships, personality and risk, and disability factor among the social stigma recognition significantly increases the discrimination perception. Therefore, it is important to focus more on the perception of social stigma in human rights education to reduce the human rights problem of the mentally-ill.
- Differences in the social stigma recognition and discrimination perception in the general public and the mentally-ill
 - The difference in social stigma recognition and discrimination perception for the mentally-ill between the general public group and the mentally-ill group was significant. In addition, since differences in social stigma recognition and discrimination perception were found according to age group and gender between groups, it can be seen that human rights education for the mentally-ill should be conducted with differentiated contents according to the general public and the mentally-ill.

Limitation

- Since the sample of the mentally-ill is limited to a specific region, it is necessary to collect data on the mentally-ill through a nationwide sample and conduct an analysis to verify whether the results are similar to those of this study.