PREJUDICE, DISCRIMINATION AND MENTAL ILLNESS

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"THE TRUE TEST OF A CIVILISED SOCIETY IS THE WAY IT TREATS ITS MOST VULNERABLE CITIZENS" (DINESH BHUGRA, PAST PRESIDENT, WORLD PSYCHIATRIC ASSOCIATION)[1]

The stigma suffered by those with mental illness is well documented… *"It's difficult to work with people who don't understand your illness. They pick on you. I'm labelled because I see a psychiatrist. I lie to keep appointments with you. I may have a mental illness but I'm not stupid" (A patient's words)…*

The rights of the mentally ill are grossly neglected as demonstrated by the deaths of over a hundred patients of Life Esidimeni Hospital when they were transferred to unregistered non-governmental facilities as part of a cost cutting exercise by the Gauteng Department of Health. The investigation by the health Ombudsman Professor Malegapuru Makgoba found gross neglect and despite the resignation of the MEC for Health Qedani Mahlangu no criminal prosecution has been started. This incident has served to highlight the lack of provision of services for those with mental illness and the criminal neglect of their needs.

The World Psychiatric Association (WPA) has advocated the formulation of a Bill of Rights for the mentally ill.[2] Amongst the provisions included are the rights to:

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- Accessible and affordable mental and physical healthcare
- Work, training and education
- Accessible, integrated and affordable housing
- Freedom of movement
- Equality before the law
- Freedom from cruel, inhuman degrading treatment and punishment

These are basic human rights that should be the preserve of all citizens. The mentally ill, however, have been discriminated against for centuries. Historically they were isolated and placed in asylums. They were subjected to cruel and inhumane treatments and their needs were neglected.

The current paper explores various aspects of discrimination and mental illness. The substance has been derived from a talk presented at the *Dr Reddys* academic weekend in June 2017. Based on specific terms that will be used it is important to define them[3]:

Bigotry - an obstinate or intolerant devotion to one's own opinions and prejudices.

Prejudice – an irrational attitude of hostility directed against an individual, a group, a race or their supposed characteristics.

Discrimination - the practice of unfairly treating a person or group of people differently from other people or groups of people.

There are many issues to consider: Does prejudice cause mental illness? What is the nature of such illness? Do people with mental illness suffer prejudice? What are the consequences of this prejudice? This paper explores these and associated issues, looks at some of the relevant literature, and tries to shed light on the way forward.

DISCRIMINATION IS DEROGATORY, DAMAGING AND DEMEANING. IT STOPS PEOPLE FROM REACHING THEIR FULL POTENTIAL. THE DISCRIMINATION SUFFERED BY THOSE WITH MENTAL ILLNESS IS WORSE THAN THAT SUFFERED BECAUSE OF RACE, AGE, GENDER, RELIGION AND SEXUAL ORIENTATION.[1] THE RELATIONSHIP BETWEEN VARIOUS FORMS OF DISCRIMINATION AND MENTAL ILLNESS HAS BEEN THE SUBJECT OF MUCH DISCUSSION AND DEBATE. IT IS A COMPLEX ONE.

Funding for mental health lags behind that for physical illness. This is largely as a result of stigma.[1] Substance use disorders are seen as self- induced and not taken seriously.These disorders are neglected despite their significant impact on individuals, family and society.

Patients with mental illness suffer more physical illness and have shorter lives. They are poorer, have more stressors, less education and are more likely to be victims of domestic violence. This filters through generations. In many countries they have do not have the right to vote or to engage in legal contracts.[4]

Corrigan and Watson (2002) held that people with mental illnesses were doubly challenged.[5] They struggled with symptoms and disabilities of the disease and were challenged by stereotypes and prejudices that stemmed from misconceptions of mental illness. As a result they were denied good jobs, safe housing, satisfactory healthcare and social affiliation. The stigma suffered is twofold (1) self- stigma: prejudice which people with mental illness have against themselves, (2) public-stigma: A reaction that the general population has towards people with mental illness.

PREJUDICE CAN CAUSE MENTAL ILLNESS DUE TO MANY FACTORS – UNEQUAL POWER RELATIONSHIPS, PERSONAL INSULT, DEROGATORY ACTS, DEVALUING THE VICTIM. THIS PROVOKES FEELINGS OF LOW SELF-ESTEEM AND POWERLESSNESS AND CAN CAUSE ANGER, DEPRESSION OR ANXIETY.

Prejudice may lead to emotional responses to stigmatised groups and prejudice turned inwards leads to self-discrimination. Prejudice, which is a cognitive and affective response, leads to discrimination, a behavioural reaction.[5]

Misconceptions about mentally ill people are many and include the following – they are violent and should be feared; they are irresponsible; they are childlike and need to be cared for.

Corrigan and Watson (2002)[5] also describe 4 forms of discrimination - withholding help; avoidance; coercive treatment and segregated institutions.

Allport's seminal work defined the nature of prejudice.[6] He determined a 5-point scale of increasingly dangerous acts:

1. Verbal expression of antagonism
2. Avoidance of members of disliked groups
3. Active discrimination
4. Physical attack
5. Extermination – lynchings, massacres, genocide.

RACE

In a country that emerges slowly from a past bedevilled by racial discrimination and inequality of immeasurable proportions it would be expected that the incidence of mental illness is disproportionately high. Research in this regard however is scant.

Many facets of racism have been explored over the years. Leopold Sedar Senghor (1906-2001), Senegalese poet and cultural theorist, first President

of Senegal, coined the term ''negritude" in response to the racism present in France. He tried to turn the racial slur ''negre" into a positive celebration of African culture and character.

Franz Omar Fanon (1925-1961), psychiatrist, philosopher and revolutionary writer analysed the negative psychological effects of colonial subjugation upon Black people in ''*Black skin, White masks"* published in 1952. He radically revised methods of treatment and started ''sociotherapy" to connect with patients' cultural backgrounds.

In ''*The Wretched of the Earth"* (1961) Fanon defended the rights of a colonised people to use violence to gain independence. He felt that those who were not considered human could not be bound by principles that apply to humanity. Fanon influenced amongst others Malcolm X, Che Guevara and Steve Biko.

A conference at the University of the Witwatersrand in February 2017 explored the social determinants of health. Amongst issues it examined was the role of doctors in addressing health inequities in South Africa and the need to identify solutions.[7]

This conference was held against a background of crucial issues that confront the country and have a marked impact on health delivery. There is an ever widening Gini coefficient (a measure of inequality), with service delivery protests occurring almost daily as disadvantaged communities grapple with the ravages of poverty. As levels of crime increase exponentially, minority groups experience xenophobia, and revelations of "*State Capture"* shake confidence in the economy and the political stability of the country. All these issues add to the burden of disease.

THE STARK REALITY OF LIFE IN SOUTH AFRICA TODAY IS THAT 35% OF THE LABOUR FORCE IS UNEMPLOYED AND 14 MILLION PEOPLE GO TO BED HUNGRY. THE SPIRAL OF UNMET BASIC NEEDS, POVERTY, CRIMINAL BEHAVIOUR AND VIOLENCE IS A FERTILE BREEDING GROUND FOR A VARIETY OF MENTAL ILLNESSES INCLUDING ANXIETY, DEPRESSION AND POST- TRAUMATIC STRESS DISORDER. ADVERSITY MAY MOTIVATE PEOPLE, STIMULATE GROWTH AND FOSTER RESILIENCE. THE RISK HOWEVER IS POOR MENTAL HEALTH.

Many people in South Africa have been victims of racism. Entire communities were discriminated against under the iniquitous system of Apartheid after the National party assumed power in 1948. The enactment of the Group Areas Act (1950), the Job Reservation Act and the Immorality Act determined where people lived and worked and whom they married.[8] The unwritten social discrimination of the colonial power was now law.

Apartheid had a major impact on the lives of all South Africans. Black South Africans suffered discrimination in all spheres of life. The social and economic deprivation, lack of proper housing, education and health care proved a rich breeding ground for a host of physical and mental illnesses.

Post democracy very little has changed for many people. The socio-economic barriers to good mental health remain. The unmet expectations have led to anxiety and depression. Substance abuse is rife in impoverished communities.

In addition many people are disillusioned by affirmative action. They feel unfairly discriminated against because of race. There is a belief that affirmative action, as practised, is racism in reverse.

HUYNH (2012)[9] FOUND THAT THOSE WHO WERE DISCRIMINATED AGAINST ON THE GROUNDS OF RACE SUFFERED SIGNIFICANT NEGATIVE CONSEQUENCES INCLUDING AN IMPACT ON GENERAL WELL-BEING, SELF-ESTEEM, SELF-WORTH, AND SOCIAL RELATIONS. THIS LED TO INCREASED LEVELS OF STRESS, ANXIETY AND DEPRESSION.

Fisher[10] explored the case of Dylan Roof who killed nine Black people in a church in Charlestown. He holds that racism is not a mental illness but some aspects are similar, for example, thoughts of superiority are delusional or there may be paranoia that the 'superior' race is under threat. Racism does not have a biological basis but it is learned then accepted as the truth. Hate too is learned and its behavioural manifestations, bigotry and prejudice, are socialised in people when they are young by the adults who raise them. Terrorism, the use of violence to achieve political objectives, is a vehicle to eliminate the object of hate. Mental illness however has a biological basis. Racism, hate and terrorism may cause

mental illness.[9] Poussaint[11] differs in that he feels that extreme racism is a mental illness and not to regard it as such and not to see it as pathological gives it legitimacy. Poussaint sees it as a delusional disorder.[11] The counter argument is that if racism is seen as a mental illness it would provide an excuse for prejudiced behaviour.

Poussaint[11] concludes *"Clinicians need guidelines for recognising delusional racism in all its forms so that they can provide appropriate treatment. Otherwise extreme delusional racists will fall through the cracks of the mental health system, and we can expect more of them to explode and act out their deadly delusions."* This was written some years before Dylan Roof exploded.

VULNERABLE GROUPS

Vulnerable groups of people have higher than expected rates of psychiatric disorders. These groups include the following: lesbians, gays, bisexual, transgender and intersex(LGBTI), migrants, prisoners, minorities and women.[12] They have higher rates of suicide. Discrimination is also associated with higher rates of depression, anxiety and psychosis.[13]

SEXUAL ORIENTATION

HOMOSEXUALITY WAS REGARDED AS A MENTAL ILLNESS UNTIL ITS REMOVAL FROM THE SECOND EDITION OF THE DIAGNOSTIC AND STATISTICAL MANUAL FOR MENTAL ILLNESS (DSM) IN 1973.

The LGBTI community has been the victim of prejudice for centuries. They have borne the brunt of the anger and discrimination by those who see them as lesser beings because of misguided belief. There are those, who, bereft of current scientific knowledge, who use ancient religious texts to brand gays and lesbians "sinners." Anti-gay prejudice is rife in many areas and homosexuality is regarded as a crime in many African countries and religious states in the Middle East.

There have been psychiatrists who have attempted to "treat" homosexuals by cruel and inhumane procedures. South African psychiatrist, Aubrey Levine, who "treated" recruits in the South African Defence Force in this manner was subsequently found guilty of abusing male patients in Canada and imprisoned.

The LGBTI community is particularly vulnerable and prone to a range of psychiatric illnesses.

Meyer (2003)[12] held that the LGB community had a higher prevalence of mental disorders. The conceptual framework to understand this was "minority stress" – stigma, prejudice and discrimination create a hostile and stressful social environment that causes mental health problems.

AS A STIGMATISED MINORITY GROUP THEY SUFFER MORE MENTAL HEALTH ISSUES INCLUDING SUBSTANCE USE DISORDERS, MOOD DISORDERS AND HIGHER RATES OF SUICIDE. FAMILY SUPPORT AND ACCEPTANCE IS OFTEN LACKING. PSYCHOLOGICAL MECHANISMS EXPLAIN THE ASSOCIATION BETWEEN VICTIMISATION AND PSYCHOLOGICAL DISTRESS.

WOMEN

Women experience gender discrimination despite widespread efforts to educate and enlighten people. In patriarchal societies they still suffer prejudice and abuse. They are denied the vote and regarded as minors. Even in matters religious many faiths bar them from the priesthood, limit their growth and education and prevent their movement.

AGE

There are other forms of discrimination that contribute to mental illness. Ageism is an often unrecognised problem. The elderly are a particularly vulnerable population. They suffer abuse as a result of omission, neglect or ignorance. Their needs are ignored and at times they suffer physical abuse too.

ADDRESSING DISCRIMINATION: TREATMENT

Prevention is paramount. Children should be raised with broad value systems and taught to respect all people of different races, gender and religious belief. They need to be exposed to all belief systems and not trained to think that theirs is a superior faith or the only one. Efforts to engage with people of all cultures and creeds must be encouraged and artificial barriers that separate eliminated.

Egbe et al (2014)[14] explored psychiatric stigma and discrimination in South Africa and offered, amongst others, the following recommendations:

- psychoeducational interventions to address the myths and traditional beliefs in the causes of mental illness which influence stigma

- media campaigns to create awareness and supportive community environments to reduce stigma and discrimination in communities
- advocacy interventions to the development of policy and services.

To paraphrase erstwhile rector of the University of the Free State, Jonathan Janssen – *"invite to your next braai people who don't look the same way as you do… pray the same way as you do… dress the same way as you do…."* This would help break down barriers and engender respect and tolerance.

Psychiatrists have been trained to treat patients holistically. Medicine, especially psychiatry, cannot be practised in a vacuum. We need to consider the social, economic and political realities that affect health. It is now imperative that psychiatrists become advocates on behalf of patients. There is a need to get involved and address root causes of mental illness, a need to move from the hallowed halls of academia and become active citizens.

CONCLUSION

The cause must be treated and delusions of belief addressed. It is necessary to confront, challenge and if need be, legislate against discrimination. There can be no better justification for getting involved in the struggle to support human rights for patients than the case presented by Protestant pastor, Martin Niemoller (1892-1984), who spent 7 years in Nazi concentration camps:

"FIRST THEY CAME FOR THE SOCIALISTS, AND I DID NOT SPEAK OUT BECAUSE I WAS NOT A SOCIALIST.

THEN THEY CAME FOR THE TRADE UNIONISTS, AND I DID NOT SPEAK OUT BECAUSE I WAS NOT A TRADE UNIONIST.

THEN THEY CAME FOR THE JEWS, AND I DID NOT SPEAK OUT BECAUSE I WAS NOT A JEW.

THEN THEY CAME FOR ME, AND THERE WAS NO ONE LEFT TO SPEAK FOR ME."

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