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SELF-STIGMA, GROUP IDENTIFICATION AND PERCEIVED LEGITIMACY OF DISCRIMINATION AS PREDICTORS OF MENTAL HEALTH SERVICE USE: A LONGITUDINAL STUDY

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Background: It has often been claimed that mental illness stigma is a barrier to service use and treatment participation among people with mental illness (Corrigan 2004). Empirical findings to support this assertion, however, are scarce (Schomerus and Angermeyer 2008). We therefore studied stigma and stigma-related cognitions as predictors of service use over six months in people with serious mental illness.

Methods: At baseline, we measured the level of perceived stigma, self-stigma, group identification and perceived legitimacy of discrimination in 85 people with schizophrenia, schizoaffective or affective disorders. After six months, 75 participants reported whether they had used individual counseling/psychotherapy, mutual-help/peer-support groups, or psychiatric hospitalization after baseline assessment.

Results: Controlling for baseline psychopathology and perceived stigma, low perceived legitimacy of discrimination, but not self-stigma or group identification, predicted use of counseling or psychotherapy. Participation in mutual-help groups was predicted by strong group identification. High self-stigma at baseline was associated with subsequent psychiatric hospitalization. Results were independent of diagnosis.

Discussion: Cognitive stigma-related variables may predict use of outpatient mental health services, whereas self-stigma may be a risk factor for psychiatric hospitalization. Distinct aspects of stigma appear to predict use of different mental health services.

References:

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Schomerus G, Angermeyer MC. Stigma and its impact on help-seeking for mental disorders: What do we know? *Epidemiologia e Psichiatria Sociale* 2008; **17(1)**:31-37.