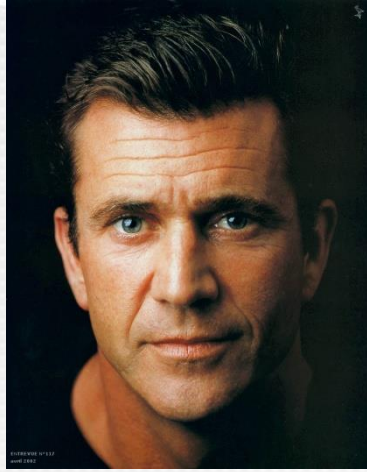


What do these people all have in common?



Post-Partum
Depression



Bipolar Disorder



Attention Deficit
Hyperactivity
Disorder



Panic Attacks/
Agoraphobia



Substance
Abuse/Bulimia





An Introduction to The Social-Clinical Interface and its Relevance to Stigma and Bias in Mental Health

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What is the Social-Clinical Interface?

- An intellectual bridge connecting social psychology to abnormal and clinical psychology
- Deals with the ways that we, as researchers and practitioners, can apply theories and principles from social psychology to problems from the domain of clinical psychology



Social-Dysgenic Subdomain

- *Dysgenic* – “origins of abnormality”
- This subdomain concentrates on the social psychological factors that contribute to the onset and maintenance of emotional and behavioural problems
- Several psychological models developed to explain how psychological disorders arise



Self-Presentation Theory and Social Anxiety

- Social anxiety is distress caused by an individual's feelings of inadequacy when participating in social situations
- SPT involves *Self-Presentational Motivation* and *Social Self-Efficacy*
- When SPM is high and SSE is low, individuals are prone to a fearful response
- SPT also states that socially anxious individuals exhibit *Negative Outcome Expectancies* and *Anticipatory Embarrassment*



The Hopelessness Theory of Depression

- Based on the notion that it is not so much what happens to you as it is how you perceive it (*Causal Attributions*)
- Requires a vulnerable person (*Pessimistic Attribution/Explanatory style*) and negative environmental circumstances
- Specific type – *Hopelessness Depression*
- HTD helps account for both the severity and duration of depression over time



Social-Therapeutic Subdomain

- Deals with the social psychological processes that affect the treatment and prevention of mental disorders
- Involves the development and testing of new interventions, many of which rely heavily on social psychological principles
- Identifies social psychological processes that may help to explain how and why clients change in response to therapy



Self-Presentational Approach to Treating Social Anxiety

- Theory suggest that interventions should seek to modify social self-efficacy and self-presentational motivation
- Guide the change process and explain how and why improvement may occur
- Involves treatments such as Rational-Emotive Therapy and Social Skills Therapies (based on Bandura's *theory of self-efficacy*)



Hopelessness Theory Approach to Treating Depression

- HTD was developed to account for why people become so depressed
- Therapeutic goal is to shift away from hopelessness, towards *hopefulness*
- Hopefulness Approach – increase frequency of positive life events and encourage clients to use an *enhancing attribution style*
- Penn Resiliency (Optimism) Program



Social-Diagnostic Subdomain

- *Clinical Decision Making*
- Involves the social psychological processes affecting therapists' objectivity in assessing and diagnosing their patients
- *False Negative versus False Positive*
- Study factors that might bias the identification of the nature of a client's distress
- Also study the **impact of a diagnosis on a client's welfare**



Biases in Clinician Decision Making

- *Labeling Effect* – tendency to perceive clients in ways that are erroneous due to the effects of an existing psychiatric label
- Perceive client symptoms differently
- Social psychologists must help their clinical counterparts to eliminate biases



Effect of Group Stereotypes

- Culturally derived biases may result in false positive diagnoses
- More attention to symptoms that fit stereotypes, discount those that do not
- Gender and age biases may occur
- Mohr, Chopp & Wong (2013)
- Aklin & Turner (2006)
- Neighbours, Trierweiler, Ford & Muroff (2003)



Effects of Anchoring and Confirmatory Bias

- *Anchoring Effect* – bias that occurs when a therapist's first impression constricts subsequent assessments
- *Confirmatory Bias*
- Richards & Wierzbicki (1990)
- Friedlander & Stockman (1983)
- Strohmer & Shivy (1994)



Reducing Errors and Biases

- Pay more attention to cultural competency in both research and treatment
- Include education on cultural diversity
- Education directed at reducing cognitive errors may produce improvements
- Shift clinicians from confirmatory to disconfirmatory strategies





Stigma

- “a mark of disgrace associated with a particular circumstance, quality, or person”
- Can cause people suffering from mental illness to internalize negative stereotypes about themselves and be unwilling to seek out the necessary treatment (*Self-Stigma*)
- Hartman et al. (2013)
- Gjerde, Sand & Kleiven (1979)
- Digiuni, Jones & Camic (2013)
- Al-talib & Griffin (1994)



Stigma and Schizophrenia

- One of the most widely misrepresented and misunderstood mental illnesses
- Malehealth.co.uk – *Batman: The Dark Knight*
- Owen (2012)
- Henry, von Hippel & Shapiro (2010)
- Lincoln, Avens, Berger & Rief (2008)



Stigma and Depression

- Perceived stigma associated with depression may prevent disclosure of depressive symptoms, thus presenting a significant challenge to seeking treatment
- Labelling as depressed negatively impacts attitudes towards, emotional responses to, desire for future interaction with, and willingness to help that person
- Monteith & Pettit (2011)



Stigma and Bipolar Disorder

- The stigma attached to bipolar disorder does not appear to be researched as frequently as some other mental disorders, such as schizophrenia or depression
- Two types of stigma discussed in relation to bipolar, as well as to most mental disorders, are *public* and *internalized*
- Ellison, Mason & Scior (2013)



The Contact Hypothesis: Can it Help?

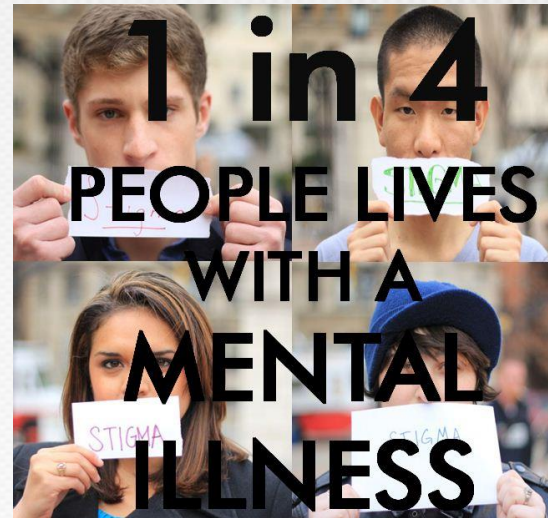
Is your mind made up about mental illness?

Myth I dont know anyone with a mental illness.

Fact Someone you know or love has experienced a mental illness.



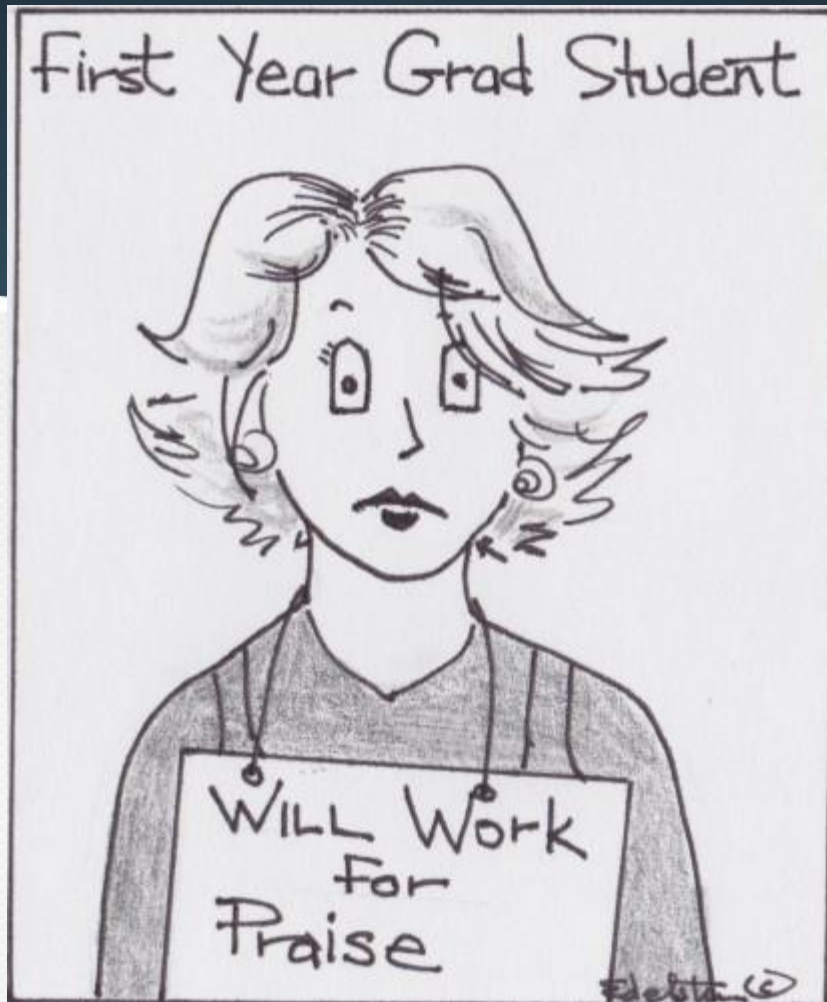
1 in 4
PEOPLE LIVES
WITH A
MENTAL
ILLNESS



Final Thoughts!

- These are just a few of the many ways that stigma and labelling effects may affect both those suffering from mental illness as well the general public in their perceptions of mental illness!
- Above all, we must work towards training our clinicians in ways that help to discourage and eliminate bias in clinical decision making, and we must work together to eliminate the unwarranted stigma attached to mental illness!





The End!

The End!

Any questions??

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