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LETTER TO THE EDITOR

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Stigma-discrimination complex associated with major depressive disorder

Complejo estigma-discriminación relacionado con el trastorno depresivo mayor

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Dear Editor:

Throughout history, the stigma-discrimination complex (SDC) has been associated with serious mental disorders such as those on the spectrum of schizophrenia, where symptoms, side effects and impaired social functioning are difficult to conceal. (1) For its part, SDC related to major depressive disorder (MDD) is a growing phenomenon even though its clinical characteristics are easy to hide or are less evident in the social sphere (2,3); in these cases, said association may have more negative effects on people's lives than the disorder itself. (4,5) Consequently, the Depression Stigma Scale (DSS) was designed to quantify the relationship between SDC and MDD (SDC-MDD). This is a Likert scale consisting of two subscales with nine items each. The first addresses the issue of attitude towards people who meet criteria for MDD, i.e. perceived stigma, and the second, the anticipated attitude for MDD, i.e. personal stigma or self-stigma. (6)

In order to know the prevalence of SDC-MDD (perceived stigma) among the general population, a review of original research works that used the DSS was carried out between 2005 and 2017. The key words

used in the search were “*estigma hacia la depresión*”, “*estigma de la depresión*”, “*estigma contra la depresión*” and “*escala de estigma relacionado con la depresión*” (stigma towards depression, stigma of depression, stigma against depression, and depression-related stigma scale). A descriptive analysis of identified research on the perception component was carried out and, given the dimensional nature of the scale, the frequency of response of each item was analyzed without considering the total score due to the lack of a cut-off point to categorize high perceived SDC towards the MDD. (6)

Three studies showed the prevalence of SDC-MDD (perceived stigma) with the use of DSS. The first study was Cook & Wang (7), who assessed SDC-MDD in 2 987 adults aged 18-74 years (51% men); the second was Coppens *et al.* (8), which evaluated 4 011 adults aged 18 or over (45.8% male) from four European countries; the third was Subramanian *et al.* (9), who researched SDC-MDD in 607 adults aged 18 to 65 (50.9% male). The three investigations found that between 3.2% and 89.4% (mean 30.7%) of the participants agreed with at least one of the nine items suggestive of perceived stigma (Table 1). (7-9)

Table 1. Percentage of agreement for the scale items about stigma related to depression - perceived stigma.

Item	Study Country	Coppens <i>et al.</i> (8)					Subramanian <i>et al.</i> (9)
		Cook & Wang (7)	Germany	Hungary	Ireland	Portugal	Singapore
People with depression could overcome it if they wanted to	Canada	17.0%	20.1%	60.4%	18.5%	42.4%	89.4%
Depression is a sign of weakness		9.8%	25.9%	46.0%	18.6%	33.3%	50.8%
Depression is not a real medical condition		8.5%	14.7%	27.8%	16.5%	25.8%	38.5%
People with depression are dangerous		21.5%	28.6%	35.3%	14.9%	35.5%	35.8%
It is best to avoid people with depression if you do not want to get depressed		3.2%	13.7%	20.3%	8.2%	24.6%	10.6%
People with depression are unpredictable		45.9%	36.5%	46.2%	38.0%	70.0%	62.5%
If I were depressed, I wouldn't tell anyone		13.6%	25.2%	22.5%	21.1%	27.8%	20.4%
I wouldn't hire someone if I knew they'd been depressed		22.1%	24.3%	17.1%	20.3%	9.2%	45.3%
I wouldn't vote for a politician if I knew s/he'd been depressed		39.5%	41.3%	34.1%	30.3%	20.3%	-

Source: Own elaboration.

These findings suggest that about one third of the general population has SDC-MDD at different degrees or levels, in other words, they have a negative attitude towards people who meet the MDD criteria. In general, SDC represents a barrier to access to mental health services (4) and reduces the likelihood of seeking help and adherence to treatment plans (10-12), even more so if SDC-MDD is found in health professionals. (13,14)

SDC-MDD seems to be frequent, so new research is required to provide more information on the phenomenon and, based on it, take effective actions for its reduction in different contexts and levels. (15,16)

Conflicts of interest

None stated by the authors.

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