Combatting the Stigma of Mental Disorders
A Position Paper from the EFPSA Social Impact Initaitve

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Introduction

The Social Impact Initiative (SII) is an endeavour of the European Federation of Psychology Students' Associations (www.efpsa.org). The initiative was established in April 2013 with the aim of making a positive and significant contribution to European society through application of psychological knowledge (www.efpsa.org/social-impact). In its first year, 'Combatting the Stigma of Mental Disorders" was selected by members of the EFPSA community as the working theme of SII. It is within this context that we seek to establish a lasting and meaningful social campaign within the European region.

This position paper is prepared with several objectives in mind: (1) to provide definition for the use of the term 'stigma' in relation to mental disorders; (2) to highlight some significant consequences of the stigmatisation of mental disorders at individual and institutional levels; (3) to introduce several possible ways of combating stigma in society; and (4) to give an outline of the "Mind the Mind" campaign by Social Impact Initiative. We also provide a short summary of existing campaigns with similar intentions to our own. As an over-arching intention, this paper is written to outline the significance and extent of the stigma of mental disorders in society and our capacity as psychology students to challenge and reduce it.

This paper, and its contents, aims to be as readable and accessible as possible to all members of society – regardless of profession or level of education. It is our intention that readers will gain an understanding of what the stigma of mental disorders is, its implications and why it is of relevance to society. Moreover, readers will learn what the theme 'Combatting the Stigma of Mental Disorders' means to EFPSA, and our intentions for the Social Impact Initiative.

Defining Stigma

Stigma can be taken to refer to a degrading or debasing attitude, which discredits a person or a group because of some salient attribute, such as an illness, a deformity, race, nationality, religion or lifestyle. Being the victim of stigma typically reduces a person's sense of dignity; marginalises affected individuals; violates basic human rights; markedly diminishes the chances of a stigmatised person of achieving full potential; and seriously hampers pursuit of happiness and contentment.

Research highlights several coping methods and adaptive responses of stigmatised individuals that characterise stigma - several of which carry their own negative consequences and are explored further on. To highlight just one, a significant consequence for stigmatised persons can be the development of self-stigmatisation, where an individual develops negative beliefs and attitudes about and toward themselves, whether or not actual discrimination occurs. Self-stigmatisation can therefore be characterised as acute shame and it can have a very powerful influence and destructive effect towards an individual's self-esteem and lifestyle, which adds to the already significant burden individuals face from stigmatising corners of society.

The Stigma of Mental Disorders

Stigmatising attitudes toward individual affected by mental disorders have been well documented through the latter half of the twentieth century – unsurprisingly marked by the rise and development of psychiatry and classification of conditions (Fink & Tasman, 1992). Although the stigma of mental disorders has many components and takes many forms, many of which are exemplified throughout this paper, the perception of persons diagnosed with a mental disorder as being weak-minded, responsible for their own condition, or to be feared or ignored, are common features. Given the massive prevalence of mental disorders in the population, and the debilitating effects of stigma on affected individuals, this is an issue affecting every level of society of every nation.

After more than 700 people (in 27 countries) with a diagnosis of schizophrenia were interviewed as part of the International Study of Discrimination and Stigma Outcomes (INDIGO): 72% said they felt the need to conceal their diagnosis, 64% said the anticipation of discrimination stopped them applying for work, training or education programs and 55% said it stopped them looking for a close relationship (Source: INDIGO, 2011).

Stigma toward mental disorders takes two key forms: public stigma and self-stigma (Corrigan & Watson, 2002). Public stigmatisation refers to the negative beliefs, attitudes and behaviours (or reactions) held by the general population, directed toward those with mental disorders. Self-stigma refers to the prejudice and negative beliefs that people with a mental disorder place upon themselves. Both public and self-stigma can seriously affect the self-esteem and well-being of an individual, and arise from similar components: stereotypes, prejudice and discrimination (see, Corrigan & Watson, 2002). In combatting stigma of mental disorders, both levels of stigma and the processes that lead to their emergence are in need of consideration.

Stigmatising behaviours may vary from very obvious ones, such as fear, ignorance and even violence, to more subtle ones, such as adopting condescending mannerisms or pity when interacting with a stigmatised group.

Prejudice or fear, coupled with an internal sense of shame, often leads to isolation and social exclusion; in this way stigma often prompts individuals to conceal their disorders and lead insular lifestyles. In this way, stigma produces notable self-perpetuating effects: isolated behaviours of the stigmatised have the inadvertent and negative effect of leading to conditions becoming taboo within societies, where without contact and awareness with the disorders, people tend toward formulating their own, often misguided, interpretations of a condition or a disorder. Ironically this serves to provide evidence used in formulating stereotypes that these persons ought to be avoided for the sake of one's own safety. Moreover, the marginalising of affected individuals, coupled with their own sense of shame, often makes disclosure of one's condition, and seeking help, much more difficult.

The Effect of Stigma in Institutions & Society

The stigma of mental disorders and its consequences cast a wide shadow over society – but this is not simply due to stigma's direct effects on those who are stigmatised, but because stigma serves to perpetuate discrimination by becoming ingrained in societal, educational, and healthcare systems, as well in governance of states by way of legal system practices, policy, and law. Altogether, we may refer to these sorts of consequences as the outcome of institutionalised stigma. Within this section we outline some of the ways in which these thoughts may be applied, and consider some examples to highlight the implications of institutional stigma.

Institutional discrimination includes policies of private and governmental groups that intentionally restrict the opportunities of people with mental disorders. There is also recognition of instances in which policy does not intentionally restrict or discriminate, but does so indirectly through its consequences (Corrigan, 2004).

As an example of governmental discrimination we may consider acts of legislation that enact laws restricting the rights and opportunities of people with mental disorders. For example, legislation restricting persons from, voting, holding positions of authority and office, serving on juries or in court as witnesses, parenting or adopting. Corrigan highlights that despite a massive increase in awareness of stigma and concerns from advocacy groups, unfortunately in many places, little progress has been made in revising laws and legislation that restrict the rights of individuals affected by mental disorders. That being the case, some advancements are apparent – for instance at the end of February 2013 significant changes were made to UK law with the Mental Health Discrimination Act 2013 to reduce discrimination against mental disorders.

In western society, media outlets represent the core substance from which many individuals may inform and update their view on the world. There are many cases, however, where the media engages in the propagation of negative and prejudiced views of mental disorders (see, 'Media's Damaging Depictions of Mental Illness by Margarita Tartakovsky'). It is easy to think of several examples of this, not least highlighting instances where newspapers typically present mental disorders such as schizophrenia as being associated with crime

and violence, or where treatments, whether pharmaceutically or therapy based are condemned. Other stereotypes include highlighting unpredictability and unsociability of sufferers - a particular concern since it fosters loneliness and isolation of sufferers described earlier. According to Corrigan, "*these stories reflect informal industry norms applied by news editors and reporters choosing to promote sensationalistic portrayals of mental illness and violence*" (2004).

Within educational systems, stigma of mental disorders also carries severe consequences. One level to consider is through the attitudes of children themselves: it has been reported that negative appraisal toward mental disorders may begin as early as playschool and continue into early adulthood (Wahl, 2002). This certainly raises an issue that policy makers and educational boards ought to consider: the education of children on mental health and disorders from an early age, in an effort to prevent discriminating attitudes developing in the first instance. On another level, enrolment of affected persons into educational institutions, and treatment of these individuals already within educational settings must also be considered. Here, the attitudes and behaviours of teachers and staff may be the subject of interest.

Crucially, stigma of mental disorders also arises within health care settings, something carrying grave consequences for affected individuals, since it is these very places where individuals seek treatment and care, and where they ought to expect understanding and support (Psychiatry in Central Denmark Region, 2010).. Recognising this fact, many national healthcare systems now provide training to staff to tackle this problem. Ironically enough, some social scientists have pointed toward psychiatry as being partially responsible for the development of institutional stigma – arguing that stigma arose as fallout from the process of developing *labels* for mental disorders in psychiatric practice, and continues to perpetuate concepts which uphold stigmatising attitudes (Byrne, 2000; Fink & Tasman, 1992).

It is important to recognise the impact of stigma within multiple levels of society and as an institutionalised problem, because only be recognising the extent of the problem, may suitable interventions be applied. The examples presented above just scratch the surface as there are many more contexts in which stigma has significant effects within society – all of which represent areas where we must promote awareness of the presence and effects of stigma if we hope to reduce and perhaps even remove the stigma.

Ways of Combatting the Stigma of Mental Disorders

In the long term, in order to reduce the stigma of mental disorders the discourse in affected areas of society has to be changed. By discourse we refer to how we talk about mental disorders and how we act toward those with mental disorders, the *norms* as it were - two aspects that are highly intertwined. We recognise therefore, that changing the stigma of mental disorders is a long and slow process and cannot be accomplished overnight.

There are at least three acknowledged approaches to combatting the stigma of mental disorders: education, contact and protest (Corrigan & Watson, 2002; Byrne, 2000). Education serves to make people more aware and knowledgeable of the conditions and behaviours of those with mental disorders – dispelling myth and hearsay from facts and reality. Hence, increasing awareness and knowledge in society leads to an increased understanding of affected individuals in society, and greater acceptance. Contact is about encounters between those with and without mental disorders. Since around every fourth person in Europe is expected to experience a mental disorder within one year (WHO Mental Health Factsheet, 2013), there is certainly great potential for facilitating encounters between these groups. Contact is considered to reduce stigma by removing misconceptions about mental disorders – sadly the likelihood of encounters are lessened due to the stigma of mental disorders and attributions of fear and danger associated with particular mental disorders. Nevertheless, facilitating encounters is plausible and effective mean of combatting stigma.

There are a number of different platforms within society which have been trialled in recent years across the world as the basis for campaigning against stigma of mental disorders:

1) *Public education programmes & campaigns*
    Increasing general awareness and understanding by providing facts about mental disorders through provision of online resources and awareness campaigns (Prime examples: Danish Campaign 'One of Us' & UK Campaign 'Time to Change').

2) *Ambassadors and spokespersons for the cause*
    Several examples can be found of celebrity persons with mental disorders who have taken up the cause of combatting stigma by acting as ambassadors with a mental disorder, using their social-status to highlight their condition, perhaps though TV-shows, documentaries or campaigns. (Prime example: Stephen Fry - Press Release).

3) *Workplace & Family education programmes*
    Education about mental disorders at the workplace, for healthcare personnel, for young persons, for relatives of affected patients and in schools & education settings in order to:
    a. Increase acceptance of mental disorders. It's well known that individuals with a physical disorder are more likely to receive help from their colleagues than individuals with a mental disorder, such as anxiety or depression, are.
    b. Reduce stigma amongst help-care professionals.
    c. Improve family and relatives' understanding and willingness to help & talk about mental disorders within the family.
    d. Work toward ensuring the next generation are aware of mental health.

Our Position

We recognise that the stigma of mental disorders is a widespread, multi-faceted and serious issue in contemporary society. In its many forms stigma carries with it far reaching and highly detrimental consequences for persons affected from mental disorder– simultaneously adding to the challenges individuals face in living with disorders and making treatment and pursuit of an ordinary life harder than it need to be. We view institutional stigma as an archaic practice with no place in a modern world where health and mental well-being is to be treasured, nurtured and respected. Representing an organisation of psychology students, we believe that it is our obligation to contribute in bringing the issue of the stigma of mental disorders to the forefront of our activities.

The "Mind the Mind – to Combat the Stigma of Mental Disorders" campaign

The EFPSA Social Impact Initiative envisions making a positive, lasting and meaningful contribution to society within this context through establishing the "Mind the Mind - to Combat the Stigma of Mental Disorders" campaign. Specifically, we aim to disseminate knowledge about mental disorders to the public, improve the image of individuals affected by mental disorders in the society, and support those affected by stigma of mental disorders. The "Mind the Mind- to Combat the Stigma of Mental Disorders" campaign is consisting of workshops for high school students and an informational Facebook page.

We are aiming with this campaign to raise awareness, educate and start the discussion about mental disorders and stigma of mental disorders on an understandable, not academic level.

During the last months we developed an interactive, educational and experts checked workshop material. It can be adapted and used in High Schools, to encourage the discussion and inform students aged from 15 to 18, about mental disorders, stigma and seeking help options. The material contains of teorethical background, role-play games and video materials to experience feeling of being stigmatised and help to develop empathic and supporting behaviour. Psychology students from all over Europe were encouraged to join the campaign by creating a network, contacting schools and recruiting people, who are interested in delivering the workshops in their home countries. Until now we have motivated psychology students from 20 countries, who are building up the campaign in their home countries in the first wave of the campaign. Additional we launched a Facebook page with cartoons, videos and stories on the topic of mental health and stigma.

Acknowledging the prevalence of mental disorders in society and the growing burden that this places on medical and healthcare systems worldwide, we believe that it is within the interests of governments and all sectors of society to work toward better treatment of mental disorders. In light of the fact that stigma towards mental disorders represents a core obstacle which delays help-seeking and treatment of individuals with mental disorders, reducing stigma represents a critical step contributing toward reducing the overall consequences. We therefore call for the support of governments, non-governmental organisations, and all members of society to join us in this cause.

References

Byrne, P. (2000) Stigma of mental illness and ways of diminishing it. *Advances in Psychiatric Treatment*, 6: 65-72 (*link*)

Corrigan, P. (2004). How Stigma Interferes With Mental Health Care. *American Psychologist*, 59(7), 614–625.

Corrigan, P. W., Morris, S. B., Michaels, P. J., Rafacz, J. D., & Rüsch, N. (2012). Challenging the Public Stigma of Mental Illness: A Meta-Analysis of Outcome Studies. *Psychiatric Services*, 63(10), 963–973.

Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. *World Psychiatry*, 1(1), 16–20.

Fink, P. J., & Tasman, A. (1992). Stigma and mental illness. Washington: *American Psychiatric Press*,113-26.

Wahl, O. F. (2002). Children's views of mental illness: a review of the literature. *American Journal of Psychiatric Rehabilitation*, 6, 134–158.

Suggested further Readings, Resources & Links

Naturally, we have come across a vast amount of information, articles, foundations and online resources relating to the topic of mental disorderss and the stigma attached to it – more than we could hope to present here. In time, the EFPSA Social Impact Initiative will be posting all of its resources. However, for now we have listed some of the most insightful links & resources – we hope that they are of use to you.

http://www.euro.who.int/en/what-we-do/health-topics/noncommunicable-diseases/mental-health/data-and-statistics	World Health Organisation data and statistics on prevalence of mental disorders across the world & WHO Mental Health Factsheet, 2013.
http://www.euro.who.int/__data/assets/pdf_file/0020/163514/HBSC-Fact-sheet-mental-health-revised.pdf	World Health Organisation report on the importance of mental health during adolescence.
http://www.who.int/mental_health/mindbank/en/	A comprehensive database of information on mental health policies and resources from across the world from the World Health Organisation
http://www.time-to-change.org.uk/news-media/celebrity-supporters/stephen-fry	A UK campaign combatting stigma of mental disorders, *Time to Change*; and an introduction to Stephen Fry's contributions to this cause
http://www.en-af-os.dk/	A Danish campaign combatting stigma of mental disorders *En af Os* (One of Us)
http://www.regionmidtjylland.dk/files/Psykiatri og Social/	A useful resource about Psychiatry in Central Denmark Region: Proposal for a joint nationwide effort against stigmatisation of people with mental disorders 2010-2015 (written in Danish, 2010).
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf	UK Government policy paper on mental health, 'No health without mental health'.
http://www.youngminds.org.uk/	A UK organisation providing advocacy of mental health and illness of young people – features excellent resources and insights on many issues relevant to mental well being and the problems of stigma.
http://www.mentalhealthcare.org.uk/discrimination_and_stigma	From the Mental Health Foundation (UK): Mentalhealthcare.org.uk is site designed for family members and friends of people who have experienced mental disorders. The site offers reliable, evidence-based information to help family members and friends. This particular page explores the stigma of mental disorders.
http://www.mentalhealth.org.uk/publications/mental-health-workplace/	From the Mental Health Foundation (UK): This booklet considers the effects of stress at work and those factors that can contribute to stress. It also addresses the ways in which employers can help to create a psychologically healthy work environment.
http://www.mentalhealth.org.uk/our-work/world-mental-health-day/	World Mental Health Day website
http://www.mindbank.info/item/3041	The WHO comprehensive mental health action plan 2013–2020 was adopted by the World Health Assembly in May 2013. The overall goal of the action plan is to promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders.
http://www.kcl.ac.uk/iop/depts/hspr/research/ciemh/cmh/projects/INDIGO.aspx	The INDIGO study seeks to uncover how discrimination affects the lives of people with a diagnosis of schizophrenia across the world.
http://blog.ted.com/2013/12/18/how-should-we-talk-about-mental-health/	A remarkable presentation bringing thought-provoking and heartfelt insight into living with mental disorders.