

The Stigma Associated with Mental Illness

Prepared by: David Whalen, B.A.
for the:



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Introduction

The lives of people living with mental illness are often drastically altered by the symptoms of the illness and society's reaction to them. While symptoms can usually be mitigated by a number of measures, the inherent stigma and discrimination associated with mental illness may persist for a lifetime and can manifest themselves in a number of subtle and not-so-subtle ways. Typically, stigma takes the form of stereotyping, distrust, fear, or avoidance and can negatively impact pursuit of treatment, employment and income, self-worth, and families. Individuals with mental illness are commonly labelled as a result of their appearance, behaviour, treatment, socio-economic status, and also due to the negative depiction of mental illness so prevalent in the media (Scheffer, 2003). Individuals with mental illness are stereotyped as dangerous, unpredictable, and as weak-willed. Along with the stigma faced by the individual, associative stigma can impact the family and friends of that person.

It is now widely accepted that education, particularly in the childhood years, can significantly increase understanding among the public and lessen discrimination against the mentally ill. Educational material capable of engaging its audience emotionally as well as intellectually has shown to be the most effective. Certain programs also encourage their audience to increase their levels of contact with people who are mentally ill. This has been shown to increase favourable attitudes and also to decrease perceived dangerousness (Scheffer, 2003).

Nature and Forms of Stigma

A brochure recently released by the Mood Disorders Society of Canada stated that 67 percent of Canadians agree that chronic depression is a disability. However, more Canadians tend to believe the physically disabled are better able to serve as volunteers, teachers, police officers, and parents than the chronically depressed. Also, more Canadians said they were less comfortable being around people with depression than around people with physical disabilities (2006). These figures indicate that, despite progress in the field of mental health education, numerous forms of latent and manifest stigma and discrimination still persist in Canada.

Ostracism can take the form of myths or stereotypes. Perhaps the most common is that the mentally ill are violent and dangerous. In reality, individuals with mental illness are more likely to be the target of violence rather than the catalyst for it. Another egregious misconception is that the poor and unintelligent are more apt to be mentally ill when in fact anyone of any social class or intelligence can be afflicted. Mental illness is also seen as characteristic of personal weakness and lack of self-control. In truth, mental illness is not indicative of laziness or any lack of will. The mentally ill usually have very little control over the onset of their symptoms. There is also a tendency to view mental illness as a single disorder when it is in fact an umbrella term for a broad range of mental illnesses. Many of these misconceptions have been perpetuated by the consistently negative portrayal of mental illness in the media, be it movies, television, or even newscasts (CMHA, 2006). Unfortunately, pejorative terms such as "nuts," "cracked," and "retarded" still abound in everyday conversation and in the media. These derisive attitudes often influence the behaviour of mentally ill individuals. They might choose not to talk about their illness and not seek or further pursue treatment for fear of becoming a social pariah (Health Canada, 2002). There is also the stigma related to housing labelled as "Not In My BackYard," or NIMBYism. Residents of a community might want to

exclude individuals with mental illness from moving into their areas as a result of phobias. This discrimination often takes the form of zoning bylaws designed to discourage supportive housing (Canadian Senate Committee on Social Affairs, Science and Technology, 2006).

Stigma often rears its head in the workplace. There are incidents of mentally ill individuals losing their jobs for having spent time in hospital. In other cases, employees experience a loss of credibility and a concomitant loss of responsibility. Perhaps most telling is the fact that 61 percent of people with mental illnesses are outside the labour force. Among people with major depression, 40 to 60 percent are unemployed; 20 to 35 percent with an anxiety disorder are without work; 80 to 90 percent of individuals with schizophrenia are unemployed. What cannot be gleaned from these figures is the fact that the majority of people with mental illness are willing to work. A survey conducted in the United States found that more than half of employers would be reluctant to hire someone who is mentally ill, while a quarter of employers would dismiss someone who had not disclosed a mental illness. This constant rejection may eventually lead the individual to the conclusion that they are unemployable. Those who are lucky enough to be employed are often pigeonholed into menial jobs that are often incommensurate with their skills. Of the individuals with mental illness in the workforce, only a third seek professional help. Only one in 10 of these individuals take some form of medication to treat their illness. In general, very few managers have sufficient knowledge of mental illness or have employment equity programs in place for employees with mental illness (Stuart, 2006). Some employers tend to doubt the capacity of a mentally ill person to work productively. However, stigmatization would be greatly reduced if the employer were willing to adapt to and facilitate the needs of the mentally ill employee (Health Canada, 2002). Though they have not yet shown to be fully effective, most developed countries have passed antidiscrimination legislation and encourage affirmative hiring policies (Stuart, 2006).

These prejudicial attitudes are unfortunately still prevalent in the health sector as well. The Canadian Senate committee on Social Affairs, Science and Technology, in its recently released report titled *Out of the Shadows at Last*, concluded that condescension still reigns in the health care professions. The committee cites a number of instances where individuals in suicidal states were made to wait in emergency rooms while people with physical ailments bypassed them. These individuals were also typically forced to describe their symptoms to a number of individuals before receiving proper treatment, a process that can be frustrating and debilitating. One individual even told the committee that the only way to receive adequate treatment for suicidal ideation in their community was to commit a crime or to actually attempt suicide (2006). This low regard for the mentally ill is worldwide in nature. One example is that of a former Indian medical student with a history of mental illness. He was shunned by his medical school colleagues and eventually was forced to seek treatment at a psychiatric hospital with a sign reading: "Hospital for insane people" (Bawaskar, 2006).

Stigma often carries over to friends and relatives of a person who is mentally ill. This is known as “courtesy” or “associative” stigma. A study of 162 people with a family member afflicted by a mental illness revealed that 83 percent experienced at least one psychological factor of associative stigma, with spouses in particular affected. Of the group affected by stigma, 20 percent reported suicidal thoughts versus only three percent of the non-affected group (Ostman & Kjellin, 2002). Health Canada cites the fact that many life insurance companies do not pay benefits to family members of a person who has committed suicide (2002).

Education as a Solution

A number of organizations have concluded that education is the best way of reducing stigma surrounding mental illness. The CMHA national website describes the “S.T.O.P.” criteria for identifying attitudes which reinforce stigma; they are behaviour which Stereotypes, Trivializes, Offends, Patronizes (2006). The CMHA is of the opinion that if these four elements are limited, stigma will be greatly reduced. In its report on mental health and addiction services in Canada, the Senate committee stated that information should be gathered from willing recovering clients that might be drawn upon to establish the best means of coping with mental illness and the stigma so often attached to it. It also recommended that the film and television industries be educated on the damaging sociological effects that negative depictions of mental illness can have, particularly when the mentally ill are presented as “homicidal maniacs” rather than friends and neighbours. The committee suggests that the recommended Canadian Mental Health Commission work closely with educators to develop promotional campaigns aimed at children. Numerous studies have shown it is relatively easy to de-stigmatize mental illness with youth, however not with adults (2006).

Part of the mandate of the Canadian Mental Health Commission would be a national anti-stigma campaign reflective of the divergent cultural sensibilities of the country. Because successful educational campaigns aim to stimulate emotionally as well as intellectually, the campaign would involve mental health ambassadors (possibly paid) to speak about their experiences living with mental illness. The committee received input from organizations in the smaller regions of the country suggesting that a campaign with input from all the provinces and territories would be the most cost-effective. Reid Burke of CMHA-PEI perhaps put it best when he said: “there needs to be a concerted effort in this country to put money into social marketing that normalizes mental health.... We need to promote hope, as well as recovery and resilience” (Canadian Senate Committee on Social Affairs, Science and Technology, 2006).

Conclusion

Stigma reduction is one of the great challenges facing mental health organizations. Intentional or not, naïve assumptions, stereotyping, and downright prejudice can have damaging effects on the course of recovery from a mental illness. The prevailing attitude in the literature on stigma reduction is that education is the best means of preventing and eliminating discrimination. Typically, successful educational campaigns have drawn upon facts and personal experiences. While facts can give the audience an overarching understanding of the impact of stigma, the stories of individuals

who have mental illness can serve as a poignant reminder of the impact not only of the symptoms of mental illness, but also the negative associations tied to it.

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