Snapshot

Stigma reduction

Promoting greater understanding of mental health

"Stigmatization of people with mental disorders has persisted throughout history. It is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance. Stigma leads others to avoid living, socializing or working with, renting to, or employing people with mental disorders, especially severe disorders such as schizophrenia."

- U.S. Surgeon General's report, 1999

In recent years, there has been a growing awareness of the importance of stigma as it relates to mental health. Despite an increased understanding of the underlying biological basis to mental health disorders, individuals with mental health issues often face negative judgments or actions from others. This snapshot highlights stigma's various forms and its impact on individuals with mental health concerns. It also summarizes the research about effective stigma reduction approaches.

Forms of stigma

In some cases, stigma is overt, such as someone making a negative or derogatory comment, but often it is more subtle, such as a person's inaccurate assumption that someone with a mental health disorder is violent, has weak character, or is incapable of making decisions.

Stigma often results in discriminating behavior. Corrigan (2004) highlighted four ways that the public may react to individuals with mental illness as a result of stigma:

- **Withholding help**—choosing not to assist people with mental health concerns because they are believed to be responsible for their condition.

- **Avoidance**—refusing to employ, rent to, or provide other services to people with mental health concerns.
- **Segregation**—moving people away from their community into institutions where they can be better treated or controlled.
- **Coercion**—mandating treatment or criminal justice responses based on the belief that people with mental illness are not able to make competent decisions.

Impact of stigma

The negative consequences of stigma for people with mental health issues are well-documented. As a result of stigmatizing attitudes and beliefs, many individuals internalize feelings of shame and embarrassment.

These feelings reduce their willingness to seek help, preventing them from receiving timely and effective treatments and supports. Parents of children with mental health concerns may also be reluctant to seek services, fearing that their child will be labeled "mentally ill." The Surgeon General and others have estimated that almost one-quarter of the U.S. population experiences a mental disorder in any given year, with almost half of these individuals not seeking treatment.

Local efforts: Mental Wellness Campaign for Anoka County

The Mental Wellness Campaign is a diverse group of community partners dedicated to reducing barriers to mental wellness. In 2005-06, to help inform their efforts to increase awareness and reduce stigma, they partnered with Wilder Research to survey more than 1,120 county residents about their attitudes and beliefs.

A number of recommendations emerged from the findings, including promoting positive images of individuals with mental health issues; providing specific information to doctors, spiritual leaders, and school personnel; targeting outreach efforts to men, youth, and individuals from racial/ethnic backgrounds other than White; and publicizing available mental health resources.

The results were used to guide their efforts, which have included an array of general and targeted outreach and public awareness campaigns. They also partnered with local youth to create and distribute a DVD, titled "Faces: Unmasking Mental Illness."

In 2009-10, Wilder Research will repeat the survey, to determine whether there have been changes in community perceptions, and to guide the Campaign's future activities.

Most of the research has focused on adults. In addition to reduced help-seeking, consequences can include low self-esteem (due to internalization of stigma), and reduced access to employment and housing.

Stigma can also have negative impacts on children. Because children with mental health concerns often do not receive appropriate services, and many parents do not understand how to effectively parent a child with a mental health disorder, these children frequently get in serious and escalating trouble in school and in their community. As they enter adolescence and adulthood, these children are at higher risk for alcohol and drug use, juvenile delinquency and criminal involvement, suicide, and unemployment.

Overview of stigma reduction approaches

Reducing stigma has emerged as a public health priority and has been highlighted in several significant reports. For example, the Surgeon General's report on mental health stated that in order to reduce the burden of mental illness, stigma must no longer be tolerated (United States Department of Health and Human Services, 1999). Programs to educate the public and promote a more accurate view of mental illness were also encouraged by the President's New Freedom Commission (2003) and the World Health Organization (2001).

Corrigan and Penn (1999) described three broad categories of stigma reduction strategies:
- **Protest:** Protest highlights the injustice of stigma and leads to a moral appeal for people to stop thinking or behaving in stigmatizing ways. While research suggests that protest is not effective for changing underlying attitudes, it can be helpful in changing some behaviors.
- **Education:** Educational interventions emphasize replacing inaccurate stereotypes with new information. Even brief programs can lead to significantly improved attitudes about mental illness.
- **Contact:** Direct contact with people with mental health concerns also yields significant improvements in attitudes about mental illness.

While each approach has benefits, they may work best in combination. For example, a typical message in education campaigns is that mental illness is a biological disorder. People who endorse this belief often have more positive attitudes and are less likely to blame people with mental health concerns. However, some research suggests that in isolation it may also contribute to more pessimistic beliefs about recovery and a stronger belief that people with mental illnesses are dangerous and antisocial. Integrating traditional public health messages with other approaches, such as contact or a protest framework that highlights social injustice, can reduce these concerns and improve the efficacy of stigma reduction efforts.

In addition to strategies designed to combat stereotypes maintained by the general public, it is important to address how individuals have internalized stigmatizing beliefs about themselves. There is growing evidence that support groups can reduce isolation, while increasing self-efficacy and self-esteem. Although these factors relate to stigma,

more research is needed to determine if these groups reduce self-stigmatizing attitudes and beliefs.

Features of stigma reduction efforts

Multi-disciplinary literature on stigma reduction provides insight into the essential characteristics of effective intervention strategies. Research suggests that efforts are most effective when they:
- Address the underlying causes of stigma, especially inaccurate attitudes and beliefs.
- Are part of a comprehensive, long-term stigma-reduction approach that specifically addresses behavior.
- Provide opportunities for self-reflection and discussion of new information.

It is important to be target-specific, carefully aligning the message, the intended audience, and the delivery mechanism. A broad range of specific target groups should be considered, such as landlords, employers, educators, health care providers, and policy makers.

As outlined by the U.S. Department of Health and Human Services (2006), many stigma reduction strategies follow a social marketing model. Social marketing is similar to traditional marketing, but encourages behavioral change rather than purchase of goods or services. They offer recommendations for effective social marketing campaigns, including:
- Conducting a situational analysis to determine prevailing needs, attitudes, environments, and barriers.
- Developing and implementing a marketing plan, including selection of audiences and an implementation timeline.
- Convening partners and stakeholders, including adult and youth consumers of mental health services, early and throughout the process to help develop and implement activities and materials.
- Evaluating the effectiveness of the implemented strategies and refine as necessary.
- Investing both human and financial resources.

- Knowing your message, and emphasizing messages that are strength-based and focused on recovery.
- Developing a compelling and memorable theme.
- Watching your language, such as emphasizing "mental health" rather than "mental illness."
- Establishing spokespeople, especially consumers of mental health services.

Importance of targeting children/families in stigma reduction efforts

Most stigma reduction efforts focus on adults or adolescents. Although these efforts are important, focusing on adults and older youth prevents opportunities to provide positive information and influence to children when they are first developing attitudes and beliefs about mental health.

Stigma can be viewed as a social construct that is gradually developed over a lifetime. Initial conceptions of mental illness begin to emerge in elementary school, and are reinforced by peers, adult role models, and mass media portrayals. Over time, the attitudes adopted by children may become more resistant to change, making it important to address them early.

Stigma reduction interventions may also have a more immediate benefit to children who are early targets of stigma. The negative effects of stigma are first seen in childhood, such as teasing or bullying of children with mental health issues.

Schools, which have become increasingly responsible for addressing the mental health needs of children, may also benefit from implementing stigma-reduction interventions. By incorporating training for teachers and school staff, interventions can increase access to mental health services and improve classroom environments.

Need for additional research

There is a growing research base regarding the underlying causes of stigma and reduction strategies. To develop a more comprehensive understanding of effective stigma-reduction strategies, the following research gaps must still be addressed:

- *Limited emphasis on behavior change.* Most research has looked solely at changes in attitudes or knowledge. While increased knowledge and improved attitudes have value in their own right, they may or may not lead to changes in behaviors. Ultimate reduction of stigma will require real changes in behavior.
- *Little examination of long-term effectiveness.* Stigma-reduction research has focused on the immediate impact of educational programs. Longer-term research is needed to determine whether benefits persist over time.
- *Few comparisons across cultural groups.* Different cultural groups hold unique perspectives about the causes of mental illness and treatment options. Additional research is needed to ensure that strategies address the attitudes and beliefs of specific audiences.

Resources

The following resources were used to develop this publication.

Corrigan, P.W. (2004) *Target-specific stigma change: a strategy for impacting mental illness stigma*. Psychiatric Rehabilitation Journal, 28(2), 113-121.

Corrigan, P.W. & Penn, D.L. (1999). *Lessons from social psychology on discrediting psychiatric stigma*. American Psychologist, 54,765-776.

National Alliance on Mental Illness (NAMI): http://nami.org/

National Mental Health Awareness Campaign: http://www.nostigma.org

SAMHSA's National Mental Health Information Center: http://mentalhealth.samhsa.gov

Substance Abuse and Mental Health Services Administration. *Developing a stigma reduction initiative*. SAMHSA Pub. No. SMA-4176. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2006.

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