



Reducing Stigma and Discrimination Associated with Mental Illnesses

WHAT IS STIGMA?

According to the final report of the President's New Freedom Commission on Mental Health ("Achieving the Promise: Transforming Mental Health Care in America"), stigma is "a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illnesses." The report also says, "Responding to stigma, people with mental health problems internalize public attitudes and become so embarrassed or ashamed that they often conceal symptoms and fail to seek treatment." Because of stigma, the general public may withhold help, avoid, coerce, and/or segregate themselves from people with mental illnesses.

Stigma perpetuates two significant myths about people with mental illnesses:

- They are violent.
- They do not recover from their mental illnesses.

Both are false. Studies show that, at most, mental health status contributes a trivial amount to the overall violence in society. Studies also show that people who have mental illnesses can and do recover from their illnesses.

Some advocates believe that just using the word "stigma" reinforces negative views; they prefer to focus on the discrimination that is a result of stigma. The Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services prefers to use the words "stigma and discrimination" in tandem.

WHERE DO STIGMA AND DISCRIMINATION EXIST?

Stigma and discrimination are widespread. They can exist at the individual level or at the structural level. For example, someone who does not want to work with a colleague because of her mental illness is stigmatizing her and discriminating against her at the individual level. When government and private institutions limit the opportunities of people with mental illnesses, it is called structural stigma and discrimination. However, such discrimination is prohibited by the Americans with Disabilities Act and by Section 504 of the Rehabilitation Act of 1973.

STIGMA/DISCRIMINATION AND EMPLOYERS

Despite the fact that many people with mental illnesses are active members of the workforce, employers often discriminate against them because of their illnesses. (Again, such discrimination is prohibited under law.) Studies have shown that stigma is a major factor in the epidemic unemployment of people with serious mental illnesses. Studies also show that people with mental illnesses are responsible employees and that employment supports their recovery:

- Employers have reported that the attendance and punctuality of people with mental illnesses are better than average, and that their motivation and quality of work are as good as or better than those of other employees.
- People with serious mental illnesses report that they use hospital and crisis services less when they are working than when they were unemployed.
- People with mental illnesses who work experience a decrease in symptoms.

However, barriers remain:

- The Cleveland, Ohio, Plain Dealer (July 23, 2000) reported on a study that found that 43 percent of federal employers and 22 percent of private employers noted the existence of negative attitudes of supervisors and coworkers toward people with mental illnesses.
- During the 1999 Mental Illness and the Workplace Conference sponsored by the Association of Health Services Research and NAMI, evidence was presented that 30 percent of employers are uncertain how to create supportive work environments.

STIGMA/DISCRIMINATION AND HOUSING

Landlords may choose not to rent to people with mental illnesses, despite the fact that the Fair Housing Act may make such discrimination illegal. Similarly, neighbors may protest the placement of supported housing in their communities because they are afraid that their property values will decrease or they fear for the safety of their families. Such behavior is known as NIMBY (Not In My Back Yard).





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STIGMA/DISCRIMINATION AND HEALTHCARE

Stigma and discrimination can have a negative impact on someone's health care and mental health care:

- Health care providers may not provide the necessary treatments to people with mental illnesses. For example, people with schizophrenia who are hospitalized for reasons unrelated to mental illness are at least twice as likely as patients without schizophrenia to experience medical problems associated with poor outcomes, including death. One hypothesis is that a lot of the increased risk may result from inferior medical care. For example, studies have indicated that health care professionals might not take the medical symptoms of people with schizophrenia seriously, leading to a delay in treatment.

- Mental health care providers may act coercively or impose mandatory treatment on people with mental illnesses. For example, they may use restraints because they perceive that someone is dangerous, even when the individual does not pose a threat.

There have been significant steps to battle stigma and discrimination in healthcare. For example, in 1996, Congress passed the "Mental Health Parity Act." This legislation restricts insurers from putting limits on lifetime and annual benefits for mental health services that they do not put on physical health benefits; however, this legislation does not cover everyone.

STIGMA/DISCRIMINATION AND LEGISLATORS/POLICY MAKERS

Legislators and policy makers may also discriminate against people with mental illnesses:

- A study by Willis, et al., in *Mental Health, United States* (1998) shows that they do not provide sufficient funding for mental health services.

- According to researcher Patrick Corrigan, Psy. D., in "Target-Specific Stigma Change: A Strategy for Impacting Mental Illness Stigma," legislators

also show that they seem to be unwilling to interpret the laws in a manner that is friendly towards mental health issues. For example it took more than five years for the Equal Employment Opportunity Commission to release an interpretation of the Americans with Disabilities Act that is sensitive to the issues of those with mental illnesses.

- A 1999 survey of existing state laws by Hemmens, et al., in "The Consequences of Official Labels: an Examination of Rights Lost by the Mentally Ill and the Mentally Incompetent Ten Years Later" in the *Community Mental Health Journal* (2002) shows that a third of 50 states restrict the rights of a person with mental illness to hold elective office, participate on juries, and vote. Fifty percent of states restrict child custody rights of parents who have mental illnesses.

- A study by Patrick Corrigan, et al., (2005) looked at relevant bills introduced in 2002 in all 50 states and found that about a quarter of the bills reviewed related to protection from discrimination. Within that category, half the bills reduced protections and half seemed to expand protections.

STIGMA/DISCRIMINATION AND MEDIA

A survey indicated that the general public's main source of information about mental illnesses is the mass media, which reinforces negative stereotypes about people with mental illnesses.

- The Substance Abuse and Mental Health Services Administration's (SAMHSA) Resource Center to Address Discrimination and Stigma (ADS Center) noted that more than 70 percent of characters with mental illnesses on prime-time television dramas are shown to be violent, and more than one fifth of these characters are killers.

- Another study by Patrick Corrigan, et al., (2005) reported, "The number of [news] stories about danger and crime are waning, although they are still the single largest focus among stories about mental illness."

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Reducing Stigma and Discrimination Associated with Mental Illnesses (3 of 3)

REDUCING STIGMA

There are many organizations that fight stigma. One such organization is NAMI StigmaBusters. This group monitors the media for negative stereotypes of people with mental illnesses and then coordinates letter-writing campaigns to get those responsible to stop promoting these stereotypes.

One study grouped the approaches to eliminating stigma into three processes:

- Protest
- Education
- Contact (between people with mental illnesses and the general public)

A good way to battle stigma/discrimination is to target the specific discriminatory behaviors of certain power groups, such as the hiring policies of employers who refuse to hire people with mental illnesses. Then, find a relevant governing organization, such as the Equal Employment Opportunity Commission, to act as an advocate, or find/develop a program that is focused on changing the attitudes of the power group by dispelling myths and other tactics.

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How Can You Reduce Stigma/Discrimination?

There are many ways in which you can fight to reduce stigma/discrimination. Here are two examples:

- The media disseminates stigmatizing images of people with mental illnesses. Write a letter to a newspaper, radio or television show, expressing your disapproval of these images. See <http://media.shs.net/ken/pdf/SMA01-3513/SMA01-3513.pdf> for help with writing to the media.
- Educate your peers about mental illnesses. Organize a forum. If you are not comfortable speaking, invite a speaker from a group that focuses on this issue, such as SAMHSA's ADS Center. <http://www.stopstigma.samhsa.gov/speakersbureau.htm>.

Resources

- American Psychological Association: Enduring Discrimination in Health Insurance. <http://www.apa.org/practice/paper/homepage.html>.
- Canadian Mental Health Association: Thunder Bay Branch. <http://www.cmha-tb.on.ca/work.htm>.
- Challenging Stereotypes: An Action Guide, 2001. Substance Abuse and Mental Health Services Administration. Washington D.C. <http://media.shs.net/ken/pdf/SMA01-3513/SMA01-3513.pdf>.
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- The Mental Health Parity Act of 1996, U.S. Department of Health and Human Services, Center for Medicare and Medicaid Services. http://www.cms.hhs.gov/HealthInsReformforConsume/04_TheMentalHealthParityAct.asp.
- National Stigma Clearinghouse: Anti-stigma Home Page <http://community-2.webtv.net/stigmanet/STIGMAHOMEPAGE/>.
- SAMHSA's Resource Center to Address Discrimination and Stigma (ADS Center). <http://www.stopstigma.samhsa.gov/>.
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