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# INTRODUCTION


**This report has identified a wide range of factors as causing and reinforcing the negativity surrounding mental [ill-] health. Limited public knowledge, media bias, a historical deficit in differentiating between mental illnesses as well as the impact of religious and cultural norms.**

*Mental health, commonly defined as the ability to cope with life, is a concept subject to prejudice and severe stigmatisation.*

**As suffering from ill mental health impacts on a person's relations, employability prospects and vulnerability to poverty due to unemployment, destigmatising the term is to be understood as a necessity. The report will engage with a wide range of methods utilised to encourage such a process, deeming the educational element as being of the highest importance. The information will be acquired by reviewing existing literature, both contemporary and historical, in order to illustrate a rich understanding of the concept mental health and its development.**

# DEFINITIONS

## What is Mental Health?

This section is seeking to define the concept of mental health, in order to clarify what the term actually encompasses and why. The US department of Mental Health includes the following factors as defining good mental health:

- **Realize their full potential**
- **Cope with the stresses of life**
- **Work productively**
- **Make meaningful contributions to their communities**[1]

World Health Organisation (WHO) uses a similar definition for what signifies good mental health:

*"Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community"*[2].

Mental Health Foundation UK summarises good mental health as "coping with life"[3]. Hence, there is seemingly an international or at least Western consensus on what constitutes as good mental health. The following sections will examine the evolvement of the mental health definition, the past five decades understanding of mental health and trying to find the factors causing the contemporary stigmatisation of mental health.

## Why is the [in]ability of coping with life stigmatised?

# Why is it important?

Poor mental health has severe implications on close relationship, such as family and friends, but additionally impacts financially on a society. **Unemployment, poverty and social exclusion are factors negatively impacting on an individual's mental health, reinforcing the vicious circle of deprivation.** Mental health problems are common in deprived areas and the limitation placed on emotional well-being hinders the person affected to gain employment or in other ways improve his/her life situation[4].

A World Health Organisation (WHO) from 2001 predicted a developed nation expenditure of 3-4% on alleviate and prevent mental health problems. Yet it is suggested that there is not sufficient research conducted on mental[5] health in relation to the number of people affected, a limited 5,5% of the UK health research funding was spent on mental health research. Moreover, an NHS report illustrated how...

*Mental illness is the "largest single cause of disability in the UK"*

...and costs the British economy £105 billion every year[6]. As poor mental health negatively impacts on the ability to break out of poverty, as well as being costly for the British society, mental health is an important field of research.

**Costs £105 billion per year**

# What is mental health stigma?

Mental health stigma has been defined as the "devaluing, disgracing, and disfavouring….of individuals with mental illnesses"[7]. The prominence of stigma has critical implications for those experiencing mental illness, or indeed the progression of the mental health awareness movement itself. In 2001, stigmatisation was recognised by the **World Health Organization (WHO) as "the single most important barrier to overcome in the community"[8]**; further, the WHO's Mental Health Global Action Programme enlisted advocacy against stigma within its fourfold strategies for improving mental health treatment worldwide.[9]

Corrigan et al. identified the dual conception of stigma, incorporating both public stigma and self-stigma. Public stigma alludes to the reaction of communities/society towards those experiencing mental illness, whereas self-stigma involves an internalised prejudice that people with mental illness have towards themselves[10]. They highlight three common stigmas surrounding people with mental illness:

*...they are violent and homicidal, so should be feared and excluded; they are childlike and irresponsible, so cannot make life decisions; they have weak character and are responsible for their illness[11].*

# What are the implications of stigma?

A 2002 study conducted by Corrigan et al. examined the implications of stigmatisation upon those experiencing mental illness. The authors identified the "double challenge" of managing mental illness: individuals must deal with the direct symptoms/disabilities of their illness and the various challenges which arise from stigma.

Stigma is threefold, composed of stereotyping, prejudice, and discrimination. Stereotyping is recognition of a negative belief about a group, prejudice is emotional agreement with that negative belief, and discrimination is action consequent to such agreement[12].

Mental health discrimination may be individual or structural: the former involves the direct denial of a resource to an individual experiencing mental illness; the latter alludes to institutional bias, for example within economic, social or legal spheres[13]. Corrigan et al. identify four forms of discrimination which derive from public stigma: withholding help, avoidance, coercive treatment, and segregated institutions[14].

Self-stigma, and fear of rejection, may deter individuals with mental illness from embarking upon new opportunities or pursuing life experiences[15]. Self-stigma can culminate in a tragic loss of self-esteem, diminishing an individual's sense of worth, and sense of self. Link et al. identify that self-stigma among

*"they are failures of that they have little to be proud of"*

those experiencing mental illness causes individuals to conclude that "they are failures of that they have little to be proud of".[16] The belief that one has developed an illness others are afraid of can be disheartening, imprisoning and significantly inhibiting. Perceptions of stigma may therefore lead to uncomfortable social interactions, reduced social networks, diminished employment success, among other issues.[17] Research by Link et al. among people experiencing mental illness found that 54% of participants agreed or strongly agreed with the statement 'you feel useless at times'.[18] The authors

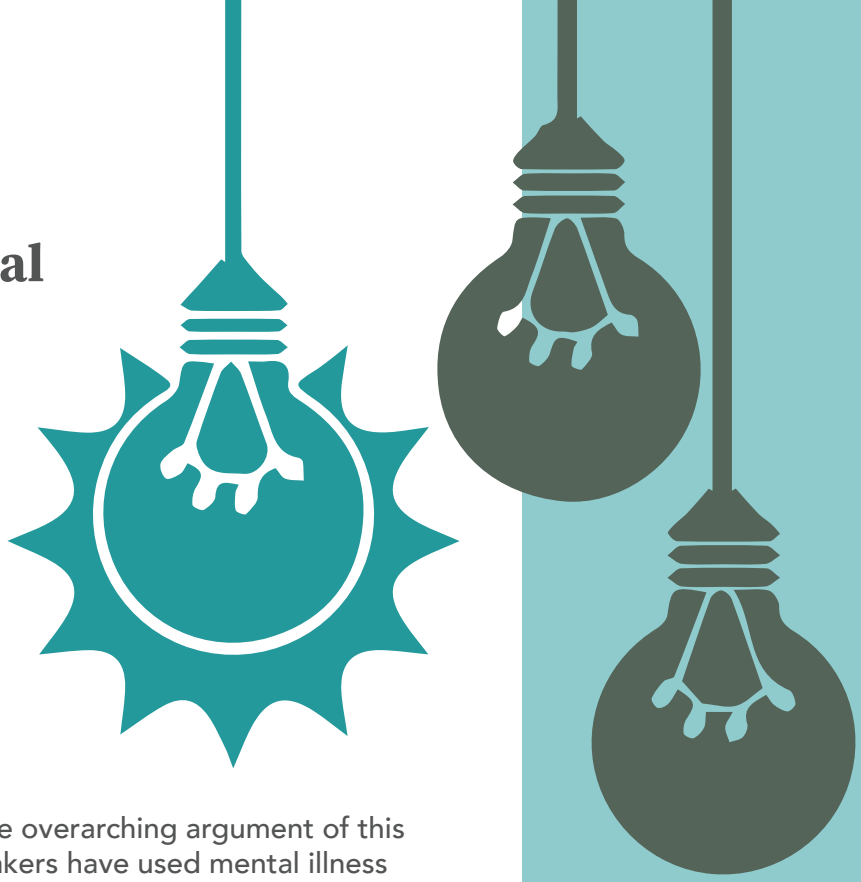
*54% of participants agreed or strongly agreed with the statement 'you feel useless at times'.*

also concluded that withdrawal was the most commonly endorsed method of coping with potential rejection or constrained social interaction.[19]

# SOURCES AND ORIGINS OF STIGMA

*Normative conceptions of mental illness are internalised during early years and reproduced throughout the lifetime. Conceptions and understandings of mental health are derived from multiple platforms, including family background, personal experience, relationships and media portrayals. This section will explore three key explanations of stigma: historical misconceptions about the nature of mental illness; the impact of media portrayals; and the prominence of cultural norms.*

# Historical Public Misconceptions of Mental Illness



To enable a full comprehension of the mental health stigmas existent in the contemporary society, it is a necessity to provide a historical overview to explain how mental health and/or illness has been understood and treated. Furthermore, this section will have a limited time frame, ranging from the 1950s - today, as judged feasible and relevant to the study. It is believed that the usage of reports covering such a wide time frame acquires a higher degree of accuracy than merely using the most recent literature, as bias may occur. The overarching argument of this section is that media, scholars and policy-makers have used mental illness as an umbrella term, without differentiating between the wide range of illnesses present in this category. This has contributed to the perception of mental health issues being synonymous with severe illnesses such as schizophrenia, and the common public view of mental ill-health being strongly correlated with violence towards others.

*Mental illness became a term in the 19th century and was viewed as something either:*

*i.) caused by the individual him/herself or*
*ii.) subject to inheritance/result of physical illness.*[20]

The former is representative of the perspective of mental illness was a myth and socially constructed.[21] The essay "The Myth of Mental Illness" by Thomas S. Szasz suggests that mental illness is a deviation from common life goals, such as a happy marriage, decided by the person him/herself or a psychiatrist. Moreover,

*Szasz attributes the concept of mental illness to the inability of man to handle "an ever increasing understanding of life and self-reflection"*

Hence, when deviating from the ethical norms or common life expectations, individuals use the concept of mental illness to legitimise the potential errors committed.[22] Thus, the aforementioned [in]ability to cope with life[23] was understood by Szasz as rooted in e.g. the avoidance of a marital conflict or similar[24], rather than a complex mental health issue. Hence, anxiety and depression were perceived as normal reaction to a stressful situation[25].

The latter view is portrayed as physical ill-health negatively impacting on an individual's mental health. **Thus, it was perceived that underlying physical problems could provoke the development of mental illness.** Exemplifications given are syphilis and epilepsy[26]. Hence, perceptions of mental illness in the 1950s and 1960s demonstrate a limited understanding of the concept and its implications. Reservation towards the mentally ill was widespread[27].

Stephen P. Segal (1978) argued that the public perception of the mentally ill in the United States was significantly moving towards the more positive side of the spectrum in the 1970s. This was mainly a result of former patients facing severe hardships outside the mental health facilities, such as homelessness. As the number of individuals affected grew, media reports were undertaken and awareness around mental health issues grew[28]. ***Segal emphasised the importance of incorporating the mentally ill into society and educating the general public around issues negatively affecting mental health. Furthermore, to acknowledge the skills and qualities possessed by the individuals formerly affected by mental illness would be of a huge benefit to society[29].***

This progress was reverse in the 1980s, as the negative perception of mental health facilities grew and people feared that placing such a facility in the neighbourhood would have negative implications on the community. 48% of the survey participants in a **Borinstein's 1992 study would not "welcome any mental health facility into their neighbourhood"[30].** Such a perception was resonated in the British society in the 1990s. A study from 1993 show how media linked mental illness to violence towards others in 66% of its reports on mental illness. However, institutional statistics show that a mere 34% of 2000 homicide cases had the perpetrator been in contact with mental health facilities[31].

The need for enhanced public understanding of mental illness is reflective in a study from 2000, in which surveys illustrated severe limitations to the British and Australian general public knowledge of such issues; resulting in stigmatisation. It is also shown how a deficit in mental health literacy throughout the 1990s has contributed to a negative public perception of mental illness, as how to approach and/or support a person affected by mental ill-health is not known[32]. Thus, it has been identified how mental health has been misconceived and therefore stigmatised throughout modern history. As following sections will illustrate, the stigmatisation of mental health and the limited public understanding is widely present in our contemporary society. These findings contribute to the insight that...

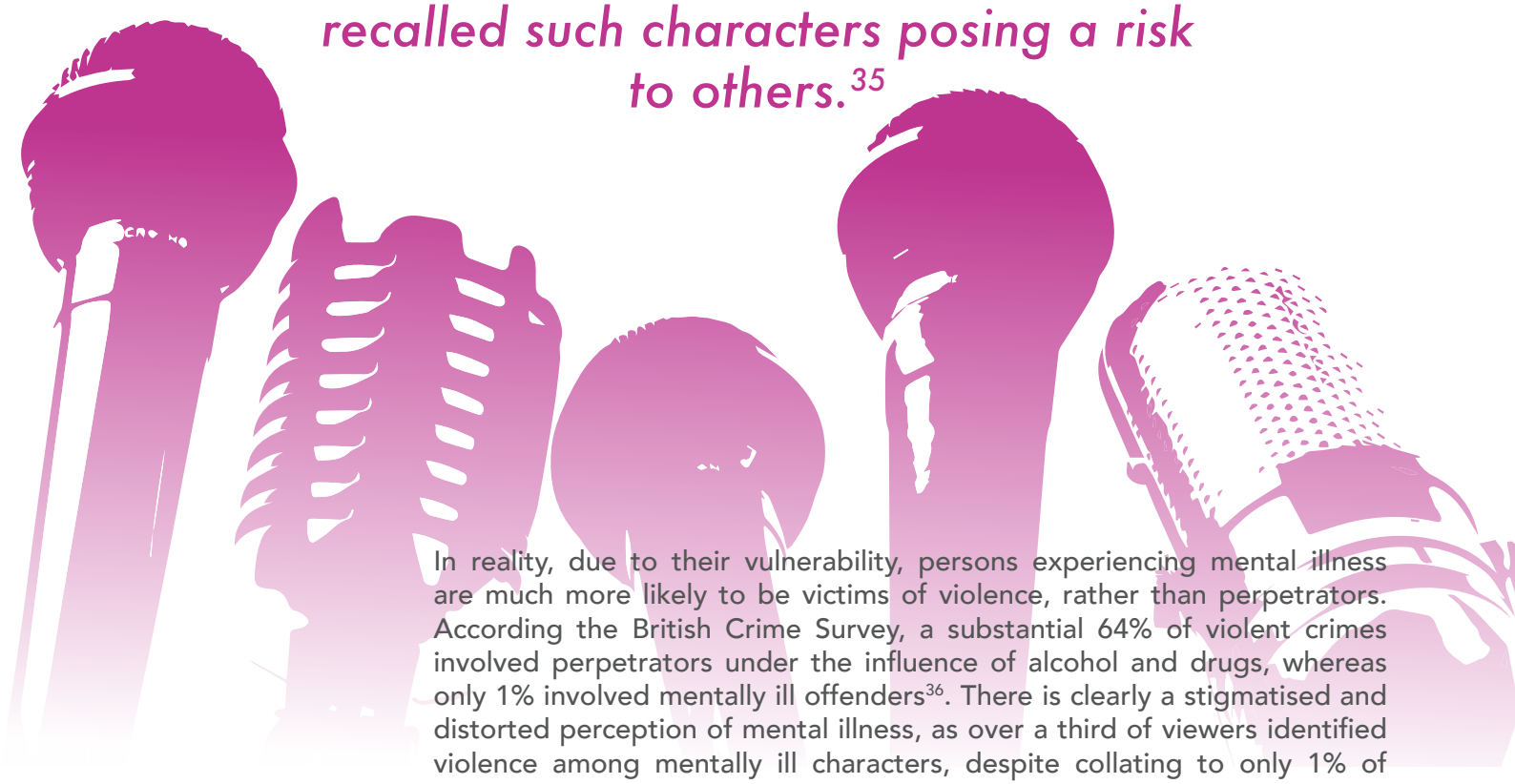
*...a more open dialogue surrounding mental health is required, in order to alleviate the stigma and decrease the damage that the present misconceptions cause.*

# Media Portrayals

How to care for individuals affected by mental illness has ranged from being placed into mental health facilities, to attempting reintegration into the community. Media and mental health policies have contributed to the clustering of mental illnesses. Portraying mental health as related to violence towards others, to homelessness, drug abuse or long-term hospitalisation has potentially assisted in the creation of a negative perception of mental health issues[33]. ***However, there is a clear need for differentiating between a severe mental illness, such as schizophrenia, and more common mental health problems, for example depression or anxiety in order to combat mental health stigmatisation[34].***

Portrayals of mental illness within the media often incorporate incidence violence, lunacy or unpredictable behaviour. In a 2014 survey on the presentation of mental health with...

*...UK TV dramas and soaps, 39% of respondents said that mentally ill characters are often violent, and 45% recalled such characters posing a risk to others.[35]*



In reality, due to their vulnerability, persons experiencing mental illness are much more likely to be victims of violence, rather than perpetrators. According the British Crime Survey, a substantial 64% of violent crimes involved perpetrators under the influence of alcohol and drugs, whereas only 1% involved mentally ill offenders[36]. There is clearly a stigmatised and distorted perception of mental illness, as over a third of viewers identified violence among mentally ill characters, despite collating to only 1% of incidents in reality. Whether this reflects the prejudice of production, or the prejudice of audiences, is inconsequential: the disparity speaks for itself.

Media often publishes, disseminates and reproduces derogatory mental health terminology. The 2014 study on TV soaps and dramas highlighted the unfortunate frequency of terms such as 'psycho', 'crazy' and other prejudiced labels[37]. Such terminology serves to reduce persons experiencing mental illness to a mere label, diminishing their sense of personhood and laying the foundations for the application of prejudice and discrimination.

# Cultural Norms

Cultural norms critically influence understandings, conceptions and attitudes towards those with mental illness.

Studies have revealed that many Asian cultures value "conformity to norms, emotional self-control, [and] family recognition through achievement"[38]. Within such cultures, mental illness is therefore interpreted as a source of shame, creating multiple barriers in access to treatment and paths to recovery. In Chinese culture, individuals are viewed as links in an intergenerational family kinship structure; mental illness is thus perceived as a 'contamination' not just of the affected individual, but of the entire extended family structure[39]. This is also closely tied into concepts of family honour, resulting in family members' socially concealing or physically hiding mentally ill individuals in order to "save face".[40]

A 2007 study by the American National Mental Health Association found that 63% of African Americans equated depression to 'personal weakness'; further, 30% indicated that they would not seek help when dealing with depression[41]. In another study exploring perceptions of depression among African Americans, one participant commented that ...

63% equated depression to 'personal weakness'

*..."We create our own depression... some things you got to deal with... [from] your inner self, you know".*[42]

This reflects the prominent view individuals are responsible for their own mental illness, and therefore have the power to 'get over it'. Such an outlook is fatally damaging for those experiencing mental health problems, further deepening their low self-esteem, and sense of hopelessness and helplessness. Further, a report by O'Conner et al. documents the culture within African American communities to keep family or individual matters private: "whatever goes on in your house needs to stay there"[43]. A participant termed this process as "frontin'";[44] the act of putting on a front in order to conceal one's mental health status from all surrounding peers.

30% wouldn't seek help when dealing with depression.

Many cultural norms are closely entwined with additional religious norms. In the context of mental health, ***individuals often report the social pressure to conceal their mental illness due to its outside perception as religious dissent.*** Religion requires a committed faith in the acts of a divinity; depression was therefore interpreted as dissatisfaction with divine action, and a lack of faith that things will improve.[45]

# MOVEMENTS TO COMBAT STIGMA

**To develop strategies to reduce the stigma surrounding mental health is highly relevant in the contemporary society. A recent study (2015) shows how people in developed countries continue to underreport mental health problems, both due to the prevalence of stigma, but also as it is suggested that openly showcase such issues may hinder employment promotion or similar[46].**

**Corrigan et al. argue that public stigma can be negated and reversed through three broad approaches: protest, education and contact.**

## Protest

Protesting is categorised as a reactionary strategy.[47] Protests can effectively challenge harmful stereotypes and negative attitudes, but consequently neglect the importance of actively promoting positive conceptions. Protests are therefore often utilised within the early stages of movements; they challenge existing attitudes, creating a discursive space for the later advocation of improved perspectives. Penn et al. identify the limitations of utilising protest, recognising that such action may actually *increase* stigma[48]. This paradoxical rebound effect is precarious: if groups protest a particular stigma, such action actually gives publicity to the stigma itself, reproducing the prejudice.

# Education

Education is critical to the reversal of prominent stigma. Research conducted by Corrigan et al, highlights that those "who evince a better understanding of mental illness are less likely to endorse stigma and discrimination".[49]

Whilst the media may be responsible for the dissemination of harmful stereotypes surrounding mental illness, such platforms can also serve as indispensable public education and awareness tools. There has been a recent proliferation in portrayals of mental illness on television and film screens; such immediate conveyance of information may provide viewers with better understandings of diagnoses, symptoms, and treatments of mental health. Time to Change published a 2014 report, funded by the UK Department of Health, on the depiction of mental illness in TV dramas and soaps.[50] The report found a promising improvements in the portrayal of mental health, promoting storylines which normalise, rather than ridicule, mental illness.[51] Notably, television provided a valuable platform to provide education on stigma and prejudice: 77% of respondents said characters often experience discrimination due to their mental health.[52]

Further, ***57% indicated that characters experiencing mental illness were likeable***[53], contributing to the steady reversal of the harmful stereotypes which serve to marginalise the mentally ill. Additionally, ***48% of participants stated that a TV storyline changed their opinion about the characteristics and identity of persons who develop mental health problems***[54]. Statistics such as these comprehensively convey the potential power of the media to reverse the internalised negative normative perceptions of mental illness, instead proliferating more positive, accurate and neutral conceptions.

Interestingly...

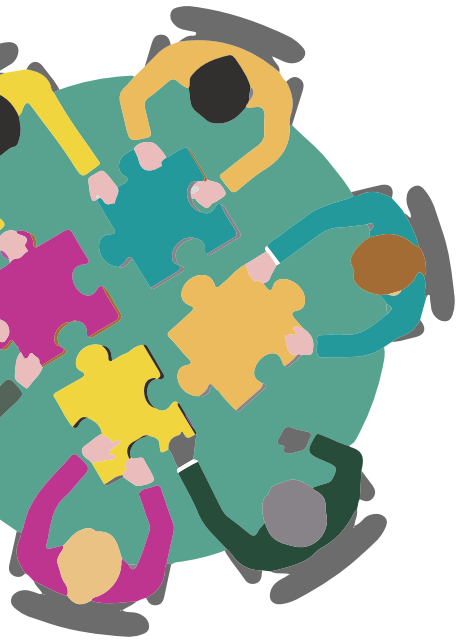
*...media serves not only as a public education tool, but also as a mechanism to combat self-stigma.*

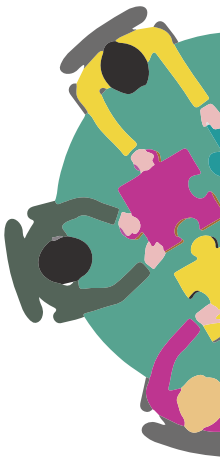
The 2014 Time to Change report found that ***25% of respondents who had experienced a mental health problem were encouraged to seek professional help after relating to a character with similar issues; further, 12% of participants called a relevant helpline that was displayed at the end of a television programme.***[55]

Most importantly, the extent of media education extends far beyond the immediate viewer, as ***31% of participants reported talking with friends, families and colleagues about the mental health storylines they had witnessed.***[56] Topical television programmes may therefore serve as a catalyst so more broader awareness-raising movements. Media platforms provide relevant talking-points, creating a vital space for social discourse, and laying the foundations for a crucial change in social attitude.

To frame it as a biological illness is another strategy to combat the stigma around mental health. It is believed by scholars that linking the prevalence of depression to physical reasons, such as inheritance or chemical imbalance, would reduce the perception of depressed individuals being lazy and

unmotivated.[57] However, this approach has been subject to severe criticism, as it may enhance the stigma around a person suffering from mental illness being different or dangerous. Hence, despite the acknowledgement that a biological approach may reduce the moral stigma around mental health issues such as depression[58], the negative aspects outweigh the positive.





## Contact

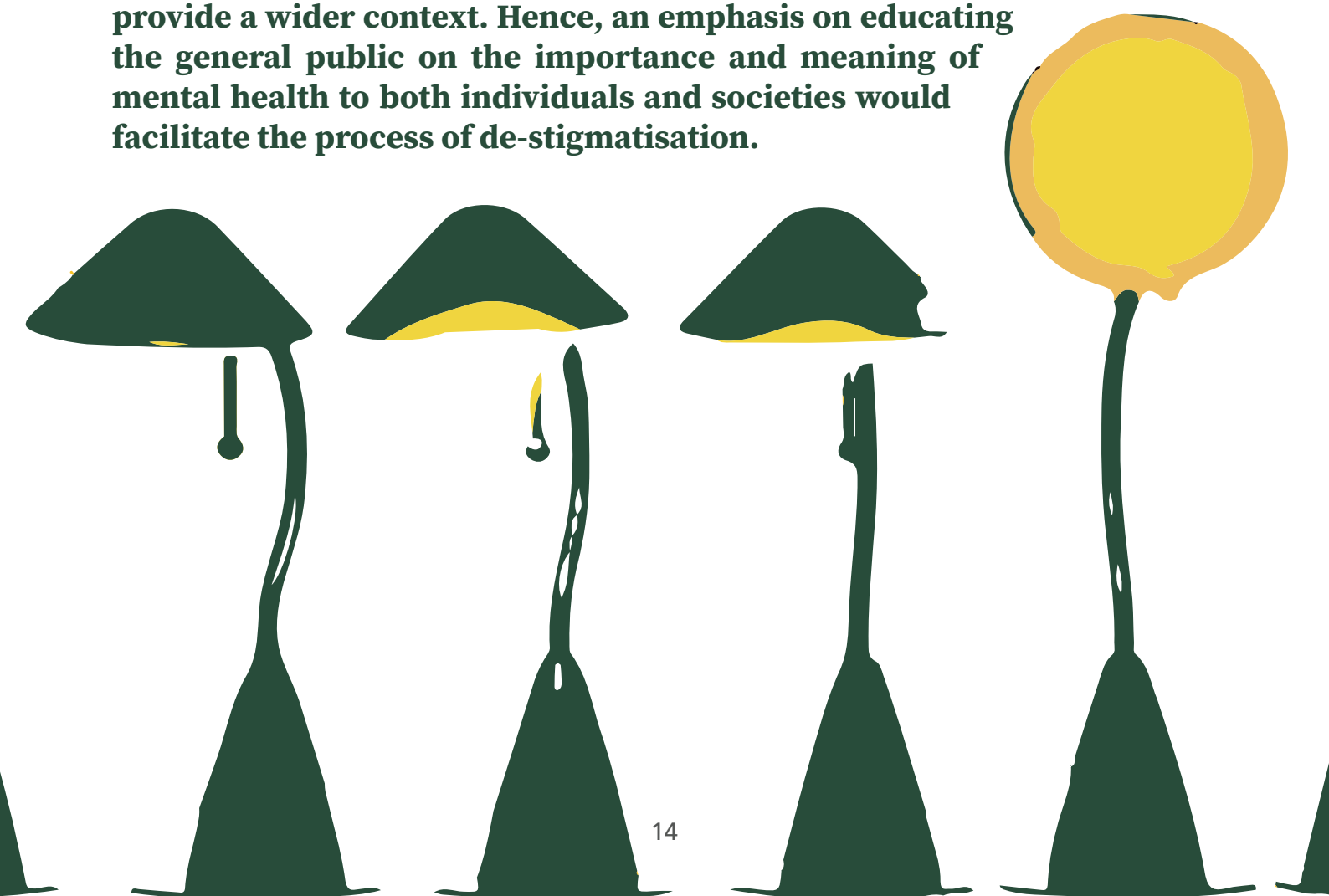
One of the most fruitful strategies in terms of stigma reduction is the Nature of Prejudice, pioneered by Gordon Allport in 1954. It is based on the imaginary power of a group interaction with someone suffering from a type of mental illness. Such a method is thought to induce a reduction of prejudice. Strikingly, studies demonstrate a heightened incentive for people to engage in actual contact after having participating in such a group situation.[59]

The method is commonly adopted today by encouraging individuals suffering from mental ill health to share their experiences and thoughts with the general public. Although studies show the potency of this strategy, the receivement is not merely positive. Health care personnel and the general public have a tendency to reinforce stigmatisation due to limited comfortability when approaching mentally ill individuals, by viewing the people affected as different to themselves. Contemporary studies and trial runs of contact based de-stigmatisation in Canada has proven successful, mainly by combining said method with a learning element serving to educate people around mental health, but mostly how to approach a person suffering from mental ill health[60].

Although the aforementioned strategy may prove useful in attempting to combat mental health stigma, it is evident from a historical perspective that media and policy-makers bear a huge responsibility on influencing how mental health is perceived by the general public. Hence, the listed strategies ought not to be rendered less useful, but suggestively less influential than their institutional counterparts.

# CONCLUSION

**The consequences of stigmatising mental health have been proven deeply harmful to individuals as well as the wider community. Besides contextualising mental health, stigma and their importances for people and societies affected, the report has illustrated how the factors creating and reinforcing stigma can be linked to limited knowledge of mental health and its issues. The same pattern was identified when examining strategies to combat stigmatisation of mental health. For the protests and contact method to be successful, the understanding of mental health stigma and its consequences requires being acknowledged by the general public. When regarding media reports on mental health, an enhanced public understanding would possess the ability to scrutinise biased statistics, forcing media reports to contain a heightened level of accuracy and provide a wider context. Hence, an emphasis on educating the general public on the importance and meaning of mental health to both individuals and societies would facilitate the process of de-stigmatisation.**



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