Research Bulletin 4



Stigma and mental illness

Three out of four people affected by mental illness report they have experienced stigma, and believe tackling media misrepresentation is the best way to combat it ...

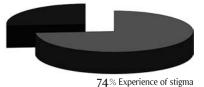
People affected by mental illness can do without stigma – inaccurate, prejudiced assumptions that they are comical or violent or somehow less deserving of respect. These attitudes are not only hurtful, they also contribute to social isolation, a reluctance to seek help, and discrimination.

This SANE Research Bulletin investigates stigma against people with a mental illness, and how they think it should be tackled.

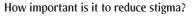
The survey was conducted during September 2006, using a convenience sample of 357 people with a mental illness who completed a questionnaire face-to-face, by telephone or via the SANE website. Three-quarters of respondents lived in urban areas. The majority were female (74%), with the most common diagnoses being depression (42%), bipolar disorder (22%), schizophrenia (15%) and anxiety disorder (9%). This sample profile is typical of respondents to other surveys in the SANE Research Bulletin series.

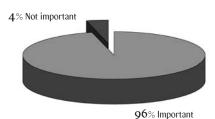


26% No experience of stigma



Three-quarters of the sample reported that they had personal experience of stigma (down slightly from 80% in 2004). They had experienced this in the attitudes of health and government workers, in the media, and in the general community. It is notable that 13% felt they had experienced stigma from staff in a health service, and 16% reported stigma in their place of work.





Unsurprisingly, almost the entire sample agreed that it was important to reduce stigma.

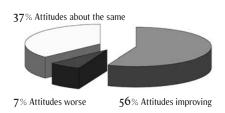
The reasons given emphasise the social isolation and distress caused by stigma, in addition to the direct effects of mental illness.

Respondents said a reduction in stigma would help them to:

• feel better about themselves

- manage their illness better
- get back to work or study, and
- join in social activities.

Are attitudes changing?



Some felt that stigma towards people with a mental illness was not changing and 7% considered it were getting worse – nevertheless the majority (56%) felt that attitudes were slowly improving, with 9% reporting that they were 'much better'.

Research Bulletin 4 Continued Stigma and mental illness

How can stigma be reduced?

Respondents were optimistic that stigma could be reduced, with suggestions spread across a whole range of initiatives in the community.

Tackling stigma in the media was seen as the most urgent priority (17%), reflecting the enormous influence of the media on community attitudes as a whole. The SANE StigmaWatch initiative was recognised by almost half of respondents as active in this area.

Education about mental illness in schools and in the workplace, as well as in the general community, was also highlighted as an important ongoing measure to reduce stigma.

An important barrier to stigma reduction is the fact that vilification of people with a disability – including those who have a psychiatric disability because of mental illness – is not unlawful in Australia (except under Tasmanian legislation).

While people cannot be publicly ridiculed because of their religion or sexual preference, journalists, advertising agencies and anyone else is free to mock and invite contempt for people with a mental illness or any form of disability.

SANE regards this lack of equality under the law as discriminatory, and is working with other organisations to bring about changes to State and Federal legislation on this issue.

In summary

- Stigma is common. Three-quarters of respondents said they had experienced it.
- Almost all respondents agreed it was important to reduce stigma, and that this would have a significant effect on improving their quality of life.
- Attitudes towards people with a mental illness are slowly improving, most respondents said, but there is a long way to go – with some feeling that attitudes are actually worsening.
- There was optimism among respondents that stigma could be reduced, with the media a primary target because of their influence over community attitudes.

Recommendations

1 EDUCATE THE MEDIA

The primary importance of the media in influencing public attitudes emphasises the need to maintain and develop initiatives such as the Mindframe National Media Strategy to educate the media. There is also a need to target specific groups such as advertising agencies and producers of television drama who are 'repeat offenders' in promoting stigma.

2 SUPPORT PEOPLE TO COMBAT STIGMA

People affected by mental illness are often distressed and disempowered by stigma, feeling misunderstood and excluded by society. The SANE StigmaWatch initiative should be continued, as a rare channel for them to convey the effect of stigma and help educate the media to be more accurate and respectful when depicting mental illness.

3 EDUCATE THE COMMUNITY

Changing community attitudes towards people with a mental illness means a commitment by government to supporting long-term action in public education – especially in important target groups such as schools – through the MindMatters initiative, for example – and in the workplace.

4 ANTI-VILIFICATION LEGISLATION

The national Disability Discrimination Act and State Equal Opportunity Acts should be amended so that people with a disability, including people with a mental illness, have the same protection from vilification as others do on the grounds of religion or sexual preference.

SANE Australia

A national charity working for a better life for people affected by mental illness – through campaigning, education and research. Supported by the R. E. Ross Trust and the Australian Government's National Mental Health Strategy and National Suicide Prevention Strategy, through the Mindframe National Media Strategy.

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