



Stigma and Severe Mental Illness

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What is stigma?

Stigma against people with severe mental illness (SMI) refers to negative stereotypes, prejudiced opinions, avoidance, and/or discrimination experienced by people who carry a diagnosis of a SMI.¹ Stigma can be experienced interpersonally through extreme actions like hate-crimes, or through smaller actions like questioning whether a person with SMI can ever be a good parent, employee, partner, or any other role in society.

Stigma can also be experienced at a structural level. Structural stigma can be

Finally, stigma can also be experienced internally. This internal stigma is sometimes called 'self-stigma'. In cases of self-stigma, a person with a SMI may believe negative stereotypes about themselves, feel that discrimination against them is warranted, or expect that they will be rejected by others because of their SMI.² Stigma against people with SMI is pervasive and present across cultures. This stigma can have a negative impact on self-esteem, interpersonal relationships, career opportunities, and willingness to seek treatment for symptoms.

Stigma against people with SMI refers to negative stereotypes, prejudiced opinions, avoidance, and/or discrimination toward people who carry a diagnosis of a severe mental illness. Stigma can manifest as negative opinions directed at oneself (self-stigma), negative opinions towards another person (interpersonal stigma), or policies that isolate and discriminate against people with SMI (structural stigma).

How common is stigma against people with SMI?

While stigma against some mental illnesses, such as depression, has decreased since the 1990s, stigma against people who have schizophrenia has increased over this same time period.³ One 2018 study⁴ that asked more than over 1,000 Americans about their opinions about people with various stigmatizing conditions found that over 60% of Americans would be unwilling to work closely with someone with schizophrenia or have someone with schizophrenia marry into their family.

seen in cultural norms or governmental policies that limit the opportunities and resources of people with SMI.

The same study found that over 40% of Americans would be unwilling to have a neighbor with schizophrenia or socialize

with someone with schizophrenia. This study additionally found that 67% of Americans believe that people with schizophrenia are dangerous and likely to be violent. This represents a 16% increase in the perceived dangerousness of people with schizophrenia among the general public since 1996.⁵

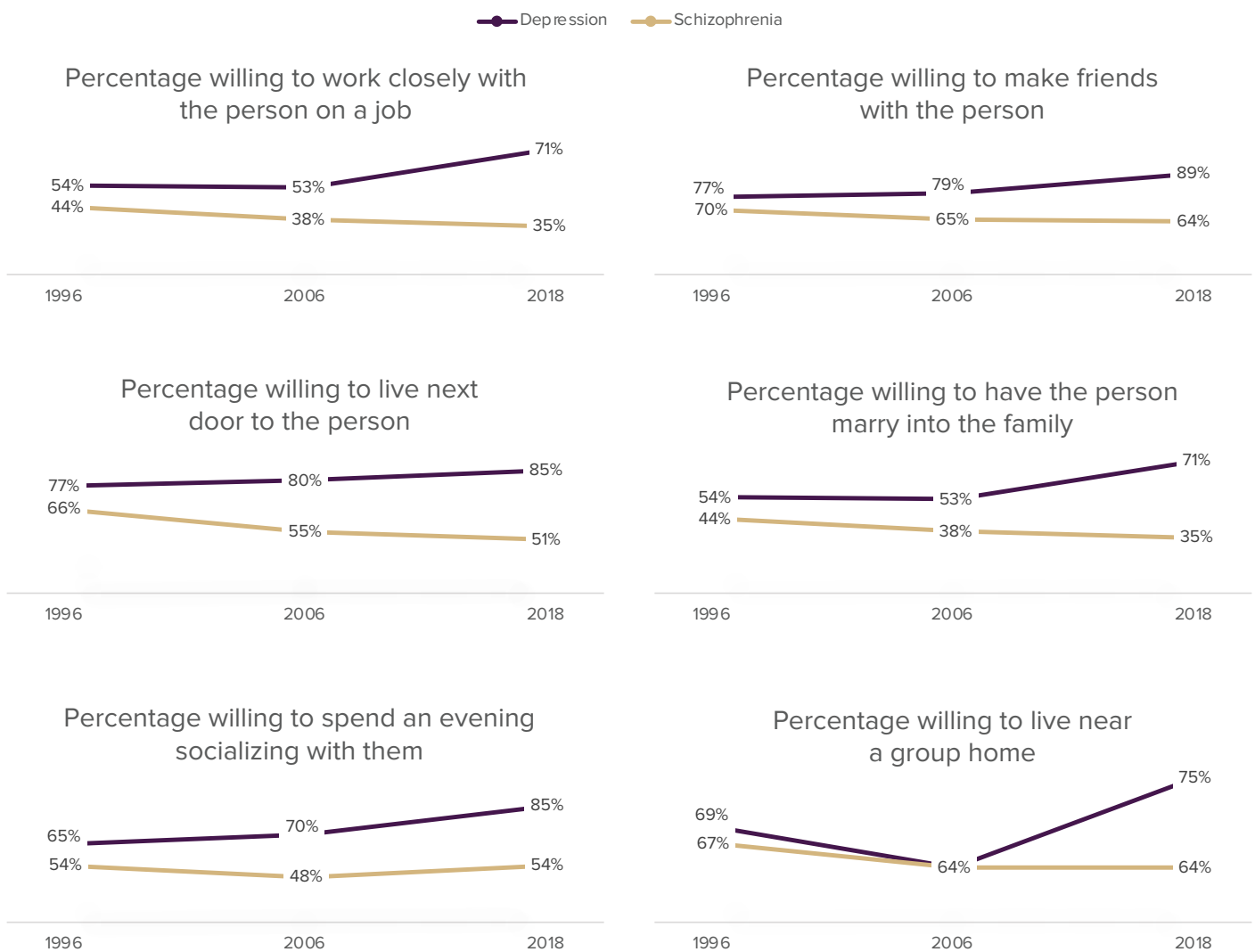
Causes of stigma against people with SMI

There are several reasons for stigma against people with SMI, including believing that mental illness is a sign of weakness or a character flaw, rather than a biological condition. Accordingly, many anti-stigma

campaigns about mental illness have focused on educating the public about the biological basis of mental illness, as a means of increasing public understanding that mental illness is not caused by poor choices, lifestyle decisions, or dysfunctional family relationships, as was commonly believed in the past.

Public understanding of the biological causes of SMI is currently at an all-time high. In a 2018 survey, over 90% of Americans believed schizophrenia was caused by a chemical imbalance, while only 87% did in 2006 and 78% did in 1996. A similar increase in understanding was

Figure 1: Stigma against people with depression and schizophrenia from 1996 to 2018



Data from Pescosolido, B.A., Halpern-Manners, A., Luo, L., & Perry, B. (2021). Trends in public stigma of mental illness in the US, 1996-2018. *JAMA network open*, 4(12).

seen in the percentage of Americans who believed schizophrenia was caused by genetics; 75% of Americans believed this in 2018, compared in 71% in 2006 and 61% in 1996.

Notwithstanding increased understanding of the biological causes of mental illness, stigma against people with schizophrenia has not decreased. Of note, stigma against people with other mental illnesses has decreased. This suggests that anti-stigma campaigns of the past decade have done little to decrease stigma against people with schizophrenia and other SMI, and also that stigma is rooted in factors other than understanding of the biological factors underlying SMI.⁶

Why is stigma higher against people with SMI than other mental illnesses?

Mass violence, mental illness, and media

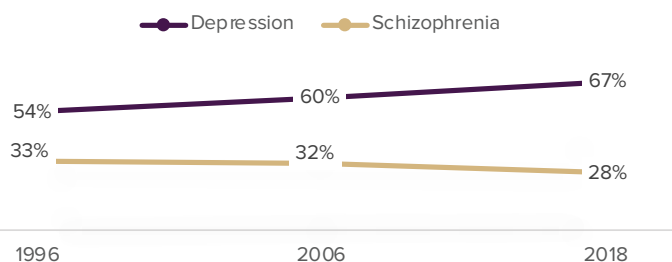
One reason stigma might be higher against people with SMI than people with other mental illness is the rise of mass violence events and the media portrayal of people who commit those acts as people with mental illness. One study that compared news stories published between 2005 to 2014 with stories that were published between 1995 to 2004 found that news stories published since 2005 “were more likely to mention mass shootings by people with mental illness.” Most dramatically, “the proportion of newspaper stories about interpersonal violence related to mental illness that appeared on the front page increased from 1% in the first decade of the study period to 18% in the second decade.”⁷ These stories typically feature people

The proportion of front-page newspaper stories about violence committed by people with mental illness increased 17 percentage points from 2004 to 2014.

with SMI such as schizophrenia spectrum disorders and other psychotic disorders or severe bipolar disorder.

Media portrayals of violence as perpetrated by people with SMI have a significant impact on societal attitudes toward people with SMI. One 2013 study of 1,797 Americans evaluated the impact of a news story about “a mass shooting by a person with a history of serious mental illness” on public opinion. The authors found that the news story significantly increased negative attitudes toward people with mental illness and concluded that such stories “appear to play a critical role in influencing negative attitudes towards persons with serious mental illness.”⁸ This impact can also be seen in increasing perceptions of dangerousness toward people with schizophrenia, despite the fact that schizophrenia has not become a more violent disease since the 1990s. Perceptions of dangerousness toward other mental illnesses like depression have decreased over the same period of time.

Percentage who believe the person is very or somewhat likely to do something violent toward others



Data from Pescosolido, B.A., Halpern-Manners, A., Luo, L., & Perry, B. (2021). Trends in public stigma of mental illness in the US, 1996-2018. *JAMA network open*, 4(12).

Despite the media's hyperfocus on violence perpetrated by people with SMI, the reality is that SMI is involved in only a small percentage of mass-violent events.⁹ Mass violence is more associated with situational factors such as feeling treated unfairly or unjustly, unemployment, lack of social support, substance use, elevated levels of life stressors, and recent loss than with schizophrenia and other psychotic illnesses.¹⁰ Delusions and hallucinations can influence decision-making leading up to mass violence, but are typically not the main motivating factor¹¹ and are far less common among perpetrators of mass violence than other traits not highlighted by media. For example, while 27% of mass shooters showed evidence of a psychotic disorder over the past 50 years,¹² 60% of mass shootings committed between 2014 and 2019 were committed by men with histories of domestic violence or were domestic violence attacks.¹³ Despite this research, SMI is frequently used as a scapegoat to explain violent behavior by media and politicians, which leads to an increased fear of and a desire to avoid people with SMI.

The everyday use of stigmatizing language on people with SMI

When words like 'psychotic', 'delusional', or 'insane' are used to describe people's reactions to situations encountered in day-to-day life, they are typically not used in a way that evokes compassion, but rather are often used to evoke disgust or condemnation. These words contribute to negative opinions, perceptions of dangerousness, and desire to avoid people with SMI.

What is the impact of stigma on people with SMI?

Stigma can have a variety of negative

impacts on the lives of people with mental illness. These negative impacts can range from discrimination in jobs, education, and housing¹⁵ to decreased self-esteem and hopefulness for the future.¹⁶ Stigma can also contribute to an avoidance of appropriate treatment and isolation from community and support systems.

Self-Stigma

Most people internalize aspects of their lives into their identity and may accordingly see themselves as through labels such as a "mother," a "good friend," or a "hard worker." Some people with SMI will internalize negative stereotypes about people with their diagnosis, viewing themselves first and foremost through the lens of their diagnosis; such as "schizophrenic" or "bipolar," allowing those labels to overshadow their other identities. This process is called "internalized stigma" or "self-stigma." More than one in three (36%) people with schizophrenia experience self-stigma.¹⁷ Several studies have found that when people with mental illness begin to believe stigmatizing ideas about mental illness, it can have a profound impact on self-esteem, which can impact recovery.¹⁸ Among people with SMI, self-stigma is also associated with depression and suicidal ideation, as well as worse quality of life, less self-efficacy, and impaired recovery.¹⁹ However, preliminary evaluations of interventions designed to decrease self-stigma have shown promising results.²⁰

Discrimination in education, jobs, and housing

One consequence of widespread negative stereotypes and prejudice against people with SMI is discrimination in key areas of life, such as education, employment, and housing. For example, one study

Stigmatizing language in practice: a case study

When discussing stigma in 2012, Steven Sharfstein, MD, a former president of the American Psychiatric Association, noted that negative attitudes toward people with SMI are unlikely to decline “as long as there are untreated, delusional, disheveled, threatening homeless individuals on our streets and in high-profile media examples of violence.”¹⁴ While this statement may appear to be factual, it contains an abundance of stigmatizing language about SMI. Here are just a few of the ways it perpetuates negative stereotypes about people with severe mental illness who experience homelessness:

- **Reinforces the stereotype that people with severe mental illness are unclean (i.e., ‘disheveled’).**

Among people experiencing homelessness, people who appear ‘disheveled’ are those who have not recently had access to things most housed people take for granted, such as showers or new clothing or hygiene items. Accordingly, the appearance of being disheveled is more likely attributable to poverty, a lack of affordable housing, and a lack of social services than to SMI.

- **Reinforces the stereotype that people with severe mental illness are ‘threatening’.**

While severe mental illness can cause people to behave erratically or aggressively, these types of behaviors can also be caused by a lack of medication to treat symptoms, substance use, high levels of stress, sleep deprivation, and even personality traits like impulsiveness. The use of the word ‘threatening’ also implies that people with SMI who experience homelessness pose a threat to public safety, when this is often not the case. People with SMI who experience homelessness are much more likely to be victims of violence than perpetrators of violence.

- **Lack of person-first language reduces the humanity of people with SMI.**

Calling someone an ‘untreated, delusional person’ can undermine the humanity of that person and reduce them to just a few temporary characteristics. ‘Person-first language’ is a way of speaking that puts the humanity of a person first-and-foremost when describing them. Someone using person-first language might describe this population as ‘people experiencing delusional symptoms who lack access to treatment and basic necessities’ to emphasize that people experiencing delusions are people like anyone else and that our mental health system has failed to provide them with appropriate treatment and basic necessities.

While providing treatment and housing to all people with SMI who are experiencing homelessness would likely help to decrease stigma by helping them to live more fulfilling and symptom-free lives, there are ways of conveying this message without using language that further stigmatizes people with SMI who experience homelessness.

from 2020 showed medical residency program directors several applications that the researchers had generated. The study found that “perfect” applicants who disclosed a history of depression were over three times more likely to be put in a lower category for interviews than a “perfect” applicant who disclosed a history of diabetes.²¹

Other studies that asked people with SMI about their experiences with discrimination have found that almost four in ten (38%) people with serious mental illness perceived they had been discriminated against because of their psychiatric disability. Of those who reported they were discriminated against because of a psychiatric disability, 52% said this discrimination occurred in regard to employment. Other realms where discrimination occurred were housing (32%), interactions with law enforcement agencies (27%), and in educational settings (24%).²²

This discrimination still occurs despite anti-discrimination laws that are supposed to protect the rights of people with psychiatric disabilities, as discrimination can be difficult to identify, report, and prove. As in the study that found medical residency program directors discriminated against applicants who disclosed a history of depression, there is often little accountability to prevent people from discriminating against those with SMI.

Decreased willingness to seek care for mental illness

Another tragic consequence of stigma is that people who begin to experience symptoms of a SMI may avoid seeking treatment because they hold or know of negative stereotypes about people with

mental illness and, as a result, do not want to receive a diagnosis. People may also avoid treatment because they do not wish to be stigmatized by others. In one study of parents with SMI, many reported feeling afraid of losing acceptance from their community if their mental illness was discovered. One parent even described how other mothers told their children not to play with her child “because her mother was crazy.”²³

In 2015, several authors conducted a comprehensive literature review²⁴ of over 144 studies examining the relationship between mental health-related stigma and treatment-seeking behaviors. The researchers found that in most studies, people who reported experiencing or anticipating larger amounts of stigma were less likely to seek help for their mental illness. This was especially true for people who had high levels of self-stigma and treatment stigma (i.e., the stigma associated with receiving or seeking mental health treatment). The reviewers additionally concluded that people from ethnic minority groups, men, people in the military, and health professionals were most likely to be deterred from seeking help because of stigma.

A delay of treatment caused by stigma can be especially consequential for people with SMI who experience psychosis because longer durations of untreated psychosis are associated with brain damage, decreased function, and lower effectiveness of future treatments. ^{25 26 27 28 29}

Greater difficulty forming relationships with others

Stigma against people with SMI can leave people with SMI isolated, with few connections outside their care team or

caregiver. This isolation can be driven by avoidance from others, as only 64% of Americans said they would be willing to be friends with someone with schizophrenia in 2018. People with SMI may also begin to anticipate or fear rejection after repeated negative experiences with others and stop seeking out new relationships altogether. Among people with bipolar disorder, perceived stigma has been shown to be a strong predictor of self-isolation.³⁰

Intersectionality and stigma

While all people with SMI face stigma, experiences of stigma can vary based on other identities or labels that a person with SMI might have. For example, someone with SMI who also has a substance use disorder or who experiences homelessness may be treated differently than people with SMI who are housed or have no co-occurring conditions.

Gender and stigma

One characteristic that can lead to different experiences with stigma is gender. For example, in one 2021 study³¹ researchers conducted interviews with men and women who had experienced psychosis to understand the impact of stigma on their lives. While both men and women reported experiencing stigma (such as being called crazy or experiencing discrimination) due to their mental illness, stigma was experienced somewhat differently based on a person's gender. Men reported feeling that they were perceived as violent or scary because of their illness and that this stigma led others to withdraw from them or for them to isolate themselves. Women, on the other hand, often report feeling that they were perceived as incompetent. They believed people were dismissive of their opinions and experiences, or that they were treated like children by the people

around them.³²

Race and stigma

Race is another characteristic that can cause differing experiences of stigma among people with mental illness. For example, ethnic minorities with SMI may face increased perceptions of dangerousness due to the interaction of their ethnicity and their mental illness. There have been numerous studies showing that American adults have a larger fear response to Black faces than white faces,³³ and further studies suggesting this association between Blackness and perceived dangerousness is socially constructed and not innate.³⁴ These elevated perceptions of danger may contribute to why Black patients who receive mental health care are more likely to experience involuntary admissions to hospitals, even when they have the same diagnosis, referral source, age, gender, housing status, and insurance status as white patients.³⁵

Conclusion

Stigma can have a negative impact on people with SMI including posing a substantial barrier to seeking treatment, forming relationships, and recovery. Stigma can even result in outright discrimination against people with SMI in areas such as education and housing. However, reducing stigma is possible. Research on public health campaigns to reduce stigma has found that sympathetic narratives' that combine personal stories with public policy implications may be the most promising technique for increasing willingness to improve the mental health system in America.³⁶

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