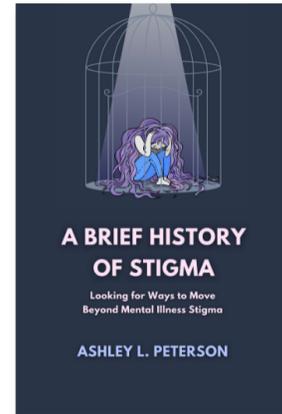


# Stigma Reduction Strategies



[mentalhealthathome.org](http://mentalhealthathome.org)

## A Brief History of Stigma: Stigma Reduction Toolkit Stigma Reduction Strategies

Not all stigma reduction strategies are created equal, and some strategies are less effective than you might expect. This toolkit module will give a brief overview of some of the commonly used strategies.

### Education

If education alone were enough to prevent stigma, then there wouldn't be stigma among health professionals. Since there are health professionals with stigmatized beliefs, clearly education on its own is not enough to stop the stigma.

#### Pros

- It's relatively easy to deliver to a wide audience.
- It's relatively inexpensive.
- It can increase support for accessing certain types of treatment.

#### Cons

- It's unlikely to change the deeper attitudes and the Othering that fuel stigma.
- Education strategies alone don't tend to change implicit beliefs, which are unconscious and retrieved automatically. Stereotypes are often stored implicitly rather than being conscious, voluntary explicit beliefs.

## **The brain-based illness explanation**

While one would expect that telling people that mental illness is a brain-based condition and it's an illness like any other would decrease stigma, research has repeatedly shown that it does the opposite, especially if the genetic component is emphasized.

Why is that? Partly it's because it reinforces the notion that people with mental illness are fundamentally different from "normal" people. It also reinforces beliefs that mental illness is unpredictable and people are unlikely to recover.

There's no question that mental illness has a biological (and in some cases a genetic) component. That can be really useful information for people with mental illness, as well as for physicians. But when it comes to anti-stigma campaigns targeting the general public, the brain-based disease concept is not a good pick to put front and center. The message has to match the audience, and that's the wrong message for that audience.

## **Awareness**

There are awareness days/weeks/months galore for mental illness as well as a whole slew of other health conditions. All that awareness means there's a high risk of message fatigue, with people simply tuning it all out. There's only so much awareness the public sponge can soak up.

Awareness probably isn't really the issue, anyway. People already know mental illness exists. Awareness can be a stepping stone, but it shouldn't be the end goal. Token online gestures of support for awareness days often don't translate into attitudinal or behavioural change. We need to move beyond awareness and turn it into action.

## **Useful messaging to emphasize**

Messaging that's likely to be most useful in educational campaigns includes:

- Recovery is possible.
- Individuals with mental illness are whole people, not just their illness.
- People with mental illness are competent.

## **Protest**

Protest strategies call attention to the injustices that stigma creates. This can involve calling out prejudice and discrimination where it occurs. Sometimes, protest strategies will focus on language usage, deeming certain words acceptable and others unacceptable.

### **Pros**

- It can be a way of convincing governments and large organizations to take notice.
- It can be a way to rally together people from within the mental illness community.

### **Cons**

- Protest against the possible connotations of certain wording may create and reinforce negative connections that people might not otherwise have made on their own.
- Protest strategies can actually worsen stigma by triggering reactance.

## Reactance

Reactance is a form of psychological resistance that occurs when we're told to say/do (or not say/do) something, and we perceive that it restricts our freedom. This can lead people to actively resist what they're being told to do or not do. Reactance is particularly likely to occur when it comes to being told what to say or not say, as speech tends to be a highly valued freedom.

With mental illness stigma, this means that focusing on telling people what language to use, as well as what not to say, has a high risk of triggering reactance, which can actually worsen stigma.

## Language

Person-first language is commonly emphasized when people push for language change. However, the person-first argument isn't as strong as it might seem.

*Person-first:* She is a person with bipolar disorder.

*Identity-first:* She is bipolar.

Consider how I might describe myself:

I am brown-eyed, brown-haired, Canadian, tall, female, intelligent, educated, quirky, curious, confident, introverted, depressed, and mentally ill.

All of the neutral and positive characteristics are used in adjective form (identity-first language). Those are all fine, but when it comes to depressed and mentally ill, I'm not supposed to say those, and saying them is taken as implying that they are the entirety of who I am.

Person-first language requires that we speak differently about stigmatized characteristics than we do about positive or neutral characteristics. That's odd, and the expectation to speak differently about stigmatized characteristics seems to reinforce the difference.

Then there's the idea that saying I'm mentally ill means that's all I am and all I ever will be until the end of time. However, I could be brown-haired today and then dye my hair and I'm red-haired tomorrow, and no one would assume that my hair colour has taken over my identity. It is the nature of stigma that the stigmatized identity is seen as all-consuming. If I could talk about being brown-haired, brown-eyed, Canadian, etc., and those aren't seen as being all-consuming, the difference with saying I'm mentally ill isn't about grammar, it's about stigma.

## Contact

Contact involves people who don't have a mental illness connecting with people who are open about having a mental illness. This can challenge stereotypes and replace negative attitudes with more affirming ones.

### Characteristics of effective contact

Not all contact is created equal. For example, the contact that occurs in the type of relationship between mental health care providers and patients doesn't tend to be particularly useful for challenging stigma. The power differential likely has a lot to do with that.

Research has identified several characteristics that help to make contact effect:

- involves people of equal social status and similar sociocultural groups
- one-on-one
- involves engaging together in a rewarding activity or working towards shared goals
- moderately disconfirms stereotypes
- casual and ongoing rather than formal and one-off

### **Contact requires coming out**

The stigma of mental illness keeps a lot of people quiet, but remaining quiet reduces the opportunity for contact that could counteract stereotypes. Disclosure can be scary, but in the long run, silence does a lot of harm.

## **A Brief History of Stigma**

A Brief History of Stigma has more information on what mental illness stigma is and what to do about it. You can learn more about the book on [Mental Health @ Home](#).

It's available on [Amazon](#) and [Google Play](#).

