How does stigmatisation function?

The origin of stigma often lies in a lack of understanding or fear. Misleading or inaccurate media depiction of mental illness or mental health in general contribute to both those factors. Studies reviewing stigma shows that while the public may accept the medical or genetic nature of a mental health disorder and the need for treatment, many people still have a negative view of those with mental illness.

Researchers identify different types of stigma:

Public stigma

Public stigma involves the negative or discriminatory attitudes that others have about mental illness. Harmful effects of stigma and discrimination can include:

- reduced hope
- lower self-esteem
- increased psychiatric symptoms.
- difficulties with social relationships
- reduced likelihood of staying with treatment

Self-stigma

Self-stigma refers to the negative attitudes, including internalised shame, that people with mental illness have about their own condition. Self-stigma happens as a series of stages:

- awareness
- agreement with stigma
- believing the negative things, we hear could be about ourselves.
- doing things that hold us back, like isolating ourselves.

Institutional stigma

Institutional stigma, is more systemic, involving policies of government and private organisations that intentionally or unintentionally limit opportunities for people with mental illness. Examples include lower funding for mental illness research or fewer mental health services relative to other health care.

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Stigma not only directly affects individuals with mental illness but also the loved ones who support them, often including their family members.

Stigma is often influenced and related to our socio-cultural backgrounds. The community can then become a major barrier for accessing mental health services. For example, in some cultures, seeking professional help for mental illness may be counter to cultural values of strong family, emotional restraint and avoiding shame.

Some of the words we use contribute to the promotion of stigma, even though it is not our intention.
Here are some words that that can be harmful for people facing mental health disorders.
Avoiding using them contributes to destigmatisation:

1. "Crazy" or "Insane"
2. "Psycho" or "Mad"
3. "Mental Patient" or "Psychotic"
4. "Schizo" or "Bipolar" as adjectives
5. "Normal" vs. "Abnormal"
6. "Weak" or "Crazy" as descriptors
7. "Anorexic" or "Bulimic" as nouns
8. "Real Women Have Curves"
9. "Clean Eating" or "Cheat Day"
10. "Fat" or "Skinny" as insults or compliments
11. "Phobic" or "Paranoid"
12. "Schizophrenic" as an identity
13. "Delusional" as insults

Important note regarding stigma and discrimination

Young people say they are often not taken seriously by adults when it comes to mental health and lots of us feel uncomfortable to talk out about our worries for fear of the consequences. And that is where stigma starts.

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