

MENTAL HEALTH STIGMA AND DISCRIMINATION

How do stigma and discrimination influence mental health programs and practices?



Key Takeaways

- ✓ Mental health stigma perpetuates discrimination, social isolation, and exclusion of individuals with mental health conditions.
- ✓ Types of stigma common where USAID works include:
 - Structural stigma
 - Public stigma
 - Provider stigma
 - Family stigma
 - Self-stigma
- ✓ While significant investment has been made in stigma reduction interventions, many fail to consider cultural norms, values, and beliefs. Further, evidence is lacking supporting the efficacy of such interventions.

Promising Approaches



Advocate for equal rights and protections: Further the rights and protections of individuals with mental health conditions by implementing anti-discrimination ethics and standards across sectors, advocating for reasonable accommodations in employment, and promoting mental health as a human right.



Promote awareness and understanding: Include measures to raise awareness about mental health and promote a better understanding of the realities of mental health conditions. These measures may also counter misinformation, reduce stigma and discrimination, and encourage more people to seek help and support. Measures could include:

- Supporting public education and stigma reduction campaigns.
- Promoting and distributing information about mental health that debunks myths and stereotypes.
- Encouraging media outlets (including social media) to present accurate, positive, and sensitive portrayals of mental health issues. Such portrayals can serve to challenge negative stereotypes and to promote a more positive image of people with mental health conditions.



Promote inclusive and respectful language: Encourage the use of inclusive and respectful language in discussions of mental health issues in place of derogatory or stigmatizing terms that may be used in practice. Terms may vary across countries, so it is imperative to work with local partners, persons with lived experience, and their caregivers/family members to ensure terms are inclusive, respectful, and culturally appropriate.



Address social and cultural norms: Along with inclusive and respectful language, promote the development of ethical guidelines and other measures which acknowledge the nuances of social and cultural norms that may discourage people from seeking help for mental health conditions or that stigmatize mental health conditions. This could include approaches designed to change attitudes and behaviors and to promote more inclusive and accepting social environments.



Invest in research to understand the effectiveness of anti-stigma programs: There is a lack of evidence supporting the effectiveness of programs that address stigma at all levels (population, community, provider, family, individual). Evidence-generating activities should include clear documentation of interventions, assessment of barriers and facilitators that influence the effectiveness of programs and policies, and evaluation of multi-level approaches to address and reduce mental health stigma.



Support multi-level approaches that address stigma and discrimination:

- **Population-level:** Promote clear mental health policies, laws, and regulations that support equal rights and allocate funding for psychiatric medicines, treatment, and training of primary care providers. Persons with lived experience and their caregivers should be included in the decision making process to reduce the structural hierarchy, address power dynamics between them, their providers, and policymakers and to make these documents more responsive to their needs and preferences.
- **Community-level:** Include public education campaigns that increase mental health while taking into consideration cultural norms, values, and beliefs. Provide awareness training and information at community centers on the harmful impacts of stigma and discrimination on the prevention and treatment of mental health disorders.
- **Provider-level:** Provide mental health awareness training to lay and professional healthcare providers (e.g., community health workers) and establish clinical guidance that challenges mental health stigma during patient-provider interactions.
- **Family-level:** Provide information to families on mental health conditions and provide resources and treatment options for immediate and extended family members to support those with mental health conditions.
- **Individual-level:** Provide education on mental health conditions and dispel myths that mental health disorders are a result of personal failure or weakness.

STIGMA & DISCRIMINATION

Introduction

Background

Stigma significantly impacts individuals with mental health difficulties in countries around the world.^{1,2} Stigma, defined as negative or discriminatory beliefs or feelings about groups of people, can result in stereotypes, prejudice, and mistreatment towards persons with mental health issues.³ Many persons with mental health conditions and/or their family members may feel shame and fear from the stigma and discrimination that commonly accompanies such conditions.¹ These experiences can lead to treatment delay or avoidance, social isolation, and exclusion.^{4,5} The focus of this evidence brief is to examine how mental health stigma and discrimination influence policy and practice efforts in development and humanitarian contexts.

Search Strategy

Sixteen articles are included in this brief. A combination of search terms included: stigma, mental health, mental health disorders, discrimination, and low and/or middle-income countries. PsycINFO, SocINDEX(EBSCO), Social Services Abstracts, and PubMed are among the databases included in the search. Non-Western journals include the Asian Journal of Psychiatry, Brazilian Journal of Psychiatry, and the Eastern Mediterranean Health Journal. Articles are available in a variety of languages including English, Arabic, Spanish, and Portuguese, and authors include citizens of a broad range of Western and non-Western countries including India, Ethiopia, Jordan, Kenya, Chile, South Africa, Europe, the United States, and Nepal.

Types and Sources of Mental Health Stigma

Types of mental health stigma include enacted (i.e., structural, public, provider, and family stigma) and self stigma⁴:

1. Structural stigma refers to laws, policies, and practices that result in unfair treatment of people with mental health conditions. Structural stigma can include a lack of funding for treatment or institutionalized discriminatory practices towards individuals with mental health conditions.⁵
2. Public stigma refers to negative opinions, views, stereotypes, and treatment of mental health at the community level. In

Nigeria, for example, it is commonly believed that persons with mental health conditions will never recover and that those who have been treated will relapse, which can result in community members refusing to associate with individuals with mental health conditions.⁶

3. Provider stigma refers to inadequate or discriminatory treatment of individuals with mental health challenges by healthcare providers. This can include intentional or unintentional bias and maltreatment. One study in South Africa, for example, found that persons with mental health conditions experienced abuse, including being beaten and shouted at by staff at healthcare facilities.²
4. Family stigma refers to poor treatment by community members of the family or relatives of an individual with a mental health condition. Family stigma, often called “courtesy stigma” can result in isolation, embarrassment, or disgrace.⁷ Courtesy stigma arose from the idea that those closely associated with a stigmatized person, such as family members, also experience social disapproval or discrimination. This can lead to exclusion, economic hardships, and inability to access adequate care.⁸
5. Self-stigma refers to negative beliefs held by an individual about themselves based on stereotypes and shame surrounding their mental health condition.⁸ Self-stigma may lead an individual to delay or fail to seek care. Public, provider, family, and structural stigma all perpetuate self-stigma for individuals with mental health conditions.

Factors that Perpetuate Mental Health Stigma and Discrimination

Numerous factors create and/or continue the cycle of stigma and discrimination among individuals with mental health conditions. These include lack of awareness and understanding, social and cultural norms, and inaccurate beliefs about mental health.

Lack of awareness and understanding: In numerous regions, there is a significant lack of awareness and understanding regarding mental health. Many people fail to recognize mental health conditions as legitimate disabilities and overlook the fact that mental health challenges are a normal aspect of the human experience. This can lead to fear and shame and can actively discourage people with mental health conditions from seeking help. In addition, people with such conditions often fear the reaction of others, for example, believing a spouse may divorce them or they may damage the reputation of their family. Such fears prevent people from seeking treatment or from disclosing their mental health concerns to close family members, friends, or even medical providers.^{2,9}

Social and cultural norms: In most societies, social and cultural norms stigmatize mental health conditions. For instance, family members may actively discourage people from seeking help for such conditions. Certain cultures perceive mental health difficulties as a sign of weakness, which can contradict gender stereotypes in societies where men are expected to be strong. As an example, men may be urged to “toughen up” or to “stop behaving childishly” if they are grappling with mental health challenges.⁶ Additionally, in some countries, general stigma exists that persons with mental health conditions are not fit to get married or to work outside the home.²

Inaccurate beliefs about mental illness: Some cultures may hold negative or non-evidence-based beliefs and attitudes toward mental health. For instance, people with mental health conditions may be seen as:

- o God’s punishment, evil spirits, or influenced by black magic or demons.^{10,11}
- o Possessed or having spiritual or moral transgressions.¹
- o Responsible for their condition due to their own personal failings.
- o Lacking competency or dangerous and unable to care for themselves.¹²
- o Contagious.

These false beliefs can entrench stigma and deter people from seeking help and support. Stereotypes that “people with mental illness never get better”^{13,14} may make it difficult for family members to understand the importance of seeking treatment.

Stigmatizing language: Stigmatizing terms can include terms like “crazy,” “weak,” “cursed,” “dangerous,” and “useless.”¹ In Syria, for example, common terms used to stigmatize mental health challenges include “weak,” “crazy,” “dangerous,” “different,” and “unpredictable.”³ Using demeaning and dehumanizing language further perpetuates discrimination and can lead to increased self-stigma, isolation, and even abuse as described above.

Invisibility of public figures living with mental health conditions who challenge misconceptions: Such invisibility prevents people with mental health conditions from recognizing psychological challenges in others, and from seeing treatment as a normal practice for well-being. This may cause people to self-stigmatize and prevent them from seeking treatment and support. Nationally recognized role models, such as media personalities, however, can promote awareness and understanding of mental health conditions. A study in India, for example, found significant reductions in stigmatizing labeling after a well-known Bollywood actress publicly revealed her struggle with depression.¹

Inadequate mental health policies: Lacking or inadequate mental health policies can also perpetuate discrimination and stigma among persons with diagnosed mental health conditions.¹⁵ Without political commitment to supporting mental health programs and practices, there is limited funding to address the treatment gap for those with mental health conditions, and to support advocacy and develop public awareness campaigns.¹⁶

Additional insights regarding the conceptualization of mental health in different contexts can be found in a [separate brief](#).



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Powell, Tara M., Kate Andrus, and Benjamin J. Lough. "Mental Health Stigma and Discrimination." Evidence Brief. Research Technical Assistance Center: Washington, DC, 2023.

The Research Technical Assistance Center is a network of academic researchers generating timely research for USAID to promote evidence-based policies and programs. The project is led by NORC at the University of Chicago in partnership with Arizona State University, Centro de Investigación de la Universidad del Pacífico (Lima, Peru), Davis Management Group, the Duke Center for International Development at Duke University, Forum One, the Institute of International Education, the University of Notre Dame Pulte Institute for Global Development, Population Reference Bureau, the Resilient Africa Network at Makerere University (Kampala, Uganda), the United Negro College Fund, the University of Chicago, and the University of Illinois at Chicago.