

## 7. Stigma

### **ISSUE:**

Enormous damage has been done by the stigma of mental illness. Some people are unwilling to seek treatment because of it; others are denied employment or housing because they have a psychiatric diagnosis; and many feel great shame because they have been labeled with a mental illness, which has a terrible impact on their lives.

### **BACKGROUND:**

The stigma of mental illness causes discrimination against people who are labeled mentally ill, which in turn causes stigma. To rationalize the discrimination, the culture creates negative images in the entertainment and news media.

These images — many of which portray people with mental illness as either “homicidal maniacs” or buffoons — perpetuate the twin myths that people with mental illness are violent and that they don’t recover. This is in spite of the fact that studies have shown that, when you factor out substance abuse, people with mental illness are no more violent than the general public, and that people with mental illness can and do recover (The 1998 MacArthur Violence Risk Assessment Study, funded by the MacArthur Foundation in conjunction with the National Institute of Mental Health, and the Vermont Longitudinal Study of Persons with Severe Mental Illness, published in 1987, are two examples, respectively.)

Unfortunately, the public finds these negative images persuasive. A 1991 Harris Poll surveying attitudes toward people with disabilities noted that “mental illness causes the greatest unease” of any disability. Stigma also has a demoralizing effect on those who are labeled, and this is difficult to overcome.

From its inception, the consumer/survivor movement identified stigma as a vital issue, and has worked hard to defeat it through a variety of stigma-busting initiatives. These include trying to counteract negative images with positive ones by concerted outreach efforts to the print and broadcast media; speakers’ bureaus and Mental Health Players groups that educate the public through presentations in the commu-

nity; showings of artworks produced by people diagnosed with mental illness, and other such initiatives.

Despite the fact that the Americans with Disabilities Act provides some safeguards against employment discrimination for people diagnosed with mental illness, in reality it seems that people still need to hide their psychiatric history until they get the job; even after they get the job, it may still be dangerous to ask for reasonable accommodation. And if job applicants reveal their psychiatric history before receiving an offer of employment, that offer may never come and there will be no way to prove that it was because of discrimination.

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**FACILITATOR:**

Shelley Eppley is executive director of the Pennsylvania Mental Health Consumers' Association (PMHCA), a statewide membership association representing current and former recipients of mental health services. PMHCA, founded and run by mental health consumer/survivors, is dedicated to improving the quality of life of individuals who have been diagnosed with a mental illness through advocacy, education and the elimination of stigma and discrimination. Shelley, who has been active in the consumer/survivor movement in Pennsylvania for more than 10 years, developed and directed a consumer-run drop-in center, and has also worked in the children's mental health system and as executive director of a community help/warm-line.

**CO-FACILITATOR:**

Cathy Clemens is the Family-to-Family program director of the National Alliance for the Mentally Ill in Oregon. This position currently requires her to explore the relationship between stigma and developing mental health programs in rural areas. Her International Development graduate studies at American University emphasized the connection between mental health and participatory program development.