Mental Illness and Stigma
A Fact Sheet

- Stigma leads others to avoid living, socializing or working with, renting to, or employing people with mental disorders, especially severe disorders such as schizophrenia (Penn & Martin, 1998; Corrigan & Penn, 1999).

- It reduces patients' access to resources and opportunities (e.g., housing, jobs) and leads to low self-esteem, isolation, and hopelessness. It deters the public from seeking, and wanting to pay for, care. In its most overt and egregious form, stigma results in outright discrimination and abuse. More tragically, it deprives people of their dignity and interferes with their full participation in society (U.S. Surgeon General, 1999).

- Stigmatization of people with mental disorders has persisted throughout history. It is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance (U.S. Surgeon General, 1999).

- Why is stigma so strong despite better public understanding of mental illness? The answer appears to be fear of violence: people with mental illness, especially those with psychosis, are perceived to be more violent than in the past (Phelan et al., 1997).

-Selective media reporting has reinforced the public's stereotypes linking violence and mental illness and encouraged people to distance themselves from those with mental disorders (Angermeyer & Matschinger, 1996).

-Stigma surrounding the receipt of mental health treatment is among the many barriers that discourage people from seeking treatment (Sussman et al., 1987; Cooper-Patrick et al., 1997).

-Stigma was expected to abate with increased knowledge of mental illness, but just the opposite occurred: stigma in some ways intensified over the past 40 years even though understanding improved. Knowledge of mental illness appears by itself insufficient to dispel stigma (Phelan et al., 1997). Broader knowledge may be warranted, especially to redress public fears (Penn & Martin, 1998). Research is beginning to demonstrate that negative perceptions about severe mental illness can be lowered by furnishing empirically based information on the association between violence and severe mental illness (Penn & Martin, 1998). Overall approaches to stigma reduction involve programs of advocacy, public education, and contact with persons with mental illness through schools and other societal institutions (Corrigan & Penn, 1999).

-Treatment works, but nearly two-thirds of people with a known mental illness never seek help from a health professional (World Health Organization, October 2001).

-Stigma, discrimination and neglect prevent care and treatment from reaching people with mental illnesses (World Health Organization Report, October 2001).

-Stigma assumes many forms, both subtle and overt. It appears as prejudice and discrimination, fear, distrust, and stereotyping. It prompts many people to avoid working, socializing, and living with people who have a mental disorder. Stigma impedes people from seeking help for fear the confidentiality of their diagnosis or treatment will be breached. For our Nation to reduce the burden of mental illness, to improve access to care, and to achieve urgently needed knowledge about the brain, mind and behavior, STIGMA must no longer be tolerated (U.S. Surgeon General's Report on Mental Health, 1999).

-Only 25% of young adults between the ages of 18-24 believe that a person with mental illness can eventually recover. Only 42% percent of Americans believe that a person with mental illness can be as successful at work as others. Only 54% of young adults who know someone with a mental illness believe that treatment can help people with mental illnesses lead normal lives. Despite the fact that an overwhelming majority of Americans believe that people with mental illnesses are not to blame for their conditions (85%), only about one in four (26%) agree that people are generally caring and sympathetic toward individuals with mental illnesses. (SAMHSA/CDC, 2006)

-Many people with schizophrenia say that the stigma and prejudice associated with their illness is as distressing as the symptoms themselves. (Hocking, May 2003)

-Stigma contributes to loneliness, distress and discrimination against people with a mental illness and their families. More than 40 negative consequences of stigma have been identified, including discrimination in housing, education and employment and increased feelings of hopelessness. The end result is that many people are reluctant to seek help, less likely to cooperate with treatment, and slower to recover self-esteem and confidence (Hocking, May 2003).

-Stigma is a barrier that discourages individuals and their families from seeking help (SAMHSA, 2003).
Many people would rather tell employers they committed a petty crime and served time in jail, than admit to being in a psychiatric hospital (SAMHSA, 2003).

Stigma can result in inadequate insurance coverage for mental health services (SAMHSA, 2003).

Stigma leads to fear, mistrust, and violence against people living with mental illness and their families (SAMHSA, 2003).

An estimated 22 to 23 percent of the U.S. population experiences a mental disorder in any given year, but almost half of these individuals do not seek treatment (U.S. Department of Health and Human Services, 2002; U.S. Surgeon General, 2001).

Stigma and discrimination often stand in the way of opportunities for people with mental illnesses. They contribute to the economic poverty and social isolation of many consumers. Stigma and discrimination have a substantial impact on everything from mental health care penetration rates to support for public mental health services (SAMHSA, 2004).

There’s no scientific reason to differentiate between mental health and other kinds of health. Mental illnesses are physical illnesses (US. Surgeon General, 1999).

Many people with serious mental illness are challenged doubly. On one hand, they struggle with the symptoms and disabilities that result from the disease. On the other, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness. As a result of both, people with mental illness are robbed of the opportunities that define a quality life: good jobs, safe housing, satisfactory health care, and affiliation with a diverse group of people (Corrigan and Watson, 2002).

Studies suggest that the majority of citizens in the United States have stigmatizing attitudes about mental illness (Corrigan and Watson, 2002).

Although stigmatizing attitudes are not limited to mental illness, the public seems to disapprove persons with psychiatric disabilities significantly more than persons with related conditions such as physical illness (Corrigan and Watson, 2002).

Perhaps the greatest obstacle persons struggling with mental illness or addiction must overcome is the stigma associated with such problems (National Governors Association, 2002).

The stigma of mental illness is the primary reason for not seeking necessary mental health care. (U.S. Surgeon General, 1999).

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