



## beyondblue Position Statement: Stigma and Discrimination<sup>1</sup>

*"I think the reality is...the stigma of mental illness is, in some ways, worse than the illness itself. Unless the stigma can be removed to such a degree that it does not become a barrier to acknowledgement, treatment and hope for the future, the reduction of some mental illnesses will be nothing but a pipe dream."* beyondblue blueVoices member

### beyondblue's position

- We believe that all stigma and discrimination experienced by people with depression and anxiety is unfair, and needs to stop.
- We believe that people with depression and anxiety should be treated with compassion, respect and dignity, to ensure that everyone can participate and be included in society, free from discrimination.
- We believe that people with depression and anxiety, and their families and friends, should be supported to drive the social change that is needed to eliminate stigma and discrimination.
- We support whole-of-community approaches to reduce stigma and discrimination, that includes the sharing of personal stories of depression and anxiety, and recovery; challenging inaccurate stereotypes about depression and anxiety; developing a more accurate understanding of what it is like to experience these conditions; and non-discriminating communities, systems and institutions.
- We believe that when we see it, we need to speak up against the stigma and discrimination experienced by people affected by depression and anxiety, so that is no longer ignored, expected or accepted.

Depression and anxiety are common – around one in seven Australians will experience depression in their lifetime, and one quarter of Australians will experience an anxiety condition. Despite being so common, there is significant stigma and discrimination associated with having a mental health condition.

**Stigma marks people as being 'different' from others**, in a way that generates distance or disapproval. There are different types of stigma:

- personal stigma – a person's stigmatising attitudes and beliefs about other people (*"People with depression should snap out of it."*)
- perceived stigma – a person's beliefs about the negative and stigmatising views that other people hold (*"Most people believe that a person with depression should snap out of it."*)
- self-stigma – the stigmatising views that individuals hold about themselves (*"I should be able to snap out of my depression."*)
- structural stigma – the policies of private and governmental institutions and cultural norms that restrict the opportunities of people with depression and anxiety (*"Mental health services and research don't deserve as much funding as other health problems."*).

Stigma can be considered an overarching term that includes three components:

- **problems of knowledge** (ignorance or misinformation – *"People with depression are dangerous."*)
- **problems of attitudes** (prejudice – *"That's right. People with depression are dangerous."*). This can lead to emotional reactions (for example, *"Because they're dangerous, I fear them."*)
- **problems of behaviour** (discrimination – *"Because they're dangerous, I will avoid them."*).

The relationship between knowledge, attitudes and behaviour is complex. Improving one factor, such as knowledge, may not necessarily impact on attitudes and/or behaviour. The complexity of the knowledge – attitudes – behaviour relationship underpins the need for comprehensive stigma reduction strategies, which address all three components of stigma.

**There is evidence that the level of stigmatising attitudes is improving, however a lot of myths and inaccurate stereotypes are still common.** In 2014, *beyondblue* research found that 31 per cent of people still believe that people with depression are unpredictable and 12 per cent of people believe that people with depression are dangerous.

**Discrimination is the behavioural component of stigma. It occurs when a particular group of people is treated differently and unfairly, and this restricts their access to resources, power or opportunities** (for example, opportunities to participate at school or university, opportunities to work). Discrimination can be interpersonal (occurring between individuals) or institutional (when policies and procedures or laws disadvantage a specific group) (VicHealth, 2015). It equates to not giving people an equal and fair go. Discrimination is against the law when it occurs in an area of public life, such as at work or school. Stigma and discrimination can have a negative impact, even if people don't experience it personally – people anticipate discrimination and then stop themselves from doing things, such as applying for work or starting a relationship.

**People who experience depression and anxiety, and their families and friends, experience significant levels of stigma and discrimination.** These attitudes and behaviours are so common that **three quarters of the general public think that it is likely that people with depression would be discriminated against to some extent.** And they are right. People who experience depression and anxiety experience discrimination in all different parts of life – at home, at work, at school and university, in the community, and when accessing services from health care providers, insurance agencies, housing services, and government services. *beyondblue* research indicates that, among people who have experienced depression or anxiety in the last year:

- **Nearly one in four reported being treated unfairly in finding or keeping a job** (23 per cent of respondents)
- **Around one in five people reported being treated unfairly in relationships** (20 per cent by family members; 19 per cent in making or keeping friends; and 17 per cent in dating or intimate relationships)
- **Over 50 per cent of people had concealed or hidden their mental health problem from others**
- **Over a quarter of people had stopped themselves from applying for work, because of their mental health condition** (26 per cent of respondents. This may reflect the impact of the condition on their functioning, and/or anticipating discrimination in the workplace).

The type, experience and impact of stigma and discrimination varies across cultures, communities, relationships (that is, the discrimination experienced from employers, family members and friends is different) and mental health conditions.

**When people experience stigma and discrimination associated with their mental health condition, it inherently affects their right to live a meaningful and productive life,** in which they can participate and be included in society, be treated with respect and dignity, make choices about their life and health care, and access services. Research shows that stigma and discrimination contribute to poorer employment and educational outcomes, lower levels of help-seeking for mental health treatment, higher levels of psychological distress, reduced treatment adherence, and poorer physical health care outcomes. These consequences may contribute to the increased risk of suicide and the higher mortality rates among people with mental health conditions. **Many people with depression and anxiety report that the stigma and discrimination they experience is worse than their mental health condition(s).** Stigma and discrimination also have a negative impact on the broader society – a significant proportion of the costs associated with depression and anxiety (for example, lost employee productivity, treatment costs) stems not from the conditions themselves, but from the stigma associated with the conditions.

**The stigma and discrimination that people experience relating to their mental health condition is avoidable and must be eliminated.** Research has shown that the most effective way to reduce stigma is through first-hand interactions with people with depression and/or anxiety. In these interactions, inaccurate stereotypes can be challenged and overcome, and people can develop a more accurate understanding of what it is like to experience a mental health condition. To be effective, these interactions need to be:

- Targeted – it should focus on key groups such as employers, landlords, healthcare providers, and government service agencies, and aim to replace negative behaviours with affirming behaviours (for example, employers hiring more people with depression/anxiety, healthcare providers delivering high-quality and non-stigmatising services).
- Local – this may include geographical, political, social, cultural and other diversity factors.

- Credible – it should be with individuals who are similar in ethnicity and socioeconomic status; it should also be with individuals who are in a similar role; and the contact should be with a person who has recovered, so that people know that depression and anxiety are treatable, and that with the right treatment, most people recover.
- Continuous – multiple contacts should occur, and there should be a variety of messages, venues and opportunities.

While these approaches are effective in reducing stigmatising attitudes, it is not yet known how effective they are in changing discriminatory behaviour. Most research assesses attitude changes and/or behavioural intentions, and these may not necessarily align with actual behaviour change.

To achieve significant reductions in stigma and discrimination, there also needs to be system-level reform and policies that influence national attitudes and eliminate discriminatory behaviours.

## What action is needed?

**People with depression and anxiety have the same right as everyone else to live a ‘contributing life’.** The National Mental Health Commission defines a contributing life as a *“fulfilling life enriched with close connections to family and friends and experiencing good health and wellbeing to allow those connections to be enjoyed. It means having something to do each day that provides meaning and purpose, whether this is a job, supporting others or volunteering. It means having a home and being free from financial stress and uncertainty.”*

**People with depression and anxiety have the same right as everyone else to be treated with compassion, respect and dignity,** to ensure that they can live a contributing life, and participate and be included in society, free from discrimination.

**For people with depression and anxiety to live their lives free of discrimination and stigma, we need a long-term, collaborative, integrated and whole-of-community effort.** *beyondblue* is participating in this effort by facilitating the sharing of personal stories of depression and anxiety; challenging inaccurate stereotypes about depression and anxiety; and supporting people to develop a more accurate understanding of these conditions. We also advocate for non-discriminating communities, systems and institutions.

Everyone in Australia has a role to play in driving the social change that is needed to eliminate stigma and discrimination.

## What can individuals do?

**People with depression and anxiety, and their families and friends, can reduce stigma and discrimination by sharing their stories,** as research shows this is one of the most effective ways to reduce stigma and discrimination. *beyondblue* supports and assists people to share their stories online, in the media and more broadly in the community. More information is available at: [www.beyondblue.org.au](http://www.beyondblue.org.au)

**Everyone can help to reduce stigma and discrimination by talking openly about depression and anxiety, listening to people’s stories of depression, anxiety and recovery, and treating those people with respect and dignity.** *beyondblue* provides information and resources to increase understanding and knowledge of depression and anxiety, through our community awareness campaigns, information and resources, and programs delivered through workplaces, schools and communities. More information is available at: [www.beyondblue.org.au](http://www.beyondblue.org.au)

## What can organisations (for example, schools, workplaces, health services) and communities do?

People with depression and anxiety experience stigma and discrimination in all different parts of life. All organisations (including schools, workplaces and health services) and communities should:

- Provide a **safe and inclusive environment** which supports and encourages people with depression and anxiety to participate actively in life, allows them to be treated with respect and dignity, and in which they do not anticipate or experience discrimination.
- Support and encourage people with depression and anxiety to **share their personal stories**, and provide information and resources for others to **increase knowledge about depression and anxiety**.

Organisations can create mentally healthy environments, which help to reduce stigma and discrimination, through participating in *beyondblue*'s KidsMatter initiative (for early childhood services and primary schools); MindMatters initiative (for secondary schools); and Heads Up program (for workplaces).

### What can people working in the media do?

The media has an important role to play in shaping public opinion and understanding of people with mental health conditions. For assistance in providing helpful coverage, media professionals can refer to the Mindframe guidelines - [www.mindframe-media.info](http://www.mindframe-media.info) – which give advice on how to **promote accurate and positive portrayals of people living with depression and anxiety, with a particular focus on their personal stories.**

### What can researchers do?

Researchers have an essential role to play in increasing and sharing knowledge on effective ways to reduce stigma and discrimination, and to ensure that the existing evidence-base informs the development and delivery of policies and community-based programs. Additional research needs to be conducted to:

- Understand better the relationship between the **knowledge, attitude and behavioural components** of stigma, and the stigma and discrimination associated with **different mental health conditions**
- Determine the best way to deliver and integrate stigma and discrimination initiatives that lead to the **greatest population-level impact**, in a sustainable and ongoing manner
- Improve the **measurement** of stigma and discrimination, with a focus on **actual behavioural changes**, measured longitudinally, to enable regular monitoring of progress.

### What can governments do?

All levels of government can support people with depression and anxiety to eliminate stigma and discrimination, and work to remove structural discrimination. Governments should:

- **Establish national targets and indicators** to reduce stigmatising attitudes and experiences of discrimination, and publicly report on progress annually.
- **Prioritise the elimination of stigma and discrimination in mental health policies and plans**, and set clear roles and responsibilities for reducing stigma and discrimination in different settings – particularly in employment, education and healthcare.
- **Fund national, state-based and community organisations** to develop, deliver and evaluate evidence-based stigma and discrimination-reduction initiatives.
- **Investigate the extent and impact of structural discrimination** in government policies and programs and develop strategies to remove this discrimination.

### Further Information

*beyondblue* has a range of resources to assist organisations and communities to reduce stigma and discrimination and increase knowledge about depression and anxiety. This information is tailored to the needs of different organisations and communities, and is available at: [www.beyondblue.org.au](http://www.beyondblue.org.au)

More information on the stigma and discrimination associated with depression and anxiety, including references that support this Position Statement, are available in the ***beyondblue* Information Paper: Stigma and discrimination associated with depression and anxiety.**

<sup>1</sup> This position statement relates to the stigma and discrimination associated with depression and anxiety. It is acknowledged that:

- There is significant stigma associated with suicide. This stigma has not been incorporated in this Position Statement, due to its complexity; differences between the stigma associated with suicide compared to depression and anxiety; and the need for different, targeted responses to reduce this stigma. Information on the stigma associated with suicide is available in Suicide Prevention Australia's Position Statement: "[Overcoming the stigma of suicide](#)".
- Experiencing other forms of discrimination (for example, ethnic, race, sex, gender identity or sexuality-based discrimination) is a risk factor for poor mental health and wellbeing. While reducing this discrimination is an important priority for *beyondblue*, this position statement relates only to the stigma and discrimination that is directly associated with depression and anxiety. More information on the impact of discrimination on mental health is available in the '*beyondblue* Position Statement: Depression and anxiety in gay, lesbian, bisexual, trans and intersex populations' and on the *beyondblue* [Stop. Think. Respect. campaign website](#).