How Can We Reduce Depression Stigma On American College Campuses?

By: Olivia Hawkins, Jessica Terzarial, Todd Stewart, Andie Godfrey
Table of Contents

Title Page

Table of Contents

Page 2

The Executive Summary (All) Pgs. 3-4

Stigma Researcher #1: What are the major mental illnesses, and the background of mental illnesses? (Olivia Hawkins) Pgs. 6-7

Stigma Researcher #2: What are the treatments, and what do healthcare providers face in treating people? (Jessica Terzarial) Pgs. 9-10

Stigma Researcher #3: What do we know about stigma, why does it exist, and how has it changed over the years? (Todd Stewert) Pgs. 12-13

Stigma Researcher #4: What are the effects of stigma, and what are the consequences on the individual? (Andie Godfrey) Pgs. 15-16

Stigma Researcher #5: What are effective ways to deal with stigma such as programs and/or strategies? (Jessica, Olivia, Todd) Pgs. 18-19
The Executive Summary

College is a new and stressful experience for those that choose to go down that path. Now imagine having to deal with a mental illness, specifically depression, on top of the new stress and experiences already going on in your life. Not only does this person deal with the illness itself, but also the stigma that comes with it. This not only makes the college experience harder to deal with, but also makes the depression more difficult. Depression is one of the most common mental illnesses (World Health Organization). Due to its prevalence, the battle against stigma for depression is the topic of our campaign. Our campaign encompasses a call to action, inclusion, awareness, and facts about depression to combat stigma.

Our campaign begins with setting up a table at the library for a week. We will ask students to come and dip their hand in lime green paint, then put their handprint on roll out brown kraft paper to sign a battling stigma against depression pledge, which will be printed on the paper. This pledge is as follows: “I pledge to be aware and compassionate of the internal struggles and depression of others and myself if I struggle with this.” We chose lime green paint because it is the color that represents depression awareness (Mertes). Once people sign the pledge with their hand, they will be given a lime green ribbon to remind them of the pledge they signed and to have empathy for themselves if they have depression and others that deal with it. After the handprint signature, we suggest to continue and display the campaign in the form of a PSA. This PSA would be filmed in the arboretum. In the PSA we want to film about a two minute video on how many handprints were put on the brown paper to show the inclusion and support of those with depression while diminishing the stigma of the disease. We also want to have a voice over of facts about depression such as what it is, the symptoms and how many people are affected by it with an upbeat instrumental song in the background. We would also include all the people in the club to be featured in the video around the brown paper and people that signed with their hand if they want to come and be featured in the PSA. The PSA would end with an image of the club logo “x” the lime green ribbon. Then to get the PSA out for everyone to see we would have the club post it on their social media as well as have it posted on all platforms of the official IU Bloomington social media. This will not only show awareness and inclusion of people with depression but also battles stigma through the use of facts and a change in behavior mechanism.

This topic of this campaign is important to address because depression is one of the most common mental illnesses affecting 264 million people across the globe (World Health Organization). It is important to address this with college students due to the prevalence of it. According to a survey done by the American Psychological Association, 36.4% of college students have concerns with depression (American Psychological Association). The point of implementing our campaign with college students is that if college students think they may be dealing with these issues it can make them aware of it. In turn, it can potentially encourage them to get help after seeing how common it is and knowing the symptoms by the implementation of facts. It can also make them feel less stigmatized by feeling the support of the awareness and
pledges of classmates to have empathy which could lead them to go get help feeling less stigmatized. The prevalence of depression and how widespread it is is the reason we made it the topic of our campaign.

Depression has become one of the most common mental illnesses throughout all societies today, making it an easy target for stigmatization in modern day societies. Throughout the past century, negative preconceptions of depression have gradually increased, making those who suffer feel embarrassed and ashamed in attempts to try and reach out for help from others due to being afraid of being labeled as “helpless” and “insecure” more than they initially felt. The labeling of those suffering from depression displays “lack of knowledge, misunderstanding, and stigma” from the rest of society, creating a “barrier to improving…mental health” by socially isolating them from all of those who are considered “normal” in the specific society (Yokoya, et al.). Our campaign aims to reduce and bring awareness to the prevalence and barrier that is stigma towards those with depression. Researchers have also found that education about mental illness has positively reduced stigma (Corrigan et.al). So, bringing forth a positive message along with a call to action in the form of a pledge and facts about mental illness, actively attempting to bring a reduction of stigma towards depression will provide our community, and possibly others, with an efficient method to reduce stigma not only for depression, but other mental illnesses.

With depression, it is important to understand how stigma affects college students. Our campaign can aim to connect people similarly affected. An important problem to address with effects is stereotypes brought by the public, such as “If you are depressed, you should just have a more positive outlook and cheer up.” Though this seems like a helpful approach to them, it has the opposite effect. This can bring a lot of negative feelings, such as embarrassment and discomfort for the individual (Ahmedani). According to a study done by mentalhealth.org, “nearly nine out of ten people with mental health problems say that stigma and discrimination have a negative effect on their lives” (mentalhealth.org). This implies stigma can have a negative effect on almost everyone. These growing feelings of worthlessness in a person may lead to suicide at the worst, since they may feel “abnormal” or that they don’t belong because they cannot fit with the stigma. When seeing lime green, it will allow people to not stop stigma altogether (since this is nearly impossible), but to be reminded that the effects of stigma on everyone are very serious and should never be taken lightly.

Ultimately, the goal of the campaign is allowing people to associate the color for depression awareness, lime green, with our pledge: “I pledge to be aware and compassionate of the internal struggles, depression of myself, if applicable, and of others.” In this pledge, we want to step forward and make a move. Rather than the exclusion stigma by society encourages, we will fight back with the opposite, which is inclusion of others. While bringing awareness on how stigma surrounding depression affects others, we will represent facts about depression. The facts will help society distinguish reality from myth. While college is stressful by itself, depression can make it debilitating. If we keep allowing stigma to overrule this fact, things will get worse rather than better. Sitting still is no longer an option. With our awareness color, lime green, we
can easily be seen if the color is widespread. Let this represent depression awareness too: the more we see lime green, the more people can be aware of depression in people, as well as the stigma following it.


Wellness is known to include overall health of mind, body and spirit. The mind is powerful in that it influences not only emotional well-being but also dictates physical wellbeing. Mental illnesses are diseases of the brain that affect the ability to have this emotional wellbeing and impacts the physical wellbeing. The major mental illnesses, including the focus of this paper, depression, creates a rabbit hole of issues for the person with the mental illness that are both internal and external. The major mental illnesses, specifically depression, are very prevalent throughout the world and unfortunately may come with physical health issues that impacts the daily function of a person. In this paper we will discuss the major mental illnesses but focus on depression and its prevalence as well as the medical problems that people with depression face.

The major mental illnesses include bipolar disorder, schizophrenia, developmental disorders such as autism, anxiety and depression (World Health Organization). The bipolar disorder is a brain disease that affects mood. It is characterized by extreme manic and depressive mood changes (World Health Organization). So, this means that a person may go from extreme euphoria to feeling like they are the lowest point in their life. Another of the major mental illnesses, schizophrenia is a mental disorder that is typically manifested in the later teen years or early adulthood and is characterized by distortions in reality (World Health Organization). These distortions in reality may include hallucinations or delusions. An example of this could be someone may see birds flying around the room. The developmental disorders such as autism are typically found in early adolescence and are caused by a delay in cognitive maturing or of the central nervous system (World Health Organization). These cognitive delays may affect the way that people with these diseases talk, function and how they deal with social situations. The next major mental illness sector, anxiety disorders, are brain diseases in which the feeling of panic or anxiety affect everyday life and are difficult to control (Mayo Clinic, “Anxiety Disorders”). With an anxiety disorder the feeling of panic of anxiety is out of proportion or irrational. Symptoms of this mental illness may appear during childhood or teen years (Mayo Clinic, “Anxiety Disorders”).

The mental illness that is the main focus of this paper, depression, is a very common major mental disorder that affects mood and has physical implications. People with depression experience extreme sadness, loss of pleasure or interest in activities, extreme fatigue and low self-esteem (World Health Organization). These are very common symptoms of depression, but symptoms may differ depending upon the age group. Symptoms specific to children may include weight loss or refusal of going to school but in adults, symptoms can include memory trouble or a change in personality (Mayo Clinic, “Depression”). Another potential symptom of depression may include feelings of physical illness but there are no signs to explain this illness (World Health Organization). The onset of depression can be due to a variety of life events but does not have to have a life event to cause it (World Health Organization). An example of this is postpartum depression after a woman gives birth or an event such as sexual abuse.
Depression is a mental disorder that is often talked about and brought up when it comes to college. Many come away to college with no friends or family here and struggle to find their home or have life events such as sexual abuse that may create an opportunity for the onset of clinical depression. Across the world about 264 million people have depression. (World Health Organization). With this being a very large number, it is not a surprise that the World Health Organization has projected that depression is the fourth leading cause of disability and is projected to become the second leading cause of disability by 2020 (Kessler and Bromet). Depression prevalence is influenced by a variety of factors including genetic and environmental factors. One of the biggest prevalence influences include gender. Depression is more common in females than males with females being two times more likely to suffer from depression (Kessler). This is found to be due to a variety of risk factors. These risk factors may include childhood events, life events, family history and personality types (Kessler). Another thing that influences depression in females more than males is that females have been found to have more depressive cases at puberty than boys which indicates biological influence through hormones (Kessler). Another prevalence influence includes different socio-demographic positions. Studies have shown even across countries that an increase in depression can be correlated to a change in role such as losing a job or moving away from loved ones, lower functioning of a person’s role such as lower earnings or lower work performance and other secondary disorders (Kessler and Bromet). Overall, depression is a very common disorder that is spread across many groups of all ages.

Depression is also a mental disorder that may be triggered by an illness or cause many medical conditions for those that have it. Depression may be onset due to a chronic illness such as cancer because the illness provides a traumatic event that the person may no longer see purpose and develop that sense of helplessness as well as being coupled with other risk factors (Goodwin). Depression can also be the cause for physical illness. Many patients with depression also present with various chronic pain areas such as headaches, extreme fatigue or fibromyalgia (Goodwin). Patients may also have other physical conditions such as irritable bowel syndrome or chemical sensitivities (Goodwin). This mental illness not only impacts the wellness of the mind but this extreme despair in the mind also creates a variety of physical impairments for the person or the presence of illness may trigger the onset of the depression.

Mental illnesses are very common throughout the world and create a variety of not only mental wellbeing issues but also physical wellbeing issues. The major mental illnesses are schizophrenia, developmental disorders like autism, bipolar disorder, anxiety disorders and depression. Depression is a very common mental illness and is ranked one of the top causes of disability by the World Health Organization (Kessler and Bromet). Due to its prevalence, it's very important to discuss and make those people affected by depression feel included and not stigmatized. Many college students may be affected by depression due to moving away from home which is a change in that person’s role (Kessler and Bromet). Depression is a mental illness that affects many and needs to be understood by all.
Works Cited


Worldwide, more than 264 million people of all ages suffer from depression (Wang). Depression is a major depressive disorder that negatively affects how you feel, the way you think, and the way you act. Whether the cause be family matters, personal issues, or traumatic events, depression is a serious issue that can lead a person to commit harm or even suicide. Physicians, psychiatrists, and other medical providers have implemented many different therapies and medications to help people with mental illnesses. The issue with medical providers and medications is the stigma that comes along with it which makes people not want to help themselves. Overall, people with depression have many people that can help them, as well as many treatments that will help them, but it is up to them to want to get help themselves.

In regards to the treatments themselves, they are all very unique so the individual can choose the one that best fits their symptoms and needs. Medical providers make sure when the individual is ready to seek help, that there are multiple treatments available to them. According to the National Alliance on Mental Health, Psychiatrists came up with a few ways to help people with depression. Let’s start off with Psychotherapy, also known as talk therapy, which is a great way to get close to your psychiatrist. Psychotherapy also has a few different subcategories such as Cognitive Behavioral Therapy, Interpersonal Therapy, and Psychodynamic Therapy. Cognitive Behavioral Therapy helps with the changing of negative thinking patterns and the main symptoms of depression (NAMI). Interpersonal Therapy focuses on people’s personal relationships and other changes that might be contributing to their depression (NAMI). During Psychodynamic Therapy, the psychiatrist uproots past experiences and negative behaviors (NAMI). Overall, Psychotherapy uproots the reasons for the individuals depression as well as managing it. If that doesn’t seem to work for people, they might want to try Psychoeducation. Psychoeducation is comparable to a support group in which there are multiple people learning about their illness such as the symptoms, how to treat it, and signs of relapse. Psychoeducation might be good for some people because their family is allowed to go to understand what their loved ones are experiencing (NAMI). An obvious treatment is medications, but some families are for and/or against them. When it comes to medications, it becomes a long drawn out process in picking which one works best for the patient. Medications usually don’t reach their full potential until 12 weeks in, which can be frustrating to some people, but can also be worth the wait. The treatments for depression are based solely on the individual and their symptoms, as well as whichever works best for them.

Treating people with a mental illness can become tricky especially when you aren’t familiar with the person. Walking into a doctors’ office people usually have sweaty palms and are kicking their feet back and forth off the edge of the bed. When someone with a mental illness walks into a doctor’s office, they might feel nervous, but they might also feel ashamed as well. This feeling of being ashamed is the example of stigma on mental health care and the providers.
Studies show that people with mental illnesses usually don’t go to a psychiatrist because they feel nervous or ashamed about the condition they might have (Luthra). With this, patients are going to their primary care physicians which leaves them in worse care. Along with the stigma of going to the Psychiatrist, they are also hard to find as well or their insurance simply doesn’t cover it. If individuals with mental illnesses don’t follow up correctly with the right provider, their symptoms won’t be monitored correctly. If this happens, their symptoms will not be lifted, and the person could even have a relapse which would put more strain on the persons’ body. When people go to their primary care physician they do not know that they are being crammed into a 15-min ‘check-up’ appointment (Luthra). This is not a reasonable amount of time to be spending on a person with a mental illness considering there is more to the appointment than checking someone’s blood pressure. The medical providers are not put to blame in these situations, even though it might seem like it, because overall, it is strictly about who has the most money for equipment and who can or can not help.

When it comes to helping patients strictly with depression, the healthcare provider needs to connect with the patient as much as possible. Dr. Goldenberg said he likes to tell his patients to write down their current behavior, as he knows it may be difficult, such as things like physical activities, chores, diets, hobbies, bill paying, personal hygiene, etc (Goldenberg). With this, he hopes to show his patients that they might be lacking in some areas from their depression, and with the help of him, try to build those areas back up again. If his patient was to not participate, it would be hard for him to reach his patient and find out the root of the issue. Being a doctor when working with depression has its problems such as patients not taking the pills prescribed, not wanting to participate in any psycho activity, and not opening up. The patient is never forced to participate, but it is the health care providers job to make themselves feel trustworthy in order for the individual to open up to them.

Depression is a serious mental illness that affects a large population of people. Depression causes feelings of sadness and/or loss of interest in activities once enjoyed which can lead to a variety of emotional and physical problems. It is important for people in society to be educated on this illness as well as other mental illnesses in order to help others them and others in the community. Physicians, Psychiatrists, and other healthcare providers are an important part in helping others get the medications and treatment needed to help lower their symptoms and get them closer to recovery. There are so many different types of treatments and medications available to people with mental illness. If medications aren’t what someone believes in, there are many different treatment options if needed. If anyone you know is in need of help while suffering from a mental illness, be sure to support them in getting the help they need.
Works Cited

D.O., Matthew Goldenberg. “How a Psychiatrist Treats Depression: A Peek Behind the Curtain.”

_HuffPost_, HuffPost, 7 Dec. 2017,

https://www.huffpost.com/entry/how-a-psychiatrist-treats_b_6244256?guccounter=1&guce_referrer=aHR0cHM6Ly93d3cuZ29vZ2xlLmNvbS8&guce_referrer_sig=AQAAADtefQDMJFvWv5eR0shR8q5JyfUnbdpgigo_0z0rQK0YJyu0kDMW ygFKyiqXdyvhXAmjKF
YHfZt9xBtAqEPgSVNNHSIJxxUNdfO4F-VgzpNomoLJgsqRtN4h8IM6reaqlE5HxcLep
G0tk_fQ3g4NRJUdr9i4xSBudn-DJbCMBV.

Luthra, Shefali. “Managing Depression A Challenge In Primary Care Settings, Study Finds.”

_Kaiser Health News_, 8 Mar. 2016,


“NAMI.” _NAMI_, 2017


https://www.who.int/news-room/fact-sheets/detail/depression.
Social Epidemiologist #3: Todd Stewart

Stigma in regard to mental illness has been one of the most prominent social barriers that has plagued societies around the world for millennia. Those suffering from mental illnesses, such as autism and depression, were treated and seen as on the same social level as slaves throughout centuries of mankind, often being punished by means of imprisonment, torture and even death. Originating during the Middle Ages, mental illness was revered as “a punishment from God,” where the sufferers of any mental illness “were thought to be possessed by the devil” and were needed to be burned at the stake, or locked up in madhouses where they would be chained to their beds, isolated from the rest of the society (Rössler). After the stigmatization’s peak during the Nazi’s seize of power in the late 1930s and early 1940s, it has stained the fabric of societal unity and has displayed its continued presence by means of the majority of people in today’s society still possessing a fear of the mentally ill, continuing to make it one of the world’s most prevalent barriers in the forward progression of complete social unity.

Although societies have transformed in numerous ways, stigma has remained a potent societal plague that allows for the regular presence of prejudice and discrimination in the form of stereotypes regarding different groups of ethnic, racial and or gender groups. “Prejudice” of a group of people “rests on human differences,” making for a divide on the basis of societal norms and behaviors that rest outside of them (Corrigan, et al.). Today, stigma can be broken down in three conceptual levels of cognitive, emotional and behavior, which “allows us to separate mere stereotypes from prejudice and discrimination” (Rössler). Stigma is generally making quick judgements about an individual or a group via stereotypes, allowing one to adapt one’s actions and behaviors based on the specific situation with an individual of a certain group. It robs people affected of the opportunities to have a good quality of life and to have a normal life, including not being able to get good jobs, necessary healthcare, and a safe living environment.

In the case of mental illness, stigma through stereotypes can be seen as dysfunctional due to overgeneralized tags for people apart of certain groups. For example, a person suffering from anorexia is, sadly, often tagged as “an anorexic”. The generalized label that is tagged onto a person suffering from a mental illness strips the individuality of a person and desensitizes the illness by essentially grouping the patient with a generic name. Personalized treatment is a crucial factor in the pathway of medicine, with stigma being its blockade. This is one of the medical field’s greatest downfalls in regard to giving patients the most personalized and accurate information and treatments.

In the general public, attitudes and behaviors outside the lines of the norms, ranging across different societies, are often perceived in a way of uncertainty, provoking the human instinct response of fear and uneasiness. For centuries, discrimination and prejudice have been the result of different behaviors that do not align with a society’s norms. For example, people of Salem accused of witchcraft in the late 17th century were stigmatized for not being in the confines of the social norms, and out of fear and discrimination, they were brutally killed – just for being
different. Events similar to this have taken place in various points of history all over the world with varying degrees of isolation and discrimination based on ethnicity, gender and or religion. This displays the consistent presence of stigma in a multitude of variations for millennia.

Stigma molds and forms at the will of the setting and circumstances at which a group is isolated and generalized. Since the early 20th century, stigma has continued to climb with spikes during times of conflict such as during World War 2; throughout nearly every society in the U.S. during segregation; and during the rise and spreading of HIV/AIDS. With varying time periods comes varying socially acceptable norms, but across all societies, stigma finds a place, no matter the group of people.

The underlying influences that keeps turning the wheel of stigma spinning throughout societies include a range of factors that goes into how individuals perceive others in and outside of their society. It has been found that individual social skill has the ability to affect “others’ ratings of attractiveness and moderating the influence of negative symptoms” of the specific mental illness at hand, such as having experience with people affected by the illness, lowering the amount of negative reactions towards one with the illness (Pescosolido, et al.). However, studies have shown that having an increased knowledge of symptoms of an illness results in an increase in negative reactions and behaviors – an unexpected direct correlation between the two. Another factor is the upbringing of media especially in this modern era’s rise of technology, where it has shown to establish “predominantly negative social templates for responses to persons with mental illness” (Pescosolido, et al.). These factors among others contribute to the deep roots of stigma due to their strong ability to mold societal norms that objectively mark differences in people or groups. Stigma presides at the intersection of community and these factors within a society.

Stigma prevents many people from receiving accurate and individualized medical attention and has continued to be a prevalent problem through modern day. The past has been paved by stigma and its discriminative characteristics, making it harder to bring about changed in today’s society in regard to the rise of mental illness awareness. The stigma wheel keeps turning within societies due varying factors including knowledge of symptoms, creating a negative mindset of the illness and labeling the person with a generic tag, as well as prejudice due to observed behaviors that are different and out of the marginal norms of the specific society. There are some viable options to slowly reduce the presence of stigma, but a lot of time and understanding is needed to repave societal foundations.


Social Epidemiologist #4: Andrea Godfrey

Stigma, according to the *Merriam-Webster* definition, can be a synonym of “stain.” If studies were to follow that definition, would it be safe to say that stigma surrounding mental illness is the very thing staining it? Stigma, however, is not like a coffee spill that can be easily removed with laundry soap. The question now that needs addressing is how stigma should be solved. In order to really have an effect, the first step is understanding the matters that cause it.

To begin, the public mainly determines the cause of stigma; though, in some circumstances, a person can determine the cause by one’s self, as well. Self stigma focuses on discomfort in self; however, society causes this stigma to become more complex. In order to fully address this issue, one must understand that society “perceives those with mental disorders as frightening, unpredictable, and strange” (Ahmedani). Because of this, they treat people with mental illness differently. While it is safe to say it has the most significant effect on the person who has a mental illness, it can affect everyone else, too: family, friends, and society. Stigma’s effects cause a plethora of emotions in others, such as anger, sadness, and fear. Behavioral changes can also be applied with stigma. The consequences of stigma’s effect on society, family, and the mentally ill person at hand are negative, and almost always life-changing.

Emotional distress can be seen from any side of stigma. It can really begin through using specific stereotypes. Since one can see stereotypes virtually everywhere, through the media, other people, et cetera, it is nearly impossible to stop their occurrence. Stereotyping occurs for almost every group of people; per group there will be a “normal” paired with an “abnormal.” So, for example, if a person were to stray from the “normal” behavior in society’s rulebook, it will cause widespread discomfort (Ahmedani). If someone does not fit another’s standard of being normal, his or her difference in behavior can be observed by others pretty easily. Thinking about the individual, one may often worry about the world’s perception of him or her; therefore, if that person has something that sets him or her apart from society, like a mental illness, he or she will become fearful. The fear turns into distrust, and the choice of whether or not to tell “friends, family and prospective employers” is difficult (Dinos, Stevens, Serfaty, Weich). How is this individual supposed to open up if he or she knows there is a high chance of being treated differently?

It does not help in the matter that most existing stereotypes surrounding mental illness are negative rather than the positive correspondent. Especially with the rising media coverage following mass shootings, many may attribute mental illness as a cause. These reports “often link mental illness with violence, or portray people with mental health problems as dangerous, criminal, evil, or very disabled and unable to live normal, fulfilled lives” (mentalhealth.org). Going back to the connection between these reports and school shootings, it is not very helpful to assume that just because an individual committed such crime means that the person is mentally ill, and vice versa. This “stigma” may cause people to veer from those mentally ill due to what they see in the media, which affects their thought process. If these feelings spiral out of control, it could lead to prejudice, or even worse after, discrimination.
According to mentalhealth.org, “Nearly nine out of ten people with mental health problems say that stigma and discrimination have a negative effect on their lives” (mentalhealth.org). Discrimination is a direct consequence of prejudice, “which is fundamentally a cognitive and affective response” (Corrigan, Watson). Negative effects as a cause of this in individuals include, but are not limited to: lower self-esteem, worsened outlook, and lower quality of life (Brohan, Elgie, Sartorius, Thornicroft). Since discrimination makes mentally ill individuals seem like an evil that cannot be saved, it makes them begin to think negatively about themselves to fit the stereotype, which brings major consequences. Along with negative feelings, such as “feelings of isolation, guilt, and embarrassment,” it may also cause the person to avoid seeking help or recovery (Dinos et al). Stigma has really come into effect because they may think they will never get better, which is very dangerous. Without proper treatment, this may make their symptoms worse rather than better. Symptoms approaching towards the worse end of the spectrum will only feed into the generalized stigma and may be an indirect way of telling society they were right about their feelings of fear. This only leads to disaster for either side.

Families of those with mental illness also suffer stigma-related consequences. Thinking about a person’s condition and how it can become critical, he or she will most likely go to family first for things such as “economic support and everyday care” (Koschorke et al). Family is there as an aid, whether the mental illness can be slight or severe for the person undergoing it. It is also the primary source for getting “help-seeking and treatment decisions” (Koschorke et al). In people with schizophrenia, for example, it may be nearly impossible for them to make a rational decision on their own, so it falls back onto the family. While family members undergo a completely different type of stigma as compared to the individual and society, they still experience similar effects. Since family members are often seen as a “caregiver” for the individual, it may affect their own roles in life. If they had someone whose mental illness requires constant care and attention, it would be very difficult for them to work around caring for them. Consequences in doing so may rise financially, emotionally (since this will probably cause a heavy amount of stress), and socially. Even if how family is affected is in a completely different way, they still suffer stigma; they feel as if it is their duty to be there for their mentally ill relative.

Stigma’s effects are widespread. All in all, it creates a new sense of responsibility for everyone undergoing it: society, the individual, and their family. Stigma affects people by making them feel like they are expected to behave in a certain manner, whether it is the individual struggling to seek help because he or she may think that getting better is a myth, society’s media that instills emotions and various harmful stereotypes, and the family providing care. Because of these various emotions said stigma can cause, though the mental illness is harmful enough, stigma can affect and harm virtually anyone. In theory, it could be said through metaphor that if a mental illness were as simple as a coffee stain, stigma is like mold on clothing-- complicated, everywhere, and hard to get off.
Godfrey, Hawkins, Stewart, Terzarial 18

Works Cited

Ahmedani, Brian K. "Mental Health Stigma: Society, Individuals, and the Profession." PubMed Central (PMC),


Corrigan, Patrick W., and Amy C. Watson. "Understanding the Impact of Stigma on People with Mental Illness." PubMed Central (PMC),

www.ncbi.nlm.nih.gov/pmc/articles/PMC1489832/.


Koschorke, Mirja, et al. "Experiences of Stigma and Discrimination Faced by Family Caregivers of People with Schizophrenia in India." PubMed Central (PMC),

www.ncbi.nlm.nih.gov/pmc/articles/PMC5360174/.

"Stigma and Discrimination." Mental Health Foundation, 14 Aug. 2018,

Works Cited
Social Epidemiologist #5: Olivia, Jessica, Todd

Many people think that those with mental illnesses may only be plagued by the issues that their mental illness causes, unfortunately this is far from the truth. People with mental illnesses not only have to deal with the complications of battling this illness but also the stigma that comes with it. Different groups of people such as advocacy groups, researchers and policymakers all suggest similar but a bit different programs to battle stigma. Overall policymakers, researchers and advocacy groups suggest programs that implement some sort of education, call to action or information that increases empathy for those with mental illnesses and there are many potential pilot programs that have tried these and seen results.

Advocacy for anti-stigma for mental illness in a variety of forms. When people think of different ways to advocate many think protests, demonstrations, educations or even fundraising for research. Advocacy groups aim to completely bring down the public stigma and stereotypes that affects people mental illness (Corrigan). A prominent advocacy group for anti-stigma for mental illness is the National Alliance for Mental Illness. Their strategies shown on their website include education of mental illnesses, adopting empathy for people with mental illness and a call to action for people to get involved with supporting legislation and joining the movement for anti-stigma to be take place in the capital (National Alliance for Mental Illness). Another tactic used is a “quiz” on whether the web surfer themselves has stigma (National Alliance for Mental Health). This strategy can be used to target those to realize if they do carry stigma so they can stop it and be aware of it. Advocacy groups like the National Alliance for Mental Health use education on mental illnesses, empathy for those with mental illnesses and a call to action as what they believe are effective measures for change.

Researchers on anti-stigma take a more scientific approach to what they believe the best way to end stigma is. In a meta-analysis of many different works, similar findings were found in all. The meta-analysis “Challenging the Public Stigma of Mental Illness: A Meta-Analysis of Outcome Studies” looked at studied with social activism, education and contact with the mentally ill (Corrigan, et.al). The findings were that education and contact with the mentally ill did reduce stigma for both adults and adolescents (Corrigan, et.al). To have contact with a mentally ill person whether in family or elsewhere was a better stigma reducing agent whereas for adolescents education was better as a stigma reducing agent (Corrigan, et.al). Another study done on the ways to reduce stigma had similar findings. They found that protests that use negative language like telling someone not to do something and show injustices can change some behaviors but could also potentially cause a rebound effect because the public may feel the ideal of not wanting to be told to do something (Corrigan and Kosyluk). Overall research suggests education and contact with a mentally ill person is the best for change.

Mental illness has been touched on in the political world in the U.S. in the past but with little effort to bring forth permanent and effective change in order to reduce stigma. According to research, the nation’s legislation has the ability to address “the social determinants of mental health” by means of “preventing exposure to toxic stressors” and having accessible buffering
resources (Purtle, et al.). However, the difficulty of bringing about societal alterations via politics is caused in part by the ability to translate research findings on mental illness into strategies that have the potential to reduce stigma. The nation’s desire for change is there, but the legislative push still remains lower on the list of priorities for the political agenda of the nation. Strong efforts for mental health legislation include methods such as public opinion research; bolstering political candidates that promote mental health legislation, which would in turn reduce stigmatizing attitudes towards those who suffer from mental illness; and finding efficient and fair ways to implement financial support for those with physical health conditions, positively affecting their quality of life (Purtle, et al.). Through these efforts, legislation to bring about change to mental illness and the stigma present in people, which would begin to slowly chip away at stigma that has plagued people’s lives for centuries by finding ways to aid and support those with mental illness.

In regards to specific programs and/or strategies that could be useful in reducing stigma, the RAND Corporation has studied a few programs that have become quite successful such as training interventions, educational strategies, and contact strategies. Focusing on training interventions, this is an in-person communication between an educator/speaker and a moderate sized group. The speaker focuses on counteracting stereotypes and prejudice by teaching people about mental illnesses and promoting affirming attitudes(Collins et al.). This type of program is good for students, health professionals, and even the general public. These typically come at a low cost as well. The next best thing is educational strategies. Educational strategies help reduce self-stigma and promote feelings of empowerment and self determination among individuals with mental illness(Collins et al.). This strategy has been delivered to health care providers considering they will be in contact with individuals who may have a mental illness. While this strategy might be effective for the youth, it doesn’t work well when it comes to adults. Studies show adults need physical contact in order to feel less ashamed. Contact strategy would work best for them. Fostering a person with a mental illness has a greater impact on a person's attitude. Contact strategies have a long term effect on behavior and attitude, which cause people to change their perspective on stigma in the long run.

Overall, research findings based on mental health are hard to translate into political policies while still adhering to what mental health advocates say is the right thing people should do. People fail to realize the importance of legislation when it comes to health care. In accordance to researchers perspectives, people need to stay educated about stigma. Staying educated on this issue will create less havoc when confronted with someone with a mental illness. Advocate groups and researchers are almost on the same page when it comes to stigma. Advocate groups make sure to keep people educated, but they also want others to take action when they can. Instead of standing around when they see stigma around them, see the person for who they are and take action. If people need help coming out against stigma, there are multiple programs and strategies to help people in the workplace and out in the community.
https://pdfs.semanticscholar.org/2074/70b77fb403a405e104d53fb8299cc81c24da.pdf


National Alliance on Mental Illness “NAMI- StigmaFree.” *NAMI*,
