



Depression and Bipolar
Support Alliance

Position / Policy Overview and Recommendation

Position Title:

Stigma and Discrimination

Position Policy (provide brief description of the recommended position / policy)

DBSA views stigma and discrimination against people who live with mood disorders as one of the most serious challenges to address in our current society. Given the many issues faced by people with a range of mood disorders, having to overcome perceived and actual instances of stigma and discrimination are unneeded obstacles to achieving wellness and must be changed.

Stigma exists when individuals or institutions project negative messages (either verbal or nonverbal) that are demeaning about a person's characteristics or traits. People living with a mood disorder often are the targets of such negative attitudes because of long-held societal stereotypes about mental health conditions. Sadly, because of these long-held views in our culture, individuals will also self-stigmatize as a part of their own beliefs.

Discrimination grows out of stigma and may be either readily apparent or come in subtle forms of expression. Discrimination can be expressed through actions that lead to:

- loss of employment and educational opportunities;
- denial of access to health care services or insurance coverage;
- bullying, violence or harassment; and
- lack of support from family, friends, co-workers or others in one's personal network.

DBSA promotes and advocates for positive representations, perceptions and attitudes of and toward people living with mood disorders throughout society. Our education, outreach, and support of peer empowerment works to reinforce tolerance, equity, and impartiality. We believe that the media, public personalities, and lawmakers have a particular responsibility to embrace these principles.

Justification (Explain the need for and the urgency of the position / policy. Attach supporting pages as necessary)

Executive summary of issue

Addressing stigma and its root causes is important for a variety of reasons. Research has shown that it contributes to exclusion, poor social support, social isolation, loneliness, and low self-esteem.

A systematic literature review on the public stigma of mental health in the U.S. was published in the National Institute of Mental Health in September 2013 and highlighted the following issues¹

- Over time perceptions that individuals with mental illness are dangerous has increased since 1950; although such perceptions have stabilized in recent years.
- A variety of factors create these perceptions including the type of mental disorder; the sociodemographic characteristics of the individuals presenting with the illness; and individuals' own beliefs about shame, blame and punishment of individuals with mental illness.
- Attitudes toward mental health treatments appear to contribute to stigma; although they are improving over time. Again, attitudes regarding treatment vary by sociodemographic characteristics and past exposure to mental health treatments.

A DBSA commissioned survey of 1,200 American adults, representative of the U.S. population in terms of gender, race, ethnicity, geography, and education, found that many people need to receive positive information about mood disorders. While stigmatizing attitudes were not held by the majority of people surveyed, approximately one in four people believed the following about people with mood disorders:

- they are not just like everyone else (18%);
- they should not have children (19%);
- they are easy to identify in the workplace (26%); and
- they do not live normal lives when treated (29%).
- Two-thirds of survey respondents also held the incorrect belief that mood disorder medications are habit forming.

The U.S. government has passed three landmark antidiscrimination laws that address issues of public stigma; however, they are not consistent in their application and fail to address public perceptions about stigma and discrimination. These laws are:

- Mental Health Parity and Addiction Equity Act of 2008
- Education for All Handicapped Children Act of 1975
- Americans with Disabilities Act of 1990

As noted in an article in the American Journal of Public Health² these laws provide important protections for people with mental health issues in addressing a range of discriminatory practices. However, they are not applicable across all population groups and come with many limitations. The article further addresses the concern that individuals may not actively seek out

treatment options because of what is termed “label avoidance”, the fear that despite legislative protection, stigma and public perceptions continue in the workplace and educational settings that are difficult to overcome.

In our multicultural world we find that there are widely varying understandings of mental health conditions and appropriate ways to respond to them. Because of the socioeconomic challenges faced by many communities of color, they are often at higher risk for mental health issues. Yet stigma in the community contributes to a reluctance to seek out appropriate resources or treatment. For many members of these communities experiencing mental health issues is a taboo and is best addressed within the community.

Additionally, stigma and discrimination need to be confronted throughout many of our institutions. For example, our military services and related uniformed corps experience higher levels of stigma, often due to the traumatic nature of the work that they perform. Our health care system often demonstrates stigma and discrimination when it is unable to adequately provide treatment services or when individuals are reluctant to seek out help because of perceptions of how they will be viewed for needing assistance.

Finally, DBSA notes deep concern about the often-held assumption that mental health is a factor in violent crime. The increase in mass shootings and instances of hatred in our country poses particular challenges for the mental health community. A misperception has been created and perpetuated that people with living with mental health challenges are dangerous. In truth, they are significantly more likely to be victims of violence than perpetrators.

Existing policy around issue

DBSA mission statement is very clear: DBSA provides hope, help, support, and education to improve the lives of people who have mood disorders. This includes educating the public in an effort to decrease stigma and make it easier for people with mood disorders to ask for and receive the help they need.

Through its monthly e-update and website, DBSA showcases empowering stories of individuals whose lives have been touched but not limited by a mood disorder via the Life Unlimited and I’m Living Proof series. These vehicles along with social media have been used during Minority Mental Health Month to bring broader awareness to underserved communities.

DBSA has developed a compassionate language document that guides internal and external communication.

Relevant legislative or regulatory concerns

DBSA places a high priority on advocating for legislation and regulatory policies that advance mental health parity within insurance and health care systems with the goal of eliminating discriminatory practices toward individuals living with mood disorders.

DBSA advocates for regulatory and legislative policies that address the need for anti-stigma education programs at both the federal and state level.

In past Congresses, legislation has been introduced to “To amend the Public Health Service Act to provide for behavioral and mental health outreach and education strategies to reduce stigma associated with mental health among the Asian American, Native Hawaiian, and Pacific Islander population.” This and similar legislation focused on addressing stigma; education is needed to provide programs to address these concerns.

Funding research and education programs for understanding the root causes of stigma and discrimination continues to be needed.

Recommended position / policy and call to action

Devoting resources to reduce and eliminate stigma and discrimination for people living with mood disorders is central to the DBSA mission. DBSA calls upon society to examine how it can more sensitively address these issues through its various institutions and media outlets.

Participating in coalitions and partnerships that advocate for a range of policies and legislation at both the federal and state level that address the causes of stigma and related discrimination enables DBSA to actively support these efforts.

Additionally, DBSA recognizes multiple components comprise stigma and are beyond the ability of legislative action to correct. DBSA will continue to support and promote antidiscrimination programs that addresses all types of societal stigma. Identifying opportunities to share the DBSA compassionate language document with influencers broadens the reach to make societal change around public perceptions of mental health conditions, the people who experience them, and the caregivers who support them. This includes the media, health care ecosystem, legislators, and workplace and academic leaders.

Citations

¹Public Stigma of Mental Illness in the United States: A Systematic Literature Review Adm Policy Ment Health. 2013 September ; 40(5): . doi:10.1007/s10488-012-0430-z.

²Addressing Public Stigma and Disparities Among Persons with Mental Illness: The Role of Federal Policy American Journal of Public Health, May 2013, Vol 103, No. 5 Janet R. Cummings, PhD, Stephen M. Lucas, MPH, Benjamin G., Druss, MPH