



Stand up to **Stigma**

Changing the language we use
when talking about mental health

We are a programme of Shine



Shine

Supporting people affected by mental ill health

working with



HEADLINE



About this booklet

This guide will educate the reader on how language around mental health could stigmatise a person with a mental health difficulty. The words we choose could make a person with a mental health difficulty feel ashamed, alone and afraid. Out of fear of being stigmatised, a person might conceal their mental health difficulty, delay seeking treatment or not reach out for help at all. We will look at how we can challenge our behaviours so that people feel more comfortable about their mental health and we make it easier for them to reach out for help.

Definitions for words like Ambassadors, discrimination, stigma and many others can be found in the glossary on page 23.

After reading this booklet, you will be able to;

- Understand what mental health stigma is
- Understand the impact that stigma has on people with mental health difficulties
- Identify and challenge the language and behaviours that could stigmatise a person
- Be more comfortable having open and honest conversations about mental health difficulties
- Create a more inclusive environment for people living with mental health difficulties

Research methodology

This guide incorporates data from an online omnibus survey with over 1,000 participants on the public attitudes to mental health in Ireland. The research was conducted in November 2020.

Note of thanks

We would like to thank our See Change Ambassadors (people who share their personal experience of living with a mental health difficulty) as well as our colleagues at Headline and Shine for their contributions and support in developing this booklet. We would also like to thank our funders at St. John of Gods and the HSE National Office for Suicide Prevention.

This guide was developed and produced by See Change Programmes Leader Barbara Brennan, Emma Mulligan, Administration Assistant and Rachel Nulty, Communications and Social Media Officer.



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About us

See Change is Ireland's National Mental Health Stigma Reduction Programme. We work in partnership with various Irish organisations to open minds about mental health problems and end mental health stigma and discrimination.

We are a project of Shine, alongside Headline. Shine is a charity that supports people affected by mental ill health. Headline is Ireland's national programme for responsible reporting, and representation of mental illness and suicide.



It is See Change's vision that everyone in Ireland can be open and positive about mental health, understanding it as a normal part of the ups and downs of life.

See Change run a six-step programme to empower Irish workplaces to create and open and honest culture about mental health, and to tackle mental health stigma. The programme includes workshops, templates and a suite of resource templates to help organisations and staff implement real change.

We also have trained See Change Ambassadors – people with lived experiences of mental health difficulties – who share their stories through talks, presentations and in the media, to help end mental health stigma and discrimination.

Our national Green Ribbon campaign spreads awareness about mental health difficulties to help end mental health stigma and discrimination. You may know it or have seen people wearing Green Ribbons on their lapels.



Why are we having a conversation about mental health stigma?

We have become more aware of **mental health difficulties** in Ireland



2020

In **2020**, just **over a third** of the population (**33%**) have or had a mental health difficulty. This was **highest** among females and young people.



2017

»» In **2017**, this was only **9%**.



2020

In **2020** **4 in 10** lived with someone with a mental health difficulty.



2017

»» In **2017** this was only **1 in 10**. This shows a **quadrupling** of figures in **3** years.



2020

In **2020** **2 in 5** have worked with someone with a mental health difficulty.



2017

»» In **2017** this was **1 in 5**.



2020

In **2020** **6 in 10** have a close friend who experienced a mental health problem.



2017

»» In **2017** this was **4 in 10**.

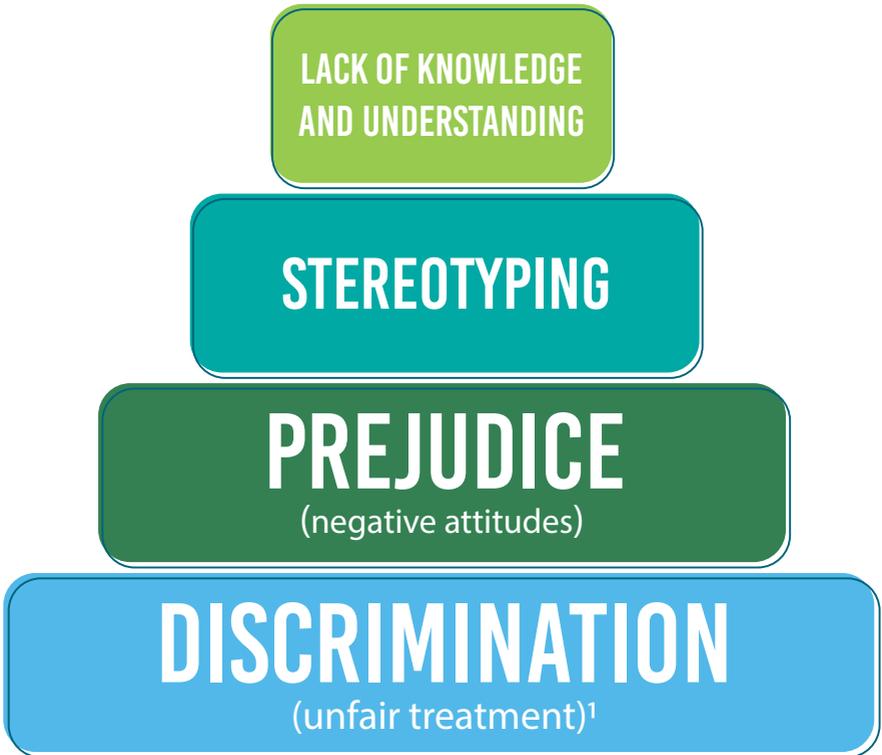
* The covid-19 pandemic made people more aware of their own mental health and could have contributed to this increase.

What is stigma?

Stigma is described as a sign of disgrace which people place on a person with a mental health difficulty. For example, a person with a diagnosis of schizophrenia being labelled as ‘mad’, ‘dangerous’, ‘unreliable’ and ‘scary’.

Stigma is a significant problem for people who experience mental health difficulties and their families. It has been identified as one of the most difficult aspects of living with a mental health difficulty.

The building blocks of stigma:

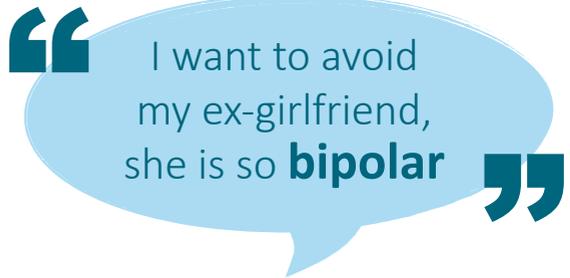




How do our words stigmatise?

Without being aware, the words we use daily could be rooted in stigma. By continuing to use stigmatising words, we reinforce feelings of shame, stereotypes and labels associated with mental health difficulties.

To reduce mental health stigma, we must first become aware of the stigmatising language that forms part of our everyday vocabulary. An example of how people experience stigma is through negative language;



When we use words like 'bipolar' to describe someone we want to avoid, it links mental illness with negative behaviour.

Using a word like 'bipolar' in this context can have a negative impact on a person experiencing a mental health difficulty. This is because it reinforces a negative stereotype. If a person with a mental health difficulty hears the above example in a conversation, they might decide to hide their mental health difficulty from friends out of fear of being labelled as different or as someone who should be avoided.

Stigmatising words can make it harder to live with a mental health difficulty. It can act as a barrier to care and recovery.

For some, experiencing stigma can be as difficult as the experience of being unwell.

How does stigma affect someone?

Worryingly, more people than ever are concealing their mental health issues from family and friends;



In **2020** **1** in **4** would delay seeking treatment for a mental health difficulty if they felt others may find out.



In **2020** almost **50%** would consider hiding a mental health difficulty from family and friends.



» This is a **12%** increase since **2017**.



Young people are most at risk
1 in **5** **16-24** year olds said they would delay treatment if they felt people might find out.



“Living with a mental health difficulty sometimes feels like I should win an Oscar. I conceal what’s going on behind the smiles and jokes; I pretend I am a happy as ever. The fear of being rejected and being denied to be any more than my diagnosis turns me into an actress.”



Why does stigma matter?

Stigma creates feelings of shame and self-doubt which has damaging effects:

Exclusion and discrimination which impacts equal access to services like employment and education

Delay in seeking treatment

Not reaching out for help



Feelings of shame, rejection and isolation, impacting a person's recovery

Concealing a mental health difficulty from employers, colleagues, family or friends



Being afraid to speak out for fear of judgement

What should I say?

There are various terms we use to describe mental health difficulties. A lot of these terms are used interchangeably. However, there is a difference between our overall mental health and a diagnosed mental illness. It is important to know the difference. To help you understand some of those terms we have explained it below:

MENTAL HEALTH

We all have mental health. Being mentally healthy means you can cope with life's everyday challenges and understand your own general wellbeing. Being mentally healthy means a lot more than just the absence of mental health difficulties.²

MENTAL HEALTH ISSUE

Mental health issue is something that anyone can experience at any time. While not everyone will be diagnosed with a mental illness, everyone will face a mental health issue at some point in their life, just like they would with their physical health.³

MENTAL HEALTH DIFFICULTY

Mental health difficulty may be used when we need to describe mental health issues or mental illness generally. We can have trouble defining a mental health issue or illness in everyday conversation. Using the term mental health difficulty helps bridge the gap and respects everyone's lived experiences.

MENTAL HEALTH CHALLENGE

Mental health challenge is like mental health issue or mental health difficulty. It can be closely linked to a once off external event that has a negative impact on your mental health.

MENTAL ILLNESS

Mental illness is diagnosed by a medical professional; a condition that often requires treatment and ongoing maintenance. While everyone can experience a mental health difficulty at some point in their life, this does not automatically mean they have a mental illness. This is because not everyone will experience a mental illness in their lifetime.



Feelings of fear, shame and rejection are reduced when we pick the right words. Simply noticing how we talk about mental health can make a real difference. Next time you are having a conversation about mental health, take a second to ask yourself "what words am I using? And what can I use instead?"



What does stigma look like in a conversation?

By picking even one stigma-free word from the options below and trying to use it in everyday conversation, you could be making it easier for someone who may be struggling to open up;

Avoid	Replace with:	Why
They committed suicide.	They died by suicide.	This criminalises the person. The phrase 'commit suicide' originates from a time when suicide was seen as a sin or a crime.
I am so moody, sorry I have been so manic.	I am so moody.	Using medically diagnosed conditions to describe daily occurrences is damaging. This example spreads an inaccurate understanding that mania is linked to moodiness. This trivialises a person's real experience with mania.
I don't want to go outside; the weather is mental.	I don't want to go outside; the weather is terrible.	Using words like 'mental' could trigger someone with a mental health difficulty who may have been labelled 'mental' in the past. It may cause them to feel both ashamed and isolated. Trivialising these words may even lead to a person choosing to conceal their difficulty.
He is depressed.	He has depression or he feels depressed.	This incorrectly describes the person as their illness. Mental illness is one of the only illnesses that people identify the person as the illness. For example, we would not say "I am heart attack". It diminishes the person and makes the person feel as if they are their illness.

The words we choose could either support or prevent a person reaching out for help.

Stigma in action

Mental health stigma takes many forms; from an unkind word, to social exclusion, to higher insurance premiums. Research has shown that;

stigma makes it more difficult

- to find or return to employment
- to find somewhere to live
- to make friends or be involved in social activities

Stigma can be broken into two parts

Public stigma (done to you)

Public stigma is when someone stigmatises you. This is because a person may hold a negative attitude towards a person with a mental health difficulty. Public stigma involves the unfair stereotyping, prejudices and discrimination of a person with mental health issues. For example, when a person calls someone with a diagnosis of depression a 'saddo' or 'lazy.' Public stigma is present in many aspects of everyday life such as;

Where?	What?	Progress made
<p>In some Irish media i.e.</p> <ul style="list-style-type: none">onlineprint journalismradiotelevision programming 	<p>Occasionally, some professional media may use stigmatising language. This is seen mostly in sensational headlines or radio talk shows. Using words like 'crazed' or 'psycho' to inaccurately link violence to mental illness is hugely stigmatising.</p> <p>In reality, a person with a mental health difficulty is much more likely to be a victim of crime.⁴</p>	<p>The media now plays a key role in educating the public and destigmatising attitudes towards mental health difficulties, self-harm and suicide.</p> <p>Headline is Ireland's national programme for responsible reporting and representation of mental ill health.* Headline has identified that great progress has been made by journalists in Ireland. In 2020, they found that 85% of Irish print news media followed the media reporting guidelines for responsible reporting of suicide or self-harm.⁵</p>

*Headline is another project of Shine. Find out more at www.headline.ie



Where?

What?

Progress made

Film industry

Characters depictions of a person with a mental health difficulty as incompetent, separate from society, 'mad' or 'crazy'. Think of films like *Girl Interrupted*, *One Flew Over the Cuckoo's Nest* and *Split*.

There have been improvements of film representation for persons with disabilities and other marginalised groups. In 2018 and 2019, 8% of US films featured a lead with a disability. This is the highest its ever been.⁶

While progress has been made, we have to be careful that this increase shows an accurate representation and not based on stereotypes.

Policy and Legislation

Stigma can be so engrained we may not even notice. Policies and legislation can exclude marginalised voices (in places such as government and schools). For example, insurance providers could refuse to cover a person who may have had, or has, a mental health difficulty.

In Ireland, the UN Convention on the Right of Persons with Disabilities (UNCPRD) was adopted in 2006 and ratified in 2018. This means Ireland made a commitment to promote, protect and ensure full and equal treatment of all persons.⁷ This includes people with mental health difficulties. For example, the convention emphasises representation. So, the Disability Advisory Committee was established. This committee is made up of people with lived experiences of disability. Its role is to monitor the government's progress in how the convention is being implemented.

So, there are now more ways the voices of people with mental health difficulties are being heard.

Workplace

See Change research identified the workplace as a significant place where stigma needs to be addressed.

People with mental health difficulties may be treated differently due to assumptions that they cannot cope and that they lack the capacity to do their job.

Stigma can lead to recruitment discrimination and higher levels of unemployment.

There has been an increase in the number of organisations creating workplace well-being initiatives, which include mental health policies. There is also a large increase in the amount of mental health resources and trainings available to organisations.

Since 2013, over 200 organisations have completed the See Change Workplace Programme to reduce mental health stigma at work.



Self-stigma (done by me)

When the public place negative labels and stereotypes on people with mental health difficulties, a person with a mental health difficulty begins to believe the negative things. This is called self-stigma. It could lead to;

Low self-esteem

When a person faces stereotyping everyday they may begin to believe what is being said about them. They focus on the negative things people have said about mental health difficulties. This could lead to feelings of low self-esteem.

**SELF-STIGMA
HAS BEEN IDENTIFIED
AS EQUALLY OR MORE
DEBILITATING THAN
THE ILLNESS ITSELF⁸**



Stigma reduced me to an empty shell. Because the judgement, isolation and exclusion by my peers made me feel and think so little about myself. I began to fear the sound of my own voice. What's worse, is that I began to believe the stigma. That is because I was seen as 'different', there must be something so wrong about me. I am, in fact a waste of space.



Social isolation

A person may avoid social situations as they fear being judged. As a result, they may withdraw from fully participating in society. A vicious cycle occurs because it negatively impacts wellbeing and quality of life.



I cancelled plans & didn't attend events because I felt sorry for anyone having to be around Sheila and her eating disorder. I felt I was doing others a favour by removing myself from their lives and occasions.





Lack of self-belief in the workplace

In the workplace, a person who self-stigmatises may lack confidence and self-belief in their capabilities to do their job. This may lead to disengaging from work projects and slow down progression.



I believed I couldn't ask for help when I was struggling. I believed I would be letting colleagues down and I didn't deserve help, if I couldn't do my job. When I finally got the courage to let people know how I was feeling, it was like a big weight was taken off my shoulders.



Stephen Downey, See Change Ambassador



Relationship breakdown

A person with self-stigmatising beliefs may see themselves as a burden to their family and friends. The person anticipates social rejection so may decide to withdraw.



I had self-stigmatised myself into thinking I was weak. I denied myself the honesty of being authentically me because I was convinced I'd be judged if I shared how I really felt. I was lying to myself; thinking that I'd be respected more if I acted out an always bubbly personality, as opposed to having the integrity to reveal my vulnerability and share that I'm not doing ok. I value vulnerability in others, so I needed to find that value in myself."



Brodie Thompson, See Change Ambassador

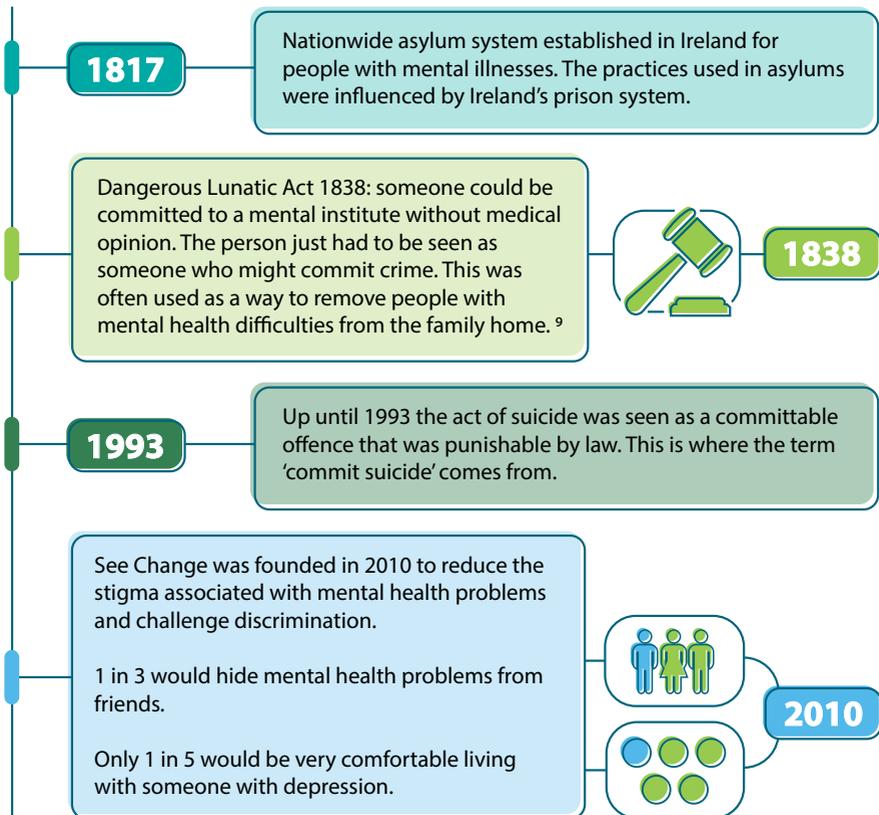


EVERYONE'S EXPERIENCE WITH STIGMA IS DIFFERENT



Previous and current attitudes towards mental health difficulties

Mental health stigma is rooted in history. Our history of institutionalisation shows that previous attitudes towards people with mental health difficulties were negative. A person with a mental health difficulty was often kept separate from everybody else.



Take a moment to think about where you were in 1992. Did you have any interactions yourself, or with family or friends with mental health difficulties? In 1992, suicide was still a punishable crime in Ireland.

In the last few years, what progress have we made?



2020

In **2020** over **8** in **10** would continue relationships with friends who have mental health problems.



2017

»» In **2017** this was **7** in **10**.



2020

2020: 7 in 10 would feel comfortable discussing mental health difficulties if their family/peers approached them for help.

This is a stark contrast from years ago when many people were actively removed from their family homes in relation to the 1838 Act.



2020

2020: over **2** in **3** would be willing to work with someone with a mental health problem.



2017

»» This is a **2%** increase since **2017**.

See Change asked its partner organisation what changes they have made to create a safer working environment for employees:



In my organisation, we have developed a culture & environment where it is safe to discuss your mental health, a number of training modules both for employees & people leaders are available and Wellbeing advocates have received training.

Teresa Dooley, Customer Engagement Model, Youth Market Lead, AIB.



While some progress has been made, these stats show that societal change is a slow process. We still have a lot to do to end mental health stigma.

Practical ways you can challenge mental health stigma

Education

We often form our opinion on what we read, hear or see. This results in stigma because we could form an incorrect opinion about mental health difficulties without getting the full picture. By replacing a myth with a fact, we are educating ourselves and helping to reduce stigma;

Myth

Mental health difficulties are rare and do not affect me.

You cannot recover from a mental health difficulty.

Mental illnesses are not real and caused by personal failure and weakness.

Fact

Mental health difficulties are very common with research showing that 1 in 4 could be affected by a mental health difficulty.

Recovery is possible for people with mental health difficulties and with the right treatments and support people go on to lead rewarding and fulfilling lives.

The World Health Organisation recognises mental health difficulties as a health issue.



Take a photo of these facts and share it with family and friends so we can continue to have informed conversations about mental health.

By changing the words we use, we are reducing the shame and discomfort associated with mental health difficulties. This may make it easier for someone to reach out for help.

How do I talk to my friends and family about stigma?

While it can be hard, correcting and offering an alternative word in a conversation reduces stigma. If you want to challenge stigma and are finding it hard, below are examples of how we can have those types of conversations in a respectful and non-confrontational way;

With a friend



“ Did you hear about that singer that committed suicide? ”

“ Yeah, I actually saw on Twitter that we should say ‘died by suicide’ instead. ”

“ Really? Why would we say that, what’s the difference? ”

“ The post said the word commit comes from when it was a crime and that only changed in 1993. It can put the blame on the person so it’s much kinder to say died by suicide. ”



At work



“ Ugh, work is so manic today! This is ridiculous, I hate this! ”

“ I know, right? We’re so busy. You know, I think it’s better if we use the word busy instead of manic. ”

“ Oh really, haha, why is that? ”

“ Remember when work had that guy in to talk about living with bipolar disorder? He said using manic to describe something in our everyday, devalues his experience of mania. Without knowing, we are associating our terrible day with their mental illness. If we use a different word, it means that we don’t think negatively about that person or that illness. ”

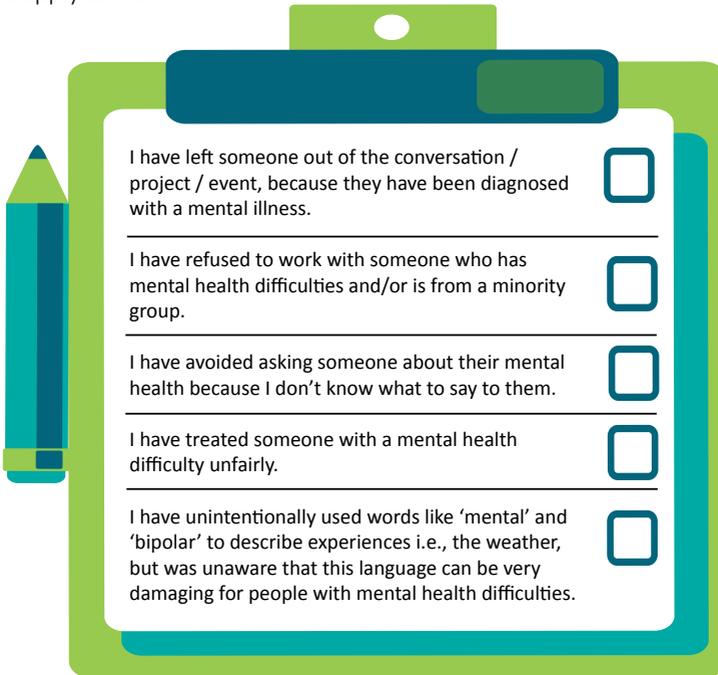
“ Oh, I never thought of it that way. I’ll try that next time. ”



How do I know if I have stigmatised someone?

We are all human who at some time, whether we are aware or not, have been guilty of stigmatising a person with a mental health difficulty. It is important to recognise and challenge this, so we can improve in the future.

Below, we have provided a checklist. Go through each one, be honest and ask yourself “does this apply to me?”



- I have left someone out of the conversation / project / event, because they have been diagnosed with a mental illness.

- I have refused to work with someone who has mental health difficulties and/or is from a minority group.

- I have avoided asking someone about their mental health because I don't know what to say to them.

- I have treated someone with a mental health difficulty unfairly.

- I have unintentionally used words like 'mental' and 'bipolar' to describe experiences i.e., the weather, but was unaware that this language can be very damaging for people with mental health difficulties.



Take a photo of this checklist and share it with family and friends so we can continue to have informed conversations about mental health.

By taking personal responsibility of our past behaviours, we confront stigma. Getting to this point of awareness and recognition reduces stigma and discrimination for people with mental health difficulties.

How can I make a change?



Educate yourself

You can listen to See Change Ambassador's stories of their personal experiences with mental health at www.seechange.ie/see-change-sessions-with-alittlegail/

You can read more about mental illness on Shine's website: www.shine.ie/information



Ask a person how they are really feeling

Normally when you ask someone for the first time "how they are?" they will say "I'm grand" or "I'm fine."

Checking in with someone by asking a second time could get a person to open up about how they are actually feeling.

We can follow up with something like "I've noticed you haven't been yourself lately, how are you feeling these days?" or "What's happening for you?"



Active listening

You are not expected to find a solution. We listen to understand; not to fix.

Knowing where to find help and signpost to can give you the confidence to be there for someone, without feeling you have to fix their situation.

Take a picture of the supports available on page 22 so you can have them to hand next time you are checking in with someone.



Acknowledge the person's experience

Knowing that you've been heard, and that your experience is valid can make a big difference to someone experiencing a mental health difficulty.

Saying something like "that must have been very difficult for you" shows empathy and can help a person feel less alone.



Be more aware of the language you use

Try make conscious choices not to use stigmatising words like those we have mentioned earlier in this guide (see page 11 to remind you).



Be more accountable

Check in with yourself and take personal responsibility when you become aware of judgement and negative thoughts coming up towards people with mental health difficulties.

Make a commitment to try challenge negative behaviours when you witness it.

Resources



Shine

Supporting people affected by mental ill health

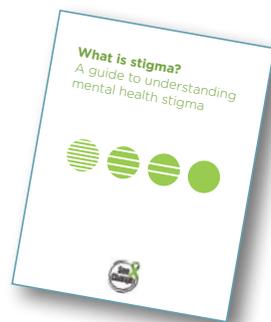
working with



You can read about Shine and its support services here: www.shine.ie

You can find Headline's research and practical guides here:
www.headline.ie

You can find See Change's resources, like the 'What is Stigma?'
guide and much more here: www.seechange.ie



You can get support at



THE HSE

For information on mental health and services nationwide;



www.yourmentalhealth.ie



or Text HELLO to 50808 (for free text support)

SAMARITANS
Ireland

SAMARITANS



Freecall 116 123 (available 24/7)

pieta
1800 247 247

PIETA HOUSE



Freecall 1800 247 247 (available 24/7)



or Text HELP to 51444





Glossary

See Change Ambassadors- our Ambassadors are people with lived experiences of mental health difficulties who share their personal stories in various activities such as delivering presentations to workplaces, public speaking at events and participating in media interviews.

Asylums- an institute for the care of people with mental health difficulties.

Prejudice- when a person judges someone and forms a negative opinion without being fully aware of the facts.

Discrimination- when a person is treated differently on the basis of race, gender, religion or other societal markers. It can lead to denial of equal opportunities such as housing, employment and education. For example, a boss may dismiss a person from their job after they disclose their mental health difficulty.

Social exclusion- describes the denial of a certain group the same rights and opportunities as others in areas such as education, employment, resources and services such as housing and healthcare, based on where they are in society.¹⁰

Stigma- describes a sign of disgrace or mark of shame which people place on a person with a mental health difficulty.

References

In 2017 and 2020, See Change commissioned Kantar to conduct research on our behalf which looked at attitudes towards mental health in Ireland.

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- ² Definitions available at www.shine.ie
- ³ Difference between mental health and mental illness available at www.heretohelp.bc.ca
- ⁴ At Risk Yet Dismissed The criminal victimisation of people with mental health difficulties available at <https://www.mind.org.uk/media-a/4121/at-risk-yet-dismissed-report.pdf>
- ⁵ Headline Annual Review 2020 available at www.headline.ie
- ⁶ See Jane 2020 Film Report available at www.seejane.org
- ⁷ United Nations Convention on Persons with Disabilities available at www.un.org
- ⁸ Vogel D. L., Wade N. G., Haake S. (2006). Measuring self-stigma associated with seeking psychological help. *J. Couns. Psychol.* 56 325–337. 10.1002/pchj.61.
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See Change is working positively to reduce the stigma and discrimination associated with mental health problems and to ensure that everyone enjoys the same rights on an equal basis.



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