



WHAT IS STIGMA?

The word 'stigma' has become a familiar part of our societal narrative, not least in the context of mental health where it colours the way people relate to this deeply complex issue, often without their conscious awareness. According to the Oxford English Dictionary, stigma is "a mark of disgrace associated with a particular circumstance, quality or person". In other words, it can be seen as a negative set of assumptions, beliefs and attitudes that are applied to those who are perceived as different from an accepted norm.

The term is multi-faceted and can be broken down into three distinct types:

Self-stigma occurs when an individual subscribes to a wider group's misconceptions about mental health and internalises these negative beliefs. As a result, they may experience feelings of shame, anger, hopelessness or despair that act as a barrier to them seeking social support, employment or treatment for their mental health concerns. This type of stigma propagates fear and isolation and can exacerbate an individual's negative experiences of their condition.

Social stigma refers to the attitudes and beliefs of wider society towards people with mental health challenges. For example, the public may assume that those with psychiatric conditions are violent and dangerous when in fact the target of their assumptions is more likely to be the victim, rather than the perpetrator of such abuse. The media portrayal of mental illness can significantly contribute to reinforcing social stigma.

Institutional stigma refers to an organisation's policies or culture of negative attitudes and beliefs that affect, often invisibly, the way mental health is approached in the workplace, educational establishment or other institution. This can manifest in a reluctance to promote inclusiveness, treating those with mental health challenges as inferior to those who have a physical illness or declining to promote mental health initiatives.

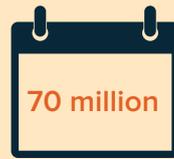
Stigma in the workplace

In AXA PPP Healthcare's 2016 survey, 33% of employees and 28% of managers reported being diagnosed or treated with a mental health condition; less than a quarter of both groups reported feeling that they could be open about this. These findings are mirrored in research by Time To Change, which found that 9 out of 10 individuals living with mental health concerns had experienced stigma and nearly half of those surveyed would be uncomfortable disclosing their mental health concerns at work. Roffey Park's workplace survey, The Management Agenda 2017, found that whilst 63% of people feel comfortable discussing mental health issues with their colleagues, 56% are less comfortable when discussing mental health issues with their immediate line manager.

Mental health at Work - some facts

£26 billion Mental health issues are the leading cause of sickness absence in the UK, costing employers c.£26 billion each year (the equivalent of £1,035 for every employee).

Source: Heads Together and City Mental Health Alliance, 2017



Poor mental health is one of the biggest issues in the workplace today, causing over 70 million working days to be lost each year. Source: Mental Health Foundation, 2017



1.5x work time is lost to presenteeism (reduced productivity due to a mental health condition) more than absenteeism.

Source: TCB Mental Health and Wellbeing in the Workplace, 2017

£8.4 billion Mental ill-health, including stress, depression and anxiety is thought to be responsible for 91 million lost working days each year, more than any other illness. Analysts project that this creates a sickness absence cost of £8.4 billion each year, plus another £15.1 billion in reduced productivity. A further £2.4 billion is lost replacing staff who leave work because of mental ill-health. Overall, recent estimates put the cost to UK employers at £30 billion each year. Source: ACAS



In 2016, 3 in 10 people (31%) had experienced mental health problems whilst employed, compared to 1 in 4 people (26%), a slight increase over the last 5 years.

Source: Employee Outlook Report, CIPD, July 2016

50% Around half of all long-term sick leave in the UK is due to stress, depression and anxiety and 95% of employees who call in sick with stress give a different reason for missing work. Source: TCB Mental Health and Wellbeing in the Workplace, 2017

What are the reasons behind non-disclosure?

In managers - 42% felt they would be judged by their colleagues, 32% feared being judged by their managers and 32% reported that disclosure would harm their career prospects.

In employees - 29% reported feeling embarrassed by their condition and 24% claimed they would be judged negatively by their manager, whilst nearly 40% of respondents reported being treated worse than colleagues with a physical health concern.

Embedded in organisational culture – just under half (47%) agreed that the culture of their organisation was open and accepting of mental health issues (The Management Agenda 2017, Roffey Park).

The History of Stigma

In order to understand how stigma has become entrenched in our attitudes towards mental health, an investigation into its origins is a necessary first step. Historically, self-stigma, social stigma and institutional stigma have at their core a deluge of negative beliefs and judgements relating to mental health. A cursory Google search of the term 'history of stigma' gives overwhelming priority to content focused on mental health, revealing just how intimately linked the two are.

Early beliefs about mental illness centred around possession by evil spirits, with sufferers thought of as 'wild beasts' that needed to be confined, causing them to be heavily ostracised and isolated. 'Mad houses' were built across the world where patients were kept with no regard for their quality of life. Around the start of the eighteenth century, asylums gained popularity as places where the 'insane' could be 'corrected'. This approach assumed that mental illness could be cured in the same way as a physical ailment, informing the development of treatments such as trepanning, frontal lobectomy and electro convulsive therapy (ECT). These medical interventions did little to reduce the stigmatisation of those with mental illness.

Fast forward to the twenty-first century and, sadly, misinformation has continued to reign. Much common knowledge about mental illness is drawn from popular culture, a lot of which is inordinately inaccurate, only fanning the flames of stigma. Words such as 'mental', 'nutter' and 'crazy' are all stalwarts of the English language, used freely to describe those living with mental illness and, indeed, in other contexts not related to mental health ("it's driving me crazy", "I've had a mental day at work"). Language is a central informant to the way we think about things and discourse around mental illness has done nothing to diminish the fear people have around opening up in work or social environments.



Research has shown that among FTSE 100 companies, those who prioritise employee engagement and wellbeing outperform the rest of the FTSE

100 by 10 per cent. At these companies, fewer days are lost to sickness absence and there is less 'presenteeism'.

Source: Business in the Community, Wellbeing and Work: the facts.

Thankfully, the past year or so has seen a shift towards positive change. As mental health is discussed more openly, our understanding of it has begun to change. As figures from sports, entertainment, government and business begin to open up about their own struggles, the process of normalisation has begun and a positive narrative developed to highlight the skills and capabilities that those with mental health conditions possess. The historic over-medicalisation of psychological distress and mental illness is also being tackled, with growing pressure on the healthcare system to increase access to talking therapies. But despite these important leaps forward, the road towards the eradication of stigma is long, and much further work is needed to address its root causes and the impact that it has.

The Impact of Stigma

For people living with a mental illness, stigma is the biggest obstacle to seeking treatment, managing their wellbeing and gaining societal acceptance. Negative stereotyping, prejudice, discrimination and a lack of understanding only serve to exacerbate the problem. To further explore the impact of stigma, the three different categories identified below serve as a useful framework:

Self-stigma – when a person experiencing mental health concerns internalises negative beliefs about their condition it can have a profound effect on their self-esteem, as well as feelings about their abilities and character. Self-stigma is often at the root of non-disclosure, causing the individual to close off a certain part of themselves, thus exacerbating feelings of isolation and worthlessness. Self-stigma can manifest in self-imposed exclusion from important facets of life, from hobbies and social activities, to pursuing a career.

Social stigma – those with mental illness are some of the most likely targets of exclusion from housing, education and financial services, partly due to the negative stereotypes with which they are associated. This causes vulnerable individuals to miss out on access to the building blocks of a full and healthy life. Social stigma is one of the main contributing factors to the ongoing aggression and hostility directed towards those with mental illness.

Institutional stigma – institutions are not immune to the perpetuation of stigma. Many employers do not see mental health as an important part of inclusivity, equality and wellbeing programmes. Instead of fostering a culture of openness and acceptance, the reality is that many organisations have yet to address the disparity between

their approach towards physical and mental wellbeing. Whilst there is legislation in place to protect individuals from discrimination, legislation is only as good as its enforcement and those already in a vulnerable state may avoid taking action for fear of worsening an already difficult period in their lives.

Stigma can make those experiencing mental illness feel shackled into a life of isolation where they are unable to speak up and seek the support they need. This can become a self-perpetuating negative cycle with profound and enduring effect on their ability to pursue mental wellbeing.

The Way Forward

Reducing stigma requires a multi-dimensional approach, which not only educates at an individual level, but also tackles the concepts and labelling of mental illness at a societal and institutional level.

The role of the individual

- Learn the facts. We all know someone who is living with mental illness. Take time to understand what they are going through and how you can support them.
- Learn to model self-care and integrate mental wellbeing into your daily lives.
- Be there for someone without judgement. Show compassion, empathy and choose your words respectfully.

Start early with school children

- Children are taught from a young age to raise the alarm if they see someone in physical distress. In this way, we need to create greater equality and parity between physical and mental health.
- Raise awareness through the inclusion of mental health on the school syllabus (derogatory name calling is often due to a lack of understanding).
- Information and education for children, parents, teachers and professionals (some young children have reported that they have been stigmatised by teachers, GPs and mental health professionals, the very people that are meant to help them: no one is immune from bias).
- Teach children the right language to use.

The role of the organisation and employer

- Employers must take responsibility for actively valuing, supporting and promoting mental wellbeing in the workplace, and creating a holistic wellbeing programme that places as much importance on mental health as physical health.
- Ensure a zero-tolerance approach to prejudice and discrimination.
- Create a culture where people can talk openly about mental health.
- Engage senior role models to take the lead in promoting mental health awareness.
- Education and training on what mental illness is and what it is not (to reduce fear, stigma and discrimination caused by the unknown).

- Provide training for line managers to spot the signs of mental illness in their people and to feel confident in supporting and signposting appropriately.



A workplace audit showed that EDF Energy was losing around £1.4m in productivity each year as a result of mental ill health among its employees. As part of an Employee Support Programme the company offered psychological support to employees and trained over 1,000 managers to recognise psychological ill health among staff and to minimise its effects. This resulted in an improvement in productivity which saved the organisation approximately £228,000 per year. Job satisfaction rose from 36 to 68 per cent.

Source: Business in the Community, 2009

- Identify what services are in place to support employees, e.g. EAP, Occupational Health, and facilitate easy, confidential access.
- Lobby government to ensure the right policies and support are in place and to ring-fence mental health spending.
- Sign up to an organisational pledge e.g. Time to Change, to reduce stigma and discrimination.

The role of the communications, media and entertainment industries

These industries are largely responsible for sensationalising violent acts by people with mental illness and depicting people with mental health problems as being dangerous, violent, unstable, or unpredictable.

The media need to recognise the pivotal role they play in compounding the problem and need to educate themselves fully before leading with any story.

Less sensationalising and more positive, inspirational stories about people's journeys and their path to recovery are what is needed.

Take every opportunity to re-frame and evolve the conversation, providing positive education and language relating to mental health.

Conclusion

Through the process of stigmatisation, vulnerable individuals fail to seek help when they need it the most, institutions become places of prejudice and exclusion and, as a society, we continue to propagate a negative view of those with mental health concerns. At the same time, the past year has seen a much needed shift in attitudes as more people, including those in the public eye, start to open up about their personal battles and, in so doing, diminish the power that stigma can have over its target. With the right strategies in place, we can harness this positive change and move forward with the acceptance and support those with mental illness not only need, but deserve.

AUTHORS



Colin Minto,
Director, APeopleBusiness
@colinminto



Kirsten Samuel,
CEO, Kamwell Limited
@KamwellLtd



Jacquie Findlay,
Senior Partner, People In
Partnership
@JacquieFindlay



Dr Mark Winwood,
Clinical Director –
Psychological Health,
AXA PPP Healthcare
@DocMarkW