Stop Mental Illness Foundation
Newsletter
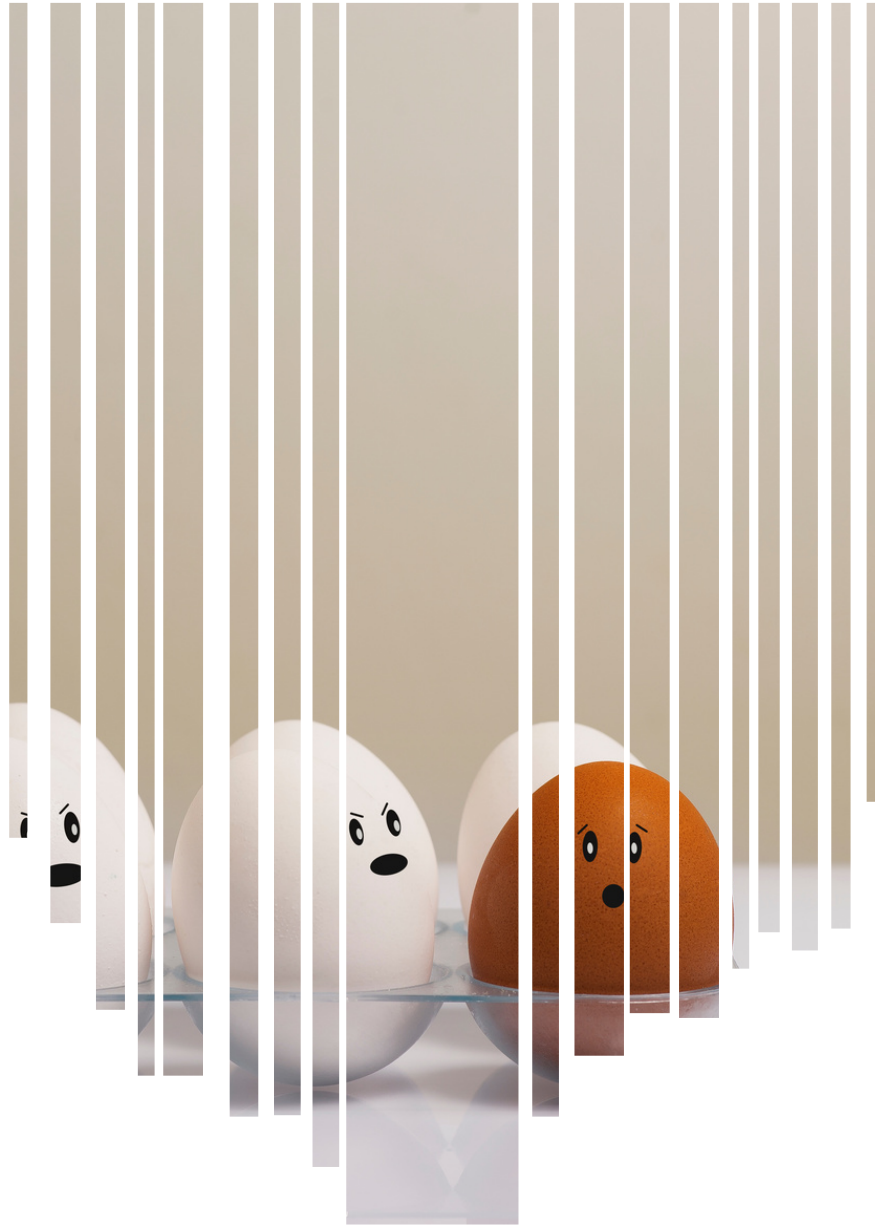
March, 23 Edition
Discrimination and Stigma

Stop mental illness foundation

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STIGMA & DISCRIMINATION

Stigma is the negative attitude related to mental health conditions.

Self-stigma is when someone feels less valued because of his or her psychiatric disorder.

Discrimination is the negative treatment people with mental health issues experience every day of their lives.

Direct discrimination is when someone with mental health challenges is treated worse than others.

Indirect discrimination is when an organization's arrangements expose an individual with mental illness to an unfair disadvantage.

Social isolation and discrimination can cause poor mental health and risk factors for increased morbidity and mortality and reduced quality of life.

In recent years, we can no longer afford to view mental health as separate or unequal to general health. Although many of us still believe that mental illness is contagious, dangerous, or incurable. For these reasons, people with mental illness often experience negative attitudes and are deprived of their dignity and full participation in society.

Stigma and Discrimination

Stigma is when someone is negatively differentiated owing to a particular condition, group membership, or state in life. Discrimination is the behavioural impact that results from public stigma leading to social avoidance, coercive treatment, and segregated institutions.

Examples of stigmatizing attitudes and discrimination

Many people often describe individuals with mental illness as abnormal, flawed, unreasonable or naturally undesirable. These can be identified as stigmatizing attitudes and discrediting characteristics that set apart people with mental illness from the rest of society. Unintentionally, some people tend to avoid them with the assumption that they are dangerous, violent, or destructive.

Discrimination is when you withhold help, fail to interact or spend an evening socializing, work next to, or have a family member marry an individual with mental illness because of the corresponding stigma.

The harmful effects of stigma and discrimination

Mental illness stigma and labelling theory created prejudice and discrimination against individuals and family members. The stigma of mental illness can also be as harmful as the symptoms, leading to family disagreement, job discrimination, and social rejection.

People with mental illness must deal with two kinds of pain.

Firstly, mental illness directly impacts cognitive, affective, and behavioural problems that limit their capacity to function effectively. Stigma is the second kind of harm that causes social rejection, interpersonal disruption, and fractured identity.

Stigma prevents many from seeking professional services or sticking to treatment because of fear of what society will think of them and the dread of being segregated from social groups.

No to Stigma

Some ways healthcare professionals contribute to stigma

Doctors' discriminatory behaviour can lead to physical illnesses such as cardiovascular diseases or hypertension and premature death.

Healthcare professionals, especially psychiatrists, contribute to stigma through both the careless use of diagnostic labels and treatments.

Under-resourced and overworked healthcare workers are particularly at risk of stigmatising people with mental illness.

Overlock patients' general health problems or disregard them as being delusional.

Late diagnosis or treatment of physical illness in people with mental illness

Dealing with stigma as a healthcare professional

Healthcare professionals are responsible to improve their attitudes and behaviour towards the patient with mental illness in order not to contribute to the stigma.

An individual that feels stigmatized may also have to deal with lower self-esteem, engage in deviant behaviour or experience social rejection.

Stigma is challenging and can affect individuals psychologically and limits their social participation. Discrimination also comes in if college, university, or employers refuse to choose an individual with mental illness for employment. Both stigma and discrimination can lead to feelings of hopelessness, and shame and create a serious barrier to diagnosis and treatment.

Common effects of stigma and discrimination include:

- Bullying, physical violence or harassment
- Hindrance to access health care services
- Reduce prospects, self-esteem, and self-efficacy.
- Ordering of rejection from ignorant family, friends, and colleagues
- Make people more likely to hide symptoms or illness
- More irregular opportunities for work, school or social activities or trouble finding housing
- Diminish the belief in own abilities and contributes to social exclusion through discrimination.
- Expose to drug addiction, prostitution, and criminality.
- Force into mandatory treatment
- Ill treatment from both the community and health professionals
- Segregation in institution
- Structural inequities that impinge on health, social welfare, civic participation, and access to psychology resources

How medical professionals contribute to stigma

Mental illness is often associated with dangerous or aggressive behaviour, and society increasingly perceives mentally ill persons as violent. Tragically, stigmatization of people with mental illness is common among healthcare workers and forms additional barriers to diagnosis, treatment, optimal recovery, and suicidal behaviour.

The harmful effects of stigma and discrimination

Increase awareness and knowledge of the nature of mental illness and treatment options.

Improve public attitudes toward those who have or have had mental illness and their families.

Treat mental illness and their families with respect and kindness

Generate action to prevent or eliminate stigma and discrimination

Provide adequate training and ongoing education for healthcare professionals.

There is also a need to develop strategies to bring about systemic change so that the rights of people with mental illness are respected.

Dealing with stigma as a Community

Reducing mental illness stigma and discrimination is everyone's business. The entire community must be ready to challenge the stigma to improve the attitudes and behaviour of the public. If we break down stigma, we can transform the position, opportunities, and well-being of mentally ill persons in our society.

Some ways the community can deal with stigma include:

No to Discrimination

Dealing with stigma as an individual

- Mental disorders are medical conditions and treatable. Be willing to seek treatment from a therapist and a psychiatrist.
- Do not allow others to dictate how you should feel about yourself, fight stigma by choosing to live an empowered life.
- Bravery, strength, and persistence are the qualities you need to face mental illness and fight stigma. Be courageous!
- Do not bury your head in shame, be a productive member of society.
- Do not harbour self-stigma! Volunteer at church, engage in social activities and connect with trusted family, friends, religious leaders, and coaches.
- Take your treatment seriously.
- Be purpose-driven and show others they can live a meaningful life even while battling mental illness.

- Learn the facts about mental illness, talk about your experience and share them with family, friends, work colleagues, classmates and on social media platforms.
- Educate people, be in contact with individuals with personal experiences of mental illness and encourage them to share their stories and struggles to enlighten others.
- Advocate when you hear a conversation or a rude remark about mental illness and kindly express how this can affect them and the need to stop the stigma against people with mental illness.
- Avoid discrimination or labelling them by their conditions, be cautious of your language and remind others to be mindful of their language when meeting people with mental illness.
- Treat all people with respect and dignity and avoid calling them by their illness.
- Promote equality between physical and mental illness and help others understand that mental illness is equally a disease as diabetes, heart disease or cancer. Show compassion for those with mental illness, spend time with them to talk about their lives and give them adequate support.
- Educate the broadcasting company to stop reporting false representations of mental illness.
- Stop believing negative views about mental illness.
- Join SMIF groups' protest campaigns to challenge the stigmas and false representation of mental illness.

Every journey begins with one step. If we continue to protest, educate, and be in contact with people with mental illness, social stigma and discrimination can be eradicated from our cultures, beliefs, and traditions.

The journey to make a difference begins with you and me.

Join the train to address stigma and improve mental health and mental health care by donating to our course and volunteering.

MENTAL HEALTH AND REPRODUCTIVE HEALTH

O n mothers' day, 19th of March 2023, Mrs Odudimu Oluseyi celebrates her mother, Mrs Edamisan Ayetiran Ojajuni and all the mothers globally.

In the video 'Mental health and reproductive health', she talked about how her mom trained her to become energetic, emotionally strong and mentally capable which has been helping her deal with the challenges and stress of womanhood.

Mrs Odudimu remarked that managing emotions and maintaining emotional balance is a skill she learnt from her mom. According to Mrs Odudimu, if a woman knows how to manage her emotional health, it helps her face challenges and stress because women are more predisposed to mental health challenges than men. She outlined the anxiety of pre-menstrual, menstrual, pregnancy and childbirth, pre-menopause and menopause as the conditions that put women at risk of poor mental health.

According to her, most women have to deal with a menstrual dysphoric disorder or post-partum depression, unhappiness, shortness of liveliness, hopelessness, weight loss and sleeplessness, which may aggravate if not treated early.

She further attests that there is no scans or blood test to prove that the feminist developmental process was psychosomatic, a state of unease or generalized dissatisfaction with life. But research shows that many women struggle with mental and emotional symptoms, such as feeling very anxious, angry, and depressed or, in some cases, even suicidal in the pre-menstrual.

Mrs Odudimu concluded that women's developmental cycles undergo neurological, hormonal, and physical changes associated with poor mental health outcomes during each period. She recommends the management of psychiatric conditions during pre-menstrual, menstrual, pregnancy and the post-partum period and perimenopause and menopause.