

The health crisis of mental health stigma

Many people with mental illness experience shame, ostracism, and marginalisation due to their diagnosis, and often describe the consequences of mental health stigma as worse than those of the condition itself. Interventions to address stigma educate about mental illness and overcome the stereotypes that underlie prejudicial reactions. Along with pharmacological and psychological therapies, stigma interventions have emerged as potentially valuable and complementary tools.

In today's *Lancet*, Graham Thornicroft and colleagues review the evidence for effectiveness of interventions to reduce mental health stigma and discrimination, and conclude that they can work at an individual and population level. The evidence of benefit was strongest for interventions involving an individual with lived experience of mental illness, with sustained commitment to delivery over a long period. The Time to Change programme which has run since 2007 in England, structured around a national marketing campaign, celebrity endorsement, and community outreach through service users, is one such example. Programmes that were transitory in nature seemed to have little long-term effect.

However, although the main message of this Review is encouraging, the gaps highlighted are troubling. Evidence from low-income and middle-income countries is virtually absent, despite the high burden of both mental illness and stigma, and scarce resources to support people with mental health problems. Stigma might also be stronger in minority ethnic communities within high-income countries, due to complex cultural and community factors. Attempts to address stigma within these contexts will not necessarily map easily from evidence in mainstream white-British or white-Australian settings.

Stigma becomes even more problematic for individuals with multiple, complex needs, already pushed to the margins of their communities; society is particularly cruel to those with personality disorders, homelessness, addiction, or criminal convictions. A new report by the charity St Mungo's highlights the double burden of stigma faced by men and women with mental illness who are also homeless. Mental health problems act as a barrier to access housing services, and sleeping rough often causes mental health to deteriorate. Meanwhile, homeless individuals have trouble accessing primary care and addiction services due to discrimination. However,

evidence for measures to address stigma in these highly marginalised groups is lacking.

Mental health stigma is not only an interpersonal issue: it is a health crisis. Individuals with serious mental illness die decades earlier than they should, driven not by increased suicides or injuries, but poor physical health. Some of this disparity results from the side-effects of medications (for example, obesogenic antipsychotics), combined with lifestyle factors such as smoking, lack of exercise, and inadequate diet. However, inaccessible health-care services, diagnostic overshadowing—whereby health-care professionals attribute physical complaints to pre-existing mental illnesses—and indeed prejudice from individual practitioners all have an effect. From cancer screening, to diabetic hospital admissions, to hypertension management, the physical health care that people with mental illness receive is appallingly poor compared with what should be offered. Stigma not only drives this inequality, but also silences our outrage.

The effects of mental health stigma are pervasive, affecting political enthusiasm, charitable fundraising, and availability and support for local services. This extends to research and clinical practice, from the low status of psychiatry as a clinical and academic specialty, to its meagre portion of research spending relative to disease burden. If the Global Burden of Disease considered the full scope of mental health consequences, the proportion of years lived with disability due to mental illness could jump from 21% of the total to 32%, according to a Personal View by Daniel Vigo and colleagues in *The Lancet Psychiatry*.

The Review's findings suggest that large-scale contact-based interventions in high-income countries—involving service users as a core element, with sustained funding and engagement—can be leveraged to reduce the stigma risked by people with mental illness because of society's misunderstanding and fear. Children and young people could also benefit through contact interventions mediated through educational settings, perhaps within national curricula for personal and social education. As a society, demystification of mental illness and acceptance along with other health conditions is the ultimate goal. However, until health-care systems seriously address the reduced standard of care received by people with mental health problems, the stigma can never be eliminated.

■ *The Lancet*



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For the **Time to Change campaign** see <http://www.time-to-change.org.uk/>

For the **St Mungo's report on homelessness and mental illness** see <http://www.time-to-change.org.uk/>

For more on **definitions of mental illness burden** see *Lancet Psychiatry* 2016; **3**: 171–78