Tackling Mental Health Prejudice and Discrimination

Recommendations and Resources for Peer-Run Programs for People with Mental Health Conditions

Temple University Collaborative
On Community Inclusion of Individuals with Psychiatric Disabilities

Clearinghouse
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The National Mental Health Consumers’ Self-Help Clearinghouse has worked for many years with the Temple University Collaborative on Community Inclusion to develop an array of materials designed to support peer specialists and peer-run programs in promoting the community inclusion of individuals with mental health conditions. The development of this publication, which focuses on the roles that peer-run programs can play in addressing prejudice and discrimination toward individuals with psychiatric diagnoses, has been subsidized by a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). Readers can learn more about the Clearinghouse and the TU Collaborative by exploring their respective websites, and readers are invited to contact these organizations for additional information on the issues surrounding prejudice and discrimination toward people with mental health conditions.


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Prejudice, Discrimination, and Community Inclusion

Please note: The language in quoted material throughout this manual has been reproduced verbatim, despite the fact that some of this language is inconsistent with modern usage. One example is the frequent appearance of the word “stigma,” despite the fact that the phrase “prejudice and discrimination” has largely replaced the word “stigma” as the preferred terminology.

The Impact of Prejudice and Discrimination

Prejudice toward and discrimination against people with mental health conditions are longstanding major environmental barriers to the genuine community inclusion of these individuals. In Well Together: A blueprint for community inclusion, Mark Salzer, Ph.D., and Richard Baron, M.A., define successful community inclusion for people with mental health conditions as comprising two distinct components:

- It supports individuals interested in the opportunity to fully participate in community life.
- It supports communities that actively seek out and welcome the participation of people with disabilities, making it clear that each person’s individual qualities and abilities are valued.

Community inclusion programs offer opportunities for successful community participation to people with mental health conditions. These programs support individuals as they seek to participate in mainstream community activities that they believe provide meaning to their lives. While well-intentioned programs of the past often offered specialized group supports—such as group homes, sheltered workshops, agency-sponsored trips to the ballpark or the movies, social skills classes, and similar services—programs emphasizing community inclusion help people to participate in a wide array of mainstream community activities on their own.

However, providing opportunities for community participation to individuals with mental health conditions is not the only factor in achieving genuine community inclusion. If neighborhoods are frightened by nearby apartment programs for individuals with psychiatric diagnoses; if employers are reluctant to hire people with a history of mental health treatment; or if congregations, recreational programs, or civic associations find ways to exclude anyone with a mental health challenge from full participation in their activities, then the opportunities for recovery and moving forward
may be stopped cold. The challenge is to create more welcoming communities where prejudice and discrimination are no longer as powerful and/or are eventually eliminated entirely.

**The Mental Health Social Justice Movement**

The modern movement for mental health social justice dates back to the 1960s, when individuals with psychiatric histories—galvanized by the ineffective, wrongheaded, and abusive mental health treatment they had received—began to organize to improve their lives and the lives of others like themselves.

Following their lead, researchers, advocates, and service providers began to fight prejudice and discrimination primarily through public education programs. These programs sought to broaden the community’s understanding of mental health conditions and the people who live with them.

Such education challenged widespread myths, such as the beliefs that people with mental health challenges are chronically ill, personally incompetent, or potentially dangerous. The hope was to diminish the prejudice surrounding mental health conditions and encourage individuals in need to seek treatment and support as early as possible.

Some of these educational initiatives focused on fighting discrimination in specific environments—e.g., neighborhoods, workplaces, religious congregations, and recreational programs—in order to create more welcoming communities and to support connections to community life. A wide array of media strategies (e.g., public service announcements, publications, and documentaries) were used to supplement programs that rely on in-person community meetings, one-to-one volunteer initiatives, and the participation of mental health agencies in community events. Many of these educational efforts were developed by federal, state, and county mental health authorities, as well as by community mental health providers and citizen or family advocacy groups.

Despite the enormous amount of thought and energy invested in these programs, research indicates that those educational campaigns have been only modestly effective. Evidence has indicated that public attitudes toward both mental health conditions and persons with psychiatric histories are still shaped by pernicious myths, and that welcoming community environments remain rare.

Now comes a new generation of mental health educators—primarily from the expanding network of individuals with mental health conditions themselves—claiming their right to community inclusion and working to build more welcoming communities. This network includes individuals with psychiatric histories who have chosen to tell their recovery stories, peer specialists working in mental health services who embrace an additional public education role, and peer-run programs helping individuals to live
on their own, work independently, and engage with the social, civic, and spiritual activities of their communities. This rolling thunder of personal stories of recovery and inclusion has begun to have an impact on creating more welcoming communities across the nation.

In This Document...

This document is designed to provide information on the types of anti-prejudice and anti-discrimination initiatives that this community of peers, particularly those involved in peer-run programs, have successfully implemented in the past. The goal is to provide useful guidance for new peer-based efforts to tackle prejudice and discrimination.

In this document you will find:

... reviews of research and experience in the field: knowledge gained from past studies of prejudice and discrimination, as well as information on the impact of prior public education initiatives;

... recommendations on alternative approaches to mental health education campaigns, which peer-run programs can use to independently develop their own anti-prejudice and anti-discrimination work; and

.... helpful resources from past professional and peer-run mental health education campaigns that sought to confront public attitudes. Links to these resources are included for easy access.
Four Principles for Combating Prejudice and Discrimination

By examining previous anti-prejudice and anti-discrimination public education efforts in combination with recent research on public attitudes regarding mental health, peer-based mental health public education programs can create a sound foundation for their own programs and endeavors. For a comprehensive literature review of these issues, Angela M. Parcesepe and Leopoldo J. Cabassa’s “Public Stigma of Mental Illness in the United States: A Systematic Literature Review” is an excellent place to begin.

In this document we will take a more focused look at four “emphases” that we believe offer important guidelines for addressing prejudice and discrimination, which can help shape public education programs created by peers and peer-run organizations.

Emphasis 1: Shifting from a “Biomedical” to a “Psychosocial” Approach

Many past mental health public education programs have promoted the concept that mental health conditions are primarily biological in origin, with the hope that this would decrease prejudice. But research by distinguished psychologists Eleanor Longden and John Read, among others, suggests that there is good reason to believe that, “although biomedical explanations of mental illness predominate in current anti-stigma discourse, not only are they ineffective but they also tend to increase stigma. Conversely, evidence indicates that psychosocial explanations of psychosis are effective in reducing stigma and humanizing those who live with the condition.”

Longden and Read explore the argument that “framing individuals as ‘people with problems’ as opposed to ‘patients with illnesses’ is a more promising and robustly evidence-based strategy for reducing stigma and prejudice.” As John Read, et al., wrote in “Prejudice and schizophrenia: a review of the ‘mental illness is an illness like any other’ approach,” “The public, internationally, continues to prefer psychosocial to
biogenetic explanations and treatments for schizophrenia. Biogenetic causal theories and diagnostic labelling as ‘illness’ are both positively related to perceptions of dangerousness and unpredictability, and to fear and desire for social distance.”

They would argue that peer-based mental health public education initiatives, like other public education programs taking an evidence-based approach to reducing discrimination, “would seek a range of alternatives to the ‘mental illness is an illness like any other’ approach, based on enhanced understanding, from multidisciplinary research, of the causes of prejudice.”

**Emphasis 2: Focusing Less on Stigma and More on Prejudice and Discrimination**

The use of the word “stigma” is being discouraged by many, as it may exacerbate prejudice and discrimination. The Substance Abuse and Mental Health Services Administration (SAMHSA) has urged people not to use the word “stigma.” Kana Enomoto, SAMHSA’s acting administrator, quoted in “Let’s Call Mental Health Stigma What It Really Is: Discrimination,” said, “We [at SAMHSA] don’t use the word stigma. You look the word up in the dictionary and it refers to a mark of shame.”

Lindsay Holmes, the author of the article, continued:

One way to start small is by calling out the judgmental viewpoints surrounding mental illness by labeling them exactly what they are: intolerance for a group of individuals. By addressing this outlook in a more pointed way, people may take it more seriously, because you’re not just dealing with a mark of shame, you’re dealing with discrimination.

For peer-based mental health public education initiatives, the shift in focus from “stigma” to “discrimination” has important implications for their work with communities. Peer-based efforts are asking communities not only to revise their attitudes toward mental health conditions and toward individuals with psychiatric diagnoses but also to explore both the explicit and subtle ways in which communities have unconsciously actively discriminated against these individuals, and to find ways for community groups and peers to work effectively together in the future.
Emphasis 3: Moving from “Attitudes” to “Actions”

While public fears are at the root of prejudice and discrimination directed toward people with mental health conditions, peer-run mental health programs often ask both individuals and groups in the community to go beyond revising their negative attitudes and to address the social distance between themselves and those with psychiatric diagnoses that research tells us is common. In “The Stigma of Mental Illness Is Making Us Sicker,” Michael Friedman writes:

These negative attitudes often manifest as social distancing...In particular, when people feel that an individual with mental illness is dangerous, that results in fear and increased social distance. This social distancing may result in the experience of social isolation or loneliness on the part of people with mental illness.

This stigma and social distancing have the potential to worsen the well-being of people with mental illness in several ways. First, the experience of social rejection and isolation that comes from stigma has the potential for direct harmful effects. It has long been understood that social isolation is associated with poor mental and physical health outcomes and even early mortality—“the lethality of loneliness.” Further, social isolation predicts disability among individuals with mental illness. For example, a Swedish study of 53,920 women and men followed for 12 years found that social isolation predicted disability, and that this effect was particularly pronounced among individuals with mental illness.

Thus, creating welcoming communities is part of an overall effort to diminish the social distance between individuals with psychiatric diagnoses and the members of the specific community group—in a neighborhood, at work, in a religious congregation, in a bike club, or any other group—that they seek to join. Explicitly targeting “social distance” will be a challenge for both community members and for people with mental health conditions.

Emphasis 4: Replacing “Education” with “Experience”

One of the most innovative aspects of peer-run mental health public education programs is the emphasis they have consistently placed on encouraging people with emotional problems to be open with the public about their lived experience of a mental
health condition. Patrick W. Corrigan, Psy.D., a prominent mental health researcher who has been open about his own mental health condition and who is the author of numerous articles on the subject (e.g., “Three strategies for changing attributions about severe mental illness”) has written that “[r]esearch has shown an inverse relationship between having contact with a person with mental illness and endorsing psychiatric stigma.”

That is, peer-run mental health programs are in an ideal position to support people to publicly share their experiences. Their stories—of struggle and recovery, of participation in community life, and of their hopes for their futures—are shown to have a significant positive impact on public attitudes, prejudice and discrimination, and social distancing. Straightforward local initiatives are often best: Among some campaigns that people have developed to challenge prejudice and discrimination are a “Dance Aware-a-thon,” an annual arts festival featuring the work of artists with lived experience, and “story slams,” where individuals share their stories in public.

For example, anti-prejudice campaigns in Pennsylvania that emphasize personal experiences are covered in “PA Initiatives Fight the Prejudice and Discrimination Associated with Mental Health Conditions,” and in “People First, Summer 1995,” which includes a Page 1 story titled “Groups Across PA Battle Prejudice with Diverse Tactics.” Around the U.S. there are many more anti-discrimination campaigns—many of which are reviewed in this document—that peer-run organizations and others have created. For an overview of campaigns in Europe, readers can explore, “Campaigns to Reduce Mental Illness Stigma in Europe: A Scoping Review.”

All four of these emphases can help to shape future mental health public education initiatives. It is clear that peers, peer specialists, and peer-run programs have an important role to play in future mental health public education programs. The resources listed below can help in the development of local programs that address the prejudice and discrimination associated with psychiatric diagnoses.
Campaigns to Combat Prejudice and Discrimination

The following 10 campaigns have been chosen because: (a) each is an exemplary initiative with substantial resources available to draw upon; and (b) each uses a straightforward and inexpensive approach that can be readily replicated. Local peer-run programs interested in confronting prejudice and discrimination in their local communities might consider one or more of the following:

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<td>2.</td>
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<td>3.</td>
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1. **Develop a Photovoice initiative.**

The following is excerpted from an article about Photovoice in Community Toolbox. “Photovoice is a process in which people—usually those with limited power due to poverty, language barriers, race, class, ethnicity, gender, culture, or other circumstances—use video and/or photo images to capture aspects of their environment and experiences
and share them with others. The pictures can then be used, usually with captions composed by the photographers, to bring the realities of the photographers’ lives home to the public and policy makers and to spur change.” Photovoice has shown positive impacts on both community attitudes and the self-confidence of participants.

2. **Organize a protest or rally to call attention to the detrimental impact of prejudice on the lives of people with mental health conditions.**

Protests and rallies contribute to participants’ feelings of empowerment, and can also make people aware of the persistence of prejudice and discrimination within their own communities. To learn more about how to organize a protest or rally, see “Organize a Demonstration to Make Your Voice Heard,” in *The Key*, Winter 1998, page 5; “The Art of Protesting: How to Organize a Protest That Brings Results”; and “Holding a March or Rally: The Step-by-Step Guide.”

3. **Sponsor a Twitter chat about combating the prejudice and discrimination associated with mental health conditions.**

Many mental health educational initiatives continue to rely on older communication techniques. Drawing upon more contemporary communication channels can both heighten your organization’s impact and catch the attention of a younger demographic. Visit “A Step-by-Step Guide to Hosting a Successful Twitter Chat,” “Twitter Chats 101: A Step-by-Step Guide to Hosting or”
4. **Establish a speaker’s bureau focused on mental health issues.**

Community groups and local venues—e.g., a civic association, a book club, a public library—are often eager to host dynamic speakers on provocative subjects. Topics involving how individuals with lived experience of a mental health condition can become full participants in community life are of increasing local interest. See “Developing a Speaker’s Bureau.”

5. **Plan and publicize a walk/run to benefit a local mental health program.**

Many community groups sponsor walk/run events, both to raise funds for nonprofits and to heighten public awareness of important issues; so there may be other mental health walk/run events in your area that you can co-sponsor. If not, develop one of your own to raise public awareness about community inclusion. See “Your 5-Week Plan to Organizing a Charity Run.”
6. Support a media watch campaign.

“Mental health stigma is everywhere,” writes the New Jersey Governor’s Council on Mental Health Stigma. “You will find it in movies, on television and radio, and in your local newspaper. Sometimes writers knowingly go for the lowest common denominator; sometimes they are truly unaware of the impact of their words. So when you hear or see something offensive, make some noise. Call and write the general manager of your local radio station when the shock-jocks use offensive humor to bolster ratings. Do the same by voicing your opinion to studio heads, television producers, and newspaper editors when you see insensitive and inaccurate portrayals of individuals living with mental illness. Start an old-fashioned petition or go electronic, but get as many people as you can protesting media misinformation. Remember that the media and entertainment industry are businesses: At the end of the day, they need sponsorship; and to get sponsorship they need an audience. Call and write the sponsors. Start a blog and go national—or go global! The last thing in the world a sponsor wants is for their product or message to be associated with public outcry or controversy.”

7. Host an art show with artwork by people with mental health conditions.

People who have mental health conditions are active in every sphere of life, including the art world. Some artists who had mental health challenges—such as Van Gogh, Munch, and Goya—are well-known. Others are less well-known but famous within the mental health community; Meghan Caughey, Amy Smith,
Sharon Wise, and Sybil Noble are among this group of artists. The general public may not know about the many talented artists who have struggled with mental health challenges: Organizing an art exhibit to showcase their talents can be an effective way to combat prejudice. For example, the Zebra One gallery in London held such an exhibition in 2017. Another such exhibit was sponsored by NAMI Wisconsin. For advice about setting up your own exhibit, see: “How to set up an Art Exhibition.”

8. Hold a poster contest for students, with the theme of mental health recovery.

The Coalition for Children’s Mental Health sponsors an annual poster contest “to engage children in a discussion about mental health issues.” In a recent year, the theme for students in grades 6 through 12 was “Labels and Stigmas: How They Affect me.” For students in grades K through 5, the theme was “Making the World a Better Place: I Can Do That!” This is a wonderful way to reach a younger audience with new ideas and perspectives.

9. Create a mental health theater group.

People are often more willing to hear a message if it is presented in the midst of entertainment. For example, Mental Health Players, a theater group sponsored by the Mental Health Association of Maryland, “has been taking center stage for over 20 years...Using role play and interactive participation, this troupe of volunteer
actors expands awareness and educates community members about mental health issues, mental illnesses, relationship problems, substance use, and a comprehensive range of societal problems. Conflicts are presented through dialogue between actors, with a narrator facilitating audience responses. This flexible, spontaneous format allows the actors to tailor performances to a broad variety of topics and audiences.”

10. **Volunteer with your peer-run group to do community service.**

Here are some examples of community service projects: participating in a day to clean up public parks; organizing a community blood drive; helping to register people to vote; or organizing a summer reading program to encourage kids to read. Then publicize the fact that your group is participating in the community service activity. See “129 Great Examples of Community Service Projects.”
Resources

There is a wide array of other resources that peer-run mental health public education programs can turn to for models of successful programming—resources that can be drawn upon in framing their own educational efforts. For more information, click on each of the links below; and/or contact the Temple University Collaborative on Community Inclusion and explore its website for more information and assistance.

The materials below include nearly two dozen local and national anti-prejudice/anti-discrimination campaigns; anti-prejudice videos; more than two dozen journal articles and reports summarizing past research or reporting on current mental health public education research; and several important books on public attitudes and public education campaigns.

Local and National Campaigns

Beyond Blue in Australia “provides information and support to help everyone in Australia achieve their best possible mental health, whatever their age and wherever they live.”

BringChange2Mind “is a nonprofit organization dedicated to encouraging dialogue about mental health, and to raising awareness, understanding, and empathy. Actress and activist Glenn Close co-founded Bring Change to Mind in 2010 after her sister, Jessie Close, was diagnosed with bipolar disorder, and her nephew, Calen Pick, with schizoaffective disorder.”

“Developing a Stigma Reduction Initiative” (SAMHSA): “This resource Kit is intended to raise awareness of mental health and help counter the stigma and discrimination faced by people with mental illnesses. You are invited to use it in the fight against stigma and discrimination.”

“Honest, Open, Proud”: “Research shows those who have disclosed aspects of their mental illness report a sense of personal empowerment and an increase in confidence to seek and achieve individual goals. Honest, Open, Proud (HOP) is a three-session group program run, usually by pairs of trained leaders with lived experiences, with the objective of reducing the self-stigma associated with mental illness. The three lessons include (1) Considering the Pros and Cons of Disclosing, (2) Different Ways to Disclose, (3) Telling Your Story.”

I’m The Evidence “is a campaign to raise awareness about how each of us can positively impact the lives of people in mental health recovery, by honoring human potential, creating opportunities, and offering encouragement. [I’m the Evidence/Mental Health Campaign] ITE/MH invites you to join us in celebrating people who are the living Evidence of mental health recovery, as well as those individuals, organizations, and communities that offer support and hope along the journey.”
Like Minds, Like Mine in New Zealand works to engage both individuals and communities in combating prejudice. Individuals are urged to practice the Golden Rule. Communities and community groups are encouraged to be inclusive, actively challenge views based on prejudice and stereotypes, invite people from local mental health organizations to speak to your group, and engage in other strategies to support recovery.

Live Through This “is a collection of portraits and stories of suicide attempt survivors, as told by those survivors...The intention of Live Through This is to show that everyone is susceptible to depression and suicidal thoughts by sharing portraits and stories of real attempt survivors—people who look just like you. These feelings could affect your mom, your partner, or your brother, and the fear of talking about it can be a killer.”

Minds Interrupted “gives voice to people living with mental illness. We utilize writing workshops and monologue presentations to educate communities. Showcasing these stories in the dramatic setting of a theater allows for greater public access as well as giving people with an illness and families the respect they deserve.”

#MyYoungerSelf campaign: “Each day in May [2017] a prominent individual spoke to his or her younger self about growing up with a mental health or learning disorder. #MyYoungerSelf shares messages of hope and courage as part of the Child Mind Institute’s Speak Up for Kids public education campaign.” Also see “Emma Stone, Rachel Bloom, Brian Grazer, and More Share Personal Videos to Raise Mental Health Awareness.”

NAMI in Our Own Voice presentations “change attitudes, assumptions and stereotypes about people with mental health conditions. These free 40-, 60- or 90-minute presentations provide a personal perspective of mental illness, as presenters with lived experience talk openly about what it is like to live with a mental health condition. Our trained presenters humanize the misunderstood, highly stigmatized topic of mental illness by showing that it’s possible—and common—to live well with a mental health condition.”

NAMI Stigma-free suggests three steps for being “Stigma Free”: “Educate yourself and others; See the person, not the condition; and Take Action...as we push for better legislation and policies to improve lives for everyone. By lending your support, you can show that this cause is important to you.”

National Consortium on Stigma and Empowerment is a research group, founded by Patrick W. Corrigan, Psy.D., “meant to promote recovery by understanding stigma and promoting empowerment. The Consortium is located at the Illinois Institute of Technology with a collection of researchers at Yale, the University of Pennsylvania, Rutgers University, Temple University, the University of Wisconsin, Illinois State University, and the University of Chicago.”

National Stigma Clearinghouse is a compendium of information about prejudice and discrimination. However, the most recent post appears to be from March 2016.
Opening Minds in Canada “is addressing stigma within four main target groups: health care providers, youth, the workforce and the media. As such, the initiative has multiple goals, ranging from improving health care providers’ understanding of the needs of people with mental health problems to encouraging youth to talk openly and positively about mental illness. Ultimately, the goal of Opening Minds is to cultivate an environment in which those living with mental illness feel comfortable seeking help, treatment and support on their journey toward recovery.”

Organizations That Fight Discrimination and Stigma is a list, created by distinguished researcher Otto Wahl, Ph.D., of effective organizations in the field.

SAMHSA’s What a Difference a Friend Makes: This “national mental health anti-stigma campaign encourages education and support from friends...To help improve awareness about recovery from mental illness, SAMHSA and the Ad Council have developed an anti-stigma campaign, targeted to men and women 18-24 years old, which focuses on friends as a key component of mental health recovery.”

SANE Australia provides information, a help line, support groups, and resources for individuals with mental health conditions and for families.

Stamp Out Stigma (SOS) is “an educational outreach program designed to dispel common myths surrounding mental illness. Members of the SOS speakers’ bureau present a brief bio-sketch of how mental illness has affected their lives, relating their own experience with stigma and how they have worked to change the perceptions of others. Audience members are encouraged to ask questions and share their own perceptions. SOS also provides consultation to employers in defining ‘reasonable accommodations’ under the Americans with Disabilities Act for mentally ill persons in the workplace.”

Temple University Collaborative Beyond the Diagnosis StoryCorps is “welcoming consumers and providers of mental health services to share their stories using the StoryCorps app and sponsoring ‘story slams’ to share their stories in public settings. We want to hear about what you do in your community and how it benefits you: the love, laughter and joy. Use the StoryCorps app to share your story and to join this revolution in the way society views mental illness. Please help us to collect real stories of real people, beyond the diagnosis.”

This Is My Brave’s “mission is to end the stigma surrounding mental health issues by sharing personal stories of individuals living successful, full lives despite mental illness through poetry, essay and original music, on stage in front of a live audience, through stories submitted and published to our blog, and via our YouTube channel.”

Time to Change in UK is trying to create a movement of “Time to Change Champions”—“a movement of people across the country who use their own experience of mental health problems to change the way we all think and act about mental health.”

Twitter #Imnotashamed campaign was launched by songwriter and author of “We Have Apples” Rachel Griffin in late 2015 with the goal of having people share their stories of
coping with mental health conditions—or as much of them as possible, given Twitter’s then-140-character limit (since expanded). Although the posts under the hashtag #Imnotashamed have dwindled, at its peak it was a way for people to create a community with their peers.

**Anti-prejudice Videos**

Rachel Griffin, who launched the previously mentioned Twitter anti-prejudice campaign #Imnotashamed, and who has written a musical with a mental health theme (“We Have Apples”) created these two videos: “Sh*t People Say to People with Mental Illness” and “Sh*t Therapists Say. “We Have Apples” is set in a psychiatric ward, and “follows Jane, a quirky nineteen-year-old, who is determined to overcome her mental illness and become a successful writer. Paralyzed by the intensity of Depression, she is forced to check into a psychiatric facility. Frustrated by the childish therapy groups at the facility, Jane and her fellow patients start their own writing group. When a preventable tragedy occurs due to inadequate care, Jane and the patients expose the hospital online and end up turning things upside down both inside and out of the ward.”

David Granirer, who founded Stand Up For Mental Health, which helps fight prejudice by training people with mental health conditions to turn their lived experience into stand-up comedy, does stand-up comedy himself. [Here is his take on “stigma.”](#)

**Journal Articles and Reports**

“Celebrities Open Up About Mental Health Struggles Hoping to Help Others” talks about the famous people who have opened up about their lived experience in an effort to fight prejudice and discrimination.

“Addressing Stigma: Increasing Public Understanding of Mental Illness” notes that the “most promising strategy to impact negative perceptions is increasing contact with persons with mental illness.”

“Effectiveness of an Education Program to Reduce Negative Attitudes Toward Persons With Mental Illness Using Online Media” notes that the education program was “partially effective” at changing negative attitudes.

“The effectiveness of interventions targeting the stigma of mental illness at the workplace: a systematic review”: “The majority of people experiencing mental-health problems do not seek help, and the stigma of mental illness is considered a major barrier to seeking appropriate treatment. More targeted interventions (e.g., at the workplace) seem to be a promising and necessary supplement to public campaigns, but little is known about their effectiveness. The aim of this systematic review is to provide an overview of the evidence on the effectiveness of interventions targeting the stigma of mental illness at the workplace.”

“Evidence for effective interventions to reduce mental health-related stigma and discrimination in the medium and long term: systematic review”: It challenges the
theory that “social contact is the more effective type of intervention for improving attitudes in the medium to long term” and notes that more research is needed.

“Experiences of mental illness stigma, prejudice and discrimination: a review of measures”: “This study aims to review current practice in the survey measurement of mental illness stigma, prejudice and discrimination experienced by people who have personal experience of mental illness...The review was structured by considering perceived, experienced and self stigma as separate but related constructs. It provides a resource to aid researchers in selecting the measure of mental illness stigma which is most appropriate to their purpose.”

“Reducing the stigma of mental illness in undergraduate medical education: a randomized controlled trial”: “This study examined the impact of a one-time contact-based educational intervention on the stigma of mental illness among medical students and compared this with a multimodal undergraduate psychiatry course at the University of Calgary, Canada, that integrates contact-based educational strategies.”

“Effects of a documentary film on public stigma related to mental illness among genetic counselors”: “Many people, including genetic counselors, have been found to hold stigmatizing attitudes towards people with mental illnesses. We aimed to determine whether these attitudes could be changed by exposing genetic counselors and genetic counseling students to a documentary film about people with mental illness...The findings suggest the documentary increased genetic counselors’ and genetic counseling students’ comfort with asking about mental illness and temporarily decreased their stigmatizing attitudes.”

“Evaluation of a brief anti-stigma campaign in Cambridge: do short-term campaigns work?”: “In view of the high costs of mass-media campaigns, it is important to understand whether it is possible for a media campaign to have significant population effects over a short period of time. This paper explores this question specifically in reference to stigma and discrimination against people with mental health problems using the Time to Change Cambridge anti-stigma campaign as an example.”

“Ending Discrimination Against People with Mental and Substance Use Disorders”: “The U.S. Department of Health and Human Services (HHS) should lead efforts among federal partners and stakeholders to design, implement, and evaluate a multipronged, evidence-based national strategy to reduce stigma toward people with mental and substance use disorders, says a new report from the National Academies of Sciences, Engineering, and Medicine.” The report is “…The Evidence for Stigma Change.”

George Gerbner Archive: “The George Gerbner collection consists of personal correspondence, research and administrative materials, reports, publications, news clippings, photographs, and memorabilia related to George Gerbner (1916-2006) and his work as a world-renowned media scholar and dean of the Annenberg School for Communication (1964-1989). The collection is rich in material concerning the Cultural Indicators Project, Gerbner’s pioneering analysis of television violence and cultivation
theory, and the Cultural Environment Movement, a media advocacy organization founded by Gerbner in 1991.”

“**I Will Listen: How Social Media Can Diminish the Stigma of Mental Illness**”: In this campaign by NAMI-NYC, “the idea is simple: people pledge on Facebook, Instagram, Twitter or Vimeo to listen to and support individuals struggling with mental illness.”

Key Assistance Report with a “**Focus on Violence**”: “The myth that people with psychiatric histories are significantly more violent than the general public leads to fear, prejudice and discrimination against people with mental illnesses.” This publication provides facts to counter the myth.

“**Measuring Mental Illness Stigma**”: “...We hope that improved measurement of stigma will play a direct role in shaping the kinds of broad policies that are developed to improve the lives of people with mental illnesses and their families.”

“**Mental Health Stigma: Prejudice That Becomes Discrimination**” is a first-person account of the writer’s struggle to overcome prejudice and discrimination.

“**Mental Health Stigma and Prejudice Strong around the World, Study Says**”: “Although mental health awareness and understanding are high in countries around the world, stigma and discrimination are still prevalent.” The article suggests that the media, policy change, and people with lived experience speaking out can help change that.

“**Powerful Advocacy Has Shut Down ‘Attractions’ That Ramp Up Prejudice**” describes an effective national advocacy initiative to shut down theme park Halloween exhibits that promoted prejudice and discrimination.

“**Picking Our Battles in the War Against Prejudice and Discrimination**” talks about the battle to close Rikers Island, the infamous New York City jail. “According to the *Times*, people with mental health conditions “**make up nearly 40 percent of the population at Rikers**, a total of 4,000 men and women at any given time, more than all the adults in New York State psychiatric hospitals combined.”

“**Stigma: Social Functions of the Portrayal of Mental Illness in the Mass Media**” is about the late communications professor and “Cultivation Theorist” George Gerbner’s work in evaluating the media’s role in perpetuating negative attitudes and stereotypes about people with mental health conditions. (“Cultivation theory [formulated by Gerbner] suggests that exposure to television, over time, subtly ‘cultivates’ viewers’ perceptions of reality.”)

“**Stigma Is Social Death**.” In this 1993 paper, Deborah Reidy interviewed 46 people on the topic of “stigmatizing aspects of mental health programs.” “While respondents cited a variety of sources of stigma, most frequently mentioned were the attitudes and practices of the mental health system and its workforce.”
“Stigma: Ignorance, Prejudice, or Discrimination?”: “...there is evidence that interventions to improve public knowledge about mental illness can be effective. The main challenge in future is to identify which interventions will produce behavior change to reduce discrimination against people with mental illness.”

“Strategies and future attempts to reduce stigmatization and increase awareness of mental health problems among young people: A narrative review of educational interventions”: “The current study attempts to find better strategies to reduce stigmatization towards people with mental health problems in young people...We suggest that an educational program should have information that can remove a belief about the dangerousness of people with mental illness from young people, and components that include a balanced approach between biological and psychological causes of mental disorders. In particular, involvement of people with mental illness seems to be key to reducing stigmatization...”

“The Public Stigma of Mental Illness: What Do We Think? What Do We Know? What Can We Prove?”: This publication has a firewall, but the abstract notes that it is a “report on the general population’s attitudes, beliefs, and behavioral dispositions that targeted public stigma and implications for the next decade of research and intervention efforts.”

“The most toxic issue facing those with mental health problems is stigma” reports on a British anti-prejudice campaign called “Time to Change,” which “made use of social marketing, advertising campaigns and one-day events designed to deliver social contact between people with experience of mental health problems and various target groups. Perhaps the most encouraging finding was the positive impact of such contact, especially on personal relationships...”

“Using a Mental Health Board Game Intervention to Reduce Mental Illness Stigma Among Nursing Students”: “While the results do not demonstrate this board game’s effectiveness in decreasing stigma in all populations, further research should focus on testing this intervention on a wider scale and reevaluating students after they have been on the job for several months.”

“You and Me” is a poem by Debbie Sesula about how the actions of people with psychiatric diagnoses are judged differently from the actions of “the general public.” It begins: “If you’re overly excited/you’re happy/If I’m overly excited/I’m manic....”

Books

Corrigan, P.W., & Lundin, R.K. (2001). Don’t call me nuts! Coping with the stigma of mental illness. Tinley Park, IL: Recovery Press. (446 pages.) Translated into Chinese by PsyGarden Publishing Company (2003): The authors discuss “the experience of stigma from the perspective of both an individual person” and people with mental health conditions as a group, offering “individual strategies for dealing with stigma,” “how to
foster real personal empowerment,” and “how to change society’s reaction to mental illness.”


Corrigan, P.W. (2004). *Beat the stigma and discrimination! Four lessons for mental health advocates.* Tinley Park, IL: Recovery Press. (76 pages.) “Written for the busy advocate who yearns for strategies that will advance the mental health agenda, it focuses on ‘how to’ and not ‘why.’”

Corrigan, P.W., Roe, D., & Tsang, H.W. (2011). *Challenging the stigma of mental illness: Lessons for advocates and therapists.* London, Wiley. (231 pages.) This book “offers practical strategies for addressing the harmful effects of stigma attached to mental illness. It considers both major forms of stigma: public stigma (which is prejudice and discrimination endorsed by the general population); and self-stigma (which is the loss of self-esteem and efficacy that occurs when an individual internalizes prejudice and discrimination).”

Corrigan, P.W., Larson, J.E., & Michaels, P.J. (2015). *Coming out proud to erase the stigma of mental illness: Stories and essays of solidarity.* Collierville, TN: Instant Publisher. (433 pages.) “This is a book about people COMING OUT (original emphasis), standing up and proudly hailing their life journey, highlighting challenges and accomplishments in the process.”

Wahl, O. (1999). *Telling Is Risky Business: Mental Health Consumers Confront Stigma:* “To truly understand the full extent of...stigma, we need to hear from the consumers themselves...”

Wahl, O. (1997). *Media Madness: Public Images of Mental Illness.* “In this important book, Dr. Otto Wahl examines the prevalence, nature, and impact of such depictions, using numerous examples from film, television, and print media. He documents the remarkable frequency of these images and demonstrates how the media has stereotyped the mentally ill through exaggeration, misunderstanding, ridicule, and disrespect. *Media Madness* also shows the damaging consequences of such stereotypes: stigma, rejection, loss of self-esteem, reluctance to seek, accept, or reveal psychiatric treatment, discrimination, and restriction of opportunity. The forces that shape current images of mental illness are clarified, as are the efforts of organizations and individuals to combat such exploitation.”