



HIGHLAND USERS GROUP

THE STIGMA OF MENTAL ILLNESS

The views of members of the Highland Users Group on the stigma of mental illness, the effect it has on us, and ways in which we can challenge it.

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WHAT IS HUG?

HUG is the Highland Users Group, a network of users of mental health services in the Highlands.

At present (April 2003) HUG has approximately 272 members and 14 branches in:

- Caithness
- Sutherland
- Easter Ross
- Wester Ross
- Nairn
- Inverness
- New Craigs
- Lochaber
- Skye & Lochalsh
- Badenoch & Strathspey

Our main aim is to improve the way in which we, as users of mental health services, are treated. HUG campaigns to improve the rights, services and treatments of people with mental health problems and challenges the stigma of mental illness.

HUG works on a local, Highland and national level to influence policy and planning, and to encourage improvements in the management and delivery of mental health services.

Where there are other groups such as the New Craigs Patients Council or the Members Group in Skye (formerly "slug") we try, as far as possible, to work in partnership with them when we hold meetings.

Between them, members of HUG have experience of nearly all the mental health services in the Highlands.

HUG AIMS:

1. To represent the interests of users of mental health services living in the Highlands, and to provide information on mental health issues.
2. To identify gaps in services and to find ways of improving services for users.
3. To participate in the planning and management of services for users.
4. To pass on information and news amongst mental health user groups in the Highlands and interested parties.
5. To increase knowledge about resources, alternative treatments and rights for users.
6. To promote co-operation between agencies concerned with mental health.
7. To promote equality of opportunity and to break down discrimination against users of mental health services.

INTRODUCTION

Ever since the Highland Users Group was established (in 1996) the topic of the stigma of mental illness has been high on our agenda.

The stigma and discrimination that people have experienced has varied from outright abuse and harassment, to the awkwardness that people encounter from having a condition that is hard to talk about.

It has featured in nearly all the HUG reports and challenging it has been the focus of the Communications Project. This Project has been actively working over the last four years to increase the understanding people have of mental illness and mental health. It is briefly described later in this report.

We have looked at the subject in the past but revisited it in 2002 when we held meetings across the network of HUG branches.

As usual these meetings involved informal discussions amongst members, which were then written up and turned into this report, which was in turn approved by the Round Table (the committee of the Highland Users Group).

In total 66 members were involved in the discussions.

In December 2002 we published a report celebrating the work the Communications Project has done to challenge stigma. We would advise reading this report in conjunction with that document.

In addition, a research project by Dundee and Glasgow Universities, completed and published the results of a project looking into mental health in different communities in the Highlands. This also looks at stigma, and is available from Professor Chris Philo, Department of Geography and Topographical Science, University of Glasgow, G12 8QQ (telephone 0141 330 4782; website www.geog.gla.ac.uk/Projects/Website/main.htm).

Another publication also looked at public attitudes to mental illness and mental wellbeing (this time across Scotland) called 'WELL? WHAT DO YOU THINK?' and is available from The Stationery Office Bookshop, 71 Lothian Road, Edinburgh EH3 9AZ

See Me, the national campaign in Scotland to challenge the stigma of mental ill health, has a web site address of www.seemescotland.org

In England and Wales there is another campaign challenging stigma – its website address is www.mindout.net

STIGMA AND PEOPLE WITH A MENTAL ILLNESS

WHAT IS STIGMA?

Not all of us have direct experience of being treated differently because of the stigma associated with mental illness, but a substantial number of us do, especially if we include the unease that can be associated with the "embarrassment" of having a mental illness.

Stigma is experienced and seen by many of us as:

1. Being seen as different.
2. Being regarded as socially unacceptable.
3. Being alienated.
4. Being discriminated against and abused.
5. Being verbally harassed.
6. Worrying too much about what other people will say.
7. Being the subject of a set of unreasonable generalisations that may be passed from generation to generation.
8. Being the subject of a range of negative views and perceptions by other people (for instance that we are always 'down' and unhappy).
9. Being seen as an unknown quantity - as another species.
10. Being a group that other people do not know how to talk to or act with.
11. Not being normal.
12. Feeling ashamed and weak because we cannot cope.
13. Being avoided.
14. Being seen as failures and as weak.
15. Having a condition that we have to hide and lie about.
16. Being seen as unpredictable.
17. Not being seen as part of social conversations. People often don't speak about illness, as the intensity of emotion is not acceptable to them.
18. Being seen as 'mad' or 'nuts'.
19. Being labelled and stereotyped and defined by our illness.
20. Not being understood.

WHAT CAUSES STIGMA?

Our feeling is that there are a number of reasons for stigma:

- One is that people are ignorant about mental illness. Because they know so little they can fear it and its effect, and in turn pass on this lack of understanding to those who are experiencing it themselves.
- Another reason is that stigma is a part of our culture. It is the subject of numerous silly phrases such as "*they are coming to take you away*", which all in turn influence how we are seen. There are inaccurate myths associated with mental illness, especially connected with conditions such as schizophrenia (for instance beliefs that people with schizophrenia have split personalities or multiple personalities or that they are violent).

The history of our treatment has provoked great anxiety and fear in the population. Old hospitals such as Craig Dunain were well known and very much feared. In the past admission to such places could mean that people would be unlikely to return to their community again.

"In the past if people went to Craig Dunain then they thought it was for life."

"Craig Dunain was so frightening as a building, so dark and dreary and dingy and dull and, in contrast, New Craigs is like a five star hotel - it's beautiful."

For some of us the unpleasantness of mental illness can explain the stigma we experience. It is a time of intense and undesirable emotion. The wider public can fear both it, and those who suffer from it, because it is such an unwelcome and frightening experience to witness.

For others organised religions play a part too. A few people still hold with the idea that mental illness is a visitation of *"the sins of the father on the next generation"* while other religions see acts such as suicide as being against the principles of their faith. The fact that people with a mental illness can, as part of their illness, come to feel intensely about spirits, devils, evil and demons can further confuse the subject.

It is also seen as a hidden and taboo subject in some communities. The lack of discussion, or of a clear voice to challenge misconceptions and myths about mental illness, means that stigma remains a potent experience.

For some of us it is a symptom of a wider abusive culture. There is a feeling that some communities have lost some of their cohesiveness. In our society attributes of success and material wealth give people status, and those who don't conform can be discarded. The richness and diversity of experience and belief that can be found throughout our society are often dismissed in favour of materialistic values. This means that groups of people who may not be conventionally seen as successful, such as those with a mental illness, are excluded.

Stigma is also seen as a sign of human frailty. Most of us know that stigma is illogical, damaging and unjustified and yet it still exists. Some of our members feel that some of the acts of discrimination come from people who are frail themselves. Only by putting down those that they believe are worse off than themselves do they manage to create feelings of self worth for themselves.

Some of us believe that some professionals and services, through a history of sometimes abusive or frightening treatment and, because they can exercise great power over our lives, serve to increase the public's fear of mental illness. In fact the actions of some (but by no means all) professionals may discourage us from remaining involved in our treatment and this may further increase the unease we, and the public, have about mental health services.

The effects of medication, especially older forms of medication, can affect people by slowing us down, making us shuffle, twitch or tremble or having to walk around constantly. These visible signs can influence how people see us.

The subject of mental illness and mental health is seldom talked about in schools so successive generations are brought up with inaccurate images of mental illness.

There is a feeling amongst some of us that stigma is purely because people can't understand us. Many of us often say that unless you've experienced mental illness you will never understand it, and in this gap incomprehension and fear can grow.

There is also a feeling that, unlike most other illnesses, there are aspects of judgement associated with mental illness - a feeling that if a person is mentally ill then they are at fault or flawed in some way.

The artificial division of mental health and physical health also helps to make mental illness seem different.

Some of us may isolate ourselves from the wider community, often because of our illness or sometimes because of our shame about our illness. This self-imposed isolation and exclusion from the rest of society, whilst understandable, can help rumours that have little foundation grow about people.

Some of us may behave bizarrely, and when people witness this without a proper understanding they may come to fear what they are seeing.

Many of us find that we have a need to show a mask of normality to our friends, family and the public. The experience is not something we can talk about openly or comfortably and therefore, because we are silent, people have to interpret our experience without sufficient information.

For some of us, children and young people can be particularly hard to cope with. They may see us as figures of fun and not realise the effects that their taunts can have on us.

The main culprit is seen as the media. There are numerous films, thrillers and horror movies that all create an inaccurate image of people who kill or frighten because they have a mental illness. The media also routinely use jokes about mental illness in lighter programmes and use words such as "schizophrenic", "mad" "nutter" or "loony" inaccurately and thoughtlessly.

Even respected films such as 'One Flew Over The Cuckoos Nest ' can be damaging, as people relate past and barbaric forms of treatment to modern day facilities.

News reporting, whilst improving, can be misleading. We feel that the most publicised stories are about the times when everything goes wrong (when tragically someone kills another person or commits a bizarre or spectacular act). This all serves to create misleading images by thrusting a minority of people into the limelight and neglecting the ordinary lives of the majority of people with mental health problems.

In order to sell papers, the spectacular and the startling headline are used frequently because they create interest and discussion. However when used about a group of people they can be very damaging as they all serve to create inaccurate and misleading images in the public's mind. People can be led to fear us, to see our experience as a tragedy or to see us as figures of fun.

HOW PEOPLE EXPERIENCE STIGMA

"They see one schizophrenic person or a murder and they think they are all like that. They only see violence and murder and they don't see reality."

There are a variety of experiences among members of HUG.

Some of us have never experienced negative and prejudiced attitudes from other people. This is very understandable. Most of us believe that stigma arises out of a fear and suspicion of the unknown and apparently alien, so when our friends get to know us they see us as individuals who are familiar to them and the illness becomes secondary. The stigma of illness does not apply directly to us as our very presence gives the lie to that prejudice. (We are so obviously 'ordinary' that it would be illogical to fear us).

However some of us are acutely conscious of the attitudes of others. We may be so embarrassed that we tell no one that we have experienced mental illness. Sometimes we don't let our family and friends know that we have an illness, we do not give our names out and we go to services away from our home environment so that we don't meet anyone who knows us.

More commonly we may be quite self-conscious. We may not know how to let people know we have an illness and may be a bit uneasy with other people. At the other extreme some of us feel very comfortable with our lives, we don't hide, and feel no embarrassment in letting other people know what we have been through.

Some of us have, however, experienced ill treatment from other people:

Some of this is based around the places we go to. People frequently ask us why we go to "Drop-in-Centres" *"where all the loonies or nutters or drop-outs go"* and cannot understand that such places help us.

"The say what on earth are you doing - you don't want to go there with the loonies".

Sometimes we find that we are avoided. It is not uncommon to find that our friends and acquaintances stop visiting so frequently when we come out of hospital. They may feel very awkward and not know what to say to us.

On occasion our families cannot accept us. They break off all contact with us and see us as a disgrace.

Many of us find that we suffer discrimination in the workplace. We may lose our jobs because of our illness or not be offered jobs that before we knew we would get. This has happened to a lot of us, but it is hard to prove. This can be very discouraging and cause us to hide our mental health history when applying for work. Some of us are treated so badly by our colleagues that we can no longer work alongside them.

"I was in employment for 12 years, but when I took three months off from work due to illness I wasn't allowed back to full time work, not even for a trial period."

"Employers think you can't cope and they won't give you a chance to prove yourself."

"The G.P. told me I would never work again."

Some people may see us in a new light. For instance, when we have experienced depression (especially if we are men) we can be seen as failures or weak people. Alternatively, people may refuse to accept what we have been through and don't make any adjustments to our new emotional state. They find it hard to acknowledge what we have experienced. They may tell us to *"pull ourselves together again"* or *"to get a grip"*. They may just feel that we are seeking attention.

Sometimes our family hide the fact that members have an illness and keep it a secret.

Some of the public can avoid us or ignore us, or expect us to do something odd so that they are always observing us or talking about us. A few even fear that by being in our company that they may get ill too.

Sometimes people avoid the whole subject. They are uncomfortable with mental illness, they do not talk about it freely and try to change the subject if it is raised.

Some of us get so used to stigma and the lack of understanding of mental ill health that we only associate with people who have been through, or understand, mental illness themselves. Our community becomes a mental health community.

Sometimes we are verbally abused, for instance, being told to:

"Go away back to the loony bin".

"Get back to the Craigs".

"Neighbours knew me and when I ended up in Craig Dunain they wouldn't talk to me for months".

On occasion when we have accommodation booked for us by agencies known to have a connection with mental health our booking is not accepted. Sometimes we feel that we have lost our tenancies because people have found out we have a mental illness.

Openness can cause its own problems:

"I've had harassment - I was driven off the premises when they knew I had a mental health problem as I wanted to be honest and told people about my illness, but in too much detail perhaps".

At the very extremes of harassment, people cross the road to avoid us and some of us have had graffiti or paint put on our doors, and stones or even bricks thrown at our windows.

On a wider level we see the effect of rumours about a person's mental health on public figures such as politicians and this further discourages us.

"When people are ill they are seen as dependent or screwed up or a basket case. They see us as different and dangerous, that we need to be watched or made a fool of and they don't think that discrimination matters because we are unstable anyway".

HOW DOES STIGMA AFFECT US?

The effects of stigma, even when we are only affected by it through our own self consciousness, can be profound and far reaching. It can affect our daily lives both in how we think about ourselves and in how we relate to others. It can serve to isolate already isolated members of the community.

We can feel:

1. Inadequate.
2. Inferior.
3. Nervous.
4. Crushed by it.
5. We can disappear away and hide from everyone.
6. It can ruin our self confidence.
7. It ruins the entire week.
8. It discourages us.
9. It can make us suicidal.
10. It is devastating.
11. It makes us very angry.
12. Going to anywhere public can be very hard.
13. We stop being honest about our experience.
14. We become insular and withdrawn.
15. It can make us unwell and paranoid.
16. It can stop us doing things.
17. We can feel gutted and shocked.
18. We can have to hide the fact that we have an illness.
19. We can feel like failures.
20. We can feel ashamed and weak.

Some of the comments we had about the experience were:

"If you are treated like dirt you will start believing you are dirt".

"Stigma can make you feel terrible, especially when you are not well".

"It hurts, especially as I don't bother anyone."

"I don't expose myself to a wider community of people."

"I am conscious that I have a mental illness and confused when I meet new people."

There were "people looking at me like I had two horns when they knew I had been in Craig Dunain."

"It is like a shadow over you for evermore."

It makes you "doubt your capabilities"

"Its like you're hanging from a cliff and someone stands on your fingers just when you don't need it."

IS STIGMA EVER UNDERSTANDABLE?

Some of us felt that stigma is an example of prejudice that leads on to discrimination and was therefore never justified or acceptable.

Although many of us shared these feelings, many of us also felt that we could understand why it occurred.

The reasons we had for this were:

It is not the public's fault that they don't have the information they need to have more acceptable attitudes. Prejudice born of ignorance requires a programme of awareness raising to alleviate this lack of understanding, rather than the apportioning of blame that can be so tempting to do.

Many of us were aware that, despite our best efforts, mental illness has caused pain to ourselves and those around us and, much as we regretted it, we could sometimes understand why people shied away from us.

Equally, the influence of our illness can make us act in ways that may appear bizarre or confusing to others. This is especially so for people who have never experienced it in any way and who just can't understand what we are going through.

Also, even though it is very rare and only slightly higher as a risk than the general population, occasionally the experience of mental illness does result in harm to other people. Although other people are also capable of harm, the fact that some of us in extreme circumstances are a risk to others makes us understand why people may be wary of us.

We also felt that the environment we live in and grew up in coloured and shaped our perceptions and attitudes, and that this could explain the way some people acted.

THE LANGUAGE THAT WE USE

In our round of meetings one of the subjects we discussed was the way in which we are referred to in the routine language that is used by the public about people with a mental health problem.

This is a subject that we have a great divergence of views on:

The language used about mental illness is wide and varied and mainly derogatory.

Some of us feel that language shapes our attitudes and views and conveys our personal and cultural views about people. We feel that it is vital that the words used about us are accurate and respectful.

If we use appropriate and sensitive language then we are on the first step of the journey which will change attitudes. The people who use negative words to describe us are being offensive. They are engaged in a form of bullying and should not have the right to treat us this way.

Some of us have the opposite opinion. We may ourselves use disparaging words about mental illness, but we feel that such words are just part of our common vocabulary and are very comfortable with them. What worries us is the attitude behind the words that are used. The feelings, beliefs and actions of the people who do not approve of us are the vital things that need changed, rather than the way they speak.

Some of us were pessimistic. It is very hard to change language and, even if you do, the negative attitudes would just transfer to the new words used about mental illness.

What we had most agreement with was that in an ideal world the word "user" would not be used to describe us. What we couldn't do was think of an alternative to it.

"Our feelings can vary with how well we are feeling so that what is acceptable one day may not be another day. Some of us say that the most important thing is to rise above this - if we truly believe in our self worth and dignity as people then the negative words used about us will feel irrelevant."

"LABELLING"

The words that are used to diagnose mental illness such as 'anxiety', 'schizophrenia' or 'manic depression' are bound up with different assumptions. Some being more loaded with prejudice than others (schizophrenia is often regarded more negatively than stress, or post natal depression which is now more often seen as a 'natural' process conveying little shame).

For some of us they are words that are filled with cultural stereotypes and values. Being diagnosed results in us being defined, not by who we are as individuals, but by an illness that has a set of generalisations connected with it. This can be a very negative experience. Because of this some of us say that the use of diagnosis is often an unwelcome and negative experience.

In contrast, some of us see the use of a diagnosis as being a starting point which helps us make sense of the experience we are going through. It helps us with the vision we have of ourselves, it allows us to study the condition and to look at ways of managing what we are going through. In a way it can reassure us that we are not going "mad" and acts as a useful way of making sense of disturbing experiences.

Some of us have spent a long time without a stated diagnosis. For some this was fine, but for others it was very unsettling. We felt as though we were in 'limbo' or a 'void' and deeply confused that we had a mental health problem but no diagnosis. It felt like we did not even merit the diagnosis and had no way of adapting to our altered lives. When we were eventually given a diagnosis it came as a relief, it gave weight to what we were going through and took away some of the shame that we had felt.

One diagnosis in particular that causes offence is that of personality disorder. Many of us see this diagnosis apparently being used to cast judgement on us and to deny us appropriate help. It seems that it is one of the few diagnoses remaining that professionals have their own prejudices about.

DO WE STIGMATISE OURSELVES?

We feel that our own emotional health can make us very susceptible to negative attitudes. If we are feeling vulnerable, if we lack confidence, or are paranoid, what may seem like a throw away comment can have a profound effect or be misinterpreted.

Because we sometimes feel very conscious about the effect our illness has had on those that we love we can sometimes agree with the prejudice of outsiders.

We are also brought up in a society where the values reflecting on people with a mental illness is negative. When we, in turn, become ill we may not have shed those values and may inflict our own shame and embarrassment on ourselves.

"A lot of us make things worse by trying to hide our mental health problems as the gossip can be worse and more damaging than just explaining it to people."

"We need to think of the image we convey. It can be very hard to be with other people, we can be very self conscious and it can be hard to be open and to challenge things".

However some of us are able not to play any part in this:

"Stigma is more other peoples problem than mine"

WHAT CAN WE DO TO CHALLENGE STIGMA?

We have a number of ways in which we can challenge the stigma of mental illness.

These should be looked at in the context of the work of the HUG Communications Project (described in the next section)

- If we are up to it we can challenge it in our everyday life by being open and unashamed of what we are going through:

"If we are not inhibited, people won't look at us differently".

"I never experience stigma as I don't look for it or expect it."

- We need to make the understanding of mental health problems a part of the language of our community. Projects dealing with people with mental health problems could be more open and accessible rather than being seen as something set apart. People working in mental health services should be open and encouraging. They should help other people to realise that we all have talents and challenge judgmental attitudes.
- We should provide more information about the different therapies and treatments to the wider community.
- We should give out positive messages in order that people realise that it is possible to recover from or adapt to mental illness.

- We should encourage the acceptance of difference, diversity and equal opportunities, whether this is because a person has a mental illness or a disability. We should discourage the idea that we have to be perfect physically or mentally.
- We should make special efforts to work with young people from an early age in a way that helps them understand in a gentle way what positive mental health is and what mental illness is. Teachers may also benefit from this and may be able to help with the task.
- We should encourage positive and responsible reporting and discussion of mental illness by the media, both in its news reporting but also in its wider role, for instance by having positive story lines in soap operas. We should also challenge negative reporting.
- We should educate professionals, especially those who may damage us by discriminatory, ignorant, or prejudiced attitudes.
- We should help people realise that mental illness is as important an illness as a physical illness. It should be seen as part of a whole range of health care services. It can also be seen in a wider context - our mental wellbeing is a product of mind, body and soul that all need to be considered together.
- We should work with employers to encourage positive mental health in the workplace and to reduce discrimination. We should also encourage employers and job centres to see that we have a range of abilities to offer the job market.
- We should realise that we are all connected in some way:

" We should not act as if we were independent of each other. We need a sense of community and connection and just activity. We need to start at the bottom and we need to stop greed and self interest."

- We should go out to meet local groups (like the Women's Guild) both to talk about mental illness, but also to give positive messages about the local help and services that are available.
- We also need to talk to each other. We can help each other through any feelings of shame or inadequacy that stigma generates by sharing experiences and the knowledge that we are not to blame.
- We should be creative in the messages that we get across, artistic forms of expression can be very powerful instruments.

THE HUG COMMUNICATIONS PROJECT

The HUG Communications Project has been acting to challenge stigma over the last four years through the actions and testimony of users of mental health services themselves.

In brief, it carries out its work in five main ways. These are;

1. Mental Health Awareness Training

This is training aimed at increasing the understanding of the public and professionals about the experience of mental illness. In this way we believe that people will respond to us and think about us in a positive and sensitive way.

The training is tailored to individual organisations and based around the personal testimony of people with experience of mental illness.

Evaluations of these sessions have consistently been very positive.

2. Working with the Media

We try to place at least one story a month with the media. In this way the message about mental health will get across to a wide section of society.

To date there have been stories and features on television, the press and radio. These have ranged from features to news stories and have appeared in national, Highland and local areas.

3. Working with Young People

We feel that young people will be receptive to the positive messages about mental health and mental ill health. That they are often people responsible for some of the abuse connected with stigma and should therefore be helped to understand what it feels like. We also feel that many people first become ill when young, and that the messages about seeking help and not having to feel so alone are particularly important.

We have worked with young people in High Schools across the Highlands, through the use of drama and personal experience and on one occasion “feel good days”.

We are also a key partner in Lochaber Youth Minds, an organisation that promotes wellbeing and greater understanding of mental ill health.

4. Promotions

Things that get people talking about mental health all serve to increase peoples awareness of the subject.

HUG carries this out in a number of ways:

- It has distributed over 60,000 postcards on a mental health theme.
- It produces Moonstruck – an arts and mental health magazine.
- It has created a website, including talks by people with a mental illness and an art gallery of peoples paintings.

5. See Me

This is the national organisation that challenges the stigma of mental ill health. HUG is a partner in this as well as a member of the National Advisory Group for the National Programme to Promote Mental Health and Wellbeing in Scotland.

The Scottish Executive have now funded the HUG Communications Project for three years to further develop its work and disseminate good practice.

WHO ARE THE BEST PEOPLE TO CHALLENGE STIGMA?

We are all a part of this. Everyone, including the public, can play a part in looking at mental illness and mental wellbeing. However:

- ⇒ As users of mental health services we can play a crucial role if we are up to it. We are the ones who experience mental illness and can give a unique and realistic perspective that will not be found elsewhere. (HUG members play a central role in all our attempts to increase awareness and challenge stigma.)
- ⇒ Professionals in mental health could play a part in educating other professionals who come into contact with us.
- ⇒ Large institutions such as local authorities could demonstrate a commitment to the idea of awareness raising. They should ensure that their staff have access to education about mental health and illness.
- ⇒ Young people could play an important part by helping to educate each other from their own perspective.
- ⇒ Schools could make awareness raising a part of their curriculum.
- ⇒ The media could be an ideal medium through which to promote positive, realistic and balanced stories.

CONCLUSION

Over the last few decades we have a feeling that the stigma of mental illness has been gradually diminishing. However, although it is not a daily reality for everyone with a mental illness. It still remains a major problem for some of us and may manifest itself in deliberate acts of harassment, discrimination and abuse.

For many of us the stigma of mental illness is a daily irritant which may manifest itself in awkwardness about having a mental health problem, seeing a glibly disparaging headline in the papers or by finding that acquaintances find it hard to talk to us.

The effect of stigma can, at its extreme, make life hard to cope with and is often damaging and discouraging to many of us.

The experiences that we have are similar to those of other minority/oppressed groups, such as people from ethnic minorities or people with other disabilities.

Work to challenge the stigma we experience could usefully be a complementary part of wider equal opportunities work designed to help us accept, rather than reject, difference and diversity.

However, our experiences are not all the same and in order for people to understand mental illness we need specialist mental health awareness training and other initiatives. These should be aimed at young people, professionals who come into contact with us, employers, the media and the wider public. This is, of course, already part of the programme of the HUG Communications Project.

These initiatives need to involve users as a vital component (and already do with HUG's Communications Project) but can also be usefully supported by allies such as professionals in mental health and the media.

We all have a responsibility to look at the wider subject of mental wellbeing as it affects us as individuals and our wider culture. Large organisations have a particular responsibility to create mentally healthy workplaces and to create understanding about mental illness in their workforces.

Successful awareness raising should be led by users and will help people understand the reality of mental illness and treatment and also give positive messages about the likely outcomes for us, our ability to lead quality lives and guidance on how to access services if necessary.

People working in mental health have a particular responsibility to be open about the services that they work in and to make them a part of local communities, whilst also making sure that users can still use them in privacy and safety.

It has to be remembered that although many members of HUG look forward to a time when stigma will be a thing of the past, many people see this as unrealistic in the short term and possibly unlikely to ever happen. This serves to emphasise the scale of the task that we all face in creating greater justice for people with mental health problems.

"It is difficult to imagine because, like a world without war, it seems an impossibility. There will always be stigma as long as there is human nature."

**With thanks to all the users of mental health services
who contributed to this report.**

For more information on HUG, or an information pack, please contact:

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