International Society of Psychiatric-Mental Health Nurses
2424 American Lane • Madison, WI 53704-3102 USA • Phone: 1-608-443-2463 • Fax: 1-608-443-2474
E-Mail: Info@ispn-psych.org • Website: www.ispn-psych.org

Mind over Stigma

Position Statement of

The International Society for Psychiatric Mental Health Nurses

This position statement aligns with the mission of the International Society of Psychiatric Mental Health Nurses (ISPN): To support advanced-practice psychiatric-mental health nurses in promoting mental health care, literacy, and policy worldwide. In this statement, ISPN aims to highlight the impact of stigma on the well-being of individuals with mental health conditions; the efforts of research, education and practice, policy and legislation to reduce stigma; and, to provide recommendations for action based on current understanding.

Background

We need to be mindful of the many factors of Stigma. Stigma is a complex social behavior that is present across cultures where a group or personal quality is negatively regarded (World Health Organization (WHO), 2022). Stigma includes stereotyping, prejudicial attitudes towards the stereotyped group, and discriminatory behavior acting upon the prejudice (Jones & Corrigan, 2014). Stigmas may be based on race or ethnicity, gender or sexuality, body stature or size, physical illness or ability status, mental health conditions or other factors. Stigma related to mental health conditions is omnipresent and people with the lived experience of a mental health condition (PWLE) describe it as worse to deal with than the actual mental health symptoms (Thornicroft et al., 2022). Mental health stigma can be understood from four differing perspectives: public stigma, structural stigma, stigma by association, and self-stigma (Thornicroft et al., 2022).

Public stigma is the societal stereotyping, prejudice, and discrimination against PWLE (Corrigan et al., 2014). Included in public, or interpersonal, stigma is the lack of or negative knowledge about mental health, negative attitudes about people and behavioral rejection, exclusion, or discrimination of PWLE. Structural stigma is inclusive of policies, norms, and practices that result in restrictions of activities or access for PWLE, such as employment, relationships, or health care, as well as lower supports for mental health research and the provision of care (Corrigan et al., 2014). Stigma by association is when the negative beliefs and discriminations are applied to people associated with PWLE, such as family, friends, or health care providers, which leads to blaming family members for causing an illness or viewing the provision of mental

health care as lower priority than physical health care (Thornicroft et al., 2022). Self-stigma is taking on and applying negative stereotypes and beliefs to oneself, which can negatively impact self-esteem, cause social withdrawal and diminish long term plans such as educational or career goals (Corrigan et al., 2014).

The consequences of the stigma surrounding mental health are severe and life altering. It results in not seeking necessary health care, diminished quality of life, challenges building relationships or creating a family, and greater difficulty finding employment or stable housing (WHO, 2024). Of even greater concern stemming from this stigma are higher rates of suicidal ideation and lower life expectancy of PWLE (WHO, 2024).

Research on Stigma

Over the decades, research on stigma has expanded from studying individual experiences of stigma and its impact on personal identity and behavior (Goffman, 1963) to research focused on stigma experienced by those with mental/behavioral health conditions as well as providers of mental health services. Theories have expanded to include new theoretical frameworks to inform research, interventions and policy (Stangl, et al., 2019); including views of intersectional stigma and health (Turan et al., 2019). Intervention research to reduce stigma has been undertaken across the globe with varying reports on intervention effectiveness and inconsistent rigor in methodology (Thornicroft et al., 2022). While trend studies of large populations have noted increased public knowledge about mental illness, the anticipated reduction in reported stigma due to knowledge has been limited, with reduced stigma toward those with depression reported only recently (Pescosolido et al., 2021).

The *Lancet* Commission on Ending Stigma and Discrimination in Mental Health (Thornicroft et al., 2022) resulted in an umbrella review of 216 systematic reviews to provide foundation for recommendations for reducing stigma against people with mental health conditions. To augment review findings, the Commission's global survey of participants representing 45 countries and territories collected information using questions constructed by commission members. For researchers, the Commission report highlights the importance of including PWLE as co-producers of all aspects of intervention development and notes the complete absence of quantitative studies of the effect public stigma has on social discrimination. The considerable influence of media (including social), both positive and negative, on stigma points to other areas for further investigation.

Since publication of the Commission report, studies ranging from a co-produced qualitative study to a systematic review of meta-analyses provide findings on multiple topics. Topics include: lived experiences of people across the world with mental health conditions (Gronholm et al., 2024); U.S. nurses' stigma directed to patients with mental health conditions (Kolb et al., 2023); understanding public stigma (Walsh & Foster, 2024); and, examining the effectiveness of various stigma-reduction interventions (McCullock & Scrivano, 2023), tailored for nursing students (Yi Zeng et al., 2024) or employing virtual reality (Szekely et al., 2023). The studies by

Gronholm et al. and Walsh and Foster contribute to filling several gaps noted by the *Lancet* Commission (Thornicroft et al., 2022).

Previous inattention to the complexities of stigma (intersection of multiple sources and multiple factors in multiple settings) and the preponderance of studies constructing their own measures may have interfered with efforts to fully understand the social process (Stangl et al., 2019). A recent publication of note is a paper by Earnshaw and Fox (2024) on the importance of including the construct of time in stigma studies. The authors point out three *timescales* (historical or structural context, developmental stage, and place on the stigma continuum [gain or loss of stigma]) that enhance understanding the relationship between stigma (a fluid process) and health. Emphasizing the intersection of these times scales, the authors include a substance use disorders (SUD) case example for illustration and point out methodological challenges to measuring structural stigma. The need for complex methodologies to understand stigma in disorders such as SUD, and the potential clinical usefulness of such knowledge on the influence of time on reducing stigma and discrimination seems clear. Bibliographic analysis of studies of stigmatization in the field of psychiatric nursing (Dikeç et al., 2024) encourages psychiatric-mental health nurse researchers to both continue and expand working collaboratively with other institutions and authors and using high design level studies to provide evidence for practice.

Nursing Practice and Education

Psychiatric-mental health nurses are key agents in reducing stigma (Flaskerud, 2018), but nonetheless may harbor stigmatizing and/or pessimistic views towards individuals with mental health and substance use issues, themselves (Sreeram et al., 2022). Both patients and nurses perceive barriers to care secondary to the stigmatization of mental health and substance use problems, and this in turn compromises the quality of patient-centered care and the fidelity of the nurse-patient therapeutic alliance (Tyerman et al., 2021). Additionally, psychiatric nurses may face stigma from other healthcare professionals, which might reduce not only work satisfaction but also the quality of their work. As an example, psychiatric nurses report feeling stigmatized not only because they work with a stigmatized population, but also due to the perception amongst other health professionals that psychiatric-mental health nurses are not “real nurses” and due to a lack of recognition for specialized training in psychiatric-mental health nursing (Waddell et al., 2020).

Recent research has evaluated how to reduce stigma amongst mental health professionals, including psychiatric-mental health nurses (Sreeram et al., 2022; Tyerman et al., 2021). Educational interventions can be helpful in reducing stigma, although evidence suggests that educational interventions that are population-specific (i.e., regarding a particular mental health diagnosis) are most effective (Sreeram et al., 2022). Alternatively, contact-based interventions that leverage the experience of individuals with lived experience are effective in reducing stigma amongst mental health professionals, including live or video-based narration, or written expression, from an individual with lived experience with mental health problems, during which

they share their story. Furthermore, schools of nursing may also help to counteract stigma. At present, schools of nursing may perpetuate stigma due to their prioritization of content regarding physical health issues as opposed to mental health issues (Tyerman et al., 2021). Emphasizing the importance of mental health during nursing curricula might work to reduce stigma amongst practicing nurses.

Recent studies have evaluated the effectiveness of educational interventions implemented during prelicensure programs in improving nurse stigma toward individuals with mental health and substance use disorders. There is some evidence that students engaged in their psychiatric-mental health nursing course demonstrate an improvement in attitudes towards individuals with mental health and substance use disorders following didactic and clinical experiences (Happell et al., 2014; Richards et al., 2023). Further, incorporating the perspectives of those with lived experiences into nursing curricula might be particularly effective in improving attitudes (Happell et al., 2014). Unfortunately, many schools of nursing have reduced the number of clinical hours required for psychiatric-mental health nursing courses, and this is likely a disservice to students and the populations that they serve. As another example, the use of high-fidelity, standardized patients portraying cases involving individuals with mental health and substance use disorders has been shown to reduce student stigma towards this population, while simultaneously improving confidence and attitudes toward caring for this population (Kameg et al., 2021; Simonelli-Muñoz et al., 2023). Educational interventions that leverage lived experiences and that are interactive in their approach should be incorporated into schools of nursing, using a harm reduction and anti-stigma framework (Substance Abuse and Mental Health Services Administration, 2024).

Policy/Legislation

In the policy world, stigma has been labeled the biggest barrier to thriving. Almost a decade has passed since the National Academies of Sciences reported on stigma and the 2019 WHO and the International Council of Nurses (ICN) policy statements have been in place for 5 years. People continue to avoid being labeled with a behavioral health problem because of concerns about resulting discrimination or social rejection. Public stigma can predispose individuals in a community or other social group to fear, reject, avoid, and discriminate against people with mental illness (Parcesepe & Cabassa, 2013). As noted, stigma is far from just negative attitudes – discriminatory behaviors against stigmatized persons are equally important to consider – which is why many prefer to use “stigma and discrimination” together (WHO, 2019). Stigma toward people with substance use disorder might include inaccurate or unfounded thoughts that they are dangerous, incapable of managing treatment, or at fault for their condition (SAMHSA, 2023). The Lancet Commission Report (Thornicroft et al. 2022) generated rethinking and expanded efforts to reduce stigma by issuing strong recommendations that the voice of those with lived experience (PWLE) of stigma because mental health stigma be included in all efforts to reduce it.

Some U.S. government agencies have spoken out about stigma. For example, the Substance Abuse and Mental Health Services Administration (SAMHSA) has prioritized de-stigmatizing mental health problems through recent and ongoing funding allocated to their Mental Health Awareness Training (MHAT) grant mechanism program. Through the MHAT program, over 480,000 individuals across the United States have been trained in de-stigmatizing mental health promotion activities, such as Mental Health First Aid, and over 500,000 individuals have been referred to treatment (SAMHSA, 2023).

In the US, federal legislation related to stigma was introduced in the 2023-2024 Congressional sessions (https://www.congress.gov/). Six of the total 196 bills were specific to stigma. Those bills included *Stop Mental Health Stigma in Our Communities* (H.R. 3680, S. 1773), which required SAMHSA to undertake various activities to address mental and behavioral health issues among the Asian American, Native Hawaiian, and Pacific Islander (AANHPI) populations.

Other house bills were *Pursuing Equity in Mental Health* (H.R. 3548) and *Solutions Not Stigma Act of 2023* (H.R. 4918). The first set out activities and modify existing programs to address racial and ethnic mental health disparities for the Department of Health and Human Services (HHS). The second required Health Resources and Services Administration (HRSA) to establish a grant program for health professional schools or training programs to develop curricula in substance use disorder (SUD) treatment or chronic pain education.

As of January 1, 2025 when the 118th Congress ended, none of these bills had moved past the introduction phase. Each bill will have to be reintroduced and start the legislative process all over again.

Summary

ISPN has been deeply concerned about the stigma experienced by all persons with behavioral issues across the life span. The research is expanding, pointing to importance of including persons with the lived experience. Psychiatric mental health nurses at all levels of practice are the first line of role modeling and can take a firm stand against stigmatizing language, attitudes and actions in healthcare. International and domestic policy efforts to deal with the issue are attempting to shed light on the impacts of stigma and discriminations but solutions are slow to come. In the U.S. federal legislative solutions are stalled.

Recommendations

The International Society for Psychiatric Mental Health Nurses believes and supports the following:

- As leaders, professional nursing organizations prioritize strategies to eliminate mental health stigma in healthcare.
- Schools of nursing prioritize mental health and psychiatric education in equity with other core specialty areas, including clinical experiences in psychiatric specialty settings.

- Application of educational interventions that leverage lived experiences and use of interactive approaches incorporated into nursing programs, using a harm reduction and anti-stigma framework.
- Healthcare settings provide mental health awareness trainings and evidence-based stigma-reducing educational interventions led by or including PWLE for all providers, staff and other individuals interacting with patients, clients and those seeking help.
- Research on stigma must include people with lived experience (PWLE) of mental health conditions in all steps of the process, including as facilitators and co-producers.
- Development of evidence-based anti-stigma interventions in various populations and dissemination of findings.
- Establishment of an international system of monitoring progress for reducing stigma toward mental health conditions to ensure that programs are up to date on anti-stigma language.
- Establishment of funding support for interdisciplinary research aimed at studying the effectiveness of planned community-based opportunities for reducing stigmatizing interactions between community members.
- Advocacy for passage into law of US Federal legislative bills for reducing stigma.
- ISPN collaborates with its global partners to address stigma and include persons with lived experience of stigma in the efforts.

References

Committee on the Science of Changing Behavioral Health Social Norms, Board on Behavioral, Cognitive, and Sensory Sciences, Division of Behavioral and Social Sciences and Education, & National Academies of Sciences, Engineering, and Medicine. (2016). *Ending discrimination against people with mental and substance use disorders: The evidence for stigma change*. National Academies Press. https://doi.org/10.17226/23442

Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest, 15*(2), 37-70. https://doi.org/10.1177/1529100614531398

S.Dikeç, G., Sarıtaş, M., & Oban, V. (2024). Bibliometric analysis of publications on stigmatization in psychiatric nursing literature. *Journal of Psychiatric Nursing/Psikiyatri Hemsireleri Dernegi, 15*(1), 33-40. DOI: 10.14744/phd.2023.52385.

Earnshaw, V. A., & Fox, A. B. (2024). Advancing substance use disorder stigma research: It's about time. *Stigma and Health, 9*(4), 425–435. https://doi.org/10.1037/sah0000561

Flaskerud, J. H. (2018). Stigma and psychiatric/mental health nursing. *Issues in Mental Health Nursing*, *39*(2), 188-191.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Prentice Hall.

Gronholm, P. C., Kline, S., Lamba, M., Lempp, H., Machkmud, A., Morales Cano, G., Vashish, K., San Juan, N. V., & Sunkef, C. (2024, April). Exploring perspectives of stigma and discrimination among people with lived experience of mental health conditions: A co-produced qualitative study. *Lancet, eClinicalMedicine, 70*, 102509

Happell, B., Byrne, L., Platania-Phung, C., Harris, S., Bradshaw, J., & Davies, J. (2014). Lived-experience participation in nurse education: Reducing stigma and enhancing popularity. *International Journal of Mental Health Nursing*, *23*(5), 427-434.

International Council of Nurses. 2019. *Mental health is a human right – end discrimination now.* https://www.icn.ch/news/icn-mental-health-human-right-end-discrimination-now.

Jones, N., Corrigan, P. W. (2014). Understanding stigma. In P. W. Corrigan (Ed.), *The stigma of disease and disability: Understanding causes and overcoming injustices* (pp. 9-34). American Psychological Association. https://doi.org/10.1037/14297-002

Kameg, B., Fradkin, D., & Lee, H. (2021). Effect of standardized patient simulation on nursing students' attitudes toward psychiatric nursing and patients with mental health problems. *Journal of Psychosocial Nursing and Mental Health Services*, *59*(8), 15-21.

Kolb, K., Liu, J., & Jackman, K. (2023). Stigma towards patients with mental illness: An online survey of United States nurses. *International Journal of Mental Health Nursing*, *32*(1), 323-336.

McCullock, S. P., & Scrivano, R. M. (2023). The effectiveness of mental illness stigma-reduction interventions: A systematic meta-review of meta-analyses. *Clinical Psychology Review, 100*, 102242.

National Academy of Science. (2024). *Unequal treatment: Confronting racial and ethnic disparities in health care.* https://nap.nationalacademies.org/catalog/27820/ending-unequal-treatment-strategies-to-achieve-equitable-health-care-and

Parcesepe, A. M., & Cabassa, L. J. (2013). Public stigma of mental illness in the United States: A systematic literature review. *Administration and Policy in Mental Health and Mental Health Services Research, 40*, 384-399. https://doi.org/10.1007/s10488-012-0430-z

Pescosolido, B.A., Halpern-Manners, A., Luo, L., & Perry, B. (2021). Trends in public stigma of mental illness in the US, 1996-2018. *JAMA Network Open*, *4*(12):e2140202. doi:10.1001/jamanetworkopen.2021.40202

Richards, S. J., O'Connell, K. A., & Dickinson, J. K. (2023). Acknowledging stigma: Levels of prejudice among undergraduate nursing students toward people living with a mental Illness—A quasi-experimental single-group study. *Issues in Mental Health Nursing, 44*(8), 778-786.

Simonelli-Muñoz, A. J., Jiménez-Rodríguez, D., Arrogante, O., Plaza del Pino, F. J., & Gallego-Gómez, J. I. (2023). Breaking the stigma in mental health nursing through high-fidelity simulation training. *Nursing Reports,* 13(4), 1593-1606.

Sreeram, A., Cross, W. M., & Townsin, L. (2022). Anti-stigma initiatives for mental health professionals—A systematic literature review. *Journal of Psychiatric and Mental Health Nursing*, *29*(4), 512-528.

Stangl, A. L., Earnshaw, V. A., Logie, C. H., van Brakel, W., C Simbayi, L., Barré, I., & Dovidio, J. F. (2019). The Health Stigma and Discrimination Framework: a global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas. *BMC medicine*, *17*(1), 31. https://doi.org/10.1186/s12916-019-1271-3

Substance Abuse and Mental Health Services Administration. (2023a). *Mental health awareness training.* https://www.samhsa.gov/mental-health-awareness-training

Substance Abuse and Mental Health Services Administration. (2023b). *Substance Abuse and Mental Health Services Administration: Strategic plan: Fiscal year 2023-2026.* Publication no. PEP23-06-00-002. https://www.samhsa.gov/sites/default/files/samhsa-strategic-plan.pdf

Substance Abuse and Mental Health Services Administration. (2024). *Harm reduction. https://www.samhsa.gov/substance-use/harm-reduction*

Szekely, R., Mason, O., Frohlich, D. & Barley, E. (2023). The use of virtual reality to reduce mental health stigma among healthcare and non-healthcare students: a systematic review, *Behaviour & Information Technology*, https://doi.org/10.1080/0144929X.2023.2232049

Thornicroft, G., Sunkel, C., Alikhon Aliev, A., Baker, S., Brohan, E., El Chammay, R., Davies, K., Demissie, M., Duncan, J., Fekadu, W., Gronholm, P. C., Guerrero, Z., Gurung, D., Habtamu, K., Hanlon, C., Heim, E., Henderson, C., Hijazi, Z., Hoffman, C., Hosny, N., … Winkler, P. (2022). The Lancet Commission on ending stigma and discrimination in mental health. *Lancet, 400*(10361), 1438–1480. https://doi.org/10.1016/S0140-6736(22)01470-2

Thornicroft, G., Sunkel, C., Milenova, M., & The Commission Implementation Partnership. (2024). How to stop stigma: Implementing the *Lancet* Commission on ending stigma and discrimination in mental health. *The Lancet Psychiatry, 11*(2), 88 – 89. https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(23)00374-7/abstract

Turan, J.M., Elafros, M.A., Logie, C.H., Banik, S., Turan, B, Crockett, K. B., Pescosolido, B., & Murray, S. M. (2019). Challenges and opportunities in examining and addressing

intersectional stigma and health. *BMC Med, 17*(7), 1-15. https://doi.org/10.1186/s12916-018-1246-9

Tyerman, J., Patovirta, A. L., & Celestini, A. (2021). How stigma and discrimination influences nursing care of persons diagnosed with mental illness: A systematic review. *Issues in Mental Health Nursing*, *42*(2), 153-163.

Waddell, C., Graham, J. M., Pachkowski, K., & Friesen, H. (2020). Battling associative stigma in psychiatric nursing. *Issues in Mental Health Nursing*, *41*(8), 684-690.

Walsh, D., & Foster, J. (2024). Understanding the public stigma of mental illness: A mixed-methods, multi-level, exploratory triangulation study. *BMC Psychology, 12,* 403. https://doi.org/10.1186/s40359-024-01887-3

World Health Organization. (2022, June 16). *Knowledge is power: Tackling stigma through social contact.* https://www.who.int/news-room/feature-stories/detail/knowledge-is-power--tackling-stigma-through-social-contact

World Health Organization. (2024*). Mosaic toolkit to end stigma and discrimination in mental health.* https://www.who.int/europe/publications/i/item/9789289061384

Yi Zeng, Ting Pan & Mei Sun (2024) The influencing factors of stigma towards people with mental illness among nursing students: A mixed-method systematic review, *Medical Education Online, 29*(1), 2376802. DOI: 10.1080/10872981.2024.2376802

Authors: Sally Raphel, Pamela Galehouse, Brayden Kameg, Don Taylor

Accepted by the Policy Committee: Jan 15, 2025

Policy Committee Members: Beth Bonham, Pamela Galehouse (Chair), Cynthia Handrup, Brayden Kameg, Andrea Kwasky, Mitchell Kordzikowski, Sally Raphel

Approved by the ISPN Board: February 19, 2025