Dealing with Stigma
In this section:

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Stigma can be a powerful and toxic force affecting people’s lives and opportunities. There is unfortunately a lot of stigma arising during this period — stigma of race, ethnicity, political beliefs, and illness. Stigma is an ancient and ugly term, originally signifying the marks or brands burned into the skin of social outcasts in ancient Greece and Rome. Today it signifies the devalued status placed on individuals including racial/ethnic, religious, or sexual minorities as well as people with serious health challenges, mental disorders, or substance abuse. Some formerly stigmatized groups (for example, left-handers, adoptees, HIV-positive individuals) today experience less (or hardly any) stigma, signaling that as social norms change and as political action occurs, acceptance can carry the day. Particularly in the case of HIV, effective treatments also make a huge difference.

**Stigma associated with mental health**

Despite far greater public knowledge of mental disorders than 50-60 years ago, public attitudes have been slow to budge. Depression continues to be a leading cause of disability worldwide. Still, a growing surge of openness, disclosure, and "parity" for mental health care coverage is combining to usher in a new era. We can no longer tolerate silence and discrimination. Given the sheer number of people experiencing mental disorders, everyone loses if fear, shame, and silence continue.

UCSF and UC Berkeley professor Stephen Hinshaw, PhD, is an expert on stigma and mental health who has written extensively about the field of mental health stigma and strategies to overcome it.

Do we have stigma about mental health issues at UCSF? We do, and we need to fight that together. During COVID-19, the CDC reports that 40% of U.S. adults reported struggling with mental health or substance use. These statistics include a rise in those who have considered suicide, most prominently among respondents who are ages 18-24 (25.5%) and essential health
workers (21.7%), but people think they are the only ones and are fearful or ashamed of sharing their struggles. This also leads to barriers to seeking help.

The seriousness of this issue is brought to light by the tragic story of Lorna Breen, MD, head of the emergency department at New York-Presbyterian Allen Hospital, who died by suicide on April 26, 2020. After a few short weeks working around the clock treating incredibly sick COVID-19 patients, watching many die, and contracting the virus herself, this exemplary physician with no prior history of mental illness experienced a mental health crisis. Her sister wrote [8], “And when she became so overworked and despondent that she was unable to move, her biggest fear? Her job."

Many in health care worry that they will be seen as weak, ostracized or put their careers at stake if they break the silence. However, with the ongoing uncertainty, isolation and exhaustion associated with this pandemic the rise of mental illness and substance use disorders can no longer be a quiet epidemic, and we must learn to speak out for ourselves and others.

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**Stigma associated with COVID-19**

The COVID-19 pandemic has placed fear of literal contagion front and center, leading to the stigma of those who test positive for COVID-19. In fact, a reason why stigma exists is to keep people “away” such as avoiding disease. The level of stigma associated with COVID-19 is due in part to:

2. We fear the unknown
3. It is a natural human tendency to associate that fear with “others” to blame others, to fear others, when we are fearful ourselves.

This can lead to prejudice and discrimination, in part to exert a sense of control over a situation that feels very uncertain. As described in a July 2020 *Lancet* article [9], there has been social ostracism, violence, and attacks on both health care workers and COVID-19 patients.

In spite of this, we can and will endure this pandemic. But in the meantime, following safety protocols, and undergoing quarantine if one contracts the virus can help with controlling the immediate environment. Also, realizing that most people are encountering stress, anxiety, and even depression associated with this pandemic can remind us that we are all in this together.

There has been xenophobia towards people of Asian descent, because of some attaching a location and/or ethnicity to COVID-19. This act of prejudice has led to hate crimes and other acts of discrimination against those perceived to be Asian. To help combat this phenomenon, UCSF’s Thu T. Nguyen, ScD, MSPH, has created a video detailing how being sensitive to the language we use can reduce prejudice and discrimination [10].

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**Stigma experienced by health care workers**
Being exposed to COVID-19 has led health care workers to be more isolated. In public, they may be denied access to certain spaces for fear of higher risk of transmission. Friends and coworkers may avoid them for fear of exposure. In their homes, they may not be able to easily hug or show affection for their families or in some cases, even live with their loved ones. For many working with COVID-19 patients, it has been a time of stress without the usual social support.

UCSF’s Robert Rodriguez, MD, has documented the specific stressors, such as social isolation, in emergency room physicians nationally. Contracting COVID-19 has led to stigma at work where coworkers tend to avoid the person who recovered from COVID-19. Now that we have more resources to safeguard against contracting COVID-19, we must also attend to reducing the burden associated with this stigma.

**Tips for preventing and reducing COVID-19 stigma**

COVID-19 is a worldwide phenomenon which affects everyone, and in that way, we can all play a part to reduce its impact. Below are some things we can do to reduce stigma, based on suggestions from the Mayo Clinic. A downloadable guide to dealing with stigma is also available from WHO/UNICEF.

- **Fight the “infodemic” of false information.** Facts, not fear, will stop the pandemic: Getting the facts about COVID-19 from reputable sources such as the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO). Share them with your family and friends.
- **Speak up** if you hear or see inaccurate statements about COVID-19 and certain people or groups. Share sympathetic narratives.
- **Reach out to people who may feel stigmatized.** Ask how you can help. Listen to them and show that you understand and support them.
- **Show support for health care workers** and others who are caring for people with COVID-19. Thank them for their work and share positive messages on social media.
- **Show support for essential workers.** Share extra gratitude and kindness with those who continue their essential jobs to help you and your community, such as police officers, bus drivers, grocery store clerks, food bank workers, and delivery people.

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