

# The issue with stigma and depression



## The Issue with Stigma and Depression

Depression is a growing health issue affecting thousands of people across the globe and was ranked as the third cause of burden of disease worldwide (Malhi & Mann, 2018). It has been predicted that by 2030, major depression will be ranked the first cause of burden of disease (Malhi & Mann, 2018).

Depression is a mental health disorder that has been described as an incapacitating disease that generates a greater diminishment in health than chronic diseases such as asthma and arthritis (Sia et al., 2018). The most recent National Health Survey conducted between 2017 to 2018 established that just over one in five or 20.1% of Australians had a mental or behavioural condition, a significant increase from 17.5% in 2014 to 2015 (Australian Bureau of Statistic, 2015; Australian Bureau of Statistic, 2018). A further 1 in 10 people (10.4%) reported having depression or feelings of depression which was an increase from the 8.9% reported in the 2014 to 2015 survey (Australian Bureau of Statistic, 2015; Australian Bureau of Statistic, 2018). Of solicitude, in a figure representing only 16% of Australians experiencing mental illness, as little as 41% of those on active treatment reported having received marginally satisfactory treatment (Sia et al., 2018).

In this report, provided first will be an evidence-based description of depression, succeeded by its determinants focusing on the society, culture and environment. Subsequently, to show that the increasing population of Australians experiencing depression and the inadequate number of those seeking help is of great concern, a symbolic interactionist theory will be applied, demonstrating that it is due to the stigmatisation of mental illness in

Australia that this issue has emanated. This will support a recommendation that education programs, public campaigns and the depiction and portrayal of depression in the media should be considered to help reduce the stigma and encourage individuals to seek professional medical help.

The major issue in concern for Australia is not so much depression itself, but rather the challenge of suffering individuals not seeking medical help due to the stigma associated with it and thus the possible physical risks associated.

Depression, in definition as a disorder, is depended upon the symptoms causing functional impairment for an individual (Malhi & Mann, 2018).

Symptoms of depression can be predominantly grouped into emotional, neurovegetative and cognitive categories (Malhi & Mann, 2018). One thing to note is that depression is not the same as unhappiness or typical feelings of sadness (Malhi & Mann, 2018). To be diagnosed with depression and individual must demonstrate five or more identified symptoms almost every day for a two-week episode (Malhi & Mann, 2018). Diagnosis can happen after one episode however, if depressive episode continues for extended periods of time, the diagnosis can be described as chronic depression, or if symptoms persist consistently for 2 years it can be termed ' persistent depressive disorder' (Malhi & Mann, 2018). Symptoms of depression often include fatigue, hopelessness, insomnia, eating problems, anhedonia, and shame and guilt (Malhi & Mann, 2018; Ward, 1995). In Australia, approximately one in 10 people suffer from depression (Australian Bureau of Statistic, 2015; Australian Bureau of Statistic, 2018). In westernised society, stigma is one of the leading challenges faced by individuals with mental health issues (Wood et al., 2014). According to a study conducted by the

Australian and New Zealand Journal of Psychiatry, two in three people meeting the criteria for a mental disorder did not seek help in any one year (Reavley et al., 2011). Stigmatisation is this idea of social disapproval and negative ideas about specific groups of people based on their physical or mental characteristics and lifestyle (Gaebel, Roessler & Sartorius, 2016). Stigmatisation can lead to such problems as exclusion of individuals from contributing in various areas of social life (Gaebel, Roessler & Sartorius, 2016). A study conducted at four medical universities in Australia found that four-fifths of students demonstrated stigmatised beliefs about depression with ideas following the perception that depression is not a real medical illness but a sign of personal weakness and that an individual can snap out of it if they want (Gaebel, Roessler & Sartorius, 2016; Beyondblue, 2015). These general attitudes and beliefs contribute to a vicious cycle of individuals suffering depression not getting help to avoid the stigma and thus to suffer relapses and fall into a deeper depressive state which could lead to further mental health problems or even physical harm.

Depression can affect and person at anyone time regardless of their gender, age or class. It has been suggested that life events could possibly lead to the cause of major depressive disorder (Malhi & Mann, 2018). In adults and seniors these stressful life events could include life threatening illness, economic status, employment or bereavement which can cause psychological stress and make everyday task increasingly difficult (Malhi & Mann, 2018). In children these stressful life events could include neglect, abuse, learning difficulties and interactions in the schooling environment (Malhi & Mann, 2018). This demonstrates that the onset of depression or

depressive episodes can occur at any stage in a person's life course and may result from issues different from others suffering the same mental health issues. Regardless of what age, class or demographic a person is there is a stigma surrounding mental health and depression (Wood et al., 2014).

However, a study comparing Australians public beliefs over the course of 15 years demonstrated that the depression literacy rate increase from 39% in 1995 to almost 75% in 2011 (Pilkington, Reavley & Jorm, 2013). This reveals that overtime Australia's social and cultural determinants have improved yet the rate of suffering individuals actually seeking help is still at a low and is most likely a result of this stigmatised belief surrounding depression.

Adopting a symbolic interactionist perspective, the lack of people speaking out about depression can be linked to the stigmatisation surrounding mental health. First, to understand how this theoretical perspective applies to the issue presented in the report, an understanding of symbolic interaction must first be established. Symbolic interactionism is a sociological term used to describe interactions and social actions which are characterised by immediate reciprocal behaviour (Giddens & Turner, 1987). These processes of interaction can cause stress to the symbolic character of a social action (Giddens & Turner, 1987). This in terms of depression and stigma is the interaction of people not wanting to reach out and speak about mental health issues. As mentioned previously in this report, most individuals suffering from depression do not seek medical help as mental illness is perceived as a stigmatising disorder and can lead to self-stigma (Gaebel, Roessler & Sartorius, 2016). This issue of people not wanting the stigma associated with them means they received less effective therapy and can

suffer unfavourable prognosis and relapses (Gaebel, Roessler & Sartorius, 2016). Self-stigma is also known to lower self-esteem and can hinder an individual's performance in both their home and work life (Gaebel, Roessler & Sartorius, 2016). Originally stigma used to be defined as having a trait or characteristic that reduces an individual from a 'whole person' to a tainted person (Wood et al., 2014). Hence this idea of being considered by society as a lesser person can really impact an individual's decision to seek help. A study conducted at various universities around Australia supports this negative stigma idea and concluded from their results that students who experienced greater levels of stigma from close relationships were significantly less likely to get assistance and talk about their depression with even fewer even disclosing that they have a mental health issue (Gulliver et al., 2019). This study found that the majority who did not speak out about having a mental health issue reasoned their actions to fear of not wanting a label (Gulliver et al., 2019). Focusing even more closely to depression is that, when compared to other mental illnesses, depression is perceived with more negative stereotypes such as being lazy and difficult to talk to (Wood et al., 2014). This could also induce social stigma meaning an individual is perceived as different and can cause discrimination amongst sufferers (Haddad P. & Haddad I., 2015). This stigma and associated stereotypes created by society are highly discouraging for individuals suffering depression to actually want to speak out and receive help.

It is clearly presented by research and studies that stigma is the leading cause for individuals suffering depression to not speak up about their experiences and thus recommendations such as school-based programs,

campaigns, media representations and legal action should be considered when looking to reduce Australia's high rate of depression. It has been suggested that introducing interventions that reduce exposure to environmental determinants of depression would reduce discrimination faced caused by the stigma behind mental illness (Sia et al., 2018). One suggestion is to introduced school-based prevention interventions in which youths will learn from a young age how to deal with the illness if someone they know or themselves are suffering depression (Lee et al., 2017). This will also lessen the stigmatisation about depression and other mental illnesses as early exposure will normalise these conditions and can reduce school-based discrimination (Lee et al., 2017). The second endorsement to be made is to introduce new public campaigns that educate society more about how to respond to a person who is suffering from depression. It has been suggested that targeting the mean population mood with these campaigns could reduce the prevalence of depression (Sia et al., 2018). The populations mood and attitudes towards depression if improved may encourage more people to reach out and get help if they're suffering (Sia et al., 2018). Thus far there have been no preventative mental health policies in Australia which have targeted the mean mood of the population (Sia et al., 2018). Study results from the ' Changing Minds Campaign' which ran between 1197 and 2003 in the UK demonstrated a reduction in negative attitudes towards mental illness and an overall lessened stigma by developing a public and professional understanding of mental health problems (Wood et al., 2014). The survey results advocate that over time greater recognition of depression and the ratings of interventions like help from mental health professionals have improved (Reavley et al., 2011). These results demonstrate just how

effective campaigns can be at reducing stigma through social contact interventions (Haddad P. & Haddad I., 2015). A third proposal to be made is to target the media to depict a more accurate representation of people suffering depression. The fictional portrayal of individuals with mental illness in movies and television creates stereotypes that can be misleading and stigmatising (Haddad P. & Haddad I., 2015). This can cause society to view these individuals in a negative light and increase discrimination based on false information (Haddad P. & Haddad I., 2015). If this dramatization of mental illness in media can be reduced to represent accurate characteristics and symptoms then it will increase understanding in the public and decrease the stigma surrounding depression. The final proposal to help reduce stigma and discrimination associated with it is to introduce policy and legislation to deal with it.

With depression being one of the leading causes of burden of disease not only in Australia but on a global scale, its time we start to reevaluate our beliefs of mental illness as a society to encourage individuals suffering depression to seek help. Through the evaluation of social, cultural and environmental determinants of depression and the adoption of a symbolic interactionist view, it can be understood that the leading reason for the inadequate number of individuals seeking professional help is due to the stigmatisation of mental illness and the negative stereotypes associated with depression. Through the introduction of school-based education programs, public campaigns and positive media representation the stigma surrounding mental health can be greatly reduced, thus encouraging individuals to pursue help.



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