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## **Some Thoughts on Stigma**

**The Hon. Dr. Geoff Gallop**

Meeting for Minds (Virtual Brainstorm),

World in a Brainstorm 2023 Forum

Panel Discussion: “How can Brain and Behavioural Science Impact the Life of the Community for Good?”

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My apologies for not being with you today but I trust my comments will be helpful.

My message is that we need to be more comprehensive and sensitive to difference in the way we look upon the issue stigma whether self or other.

My working assumption is that there is a spectrum that exists for mental ill-health, from mild to moderate through to severe and persistent and with complex needs.

Sane Australia have broken it up for Australia in this way:

1. 3 million with mild and moderate illnesses such as anxiety disorders,
2. 625,000 with severe episodic illnesses such as bi-polar, severe depression or schizophrenia, and
3. 65,000 severe and persistent illnesses with complex multi-agency needs requiring a multi-agency response.

Stigma will present itself differently across this spectrum.

At one end it labels sufferers as weak, even indulgent.

At the other end they may be seen as out of control, even dangerous.

Why it has been a hard nut to crack relates to the fact that some behavioural manifestations of mental illness may be seen as confirming prejudice and stigma. It is that old question of “difference” and how we are led to fear it, relying as we do on reasonableness, intelligibility, and predictability for everyday life in our all too unforgiving modern society.

Such attitudes have consequences and we see them as starting as avoidance and going through to denial and even coercive, rights denying treatment.

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My judgement call is that we have made some progress in relation to anti-stigma campaigns for mild and moderate illness. Education, protest, sharing of stories and better service delivery have helped with governments, the private sector and civil society all playing a role. Conclusion - some progress but still a project to complete!

However, when we enter in the “serious and persistent” province the picture is concerning- some denting of stigma but certainly no defeat. The inclusion of “lived experience” in policy and its administration has helped by bringing the real world of illness to the table but at best is a necessary if not sufficient condition for tackling stigma. We may “know” but that does not mean we no longer “fear.” Conclusion - still too much avoidable suffering, much to do!

One thing I believe we can conclude and that is that research and better practice is important in all of this. We need not just to convince our fellow citizens that prejudices are not only contrary to our views of right and wrong but also misguided in their estimation of what we can achieve through the power of enlightened endeavour. Compassion plus science is a powerful brew; let us be more serious about making it a day-to-day habit rather than an optional extra.

N.B.: On the reference to reasonableness, intelligibility and predictability see Kecmanovic,D. “The future of psychiatry”, **Australasian Psychiatry**, 20(6), 2012