



NeuRA

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BIPOLAR DISORDERS Factsheet

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What is stigma?

There are several interacting levels of stigma: social, structural, and internalised. Social (public) stigma occurs within a large group, such as members of the general public, who collectively adopt stereotypes about the victims of stigma. Structural stigma refers to the institutional rules, policies, and procedures that restrict the rights and opportunities of particular groups of people. Internalised stigma occurs within an individual, such that a person's attitude may reinforce a negative self-perception of mental disorders, resulting in reduced sense of self-worth, anticipation of social rejection and often a desire for social distance.

Stigma can be an important barrier to seek out proper treatment. Interventions to reduce stigma include mass media programs, contact with patients either in person, by video or imaginary, education programs, family interventions, and symptom simulation.

What is the evidence regarding stigma toward bipolar disorder?

Moderate to low quality evidence found medium to high levels of internalised stigma in patients, and lower levels of internalised stigma in family members and caregivers of people with bipolar disorder. Moderate to high quality evidence indicates medium to strong relationships between more internalised stigma and more symptom severity, less hope, less self-esteem, less empowerment, less self-efficacy, less quality of life, less social support and less treatment adherence.

Moderate to low quality evidence found public attitudes towards bipolar disorder are generally more positive than public attitudes towards schizophrenia, but less positive than public attitudes towards depression. Moderate to high quality evidence indicates a medium-sized effect of reduced social stigma towards people with a mental illness, including bipolar disorder, following intergroup contact. Intergroup contact was particularly useful for improving attitudes, prejudice, and intentions in people without a mental illness towards people with a mental illness. Moderate to low quality evidence found mass media interventions may reduce prejudice, but not discrimination, of people with a mental disorders.

For more information see the technical table



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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about bipolar disorder or its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at neura.edu.au/donate.

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