

The State of Stigma

Lived experiences of mental health stigma

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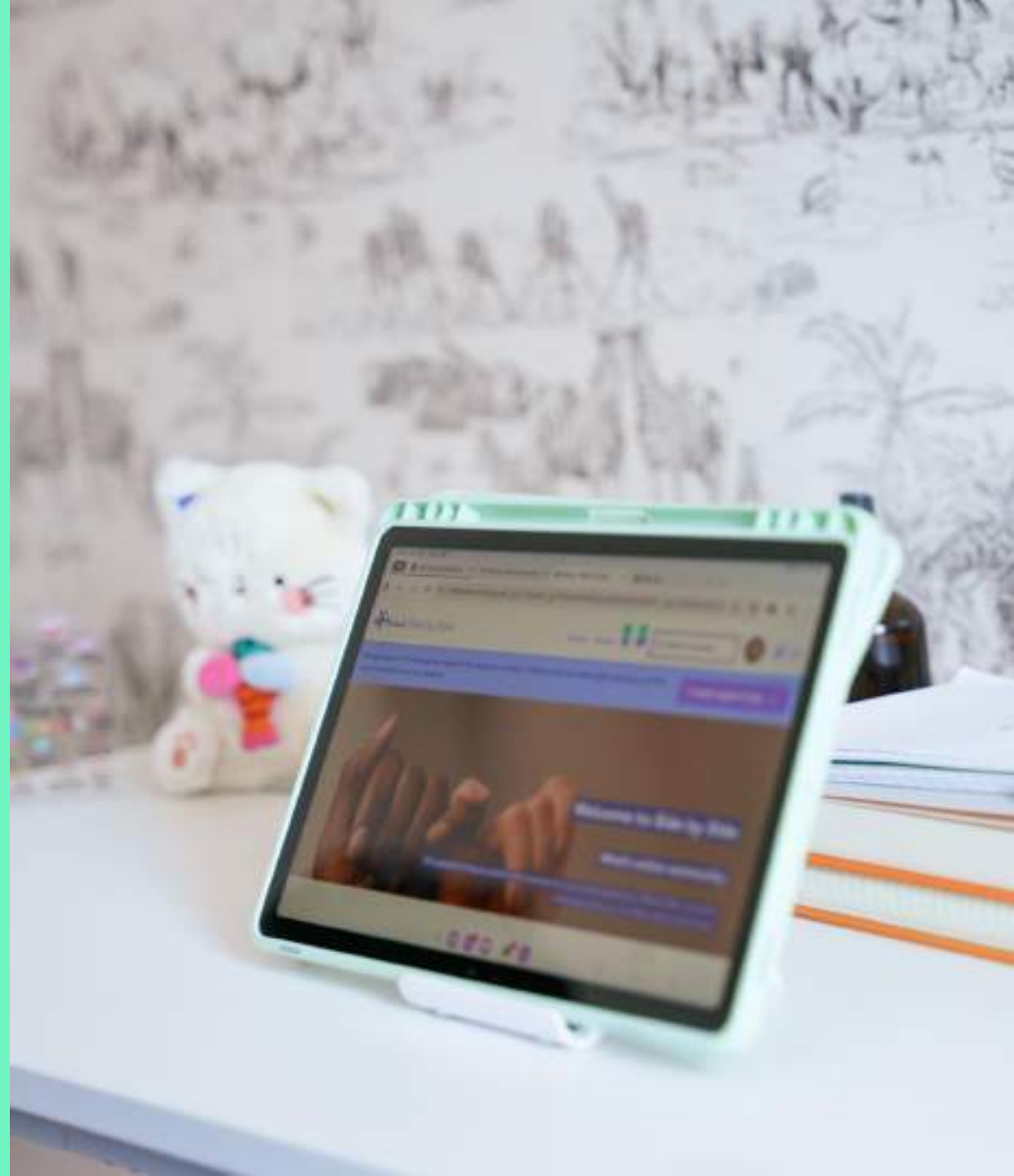
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Who we are

We're **Mind**. We're here to fight for mental health. For support, for respect, for you.

We **change** minds across England and Wales by making mental health an everyday priority. We **support** minds – offering help, information, advice and local services. And we **connect** minds. Bringing together people who care about mental health to make a difference.

Join us. Together we won't give up until everyone experiencing a mental health problem gets both **support and respect**.



Acknowledgements

Thank you to those who shared their experiences

A huge thank you to everyone who spoke with us and shared their story.

We really appreciate your time, honesty and bravery.
We hope that what you told us will help make things better for others in the future.

Thank you for your early insight

We'd like to thank George Hoare, Mind's former Head of Anti-Stigma for originally sparking the idea for this research into the state of stigma in England and Wales. His early thinking helped shape the direction of this work.



Content warning

- This report talks about people's real experiences of mental health stigma, which might be tough to read at points. Some of the stories include topics like self harm suicidal thoughts and being dismissed or judged by others. Remember you can choose to skip sections or take breaks if you need to.
- If you need support, you're not alone. You can speak to someone by calling **Mind's Infoline on 0300 123 3393** (open 9am to 6pm, Monday to Friday) or visit **mind.org.uk** for more ways to get help.



Terms we use in this report

Mental health problems



Mental health affects how we think, feel and act – and it’s something we need to look after. When your mental health isn’t good, everyday things can feel hard to cope with. This can be just as tough as being physically ill – sometimes even worse.



Mental health problems are common.

Every year, 1 in 4 adults in England experience at least one diagnosable mental health problems in any given year. They can range from things like anxiety and depression to less common conditions like bipolar disorder or schizophrenia.

Stigma

Stigma isn’t always visible. It’s a set of thoughts or feelings that someone has that casts something in a negative light.

Stigmatising thoughts can influence someone’s attitudes and behaviour towards other people.

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Findings at a glance

Mental health stigma is the negative attitudes and beliefs that shape how people think, feel, and act toward people with mental health problems.

And sadly, it isn't going anywhere. In fact, stigma towards mental health problems is growing.

This report shares the voices of 12 people who've lived it. Their stories reveal a harsh truth: **people with mental health problems can't win.**

- Those with conditions like bipolar disorder, personality disorders, or schizophrenia are told they're **too unwell** - too unwell to be helped, believed, or trusted.
- Those with depression or anxiety are told they're **not unwell enough** - accused of exaggerating, making it up, or not deserving support.

They told us how stigma shows up in schools, workplaces, health services, and even in our closest relationships.



Findings at a glance

The impact of stigma is devastating: **isolation, emotional pain, job loss**, and not feeling like you can **reach out for help**. Some of the people we spoke to even felt **retraumatised** by the way they were treated, both by people they knew and the services that were supposed to help them.

People told us what needs to change:

- **More lived experience in decision-making** – not just token voices.
- **Mental health education in schools** – starting early.
- **Better representation in the media** – showing real, everyday lives.
- **Training that's shaped by real experiences** – not just tick-box exercises.

Until we end stigma, many of us won't feel safe enough to speak up. We hope that this report is a step towards making sure every voice is heard.



About this research

What we did

To understand how stigma affects those of us living with mental health problems, we combined different research approaches. This gave us a fuller picture by bringing together what's already known with real, personal experiences.



Evidence review

We started by reviewing some of the **existing research** on mental health stigma. This gave us a strong foundation and helped us identify key themes and gaps. We focused on studies that explored how stigma shows up in everyday life – from relationships and work to healthcare and community settings.

Interviews with people with lived experience

We spoke to **12 people** who've experienced stigma because of their mental health. The interviews were one-to-one, and we used a semi-structured approach inspired by **narrative inquiry**¹. This means that we asked one or two open questions and gave people space to share their story in whatever way felt right to them. This helped us hear what mattered most to each person, in their own words.

How we analysed the findings

We used **thematic analysis**² to explore the themes that came up in the interviews. This means we looked for patterns and themes across people's different stories.

Researchers met regularly, which helped us stay grounded in people's experiences and make sure we were interpreting things with care.

Who we spoke to



We spoke to **12 people with lived experience of mental health problems**. We wanted to understand what stigma feels like and how it affects people's lives.



To make sure we heard a range of views, we spoke to people with different experiences. This included **common mental health problems** such as **anxiety and depression**, and **least understood mental health problems** such as **bipolar disorder and schizophrenia**. Many of the people we spoke to had more than one diagnosis, which gave us a broader perspective on stigma.



We didn't collect details like age, gender, or ethnicity. Our focus was on hearing from people with different mental health problems and because of this, we can't say how experiences of stigma might vary for people of different ages or backgrounds.



What do we already know about stigma?

How does stigma work?

- Stigma is made up of three parts³:

Ignorance (lack of knowledge)

Prejudice (negative attitudes)

Discrimination (behaviour)

- **Self-stigma** is also powerful and harmful. When we internalise negative beliefs about ourselves, it can lead to shame, isolation and lower self-esteem^{3, 4}.



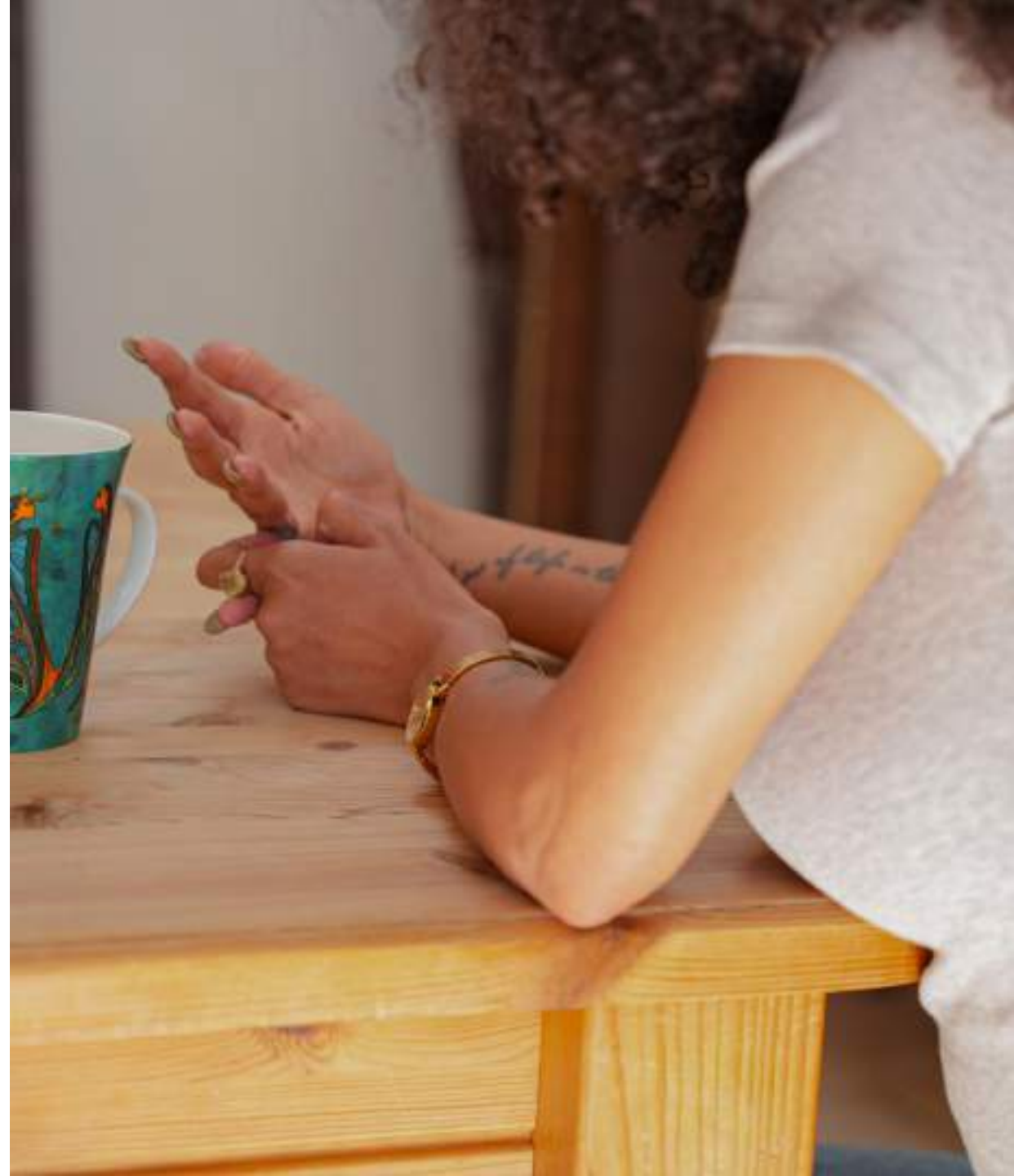
Is stigma changing?

- **Public attitudes are getting worse.** After years of progress, knowledge, attitudes and behaviour relating to mental health have worsened since 2019 – especially since the end of the Time to Change campaign and the start of the cost-of-living crisis³. Attitudes to mental health are now worse than they were in 2009³.
- **Some diagnoses carry more stigma than others.** Conditions like schizophrenia are still more stigmatised than depression – though the gap is narrowing^{3, 4}.
- **Media and politics play a big role.** Negative portrayals of people with mental health problems and narratives about us in politics and the media can reinforce harmful stereotypes, while responsible reporting can help reduce stigma^{3, 4}.



Why do some people face more stigma?

- **Racism makes stigma worse.** People from racialised communities face higher levels of stigma and are more likely to experience restrictive practices in mental health services³.
- **People with lived experience must lead change.** The most effective anti-stigma work is co-produced with those of us who've experienced it⁴.





**What does stigma look like for
people with mental health
problems?**



**The stigma is absolutely
everywhere.
It's like saying, 'Tell me what
oxygen looks like'.**



Too unwell or not unwell enough?

Imagine opening up about your mental health - only to be told “it’s not real”, or “you’re just being dramatic”. Or people believe you – but once they hear your diagnosis they act like they’re scared of you and keep their distance.

People with mental health problems are often caught in this no-win situation. For those of us with mental health problems that are less well understood, like personality disorders or schizophrenia, we’re often seen as **“too unwell”** to be treated the same as everyone else, no matter how we’re coping day-to-day. For those of us with more common mental health problems like depression or anxiety, we’re often treated like we’re **“not unwell enough”** to be believed or deserve support.

That’s what stigma around mental health can feel like. And for many of us, it’s not just one-off comments - it’s something we face in school, at work, online, and even from people who are supposed to help us.

In this section, we explore these 2 themes from our research using the voices and experiences of the 12 people we spoke to.



Too unwell: Feared and mistrusted



People we spoke to told us about times when people **kept their distance, didn't trust them**, or told them they **couldn't be helped**.



These are some of the things they heard:

“You're dangerous”

“You're not capable”

“You're lying”

“You're too complex”

“You're a liability”



Too unwell: Feared and mistrusted

These kinds of experiences were more common for people who had diagnoses of conditions like **bipolar disorder, personality disorders, psychosis, PTSD** and **schizophrenia**.

This shows that people living with these conditions still face these unfair and untrue fears. People told us about being judged, avoided or denied support and a say in their treatment - not because of who they are, but because of what others assume about their diagnosis.

In the following sections, We explored the stigma that says some of us are **“too unwell”** to live full lives – by sharing real stories from people with mental health problems.

We’ve changed the names of the people in these stories to keep things anonymous. And in some cases, we’ve combined parts of different stories that share similar themes. This helps protect people’s privacy while still showing the real experiences behind the research.

Too unwell: Feared and mistrusted



At work

People told us that their competence was questioned because of their diagnosis. It didn't matter whether symptoms were severe or under control, people started to be looked at with suspicion and fear when they opened up about their mental health in the workplace.

Michael

Michael works in a sensitive, public-facing role. He's worked in the same area for years, and despite some difficult times with his mental health, he's confident he can do his job. But when his boss hears about his **PTSD** diagnosis, he assumes that this means Michael will be dangerous and at risk of lashing out. Michael's never been violent and Occupational Health say he's fine to work. But this doesn't seem to matter. Without consulting him, Michael's boss excludes him from the team and stops giving him shifts.

Hazel

When Hazel had back pain, her manager quickly agreed to adjustments to help her work comfortably. But when Hazel opened up about her mental health at work, things didn't go quite so smoothly. When she asked for a small change to help manage her medication for **psychosis**, things were different. The request was passed to senior staff, took weeks to sort out, and came with personal questions that made Hazel feel like her ability to do her job was being questioned. It also made her feel less secure in her position.



From friends and family

Friends and family didn't always have much knowledge about different types of mental health problems and sometimes had really harmful ideas about what different diagnoses meant. This led to people being judged and overly observed by the people closest to them.

Antonia

Antonia was studying to work in mental health. Thinking that her peers might be understanding of her mental health struggles, she opened up to someone on her course that she lives with a **personality disorder**. Instead of reacting with empathy, this person told other people on the course that Antonia couldn't be trusted, was dangerous and they should stay away from her. What made the hurt even worse was that this stigma came from someone educated in mental health.

Sarah

After giving birth, Sarah experienced **postpartum psychosis** and spent time in hospital getting the help she needed. With the right support, she recovered and returned to work and normal life. But stigma didn't stop when her symptoms did. Family members questioned whether she could care for her children. Neighbours made comments about whether it was safe for their children to be at her house.



In mental health services

Even when people reached out for help from mental health services, they weren't always treated with understanding. People told us that services sometimes used their diagnosis to paint them in a negative light, or made them feel like they were problem for not fitting neatly into the types of service on offer.

Layla

Over the years, Layla has really struggled with her mental health. When she felt like she needed some help, she reached out for help with her mental health. But instead of getting support, she was passed from one service to another. Each time, she was told her **combination of conditions and symptoms** meant she was “too complex” to help. No one seemed to know where she fit. In the end, Layla didn't get the support she needed. And without that help, her mental health sadly got worse.

Zak

Zak lives with **schizophrenia** and has spent time in in-patient mental health units. There have been times when he hasn't been happy with the treatment prescribed by mental health professionals. But when he's mentioned his concerns, he hasn't always been listened to. Instead, he felt like staff used his diagnosis and his ethnicity against him, saying he's being **paranoid** and that the issues he raises are '**conspiracy theories**'. Because of this, it's been really hard for Zak to get the right support.



In other health services

People told us about times where their mental health diagnosis had overshadowed their treatment for other health issues. We heard about times where a mental health diagnoses led to professionals refusing access to services or sidelining other issues.

Hazel

When Hazel went to the GP about a minor health issue, she expected the appointment to be straightforward. At first, everything seemed normal, but things changed once the GP looked in the notes. When they saw that Hazel had a diagnosis of **psychosis**, the focus of the appointment changed. Rather than focusing on the issue she was there for, the GP asked endless questions about her psychosis. The questions were **invasive** and **inappropriate**, especially given that Hazel's symptoms were well controlled at the time.

Taylor

During lockdown, Taylor was working in a stressful role and struggling with anxiety relating to workplace pressures. She decided to reach out to get some counselling through her workplace. She went all the way through her assessment, and things were going well. However, things changed when she mentioned she'd previously had a diagnosis of **psychosis**. The assessment ended, and Taylor was later told that her psychosis meant she was **'too high risk'** for the service to be able to support.



I can't actually be honest about the real situation that I had with my mental health. I can only say the sort of socially acceptable thing, 'Yes, I have mental health problems' ...

Almost like a clean version, a version that people can cope with. Because they wouldn't be able to cope with somebody that hears voices or has, like, unusual thoughts.



Unequal treatment

- People from **racialised communities** shared painful stories about how stigma and racism often combined for them, especially when accessing mental health services. They told us that being from a racialised background made the stigma they experienced relating to their mental health worse.
- They said they were treated differently – not just by mental health services, but also by family and friends – because of both their background and their diagnosis. This was especially the case for people who had experience of **psychosis** or **schizophrenia**, who told us they were sometimes treated as if they were dangerous or untrustworthy – just because of their diagnosis and identity.





Other people told us they'd been made to feel like their mental health problems **weren't real** or **didn't matter**.



These are some of the things they heard:

“ You're just misbehaving ”

“ You're attention seeking ”

“ You're imagining it ”

“ You're exaggerating ”

“ You're making it up ”



Not unwell enough:

Dismissed and invalidated

Not unwell enough: Dismissed and unvalidated

Across the interviews, people often described their mental health being dismissed, especially those experiencing **depression, anxiety, or eating disorders**.

These are 3 of the most common mental health problems. But that doesn't mean they're mild or easy to live with. Depression, anxiety and other common mental health conditions can be isolating and exhausting. People told us about how these conditions - and the stigma around them - can affect every part of their lives.

In the following sections, we explore the stories of people living with mental problems to understand how people with certain mental health problems are made to feel like they're **“not unwell enough”**.

We've changed the names of the people in these stories to keep things anonymous. And in some cases, we've combined parts of different stories that share similar themes. This helps protect people's privacy while still showing the real experiences behind the research.



At work and school

Many people with common mental health problems often find their challenges ignored or dismissed, especially at work or school. Since we spend so much of our time in these places, being unsupported can make it even harder to manage our mental health.

Georgie

Georgie had been finding things tough at work for a while. She started to notice that it wasn't just her - lots of her colleagues were feeling burnt out too. So, Georgie decided to speak up. She raised her concerns with senior leaders, hoping they'd take it seriously and make some changes. But instead of listening, they turned the focus onto Georgie's mental health. They brought up her past experiences with **depression** and **anxiety** and suggested that her worries were just part of that - not a sign that something was wrong at work.

Eli

Eli started struggling with **depression**, **anxiety** and an **eating disorder** when they were still at school. It made it hard to stay in class, and sometimes they had to leave. But instead of trying to understand, teachers told Eli off for misbehaving. When Eli tried to talk to staff about how they were feeling, they were told, "What have you got to worry about? You're only a kid." The school counsellor even told teachers not to respond to Eli's feelings - thinking that ignoring them would make it stop.



From friends and family

Some people told us that even their closest friends and family didn't really understand or take their mental health seriously. This happened because of harmful myths, like the idea that certain mental health problems aren't a big deal, just because some people with those struggles still live happy, normal lives.

Sam

Sam was struggling with **depression** and **anxiety** and tried to talk to their family about it. But their family didn't really understand. They said things like, "You can't be depressed - you're not suicidal," or "Everyone feels down sometimes." It made Sam feel like their pain didn't count. Like they had to be in crisis before anyone would take them seriously. But Sam knew what they were feeling was real. And being dismissed like that made it even harder to ask for help.

Tony

Tony lives with severe **depression**. It's made it hard for him to work, see friends, or even leave the house on his own. But Tony wanted to make a difference. So he joined an online group that aimed to raise the voices of people with disabilities. When he shared his story, the organiser told him he didn't really have a disability. Tony tried to explain that mental health is a real disability, but he was told that, while some mental health conditions might count, depression wasn't serious enough.



In health services

People we spoke to told us about the times that professionals dismissed their experiences and told them their struggles weren't "bad enough." Hearing this from people who are were supposed to help them made them feel ignored, ashamed, or like they have to wait until things get worse before they deserve support.

Alex

Alex had been struggling with **disordered eating** for a long time. It was really starting to impact her life, so she reached out for help. But instead of listening, the professionals she spoke to just brushed it off. They said things like, "That's just part of being neurodivergent," or "You can't have an eating disorder unless you're underweight." It felt like they were saying her **experiences didn't count** - like her struggles weren't serious enough to get support. Being dismissed like that made it even harder to speak up again.

Tom

Tom had been living with **depression** for 10 years, but his psychiatrist didn't believe him. Every time he tried to explain how low and stuck he felt, he was told it **wasn't serious enough** to be diagnosed. Meanwhile, he couldn't work, see friends, or leave the house on his own. Eventually, Tom wrote a letter. He described everything - how he felt, what he was struggling with, and how long it had been going on. Finally, his psychiatrist could understand what he'd been saying - listening properly was all it took in the end.



There's a pecking order or a hierarchy of mental health where mine is depression, and that is seen as lesser to everybody else's mental health problem.

So I'm not only at the bottom of the hierarchy of disability in general, I'm at the bottom of the mental health community.

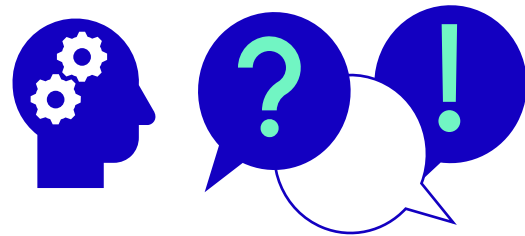


Mental health conditions are overdiagnosed, Streeting says



In 2025, mental health was once again at the centre of public debate. During an interview on *Sunday with Laura Kuenssberg*, Health Secretary Wes Streeting said he believed there was “**definitely an overdiagnosis**” of mental health conditions⁵. His comments were echoed by other public figures, and some questioned the rise in mental health diagnoses among younger people⁶.

**Not over-
diagnosed:**
Misunderstood
and unheard



These statements sparked strong reactions. We wanted to understand how people with mental health problems felt about these narratives. Did they feel these public statements reflected their reality? Did they feel dismissed or invalidated? And crucially, did they believe these narratives were increasing stigma?

So, we asked. In our interviews, we explored how people felt about the idea that mental health is being **overdiagnosed** or **overmedicalised**. We listened to people’s views on whether these narratives made it harder to talk about their experiences, seek support, or feel understood. What they told us offers important insight into how stigma is shaped not just by personal interactions, but by the stories told in politics and the media.

Not overdiagnosed: Misunderstood and unheard

Feeling dismissed and undermined

People told us the idea that mental health problems are overdiagnosed is **harmful and hurtful**. Many disagreed with it, saying it risks undermining their experiences. For some people, hearing powerful people make claims that mental health is being overdiagnosed and overmedicalised caused their mental health to get much worse.

“I don't think [mental health problems are] overdiagnosed. I think they weren't often diagnosed before... If people are more comfortable talking about mental health, they also might recognise it more in themselves if they're having any difficulties.”



Worries about losing support

People told us they're worried about **what this narrative could mean in real life**. If decision-makers start to believe that mental health problems are being overdiagnosed, they might also think it's OK to cut back on support. That could mean fewer services, longer waits, and more people left without the help they need.

“I don't think [mental health problems are] being overdiagnosed. I think those narratives are unhelpful. It's not that more people are being diagnosed unnecessarily - it's that things people used to think were normal, like having a panic attack after work, are now being recognised as not normal.”

Not overdiagnosed: Misunderstood and unheard

Getting a diagnosis isn't easy

People told us that getting a professional diagnosis can be a long and difficult process. Because of this, some turn to self-diagnosis online. But this can be misunderstood. Instead of seeing it as a sign that **people are struggling to access support**, some see it as proof that mental health is being overdiagnosed. This misunderstanding can add to stigma.

“The reason people say it's being overdiagnosed is because admitting that more people are struggling would force society to reflect on what we're doing that's making things worse. And we don't want to take that collective responsibility.”



Disbelieving

We know that some people still don't believe that mental health problems are real. But people also told us that in some online spaces, mental health language can feel like it's everywhere. This creates a tension. It can **make it harder for people with a diagnosis to be taken seriously**, especially when their experiences are complex or long-term.

“It's difficult because accessing a proper diagnosis is hard, and then there are people online diagnosing themselves, which might not be accurate. So, it's about finding a middle ground.”

Not overdiagnosed: Misunderstood and unheard

Mental health language is being misused

People also spoke about the misuse of mental health language. Words like 'triggered' or 'trauma dumping' were described as being used too casually. People told us about hearing friends and relatives saying they were feeling 'triggered', when they really meant 'upset'. This can also make it harder for people using these words in the right contexts to have their **experiences taken seriously**

“There’s now this thing that you can’t tell people how you feel because it’s seen as trauma dumping, when actually it’s OK to talk to your friends.”



Being careful of social media

People also talked about some of the dangers of social media, and using social media to get information about mental health. They told us how easy it is now to watch a short video and feel like you have a condition - without speaking to a professional. This was seen as **dangerous and confusing**. Although this is a worrying trend, people didn't necessarily think this was leading to an increase in diagnosed mental health conditions – as diagnoses still depend on professionals.

“I feel like you’ve got older generations who don’t believe in mental health issues at all, and then people online who think they have certain conditions they don’t actually have. That makes it harder for people who do have those diagnoses to be taken seriously.”



**How does stigma affect our
lives?**

The impact of stigma

For people with mental health problems, stigma can touch every part of our lives. It affects how we see ourselves, how others treat us, and even whether we feel safe enough to ask for help.

In this section, we share what people told us about living with stigma – and the impact it has on their lives. We've grouped the ways stigma affects people's lives into five key themes:

- 1 Social isolation:** Feeling left out and pulling away
- 2 Trust in services:** Not getting support
- 3 Employment:** Problems at work and financial impact
- 4 Emotional harm:** Feeling the hurt
- 5 Silence:** Keeping quiet about mental health



1

Social isolation: Feeling left out and pulling away

Lots of people said they **avoid social situations** because they're scared of being judged for their mental health.

Some of the people we spoke to choose to stay away from **friends, family members and communities** to protect their mental health. Some people are even fearful to leave the house because of the stigma they've faced in the past. Online spaces can be just as bad – even those that are supposed to be peer spaces. People talked about being attacked or mocked online for sharing their stories.

This can make people feel like there's nowhere where they can really be themselves and be open about how they're feeling.





**I really cannot be around
people because I'm fearful.
I'm fearful of being judged.**



2

Trust in services: Not getting support

If you ask for help but feel ignored or dismissed, it's easy to think you're **better off coping alone**. Because of the stigma they'd experienced, some of the people we spoke to had lost faith that services could ever support them.

There's also a **power imbalance**. Professionals are often believed over those of us with lived experience. That creates mistrust and makes it hard to question a diagnosis or treatment – even when it's not right. We heard how this can lead to the wrong support, sometimes for years.

And **support isn't equal**. For people from racialised communities with diagnoses like psychosis or schizophrenia, stigma and racism can combine – leading to worse treatment and more harm.





In the end, I found that mental health services were doing me more damage.



3

At work: Losing jobs and losing confidence

Sadly, even today stigma can **push people out of work**. People told us about the exclusion or mistreatment they faced after sharing a diagnosis or taking time off for their mental health.

Some had to leave their jobs to protect their wellbeing. Others struggled to get hired – despite laws meant to protect them. We also heard how this kind of stigma can knock your **confidence** – making it harder to apply for jobs or believe you’ll be treated fairly.

And losing a job doesn’t just hurt emotionally. It can hit hard **financially** too. When stigma forces people out of work, they often face more stigma for needing benefits – leaving them in an impossible position.





When I disclosed that I'd been diagnosed with complex PTSD... I thought it was great. But as soon as my line managers and team leaders found out... my capability was called into question.



4

Emotional harm: Feeling the hurt

The emotional toll of stigma can't be underestimated. We heard how stigma affects how people feel about themselves, sometimes for years.

Many people said they felt **ashamed, rejected** or like they **didn't matter**. Some started to believe the negative things others said about them. They sometimes felt like they were broken, or not worth helping. Some found that the stigma they'd received from services who were supposed to help them even **retraumatised** them.

This kind of emotional harm can be really deep. It chips away at your **confidence** and **sense of identity**. You stop seeing yourself as someone with strengths and potential – and start seeing yourself as a problem.





My symptoms were amplified. I had to increase my medication just to cope. It's like being traumatised all over again.



5

Silence: Keeping quiet about mental health

Being called “crazy” or “attention-seeking” stops people from opening up about their mental health. Hiding what’s going on can feel like the only way to **protect ourselves from more harm**. Some people told us they feel pressure to look “normal” and hide any signs of distress.

When people hide their mental health, they often end up carrying it alone – missing out on support from friends, family or work. Some now turn to **helplines** or **AI** because it feels safer than talking to services or people they know.

But silence keeps the stigma going. It makes it seem like struggling with your mental health is rare or something to be feared. **Until we end stigma, many of us won’t feel safe enough to speak up.**





For some people, it takes a lot to open up. And if they do, and they're not met with support, they may never open up again.





What needs to change?

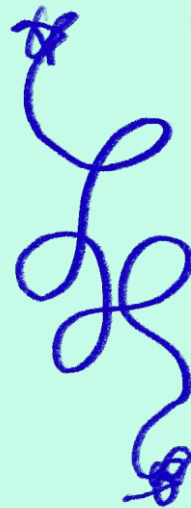
Here's what people told us needs to change to tackle stigma



We need more lived experience in decision-making

People want to see those of us with mental health problems involved in shaping the policies that affect our lives.

People told us that it's not enough for decision makers to pay lip service to involving people with lived experience. Real change can only happen when our voices are part of the decisions.



Let's talk about mental health in schools

Many people told us that they think mental health should be part of education from a young age.

When we talk about mental health openly at school, it helps everyone understand it better and helps to reduce the fear of the unknown. If we help people to see mental health problems as normal from a young age, it could help people to feel more comfortable asking for help.

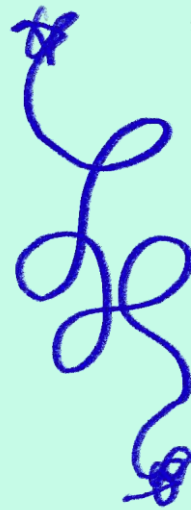
Here's what people told us needs to change to tackle stigma



We want better representation in the media

People told us they want to see more honest stories about mental health. That means hearing from people with less understood conditions, like schizophrenia, personality disorders or psychosis - not just the same celebrity stories.

And it means showing people living everyday lives, not just those who are super-successful.



Training should be real, not just a tick-box, and widely available

People want everyone - especially those in health, education and workplaces - to have proper mental health training. This training should be shaped by lived experience, not just delivered by outside contractors.

And it shouldn't be a one-off. Anyone responsible for wellbeing needs to really understand mental health, stigma and how to support someone who opens up.

Appendix

Case studies: Stories of stigma

We've used different names for the people who took part in our research. This is so that no one can tell who they are and they stay anonymous.

Zak's story

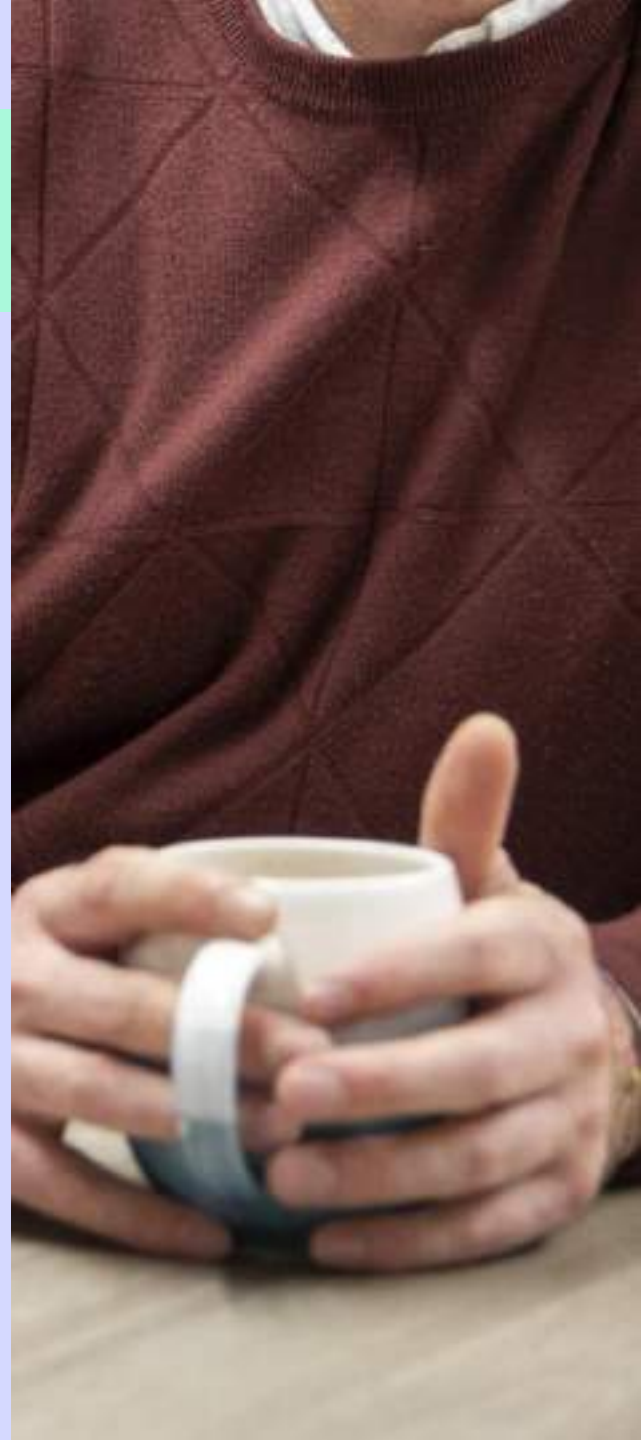
Living with schizophrenia hasn't been easy for Zak. Over the years, he's spent time in and out of inpatient units, often feeling misunderstood by both mental health professionals and the wider public.

Harmful stereotypes

Too often, Zak was met with assumptions – that anyone with schizophrenia must be paranoid and unreliable. These stereotypes made it harder for him to be heard by mental health staff. When he disagreed with his treatment plan, he felt dismissed. Friends would say to him, ***“No one's gonna believe you – you hear voices.”***

This left Zak stuck in a cycle. He wasn't getting the right support and he wasn't being heard, so he stepped back from treatment. He tried to advocate for himself, but was still dismissed and staff labelled him **‘treatment resistant’** or **‘non compliant’**.

“I wasn't very much aware before being diagnosed of the severity of the stigma and not being believed no more. I wasn't aware of that until it started to happen. Really, I had no idea.”



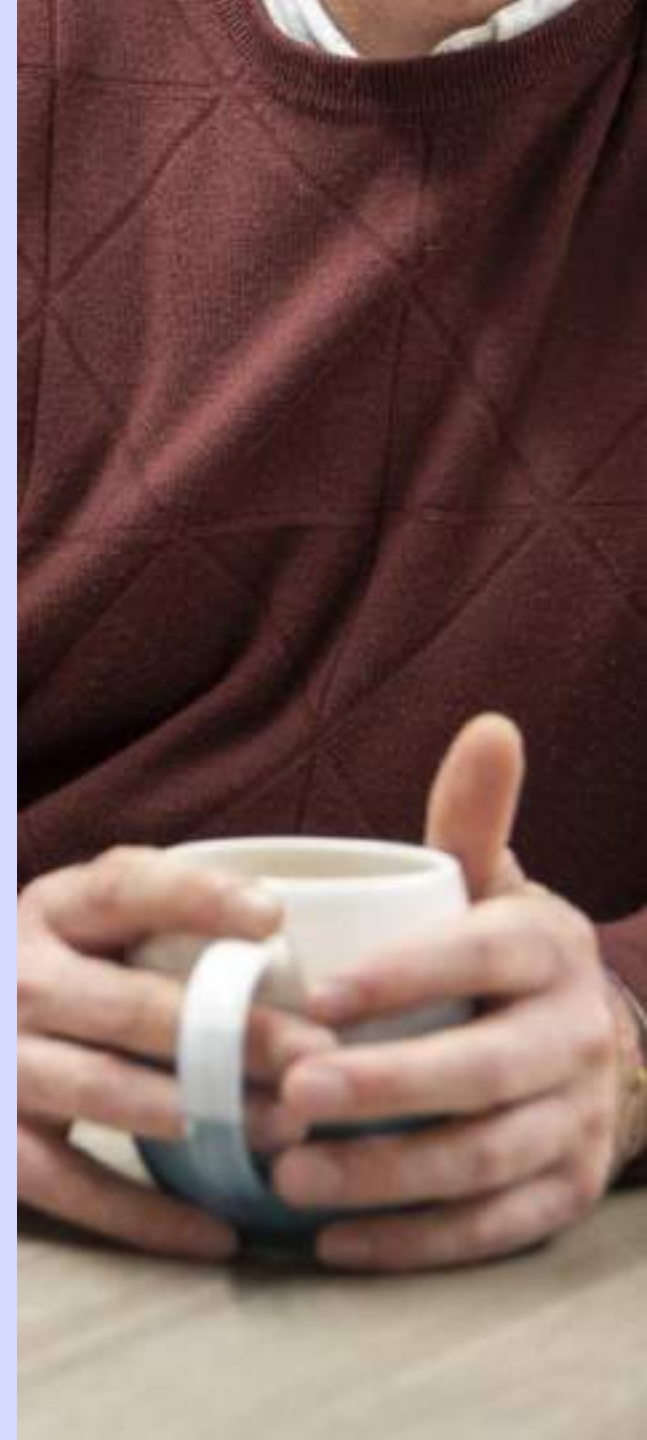
Zak's story

Turning to advocacy

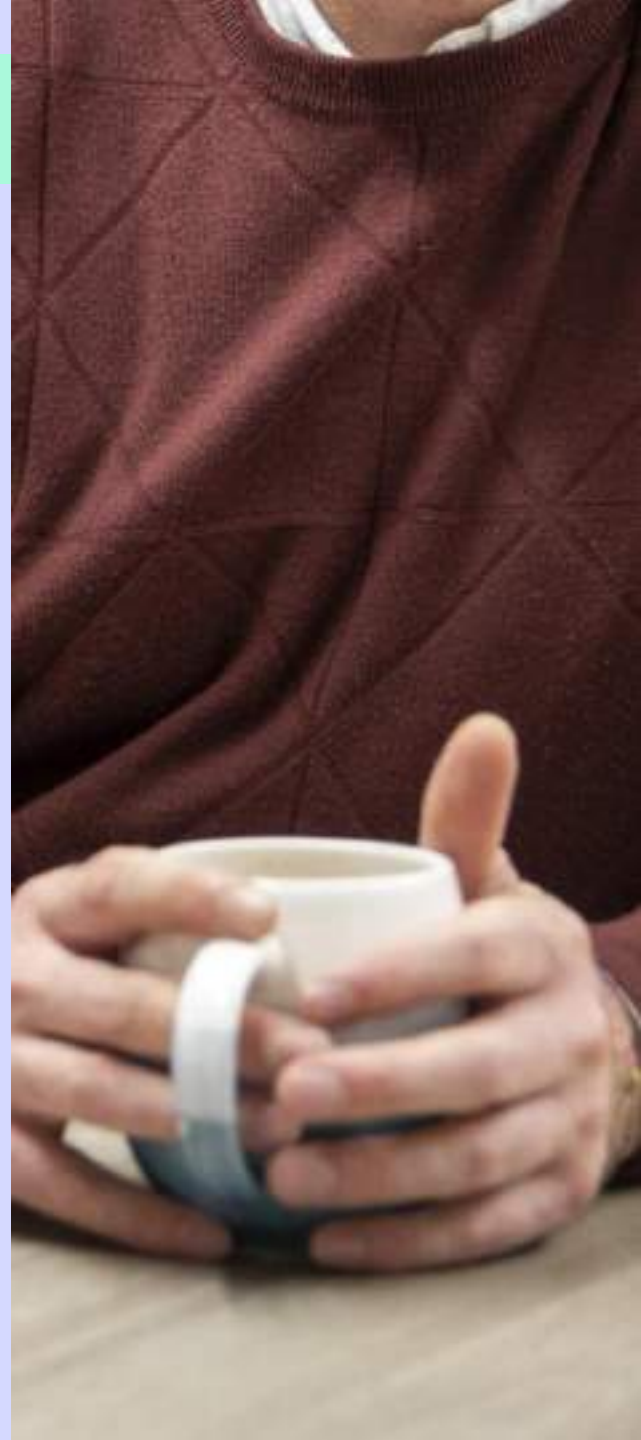
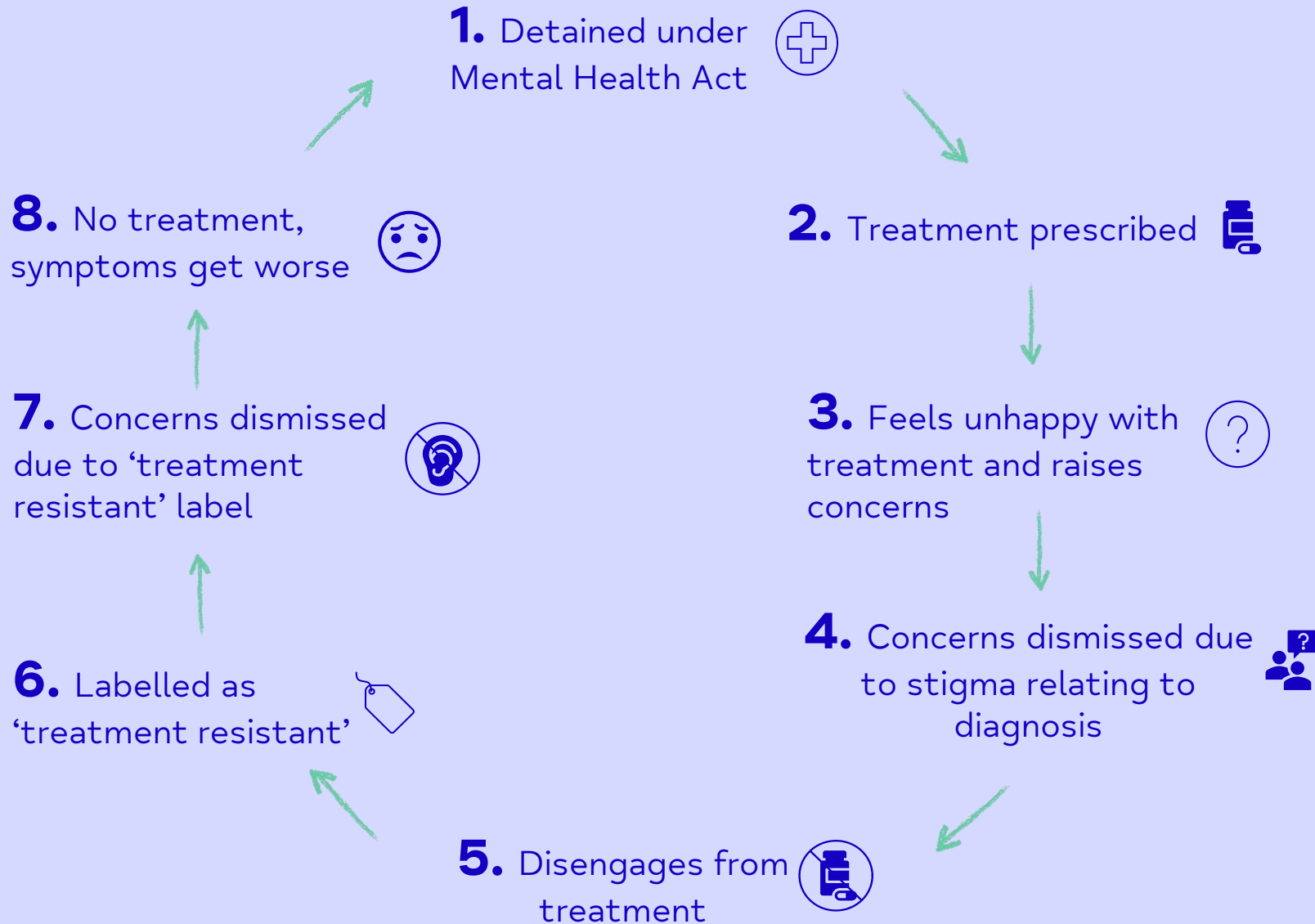
But Zak didn't give up. He found a doctor who did listen and eventually got on the right treatment. He also channelled his frustration into something powerful: **advocacy**. He trained as a mental health advocate, determined to support others who've faced similar challenges.

Even now, working as a peer advocate, Zak sometimes feel like he's not seen as an equal by mental health staff. **The stigma hasn't disappeared.**

But helping others has made a real difference – not just to other people receiving support, but to his own wellbeing too. Having a creative outlet has also helped him stay grounded and hopeful.



Cycle of stigma



Hazel's story

Hazel was diagnosed with psychosis as a teenager. With the right medication, she's kept her symptoms well managed. But stigma hasn't gone away. It's shown up in places where she should feel safe and supported - like the GP surgery, at work, and with friends.

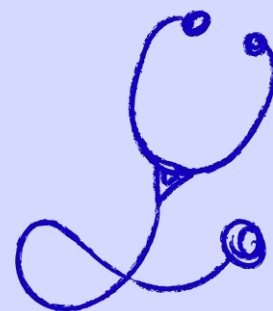
Stigma at the GP surgery

Hazel went to her GP about a minor problem with her physical health. She expected to be able to get the treatment she needed without much fuss.

But once the GP saw her mental health diagnosis, the conversation changed. Most of the appointment was spent talking about her psychosis - including really **invasive questions**.

The GP's focus on her psychosis meant Hazel struggled to get care for the issue she was there for. This wasn't just frustrating - it was a clear example of how **stigma can get in the way of basic healthcare**.

“I think the most important thing is saying, ‘If you’ve met one person, you’ve literally just met one person’. Experiences can be really varied, and the impact [of mental health problems] can be really varied.”



Hazel's story

Stigma at work

At work, Hazel asked for two different workplace adjustments. One was for a **physical health issue**. Her manager approved it quickly. No fuss.

The second was for her **mental health** - flexible hours to help manage her medication. This time, the request was escalated to HR. It took a long time to get a decision. And along the way, Hazel was asked intrusive questions about whether she could still do her job.

Being questioned like this affected Hazel's confidence at work and made her feel worried about her job security.



Unequal treatment

Physical health

Adjustment requests were granted quickly



Dealt with by person's line manager



No questions or judgement

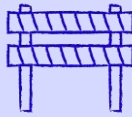


No negative impact!
Able to carry on working

Mental health



Long wait to have request reviewed



Escalated to senior management



Invasive questions about capacity

Losing **confidence** and feeling **insecure** at work

vs.



Michael's story

Michael started struggling with his mental health and took some time off work to focus on getting better. After speaking to a therapist, he was diagnosed with complex PTSD (CPTSD). Getting a diagnosis helped things make more sense. With the right support, he started to feel more like himself again.

Stigma at work

When he was ready, Michael returned to work. He told his employer about his diagnosis and was referred to occupational health. They were supportive and reassuring. They had no concerns about his ability to do his job.

But **when his manager found out about his diagnosis, things changed.** Michael noticed he was being treated differently. His manager started telling colleagues that he didn't trust Michael to do parts of his role that involved working with the public. He said he was worried about Michael 'lashing out' – even though Michael had never been aggressive or violent before.

“Even my GP said, ‘Why do you want a diagnosis? It’s just a label.’ But I believe there’s value in it. A diagnosis can give you validation - it acknowledges that you’re suffering and that you need support.”



Michael's story

Michael raised concerns about how he was being treated. But his organisation didn't want to hear his side of the story. They ignored his concerns and backed his manager instead.

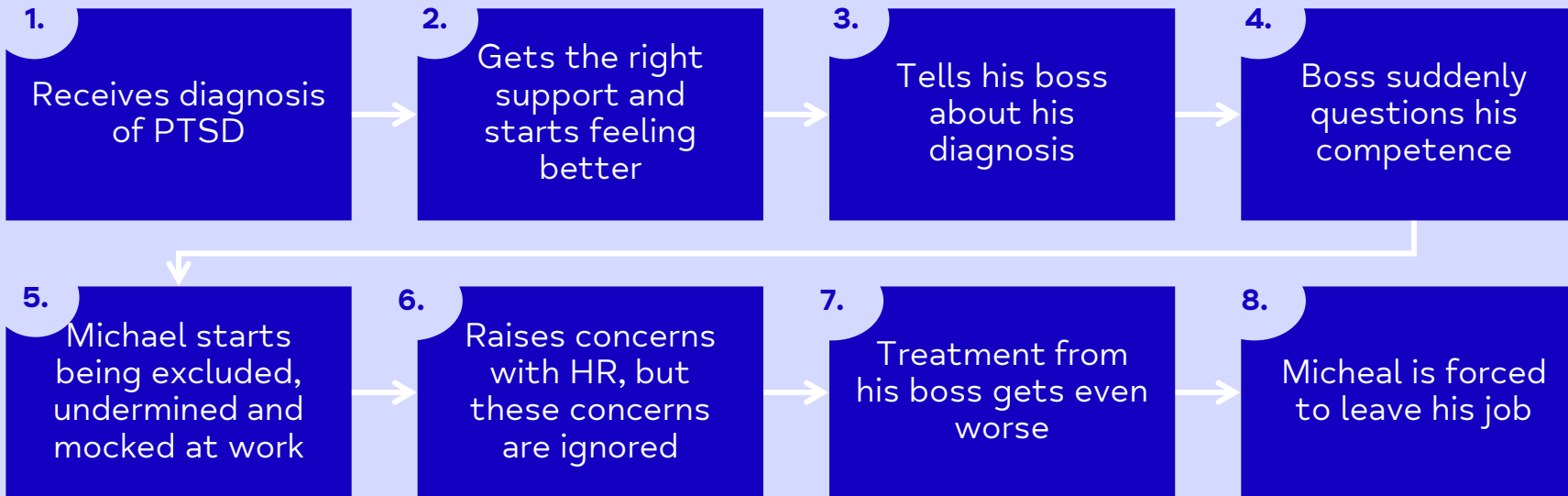
Eventually, Michael had to leave his job. The experience had a huge impact on his mental health. His experience **retraumatised** him and brought back symptoms like flashbacks and panic attacks.

Now, Michael uses what he's been through to support others. He speaks up about mental health stigma and discrimination – and helps others feel less alone.



Michael's story

Judged unfit



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