Amik ᐊᒥᐠ

Mapping the Way to Mental Wellness

Minopimatisiwin Mamow Onahchiikewin

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Chi-Miigwetch to all that made this possible

We would like to acknowledge and thank the Ministry of Health for providing the resources for NAN and SLFNHA to create a public health campaign to reduce stigma, surrounding mental illness including bipolar disorder, and to enhance understanding of the of the role of psychiatric medication in the treatment of mental illness. The campaign should address mistrust of the colonial health care system amongst First Nations people."

I would like to acknowledge our internal collaboration at NAN between the Justice Research and Policy (JRP) and Health Policy and Advocacy (HPA).

HPA flowed resources to the JRP, with our department doing the preliminary research for this project to inform the social media campaign and presentation at today's NAN & SLFNHA Regional Mental Health Forum.

NAN and SLFNHA communication's department I am appreciative of your energy and efforts to help make this campaign happen and commence on March 30th, World Bipolar Day.

Chi-Miigwetch to SLFNHA Anishinaabewaadiziwin Team for visioning the name for our public

health campaign - "Amik."

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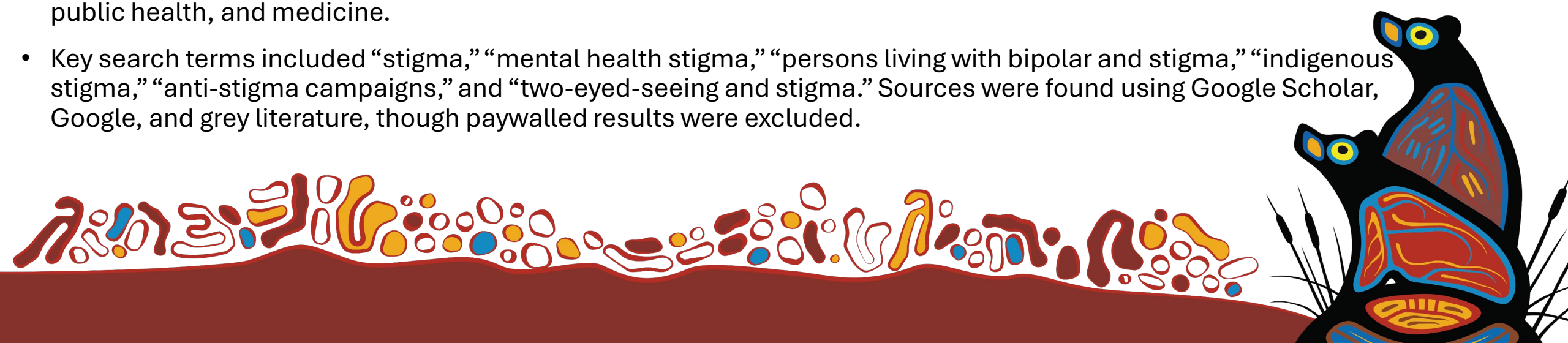
Project background

- The NAN JRP conducts research on justice-related matters utilizing a social determinant of health framework and two-eyed seeing principles to provide guidance for policy and legislative development. It works with partners across the NAN Territory to strengthen justice capacity and knowledge building to enable pathways to Justice Transformation.
- The role of psychiatric medication was excluded, and this research should be done by someone with the clinical expertise.
- JRP drafted the literature review and used an intersectional approach to explore stigma, examining how Indigeneity, intergenerational trauma, colonization, and distrust of colonial health systems influence experiences of stigma along with recommendation #8.
- The research began by defining stigma to guide the subsequent inquiry. It was determined quickly that stigma research is complex, nuanced, and is studied across multiple disciplines. Searching for “stigma” yielded about 2,010,000 results, underscoring how widely the topic is studied across disciplines. Because mental illness and its harmful stigma are so common, mental illness stigma has been researched extensively in psychiatry, psychology, sociology, public health, and medicine.
- Key search terms included “stigma,” “mental health stigma,” “persons living with bipolar and stigma,” “indigenous stigma,” “anti-stigma campaigns,” and “two-eyed-seeing and stigma.” Sources were found using Google Scholar, Google, and grey literature, though paywalled results were excluded.



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Stigma definition(s)

What is stigma?

- It was determined quickly that stigma research is complex, nuanced, and is studied across multiple disciplines. Grey literature and academic sources were gathered to find a definition. What became apparent is that the definition of stigma was different across websites, but similar. Searching for a definition of stigma in the literature resulted in the same, there was no common definition.
- Erving Goffman's 1963 seminal work entitled *"Stigma: Notes on the Management of Spoiled Identity,"* stigma is: *"an attribute that is deeply discrediting, reducing someone from a whole and usual person to a tainted, discounted one. It signifies a spoiled identity that leads to social devaluation."*
- In 2001, Link and Phalen explained in their article, "Conceptualizing Stigma:" "stigma is happening when people are labeled, stereotyped, separated, and treated unfairly, especially when there is a power difference.
- In 2022, Anderson and colleagues in the article *"on the definition of Stigma" revised the definition and explained there are* four components to stigma: labelling; negative stereotyping; linguistic separation such as creating a distinction of "us and them"; and power asymmetry, where the presence of social, economic, or political power enables the imposition of labels, stereotypes, and discriminatory practices on the stigmatized group. They emphasize that stigma targets groups, but it is individuals within those groups that bear the consequences."

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Stigma

- Stigma manifests in various ways, including negative stereotypes such as labeling individuals as lazy, irresponsible, violent, unpredictable, or unreliable (Habeb et al. 2025). It can also be seen in public perceptions, personal acceptance of these biases, and discriminatory practices within organizations and systems. All of these forms of stigma can make life harder for people living with mental health challenges (Corrigan et al. 2014).
- Stigma is a complex construct that includes public, self, and structural components. It directly affects people with mental illness, as well as their support system, provider network, and community resources (Corrigan et al. 2014).
- Public stigma refers to negative attitudes the public holds about people with mental illnesses, often based on prejudice, fear, and misunderstanding (Habeb et al. 2025).
- Self-stigma, or internalized stigma, is a person's negative attitude toward their own mental illness (Habeb et al. 2025).
- Structural stigma manifests within healthcare systems and institutional policies. Examples include insurance barriers and biases exhibited by healthcare providers.

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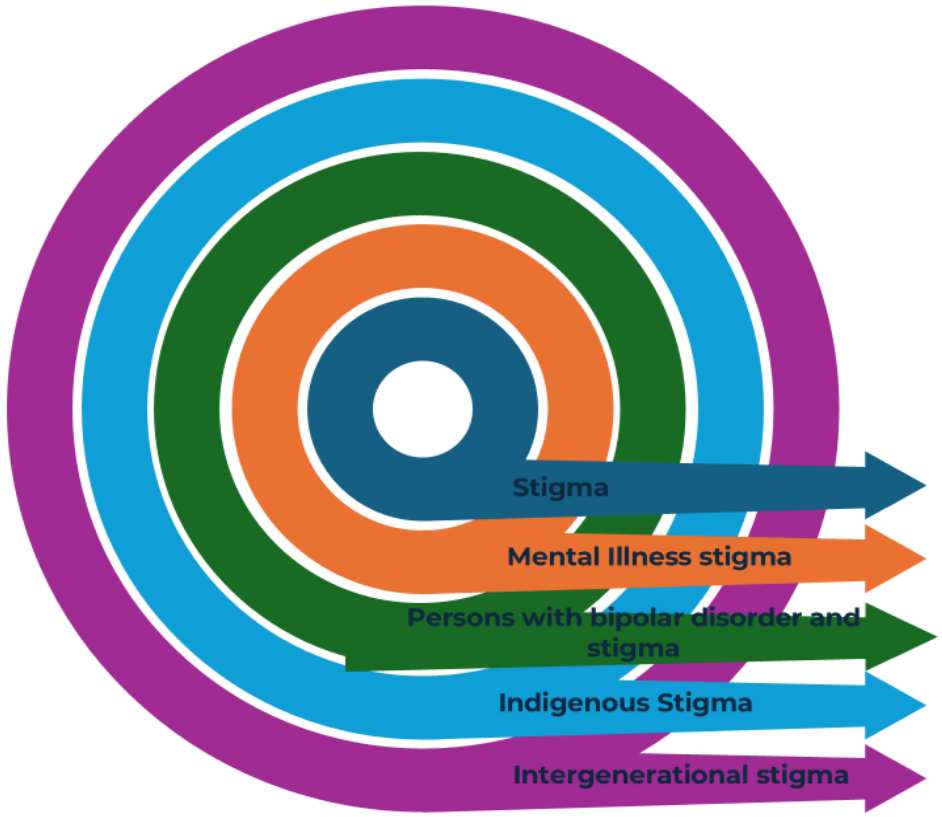
Stigma is a multilayered process



Stigma

Mental Illness stigma

Persons living with bipolar disorder and stigma

Indigenous Stigma

Intergenerational stigma

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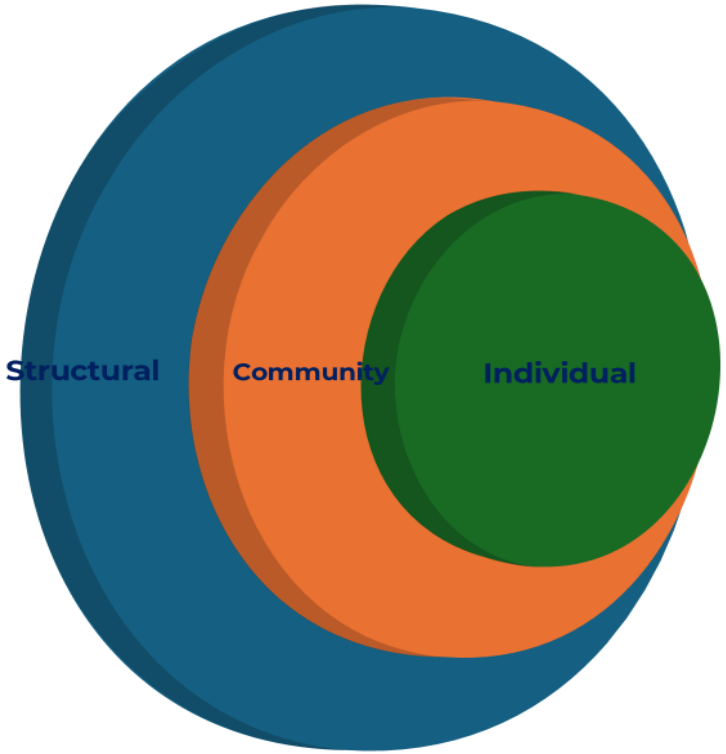
Stigma Impacts

Mental illness stigma is a barrier to care seeking at the:



Structural

- **Stigma at the structural level**

  occurs when laws, policies, and practices result in the unfair treatment of people with lived and living experience.

Community

- **Stigma at the community level**

  Occurs when the collective attitudes, beliefs and behaviours within a community contribute to marginlization and discrimination of individuals with mental illness.

Individual

- Fear of being labeled can cause delays in seeking help; discontinuation of treatment;

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Why this research matters

- From a policy standpoint, the consequences of leaving stigma unaddressed are significant.
- The literature warns that failing to address stigma will widen health disparities, increase untreated mental illness, and deepen mistrust in healthcare systems. The lack of Indigenous service providers and culturally responsive care further complicates access, reinforcing the need for structural change.
- Stigma remains a significant barrier to accessing mental health services, particularly within Indigenous communities, where it is compounded by intergenerational trauma and systemic discrimination. If stigma is left unaddressed, health disparities will widen, rates of untreated mental illness will rise, and mistrust in healthcare systems will deepen. This not only affects individual well-being but also undermines public health efforts and community cohesion.
- Effective policy responses must focus on multi-level interventions. This includes developing Indigenous-led and culturally grounded public health campaigns, increasing community control over health services, and integrating Indigenous knowledge into mental health programming.
- Policies should also address structural stigma by reforming healthcare and justice systems to improve cultural safety, increase the number of Indigenous service providers, and ensure access to culturally responsive care.
- The research underscores that repairing trust in the healthcare system and reducing stigma at individual, com ty, and systemic levels are vital for achieving meaningful improvements in mental health outcomes.

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Social Media Campaign

NAN and SLFNHA Social Media Campaign

Five-day social media campaign on stigma by NAN and SLFNHA from March 30 to April 3rd, 2026.

- 1st post to coincide with World Bipolar Day, Monday, March 30th, 2026, and advise of posts happening all week on stigma.
- Addressing stigma in First Nations is FN-led research and policy development project based on recommendation 8 of the Moses Beaver Inquest.

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