Addressing Stigma:
The need for empathy, understanding... and action

NOTTINGHAM CITY
DIRECTOR OF
PUBLIC HEALTH
ANNUAL REPORT 2024/25

Nottingham
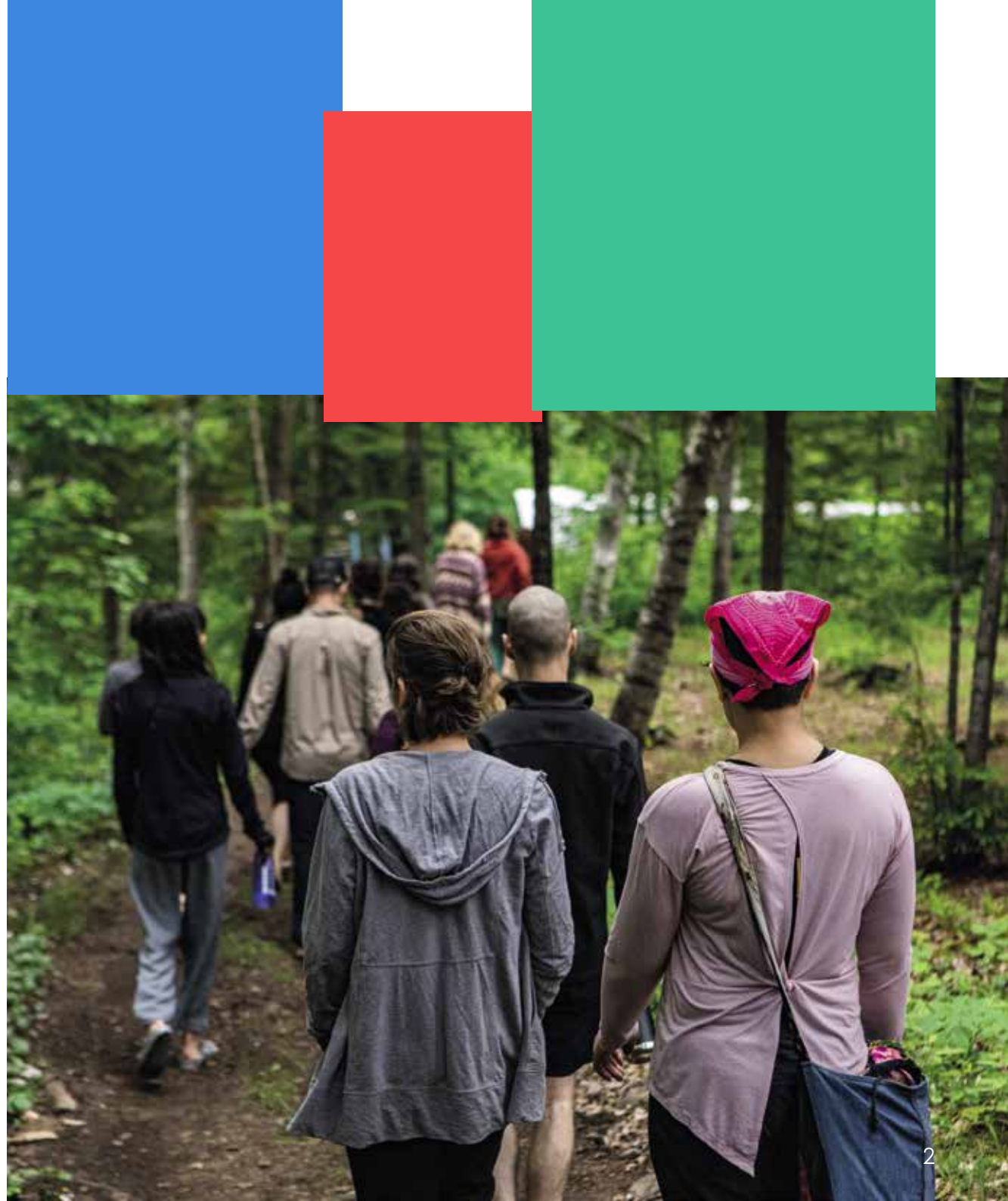City Council

CONTENTS

This Annual Report is accompanied by a toolkit to help people to address stigma:

■ Language Guide

■ Organisational Handbook

Both are available to download along with copies of this report from: **www.nottinghamcity.gov.uk/ information-for-residents/health-and- social-care/public-health/**

FOREWORD

Lucy Hubber, Director of Public Health Nottingham City Council

Ask anyone to name the best way to improve health and wellbeing and they'll likely give you the same answers: exercise more, eat a better diet, don't smoke, limit your alcohol intake…

And, of course, they'd be right. But for many people, it's just not that simple. There are barriers to seeking help and support – barriers created by the way society judges their behaviour and acts towards them… and the way they judge themselves.

You can call it different things: blame, discrimination, shame… but in Public Health we see this as stigma. And it has a huge impact on the lives of people in Nottingham.

When stigma is present, it can lead to discrimination and social exclusion, making it difficult for individuals to access necessary resources and support. It often stems from misunderstandings and stereotypes about certain conditions, identities or experiences.

Stigma can have severe mental and emotional impacts on those affected; it can lead to feelings of shame, isolation and low self-esteem, which can exacerbate existing issues and hinder recovery or personal growth. In Nottingham, where we have high levels of deprivation, poor health and diversity, people can feel stigma about multiple issues at the same time, making it even harder to reach out for help.

That is not what I want for our city and for the people who live here.

My ambition is for a thriving Nottingham, where health inequalities are addressed, and people can be the best version of themselves. We must ensure that everyone, regardless of their differences, can live a fulfilling and dignified life.

I don't believe we will achieve this without first recognising and then tackling stigma. By reducing stigma, we can promote mental wellbeing and encourage individuals to seek help without fear of judgment or rejection.

> **Creating positive change starts with each of us.**

It's important to remember that stigma isn't just something felt by the person experiencing it; it's a challenge we all need to address together as a society.

Tackling stigma at a societal level can lead to systemic changes that benefit everyone. It can influence policies and practices in healthcare, education and employment, ensuring that they are fair and equitable. This not only improves the lives of those directly affected by stigma but also fosters a more just and supportive community for all.

I believe that by addressing stigma we can foster a more compassionate and inclusive community where everyone feels valued and respected. When we challenge our own biases and educate ourselves about the experiences of others, we build stronger, more connected communities. This collective effort can break down barriers and create a culture of acceptance and respect, where diversity is celebrated rather than stigmatised.

This report sets out how stigma affects the health and wellbeing of people in our city and looks at the factors that make it worse. It showcases where we are taking positive steps and offers practical solutions for tackling stigma – not simply among leaders and service providers, but how we can recognise and address our own perceptions, biases and views of the world.

The report uses real voices from people who have experienced stigma. And we offer a practical toolkit that looks at how we can make simple changes in our attitudes and beliefs – starting with the language that we all use. Thank you to everyone who has worked on these important documents.

Creating positive change starts with each of us. By being mindful of our words and actions, actively listening to others and standing up against stigmatising behaviours, we can make a significant impact. Small acts of kindness and support can go a long way in making someone feel seen and appreciated.

I am arguing for a city where we replace stigma with empathy, understanding and acceptance. Let's take the first step towards this positive change today.

1. UNDERSTANDING STIGMA

Stigma: *(noun)* a strong feeling of disapproval that most people in a society have about something, especially when this is unfair

Stigmatise: *(verb)* to treat someone or something unfairly by disapproving of them

In its simplest form, stigma means having negative thoughts or feelings about people who are seen as different or not fitting in with what society considers 'normal'. This might be because of things like health issues, behaviours, appearance or identities. For example, someone might face stigma due to a mental health condition, unconventional lifestyle choice, physical appearance that deviates from societal standards or a gender identity that is not widely understood or accepted.

Research shows that stigma can be visible or hidden[i]. Visible stigma includes overt actions and behaviours, such as bullying, discrimination or exclusion. Hidden stigma involves subtle forms of prejudice, like unspoken judgments or assumptions. It can be felt internally by the person affected, leading to feelings of shame, guilt or worthlessness. This internalised stigma can significantly impact an individual's mental and emotional wellbeing, making it harder for them to seek help or support[ii].

Stigma can also be externalised, manifesting in how people treat those who are stigmatised. This can include social exclusion, unfair treatment or lack of opportunities. For instance, someone might be denied a job or housing because of their health condition or identity.

Stigma: **in their** **own words** Mel's story

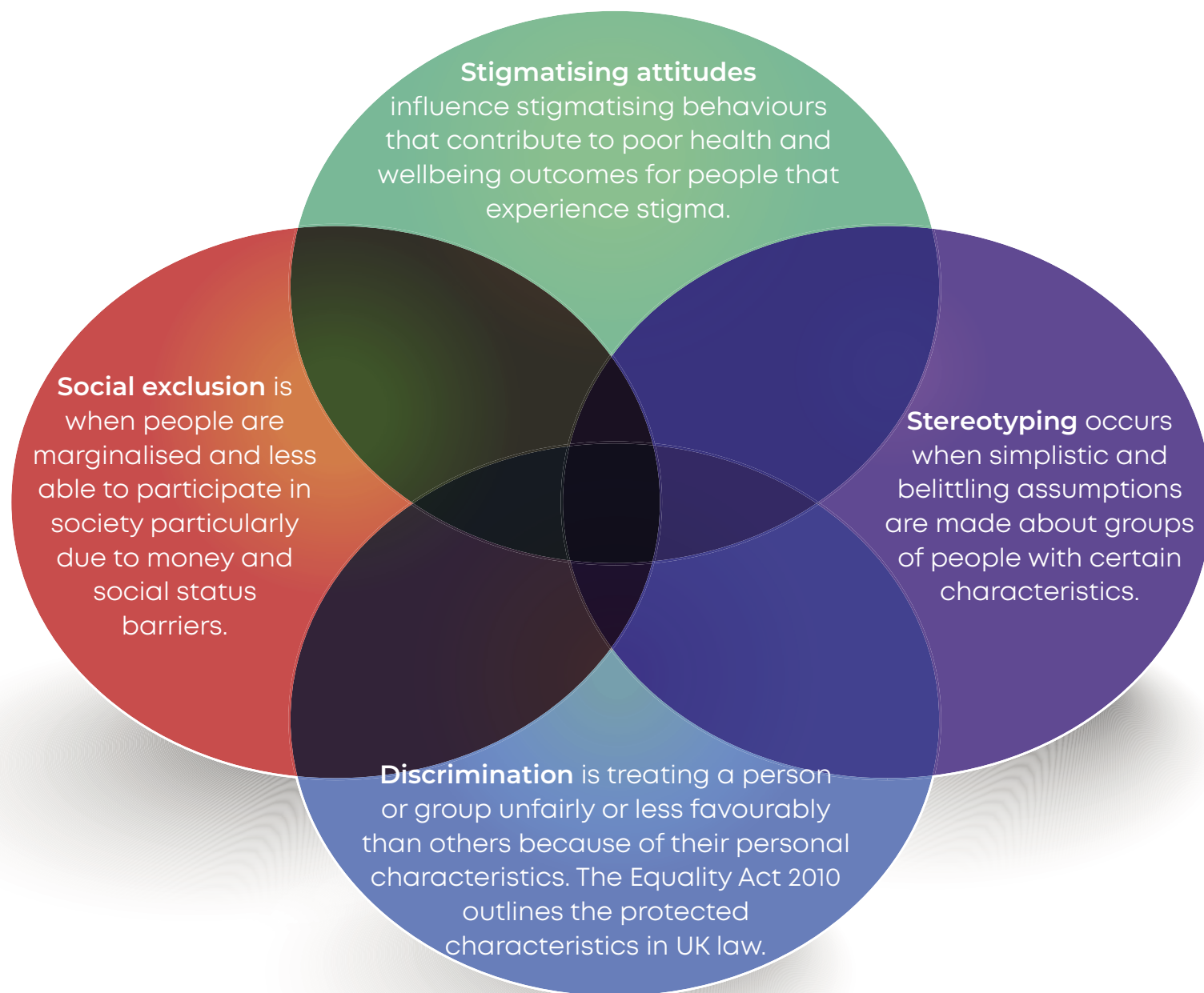> **Addressing stigma at all these levels is essential...** 99

The table below describes the levels of stigma and its impacts, adapted from the work of Cheetham and colleagues[iii] on substance use stigma.

Type of stigma	Description	Example of impacts
Personal	Stigma that comes from the self or people we closely interact with	■ delays in seeking help ■ social disconnection ■ increased mortality and morbidity ■ fewer stories of hope
Organisational, institutional and community	Stigma that comes from the organisations that should exist to support us or from the wider social world in which we live	■ poor clinical practices in treatment and delivery ■ a narrow perception of who benefits from harm reduction ■ exclusion of certain patients from programmes ■ lack of support for public health policies
Governmental and structural	Stigma that comes from lawmakers and stigmatising policies	■ under-funded and fragmented care ■ barriers to expanding evidence-based treatment ■ restrictive/coercive treatment policies ■ discriminative responses to chronic pain patients ■ use of stigmatising language in government/organisational policy

Addressing stigma at all these levels is essential for creating a more inclusive and equitable society, where everyone is treated with respect and dignity, regardless of their differences.

> **Stigmatising attitudes influence stigmatising behaviours that contribute to poor health and wellbeing outcomes...**

Stigma is often a consequence of the negative labelling of others, or 'othering', usually driven by inequalities, fear, misinformation and power imbalances. Importantly, stigma overlaps with other important experiences that negatively influence health and wellbeing:

Stigmatising attitudes influence stigmatising behaviours that contribute to poor health and wellbeing outcomes for people that experience stigma.

Social exclusion is when people are marginalised and less able to participate in society particularly due to money and social status barriers.

Stereotyping occurs when simplistic and belittling assumptions are made about groups of people with certain characteristics.

Discrimination is treating a person or group unfairly or less favourably than others because of their personal characteristics. The Equality Act 2010 outlines the protected characteristics in UK law.

> 66 **Tackling these issues is essential for improving the lives of those affected and creating a more inclusive community.** 99

2. IMPACT ON PUBLIC HEALTH

> 66 Before you judge, remember that there is a person underneath and that person might be going through the hardest time of their life and all they want is someone to listen to what they are saying. be compassionate and help people get the help they deserve. At their lowest point people want a hand up not a hand-out. 99 *Greg*

Nottingham is a diverse city with many different cultures, identities and experiences. However, negative attitudes and stereotypes are a problem that affect people's health and wellbeing in significant ways.

The impact of stigma on public health outcomes in Nottingham is wide-ranging, including:

- **Delayed diagnosis and treatment:** People might avoid seeking help because they fear discrimination or judgment.
- **Reduced adherence to treatment:** Negative perceptions can make people distrust healthcare providers, reducing treatment effectiveness.
- **Social isolation and loneliness:** Stigma can lead to social exclusion and feelings of loneliness.

- **Mental health problems:** Negative attitudes can contribute to depression, anxiety and other mental health issues.
- **Increased morbidity and mortality:** Stigma can worsen health disparities and lead to poorer health outcomes.

As well as affecting the mental and physical health of individuals, stigma can affect social participation and life opportunities, such as with barriers for people to access education, jobs and social services, evidenced in the case studies for this report, and deepening inequality. Being stigmatised can cause emotional and psychological distress, including anxiety, depression and low self-esteem. Tackling these issues is essential for improving the lives of those affected and creating a more inclusive community.

Domestic and sexual violence and abuse

Survivors of domestic and sexual violence and abuse, including violence against women and girls, often face stigma because of their experiences and for speaking out. Approximately 4,500 domestic abuse crimes are recorded in Nottingham each year[iv]. This will be a significant underestimate of local need: nationally an estimated 2.3 million people experienced domestic abuse, yet the police recorded 851,062 domestic abuse-related crimes, indicating that many cases go unreported[v].

While women are more likely to face this abuse, men are less likely to report it due to the stigma of being a male survivor[vi]. In some communities, survivors face extra stigma for seeking therapy or support, and some believe sex within marriage cannot be rape.

This stigma stops survivors from speaking out and getting help[vii]. It leads to negative self-perceptions, self-blame, guilt, and fear of losing their children if they disclose the abuse. This can delay recovery and support, leaving survivors feeling isolated and worsening their mental health. Many survivors, especially sex workers, become distrustful of services due to past negative experiences and disbelief from authorities[viii].

Gambling

Approximately 4,500 people aged 16+ and 1,000 11-16-year-olds in Nottingham show signs of a gambling problem[ix].

People who experience gambling-related harm often feel stigma and shame. The idea of 'gambling responsibly' puts pressure on individuals to control their addictive behaviour, and failing to do so can make them feel ashamed. The financial problems caused by gambling can lead people to hide their issues from friends and family, making it harder to seek help.

Self-stigma is especially strong for women, those with severe gambling problems and those who feel judged by society[x]. This isolation and sense of blame can increase the risk of suicide. Recent guidelines note that gambling-related stigma may be a bigger issue for marginalised or under-represented groups.

> ❝ ...stigma reduces adherence to treatment plans leading to worse health outcomes. ❞

Mental Health

Mental health stigma remains one of the most pervasive and harmful forms of social stigma[xi]. People with mental health conditions often face discrimination, ridicule and social exclusion for the problem itself, but there is also stigma directly attached to seeking help for a mental health problem. Ethnic minorities, young people, men and people in military and health professions were found to be disproportionately deterred from seeking help by stigma. Shame and embarrassment are consistently associated with reduced help-seeking for people living with mental health disorders.

There is also evidence to suggest that stigma reduces adherence to treatment plans leading to worse health outcomes. This is particularly documented for people experiencing severe mental illness with a fear of being labelled or misunderstood[xii]. The Covid-19 pandemic and cost of living crisis have exacerbated mental ill-health, with a documented increase in anxiety, depression and social isolation[xiii]. Evidence suggests that people have delayed or avoided seeking support and care due to fears of being judged or stigmatised. During 2023/24 there were 4,836 new diagnoses of depression among people in Nottingham recorded by their GP, a slight decrease from the previous year[xiv].

Sexual Health

Stigma around seeking help for sexual health is deeply rooted in societal norms. People often feel uncomfortable talking about sexuality, fear being judged for their sexual behaviours, and may have misconceptions about sexually transmitted infections (STIs)[xv]. This stigma can stop people from getting important services like STI testing, treatment, contraception advice and support for sexual health issues[xvi]. There are important levels of need; in 2023 there were 4,177 new STI diagnoses among people in Nottingham accessing sexual health services[xvii].

Even with advances in HIV treatment, people with HIV still face high levels of stigma, leading to discrimination in healthcare, social isolation and negative effects on their mental health[xviii]. This ongoing stigma makes it harder for people to get tested and stick to their treatment.

Fear of being labelled as promiscuous, irresponsible or 'diseased' can create emotional barriers, preventing people from prioritising their sexual health and having open conversations with healthcare professionals. This can lead to delayed diagnoses, more infections being spread and worse overall sexual health outcomes.

Smoking

Around 48,000 people in Nottingham smoke[xix]. This is the fourth highest smoking rate in England. It is essential for people to feel empowered to seek help when they want to quit smoking. Public Health campaigns and indoor smoking bans have successfully reduced the number of smokers by making smoking less socially acceptable. However, these efforts can sometimes lead to smokers feeling stigmatised – facing judgmental language, social exclusion and internal feelings of guilt and shame, which can deter them from seeking help due to fear of further judgment.

Stigma around smoking often involves social disapproval, negative stereotypes and discrimination, without considering the complex factors like addiction, socioeconomic status and targeted marketing that influence smoking habits. Stigma around tobacco use is especially true for pregnant women, who may feel that smoking is seen as a personal failure.

Gender

Stigma based on gender can mix with other types of stigmas, like those related to mental health, sexual orientation or disability. Women often face extra challenges due to societal expectations and gender roles.

Substance Use

Nottingham has a sizeable population who use drugs, with a recent estimate of approximately 7,530 citizens using a Class A drug in the previous year[xx]. People using heroin and other opioids and people who are dependent on substances face severe stigma, which makes their situation even harder. People tend to judge them morally, seeing them as weak or choosing addiction over their health. This stigma is worse when people think those affected show low accountability, willpower or have faced serious consequences due to their drug use[xxi]. This negative view impacts their treatment, making them feel less confident and more likely to avoid seeking help, which worsens their health and increases risks like overdose and infectious diseases.

Stigma: in their own words: Greg's story

> **66 Stigma can come from others and from how overweight people see themselves. 99**

Weight

People living with obesity face stigma in many areas, such as education, work, healthcare, the media, and even from friends and family[xxii]. In the UK, 88% of people with obesity have felt stigmatised because of their weight. Many feel uncomfortable talking about their weight with their doctor and only a small percentage feel treated with respect by healthcare professionals.

Weight stigma affects all age groups and it is important to consider the impacts for children as national increases in childhood obesity are reported. Some 1,540 children aged 10-11 are living with overweight or obesity and more than 73,300 adults are estimated to be living with obesity in Nottingham[xxiii].

Stigma can come from others and from how overweight people see themselves. They might hear negative comments and face criticism when trying to get healthcare. Sometimes, there's an assumption that all their health issues are due to their weight, which can make them feel unheard if they don't focus on losing weight.

Self-stigma is also a problem. Overweight people might internalise negative views from society, leading to a loss of self-worth and neglecting their health. Research shows that those who face more weight stigma feel more body shame, less self-compassion, greater distress, more loneliness and less satisfaction with life[xxiv].

Weight stigma doesn't exclusively target individuals living with obesity/overweight; those who are underweight also face significant societal biases. This can manifest as unwelcome comments about their appearance, assumptions about their health or eating habits, and even exclusion from social situations[xxv]. Indeed, research has demonstrated that underweight individuals experience similar negative psychological consequences associated with stigma, including body image dissatisfaction and social anxiety[xxvi].

> **Addressing the different elements of stigma is important because it helps to break down these barriers and create a more inclusive environment.**

3. FACTORS THAT MAKE STIGMA WORSE

> There are a lot of autistic people in the Trans community. When I pushed for my autism diagnosis, I was fairly sure that I would turn out to be Trans but I had chosen to focus on the one thing before pushing for the other healthcare thing because I knew both were difficult in the current system. *Robin*

There are things that either make stigma worse or perpetuate it in people and communities. These factors add more layers of social exclusion or isolation, making it harder for those affected to feel accepted and supported.

Addressing the different elements of stigma is important because it helps to break down these barriers and create a more inclusive environment. By understanding and tackling the factors that worsen stigma, we can support individuals and communities in overcoming social exclusion and isolation, leading to better overall wellbeing and opportunities for everyone.

Common factors that make stigma worse include:

- **Media representation:** Negative portrayals of marginalised groups in the media reinforce stereotypes and stigma. For example, showing people with mental health issues as violent or people with drug problems as 'junkies' creates fear and misunderstanding.

- **Location:** Stigma associated with city living, particularly in the context of social housing or low-income areas, stems from negative societal perceptions, stereotypes and historical legacies of racial segregation and economic disparity, leading to residents being unfairly judged and marginalised.

> **"...stigma is sometimes linked to discrimination towards people with protected characteristics. "**

- **Digitalisation:** Online platforms can help connect people, but they can also be places for harassment, bullying and discrimination, especially for those with limited access to technology.
- **Lack of education and awareness:** Not understanding mental health, addiction, race and sexuality leads to stigma. When communities lack education on these topics, myths and misconceptions grow, causing discrimination and exclusion.
- **Socio-economic disadvantage:** Factors like poverty, unemployment, poor housing and lack of education increase stigma. People who are economically disadvantaged or socially excluded are more likely to face stigma related to their health, lifestyle or social status.

Additionally, stigma is sometimes linked to discrimination towards people with protected characteristics. Examples of this include:

LGBTQ+ identities

Members of the Lesbian, Gay, Bisexual, Transgender, Questioning and other identities (LGBTQ+) community face many layers of stigma. This can include homophobic or transphobic harassment and a lack of healthcare services that meet their needs. Stigma related to sexual orientation and gender identity can lead to mental health issues, substance use, less help-seeking and a higher risk of self-harm or suicide.

Research shows that the LGBTQ+ community has faced negative physical and mental health outcomes for a long time, not because of their lifestyle choices, but due to stigma, prejudice and discrimination[xxvii]. Many LGBTQ+ individuals are afraid to seek healthcare, and a significant number of transgender and gender non-conforming people have experienced serious discrimination, like being denied medical services or facing physical or sexual assault.

Stigma: in their own words: Robin's story

> 66 **Where people experience multiple and overlapping stigmas, we can see the effects of 'intersectionality'. 99**

Disability

Physical or mental impairments with long-term and substantial effects on someone's normal day-to-day activities are protected under the Equality Act 2010.

There are many forms of disability including long-term medical conditions, intellectual or learning disabilities, and some neurodivergent diagnoses such as autism. People may also have multiple co-existing needs.

The 'social model of disability' describes how society 'disables' people through reducing their meaningful participation, and stigma is one of the factors that contributes to this. A survey in the US found that approximately 65% of adults with hearing, speech or language disorders reported facing stigma. They described the impacts of stigma such as feeling judged, being viewed as less intelligent and being left unrecognised for their achievements[xxviii]. And more than half the disabled respondents to a large-scale survey in the UK during 2021 reported that public perceptions of disabled people were a barrier to participation and public attitudes towards disabled people were unhelpful[xxix].

Race and Ethnicity

Nottingham is diverse, but people from ethnic minorities often face stigma based on their race or nationality. This includes both obvious racism and subtle discrimination in healthcare, jobs and social interactions. For example, during the Covid-19 pandemic, people of East Asian descent faced significant stigma[xxx]. New arrivals or people seeking asylum in areas with structural stigma experience more discrimination[xxxi]. Parents' experiences of racism can affect their children's mental health, showing how stigma can spread. Black and South Asian communities can face barriers to accessing services, this is increasingly understood in relation to mental health[xxxii]. This stigma creates a cycle of poor mental health, coercive treatment, and mistrust of services, particularly for black communities[xxxiii]. Structural racism in healthcare leads to poorer health outcomes and lower trust in medical institutions, discouraging people from seeking help.

Multiple Stigma

Where people experience multiple and overlapping stigmas, we can see the effects of **'intersectionality'**. For example, someone might be treated unfairly because of their race and their gender and their health behaviours at the same time.

The different forms of stigma are often linked, and together they may cause greater stigma, though researchers haven't fully described which combinations of stigma are more impactful on health outcomes[xxxiv].

This is an important consideration in Nottingham with a diverse population where many people belong to more than one group that faces discrimination or exclusion. Local research is important in deepening our understanding of the forms of stigma and local needs; a recent example is the research report on race health inequalities and severe and multiple disadvantage[xxxv].
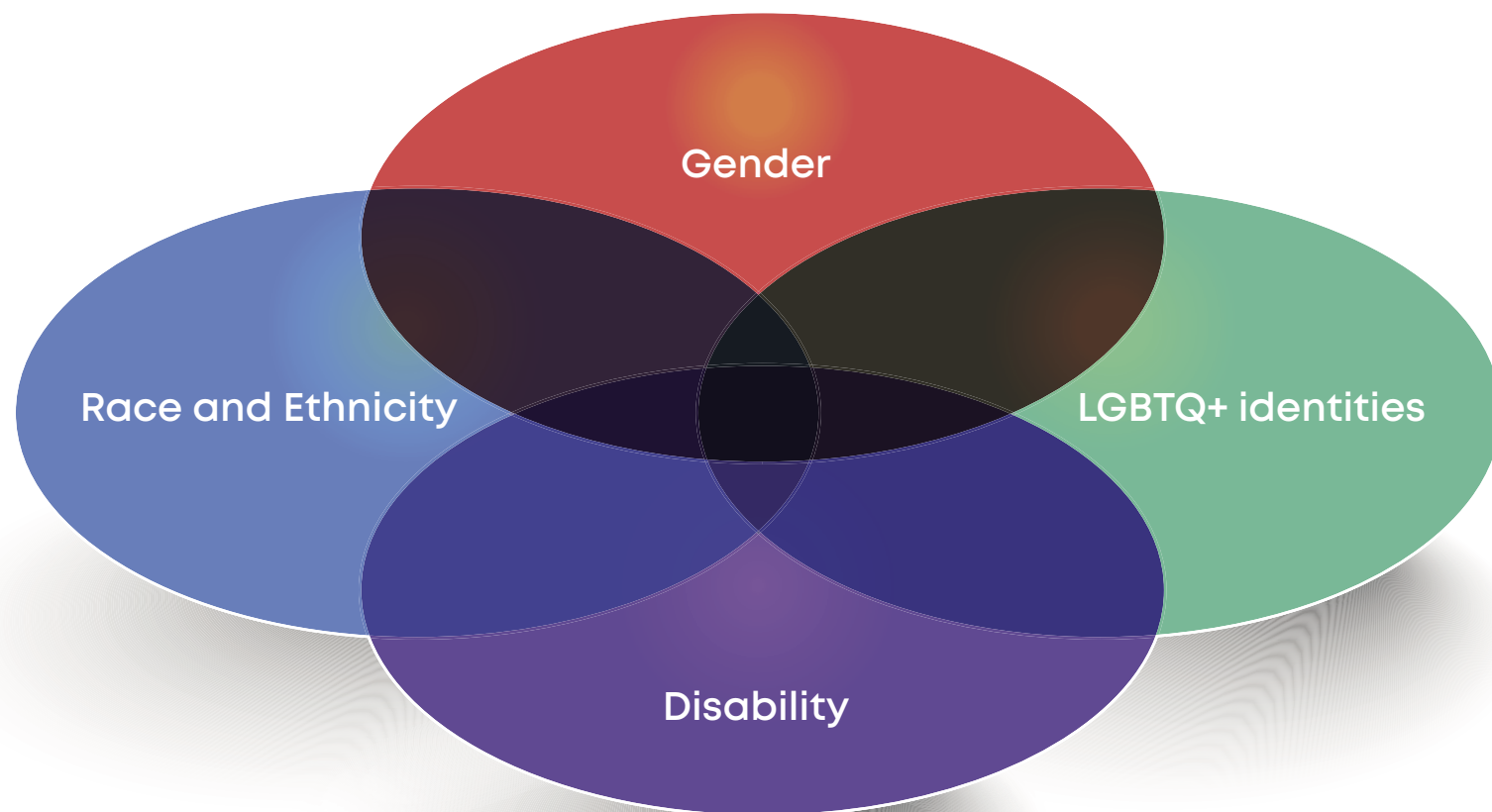
Gender

Race and Ethnicity

LGBTQ+ identities

Disability

> **There are strategies that help to challenge negative attitudes, beliefs and behaviours, and help to create more inclusive and fairer environments.**

4. ADDRESSING STIGMA

> **The only way we can get over stigma is by all working together, sharing stories, educating people...** *Mel*

Stigma can greatly affect people's wellbeing, opportunities and access to important resources – but it can be addressed if we acknowledge and understand this impact and then take active steps to try to mitigate and reduce stigma.

There are strategies that help to challenge negative attitudes, beliefs and behaviours, and help to create more inclusive and fairer environments.

It is important to recognise that stigma doesn't just exist in the mind of the person experiencing it, it's a wider social problem. For this reason, interventions and programmes need to focus on the wider community and public, as well as the stigmatised individuals, to be effective.

However, people experiencing stigma do not have to wait for the rest of the world to stop stigmatising them, they can take an active role in reducing stigma. Interventions aiming to reduce stigma should therefore use more than one strategy selected from two or more levels and should start by empowering stigmatised people.

Developed by Heijnders and Van Der Meij[xxxvi], there are five strategies that help reduce stigma:

Stigma: in their own words: Jeff's story

> **Increasing knowledge about the stigmatised condition within the community...**

1 - Personal	Strategies	Detail
Helping the person experiencing stigma feel better about themselves	Treatment	Of the health condition
	Counselling	Time-efficient and productive but will not work alone
	Cognitive Behavioural Therapy	Increases self-esteem and improves social functioning
	Empowerment	Reduces the impact of stigma on the individual
	Group counselling	Merges benefits of counselling & support groups
	Self-help, advocacy and support groups	Support that works both ways improves attitudes of patients, health workers and people in the community

2 - Supportive	Strategies	Detail
Changing the environment around the person facing stigma, involving those who support them	Care and support	Educating and supporting carers of stigmatised people
	Home care teams	Visit the stigmatised person and train primary care givers
	Community based rehabilitation	Improved reactions of patients and families to stigmatised condition with even larger effects on occupational and economic status

3 - Organisational	Strategies	Detail
Training professionals and changing policies within organisations that support people facing stigma	Training programmes	Patient-centred approaches where key stakeholders have equal power work best
	(New) policies like patient-centred and integrated approaches	Such as policies around discrimination and employers' responsibility to support stigmatised people

> **It is important to recognise that stigma doesn't just exist in the mind of the person experiencing it...**

4 - Community	Strategies	Detail
Increasing knowledge about the stigmatised condition within the community, improve community skills, support networks, and provide better access to help	Education	Which aims to inform general public and community groups by raising knowledge about the stigmatised condition and countering false assumptions
	Contact	Can be direct or indirect (e.g. through media) and can target groups or individuals
	Advocacy	Aiming to provide an enabling environment, address governments to influence policy and discrimination laws and to improve access for stigmatised people
	Protest	Aiming to suppress stigmatising attitudes (e.g. by providing information to make complaints against organisations stigmatising people)

5 - Government	Strategies	Detail
Changing laws and policies to protect people's rights and keep them safe from harm.	Legal and policy interventions	Which aim to enforce the protection of rights of people affected by stigma
	Rights-based approaches	Which monitor and enforce equal access to healthcare, housing, employment and justice.

5. POSITIVE PROGRESS

> I am very lucky to be where I am working now. We have devised a programme to try to help reduce stigma. A lot of it has to do with language and understanding the person you are talking to and the kind of language they speak. *Mel*

There are many examples of good practice in Nottingham where the impact of stigma has been recognised and steps taken to reduce it as much as possible.

Age Friendly Nottingham (Older Person's Day Care)

There is often stigma associated with day centres, particularly among older adults who may view them as a last resort or a sign of being a burden. Stigma leads to under-utilisation of the centre, hindering early intervention and social interaction, which are crucial for maintaining health and wellbeing. The centre offers free taster sessions to encourage informed choices and aims to reduce misinformation about day centres in general. Encouraging more referrals, valuing day care as a preventative service, considering it as respite care for carers, and working with black, Asian and minority ethnic communities will continue to break down stigma.

Changing Futures programme (severe multiple disadvantage)

Changing Futures tackles stigma at all levels by proactively identifying and engaging with people facing exclusion, building trust and understanding, and operating with low caseloads to allow for sufficient attention to be given to people and to allow for sufficient help to be provided to overcome individual barriers to engaging with 'mainstream' services, such as healthcare. Changing Futures has made progress in understanding service use and outcomes for people experiencing severe multiple disadvantage, as well as the impact of changes in approach that incorporate awareness of stigma.

> **Stigma creates barriers to accessing healthcare and social services**

Financial wellbeing awareness training

People are prevented from accessing help and support when they have financial difficulties due to the stigma associated with financial vulnerability and debt. The Public Health team developed a programme to provide financial wellbeing awareness training for frontline health and care staff to equip them to have the knowledge and confidence to have supportive conversations with citizens about money and signpost people to advice and support. The training was successful, however some staff still hesitate to raise the topic, highlighting the need for further work to address stigma.

Nottingham City Council LGBTQ+ Employee Network

Stigma impacts LGBTQ+ in unique ways, leading to higher risks of poor mental health, substance use and unemployment. It also creates barriers to accessing healthcare and social services. The network provides a supportive environment, advocating for inclusivity, and reviewing policies and practices. It has successfully promoted inclusivity by hosting health events, introducing the Rainbow Road in Nottingham City Centre, and developing a Trans Policy.

Small Steps Big Changes

Small Steps Big Changes used a strengths-based approach and co-production with families that led to high engagement and positive impacts on child and family outcomes. The programme highlighted early intervention and prevention to reduce inequalities and enhance community capacity. Evaluations showed positive impacts on child and family outcomes, including improved motor skills, communication and parent-child relationships. The programme invested in workforce training and new roles (such as family mentors) to improve knowledge, skills and diversity. The programme's success highlights the importance of addressing poverty and stigma to ensure effective early years interventions and promote equitable services.

> **Some case studies reveal how well-intentioned programmes or services can unintentionally enable stigma.**

thriving NOTTINGHAM

Thriving Nottingham

Thriving Nottingham offers support for healthy lifestyle behaviours by focusing on individual needs and goals rather than stereotyping clients based on their diagnosis. This creates a more supportive and inclusive environment, enhancing the confidence of health coaches and improving client engagement and outcomes. It emphasises the importance of embracing diversity, using appropriate language and fostering an inclusive environment for all clients.

Overall themes

Stigma is a significant issue across all case studies, highlighting the widespread nature of stigma and its potential to exacerbate existing inequalities. Individuals facing stigma may be hesitant to seek help due to fear of judgment, discrimination or negative experiences.

Some case studies reveal how well-intentioned programmes or services can unintentionally enable stigma. For example, targeted support for specific groups, while aiming to provide tailored assistance, can inadvertently reinforce stereotypes and lead to feelings of exclusion. This emphasises the importance of working closely with our communities to co-produce support and services.

The language used to describe individuals, and their experiences plays a crucial role in shaping perceptions and stigma. Several case studies highlight the need for person-centred language that focuses on the individual rather than their condition or circumstances.

Addressing stigma requires a multi-faceted approach that goes beyond individual-level interventions. Systemic changes are needed to create inclusive environments, challenge discriminatory attitudes, and ensure equitable access to services.

> **66** **Co-production ensures that interventions are relevant, accessible, and address the specific needs of the community. 99**

Lessons Learned

Understanding the local context:
Each case study highlights the importance of understanding the specific context and challenges faced by different community groups in Nottingham. Tailored interventions and strategies are needed to address the unique forms of stigma experienced by each group.

Challenging stereotypes:
Actively challenging stereotypes and promoting positive representations of certain groups is crucial to combating stigma. This can be achieved through public awareness campaigns, education and storytelling initiatives.

Co-production and community engagement:
Involving individuals with lived experience of stigma in the design and delivery of services is essential.

Co-production ensures that interventions are relevant, accessible and address the specific needs of the community.

Training and education:
Providing training and education to professionals working in health, social care and other relevant sectors can help raise awareness of stigma and its impact. This can equip professionals with the skills and knowledge to provide non-stigmatising and person-centred care.

Monitoring progress:
Assessing service data to understand whether the eligible population is engaged and being supported, along with feedback from a wider range of service users can help refine strategies and ensure they are achieving their intended goals.

Stigma: in their own words: Johanna's story

> ❝We all have a role to play in addressing stigma, discrimination and marginalisation within communities.❞

6. THE NEED FOR EMPATHY, UNDERSTANDING... AND ACTION

> ❝I am just one person, and I don't know what the whole community needs but I am of the opinion that if you go asking you will get answers.❞ *Robin*

We all have a role to play in addressing stigma, discrimination and marginalisation within communities.

As the Director of Public Health in Nottingham, there are actions that I commit to taking with my team; there is a role for other local leaders, healthcare providers, policymakers and community organisations in helping to foster inclusion and reduce the harmful effects of stigma on health; and there are things we can all do to improve our empathy and understanding of others.

Public Health commitment

- **Demonstrate good practice in public health campaigns:**
  Ensure public health campaigns and behaviour change approaches actively promote positive attitudes towards people with marginalised identities.

- **Support community-led initiatives:**
  Champion community-led initiatives that aim to reduce stigma and promote social inclusion, providing platforms for individuals to share their stories, and amplifying their voice as communities advocate for their rights, building on the work of the health and wellbeing Community Champions.

> **Leaders can use their platforms to challenge stigma, raise awareness and promote a more inclusive narrative.**

- **Promote awareness of stigma:**
  Focusing on stigma's impacts on health and wellbeing among health and care professionals using the e-learning that is in development as a training resource towards culturally sensitive and stigma-free care.

- **Promote thoughtful use of language and terms:**
  We have developed a language guide as part of our 'toolkit' of useful documents that might help us all to reduce stigma. Applying the language guide within our public health practice and continuing to coproduce a language that is inclusive.

- **Embed stigma reduction objectives within public health strategies:**
  Informed by the experiences of individuals with lived experience of stigma.

- **Promote collaboration and partnership working:**
  Addressing stigma requires collaboration across multiple sectors and system partners. Building strong partnerships between organisations can facilitate the sharing of knowledge, resources and best practices.

- **Advocate for research and evaluation that helps us understand stigma:**
  This will include research to understand the complex dynamics of stigma and its impact on different community groups in relation to health and wellbeing needs. Investing in research and evaluation can help inform the development of evidence-based interventions and strategies.

> **Provide platforms for individuals with lived experience to share their stories and promote positive representations.**

Our ask of local leaders

One of the most significant opportunities for leadership lies in changing public attitudes. Leaders can use their platforms to challenge stigma, raise awareness and promote a more inclusive narrative.

This report is accompanied by a **Stigma Organisational Handbook** that offers advice on how to identify and address practices for improvement in five areas.

1. Listening to Lived Experiences:

This emphasises the importance of empathy and direct engagement with those affected by stigma. It calls for moving beyond reactive data collection to active, meaningful listening.

- **Staff Networks:** Support the development of Staff Networks within your organisation or community.
- **Critical Reflection and Highlighting Strengths:** Encourage examination of biases and focus on the strengths of individuals with lived experience.
- **Training and Workshops:** Initiate regular sessions addressing stigma, involving experts and lived experiences. Integrate this into onboarding for new staff.
- **Supporting Advocacy and Challenging Stereotypes:** Provide platforms for individuals with lived experience to share their stories and promote positive representations.

2. Inclusivity in Policies, Processes and Culture

This principle focuses on internal accountability and systemic change. It pushes leaders to examine their own organisational structures and practices.

- **Onboarding:** Ensure that new staff receive comprehensive information about stigma and the organisation's commitment to addressing it from day one.
- **Respectful Language and Review:** Use person-first language in all communications and regularly review materials to ensure they are destigmatising.
- **Addressing Negative Comments and Psychological Safety:** Actively challenge stereotypes and foster a culture of openness and confidentiality.
- **Diverse Representation:** Reflect diversity in images and case studies, portraying individuals positively.

> **Make clear public statements about your commitment to reducing stigma and collaborate on awareness campaigns.**

3. Investing in Sustainable, Long-Term Strategies

This encourages proactive approaches alongside the need for strategic vision, long-term commitment, and collaborative action to tackle the deep-seated nature of stigma.

- **Advocacy Training and Information Access:** Offer training on self-advocacy and ensure access to accurate information about rights and support services.

- **Equitable Access and Action Panels:** Review referral and waiting-time data to identify under-served groups, adapt pathways to reduce barriers, and establish panels for feedback and change.

4. Modelling Inclusive Leadership and Fostering Psychological Safety

This emphasises the responsibility of leaders to set the tone and create a safe environment. It stresses the importance of personal accountability and fostering a culture of respect and understanding.

- **Role Modelling:** Be vocal about empathy and understanding, challenging stigmatising language or attitudes.

- **Communication Campaigns:** Lead efforts to highlight the impact of stigma and promote understanding through newsletters, intranet articles and team meetings.

- **Public Statements and Partnerships:** Make clear public statements about your commitment to reducing stigma and collaborate on awareness campaigns.

> **By actively embracing these principles, you can move beyond "fine sentiments" and create a tangible impact on reducing stigma and fostering a more inclusive and equitable environment for everyone.**

5. Measuring Impact and Ensuring Transparency

This encourages leaders to adopt meaningful metrics and share their progress to foster transparency and drive ongoing improvement.

- **Sharing Platforms and Policy Review:** Create opportunities for individuals to share their experiences and examine policies to address stigma.

- **Equality Impact Assessments:** New service developments must carry an Equity Impact Assessment (EIA) that shows how design will challenge stigma and accommodate diverse needs. Following our work in this area, stigma is being added as a consideration in the Nottingham City Council EIA.

By actively embracing these principles, you can create a tangible impact on reducing stigma and fostering a more inclusive and equitable environment for everyone.

> **66** **...we can all contribute to a more empathetic and understanding city where people can live to their full potential. 99**

What we can all do

Reducing stigma is a collective effort that requires empathy and understanding from everyone. There are ways we can all contribute:

1. **Educate ourselves:** Learn about the issues and experiences of those who face stigma. Understanding the facts can help dispel myths and stereotypes

2. **Listen actively:** When someone shares their experiences, listen without judgment. Show that you value their perspective and are there to support them

3. **Use inclusive language:** Be mindful of the words you use. Avoid terms that can be hurtful or perpetuate stereotypes. Please read our **Stigma Language Guide** to see how we can use more appropriate words

4. **Challenge stigmatising behaviours:** If you witness someone being stigmatised, speak up. Addressing such behaviours can help to create a more inclusive environment

5. **Share positive stories:** Highlight and share stories of resilience and success from those who have faced stigma. This can help change perceptions and inspire others

6. **Be compassionate:** Show kindness and understanding in your interactions. Small acts of compassion can make a big difference in someone's life.

By taking these steps, we can all contribute to a more empathetic and understanding city where people can live to their full potential.

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