

There's more to me.

#UnmaskingMentalHealth

WHAT IS MASKING?

Masking is hiding or suppressing something about ourselves — emotions, personality traits, behaviours, or symptoms — from others. It's a coping mechanism used to stay safe, hide in plain sight or “fit in,” and we may even do it without being aware of it.

People mask for a lot of different reasons, including social acceptance, economic necessity and, sometimes, fear. Masking can be a helpful tool in our day-to-day lives — it can help people navigate social situations, feel safe, and maintain personal boundaries and privacy. We don't always want to share everything about ourselves with every person we interact with, and masking lets us decide who gets to see which parts of us.

Unfortunately, people with mental illnesses and addictions often feel the need to mask to keep a job, find housing, or simply be accepted. When asked how we're doing, many of us respond with the socially acceptable “I'm fine” or “I'm good” even though we might be having a bad day or struggling with something bigger. People with mental health or addiction struggles often wear that “I'm fine” mask every day and, over time, constant masking — whatever the reason — can lead to other or worsened mental and physical health concerns.

Other examples of masking include:

- Hiding one's gender identity or sexual orientation to stay safe, physically and psychologically.
- Hiding an invisible disability, including a mental illness, so as not to be seen as “weak” or different.
- Hiding natural characteristics of neurodivergence (atypical brain function including autism, ADHD, dyslexia) to fit in with what's deemed normal.^{1,2}
- Hiding a substance use problem or using substances to cope with stress or symptoms of mental illness and distress.
- Presenting an idealized image of one's life on social media.³

Professionalism and politeness aren't the same as masking

Managing your reputation by behaving professionally in the workplace, or politely in public, is not the same as masking. Being kind and courteous, even when we're struggling, is practicing compassion. Masking is more about hiding things about ourselves so that others accept us and requires constant effort. It's the difference between showing up as your best self at a job interview (managing your reputation in a specific situation) and constantly maintaining that idealized self so others will accept you.

Stigma drives people to mask mental illness

Stigma — labeling, stereotyping or holding negative beliefs — against people with mental illnesses or substance use problems is still a major barrier to getting help. According to Statistics Canada, in 2018 almost one quarter of people identifying as having a mental health concern said they didn't seek mental health support, with 17.2% of those people saying it was because they were uncomfortable talking about these problems with others.⁴ In 2022, a survey by Leger revealed that 95% of people living with a mental illness experienced stigma.⁵

People with mental illnesses also often internalize the stigma that society reflects, causing what's called self-stigma. Self-stigma can make people feel shame and believe they're less worthy than others. On top of being a barrier to getting help,⁶ self-stigma leads to low self-esteem,⁷ and low levels of hope and empowerment.² The 2022 Leger survey also found that 72% of people living with a mental illness reported self-stigma.⁵

There's even a hierarchy of stigma among mental illnesses with more prejudice and discrimination against people with severe and persistent mental illnesses such as schizophrenia or bipolar disorder, and people

who use substances, than people with depression or anxiety.⁶

There's more to me

There is no normal. We all exist within a diverse range for all sorts of aspects of who we are, what we look like, and how we feel. While some behaviours may be more common, that doesn't make those behaviours normal.¹ What's considered normal is based on the popular beliefs in a society at any given time. Normal is a social construct, and what's considered normal changes over time, and there really is no "normal" way to feel, behave, and act.

There's more to any one person than meets the eye and we should all be free to be seen, heard, and to express ourselves without fear. Addressing stigma and discrimination and practicing compassion can help us create a society where people feel safe to share and be who they are.

Let's unmask mental health together.

1 McKinney, A., O'Brien, S., Maybin, J.A., Chan, S.W.Y., Richer, S. & Rhodes, S. (2024). Camouflaging in neurodivergent and neurotypical girls at the transition to adolescence and its relationship to mental health: A participatory methods research study. *JCPP Advances*, 4(4), e12294. <https://doi.org/10.1002/jcv2.12294>

2 Hull, L., Petrides, K., Allison, C., Smith, P., Baron-Cohen, S., Lai, M.-C., & Mandy, W. (2017). "Putting on My Best Normal": Social Camouflaging in Adults with Autism Spectrum Conditions. *Journal of Autism & Developmental Disorders*, 47(8), 2519–2534. <https://doi.org/10.1007/s10803-017-3166-5>

3 Jedrzejewska, A., & Dewey, J. (2022). Camouflaging in autistic and non-autistic adolescents in the modern context of social media. *Journal of Autism & Developmental Disorders*, 52(2), 630–646. <https://doi.org/10.1007/s10803-021-04953-6>

4 Statistics Canada. (2019.) Mental health care, 2018. <https://www150.statcan.gc.ca/n1/pub/82-625-x/2019001/article/00011-eng.htm> [fr: Besoins en soins de santé mentale, 2018]

5 Mental Health Commission of Canada. (2023.) Anti-stigma research backgrounder. <https://mentalhealthcommission.ca/wp-content/uploads/2023/04/Anti-stigma-Research-Backgrounder.pdf>

6 Huggett, C., Birtel, M. D., Awenat, Y. F., Fleming, P., Wilkes, S., Williams, S., & Haddock, G. (2018). A qualitative study: experiences of stigma by people with mental health problems. *Psychology & Psychotherapy: Theory, Research & Practice*, 91(3), 380–397. <https://doi.org/10.1111/papt.12167>

7 Prizeman, K., Weinstein, N. & McCabe, C. (2023). Effects of mental health stigma on loneliness, social isolation, and relationships in young people with depression symptoms. *BMC Psychiatry* 23, 527. <https://doi.org/10.1186/s12888-023-04991-7>