

PART 1: INFORMATION ABOUT THE PROGRAM

RATIONALE FOR THE PROGRAM

What is stigma?

Stigma refers to any attribute, trait or disorder that labels a person as “unacceptably different” from “normal people.” Individuals with mental illnesses — such as schizophrenia, bipolar disorder and depression — have a double burden. Not only must they cope with disabling disorders, but they must also contend with people’s negative attitudes toward those disorders.

Kay Redfield Jamison, in an article discussing stigma, says, “It would be hard to overstate the degree of stigmatization faced by those who have mental illness: it is pervasive in society, rampant in the media and common within the medical profession” (Jamison, 1998, p. 1053).

Stereotypes of people with mental illness are just as inaccurate and dehumanizing as stereotypes of women, racial minorities, people with physical and developmental disabilities, and people from other diverse groups. Although progress has been made in reducing the negative stereotypes and characterizations of these people, we have not made the same progress in our perceptions of people with mental illness.

Why do we stigmatize mental illness?

Most people learn what they know about mental illness from the mass media. We are exposed daily to radio, television and newspaper accounts that present people with mental illness as violent, criminal, dangerous, comical, incompetent and fundamentally different from the rest of us. These inaccurate images perpetuate unfavourable stereotypes, which can lead to the rejection and neglect of people with psychiatric disorders.

Commonly held misconceptions of people with mental illness include the following:

- People with mental illness are all potentially violent and dangerous.
- People with mental illness are somehow responsible for their condition.
- People with mental illness have nothing positive to contribute.

One of the most commonly held misconceptions is that people with mental illness are violent. Sensationalized reporting by the media bears much of the blame, as do television and movie portrayals of “crazed axe murderers.” The stereotype of the violent mental patient causes public fear and avoidance of people with mental illness. According to the Ontario Division of the Canadian Mental Health Association, people with mental illness are no more dangerous than people who do not experience mental illness. In fact, people with diseases such as schizophrenia and bipolar disorder are far more likely to be violent toward themselves than toward others. Forty to 50 per cent of people with schizophrenia attempt suicide — 10 per cent succeed.

Someone diagnosed with a mental illness is perceived very differently from someone hospitalized for a physical condition such as heart disease or a broken leg. Many people don’t understand that a condition such as schizophrenia is an illness. They may say: “Can’t you just discipline your thinking?” But you can’t discipline a virus, cancer cells or a broken leg. That’s the response given by www.openthedoors.com, a Web site that raises awareness about stigma associated with schizophrenia.

There is a lingering perception that it’s a person’s own fault if he or she suffers from mental illness. Mental illness has been wrongfully characterized as a weakness or character flaw, as something people bring upon themselves or their children, and as something that people use to get attention. Yet, mental illness occurs all over the world, in all races, cultures and social classes.

“The program made me realize that people with mental illness are just normal people, and there is no need to be afraid.”

(Student who participated in the program)

“Young people need to know that mental illness doesn’t only affect those they might expect. Mental illness affects everyone, and it’s more than likely that, at some point in their lives, they’re going to have to deal with it, either personally or with a family member or friend.”

(A participant in the program)

Another common misconception about people with mental illness is they cannot live independently, let alone make significant contributions to the community. Throughout history, however, people with serious mental illness have contributed enormously to our societies — in politics, culture, academic life, athletics, business, art and science. People with mental illness have been leaders and visionaries, both enriching and expanding our knowledge and understanding in every arena.

How does stigma affect people’s lives?

There are many negative stereotypes about mental illness, including those just mentioned. These misconceptions have a direct impact on attitudes toward people with mental illness; they result in discriminatory behaviours and practices. These stereotypes lead to expectations that people with mental illness will fail when looking for a job, living independently or building long-term relationships. The truth is, employers are reluctant to hire people with psychiatric disabilities; landlords are less likely to rent apartments to them; and supportive group homes are not welcome in most neighbourhoods.

The negative reaction to mental illness leads to discrimination that can be as hard to deal with as the symptoms of the disorder itself. For people with mental illness, stigma can be a barrier to finding a place to live, finding a job, finding friends, building a long-term relationship and connecting to the broader community — things that everyone needs for mental health.

“There are definitely a lot of negative stereotypes out there about people with mental illness. People have ideas based on what they’ve seen in movies, in the media, and in their own day-to-day experiences. A lot of these stereotypes aren’t accurate, and they don’t foster a sense of caring for people who are mentally ill. It’s important to address those stereotypes and to work to change them.”

(A participant in the program)

OVERVIEW OF THE PROGRAM

Why an awareness program?

Many people are frightened of mental illness, although about one in four people will at some time in their lives require professional help for a mental health problem.

Providing accurate information can help correct fears, myths and misconceptions many people have about mental illness. Studies have shown that a combination of education and face-to-face interaction has a greater impact on changing attitudes than using either strategy in isolation. Stigma is diminished when someone meets a person with mental illness who has a job or contributes in other ways to community life.

Negative perceptions can change when people have positive experiences

“It gave me a better understanding of people with mental illness. I think I will feel much more comfortable around them now.”

(Student who participated in the program)

with individuals with mental illness. The Talking About Mental Illness program provides an opportunity for this positive interaction and opens up dialogue between students and people who have experienced mental illness. The program helps correct misconceptions and provides insight into the reality of living with a mental illness.

Secondary schools provide an ideal environment and natural opportunities to address issues of mental health and illness. Secondary-school students, particularly at the senior level, are eager to learn about mental illness. The curriculum guidelines for a number of senior level courses, such as Challenge and Change in Society (Grade 12) and Healthy Active Living (Grades 11 and 12), contain explicit requirements for mental health education. There are other courses that also lend themselves to exploring issues related to mental illness. The Talking About Mental Illness program provides teachers with a student-friendly way to meet learning objectives and curriculum requirements.

How does the program help to eliminate stigma?

To truly understand the extent of stigma and its effects, and find ways to change it, we need to hear from people who have experienced it first-hand. In the program, people who have experienced mental illness share their stories with the students, providing an autobiographical account of what it's like to live with a mental illness. The presentation teaches that people with mental illness are not violent or incompetent, and that, in one student's words, "they are just like everybody else" (Mound & Butterill, 1992). The students learn that, with advances in treatment and community support, people with mental illness, just like people with other chronic health problems such as diabetes, can live fulfilling lives and contribute to the community.

In the program evaluation, students' knowledge about mental illness was measured and their attitudes toward people with mental illness were assessed — before and after they took part in the program. The results of the evaluation showed the program increased knowledge and awareness of mental illness and fostered more positive attitudes about people with mental illness. For more information on how the program was evaluated, please refer to Part 5.

What does this program offer young people?

The program has been shown to have several important outcomes for

"The personal stories helped me to see that mental illness can happen to anyone, even to someone who is doing well in life."

(Student who participated in the program)

"The students come back with a better understanding of people with mental illness as not leading separate and distinct lives... There are no signposts anywhere that distinguish people with mental illness from anyone else."

(Teacher who participated in the program)

youth — positively influencing their attitudes as well as their knowledge about mental illness.

Secondary school students are at an age where they are forming opinions and values that will be with them for life. This kind of presentation helps students develop critical thinking skills by encouraging them to examine media messages and their own preconceptions about mental illness. The program helps to ensure that these students develop a strong sense of understanding, empathy, compassion and tolerance — essential elements for healthy individuals and caring communities.

Teenagers also need to know more about mental illness because the first symptoms of severe, chronic forms of mental illness such as schizophrenia, bipolar disorder, panic disorder and obsessive-compulsive disorder generally appear between the ages of 16 and 24. Young people with disorders such as schizophrenia are at a very high risk of attempting suicide. Suicide is the second most common cause of death among Canadian youth, surpassed only by accidental deaths (Health Canada, 1994).

A recent study (Oliver et al., 1995) highlighted the extent of mental health concerns among Canadian youth and the barriers that influence their attitudes, coping abilities and help-seeking behaviours. The study's findings confirmed the results of earlier research, such as the Canadian Youth Mental Health Survey (1993): depression, stress, suicide and eating disorders are issues of concern for teens; and fear, embarrassment, peer pressure and stigma are barriers to getting help.

The program provides an opportunity to openly discuss mental illness; however, this discussion does not replace professional help. It provides information, such as local mental health-related resources, that makes it easier for young people to take action for themselves and others by seeking help and support to deal with mental illness. Teachers, organizers and presenters should emphasize that people experiencing distress should seek professional support.

Young people's attitudes toward seeking help, and their desire to learn more about mental health issues, can be positively influenced through educational initiatives. It has been demonstrated that favourable attitude change follows educational presentations delivered by medical personnel to junior and senior secondary school students. In one study, the authors report that educational presentations about suicide and depression were positively related to attitudes toward seeking help

"I can lecture and talk all I want, but in a few minutes, when the presenters relate their particular situation or story, it can cut through a lot of distance and make the learning real and focused for students."

(Teacher who participated in the program)

"What I liked most about the program was the way I was able to ask questions about anything."

(Student who participated in the program)

"What I really liked about the program is that it provides many opportunities to find out what kind of help is available in the community."

(Teacher who participated in the program)

"I do this to educate them because I'm concerned that maybe one or two of these kids are going to have mental illness and they're not going to know what to do. Maybe my experience will help them." (Presenter in the program)

“We know that many students are experiencing stress in their lives, either because their parents, or the students themselves, are having emotional difficulties. The program gives students permission to acknowledge that a lot of us have these problems, and that it’s OK to talk about it.”

(Teacher who participated in the program)

“Several things come through loud and clear. Kids come back with tremendous empathy and understanding of what it must be like to be in the presenters’ shoes, which is a huge step. They also come back with respect for the battle that people with mental illness fight, and cognizant of the courage it takes to fight the battle.”

(Teacher who participated in the program)

(Battaglia, Cloverdale & Bushong, 1990). Favourable attitude change has also been noted when an educational presentation is accompanied by personal contact with individuals identified as having a mental illness (Godschalx, 1984; Mound & Butterill, 1992).

What are the goals and objectives of the program?

Goal

- to reduce the stigma associated with mental illness through an educational program.

Objectives

- to provide teachers/educators with appropriate support and materials to enhance learning from the awareness program
- to organize awareness presentations in local secondary schools, or other community venues
- to provide an opportunity for secondary school students to learn from people who have experienced mental illness first-hand
- to provide secondary school students with information about mental illness and local resources for support
- to provide support, ideas and resources for teachers to deliver new mental health related curriculum.

REFERENCES

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FOR FURTHER READING

Fink, P. & Tasman, A. (Eds.). (1992). *Stigma and Mental Illness*. Washington, DC: American Psychiatric Press.

This book contains a series of papers that came out of a 1989 American Psychiatric Association annual meeting. The theme of that meeting was Overcoming Stigma and the papers presented discuss societal, historical and institutional issues of stigma. They also include narratives of people with mental illness.

Peterson, D. (Ed.) (1982). *A Mad People's History of Mental Illness*. Pittsburgh: University of Pittsburgh Press.

This book examines the history of the treatment of people with mental illness from 1436 to 1976 through excerpts from the writings of people who received such treatment. It is a unique history presented through the eyes of individuals as they experienced it.

Sattler, D.N., Shabatay, V. & Kramer, G. (1998). *Abnormal Psychology in Context: Voices and Perspectives*. New York: Houghton Mifflin.

This book is a collection of first-person accounts and narratives, written by people who have had psychiatric disorders of various kinds. It serves as a companion text for college psychology courses, adding the voices of real people describing their experiences in their own words to the usual textbook description of symptoms and diagnoses. Comments by therapists and relatives of those with mental disorders are also included.

Wahl, O.F. (1995). *Media Madness: Public Images of Mental Illness*. New Jersey: Rutgers University Press.

This book describes how mass media (television, books, newspapers, movies, advertising, etc.) depict people with mental illnesses. It also discusses the impact of media stereotypes of

mental illness, provides facts about mental illness and gives examples of efforts to improve media portrayals of mental illness.

Wahl, O.F. (1999). *Telling is Risky Business: Mental Health Consumers Confront Stigma*. New Jersey: Rutgers University Press.

Telling is Risky Business vividly covers such topics as isolation, rejection, discouragement and discrimination, as well as strategies for coping. It includes a section on resources for fighting stigma.