

APPENDIX H: OVERHEADS AND HANDOUTS

WHAT IS STIGMA?

The following are definitions of “stigma” taken from different sources and from different historical periods:

“A mark or sign of disgrace or discredit.”

“A visible sign or characteristic of a disease.”

— *The Concise Oxford Dictionary, 1990*

“An attribute which is deeply discrediting”

— *Goffman, E., Stigma: The management of spoiled identity. 1963*

“A distinguishing mark or characteristic of a bad or objectionable kind; a sign of some specific disorder, as hysteria.”

“A mark made upon the skin by burning with a hot iron, as a token of infamy or subjection; a brand.”

“A mark of disgrace or infamy; a sign of severe censure or condemnation, regarded as impressed on a person or thing.”

— *The Shorter Oxford English Dictionary*

TERMS RELATED TO STIGMA

stereotype

“ a person or thing that conforms to an unjustifiably fixed impression or attitude”

prejudice

“ a preconceived opinion”

discrimination

“ unfavourable treatment based on prejudice”

— *The Concise Oxford Dictionary, 1990*

CASE STUDY

FRANK JONES

Frank Jones had been released from a provincial psychiatric hospital after having been admitted recently for intense psychotic symptoms. At the time of admission, Frank was highly agitated, yelling that the police were going to harm him because he's the Boston Strangler's brother. In the emergency room, Frank told the on-call psychiatrist that he was hearing voices of the devil preaching about his murderous relatives.

This was the patient's third hospitalization since schizophrenia was first diagnosed 12 years earlier at age 22. Frank had made an excellent recovery from previous hospital stays: He had been working as a salesman at a hardware store for the past six years, and lived nearby in a small but comfortable apartment. He visited a psychiatrist at the community mental health centre for medication about once a month. He also met with a counsellor there to discuss strategies to cope with his mental illness. Frank had several friends in the area and was fond of playing softball with them in park district leagues. He had been dating a woman in the group for about a year and reported that he was "getting serious." Frank was also active in the local Baptist Church, where he was co-leading Bible classes with the pastor. The reappearance of symptoms derailed his job, his apartment and his social life.

Recuperating from this episode involved more than just dealing with the symptoms of his illness. The reaction of friends, family members and professionals also affected what happened to Frank. The hardware store owner was frightened by Frank's "mental hospitalization." The owner had heard mentally ill people could be violent, and worried that the stress of the job might lead to a dangerous outburst in the shop. Frank's mother had other concerns. She worried the

demands of living alone were excessive: " He's pushing himself much too hard trying to keep that apartment clean and do all his own cooking," she thought. She feared Frank might abandon his apartment and move to the streets, just like other mentally ill people she had seen.

Frank's doctor was concerned his hospitalization signaled an overall lack of stability. His doctor believed schizophrenia was a progressively degenerative disease, a view first promoted by a renowned psychiatrist in 1913. In this view, psychiatric hospitalizations indicated the disease was worsening. The doctor concluded Frank's ability to live independently would soon diminish; it was better to prepare for it now rather than wait for the inevitable loss of independent functioning. So the doctor, with the help of Frank's mother and boss, talked him into leaving his job, giving up his apartment and moving in with his mother. Frank's mother lived across town, so he stopped attending the Baptist church. Frank was unable to meet with his friends and soon dropped out of the sports league. He stopped seeing his girlfriend. In one month, he lost his job, apartment and friends.

ALICE JOHNSON

Like Frank Jones, Alice Johnson had been diagnosed with a significant and chronic disease: diabetes. She had to carefully monitor her sugar intake and self-administer insulin each day. She watched her lifestyle closely for situations that might aggravate her condition. Alice also met regularly with a physician and a dietitian to discuss blood sugar, diet and exercise. Despite these cautions, Alice had an active life. She was a 34-year-old clerk-typist for a small insurance broker. She belonged to a folk-dancing club she attended at a nearby secondary school. She was engaged to an accountant at the insurance company.

Despite carefully watching her illness, Alice suffered a few setbacks, the last occurring about a month ago when she required a three-day hospitalization to adjust her medication. The doctor recommended a two-week break from

work after her discharge, and referred her to the dietitian to discuss appropriate changes in lifestyle. Even though diabetes is a life-threatening disease (in her most recent episode, Alice was near coma when she was wheeled into the hospital), no one suggested she consider institutional care where professionals could monitor her blood sugar and intervene when needed. Nor did anyone recommend Alice give up her job to avoid work-related stressors that might throw off her blood sugar.

Case studies adapted from Corrigan, P. (1998). The Impact of Stigma on Severe Mental Illness. Cognitive and Behavioral Practice, 5, 201–222.

FAMOUS PEOPLE WITH MENTAL ILLNESS

(Diagnosis or believed diagnosis of mood disorder, unless otherwise indicated)

ACTORS/ENTERTAINERS/DIRECTORS

Marlon Brando

Drew Carey

Jim Carrey

Dick Clark

John Cleese

Rodney Dangerfield

Richard Dreyfuss

Patty Duke

Frances Ford Coppola

Audrey Hepburn

Anthony Hopkins

Ashley Judd

Margot Kidder

Vivien Leigh

Joan Rivers

Roseanne

Winona Ryder

Charles Schultz

Rod Steiger

Damon Wayans

Robin Williams

ARTISTS

Paul Gauguin

Vincent van Gogh

Michelangelo

Vaslov Nijinski (schizophrenia)

Georgia O'Keefe

Jackson Pollock

ATHLETES

Lionel Aldridge (schizophrenia)

Oksana Baiul

Dwight Gooden

Peter Harnisch

Greg Louganis

Elizabeth Manley

Jimmy Piersall

Monica Seles

Darryl Strawberry

Bert Yancey

AUTHORS/JOURNALISTS

Hans Christian Andersen

James Barrie

William Blake

Agatha Christie

Michael Crichton

Charles Dickens

Emily Dickinson
William Faulkner
F. Scott Fitzgerald
John Kenneth Galbraith
Ernest Hemingway
John Keats
Larry King
Eugene O'Neill
Sylvia Plath
Edgar Allen Poe
Mary Shelley
Neil Simon
William Styron
Leo Tolstoy
Mark Twain
Mike Wallace
Walt Whitman
Tennessee Williams
Virginia Woolf

BUSINESS LEADERS

Howard Hughes (depression & OCD)
J.P. Morgan
Ted Turner

SCIENTISTS

Charles Darwin

Sigmund Freud

Stephen Hawking

Sir Isaac Newton

COMPOSERS/MUSICIANS/SINGERS

Irving Berlin

Ludwig van Beethoven

Karen Carpenter (anorexia)

Ray Charles

Frederic Chopin

Eric Clapton

Kurt Cobain

Leonard Cohen

Natalie Cole

Sheryl Crow

John Denver

Stephen Foster

Peter Gabriel

Janet Jackson

Billy Joel

Elton John

Sarah McLachlan

Charles Mingus

Alanis Morissette

Marie Osmond

Charles Parker

Cole Porter

Bonnie Raitt

Axl Rose

Robert Schumann

Paul Simon

James Taylor

Peter Tchaikovsky

POLITICAL FIGURES/WORLD LEADERS

Alexander the Great

Napoleon Bonaparte

Barbara Bush

Winston Churchill

Diana, Princess of Wales

Tipper Gore

Thomas Jefferson

Ralph Nader

Florence Nightingale

George Patton

George Stephanopolous

(Taken from the Mood Disorders Web site: www.ndmda.org)

FACT OR FICTION?

1. One person in 100 develops schizophrenia. True or False
2. A person who has one or two parents with mental illness is more likely to develop mental illness. True or False
3. Mental illness is contagious. True or False
4. Mental illness tends to begin during adolescence. True or False
5. Poor parenting causes schizophrenia. True or False
6. Drug use causes mental illness. True or False
7. Mental illness can be cured with willpower. True or False
8. People with mental illness never get better. True or False
9. People with mental illness tend to be violent. True or False
10. All homeless people are mentally ill. True or False
11. Developmental disabilities are a form of mental illness. True or False
12. People who are poor are more likely to have mental illness than people who are not. True or False

MENTAL HEALTH STATISTICS FOR ONTARIO

- 22 per cent of Ontarians have experienced at least one mental health problem in their lifetime.
- Women are more likely than men to experience a mental health problem, specifically anxiety or depression.
- Men are more likely to experience antisocial personality disorder
- 31 per cent of 15- to 24-year olds have experienced a mental health problem:
 - 27 per cent have anxiety problems
 - 7.5 per cent have affective problems
 - 15- to 24-year-olds are more likely to have social phobias and bipolar disorder.
 - Older people experience depression more often than younger people.
 - Mental disorders (especially depression) are more common among people who are separated, divorced or widowed.
- 52 per cent of Ontarians whose parents have experienced a mental health problem also experience a mental disorder.

Source: Canadian Mental Health Association, Ontario Division, 1999

For further information, please refer the source document of these statistics.

It can be found on the Canadian Mental Health Association, Ontario Division's Web site:

http://www.ontario.cmha.ca/mhic/omhss_v1.pdf

DEFINITION OF MENTAL ILLNESS

Mental illness is a disturbance in thoughts and emotions that decreases a person's capacity to cope with the challenges of everyday life.

DESCRIPTIONS OF MENTAL ILLNESSES — MOOD DISORDERS

Mood disorders are persistent changes in mood caused by biochemical imbalances in the brain. Major depressive disorder and bipolar disorder are two types of mood disorders.

Major depressive disorder is a depressed mood accompanied by symptoms such as: loss of interest or pleasure in life; irritability; sadness; difficulty sleeping or sleeping too much; decreased or increased appetite; lack of concentration; sense of worthlessness; guilt; and in some cases, thoughts of suicide.

Bipolar disorder is a cycle of depressed mood, “normal” mood and mania. Mania is an elevated, exaggerated mood accompanied by symptoms such as: inflated self-esteem or confidence; a decreased need for sleep; increased energy; increased sexual drive; poor judgment; increased spending; agitation; non-stop talk; and increased involvement in pleasurable and possibly dangerous activities.

DESCRIPTIONS OF MENTAL ILLNESSES — PSYCHOSIS

Psychosis is the active state of experiencing hallucinations or delusions and can be organic (mental illness) or drug-induced.

Schizophrenia is a disturbance involving delusions, hallucinations, disorganized speech and/or disorganized or catatonic behaviour. Delusions are false beliefs or misinterpretations of situations and experiences. Hallucinations can be auditory, visual, olfactory (smell), gustatory (taste) or tactile (touch), but auditory hallucinations are most common. Schizophrenia is also associated with a deterioration of a person's ability to function at work, school and/or socially.

DESCRIPTIONS OF MENTAL ILLNESSES — ANXIETY DISORDERS

Anxiety disorders are associated with feelings of anxiousness, combined with physiological symptoms that interfere with everyday activities. Obsessive-compulsive disorder, phobias and post-traumatic stress disorder are types of anxiety disorders.

Obsessive-compulsive disorder is marked by repeated obsessions and/or compulsions that are so severe they interfere with everyday activities. Obsessions are disturbing, intrusive thoughts, ideas, or images that cause marked anxiety or distress. Compulsions are repeated behaviours or mental acts intended to reduce anxiety.

Post-traumatic stress disorder is the re-experiencing of a very traumatic event, accompanied by feelings of extreme anxiety, increased excitability and the desire to avoid stimuli associated with the trauma. The trauma could be related to such incidents as military combat, sexual assault, physical attack, robbery, car accident or natural disaster.

Phobias are significant and persistent fears of objects or situations. Exposure to the object or situation causes extreme anxiety and interferes with everyday activities or social life. Specific phobias have to do with objects or situations — for example, germs or heights. Social phobias have to do with social situations or performance situations where embarrassment may occur — for example, public speaking or dating.

DESCRIPTIONS OF MENTAL ILLNESSES — PERSONALITY DISORDERS

A personality disorder is a pattern of inner experience and behaviour that is significantly different from the individual's culture; is pervasive and inflexible; is stable over time; and leads to distress or impairment. Personality disorders usually begin in adolescence or early adulthood.

Dissociative identity disorder, formerly known as "multiple personality disorder," is the presence of two or more distinct identities that alternately control a person's behaviour. It reflects a failure to make connections between identity, memory and consciousness. Known by the general public as "split personality," there is now a controversy as to whether or not it is a real diagnosis.

DESCRIPTIONS OF MENTAL ILLNESSES — EATING DISORDERS

Eating disorders are a range of conditions involving an obsession with food, weight and appearance that negatively affect a person's health, relationships and daily life. Stressful life situations, poor coping skills, socio-cultural factors regarding weight and appearance, genetics, trauma, and family dynamics are thought to play a role in the development of eating disorders.

Anorexia Nervosa is characterized by an intense and irrational fear of body fat and weight gain, the strong determination to become thinner and thinner, the refusal to maintain a normal weight (for height and age) and a distorted body image.

Bulimia Nervosa is characterized by self-defeating cycles of binge eating and purging. Bingeing is the consumption of large amounts of food in a rapid, automatic and helpless fashion and leads to physical discomfort and anxiety about weight gain. Purging follows bingeing and can involve induced vomiting, restrictive dieting, excessive exercising or use of laxatives and diuretics.

(Eating Disorders Awareness and Prevention Web site: <http://www.edap.org>)

FACTORS THAT MAY CONTRIBUTE TO THE DEVELOPMENT OF MENTAL ILLNESS

The following are factors that may contribute to the development of mental illness:

- chemical imbalance
- substance abuse
- traumatic life events
- heredity
- other illnesses.

TREATMENT OF MENTAL ILLNESS

Biological treatments

- medication
- electroconvulsive therapy (ECT).

Psychosocial Interventions

- psychotherapy
- self-help groups
- family support and involvement
- community supports.

"VOICES" SCRIPT

VOICE 1

You jerk!

Stupid!

Everyone knows it

They're all looking at you

They know you're stupid

They are laughing at you

You're ugly

Hide your face

Run away

You're no good

You lazy, good for nothing

Get a job you bum

Do something

Don't listen to them

Go for a coffee

Have a cigarette

This is boring

Hurt yourself

You deserve it

You're useless

No one cares

VOICE 2

Save these people

They're devils

They must be persecuted

God works through you

You can save the world

You are Jesus, son of God

Cleanse yourself

Save the world

Dirty! Dirty!

Take your clothes off

Purify yourself

Go naked in the presence of God

Naughty! Naughty!

You're tired

Get out of here

Go to sleep

They're staring with evil eyes

Run away

Hit them now

Hit! Hit!

Before they hurt you

SUPPORT STRATEGIES

Here are some strategies for supporting someone with a mental health problem:

- Be supportive and understanding.
- Spend time with the person. Listen to him or her.
- Never underestimate the person's abilities.
- Encourage the person to follow his or her treatment plan and seek out support services.
- Become informed about mental illness.
- If you are a close friend or family member of someone who has a mental illness, make sure you get support as well. Crisis training, self-help and/or individual counselling will help you become a better support person.
- Put the person's life before your friendship. If you think the person needs help, especially if she or he mentions having thoughts of suicide, don't keep it a secret (even if the person may have asked you to). Tell his or her parents or someone else who can help.

STUDENT EVALUATION — PRE-TEST

Today's Date: _____ School: _____

Teacher's Name: _____ Subject: _____

Female or Male Birth date: Day _____ Month _____ Year _____ Grade: _____

A. Please indicate how much you feel you **know** about each of the following. Circle the number that best describes your knowledge.

| | None | A little | Some | A lot |
|---|------|----------|------|-------|
| 1. mental illness in general | 1 | 2 | 3 | 4 |
| 2. how people cope with mental illness | 1 | 2 | 3 | 4 |
| 3. different approaches to help persons with mental illness | 1 | 2 | 3 | 4 |
| 4. what it is like to have a mental illness | 1 | 2 | 3 | 4 |
| 5. what it is like to have a family member with mental illness | 1 | 2 | 3 | 4 |
| 6. the causes of different forms of mental illness | 1 | 2 | 3 | 4 |
| 7. how to recognize signs of mental illness | 1 | 2 | 3 | 4 |
| 8. different training and career paths mental health workers have | 1 | 2 | 3 | 4 |

B. Please indicate how much you agree or disagree with the following statements by circling the appropriate number.

| | Strongly disagree | Disagree | Agree | Strongly agree |
|--|-------------------|----------|-------|----------------|
| 1. Most people with a serious mental illness can, with treatment, get well and return to productive lives. | 1 | 2 | 3 | 4 |
| 2. In most cases, keeping up a normal life in the community helps a person with mental illness get better. | 1 | 2 | 3 | 4 |

| | Strongly disagree | Disagree | Agree | Strongly agree |
|--|----------------------|----------|-------|-------------------|
| 3. People with mental illness are far less of a danger than most people believe. | 1 | 2 | 3 | 4 |
| 4. Locating a group home or apartments for people with mental illness in residential neighbourhoods does not endanger local residents. | 1 | 2 | 3 | 4 |
| 5. Locating a group home or apartments for people with mental illness in a residential area will not lower the value of surrounding homes. | 1 | 2 | 3 | 4 |
| 6. People with mental illness are, by far, more dangerous than the general population. | 1 | 2 | 3 | 4 |
| 7. Mental health facilities should be kept out of residential neighbourhoods. | 1 | 2 | 3 | 4 |
| 8. Even if they seem OK, people with mental illness always have the potential to commit violent acts. | 1 | 2 | 3 | 4 |
| 9. It is easy to recognize someone who once had a serious mental illness. | 1 | 2 | 3 | 4 |
| 10. The best way to handle people with mental illness is to keep them behind locked doors. | 1 | 2 | 3 | 4 |

THANK YOU

STUDENT EVALUATION — POST-TEST

Today's Date: _____ School: _____

Teacher's Name: _____ Subject: _____

Female or Male Birth date: Day _____ Month _____ Year _____ Grade: _____

A. Please indicate how much you feel you **know** about each of the following. Circle the number that best describes your knowledge.

| | None | A little | Some | A lot |
|---|------|----------|------|-------|
| 1. mental illness in general | 1 | 2 | 3 | 4 |
| 2. how people cope with mental illness | 1 | 2 | 3 | 4 |
| 3. different approaches to help persons with mental illness | 1 | 2 | 3 | 4 |
| 4. what it is like to have a mental illness | 1 | 2 | 3 | 4 |
| 5. what it is like to have a family member with mental illness | 1 | 2 | 3 | 4 |
| 6. the causes of different forms of mental illness | 1 | 2 | 3 | 4 |
| 7. how to recognize signs of mental illness | 1 | 2 | 3 | 4 |
| 8. different training and career paths mental health workers have | 1 | 2 | 3 | 4 |

B. Please indicate how much you agree or disagree with the following statements by circling the appropriate number.

| | Strongly disagree | Disagree | Agree | Strongly agree |
|--|-------------------|----------|-------|----------------|
| 1. Most people with a serious mental illness can, with treatment, get well and return to productive lives. | 1 | 2 | 3 | 4 |
| 2. In most cases, keeping up a normal life in the community helps a person with mental illness get better. | 1 | 2 | 3 | 4 |

| | Strongly disagree | Disagree | Agree | Strongly agree |
|--|----------------------|----------|-------|-------------------|
| 3. People with mental illness are far less of a danger than most people believe. | 1 | 2 | 3 | 4 |
| 4. Locating a group home or apartments for people with mental illness in residential neighbourhoods does not endanger local residents. | 1 | 2 | 3 | 4 |
| 5. Locating a group home or apartments for people with mental illness in a residential area will not lower the value of surrounding homes. | 1 | 2 | 3 | 4 |
| 6. People with mental illness are, by far, more dangerous than the general population. | 1 | 2 | 3 | 4 |
| 7. Mental health facilities should be kept out of residential neighbourhoods. | 1 | 2 | 3 | 4 |
| 8. Even if they seem OK, people with mental illness always have the potential to commit violent acts. | 1 | 2 | 3 | 4 |
| 9. It is easy to recognize someone who once had a serious mental illness. | 1 | 2 | 3 | 4 |
| 10. The best way to handle people with mental illness is to keep them behind locked doors. | 1 | 2 | 3 | 4 |

C. As a result of participating in the program, please indicate how much you agree or disagree with the following statements.

| | Strongly disagree | Disagree | Agree | Strongly agree |
|--|----------------------|----------|-------|-------------------|
| 1. The classroom activities and presentations held my attention. | 1 | 2 | 3 | 4 |
| 2. I learned a lot from the presentations. | 1 | 2 | 3 | 4 |
| 3. The presentations are a good way to learn about mental illness. | 1 | 2 | 3 | 4 |
| 4. It is valuable for students to be able to ask presenters questions. | 1 | 2 | 3 | 4 |

| | Strongly disagree | Disagree | Agree | Strongly agree |
|--|----------------------|----------|-------|-------------------|
| 5. The experience of the presenters was relevant to people my age. | 1 | 2 | 3 | 4 |
| 6. I learned some new information about mental illness. | 1 | 2 | 3 | 4 |
| 7. I feel better about my ability to talk with someone with mental illness. | 1 | 2 | 3 | 4 |
| 8. I feel that I know more about the emotions experienced by someone who has a mental illness. | 1 | 2 | 3 | 4 |
| 9. In the future, I will feel more comfortable when I meet people with mental illness. | 1 | 2 | 3 | 4 |
| 10. I would recommend this program to a friend who hasn't participated in it. | 1 | 2 | 3 | 4 |

D.

1. What I liked most about the program was:

2. What I liked least about the program was:

3. If you have any further comments on the program or would like to make suggestions for the improvement of the program, please add them below.

THANK YOU

TEACHER EVALUATION

We would appreciate your help in evaluating the Talking About Mental Illness program.

Your feedback will help us to improve it for the future.

Today's Date: _____ Grade: _____

School: _____ Name: _____

Date of Program: _____

1. (a) Please name the students' courses that the Talking About Mental Illness Program is being incorporated into:

- (b) Approximately how much time was devoted to the suggested classroom activities **prior to** the presentation?

_____ hours

- (c) Approximately how much time did you spend **after** the presentation debriefing?

_____ hours

Please describe:

2. How helpful did you find the classroom activities contained in the Teachers Resource?

Not at all helpful 1 2 3 4 5 Very helpful

Please list which activities you used:

3. In your experience, how closely did the suggested classroom activities compliment the curriculum guidelines for your course?

Not at all helpful 1 2 3 4 5 Very helpful

4. (a) What did you hope your students would learn from participating in the program?

(b) To what extent were your expectations satisfied?

Not at all 1 2 3 4 5 To a great extent

5. Do you feel the choice of presenters (e.g., consumers, family) was appropriate?

Yes No

Please comment:

6. Do you feel that the classroom setting was appropriate for the presentation?

Yes No

Please explain:

7. Please make comments and suggestions on the presentation you attended (i.e., length, depth, format, content, etc.).

8. What other tools or activities would you like to see included in the *Teacher's Resource*?

9. Overall, how would you rate the program?

| | | | | |
|-----------|-----------|------|--------------|----------------|
| 1 | 2 | 3 | 4 | 5 |
| EXCELLENT | VERY GOOD | GOOD | SATISFACTORY | UNSATISFACTORY |

10. Any additional comments or suggestions?

THANK YOU