

SECTION 1: INFORMATION ABOUT THE PROGRAM

RATIONALE FOR THE PROGRAM

What is stigma?

The term stigma refers to any attribute, trait or disorder that causes a person to be labelled 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 said, in an article discussing stigma, “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. While we still have a long way to go, ongoing efforts to combat stigma and discrimination have resulted in the questioning of negative

stereotypes and have led to positive change in public perception of such groups, including our perceptions of people with mental illness.

Why do we stigmatize mental illness?

Most people learn what they know about mental illness from the 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 other people. These inaccurate images perpetuate unfavourable stereotypes, which can lead to the rejection, marginalization and neglect of people with mental illnesses.

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 common 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 (2000). In fact, people with diseases such as schizophrenia 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 schizophrenia is an illness. They may think: “Can’t you just discipline your thinking?” The Web site www.openthedoors.com, which raises awareness about stigma associated with schizophrenia, responds: “But you can’t discipline a virus, cancer cells or a broken leg.”

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

“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)

get attention. Yet, mental illness occurs all over the world, in all races, in all cultures and in all social classes.

Another common myth about people with mental illness is that they cannot live independently, let alone make significant contributions to the community. Throughout history, however, people with serious mental health problems have contributed enormously to our societies. A quick glance at the list “Famous People with Mental Illness” on page 33 notes just some of the people with mental illness who have been leaders and visionaries and have enriched and expanded our knowledge and understanding in every arena — politics, culture, academics, business, athletics, arts and science.

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 housing is not welcome in most neighbourhoods.

The negative reaction to mental illness leads to discrimination that can be as hard for people 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.

Why an awareness program?

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

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

“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 a friend.”

(A participant in the program)

“There are definitely a lot of stereotypes out there about mental illness. People have ideas based on what they’ve seen in movies, the media and 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)

“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)

“The stories helped me to see that mental illness can happen to anyone, even 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)

illness who contributes to the life of the community.

Negative perceptions can change when people have positive interactions with individuals with mental illness. The Talking About Mental Illness program provides an opportunity for this positive interaction within a learning environment. By providing accurate information and opening up dialogue between students and people who have experienced mental illness, the program helps correct misconceptions and provides insight into living with a mental illness.

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

How does the program help to eliminate stigma?

To truly understand the extent of stigma associated with mental illness and its effects, and to find ways to act to change it, we need to hear from people who have experienced it first-hand. In the program, people who have lived with mental illness share their stories with the students. The program teaches that people with mental illness are not violent or incompetent, and that, in one student’s words, “they are just like everybody else.” 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 and attitudes about mental illness and people with mental illness were measured — both before and after they took part in the program. The results showed that the program increases knowledge and awareness of mental illness and fosters more positive attitudes about people with mental illness. For information on how the program was evaluated, refer to Section 2.

What does this program offer young people?

The program has been shown to have several important outcomes for youth — positively influencing both their attitudes and 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 program helps students develop critical thinking skills by encouraging them to examine media messages and their own preconceptions about mental illness. It helps ensure students develop a strong sense of understanding, empathy, compassion and tolerance — essential elements in healthy individuals and caring communities.

Teenagers 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 and mood disorders have a very high risk of attempted 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 skills and help-seeking behaviours. The study's findings confirmed the results of earlier research such as the Canadian Youth Mental Health Survey (1993), which found that depression, stress, suicide and eating disorders are issues of concern for teens, and that 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 the kind of information, such as local mental health-related resources, that makes it easier for young people to find help and support for themselves and others 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. In one study, the authors report that educational presentations about suicide and depression were positively related to attitudes toward seeking help (Battaglia et al., 1990). Favourable attitude

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

(Teacher who participated in the program)

“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 whole lot of distance and make the learning real and focused for students.”

(Teacher who participated in the program)

“What I liked most was the way I was able to ask questions about anything.”

(Student who participated in the program)

“What I liked most about the program was the way we were able to see real people with their everyday struggles, not just text-book information.”

(Student 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 students themselves are having emotional difficulties. The program gives students permission to acknowledge that a lot of us have these difficulties, and that it’s OK to talk about it.”

(Teacher who participated in the program)

change among junior and senior secondary school students has been noted following educational presentations delivered by medical personnel and presentations accompanied by personal contact with individuals identified as having a mental illness (Godschalx, 1984; Mound & Butterill, 1992).

OVERVIEW OF THE PROGRAM

What is the purpose of the program?

The Centre for Addiction and Mental Health, the Canadian Mental Health Association Ontario Division and the Mood Disorders Association of Ontario have worked together to develop a community-based awareness program for youth aged 16 and older. This program is modeled after “Beyond the Cuckoo’s Nest,” an awareness program for secondary school students that has been operating out of the former Clarke Institute of Psychiatry, now part of the Centre for Addiction and Mental Health, for 14 years.

The program involves local community partners in developing and organizing an awareness presentation that is hosted by local secondary schools. Partners include youth, people with mental illness and their family members, clinicians, teachers, mental health and other agency representatives.

What are the goals and objectives of the program?

- to eliminate or reduce the stigma associated with mental illness
- to provide teachers/educators with appropriate support and materials to implement the awareness program
- to organize awareness presentations to take place 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 related local resources
- to provide support, ideas and resources for teachers to deliver new mental health-related curricula.

Where does the program fit?: Links with the Ontario Ministry of Education and Training’s curriculum guidelines

The curriculum for secondary schools presents many opportunities to teach students about mental health and mental illness, both formal and informal.

Formal opportunities

The formal opportunities are found in two main areas of the secondary school curriculum that address mental health issues — health and physical education, and the social sciences and humanities. The particular courses in which there is a good fit are listed in Appendix A of this resource. We have highlighted the relevant sections of the Ontario Secondary School Curriculum Guidelines for these courses, so that it will be easy to see where the program fits.

The Talking About Mental Illness program is not an add-on to the curriculum requirements, but is, rather, a way of helping teachers meet those requirements for a number of courses. The activities contained in the Teacher’s Resource are student- and teacher-friendly, and easy to implement.

Additional opportunities

Informal opportunities or “teachable moments” also occur across the curriculum. For example, in English class, the experience of a character in a novel can be used to explore the attitudes expressed by society toward mental illness. In art, students can view the work of artists who have experienced mental illness and discuss the potential connection between their illness and the creative process. These courses and others provide easy entry points for discussion about how beliefs, attitudes and knowledge about mental illness have changed over time.

Looking at your school: School information survey

Answering the following questions with a member of the program’s organizing committee will help you find out more about the context of mental health issues in your school and community. Several student representatives should also be invited to participate in this discussion. It’s a good opportunity to develop student interest and participation in the program.

- What are the major cultural and ethnic groups present in the school? (Different ethnic and cultural groups may have different perceptions/attitudes toward mental illness.)
- Are there any recent events or traumatic incidents in the school or broader community (e.g., suicide attempt) that have affected the student body and teaching staff, events that might influence people's perceptions of mental health issues?
- Have there been any serious problems associated with drug use in the school or community? (e.g., overdose, hospitalization).
- What is the role of your guidance department in providing support to students?
- Are mental health and mental illness discussed in the classroom, either as part of the curriculum or informally?
- Has your school hosted, or participated in, an educational event on mental health or mental illness? If so, how long ago? Please describe the experience.

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. The papers 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 treatment of people with mental illness from 1436 to 1976 by means of excerpts from the writings of people who received treatment. It is a unique history presented through the eyes of individuals as they experienced mental illness.

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 individuals who have had psychiatric disorders of various kinds. It's a companion text for college psychology courses, adding the voices and experiences of real people 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.