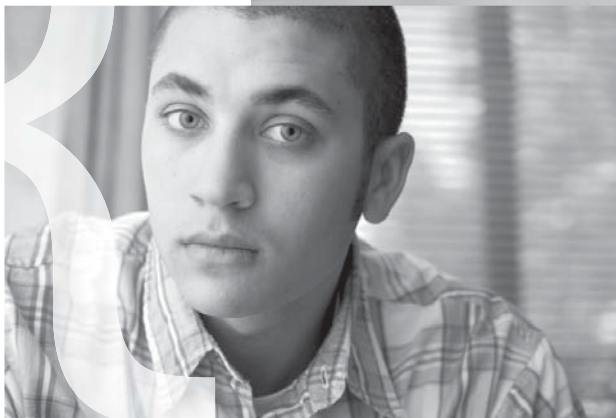
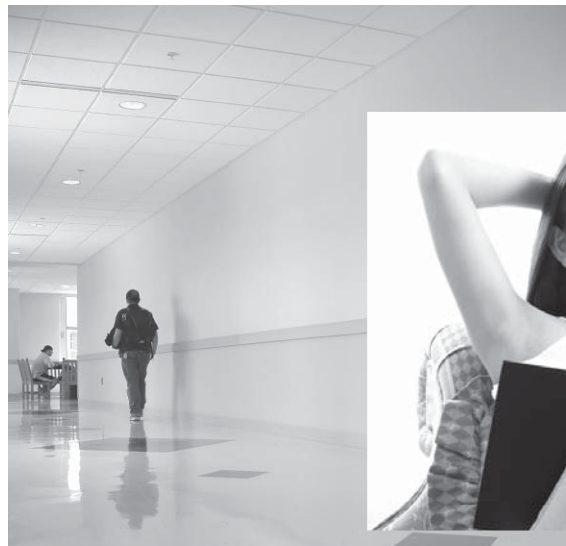


MODULES

Part 4

- Module 1: The stigma of mental illness
- Module 2: Understanding mental health and mental illness
- Module 3: Information on specific mental illness
- Module 4: Experiences of mental illness
- Module 5: Seeking help and finding support
- Module 6: The importance of positive mental health



The stigma of mental illness

Overview

Many people with mental illness say that the stigma that surrounds mental illness is harder to live with than the disease itself.

In the context of the curriculum guide, stigma refers to “a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illness. Stigma is not just a matter of using the wrong word or action. Stigma is about disrespect. It is the use of negative labels to identify a person living with mental illness. Stigma is a barrier. Fear of stigma and the resulting discrimination discourages individuals and their families from getting the help they need.” (SAMHSA, 2004)

In the United States, the Surgeon General’s Report on Mental Health (1999) cites studies showing that nearly two thirds of all people with diagnosable mental disorders do not seek treatment (Regier et al. , 1993; Kessler et al., 1996). While the reasons for this are varied, we know that stigma surrounding the receipt fo mental health services is a significant barrier that discourages people from seeking treatment, and that stigma may be intensifying instead of abating over time (Sussman et al., Cooper-Patrick et al., 1997).

The activities in this section will explore the nature of stigma, its impact on the lives of people with mental illness, and effective ways of combating stigma.

Learning objectives

In this module students will:

- understand the stigma surrounding mental health problems and the impact of stigma and discrimination on help-seeking behaviour
- explore the differences between the myths and the realities of mental illness
- investigate the attitudes of people in the school community about mental illness
- learn ways of overcoming stigma and promoting a more realistic and positive understanding of mental illness

Major concepts addressed

- Stigma results in discriminatory behaviour and treatment towards people with mental illness
- The fear of stigma prevents people from seeking help and treatment for mental illness
- Stigma is perpetuated through mistaken beliefs about mental illness, and can be seen in people’s attitudes, in public policy, in the media, etc.

MODULE 1

Major concepts addressed (cont.)

- Stigma and discrimination can be reduced by providing accurate information about mental illness and its treatment

Teacher background and preparation:

Read through the activities and preview video component before class. To prepare for Module 1 , students need to survey five to ten people about their attitudes toward mental health problems and people with mental illness.

How to:

Hand out a copy of the Community Attitudes survey and request that students survey a minimum of five and a maximum of ten people from the school, their household or the broader community. Remind students to bring their results in for the lesson.

Note to teachers:

Discuss with students the sensitive nature of the questionnaire and warn them that some people they approach might not want to answer it.

In advance:

- Make Photocopies of Activity Handouts one per student
- Set up DVD or web-based video component of Video Section 1: Living with Stigma

Activities

- Activity 1: Defining stigma
- Activity 2: Exploring attitudes - survey
- Activity 3: Video - Courageous not Crazy Part 1: Living with Stigma
- Activity 4: Reducing Stigma - What works?

MODULE 1

Materials Required

Handouts for Activities 1, 2 and 4
Courageous not Crazy video Part2: *Living with Stigma*

Note to teachers:

Our society often attaches a variety of labels to mental illness - psycho, nuts, crazy, wacko and so on. These terms reinforce the stigma associated with mental illness. In the classroom, it's more appropriated to use the term "person with mental illness".

The following is some general information about Canadian community attitudes towards mental illness and effective ways of addressing mental health problems. You can use this information to compare and contrast with students findings.

According to a 2007 Report on Mental Health Literacy in Canada prepared by the Canadian Alliance on Mental Health and Mental Illness, most Canadians:

- Have difficulty recognizing and correctly identifying mental disorders.
- Prefer psychosocial explanations for mental disorders over biomedical ones, i.e. prefer to think that depression is caused by stress then a chemical imbalance or other problems that are happening in the brain.
- Do not know how to deal with people with mental disorders.
- Do not consider common mental health problems (anxiety/mild to moderate depression) as mental illnesses, and have relatively benign attitudes towards these disorders.
- Associate mental illness with psychotic disorders and are fearful of those labeled "mentally ill."
- Are often reluctant to seek professional help.
- Have negative attitudes towards psychiatric medications.
- Are often reluctant to disclose mental disorders for fear of stigma and discrimination.

Additionally:

- A significant minority of Canadians hold stigmatizing attitudes towards mental illness, and many believe that others subscribe to these views.
- Serious mental illness, especially psychosis, is more feared and stigmatized than common mental health problems.
- People remain concerned about disclosing common mental health problems, particularly in the workplace, for fear of discrimination.

MODULE 1



Our society often attaches a variety of labels to mental illness which act to reinforce stigma. In the classroom it's more appropriate to use the term "person with mental illness".

Remind students that everyone has some stigmatizing or discriminatory thoughts or attitudes, and that the key message here is that we need to recognize those stigmatizing or discriminatory thoughts or attitudes, examine where they come from, and work toward changing the hurtful behaviours they cause.

Activity 1:

(10 mins.)

Defining stigma*

Purpose:

- To explore the meaning of the term stigma and the relationship between attitudes (beliefs) and discriminatory treatment (behaviour and actions) toward people with mental illness.

How to:

- 1) Ask students if they know what the word "stigma" means. Using the Activity 1 overhead, lead a whole-class discussion of the definition of stigma, and the relationship between stigma, stereotyping and discrimination.

Questions to guide discussion:

- What are some of the negative things you have heard about people with mental illness? (responses may include things like link to violence, etc)
- What are some of the positive things you have heard about mental illness? (responses may include things like link to creativity. While this may be seen as positive, remind students that generalizing can also be a form of stereotyping)
- Why do you think people with mental illness are stigmatized? (possible answers include: They are seen as being different. People don't really know the facts about mental illness)
- Can you think of any other health conditions or social issues that have been stigmatized throughout history? (possible answers include: homosexuality, leprosy, AIDS, unwed motherhood, divorce)
- What kinds of factors have contributed to changing public attitudes around some of these conditions or issues? (possible answers include: education, public policy, open dialogue, scientific research, changing social mores)
- What do you think influences perceptions about mental illness? (possible answers include the media – films, news, newspaper headlines and stories that associate people with mental illness with violence, the fact that people with mental illness sometimes behave differently and people are afraid of what they don't understand)
- How do you think stigma affects the lives of people with mental illness? (possible answers include: people decide not to get help and treatment even though they would benefit from it, it makes them unhappy, they may not be able to get a job or find housing, it may cause them to lose their friends, it puts stress on the whole family)

*This activity has been adapted from *Talking About Mental Illness*, CAMH 2001
http://www.camh.net/education/Resources_teachers_schools/TAMI/tami_teachersall.pdf

Defining 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 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 Dictionary, Fourth Edition, 1993*

”

The stigma of mental illness

“Stigma refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illnesses. Stigma is not just a matter of using the wrong word or action. Stigma is about disrespect. It is the use of negative labels to identify a person living with mental illness. Stigma is a barrier. Fear of stigma and the resulting discrimination discourages individuals and their families from getting the help they need.” (SAMHSA 2004)

Terms related to Stigma

Stereotype:

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

Stereotypes are the attitudes about a group of people, e.g. “All people with mental illness are dangerous.”

Prejudice:

“A preconceived opinion”

Prejudice is agreeing with the stereotypes, e.g. “I think people with mental illness are dangerous.”

Discrimination:

“unfavourable treatment based on prejudice”

Discrimination is the behavior that results: “I don’t want people with mental illness around me, therefore I discriminate against them by not hiring them, not being friends with them, etc.”

- *The Concise Oxford Dictionary, 1990*

(* This activity has been adapted from “Talking About Mental Illness, CAMH 2001)

MODULE 1

Activity 2:

(20 mins.)

Examining Community Attitudes - Analyzing survey results*

Purpose:

- To collate the results of the survey completed by students and examine and analyze the results with the class
- To compare their results with the Community attitudes survey: Best answers and draw conclusions about the community's awareness of mental health and illness in relation to broader Canadian attitudes

How to:

- 1) In groups of four or five, students share survey responses to get a better picture of what the attitudes of the larger sample. If time permits (or as a possible follow up project for those who are interested), students could use the computer to collate and graph the survey results.
- 2) Ask students to come up with some general conclusions from the grouped survey findings to share with the rest of the class, for example:
 - Our sample was not well informed about mental illnesses because X % responded...
 - The women in our sample were more tolerant about mental illness than the men
 - Only half the people surveyed agreed that they would have someone with a mental illness as a close friend
- 3) Facilitate a class-wide discussion about the survey results, highlighting ways in which the results inform us about peoples' attitudes about mental illness. Refer to the Community Attitudes survey: Best answers so ground the discussion and answer any questions that students might have. Use the sample questions below as a guide for discussion.

Sample Questions:

- What do the responses tell you about the level of awareness about mental illness in the community?
- What role do you think the media plays in shaping peoples' attitudes?
- Do you think your results reflect the Canadian community attitudes more generally? Why or why not?
- Do you think it's possible to change community attitudes toward mental illness?
- How might this be done?

*adapted from *MindMatters: Understanding Mental Illness*, pg. 57.

MODULE 1

Activity 2

SURVEY

Community Attitudes Survey*

| Check the most appropriate answer: | | Agree | Disagree | Not sure |
|------------------------------------|--|-------|----------|----------|
| 1) | People should work out their own mental health problems | | | |
| 2) | Once you have a mental illness, you have it for life | | | |
| 3) | Females are more likely to have a mental illness than males | | | |
| 4) | Medication is the best treatment for mental illness | | | |
| 5) | People with a mental illness are generally violent and dangerous | | | |
| 6) | Adults are more likely than teenagers to have a mental illness | | | |
| 7) | You can tell by looking at someone whether they have a mental illness | | | |
| 8) | People with a mental illness are generally shy and quiet | | | |
| 9) | Mental illness can happen to anybody | | | |
| 10) | You would be willing to have a person with a mental illness at your school or at your work | | | |
| 11) | You would be happy to have a person with mental illness become a close friend | | | |

| Respondent | M/F | Under 19 | 20-29 | 30-39 | 40-49 | 50 and up |
|------------|-----|----------|-------|-------|-------|-----------|
| #1 | | | | | | |
| #2 | | | | | | |
| #3 | | | | | | |
| #4 | | | | | | |
| #5 | | | | | | |
| #6 | | | | | | |
| #7 | | | | | | |
| #8 | | | | | | |
| #9 | | | | | | |
| #10 | | | | | | |

*Adapted from *Mind Matters: Understanding Mental Illness*, pg 57

Community Attitudes Survey: Best Answers

1) People should work out their own mental health problems.

Not true. When people have a physical health concern, they generally take some action, and often go to the doctor or seek some other kind of help for their problem. Mental illness is associated with disturbances with brain functioning and usually requires professional assistance. Because of the stigma surrounding mental illness, many people have been reluctant to seek help.

2) Once you have a mental illness, you have it for life.

While it's true that most mental illnesses are lifelong, they are often episodic, which means that the symptoms are not always present. Just like people who live with chronic physical illnesses like arthritis and asthma, people with mental illnesses can, when their illness is managed, live positive and productive lives.

3) Females are more likely to have a mental illness than males

Men and women are both equally affected by mental illnesses in general, but there may be higher rates among women of specific illnesses such as eating disorders. There may sometimes be higher rates in women for other disorders such as depression. Men have higher rates for some disorders such as alcoholism and ADHD. Some illnesses are relatively equally shared by both men and women (e.g. bipolar disorder).

Women are more likely to seek help for mental and emotional difficulties and to share their concerns with friends compared to men. Females are more willing to let friends know if they are receiving counselling. In practice, 62% of women would probably or definitely want their friends to know compared to 45% of men.

*(Canadian Mental Health Survey COMPAS Inc.
Multi-Audience Research Ottawa and Toronto April 20, 2001)*
http://www.cmha.ca/bins/content_page.asp?cid=5-34-212-213#Toc512618127

4) Medication is the best treatment for mental illness

Medication can be a very effective part of managing a mental illness, but it is by no means the only type of treatment or support that helps people recover. A wide range of appropriate interventions, including medication, counselling, social, vocational and housing-related supports, as well as self-help and generic resources for all community members (such as groups, clubs, and religious institutions) are also important in helping people recover and stay well.

It is helpful to think of medications as necessary but not sufficient treatments for many mental disorders. The best approach is to have a combination of strategies that have been proven effective.

5) People with a mental illness are generally violent and dangerous

People with mental illness are generally not more violent than the rest of the population. Mental illness plays no part in the majority of violent crimes committed in our society. The assumption that any and every mental illness carries with it an almost certain potential for violence has been proven wrong in many studies.

6) Adults are more likely than teenagers to have a mental illness.

Many of the major mental illnesses begin to appear during adolescence and early adulthood.

7) You can tell by looking at someone whether they have a mental illness.

Generally, you can't tell if a person has a mental illness based on their appearance. Sometimes, when people are experiencing an acute episode of their illness, their behaviour may be bizarre, especially if they are experiencing an episode of psychosis.

Community Attitudes Survey: Best Answers (cont.)

8) People with a mental illness are generally shy and quiet.

There is no strong causal relationship between personality characteristics and tendency to develop mental illness. Some mental disorders such as depression and anxiety can lead people to avoid or limit social contact.

9) Mental illness can happen to anybody.

This is correct. In fact, it very likely that you, a family member or someone you're close to will experience a mental illness at some point in their lives.

10) You would be willing to have a person with a mental illness at your school or at your work

11) You would be happy to have a person with mental illness become a close friend

Questions 10 and 11 both address the issue of “social distance”, that is, the willingness to engage in relationships of varying intimacy with a person. Social distance is an indicator of public attitudes toward people with mental illness.

Social distance is a complex concept influenced by a number of factors, including age, gender, socio-economic and cultural factors, but also by the respondent's general attitude toward mental health issues.

Contact, or social inclusion of people with mental illness with the rest of the population, is the factor that usually that leads to a decrease in stigma by bringing about significant changes in attitudes and behavior that are maintained over time. This can happen when people find out that a coworker, neighbour or friend is struggling with mental illness, and despite it, is living on their own, working and being a part of the community.



(* Adapted from Mind Matters: Understanding Mental Illness, pg. 57)

MODULE 1

Activity 3:

(20 mins.)

Video - Courageous not crazy: Living with stigma

Purpose:

- To provide students with an opportunity to learn about the impact of stigma on young people's lives
- To help students develop an understanding of the lived experience of stigma – the social consequences that are a part of living with a mental illness.

How-to:

- 1) Set up DVD if showing the video to the class as a whole or arrange small groups at computers to view Courageous not crazy Part 2: Living with stigma for students to watch. This section of the video addresses the experience of living with the stigma of mental illness, and how stigma has impacted on the lives of the young people interviewed.
- 2) At the end of the video, lead a brief discussion of students' impressions of the video, and distribute photocopies of Activity 4 Handout Reducing stigma: What works?

MODULE 1

Activity 4:

(10 mins.)

Handout: Reducing Stigma - What works?

Purpose:

- To provide students with ideas about what they can do to reduce the stigma of mental illness in their everyday lives

How-to:

- 1) Distribute the handouts and encourage students to apply the strategies for reducing stigma in the school, at home, and in the community.
- 2) Remind students that things have improved since the days of the “looney bin”; however, there are still many examples of how people living with mental illness are portrayed as violent as well as ridiculed in the media and popular culture. Have students think about topical stories from the news and/or movies and TV shows.



Reducing Stigma - What works?

There is no simple or single strategy to eliminate the stigma associated with mental illness, but some positive steps can be taken. Research is showing that negative perceptions about severe mental illness can be changed by:

- **providing information based on reliable research** that refutes the mistaken association between violence and severe mental illness (*Penn & Martin, 1998*).
- **effective advocacy and public education programs** can help to shift attitudes and contribute to the reduction of stigma (*Surgeon General Report on Mental Health, 1999*).
- **proximity or direct contact with people with mental illness** tends to reduce negative stereotypes (*Corrigan & Penn, 1999*).
- **programs that help people to become better integrated in the community** through school, work, integrated housing, or interest-based social groups not only serve to promote the individual's mental health by reducing exclusion, but also can play a part in gradually shifting commonly-held negative attitudes.
- **treatments and supports** that work to help people recover.

Reducing Stigma - What works? (cont.)

LEARN MORE ABOUT MENTAL ILLNESS

If you are well informed about mental illness, you will be better able to evaluate and resist the inaccurate negative stereotypes that you come across.

LISTEN TO PEOPLE WHO HAVE EXPERIENCED MENTAL ILLNESS

These individuals can describe what they find stigmatizing, how stigma affects their lives and how they would like to be viewed and treated.

WATCH YOUR LANGUAGE

Most of us, even mental health professionals and people who have mental illness, use terms and expressions related to mental illness that may perpetuate stigma.

RESPOND TO STIGMATIZING MATERIAL IN THE MEDIA

Keep your eyes peeled for media that stigmatizes mental illness and report it to any number of organizations. Get in touch with the people--authors, editors, movie producers, advertisers--responsible for the material. Write, call or e-mail them yourself, expressing your concerns and providing more accurate information that they can use.

SPEAK UP ABOUT STIGMA

When someone you know misuses a psychiatric term (such as schizophrenia), let them know and educate them about the correct meaning. When someone says something negative about a person with mental illness, tells a joke that ridicules mental illness, or makes disrespectful comments about mental illness, let them know that it is hurtful and that you find such comments offensive and unacceptable.

TALK OPENLY ABOUT MENTAL ILLNESS

Don't be afraid to let others know of your mental illness or the mental illness of a loved one. The more mental illness remains hidden, the more people continue to believe that it is a shameful thing that needs to be kept hidden.

DEMAND CHANGE FROM YOUR ELECTED REPRESENTATIVES

Policies that perpetuate stigma can be changed if enough people let their elected representatives, like city councilors, members of Provincial and Federal Parliament know that they want such change.

PROVIDE SUPPORT FOR ORGANIZATIONS THAT FIGHT STIGMA

Join, volunteer, donate money. The influence and effectiveness of organizations fighting the stigma surrounding mental illness depend to a large extent on the efforts of volunteers and on donations. You can make a contribution by getting involved.