

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.

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)

It is important to remember that stigma is not unique to mental illness. Stigma can occur in many different contexts including social and interpersonal relationships such as gender identity, culture, sexual preference, etc. Mental illnesses are not the only illnesses that are or have been the focus of stigma. Some other illnesses that have been the focus of significant stigma include Leprosy, Smallpox, Syphilis, Cancer and HIV/AIDS.

In the United States, the Surgeon General’s Report on Mental Health (1999) cites studies showing that nearly two-thirds of all people with mental disorders do not seek treatment. While the reasons for this are varied, we know that stigma is a significant barrier that discourages people from seeking treatment.

In understanding how to successfully address the stigma of illnesses so that both the stigma and improved access to effective health care occur, it is useful to consider how both of these outcomes have occurred in the context of other illnesses. This is summarized below as historical Factors Promoting Stigma and Responses Decreasing Stigma.

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

Factors Promoting Stigma: The Historical Summary

- 1) Linking the illness to religions, moral failings or supernatural causes
- 2) Fear of the impact of the illnesses, including contagion
- 3) Lack of understanding of the causes of the illness
- 4) Lack of effective treatments

Responses Decreasing Stigma: The Historical Summary

- 1) Breaking the link between illness and religions, moral failings, supernatural causes
- 2) Scientific understanding of the causes of the illness
- 3) Investment in scientific research into causes and treatment of the illness
- 4) Widespread access to effective treatments

MODULE 1

Preparation

Learning Objectives

In this module students will learn:

- To understand stigma surrounding mental illness, and the impact of stigma on help-seeking behaviour
- To explore the differences between the myths and realities of mental illness
- About some ways of overcoming stigma and promoting a realistic understanding of mental illness

Major Concepts Addressed

- Stigma results in discriminatory behaviour and treatment towards people with mental illness
- The fear of stigma often 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.
- Stigma can be reduced by providing accurate information about mental illness and its treatment

Teacher Background and Preparation

Read through the activities and preview the videos before class. Choose one video to play for the class.

How-to

If you are using the Community Attitudes Survey (optional) for a homework assignment, 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 next lesson (Module 2).

Activities

- Activity 1: Defining Stigma (15 min.)
- Activity 2: PowerPoint Presentation: Stigma: Myths and Realities of Mental Illness (10 min.)
- Activity 3: Digital Story Telling (10 min.)
- Activity 4: Which Famous People Lived with a Mental Illness? (10 min.)
- *Activity 5 - Optional Activity: Community Attitudes Survey (homework)*
- *Activity 6 - Optional Activity: Reducing Stigma - What Works? (handout to read at home)*

In Advance

- Make photocopies of the Defining Stigma Handout, one per student
- Support materials

The support materials are located on:
<http://teenmentalhealth.org/curriculum/modules/module-1/>

The password is: **t33nh3alth**

Materials Required

- Handouts for Activities 1 and 4
- Videos - Digital Story Telling
- If using one of the two optional activities you will need those materials as well

Online Supplementary Materials

The supplementary materials are designed to enable you to challenge students in your class to learn more about global issues pertaining to stigma. These may or may not be resources that you wish to employ. Please review them and decide if and how you wish to use them.

Talking About Stigma on YouTube (Additional Resources)

TEDxYouth - Kevin Brael: Confessions of a Depressed Comic:
www.youtube.com/watch?v=VYs05qPycYQ

What is one in five?
www.youtube.com/watch?v=MXstX0wUOVg

TEDxTalks - Alicia Raimundo - Mental Health Superhero:
www.youtube.com/watch?v=blSkkwcY4uo&feature=player_embedded

Useful Self-Education

Ontario Centre of Excellence for Child and Youth Mental Health: Evidence In-Sight: Effective Stigma Reduction Strategies in Child and Youth Mental Health
www.excellenceforchildandyouth.ca/sites/default/files/resource/EIS_Stigma_Reduction_Strategies.pdf

Semantic Scholar: Evidence for effective interventions to reduce mental health-related stigma and discrimination in the medium and long term: systematic review
<https://www.semanticscholar.org/paper/Evidence-for-effective-interventions-to-reduce-and-Mehta-Clement/494d9cb5593143737956c7e381b170e3c5b4f8ca>

Cancer and Stigma: A Brief History
<http://ncbi.nlm.nih.gov/books/NBK12903/>

Note to Teachers

If you are using the Community Attitudes Survey (optional), discuss with students the sensitive nature of the questionnaire and warn them that some people they approach might not want to answer it.

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 appropriate to use the term "person with mental illness".

MODULE 1

Preparation

The following is some general information about Canadian community attitudes towards mental illness and knowledge about mental illness. You can use this information to help guide classroom discussions.

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 (e.g. prefer to think that mental illnesses are mostly due to life stress)
- Do not know how to deal with people with mental illnesses
- Associate mental illness with psychotic disorders and are fearful of those labeled “mentally ill”
- Are often reluctant to seek professional help even if they need it
- Have negative attitudes towards medications that effectively treat mental illnesses
- 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 feared and highly stigmatized
- People remain concerned about disclosing their mental illness, particularly in the workplace, for fear of discrimination
- Stigma against effective treatments for mental disorders is common and includes medicine and evidence-based psychotherapies

The above information underscores how important it is to ensure that young people develop good mental health literacy - not just to help decrease stigma, but to improve all aspects of mental health and care for those who have a mental illness.

What is Mental Health Literacy?

- 1) Understanding how to obtain and maintain good mental health
- 2) Understanding mental disorders and their treatments
- 3) Decreasing stigma
- 4) Enhancing help-seeking efficacy

For more detailed information on mental health literacy, you can read the following:

The Canadian Journal of Psychiatry: Mental Health Literacy: Past, Present and Future
www.ncbi.nlm.nih.gov/pmc/articles/PMC4813415/

European Child and Adolescent Psychiatry: Enhancing Mental Health Literacy in Young People
www.ncbi.nlm.nih.gov/pubmed/27236662

Defining Stigma (15 minutes)

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.
- 2) Provide students with the stigma handout and have them review it. 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? (Possible answers may include: violence, bizarre behaviour)
- What are some of the positive things you have heard about mental illness? (Possible responses may include: 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, etc.)
- 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, Cancer, etc.)
- 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, legislation changing social norms, better knowledge, etc.)
- 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, people are afraid of what they don't understand, etc.)
- 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, etc.)

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.

MODULE 1

Activity #1 Stigma Handout

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”) without knowing or understanding, literally pre-judging.

Discrimination:

“unfavourable treatment based on prejudice”

Discrimination is a behaviour that may result from stigma (e.g. “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

PowerPoint Presentation: Stigma: Myths & Realities of Mental Illness (10 minutes)

Purpose:

- To debunk the myths of stigma against mental illness.
- To help understand different types of stigma against mental illness.

How-to:

- 1) Use the web version of the presentation by logging on to:

<http://teenmentalhealth.org/curriculum/modules/module-1/>

The password is: **t33nh3alth**

MODULE 1

Activity #3

Video – Digital Story Telling (10 minutes)

Digital Story Telling is the use of a video made by a person to tell others about something important in that person's life. In this module, we have placed a number of these digital stories in which youth living with a mental illness have told their story.

Purpose:

- To provide students with an opportunity to learn that a person who has a mental illness is a person. The illness does not define who they are.

How-to:

- 1) Set up the online video to show the class as a whole or arrange small groups at computers to view Digital Story Telling.
- 2) Lead a classroom discussion.

The support materials are located on:

<http://teenmentalhealth.org/curriculum/modules/module-1/>

The password is: **t33nh3alth**

Prior to teaching this module, review each of the videos yourself and choose one or two videos most appropriate for your class. Show that one video to the entire class. Support discussions by asking: What is/are the key message(s)? How is the person who is telling the story trying to get their message across? How does what you heard change your ideas about a person living with a mental illness?

Which Famous People Lived with a Mental Illness? (10 minutes)

Purpose:

- To help students understand that the presence of a mental illness does not mean a person cannot have a successful life and make a positive contribution to society.
- To demonstrate that people from all walks of life and throughout history have been successful while living with a mental illness.

How-to:

- 1) From the following list of names assign students to research one person.
- 2) Have students complete the following chart for each person named that they will be researching.

Name of Person	Area of Greatest Contribution	Type of Mental Illness
List of Names (feel free to add others from your own research): Abraham Lincoln; Winston Churchill; Carrie Fisher; Dorothy Hamill; Clara Hughes; Demi Lovato; Jared Padalecki; Megan Fox; Pete Wentz; David Beckham; Brittany Snow; Josh Ramsay; Leo Tolstoy; Virginia Woolf; Ernest Hemmingway; Margot Kidder; Margaret Trudeau; Ludwig van Beethoven; Patty Duke; Karen Carpenter; Boris Yeltsin; Britney Spears; Charles Darwin; John Nash; Janet Jackson; Buzz Aldrin; Terry Bradshaw; Marlon Brando; Jim Carrey; Robin Williams; Sheryl Crow; Kurt Cobain; Calvin Coolidge; Princess Diana; Tipper Gore; John Daly; Emma Stone; Leonardo Dicaprio; Justin Bieber; John Hamm; Michelangelo; Issac Newton; Vincent Van Gough; Pablo Picasso; Martin Luther King Jr.; Patrick Kennedy; Betty Ford; Catherine Zeta-Jones; Brooke Shields; Jean-Claude Van Damme; Michael Phelps, Mariah Carey.		

- 3) Have students present their findings to the class.

MODULE 1

Activity #5 (Optional)

Community Attitudes Survey (Homework)

Purpose:

- To analyze the results of the survey handout completed by students and discuss in class.
- Draw conclusions about the community's awareness of mental illness.

How-to:

- 1) In groups of four or five, students share survey responses to get a better picture of the attitudes of the larger sample. If time permits (or as a possible follow up project for those who are interested), students could use computer programs 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 (Modified), to 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 Canada-wide 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?

MODULE 1

Activity #5 Survey Handout

Check the most appropriate answer	Agree	Disagree	Not sure
People should work out their own mental illness			
Once you have a mental illness, you usually have it for life			
Females are more likely to have a mental illness than males			
Medicine should never be used to treat a mental illness			
People with a mental illness are usually violent and dangerous			
Most mental illnesses can be diagnosed before age 25			
You can tell by looking at someone whether they have a mental illness			
People with a mental illness are generally shy and quiet			
Mental illness can happen to anybody			
You would be willing to have a person with a mental illness at your school or at your work			
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						

MODULE 1

Activity #5 Handout

Community Attitudes Survey: Best Answers (Modified)

1) People should work out their own mental illness

Not true. When people have a physical health concern, they generally take some action, and often go to the doctor. 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 usually have it for life

While it's true that most mental illnesses are lifelong, they are often episodic. This 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.

4) Medicine should never be used to treat a mental illness

Medication can be a very effective part of treating a mental illness, but it is not always the best nor only type of treatment. For many people with a mental illness it is a necessary part of their care. 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) may also be important in helping people recover and stay well.

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

5) People with a mental illness are usually 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 is not correct. However, a small number of people who have a mental illness where they may have lost their ability to distinguish what is real and what is not real may commit an unusual, violent act. This can be unusual and is therefore sensationalized in the media, leading to the mistaken belief that all people who have a mental illness are violent.

6) Most mental illnesses can be diagnosed before age 25

Many of the major mental illnesses begin to appear during adolescence and early adulthood. About 70% of all mental illness can be diagnosed by age 25.

Community Attitudes Survey: Best Answers (Modified) (cont.)

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.

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

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

9) Mental illness can happen to anybody

This is correct. In fact, it's 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

See answer to question 11 below.

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 illness.

Contact, or social inclusion of people with mental illness with the rest of the population, is one factor that may lead to a decrease in stigma. 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.

MODULE 1

Activity #6 (Optional)

Handout: Reducing Stigma - What Works? (10 minutes)

Purpose:

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

How-to:

- 1) Distribute the handout 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.
- 3) Ask students to take the handout home to read it and if possible discuss with their parents or other adults.
- 4) For those students who are interested in more active advocacy, help them draft a letter to their local politician: mayor, city councilor, member of legislative assembly, member of parliament, etc.

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 and that presents the scientifically-based causes of mental illness.
- **Effective advocacy and public education programs** can help to shift attitudes and contribute to the reduction of stigma.
- **Proximity or direct contact with people with mental illness** tends to reduce negative stereotypes.
- **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.
- **Better mental health literacy** is important. Understanding mental illness and their treatments is an important counterbalance to uninformed opinion.

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 email 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, Bipolar Disorder, OCD, etc.), 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

MODULE 1

Activity #6 Handout

and unacceptable.

TALK RESPONSIBLY 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. However, remember that not all talking is useful. Talk in an informed way. TALK SMART!

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 Government know that they want such change.

PROVIDE SUPPORT FOR ORGANIZATIONS THAT FIGHT STIGMA

Join, volunteer, or 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. But, before you join make sure that what the organization is doing has been proven to be helpful. Ask your teacher for information to help you with this decision.

GET ACTIVE

Changing stigma is important but it is not enough. Our health systems are often structured or funded in such a way as to make rapid access to effective mental health care difficult for those who need it. So, here is an evidence to action activity that you can apply.

- 1) Find out how long the wait list for mental health care is in your community
- 2) Find out who the politicians are in your community
- 3) Write a class letter to your local politicians pointing out the need to improve access to effective mental health care for young people who need it