Network

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CANADIAN MENTAL HEALTH ASSOCIATION
L'ASSOCIATION CANADIENNE POUR LA SANTÉ MENTALE
Ontario Division/Division de l'Ontario

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OUR MISSION:
To advocate with and provide programs and services for people with mental disorders, and to enhance, maintain and promote the mental health of all individuals and communities in Ontario.

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Telephone (416) 977-5580/Fax (416) 977-2264
E-mail: division@ontario.cmha.ca
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Unmasking Mental Illness

GLENN R. THOMPSON
Executive Director

The Canadian Mental Health Association began its work in 1918 with the intent of reforming what it thought was a very ineffective mental health system, and a desire to educate the public of its views on how to improve it. A major aspect of the change needed was in the public's attitude toward mental illness and toward people who have a mental disorder. I believe that the CMHA has come a tremendous distance along the path that it laid out for itself. We only have to look at the number of people who have spoken out about mental illness in the last few years to see the evidence of that. Michael Wilson's public discussion about his son's suicide is just one recent and compelling example.

It's quite common now to hear prominent people talk about mental illness, and by doing so they are giving permission to others to talk about their own personal tragedies. I believe that this willingness to speak out is achieving more than organizations such as ours could ever achieve simply by putting advertisements in the newspapers or on television or radio. People like Michael Armstrong, who is interviewed in this issue of *Network*, are putting a face on mental illness; making it a personal story that others can identify with. Michael gives all of us the ability to see the positive side, to hope, to know that progress is possible, both personal and in the system.

As mental health consumers speak out they are communicating a story that radically contrasts with that which the media – Hollywood, television shows, newspaper accounts and novels – would have us believe is true. The media shows us a dramatized, and frequently inaccurate portrait. The media tells us that mental illness is either the harbinger of violence and horror, or a joke. Neither of these stereotypes is accurate. According to the 1999 U.S. Surgeon General's report, the overall contribution of mental disorders to the total level of violence in society is exceptionally small. And to those who are experiencing mental illness, and to their family and friends, their illness is certainly no laughing matter.

We must continue to advocate with and for those who continue to be bombarded with the message that they are somehow less of a person because they have a mental health problem. We have to use the keys available to us to unlock the prison that stigma creates. Using our voice to combat the stereotypes that are pushed upon the public, is one key that we have. Learning more about mental illness, and educating our children and youth is another.

Let's all learn more and speak out about stigma and for the mentally ill. This edition of *Network* will help in this process.

STIGMA
The Dark Shadow of Oppression

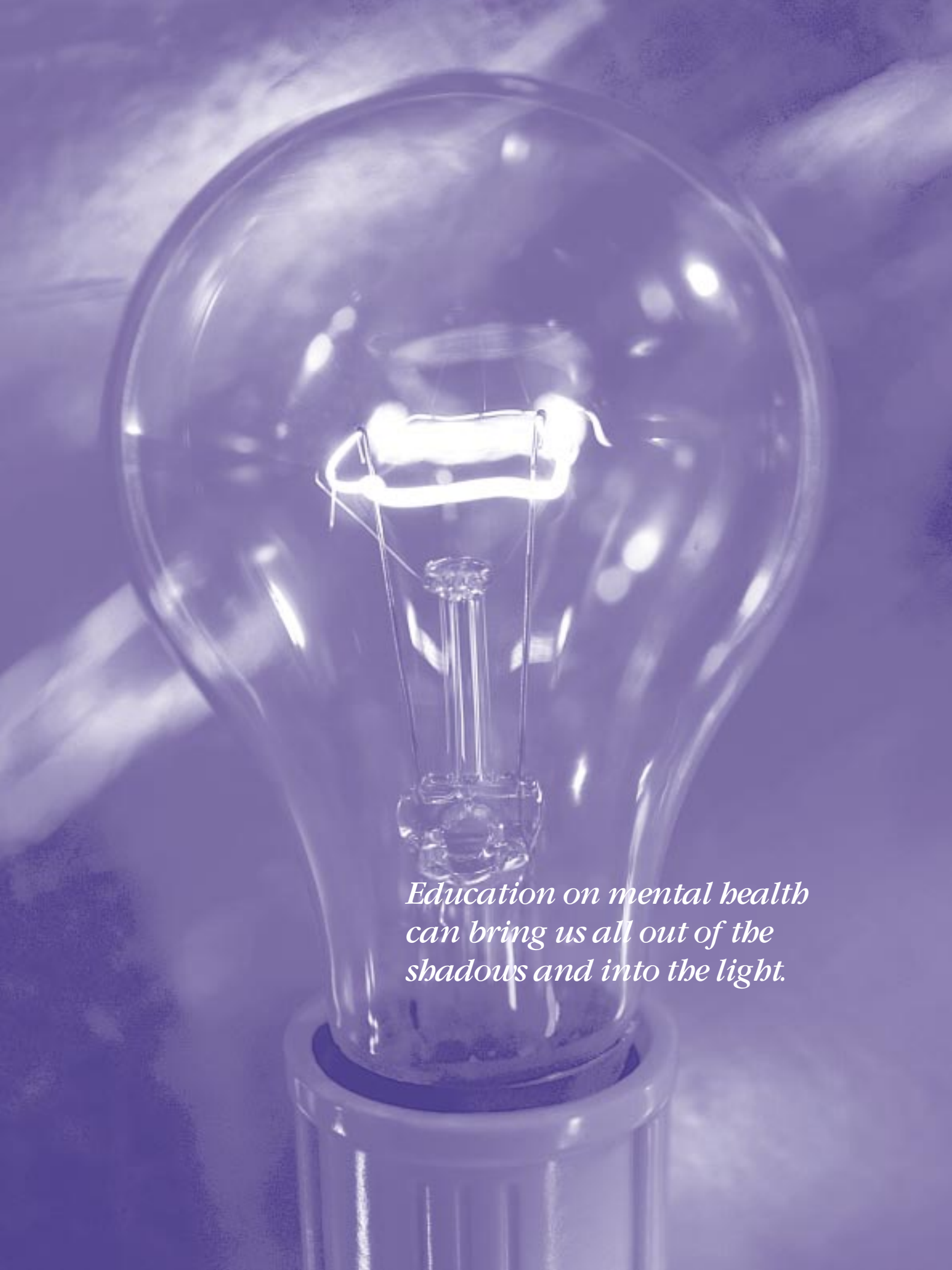
"We have in place a system, and a mindset, that places little value on a person who's been labelled with a mental illness. Our system dumps vast numbers of people in a very dark hole, and lets them glimpse, only rarely, the shadow of a ladder. For many it's a strategy guaranteed to keep them unwell."

SCOTT SIMMIE, 1997 ATKINSON FELLOWSHIP AWARD WINNER

Mental illness is no respecter of persons. From Nobel prize winners to garbage collectors; from politicians to sports heroes, it strikes across our social fabric impartially, bringing in its wake the one great common denominator that all will experience: stigma.

"Once you are diagnosed with a mental illness, people's expectations of you change." So sums up Michael Armstrong, a consumer/survivor, and his words continually echo in books like *Telling is Risky Business*, and through surveys such as the Mind Inquiry, where the overwhelming evidence is that no matter what social background you come from, no matter what your gender, your age, your abilities, no matter how little in common you may have with others who suffer from the same illness, once you have received your diagnosis you join the ranks of those who are marked "different". You become, as described by Dr. Otto Wahl in his book *Media Madness: Public Images of Mental Illness*, "a breed apart".

This issue of *Network* seeks to explore some basic questions regarding stigma, and the effect that it has on the lives of those who live in its shadow. Patricia Deegan, psychologist, consumer and outspoken advocate for empowerment of mental health consumers writes that as those with a mental illness are systematically told that they can never follow their dreams and hopes and become real people who live in the real world "the flame of hope and dignity begins to fade under the dark shadow of oppression. It is a type of dying: the death of hope, the death of dreams, the death of our humanness and our individuality." Perhaps this is the truest description of stigma that we can find. The challenge now is to offer hope and life instead of shadow and death. To speak out against stigma, wherever we find it.


Education on mental health can bring us all out of the shadows and into the light.

Internalized Stigma

ONE PERSON'S BATTLE

It was a cold winter's night in February when Michael Armstrong's father drove him to the Clarke Institute of Psychiatry to be admitted. As he left the hospital to return to his parked car he walked past a homeless man on the sidewalk, shivering in the icy winter weather. Michael's father broke down in tears as he realized that this could be his Michael. Who would look after his son when he was no longer there? Later on, when he shared this story with his son, Michael said 'it wasn't your Michael, but it was somebody's Michael'.

INITIALLY DIAGNOSED WITH SCHIZOPHRENIA AT THE AGE OF 20, IT TOOK ANOTHER 23 YEARS BEFORE MICHAEL ARMSTRONG RECEIVED A CORRECT DIAGNOSIS OF MANIC DEPRESSION. A LAW STUDENT WHO ACHIEVED AN OUTSTANDING LSAT SCORE, HE WENT ON TO GET HIS LAW DEGREE, ARTICLED AND WAS CALLED TO THE BAR. BUT, IN HIS OWN WORDS, HE BELIEVED "THERE WERE NO GREAT EXPECTATIONS FOR ANY SUCCESS IN LIFE FOR ME BY THE DOCTORS LOOKING AFTER ME."

Michael, can you share your own personal experiences of the affect that stigma has had in your life?

MICHAEL ARMSTRONG: I think one of the neglected areas in the whole field of mental health around stigma is internalized stigma. Absorbing the message that somehow you are less of a person, you are a weak person because you have a mental health problem. And of course this leads to shame, which can also be connected to experiences you have when you are psychotic. These experiences cause a lot of grief because you can get yourself into situations which are very degrading or humiliating, and the memories can plague you afterwards. Someone I know quite well was recently diagnosed with a mental illness and she is having a lot of trouble accepting this diagnosis because it doesn't fit in with her previous definition of herself. She has a picture of what someone with a mental illness is like, and she can't apply that picture to herself.

How do you think these negative pictures are put in our minds?

MICHAEL ARMSTRONG: I think as a society we are strongly influenced by Hollywood culture. The stories that Hollywood tells us about mental illness are that it's either a very dangerous or violent thing, or a horribly pathetic and ultimately hopeless situation for someone to find themself in. That once you have a mental illness all the doors are closed as far as your whole life is concerned, and I'm a living example that that is not true. As far as doors being closed to me, I was initially diagnosed at the age of 20 as being schizophrenic, only because at that time any diagnosis of psychosis automatically meant a diagnosis of schizophrenia. That was the primitiveness of psychiatry at the time. And that was a wrong diagnosis that lasted for over 23 years. I was hospitalized eight or nine times for psychosis over a period of 30 years, kept from a career, kept from a lot of material success in the world. Unlike many people with mental illness, however, I was always looked after. I was treated in the system as being mildly schizophrenic, and I believed that there were no great expectations by my doctors for any success in life along traditional lines for me. I spent five years with a severe clinical depression which was not attended to by my doctors. They saw me in that state and

Consumers repeatedly voiced such sentiments about internalized stigma: "I fight the stigma, and then I buy into it. I'm not as good a person. There must be something wrong with me. I must not deserve better." ....there's no way you can totally not internalize some of what you get from the outside if it's repeatedly the same feedback.

TELLING IS RISKY BUSINESS

thought it was "normal" for someone with schizophrenia to be passive and unresponsive and down and suicidal and all the rest of it. Once you are diagnosed with a mental illness, people's expectations of you change. For example, I had an experience recently of taking part in an examination of a student psychiatrist who was taking his last exam before being certified. I was the guinea pig, the voluntary experimental patient for him to interview, and we were accompanied by two other psychiatrists who were examining this young doctor. When the interview was over there were a number of things that I found really odd. First of all, I was not asked to give my opinion of how this student did. The other was that the doctors expressed congratulations that I knew my own illness so well, which I thought was really peculiar. Who was going to know it better than myself? That is why survivors are so critical of mental health reform and mental health education, because we are the ones who know what we are talking about. The doctors go to school and learn about it from textbooks, but they are one step removed from the actual lived experience of a mental illness. One of the things I am involved with is an organization called Fresh Start. Fresh Start is a company that only hires people with a mental health history, people in fact who are deemed unemployable by the government. The people that Fresh Start hires go from an average of 49-50 days a year in hospital to 1.7 days per year. A dramatic turnaround. This company is proving that people can work – not in a sheltered workshop arrangement but out in the brutal, capitalistic field of companies who are competing with each other. People are finding dignity through this program.

What has motivated you to speak out and share your story?

MICHAEL ARMSTRONG: It's really this full scale ignorance that we've been talking about. The low expectations that are placed on people with mental health problems. I get a good response from people when I speak – they are full of compliments about how articulate I am. But again, sometimes I wonder why they would think that I couldn't be articulate.

We aren't surprised when someone with cancer is articulate about what they are going through...

MICHAEL ARMSTRONG: Exactly. I had an LSAT score for my law school entrance exam of 90 percentile – I scored higher than 90 per cent of the people who wrote that exam in North America. And I'm just one example of someone who has a brain and can use it, in spite of having my mental illness strike at the time I was doing all of this. I finished my Bachelor of Arts, I got my law degree, I articled and I was called to the Bar. And when it became clear that I couldn't get work as a lawyer very easily because of my situation I did a number of other things including teaching Grade 13 law for three semesters as a supply teacher doing long term assignments.

Many consumers find themselves treated as if their having a mental illness also means they were very limited in intelligence. "Many still believe," observed one consumer, "that neurobiological disorders are the same as mental retardation. Although I had a 4.0 average in law school, I now often find others explaining concepts to me as if I were a five-year-old."
TELLING IS RISKY BUSINESS

What has to take place to change that internalized stigma for those with mental illness, and what will it take to change the perception of the public?

MICHAEL ARMSTRONG: The lack of information we have is pretty horrible. I work with New Outlook which is an agency which takes care of young people between the ages of 16 - 24 with mental illness. I speak to them about living with mental illness and I want to be a sign of hope for them. A particular problem for young people is that when they lose a year of their life because of their mental illness it seems like the end of the world because they have only had 16 or 17 years of living, so one year is a large percentage. For adults of course, looking back over 50 years of living which is what I do now, even that 5 year period of horrible depression is something I can manage in my perspective about my life. But for a younger person you have to convince them, or at least present them with the possibility of entertaining the notion that this is not the end of everything and that there can be a light at the end of the tunnel. As far as changing the perception of the

Internalized Stigma – One Person's Battle

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general public, education is the key. We have to see the similarities among us all as human creatures. I remember when I was first admitted to the Clarke, my father had brought me down and it was a sleety, winter night. When he came out of the Clarke, having left me to be admitted, he passed a homeless person on the sidewalk, sitting in the rain and the sleet and the ice. When my father got to his car he broke down in tears thinking, 'that could be my Michael. When I'm gone what will happen to him'. When he shared that with me my response was, that wasn't your Michael but it was somebody's Michael. Presumably there was a time when that person on the street was held as a baby in loving parents' arms as a symbol of hope. And all babies are symbols of hope as their parents and family think about the future and what will unfold. We don't have any idea what that will be, but I think what we need around mental health is that hope aspect. And we can do that by seeing ourselves more closely connected to people with mental illnesses than we may want to believe. I think one of the big reasons that there is so much stigma is because it hits so close to home. There comes a time in each of our lives when we look back and say 'I must have been crazy to have done that, or said that, or fallen in love that way'. When we see someone who is obviously mentally ill acting out on a street car for example, we want them to vanish because it comes too close to home; there but for the Grace of God go I. I think that people feel that if they lose control of their minds then everything is over. The Hollywood stuff and associating mental illness with violence of course has an impact, but even if we did away with that I still think there would be people who would be uncomfortable because of their own emotional baggage. It crosses a line that we are scared to cross – a line that we don't want to believe is there for us.

How do we educate people so that their attitudes begin to change? Is this the role of the media, doctors, people who have mental health problems?

MICHAEL ARMSTRONG: I think it's up to the people with mental illnesses because we can make it a personal story. We can humanize those events. When I speak to the police I try to put them inside what it's like for me as a psychotic person on the street being picked up by the police and taken to hospital. I tell them what goes on in my head, what they can do to make the experience more positive for everyone concerned and less fearful for them and for me. And I do that by talking about the events. Some of those events can be dramatic and some can be, as I mentioned before, degrading to think about. For instance at one point on a February morning I ran out of my house just wearing a sweatshirt. I was picked up by the paramedics and put in an ambulance and taken to the hospital. I don't have a problem talking about that for the sake of educating people about why I did that and what was going on in my head at that time. I see that as scientifically interesting to people and educational for them.

"The biggest problem we have to overcome is society's psychological exclusion of people who they see as different from themselves. We all have within ourselves impulses we cannot accept, for unbridled violence, or unbridled sexuality... But the fact that we cannot accept these things in ourselves, this process of denial, leads us to project these terrible things onto others who seemingly don't belong to us, whom we cannot acknowledge as being part of our society and whom we therefore do not need to value."

JULIAN LEFF, INSTITUTE OF PSYCHIATRY
MIND INQUIRY

What type of response do you get when you share your story? Do you feel you are connecting with the audience?

MICHAEL ARMSTRONG: With some of them, and that's all you can hope for because I can't determine in advance what people will bring with them as far as their own experiences are concerned. One thing that I have found quite interesting is that inevitably there will be somebody in the audience who has a family member or friend who has gone through similar experiences and when I come out of the closet they have permission then to bring it up with me. I find that interesting because mental illness is like a huge secret – but it is a secret that is shared by so many people. We have to get that secret out in the open.

Creating Accepting Communities

Creating Accepting Communities is an inquiry into the social exclusion experienced by people who use mental health services. The aim of this inquiry, organized by MIND, The National Association for Mental Health, in Great Britain, was to find out the extent and the nature of the social exclusion experienced by people with mental health problems in Britain today; to listen directly to the views of mental health service users on their experience of exclusion and the ways to combat it; to hear directly from those working in mental health services how they feel social exclusion can best be tackled; and to find out from general employers, and providers of goods and services, what help they need to counter the exclusion of people with mental health problems from mainstream society. The Inquiry has been a galvanising process for all concerned. The Panel and Mind hope that the publication and dissemination of this report will spur others on in the drive towards fair, effective and progressive mental health care for everyone. The report's findings make it clear that mental health care is an issue for everyone who is concerned about quality of life for our communities, not just those in the mental health field. Creating Accepting Communities is available from Mind, 15-19 Broadway, London E15 4BQ.Tel: 020 8221 9666. Fax: 020 8534 6399. Or visit their website at www.mind.org.uk.

"Social inclusion must come down to somewhere to live, something to do, someone to love. It's as simple - and as complicated - as that. There are all kinds of barriers to people with mental health problems having those three things."

CHARLES FRASER
INQUIRY WITNESS

"The most fascinating aspect of this Inquiry has been hearing about solutions to problems when I didn't previously know the problems even existed. ..Over the twelve months of the Inquiry we heard of discrimination against people with mental health problems in service provision, in education, in employment - in every aspect of life. The most powerful evidence came from people who had received psychiatric diagnoses...doctors, health service workers, managers, office workers and teachers. They had little in common except that as soon as they received their diagnosis, their world changed. Not because of their condition but because they had suddenly been marked different. They had become mad people.

This report does not make easy reading, but anyone who is serious about mental health issues, or worried about what would happen to them if they ever went into crisis, should read this and want to change things."

IVAN MASSOW
CHAIR OF THE CREATING ACCEPTING COMMUNITIES INQUIRY

Changing Attitudes Through Education

In a 1990 telephone survey conducted by the Daniel Yanklovich Group on behalf of the Robert Wood Johnson Foundation, a representative sample of the U.S. population reported that they felt better informed about all other health problems tested (alcoholism, cancer, drug abuse, heart disease, and AIDS) than they did about mental illness. Only 25 percent were able to describe themselves as "very well informed" about mental illness, and 60 percent agreed that they should know more about it. In the absence of adequate knowledge about mental illness, misconceptions abound.

The misconceptions that abound regarding mental illness was one of the catalysts for the emergence of the Canadian Mental Health Association. A realization that the public's attitude toward mental illness and people who have a mental disorder could only be changed through education. In very large part, that education is most effective when carried out by those who have been directly impacted by mental illness, whether that is through a family member or through experiencing mental illness themselves. People tend to see mental illness in a very permanent light, as if it's an incurable disease. When brought face to face with people who are willing to speak out about what they have gone through, mental illness can become "normalized". Rosza Gyulay, coordinator of *Beyond the Cuckoo's Nest*, which is a program aimed at high school students in grades 11-13, talks about the misconceptions that students have about mental illness. Questions such as "do they eat with a knife and fork?","do they wear pajamas all the time?", were common when the program started in the late 1980s. "It was eye opening to them," she says "when we visited the coffee shop at the Clarke Institute and told them that the people in there were a mixture of doctors, patients, staff and general public. They couldn't tell the difference." "Everyone looks the same", they said, and we said, "Yes, that's good. Because people don't wear mental illness on their face. It's like diabetes or heart disease, you can't tell just by looking at someone." Education programs like this are breaking down the media representations of mental illness that we, sometimes subtly, are affected by. Survivors and family members who speak out are are also paving the way for a greater understanding of mental illness, and therefore a greater acceptance by the surrounding community. As Laura Lee Hall, Director of Research , NAMI says in the foreword to Dr. Otto Wahl's book *Telling is Risky Business*, "people with certain brain disorders, schizophrenia, bipolar disorder, major depression and others – are arguably the last group of individuals who, by virtue of an illness, are socially outcast. It is still socially acceptable for cartoonists, policymakers, healthcare professionals, and the public-at-large to mock, stereotype, avoid, and otherwise denigrate people who experience a mental illness." The statistics show that one in five of us will experience a serious mental illness in our lifetime. That means that there is a very good chance that each of us will, in some way, be affected either directly or indirectly. Education is the key to lessening the suffering and confusion, and to ensuring that we, and those we love, do not become 'social outcasts'.

"There's something about a mental illness that scares the hell out of people. They don't know how to react."

SCOTT SIMMIE, BROADCAST JOURNALIST

FACE TO FACE WITH MENTAL ILLNESS: A SCHOOL-BASED PROGRAM

In 1996, the Canadian Mental Health Association, London-Middlesex Branch and a local high school, St. Thomas Aquinas (STA) Catholic Secondary School partnered to present a mental illness awareness program. The program, entitled *Face to Face with Mental Illness,* is an innovative educational program designed to inform high school students about issues related to mental health and psychiatric illnesses. Consisting of six, 70-minute periods, the program is presented in a classroom setting to approximately 25 students at a time and presents an overview of stigma, myths of mental illness and an opportunity to learn about specific types of mental illness. The program involves various members of the community – students, teachers, consumers, family members and health-care professionals – with the overall goal of heightening knowledge of mental illness and psychiatric disorders and reducing negative attitudes. The strategy relies on committed volunteers, who have already expressed enthusiastic responses to participating in the program.

Based on a model developed by the BC Schizophrenia Society, who believe that through a cooperative relationship among families, people with mental illness and professionals, a more comprehensive picture of the experience of mental illness could be communicated, *Face to Face* has been adapted and developed to promote mental health and illness awareness amongst adolescents attending St. Thomas Aquinas Secondary School in London, Ontario. The program includes the balanced involvement of teachers, guidance counsellors, mental health professionals, consumers of mental illness services and family members who represent the "whole picture" of mental illness. Through a panel format, a mental health professional, consumer and family member speak to students about a specific illness. The personal stories of people with mental illness, together with the personal experiences of family members, help to humanize the illness. Consumers are asked to describe their experience with mental illness and the impact it has had on their personal, family and social lives. Family members are asked to share how their family is/was impacted. This is not something that can be told or shown by an instructor – it is truly a unique sharing of personal experiences.

The *Face to Face* workshop operates under the assumption that individuals who are personally engaged in an experience often impact students more effectively than teachers. The exchange of personal learning experiences is a powerful learning tool that allows for the focus to be directed on the dignity and humanness of persons rather than on labels and diagnostic terminology. Proponents of this approach have testified as to the positive impact of direct dialogue between student audiences and consumers and family members.

Beyond the Cuckoo's Nest, a similar educational program offered by the Centre for Addiction and Mental Health, Clarke Division, has reported the same results.

BEYOND THE CUCKOO'S NEST

Designed in 1987 to meet the needs of community based agencies and schools who were requesting educational opportunities around mental health, *Beyond the Cuckoo's Nest* is now presented to between 2,000 - 3,500 students each year, and is seen as an adjunct to the high school curriculum. Originally the program was planned for schools within a 100 km radius to come to the Clarke, but in many cases schools are now coming from much further distances, or the program is going directly into the schools themselves.

A typical program commences with spelling out what the purpose of the session is – to educate people and eliminate some of the myths they may have about mental health issues and mental illness and thereby reduce stigma. A video is shown which interviews a variety of people ranging from those who have a mental illness to family members, police personnel, employers and the general public, as well as a psychiatrist. Following this, an imaging exercise has the students trying to imagine what it is like to hear for the first time from the psychiatrist that they have a mental health problem. The heart of the program are the presentations and interviews conducted with three co-educator participants. They share their experiences and talk about what has helped them, and demonstrate that yes, there is life after a psychiatric diagnosis. Through pre-prepared scripts, students are given an opportunity to role play in an attempt to gain a greater awareness of what it is like to experience a mental illness. The central message that *Beyond the Cuckoo's Nest* is driving home is that if people take care of themselves and engage in treatment, if they are surrounded by family and friends who are supportive, then there is no goal that they cannot set for themselves.

The Mood Disorders Association, CMHA and CAMH are working together with partners in three communities across Ontario to develop similar local projects.

Welcome to Hollywood

THE ROLE OF THE MEDIA

In June of 1999, Dr. David Satcher, the current Surgeon General of the United States, addressed a group of entertainment executives at the "Prime-Time Summit" in Los Angeles and remarked on how people with a mental illness are portrayed in films. He used the films of Jack Nicholson to illustrate three of the ways in which mental illness has been depicted in popular films.

"Sometimes Hollywood depicts people with mental illness as wacky, zany, and amusing – like Jack Nicholson's character in *One Flew Over the Cuckoo's Nest*. Sometimes it portrays them as violent, threatening and menacing – such as Jack Nicholson's character in *The Shining*. And then there are times when they show people who are at neither extreme – but who function in society despite any obstacles posed by their illness – like Jack Nicholson in *As Good As It Gets*. We want to help overcome the stereotypes and help people realize that, just as things go wrong with the heart, the liver and the kidney, things can go wrong with the brain, and there should be no shame in that."

In the following interview, Dr. Otto Wahl, author of *Media Madness: Public Images of Mental Illness*, discusses how the images of mental illness presented to us through the media affect our attitudes and behaviour.

What is being communicated to the average person, through the books and newspapers they read and the movies and TV shows they watch, about mental illness?

DR. OTTO WAHL: Probably the most significant and persistent thing that is being transmitted is the notion that mental illness and violence are connected. The vast majority of fictional characters with a mental illness who appear in prime time television drama are depicted as violent. In fact, one study showed that violence occurs with over 70% of fictional characters playing a part that had to do with mental illness. That's exactly contrary to the real data which shows that the vast majority of people with a mental illness are not violent. The psycho-killer film is extremely popular and profitable for Hollywood, and even newspapers tend to selectively focus on stories that involve someone with a mental illness who has committed a crime. Those stories are much more likely to get flashy front page coverage than other kinds of stories. The same thing occurs in novels – the serial killer type of novel which is extraordinarily popular. So the message to the public is that people with mental illnesses are indeed characteristically violent.

When people are portrayed with a mental illness in movies and TV shows, how accurate is the information we are being given regarding the diagnosis and the accompanying symptoms?

DR. OTTO WAHL: The portrayal of psychiatric illnesses in terms of the accuracy of their symptoms and the behaviour that people with that given diagnosis show is terrible. While many shows employ medical consultants to make sure that the medical conditions they talk about are reasonably accurately portrayed, very little goes on with respect to psychiatric illnesses. So you very often get a character who has a mixture of disorders. Just recently I watched a television show where a mental health professional diagnosed a patient in the psychiatric hospital as having a case of "classic depression, schizophrenia, psychopathic tendencies and brain damage".

So we're really in fantasy land when we watch movies where mental illness is portrayed. The director and writer give full reign to their imagination?

DR. OTTO WAHL: Yes, and it comes across very authoritatively. In fact many times the information such as I've just described is given by a figure of authority within the TV show or the movie. A professional, a doctor, or a professor who says it with great certainty and solemnity and it certainly makes it sound like they know what they are talking about, when in fact they don't. And the most common thing they do with almost any condition is to list dangerousness as a symptom of that condition.

So how does this shape the face that people put on those who have a mental illness? How does it colour their thinking? Does fear become a big aspect?

DR. OTTO WAHL: Fear *is* a big aspect. One of the biggest parts of stigma is the notion of dangerousness, and the fear that people have of someone they learn has a psychiatric diagnosis. We know from studies that dangerousness is the key element in public rejection of people with mental illnesses. And when they are inundated with those images day in and day out, in all sorts of media, they can't help but be influenced by it. I don't want to suggest that the media have created the notion that people with mental illness are violent and dangerous, but they are perpetuating it.

Are films and TV programs depicting mental illness on the increase?

DR. OTTO WAHL: I don't have the data to say that it is increasing. My impression is that it is not decreasing – it's staying about the same. One in ten movies will have some kind of depiction of mental illness, usually unfavourable. I'm not talking necessarily here about mental illness as a central theme of the show or program. *Terminator 2* for example was viewed by more than 160 million people. It's not considered to be a movie about mental illness and yet the first half hour takes place in a psychiatric hospital where the heroine is being confined. Through that movie, audiences received inaccurate diagnostic information about schizoaffective disorder.

In your book you talk about the fact that slang references to ethnic backgrounds, sexual preferences, gender etc. have been pretty much cleaned up in the mass media and yet slang terminology as it relates to mental illness is still frequently used. Why has this area not received the same respect?

DR. OTTO WAHL: One very prominent reason is that until recently mental health consumers and other mental health advocates have not made enough noise. The reason we saw a decline in those slang references to minorities and other groups is because those groups became organized, vocal and insistent on receiving more respect. People with mental illnesses and their advocates had in some ways more immediate concerns: just trying to survive from day to day, trying to find adequate treatment, etc. They did not really have the energy or the focus to be able to protest and say, as strongly as they now are, that this is unacceptable. This is harmful. I think that as this is increasingly being done it will begin to make changes in how mental illness is referred to. In fact, I think the changes have already begun.

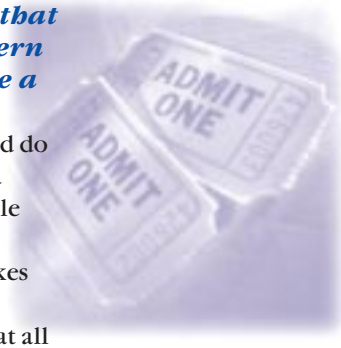
Do you believe then that it is the role of consumers and people in the mental health field to carry out this kind of education?

DR. OTTO WAHL: No, I think it's everybody's business. But I think that it often has more potency when it comes from people who can talk about their own personal experiences and the hurtfulness of those kind of slang remarks. But it is something that we all need to be aware of, and as citizens interested in fair treatment for everybody we should be concerned. Another reason why I think people have not spoken up until more recently is because it is hard to stand up and identify yourself as a mental health consumer. You face the risk of the potential stigma, rejection and isolation that accrues from that stand.

You give several examples in your book of not only movies and TV shows that are inaccurate and offensive portrayals of people suffering from a mental illness, but also advertisements for products that trade on these images. You also explain that this kind of depiction is not malicious, just ignorant, and that writing or calling to express concern about the advertisement can make a difference.

DR. OTTO WAHL: We have to get involved and do this kind of thing to make a difference. It's a gradual educational process and when people write letters, make telephone calls or e-mail outlining the issue and their concerns it makes people more aware and more sensitive. Sometimes of course it doesn't do anything at all

"Gradually the reality presented by television is becoming the paramount reality in society."
ROBERT P. SNOW
SOCIAL SCIENTIST.



The Role of the Media

and the powerful people in the media just shrug it off. Other times it sensitizes them to take a second look at what they are doing, and then still others respond in a much greater way. You can't really predict the response but if you don't make the effort nothing is going to happen.

I'd like to note here that even though we are talking about the media, the media is not the only source of stigmatization for people with mental illness. In my second book *(Telling is Risky Business)* in which we asked mental health consumers about their experiences with stigma, they were able to report a lot of things that happened from even well meaning people in their own environments, including mental health professionals, which contributed to stigma. These had to do, for example, with casual use of slang; people who seemed to assume that someone with a mental illness was not likely to be in their audience and told disparaging jokes, made disparaging remarks about mental illness, etc. These things are equally as damaging as those things they see and hear in the media.

I know you are conducting a study to assess whether we are seeing improvements in journalistic coverage of mental illness that corresponds to what mental health advocates have urged. What stage are you at with this?

DR. OTTO WAHL: We're about a third of the way through. What we've done is to look at 50 randomly selected articles from each of six newspapers in the United States published in 1989 and see what their specific content is in terms of mental illness. Now we are going to compare that with newspapers for 1999 and see whether there have been any changes in coverage over the last ten years. We are looking at things like how strong is the emphasis on violence and crime? Is that diminishing? How often are mental health consumers included in the story in terms of expressing their opinions as opposed to being talked about? Are they given a chance to talk about the issues? We're also looking at the use of people first language as opposed to talking about people as schizophrenics and manic depressives. We hope to have this completed by May and then we will begin writing it up and distributing it to various journals, presenting it at conferences, etc.

Are there some positive things that you feel are taking place to help reduce stigma?

DR. OTTO WAHL: I do believe there are a lot of things going on right now that may improve the situation. I mentioned before that there is much greater input from mental health consumers and mental health advocates about issues such as media coverage and issues of stigma in general. Also at the Carter Center in Atlanta there is a Mental Health Journalism Fellowship in which journalists are invited in to learn more about mental illness and the issues of coverage and so produce better works for the public. I think that's an excellent program that has had a good deal of success in producing sensitive journalism. Things are indeed changing.

"Even if members of a community have never read a professional journal or taken a psychology course, they will have been exposed to a great deal of information about mental illness. And whether they are deciding about a group home, making hiring decisions about someone with a psychiatric history, consoling a friend whose sibling has been diagnosed with mental illness, or sitting on a jury asked to rule on an insanity plea, their reactions and decisions may well be based on the images they have encountered and the information they have received through the mass media."

MEDIA MADNESS:
PUBLIC IMAGES OF MENTAL ILLNESS

Otto Wahl received a B.A. in psychology from Wesleyan University and a Ph.D. in clinical psychology from the University of Pennsylvania. He is currently a professor of psychology at George Mason University in Fairfax, Virginia. He is also on the advisory boards of the National Stigma Clearinghouse, the NAMI Campaign to End Discrimination, and the Rosalynn Carter Mental Health Journalism Fellowships. Dr. Wahl has written extensively on stigma and public misunderstanding of mental illness and has made presentations on this topic at numerous mental health conferences as well as on radio and television programs. His book, Media Madness: Public Images of Mental Illness which examines the portrayal of mental illness in the mass media, received the Gustavus Myers Award as "an outstanding book on human rights in North America". Dr. Wahl is also the author of Telling is Risky Business. Dr. Wahl's website can be visited at: mason.gmu.edu/~owahl/INDEX.HTM.

Ten Ways to Fight Stigma

There can be little doubt that mental illness stigma plagues the lives of those with psychiatric disorders, and sometimes consumers and advocates feel overwhelmed by its extent and persistence. Dr. Otto F. Wahl, in his book *Telling is Risky Business*, offers ten things we can do to fight stigma.

1. Go beyond the stereotypes of mental illness.

Recognize that a label of mental illness or schizophrenia or manic depressive tells us little about what to expect from the person with that label. Such labels do not tell us that the person is dangerous or incompetent or an unreliable worker. They do not tell us about their capacity for friendship or creativity or accomplishment. They do not tell us clearly about his or her specific symptoms or potential for recovery.

2. Learn more about mental illness.

The better informed we are the better we are able to evaluate and resist the inaccurate negative stereotypes of mental illness that are so common.

3. Learn more about stigma and discrimination.

4. Listen to people who have experienced mental illness.

They are in the best position to tell us how mental illness and stigma affect their lives.

5. Monitor media and respond to stigmatizing material.

Changing the typically negative ways in which those with mental illnesses are portrayed in films and television shows that reach millions of people on a daily basis is necessary if stigma is to be reduced. Write a letter or e-mail the editor, TV sponsor or movie producer.

6. Speak up about stigma.

When someone you know misuses a psychiatric term tactfully let them know about the inaccuracy and educate them about the correct meaning. When someone disparages a person with mental illness, tells a joke that ridicules mental illness, or makes disrespectful comments about mental illness, we can let them know that this is hurtful and that as consumers or mental health advocates we find such comments offensive and harmful.

7. Watch our language.

Most of us, including mental health professionals, mental health advocates and mental health consumers use terms and expressions related to mental illness that may perpetuate stigma. We depersonalize sufferers of mental illness by referring to them generically as "the mentally ill" or by referring to individuals as their disease ("a schizophrenic").

8. Talk openly about mental illness.

The more mental illness remains hidden, the more people believe it is shameful and needs to be concealed. Letting others see real people with mental illnesses who are resourceful, articulate, and creative, who are familiar already as valued friends or coworkers, people who do not fit the public stereotype, is a powerful way to fight stigma.

9. Provide support for organizations that fight stigma.

The influence and effectiveness of organizations advocating for better treatment and greater acceptance of mental illness depend, to some extent, on membership size and adequacy of finances.

10. Demand change from your elected representative.

Policies that perpetuate stigma can be changed if enough people let their MP know that they want such change. Keep informed on key mental health issues and policies as well as the names of government officials to contact.

Violence: Challenging the Stereotypes

Why is violence associated with mental illness? One of the reasons may be in the media's depiction of individuals with mental disorders. Hollywood films like the recently released *Girl, Interrupted* and 1975's *One Flew Over the Cuckoo's Nest* tend to portray the mentally ill as stereotypes – either quirky characters with the potential for violent outbursts or as outright violent psychopaths. Often in film, television and the news, violence and mental illness are portrayed as being almost synonymous. The most recent U.S. Surgeon General's Report poses the question of why stigma is still so strong despite better public understanding of mental illness. The answer appears to be fear of violence: "people with mental illness, especially those with psychosis, are perceived to be more violent than in the past. This finding begs yet another question: Are people with mental disorders truly more violent? Research supports some public concerns, but the overall likelihood of violence is low. The greatest risk of violence is from those who have dual diagnoses, i.e., individuals who have a mental disorder as well as a substance abuse disorder (Swanson, 1994; Eronen et al., 1998; Steadman et al., 1998). There is a small elevation in risk of violence from individuals with severe mental disorders (e.g., psychosis), especially if they are noncompliant with their medication (Eronen et al., 1998; Swartz et al., 1998). Yet the risk of violence is much less for a stranger than for a family member or person who is known to the person with mental illness (Eronen et al., 1998). In fact, there is very little risk of violence or harm to a stranger from casual contact with an individual who has a mental disorder. Because the average person is ill-equipped to judge whether someone who is behaving erratically has any of these disorders, alone or in combination, the natural tendency is to be wary. Yet, to put this all in perspective, the overall contribution of mental disorders to the total level of violence in society is exceptionally small (Swanson, 1994)." The Surgeon General's report goes on to state that the reason that fear of violence is so entrenched is because of media coverage and deinstitutionalization (Phelan et al., 1997; Heginbotham, 1998). "One series of surveys found that selective media reporting reinforced the public's stereotypes linking violence and mental illness and encouraged people to distance themselves from those with mental disorders (Angermeyer & Matschinger, 1996). And yet, deinstitutionalization made this distancing impossible over the 40 years as the population of state and county mental hospitals was reduced, in the States, from a high of about 560,000 in 1955 to well below 100,00 by the 1990s. Some advocates of deinstitutionalization expected stigma to be reduced with community care and commonplace exposure. Stigma might have been greater today had not public education resulted in a more scientific understanding of mental illness."

A complete transcript of the Surgeon General's Report may be accessed at www.mentalhealth.org.

"I've been abused in the street. I've had my house broken into twelve times and had a knife put through the door. All in an effort to try and drive me out. And I'm the one who's supposed to be nasty and violent."

LORRAINE LAWSON, MENTAL HEALTH SERVICE USER.

MIND INQUIRY

In order to understand the media's potential for influencing public attitudes and behaviour regarding mental illness, it is necessary to appreciate the extraordinary frequency with which mental illnesses are depicted..... The tendency of mass media is to treat mental illness as an object of ridicule, to use psychiatric terminology inaccurately, and to overuse slang and disrespectful terms for mental illness.....it portrays mentally ill people as fundamentally different from others.....as individuals [who are] violent, criminal and dangerous. That harmful images of mental illness are so pervasive and persistent in mass media calls strongly for change."

Media Madness, Public Images of Mental Illness

Violence and Mental Illness

The following is an edited extract from the CMHA, Ontario Division's paper: Violence and Mental Illness: A Survey of Recent Literature, released February, 2000.

The relationship between violence and mental illness is important for both legal theory and social policy – beliefs in the violence potential of persons with mental illness drive formal law and policy toward the mentally ill as a class, but also determine informal responses and modes of interacting with individuals perceived to be mentally ill, often resulting in stigmatization (Monahan, 1992, Steadman et al 1998). A 1993 *Parade* magazine survey indicated that: 57% of Americans thought persons with mental illness were more likely to commit acts of violence than other people (APA, 1996).

Until recently, concerns about further stigmatizing persons with mental illness with what seemed to be a tenuous relationship with violence prevented public discussion about the possible links between violence and mental illness, as perceived dangerousness affects a person's choice of friends, academic advancement, job prospects and living arrangements in the community (Marzuk, 1996).

However, a 1994 literature review of studies and media accounts of violent behaviour by persons with mental illness indicated that there may be a more dangerous subgroup of persons, where a history of violent behaviour, noncompliance with medications and substance abuse are predictors of violence (Torrey, 1994). The author suggested that, for this group, criteria for involuntary hospitalization, involuntary medication, outpatient commitment, monitoring of medication compliance and other mandated follow-up procedures may need to be revised.

More recent studies have found that only a small percentage of violent acts are committed by persons with mental illness, and that there is some association between violence and mental illness (Harvard Mental Health Letter I, 2000).

The result is that service providers working with persons with mental illness, as well as the public at large, need to be aware of potential risks to the greatest extent possible, to avoid stereotyping all persons with mental illness as dangerous. There is a need to balance the right to liberty, due process and least restrictive setting with the public's right to safety.

Both the criminal and civil legal systems impact on persons with mental illness who commit violent acts: in the civil system, a person with mental illness may be involuntarily committed to a psychiatric facility when found to be a "danger to self or others", which results in segregation from society and treatment, but may prevent/forestall entry to the criminal system as the result of the commission of a violent act. In the civil system, persons with mental illness may be discharged to the community if they are no longer a danger to themselves or others, whether or not they are still ill (Leong, Silva and Weinstock, 1991).

Thus, "Evidence about the strength of mental illness as a risk factor for violence is a pivotal point in the debate about the appropriate use of involuntary hospitalization. Moreover, the contours of the relationship of mental illness and community violence are critical to the design of newer, community-based efforts to control violence by the mentally ill. (Mulvey, 1994, p.663).

The following looks at some of the information dealt with in depth in the paper.

Why Predict Violence?

(a) Public Safety

Ongoing public education about the realities of the small association between mental illness and violence will assist in dispelling public apprehensions, allow community health service providers to better provide services, and permit persons with mental illness to better integrate into the community.

(b) Liability of service providers

The ability of clinicians to better predict and know which clients could be dangerous to others, and in what circumstances, could both decrease potential liability of service providers, and allow

Until recently, concerns about further stigmatizing persons with mental illness with what seemed to be a tenuous relationship with violence prevented public discussion about the possible links between violence and mental illness, as perceived dangerousness affects a person's choice of friends, academic advancement, job prospects and living arrangements in the community (MARZUK, 1996).

Violence and Mental Illness

Continued from page 17

those not dangerous to be subject to the "least restrictive alternative" with regards to treatment.

(c) Costs to the system

The cost of institutionalization and social control of persons with mental illness can be much greater than the cost of provision to appropriate supports for those persons living in the community.

Who is Likely to be Violent?

In considering who is likely to become violent, three questions are important to community mental health services providers and the public at large:

1. To what extent do psychiatric disorders increase the risk of assaultive behaviour, if at all?
2. Which mentally ill persons with which disorders are likely to behave violently in what kinds of circumstance?
3. What specifically can be done to prevent violent behaviour? (Swanson et al, 1990, Swanson et al, 1997)

Who is Violence Directed Toward?

Estroff et al (1994), noted that, as in the population as a whole, most of the violence committed by persons with mental illness is committed by men and directed to women. Factors consistently related to increased risk for family violence in general include: intergenerational transmissions of violence, low socioeconomic status, social and structural stress, social isolation and low levels of community embeddedness, poor self esteem and personality problems and other psychopathology, all of which are common among persons with serious mental illness and their families, resulting in families being at high risk for violence. The study found that more than half the targets of violence by persons with mental illness were relatives, particularly mothers living with the person.

The American Psychiatric Association's 1996 public information paper noted that family members are most at risk of a violent act committed by a person with mental illness, while strangers or people outside the person's social network are less likely targets.

Other Factors Predicting Violent Behaviour

Various studies have also considered whether other factors, such as demographic characteristics or biological variables may influence the connection between mental illness and violence. "Compared with the magnitude of risk associated with the combination of male gender,young age, and lower socioeconomic status, for example, the risk of violence presented by mental disorder is modest..... Clearly mental health status makes at best a trivial contribution to the overall level of violence in society." (Monahan 1992, p. 519).

The prediction of violence in persons with mental illness residing in the community is difficult, and is thought to involve various factors. Several authors have made recommendations for future research, including:

- Determining the strength of the association between violence and mental illness for individual subjects.
- A systematic study of violence using an adequate comparison group of non mentally ill community residents, which could assist in determining whether mental illness raises a person's risk of violence enough to warrant special treatment under the law.
- A need to disentangle the effects of diagnosis from the mental illness itself.
- More prospective studies of violence among mentally ill persons and demographically matched controls from the same community who are not mentally ill to avoid biases inherent in studying people already identified as mentally ill/criminal.
- A study of the effect on violence of psychological traits and active symptoms rather than diagnoses.
- A standard typology of violent behaviour.
- Further information regarding the genetic, neuroanatomical and neurochemical underpinnings of violence.
- Consideration of how violence begets future violence.
- How to identify from a population of patients those who, due to their high risk for violence, represent a risk to public safety if discharged to the community.

The American Psychiatric Association (1996) , stated that conditions which increase the risk of violence are the same whether a person has a mental illness or not, that is, a violent background. Recent studies have shown that a person with psychoses or neurological impairment living in a stressful, unpredictable environment with little family or community support and little personal understanding of their illness may be at increased risk for violent behaviour.

May 1-7, 2000

National Mental Health Week – "Workplace Stress Can Throw You Off Balance". Contact your local Branch for activities and events in your area.

May 5, 2000

"Workplace Stress Can Throw You Off Balance" – One day conference sponsored by CMHA S.D.& G. Prescott-Russell & the Alzheimer Society of Cornwall and District. To be held at the Ramada Inn, Cornwall, ON. For more information contact Kim at (613) 933-5845.

May 6, 2000

Community Mental Health and Addiction Conference 2000, Toronto, Ontario, Toronto Western Hospital, University Health Network. For more information tel: (416) 603-5974, fax (416) 603-5049 or e-mail: Adelia.Cerqueira.@uhn.on.ca

May 17-19, 2000

Federation Renewal. Ontario Federation of Community Mental Health and Addictions Programs Annual Conference and AGM. Days Hotel, Toronto. Info: (416) 490-8900

June 1-3, 2000

Health Link 2000. Annual Conference of the Association of Ontario Health Centres and Canadian Alliance of Community Health Centre Associations. Toronto Airport Hilton Hotel. Speakers include: Elizabeth Witmer, Allan Rock, John Hastings, Ovide Mercredi. $425.00. Info: Cory LeBlanc at AOHC (416) 236-2539 ext. 222 or e-mail: cory@aohc.org, web-site: www.aohc.org.

June 14-16, 2000

Biology of Violence. Forensic conference sponsored by the Mental Health Centre Penetanguishene. Info: Sue Labrie at (705) 549-3181 ext. 2680, e-mail: confor@mhcp.on.ca, web-site: www.mhcva.on.ca/forensic.htm.

June 14-18, 2000

Beyond 2000: Healthy Tomorrows for Children and Youth. Canadian Pediatric Society, Canadian Academy of Child Psychiatry and Canadian Institute of Child Health. Ottawa. Info: www.cps.ca

August 9-12, 2000

Roots of Resilience. CMHA National Conference. St John's, Newfoundland. Info: (709) 753-8550 or http://www.infonet.st-johns.nf.ca/cmha/conf2000/index.html

Use the **STOP** *criteria to recognize attitudes and actions that support the stigma of mental illness. It's easy. Just ask yourself if what you hear:*

Stereotypes people with mental illness – assumes they are all alike rather than individuals.

Trivializes or belittles people with mental illness and/or the illness itself.

Offends people with mental illness by insulting them.

Patronizes people with mental illness by treating them as if they were not as good as other people.

If you see something in the media which does not pass the STOP criteria, speak up! Call, write or e-mail the writer or publisher of the newspaper, magazine or book; the radio, TV or movie producer; or the advertiser who used words which add to the misunderstanding of mental illness. Help them realize how their words affect people with mental illness. We have already changed the way we refer to women, people of colour and people with physical disabilities. Why stop there? You can help change the way mental illness is perceived.

For more information on mental illness, or how to combat the stigma surrounding it, contact your local branch of the Canadian Mental Health Association.

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CANADIAN MENTAL HEALTH ASSOCIATION
L'ASSOCIATION CANADIENNE POUR LA SANTÉ MENTALE
Ontario Division/Division de l'Ontario
180 Dundas Street West, Suite 2301
Toronto, Ontario
M5G 1Z8