mental health: a friend, a home, a job

by **Dr. Taylor Alexander,** Chief Executive Officer
Canadian Mental Health Association, National Office
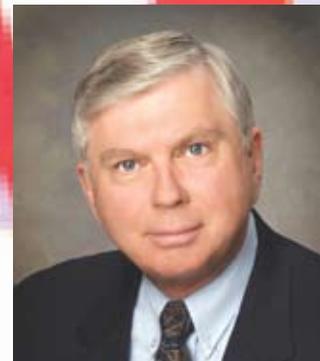
Mental illness is a complex issue, involving a variety of diagnoses, treatments and services. Yet, when people with mental illness are asked what they need for a fulfilling life, their answer is usually quite simple: a home, a job, and a friend.

Not too long ago, a person diagnosed with a serious mental illness was given little hope for ever returning to life in community; today we know that recovery is possible, and even expected. Recovery from mental illness is not about complete relief from symptoms, but about regaining a sense of control over life, rather than feeling defined by the illness. It is understood in a personal way by each individual, often as a journey toward self-determination, choice, and empowerment. Although there may be setbacks along the way, the path is moving forward.

Recovery is nurtured by positive relationships: with friends and family, as well as with service providers who believe in people's capacities and share their sense of hope. Connections to the natural community (such as regular work, education, recreation, and housing, with supports or accommodations as needed) are also critical. As employees, students, club members, or tenants, people can transcend their "mental illness" identity, especially when they are treated with dignity, compassion and understanding.

The practical route to this vision is a comprehensive mental health system that links formal services and community supports, and also connects to broader health and social services systems. Creating it is a complex challenge, but the goal is simple: ensuring that people with mental illness have, as one person has said, "somewhere to live, something to do, someone to love". ∎

Stigma Matters:
The Media's Impact on Public Perceptions of Mental Illness

by **Kismet Baun,** Senior Communications Advisor at the Canadian Mental Health Association, Ontario

The mass media's power to impact public perception and the degree to which people are exposed to media representations makes the mass media one of the most significant influences in developed societies. The mass media is unquestionably the Canadian public's primary sources of information. However, when it comes to mental illness, the media tends to skew reality.

For better or worse, the media shapes our ideas and ways in which we understand those around us. For those suffering from mental illnesses, the implications of the often negative and inaccurate portrayals of mental health issues are significant. Inaccurate information in the media about mental illness, even if the portrayal of an individual is positive, results in misunderstandings that can have considerable and very real consequences. For example, inaccurate depictions of schizophrenia (which is often confused in the media with multiple personality disorder) can lead to false beliefs, confusion, conflict, and a delay in receiving treatment.

Unlike physical ailments, many mental illnesses are associated with stigma. Whether it is self-directed or from society, dealing with this "shame" can be debilitating and interfere with daily living. The mentally ill continue to receive negative attention, largely due to fear and prejudice. People who suffer from mental illness are often pushed to the fringes of, or are directly excluded from, society.

The 1999 Surgeon General's Report on Mental Health identified stigma as one of today's foremost obstacles to improved mental health care, noting that "stigma tragically deprives people of their dignity and interferes with their full participation in society." Stigma in relation to people with mental illness is often a combination of a lack of relevant knowledge (ignorance), attitudes (prejudice) and behaviour (discrimination). Simply put, stigma refers to an attitude. The resultant discrimination is the behavior that exemplifies that attitude.

Considerable research has concluded that the media are the public's most significant source of information about mental illness (Coverdale et al., 2002 [citing Borinstein, 1992; Kalafatelis & Dowden, 1997; Philo, 1994]). Fiske (1987, cited in Rose, 1998) argues that television is the most powerful medium for framing public consciousness. Cutcliffe and Hannigan (2001) further state that rarely does a week go by without a reference to mental illness in the mass media. One study found that media representations of mental illness are so powerful that they can override people's own personal experiences in relation to how they view mental illness (Philo, 1996, cited in Rose, 1998). On television and in film, as well as in news reporting, there is an emphasis on people with mental illness as "other" or separate from the general fabric of society. They are often portrayed as unemployed, homeless, and without family or friends, roots or history. Representing people with mental illness in this one-dimensional light supports a depiction of such individuals as somehow subhuman or unworthy.

Words have power. They have the power to hurt or soothe, to honour or insult, to inform or misinform. Words reflect and shape prevailing attitudes, attitudes that in turn shape social behaviour. All too often, the media use sensational language that tends to perpetuate myths and stereotypes regarding mental illness, promote fear in the community and promote incorrect assumptions. Provocative mainstream newspaper headlines such as "Terror, mentally ill threaten Games" (Headline, Toronto Sun, 5 November, 2008 (Toronto)),

and "Knife maniac freed to kill. Mental patient ran amok in the park." (Front page headline, Daily Mail, 26 February, 2005 (England)), and "Violent, mad. So Docs set him free. New 'Community Care' scandal." (The Sun, 26 February, 2005 (England)) transforms a health issue into a public safety issue and capitalizes on the fear of violence and irrationality that lack of understanding about mental illness can cause. Persons identified as mentally-ill are all too often portrayed by the media as the secular version of the devil, transmogrified into the out-of-control madman bent on a rampage of seemingly inexplicable death and destruction.

In reality, mental illness is a poor predictor of violence. The majority of people who are violent do not suffer from mental illnesses. As a group, mentally ill people are no more violent than any other group. In fact, people with mental illnesses are far more likely to be the victims of violence than to be violent themselves. But media depictions of persons with a mental illness attacking a stranger do much to shape public opinion. The saliency of such high-profile crimes, despite their infrequency, makes it appear as though violent crimes committed by individuals with a psychiatric diagnosis are common and that the general public has reason to fear people with mental illness.

Current research shows that people with major mental illness are 2.5 times more likely to be the victims of violence than other members of society. It is estimated that one in every four persons with mental illness will experience violent victimization every year, a rate that is eleven times higher than the rate of violent victimization experienced by the general 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.

A 1996 Health Canada review of scientific articles found that the strongest predictor of violence and criminal behaviour is not major mental illness, but past history of violence and

criminality. Factors such as age, gender, substance abuse and educational level are significantly greater contributors to violence than mental disorders. The conditions which increase the risk of violence are the same whether a person has a mental illness or not.

Mistaken and negative depictions perpetuate the public's damning image of people with mental illness and perpetuate continued intolerance and oppression. Such distorted and negative associations are woven so deeply into the fabric of the public consciousness that sensationalism need no longer occur for the public to equate mental illness with violence. Studies have shown that exposure to even just one single shocking media image of violent mental illness seemed to increase the expectation that those labeled as mentally ill are particularly likely to do physical harm to others and to make the media consumer more fearful of such individuals.

A report by Mind, a U.K. mental healthy charity, asserts that negative media coverage has a direct and harmful impact on the lives of people with mental illness. Mind surveyed 515 people suffering from a range of disorders about their feelings regarding media coverage of mental illness. Half of the respondents said that the media coverage had a negative effect on their own mental health, and 34% said this led directly to an increase in their depression and anxiety. A total of 22% of the participants said they felt more withdrawn and isolated as a result of negative media coverage, and 8% said that such press coverage made them feel suicidal. Almost 25% of respondents said that they noticed hostile behaviour from their neighbours due to negative newspaper and television reports. A further 11% said they required additional support from mental health services due to negative press coverage, and almost 25% of all respondents said that they had changed their minds about applying for jobs or volunteer positions due to negative media coverage.

In his book, Media Madness: Public Images of Mental Illness Otto F. Wahl, Ph.D., clinical psychologist and

professor of psychology at George Mason University in Fairfax, Va., says, "People with mental illnesses are also readers and viewers of those images; they are shamed by them and they're embarrassed by them.They're aware that they are depicted in negative ways and it damages their self-esteem, it damages their confidence, and it increases their likelihood that they won't tell anyone about their illnesses. So they're not going to seek treatment." Wahl argues that negative images in the mass media influence not only the general public, but also health care professionals. He points out that although practitioners are trained; they are subjected to and influenced by the same misconceptions and negative imagery as the public. This influence can lead health care practitioners to approach, and thus potentially treat, mentally ill patients with the same negative attitudes portrayed by the media and accepted by the general public.

Stigma due to negative media coverage impedes recovery, triggers discrimination and prejudice,and creates barriers to seeking and finding decent housing, employment, and education. The effects of stigma are therefore both cyclical and burdensome. Lack of safe, affordable, available housing contributes to homelessness, thereby adding to the burden of mental illness, and increasing the challenge of daily survival. Inadequate, unhealthy living conditions and increased stress are hardly conducive to improved mental functioning. Reduced employment opportunities leads to poverty. Poverty affects nearly 1.8 million Ontarians and is both a cause and a consequence of poor mental health. People with serious mental illness may have difficulty over their lifetime securing adequate education and employment, due to barriers such as stigma and discrimination and recurrence of symptoms. These barriers, in turn, affect one's ability to have an adequate income. As a result, individuals with a serious mental illness often drift into poverty. Shortages of affordable housing, inadequate income, and exclusion from quality education and employment alienate individuals from life in the community. Exclusion from these economic supports significantly increases the risk of chronic poverty.

Battling the societal stigma that enshrouds neurological disorders is difficult, and the ability to overcome centuries-old biases is often thwarted by the stereotypical representations of mentally ill individuals. Negative media images promote negative attitudes, and ensuing media coverage feeds off an already inaccurate perception. For real change to occur, the media must play a role in changing such negative perceptions. Accurate and positive messages and stories about mental illness and people living with mental illnesses must become more commonplace. Furthermore, it is vital to highlight stories of successful recovery. Society needs to continue to strive to reduce and eliminate the stigma and discrimination that so many with mental illness experience in their day-to-day lives.

Intentional or not, naïve assumptions, stereotyping and discrimination can have damaging effects on an individual's course of recovery from mental illness. However, people can and do recover from mental illness if provided with the supports and services necessary to facilitate and nurture a sense of hope, wellness and a belief that tomorrow will be better than today. ∎

References:

Wahl, O. (1995). Media Madness: Public Images of Mental Illness. New Jersey: Rutgers University Press.

Coverdale, J., Nairn, R., & Claasen, D. (2002). Depictions of mental illness in print media: A prospective national sample. Australian and New Zealand Journal of Psychiatry, 36(5), 697–700. http://www.blackwell-synergy.com

Rose, D. (1998). Television, madness and community care. Journal of Community & Applied Social Psychology, 8(3), 213–228. http://www3.interscience.wiley.com

Cutliffe, J. R., & Hannigan, B. (2001). Mass media, "monsters" and mental health clients: The need for increased lobbying. Journal of Psychiatric and Mental Health Nursing, 8(4), 315–321. http://www.blackwell-synergy.com