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STIGMA AND MENTAL ILLNESS

A Framework for Action by the Canadian Mental Health Association

INTRODUCTION

Mental illness can affect anybody, regardless of age, gender, culture, ethnicity, or social class. But no matter who they are, people who have been diagnosed with a mental illness are all likely to experience stigma. Public attitudes and beliefs, often based on fear and misunderstanding, stereotype individuals with mental illness, exposing them to prejudice and discrimination. Stigma infects every issue surrounding mental illness, often with worse consequences than the illness itself. In 2001, the World Health Organization declared stigma to be the "single most important barrier to overcome in the community.

"I was a counselor, I was a substitute teacher, I was a daycare worker, I worked in a women's shelter, but once they labeled me "mentally ill", I lost all credibility." (Ruth Johnson, Out of the Shadows, 2006)

"The real issue is the constant struggle for dignity… We attach no blame to someone who develops a physical illness, but when it comes to mental illness, people experience discrimination on a daily basis. (Nancy Hall, The Last Taboo, 2001, p. 212)

"There's something about a mental illness that scares the heck out of people. They don't know how to react." (Scott Simmie, journalist, 2000)

This paper discusses stigma against people with mental illness: what it is, challenges in trying to tackle it, and some promising strategies. Our message is based on the firm belief that the best hope for fighting stigma lies in a multi-pronged strategic approach.

CONCEPTS: STIGMA AND DISCRIMINATION

Stigma refers to negative attitudes or beliefs that are held about people who are perceived as different. Because stigma relates to internal thoughts, it is difficult to take legal action against it.

Discrimination is the behaviour resulting from stigma. Discrimination refers to actions taken to exclude others because of their perceived differences, but it can also be manifest in more overt acts of hostility and aggression. There are legal protections against discrimination, which focuses on the behaviour itself, rather than on its victims.

FIGHTING STIGMA: CHALLENGES AND STRATEGIES

Challenges

Efforts to combat stigma are complicated by several factors.

Stigma can be found in many places

First of all, stigma itself is multi-faceted, and resides in many different places. In society-at-large, mental illness is not well understood, and the media often reinforce negative public stereotypes. Stigma can also be found in all kinds of relationships, including those involving health or social service providers.

> *Practitioners who … look at and treat a patient as if he was in constant crisis, a psychosis in itself and incapable to make decisions, and, by treating him so, effectively stop him from being able to make any decision… break the pattern of hope, of any kind of feeling that there is still hope, that we are still feeling alive despite the diagnosis.*
> (Loise Forest, "Stigma and Discrimination in Mental Health Services". Roundtable at Douglas Hospital, Montreal, 2007.)

Individuals with mental illness and their family members may also experience "self-stigma", viewing themselves with embarrassment or self-loathing as a result of internalizing the negative perceptions around them. Because of the many faces of stigma, battling it requires mobilizing on a number of different fronts.

Stigma is different from discrimination

The confusion of stigma (beliefs) with discrimination (actions) can also impede efforts to address it. Is our goal to change beliefs, actions, or both? Without clarity about the desired outcomes of a change strategy, effectiveness can be elusive. Once the distinctions are articulated, as is starting to happen, choices can be made about where to focus. Some consumers and family members have recently shifted their attention to the more concrete target, discriminatory behaviours resulting from stigma.

Evaluation is difficult

Finally, measuring the success of anti-stigma efforts is an enormous challenge. With attitude shifts, it is difficult to pinpoint a tangible product that can be counted or measured. One might try to track changed behaviours for evidence of a program's effectiveness, but so many factors can influence a person's behaviour, it is hard to be certain that the program was responsible.

Despite these barriers, research has been able to identify some practices that appear to help achieve attitude shifts.

<u>What works</u>

Public education, according to specific criteria

The first line of defense against stigma is often thought to be positive messages delivered through public education. But simply providing information will not necessarily change attitudes, which can be strongly fixed, especially if they are based on fear. And even if information does modify attitudes, it rarely changes behaviour.

"That (public) education is needed is a given… What is problematic is the route that is taken to achieve this end." (*Network Magazine*, CMHA Ontario Division.)

Research findings are helpful in identifying public education approaches that are most likely to be effective. And one of the clearest of these is the need for the public education program to be directed to a particular target group.

- **Target a specific audience rather than the general public at large**

Although it may be tempting to use a single broad-based program to try to change the way people think and act, studies suggest that these types of mass campaigns are not as successful as those that are more tightly focused. A campaign is far more likely to have effective outcomes if it:

- starts by identifying specific constituencies such as mental health professionals, the media, employers, or medical students
- precisely tailors the content of its message to the specific beliefs and behaviours of the group

Studies on stigma reduction suggest additional tips for maximizing the chance for success of public education efforts. It is significant that many of these remind us that people with mental illness are the centre of concern.

- **Involve people with mental illness and their families in all aspects of the program, from design through to evaluation**

- **Incorporate direct contact between the public and people with mental illness and their families**

- **Keep in mind that the ultimate goal of reducing stigma is to improve the lives of people with mental illness, as well as promoting their resilience and recovery (CMHA's vision)**

Other kinds of strategies

Public education is one approach to dealing with stigma. But public education alone will not free our society from stigma. It is equally important to fight stigma from the inside out, by building strong communities, supporting consumer empowerment and family organizations, and creating strong systems of services and supports with staff who can offer acceptance and hope. The broad reach of these approaches, which go beyond changing attitudes and beliefs, gives them the potential to effect fundamental community changes with long-lasting impacts.

- **Promote proximity and interpersonal connections**

People with mental illness have told us that what is most important to them is belonging in community, with "a home, a job, and a friend". There is research to suggest that fostering connections between the public and people with mental illness this way not only benefits people with mental illness in their journey to recovery, but also helps to reduce public fears and negative beliefs about this population. It is an alternative way of fighting stigma.

There are already many programs in place to foster the inclusion of people with mental illness in communities, thereby creating the opportunity for the public to get to know them as neighbours, co-workers, and friends. These can be facilitated by:

- Developing intersectoral linkages for service planning and delivery between mental health systems and generic services and supports
  - For example, with employers, elementary to post-secondary educators, income support providers, housing developers, recreation programs, interest groups, religious institutions, self-help groups
- Developing or maintaining interdepartmental linkages at provincial and federal government levels for joint development of policies that promote inclusion and recovery for those with mental illness
  - For example, among Health, Justice, HRSDC, Canada Mortgage and Housing Corporation
- Taking direct action on the social determinants of health that will facilitate community inclusion
  - For example, starting with a mental health housing program

- **Support consumer empowerment and family organizations**

In recent decades, consumers have been using their own voices and strengths to establish their place in the community, advocate for their needs, support one another, and work toward recovery. Their presence as a constituency with strength and courage counters erroneous public attitudes. It also helps reduce any personal sense of shame and helplessness caused by stigma, and supplements professional services as an alternate route into community. Families, when organized, can also turn embarrassment into positive action on behalf of one another and their family members. And they are strong potential allies in delivering positive messages to the public.

- **Develop an integrated network of sensitive services and supports**

An integrated network of quality mental health services and supports is one of the resources that can help people recover and build connections in community. And people with mental illness who are connected to community as employers or employees, students or educators, service providers, volunteers, participants in interest groups and so on are, by their very presence as citizens, refuting baseless stereotypes.

But services need to be accessible to all those who need them, and their staff need support and encouragement to let their guard down and their humanity through. When people who have used mental health services describe what has helped them most, they talk about "someone who believed in me", and services that were delivered in a spirit of respect, acceptance, and faith in their potential for recovery. Services or supports such as these can counter the feelings of despair, helplessness or frustration that stem from stigma, and replace such feelings with confidence, self-respect and a sense of hope.

A COORDINATED STRATEGIC APPROACH

Rather than relying only on a public education campaign, we need a long-term strategic policy approach involving a variety of components.

While the strategies we have described are all promising, they lose much of their impact if applied as individual disconnected programs. The evidence clearly suggests that simply providing information to the public, or undertaking any single initiative for that matter, will not significantly change attitudes unless it is but one component of a broader, multi-faceted approach at a variety of levels.

A long-term strategic approach will contain a variety of elements such as those described in this paper. They are summarized in the list below.

- Public education campaigns that are evidence-based
    - targeted to particular audiences

    - involving people with mental illness in planning, implementation and evaluation
    - involving contact with people and their families

- Collaborative initiatives that support people's inclusion in community
    - intersectoral linkages for planning and service delivery
    - interdepartmental partnerships at all levels of government

- Government action on the social determinants of health in all jurisdictions, starting with a federal mental health housing strategy

- Policies that support consumer self-help initiatives and empowerment
    - consumer-run services, advocacy, and other initiatives
    - consumers as service providers in the mainstream system

- Support for families to organize, raise awareness, promote inclusion

- Integrated networks of community services and supports for people with mental illness, substance abuse, and concurrent disorders, with supports for staff to provide sensitive, respectful and accepting services

- Enforcement of anti-discrimination policies, and new legislation if needed

CONCLUSION

Just as a building needs to start with a solid blueprint, a national initiative to fight stigma must start with a comprehensive, multi-faceted strategic plan. This is our best hope for achieving a significant and lasting victory over stigma and its impacts.

> *Look at us, see us, we are women, men, sisters and brothers, wives or husbands, parents and grandparents. We could be your sisters and brothers, your husband or wife, your parents or grandparents, we could even be you.* (Loise Forest, "Stigma and Discrimination in Mental Health Services". Roundtable at Douglas Hospital, Montreal, 2007.)

A note about language

There are many different terms to describe people with mental illness. Each one reflects a particular perspective, and there is no consensus about a single preferred descriptor.

Stigma probably plays a role even in this issue. It makes us all extra cautious about how we describe our own mental health problems and those of others, and hence particularly sensitive to the language we use.

The terms we have chosen in this paper were carefully considered, but we respectfully recognize that there are many other equally valid terms in use throughout Canada, and indeed within the CMHA itself.

REFERENCES

Arboleda Florez, J. (2003) *The Canadian Journal of Psychiatry*, November. Guest Editorial. Considerations on the Stigma of Mental Illness.

CMHA BC Division. *Visions*. Volume 2, Number 6. Summer 2005.

CMHA Ontario Division. *Network Magazine*. Volume 16 number 2. Summer 2000.

Everett, B. (2006) *Stigma: The Hidden Killer*. Mood Disorders Society of Canada.

Lines, L. (2007) *When work really works*. Network Magazine, Spring/Summer 2007. CMHA Ontario Division.

"Moving People" (provisional title for proposed UK comprehensive anti-discrimination initiative) Retrieved July 24, 2007. http://www.rethink.org/how_we_can_help/campaigning_for_change/rethink_rights/antidiscrimination/big_lottery_and_comic_relief_antistigma_award/

Simmie, Scott and Julie Nunes (2001). *The Last Taboo*. McClelland & Stewart.

Standing Senate Committee on Social Affairs, Science and Technology (2006) Final Report *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*. May. The Honourable Michael J.L. Kirby, Chair.

Stuart, H. (2003). Together Against Stigma. *Synergy*. Vol. 7, Number 1, Spring/Summer.

Stuart, H. (2005) Fighting Stigma and Discrimination is Fighting for Mental Health. Queens University, Special Electronic Supplement. *Canadian Public Policy*, Volume XXXI.

Trainor, J., Pomeroy, E. and Pape, B. (2004) *A Framework for Support, Third Edition*. Canadian Mental Health Association, National Office.