



Stigma of Mental Illness

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Objectives

- General issues
- On stigma, discrimination and rights of the mentally ill
- Strategies to combat stigma and discrimination

Legal framework

- ‘Legal measures need to be used more often in the future to protect people with mental illness from unfair discrimination’. (Thornicroft, 2006)
-
- ‘Legislation has a limited capacity to achieve social transformation, but it has symbolic and authoritative power, particularly when enforced and publicised through litigation’. (Watchirs, 2005)
-
- ‘Discrimination cannot be countered without taking steps to limit the exercise of power, for instance by passing laws (or alternatively transforming the beliefs of those with power ...).’ (Sayce, 2003)

Mental Health and Mental Illness

- **Mental Health**

- A state of well being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community (WHO)

- **Mental Illness**

- A clinically significant behavioural or psychological syndrome or pattern that occurs in an individual and that is associated with present distress or disability or with a significant increased risk of suffering death, pain, disability, or an important loss of freedom
- DSM-IV
- Any disease or disability of the mind (MHA Ontario)

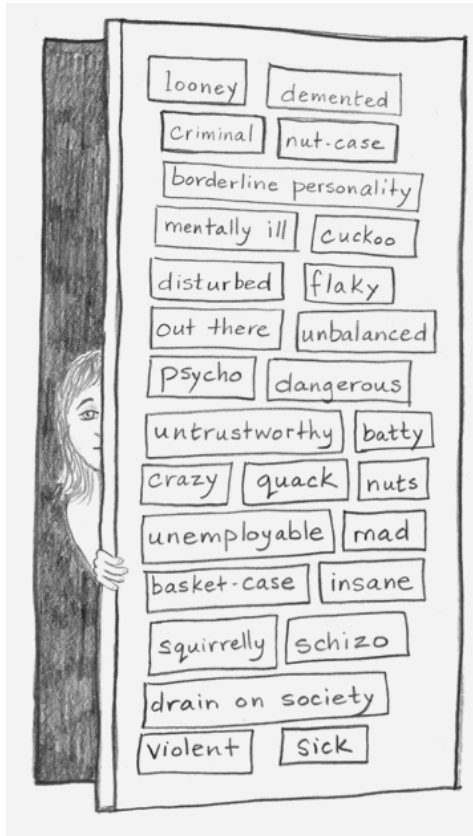
Complex relationships

- ▶ Complex web of relationship between four sets of concepts:
- ▶ Physical health, mental health, identity and legal framework
- ▶ Impacts
 - ▶ Stigma
 - ▶ Discrimination
 - ▶ Abuse of human rights
 - ▶ Freedom, power and coercion

Stigma

- A mark that separates the bearer from the rest and that diminishes his or her value in the social group to where he or she belongs

Stigma is an Indelible Mark



Donna, 2003

- *Stig*
- A social status conferred on those with a diagnostic label
 - Involves prejudice
 - A moral judgment
 - A denial of humanity
 - Spoiled social identity
 - Marginalization
 - Discrimination
 - Family burden
 - Disability & death

Discrimination

- ▶ Discrimination –Active denial of rights and perks that other citizens enjoy
- ▶ Equality Rights – Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without *discrimination* based on race, national or ethnic origin, colour, religion, sex, age or physical or *mental disability*. (Canadian Charter of Rights and Freedoms – section 15.1)
- ▶ The term ‘disability’ means a physical, mental, or sensory impairment, whether permanent or temporary, that limits the capacity to perform one or more essential activities of daily life, and which can be caused or aggravated by the economic and social environment.
- ▶ The term ‘discrimination against persons with disabilities’ means any distinction, exclusion, or restriction based on a disability, record of disability, condition resulting from a previous disability, or perception of disability, whether present or past, which has the effect or objective of impairing or nullifying the recognition, enjoyment, or exercise by a person with a disability of his or her human rights and fundamental freedoms. in the community (Inter-American Convention on the Elimination of All Forms of Discrimination Against Persons with Disabilities, 1999)

Human Rights

- Negative Rights
 - Inviolability of person
 - Unlawful detentions
 - Information on detention
 - Lawyer
 - *Habeas corpus*
 - Privacy
 - Property
- Positive Rights
 - Entitlements of citizenship
 - Health
 - Basic income
 - Job
 - Housing
 - Intimacy and Privacy

Rights of the mentally ill

- ▶ Right to fundamental fairness in compulsory admission and subsequent detention in mental institutions – for example, legal representation, a hearing, and use of independent experts;
 - ▶ Right to humane and dignified conditions of confinement – for example, avoidance of neglectful or abusive conditions in mental hospitals and harmful or intrusive forms of medical treatment;
 - ▶ Protection of rights of citizenship – for example, privacy, marriage franchise, and association.
- ▶ Gostin

Freedom, Power, Coercion



- ▶ Two traditions: Positive – *“freedom which consists of being one’s master”* and Negative – *“freedom which consists in not being prevented from choosing as I do by other men”*¹

within a triadic relationship² among the agent, the object and all others

Power invested on the practitioners

Coercion possible and immanent at all levels of interaction

¹Berlin – “Two Concepts of Liberty” in *Four Essays on Liberty*, 1969

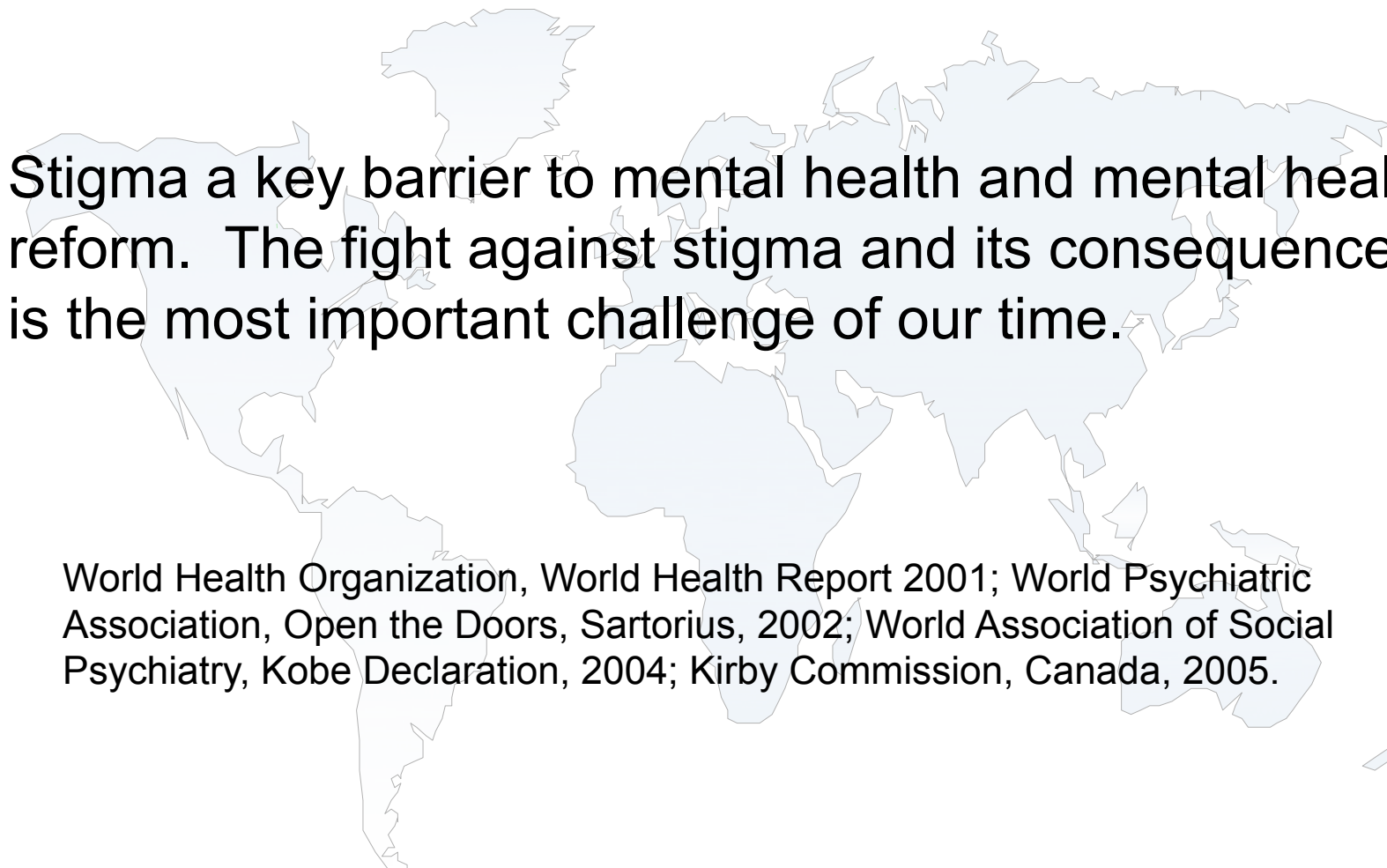
²McCallum, 1967

³Parent, 1974

Identity

- Visited by the gods, possessed by the devil,
- Sinner, sick, lazy...
- “Truth claims”, objectification and construction of identities
- Mental illness enmeshed in a criminal identity
- “Lazy, free-loaders, and a burden to the system - symbolic threat to social values of self-reliance and social obligation to contribute to the general good.”

Stigma is a growing policy issue world-wide



Stigma a key barrier to mental health and mental health reform. The fight against stigma and its consequences is the most important challenge of our time.

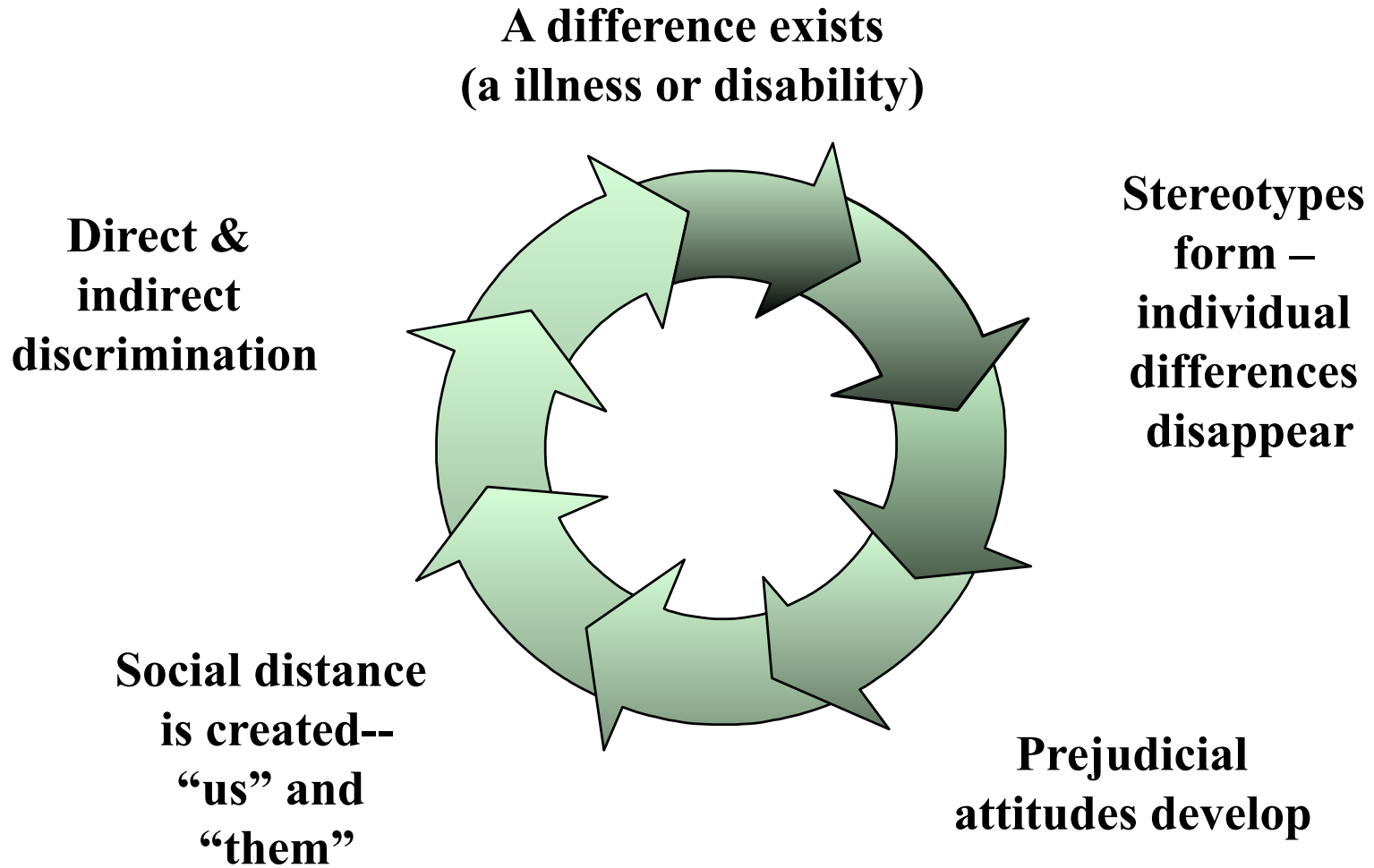
World Health Organization, World Health Report 2001; World Psychiatric Association, Open the Doors, Sartorius, 2002; World Association of Social Psychiatry, Kobe Declaration, 2004; Kirby Commission, Canada, 2005.



The Nature of Stigma

Stigma is experienced as more long-lasting, life-threatening, and disabling than the mental illness itself.

Social Origins of Stigma





Stereotypical Thinking



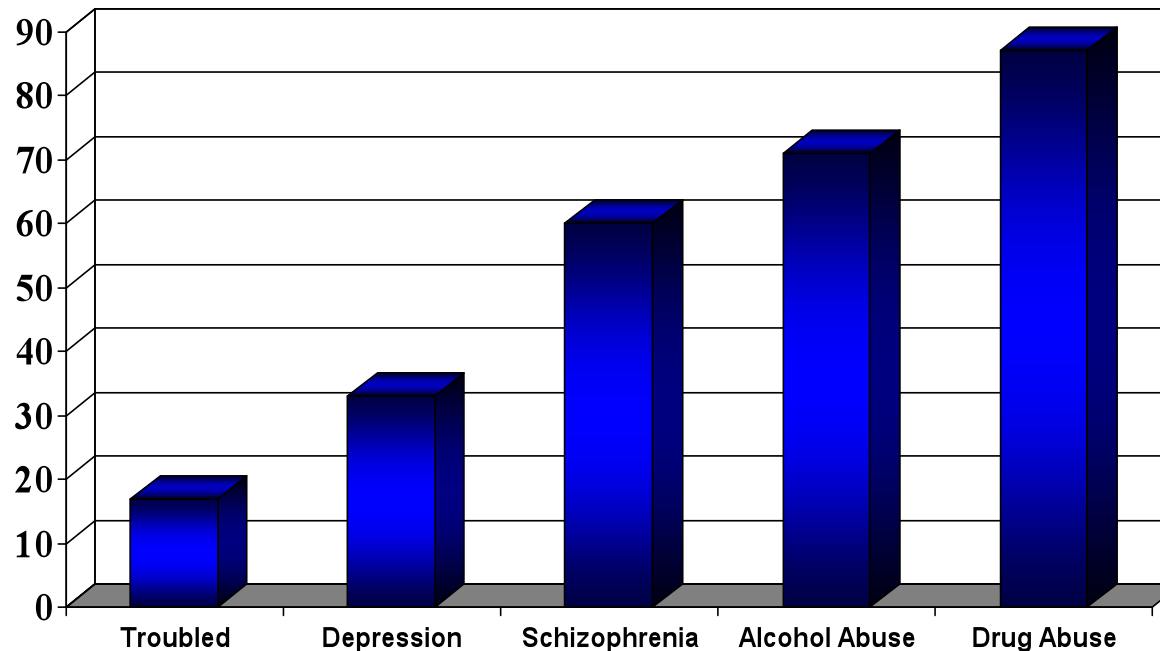
Prejudice



Discrimination

Public Perceptions of Violence Vary by Diagnosis

% likely to be violent



Expectation of Violence by Diagnostic Category

Source: Pescosolido, et al. American Journal of Public Health, 1999; 89(9): 1339-1345 (N=1441)

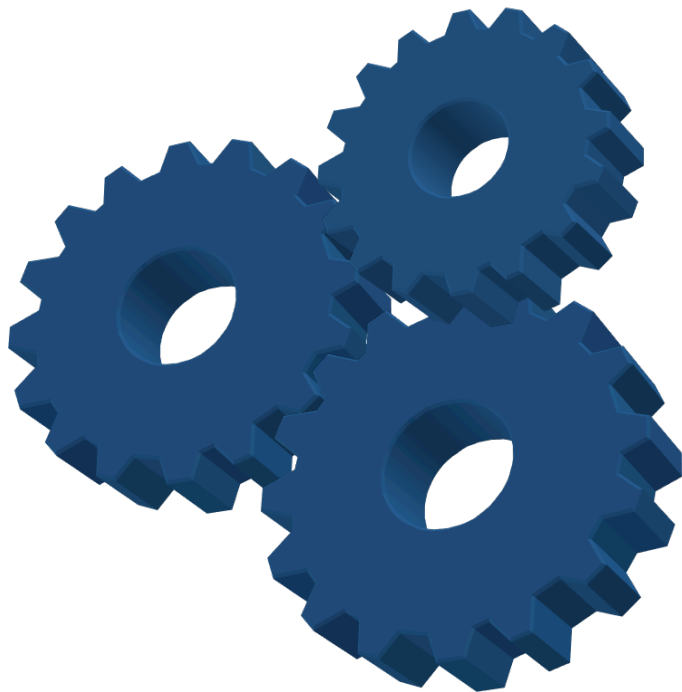
Mental Health Related Stigma



Direct – stigma experienced by the person with a mental illness

Indirect - stigma-by-association: stigma experience by those around them

Three Mechanisms



- Structural Stigma
 - Social structures such as policies, practices, laws
 - Acts of commission
 - Acts of omission
- Public Stigma
 - Social stereotyping
 - Prejudicial attitudes
 - Discrimination
- Self-Stigma
 - Shame, guilt, low self esteem, personal failure
 - Social withdrawal

Consequences of
Stigma....



Consequences of Stigma

- To the field
- To the family
- To the person
- To social inclusion



Consequences for the Field



City Hall, Escher

- Policy vacuum related to mental health initiatives
 - Lack of funding & budget vulnerability
 - Service quality
- Distorted view of mental health professionals & treatments
 - Suspiciousness about treatments
 - Difficult to attract professionals
- Research funding incommensurate with burden
 - Poor research capacity
 - Production of new knowledge slowed

Family Consequences



The Feast, Escher

- Families seen as blameworthy for the illness or for harboring dangerous individuals
- Diminished family esteem
- Reduced social and family networks
- Depleted family resources
- Family burnout and health consequences
- Reduced social support
- Increased disability

Personal Consequences



Abyss Within,
Bruce Ray, 2003

- **Internalized Stereotypes**
 - News and entertainment media
 - General socialization
- **Expectations of Stigma**
 - Shame and self-blame
 - Wish for secrecy
 - Social withdrawal
 - Reduced help-seeking
 - Reduced medication adherence
 - Increased disability

Consequences for Social Inclusion



Well

Ronald A. Brooks, Nova Scotia

- **Negative stereotypes**
 - Violence
 - Unpredictability
- **Social exclusion**
 - Fear
 - Avoidance
 - Social exclusion
 - Lack of public support for policies and programs
 - Greater support for coercive legislation and treatment approaches



Can Stigma Be Beaten?

Policies can change

People can change

Cultures can change



“...we have the means and the scientific knowledge to help people with mental and brain disorders. Governments have been remiss, as has been the public health community. By accident or by design, we are all responsible for this situation.[We] have only one option—to ensure that ours will be the last generation that allows shame and stigma to rule over science and reason.”

Gro Harlem Brundland, Director General, WHO,
World Health Report, 2001.

Where to Begin?



- Stigma is pervasive
 - It is socially entrenched and mutually reinforcing at different levels of the social structure (structural, interpersonal, individual)
- It affects all aspects of mental health service delivery
- It impedes recovery for patients and places a heavy burden on family members

Framework for fighting stigma



- **Coordinated, long term plan**
 - Programs...not campaigns
 - Multi-faceted
 - Sustainable
- **Address structural inadequacies that create and maintain stigma**
- **Focus on changing behaviours**
 - Recognize that knowledge and attitude change are secondary
- **Increase knowledge about what works**

Focused Programs Work Best

- Targets act as levers
 - Patients and families
 - Mental health providers
 - Health care providers
 - Police
 - High school students
 - Clergy and community leaders
 - Employers
 - Local media
 - Business leaders
 - Policy makers
 - Legislators

Contact Counts

- Direct or indirect (video) coupled with active educational experiences
- Positive role models important
- Yet, in the media...
 - Perspectives of people with a mental illness often excluded (< 1% of stories)
 - Perspectives of mental health providers in < 15% of stories
 - Downplay human interest and recovery stories (positive news) from news items – violence is front page news.
 - Perpetuate the clinical fallacy



Consider Mental Health Policy



- Mental health reform
 - Well-intentioned, but...
 - Poorly funded
 - Poorly executed
 - No plans for sustainability
- Mental Health Law
 - Convergence on dangerousness criterion
 - Criminal responsibility
 - DSM highlights dangerousness
 - Risk Assessment becoming a staple for mental health professionals

Consider High Schools

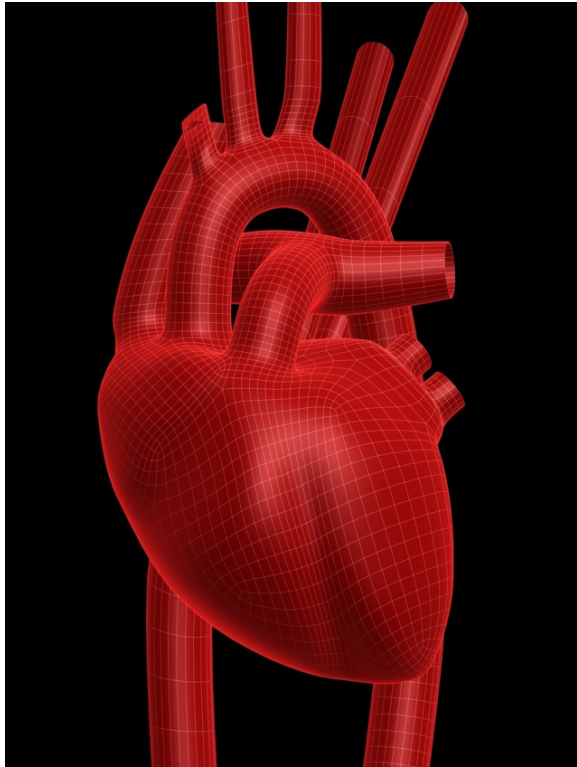


- Stigmatizing attitudes begin early
- Schools are an increasing source of psychosocial stress
- Most mental illnesses begin in adolescence

Yet...

School bullying and violence an increasing problem
Mental health education seen as outside of the mandate of “education”
Materials often outdated and inaccurate,
Traditional public health programs avoid mental health issues, and
Links to the mental health community are often weak

Consider Health Service Delivery



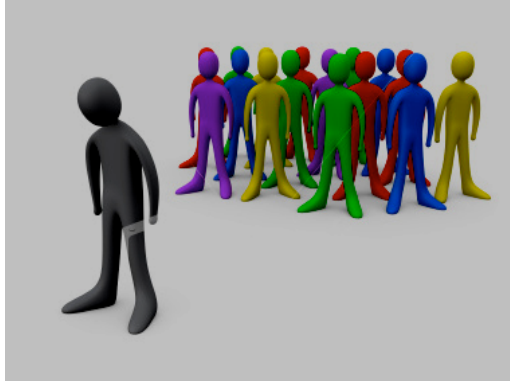
People with mental illness have a higher than average death rate from a range of medical conditions such as:

- Stroke (75% higher)
- Ischemic heart disease (15% higher)
- Other circulatory disorders (32% higher)

Yet, patients treated for a psychiatric disorder are less likely to receive medically necessary procedures such as cardiac catheterization, coronary angioplasty, or bypass surgery:

- Inpatient psychiatric patients (60-80% less likely)
- Outpatients (50-60% less likely)
- Private specialist patients (30-5% less likely)

Source: Kisely S, et al. (2007) Inequitable access for mentally ill patients to some medically necessary procedures. CMAJ, 176(6): 779-784)



Consider Workplace Mental Health

- Wahl, 1999 (US)
 - 1 in 3 turned down for a job once psychiatric status known (Wahl, 1999)
 - 1 in 2 employers would rarely ever employ someone with a mental illness
- Manning and White, 1995 (US)
 - 1 in 4 employers would dismiss someone for a previously undeclared psychiatric illness
- Nicholas, 1998 (UK)
 - 58% of employers would never employ someone with a diagnosis of depression for an executive position

And what about...

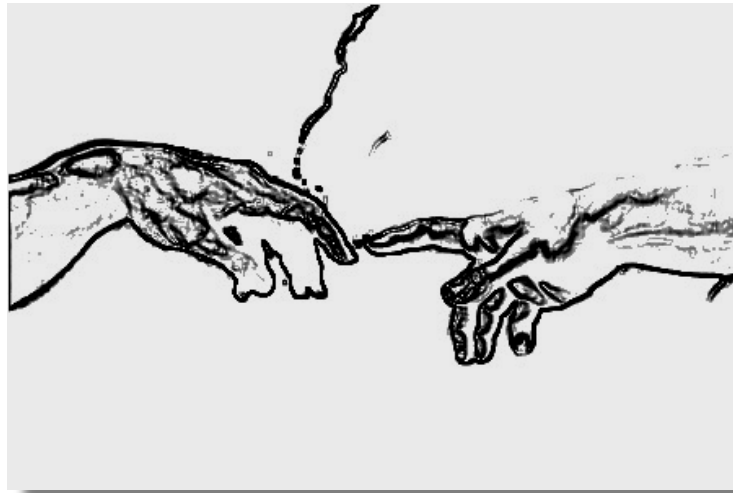


- Social services?
- Housing?
- Health services?
- Police?
- Corrections?

Promising Approaches or Best Practices?

- No 'best practices' as yet
- Applied research meager
- Consider promising practices as those:
 - Target areas important to consumers and family members
 - Based on good access to target group
 - Creative approaches to program delivery
 - Availability of volunteers
 - Opportunities for early successes
 - Potential to build momentum
 - Capacity to incorporate evaluation
 - Sustainability
 - Reasonable fit with intervention literature

Stigma Can Be Beaten!



Reaching out for a solution is the first step

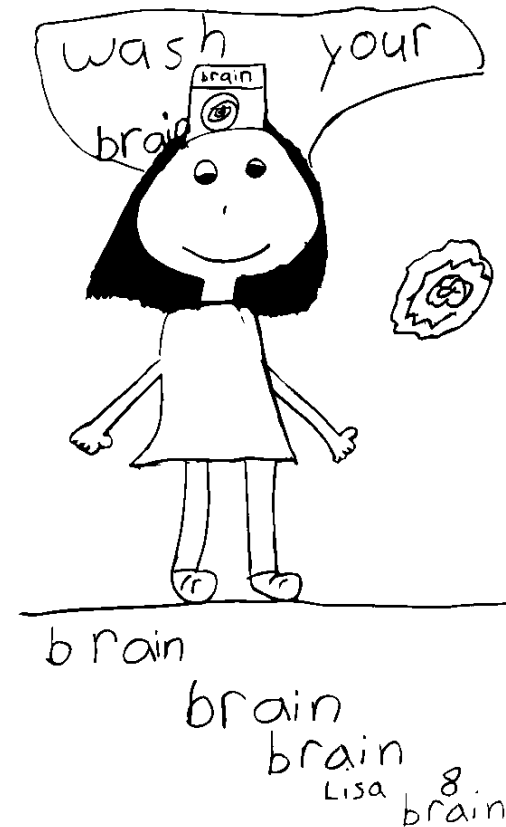
Stigma...despite our
advances, we are still
in the deep freeze
regarding what is, what
causes it and what can
we do about it!



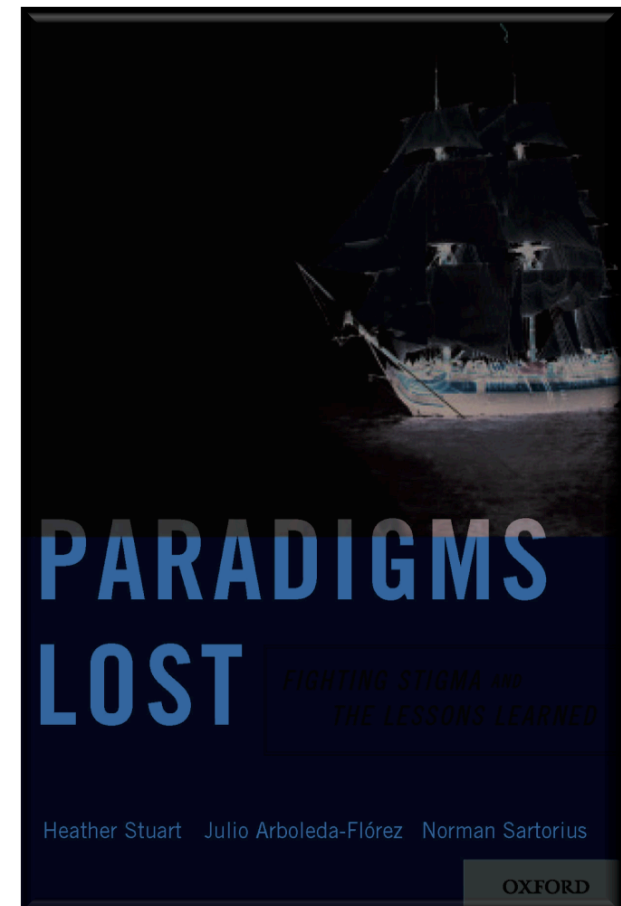
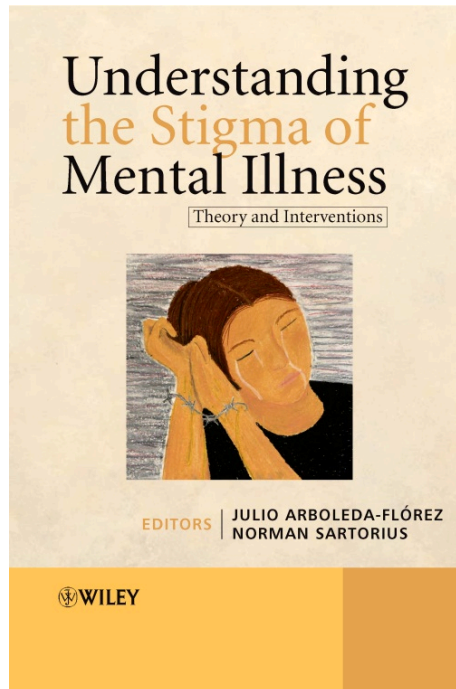
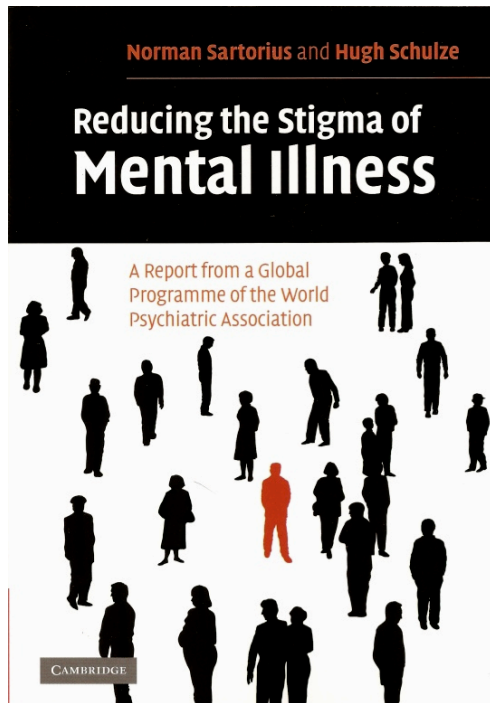
Strategies for Fighting Stigma and Discrimination 1 - Protest



Strategies for Fighting Stigma and Discrimination 2 - Education



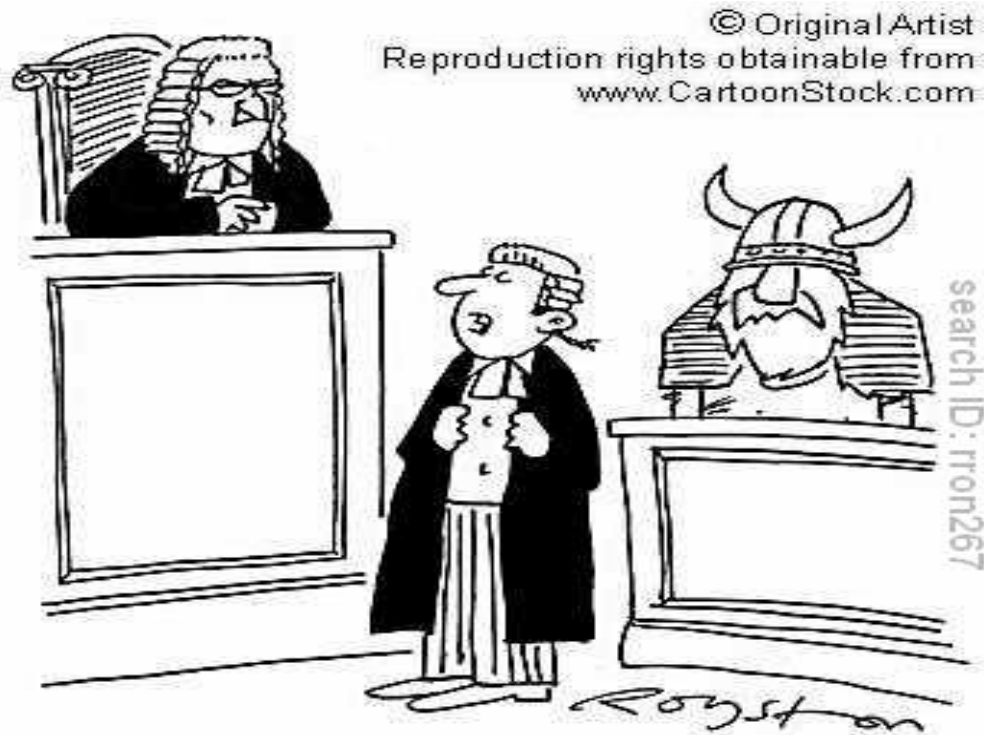
Strategies for Fighting Stigma and Discrimination 3 - Writing



Strategies for Fighting Stigma and Discrimination 4 - Contact



Strategies for Fighting Stigma and Discrimination 5 - Advocacy



"Your honour, my client was simply expanding his business interests. We object to the use of the word 'pillaging'."

Strategies for Fighting Stigma and Discrimination 6 - Reform

EDITORIAL

Mental illness and violence Julio Arboleda-Florez

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Current Opinion in Psychiatry 2009, 22:475-476

To establish a defense on the ground of insanity it must be clearly proved that at the time of the committing of the act the accused party was laboring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing, or, if he did know it, that he did not know he was doing what was wrong.

This time-tested formula to determine whether a person accused of a major crime should be excused from any criminal responsibility on account of a mental condition, known as the McNaughton rule, is similar in all English-speaking countries. With some modifications, the concept that a mentally ill person should not be accountable for a crime can also be found in legal systems in practically all civilized countries. With the increased number of cases as reported in the press of mentally ill persons committing serious and unspeakable murders, or running amok in a murderous rampage, voices are being heard about the wisdom of this legislation and about obvious failures of the mental health systems, or, indeed, psychiatry itself.

Thanks to the immediate replaying of news in the web and electronic communications, the latest cases are instantly known worldwide, which may be, of its own, a contributory factor regarding possibilities of copycat rampages. Since 1966 when Charles Whitman climbed the bell tower of the University of Texas in Austin and started killing students walking by below, the incidents of murderous rampages, shootings and massacres have multiplied. This year, women in Canada are remembering the terror that was visited upon them 20 years ago, when Mark Lépine entered the École Polytechnique in Montreal and while yelling 'I hate feminists' proceeded to kill 14 female students for no reason other than being women. Also in Montreal in 1997, Professor Valéry Fabrikant at Concordia University killed during a rampage four of his peers out of paranoid delusional belief that they were plotting against him. More recently, the most notable cases in which a mental condition has been implicated include Seung Hui-Cho, a depressed loner, whose murderous rampage took the lives of 36 students at Virginia Tech; Kimveer Gill, a

loner and a reclusive young man, who posed in army fatigues for his own photos just before going on a rampage out of rage against his peers at Dawson College, his school in Montreal. In the most recent school shooting, young Tim Kretschmer massacred his fellow students, mostly girls, in Winnenden, Germany. Kretschmer, as others before him, had posted his designs on the web, which seems now to be part of the regular *modus operandi* in these situations. He kidnapped a taxi driver and went to several schools killing 15 people among students and teachers simply because he had 'had enough' and was 'fed up with [his] bloody life' that was 'always the same thing' - people laughing at him and nobody recognizing his potential. Matti Juhani Saari who in 2008, driven by his hatred for 'the human race', murdered 10 people at his college in Kaunajoki, Finland, in what appears to have been a copycat situation of a similar rampage a year before when Pekka Eric Auvinen, 'Sturmgeist89', a self-proclaimed 'social Darwinist', went out in a mission to 'eliminate all those who face unfair' and killed seven students and the school principal in his school in Tuusula, also in Finland.

Since 1966, there have been 42 school massacres with countless victims among the dead, injured and maimed. The names of some of the schools or cities where they are located have now become synonymous with school terror-, Columbine, Kent State, Concordia, École Polytechnique, Dunblane, Sanaa, Erfurt, Monash, Beirut Arab University, and the list goes on. The perpetrator is usually described as deranged, a loner, depressed, a madman, and so on, implying in every case that he (so far only men!) has been affected one way or another in his mental stability. An example of this is the case of Robert A. Hawkins, a depressed man who shot to death eight people at a Von Maur department store in Omaha. And then there is Vincent Li. For sheer, unspeakable evil, this mental patient tops it all. He beheaded and cannibalized in front of horrified passengers the body of another passenger, unknown to him, on an intercity bus in Canada. At the time of writing this editorial, a student in Montreal, in the belief that threats are not made without the intention to carry them through, alerted the consularly in Norfolk (UK) after reading a web posting containing an image of a gas can and a threat about an attack 'with arson forms of violence' to a school in that community. Soon after, the police arrested a 16-year-old male student carrying a knife, matches and a canister containing flammable material at Attleborough High School. He was detained under the Mental

Strategies for Fighting Stigma and Discrimination 7 – Personal Responsibility



The WPA Open-the-Doors Global Network



Resource Materials on CD

- WPA Training Manual - How To Set Up an Anti-stigma program
- Speaker Notes
- Program brochures
- WPA Program Volumes
- Measurement toolkit
- Selected publications
- Bibliography
- Private Funding
 - Sanofi-Aventis



Ite; colloquium est!

- *Maximas ago vobis gratias; bene vale*

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