

Module 2

Stigma and Mental Illness

In Module 1 we learned that one of the four components of mental health literacy is effective and sustained reduction of stigma. In Module 2, we focus on understanding the different types of stigma related to mental illness and learn about evidence-based strategies that effectively address it and how these can be applied in the school setting.

Learning objectives

In this module, you will:

- Enhance your understanding of stigma and how that relates to mental illness;
- Learn about some evidence-based strategies that can be used to reduce stigma in the school setting.

Warming-up activities

Activity 2.1: Write down 5 words that first come to mind describing a person who has a mental illness.

Next, write down 5 words that first come to mind describing a person who is a teacher.

Review your descriptor words. How many words that you have used have negative connotations (such as crazy; sick; disturbed; unwell; stressed out; etc.), how many have positive connotations (such as: hard working, dedicated, understanding, considerate, friendly, creative, etc.) and how many have neutral connotations (such as: person, male, female, tall). If you are like most people, many of the words you wrote to describe a person who has a mental illness will tend to have negative connotations and the words you wrote to describe a person who is a teacher will have positive connotations.

Note: Mental illness affects approximately 1 in 5 people worldwide with a similar proportion in Canada. People with mental illness could be an acquaintance, a friend, a family member, a co-worker, a neighbor, a classmate, a celebrity, and so on. Indeed, statistically, approximately 1 in 5 people who are teachers in Canada will have a mental illness. However, we tend to think of people who have a mental illness differently without even realizing it. This is called stigma. Everyone has some stigma, and some people have more than others.

Activity 2.2: Take a minute to think about where your images of people who have a mental illness come from.

1. Movies ?
2. Television or other media?
3. Books?
4. Family or friends?
5. Personal experience?

Question for reflection

How has your exposure to people with mental illness or knowledge about mental illness made a difference in the way you think about it? The way we perceive others, including people with mental illness, has been greatly influenced by social, cultural and other factors. Historically there was a general lack of knowledge about mental illness and today there are often negative and often false stereotypes found in mass media. This leads to portrayals such as a psychotic killer as an example of people with schizophrenia. Just think of some examples of uninformed opinions about mental illness and negative descriptions of people with mental illness we have been exposed to from mass media. Remember that this also pertains to treatments for mental illnesses. How many times have you read negative stories about treatments for mental illnesses compared to negative stories about treatments for other illnesses?



Note: It is important to note that mental illness is not the only medical condition that has historically been stigmatized or that is now still being stigmatized. Just bring to mind the stigma against epilepsy, leprosy, HIV-AIDS and even cancer. Why do you think that there may be less stigma against those diseases now? Do you think that knowledge about what causes those illnesses and awareness of how effective treatments can be have made a difference in stigma?

Activity 2.3: Meet Joan. She is a grade 9 student who enjoys English literature and soccer. She was a student in one of your classes for about five months prior to her hospitalization for a mental illness called Depression and you have always been on friendly terms with her. She has just returned from a two-week inpatient stay for treatment of her Depression after trying to end her life by suicide.

1. What do you expect when you meet Joan?
2. How do you prepare for her arrival? List 5 things that you may do.

Review your answers:

1. How many of the things on your list had to do with you expecting to be a caregiver?
2. How many things on your list were about you feeling or thinking that you need to make things easier for her?
3. How many things on your list involved asking her what she's good at, and what she needs to feel supported in doing?
4. How many things on your list were about setting reasonable expectations for academic outputs?
5. How many things on your list were about talking to school based student services providers (such as counsellors or psychologists) to discuss what you could do in the classroom?

Next, watch this video about Joan: <https://www.youtube.com/watch?v=hsaZwJHgYYM&feature=youtu.be>

1. Now that you've watched the video, what was your first reaction to Joan's story?
 - What did you want to know more about?
 - What are you left wondering about?
2. What might have caused a teacher to tell Joan to drop out?
 - What could have been done instead?
 - What would you as a teacher say in this circumstance?
3. Joan described two kinds of teachers she encountered at school. What were they like?
4. What did Joan mean when she said that some teachers "don't believe that mental health is an actual thing"? Did she herself show that she knew the difference between mental health and a mental illness? Why do you think people use the words mental health when they mean mental illness? Could that use of language be an example of stigma?
 - Have you ever encountered a teacher who felt or thought similarly?
 - What did you do or say to that person?
5. What did Joan say was the best support you can give? What will you do next?

Note: The attitudes, knowledge and feelings we have about mental illness end up influencing our behaviours toward people who have mental illnesses and also impact what we say to others about mental illnesses. Teachers can play an important role in helping students and others change how people with mental illness are perceived and treated. As future teachers, you have the power to help determine the kind of environment in which students learn.

What is stigma anyway?*

Origin of stigma:

1. In ancient Greece, the term stigma was used to signify a tattoo or mark that may have been used for decorative or religious purposes, or to brand slaves to indicate their ownership, and criminals to indicate their social transgressions
2. A sharp stick, termed a stig, was used for tattooing, hence the origin of the word stigma and its subsequent association with a mark or a brand of shame.

* See Deeper Dive: How do we understand stigma in our historical time

3. In “western” society, the term stigma started to be used to signify social degradation in the late sixteenth or early seventeenth centuries when mental illnesses became linked with the theological construct of sin (in the Bible the mark of Cain in the story of Cain and Abel illustrates this link). There have been many definitions of stigma in general. For example:

“A mark or sign of disgrace or discredit.”
(The Concise Oxford Dictionary, 1990)

“A distinguishing mark or characteristic of a bad or objectionable kind; a sign of some specific disorder, as hysteria.”
(The Shorter Oxford English Dictionary)

“A mark of disgrace or infamy; a sign of severe censure or condemnation, regarded as impressed on a person or thing.”
(The Shorter Oxford English Dictionary)

What is stigma in relationship to mental illness?

Remember that mental illnesses are only one of many medical conditions that have been stigmatized over the years. Others include diseases such as leprosy, epilepsy, HIV/AIDS, cancer, etc. There are many similarities amongst stigmas across these different conditions. Keep this understanding in mind as you continue to work through this module. What has changed that may have contributed to decreasing stigma in other medical conditions? How could our knowledge about that help decrease the stigma about mental illness? What do you think the impact of modern scientific knowledge about the causes and treatments of these diseases had on stigma related to them?

Many definitions of stigma have focused on negative attitudes and behaviours directed towards those who have a mental illness. Here are a few examples:

Mental illness stigma is defined as the culmination of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and enact behaviours of discrimination against people with mental illness (p. 49, Pinto, Hickman, Logsdon, & Burant, 2012)

Stigma refers to beliefs and attitudes about mental health problems and mental illnesses that lead to the negative stereotyping of people living with mental health problems and illnesses and to prejudice against them and their families (p. 82, Mental Health Commission of Canada, 2009)

Activity 2.4

What do you think about those definitions? Do you think that stigma against mental illness extends to stigma against those professionals who treat people with mental illness? Do you think that stigma against mental illness extends to treatments for people with mental illness?

Stigma of mental illness prevails in everyday life. It may or may not be possible to eradicate all stigmas but awareness of stigma and how it can negatively impact our own beliefs and actions is a good place to start.

Stigma Type	What It Is	Example
Personal Stigma	Personal attitudes toward people with mental illness	I do not think students with mental illness should go to this school.
Emotional Responses	Feelings and emotions toward mental illness	I fear people with psychosis; I am embarrassed that my child has an Anxiety Disorder.
Perceived/Public Stigma	Beliefs about how others (general public) perceive mental illness	People think a person who is mentally ill should not get married or should not run for public office or not serve on the Supreme Court.
Social Distance	The degree to which people are willing to accept those who have a mental illness into their social lives	I don't want people with mental illness living in my community
Self-stigma	A situation in which people with mental illness internalize social myths and prejudices about mental illness	I am stupid because I have ADHD.
Stigmatizing Experiences	Experiences by people with mental illness in social life	I have difficulties finding a job because of my Depression.
Stigma Against Treatment	Ignores evidence of effective treatment	Don't take medicines. Psychotherapy is nothing but talk.

Note: Your students will experience and learn from your attitudes, ideas, and beliefs about mental illness by how you behave in the classroom, the school and in your community (including what you say and what you do not say). It is very important to remember that not speaking out against stigma is often understood by others to mean that you condone it.

What are the consequences of stigma of mental illness?

Stigma can lead to discrimination, and may “impede social integration, interfere with the performance of social roles, diminish quality of life, and prevent timely access to treatment, effectively creating a vicious cycle of social disadvantage and disability” (Stuart, 2005, p. S22).



Stigma related to mental illness impedes or prevents individuals with mental illness from achieving numerous individual and social successes and can limit a person's access to health care.

Stigma for me, the most agonizing part of my disorder. It cost friendships, career opportunities, and most importantly - my self-esteem. It wasn't long before I began internalizing the attitudes of others, viewing myself as a lesser person (Simmie and Nunes, 2001, p.308).

I would do everything to have breast cancer over mental illness. I would do anything because I (would) not have to put up with stigma (The Standing Committee on Social Affairs, Science and Technology, 2006, p.2)

Effectively addressing stigma

Activity 2.5: Can you think of some strategies that may be effective in changing the stigma related to mental illness? What role does language have in creating or perpetuating stigma? Write down your thoughts and then continue to the end of activity 2.7. Review your notes and reconsider what you wrote.

What can we do?

So what does it take to decrease stigma? Let's look at some of the work we could do to change our minds and change our behaviours.

Evidenced-based strategies to fight stigma

Now imagine that one of your students has just received a diagnosis of a mental illness. What does it feel like to be surrounded by images, rumours, and popular beliefs about people with mental illnesses? **What happens when that student accepts those images and beliefs as the truth about their chances of success in life?** It must take some serious bravery to keep going in the midst of all of the negative perspectives and assumptions about "people like that".

But how can we make that change? Researchers have identified a number of evidence-based strategies that could be used to change someone's attitudes and behaviours about mental illness. Remember, that given the complexities of stigma, some of these strategies may work better than others and some may work better in some unique groups or settings or at different ages (such as: young people, schools, community organizations, political parties, etc.). Some of these strategies have been fairly well studied and others have not. While much more is yet to be learned, these interventions provide us with a good place to start.

1. Education, which involves correcting false information about mental illness and replacing it with information based on best available scientific knowledge about the causes and treatments of mental illnesses. There is good evidence that this approach works for teachers and for students in the school setting.
2. Another strategy is known as "contact education" or "first person experience". This includes getting to know someone who has a mental disorder and learning about mental illness through that relationship (there is a video clip related to this in activity 2.7).
3. Advocacy is a strategy to encourage us as citizens to participate and be engaged in our community and increase the priority of mental health promotion and provision of rapid access to effective mental health care on agendas of decision makers (such as politicians). For example, becoming part of an advocacy group working to improve the provision of mental health care for young people or monitoring the media and responding to stigmatizing messages about mental illness or its treatment can be a good way to address stigma.



Activity 2.6: The following PowerPoint “Myths and Realities of Mental Illness” is taken from the Mental Health & High School Curriculum Guide (www.teenmentalhealth.org/curriculum/). Have a look through the PowerPoint. Write down 2 - 3 myths that you may have held that have been addressed in it.

Activity 2.7: Watch the following video clip: <https://www.youtube.com/watch?v=pcKyyQvCFtM>

What do you think about the illness that Laura has after watching this clip? What do you think about how she has lived her life with her illness? How does what you have seen compare to what you wrote in activity 2.5?

Note: This video clip shows us that people with mental illness can live a productive life and contribute significantly to their fields of work if they receive appropriate medical treatment and ongoing support from their families, friends and community. However, people who stigmatize mental illness **tend to keep their distance**. There’s even a name for it: social distance. **Keeping our distance from people who have a mental illness makes it *harder* to understand life from their point of view, and makes it easier for us to keep believing what we assume is true about them.**

So what can I do about stigma?

In the classroom teachers meet students almost every day, and having students with mental illness in the classroom can be challenging and at the same time rewarding. It is important to remember that every student who has a mental illness is not alike. Students bring their own personalities, histories and unique selves to every situation, including having a mental illness. Also, mental illnesses differ from each other. Schizophrenia is a mental illness and so is Anorexia Nervosa and so is Panic Disorder and so is Depression. Yet the impact of each of these illnesses is different. Finally, the severity of the illness matters, as does how well the student is responding to the treatments being provided. All these different components enter into the mix of how any intervention on your part assists any particular student who has a mental illness and how your intervention will play itself out. Nonetheless, keeping that important point in mind, here are some practical tips that may be helpful in your classroom teaching.

1. Keep learning about the scientifically understood causes and evidence-based treatments of mental illnesses.
 - This module only scratches the surface of what you can do to make things better for people struggling with the effects of stigma of mental illness. If you have a passion for eliminating prejudice and discrimination in schools and beyond, reach out to credible organizations (such as the Canadian Mental Health Association) that have a mission and competencies to respond to stigma and get involved.
2. Start talking about it – mental illness touches us all in some way, directly or through a friend, family member or colleague. Raising awareness by talking about mental illness can be useful. **BUT – talk smart.** Become mental health literate before you talk too much. Talk based on opinion and not on understanding and knowledge may do more harm than good.
 - Let your students know that your classroom is a safe space where they are accepted as themselves. Remember it is a **person** who has a mental illness that you are interacting with, not a mental illness you are interacting with.
3. Words have power.
 - Pay attention to the words you use, try not to use stigmatizing language and speak up when you hear someone else using stigmatizing language.
 - You can explain how using words like “psycho”, “crazy” or “nut” can lead to feelings of shame and guilt about having emotional difficulties or a mental illness, and how this can discourage people who need support from getting help.
4. Silence is NOT neutral.
 - Where you see discrimination and don’t name it, you endorse it. Support your students through your

words and actions.

5. Listen more than you speak.

- It might be tempting to trivialize someone's illness when we know of someone who is going through worse times. Instead, try saying: "I'm sorry to hear that, it must be a difficult time. Is there anything you can share that might allow me to be helpful?"

Cultural considerations

In today's increasingly diverse classrooms, it is essential that teachers are aware of and practice within a framework that respects that diversity. Not all students come from backgrounds that share the same understanding of or types of stigma against mental illness. Furthermore, students may have different understanding and different levels or types of stigma than their parents or cultural communities about mental illness. These differences may impact on how you as a teacher can best support your student if they have a mental illness. Recognition of this reality is important.

Activity 2.5 (again): Please return to the notes you made in Activity 2.5. Is there anything you would add? Is there anything you would re-consider?

Conclusion

Back to Joan: She is a person who has strengths and weaknesses. She has emotions, thinks about many things and has a wide repertoire of behaviours. She has good days and bad days. She's had positive and negative experiences at school, and is proud of her achievements and her success at overcoming obstacles. She also happens to have a mental illness – it's called Depression. As a result of that illness she may need some additional assistance from you. Most importantly to you as an educator right now, Joan recognizes the significant role that teachers can play in her life. If you focus on Joan's strengths while you assist her with her challenges, you may help her better walk the road of a productive and fulfilling life. Over the course of your teaching career, you will meet many young people, with unique hopes, dreams, interests, and personalities. When you get to know your students, you can get to know how best to help them.

As a teacher, get to know yourself too, so that you know how to build on your strengths and address your weaknesses. We would like to conclude this module with the following quote. Who has to change first: the students or the teacher?

The reframing changed my negative, critical attitude toward April's behaviour to a positive, supportive outlook. As a result, the exercises and movement no longer upset or distracted me. Once I became comfortable with the reframing, April's behaviour really improved. (p. 3, Weiner, 2006)

Culturally responsive teaching

In Canada, our communities and classrooms are experiencing increased diversities in many different domains, including but not limited to: class, race, ethnicity, religion, sexual orientation, first language or others.

Culturally responsive teaching is, according to Willis and Lewis (1998), about allowing students to be who they are, and having a socio-political consciousness that allows teachers to not only have a greater sense of community, but also be in a position to critique their own education. This self-reflection must also include self-consideration about privilege and taken-for-granted experiences such as having a stable home life and adults who care(d) for us (Herman, 2004), healthy relationships (Jordan, 2009), and freedom (Sen, 1992). In other words, cultural awareness is central to culturally responsive teaching.

Cultural competency is one way to approach this – the knowledge, behaviours and values that are congruent with leading a classroom or school that is inclusive of all cultures.

Given the complexity of multiculturalism, it has been suggested that cultural humility should be a core value in the educational context.

Cultural humility is not a set of knowledge or skills, but rather a way of operating. It is defined as the ability to maintain an approach that is open to others in relation to the aspects of cultural identity that are most important to the person (Hook, Davis, Owen, Worthington & Utsey, 2013). In other words, it is not about us, but about the other.

There are three features of cultural humility that we can adopt and enact:

1. A lifelong commitment to self-evaluation and self-critique. We need to be brave enough to look critically at ourselves, our beliefs and behaviours, curious enough to learn, and patient enough to understand that we will never be ‘finished’ with learning.
2. A desire to fix power imbalances where none ought to exist. Teachers and learners come to the classroom with strengths, capabilities and vulnerabilities. We can seek to listen, understand, and advocate for change within the relationships we have with students, families, peers and communities, but we must also work for change within the larger, structural institutions. Cultural humility is larger than our individual selves – we must work to change the systems.
3. Develop partnerships with people and groups who advocate for others. Even though individuals – such as Malala, who has raised the awareness of the struggle and rights for girls’ education worldwide – can create positive change, the sustainability comes when we work together across sectors, schools, classrooms and relationships. As we develop capacity for change, we share those skills with those who need them. As we are met with barriers to change, we reach out to those who may be able to help us successfully negotiate them.

Supplementary Materials

British Journal of Psychiatry: Evidence for effective interventions to reduce mental health related stigma in the medium and long term: systematic review

www.bjprcpsych.org/content/207/5/377

Cancer and Stigma: A Brief History

<http://ncbi.nlm.nih.gov/books/NBK12903/>

HIV Stigma and Discrimination Persist, Even in Healthcare

<http://journalofethics.ama-assn.org/2009/12/oped1-0912.html>

You may also want to check out this video:

TEDx Youth – Kevin Breed: Confessions of a depressed comic

<https://www.youtube.com/watch?v=-Qe8cR4Jl10>

Interested in Human Rights and stigma? Check these out.

World Health Organization. WHO Resource Book on Mental Health: Human Rights and Legislation. Geneva, World Health Organization. 2005

Mfofo-M’carthy M. and Huls S. Human Rights Violations and Mental Illness: Implications for Engagement and Adherence.

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Self-Assessment

1. The concept of stigma includes a variety of different constructs, including: social distance, self-stigma and treatment of mental illnesses.
2. Mental Illnesses are the only medical conditions that are the target of stigma.
3. Discrimination is the belief that people are not worthy of support.
4. Cognitive control is an effective way to decrease stigma.
5. Mental Illnesses are often caused by the food people eat.
6. While some people who have a mental illness can be violent, most violence is not due to a mental illness.

Self-Assessment Answer Key
1) T 2) F 3) F 4) F 5) F 6) T

