

CANADA'S MENTAL HEALTH CRISIS

The branding that devalues

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'In no other field, except perhaps leprosy," a Canadian report on mental illness said 45 years ago, "has there been as much confusion, misdirection and discrimination against the patient as in mental illness ... Down through the ages, [the mentally ill] have been estranged by society and cast out to wander in the wilderness. Mental illness, even today, is all too often considered a crime to be punished, a sin to be expiated, a possessing demon to be exorcised, a disgrace to be hushed up, a personality weakness to be deplored or a welfare problem to be handled as cheaply as possible."

It is unsettling and frustrating that the world has not changed much since then.

Mental health is one of the most pressing problems for us to deal with as a country, as a people and as individual Canadians. There is no health without mental health.

One out of five of us is living with a mental illness. But most people are too embarrassed to admit it. That is because of stigma.

Stigma consists of the negative ways in which people living with mental illness are labelled. This labelling is so pernicious that people living with mental illness are often seen as nothing more than the illness itself. In fact, the Greek word *stigma* means a mark or brand, by which an animal or slave could be identified. When we classify people by their illness, we dehumanize them.

Mental illness still has the taint of leprosy. Many people report that stigma - particularly the ways that they are treated by family, friends and co-workers - often causes them more suffering than their illness itself.

When I was the chair of the Senate standing committee on social affairs, science and technology, which produced in 2006 the first national report on mental illness, *Out of the Shadows at Last*, we heard heart-wrenching stories about the impact of stigma. We heard about the shame that people living with mental illness suffer. We heard about their losing friends and contact with family. People were wary of telling their friends because of their fear that the friends would react badly and abandon them.

Parents admitted to being too embarrassed to acknowledge that their child was living with a mental illness. In a recent study, 38 per cent of parents said they would not admit to anyone - even their family doctor - that they had a child with a mental illness.

We also heard about humiliation at work - all because of mental illness.

But stigma is not just name-calling. It's also "sticks and stones" that can have concrete consequences.

According to a Scottish study, people with mental health problems reported experiencing more than twice as much harassment as the general population. The perpetrators were typically neighbours and teenagers. Almost all those surveyed said that the harassment had made their mental health worse. Almost one in three moved as a result.

People living with mental illness are also less likely to report any offence or crime committed against them, because they report that police are unsupportive. And if they do press charges, they often end up being branded "unreliable" witnesses in court.

British research confirms that 80 per cent of people with longer-term mental health problems are out of work. So poverty and small, fragile social networks add to their problems.

In Canada, it is no better. Almost half of us believe that if someone at work was dealing with depression and missing work, they would be more likely to "get into trouble and maybe even fired."

Current research has found that the public is generally better informed about mental illness than it was a few decades ago. Researchers at Columbia University report that there is greater awareness of mental illness and its biological underpinnings, as well as the availability and effectiveness of treatment.

The bad news is that, in lockstep, there has been a corresponding increase in stigma, discrimination and social distancing. Increasingly, the public is attaching stereotypes, such as "dangerous and incompetent," to people with mental illnesses.

The reason for this apparent paradox is that in the past, fewer people thought about mental illness at all. Most people did not give it much consideration. As more people hear about it, many who were neutral are led to take a position, for better or worse. In effect, they divide into two camps: those who are sympathetic and supportive because they understand the issues better, and those people who become more fearful, prejudiced and hostile as they hear more about the subject. Fortunately, a large majority become more sympathetic, while the negative group is considerably smaller.

One of the principal tasks of the new Mental Health Commission is to undertake a major, national campaign to reduce and combat stigma, as well developing a national strategy on mental health. The federal government launched the commission last year in response to *Out of the Shadows At Last*.

It will take time to make a significant difference. People don't change their attitudes overnight, and changing their behaviour takes even longer. The commission will tackle this issue for a decade.

The campaign will take a multipronged approach, which will include education, direct contact and challenges to discriminatory policies and practices in public and private organizations and governments.

Direct contact with people living with mental illness has been found to be the most effective means of changing public attitudes. We will integrate people living with mental illness into our campaign, giving them a leadership role in helping to identify priorities and offering ideas for programs and delivery.

We will customize our strategies for different groups. Our first efforts will be focused on youth and health professionals.

THE YOUNG AND THE PROS

Why young people? The prevalence of serious mental health problems for people between 18 and 25 is almost double that of the general population, yet they are the least likely to seek help. Moreover, once a youth is faced with a single mental health disorder, the probability is high that he or she will also be challenged by a second one.

For more than 70 per cent of adults with mental illness, onset occurred when they were younger than 18.

There is a high potential for reducing future disability if we reduce stigma and discrimination among young people.

As for health-care workers, you would think they would be less prejudiced about mental illness than the general population. They are not.

Family physicians are the principal gatekeepers into the mental health system. A British study has found that 44 per cent of people with mental illness experienced discrimination from their family doctors, and 32 per cent did so from other health professionals.

Other research has found that mental health professionals were three times more likely to support restrictions on people with mental illness than the general public.

Perhaps the most shocking evidence of the deep-seatedness of stigma is in a study by the Michigan Psychiatric Society, in which half of the psychiatrists surveyed said that they would treat themselves in secrecy rather than have mental illness recorded on their medical chart.

We must change attitudes and behaviours. But we will only succeed if we engage all Canadians. Some very successful illness-specific organizations can serve as our models, such as those that exist for breast cancer, diabetes, and heart and stroke. These non-profit, illness-focused organizations have established a strong presence on the political agenda, and are superb at keeping their cause - their illness - in the public eye. They all have a national organization of volunteers, with grassroots support.

These volunteers do many different things. They raise money; they volunteer in the health institutions that serve people battling the illness; they mount campaigns to persuade government to increase funding for treatment and research; and they make sure that the public never loses sight of their concerns. They are committed and passionate, and they care.

We must build on past efforts of mental health organizations, but move everything to the next level.

Building a national volunteer organization itself will help reduce stigma. A well-organized grassroots organization that undertakes a series of community-based activities every year will help ensure that mental health is a continuing topic of public discussion.

Only by making it completely acceptable to discuss issues relating to mental illness in public, can we ever hope to fully eradicate the scourge of stigma.

The commission is to be the catalyst for a great social movement, one that will ensure that mental health will always stay out of the shadows.

Canadians must join this movement and encourage their friends, neighbours and fellow workers to bring mental health issues out into the open, to talk about them and volunteer for mental health causes..

The words of Roy Muise can be made into a reality. He is a person living with a mental illness who testified before the Senate committee in Halifax. He challenged all of us with these words: "To the people of Canada, I say welcome us into society as full partners. We are not to be feared or pitied. Remember, we are your mothers and fathers, sisters and brothers, your friends, co-workers and children. Join hands and travel together with us on our road to recovery."