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Brandon University develops unique program to reduce stigma

By Jen Jensen

Julia has spent most of her 51 years trying to outrun dark secrets and deep shame. But running was impossible because Julia was paralyzed by severe depression, and her painful past always caught up with her.

It found her during the many years she spent in and out of psychiatric wards. Loomed over her as she endured dozens of shock treatments and tried countless medications. Taunted her during repeated suicide attempts.

And then Julia found Deidre Olinyk and formed a trusting relationship. Together they confronted Julia's demons head-on and began the difficult work to recovery from mental illness. The program that helped them undertake this challenge is one of many being evaluated and spotlighted by the Mental Health Commission of Canada as part of an initiative to reduce the stigma surrounding mental illness.

Olinyk is a recent graduate from the psychiatric nursing program at Brandon University (BU). Last year, she was taking a course called Psychiatric Rehabilitation and Recovery that involved being paired with someone living with a mental illness, in this case Julia, and hearing her story. The idea is for the student to *really* get to know the client as a person, well enough to write a Recovery Narrative detailing his or her personal experiences. This level of interaction facilitates students' awareness of patients as real people with real stories – people with feelings whose lives matter.

Olinyk was able to help Julia release the unthinkable stories locked inside her that she really needed to tell, memories of being repeatedly raped and molested from five to ten years of age by her next door neighbour.

Julia had tried to tell health care professionals over the years, but "the majority of the time, they would just give the pill and walk away," she says. "I guess that's why I feel this program is so important, that I was for once listened to, not just medicated. I was listened to, and that's when things started to happen, and I thought maybe there's a chance that without being drugged up, I can do this."

Olinyk understands the need for this kind of relationship with a patient, like the one she developed with Julia. In working to build understanding, she was shocked by Julia's perception of herself. "Julia really, honestly, truly, with all her heart believed that I would never talk to her again, because I would be so appalled that she was that kind of person. It's taken her all this time to even start to realize that maybe it wasn't her fault; she's still struggling with that. When I told her it wasn't her fault, she just flat out didn't believe me. It is these types of insights into peoples' beliefs that are so important to beginning to help people recover; without understanding, how can we know what people need?"

"Students generally say it's an eye opener," says Jane Karpa, a professor of psychiatric nursing at BU. She explains that the Recovery Narrative is intended to demonstrate that a person's story must be taken into account, and that treatment looks different for every patient. "I think they get blown out of the water too when they hear the experiences of these people," she says, including their challenges with the health care system.

Karpa says that while the Recovery Narrative is geared towards educating students, the narrative often proves mutually beneficial to the student and participant, like in Julia's case.

The BU course is one of 40 projects around the country partnering with the Mental Health Commission of Canada's 10-year anti-stigma initiative, Opening Minds (OM). It is evaluating the programs, and those that prove most effective at reducing stigma will then be replicated and introduced nation-wide. The OM initiative is focusing on, in part, health care professionals, because people with mental illness say they experience some of the deepest felt stigma and discrimination on the medical front lines.

The results at BU – both at the Brandon and Winnipeg campuses – show the majority of students found the program to be useful. Eighty per cent of students who responded to a survey said that writing the Recovery Narrative increased their confidence in working with people who have a mental illness.

To the question, "Will your behaviour towards people with mental illness be different than what it would have been before the Recovery Narrative assignment?" one student answered "Yes, because it helped me understand the difficulties people with mental illness go through."

Most students said Psychiatric Rehabilitation and Recovery would be a useful program for other health care providers. "Especially," said another student, "when stories are made public to increase the knowledge and experience in other professions about people with mental illness."



"We as professionals really need to change the paradigm of how we think and act," says Karpa, adding health care professionals too often see patients as diagnoses, rather than individuals.

Olinyk understood the root of Julia's shame when Julia told her about a conversation she had with her mom when she was a child. She asked if bad things happen to good people. Clueless as to what bad things a five year old could be referring to, her mother replied "No Julia, if bad things happen to you it means that you are bad and God is punishing you." And there it was: the message that trapped Julia into a lifetime of misguided self-hatred and shame. As a teen, Julia tried to drown her feelings with alcohol. She found her way to a psychiatrist in her twenties, who sent her to Alcoholics Anonymous. She learned to replace alcohol with anti-depressants.

"All my life, I never drank to feel," Julia says, "I drank *not* to feel, and anti-depressants did the same for me as the booze did: they never resolved my issues, they just masked them."

Now, Julia is beginning to accept that what happened to her as a young girl was out of her control and not her fault. She's starting to see that recovery is very much possible, though it's an incredibly difficult journey, and she could not have taken that critical first step alone. Genuine understanding of Julia's situation is crucial to providing the ongoing support needed to work toward her recovery. "Undoing 45 years of a certain way of thinking is not something that just happens. Julia is working hard and is an exceptional example of personal accountability, but she still needs support," Olinyk says, emphasizing the importance of understanding by health care professionals.

Seeing the mental health system through Julia's eyes, Olinyk says, "You need to see people with mental illness as people with feelings, and treat them with respect... we work for them. Mental health as a profession has grown, but there can still be a sort of institutionalized culture where we know what's best as professionals." Olinyk agrees that a stigma towards patients often exists, but adds that every client needs something different.

In Julia's case, finding someone she could trust to talk to was a breakthrough. After that, she was brave enough to reach out to friends who connected her to community supports, who helped with diet changes, nutritional support and introduced her to others who had been able to go back to work after years in treatment. Becoming part of a local Church also helped build a network of spiritual support around her, which Julia says "reassured me of God's love and purpose for my life." In fact, she is now completely off her medication and is working full time. "There are no quick fixes," she says. "It has been, and continues to be, hard work to move forward."

"I think because there are those stories of people who have had very poor experiences with the mental health system," Karpa says, "hopefully this assignment will allow the students to remember that, and hopefully when they go into practice they can be the ones who are challenging the status quo."