

STIGMA AND DISCRIMINATION AGAINST PEOPLE WITH MENTAL HEALTH DISABILITIES

Presented by:

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Learning Objectives

1. Explore impact of stigma & discrimination on people with mental health disabilities.
2. Discuss beliefs and actions that foster and perpetuate stigma and discrimination.
3. Develop strategies for reducing stigma and discrimination against people with mental health disabilities.

Overview of Training Agenda

1. Introduction
2. Stereotypes, Stigma & Discrimination
3. Effects of Stigma
4. Beliefs that Foster Stigma
5. Actions that Discriminate
6. Strategies for Reducing Stigma and Discrimination

Feel free to ask questions at any time!

Stereotypes, Stigma & Discrimination

What are Stereotypes?

Exaggerations or untruths about people with mental health disabilities.

Examples of Stereotypes

Misconceptions that people with mental health disabilities:

- Tend to be violent,
- Will not get better,
- Are unable to care for themselves, or
- Don't know what's best for them

Different Cultural beliefs about people with mental health disabilities:

- Inspired.....Possessed
- Respected.....Rejected
- Different.....Abnormal

What is Stigma?

Attitudes and beliefs, based on stereotypes, that lead people to reject, avoid, or fear those they perceive as being different

What is Discrimination?

- Discrimination occurs when people act on stigma in ways that deprive others of their rights and life opportunities.
- Discrimination and stigma are based on the stereotypes that drive a wedge between “us” and “them.”

Types of Stigma

1. Public Stigma
2. Institutional Stigma
3. Self Stigma

Self Stigma

- Self stigma is when a person with a disability accepts the attitudes of society or of the medical community.
- Self stigma is rarely discussed, and can lead to hopelessness and helplessness.

Stigmatizing Language

- Crazy
- Delusional
- Insane
- Incompetent
- Disturbed
- Out of control
- Abnormal
- Dependent

Effects of Stigma

- Low Self-Esteem
- Isolation
- Feeling Devalued
- Social Rejection
- Shame

Effects of Stigma

- Over-interpretation of Behavior
- Opinions are Ignored
- Not given Responsibility
- Not Trusted
- Victims of Violence
- Barrier to Seeking Treatment

Many people say that the stigma associated with their own (or their family member's) diagnosis was more difficult to bear than the actual illness.

Studies have shown that stigma is even prevalent among the mental health provider community.

Knowledge about mental health disabilities does not preclude stereotyping.

“One study of mental health consumers and family members cited that stigma related to mental health care... accounted for nearly one quarter of their reported stigma experiences.”

- The California Strategic Plan on Reducing Mental Health Stigma and Discrimination

Yet people go to mental health professionals for help when they need treatment, understanding and support.

People who encounter stigmatizing attitudes from mental health professionals may avoid seeking or continuing treatment.

Beliefs that Foster Stigma

Many Americans report that they believe people with mental health challenges pose a threat for violence towards others and themselves.

The vast majority of people with mental health disabilities are not violent.

People with psychiatric disabilities are far more likely to be victims than perpetrators of violent crime.

The link between mental health disabilities and violence is promoted by the entertainment and news media.

On prime-time television, characters with mental health disabilities are often depicted as the most dangerous of all demographic groups.

The vast majority of news stories on people with psychiatric disabilities focus on negative characteristics. Positive stories that highlight recovery are notably absent.

Beliefs among Mental Health Providers that might Foster Stigma:

Medical Model
vs.
Recovery Model

Medical Model

Mental health assessments and diagnoses too often focus on weaknesses and problems rather than addressing a person's strengths, interests and goals.

Recovery Model

Hope

Personal Empowerment

Respect

Social Connections

Self-Responsibility

Recovery Model

- A diagnosis is a “guide” for treatment rather than a “name” for a person.
- Mental health disabilities may shape or affect who a person is, but we are not *defined* by our disability.

Medical Model

- A diagnosis is a fact.
- Mental health providers may refer to people by their diagnosis.
- People are their disability.

Recovery Model

People:

- Have different realities – there is not “one” reality.
- Have insight into their own reality – it just may not be *other people’s* reality.
- Have the ability to take care of themselves, with support as needed

Medical Model

People with Mental Health Disabilities:

- Lack insight into their own disability
- Are unrealistic and unreasonable
- Need to be taken care of

Recovery Model

People:

- Know themselves best in terms of what they think, feel and experience.
- Choose what's best for them based upon information, guidance and support.

Medical Model

People with mental health disabilities:

- Don't know themselves as well as mental health providers know them.
- Don't know what's "best" for them.

Recovery Model

- People with mental health disabilities can and do get better.
- Recovery is unique to each individual.
- A person's recovery can not be defined or determined by others.

Medical Model

- People with mental health disabilities can never truly recover.
- Once someone has a mental health disability, they will always have it.

“...hope is one of the most valued ingredients in the professional/client relationship and the strongest predictor of positive outcomes.”

- *Mood Disorders Society of Canada*

A silhouette of a person standing on a beach with their arms raised in a gesture of triumph or joy. The background is a vibrant sunset over the ocean, with the sky transitioning from a deep orange near the horizon to a lighter, hazy yellow and white at the top. The water is dark and reflects the light from the sky.

ONCE YOU CHOOSE
HOPE
ANYTHING'S POSSIBLE

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Actions that Stigmatize

- “Patronizing” or “talking down” to people
- Ignoring what people want
- Making decisions *for* people rather than helping them make their own

- Using force before cooperation and collaboration - placing a 5150 on someone rather than encouraging them to seek help voluntarily
- Unnecessarily controlling a person with medication, physical restraint or seclusion

“Mental health professionals of all types were three times more likely to support restrictions for people with mental health disabilities than the general public.”

- Mood Disorders Society of Canada

Fear of involuntary treatment
may deter individuals with
mental health challenges
from seeking treatment.

The California Supreme Court has long recognized that stigma is associated with mental health commitment.

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How to Reduce

Stigma and Discrimination

- Use *Plain Language*
- Use *People First Language*:
Acknowledge and respect clients as *people* rather than disabilities.
- Treat the illness with the seriousness it deserves, but treat *people* with dignity and respect.

- Listen to what clients have to say
- Empathize with them, but don't *tell* them what they feel or think.
- Identify, acknowledge and explore a client's self-stigma

Mental health professionals are *consultants* whom clients rely on for information, guidance and support.



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Be conscious of the power of diagnosis and the labeling process – this might also contribute to a wiser use of diagnoses

Know, explain and respect a client's rights (e.g.):

- Dignity, privacy and humane care
- Voluntary, individualized, client-centered treatment and services
- Least-restrictive, most integrated setting
- Participation in treatment planning
- All other rights granted to all people

- Focus on a person's strengths and what they can do
- Teach Self-Advocacy: Help people help themselves

Contact a Peer Support Organization, Group or Peer Advocate for guidance:

-Peer/Self-Advocacy Program (PSA) of Disability Rights California
www.disabilityrightsca.org

-National Empowerment Center
www.power2u.org

-National Self-Help Clearinghouse
www.mhselfhelp.org

CaIMHSA

The California Mental Health Services Authority (CaIMHSA) is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CaIMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.