



Empowering Each Other to Change Stigma

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- <https://www.youtube.com/watch?v=9vkUMXaJDM4>

Bring change to mind. (2014, Aug 19) What is stigma. Retrieved from <https://www.youtube.com/watch?v=9vkUMXaJDM4>

What is Stigma?

- Public stigma (news and society)
- Self-stigma
- Stigma
 - Can involve:
 - Stereotype: Socially agreed upon set of beliefs about a group
 - Prejudice: Belief that stereotypes are true
 - Discrimination: Behaviors based on prejudice beliefs

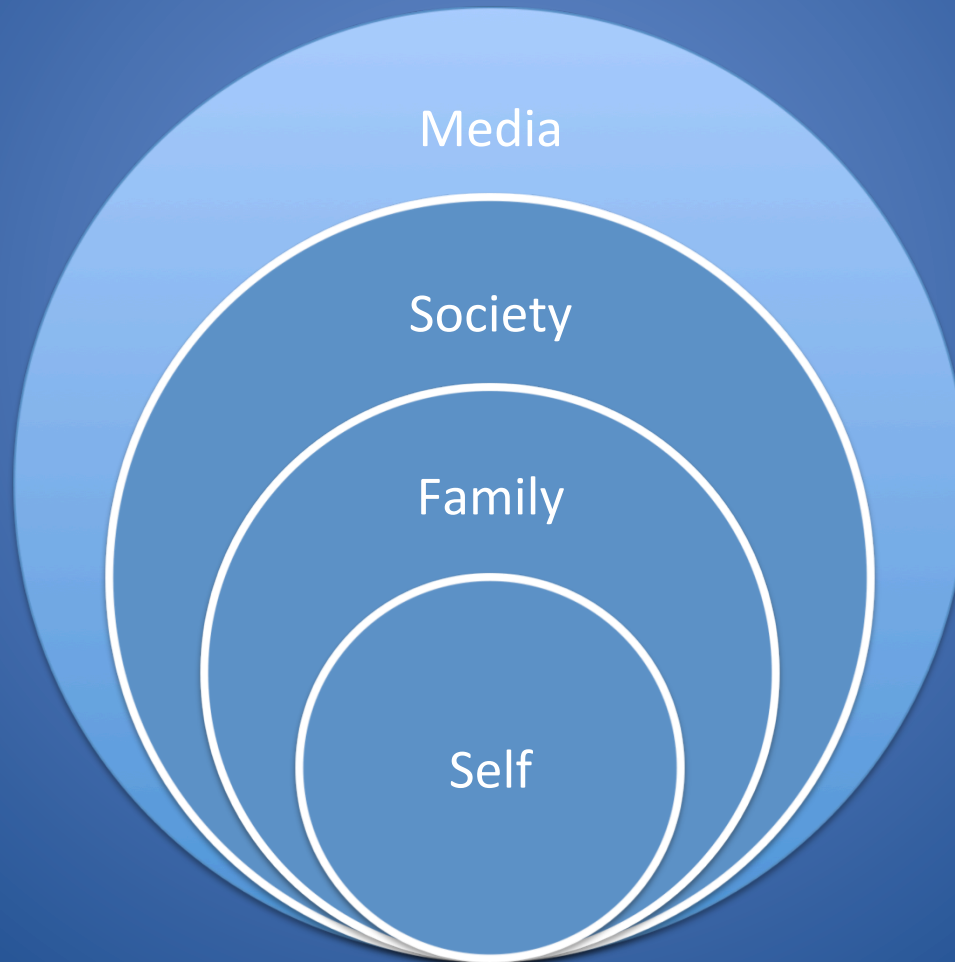
Example

- **Stereotype:** People with psychosis can not function
- **Prejudice:** All people that have psychosis are incapable
- **Discrimination:** A business refuses to hire someone with a history of psychosis based on this belief

Misconceptions

- Diagnosis (i.e. schizophrenic = “split personality”)
- Symptoms (i.e. people with psychosis can’t do normal things)
- Treatment options (i.e. there are no treatment options besides medication)
- Recovery (i.e. people cannot recover)

The Context and Layers of Stigma



Impact of Stigma

- Beliefs
 - Beliefs about being a failure or broken
 - Emotions
 - Feelings of shame and embarrassment
 - Behavior
 - Isolation and withdrawn from networks of support
- * Stigma can impact individuals with the illness and/ or their family members

Impact of stigma in Individuals at Clinical High-Risk for Psychosis

- 38 individuals at high risk for psychosis interviewed about mood (anxiety and depression) and stigma measures (i.e. stereotype awareness and agreement, shame in relation to stigma of label and symptoms)
- Results:
 - Increased shame in relation to the label of risk linked to higher rates of anxiety
 - Greater symptom-related stigma related to higher levels of depression

Yang, L.H., Link, B.G., Ben-David, S., Gill, K.E., Girgis, R.R., Brucato, G.....Corcoran.C.M. (2015) Stigma related to labels and symptoms in individuals at clinical high-risk for psychosis. *Schizophrenia Research*, 168(1-2), 9-5.

Challenging Stigma

- Increasing awareness and understanding
- Changing our language
- Expanding our focus

The Power of Knowledge



- 96 undergraduate students Measures
 - Vignette: Read a vignette describing a person with attenuated symptoms associated with psychosis
 - Stigma: Answered questions assessing stigma toward the person in the story
 - Prior experience and knowledge: Assessed participants previous familiarity with and knowledge of psychosis
- Results
 - Greater knowledge about and familiarity of related to reduce stigma
 - Knowledge alone predicted lower levels of stigma

Increasing awareness

Some Resources

- National Mental Health Association (NMHA)
- American Mental Health Fund (AMHF)
- National Institute of Mental Health (NIMH)
- National Alliance Mentally Ill (NAMI)

Changing Stereotypes

Myths 	Facts 
People who are mentally ill are violent, dangerous, untrustworthy or unpredictable.	Many violent people have no history of mental illness and most people with a mental illness have no history of violence. ¹⁰⁴ People with a mental illness are much more likely to be the victims of violence and crime than the perpetrators. ¹⁰⁵
People are unable to recover from mental illness.	Mental illness is not a life sentence. Most people will recover completely and go on to live full and productive lives. There are various treatments available to enable people to manage their symptoms/illness. ¹⁰⁶
Mental illnesses are all the same.	There are many types of mental illnesses and many kinds of symptoms or effects. ¹⁰⁷




Moving Towards Strength Based Language

The Glass Half EmptyThe Glass Half Full	
Deficit-based Language	Strength-based Language
A schizophrenic, a borderline	
Suffering from	
High-functioning vs. Low functioning	
Denial	
Weaknesses	
Decompensation, relapse	
Patient	
Dangerous	
manipulative	
Baseline	
Helpless	

Tandora, el. Al., (2007). Yale University School of Medicine Program for Recovery and community Health. New Haven, CT.

Moving Towards Strength Based Language

The Glass Half Empty.....	The Glass Half Full
Deficit-based Language	Strength-based Language
A schizophrenic, a borderline	A person diagnosed with schizophrenia who experiences
Suffering from	Working to recovery from, experiencing
High-functioning vs. Low functioning	Person's symptoms interfere with their relationship in the following way....
Denial	Person disagrees with diagnosis
Weaknesses	Challenges
Decompensation/relapse/ failure	Person re-experiencing symptoms
Patient	Individual/person receiving services
Dangerous	Specify behavior
manipulative	Resourceful: really trying to get help
Baseline	What someone looks like when they are doing well
Helpless	Unaware of capabilities

Issue 	Problematic 	Preferred 
Certain language sensationalises mental illness and reinforces stigma ²⁰	Terms such as 'mental patient', 'nutter', 'lunatic', 'psycho', 'schizo', 'deranged', 'mad'	A person is 'living with' or 'has a diagnosis of' a mental illness
Terminology that suggests a lack of quality of life for people with mental illness ²²	Referring to someone with a mental illness as a 'victim', 'suffering from' or 'afflicted with' a mental illness	A person is 'being treated for' or 'someone with' a mental illness
Labelling a person by their mental illness ²⁸	A person is 'a schizophrenic', 'an anorexic'	A person 'has a diagnosis of', or 'is being treated for' schizophrenia
Descriptions of behaviour that imply existence of mental illness or are inaccurate ²⁹	Using words such as 'crazed', 'deranged', 'mad', 'psychotic'	The person's behaviour was unusual or erratic
Colloquialisms about treatment can undermine people's willingness to seek help ¹⁰⁰	Using words such as 'happy pills', 'shrinks', 'mental institution'	Accurate terminology for treatments e.g. antidepressants, psychiatrists or psychologists, mental health hospital

Expanding our Focus

- Interests
- Aspirations
- Strengths (i.e. skills and abilities)
- Small Successes

Hearing from someone with lived experience

- <https://vids.kvie.org/video/kvie-documentaries-new-state-mind-ending-stigma-mental-illness/>
- Elyn Saks (Time stamp: 31:37 – 33:37)