

The stigma of mental illness—why is it an important issue?

Mental health is fundamental to health and human functioning. Our mental health allows us to maintain meaningful relationships, participate in useful activities and cope with diverse situations from day to day. When a person has a mental illness, it affects every aspect of his or her life.

Coping with mental illness goes beyond seeking treatment and simply getting better. It involves a long and often arduous healing process, which is often complicated by the stigma of mental illness in our society.

As these testimonials show, the stigma associated with mental illness can complicate seeking treatment, it can strain relationships, it can even limit job options. As you will learn throughout this guide, the stigma associated with mental illness is an important issue because it takes away a person's opportunity to live a full, fruitful life.



The stigma of mental illness can affect a person's personal life:

"They were my golf buddies for years. But when my son Jeff was hospitalized for depression, they started to fall away. We stopped sharing stories about our kids. And it made me angry. What was there to be ashamed of?"

- The stigma surrounding mental illness makes it more difficult for families and friends to cope (Wahl 89).
- The shame felt by family and friends isolates a person with mental illness.
- Fear of rejection makes a person with mental illness want to hide his or her condition, making it more difficult to find treatment and support.
- Some people with mental illness will not seek treatment for fear of being subjected to stigma (Wahl 89, 102).

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- Large-scale studies have shown a quarter to half of family members believe their relationship with a person with mental illness should be hidden or is otherwise a source of shame to the family (Corrigan, Watson, Miller).
- In a study where participants were asked to rate their reaction to various disability groups, ex-convicts ranked better than people with mental illness. Overall, people with mental illness ranked last of 21 groups (Wahl 98).
- 38 percent of the public is unwilling to be friends with someone having mental health difficulties (Pescosolido, et.al.).
- 64 percent of the public do not want someone who has schizophrenia as a close coworker.
- 68 percent of the public are unwilling to have someone with depression marry into their family.

The stigma of mental illness can affect a person's daily life:



"My experience with depression took over every area of my life. It affected my relationships, my daily routines, my physical well-being, my ability to be productive at work and my sense of purpose and meaning."

- In some instances, it's harder for a person with a documented mental illness to rent a home (Wahl 104).
- In order to keep the diagnoses of mental illness and associated prescriptions off their health and insurance reports, people sometimes pay out of pocket for these expenses, impacting personal and family finances.
- The stigma of mental illness could affect fair verdicts in cases involving mental illness (Wahl 90).
- Associating crime and violence with mental illness makes the public believe all people with a mental illness are dangerous or violent (Wahl 56).
- People with mental illnesses have been coined the "last minority". Where it is socially unacceptable to use racial slurs or make jokes about people with disabilities, use of words like "psycho" and "crazy" are perceived as fine.

 **STORY IDEA**

FACT: People with mental illness have made huge impacts in everything from the arts and humanities (Ernest Hemingway) to the sciences (John Nash).

STORY: Contact someone in your area that has a mental illness and is continuing to live to their fullest potential. You can call your local National Alliance on Mental Illness affiliate for more information and resources.



The stigma of mental illness can affect a person's employment:

"I have experienced it many times. You tell the employer you have schizophrenia; you don't get the job. You don't tell them and you get sick on the job; you get fired."

- It may be difficult for a person with a mental illness to find employment, remain gainfully employed, or not be discriminated against by employers and coworkers.
- Concerns about hiding one's condition from employers could make it harder for people with mental illness to apply for a job.

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- Mental health conditions are the second leading cause of absenteeism. Estimated costs for untreated and mistreated mental illness costs the United States \$150 billion in lost productivity each year. US businesses foot up to \$44 billion of this bill.

THE MEDIA'S ROLE

“Creators of media have, at the very minimum, a voice in the representation of mental illness, and can use the same tools, forces and opportunities to control media that helped develop the problem of stigma in the first place.”

Margaret Sullivan, Thomas Hamilton, and Herbert Allen.
Changing Stigma through the Media from *On the Stigma of Mental Illness: Practical Strategies for Research and Social Change*.
Edited by Patrick W. Corrigan. p. 311

“The media plays a vital role in educating Americans about the reality of mental health and mental illness. Through accurate, hard-hitting and responsible coverage, media professionals can help reduce the stigma associated with mental disorders and inform readers that mental illnesses are real, common and treatable.”

Mental Health America. *State Advisory Council for Psychiatric Services Accepting Nominations for Media*.
US State News, Feb. 2, 2007

JOURNALISTS' FREQUENTLY ASKED QUESTIONS (FAQS)

Q. What do you mean by “respectful terminology” in covering stories related to mental illness?

A. Always remember to use People First Language.

Use phrases like “a person with schizophrenia” rather than describing someone as “schizophrenic.” This maintains the individuality of the person rather than defining him by his disorder. Avoid using “suffers from,” “is a victim of” or “the mentally ill” as these pass negative judgment and separate people with mental illness from the rest of the community. Instead, say “John, who has depression.” Refer to the Tips for Effective Reporting on Mental Illness and/or Suicide and the Suggested Language to Use when Reporting on Mental Illness or Suicide sections of this guide for more information.

Q. How can I make stories interesting and compelling while maintaining sensitivity?

A. Be thoughtful in your choice of words.

Using the correct mental health term is no different from using the appropriate medical term to describe a person with a disability or health condition. Look for stories covering people with mental illness that are positive portrayals, have a human interest angle, or are topical. Many non-profit organizations that advocate or educate about mental health issues have staff or board members who are willing to talk about their experiences. During May and October, when national campaigns focus on mental health awareness, connect with local and state mental health organizations. Refer to the Resources and Glossary section of this guide for more information.



Q. When I am on deadline and need facts and resources on mental health, where can I begin to find them?

A. People at Wisconsin United for Mental Health are available to help.

Call toll free 800-448-5148 or visit www.wimentalhealth.org for more information. After regular business hours or on the weekend, you can also refer to the Resources and Services for Mental Health section in the back of this guide for a complete list of mental health resources in Wisconsin and across the nation.

The following organizations offer expert advice to reporters:

- **Christine Armstrong, Media Relations Associate for National Alliance on Mental Illness (NAMI):**
P: 703-524-7600
Email: christinea@nami.org
- **The Mental Health America Media Relations Staff :**
Email: mediainfo@mentalhealthamerica.net
- **Susan Conlin Opheim, President of HOPES (Helping Others Prevent and Educate about Suicide):**
Work: 608-358-6312 or 608-225-1297
Cell: 608-358-6312
Home: 715-453-4806
- **The Suicide Prevention Resource Center (SPRC):**
P: 877- GET-SPRC (438-7772)
- **The American Psychiatric Association (APA):**
P: 703-907-8640
Email: press@psych.org

Q. What is the best way to go about setting up an interview with someone with a mental illness?

A. Because of the stigma surrounding mental illness, some people may be reluctant to self disclose or talk about their experiences.

Others, however, may be happy to grant an interview in order to educate others. You can contact an education/advocacy organization in your area for assistance, like a local NAMI affiliate. Be direct about the purpose of the interview. Ask if any special considerations need to be taken for the person being interviewed such as place, time or the amount of time needed for the interview. Refer to the Tips for Interviewing a Person who has a Mental Illness or a Family Affected by Mental Illness section of the guide for more information.

Q. What's the difference between mental health, mental disorder and mental illness?

A. All three terms are points on a continuum.

Mental health refers to the comprehensive way people meet the demands of life by participating in productive activities, maintaining fulfilling relationships, and coping with or adapting to diverse situations. Mental disorders are health conditions that are characterized by alterations in thinking, mood or behavior or a combination thereof which are often associated with distress and impaired functioning (US Surgeon General). Mental illness is the term that refers collectively to all diagnosable disorders.

It is also important to note the US Surgeon General uses the term "mental health problems" for signs and symptoms of insufficient intensity or duration to meet criteria for any mental disorder. In other words, almost everyone has experienced mental health problems in which the distress they feel matches signs and symptoms of mental disorders, but they do not have a mental disorder.

Q. What is the difference between a disease and a disorder?

A. The difference between a mental disorder and a mental disease is best illustrated by the analogy suggesting that a disorder is a book and a disease is a chapter within that book.

For example, a person with Alzheimer's disease has a mental disorder. One can say Alzheimer's disease is a chapter in the book of mental disorders.

Q. Is it correct to say "committed" suicide?

A. No.

Mental health experts and advocates now say "completed" suicide. "Ended his/her life" and "took his/her own life" are good alternatives as well. And remember, never describe a suicide or suicide attempt as "failed" or "successful." Refer to the Suggested Language to Use when Reporting on Mental Illness or Suicide section of this guide for more information.

As a reporter/editor, do you have any additional questions? Share them with your local mental health organization or Wisconsin United for Mental Health. You can find a list of statewide resources in the back of this guide.

