

DMHS Presentation to Kedron United Church (August 29, 2010)

During our lifetimes, we have seen some extraordinary changes in the status of previously marginalized groups. Women, racial minorities, and people of diverse sexuality are just three examples of groups who have vastly increased their access to political and economic power and to equal opportunity. Canadian society is waking up to the fact that everyone wins when all people are included and welcomed, when differences are accepted and valued.

Not every group has seen the benefits of these welcome changes, however. One group that has been left behind is individuals with mental illness.

In 2008, the Canadian Medical Association surveyed Canadians about their attitudes towards individuals with mental illness. They found that:

- Almost half of Canadians, 46 per cent, think people use the term mental illness as an excuse for bad behaviour.
- One in four Canadians are fearful of being around those who suffer from serious mental illness.
- Half of Canadians would tell friends or coworkers that they have a family member with a mental illness, compared to 72 per cent for a diagnosis of cancer or 68 per cent for diabetes.

- Most Canadians, 61 per cent, would be unlikely to go to a family doctor with a mental illness, and 58 per cent would shy away from hiring a lawyer, child-care worker or financial adviser with the illness.

In releasing these findings, CMA President Dr. Brian Day commented that “In some ways, mental illness is the final frontier of socially-acceptable discrimination.”

The Mental Health Commission of Canada made a similar point in their report *Out of the Shadows at Last: Transforming Mental Health, Mental Illness, and Addiction Services in Canada*. The report contains the following quotation:

In no other field, except perhaps leprosy, has there been as much confusion, misdirection and discrimination against the patient, as in mental illness... Down through the ages, they 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 disgrace to be hushed up, a personality weakness to be deplored or a welfare problem to be handled as cheaply as possible.

Though the report dates from 2006, the passage I just read was first published in 1964. The commission found that, over 40 years later, so little had changed in terms of society’s acceptance, understanding, and support for people with mental illness. 40 years later, for far too

many individuals and families, people with mental illness remained “modern day lepers.”

One thing that quotation points out is the way our society responds differently to physical and to mental illness. If we broke an arm, for example, we would recognize that something is wrong, we would know that help and treatment are available, we would know where to go to access help, and we would feel no shame in doing so. Not one of these things can be assumed when it comes to mental illness.

I've noticed that children don't make this distinction between physical and mental or emotional pain. My daughter Emma and I were leaving the Legends Centre one day when she noticed a boy who was upset. “Why is that boy crying?” she asked me. I said “I'm not sure ... Why do you think he's crying?” Emma thought for a moment and said, “Maybe he scraped his knee.” I said, “Could be ...” She said, “Or may someone hurt his feelings.” I said, “Well, that could be too.”

Emma didn't think for a moment, “Well, if he has a scraped knee, then that's OK, let him cry, but if he got his feelings hurt, well, he'd better get over it.” She recognized a person who was hurting and she empathized. But somewhere along the line we learn to make this distinction: physical pain – OK; mental pain – not OK, shameful and weak.

These attitudes have real and painful consequences for individuals who experience mental illness and their families. The stigma and

shame surrounding mental illness create barriers to obtaining accurate information, effective treatment, and adequate community support. Too often, the stigma is internalized. A diagnosis of mental illness can become an engulfing identity, both to others and to the person themselves. The person – with all their unique gifts and potentials – is lost, submerged under the label “MENTALLY ILL.” The illness may be all that people see.

So, what can be done? Well, stigma thrives in a context of fear and ignorance and so the best antidote is contact and facts. As for contact, you may well have more contact with individuals who've experienced mental illness than you realize. 1 in 5 Canadians will experience mental illness in their lifetimes, but mental illness is often invisible. The good news is that many individuals in public roles – people like Senator Michael Kirby, for example – are speaking out about their personal battles with mental illness, challenging stereotypes and emboldening others to share their stories or to seek support.

As for facts, we can challenge persistent myths about mental illness, such as the myth that people with mental illness are dangerous and violent. Our media too often presents a very distorted picture of mental illness. A British study of newspaper content over a number of years revealed that dangerousness is the most common theme of stories about mental illness. But the reality is far less sensational than what we typically see on TV or in the newspapers – individuals with mental illness are no more dangerous than the general public. There

is a true connection between mental illness and violence, though, but it's the opposite of what we sometimes suppose. Individuals with mental illness are 2.5 times more likely to be VICTIMS of violence than the general public.

Another damaging myth is that mental illness is a personality flaw, something people could get over if they bucked up or tried harder. Mental illnesses have complex causes, but researchers are discovering more and more about their genetic and biological bases. They can see differences in brain functioning and activity in, for example, depressed vs. non-depressed people using sophisticated imaging techniques such as MRIs or CAT scans. Abraham Lincoln, Winston Churchill, even Joan Rivers – all people who experienced mental illness and hardly people we would describe as weak. The reality is that mental illnesses are illnesses just as much as diabetes or hypertension.

Perhaps the most damaging myth about mental illness is that it is a life sentence, with no possibility of recovery. This can become something of a self-fulfilling prophecy. As long as we believe that recovery is not a realistic goal, then why invest resources in promoting it? The fact is that people can and do recover from even the most debilitating mental illnesses and we are well served locally by treatment and support providers such as Durham Mental Health Services, the Canadian Mental Health Association's Durham branch, and Ontario Shores Centre for Mental Health Sciences.

If you are concerned about yourself or someone you love, know that mental illness is quite normal, real, more common than you may realize, and NOT your fault. Take the courageous step of reaching out for support. A conversation with your family doctor or a call to Durham Mental Health Services can be a good start.

In conclusion, let's all be as wise as children and respond with empathy, acceptance, and support when we see a person suffering, whether their pain is from a bodily injury or from distressing thoughts and feelings. If we do that, eventually people with mental illnesses may be just as accepted, their contributions just as valued, as any other previously marginalized group.

Thank you very much for your time today.