



Countering the
Prejudice and
Stigma Associated with
Mental Health



LA **HALTE**
des proches

ASSOCIATION LAURENTIENNE DES PROCHES DE
LA PERSONNE ATTEINTE DE MALADIE MENTALE

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About this guide

ABOUT US

La Halte des Proches is a regional community organization, founded in 1986 by and for caregivers of people with mental illness. Its mission: Provide assistance and support to caregivers of people with mental illness.

ABOUT THIS DOCUMENT

The purpose of this document is to inform the public, so people may have a better understanding of the prejudice and stigma associated with mental illness. It aims to reduce the discrimination that people with mental illness, their caregivers and the other people in their lives are subjected to.

The lack of information on mental health and on the experience of caregivers and the people in the lives of a person with mental illness helps perpetuate the prejudice. The best way to fight the prejudice and stigma associated with mental illness is to become properly informed on the myths and facts surrounding it. This guide also serves as an information tool on the unknown reality of caregivers of a person with mental illness.

A workshop tool box is also available on our website for mental health professionals who wish to use it

**PROGRESS IS IMPOSSIBLE WITHOUT
CHANGE, AND THOSE WHO CANNOT
CHANGE THEIR MINDS CANNOT
CHANGE ANYTHING.**

George Bernard Shaw —

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INTRODUCTION

In Canada, approximately 20% of the population suffers from mental illness, diagnosed or not. In reality, every Canadian is either directly or indirectly affected by mental illness: a relative, friend or colleague may be suffering from one.

Today, we are better informed about mental illness. In the past, it was taboo to speak about these types of illnesses. Today, we speak more openly about them, or at least some of them. Yet, many negative prejudices surrounding mental illness still exist, and often we don't realize the repercussions they may have, both on family life and on the health and well-being of the people in the life of someone with mental illness. They can be quite serious at times.

Media coverage concerning mental health issues has improved over the years in Quebec, which is

probably due to the federal and provincial campaigns for the fight against stigma. We can only hope that this visibility will reach the entire population of Quebec and Canada, including all the mental health professionals in our health and social services system.

The first part of this document provides information on the different mental illnesses and paints a portrait of the situation in Canada. When we think of mental illness, we rarely think of the caregivers and the people in the life of a person with mental illness, let alone the impact the illness has on them. The second part of this document addresses this issue.

The third part of this document identifies the prejudices and stigma as well as their consequences, in addition to demystifying some of these prejudices.

MENTAL HEALTH – MENTAL ILLNESS

The World Health Organization describes mental health as an essential component of health, which it defines as, “(...) a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”¹. Mental health is a state of well-being that enables a person to overcome life's obstacles, achieve their potential, be productive and participate in community life².

Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are health disorders characterized by the impairment of thought, mood or behaviour (or a combination thereof) associated with distress or dysfunction³.

THE MOST COMMON ILLNESSES

Mental illnesses are complex and cannot be explained by a single, precise factor. They are caused by a complex interplay of genetic, biological and environmental factors⁴. The most common mental illnesses are anxiety disorders, borderline personality disorder (BPD), depression, bipolar disorder and schizophrenia.

ANXIETY DISORDERS

Essentially, anxiety is a biological (or natural) mechanism that protects the individual from dangerous situations. It becomes

a mental disorder when it is excessive, persistent and seriously interferes with the person's ability to function⁵. Anxiety disorders are characterized by excessive anxiety, concern and fear that considerably affect daily life.

Women experience them more often than men. They are the most common mental disorders to affect children. Approximately 12% of Canadians suffer from an anxiety disorder⁶.

BORDERLINE PERSONALITY DISORDER (BPD)

Borderline personality disorder is characterized primarily by emotional instability. People who suffer from it have difficulty controlling their impulses, displaying an “all or nothing” type of attitude. They experience issues with self-image and identity, and exhibit self-destructive behaviours as well as rigid and pervasive personality traits. Interpersonal relationships constitute a major challenge for people who suffer from this disorder.

Borderline personality disorder is responsible for 20% of psychiatric hospitalizations.



DEPRESSION

There are various types of depressive disorders. However, clinical depression, also known as major depression, is the most common. It is very important to differentiate between what is referred to as minor depression, which is simply a normal depressive reaction in connection with certain life events, and depression, which is an actual illness.

A person with depression experiences sadness on a daily basis and over a long period of time. They feel alone and in despair; they no longer show interest in those around them, feel isolated and cry easily. Depression may cause a person to have a significant loss of appetite and lose a substantial amount of weight. It may also cause them to suffer from insomnia and be unable to keep up with all their activities. Any basic life activity, such as getting out of bed and eating, requires superhuman effort.

The symptoms of depression differ in men. Depression in men may be characterized by substance abuse, irritability, anger and an increase in productivity and hyperactivity⁷.

Depression is one of the most common mental illnesses: 10 to 15% of people suffer from it over the course of their lives⁸.

BIPOLAR DISORDER

Bipolar disorder, also known as manic-depressive psychosis, is a medical condition characterized by changes in the brain's functioning. These changes cause extreme mood swings that include episodes of depression and mania. Mania is characterized by a hyperactive, wildly optimistic state and a very expansive or more irritable mood. These changes are so intense that the person affected doesn't realize they are crossing any lines.

During an episode of depression, a person suffers to such a degree that they become paralyzed and haunted by ideas of suicide. This illness may cause family, professional, financial and sometimes legal problems.

It may also lead to hospitalization.

SCHIZOPHRENIA

Schizophrenia is a serious mental illness that is both chronic and complex. It is an illness of the brain, affecting the thoughts, feelings and emotions as well as the perceptions and behaviours of the person who suffers from it. This illness may interfere considerably with the way a person feels, thinks and reacts to their surroundings.

Some of the main symptoms are delusions, hallucinations, disorganized thinking and behaviours, lack of emotional response, indolence, social withdrawal, trouble with speech, etc. People suffering from schizophrenia don't necessarily

have all these symptoms. Many who suffer from schizophrenia can exhibit perfectly "normal" behaviour for long periods of time.

Schizophrenia is not synonymous with double personality. It is a cerebral disorder caused by a chemical imbalance in the brain.

In Canada, one person out of a hundred is diagnosed with schizophrenia. Although a cure has not yet been discovered, schizophrenia can be treated.



PSYCHOSIS

Psychosis is a temporary loss of contact with reality. It is characterized by, among other things, delusional ideas, hallucinations, incoherent speech and disorganized behaviour.

It may appear gradually or spontaneously, and may also be induced by a toxic substance (medicine, drugs, alcohol, etc.). Psychosis is generally associated with different mental illnesses such as schizophrenia, depression, bipolar disorder and drug addiction⁹. The first psychotic symptoms generally appear between the ages of 15 and 30 in men and between 18 and 35 in women.

What is important to remember, is that an episode of psychosis is treatable. Very effective treatments are available, combining pharmacotherapy, psychotherapy

and intervention within the family, to which all the information and necessary support are provided.

However, it is crucial to begin treatment as soon as the first symptoms appear to increase the chances of complete or nearly complete recovery.

RECOVERY

Like with all mental illnesses, recovery refers to a process that is particular to each individual. Recovery occurs when a person decides that they no longer want their lives to be controlled by the illness. The person considers at that moment that it is possible to live a satisfying life despite the limitations that the mental health disorder imposes on them.

In Canada, it is estimated that approximately 20% of the population suffers from mental illness, diagnosed or not¹⁰. However, less than half of these people seek professional help on this matter¹¹.

According to the 2015–2020 Mental Health Action Plan, “50% of mental disorders appear before the age of 14 years old and 75% before the age of 22 years old. Mental disorders are also one of the main causes of hospitalization among people 15–24 years old. The prevalence of mental disorders has doubled among young people under 20 in the last 10 years. . . Suicide is the second most common cause of death for 15–19 year olds, after highway accidents”¹².

Mental illnesses affect not only the people with the illness and their loved ones. They concern society as a whole, as their prevalence and the disabilities they cause are a heavy burden on public resources. Out of the seven health problems listed in Canada, mental disorders are the most costly in terms of direct services.

In 2011, a study¹³ conservatively estimated that the cost of mental illness was \$42.3 billion in direct costs and \$6.3 billion in indirect costs. Of this amount, direct costs to the health care system, including hospitalizations, physician visits, medication and care and support staff amounted to \$21.3 billion.

The total direct cost estimate of \$42.3 billion is likely an underestimate because it does not include costs to the justice system, social services and education systems, costs for child and youth services, informal care giving costs or direct costs associated with the productivity of people with a mental illness and of the people in their lives.

Schizophrenia is the most common diagnosis associated with long-term psychotic disorders. Although it affects only approximately 0.6% of the Canadian population over the course of one year, it is the mental illness with the highest cost per person to society, both in terms of direct and indirect costs.

**“ THE FIRST PSYCHOTIC SYMPTOMS
GENERALLY APPEAR BETWEEN
THE AGES OF 15 AND 30 IN MEN
AND BETWEEN 18 AND 35 IN WOMEN. ”**



The extent of the economic burden of schizophrenia and other psychotic disorders can easily be imagined as these illnesses are associated with an increase in the rate of suicide, drug addiction, victimization, non-employment and crime.

THE NUMBERS

- Approximately 20% of the population suffers from mental illness.
- 50% of mental illnesses appear before the age of 14.
- 75% before the age of 22.
- Mental disorders are also one of the main causes of hospitalization among people 15-24 years old.
- The prevalence of mental disorders has doubled among young people under 20 in the last 10 years.
- Suicide is the 2nd cause of death for people between the ages of 15 and 19.
- Mental illness has a direct cost of \$42.3 billion.
- \$6.3 billion in indirect costs.
- \$21.3 billion in direct costs for the health care system.
- These estimates are likely underestimated.

WHO ARE CAREGIVERS?

The caregivers of people with a mental illness are generally family members: parents, siblings, spouses, children, grandparents and grandchildren, etc. More broadly, they include friends and co-workers, who also may suffer the effects of the mental illness.

There are over four million¹⁴ caregivers in Canada providing 80%¹⁵ of necessary support and care to people with a physical, cognitive or mental health problem. Caregivers come from all walks of life and age groups. They can be found in any income strata, although 65% of caregivers declare a family income less than \$45,000. They may be young or old, but are mostly women¹⁶.

Many caregivers providing care to a person with a mental disorder live with them¹⁷ or are in contact with them more than 36 hours per week¹⁸.

Compared with the Quebec population in general, caregivers of

a person suffering from a mental disorder report higher levels of burden, distress, stress, physical and mental health problems, anxiety, depression and lower levels of life satisfaction¹⁹. They experience a level of psychological distress that is three times greater than that of the general population²⁰. They say that they feel overwhelmed, stressed and exhausted, to the point that they take anti-anxiety agents, antidepressants and sleeping pills²¹. Two thirds of the families interviewed stated that they experienced certain difficulties in their role as caregivers.

CAREGIVERS

- More than four million caregivers in Canada.
- 65% of caregivers declare a family income of less than \$45,000.
- 77% of caregivers are women.

**// THERE ARE OVER
FOUR MILLION
CAREGIVERS
IN CANADA. //**

Caregivers & mental health

- 61% feel overwhelmed or stressed.
- 67% feel exhausted.
- 60% take antianxiety agents, antidepressants or sleeping pills.
- 66.8% of families find their role as caregivers difficult.
- 40% are in contact with the person who is ill more than 36 hours per week.
- They experience a level of psychological distress that is three times greater than that of the population.

CHILDREN OF PEOPLE WITH MENTAL ILLNESS

According to Monique Carrière, it is impossible to know precisely how many parents in Quebec suffer from a mental disorder, or how many children have a parent with mental illness²². Yet, we know that the mental illness that a parent suffers may have negative repercussions on the children.

Qualitative research²³ has shown that young adults with a mother suffering from a serious mental disorder and who spent their childhood and adolescence in close contact with her all displayed varying degrees of psychological distress directly related to the symptoms associated with the mental disorder or its repercussions: violent behaviours, emotional disengagement and environmental instability.

Different studies have shown that the children of parents with mental disorders are more likely to develop a mental disorder when compared with the general population²⁴. However, the majority of them overcome the difficulties associated with the mental disorders and become resilient²⁵.

- Children of parents suffering from mental disorders are 30 to 50% more likely to develop a mental disorder.
- 20% of the population suffers from mental illness.

THE CHALLENGES OF MENTAL ILLNESS FOR CAREGIVERS

The experience of families affected by mental illness is a difficult one, putting a strain on their abilities to face daily life.

The caregiver of someone affected by mental illness goes through a process similar to that of the person who is ill. First, there is the shock from the diagnosis, followed by feelings of helplessness and anger, and then negation, distress, adaptation and reorganization²⁶. Mourning is also part of this process, as they experience the loss of the person they once knew and have to adapt to the new person in their life.

The highest degree of stress is recorded at the moment of the diagnosis. When a person is faced with the suffering of a loved one and the incomprehension and helplessness they feel with regard to the situation, their level of stress increases and quite often causes them physical and psychological ailments.

Caregivers of people suffering from mental disorders go through different stages as the illness evolves. There is the early stage, often characterized by uncertainty and confusion²⁷, followed by feelings of guilt, because they didn't ask for help earlier. Some felt that their family physician was not knowledgeable enough about mental illnesses to properly help the person²⁸.

Providing support to a person with mental illness requires empathy and detachment. Caregivers have the tendency to forget their own lives to ensure that their loved one stops suffering, while dealing with the stigma associated with mental illness.

The main challenges mentioned by caregivers generally include the following elements: persuading the person with the illness to see a physician, especially since, because of the nature of the illness, the person affected is certain that they are doing very well; seeing the mental state of the person affected progressively or suddenly deteriorate to the point that they are unrecognizable; realizing that the cognitive losses become more significant and periods of hospitalization longer after each relapse; feeling uncomfortable leaving the person alone at home and living in fear that they may commit suicide.

CHILDREN OF PARENTS SUFFERING
FROM MENTAL DISORDERS ARE

**30 TO 50% MORE
LIKELY** TO DEVELOP
A MENTAL DISORDER.



Another challenge, at a professional level, is to have to miss work to provide support for the person with the illness or because of their own state of health. It is not uncommon for caregivers to quit their job or replace it with part-time work to take care of a loved one suffering from a severe mental disorder²⁹.

When caregivers suffer from anxiety and depression, they feel alone in the face of the apparent absence of any solution. With time, the stress tends to decrease or the caregiver learns to live with it, despite their lasting distress, sadness and even fear of a relapse.

In comparison with people who do not provide assistance to a family member, those who do generally use mental health services twice as much³⁰.

THE CAREGIVERS' NEEDS

The needs expressed by caregivers of people suffering from mental illness vary in nature. They would like to have more information on the illness, treatments, local resources and risks and prevention of relapse. Caregivers would also like to be informed of the follow-up care for the person that is ill. They would like an active follow-up by both the health professionals and social services.

The fact that a complete network of services is lacking in the community concerns caregivers and is a reason they end up getting involved in the care and social integration of the person with the illness, without receiving all the necessary support or recognition.

Many caregivers also ask to be involved in the preparation for their loved one's discharge from the hospital³¹. Despite their desire to be involved in the entire care planning process, most caregivers wish to benefit from the support of a resource person, who would guide them in terms of caregiving as well as support them in times of crisis and provide a helping hand.

Another difficult experience for some caregivers is to find themselves entangled in the justice system. Often, caregivers are afraid to call the police, because they don't want to attract the attention of the entire neighbourhood or to see their loved one taken to the police station instead of the hospital.

It is very difficult for a caregiver to file a motion for an order for a psychiatric evaluation with a court of law when the person who is ill poses a threat for themselves or others. This could lead to feelings of resentment that could take a long time to recover from, without mentioning the possibility that the caregiver would have to repeat the legal proceedings if the person who is ill stops their treatment when discharged from the hospital and experiences a relapse a few weeks or months later.

Finally, improved communication with the health and social services professionals (psychiatrists, nursing staff, social workers, police, etc.) is among the most common requests that caregivers make.

THE EXPERIENCE WITH THE HEALTH AND SOCIAL SERVICES SYSTEM

THE HEALTH CARE SYSTEM

Intervening at the earliest stage of the mental illness is essential and may contribute to earlier remission of symptoms, delaying and decreasing relapses and preventing psychological deterioration³². By the same token, the absence of intervention is likely to exacerbate the illness³³.

Yet, it is only when the person experiences a crisis that their family takes them to the hospital. The crisis and their loved one's admission for psychiatric services represent quite an experience for caregivers. This moment provides them with their first opportunity to interact with the health care system and sets the tone for what is to come.

Communication with the health care and social services professionals poses a major challenge for caregivers. Under the pretext of "confidentiality," caregivers are often left in the dark about the state of their loved one's health, their response to the treatment, their discharge, etc. Yet, contrary to what some mental health professionals claim, the law governing patient confidentiality (the Privacy Act) does not prohibit listening to the families and speaking to them about some of the general aspects concerning their loved one's situation.

International studies show that families are often excluded from

the care planning process and may even be blamed, accused of being responsible for the appearance of their loved one's mental disorder³⁴.

These studies denote a certain lack of comprehension on behalf of mental health professionals with regard to the impact of the illness on the family. According to public opinion, the family also requires services³⁵. These studies also show that family involvement in their loved one's health care helps reduce the complications associated with mental disorders, while enabling caregivers to safeguard their own mental and physical health.

Discharge from the hospital is another challenge caregivers have to face. It is considered a significant point of transition and it is important for caregivers to participate in the planning for the hospital discharge and subsequent care. Unfortunately, this is not always the case. Caregivers have mentioned not having been informed of the hospital discharge date, even when the person with the illness was returning to live with them. This approach causes greater stress, as people aren't given the time to properly prepare for the homecoming of the person who is ill, reintegrate them in the family routine or plan for what happens after their return.

THE LEGAL SYSTEM

Having to admit someone to a hospital without their consent or report the person suffering from a mental disorder to the police for an act they committed are very traumatizing events for a caregiver and may increase their feelings of guilt and anxiety in addition to hindering their relationship with the person who is ill³⁶.

However, despite several years of progress, police training on mental illness remains limited in many communities and may result in their response being inadequate and devoid of sensitivity³⁷. Some caregivers have shared that they were arrested when they called the police for help. Others have said that they were turned away when they tried to get in touch with the person with the illness at the hospital.

Police officers are often ambivalent as to what action to take in such situations. Although it has been in effect for some time, the *Act respecting the protection of persons whose mental state presents a danger to themselves or to others* is obscure and few police officers know how to apply it in the heat of the action, not to mention that the law enforcement and health care systems do not share the same understanding of "what is grave and immediate." Sometimes the person is released only a few minutes after the police brings them to the ER, which creates as much frustration for the police officers as it does for the caregivers.

For caregivers, obtaining an order for a psychiatric evaluation may seem like an obstacle course. The various professionals in the social and legal systems disagree on the steps the caregiver should take in this type of proceeding and on how to help them. When attempting this undertaking, one of the resources providing assistance to caregivers³⁸ immediately noticed the blatant lack of communication. The professionals kept giving them the runaround, each in turn passing the buck to the other, without actually providing any information and, especially, without completing the psychiatric evaluation order form.

The professionals concerned should be better trained and

informed so they may understand the subtleties of the Privacy Act and the Act respecting the protection of persons whose mental state presents a danger to themselves or to others. They would then be more in a position to collaborate with the families. At the same time, this would facilitate their involvement in the recovery process of people suffering from mental disorders.

Although the Quebec government has on many occasions expressed its desire to provide better support to families in their entirety, few support measures are offered to families with a member who has a mental disorder.



COUNTERING PREJUDICE AND STIGMA

In addition to the stress and feelings of helplessness, caregivers have to deal with the stigma associated with mental illness.

The stigma and prejudice surrounding mental health are tenacious. Still today, people suffering from mental disorders and their caregivers are confronted with stigma, which could result in social isolation, feelings of guilt, shame and inferiority and a predisposition to hide the illness. These feelings often lead family members to avoid all contact with neighbours and friends and to isolate themselves.

But what are the prejudices and stigma surrounding mental health?

Some definitions

PREJUDICE

A prejudice is a belief, a preconceived opinion, often imposed by a community, era or education. To have prejudices, is to have negative attitudes and exhibit negative behaviours toward people suffering from mental illness.

“FOR CAREGIVERS, OBTAINING AN ORDER FOR A PSYCHIATRIC EVALUATION MAY SEEM LIKE AN OBSTACLE COURSE.”

STIGMA

The World Health Organization associates stigma with the hidden burden in mental health and defines it as “a mark of shame, disgrace or disapproval which results in an individual being rejected [by others]”³⁹. It accompanies every mental disorder and is even more noticeable when the behaviour of the person does not correspond to what is “normal.”

Stigma is expressed by stereotypes, prejudices and discriminatory behaviours that, by association, involve negative judgments and disrespectful acts regarding members of the family and mental health professionals.

SELF-STIGMATIZATION

Self-stigmatization is when people with a mental illness, people in the life of someone with a mental illness or health professionals begin to believe and internalize the false ideas and the negative opinions and attitudes in society.

42% of people with a mental disorder don't tell their family about it, from fear of being judged⁴⁰. Self-stigmatization can even be seen in mental health professionals.



“ IT IS EASIER TO SMASH AN ATOM
THAN A PREJUDICE. ”

Albert Einstein —

STIGMA

Stigma is one of the main causes of nonuse of mental health services. In fact, almost two thirds of people with a mental disorder refuse to seek help because of the prejudices surrounding mental illness⁴¹.

Stigma may also cause caregivers to wait before seeking help and often exacerbates the challenges families already face. According to the Canadian Medical Association, 50% of Canadians hide from their friends and co-workers the fact that they have a family member suffering from a mental illness. In contrast, 28% of people are not comfortable talking about a family member diagnosed with cancer and 32% are not comfortable talking about a family member diagnosed with diabetes⁴².

THE PREJUDICES

Despite the fact that we are better informed about mental illness, prejudices still exist and affect both the person with the illness and the people in their lives.

Prejudices surrounding mental illness dissuade almost 2/3 of people affected from seeking the help they need⁴³. Because of their relationship with a person suffering from mental illness, caregivers are affected by the prejudices. Some go as far as to adhere to them.

Mental disorders are still often viewed by the people in the life of a person who is ill as a sign of weakness of character rather than an illness. Nearly half of Canadians (46%) believe that people use the expression "mental illness" to excuse bad behaviour.

Over time, most of the terms used in psychiatry, expressions such as "mentally retarded," "hysteric" and "demented," become used as insults in everyday language.

LET'S DECONSTRUCT SOME OF THE MOST COMMON PREJUDICES⁴⁴.

Prejudice

After having been diagnosed with a mental illness, you are crazy for the rest of your life. You aren't actually ill. A little self-control and some discipline are all one needs to put a little order in their life. Everyone has difficult moments, so why would it be any different for that person?

Reality

When someone breaks a leg, we know they are injured because they have a cast on their leg and need crutches to get around. We don't expect them to participate in a marathon by "using a little self-control"; we wouldn't blame them if they weren't able to get rid of their crutches. Mental illness has nothing to do with "self-discipline." Many mental illnesses can be treated.

If a person suffers from diabetes, can they lead a normal life? Yes and no. Thanks to proper treatment and a healthy lifestyle, people with a physical illness like diabetes can live their lives fully. Mental illness can also be treated. By means of in-depth assessment, treatment and adequate support, people with mental illness can live a happy and productive life.

Prejudice

People suffering from a mental disorder are less intelligent and poorer than the rest of the population.

Reality

Entirely false. Mental illness can strike anyone, anywhere. It doesn't discriminate between level of intelligence, socio-economic status, demography, education, religion or gender. No one is immune to it. Untreated mental illness can interfere with a person's direction in life and their job possibilities. It is therefore important to get a professional assessment and early therapy.

Prejudice

People suffering from schizophrenia are violent and dangerous. They **are more likely to commit violent crimes**. With what we see in the media, people should be afraid when they encounter a crazy person.

Reality

This fear is based more on what we see in the media than in reality. In truth, stories of nonviolent people with mental illness don't "sell" enough for the papers and TV news reports. Although popular beliefs and the media coverage of certain crimes might lead people to think as such, statistics show that as a group, people suffering from mental illness are not more violent or more inclined to commit violent crimes than any other group in the population.

There has been no scientific evidence of a correlation between psychiatric diagnosis and violent acts. What is clear, however, is that the media tends to portray a negative image of these people by making the viewers and readers wrongfully believe that they should be weary of them. Furthermore, people with mental illness are much more susceptible of being the victims of violence than the aggressors.



Prejudice

Every child that grows up with a parent who is mentally ill will have major problems as an adult.

Reality

False. Despite the risks that their situation involves, many children are resilient. In other words, in the face of stress, they develop the ability to bounce back proactively rather than remaining passive. They develop strength, empathy, compassion, tolerance, understanding and an overall appreciation for life over the course of their lives.

According to studies, children develop greater intelligence and strong interpersonal skills as a protection against adverse outcomes both in the short and long terms.

Prejudice

If a person has schizophrenia, they have multiple personalities.

Reality

Schizophrenia is in no way related to multiple personality disorder. Schizophrenia is a serious mental illness that is chronic and complex and may interfere considerably with the way a person feels, thinks and reacts to their surroundings. People with schizophrenia may have psychotic crises during which they suffer hallucinations, delusions and paranoia. Proper treatment may nonetheless relieve these symptoms and prevent relapse.

A person with multiple personalities suffers from a rare disorder called multiple personality disorder.

Prejudice

Everyone gets depressed as they get older. It's part of the normal process of aging.

Reality

That is false. It isn't normal for an elderly person to lose interest in the activities they used to enjoy, have difficulty sleeping or suffer inexplicable energy loss. Depression is not an inevitable part of aging. If an elderly person you know is experiencing one of these symptoms, they may in fact be depressed. They have to see a physician to determine whether they are suffering from a depression or if their state is the result of another cause.

Prejudice

It is unjust for other employees to have to work with someone who has a mental illness, because they might be afraid to offend the person. This creates a tense work environment for everyone.

Reality

In fact, most people don't know that one of their colleagues is suffering from a mental illness and no special arrangement should be made.

One of the main concerns for employers is to ensure a stress-free work environment. Highly stressful jobs may serve as triggers for mental illnesses like anxiety disorders and depression as well as other illnesses, such as diseases of the heart. Socially responsible employers support their employees by decreasing stress factors in the workplace as much as possible and by helping people who are recovering from mental illness by hiring them or reintegrating them into the workplace.

IT IS NECESSARY FOR A PERSON TO SEE A PHYSICIAN TO DETERMINE IF THEY ARE SUFFERING FROM DEPRESSION.

CAREGIVERS AND PEOPLE IN THE LIFE OF A PERSON WHO IS ILL

The previous section discussed the prejudices about people suffering from mental disorders, but it should not be forgotten that caregivers inflict certain prejudices on themselves. Here are some examples of such prejudices.

Prejudice

Caregivers don't need help because they aren't ill.

Reality

A majority of the studies show that being close to someone with a mental illness, especially when taking on the responsibility of caring for that person, has negative effects on physical health.

It has been proven that caregivers of people with mental illness experience a level of emotional distress that is three times greater than that of the general population.

Prejudice

When a loved one suffers from mental illness, family gatherings are no longer possible.

Reality

It should be taken into account that family gatherings heighten feelings of vulnerability in some people. The best solution would be to try to find realistic compromises together to reconcile one another's wishes and fears.

Prejudice

Family hinders the recovery of a person with mental illness.

Reality

Studies are unanimous regarding the positive aspect of family support and show that the people in the life of a person who is ill play an essential role by participating in the recovery process.

Prejudice

Poor parenting skills cause mental illness.

Reality

No single factor alone can cause mental illness. Instead, it is the result of a combination of genetic, biological, environmental and life experience factors.

In the medical world, the biological and genetic models have replaced the idea that bad parents cause mental illness. However, the general public continues to attribute mental illness to parental incompetence.

thereby contributing even more to their stigmatization.

By perpetuating these judgments, we are discriminating against people with mental illness, who quite frequently feel isolated and humiliated. Because our society minimizes the impact of mental illness in our communities, we need to know the truth and change our own behaviour.

Unfortunately, the lack of information and knowledge leads some people to attribute negative behaviours to those who suffer from mental illness and, by extension, to their caregivers.

To make a difference and counter the prejudices and stigma that still exist today, it is crucial that we adopt new attitudes that will change our behaviour. Let's take a step back and become more aware of the fact that our erroneous thoughts and opinions perpetuate the prejudice surrounding mental illness, and then work together to correct them.

COUNTERING PREJUDICE AND STIGMA

These prejudices and many others marginalize people with mental illness and the people in their lives. Some caregivers sometimes react to these negative judgments by cutting off all ties with the person suffering from a mental disorder,

CAREGIVERS OF PEOPLE WITH MENTAL ILLNESS EXPERIENCE A LEVEL OF EMOTIONAL DISTRESS

3X
GREATER

THAN THAT OF THE GENERAL POPULATION.

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