

STOP STIGMA AND DISCRIMINATION

Stigma is the rejection, avoidance or fear people direct toward those they perceive as being “different.”

Stigma and shame often prevent people living with mental illness from seeking treatment. Stigma becomes discrimination when it deprives people of their civil rights, access to fair housing, employment opportunities, education and full participation in life. When fear of discrimination or stigma is removed, people living with mental illness may feel more comfortable seeking treatment, and thus able to recover and engage more fully in life.

The **Mental Illness: It's not always what you think** project was initiated by Sacramento County Division of Behavioral Health Services to:

- Reduce stigma and discrimination
- Promote mental health and wellness
- Inspire hope for people and families living with mental illness

“In a 1999 report, the United States Surgeon General identified stigma as “the most formidable obstacle to future progress in the arena of mental illness and health.”

Mental Health: A Report of the Surgeon General, 1999

To learn more about the **Mental Illness: It's not always what you think** project or to share your thoughts on mental illness, visit us at:

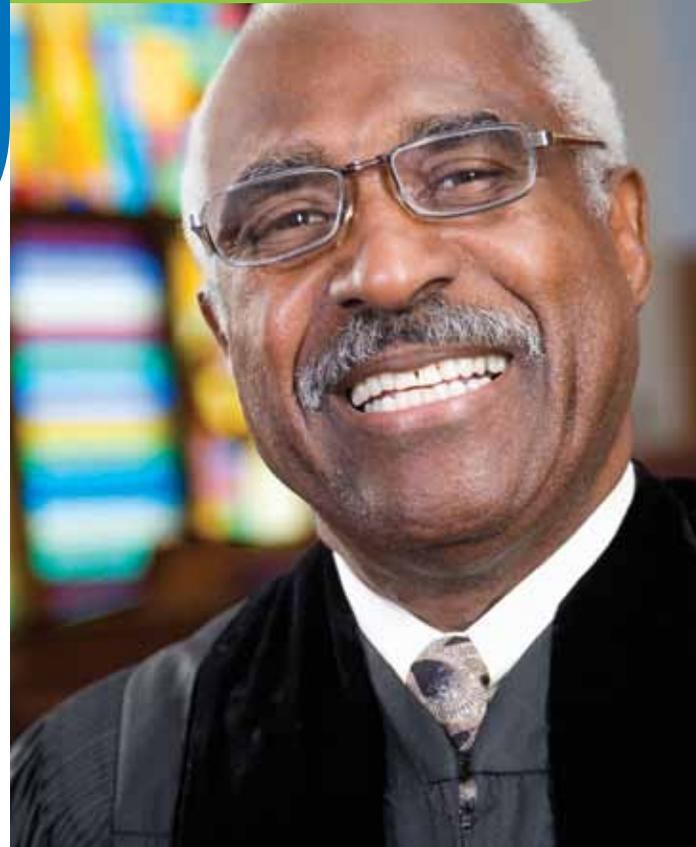
StopStigmaSacramento.org
Call 2-1-1 (OR TTY 916-446-1434)

Calls are always confidential. Interpreters are available.

**Mental Illness:
It's not always what you think.**

SACRAMENTO
COUNTY

Project made possible by voter approved Proposition 63, the Mental Health Services Act.



Mental Illness does not discriminate.

But sometimes people do.



THE TRUTH ABOUT MENTAL ILLNESS

Mental illness affects every ethnic, racial, economic, religious and age group. Roughly one in every four adults will experience a diagnosable mental illness during their lifetime. Nearly one out of every five children will experience emotional or behavioral difficulty. In Sacramento County, it is estimated that nearly 355,000 residents are living with a mental illness.

FACT: Like heart disease or diabetes, research shows that mental illness is often a medical condition that calls for proper treatment, support and education.

FACT: Two-thirds of people with a diagnosable mental illness never seek professional help. Many do not know where to go, don't realize their condition is treatable or fear discrimination.

FACT: Self-stigma prevents up to 60% of those with mental illness from seeking treatment. According to the Centers for Disease Control and Prevention, people who suffer from chronic, untreated depression may die up to 25 years earlier than someone in the general population.

FACT: Roughly 50% of those with severe mental illness are also affected by substance abuse. Living with both disorders significantly increases the stigma and discrimination often resulting in social isolation.

8 THINGS YOU CAN DO TO STOP STIGMA AND DISCRIMINATION

- 1 MAKE A PLEDGE.** Refuse to perpetuate or tolerate stigma and commit to changing your language and attitude about people living with mental illness. Using words like “crazy” or “insane” to describe someone living with mental illness is hurtful. Commit to removing this type of language and other labels from your life.
- 2 TAKE A STAND.** Ask others to stop promoting stigma and using hurtful language. Keep in mind the best way to stop others from promoting stigma is to educate them about mental health and to let them know how their words and actions hurt others.
- 3 EDUCATE YOURSELF.** Learn about mental health issues and the devastating effects of stigma. Ask someone who has openly shared about their mental health issues what their experience is like. Knowledge is a powerful tool for dispelling myths and stereotypes. Share your knowledge.
- 4 BE AN ALLY.** Think of a friend or family member you have been concerned about. Call them to see how they are feeling. If someone you know exhibits sudden changes in behavior or is experiencing suicidal thoughts, reach out to them and make every effort to ensure that they get help.

- 5 KNOW YOUR RIGHTS.** The Americans with Disabilities Act (ADA) makes it illegal to discriminate against people with physical or psychiatric disabilities in employment, transportation, communication, or recreation. The Fair Housing Act prohibits housing discrimination because of race, color, national origin, religion, sex, family status, or disability.
- 6 BE FEARLESS.** Begin a discussion with friends or family about a mental health topic, even if it doesn't apply to you. “What causes someone to feel suicidal?” or “What do you think children feel when their parents divorce?” are examples.
- 7 END THE SILENCE.** If you have been feeling down, stressed, or anxious, call or meet with a trusted friend or family member and tell them how you are feeling. Remember that when you speak about your experience with mental illness, you give others permission to share their experiences.
- 8 USE YOUR VOICE.** Join a speakers bureau or support group. Being open about mental illness can reduce stigma and raise awareness.

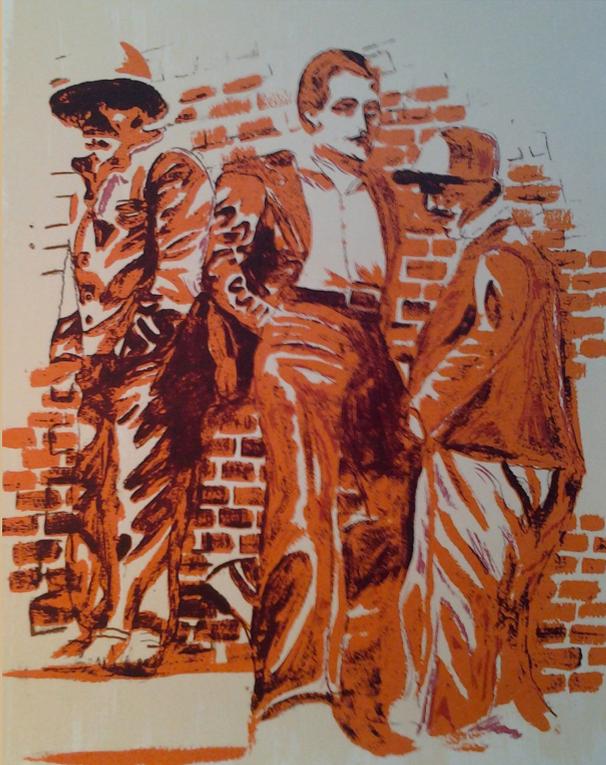
For additional information and resources, go to:

StopStigmaSacramento.org

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**Mental Illness:
It's not always what you think.**



*“Las Reglas de la Gente”
by Ricardo Santibañez*

What you can learn about:

- Patients' Rights
- Challenging conservatorship
- Applying for Social Security benefits
- Improving your living situation
- Accessing community resources
- Getting out and staying out of the hospital
- Communicating effectively

We at the PSA know that *“change can and does happen!”*

Contact us!

Services from Disability Rights California are completely free. Contact us for more information.

(800)776-5746

www.disabilityrightscalifornia.org



Disability Rights California is funded by a variety of sources.

For a complete list of funders, go to:
<http://www.disabilityrightscalifornia.org/Documents/ListofGrantsAndContracts.html>



Peer / Self Advocacy Program



Peer / Self-Advocacy (PSA) Program

Who is a Peer?

Peers share something in common with one another. In the Peer/Self-Advocacy program, we are peers who share similar life experiences as individuals with mental health disabilities.

What is the PSA?

A program of Disability Rights California, the PSA program teaches peers how to advocate for themselves by providing self-advocacy groups, training, workshops and outreaches in residential care facilities, state hospitals and in the community.

How Peer / Self-Advocacy Works

We teach you to be your own advocate rather than advocate for you. By participating in self-advocacy groups, you will learn important knowledge and skills to help you access the services and resources you need.

DRC's Mission Statement

"We advocate, educate, investigate, and litigate to advance and protect the rights of Californians with disabilities."



How we can help you

By participating in our self-advocacy services, you can:

- Learn your rights so you can advocate for yourself
- Identify your own goals
- Make a plan to reach your goals
- Learn about services available to you



"Journey"
by Leslie Moreno

We can help you

- Change your life in ways you choose
- Fight for your rights and dignity
- Be your own advocate



Definitions of Stigma and Discrimination

1. What is stigma?

Stigma refers to attitudes and beliefs that lead people to reject, avoid, or fear those they perceive as being different. Stigma is a Greek word that in its origins referred to a kind of mark that was cut or burned into the skin. It identified people as criminals, slaves, or traitors to be shunned.

2. What types of stigma affect people with mental health conditions?

There are three major categories of mental health related stigma: Public Stigma, Institutional Stigma, and Self Stigma.

3. What is public stigma?

“Public Stigma” refers to the attitudes and beliefs of the general public towards persons with mental health challenges or their family members. For example, the public may assume that people with psychiatric conditions are violent and dangerous.

4. What is institutional stigma?

“Institutional Stigma” refers to an organization’s policies or culture of negative attitudes and beliefs. For example, stigma is often reflected in the use of

clinical terms, such as a “schizophrenic.” It is preferable to use “people first” language, such as “a person experiencing schizophrenia.”

5. What is self-stigma?

“Self-stigma” occurs when an individual buys into society’s misconceptions about mental health. By internalizing negative beliefs, individuals or groups may experience feelings of shame, anger, hopelessness, or despair that keep them from seeking social support, employment, or treatment for their mental health conditions.

6. What is discrimination?

While “stigma” is an attitude or belief, “discrimination” is behavioral because of those attitudes or beliefs. Discrimination occurs when individuals or institutions unjustly deprive others of their rights and life opportunities due to stigma. Discrimination may result in the exclusion or marginalization of people and deprive them of their civil rights, such as access to fair housing options, opportunities for employment, education, and full participation in civic life.

7. How does discrimination occur?

Discrimination includes “disparate or different treatment” on the basis of disability. For example, neighborhood groups often organize to block housing for people with mental health challenges. This type of Not In My Back Yard protest (so-called “NIMBYism”) can deny housing opportunities. Further, almost a quarter of U.S. employers reported in 1995 that they would dismiss someone who had not disclosed a mental illness. Discriminatory intent may be stated or inferred in these situations.

Discrimination also includes a failure to provide a reasonable accommodation to a person with a disability. For example, accommodations for workers with psychiatric disabilities may include changes in the supervisory process, the provision of human assistance, schedule modifications, changes in physical aspects of the workplace, re-structuring of job duties, and adjustments in policies.

We want to hear from you! After reading this fact sheet please take this short survey and give us your feedback.

English version: <http://fs12.formsite.com/disabilityrightsca/form54/index.html>

Spanish version: <http://fs12.formsite.com/disabilityrightsca/form55/index.html>

The Stigma, Discrimination, Reduction and Advancing Policy to Eliminate Discrimination Program (APEDP), is funded by the voter approved Mental Health Services Act (Prop. 63) and administered by the California Mental Health Services Authority (CalMHSA). County MHSAs support CalMHSA, which is an organization of county governments working to improve mental health outcomes for individuals, families and communities. CalMHSA operates services and education programs on a statewide, regional and local basis. For more information, visit <http://www.calmhsa.org>.





Client Driven Mental Health Services

What are Client Driven Mental Health Services?

When mental health clients have the primary role in identifying their own needs, preferences and goals, then the services they receive are “client driven.” This means that you determine what kind of assistance you need rather than having mental health professionals decide what’s “best” for you. In this way, you “take charge” of your own life by making important decisions that will directly affect you.

What is the difference between “expressed interest” and “best interest”?

Client driven services respect your “expressed” interests rather than your “best” interests as determined by a mental health professional. This approach affirms your right to make your own health care decisions and to live your life in ways that you choose. It is based on the philosophy, principles and practices of “recovery,” which recognizes that individuals can and do recover from serious mental health disabilities.

What is the recovery approach?

With the recovery approach, professionals listen to your expressed needs and preferences, understanding that people have different personal goals and strengths. Based on your individual needs and interests, professionals will help to identify and recommend services they believe will be helpful. In

this way, the professional is a “consultant” who provides guidance and assistance to help you reach your own goals. With this information, you can make your own decisions about what action to take and what you want to do in your life. With an ideal recovery team, the client presents his or her goals and discusses how team members can help achieve them.

Do client driven mental health services include peer support?

Yes. Often, client driven services include peer support as a central focus of recovery. By getting support from peers who share similar experiences as mental health clients, you may learn new information, strategies and skills that mental health professionals may not be able to provide. In other words, peers may have some “insider” information about how to get help, because they have “been there” before and have experience getting services from the mental health system.

Can family and friends support the client driven recovery process?

Yes. Recovery offers a better future. It is based on the fact that people can and do overcome the barriers and obstacles that confront them. This hope can be fostered by peers, families, friends, providers, and others. Clients can invite family and friends to participate in the recovery process.

Why are client driven services important?

Client driven services are important as a means for you to take control of your life. Ultimately, you are in the “driver’s seat,” and make the decisions about what directions to take in your own recovery.

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A Stereotype that Harms People with Mental Health Challenges

Does the myth of “the violent mental patient” cause harm to people?

Yes. People often avoid living or socializing with people with mental health challenges because they assume people with mental health challenges are dangerous or violent. As a result, these individuals often face discrimination in housing, employment and social situations. One in three people with mental health challenges report being turned down for a job once their disability became known. In 2000, an estimated 75,000 Californians with mental health challenges could not get needed housing. Stigma and discrimination can also lead to low self-esteem, isolation, and hopelessness, and may deter people from seeking mental health care.

Do the media promote this stereotype?

Yes. On prime-time television, characters with mental illness are reportedly depicted as the most dangerous of all demographic groups. One study in 1999 revealed that 60% of the characters depicted were portrayed as being involved in crime or violence. A 2005 survey of newspapers found that 39% of stories on mental illness focused on dangerousness and violence. There are few positive stories that highlight the recovery processes of individuals with serious mental health challenges and family members.

Do the public believe this stereotype?

Yes, to a large extent. The vast majority of Americans report that they believe people with mental health challenges pose a threat for violence towards others and themselves. The percentage of Americans who viewed people with mental health challenges as dangerous nearly doubled between the 1950's and the 1990's. The United States Surgeon General's report suggests that media portrayals influence these attitudes.

Has the stereotype been disproven?

Yes. Review of research on violence and mental illness has found that the contribution of people with psychiatric conditions to overall rates of violence is small. According to a 2009 report in California, "individuals with mental health challenges are more likely to be victims than aggressors." This is contrary to the media and stereotypical portrayals.

What is the truth about mental health challenges?

The 1999 landmark United States Surgeon General Report on mental health found: "Stigma is the most formidable obstacle to progress in the arena of mental illness and health." The good news is that people with mental health disabilities can and do recover. People manage their conditions to lead happy, healthy lives and actively participate in their community.

What is important to the mental health recovery process?

Community is an important factor in the recovery process as well as support from peers, family, friends and spiritual leaders. People can often benefit from access to talk therapy, rehabilitation, or a combination of recovery-oriented and self-help services. Contrary to media stereotypes, people with lived experience in mental health contribute to society and make the world a better place.

Where can I obtain additional information about how to address discrimination and social exclusion?

You can contact the federal Resource Center to Promote Acceptance, Dignity, and Social Inclusion Associated with Mental Health (ADS Center). It is a program of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services:

Web: <http://promoteacceptance.samhsa.gov>

E-mail: promoteacceptance@samhsa.hhs.gov

Phone: 800-540-0320

You can also contact Disability Rights California:

Web: <http://www.disabilityrightsca.org>

E-mail: info@disabilityrightsca.org

Phone: 800-776-5746

You can also contact NAMI California:

Web: <http://www.namicalifornia.org/>

E-mail: nami.california@namicalifornia.org

Phone: 916-567-0163

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