CHSRF FCRSS

ISSN: 1923-1253

mythbusters

USING EVIDENCE TO DEBUNK COMMON MISCONCEPTIONS IN CANADIAN HEALTHCARE

MYTH BUSTED JUNE 2012

MYTH: REFRAMING MENTAL ILLNESS AS A 'BRAIN DISEASE' REDUCES STIGMA

People living with mental illness often describe the associated stigma as being more debilitating than the illness itself.[1,2] Stigma involves the labelling and stereotyping of persons living with mental illness as being "different" or having "undesirable" characteristics. Those who experience stigma face discrimination as well as a loss of status and power to change their situation.[3] Stigma in mental health has a long and storied past, and we don't have to look too far back in Canada's history to find a time when a diagnosis of mental illness meant being sent away and locked up for life.[4] Removing people from the community in this way contributed greatly to stigma, as the public came to associate all mental illness with its most extreme forms,[5,6] labelling the diagnosed as crazy, mad, or lunatics. Unfortunately, this stigma remains a problem to this day.

As the discipline of psychiatry (literally, the *medical treatment of the mind*) matured, an understanding of the biological elements of some mental illnesses began to take hold. Starting in the 1950s, medications were developed that could help to alleviate the symptoms of some mental illnesses.[4] It was thought a biological understanding would reduce stigma,[7] since it's not fair to blame someone for a diagnosis of a disease that's beyond their control.

Despite good intentions, evidence actually shows that anti-stigma campaigns emphasizing the biological nature of mental illness have not been effective, and have often made the problem worse.[7,8,9,10,11]

A DISEASE LIKE ANY OTHER?

Various anti-stigma initiatives have advocated for an understanding of mental illness as a biological process: "a disease like any other".[12] During the late 1990s, both the Canadian Mental Health Association and the National Alliance on Mental Illness in the United States, framed mental illnesses as brain disorders in their anti-stigma campaigns.[13,14]

A U.S. study showed that although the public adopted a more biological conception of mental illness in 2006 as compared to 1996, the changes in attitude were not associated with reduced stigma.[12] Although knowledge about mental illness increased over that period, attitudes of intolerance worsened. A German investigation came to similar conclusions, finding an increase in the desire for social distance from people with schizophrenia in 2001 as compared to 1990, coincident with increasing public acceptance of the biological causes of mental illness.[7]

So why aren't mental illnesses diseases like any other? The evidence shows us that while the public may assign less blame to individuals for their biologically-determined mental illness,[7] the very idea that

their actions may be beyond their conscious control can create fear of their unpredictability and thus the perception that those with mental illnesses are dangerous,[8,9,10,11,15] leading to avoidance.[7,11,16,17,18] Biological explanations can also instil an 'us vs. them' attitude, defining individuals with mental illness as fundamentally different.[19] For example, a 2008 survey of Canadians[20] found that:

- 42% would no longer socialize with a friend diagnosed with mental illness;
- 55% wouldn't marry someone who suffered from mental illness;
- 25% were afraid of being around someone who suffers from mental illness; and
- 50% would not tell friends or coworkers that a family member was suffering from mental illness.

Similarly, mental illnesses are seen as less responsive to treatment[21] and more persistent and serious [22] when framed as biological diseases. This framing may suggest that people with mental illnesses will never recover, which contributes to stigmatizing attitudes.[21]

IT'S NOT THE *BIO-BIO-BIO* MODEL

So how do we work towards reducing the stigma of mental illness? Despite the recent emphasis on the biological model, research continues to support a bio-psycho-social model, where varied environmental factors interact with life experience and genetic susceptibility to result in mental illness.[23] Science is broadening our understanding of the significant interaction between genes and the environment, demonstrating that many environmental variables, such as one's early childhood environment, play a large role in determining how genes are expressed.[24,25]

Additionally, factors such as chronic stress, living in an urban area, immigration, traumatic life events, and illicit drug use all can increase one's vulnerability to mental illness.[26] Presenting mental illness in the context of these psychological and social stressors normalizes symptoms, creating a healthier public perception of mental illness.[21,27] A good example of this in practice is how the Canadian Forces frame mental illness, which refers to depression and post-traumatic stress resulting from war as mental "wounds" and operational stress injuries.[28] The international literature also shows that contact-based education—which involves individuals with lived experience of mental illness sharing their personal stories of illness, stigma and recovery—is one of the most promising practices for reducing stigma.[29,30]

CONCLUSION

Mental illness results from the interplay of genetic, biological, psychological and environmental factors, a concept well accepted and broadly described by the bio-psycho-social model. Anti-stigma initiatives should emphasize the well-researched psychological and social contributors to mental illness in addition to biological factors. This framing provides an accurate and less stigmatizing explanation of the causes of mental illness. Recognizing that people can and do recover is perhaps the most important way to end the stigmatizing 'us vs. them' attitudes and behaviours too often experienced by people living with mental illnesses. Working to change these attitudes will help to improve equity and quality of life for people living with mental illness and their family members.

This issue of Mythbusters is based on an article by the 2012 Mythbusters Award recipient, Dr. Joanna Cheek. This award was co-sponsored by the Mental Health Commission of Canada. Dr. Cheek is a 5th year psychiatry resident at the University of British Columbia, training in Victoria, BC.

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