

CHAPTER 2

ONE SIZE DOESN'T FIT ALL

Treating mental illness as a single category is a big part of the problem.

With physical health, we routinely differentiate, for example, between infections, heart problems and cancer. When it comes to mental health, however, much tends to become conflated. And so unreasonable fear produced by extreme cases of psychosis rubs off on a much larger range of people with anxiety disorders and the like.

It's worth repeating: With the exception of a tiny minority, most people diagnosed with a mental illness are significantly more likely to be the victims rather than the perpetrators of violence. But this is not always recognized by the public at large.

Vagueness only makes it worse. When dealing with stories involving mental illness and violence, it's important to be specific. You should always seek authoritative confirmation of a specific diagnosis. A police officer's word or a neighbour's vague assertion that someone in the news had 'mental problems' can be problematic and contribute to stigma. Besides, it's not accurate.

Even within schizophrenia – potentially the most severely challenging of mental illnesses – there is no uniformity. People may have mild, medium or severe forms of the disorder. They may or may not hear voices, and those voices may or may not present real dangers. Indeed, not everyone who hears voices fits the rest of the criteria for a diagnosis of schizophrenia. Nor does every person with schizophrenia become violent. Once again, journalists need to exercise professional caution.

While full recovery (meaning a return to their state before the illness struck) in people with schizophrenia is rare, as many as 65% do, with treatment, achieve a degree of control over their symptoms and some hold down jobs – even in at least one case as a neuroscientist. Thus the stigma generated by high-profile acts of violence by people in psychosis caused by untreated schizophrenia is a significant problem for others under treatment for the disorder, as well as those with less disabling diagnoses.

Consider adding some of these facts to provide context to your stories.

➤ BEST PRACTICE CHECKLIST

- ✓ **Don't reinforce stereotypes (especially in headlines).**
- ✓ **If violence is involved, put it in context: Violence by people with mental illness is rare.**
- ✓ **Don't imply all people with schizophrenia are violent.**
- ✓ **Avoid referring to people with schizophrenia as "schizophrenics". Generally speaking, labeling someone by the name of their disease is not a good idea.**
- ✓ **Strive to include quotes from those affected or others like them.**
- ✓ **Be careful and specific about diagnoses.**
- ✓ **Include professional comment / seek professional advice when needed.**

Don't just associate mental illness with terrible crimes. Write about it in another way, not necessarily more positive, but in a framework that better represents reality. Ninety-seven percent of people with schizophrenia never commit crimes. You have to be very careful not to let mental illness become synonymous in the public mind with violence.

Katia Gagnon, La Presse

The first thing we have to do is talk about mental health challenges. We have to part the curtain. What we'll find is an illness, not a moral failure. Once we start sharing our stories, we will take the charge out of talking about it. If we all do this, it will be as easy as talking about any illness. It's important to know that we aren't alone in this. Not by a long shot.

Shelagh Rogers, OC
CBC Radio Host/Producer
(Diagnosis: Depression)

► QUICK REFERENCE

Schizophrenia: A serious, chronic but treatable brain disease affecting about 1% of the population. Onset usually occurs in adolescence or young adulthood. Patients may hear command voices and lose touch with reality (psychosis). A small proportion of people with untreated schizophrenia may become violent during psychosis. Treatments include psychotherapy, awareness therapies and anti-psychotic drugs. Although schizophrenia is often seriously debilitating, treatments can deactivate symptoms and enable patients to work and relate well to others. Schizophrenia does NOT involve 'split-personality'.

Bipolar Disorder: Sometimes called manic depression. Patients cycle between depression and hyperactivity, sometimes accompanied by recklessness and unrealistic belief in their abilities and importance. A small minority of patients may become psychotic and violent. Treatable with therapy and drugs.

Depression: A debilitating disorder involving loss of motivation, lethargy, anxiety, feelings of worthlessness, insomnia and general hopelessness. Interferes with a person's ability to cope with daily life. Some may become suicidal. Treated with medication and therapy and may be managed by therapy and self-help techniques.

Post-Partum Depression: One of the most common complications following childbirth, characterized by an intense sense of inability to cope with the baby's needs. Accompanied by tiredness, irritation and loss of appetite. Untreated, it can lead to suicide and infanticide.

Anxiety Disorders: A range of conditions affecting about 12% of Canadians. These include Obsessive Compulsive Disorder and Post-Traumatic Stress Disorder. Generalized Anxiety Disorder is characterized by chronic worry, fear and panic interfering with ordinary living and social interaction. Treated by counseling, group therapy and medication.

Personality Disorders: These disorders involve inflexible behaviours outside social norms, persisting to the point of making ordinary life difficult. May be caused by trauma in childhood. Treated by psychotherapy.

Obsessive Compulsive Disorder: Characterized by repeated and ritualistic behaviours, such as repeatedly carrying out actions in a set order, repeated hand washing or counting.

Attention Deficit Hyperactivity Disorder: The most common behavioural disorder occurring in childhood. Children with ADHD have difficulty concentrating, and they become restless and distracted. Children with ADHD may be prone to impulsive outbursts of speech or behaviour.

Eating Disorders: Among all mental illnesses, these have the highest mortality rate. About 10-20 per cent of patients die from the disease or from complications. These disorders are more common among females than males and usually relate to issues of self-esteem.

Recovery: Professionals use this term in different ways. The important thing to stress in order to provide context and a complete picture is that many people with a mental illness who receive treatment can recover. There are two main ways professionals use the term recovery. They mean different things so it's important to check what they really mean:

Recovery in Mental Illness: When someone with a chronic mental illness can manage the symptoms and return to some quality of life, although not the same as before the onset.

Recovery from Mental Illness: Also referred to as clinical recovery. This means returning to the state one was in before the onset of the condition.

I think the key is to think of them as if they were from your family. Don't think of them as a label, a patient, or as someone with schizophrenia. Think of them as a person, talk to them like they are our people, as indeed they are.

John Kastner, Director of documentaries
NCR: Not Criminally Responsible
and *Out of Mind, Out of Sight*