Double Trouble: The Stigma of Mental Illness and of Aging

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Learning Objectives

- Distinguish public and self stigma
- Review strategies for ameliorating public and self stigma
The Stigma of Mental Illness

- What we seem to know.
  - The advocate’s view

- What we need to know
  - The researcher’s questions

- HOW DO WE CHANGE IT

Science is knowledge is power
The Chicago Consortium of Stigma Research

- The Illinois Institute of Technology
- University of Chicago
- Northwestern University
- Illinois State University
- Northern Illinois University
- University of Illinois Chicago

NIMH
FACES OF THE ENEMY

REFLECTIONS OF THE HOSTILE IMAGINATION

The Psychology of Enmity

Sam Keen
Scientists Say Negro Still In Ape Stage
Races Positively Not Equal
People with mental illness are homicidal maniacs

In the movies
“THE MOST POPULAR
Cinematic Maniac Since
Darth Vader.”
—Joshua Hammer, NEWSWEEK

“SHARP HUMOR... Freddy delivers double entendres like a James Bond Boogeyman.”
—Richard Corliss

A Nightmide 4
ON ELM STREET
THE DREAM MASTER

NEW LINE CINEMA
FREED MENTAL PATIENT KILLS MOM
This offer could get you committed.

We are second to none! THE MANIAC

Famous Maker Ladies 2pc. Suits MANIAC PRICE $12.43 If we told you what these suits sell for you wouldn't believe us!

Famous Maker 1125 Pcs. Left of 18,000 The most beautiful sweaters you ever want to see $9.96

Leather Bomber Jackets Only 67 Pcs. Left out of 1,000 Retail $19.95

Maniac Magic $56.25

MANIAC PLUS
2001 UTICA AVENUE (at Ave. L & MG) (718) 241-4513

MANIAC OUT OF CONTROL! All Our Merchandise is First Quality

We made a Great Deal HOW YOU GET A GREAT DEAL SO LETS DEAL!!

Laura Peterson Kelly Harpe Into the Night Sweaters Five For $29.97 Retail $34.94

Only 525 Pcs. Left This brand isunknown

Famous Maker 1125 Pcs. Left of 18,000 The most beautiful sweaters you ever want to see $9.96

Egyptian Cotton 50/2 Yards

MARIANNA'S
3209 Utica Ave. New York, N.Y. 11204

Sweater Set $5.99

MANIAC
3201 Utica Ave. Brooklyn, N.Y. 11204

Crazy Eddie
Record Craft
Rockland

To offer these deals we'd have to be committed.
Stanley is also for Stanley.

Stanley is a crazy murderer who likes to murder little boys and girls early Sunday morning.

Are you afraid of Stanley?

You are?

Well then, quick jump out of bed and go and sleep with mommy and daddy. There— isn't that better? Mommy and daddy love to have you sleep with them.
Don't Call Me Nuts!

Coping with the Stigma of Mental Illness

- Dealing with the Pain of Self-Stigma
  - To Disclose or Not to Disclose
  - Seven Ways to Foster Personal Empowerment
  - Changing Society's Reactions through Contact, Education, and Protest

Patrick Corrigan • Robert Lundin
What are Media Stigma of Seniors with Mental Illness?

- He’s crazy?
- She’s incompetent?
- He’s demented?
Stereotypes

- ABOUT MENTAL ILLNESS
  - DANGEROUS
  - Weak character (Blame)
  - Incompetence
  - Benevolence
Stereotypes

• ABOUT SENIORS WITH MENTAL ILLNESS

  • Unpredictable
  • Will hurt self
  • Incompetence
  • Benevolence
Types of Stigma

- Public stigma: turn stereotypes out against people (seniors) with mental illness
- Self-stigma: turn stereotypes against self
- Label avoidance: deny stereotype by staying away from mental health services
Public Stigma

DISCRIMINATION AND MENTAL ILLNESS

- Withhold help
- Avoidance
- Coercion (treatment)
- Segregation (institutions)
Public Stigma

DISCRIMINATION AND SENIORS WITH MENTAL ILLNESS

- Disempowerment
- Coercion (treatment)
- Segregation (institutions)
Changing Public Stigma: Research

- Education
- Protest
- Contact
Changing Public Stigma

- Education

Review key myths and facts that counter these myths
Changing Public Stigma

- Myth: Serious mental illness is rare.

- Fact: Schizophrenia makes up .8% of the population. In Chicago Metro, that is 64,000 people, or the population of Joliet Illinois.
What are the myths about seniors with mental illness?
Changing Public Stigma

- Protest
  - Review stigmatizing images
  - Shame on you for thinking that way

- Beware the rebound
Examples of the Rebound

- Don’t think about white bears!
- Don’t think bad things about Irish Americans!
- Active NOT attending
- Reactance
Changing Public Stigma

- Contact

“Meet Bob Lundin”
Changing Public Stigma

- Bob Lundin’s story
  - My name is _____ and I have a severe mental illness called schizo-affective disorder
  - My childhood was not unusual...
  - My mental illness began when I was 25 years old...
  - Unfortunately, my mental illness did not go away quickly...
  - Despite these problems, I have achieved several accomplishments.
  - Despite my accomplishments, I have experienced stigma...
What is the story about a senior with mental illness?
Contact

- One time contact
  vs
- Repeated contact

- Coming out of the closet
  - Concealable stigma
    - Gay people, religion, level of education
Contact

- Come out of the closet
- Benefits
  - More power to group
  - More support among peers
  - Relief and self esteem
- Costs
  - Discrimination to self
  - Discrimination to friends/family
Qualifying for Contact

- “For real” effect

- What qualifies a person as really “mentally ill”
  - Symptoms
  - Hospitalization
  - Medication
  - Length of time

Coming out demented
**Public Stigma**

- **Stereotype:**
  Negative belief about a group
e.g., dangerousness
  incompetence
  character weakness

- **Prejudice:**
  Agreement with belief and/or
  negative emotional reaction
  e.g., anger
  fear

- **Discrimination:**
  Behavior response to prejudice
  e.g., avoidance of work and
  housing opportunities
  without help

**Self-Stigma**

- **Stereotype:**
  Negative belief about the self
  e.g., character weakness
  incompetence

- **Prejudice:**
  Agreement with belief
  Negative emotional reaction
  e.g., low self-esteem
  low self-efficacy

- **Discrimination:**
  Behavior response to prejudice
  e.g., fails to pursue work
  and housing opportunities
  without help
A definition of self-stigma….

“It is simply agreeing with the negative attitudes about mental illness and turning them in against one’s self.” (p.86)
Success is to be measured not so much by the position one has reached in life as by the obstacles he has overcome while trying to succeed.

-Booker T. Washington
Depression In Older Adults

How to Combat the Accompanying Stigma

Presented by Carmen Lee,
Program Director of Stamp Out Stigma
Learning Objectives

- The substantial problem of depression in older adults
- The urgent need to address this problem
- The importance of the primary-care physician
- How the Stamp Out Stigma (SOS) has taken charge and set out in the community to address stigma and its resulting discrimination
- How to start a speaker’s bureau to put a human face on mental illness/depression
- The benefits and opportunities
Statistical Facts:

- 20% of older adults suffer from mental health issues
  1. Depression—most common, especially among women
  2. Undiagnosed, confused with aging
     a) mimics dementia
  3. Fear of seeking help
     a) not understanding mental illness
     b) condition not recognized by loved ones or providers
  4. Denial

- 10% of those diagnosed with dementia actually suffer from depression
  1. reversible, if treated
The Fear and Stigma of Suffering From Depression

- Alcohol abuse and prescription drug overuse
  1. “pain killer”
  2. many losses: mobility, health, deaths, independence
  3. loneliness
- The Importance of the Primary Care Physician
- Self-denial/Shame
  1. blame it on physical problems
     a) loved ones attribute problems to aging
     b) youth-oriented society
Stamp Out Stigma Program

- **Putting a Human Face on Mental Illness**
  1. dispelling the myths and stereotypes
  2. inter-dialogue with audiences
     a) reducing fear
     b) allowing people to express/reveal themselves, ask questions

- **Over 1600 Stamp Out Stigma Presentations to Date**
  1. focus
  2. repeat presentations
  3. word of mouth “advertising”
  4. fee-for-service
  5. self-esteem
  6. opportunities
     a) employment
     b) commissions/boards
How and Why Stamp Out Stigma Began

- **Stigma - a Grave Deterrent on the Road to Recovery**
  1. affected every aspect of our lives
     a) Relationships
     b) housing
     c) employment
     d) self stigma

- **The Need to Create a More Informed and Supportive Community**

- **Steps taken:**
  1. Grants
  2. “marketing”
  3. finding panelists
  4. developing a focus for each presentation
Contact Information

For further information, call or write the Stamp Out Stigma Program
c/o Heart & Soul, Inc.
   500 A Second Avenue
   San Mateo, CA 94401

Phone numbers:
(650) 343-8760 or (650) 592-2345

CarmenSOS@aol.com

Visit: <www.stampoutstigma.org>
Geriatric Mental Health Foundation Projects

Kate McDuffie
GMHF Associate Director of Communications
Learning Objectives

Participants will learn:

- A breadth of strategies on reducing the stigma of mental illness from a diverse group of roundtable participants
- The importance of gathering input from a variety of stakeholders in different parts of the country
- The planning, steps and time that goes into a public outreach campaign
- Lessons learned from a pilot campaign
Geriatric Mental Health Foundation

A charitable organization founded by the American Association for Geriatric Psychiatry to:

- Raise awareness of psychiatric and mental health disorders affecting older adults
- Eliminate the stigma of mental illness and treatment
- Promote healthy aging strategies
- Help increase access to quality mental health care for the elderly
- Increase public awareness of the importance of mental health in the aging population
GMHF Programmatic Themes

- Public education on depression and the elderly including depression among caregivers
- Public education on the behavioral aspects of Alzheimer's and other dementias
- Reducing the stigma of mental illness in the aging population
- Prevention strategies for mental illness in the elderly including prevention of suicide
- Healthy aging and promotion of strong mental health among older people
Demographic Trends

- By 2030, 15 million+ older adults will experience a mental illness (Jeste et al.)

- Depression – commonly co-occurring after a stroke, hip fracture, heart attack, or cancer – can lead to decline in physical health and higher health care costs – 50% higher than those older adults without depression (Mossey et al, Penninx et al, Evans et al)

- Older Americans are disproportionately likely to die by suicide. Of every 100,000 people ages 65 and older, 14.3 died by suicide in 2004. Non-Hispanic white men age 85 or older: 17.8 suicide deaths per 100,000. (CDC)

- Today, more people believe that someone with a mental illness is a danger to himself/herself and others – more so than in the 1950s (Pescosolido, et al)
GMHF and Stigma

In 2003-4, the GMHF – under contract with SAMHSA – conducted two roundtable discussions in Washington, DC, and Los Angeles with:

- Consumers of mental health services
- Researchers
- Media representatives
- Grant writers
- Older adults
- Advocates
- Clinicians
Roundtables

To identify the:

- Impact of stigma and discrimination experienced by older adults
- Barriers to eliminating discrimination and stigma
- Strategies and resources to remove barriers
Identified Barriers

- Lack of information
- Lack of resources
- Lack of understanding
- Lack of interest
- Lack of knowledgeable and experienced health care professionals
- Challenge of territoriality

http://mentalhealth.samhsa.gov/publications/allpubs/sma05-3988/
Strategies to Overcome the Barriers

Empower and Educate Older Adults – Focus on Community Members and Consumers

- Define messages of hope
- Engage community groups in contact with older adults
- Peer counseling, peer support and mentoring programs
- Multicultural approach
Strategies to Overcome the Barriers

Educate the Public on Mental Health and Aging

- Media campaign focused on older adults, their families, general population
- Message that treatment helps
- Encompass a range of tactics and placed in multiple venues
- Press strategy to accompany messaging
- Use PSAs on radio using celebrity spokespeople
GMHF’s Next Steps

- GMHF decided to pursue self-funded media/public education for older adults with mental illness
- Build on consumer materials developed for wider reach
Research

- Focus Groups 1 – tested general messages about mental health/elderly/independence/stigma

- Focus Groups 2 – tested messages about late-life depression
  - Linked to physical health
  - Scare/hope message
  - Identified resources critical to campaign
GMHF Awareness Campaign on Late-Life Depression

*Depression kills. Treatment works.*

- Launched in October 2007
  - Baltimore, Maryland
  - Nashville, Tennessee
- Print ads in newspapers over two months
We're losing some of our greatest hearts and minds to depression.

Depression is the other heart disease. Losing heart and hope can make existing health problems worse—even fatal. But you can get help. Talk to your doctor about treatment options. And for more information about depression in older adults, call the Geriatric Mental Health Foundation at 877-654-7850 or visit treatmenthefps.org today.

Depression kills. Treatment works.
Campaign Results on Late-Life Depression:

*Depression kills. Treatment works.*

- Radio spot played nearly 1500 times over two months
- Google ads
- Outreach to health care community
- Outreach to community groups
- Outreach to media
Campaign Results

- Radio PSAs had wide reach
- Health care providers were difficult to reach
- Media was difficult to engage – “evergreen” story
- Community groups – very receptive and eager for help and collaboration
Next Steps for the GMHF

- Pursue late-life depression campaign
- Continue development of consumer educational materials for distribution and web posting
  - Late-life anxiety
  - Dementias
  - Guide for older adults with mental illness in disasters
  - Assessing long-term care facilities for mental health services
- Additional Strategy: Preparation of workforce to provide older adults with mental illness access to quality mental health care
Geriatric Mental Health Foundation

www.GMHFonline.org
Questions & Answers