

DUTIFUL MINDS

Information for Ohio's CIT Graduates

The Coordinating Center of Excellence in Criminal Justice

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STIGMA

What is stigma? Typically it is defined as an **undesirable attribute or stereotype**. Others have defined it as a way to mark the different, deviant, and perhaps dangerous elements of a society. Ultimately, it serves to spoil a person's ability to be fully accepted into society: it singles out difference, labels it inferior, and **blames the victim** for the fact that s/he is different. Why is stigma associated with mental illness? Why does it still exist today, in an age when so much factual information is available at the touch of a keyboard? Why is its existence so harmful to an individual who may have an emerging mental illness? Can we do anything to change it?

Because the illness may result in behavior that is not accepted as "normal" in our society, it is easy to see how stigma has come to be associated with mental illness. Just glance through the many magazines found in the grocery store display to know that our society does not easily accept "different." We are quick to blame the media's sensationalized portrayal of individuals with mental illness for one of the reasons there is still so much misunderstanding. Most of us have seen Norman Bates' portrayal of a killer in "Psycho," and of course, ER fans mourned the loss of the character, Lucy, when the man diagnosed with schizophrenia stabbed her during a portrayal of a psychotic episode. The most recent "Batman" movies showed us how a man bent on destruction of the world attempted to reach his goal by inducing psychosis in people who were then turned loose on the world to kill others. It's no wonder that so often violence is the first thing connected to mental illness. But research has shown that individuals with mental illness are much more likely to be victims of crime than perpetrators. When will the news media report on that?

People cannot be blamed for not educating themselves about the facts of mental illness. Most likely, none of us have taken the time to learn about a complicated medical issue until it touches our own lives. However, people can and should refrain from perpetuating stigma when they don't have the facts.

The social cost of stigma associated with mental illness is high because it translates into huge numbers of people with treatable mental illness not getting help. A recent study found that 45% of people said that if they had a mental illness they would not take medication for it, even though they believe the medication would work. They were not worried about side effects, a natural assumption. Instead, they were worried that if they did take medication for a psychiatric disorder, someone would find out and they would suffer consequences such as disruption or loss of personal relationships, opportunities, and employment.

Two strategies have been found to be most effective in eliminating the harmful effects of stigma: **personal contact** with an individual who lives with mental illness and **education** about its true nature. Students at George Mason University recently reported on a study of NAMI's public education program, "In Our Own Voice." It was found that attitudes about mental illness and those who are diagnosed with one were changed drastically after audiences were exposed to this program. They learned accurate information about mental illness and experienced positive attitudes about the presenters, all individuals who live with chronic and persistent forms of mental illness. Your efforts to assist in reducing the impact of stigma are greatly appreciated—you never know when someone will seek potentially life-restoring treatment because of it!



Second National CIT Conference Announcement

September 25th – 27th, 2006 in Orlando, Florida. At The Rosen Plaza on International Parkway - \$98 per night. Registration for this 3-day event is \$150 (\$75 if presenting). Go to: <http://mhlp.fmhi.usf.edu/web/cit/citintro.cfm> to find out more information. Former Washington Post Reporter Pete Early will be the plenary speaker on the first day of this event. Mr. Early wrote the recently published book “Crazy” after his son was diagnosed with Bipolar illness during his senior year of college. The CCoE/CJ has purchased and provided each Ohio CIT Coordinator that attended our August State Coordinators Semi-Annual Meeting in Columbus a copy of this MUST READ book! See your coordinator to borrow it.

OPOTC Dealing With the Special Needs Population

The Ohio Peace Officer Training Council has adopted a new 16-hour course of instruction for anyone enrolled in a police academy that began as of August 1, 2006. This significantly increases the time spent on this subject and will go a long way to increase the safety of officers and the community. Tentatively the requirement to teach this subject is that the instructor has completed a CCoE/CJ certified CIT course and the Instructor Skills Development class.

“Since roughly 10% of the calls an officer responds to involve someone with a mental illness, it is likely that a brand new rookie on his/her very first day on the streets will have to handle just such a call.” Michael Woody-retired Akron Police Officer

If you have the above requirements please contact NAMI Ohio’s Blair Young (800) 686-2646) or amiohio@amiohio.org He will put your information in a web file that academy commanders can access if the need arises for your expertise.

CORE OUTCOMES OF CIT

1. Lower incidents of injury to officers and others
2. Fewer repeat calls for service of patrol officers with mental health consumers
3. Enhanced working relationship of patrol officers with county crisis workers
4. Increased involvement of family and friends of the consumer as a crisis response alternative
5. Increased knowledge of community resources available to the consumer and family members which may assist in recovery

Sources for this issue: “Rejecting the Stigma,” by Lynn K. Jones, published in Social Work Today, May/June 2006

“Madness: A Brief History” by Roy Porter

“Evaluating the Effectiveness of a Consumer-Provided Mental Health Recovery Education Presentation,” by Amy L. Wood & Otto F. Wahl, 2006

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