WHĀRIKI HAUORA
WEAVING THE FOUNDATION OF WELLBEING FOR THE PERFORMING ARTS

MENTAL HEALTH and ADDICTION THEMES
STIGMA REDUCTION GUIDELINES

Aim:

To create engaging performances in a way that reduces the stigma and discrimination faced by those who have experienced mental health or addiction challenges.
Increase social inclusion & help seeking behaviours

OVERVIEW

Performance is a powerful tool to educate, engage and entertain. Themes of mental health and addiction are popular plot-points and without proper research and care, can cause great harm.
We encourage you to create projects, events and performance-collaborations that are equally dramatic and entertaining, but with the overall aim of;

1/ Keeping your cast, crew and audiences safe and,
2/ Reducing the stigma and discrimination associated with mental-health or addiction problems.

Changing Minds can talk to you about #1; how to stay safe. This is generally a discussion tailored around what you are trying to achieve, and the unique make-up of your team and audience. Whāriki Hauora may be a useful service you'd like to make your team aware of in order to provide those feeling vulnerable with some confidential (and free) peer support to talk about what's going on for them. Please contact us for ways we can help with your production.

These guidelines give you some positive tips and considerations for #2, reducing stigma and discrimination using best-practice, are not difficult or complicated to follow, and work best when in the development stage of your production.

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What is Stigma and Discrimination?

Stigma is the shame that people attach to mental-health problems, either their own (internal/self-stigma) or someone else's (public stigma).

Discrimination (enacted stigma) is the behaviour that comes from that shame. Discrimination involves treating people differently because of a personal characteristic like race, political view, gender, sexuality or health status.
Discrimination, including discrimination on the grounds of disability caused by mental-health problems, is illegal in New Zealand.

Projects and events are an ideal vehicle to help your community accept mental distress as a normal experience that can be understood and overcome. These projects empower people to be inclusive and supportive of each other, and so we provide these guidelines to support best practice.

What is Destigmatising?

Destigmatising is the process of **removing the shame** associated with a certain thing, in this case, the experience of mental distress. Simply being honest and real about personal experience, does not always yield material that reduces stigma. Typically, destigmatising involves presenting mental distress as being **understandable, relatable** and importantly, **possible to recover from**.

When attempting to change negative attitudes, every element counts – from the content to its presentation. The inclusion of any aspect that reinforces ideas of dangerousness, unpredictability or the apparent durability of the experiences has been shown to increase stigma and discrimination.

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Research shows us that the following strategies are the most effective ways of reducing stigma:

- ✓ **Positive contact** with a person who has experienced mental health problems and/or recovery from **and is considered an equal** to the target audience.
- ✓ Leadership and participation by **competent, intelligent people who also** have experience of mental-health problems
- ✓ Emphasising how **normal** it is to experience mental-health problems and recover from them.
- ✓ Creating opportunities for the audience to relate to misunderstood or little understood experiences by making them **comparable to ordinary, every-day experiences**
- ✓ Providing information about dealing with challenging **behaviours** and responses ***rather than*** diagnoses, signs and symptoms. (Wherever possible, it is better not to mention diagnosis at all, but concentrate on the behaviour/ experience)
- ✓ Demonstrating the **value** that can come from these experiences.
- ✓ Showing that people **can recover or improve** their experiences.

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Ideally, the audience will learn;

- ✓ People with mental-health problems have human rights and legal protections
- ✓ The impact of stigma and discrimination on those with lived experience of mental health and addictions and how to recognise it in yourself and others.
- ✓ The significant impact of language, the media and isolated negative experiences in the development of negative attitudes. (What you say and how you say it matters)
- ✓ Appropriate ways to interact with the issues and people who experience them.
- ✓ That not everything people with mental-health problems ***do*** is connected to their experience of mental-health problems.
- ✓ To balance biological and psycho-social ways of understanding mental-health problems and recovery. (e.g. There are many paths to recovery, many of which do not follow a traditional medical-approach).
- ✓ To see the individual in relation to their context and wider social community.

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What is Stigmatising?

Research shows us that the following things can actually *increase* stigma:

- ✘ **Focussing predominantly on the hardest parts of mental distress**. You may feel that you're being honest or that it provides great 'drama', but concentrating on the hardest parts of mental health challenges can be triggering for your audience. Additionally, focussing on negative experiences reinforces the myths such as 'mental health problems are scary' and 'people with mental-health problems are dark, depressing and will make you feel bad' or that 'people with these experiences do not recover'

- ✘ **Completely avoiding the hardest parts of mental distress**. This prevents people from changing their attitudes as they will not view the story they are hearing as representative of 'real' mental-health problems. This may allow them to maintain negative attitudes for those they deem 'really' unwell. For positive contact to work, you/the character must not be an exception. Ideally people can relate to the person or character, see the as someone who has/ has had significant mental health challenges and overcome/ recovered from/ manages well/ or flourishes because of or despite them.

- ✘ **Sharing extreme examples without context.** If people only hear about the sensational experiences or events without hearing about the context that explains why and how that experience occurred, they can be left thinking that mental-health problems are extreme and unpredictable. This can increase fear and the motivation to distance oneself from people with mental-health problems. This has incredibly damaging, far-reaching and long term consequences for both stigma and discrimination.

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- **Sharing <u>stereotypical images</u> of people with experience of mental distress without countering them in any way.** For example, jokes about people with OCD washing their hands all the time, people with psychosis wandering the streets ranting, people with depression being self-involved, criminals being mad and people with borderline personality disorder being manipulative reinforce stigma without challenging it. These can be useful ways of starting discussions about the myths that surround mental-health problems, but are unhelpful in isolation.

- **Sharing <u>personal perspectives as if they are universally-held</u> perspectives.** Each person is a single-subject sample only. To speak to what "*People with Lived Experience*" in general think or experience one must refer to research and consultation processes that have involved multiple people. Personal perspectives are particularly powerful as stories, however when we fail to acknowledge the limits of our own experiences we inadvertently reinforce the stereotype that people with lived experience are incapable of being objective or critically evaluating their own thoughts. Failing to acknowledge the limits of our own perspectives reinforces the myth that there is a single 'right' way to approach mental-health problems and people with different perspectives of their needs are 'wrong' and need to be taught.

- **Focussing on <u>diagnostic labels</u> as if they are meaningful entities on their own.** 'Bipolar' disorder is the name of <u>*a cluster of symptoms*</u>, **not** a disease process. Schizophrenia is the name of a cluster of symptoms experienced for a <u>*specific period of time*</u>, **not** a brain disorder. Depression also, is not a single thing, but <u>*a label for a set of experiences*</u>. Many different things can cause these clusters of symptoms and **not all people with the same label will have the same needs**. A diagnostic label does not tell people what a person needs, what they have been through or what their experiences mean. Forming judgements based on those labels is therefore false.

- **Making <u>generalised statements</u> about people who experience mental distress.** Everyone is different. We cannot make assumptions about people based on their mental-health status. This message is at the heart of reducing stigma and discrimination. Mental-health problems and the people who experience them are diverse and have diverse needs. People with personal experience are

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their own best experts on what their needs are. Only conversation in a safe environment with the person themselves can tell a professional or family member what *that* person needs.

- ✘ **<u>Emphasising a biological or 'illness' understanding</u> of mental-health problems**. When people see mental-health problems as an illness, sickness or disease, they are more likely to see it as something that is durable and outside of personal control. This reinforces the idea that people with mental-health problems cannot gain personal autonomy.

- ✘ **Emphasising <u>a solely psycho-social understanding</u> of mental-health problems.** Focussing on things like coping, choices, behaviour, spiritual belief and interpersonal experience without acknowledging the role of the body and the brain as our key instruments for processing information and acting on the world, can inadvertently increase stigma. People may come to view mental-health problems as the individual's or their family's fault and personal responsibility. An understanding of biological factors (such as fight/flight/freeze responses) in conjunction with the psycho-social helps reduce attitudes that ascribe personal blame and the myth that people should 'just snap out of it' or 'listen to reason'.

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Emphasising any of the following myths directly or indirectly increases stigma

- ✘ People always need medication to recover
- ✘ People who take medication will need to take it for the rest of their lives
- ✘ People who use medication are weak or disempowered
- ✘ Mental-health problems are lifelong conditions
- ✘ People with mental-health problems need to be looked after (done to or for instead of with)
- ✘ People with mental-health problems are unemployable
- ✘ People with mental-health problems are dangerous
- ✘ People with mental-health problems are unpredictable
- ✘ Mental-health problems happen for no reason
- ✘ Mental-health problems are brain diseases
- ✘ Mental-health problems are genetic
- ✘ Mental-health problems are an individual responsibility
- ✘ Mental-health problems are caused by an inability to cope
- ✘ People with mental-health problems lack insight
- ✘ Mental-health problems are caused by a chemical imbalance
- ✘ People with mental-health problems do not want to get better
- ✘ Mental-health problems are inappropriate or abnormal reactions
- ✘ There is nothing anyone else can do to help

For further information or support, contact info@changingminds.org.nz

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