

## **Fighting the stigma of mental illness** by Paul Garfinkel

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Last fall, I received a call from my physician alerting me to an abnormal result on a routine blood test. A biopsy confirmed malignancy and I was quickly admitted for surgery. It was a time of much uncertainty and anxiety, but my recovery was uneventful and characterized by what psychiatrists call "secondary gain" - flowers, fruit baskets, cards, and many visits by friends and family. The worst thing I experienced was being yelled at by a nurse - the noise and laughter generated by my many visitors was proving disruptive and my guests were asked to leave.

While hospitalized, I didn't have to worry about my job, my relationships or my home. My employer emphasized that my health was the Number 1 priority. My family was supportive and caring throughout, and my home was waiting for my eventual return.

This is not the way it would have unfolded if I had a psychotic episode, a serious depression or an addiction to prescription painkillers.

To start with, there are no blood tests for these conditions: Unlike cancer, funding for addiction and mental health problems is a fraction of that of physical illnesses. This means these problems are not researched as widely and diagnostic tests are not nearly as evolved. We have to rely on symptoms, which are often extremely varied.

If I was fortunate to have someone close to me recognize my symptoms, I might get assistance. But I may not have the insight to see my behaviour is causing problems, and there is a real possibility I will alienate the very people who are prompting me to seek treatment. If my work is slipping or I make a habit of being late or forgetful, word will get to my employers, who may think "he just can't handle the pressure anymore," and colleagues will gossip and speculate on my ability to lead.

If I did have the courage and support to seek help, it may not be available. We all agree it's completely unreasonable for anyone to wait a year for a hip replacement, but the average wait time for mental health and addiction services isn't measured in years - it's forever. Most people who need care never receive it.

If I did manage to access care, it would probably be in a sub-optimal clinical setting, designed not as a place to regain my health but more as a detention centre or prison. The people treating me might blame me for my illness, claiming that it is a result of my moral weakness.

Finally, imagine I was fortunate to get help, and that I am progressing well with my treatment. By this time, my employer no longer needs me, my family may not want me at home, and my friends and colleagues have gone on without me, my name only coming up in conversations about how our CEO "lost it" and "went off the deep end." No one will send me a card and the term "fruit basket" will be used by a former friend to describe what became of me.

The difference between my real situation and what could have happened is not simply that one illness is in the mind and the other in the body. It can be distilled into one word: "stigma" - on the part of family members who are embarrassed, friends who run away, employers who care only about the bottom line, and health-care workers who remain intensely judgmental in the face of contrary scientific evidence. For this discrimination to end, each of us must play a role.

As a family member, friend, neighbour, colleague or perhaps an employer, you have the power to make a significant difference. Explore and change your reactions to people with mental illnesses and addictions. Simple actions like contact with people who have these problems are known to

catalyze great changes in the understanding of these issues. All of us, acting in our own small ways, can have enormous impact.

I have a simple test to tell that we're making a real difference. One day I'd like to make a ward rounds at beautiful revitalized Centre for Addiction and Mental Health facilities and pop in to a cheerful, home-like building. As one does on a ward rounds, I will stick my head into one client's room and notice personal belongings, smiling faces in framed photographs, a bedspread and lots of flowers. I'll move next door and another client will be discussing a graded and dignified return to work with her employer. Then, drawn in by laughter and animated chatter, I will squeeze myself into a room with a client surrounded by visitors and surprise even myself by saying "shhhh." You're too noisy ... keep it down." I yearn for this day.

Please, please help us make it happen.