



SYSTEM OF CARE

“Health is a state of body. Wellness is a state of being.”
- J. Stanford

May 10th is National Children’s Mental Health Awareness Day

Let’s Call Mental Health Stigma What it Really Is: Discrimination

Society’s attitude toward psychological disorders needs to change.

By Lindsay Holmes, Reproduced from the Huffington Post, February 17, 2017

It’s no secret that there’s a veil of shame surrounding mental illness

Nearly one in five American adults will experience a mental health disorder in a given year. Yet only 25 percent of people with a psychological condition feel that others are understanding or compassionate about their illness, according to the U.S. Centers of Disease Control and Prevention.

Typically, we refer to this dissonance as stigma, but we have been wrong to do so. **The negative stereotypes that shame those with mental illness and prevent them from seeking help don’t just constitute stigma — they’re discrimination. It’s a blatant, prejudicial outlook on a certain population.**

The societal outlook on mental illness doesn’t just result in negative stereotyping, as the term “stigma” implies, says Kana Enomoto, principal deputy administrator of the U.S. Substance Abuse and Mental Health Services Administration. It results in behavior and policy that actually make life more difficult for those with mental health challenges.

“We [at SAMHSA] don’t use the word stigma,” Enomoto said at a National Press Foundation gathering of mental health-focused journalists. “You look the word up in the dictionary and it refers to a mark of shame.”



It is certainly true that people with mental illness are taught to feel shame — to believe that they have a character deficiency that is disgraceful, “all in their heads” or something to just “get over.” But the way we collectively *treat* people with mental illness goes far beyond that.

People with a mental illness are more likely to encounter law enforcement than get medical help during a psychological crisis. There are currently more people with mental illness in jails and prisons than in hospitals. They’re blamed for violence when they’re more likely to be the victims. They have higher rates of homelessness. They’re seen as a danger to society, to other people, to themselves.

The Committee on Economic, Social, and Cultural Rights defines discrimination as something that “occurs when an individual is treated less favorably than another person in a similar situation for a reason related to a prohibited ground.” In other words, when a person is mistreated or regarded differently than someone else based on their circumstances.

IMAGINE IF YOU GOT BLAMED FOR HAVING CANCER.



When it comes to mental illness, doesn't that sound familiar?

Fear has driven mental health discrimination for 400 years. The idea that mental illness is a flaw dates back centuries. In the 1700s, people with psychological conditions were often thrown in jail or quarantined for their behavior, often because people didn't know what else to do. In the 1800s, activist Dorothea Dix began to change the perceptions around psychological disorders by opening up hospitals for individuals who had a mental illness. However, it was around this time that controversial brain surgeries began, performed in order to "calm" patients who displayed signs of serious mental illness. This eventually grew into what we now know as a lobotomy, or the surgical manipulation of the brain's prefrontal lobe.

While present-day attitudes and methods of care are huge strides away from these earlier days, there's still a long way to go.

Look at the narrative from politicians. They use terms associated with mental illness as mudslinging insults. They blame mental health disorders for national tragedies. There's even pushback and debate when it comes to mental health reform. But it's not just on Capitol Hill. Many facets of life include poor attitudes toward mental illness:

Police: Many law enforcement officials don't know how to deal with a mental health issue during an encounter. Take, for example, the case of Charles Kinsey, the mental health caretaker who was shot by police while helping a man with autism in Florida. The incident was a glaring indication, many argued, that law enforcement officials don't have a clear understanding of how to de-escalate mental health crises — or of those who work with someone who has a psychological disorder.

The workplace: People who live with a mental illness are terrified to disclose their condition at work for fear of professional punishment. This fear can then manifest in the office and affect a company's bottom line: Approximately \$193 billion dollars in earnings is lost each year due to serious mental health issues.

Medicine: Even doctors don't take mental health as seriously as they should. A study published earlier this year in the journal *Health Affairs* found that primary care physicians often neglect to follow up with their patients after a depression diagnosis and are less likely to help patients manage their illness. But they're more likely to engage in care strategies with patients who are dealing with a chronic physical illness, like diabetes.

Change starts with precise language

Tackling the unfavorable outlook surrounding mental health starts by encouraging more people to talk about it

Abraham Lincoln	Winston Churchill	Buzz Aldrin	VIRGINIA WOOLF
Kurt Cobain	Tipper Gore	Sylvia Plath	Carrie Fisher
Charles Dickens	John Keats	Leo Tolstoy	Jane Pauley
Ernest Hemingway	Jimmy Piersall	Isaac Newton	
Michelangelo	Brian Wilson	Patty Duke	Beethoven
Vincent Van Gogh	Tennessee Williams	Mike Wallace	Terry Bradshaw

People with Mental Illness Enrich Our Lives.

White Mountains Regional School District



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**Mental Illness is not
a personal failure.**

openly. Otherwise, as research shows, people won't seek the medical support they need — support that can lead to recovery. Untreated mental health conditions can lead to a loss in productivity, poor sleep habits and withdrawal from social situations. At their worst they can be a major player in suicide, which is the 10th leading cause of death in the U.S.

Ultimately, it's more than just changing hearts or minds — it's about getting to the root of the problem by fixing systemic issues. That means more mental health training for first responders, more policies that help people with mental illness get the care they need from medical professionals and more workplace acceptance and initiatives that support individuals dealing with a psychological issue.

Of course, not everyone is a legislator, or a company CEO or can implement more programs for first responders. But an average citizen can lend their voice. One way to start small is to by calling out the judgmental viewpoints surrounding mental illness by labeling them exactly what they are: intolerance for a group of individuals. By addressing this outlook in a more pointed way, people may take it more seriously, Enomoto said.

Because you're not just dealing with a mark of shame, you're dealing with discrimination. Full stop.

If you or someone you know needs help, call 1-800-273-8255 for the National Suicide Prevention Lifeline. Outside of the U.S., please visit the International Association for Suicide Prevention for a database of resources.



Building our capacity to identify those at risk

Coming in June...

Trauma Informed Training comes to SAU 36

Creating Trauma Sensitive Schools:

Using Relationships to Promote Learning & Resilience

On June 19th, 2018 The System of Care office is sponsoring a day-long training session to faculty/staff of WMRSD, preK through grade 5, from 8:00-3:00 at the Whitefield Elementary School, on the trauma informed approach to teaching. Schools across the country are adopting a “trauma-sensitive” approach in order to effectively educate students who have been exposed to adverse experiences. The field of “social neuroscience” draws from vast disciplines to explain how we have evolved in the context of interpersonal relationships through attachment and group cohesion, and how we have subsequently developed the capacity to shape the brains of those with “whom interact and connect. This presentation will describe how educators can use our knowledge of interpersonal neurobiology to create classrooms and student relationships that maximize growth and learning. Participants will be able to employ trauma-sensitive principles, practices, and procedures to address the impact of trauma on learners and increase their students’ ability to succeed in the school environment.



Also in June...

Youth Mental Health First Aid

SAU # 36 System of Care Office will host training in Youth Mental Health First Aid on Tuesday, June 19th 2018 at the White Mountains Regional High School from 8:00 am—3:30 pm for faculty and staff of grades 6—12

It is important to our community to offer support and assistance to our youth and young adults. Our objective is to provide knowledge to adults about the signs and symptoms of mental health challenges. Mental Health First Aid is an in-person training that teaches you how to help people developing a mental illness or in a crisis.

Over 200 north country members including staff in SAU 7/SAU 3 and SAU 36 have been trained in Youth Mental Health First Aid and now have the skills to help an

adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders. We have 2 trainers in our SAU who will be able to offer the training to the community as well as other school staff!



Mental Health First Aid teaches you

- Signs of addictions and mental illnesses.
- Impact of mental and substance use disorders.
- 5-step action plan to assess a situation and help.
- Local resources and where to turn for help.