

Mental Health Awareness

The Myths Of Mental Illness

Mental illness is common. Statistics show that one in every six Canadians will have a mental health problem at some point in their lives. Mental illnesses account for a large percentage of hospital stays every year. Yet, in spite of the fact that every Canadian knows someone who has been, or will be, affected by mental illness, few people know very much about it.

It is human to fear what we don't understand. As such, mental illness is feared by many people and, unfortunately, still carries a stigma (a stigma is defined as a mark or sign of disgrace.) Because of this stigma, many people hesitate to get help for a mental problem for fear of being looked down upon. It is unfortunate that this happens because effective treatment exists for almost all mental illnesses. Worse, the stigma experienced by people with a mental illness can be more destructive than the illness itself.

If you want to help remove the social stigma of mental illness, we hope this will give you some useful information and ideas.

The Myths of Mental Illness

There are many myths about mental illness. Until people learn the truth, they will continue to deny that mental illness

exists at all or to avoid the topic entirely. How much do you know about mental illness? Here are some of the common myths - and truths.

- **People with mental illness are violent and dangerous.**
The truth is that, as a group, mentally ill people are no more violent than any other group. In fact, they are far more likely to be the victims of violence than to be violent.
- **People with mental illness are poor and/or less intelligent.**
Many studies show that most mentally ill people have average or above-average intelligence. Mental illness, like physical illness, can affect anyone regardless of intelligence, social class or income level.
- **Mental illness is caused by a personal weakness.**
A mental illness is not a character flaw. It is an illness, and it has nothing to do with being weak or lacking power. Although people with mental illness can play a big part in their own recovery, they did not choose to become ill, and they are not lazy because they cannot just "snap out of it."
- **Mental illness is a single, rare disorder.**
Mental illness is not a single disease but a broad classification for many

disorders. Anxiety, depression, schizophrenia, personality disorders, eating disorders and organic brain disorders can cause misery, tears and missed opportunities for thousands of Canadians.

Words Can Hurt

Words like "crazy," "cuckoo," "psycho," "wacko" and "nutso" are just a few examples of words that keep the stigma of mental illness alive. These words belittle and offend people with mental health problems. Many of us use them without intending any harm. Just as we wouldn't mock someone for having a physical illness like cancer or heart disease, it is cruel to make fun of someone with a mental illness.

Mental Illness In The Media

People with mental disorders are, often times not described accurately or realistically in the media. Movies, television and books often present people with mental illnesses as sometimes dangerous or unstable.

News stories sometimes highlight mental illness to create a sensation in a news report, even if the mental illness is not relevant to the story. Advertisers use words like "crazy" to convey that their prices are unrealistically low and to suggest the consumer can take

advantage of them.

You can help change the way mental illness is talked about in the media by speaking up.

Recognizing The Problem

Use the STOP criteria to recognize attitudes and actions that support the stigma of mental illness.

It's easy. Just ask yourself if what you hear:

- Stereotypes people with mental illness (that is, assumes they are all alike rather than individuals?)
- Trivializes or belittles people with mental illness and/or the illness itself?
- Offends people with mental illness by insulting them?
- Patronizes people with mental illness (if they were not as good as other people?)

If you see something in the media which does not pass the STOP criteria, speak up! Call or write to the writer or publisher of the newspaper, magazine or book; the radio, TV or movie producer; or the advertiser who used words which add to the misunderstanding of mental illness. Help them realize how their words affect people with mental illness.

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Counselling Services

Counselling Services

Students at UNB and St. Thomas have access to help when they need it in the form of Counselling Services. If you are a full time or part time student at either university you are able to get free and confidential help. A staff of professionally trained and experienced counsellors are available to assist student with a variety of personal counselling services.

PERSONAL COUNSELLING SERVICES

- Individual counselling is available on an appointment basis. Just call and set a time to meet one-on-one with a counsellor.
- Couples who are having difficulties in their relationships may be counselled together to resolve conflicts and regain intimacy.
- Workshops are offered on a regular basis throughout the academic year. For example, there could be workshops in such areas as stress management and assertiveness training.
- Self-help groups are organized by students to help themselves. Counsellors can help organize, provide meeting rooms and facilitate getting things starting.

WHAT TYPES OF PROBLEMS CAN COUNSELLING SERVICES HELP YOU WITH?

- Depression
- Family Conflict
- Stress Management
- Trouble Concentrating
- Anger
- Relationship Problems
- Loss Of A Loved One
- Eating Disorder
- Concerns About Drugs or Alcohol
- Thoughts About Suicide
- Concerns About Sexuality
- Dealing With a Learning or Physical Disability

HOW TO GET HELP:

To make an appointment, phone 453-4820 or drop in during regular hours. After hours, call 453-4820 and leave a message on the machine; someone will call you as soon as possible the next day.

In emergencies, immediate help is available 24-hours a day. Call 453-4820 during office hours. On weekends and after hours call Security at 453-4830. The officer on duty will contact a counsellor.

Counselling Services also has other services and resources such as career services.

Social Support Groups in Fredericton

TAMMY FAULKNER
THE BRUNSWICKAN

"Mental illness!" A phrase that no one wants to hear. "That would never happen to me." A phrase used by a lot of people. "They're crazy." Wrong. Having a mental illness doesn't mean being crazy, it can happen to anyone of any age. People who have a mental illness do not necessarily look or act differently from anyone else. Chances are, you know someone who has or is affected by a mental illness. "How can I help?" Good question. Support plays a tremendous role in recovery and in coping with long term mental illnesses.

According to the Canadian Mental

Health Association Fredericton/Oromocto Region Inc., there are several community based self-help support groups. Changes is a working support group for people who have experienced or are experiencing changes in their lives and jobs due to depressive illnesses. It helps them to make the integration back into their homes, work and society. They meet on the first and fourth Monday of each month.

Friends and Family of the Mentally ill is a self-help group for friends and family. They will be meeting the first and third Wednesday of March through May.

Cheers is also a self-help group. It is for depressive and manic depressive

individuals. All groups meet at the Victoria Health Centre in Fredericton.

The Mental Health Clinic can provide referrals. They also see walk-ins and accept advocacy. They offer numerous workshops throughout the year.

For more information on these or other groups or for information about mental illness, you can contact the Mental Health Clinic at 453-2132 or the Canadian Mental Health Association Fredericton/Oromocto Region Inc. at 458-1803.

Counselling Services also provides free counselling in the Alumni Memorial Building on campus. For more information about Counselling Services call 453-4820.

Mental Illnesses

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THE BRUNSWICKAN

If one were to ask a person on the street what mental disorders were, you would get a mixture of reactions and answers to the question from "they're nuts!" to "not normal." are just a few social expressions of mental disorders. If however, you asked the mental health profession there would be just as varied a response as the person on the street.

Mental health is not a new phenomenon in the history of the human race. Cultures around the world have various perceptions of mental disorders, ranging from categories of simple-mindedness, madness, touched-by-the-gods, or possessed by demons. The present state of social perceptions view mental disorders as a medical problem; to be diagnosed similar to physical disorders. This is mainly a North American perspective, however, and is limited in its scope and breadth. It should also be noted that, for the most part, mental disorders have been associated with negative connotations. Thus we have associated labels of mental illness, deviance, perversion and retarded. This is an unfair association considering that many people have a mental disorder of some sort that can be coped with and does not necessarily disrupt the person's functioning in society.

Historically, mental disorders have a rich and varied tale. Socially, those who behaved "unnaturally" were viewed in positive or negative ways depending on the social climate of the time. Religiously, societies around the globe have provided aid in one form or another to the mentally ill. Certain religions view mental disorders as a mark of divine intervention, while others decry it a possession of evil spirits. The perception of mental health as a

diagnostic element began with the early Greeks, but did not reach full fruition until the Renaissance/Enlightenment Period. The advent of a Reform Movement in the eighteenth century saw the beginnings of a compassionate and humane treatment of those suffering from mental disorders. The ideology though, continued along a disease-model of mental health. Today, the current focus of mental health is diagnostic and relies somewhat upon a criteria basis of symptoms. The Diagnostic and Statistical Manual IV-Revised (DSM IV-R) is a guide for assessing and diagnosing mental disorders that are known in the world.

The DSM IV-R categorizes various mental disorders under particular effects and criteria of influence. Each axis of the manual lists types of a particular mental disorder, as well as possible symptoms, treatment successes and associations with other mental disorders. Currently, the DSM IV-R contains categories pertaining to anxiety disorders (e.g. phobias), sexual disorders (e.g. pedophilia), personality disorders (e.g. paranoia), mood disorders (e.g. bipolar syndrome), schizophrenic disorders (e.g. various schizophrenias), addictive disorders (e.g. alcoholism), developmental disorders (e.g. autism), childhood/adolescence maladaptive disorders (e.g. attention-deficit disorder), and brain disorders due to aging (e.g. Alzheimer's). These categories represent known symptoms and possible linkages to other disorders that could help a mental health specialist assess and diagnose a person's problem. However, it should be noted that the criteria for each category does not always reflect what a person is experiencing. The DSM IV-R is a list of symptoms and the specialist compares the symptoms of the client to that in the manual. In order to

be assessed as a disorder of one form or another, the client's symptoms need to match a set number of found symptoms in the manual. This doesn't always provide a 100% accurate diagnosis, but is better than no assessment at all.

Perhaps of more importance to the person afflicted with a mental disorder is the social perceptions of having a mental disability. As mentioned previously, there are stigmas attached to mental disorders which have negative consequences for the person who has one. Some possibilities will be briefly mentioned. First, and foremost, is the feelings of difference and alienation that results from a mental disorder label. Second there is the perception that one is helpless and unable to deal with the disorder. Third is the perception, by others, that the person is dysfunctional and does not know how to handle society. A fourth stigma is the perception of the person as being incapable of having/experiencing "normal" human emotions and perceptions. The social experiences are often quite devastating to the person's sense of self. This is not conducive to the helping process of mental health. What should be recognized is the fact that people with mental disorders are human and no different from the general population. In addition, diagnostic tools, such as the DSM IV-R, can also be debilitating in terms of labelling by particular symptoms that may not be shared by every person. Mental health is an important balance in society that needs to be addressed with care. The stigmatization of people with a mental disorder does not offer a supportive environment. Instead, one should look at ways in which treatment of mental disorders can be incorporated into society.

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