

Knowledge is key to tackling stigma

Russell Crowe as Nobel Prize winning mathematician John Nash, who lives with schizophrenia, in the Hollywood film *A Beautiful Mind*

What is it like to live with schizophrenia? Mark Ellerby describes his experience and how ignorance towards the condition can lead to stigmatisation – and what social workers can do to help

When I was diagnosed with schizophrenia I was sectioned and taken to an old fashioned asylum. I had slashed my wrists and was taken away by the police. It was a distressing episode for myself and my family. The social worker had to explain what was happening and by a process of questioning, I began to learn about the stigma of being a schizophrenic myself.

I think this is a thought process many patients go through and it is important and interesting for the professional to understand what is happening within the patient own mind and those of their families.

When I first started hearing voices my mother's response was 'do you know how that sounds?' I was promptly whisked off to the doctors. My behaviour began to appear more and more bizarre as I would try to escape the spying neighbours by going for long walks all night to get away from them.

What was happening, they asked the social worker? Had I gone mad? Initially I thought I was going to be taken away and locked up. The social worker was able to explain that it was just an illness and that I was not dangerous. That set us all on a learning curve with stigma and a proper explanation of it

helped us understand the social situation of the patient.

The view that being mental is dangerous actually comes from a few different sources and it is important to recognise how these can be linked to each other subconsciously by society in general. Knowing that I was not being locked up did not, for example, dispel a view that I might have a dangerous split personality.

Deeply entrenched

It is not enough for the social worker to say that it is all just ignorance and doesn't matter. The stigma is so deeply entrenched it needs proper consideration and communication with the patient's friends and family if they are going to properly understand it.

The problem with all forms of ignorance about mental health is that they have a kernel of truth in them.

Some patients are violent and at one time may have needed straight jackets and padded cells. These no longer exist of course but have been replaced by control and restraint training on the part of nurses and I have seen a few 'psychiatric emergencies' where this is necessary.

Some psychiatric patients do commit murders, either because they think they are being persecuted by someone or the voices tell them to do it. It is less well known that the chances of this happening are actually the same as being struck by lightning.

When I was diagnosed with schizophrenia the psychiatrist asked me if the voices told me to commit suicide and the question still rings in my ears even today. It was so disturbing because it had so many connotations of danger, just in the possibility that the voices might control me to do something worse.

What is less well known is that the image of violence is also connected directly to the



Photo by: Everett Collection/REX

symptoms because they are either paranoid about someone or the voices tell them to do so. I began to understand that patients are responsible for what they do and are not compelled to do so by the illness. After knowing this I felt a lot safer.

Another kernel of truth comes from the existence of medium and high security hospitals like Rampton and Broadmoor. But I soon learned these places are few in number compared to ordinary hospitals and that violent patients usually have a prehistory which meant they were unlikely to be on the same ward as me.

Misunderstanding

We commonly use the word 'psycho' here in connection with schizophrenia, a word not helped by the medical term psychotic, and this also links to the misunderstanding that people with schizophrenia are psychopaths. Once I began to absorb the medical model of mental illness I learned to make and understand such distinctions.

When I was first admitted to the old asylum I began to remember that in the past hospital patients were referred to as inmates and I think this history still pervades the general perception today. I am not even sure that people realise most asylums have closed now.

There is no popular image to challenge the idea that asylums are 'nut houses' or the 'funny farm'. Lack of contact between hospitals and the 'outside world' is at the root of this ignorance. People would disappear into such places never to be heard of again. Thinking of this I was suddenly sensitised to a lot of labels and language and began to understand this too.

Often a hospital would have a wall around it, giving the impression of people being locked up. This was famously used by the press in the headline 'Bonkers Bruno Locked up' following former boxer Frank Bruno's admission to a psychiatric hospital. By contrast, I found that a lot of admissions were voluntary.

We talk of people escaping from such places and of 'the lunatics taking over the asylum'. There is a popular image that the patients end up killing the doctors for confining them. For me, though, hospital was a place I could get help.

MORE NEEDS TO BE DONE TO TACKLE THE STIGMA AND IGNORANCE SURROUNDING SCHIZOPHRENIA AND MENTAL ILLNESS IN THE PUBLIC THROUGH THE MEDIA

Words like 'sectioned' and being 'committed' conjure up images of coercion and danger on the part of patients towards other people. They should be avoided.

These, and other terms such as 'lunatic asylum' and 'loony bin', are the way in which the general population engage with madness and underlying their use are various forms of ignorance and prejudice such as fear, fascination, comedy, ridicule and hostility.

It is interesting to note that even relatively harmless terms like 'zany' or 'mad as a hatter' carry the same connotations of danger.

Damage

However, if I had to pick a term out of the list that really creates the wrong impression it would be 'abnormal'. The idea of hospitals and mental illness has given rise to the belief that there is something mentally abnormal about schizophrenia. It is this (more so than the 'Jekyll and Hyde' image of having a 'split personality') that has done the most damage.

For me, being introduced to the mental health system was itself a learning curve and when I got to the hospital with a police escort the ward was full of 'normal' people. This might suggest the task of removing centuries of stigma might not be so difficult when people see the reality.

Of course, we cannot just let the general public have access to psychiatric wards, but we can let families. This requires a good deal of education from the social worker, otherwise they won't understand what they are seeing.

Without that education, families too might view things through the eyes of the media and judge the behaviours they see as bizarre and confusing.

Schizophrenic symptoms can be comical and fearful. People may switch from elation to depression, talking back to voices that are not there or else being frightened without any real danger.

What is needed here is the professionalism of social workers and doctors to counter the general social misunderstandings of such 'madness'.

It is a credit to many social workers that they are able to get across this message and overcome the media imagery.

Research shows that about one in 100 people will have one episode of schizophrenia. Most people are likely to know someone with the illness so everyone can help challenge the stigma attached to this illness.

In my case, my parents accepted the social worker's explanation that I had a chemical imbalance in my brain and that this was a condition called schizophrenia. They actually knew more than I did and subsequently my mother was able to explain it to her friends.

But more needs to be done to tackle the stigma and ignorance surrounding schizophrenia and mental illness in the public through the media.

Both illnesses are seen to be caused by weakness, which is why we get phrases like 'tipped over the edge' and 'driven round the bend'. This again has been fostered by common maxims such as 'life is not a bed of roses', which fail to recognise that some people need help.

Political correctness

Getting across the message that such people deserve compassion might go a long way to changing the climate of prejudice.

Political correctness will not in itself end the influence of four centuries of labelling those suffering from mental illness. The first term used to stigmatise such individuals was 'cracked brain' in 1635.

What is needed to change public perceptions is education. Getting young people to understand about mental illness will do more to challenge entrenched stereotyping and stigma in society than any number of publicity campaigns.

Social workers also have a vital role to play. They are at the sharp end of practice in dealing with stigma and the attitudes of friends and family towards people who suffer mental illness.

They must at every opportunity use the sources of professional and medical authority to challenge ignorance surrounding mental health.

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