

ARAFMI SUBMISSION TO PRODUCTIVITY COMMISSION

*Discrimination towards families and friends of the mentally
ill & the mentally ill*

ARAFMI Hunter

1.0 Who is ARAFMI Hunter?

ARAFMI is the Association of Relatives And Friends of the Mentally Ill. ARAFMI Hunter was formed in 1979 and is an incorporated non-profit organisation that is located in Newcastle, N.S.W. ARAFMI is a national organisation that is primarily concerned with providing support services to families, friends, and carers of people who suffer from a mental illness. ARAFMI Hunter's vision is for a community that understands and responds to the impact of mental illness on families, relatives, and friends.

1.1 Issue:

Discrimination is a problem that exists in society and it is often targeted (usually unknowingly) at people who have a mental illness. Discrimination is also strongly felt by the families and friends of the mentally ill. For the purpose of this submission, ARAFMI Hunter's position is to indicate how persons suffering from mental illness, along with their relatives and families, are directly and indirectly discriminated against in the community. ARAFMI Hunter believe this type of negative perception is something which can be eradicated, given a more thorough and grass-roots education system in our schools and community.

2.0 What is Mental Illness?

Before emphasising the discrimination that families and friends of people with a mental illness (and the mentally ill themselves) receive in the broad community, it is perhaps important to describe the nature of mental health. 'Mental Illness' is a general term that refers to a group of illnesses. Psychotic illnesses include schizophrenia and bipolar disorder, and non-psychotic illnesses include depression, anxiety, eating disorders, certain phobias, and obsessive-compulsive disorder (to name a few). One in five Australians will experience a mental illness during their lifetime ('Mental Illness – The Facts', *The National Mental Health Strategy*). People with a mental illness may appear somewhat 'different' to others in the community due to their various habits, attire, and behaviour. People unfamiliar with mental illness may feel threatened and perplexed by people with a mental illness, and may find it difficult to understand the fear and confusion with which they live.

It is important to note that most mental illnesses can be effectively treated in most instances, either with medication or with therapy. In fact, mental illness is like many physical illnesses which require on-going treatment (eg. diabetes, heart disease) but which can be managed so that the individual can participate in everyday life. Most people with a mental illness are able to lead satisfying lives.

3.0 Problems:

Most of the Australian community is unaware about important facts concerning mental illness. Embedded social 'myths' about mental illness are still believed by the majority of people and, consequently, they often treat the general community often treats people with a mental illness in a discriminatory way, usually without being aware of it. People with a mental illness are often denied opportunities for such things as housing, education, accommodation, and employment. [Note: it is an organisational policy and requirement of ARAFMI to not disclose any personal information regarding our clientele and we cannot, therefore, produce examples of such discrimination for this inquiry]. But it is important to know that discrimination in the aforementioned fields of society does occur. However, the type of discrimination that concerns ARAFMI most is, what we consider, the most unfortunate form of discrimination that people with a mental illness, and their families, can receive. That is, indirect discrimination from the community in general. ARAFMI uses the term 'stigma' to exemplify such cultural community discrimination.

3.1 Stigma & Stress on Families and Friends of People with a Mentally Illness:

Having a mental illness in the Australian community inherently means carrying stigma. Consequently, stigma is attached to families of people with a mental illness, and because ARAFMI is primarily a counselling body for families and friends of people with a mental illness, we are in a better position to signify societal discrimination toward them.

3.1.1 How stigma is attached:

Families of people with a mental illness are stigmatised, certainly in relation to the somewhat embedded cultural attitude of parental causation, because there is a cultural misconception that parents and families of people with a mental illness are the cause of it. They can therefore be looked down upon by the community. Popular media, such as movies and talk shows, still portray this attitude. For families there is both shame of attribution and shame by association because cultural attitudes typically devalue persons with psychiatric disorders. E.F Torrey, in his book 'Hidden Agendas' asks us to *'imagine what it would be like to have your children ashamed to bring their closest friends home to visit ... relatives obliquely talking about your ill family member'* (Leney, *Family Caregiving in Mental Illness*, p.77). This type of discrimination happens. Sadly, such stigma is almost always unjustified and, as a result, people associated with (or who have) mental illness face societal isolation and discrimination due to having a family member with a mental illness (or having an illness).

3.1.2 Stigma in the Workplace

Often people with a mental illness are also discriminated by community workers who are supposed to support them. The 'Final Report' to the Federal Government on 'Mental Health Services in New South Wales' describes a number of similar incidents concerning discrimination against people with a mental illness by workers. Here is one example taken from Section 4.12 of the Final Report:

'B, a young man, had tried to commit suicide on several occasions. He was admitted to hospital after performing life-threatening self-mutilation. While in hospital, he underwent an operation and was assessed by the Community Mental Health Team. During the assessment, B's mother provided the team member with B's mental health history. B was discharged less than 24 hours after admission. The hospital advised his family that there had been a meeting arranged for B with the Community Health Team the next morning. After discharge, B and his father contacted the Team to be informed that no meeting had been arranged and that the earliest available appointment was in six days' time. Four days later after B's discharge, he committed suicide.'

The Australian Association of Social Workers (NSW) highlighted that the above incident was not an isolated case and that the *'relationship between inpatient and community care providers remains poor'*.

4.0 The effects that 'stigma' (discrimination) has on the mentally ill and their families

Stigma has a subtle and corrosive effect on people's lives, treating them as though they are not deserving of the same respect as other people. This is a primary concern for people with a mental illness and for families and friends of people with a mental illness. Research by the SANE organisation has shown that stigma in the media toward mental illness is a major cause of distress to the mentally ill, and to families and friends of people with a mental illness.

- * Stigma 'can discourage people from seeking help' because the effect of stigma may cause people with the early symptoms of a mental illness to be reluctant in seeking help from a doctor because they associate mental illness with being 'crazy' or 'psycho' (<http://www.sane.org/stigmamatter.html>).

- * Stigma can erode self-confidence and make people with a mental illness (or families of a people with a mental illness) shy away from mixing with people.

- * Stigma causes people with a mental illness to fear the possible (and usual) ridicule and/or fear that other people have toward them. As a result, they feel socially and culturally isolated.

- * Stigma may make it difficult for people with a mental illness to find work or accommodation, due to employers/landlords misconception and misunderstanding about people with mental illness.

All such unfortunate effects of stigma are largely due to misconceptions that the media may present to the public. The media is obviously an extremely persuasive form of communication that *'people respond socially and naturally to'* (Griffin, *A First Look at Communication Theory*, p.375). Media can be a *'two-edged sword – it keeps us informed but it also has tremendous suggestive influences over us'* (Sevelj, *The Influence of Media*). Discriminatory attitudes toward people with mental illness are

rife in the Australian media system. These unfair attitudes can create a biased view of mental illness and, in turn, make society an increasingly harsh, less caring, and less civilised place to live. Stigma, like racism, should have no place in a civilised society.

5.0 Recommendations:

According to Section 2.2 of the DDA Inquiry Issues Paper *'all members of society have equal rights to social and economic participation ... social models [should] focus on removing the environmental and attitudinal barriers that prevent people with disabilities from participating in society'*. Part One of the DDA (Preliminary) Section Three states that one of the objectives of the DDA is to *'address and eliminate, as far as possible, discrimination against persons on the grounds of disability and to promote recognition and acceptance within the community of the principle that people with disabilities have the same fundamental rights as the rest of the community'*.

5.1 Education

So, having illustrated that people with a mental illness, and their families, are discriminated against within the broad community, ARAFMI believes that measures should be taken to minimise and alleviate such discrimination. These measures certainly include *education*. I use a comparison to physical disability discrimination to highlight the necessity of education as a method in dealing with the type of discrimination that the people with a mental illness confront. With relation to physically disabled persons, ramps have been installed in the public sphere to cater for their needs, so as not to disadvantage them from basic public access. If we think of the installation of ramps as the metaphorical bridge that helps curb discrimination against the physically impaired, then *education* is the bridge that helps curb the discrimination that people with a mental illness and their families face. Because, if community discrimination towards people with a mental illness (and their families and friends) is to be actively challenged, it is essential that mental illness is brought openly *into* the community - to be thought of as any other illness or condition (conditions that usually receive empathy rather than repulsion).

* Education in the community should occur with a greater quantity of quality media campaigns which will help to combat ignorance and fear. The current programs should be expanded.

* A non-discriminatory view of mental health education should begin in early-childhood, at home and in schools. ARAFMI believe it is necessary for a healthy education to be promoted at the grass-roots level which will consequently help create a less discriminatory, and thereby less-cruel, society.

5.1.1 Educative Consumption

ARAFMI Hunter believe a real push in mental health education in the public and in the media would help alleviate discrimination towards mental health since '*we judge as important what the media judge as important*' (Griffin, 360). Although it would primarily be strange for the Australian culture to be relatively bombarded with mental health education, it would effectively decrease our community's ignorant view toward the mentally ill. It is this type of education, in schools, public, and in the media, that ARAFMI Hunter believe should be adopted in order for a less discriminatory Australian society.

6.0 Conclusion

ARAFMI Hunter deals with families of people with a mental illness who are coping with discrimination everyday. Due to our constant dealings with such families and friends we have been left in no doubt that families of people with a mental illness, and people with a mental illness, are the victims of discrimination from the community in everyday life. Because of this fact, we have concluded that *education* is the key to reducing the unfair discrimination that is dealt to people with a mental illness.

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