Changing minds: every family in the land

The coming College campaign to reduce the stigmatisation of those with mental disorders

Records of ill people being stigmatised exist over the centuries, especially individuals with mental disorders and related mental health problems. Ingredients of such stigmatisation include a belief that such disorders are often self-inflicted and resistant to change. Also, the perceptions that those with them are dangerous and present major difficulties in social interaction (Hayward & Bright, 1997). Such stigmatisation then takes many behavioural forms, including abuse and social distancing. These same disorders are common and, overall, they comprise the largest group of health problems in the country today. For a century or more the public has been protected by the existence of mental hospitals. With their closure and the emphasis now on community care, public concern seems to be mounting and stigmatisation of those afflicted worsening.

As doctors, our diagnostic approach to the mental disorders involves biological, social and psychological assessments and interventions, but the public tends, negatively so, to perceive our approach as largely 'physical' in nature (Jorm *et al*, 1997). We also walk the personal, moral and social tightrope of recommending compulsory detention of mentally disordered people under appropriate circumstances and with its related tensions for us and the public, rooted in the conflict that can arise from attempting to serve the interests of the patient, the family and society at large.

The coming College campaign aims to change attitudes, such that people with mental disorders become less stigmatised and health care workers and the public are more able to work together in the patients' interests. To this end the College will attempt to de-mythologise the bases of stigmatisation of six of the mental disorders; namely anxiety disorders, depression, schizophrenia, dementia, substance misuse and eating disorders. These disorders and those of us with them, attract a highly varied mix of the basic stigmatisation ingredients.

In order to establish a sound information base for the campaign a basic statement concerning the scope of our knowledge (and ignorance) about the nature of mental disorders in general will be complemented by consensus statements addressing half a dozen questions:

(a) How is the given disorder rated by the public in terms of dangerousness, being self-inflicted, seen as chronic and perceived as involving communication problems with the afflicted person?

(b) How do these perceptions differ from what is known about these matters?

(c) What is known about the contribution of genes, physical insult, culture, lifestyle, relationships, work and life events to the development of the disorder?

(d) To what extent is the disorder likely to be helped by different therapeutic approaches e.g. psychotherapies, drug treatments, other physical treatments, social help and self help?

(e) What skills do professionals and the public need to:
    (i) understand others with the problem?
    (ii) help them?
    (iii) facilitate self-help?

(f) What should society be providing in terms of material and human resources to treat the disorder most effectively?

These statements can then provide a foundation for a wide-ranging educational programme aimed at the public in general, including different age groups, and people with all types of social and ethnic backgrounds and, more specifically, such groups as the media, health care professionals, teachers, school children, employers and the Government.

The College recognises that there are currently several similar initiatives, some already underway (e.g. MIND, World Health Organization, World Psychiatric Association). The College's campaign aims to complement these activities and to collaborate with other organisations whenever possible. The campaign will need substantial outside funding and this is being sought. A major attempt will be made to evaluate its impact on the public.

The concept of such a campaign was endorsed by the Sections and Special Interest Groups in the College, a year or so ago, and a more detailed proposal was recently approved by Council, which helpfully suggested modifications – many of which have now been included in the final proposal. The further development and subsequent running of the campaign is now in the hands of an approved Management Committee within the College, supported by a Research Advisory Committee and a panel of experts.

On behalf of the College, the Management Committee has now invited the new Faculties, Sections and Special Interest Groups and other interested parties within the College to contribute relevantly to the generation of the necessary information bases and to suggest projects in their specialist areas. Thus, the campaign will proceed through a number of projects aimed at target populations such as those identified above. College divisions and Members are also invited to propose projects for consideration by the Management Committee and to become involved in their execution.

The plan is for this campaign to start in Autumn 1998 with a general launch and with the start up of the first projects. It is intended that it will run for five years in the first instance.

Your support in this campaign is urgently needed. Please help the College to make a real impact for the better.

Any Members wanting a copy of the more detailed proposal together with its Executive Summary, should contact the External Affairs Department, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG (Tel: 0171 235 2351 exts 127 or 154).

HAYWARD, P. & BRIGHT, J. (1998) Stigma and mental illness: a review critique. *Journal of Mental Health*, **6**, 345–354.

JORM, A. F., KORTEN, A. E., JACOMB, P. A., *et al* (1997) Helpfulness of interventions for mental disorders: beliefs of health professionals compared with the general public. *British Journal of Psychiatry*, **171**, 233–237.

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