special articles

Psychiatric Bulletin (2000), **24**, 267–268

ARTHUR CRISP

Changing minds: every family in the land

An update on the College's campaign

Origins of stigmatisation

It is likely that our propensity to categorise people, and then to distance ourselves from and discriminate against certain groups, has time honoured instinctive (Gilbert, 2000) as well as more recent intra-psychic (Hughes, 2000) and sociocultural origins. One campaign working party with members drawn from such fields as cultural anthropology, sociology, behavioural psychology, psychoanalysis, human biology and psychiatry is currently attempting to shed light on this complex matter. The aim is to be helpful to the main thrusts of the Campaign to reduce prejudice and discrimination.

Survey of public opinions

The results of our 1998 national survey of public opinions concerning people with mental illnesses have been presented at some recent College meetings (Crisp *et al*, 2000). A similar survey in Ireland and Northern Ireland has revealed similar trends. High proportions of the public hold negative opinions that could lead to distancing and discrimination. People with any of the six mental illnesses asked about are reported by half or more of the adult population as being 'very hard to talk to', as 'feeling very differently from others' and as 'unpredictable'. Some of these attitudes are distorted or erroneous and others reflect blanket moral judgements. Others contain certain elements of reality, for example, real communication difficulties.

People with physical disabilities and also those minority groups who have experienced discrimination, such as ethnic minorities and the gay community, have challenged the rest of society and now secure greater acceptance and respect. People with learning disabilities have some effective champions. People with mental illness rarely contest their lot. They are more likely to absorb society's fear and resentment of them. Their own fear and shame deepens and their need for secrecy is reinforced. Their illness is therefore usually worsened. Those with physical disabilities are also now more protected by the Disability Discrimination Act, which is also beginning tentatively to be applied in the interests of those with mental illness.

As other groups struggle free of stigmatisation and discrimination the mentally ill would seem to be receiving the lion's share. In the face of this new challenge to people with mental illness Byrne (2000) has recently issued a bold call to arms by the profession, which I and the rest of the Campaign Management Committee heartily endorse.

What to do?

As a medical college we must be as thoughtful as possible in determining our contribution. It is no accident that we have chosen now to mount a campaign. It is one among several, prompted by the present social climate. The World Psychiatric Association is conducting a global campaign to combat stigmatisation of people with schizophrenia. Major national campaigns addressing public attitudes to the full range of mental illnesses are being waged in Australia, Ireland, New Zealand, Norway and Sweden. In the UK, the Health Education Authority has been running Mental Health Day, which, for the past two years, has focused on stigma and discrimination. The Department of Health is now committed (according to a speech given by J. Hutton at the National Media Forum on Mental Health, 9 February 2000) to tackling the matter as a priority. A National Service Framework has been set up for this purpose, involving a number of bodies. In October 2000 the Human Rights Act, underwriting the European Convention on Human Rights, will come into operation. This will allow those experiencing inhuman or degrading treatment by public authorities to seek appropriate redress through British courts rather than needing to go to Strasbourg. It will not be governed by legal principles of 'precedence' and should provide protection for the mentally ill beyond the provisions of the Disability Discrimination Act within the public authority arena. Mind is currently coming to the end of the excellent RESPECT campaign with its socio-political slant. Other non-medical (often user/carer) groups combat stigmatisation as soon as they find it as part of on-going policy.

https://doi.org/10.1192/pb.24.7.267 Published online by Cambridge University Press

special articles

The Management Committee considers that it is time for us to seek out the common ground in all these endeavours and then to make as useful a personal contribution as we can from our medical foundations. We know that diagnostic/classificatory approaches to mental illness have strengths which we can declare alongside our recognition that they cannot provide answers all of the time and for even less of the time if they do not accommodate the importance of social forces in aetiology, natural history and treatment. Stigmatisation of, and discrimination against, people with mental illness is not enacted just by others. That is a stigmatising notion. We as doctors and as psychiatrists obviously also do it, sometimes or endemically.

The College's Campaign

During 2000 a number of our working parties will report their proposals for action. One working party, chaired, until recently, by Tom Arie, has considered stigmatisation by doctors and ways of tackling it. It is a collaborative exercise with the Royal College of Physicians, the British Medical Association and the Royal College of General Practitioners, users, nurses and Department of Health representatives. It will be reporting soon. The Origins of Stigmatisation Working Party should report around the same time. Another working party, examining stigmatisation and discrimination in the workplace, aims to report in 2001.

A 'children's' working party, chaired by Sue Bailey, is developing a variety of educational plans and we hope to launch a definitive programme of these activities later this year. The 'schizophrenia' working party is in a similar state of progression. It is currently undertaking a survey of psychiatrists' attitudes to people with the range of mental illnesses, but especially focusing on schizophrenia. The 'roadshow' working party, chaired by Brice Pitt, is another ongoing project. This working party is already mounting a succession of conferences for employers and general practitioners, addressing the stigmatisation of people with mental illnesses.

In addition we have an ongoing Media Working Group, chaired by Peter Byrne, which will also work closely with the Public Education Committee. It is developing a two-minute 'trailer' film for cinemas, is involved in Media Watch and is re-evaluating the campaign booklets. Mark Salter has produced the campaign video. A state of the art book can be accessed at www.stigma.org. Updates and general information can be found on the stigma section of the College website: www.rcpsych.ac.uk.

Funding

This is an ever present problem. We strive to keep core running costs to a minimum but, even so, it seems impossible to secure outside funding to cover them and we are totally indebted to the College for pump-priming and subsequent recurrent funding for this purpose. We have been more fortunate in securing funds for the development of tools such as the booklets, the video and film for some of the surveys. We would welcome contact from other potential benefactors.

What else can you do?

Some members have taken an interest from the outset. We also wish to engage the Faculties, Sections and Special Interest Groups. The College has a robust regional structure which we hope can be brought into play. Individual endeavours such as the mounting of relevant meetings and conferences are already arising, for example, meetings have occurred or are being planned in Birmingham, Belfast, Bristol, Derry, Dublin, Kilybegs, Leeds, London, Slough, Tralee and Taunton. We are keen to discuss such plans and to make suggestions about content based on our growing information base and experience. We have some space within the Edinburgh 2000 programme and we hope to meet some of you there. If you have any queries, please write to me or to Liz Cowan (Campaign Administrator, 020 7235 2351 ext. 122) care of the Changing Minds Campaign at the College.

References

BYRNE, P. (2000) Stigma of mental illness and ways of diminishing it. *Advances in PsychiatricTreatment*, **6**, 65–72.

CRISP, A. H. *et al* (2000) The stigmatisation of people with mental illness. *British Journal of Psychiatry*, **177**, 4–7.

GILBERT, P. (2000) Stigmatization as a survival strategy: 'Skeletons in the cupboard' and the role of shame. *Every Family in the Land, tackling the prejudice and discrimination against people with mental illness* (ed. A. H. Crisp), www.stigma.org.

HUGHES, P. (2000) Stigmatization as a survival strategy: intrapsychic mechanisms. *Every Family in the Land, tackling the prejudice and discrimination against people with mental illness*. (ed. A. H. Crisp), www.stigma.org.

Arthur Crisp Chairman, Campaign Management Committee, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG

https://doi.org/10.1192/pb.24.7.267 Published online by Cambridge University Press