

## **Mental Illness - Remains one of the last Bastions of Stigmatization (Stacey Burnard, Port Alberni News 2006)**

Mental Illness is one of those issues that we, as a society, still shun as "acceptable" conversation topics, albeit unless under our breaths or in slight whisperings. For some, it seems to harken back images of barbaric asylums and 1800 "sloggings." While we are beginning to more freely engage in the formerly "taboo" subjects of religion, and politics we remain unable, almost paralysed at times, to broach the topic of mental illness. We dare to discuss other's mental health, let alone our own psychological state. In an age where we are confronting the realities of alcohol on the fetus and the emotional and financial tolls of the FAS child on our social and educational institutions, the mentally ill population continues to be relegated to a subordinated status in private as well as political arena. Perhaps, some of the stigmatization comes from our own naiveté and limited understanding of the concept.

Mental illness is a nebulous and complex construct. To advance my own knowledge, I have benefited from the definition that delineates "psychosis" from "neurosis." Psychoticism, including the major mental illnesses of schizophrenia and manic-depression, implies a perceptual and cognitive distortion of reality. On the other hand, neuroticism or neurotic behaviour includes emotions and cognitions that from a community perspective, do not seem to be out of synch/touch with reality. In other words, neurotics are 'fully functioning' human beings...with hang-ups.

Neuroticism subsumes a continuum of behaviours: from personality disorders, including sociopath and borderline, histrionic (dramatizers), and narcissistic, to depression and eating disorders, to common addictions of tobacco and drug intake, excessive shopping, computer usage, fitness regimes, and/or any forms of rigidity. These are simply coping mechanisms or manners of dealing with insecurities or anxieties. In fact, while major mental illness affects few in number, personally I have never met anyone who isn't neurotic or possess some type of neurosis. When described as such, one could quite confidently suggest that any and all of these characteristics are indicative of mental illness. Evidently, any attempt to clarify the area of mental illness is met with further permutations and esoteric notions.

What we can conclude thus far is that the definition of mental illness can be quite robust depending on the lens that is used for examination; a nebulous topic that is rarely broached for discussion. To further complicate our investigation is the fact that the causes of any mental illness are multifactorial.

Society alienates and marginalizes the mentally ill not only by limiting and at times denying its very existence, but it further disenfranchises individuals by affording limited emotional and financial support. As the illness is manifested at an individual level with limited deleterious effect at the community level, the impact on society is overlooked and minimized.

We not only shun the topic but we shun treatment as well. In most workplaces it is still considered taboo/unacceptable to admit that one is seeing a therapist. We have a difficult time admitting that we need help. Personally, I have found the healthiest people are those who, through therapeutic intervention, have had the courage to challenge old habits and dysfunctional thoughts. It is extremely difficult to question these misguided beliefs without assistance. Interestingly, given how important mental health is, we invest so little time in managing it. In fact, when we do seek treatment, we spend less time looking for an effective therapist than we invest shopping for consumer goods.

In terms of education, to a large extent, educators are not usually aware when a child is managing a mental illness. If guardians approach the school an effective individual educational plan can be developed wherein course adaptations that permit flexibility in achieving the learning outcomes can be provided. For example, in supporting a child who cannot function in a large social setting due to an anxiety disorder, adaptations can include home support, out of classroom testing, an extension of time constraints and self-paced work.

In cases of mental illness, an interagency approach is recommended for a coordination of service delivery. This partnership among service agencies and parents is much more effective to developing a coherent support plan for the child, but is imperative given the recent reallocation and thus reduction of funding dedicated to this population of students. In the past, if there were a comorbidity of ailments or a dual diagnosis with a physical component we had the opportunity of classifying mental illness under the generic category of chronic health. This is no longer the case. The Ministry of Education has clearly delineated mental health issues into a category that receives less funding and requires the child to be more specifically designated "severe mental illness." The result: another avenue requiring labelling for this group in order to gain much needed assistance.