

JOSEPH DELUCA

'Forensic Psychiatric Experiences, Stigma, and Self-Concept' Mental Health Symposium April 21st 2018

[2018/04/21 14:31] Carolyn Carillon: Hello everyone.

Today's presentation is being transcribed so those without audio or who require text only can participate in real time.

A little explanation about this service.

Voice-to-text transcriptionists provide a translation of the key ideas discussed, NOT a word for word transcription.

Voice-to-text services provide an in-the-moment snapshot of ideas and concepts, so that those who are unable to hear or to understand the audio program are able to participate in real-time.

You will see the transcription in local chat.

Transcription is provided by Virtual Ability, Inc.

The transcriptionist is:

Carolyn Carillon

The following initials in the transcription record will identify the speakers,

JD: Joe DeLuca

[2018/04/21 14:32] Carolyn Carillon: <<transcription begins>>

[2018/04/21 14:32] Pecos Kidd: Hello and welcome to Virtual Ability's 2018 Mental Health Symposium.

I'm Pecos Kidd and I'm a member of the Virtual Ability, Inc. Board of Directors.

I've been in SL for eleven years... exactly, as of today as it turns out!

In real life, I'm an IT manager in Austin, Texas.

Today I'd like to introduce Joe DeLuca.

Joe is a PhD student in Clinical Psychology at John Jay College of Criminal Justice in New York City.

There, he is a clinical extern at a hospital-based clinic for youth, teaches undergraduate courses in psychology, and conducts research on mental health, recovery, and stigma.

Joe's interests include recovery and community integration among individuals living with severe mental illness (e.g., schizophrenia),

as well as how public attitudes and stigma affects various marginalized groups in society, such as individuals who have contact with the legal/forensic system.

The title of Joe's talk is "Forensic Psychiatric Experiences, Stigma, and Self-Concept".

Mental illness "self-stigma" is when people diagnosed with mental illness believe that society's negative beliefs are true of them.

Joe's presentation will discuss stigma and self-concept theory, and report on data showing that multiple stigmatized labels can combine and magnify negative outcomes.

Audience, please hold your questions and comments to the end, so as not to interrupt our presenter, who is new to Second Life.

Welcome, Joe! The floor is yours.

[2018/04/21 14:34] jdelucapsych Resident: 'Forensic Psychiatric Experiences, Stigma and Self-Concept'

Joseph S. DeLuca, M.A.

4th Year Ph.D. Student, Clinical Psychology

John Jay College of Criminal Justice

City University of New York

-----slide 2

Contributors

Michelle L West, Ph.D. (lead author; topic of dissertation)

Abby L Mulay, M.A.

Beth Vayshenker, M.A.

Keira O'Donovan, B.A.

Philip T Yanos, Ph.D.

Merrill Rotter, M.D.

-----slide 3

Overview

1. Definitions, background, and theory

2. Research study we conducted

3. Conclusions and discussion

Take home --> Multiple stigmatized identities can impact one's self-concept and influence psychiatric treatment outcomes.

-----slide 4

Definitions

* Forensic psychiatric experiences: experiences of people with mental illness who have faced criminal charges (with settings ranging from court diversion programs to long-term inpatient hospitals).

* Stigma: involves stereotyping and devaluing individuals based on their membership in particular social groups (e.g., labelling individuals with mental illness as "dangerous" or "unpredictable").

-- may manifest via structural stigma (prejudicial policies and laws), public stigma (negative attitudes toward people with mental illness), and self-(or internalized) stigma...

-----slide 5

Mental Health Stigma and identity

* one consequence of stigma is that people may internalize stigmatizing beliefs (see West et al., 2011; West, Yanos, & Mulay, 2014).

* Self-stigma: two basic pre-requisites for this to occur: stereotype/stigma consciousness (awareness of stereotypes)

and awareness of group membership

– e.g., "Because I have a mental illness, I am dangerous"

– "Because I have a mental illness, I will not recover or get better"

* Self-stigma affects relatively high percentage of people with severe mental illness (SMI).

–predicts poorer functional and treatment outcomes

-----slide 6

Background

In addition to mental health, people can be stigmatized based on many different labels:

* stereotypes about people with mental illness (e.g., dangerous) overlap with stereotypes about criminal offenders and ethnic/racial minorities.

* racial minorities are overrepresented in the correctional system, and research with forensic psychiatric samples describe disproportionately large percentages of racial minorities (e.g., Casper & Clark, 2004; Western, & Pettit, 2005).

This may lead to a "triple stigma".

-----slide 7

Other stigmas and identity

* Offender self-stigma/low self-concept:

– e.g., "Because I am an offender, I am a bad person"

* Race & ethnicity self-stigma/low self-concept:

– e.g., "I feel bad about the race/ethnicity I belong to"

* What is self-concept?

– how we formulate our identity - who we are

– multi-dimensional and substantially influenced by social roles and others' perceptions. Membership in social groups, including stigmatized ones, are typically integrated into one's self-concept.

-----slide 8

Background and theory

All these labels can affect how one views oneself (self-concept). The overlap of these labels may uniquely impact racial minorities labeled "forensic psychiatric patients".

-----slide 9

Self-concept (low self-stigma)

(hypothetical - with "stigma resistance")

Image: Circle equally divided into 3 coloured (gray, blue, orange) sections

[2018/04/21 14:44] Carolyn Carillon: JD: I'm showing a pie chart

This is a hypothetical person

With low self-stigma

[2018/04/21 14:44] jdelucapsych Resident: * Blue - I'm proud of my race/ethnicity

* Orange - Living with mental illness has made me a tough survivor

* Gray - My legal involvement doesn't make me a bad person

-----slide 10

Self-concept (high self-stigma)

(hypothetical)

Image: Circle equally divided into 3 coloured (gray, blue, orange) sections

- * Blue - I am not proud of my race/ethnicity
- * Orange - Because I have a mental illness, I will never recover
- * Gray - Because I am an offender, I am a bad person

-----slide 11

[2018/04/21 14:45] Carolyn Carillon: JD: These are extremes but there are variations in between

[2018/04/21 14:45] jdelucapsych Resident: Research gaps to address

* Although mental illness self-stigma has received increasing research attention, less research has explored the impact of multiple stigmatized identities on self-stigma and other outcomes (e.g., mental health symptoms, treatment engagement)

* Instead, most research looks at stigmatized identities in isolation. We wanted to look at these together

Image: Person in centre surrounded by arrows signifying race, education, sexuality, ability, age, gender, ethnicity, culture, language and class all pointing towards the person

[2018/04/21 14:46] Carolyn Carillon: JD: On this slide I have a stick figure representing intersectionality

I'll refer back to this

But keep that theme in mind

[2018/04/21 14:46] jdelucapsych Resident: -----

-----slide 12

Our research study

* We recruited 82 adult participants from two urban sites: 1) a long-term inpatient psychiatric hospital, 31 participants; and 2) a mental health court diversion program, 51 participants.

* During the informed consent, participants signed HIPAA authorization forms to allow researchers to view and use protected health information in their charts for the purpose of this study.

-- typical protections were used to protect participant confidentiality (e.g., identification numbers and secure storage methods).

-- participants were compensated for their time.

-----slide 13

Research study (continued)

* Participants were asked to complete several questionnaires:

-- experiences of discrimination; mental illness self-stigma; race/ethnicity self-concept; offender self-concept; self-esteem; depression; medication adherence; working alliance; TST

* Clinicians who had knowledge of participants' treatment were asked to complete two questionnaires:

-- treatment compliance; medication adherence

* Qualitative interviews also completed with 8 participants.

-----slide 14

Demographics:

Participants were:

* predominantly male (71%)

- * Latino/a or Black (73%)
- * middle-aged
- * single (79%)
- * varying educational backgrounds

The majority had psychotic spectrum or mood disorders; about one-half had dual diagnoses of a substance use disorder. The most common criminal charges were drug-related (41%), and attempted murder or assault (35%).

Image shows a table labeled 'Participant Demographic Information (Continuous Variables)', with Range, Mean and SD tabulations. Categories include: Age 21-69 (Range), 44.04 (Mean), 11.15 (SD); Years of education 0.19 (Range), 10.85 (Mean), 2.91 (SD); Age

-----slide 15

Hypotheses (West et al., 2015)

1. Discrimination experiences, particularly due to mental illness, race, and criminal history, would be commonly reported.
2. Mental illness self-stigma would be associated with higher depression, lower self-esteem, lower participant- and clinician-reported treatment adherence, and lower working alliance. Similar findings were expected for criminality self-stigma and negative
3. Racial self-concept and criminality self-stigma would moderate the relationship between mental illness self-stigma and outcomes, such that they magnify the relationship between mental illness self-stigma and self-esteem and treatment adherence.

-----slide 16

International Journal of Forensic Mental Health, 13: 75-90, 2014

'Triple Stigma of Forensic Psychiatric Patients: Mental Illness, Race, and Criminal History'

Michelle L. West

Philip T. Yanos

Abby L. Mulay

Psychiatric Rehabilitation Journal 2015, Vol. 38, No.2, 150-157

'The Influence of Mental Illness and Criminality Self-Stigmas and Racial Self-Concept on Outcomes in a Forensic Psychiatric Sample'

Michelle L. West

Beth Vayshenker

Merrill Rotter

Philip T. Yanos

-----slide 17

Hypothesis 1

* A total of 53 out of 82 participants (64.6%) reported that they had experienced discrimination at some point.

* Consistent with Hypothesis 1, the most commonly reported discrimination experiences (e.g., in contexts of employment, housing, treatment, education, etc.) were due to:

- race/ethnicity (53.7%)
- mental illness (47.5%)
- incarceration (40.7%)

-----slide 18

Hypothesis 2

- * Higher mental illness self-stigma was significantly related to higher depression, lower self-esteem, and lower participant-reported medication adherence
- * Higher criminality self-stigma was significantly related to lower working alliance (i.e., agreement with therapy tasks and goals, and bond with therapist)
- * Higher racial self-stigma was significantly related to higher depression, lower self-esteem, lower mental health treatment compliance, and lower working alliance

-----slide 19

Hypothesis 2

- * What about the relationship between these three self-stigmas?
 - Higher mental illness self-stigma significantly related to both higher expectations of discrimination due to being an offender and higher criminality self-stigma
 - Higher racial self-stigma related to higher criminality self-stigma
- Image: Person in centre surrounded by arrows signifying race, education, sexuality, ability, age, gender, ethnicity, culture, language and class all pointing towards the person

-----slide 20

Hypothesis 3

- * Further analyses supported several "interaction effects".
The higher racial self-stigma scores, the greater the effect of:
 - Criminality self-stigma on self-esteem scores
 - Criminality self-stigma scores on participant-reported medication adherence
 - Mental illness self-stigma scores on participant-reported medication adherence
 - Criminality self-stigma on participant-reported medication adherence
- * Also, the higher the criminality self-stigma scores were, the greater the impact of mental illness self-stigma on self-esteem.

-----slide 21

Summary of quantitative results

- * Consistent with an intersectionality perspective, statistical interaction effects indicated that criminality self-stigma magnified the effects of both lower racial self-concept and higher mental illness self-stigma on negative outcomes (e.g., self-esteem)
- * Provides some evidence that self-stigma combinations have a negative impact on self-esteem and medication adherence that is greater than the contribution of each stigmatized identity separately.
 - However, some hypotheses not supported

-----slide 22

Qualitative study (West et al., 2018)

- * Eight participants from larger sample (82) - all accepted invitation
 - Four identified as African-American/Black, two Latino(a)/Hispanic, one European-American/White, one as "Other"
 - Six male, age range 23-59 (M=45.1; SD=12.1), most had a high school education
- * Qualitative interview

- e.g., "How does your arrest record impact your current thoughts/beliefs about yourself?"
- "What type of discrimination/stigma bothers you most and why?"
- * Twenty Statements Test
- Participants are asked to answer the statement, "I am _____" 20 times. This more open-ended format may provide helpful additional information when exploring self-concept
- Four categories: physical (height, age), social ("mother"), attributive ("friendly"), global ("human")

-----slide 23

The Journal of Forensic Psychiatry & Psychology 2018

<https://doi.org/10.1080/14789949.2018.1425473>

'Forensic psychiatric experiences, stigma, and self-concept: a mixed-methods study'

Michelle L. West

Abby L. Mulay

Joseph S. DeLuca

Keira O'Donovan

Philip T. Yanos

-----slide 24

Qualitative hypotheses

1. More total TST responses (potentially representing more multifaceted and defined self-concept) would be negatively correlated to scores on measures of self-stigma.
2. More social TST responses (potentially representing more social connection) would be negatively correlated to self-stigma scores.
3. More global responses (potentially representing a less clearly defined self-concept) would be positively related to self-stigma scores.
4. More attributive responses (potentially reflecting more awareness of personal style of thinking, feeling, and behaving) would be negatively correlated to self-stigma scores.

-----slide 25

Example of The Twenty Statements Test

Assignment 2 - The Twenty Statements Test

Analyzing Everyday Life: The Twenty Statements Test: Who Am I?

This exercise asks you to look at how social affiliations help to shape our self-concept.

First complete Step 1, without going to or reading the Step 2!

Step 1: The Twenty Statements Test (TST)

Write down twenty different responses to the question "Who am I?" Don't worry about evaluating the logic or importance of your responses - just write the answers as they occur to you. Give yourself five minutes to complete this task.

1. I am _____

(X 20)

-----slide 26

TST responses

Image shows a table labeled 'Table 2. Twenty Statements Test (TST) Means, Standard Deviations (SD), and Examples'. Categories include: TST number of

responses 11.94 (M), 5.77(SD); Physical .0473 (M), .0814 (SD), good looking, fat, cute, chubby, small, tall, handsome, beautiful
Note: number of responses for each category were calculated as a proportion of the total number of responses provided. Means and SDs are calculated on these proportions of total number of responses. Examples represent a compilation of common and represent

-----slide 27

TST results

- * More TST responses were related to more racial self-stigma (contrary to hypotheses).
- Role accumulation may not always be beneficial (could be negative self-characteristics).
- * Global responses (vague terms) were significantly related to more criminality self-stigma.
- Individuals with a more uncertain sense of identity (and/or inability to label more specific aspects of their identity) may be more susceptible to integrating stigma into their identity.
- * Attributive responses were significantly related to less mental illness self-stigma.
- More responses may indicate more self-reflectiveness and a better ability to reflect upon positive and negative aspects of identity, rather than just membership in social categories.

-----slide 28

Interview results

10 domains emerged

- * Three for mental illness (experience, community perception & reaction, individual reaction)
- * Three for race (experience, community perception & reaction, individual reaction)
- * Three for criminality (experience, community perception & reaction, individual reaction)
- * One for intersectionality

Image: Person in centre surrounded by arrows signifying race, education, sexuality, ability, age, gender, ethnicity, culture, language and class all pointing towards the person

-----slide 29

Interview results (continued)

1. "In my opinion, I just think that people see you as damaged goods. That's what somebody had once told me when I was sharing with them my struggles with mental illness; 'Oh you're just damaged goods.'"
2. "I can go into let's say [university] and get discriminated. I can feel the discrimination. I just can feel it. Maybe it's because of the way I'm dressed or the way I'm wearing my hair or the mustache on my face or if I'm not shaven they may say I'm an animal."
3. "Once [they] see the background check and they see all your charges. They don't want to hire because of that. It's not like [I'm] still out there trying to commit crimes. I'm trying to do the right thing. Just get a 9 to 5."

-----slide 30

Intersectionality

* "I think if I wasn't Black and if I was White I don't think there would have been such a rush to try to get me to plea to the felony. I really think that they would handle it all differently."

* "A lot people with money usually have money to go see a psychiatrist. Where people in the poorer class don't have enough money to even live in a nice neighborhood."

* Most participants appeared to endorse stigma related to mental illness and being labeled an offender, as half of the participants indicated that criminal justice involvement exacerbates psychiatric symptoms

[2018/04/21 15:10] Carolyn Carillon: JD: This brought something interesting to our study that may invoke another aspect of intersectionality

How not having enough money could impact you

And your care

[2018/04/21 15:11] jdelucapsych Resident: -- A couple of participants mentioned that legal authorities may not care about charges against individuals with mental illness and that provided legal representation is substandard

-- Most people said racial stigma was most bothersome

-----slide 31

Conclusions

* Take home --> Multiple stigmatized identities can impact one's self-concept and influence psychiatric treatment outcomes.

* A "triple stigma" appears to exist, whereby individuals experience stigma from mental illness, race/ethnicity, and criminal history.

* Limitations...

* Future research needed on intersection of other stigmatized identities (e.g., sexuality, gender identification, class, ability status, language, etc.).

-----slide 32

Implications

* When working with individuals with combined psychiatric and criminal justice histories, rehabilitation services need to consider the overlapping and combined impact of multiple stigmatized identities on both self-esteem and treatment adherence.

* Self-stigma interventions specifically for forensic psychiatric patients could be helpful; existing interventions may be adapted (see Yanos et al., 2015), which target coping skills, cognitive restructuring, and narrative enhancement.

-- Other targets may include focusing on personal attributes in a balanced and nuanced way,

-- Public stigma reduction programs also continue to be needed!

-----slide 33

[2018/04/21 15:14] Carolyn Carillon: JD: At the end of the day, stigma isn't an individual problem

It's a social problem

Questions?

[2018/04/21 15:14] Gentle Heron: Thanks Joe. It's really important to look at these intersections. We appreciate your sharing your research with us.

[2018/04/21 15:15] LV (lorivonne.lustre): GH: I think we will have some interesting questions

[2018/04/21 15:14] Mook Wheeler: QUESTION: You said: "Self-stigma affects relatively high percentage of people with severe mental illness (SMI)." Would that have anything to do with the Stanley Milgram effect, where subjects in experiments often voluntarily yield (in decision making) to staff with whitecoats and 'obvious authority' who had the power to remove the 'mantle of responsibility' from the subject ("I'll take responsibility for that"), who then agree to do something they might not usually do. Might self-stigma be higher in people with SMIs because these people are the ones most likely to be in close contact with psychiatric professionals/carers who have the power to moderate/influence the subject's sense of responsibility, beliefs and labels?

[2018/04/21 15:16] LV (lorivonne.lustre): GH: good question!

[2018/04/21 15:16] Carolyn Carillon: JD: That's a very good question Stanley Milgram showed us a lot about power & obedience

I never thought about it that way

One thought is that we need to break down stigma among mental health professionals

Because stigma comes from power effects

Also, re: public stigma & what the public believes about stigma

We need people in social with power

To give out positive messages

We need positive messages from the top down

I hope that answers your question

[2018/04/21 15:17] Mook Wheeler: thank you Joe, yes it does.

[2018/04/21 15:17] Gentle Heron: QUESTION- What do you mean by "public stigma reduction programs"? Are there some good ones around that we should be using?

[2018/04/21 15:18] Carolyn Carillon: JD: That's another great question

The gold standards for public stigma reduction is generally contact

Having contact with someone with a mental illness

Having a person with mental illness share their story

That has the most powerful effect

[2018/04/21 15:18] Gentle Heron: [15:18] Jennifer Nicole Ella Rose (jennifernicoleellarose): Why do we see others as damaged goods in the first place? It's our flaws which help make us who we are, and help us build personality and character. Why can't we see others as perfect as who they are?

[2018/04/21 15:19] Carolyn Carillon: JD: Also a great question

[2018/04/21 15:19] Jennifer Nicole Ella Rose (jennifernicoleellarose): We all have stories to tell. By not accepting others for who they are, we are not allowing ourselves to see others in their eyes

[2018/04/21 15:19] Gentle Heron smiles at Jennifer

[2018/04/21 15:19] Carolyn Carillon: JD: I wish more people thought like you

But people are ignorant

They believe that certain features represent weakness or inability to do something

[2018/04/21 15:19] Gloriejoy (joycie.string): I agree

[2018/04/21 15:19] Carolyn Carillon: JD: but we can look at any label

And see how that makes us who we are

[2018/04/21 15:19] Jennifer Nicole Ella Rose (jennifernicoleellarose): Ignorant to close their own minds?

[2018/04/21 15:20] Carolyn Carillon: JD: I think if I understand ...

People are ignorant about mental health because they haven't had a lot of contact with someone who has a mental illness

Contact and education can reduce ignorance

People can be so overwhelmed by fear of the other, that it's hard to get to that place

[2018/04/21 15:20] Jennifer Nicole Ella Rose (jennifernicoleellarose): to their own knowledge of what they fear, what scares them?

[2018/04/21 15:20] Mook Wheeler: @Jennifer -- "You attribute always to others the sentiments that you yourself experience." -- Hercule Poirot

[2018/04/21 15:21] Carolyn Carillon: JD: That's true

Sometimes we project

[2018/04/21 15:21] Jennifer Nicole Ella Rose (jennifernicoleellarose): but what do we really fear?

[2018/04/21 15:21] Gentle Heron: QUESTION- Some types of disabilities are less stigmatized than others are. Hidden disabilities are often more stigmatized than visible disabilities. Are there differences between stigmatization of different types of mental illnesses?

[2018/04/21 15:22] Carolyn Carillon: JD: Yes, there are differences

People with schizophrenia tend to be stigmatized the most

They tend to be seen as being violent or unpredictable which is untrue

Sometimes people feel like they may be attacked by someone with a mental health illness

But people may also feel they're susceptible to mental illness

It may be then

[2018/04/21 15:22] Pecos Kidd: Joe, were any members of your study People With Disability?

[2018/04/21 15:23] Carolyn Carillon: JD; to Pecos, we did not measure that I don't know for sure

we don't have that in our data

but definitely important to study

[2018/04/21 15:22] ♡ Missy ♡ D (mistressvengeance): I have it but schizo affective disorder is more acceptable than schizophrenia

So I say schizo affective instead

[instead] Of schizophrenia

[2018/04/21 15:24] Carolyn Carillon: JD: to Missy's questions, yeah, there are a lot of variations

I imagine a lot of people don't know the differences between different conditions

It requires education

[2018/04/21 15:24] James Heartsong (peacefuljames): I confess that a former friend of mine had that schizophrenia. It was not a problem for me, until she came unglued with me one time, and scared the heck out of me. I avoided her after that. It was like she became a completely different person, and she was simply 'not safe'.

[2018/04/21 15:25] Carolyn Carillon: JD: yeah, I'm sorry to hear that James
People with mental illness can display certain symptoms that can seem alarming
But most aren't dangerous
People have varying degrees of symptoms
Family members and friends may not know how to respond
And it can be disconcerting

[2018/04/21 15:25] James Heartsong (peacefuljames): ty

[2018/04/21 15:25] Gloriejoy (joycie.string): It is amazing how just one level up on a
med can change a person totally

[2018/04/21 15:27] Carolyn Carillon: JD: For some people, therapy is all they need
For some, it's medication
It's unique, not one size fits all

[2018/04/21 15:24] Brit (britscashman): The fear is the unknown... you can't see
mental illnesses they are on the inside you never know what is truly going on in the
minds of others

[2018/04/21 15:24] Carolyn Carillon: JD: that's certainly part of it
It's intangible

And that's where people's fears can come from

[2018/04/21 15:25] Jennifer Nicole Ella Rose (jennifernicoleellarose): but to close
ourselves off to the experiences of others Brit, to the knowledge that they possess?
But if they can't accept it, how can they respond?

[2018/04/21 15:26] Carolyn Carillon: JD: Some people do that
I'd advocate for the opposite

I think we need to be open

But there are a lot of people who don't like to talk about their mental illness
For good reason!

They don't want to be stigmatized

[2018/04/21 15:27] Jennifer Nicole Ella Rose (jennifernicoleellarose): We need to
not fear

[2018/04/21 15:27] MatildaMoontree: But fear is human. Perhaps we need to
"accept" that in our fellow humans.

[2018/04/21 15:27] Carolyn Carillon: JD: yeah, I think it's a combination of both
We are fearful creatures

But we need to ask where that fear is coming from

I'd encourage people to ask themselves where their thoughts come from

[2018/04/21 15:28] Gentle Heron: QUESTION- What about journalism's role in
stigmatization?

[2018/04/21 15:28] Carolyn Carillon: JD: Some papers and journalism has been
damaging to those with mental health

There are guidelines for how to report on those with mental health

We hear about those who are violent

But not about those who get well

And those people are the majority

[2018/04/21 15:28] ♡ Missy ♡ D (mistressvengeance): I feel a lot of stigma in
Secondlife. When I meet people I don't tell them my disability because

schizophrenia is so much stigma? I can't find the right timing to reveal myself I don't know if I am ready to let people know so I hide here

[2018/04/21 15:29] Carolyn Carillon: JD: I appreciate you sharing that

Diagnoses can carry stigma

People may think they need to be cautious

That's a personal decision

It's important to explore your reasons

It's very individualized

It's connected to your goals and what you want to achieve

[2018/04/21 15:30] ♡ Missy ♡ D (mistressvengeance): welcome

[2018/04/21 15:29] Jennifer Nicole Ella Rose (jennifernicoleellarose): And there are lot of people who want and do get well, overcoming their mental illness

[2018/04/21 15:29] Mook Wheeler: Fear is also an evolutionary response to unpredictability, as in James' scenario. When you cannot predict what someone or thing is going to do, you have no directions for action or decision, so it is safer just to stay away and avoid it/them

[2018/04/21 15:30] James Heartsong (peacefuljames): *nods*

[2018/04/21 15:30] Carolyn Carillon: JD: That's absolutely correct

People are fearful

Fear is adaptive

But you need to think about what the root of your fear is

You need to know that many people recover

They're our neighbours & bosses

Knowing that can diminish the fear response

[2018/04/21 15:31] MatildaMoontree: we also have a culture that pounds into us "think positive and your life will be perfect". And that instructs us to condemn others.

[2018/04/21 15:32] Jennifer Nicole Ella Rose (jennifernicoleellarose): Rather than avoid fear, we need to embrace it in my opinion

[2018/04/21 15:32] Gentle Heron agrees with Jennifer

[2018/04/21 15:31] iSkye Silverweb: Comment/Question: It would help if society, certain segments of it, would stop whipping up that fear and stigma against people with mental illness or blame people with mental illness for things that happen or go wrong. We have to reduce that attitude, but what are the best ways to do that?

[2018/04/21 15:31] Carolyn Carillon: JD (responding to iSkye)

I'd go back to the gold standard of contact

So you can see someone living with mental health

Journalism needs to improve

And discriminative policies need to be dismantled

It takes a multi-dimensional approach to get there

[2018/04/21 15:32] Suellen Heartsong (suln.mahogany) that applies to so many things iSkye, well put

[2018/04/21 15:31] Gentle Heron: It's time for the audience to thank our presenter. Thank you Joe. Great information.

[2018/04/21 15:32] James Heartsong (peacefuljames): Thank you! I appreciate what you have offered us here today.

[2018/04/21 15:32] Pecos Kidd: Thank you! Well done!

[2018/04/21 15:32] Suellen Heartsong (suln.mahogany): Thank you for this session,

[2018/04/21 15:32] Gloriejoy (joycie.string): fantastic job and info!
[2018/04/21 15:32] Jennifer Nicole Ella Rose (jennifernicoleellarose): Thank you Joe. Beautiful presentation
[2018/04/21 15:32] Gentle Heron: Thanks to the audience.
[2018/04/21 15:32] LV (lorivonne.lustre): GH: thank you and thanks to the audience
[2018/04/21 15:32] Slatan Dryke: thank you impressive ! And moreover thanks for your calm and clear voice! A not English language native bows !
[2018/04/21 15:32] millay Freschi: Thank you so much!
[2018/04/21 15:32] Carolyn Carillon: JD: Thank you all
It was a pleasure
I appreciate the questions & conversation
[2018/04/21 15:32] Mook Wheeler: Thank you Joe!
[2018/04/21 15:32] iSkye Silverweb: Thank you, Joe
[2018/04/21 15:32] MatildaMoontree: Thank you!!
[2018/04/21 15:33] jdelucapsych: Thank you!
[2018/04/21 15:33] iSkye Silverweb: Hope you can come back and talk with us in the near future!

[2018/04/21 15:33] Carolyn Carillon: <<transcription ends>>