IFL REFLECTIONS

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LET'S TALK: OVERCOMNG THE STIGMA OF MENTAL ILLNESS

I remember being in my late teens when I first noticed the effects of alcoholism in my family. A close relative was struggling in his job and then ended up unemployed. He began to drink more heavily and it slowly became obvious that his personality and behavior was changing. As a husband and a father, he was central to his family so these shifts were taking an increasing toll on his immediate family and awakening great concern in us in his extended family. These were the 1980s, however, and this was all happening in the context of a very traditional ethnic community that was also highly religious.

The bottom line? Nobody was talking about it. The unspoken message was that alcoholism was a hidden misery that was to be endured silently by family members with God's help. Getting help from a support group or mental health professional was not an option that was considered or talked about openly.

As I work in my practice as a psychotherapist I find that my experience was not unique then or now. Alcoholism, depression, anxiety and other forms of mental illness remain hidden and untreated. There is still a stigma attached to mental illness that makes it difficult to talk about openly and deal with constructively.

Fortunately, the tide is finally turning and mental illness is now being brought out into the open as a social issue that can and should be addressed in a constructive ways.

Part of the reason for this greater awareness of the effects of mental illness

on our society. One in five persons in Canada will suffer a mental illness in their lifetime. But those people, two-thirds of will not seek help because of the social stigma attached to conditions such ad depression and anxiety orders. The effects of this in the workplace are staggering. According to the Mental Health Commission, more than 500,000 Canadians in any given week are unable to go to work due to mental illness problems or illnesses. Mental illness is the leading cause of disability in the workplace.

In response to this, initiatives such as Bell Canada's "lets talk" campaign are inviting all Canadians to begin a national conversation about how to overcome the stigma of mental illness and help our loved ones get the treatment and resources they need to live more whole and happy lives. When our loved ones are more whole and happy, so are we because mental illness affects not only the one who suffers from it directly, but it also touches the lives or all those who care about them.

Feeling the shame, helplessness and confusion can arise for us when we don't know how to respond. One of the first ways that the "Lets Talk" suggest we approach mental illness in our families is simply listening and asking kindly but sincerely how a loved one is doing. Letting them know that you are there for them may help overcome the barrier of silence and denial and can be a powerful first step in creating a safe space for a loved one to open up about their suffering. I wish we had more encouragement to do that decades ago in our own family with our loved one. But I'm glad that awareness is growing today about how to help overcome the stigma of mental illness and help those we care about to get the healing that they and all of us need.

By Michael Hyyniuk, Ph.D*

#LETSTALK

What if mental health assessments were part of our health assessments? What if there was more education and prevention? What if treatment was on a sliding scale of we could all afford it? What there were not wait times for family therapy? What if no one was afraid to tell a friend or colleague that they had a mental health issue? What if no one was ashamed to tell others that someone they love dearly is living with a mental health issue? What if individuals with a mental health issue didn't think it was because they weren't strong enough or because they had failed or didn't try hard enough? What if health care providers didn't assume that your current issue must somehow be related to your mental health issue and downplay it? What if all families who lost someone to suicide were honest and talked about it to all around them who are hurting too? What if families with a

breadwinner whose mental health was out of control and had somewhere safe to go?

What if jail wasn't so often the answer?

What if we all talked to our children about mental health as physical and sexual health? What if we were honest when someone asked, "How are you?"? What if we took the time to look up from our phones and talk to each other, play with each other and laugh together?

What if?

I believe that our talking would mean something. I believe that our individuals, workplaces, families, communities and countries would be stronger.

Talking is not enough. But it is a start.

By Beth Hayhoe

^{*}Michael Hyryniuk, Ph.D is a new associate at IFL, and we are appreciative of him writing about the challenges facing persons and families when different forms of mental illness develop. At IFL we see a wide variety of clients struggling with addictions, trauma, PTSD, depression, anxiety, bipolar disorder, psychosis, brain injury, and dementia. As therapists we seek to listen, to offer support and encouragement, to refer when necessary, to help clients develop a plan for their own recovery and management of their own mental health, and if possible to be agents of healing and reconciliation within families and communities.