

1 in 5

Overcoming the Stigma of Mental Illness

Workbook and Resource Guide

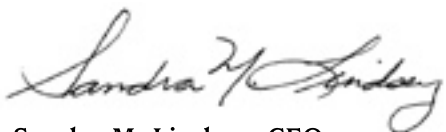
We are born in different communities with different ethnicity, financial status and genetic makeup. We have different gifts and talents, different weaknesses, different faiths, different outlooks and different values. And the list goes on. Our lives and experiences vary from one end of the spectrum to the other. Some differences are easily recognizable, others less so. Our differences are what make each of us unique. Even though it sometimes seems we're more different than we are alike, deep down we're all the same inside. We all want to be loved, respected, appreciated and valued.

Helen Keller said, "The best and most beautiful things in the world cannot be seen or even touched – they must be felt with the heart." That's the message that Saginaw County Community Mental Health Authority consumers and other friends with psychiatric disabilities want you to hear, acknowledge, understand and share throughout your own community. In this DVD, you will see individuals who have a variety of psychiatric disabilities and physical limitation(s) share their stories, struggles and how they endured and transformed their situations and themselves to create rewarding lives. The hope is that these individuals will inspire you to help remove barriers of stigma in the places you work and play. It is when we celebrate individuality and "accept" unconditionally, that lives are changed and dreams become reality.

Understanding the impact of the stigma associated with mental illness and talking about it is the first step in a journey to educate the world and promote acceptance. Won't you please join in this important dialogue?

Share in the viewing of this DVD with families and friends, be it your workplace, place of worship, in your school or even your home. Talk about stigma and the impact it has on all of us.

Warmest Regards,



Sandra M. Lindsey, CEO

Saginaw County Community Mental Health Authority
Saginaw, Michigan



Introduction

Shame is a powerful human emotion. Your teenage son or daughter might dramatically exclaim that they “died” of shame after some embarrassing incident at a school dance. This is hyperbole, of course. No one dies of shame. But shame can ruin a person’s life. And shame can play an important role in preventing people from seeking treatment for a mental illness.

One in five Americans have a diagnosable mental illness. Stigma will keep most of them from treatment.



As is made clear in this documentary, it is estimated that one in five Americans will be stricken with mental illness in their lifetime. The lucky ones will have supportive family and friends as well as the financial resources to get the help that they need.

But sadly, many persons who would benefit from psychotherapy, medication and other supports and services will never seek that help partly because of the stigma of mental illness. Or they may get help, but still face hostility and discrimination at home, at work or in the community.

This workbook and resource guide was developed as a companion to the documentary entitled “One in Five: Overcoming the Stigma of Mental Illness.” It is intended as a tool to fight stigma. In it you will find:

- Explanations of some terms used in the program that you may find unfamiliar or confusing.
- Suggestions for ways to fight mental illness stigma.
- Facts to dispel myths about mental illness.
- Brief biographies of individuals shown in the documentary.
- Activities for groups and individuals designed to increase awareness of mental illness and stigma.
- A resource list for more information.

Thank you for your interest. We hope you find the program as informative as it is moving in portraying the courageous battles fought every day by persons with mental illnesses. And we also hope you find the resources helpful and the activities instructive. Perhaps sometime in the not-so-distant future, seeking treatment for mental illness will be no more difficult than getting treatment for a broken leg or diabetes. With your help, that day will come sooner rather than later.

Mental Illness

Mental health problems are health conditions involving changes in thinking, mood and/or behavior, and they are associated with distress or impaired functioning. When they are more severe, they are called mental illnesses. These include anxiety disorders, attention-deficit/hyperactivity disorder, depressive and other mood disorders, eating disorders, schizophrenia and others. When these occur in children under 18, they are referred to as serious emotional disturbances (SEDs).

Anxiety Disorders

Panic Disorder

Panic disorder affects about 2.4 million adult Americans and is twice as common in women as in men. A panic attack is a feeling of sudden terror that often occurs with a pounding heart, sweating, nausea, chest pain or smothering sensations and feelings of faintness or dizziness. Panic disorder frequently occurs in addition to other serious conditions like depression, drug abuse or alcoholism. If left untreated, it may lead to a pattern of avoidance of places or situations where panic attacks have occurred. In about a third of cases, the threat of a panic attack becomes so overwhelming that a person may become isolated or housebound—a condition known as agoraphobia. Panic disorder is one of the most treatable of the anxiety disorders through medications or psychotherapy. Early treatment of panic disorder can help prevent agoraphobia.

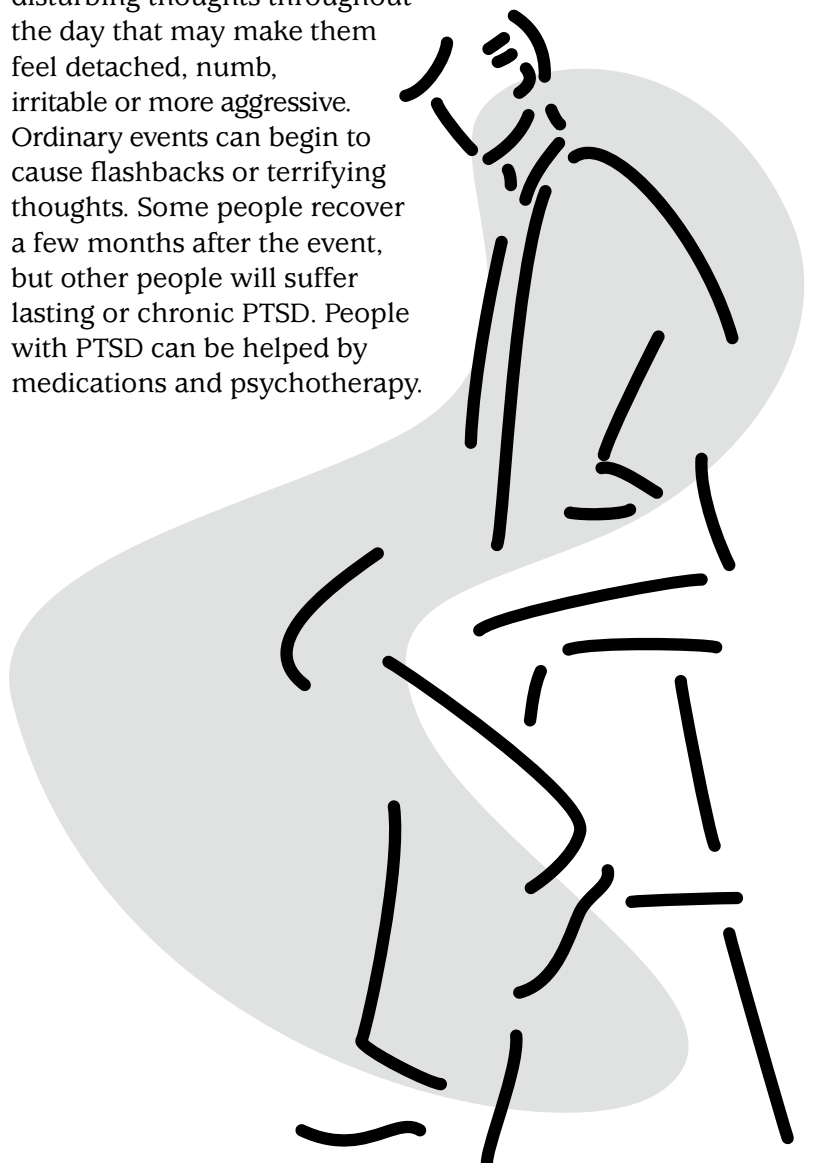
Obsessive-Compulsive Disorder (OCD)

OCD affects about 3.3 million adult Americans, and occurs equally in men and women. It usually appears in childhood. Persons with OCD suffer from persistent and unwelcome anxious thoughts, and the result is the need to perform rituals to maintain control. For instance, a person obsessed with germs or dirt may wash his hands constantly. Feelings of doubt can make another person check on things repeatedly. Others may touch or count things or see repeated images that disturb them. These thoughts are called obsessions, and the rituals that are performed to try to prevent or get rid of

them are called compulsions. Severe OCD can consume so much of a person's time and concentration that it interferes with daily life. OCD responds to treatment with medications or psychotherapy.

Post-Traumatic Stress Disorder (PTSD)

PTSD affects about 5.2 million adult Americans, but women are more likely than men to develop it. PTSD occurs after an individual experiences a terrifying event such as an accident, an attack, military combat or a natural disaster. With PTSD, individuals relive their trauma through nightmares or disturbing thoughts throughout the day that may make them feel detached, numb, irritable or more aggressive. Ordinary events can begin to cause flashbacks or terrifying thoughts. Some people recover a few months after the event, but other people will suffer lasting or chronic PTSD. People with PTSD can be helped by medications and psychotherapy.



Generalized Anxiety Disorder (GAD)

GAD affects about 4 million adult Americans and twice as many women as men. GAD is more than day-to-day anxiety. It fills an individual with an overwhelming sense of worry and tension. A person with GAD might always expect disaster to occur or worry a lot about health, money, family or work. These worries may bring physical symptoms, especially fatigue, headaches, muscle tension, muscle aches, trouble swallowing, trembling, twitching, irritability, sweating and hot flashes. People with GAD may feel lightheaded, out of breath, or nauseous, or might have to go to the bathroom often. When people have mild GAD, they may be able to function normally in social settings or on the job. If GAD is severe, however, it can be very debilitating. GAD is commonly treated with medications.

Social Anxiety Disorder

Social phobia affects about 5.3 million adult Americans. Women and men are equally likely to develop social phobia, which is characterized by an intense feeling of anxiety and dread about social situations. These individuals suffer a persistent fear of being watched and judged by others and being humiliated or embarrassed by their own actions. Social phobia can be limited to only one type of situation—fear of speaking in formal or informal situations, eating, drinking or writing in front of others—or a person may experience symptoms any time they are around people. It may even keep people from going to work or school on some days, as physical symptoms such as blushing, profuse sweating, trembling, nausea and difficulty talking often accompany the intense anxiety. Social phobia can be treated successfully with medications or psychotherapy.

Attention-Deficit/Hyperactivity Disorder (ADHD)

ADHD affects as many as 2 million American children and is a diagnosis applied to children and adults who consistently display certain characteristic behaviors over a period of time. The most common behaviors fall into three categories: inattention, hyperactivity and impulsivity. People who are inattentive have a hard time keeping their mind on any one thing and may get

bored with a task after only a few minutes. People who are hyperactive always seem to be in motion. They can't sit still and may dash around or talk incessantly. People who are overly impulsive seem unable to curb their immediate reactions or think before they act. Not everyone who is overly hyperactive, inattentive or impulsive has an attention disorder. While the cause of ADHD is unknown, in the last decade scientists have learned much about the course of the disorder and are now able to identify and treat children, adolescents and adults who have it. A variety of medications, behavior-changing therapies and educational options are already available to help people with ADHD focus their attention, build self-esteem and function in new ways.

Depressive Disorders

About 18.8 million American adults experience a depressive illness that involves the body, mood and thoughts. Depression affects the way a person eats and sleeps, the way one feels about oneself and the way one thinks about things. People with a depressive illness cannot just “pull themselves together” and get better. Without treatment, symptoms can last for weeks, months or years. Depression can occur in three forms:

Major Depressive Disorder

Major depressive disorder involves a pervading sense of sadness and/or loss of interest or pleasure in most activities that interferes with the ability to work, study, sleep, eat and enjoy once pleasurable activities. This is a severe condition that can impact a person's thoughts, sense of self worth, sleep, appetite, energy and concentration. The condition can occur as a single debilitating episode or as recurring episodes.

Dysthymia

Dysthymia involves a chronic disturbance of mood in which an individual often feels little satisfaction with activities of life most of the time. Many people with dysthymia also experience major depressive episodes in their lives leading to a recurrent depressive disorder. The average length of an episode of dysthymia is about four years.

Bipolar Disorder

Bipolar Disorder, or manic-depressive illness, is a type of mood disorder characterized by recurrent episodes of highs (mania) and lows (depression) in mood. These episodes involve extreme changes in mood, energy and behavior. Manic symptoms include extreme irritable or elevated mood; a very inflated sense of self-importance, risk behaviors, distractibility, increased energy and a decreased need for sleep.

The most important thing to do for people with depression is to help them get an appropriate diagnosis and treatment. Treatment, usually in the form of medication or psychotherapy, can help people who suffer from depression.

Schizophrenia

More than 2 million Americans a year experience this disorder. It is equally common in men and women. Schizophrenia tends to appear earlier in men than in women, showing up in their late teens or early 20s as compared to their 20s or early 30s in women. Schizophrenia often begins with an episode of psychotic symptoms like hearing voices or believing that others are trying to control or harm you. The delusions— thoughts that are fragmented, bizarre, and have no basis in reality—may occur along with hallucinations and disorganized speech and behavior, leaving the individual frightened, anxious and confused. There is no known single cause of schizophrenia. Treatment may include medications and psychosocial support like psychotherapy, self-help groups and rehabilitation.

Mental Illness Recovery

Recovery refers to the process in which people are able to live, work, learn and participate fully in their communities.

For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery.

Unfortunately, many people with serious mental illnesses do not seek or receive treatment. The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that about one in every two people who needs mental health treatment does not receive it.

The fear of what people may think—the stigma that surrounds mental illness—is a serious barrier to recovery. Fortunately, everyone can do something to reduce stigma.



Stigma: What can we do to counter stigma?

Stigma is a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illnesses and developmental disabilities.

- **Learn and share the facts** about mental illness, especially if you hear or read something that isn't true.
- **Treat people** with mental illness with **respect and dignity**, as you would anybody else.
- **Avoid labeling people** by using derogatory terms like "crazy," "wacko," "schizo," "loony," "psycho," "retard," "idiot," or "nuts."
- **Support people** with mental illness by helping to develop community resources that assist them.
- **Respect the rights of people** with mental illness. Don't discriminate against them when it comes to housing, employment or education. Like other people with disabilities, people with mental illness are protected under Federal and State laws.
- **Teach children about mental health** and help them realize that mental illnesses are like any other treatable health condition.
- **Understand** that racially and ethnically diverse populations may especially be targets of stigma.
- **Understand** that diverse populations may frequently hold stigmatizing attitudes about mental illness and mental health services. Understand that shame, mistrust and discrimination also accompany incidences of stigma.

Person-First Language

Words are powerful. Old, inaccurate descriptors, and their inappropriate use, perpetuate negative stereotypes and re-inforce an incredibly powerful attitudinal barrier. This invisible barrier can be the greatest obstacle facing individuals who have a mental illness. If we describe people by their diagnoses, we devalue and disrespect them as individuals. Even the worst situations occur when a person's diagnosis is used to define his or her potential and value! In the process, people's hopes and dreams can be crushed.

Use **Person-First Language**. It is a way of showing that the focus is on the person, not their disability. For example, use "person with schizophrenia" instead of "schizophrenic." Person-First Language also emphasizes the ability, rather than disability. For example, it is correct to say that a person is "a wheelchair user," or "uses a wheelchair," not "is wheelchair-bound." Person-First Language helps to reduce the stigma attached to disability.

People with disabilities are our nation's largest minority group. It is the most inclusive group and, at the same time, the most diverse. Yet people who have been diagnosed with disabilities are all different from one another. The only thing they have in common is being on the receiving end of societal misunderstanding, prejudice and discrimination.

Myths

Myth: Parents/families of people with disabilities are embarrassed and ashamed of their family member and do not really love or want their child/sibling.

FACT: Families love their children regardless of disabilities and have the same feelings of protectiveness and nurturing that all of us feel. For most families, love for one another is not dependent upon perfection.

Myth: There is no effective treatment for mental illness.

FACT: Mental illnesses are brain disorders. As with most physical conditions, such as diabetes, most brain disorders can be successfully treated, allowing people to lead normal and productive lives.

Myth: People who have a mental illness are dangerous.

FACT: Most people who have a mental illness are no more violent than someone suffering from cancer, diabetes or any other serious illness. In fact, people with a mental illness are much more likely to be victims of violence than its cause.

Myth: There is a lot you should learn and know before interacting with someone with a mental illness.

FACT: There is no special training or knowledge required to interact with someone with a mental illness. Sometimes getting to know someone with a disability can take time and sensitivity. Consider the person first, and the disability second.

Myth: People with mental illnesses cannot work or contribute to society.

FACT: Often people with brain disorders find effective treatment through medicine, therapy or both. Treatment that works allows people with brain disorders to contribute to society. It is the stigma of mental illness that prevents people from seeking treatment.

Myth: Adults with mental illness have problems with thinking and problem solving because they have a low IQ.

FACT: The symptoms of mental illness may impact the thinking of some people, but it is not because of low intelligence.

Myth: People with disabilities don't have the same feelings as other people.

FACT: People with disabilities have the same feelings as other people.

Myth: People with a mental illness can "pull themselves out of it."

FACT: A mental illness is not caused by personal weakness, nor can it be "cured" by personal strength. Proper treatment is needed.

Myth: Mental illnesses do not affect the average person.

FACT: No one is immune to mental illness. The National Institute for Mental Health's statistics show that 5 million adults and 7.5 million children in America have some form of mental illness in any given year.



Overcoming Stigma



Johnnie Salter, as a child, was in and out of foster care homes, faced abuse from foster parents and children at school and in general had very little support or encouragement. He overcame these obstacles and graduated from Delta College in 1975 with a 3.6 GPA and an Associates Degree in Liberal Arts. He has been diagnosed with bipolar disorder, but despite the challenges this poses and other complications in his personal life, he has come a very long way from his lowest point. Johnnie currently works for SCCMHA as a Parking Lot Monitor, chairs a panel that helps improve service to consumers of mental health services, and lives on his own in an apartment in the City of Saginaw.



Mark Leffler has battled anxiety and depression since 5th grade. Mark dropped out of college several times partly due to too much alcohol and marijuana use. In 1988 he entered a V.A. substance abuse program, but within the year was hospitalized and diagnosed with manic depression and placed on Thorazine. This unpleasant experience led him to resist medication and treatment until another involuntary hospitalization in 2001. With better medication and a refined diagnosis of bipolar disorder, Mark later landed a part-time job at SCCMHA. This led to a full-time position at the agency where he is a Customer Service Advocate. He is also a freelance writer.



Frances Priester, former law school graduate, suffered from hallucinations, acute insomnia and overwhelming urges that could lead her to just get in the car and drive. This once led her to drive cross-country on a road trip that ended with her being hospitalized in Chicago. Frances now serves in the nation's capital as the Director of the Department of Mental Health's Office of Consumer and Family Affairs. Her mental health advocacy efforts focus on ensuring access to mental health treatment, the decriminalization of individuals with mental illness in the criminal justice system, and the training of law enforcement personnel to assist them in dealing with issues of mental illness in their duties.



Amelia Johnson was diagnosed with anxiety, panic attacks and depression. She began experiencing fast heart palpitations, loss of appetite and became increasingly isolated. She felt her social life had changed and she didn't want to be around anyone. Employed with SCCMHA for two years, Amelia is now a Certified Peer Support Specialist. She has been selected to be on the Michigan Recovery Council and the SCCMHA Improving Practices Committee. SCCMHA recognized the significance of her achievements by naming her an "Everyday Hero."



Colleen Jasper is the Director of the Office of Consumer Relations for the Michigan Department of Community Health, a position she has held since 1993. The Office focuses on the promotion of mental health consumer needs in Michigan. Colleen has a psychiatric disability and utilizes her personal experiences in the system as the foundation for furthering the advocacy of consumers in Michigan. She has a B.A. in Psychology from the University of Minnesota and a Masters in Education from Michigan State University. She is co-author of the books "Consumers as Providers" and "Supported Education."



Dalia Smith suffered from depression and mood shifts since childhood. She was officially diagnosed with bipolar disorder after giving birth to her son. Dalia's journey to recovery was long and difficult, but today with the benefit of individual counseling and medication, combined with Dialectical Behavior Therapy (DBT) and Parenting with Love and Logic, she is more stable and active in the community. She is employed as a Family Advocate for the Association for Children's Mental Health and is involved with several state and local programs and committees.



Frank Pease is a veteran of the armed forces. He has battled depression and schizophrenia. Stabilized with medication, Frank has been involved with the Bayside Lodge, a psycho-social rehabilitation program run by its members. He was recently put on the payroll as Clubhouse Assistant.



Raymond Crommatie has been diagnosed and receives treatment for depression. Overcoming many setbacks in his life, Raymond is a positive leader in the Bayside Lodge kitchen and helps in various ways around the facility displaying great versatility which the staff greatly appreciates.

True or False (answers on page 12)

- ___ 1. Anxiety Disorders, Attention-Deficit/Hyperactivity Disorder, Depression, Eating Disorders and Schizophrenia are mental illnesses.
- ___ 2. Post-Traumatic Stress Disorder only occurs in military service members such as Vietnam Veterans.
- ___ 3. Social Anxiety Disorder is often accompanied by physical symptoms such as blushing, profuse sweating, trembling, nausea and difficulty talking.
- ___ 4. Bipolar Disorder is also known as Manic-Depressive Illness.
- ___ 5. It is estimated that one in every five people who need mental health treatment do not receive it.
- ___ 6. Mental illness stigma is a group of negative attitudes and beliefs that often lead the general public to fear, reject, avoid and discriminate against persons with mental illnesses and developmental disabilities.
- ___ 7. Children should be sheltered about mental health information since they are not mature enough to understand.
- ___ 8. People with disabilities are our nation's smallest minority group.
- ___ 9. Severe Obsessive-Compulsive Disorder can consume so much of a person's time and concentration that it interferes with daily life.
- ___ 10. Science has shown that having hope plays an integral role in an individual's mental illness recovery.

Topics for Discussion

- 1. What do you believe are some of the causes of stigma, and what do you think can be done to fight the stigma often associated with mental illness?

- 2. Discuss examples of Person-First Language and how it helps to reduce the stigma attached to disability.

- 3. Discuss positive and negative depictions of persons with mental illness that you have seen portrayed by the media (movies, newspaper, etc.).

- 4. What can be done to respect the rights (employment, housing, etc.) of people with mental illness and developmental disabilities?

Famous People with Mental Illness

Match the names with the descriptions. (answers on page 12)

- | | | | |
|---------------------|---------------------|----------------------|-------------------------|
| A. Michelangelo | E. Abraham Lincoln | I. Vivien Leigh | M. John Keats |
| B. Leo Tolstoy | F. Jimmy Piersall | J. Isaac Newton | N. Patty Duke |
| C. Charles Dickens | G. Vincent Van Gogh | K. Winston Churchill | O. Ludwig van Beethoven |
| D. Ernest Hemingway | H. Lionel Aldridge | L. Edgar Allen Poe | |

- ___ 1. The famous author known for his eerie, inventive works, clearly experienced mental illness as documented in *The Haunted Palace* by Frances Winwar.
- ___ 2. The brilliant composer experienced bipolar disorder, as documented in *The Key to Genius: Manic Depression and the Creative Life* by D. Jablow Hershman and Julian Lieb.
- ___ 3. Author of *War and Peace*, he revealed the extent of his own mental illness in the memoir *Confession*. His experiences are also discussed in *The Dynamics of Creation* by Anthony Storr and *The Inner World of Mental Illness: A Series of First Person Accounts of What It Was Like* by Bert Kaplan.
- ___ 4. The renowned poet's mental illness is documented in *The Dynamics of Creation* by Anthony Storr and *The Broken Brain: The Biological Revolution in Psychiatry* by Nancy Andreasen, M.D.
- ___ 5. A defensive end for Vince Lombardi's legendary Green Bay Packers of the 1960's, he played in two Super Bowls. In the 1970's, he suffered from schizophrenia and was homeless for two and a half years. Until his death in 1998, he gave inspirational talks on his battle against paranoid schizophrenia. His story is the subject of numerous newspaper articles.
- ___ 6. The celebrated artist's bipolar disorder is discussed in *The Key to Genius: Manic Depression and the Creative Life* by D. Jablow Hershman and Julian Lieb.
- ___ 7. The scientist's mental illness is discussed in *The Dynamics of Creation* by Anthony Storr and *The Key to Genius: Manic Depression and the Creative Life* by D. Jablow Hershman and Julian Lieb.
- ___ 8. The Pulitzer Prize-winning novelist's suicidal depression is examined in the *True Gen: An Intimate Portrait by Those Who Knew Him* by Denis Brian.
- ___ 9. The baseball player for the Boston Red Sox who suffered from bipolar disorder detailed his experience in *The Truth Hurts*.
- ___ 10. The mental illness of one of the world's greatest artistic geniuses is discussed in *The Dynamics of Creation* by Anthony Storr.
- ___ 11. "Had he been a stable and equable man, he could never have inspired the nation. In 1940, when all the odds were against Britain, a leader of sober judgment might well have concluded that we were finished," wrote Anthony Storr about this person's bipolar disorder in *Black Dog and Other Phenomena of the Human Mind*.
- ___ 12. The "Gone with the Wind" star suffered from mental illness, as documented in *A Biography* by Ann Edwards.
- ___ 13. The Academy Award-winning actress told of her bipolar disorder in her autobiography and made-for-TV movie *Call Me Anna* and *A Brilliant Madness: Living with Manic-Depressive Illness*, co-authored by Gloria Hochman.
- ___ 14. One of the greatest authors in the English language suffered from clinical depression, as documented in *The Key to Genius: Manic Depression and the Creative Life* by D. Jablow Hershman and Julian Lieb.
- ___ 15. The revered sixteenth President of the United States suffered from severe and incapacitating depressions that occasionally led to thoughts of suicide, as documented in numerous biographies by Carl Sandburg.

Mental Health Resources

**Achieving the Promise: Transforming Mental Health Care in America,
the final report of the President's New Freedom Commission on Mental Health**

www.mentalhealthcommission.gov/reports/FinalReport/toc.html

Bazelon Center for Mental Health Law

www.bazelon.org

Center for Law and Education

www.cleweb.org

Disability Resources on the Internet

www.disabilityresources.org

Emotions Anonymous

www.emotionsanonymous.org

Federation of Families for Children's Mental Health

www.ffcmh.org

Internet Mental Health

www.mentalhealth.org

The Mental Health Association in Michigan

www.mha-mi.org

Mental Health Matters

www.mental-health-matters.com

Mental Health Net

www.mentalhelp.net

Michigan Department of Community Health

www.michigan.gov/mdch

Michigan Mental Health Commission

www.mentalhealthcommission.gov

Michigan Protection and Advocacy Service, Inc.

www.mpas.org

National Alliance on Mental Illness (NAMI)

www.nami.org

**National Association of State Directors of
Developmental Disabilities Services**

www.nasddds.org

National Institute of Mental Health

www.nimh.nih.gov

National Mental Health Association

www.nmha.org

National Mental Health Information Center

www.mentalhealth.org

Schizophrenics Anonymous

www.sanonymous.org

The Schizophrenia Homepage

www.schizophrenia.com

**U.S. Department of Health and Human Services
Substance Abuse and Mental Health
Services Administration**

www.samhsa.gov

U.S. Psychiatric Rehabilitation Association

www.uspra.org



Discrimination and Stigma Resources

Anti-Stigma Home Page

community-2.webtv.net/stigmanet/STIGMAHOMEPAGE/

Bandaides and Blackboards

www.lehman.cuny.edu/faculty/jfleitas/bandaides

The Carter Center's Mental Health Program

www.cartercenter.org/health/mental_health/index.html

From Privileges to Rights: People Labeled with Psychiatric Disabilities Speak for Themselves

www.ncd.gov/newsroom/publications/2000/privileges.htm

iFred (International Foundation for Research and Education on Depression)

www.ifred.org/iFred

Kids on the Block

www.kotb.com

Mental health: it's part of all our lives

www.allmentalhealth.samhsa.gov/index.html

Metanoia

www.metanoia.org

NAMI StigmaBusters

www.nami.org/template.cfm?section=fight_stigma

National Mental Health Association-Stigma Watch

www.nmha.org/newsroom/stigma/index.cfm

No Stigma

www.nostigma.org

Nothing to Hide: Mental Illness in the Family

www.familydiv.org/nothingtohide.php

Open Minds

www.openminds.com

SAMHSA's Resource Center to Address Discrimination and Stigma (ADS Center)

www.stopstigma.samhsa.gov

Will I Go Crazy?

www.willigocrazy.org

References

United States Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services

<http://mentalhealth.samhsa.gov>

Michigan Association of Community Mental Health Boards (MACMHB)

<http://www.macmhb.org>

National Alliance on Mental Illness (NAMI)

<http://www.nami.org>

National Institutes of Health (NIH), National Institute of Mental Health (NIMH)

<http://www.nimh.nih.gov>

Additional Copies

For additional copies of the "One in Five" DVD or this workbook, please contact Mark Leffler at 989-797-3436, 1-800-258-8678 or by e-mail at mleffler@sccmha.org. You may view the program or download the workbook from the SCCMHA website at www.sccmha.org.

The “One in Five” project was supported with funds from the Substance Abuse and Mental Health Services Administration’s Center for Mental Health Service, Michigan Mental Health Block Grant, Michigan Department of Community Health, Mental Health and Substance Abuse Administration.

Answers

True and False

- | | | | | |
|---------|----------|----------|---------|----------|
| 1. True | 2. False | 3. True | 4. True | 5. False |
| 6. True | 7. False | 8. False | 9. True | 10. True |

Famous People with Mental Illness

- | | | | | |
|-------|-------|-------|-------|-------|
| 1. L | 2. O | 3. B | 4. M | 5. H |
| 6. G | 7. J | 8. D | 9. F | 10. A |
| 11. K | 12. I | 13. N | 14. C | 15. E |

“One in Five” *was an eye-opening journey for me. I was honored to ride with consumer advocates to rallies at Michigan’s capitol on two occasions, and each time I spent much of the voyage learning about mental illness. Because of time constraints, many of these testimonials do not appear in the final program; but each of my new friends do have a voice within “One in Five”. Co-producer Mark Leffler also held his own sessions with consumers, capturing their hopes for the documentary in a series of audio tapes. This is what makes this program so unique. The script is how they feel, and how they’d like others to feel about them.*

My documentaries have taken me high into the skies flying bombers, and deep below the Great Lakes to explore shipwrecks. Never before have I taken a journey that was as enlightening as the one for “One in Five”.

Ric Mixer is a former news reporter and producer who formed Airworthy Productions in 2000. Ric has been seen by millions on PBS, the Outdoor Channel, Discovery Channel, the History Channel and on local TV and radio stations throughout the Midwest. Diving since 1991, he has recorded some of the most famous shipwrecks in the Great Lakes.

His adventures include dives to some 100 wrecks, from century old schooners to the giant *Edmund Fitzgerald*. Ric has also interviewed countless shipwreck survivors, being the first to create documentaries on the *Cedarville*, 1913 Storm, 1940 Armistice Day Storm, and *Carl D. Bradley*. He is an award winning underwater videographer whose work has appeared on PBS, the Outdoor Channel, the History Channel, ESPN, the Discovery Channel and many others. His submarine visit to the *Edmund Fitzgerald* was featured in three documentaries, “**Expedition to the Edmund Fitzgerald**”, **Deep Six**, and “**The Edmund Fitzgerald Investigations**”.

A popular motivational keynote speaker, Ric travels thousands of miles each year to tell the world not only about our unique shipwrecks, but about his adventures flying F-16 fighter jets, B-52 Bombers and even skydiving from 12,000 feet. Ric is married with three SCUBA diving kids, living in Saginaw, Michigan.





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