

Fight against stigma Small example of regional politics

1. Title → Presentation

I am Elena Molteni, component ANEP (Italian Social Educators Association). I worked 20 years in mental health services, the first in a former Psychiatric Hospital of the Milan's Province and, following his conversion, overcoming and final closure in 1998, in residential, day care and ambulatorial services of the territory (twenty years after the enactment of the Basaglia Law!).

I have the opportunity to share an experience of information, awareness and fighting to the stigma in high schools, implemented with the collaboration of users and family mental health during the past decade.

This same presentation was showed to the World Congress of World Association Psychosocial Rehabilitation in Milan 11 november 2012

2. Why we write: "A falling tree makes more noise than a growing forest"?

How to built instead a medical culture, a culture where socializing mental problems means not to be afraid of them and don't run to psychiatric unit!

Since 2001 we started this interesting program; ten years of meetings with fourth-year students of the high schools of the Milan's Province, helped spread information on fighting to the stigma.

During the firsts eight years we developed our work increasing number of students, teachers and different schools. It was incredible, even for us, how interest and successful we had.

Unfortunately in two/three years political regional choices and changed drastically the situation.

3. The Problems

Our old project: fighting to the stigma

= know more about psychiatric diseases and psychiatric patients

= don't be afraid

= don't run to psychiatric unit if you don't feel very well, go just when you feel bad

The cultural regression change creates also the idea that every single psychological problem must be taken care from medical point of view.

Our point of view is that when users are socially integrate they feel less disturbed and could ask for psychiatric help only when they really need.

When you don't feel very well it doesn't mean you have a mental disorder!

New project: information for prevention

= these are psychiatric diseases

= if you have one of them, run to psychiatric unit before it's too late!

4. The Aims

The proposal's purpose was to give information about mental health problems, with particular attention to prejudices and the marginalization of different persons, and to give information about mental health services. Correct information and understanding during the scholastic age (17-19 olds) can help to overcome prejudice of mental problems, eliminate distorted ideas with create isolation and distrust of people who have mental health problems.

Our work was to try to direct them towards our structures only when they needed: "when you know them, you can better use them"!

5. The protagonists

Our project was built in meetings students inside of schools, experiencing face to face students and psychiatric team.

We made two/three meetings, each lasting three/four hours with classes of 20/25 students each.

Our aim was to had students participate dynamically and interactively.

We gave to the pupils a questionnaire about their perception of mental problems before we begin; the same questionnaire we gave them at the end of the last meeting.

We have shown to the Students some parts of the films on the psychiatric theme together with explanation by the team (a psychiatrist, a psychologist, a nurse, a social worker and a social educator) about the content and the images.

The professional staff asked to the students take part at a simulation about the auditory hallucinations and speak about the emotions they felt during the experience.

The most interesting moment for students is when some "users" and some parents talk about their suffering and the way they are medically or not taken care. It must be pointed out that the direct participation of mental health patients and their parents was extremely important in getting students attention and their consequent comprehension of mental health diseases.

Some videos are also proposed to the students about the asylum where the patients used to be treated in the past, and communities they are treated now, after the establishment of Basaglia law and the psychiatric hospital were shut down.

6. The "Defensive attitude" (the item "go far away") was present only 67% starting from 82 before our work.

The "Direct contact" was accept by 28% (best result) starting from 10%.

In the 9 years of the project the results were: the students of social studies show a more tolerant attitude towards people with mental health problems; change of percentage about the item "go far away" from a maximum of 43% to a minimum of 15% and a reduction of defensive attitudes during direct contact with these people from a maximum of 28% to a minimum of 10%.

Opposite results were seen only for students of graphic studies and for students of social studies in the period of 2006-2007. But unexpectedly their behaviour changed when they were directly involved with their cultural productions. It resulted very useful in helping them to overcome their prejudice towards people with mental health problems. We were pleasantly surprised about these results because the students' questionnaire don't transmitted the same understanding. It could be that they had more time to think about the disturbed people.

With our information program the students had the possibility to increase their knowledge about this theme, so they could be more objectives. This change in feelings goes from a greatest percentage of 64% to a minimum of 5%.

Even the answer to the aggressive images that the media and common thinking usually show and the intencion to supporte goes from a maximum 68% to a minimum 5%. The direct involvement of some young persons in the creation of cultural messages aimed at their peers and the testimonials directly were positive.

Involving the students with the cultural messages' production was very useful in to overcome their prejudices about people with mental problems. In fact these students, who study graphic arts, produced some videoclips, posters and plastic models: all of these were made available to the general public through art exhibits and meetings. The students understand more the message when it become part of their scholastic curriculum. It could be that they had need time enough to think about the theme.

Now I show you an example of OUTCOMES

→ a videoclip entitled: "if the stigma calls, you do not answer"

7. Istogramma

From 2001 to 2007 we worked with just one class of a school. From 2007-2008 we worked in three school (174 students total) and in years 2008-2009 we decreased to two schools (130 students total). From the 2005 we added direct involvement of users and from the 2008 we invited an association of users'parents (the name is "gates are always open") to take part of our project starting a good new collaboration.

Psychiatric team changed during these year: we started with 3, in 2004 became 5, in 2008 decreased in 4 and in 2009 reduced in 3. Even teachers involved passed from 8 in the years 2007/8, to 4 in the years 2008/9.

8. The political regional choice to use available professional resources to favor an increase in the number of services offered to users is aimed at treatment and not prevention and offering opportunities to better socially integrate patients with mental disorders.

After 2009, as I already say, these meetings were: less hours, less classes and less professionals involved, in spite of an increased request of

educational projects. The cultural impact and the opportunity to spread this message was hindered as a result.

9. Virtuous circle

More we were involved

More teachers were interested on our work

10. A spiral without prospects

11. A falling tree makes more noise than a growing forest

Slideshow of the other artistic products of the students.