

The National Coalition of Mental Health Consumer/Survivor Organizations is united by these values:

◆ Recovery:

We believe it is possible for everyone.

◆ Self Determination:

We need to be in control of our own lives.

◆ Holistic Choices:

We need meaningful choices, including a range of recovery-oriented services.

◆ Voice:

We must be centrally involved in any dialogues and decisions affecting us.

◆ Personhood:

We will campaign to eliminate stigma and discrimination.

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Countering Discrimination and Stigma by Promoting Mental Health Recovery and Resiliency

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The National Coalition of Mental Health Consumer/Survivor Organizations (<http://www.ncmhcsso.org/>) is a coalition of people with psychiatric diagnoses¹ who counter stigma and discrimination through the evidence of their recovery².

KEY POINTS

- Research shows that people recover from mental illness/severe emotional distress.
- People who have psychiatric histories must be included in discussions concerning them just as other groups are included when decisions are made about them.
- The mental health community needs to focus on wellness promotion and programs that support recovery and resiliency.

RECOVERY AND TRAUMA

- Trauma—such as bullying, physical and sexual abuse, exposure to violence or natural disaster, physical and emotional neglect, and general disrespect of people who appear different or odd—plays a major role in the development of emotional distress and the diagnosis of mental illness.
- Wellness and recovery services and supports that address trauma are especially needed for young adults because adolescence and young adulthood are stressful, transitional times.
- Peer-to-peer support and open dialogues with diverse stakeholders are two of the most promising methods of engagement for people with histories of trauma, emotional distress, or mental illness.

MEDIA AND STIGMA/DISCRIMINATION

- The media perpetuate the **myth** that people with mental illness are more violent than the general population. Research shows this to be untrue. In fact, people with mental illnesses are more often victims of violence than perpetrators.
- “Nothing about us without us:” Those of us who have personal experience with recovery from mental illness should be consulted by the media and others when mental health topics are in the public policy arena. We can provide a broader understanding of the issues involved and offer positive solutions. We also can offer information about self-help/advocacy organizations we have developed around the country and about the active role we are playing in transforming the mental health system. Allowing others to speak **“for”** us perpetuates the myth that we are unable to represent our own interests.

¹ People with psychiatric histories are also known as consumers and/or survivors.

² The federal Substance Abuse and Mental Health Services Administration (SAMHSA) has defined mental health recovery as a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.

INVOLUNTARY TREATMENT VERSUS VOLUNTARY, PEER-DRIVEN SERVICES

- Involuntary treatment drives people away from mental health services, is stigmatizing and traumatizing, and will not prevent violence.
- People need an array of voluntary, peer-driven services and supports, as recommended in the report of the President's New Freedom Commission on Mental Health. Such services have a proven track record in helping people recover.

RECOMMENDATIONS ADDRESSED TO YOUNG ADULTS, THE MEDIA AND THE ACADEMIC COMMUNITY

1. Every college campus should offer a wide array of voluntary services and supports, especially peer-run services such as the consumer/survivor movement has created. These would include warm-lines, drop-in centers, stress reduction classes, wellness management, and overnight respite services, which do not carry the stigma and discrimination associated with hospitalization. Consumer/survivor-run statewide groups could offer technical assistance to colleges on developing such services, which should respect the privacy of students who seek them out.
2. Students should be educated about the traditional and peer-run mental health services and supports available to them on and off campus. Access to services and supports should be flexible and without barriers. This may involve professional or peer counselors reaching out to students who may need support.
3. School personnel (administrators, teachers, support staff) should be particularly supportive after a tragedy. Voluntary debriefing sessions, listening sessions and informational sessions should be available to help meet the emotional needs of the student community. Peer-run program staff should take part in or lead some of these sessions.
4. Public education involving college-age youth telling their stories of recovery would provide hope and help counter the stigma and discrimination directed towards people labeled with mental illness. Statewide consumer/survivor groups could mentor students to help them tell their stories.
5. College teachers, administrators, counselors and peer counselors should come together in a dialogue with people diagnosed with mental illness who have recovered, to learn from them about recovery and peer support.
6. The media and the public need to be informed that people with mental illnesses are no more violent than the general population.
7. The media need to stop fueling misinformation and myth and revealing private medical information without consent. The media in the United States should follow Scotland's lead and adopt a standard never to mention a person's diagnosis in their coverage.
8. Consumer/survivor activists should work with youth groups such as Active Minds on Campus, The Icarus Project and State of Mine (New Mexico) through participating in Active Minds' conference in Washington, D.C., in October 2007, to inform youth of the consumer/survivor movement and our experiences with recovery.
9. Youth groups should participate in Alternatives 2007 (a national conference organized by and for people who have recovered or are recovering from severe emotional distress/mental illness) to inform the consumer/survivor movement of the needs of youth.

CONTACT FOR MORE INFORMATION

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