

Facts

- Language and portrayals of mental health patients is similar to language used for ethnic minorities 30-40 years ago
- Most media coverage of mental illness is negative
- Most common media focus on a violent event gives mistaken impression that dangerousness and unpredictability are part of mental illness leading to misinformation, misconception, fear, hostility and intolerance (Stuart 2006)
- Persons with mental illness are much more likely to be a victim rather than perpetrator of crime

Myth	Fact
"It's a moral weakness"	Schizophrenia has strong neurobiologic disorder features (Insel TR).
"His diagnosis is psychosis"	These are symptoms and may be due to a variety of causes both mental health and physical/medical. Be careful with diagnostic overshadowing and skipping over physical exam and appropriate investigations.
"He's highly dangerous and unpredictable"	People and media dramatically overestimate the likelihood of violence or unpredictability (Stuart, H 2006). A recent JAMA study (Fazel 2009) reports risks for violent crime in 8,000 people with schizophrenia 1973-2006 and control group of 80,000 from the general population. Results were 28% convictions for violent crime for those with co-occurring schizophrenia and substance abuse, and a non significant difference of 8% for schizophrenia and no substance abuse vs 5% for the general population. Some studies report specific subtypes of psychotic symptoms such as paranoid delusions to have an increase in the likelihood but much lower than mythic assumptions. Mental Illness alone does not appear to predict violent behaviour, the combination of substance abuse maybe more of a risk.
"There's no hope"	Symptoms can be controlled. The recovery model denotes the processes by which people with lived experience with mental illness participate, work with lived experience, and live fully within their communities. This can occur in the face of ongoing symptoms of illness, which despite them, the individual can learn to cope or adapt to and thrive. (CPA 2011)
Patient engagement and behavioral strategies cannot improve adherence, and therefore outcomes, in Psychosis since it is all biological.	Patient engagement and behavioural strategies such as CBT are first line treatments that can improve adherence in psychosis. (Velligan et al., 2009)

Stuart, H. *Media Portrayals of Mental Illness and Its Treatments*. *CNS Drugs*. 2006;20(2):99-106.

Insel TR. *Rethinking schizophrenia*. *Nature*. 2010 Nov 11;468(7321):187-93.

Fazel S, Långström N, Hjern A, Grann M, Lichtenstein P. *Schizophrenia, substance abuse and violent crime*. *JAMA*. 2009 May 20;301(19):2016-23.

Velligan DI, Weiden PJ, Sajatovic M, Scott J, Carpenter D, Ross R, Docherty JP; Expert Consensus Panel on Adherence Problems in Serious and Persistent Mental Illness. *The expert consensus guideline series: adherence problems in patients with serious and persistent mental illness*. *J Clin Psychiatry*. 2009;70 Suppl 4:1-46; quiz 47-8.