

## **FACTS AND FICTIONS**

### **Discussion sheet**

#### **MYTH 1: MENTALLY DISABLED PERSONS CAN NEVER BE NORMAL.**

**FACT:** Mental health difficulties are often temporary in nature. Often the dramatization of normal reactions to stress and trauma as "abnormal" is both unfair and unrealistic. People define themselves by what others think and when the "experts" provide significant labels, they add to the problem, not the solution.

#### **MYTH 2: IF THOSE WITH PHYSICAL HANDICAPS CAN COPE ON THEIR OWN, PEOPLE RECOVERING FROM MENTAL DISABILITIES SHOULD, TOO.**

**FACT:** Most people who have been through a disabling incident need help to return to normal functioning. Physical therapy often fills this role after a physical illness. Similarly, following a mental disability, social rehabilitation is usually needed.

#### **MYTH 3: A PERSON WITH MENTAL ILLNESS CAN HOLD A LOW-LEVEL JOB BUT NOT A RESPONSIBLE, DECISION-MAKING POSITION.**

**FACT:** People with mental illnesses, like everyone else, have the potential to work at any level. As individuals, their career potentials depend on their particular talents, abilities and experiences, as well as motivation. A number of political leaders, artists and others have achieved greatness despite a mental problem

#### **MYTH 4: PEOPLE WHO HAVE A MENTAL ILLNESS ARE PRONE TO VIOLENCE AND SHOULD BE CONSIDERED DANGEROUS.**

**FACT:** The vast majority of people with mental illnesses are not violent. When violence does occur, it typically results from the same reasons as with the general public such as feeling threatened or excessive use of alcohol and/or drugs.

People who have come through a serious emotional and mental trauma and have returned to the community are apt, if anything, to be anxious, timid and passive. They rarely present a danger to the public.

**MYTH 5: BUT RECOVERED MENTAL PATIENTS COULD GO BESERK AT ANY TIME.**

**FACT:** Most people who have mental problems never went "berserk" in the first place. They are more likely to be depressed and withdrawn than wild and aggressive. Relapses tend to develop gradually as the stress of life erodes coping skills. People are taught to recognize their own patterns and seek help, and friends and family can be alert to needed support.

**MYTH 6: THERE IS NOTHING WE CAN DO TO HELP.**

**FACT:** The way we act toward people can make all the difference in their lives. When well functioning, hard working people with mental health problems are refused employment, housing or other opportunities because of false beliefs or stereotypes, we contribute to the problem, not the solution. We shape our own self-esteem by the people around us. If you give us responsibility, we will feel responsible.

**MYTH 7: THERE ARE GOOD REASONS NOT TO TAKE MEDICATIONS.**

**FACT:** Many psychoactive medications have very unpleasant side effects: these include dry mouth, blurred vision, weight gain, sexual dysfunction, over sedation, unsteady gait, stiffness and more. Therefore, it is imperative that individuals become partners in their care to reduce these unwanted effects.

**MYTH 8: INDIVIDUALS WITH MENTAL ILLNESS ARE BEST SERVED IN LOCKED INSTITUTIONS.**

**FACT:** Most individuals can be treated in the community and only occasionally need to be in a hospital. In this acute situation, many community hospitals are adequately equipped with psychiatric services to care for individuals at this time. A locked unit is only required if the individual is deemed dangerous and admitted involuntarily or on a court order.

**MYTH 9: IF INDIVIDUALS WITH MENTAL ILLNESS STAYED ON MEDICATIONS, THEY WOULDN'T HAVE TO WORRY ABOUT RELAPSE.**

**FACT:** While failure to adhere to medications accounts for some of the reason individuals relapse, other factors are equally important. These include psychosocial stressors, using alcohol or other drugs, failure of the medicine to work even though the person is taking it.