UNIT 4 IMPACT OF MENTAL DISORDERS ON SOCIETY

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4.1 INTRODUCTION

Mental and behavioural disorders are understood as clinically significant conditions characterized by alterations in thinking, mood (emotions) or behaviour associated with personal distress and/or impaired functioning. Mental and behavioural disorders are not just variations within the range of “normal”, but are clearly abnormal or pathological phenomena. The dimensions of mental health, physical health and social health are intricately linked and are vital for the well-being of individual, family and society.

Mental health problems are very common and affect all sections of the society. No group is immune to mental disorders, but the risk is higher among the poor, homeless, the unemployed, persons with low education, victims of violence, migrants and refugees, indigenous populations, children and adolescents, abused women and the neglected elderly. While, currently most people consider mental disorders to be a concern only for the sufferers and their caregivers, one must realize that mental disorders affect society as a whole, and they are a major challenge to global development. In this chapter you will become aware of the huge toll the mental disorders take on the society.

4.2 OBJECTIVES

After studying this Unit, you will be able to:

- Know the extent, prevalence and magnitude of mental and behavioural disorders in the community;
- Explain the impact of mental and behavioural disorders on the sufferer in terms of impaired functioning, disability and socio-economic disadvantages;
Understand the problems faced by the family and caregivers of persons affected with mental illness;

Discuss the economic consequences of mental disorders for the individual, family and the community as a whole;

Describe the stigma, discrimination and human rights violations threats faced by people with mental illness; and

Discuss the role of media in spreading awareness about common mental health problems.

4.3 MAGNITUDE AND BURDENS OF MENTAL ILLNESS

Mental and behavioural disorders are very common. About 450 million people around the world suffer from these conditions at any given point of time. Mental disorders are universal and affect all groups and societies, people of all ages, both genders and from all socio-economic strata. They have an impact on the quality of life of individuals and their affected families and society as a whole.

The World Mental Health (WMH) survey conducted under the leadership of WHO reveal that the lifetime prevalence estimates of mental disorder across countries are in the range of 18.1–36.1%. Anxiety disorders are consistently found to be the most prevalent class of mental disorders in the general population, with estimated lifetime prevalence of any anxiety disorder averaging approximately 16% and 12-month prevalence averaging approximately 11% across surveys. Mood disorders are generally found to be the next most prevalent class of mental disorders in community epidemiological surveys, with lifetime prevalence estimates of any mood disorder averaging approximately 12% and 12-month prevalence estimates averaging approximately 6%. The severe mental disorders are about equally common, with the exception of depression, which is more common among women, and substance use disorders, which are more common among men.

Epidemiological studies done in primary health care settings also show a high prevalence of mental and behavioural disorders. A survey conducted by the WHO in 1995 showed that about 24% of patients in primary healthcare setting had mental disorders. The most common diagnoses in primary care settings are depression, anxiety and substance abuse disorders. These disorders are present either alone or in addition to physical disorder(s). There are no consistent differences in prevalence between developed and developing countries.

Check Your Progress 1

Note:  a) Read the following questions carefully and answer in the space provided below.

b) Check your answers provided at the end of this unit.

1) How common (lifetime prevalence estimates) are mental disorders in the community (general population) setting?

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2) What are the commonly encountered mental disorders in primary healthcare settings?

4.4 INDIVIDUAL BURDEN

Mental disorders have an impact on the individual, their family and on the community. The person suffering from the illness experiences not only the symptoms but also the consequences, viz. inability to participate in work and leisure activity, discrimination and stigma due to the illness.

4.4.1 Assessment of Disability and Burden

Mental disorders lead to a significant disruption in the lives of the affected and their care-givers. It is important to assess the functioning of affected persons in various domains like carrying out the routine activities necessary to fulfill their roles at home, work/school or in other social areas. Disability is a commonly used measure to study the burden of illness as mental disorders are commonly chronic and lead to substantial impairment in various domains of life.

Importance of assessing disability

Diagnosis and assessment of disability is valuable because it can predict various factors like:

- Service needs – What are the patient’s needs?
- Level of care – Should the patient be in primary care, specialty care, rehabilitation or another setting?
- Outcome of the condition – What will the prognosis be?
- Work performance – Will the patient return to work and perform as before?
- Social integration – Will the patient return to the community and perform as before?

Disability assessment is thus, useful for health care and policy decisions, in terms of:

- identifying needs
- providing necessary treatments and interventions
- measuring outcomes and effectiveness
- setting priorities
- allocation of resources.
There are many standardized instruments to assess disability. One of the most commonly used instruments is the WHO Disability Assessment Schedule (WHODAS 2.0). It assesses level of functioning in six domains of life.

- Domain 1: Cognition – understanding and communicating
- Domain 2: Mobility – moving and getting around
- Domain 3: Self-care – attending to one’s hygiene, dressing, eating and staying alone
- Domain 4: Getting along – interacting with other people
- Domain 5: Life activities – domestic responsibilities, leisure, work and school
- Domain 6: Participation – joining in community activities, participating in society.

In India, another instrument called Indian Disability Evaluation and Assessment Scale (IDEAS) has been constructed to evaluate the level of disability for four types of mental disorders (schizophrenia, bipolar disorder, dementia, and obsessive compulsive disorder). The domains assessed are self care, interpersonal activities (social relationships) communication and understanding; work (performance in work, house or school). The duration of mental illness is also taken into account to generate a total disability score.

Quality of life (QOL) measures also give us an idea regarding the impact of mental disorders on a person’s life. Quality of life is defined as an individuals’ perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. It is a broad ranging concept, incorporating the individuals’ physical health, psychological state, level of independence, social relationships, personal beliefs, and their relationships to salient features of the environment.

The WHO developed the WHO Quality of Life (WHOQOL) instrument for use across different cultures. Its brief version (WHOQOL-BREF) consists of 26 questions assessing quality of life in four domains: Physical health, Psychological, Social relationships, and Environment; and the global quality of life.

Different mental illnesses lead to different levels and patterns of disability and quality of life impairment and this must be kept in mind while assessing a patient. Also the duration of psychiatric illness may vary from acute and transient disorders to chronic disorders and hence disability and quality of life measurements can fluctuate during different stages of the illness.

Check Your Progress 2

Note:  a) Read the following questions carefully and answer in the space provided below.
        b) Check your answers provided at the end of this unit.

1) Discuss the importance of assessing disability caused by mental disorders.

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### 2) What are the various domains of disability assessed by the WHODAS 2.0?

Some of the major domains in which people with mental disorders experience disability are discussed in the forthcoming sections.

#### 4.4.2 Impact on Productivity

All mental disorders ranging from common to severe mental disorders can lead to impaired productivity. This could be due to health related absenteeism from work or due to decreased efficiency due to psychological (depression, stress, burnout) or physical symptoms (e.g., high blood pressure, heart disease, ulcers, sleeping disorders, etc.). Mental disorders unlike general medical conditions often affect higher-order social and cognitive skills. These functions are particularly important for successful functioning in the workplace. Deficits in these domains may be subtle and thereby more difficult to identify and overcome than the more concrete (physical impairment) barriers raised by general medical conditions.

Studies have shown that people with mental illness report substantial social, economic, and discriminatory barriers to work over and above the symptoms of their illnesses. Some major barriers to the employment of individuals with severe mental illness include lack of choice in employment services and providers, inadequate work opportunities and difficulty advancing in work, and stigma and discrimination (being fired or laid off, or being refused employment on the basis of disability). For an individual with clinical symptoms, perception of such barriers appears to play an important role in mediating ultimate work status. Individuals with mental disorders and their caregivers commonly report the following needs: assistance with family responsibilities, transportation to work, job training, job information, etc.

Despite increasing knowledge of mental health issues over the past few decades, employers and enterprises have lagged behind in their understanding and acceptance of the pervasiveness, treatment and impact of mental health problems in the workplace. Most human resource management programmes do not cover adequately the area of mental health and employment. Some of the measures to promote the welfare of people affected with mental disorders would be:

- Psychosocial rehabilitation programmes and skill development programmes for the recovering mentally ill.
- Effective implementation of anti-discrimination provisions.
- Preventive, treatment, and rehabilitation programmes that address employees' mental health needs.
- Targeted intervention to facilitate return to work – for example, informing the attending physician or appropriate mental health professional of the exact duties of the job before the physician makes a final decision on return to work, gradual return to work, flexible time, temporarily changed duties that involve less job-related stress or other flexible arrangements etc, with a clear understanding of duration of rehabilitation process.
- Employee assistance programmes.
4.4.3 Disability and Health Burden

Health burden associated with diseases are traditionally measured by indices like incidence, prevalence and mortality. These are well suited for the study of acute illnesses which tend to result in recovery or death. Mental disorders are more often chronic in nature and cause more disability than death. The Global Burden of Disease study showed that mental disorders ranked almost as high as cardiovascular diseases and respiratory diseases and surpassed all different types of cancer and HIV, when disability was taken into the equation to measure burden caused by illnesses. The study used the disability adjusted life year (DALY) as the health gap measure, which combines information on the impact of premature death and of disability and other nonfatal health outcomes. One DALY can be thought of as one lost year of ‘healthy’ life.

Disability caused by major depression was found to be equivalent to that caused by blindness or paraplegia, whereas disability caused by active psychosis as seen in schizophrenia was estimated as somewhere between paraplegia and quadriplegia. With regard to years lived with disability, depressive disorders as a single diagnostic category were the leading cause of disability worldwide. Mental disorders are projected to increase to 15% of the global disease burden, and unipolar major depression could become the second leading factor in the disease burden by the year 2020.

Mental disorders also contribute to mortality. Neuropsychiatric disorders account for 1.2 million deaths every year and 1.4% of all years-of-life lost; most of these are caused by dementia, Parkinson’s disease, and epilepsy; however, studies have also shown an increase in all-cause mortality for disorders like schizophrenia, depression and substance use disorders.
4.4.4 Stigma and Discrimination

Stigma is a negative differentiation attached to some members of society who are affected by some particular condition or state. This negative attitude that dictates that those members be maintained at a distance is related to negative stereotyping and prejudicial attitudes that, in turn, lead to discriminatory practices. Thus, whereas stigma is an attitude, discrimination is behaviour aimed at depriving the stigmatized person of legal rights and legally recognized entitlements. Stigma, prejudice and discrimination are, therefore, inextricably related.

- General attitudes towards people with mental illness

Studies have tried to assess the common perception about mental illness among unaffected people in the community and the results have consistently shown that persons affected with mental illness are generally regarded as dangerous, who should be kept out of the community.

Even in developed countries only about 40-50% of people consider psychological symptoms to be the result of mental illness. Society commonly sees mental illness as a “reaction to stress” and recommends non-medical treatments and is hesitant to suggest hospitalization and drug treatment. The awareness of a need for intervention is ‘disappointingly low’ even in the patients and relatives’ groups despite prior contact with mental health services.

Public attitudes towards schizophrenia are generally negative. People affected with schizophrenia are usually perceived to be dangerous and aggressive, who should not be free in the community. Many people in the community state that they would be irritated about having a neighbour with schizophrenia; that they would not rent their home to a person with schizophrenia, that they do not want to work with a person with schizophrenia and that they would not get married to a person with schizophrenia.
Public attitudes about even common mental disorders like depression are not quite different. They are also perceived to be a threat and people hesitate to interact with such patients. They are hesitant to have them as neighbours, colleagues or life partners and even feel that treatment of such persons should be located away from general hospitals.

- **Perceptions about mental illness and help-seeking**

The perception of mental illness considerably varies across and within cultural or ethnic groups. The co-existence of apparently conflicting medical beliefs and behaviours has been found throughout the world and these differences influence the help seeking process.

Surveys indicate that family members would be reluctant to utilize mental health services in the event of mental disorder arising in the family. Some of the main reasons given for non-consultation are reluctance to acknowledge that a family member has a mental illness, stigma attached to attending mental health services and the skepticism about the usefulness of mental health services. Willingness to utilize psychiatric services is associated with better parental education, occupation and socio-economic status.

In developing countries like India, a wide variety of services are used by patients before seeking treatment from psychiatric facilities. Faith healers, traditional and alternative systems of medicine are commonly used by patients before seeking care from psychiatrists. Trust, easy availability and accessibility, recommendations by significant others and belief in supernatural causation of illness are the important reasons for choosing a particular facility and show that socio-cultural factors influence treatment seeking behaviour. It is also of importance that in India and other Asian cultures religious beliefs, the lack of mind-body distinction, the tendency for somatization and the shame shared by the patient and their families also influence the help-seeking behaviour and frequently lead to a combination of traditional and modern treatments.

- **Stigma among patients and their family members**

Patients suffering from mental illness experience considerable stigma from friends, family members and various quarters of the society. Patients feel that family members consider them to be violent and aggressive and they also experience dislike and rejection from family members. It is common for friends and family members of mentally ill persons to conceal their illness which is source of stigma. In the treatment setting, medication induced side effects, adverse experience like negative staff attitudes, excessive physical/chemical restraints, inadequate information/complaint systems and limited rights lead to considerable stigma among patients. Programmes that build the family as a rehabilitative resource should start early to reduce the development and adverse impacts of stigma.

Families of individuals with mental illness face a range of practical and emotional stresses. Social disapproval or devaluation, e.g., problems for the affected person to marry, is the most important concern in an analysis from India that studied factors influencing stigma among family members of people with mental illness. Other stigma related consequences include social isolation of the families, difficulties experienced by the mentally ill patients when trying to obtain competitive employment and financial difficulties.

### Check Your Progress 5

**Note:**

a) Read the following questions carefully and answer in the space provided below.

b) Check your answers provided at the end of this unit.
1) Define stigma.

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2) What are the common perceptions about treatment seeking in a developing country like India?

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4.5 IMPACT ON THE FAMILY

Family members are often the primary caregivers of people with mental disorders. Current figures suggest that one in every four families is supporting a person with mental illness. These families bear the direct and indirect costs associated with the illness, responsibility of providing emotional and physical support to the person and the negative impact of stigma and discrimination. Rejection by friends, relatives, neighbours and the community as a whole can increase the family’s sense of isolation, resulting in restricted social activities, and the denial of equal participation in normal social networks.

Expenses for the treatment of mental illness are often borne by the family because they are generally not covered by the State or by insurance. Family members may need to set aside a significant amount of their time to care for a person with a mental disorder. Unfortunately, the lack of understanding on the part of most employers, and the lack of special employment schemes to address this issue, sometimes render it difficult for family members to gain employment or to hold on to an existing job, or they may suffer a loss of earnings due to days taken off from work. This compounds the financial costs associated with treating and caring for someone with a mental disorder.

4.6 ECONOMIC COST OF MENTAL ILLNESS

A commonly overlooked problem arising secondary to mental illness is the economic impact on both the individual and the society. The economic impacts of mental illness include its effects on personal income, the ability of the persons with mental disorders or their caregivers to work and make productive contributions to the national economy, as well as the utilization of treatment and support services.

Case vignettes

- Sanjay is a 52-year-old man with a 27-year history of schizophrenia. He experienced his first episode of illness at the age of 25 after one year of marriage. He heard several threatening voices that spoke about him constantly, saying such things as “Look at him, he is good for nothing, let’s kill him”. Sanjay had a number of inpatient hospitalizations, and no medication completely returned him to his pre–illness state. He had been working as a painter before his illness. He never returned to a paid job. His
mother and wife cared for him until the mother died. He now lives with his wife and 2 daughters who are working to support the family. On average he is hospitalized at least twice per year.

- Rashmi is a 36-year-old woman, who had been working as an accountant in private firm following completion of a University Degree. She has had 5 episodes of severe depression over 7 years, which include constant low mood, tearfulness, low energy, difficulty concentrating, loss of appetite, poor sleep and thinking about suicide. She has attempted suicide on two occasions by taking overdoses of medication. She feels very guilty as part of her depressive illness but also about her suicide attempts. She has been hospitalized once, in a private hospital. Her husband left her because he could not cope with her depression. Rashmi has recently lost her job because of poor work performance and absenteeism. She is currently unemployed and staying with her parents at present. She has a 7-year-old son, and struggles to care for him. Her son has been noticed to have learning difficulties at school.

The economic cost arising out of any illness can be classified as direct and indirect costs. Direct costs usually result from the treatment processes like consultation, transport and medications. Indirect costs result from work place absence, loss of productivity, income lost by caregivers, etc.

Let us see the different types of costs related to the occurrence of mental disorders. As you can see in the box below, mental disorder has cost implications to the patient, his/her family and relatives, as well as the employer and the society.

<table>
<thead>
<tr>
<th>Core costs</th>
<th>Other non-health costs</th>
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<tbody>
<tr>
<td>Direct costs (payments made)</td>
<td>Treatment and service fees/payments</td>
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<tr>
<td>Indirect costs (resources lost)</td>
<td>Morbidity costs (lost productivity)</td>
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<td>Mortality costs</td>
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<table>
<thead>
<tr>
<th>Care costs</th>
<th>Productivity costs</th>
<th>Other costs</th>
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<tbody>
<tr>
<td>Patient</td>
<td>Treatment and service fees/payments</td>
<td>Work disability</td>
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<td></td>
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<td>Lost earnings</td>
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<tr>
<td>Family and friends</td>
<td>Informal care-giving</td>
<td>Time off work</td>
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<tr>
<td>Employers</td>
<td>Provision of mental health care and general medical care</td>
<td>Reduced productivity</td>
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<tr>
<td>Society</td>
<td>Provision of mental health care and general medical care</td>
<td>Reduced productivity</td>
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</tbody>
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Check Your Progress 6

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers provided at the end of this unit.

1) Define direct and indirect costs in relation to mental disorders.

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4.7 MEDIA AND MENTAL ILLNESS

Media plays an important role in forming attitude, both positive and negative, towards mental illness. Media is frequently involved in covering various social issues related to mental health. Mental health professionals rely on the various forms of media to create awareness regarding mental disorders and promote mental health literacy.

Media depictions sometimes reinforce and perpetuate negative public attitude and this can have damaging consequences. Stigmatization of people with mental disorders and their doctors can lead to stereotyping, labeling, bias, distrust, fear, embarrassment, anger and avoidance. It results in discrimination and abuse of affected persons leading to deprived opportunities and exclusion from the mainstream of the society. Some common misconceptions and stereotypes of people with mental disorders portrayed in the media are:

- People with mental disorders as unlikely to recover
- Ridicule and trivialize mental disorders
- People with mental disorders as violent and dangerous
- People with mental disorders as strange and unpredictable

On the other hand, the media could similarly play a vital role in informing and educating the public about mental disorders and promotion of positive mental health. People can be informed and educated through the mass media thereby counteracting stigma and discrimination. The society has to be made aware that

- People with mental disorders do recover and make valuable contributions to our communities.
- Various studies show that optimism about outcome from severe mental disorders like schizophrenia is justified.
- Mental disorders are serious and painful illnesses, so use of appropriate and respectful language is of great importance from the perspective of human rights and dignity.
- Most people with mental disorders are our relatives and neighbours, friends and co-workers who are caring and law-abiding citizens.

Check Your Progress 7

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers provided at the end of this unit.

1) List some of the common stereotyped portrayals of mental illness in the media.

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4.8 LET US SUM UP

Over the course of this Unit, we have seen the real burden of mental disorders and their costs in human, social and economic terms.

The magnitude of burden is quite high as evidenced by many epidemiological studies. It is a well-known fact that mental illness is prevalent in both developed and developing nations, all ethnicities and cultures and it places a substantial burden upon the health care sector. It is also increasingly clear that mental health is intrinsically linked to societal growth and development.

Mental disorders place a severe burden on the affected individuals in terms of suffering, work difficulty and productivity, costs, stigma and discrimination, and impaired quality of life. We have also seen that one in four families support a person with mental disorder and they are also stigmatized and discriminated against in ways that are similar to the patients themselves. They also take up the cost of care, and emotional and social support, which has an impact on their quality of life and productivity as well.

Considering these factors, treatment and rehabilitation of people suffering from mental disorders should be a top priority in health planning. Some of the major steps in this direction are:

- Provision of treatment in primary care is a fundamental step which enables the largest number of people to get easier and faster access to services.
- Essential psychotropic drugs should be provided and made constantly available at all levels of health care.
- Provision of community-based services as they can lead to early intervention and limit the stigma of taking treatment. Large custodial mental hospitals should be replaced by community care facilities, backed by general hospital psychiatric beds and home care support, which meet all the needs of the ill that were the responsibility of mental hospitals.
- Public education and awareness campaigns on mental health should be launched. The main goal is to reduce barriers to treatment and care by increasing awareness of the frequency of mental disorders, their treatability, the recovery process and the human rights of people with mental disorders.
- Communities, families and consumers should be included in the development and decision-making of policies, programmes and services.
- Linking with other sectors such as education, labour, welfare, and law, and involving nongovernmental organizations in improving the mental health of communities.
4.9 UNIT END QUESTIONS

1) Name some commonly used measures of disability and list the domains of the WHOQOL-BREF instrument.

2) Define stigma and discrimination and discuss briefly about the various types of stigma faced by mentally ill persons.

3) Define indirect cost and write in brief about some contributors of indirect cost arising out of mental illness.

4.10 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1) According to the World Mental Health (WMH) surveys conducted under the leadership of WHO the lifetime prevalence estimates of mental disorder are in the range of 18.1–36.1%.

2) The commonly encountered mental disorders in primary health care settings are depression, anxiety and substance use disorders.

Check Your Progress Exercise 2

1) Assessment of disability is important as it provides information on various parameters important for planning and providing care. These are: service needs, level of care needed, prognosis, level of expected recovery and social integration.

2) The six domains assessed by the WHODAS 2.0 are
   - Domain 1: Cognition – understanding and communicating
   - Domain 2: Mobility – moving and getting around
   - Domain 3: Self-care – attending to one’s hygiene, dressing, eating and staying alone
   - Domain 4: Getting along – interacting with other people
   - Domain 5: Life activities – domestic responsibilities, leisure, work and school
   - Domain 6: Participation – joining in community activities, participating in society.

Check Your Progress Exercise 3

1) (i) difficulty advancing in work
   (ii) being fired or laid off
   (iii) being refused employment on the basis of disability

2) Following are the welfare measures targeted at improving work productivity in disabled people with mental illness:
   - Psychosocial rehabilitation programmes
   - skill development programmes for the recovering mentally ill
- effective implementation of anti-discrimination provisions
- preventive, treatment, and rehabilitation programmes that address employees' mental health needs
- targeted intervention to facilitate return to work
- employee assistance programmes.

**Check Your Progress Exercise 4**

1) Disability adjusted life year (DALY) is a health gap measure, which combines information on the impact of premature death and of disability and other nonfatal health outcomes. One DALY can be thought of as one lost year of ‘healthy’ life.

2) Unipolar major depression

**Check Your Progress Exercise 5**

1) Stigma is a negative differentiation attached to some members of society who are affected by some particular condition or state.

2) The perception about mental illness and treatment seeking varies with different cultures and in India faith healers and alternative systems of medicine are common prior to seeking medical treatment.

**Check Your Progress Exercise 6**

1) Direct cost: direct costs are those that usually result from the treatment process like consultation, transport and medications.

Indirect cost: Indirect costs are those that result from workplace absence, loss of productivity, income lost by caregivers arising out of treatment process etc.

**Check Your Progress Exercise 7**

1) The stereotyped portrayal of mental illness by the media includes:
   - Showing people with mental disorders as unlikely to recover
   - ridiculing and trivializing mental disorders
   - inaccurately showing people with mental disorders as violent and dangerous
   - portraying people with mental disorders as strange, unpredictable, dangerous, are very harmful.

2) Media can communicate the following messages to spread awareness about mental disorders:
   - people with mental disorders do recover and make valuable contributions to our communities
   - optimism about outcome from severe mental disorders like schizophrenia, mental disorders are serious and painful illnesses,
   - use of appropriate and respectful language, with regard to the mental illness, is of great importance from the perspective of human rights and dignity
   - most people with mental disorders are our relatives and neighbours, friends and co-workers who are caring and law-abiding citizens.
4.11 REFERENCES AND SUGGESTED READING


Warner R. Does the scientific evidence support the recovery model? The Psychiatrist 2010; 34:3-5.