Do You See What I See? Peer Culture & the Peer Perspective

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TRAINING AGENDA
- Introduction: Peer Culture & the Peer Perspective
- Stereotypes, Stigma & Their Effects
- Implicit Bias & Our Interactions
- Reducing Stigma & Discrimination
- Interactive Scenarios

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Peer Culture: What Defines a Cultural Group?
Content of slide

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Content heading
A group of people who share similar values, beliefs, underlying assumptions, attitudes, behaviors,..
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The Peer Perspective – In an Institution
Values: I want to live independently - I want to make my own decisions
Beliefs: I don’t belong here - others are trying to control me
Assumptions: This place isn’t for people like me
Attitudes: Only “crazy” people need to be locked up
Behaviors: Controlled, or “out of control?”

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Content heading
Behaviors: Misinterpreted?
Living Situation: Confinement
Language: Institutional “Lingo”
Religion: A Place of San(e)ctity?
Food: “Family” Style or Army Mess Hall?

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Content heading
Social habits: Regimented, Isolated
Arts: Limited, Often Analyzed
Entertainment: Majority Rules?
Role of Staff: Us vs. Them

Clothing: Standard Issue

Other Factors?

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What Does a Person with a Mental Health Disability “Look” Like?
Content of slide

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STEREOTYPES
Negative attitudes about groups of people - generally based on myths, untruths, ignorance or grossly exaggerated statements of fact.

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What are some common stereotypes about people with mental health disabilities?
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COMMON STEREOTYPES
- Dangerous and violent
- Unpredictable
- Incompetent and incapable
- Unable to care for themselves
- Lack insight

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**COMMON STEREOTYPES**

A Person who:
- Insists on living on the streets
- Acts erratically
- Talks to themselves
- Has wrinkled clothes that don’t fit well

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**COMMON STEREOTYPES**

A Person who:
- Doesn’t know what’s best for them
- Is out of touch with reality
- Is socially awkward
- Is responsible for their disability
- Will never recover

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**COMMON STEREOTYPES**

A Person who:
- Yells incomprehensibly
- Stares into space and is unresponsive
- Cuts themselves
- Has 20 cats
- Does the “Thorazine Shuffle”

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**ARE THESE STEREOTYPES ACCURATE?**
- Might they be true of the general population?
- Do you feel any of these stereotypes describe you?
- What might be an alternate explanation for their behavior and situation?

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**Content heading**
If some of these are “accurate” descriptions, might they be a result of being institutionalized?

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**EFFECTS OF LIVING IN AN INSTITUTION**
- Learned helplessness
- Isolation
- Segregation
- Unfamiliarity
- Removal of belongings and usual comforts
- Lack control of body and environment
- Powerlessness
- Hopelessness

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*Stereotypes = Stigma*

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**WHAT IS STIGMA?**
Attitudes and beliefs, based on stereotypes, that lead people to reject, avoid or fear those they perceive as being different.

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**SOURCES OF STIGMA: WHERE DO WE SEE IT?**
- Media
- The general public
- Institutions
- Family
- Service providers
- People with mental health disabilities

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*Content heading*
What are some Effects of Stigma?
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**EFFECTS OF STIGMA**
- Low self-esteem
- Isolation
- Feeling Devalued and Rejected
- Shame and Self-stigma
- Hopelessness
- Avoid seeking help

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**STIGMATIZING ATTITUDES: DO WE SEE THEM?**
- If we see them, do we express them?
- We may be aware of these attitudes but reluctant to openly acknowledge them, because they conflict with social norms and values that are important to us.

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**STIGMATIZING ATTITUDES: DO WE SEE THEM?**
- If we see them, do we know how they may affect others?
- Most people are aware they have some prejudiced and stereotypical thinking, but are not aware of the powerful influence it has on their behavior and on others.
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What if we Don’t See or Aren’t Aware of our stigmatizing beliefs and attitudes?

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IMPLICIT BIAS
Unconscious negative attitudes that reside outside our awareness and beyond our control. We may not “see” them.

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Do You See What I See?

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HOW DO YOU KNOW IF IT’S IMPLICIT?
- Would you be friends with them?
- Would you hire them?
- Would you live next to them?
- Would you be in a relationship with them?
- Would you treat them differently than you treat other people?
IMPLICIT BIAS & ITS EFFECTS
We might feel:
- Fear
- Anger
- Pity
- Disgust
- Blame
- Hopelessness

IMPLICIT BIAS: HOW IT AFFECTS OUR INTERACTIONS
- Lack respect for a person and ignore their opinions
- Patronize or talk down to them
- Don’t believe them or doubt what they say
- Avoid contact or communication

IMPLICIT BIAS AND OUR INTERACTIONS WITH OTHERS
- Ignore what a person wants
- Don’t give them responsibility
- Misinterpret or over-interpret a person’s behavior
- Make decisions for them rather than help them make their own
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IMPLICIT BIAS AND INTERACTING WITH OTHERS
- Use force before cooperation and collaboration, rather than encourage a person to get help voluntarily
- Control people with medications, treatment, isolation, restraint and limitations on freedom
- Believe they are beyond hope

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IMPLICIT BIAS AND DISCRIMINATION
Discrimination occurs when people act on stigma in ways that deprive others of their rights and life opportunities
* What rights are being taken away from people in facilities?

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EXAMPLES OF DISCRIMINATION
- Taking away a person’s freedom of movement
- Excluding a person from decision-making
- Taking away their privacy
- Taking away their autonomy and independence (i.e., control of finances, living situation, daily activities, etc.)
- Not providing choices or options
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Ways to Reduce or Eliminate Stigma & Discrimination

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**HOW TO REDUCE STIGMA AND DISCRIMINATION**
- Explore your Implicit Bias
- Use Plain language
- Use “People First” language
- Listen to what people have to say
- Be aware of the power of diagnosis and the labeling process

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**HOW TO REDUCE STIGMA AND DISCRIMINATION**
- Provide information, guidance & support
- Help them come to their own decision
- Focus on their strengths and what they can do
- Empathize with them, but don’t tell them what they think or feel

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**HOW TO REDUCE STIGMA AND DISCRIMINATION**
- Try to understand their experience
- Realize and respect their reality might not be your reality
- Respect their own definition of recovery
- Identify, acknowledge and explore their self-stigma

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**REDUCING STIGMA AND DISCRIMINATION**
- Teach Self-Advocacy: Help people help themselves
- Contact a Peer Organization or Peer Advocate for guidance
- Give them a Voice & Give them Hope
- Know that people Can and Do recover!

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**RESOURCES**
- Peer Self-Advocacy Program (PSA) of Disability Rights California: [www.disabilityrightsca.org](http://www.disabilityrightsca.org)
- RI International: [www.rinternational.com](http://www.rinternational.com)
- Mental Health Association – San Francisco: [www.mentalhealthsf.org](http://www.mentalhealthsf.org)

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**RESOURCES**
- Mental Health America – Northern California: [www.mhanca.org](http://www.mhanca.org)
- Project Return – Peer Support Network: [www.prpsn.org](http://www.prpsn.org)
- National Empowerment Center: [www.power2u.org](http://www.power2u.org)
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SCENARIO 1
Lupe lives at Shangri-la Psychiatric Hospital. She complains staff don’t allow her to practice her religion because they won’t let her go outside unsupervised to worship the sun at sunrise, noon and sunset. Staff feel it’s not a real religion and she’s just making this up because she wants more opportunities to try to escape.

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DISCUSSION
1. What are your first thoughts about the situation?
2. Who do you believe?
3. How would you approach the situation? What are your first steps?
4. What would you ask staff? Ask her?

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DISCUSSION
5. What would you say to staff if they said Lupe is delusional and out of touch?
6. What if you agree with Lupe that she doesn’t belong there?
7. What if you don’t agree with her?
8. How might your implicit bias affect your ability to effectively communicate with, understand and help Lupe?
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SCENARIO 2
Henry tells you staff abuse and restrain him because he refuses to take his medications. You observe bruises on his body. Staff say they are self-inflicted, claiming Henry pounds his arms and legs with his fists when he gets upset because he’s “not getting what he wants.”

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DISCUSSION
1. Do you have any initial assumptions?
2. What would you ask Henry?
3. What would you ask staff?
4. How might your implicit bias affect your ability to effectively communicate with, understand and help Henry in this situation?

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DISCUSSION
5. You agree with staff that Henry is a danger to himself. What would you say to Henry? How would you effectively advocate for him?
6. You agree with Henry’s perspective – what would you say to staff? How would you best advocate for him?

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THANK YOU FOR YOUR PARTICIPATION
ANY QUESTIONS OR COMMENTS?