

Guidelines for Reducing Mental Health Stigma When Interacting with Students

Mental Health Stigma

Many students who are experiencing academic difficulties because of mental health may be reluctant to disclose this information. There are public perceptions that persons with mental illnesses are lazy, weak, violent, incompetent, unpredictable, and irrational.

There are barriers to receiving official documents denoting a mental illness to an academic institution – including cost (a formal diagnosis can require several therapy sessions, which can cost thousands), therapists that don't believe in labels, negative experiences with the mental health industry, and stigma (not wanting to see oneself as mentally ill, or not wanting an institution to know about a mental illness).

NSCAD is designed for a neurotypical person. Accommodations and other extra considerations are provided to bridge the gap so that everyone can equally experience NSCAD.



How You Can Reduce the Effects of Stigma

Provide a space where students feel that you will not judge them for any sort of emotional issues that they may be struggling with. Present an attitude where a mental barrier to concentration, focus, and or schoolwork completion is just as legitimate as a physical one.

Keep medical histories confidential. If a student confides a mental illness, don't tell your colleagues unless the student tells you this is okay.

If there is an opportunity to grant leniency to a student with a mental illness who does not have official documentation - recognize that lack of paperwork doesn't necessarily mean that the student is going through something less serious.

Students that are struggling

Provide an overall nurturing, inclusive, positive atmosphere for students.

If a student is having trouble academically, not showing up to meetings and or does not seem to be on top of things, do not assume first that the student is lazy or does not care. If said student is struggling mentally rather than being apathetic, blame may add to their self-stigma and further reduce their sense of agency and self-worth. Gently ask if something else is going on and let the student know that you are available if they want to talk.

If a student admits to be struggling with mental health, see the green handout with the convenient list of resources!

If you have provided the convenient list of resources and the student doesn't want to get help, or if you see a student that is clearly struggling but does not wish to talk to you about it, respect this decision. There are a lot of barriers to mental health care – including bad past experiences, cost (in some cases), and stigma – don't assume you know what's best for the student.

Rather than focusing on problems, tell students their options and possible solutions. Someone who has depression, for example, will be hyper aware of things that could go wrong and the severity of a circumstance, and this may stop them from being able to see a way out. Providing options may inspire the agency and optimism students need to move forward.



Non- Oppressive Disabilities Vocabulary

**Disability is not a defect,
but rather a spectrum of
difference.**

Disability is normal.

Some
useful
terms

These are large-
ly accepted as
preferred terms
in the disabled
community

Limitation: the person with disabilities' (PWD) physical or mental condition that is different from what is considered standard.

Disability: the social status of living with limitations.

Ablebodied: Not disabled

Neuro-atypical/neurovariant: a catch all term for people who are mentally ill, cognitively, neurologically or learning disabled, or autistic.

Neurotypical: Not mentally ill, cognitively, neurologically or learning disabled, or autistic.

Cognitively disabled: a person with a difference in cognitive and adaptive development.

Learning disabled: Significant differences in the learning and use of hearing, speaking, reading, writing, reasoning or mathematical skills.

Ableism: Prejudice against people with disabilities. Ableism is a set of practices and behaviours against people with disabilities and illnesses which assumes that able is the norm. Dictates that PWD must strive to fit that norm.

Person-first phrasing: Always put the person first to avoid defining them by their limitation or disability status. "Person with disability", "person with mental illness" or Words like crazy, gimp or retarded are unacceptable slurs. Using any disability as a pejorative is oppressive.