

Consultation on Broadcasting Commission of Ireland's (BCI) Code of Programme Standards

Written submission from:
Schizophrenia Ireland – Lucia Foundation (SI)

Introduction

The purpose of this document is to outline the main issues confronting people with schizophrenia and their families in Ireland today, and to make recommendations for the BCI Code of Programme Standards.

Schizophrenia is a serious mental illness characterised by disturbances in a person's thoughts, perceptions, emotions and behaviour. It affects approximately one in every hundred people worldwide, which means that an estimated 41,000 people in Ireland have or will experience schizophrenia in their lifetime.

Schizophrenia Ireland (SI) welcomes this opportunity to engage in developing the Code of Programme Standards, which will contain principles and rules that will apply to programming content on radio and television services licensed by the Commission, as well as RTE radio and television services, and TG4.

Response to Questions Posed

Question Number 4:

Which, if any, of the following areas do you consider appropriate to include in the Commission's Code of Programme Standards? Please provide a rationale for your response explaining why you consider this as an important heading to include:

- (i) Coarse language
- (ii) Children's programming
- (iii) Portrayal of persons and groups in society
- (iv) Portrayal of drugs, alcohol and solvent abuse
- (v) News and current affairs
- (vi) Imitative behaviour

Response:

SI considers it vital to include 'Portrayal of persons and groups in society' in the Code of Programme Standards. SI is particularly concerned with the often-stigmatising portrayal of people with mental health difficulties in programming material, specifically in relation to the following areas:

(i) Stereotyping the behaviour of people with schizophrenia:

Schizophrenia is not a trivial illness. While humour has its place in some programming material, mental illness deserves special consideration. How likely is someone with mental health problems to seek help if the programmes they see or hear are about people going barmy, looney, crazy, off their rockers, etc?

(ii) Descriptive terminology/derogatory language in relation to people with mental health difficulties:

Loose terminology makes it harder to challenge the stereotypes associated with schizophrenia (“psycho”, “maniac”, “schizo”) and to stimulate a more thoughtful approach to the subject. The best way to describe someone with schizophrenia, provided it is relevant to the piece, is just that: “a man / a woman / teacher / Donegal man etc. with schizophrenia”. Calling someone a “schizophrenic” is dismissive, and has become a derogatory term. Equally, people with schizophrenia need understanding, not pity, and terms such as “sufferer” or “victim of” will not help them in their task of living with this illness.

(iii) Prejudicial reporting in relation to people with mental health difficulties:

All programming material should endeavour to use the correct and accepted terminology and avoid language that might create public fear, myth, bigotry and distress to individuals affected by the illness. Getting the description right is essential to fair reporting.

Rationale:

According to the World Health Organization (WHO), research over the last 30 years has convincingly demonstrated that the mass media are one of the most significant influences on belief systems. Since people with stigmatised illnesses do not usually announce themselves, people often form their attitudes through the news reports, films and television programmes they see. For that reason, the media have a significant role to play in reducing stigma towards people with mental health difficulties.

SI has been compelled to directly contact radio and television services licensed by the Commission to contest their inaccurate portrayal of schizophrenia on several occasions, which signifies the need for a comprehensive Code of Programme Standards. Learning to live with mental health problems is extremely difficult, particularly when someone experiences the prejudice caused by stigma. Stigma can be deeply hurtful and isolating, and can be used to exclude and marginalize people. It is necessary to confront biased social attitudes in order to reduce the discrimination and stigma of people who are living with mental illness—while ensuring that programming material does not condone or perpetuate such discriminations.

Stigma is not just the use of an incorrect word or action—stigma is about disrespect. It is the use of negative labels to identify a person living with mental illness. According to the World Health Organization (WHO), stigma is one of the most important problems encountered by people with severe psychiatric disorders. It lowers their self-esteem, contributes to disrupted family relationships and adversely affects their ability to socialise, obtain housing and become employed. Although mental health problems occur in almost every family at some point, people who experience them still meet fear and prejudice from others and are made to feel ashamed and excluded. The stigma and discrimination associated with having a mental illness are often so devastating that they prevent people from seeking help for fear of being labelled.

Effectively reducing stigma and discrimination requires concerted action by everyone—people with self-experience, relatives and friends, professional bodies and civil society—with strong government back up. The aim of this submission is to ensure that the Code

of Programme Standards guarantees the human dignity of all those who experience mental health difficulties, that they are not discriminated against in programming material, and that they are allowed to reach their potential by coexisting equally in society.

About Schizophrenia Ireland - Lucia Foundation

Schizophrenia Ireland – Lucia Foundation (SI) is the national organisation dedicated to upholding the rights and addressing the needs of all those affected by schizophrenia and related illnesses, through the promotion and provision of high-quality services and working to ensure the continual enhancement of the quality of life of the people it serves.

SI was founded in 1975 and now has offices in the east (Dublin), in the south-east (Kilkenny), the south (Cork), the west (Galway), the midlands (Longford), the mid-west (Limerick) and the north-east (Dundalk).

Organisation's Objectives:

1. To promote the development of parallel mutual self-help groups for people with schizophrenia and their carers.
2. To empower people with schizophrenia and their carers through support, individual advocacy, information and education.
3. To promote the right to appropriate health, accommodation, employment and other services.
4. To advocate for rights and needs and to challenge discrimination against all those affected by schizophrenia.

Schizophrenia Ireland believes that:

- People with schizophrenia should at all times be accorded the rights, entitlements, and opportunities available to any other member of society on an equal basis, and should be empowered to participate in the life of the community to the fullest possible extent.
- Relatives and families, the majority of whom are the primary providers of psychiatric care in the community, should be accorded full recognition and support by the institutions of the State, and be empowered to address their own needs.
- A history of mental illness should never be a cause of discrimination, stigmatisation or prejudice in any form, nor should it inhibit the individual's right of equal access to training education and employment.
- Schizophrenia Ireland lobbies consistently to promote the delivery of quality health care services and to reduce stigma.
- We pursue a partnership and collaborative approach with all relevant agencies.