



Hidden Pictures: The Underexposed World of Mental Health
A Study Guide for Social Work Educators and Students

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Foreword

This guide has been developed to assist social work educators and students in using films from the CSWE film festivals in their classrooms. It is one in a series of CSWE curriculum resources designed to enhance the teaching and learning of social work concepts.

We welcome your comments as the library of these resources is refined and expanded.

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Overview

Hidden Pictures: The Underexposed World of Mental Health

Film Information

Title: <i>Hidden Pictures</i>	A Film by: Delaney Ruston
Running Time: 57 minutes	www.hiddenpicturesfilm.com

Context: Motivated by the pain of losing her father, Delaney Ruston sets out to learn about mental illness and mental health treatment around the world. She finds a surprising mix of stigma, loose regulation, cultural difference, and varieties of care controls. She suggests advocacy to combat stigma as the grand solution. She also includes evidence of the importance of social support; political, evidence-based, and neurologically based pharmaceutical supports for assisting families who experience mental illness; and the creation of a more just world.

Overall Themes:

1. Mental Illness and Stigma
2. Cultural Competence
3. Institutional Care
4. Advocacy and Awareness

Time Code	Topic	Central Quote	Salient Themes
00:00–03:16	Introduction	“... I’m reminded that I was about her age when my feelings of shame began.” (01:11)	Schizophrenia, social research, mental illness, family coping
03:17–12:19	India	“Is there a Monster in me?” (06:07)	Mental illness, shame, marriage, access to care
12:13–17:47	South Africa: Buyiswa	“I saw the evil things...” (13:10)	Traditional healers, suicidal ideation, medication noncompliance, cultural competence, collaborative care
17:48–27:33	China: Jeff	“Some patients clearly don't belong.” (18:54)	Family strife, diagnosis, decision of care, civil rights, saving face

Time Code	Topic	Central Quote	Salient Themes
28:10–35:54	France: Stephen	“... Ranked #1 in the work for medical care.” (28:11)	Family expectations, personal shame, hoarding, anxiety and substance abuse, employment barriers
35:55–40:15	Patricia and Jeff	“Sometimes those people kill you.” (37:13)	Relatives’ care, engaging activity, generativity, self-determination
40:16–46:05	Dad the Professor	“I still want to be a college professor.” (40:30)	Parental suicide, successful aging, medication compliance, science of the brain, illness treatment, empathy creation
46:06–54:02	Close Advocacy: Far Advocacy	“It's funny how ... the relief when they said it out loud.” (47:02)	Stigma, parents of other children, broadcasting it, children of those with illness, advocacy, global awareness

Topics

Introduction

Time Code: 00:00–03:16

Central Quote: “... I’m reminded that I was about her age when my feelings of shame began.” (01:11)

Themes: Schizophrenia, Social Research, Mental Illness, Family Coping

Abstract: The narrator, Delaney Ruston, opens the film with shots of her daughter at play. She is reminded of her feelings of shame as she grew up with her father. His schizophrenia and life choices motivate her to embark on a globe-spanning quest to learn more about mental health around the world. In the process, she hopes to find the tools to ensure support for all families to cope and thrive.

Learning Objectives

1. Define *mental illness*.
2. List the major categories of mental illnesses.
3. Define *shame*, including its impact on coping.

Discussion Questions

1. List as many types of mental illness as you can name.
2. What differences do you expect in how mental illness is handled differently in other cultures?
3. What do you suspect would be the greatest antithesis to shame?
4. Compare and contrast guilt and shame as social determinants and behavioral motivators.

Suggested Readings

Corrigan, P. W., Morris, S. B., Michaels, P. J., Rafacz, J. D., & Rüsch, N. (2012). Challenging the public stigma of mental illness: A meta-analysis of outcome studies. *Psychiatric Services, 63*(10), 963–973.

Schomerus, G., Schwahn, C., Holzinger, A., Corrigan, P. W., Grabe, H. J., Carta, M. G., & Angermeyer, M. C. (2012). Evolution of public attitudes about mental illness: A systematic review and meta-analysis. *Acta Psychiatrica Scandinavica, 125*(6), 440–452.

Thoits, P. A. (2011). Resisting the stigma of mental illness. *Social Psychology Quarterly, 74*(1), 6–28.

India

Time Code: 03:17–12:12

Central Quote: “Is there a Monster in me?” (06:07)

Themes: Mental Illness, Shame, Marriage, Access to Care

Subthemes:

Time Code	Topic	Central Quote	Salient Themes
8:17-10:02	Burn Out	“She has to handle her the most” (08:43)	Adult day care, respite care, creativity, isolation, ignorance
10:03-12:12	Social Stigma	“Still they have something to hide” (10:50)	Social stigma, housing, family support, health care funding

Abstract: The narrator travels to India and is surprised to find the state of mental health care underfunded and stigmatized. Families carry a heavy burden seeking access to care. They often resolve to remain isolated within their homes.

Learning Objectives

1. Map the provision of mental health services in India, including the numbers of mental health professionals.
2. Identify the need for respite care to support family caregiving.
3. Identify the challenges in building mental health awareness in the context of stigma.

Discussion Questions

1. Do you think there is an advantage for the Indian mother who conceals the mental illness of her daughter from potential marriage suitors? Why do you think this is?
2. What do you think explains the social stigma related to mental health in India?
3. What ways would you organize to address the isolation felt by families coping with mental illness in India?
4. How would your isolation-combating intervention be different if implemented in your hometown?

Suggested Readings

Corrigan, P. W., & Rao, D. (2012). On the self-stigma of mental illness: Stages, disclosure, and strategies for change. *Canadian Journal of Psychiatry [Revue canadienne de psychiatrie]*, 57(8), 464–469.

Ganesh, K. (2011). Knowledge and attitude of mental illness among general public of southern India. *National Journal of Community Medicine*, 2(1), 175–178.

Patel, V., & Copeland, J. (2011). The great push for mental health: Why it matters for India. *The Indian Journal of Medical Research*, 134, 407–409.

Central Quote: “I saw the evil things...” (13:10)

Themes: Traditional Healers, Suicidal Ideation, Medication Noncompliance, Cultural Competence, Collaborative Care

Abstract: Buyiswa is interviewed in South Africa. She recounts her experience with traditional healers, psychiatric diagnosis, and use of medication. The segment highlights the opportunity for culturally competent collaboration between medicine and traditional healers who provide community-based support.

Learning Objectives

1. Explore your position on the use of psychotropic medication in the treatment of mental illness.
2. Compare and contrast traditional healing methods and the use of modern medication in the treatment of mental illness.
3. Outline a collaborative approach to client care that includes the best of traditional healing and medication.

Discussion Questions

1. How common is it for those with mental illness to stop taking medication once they begin feeling well?
2. What value do you see in the work of traditional healers in South Africa?
3. Explain how and why a collaborative approach between traditional healers and mental health professionals is warranted.
4. List your ideas that you may educate and follow-up with clients to ensure that they are compliant with their medication and current with their medication review schedules.

Suggested Readings

Clements, W. M., & Koenig, H. G. (2014). *Aging and God: Spiritual pathways to mental health in midlife and later years*. Hoboken, NJ: Routledge.

Kazdin, A. E., & Blase, S. L. (2011). Rebooting psychotherapy research and practice to reduce the burden of mental illness. *Perspectives on Psychological Science*, 6(1), 21–37.

Visceglia, E., & Lewis, S. (2011). Yoga therapy as an adjunctive treatment for schizophrenia: a randomized, controlled pilot study. *Journal of Alternative and Complementary Medicine*, 17, 601–607.

Central Quote: “Some patients clearly don’t belong.” (18:54)

Themes: Family Strife, Diagnosis, Decision of Care, Civil Rights, Saving Face

Subthemes:

Time Code	Topic	Central Quote	Salient Themes
27:34–28:09	Checks and Balances	“I would try to make him happy” (28:00)	Policy differences, self-blaming, child coping

Abstract: The narrator introduces us to Jeff. Jeff has been in a psychiatric institution for 8 years, although it is unclear why he continues in care. Families make the decisions on treatment duration. Jeff’s father seems unwilling to allow Jeff to be released.

Learning Objectives

1. Define *decision of care*, identifying decision makers at the micro, mezzo, and macro levels.
2. Explore the role of policy and funding in duration, intensity, and frequency of care.
3. Explore familial relationships and their bearing on mental health care in China.

Discussion Questions

1. Provide support for the family to make decisions of care duration. Contrast these supports with counterarguments for doctors or others to make decisions about care duration.
2. List ways in which you believe Jeff’s rights are being violated. Make a case for his release with these points expressed.
3. Do you think Jeff had a mental illness and is now stabilized on medication? What in the film supports your assumption?
4. Why do you think Jeff’s dad will not allow Jeff to leave the institution?
5. What checks and balances are in place in the United States to ensure efficacy of mental health treatment?

Suggested Readings

Lee, S., Tsang, A., Huang, Y. Q., He, Y. L., Liu, Z. R., Zhang, M. Y., ... & Kessler, R. C. (2010). Individual and societal impact on earnings associated with serious mental illness in metropolitan China. *Psychiatry Research, 180*, 132–136.

Sun, B., Fan, N., Nie, S., Zhang, M., Huang, X., He, H., & Rosenheck, R. A. (2014). Attitudes towards people with mental illness among psychiatrists, psychiatric nurses, involved family members and the general population in a large city in Guangzhou, China. *International Journal of Mental Health Systems, 8*, 26–33.

WonPat-Borja, A. J., Yang, L. H., Link, B. G., & Phelan, J. C. (2012). Eugenics, genetics, and mental illness stigma in Chinese Americans. *Social Psychiatry and Psychiatric Epidemiology, 47*, 145–156.

Central Quote: “... Ranked #1 in the work for medical care.” (28:11)

Themes: Family Expectations, Personal Shame, Hoarding, Anxiety and Substance Abuse, Employment Barriers

Abstract: We are introduced to Stephen and a health-care system that provides psychiatric care, counseling for family members of those who are mentally ill, and a disability pension. Yet stigma continues to be a barrier, in this case to employment. Stephen fears that his gap in employment due to hospitalization and care to be forthcoming in interviews has kept him from promising positions.

Learning Objectives

1. Identify the mental health services and supports available in France.
2. Explore the comorbidity of mental illness and substance abuse.
3. Identify policy and awareness-building interventions for addressing stigma against those with mental illness.

Discussion Questions

1. Contrast the experience of Jeff in China from that of Stephen in France, especially the idea that Stephen’s institutional stay was at his own request. (31:25)
2. Why do you think Stephen requested to stay for 6 months in the institution?
3. What do you think Stephen means about “a life before your illness and a life after your illness”? (33:17)
4. What could be done to diminish the stigma associated with mental illness in employment?

Suggested Readings

Collins, P. Y., Insel, T. R., Chockalingam, A., Daar, A., & Maddox, Y. T. (2013). Grand challenges in global mental health: integration in research, policy, and practice. *PLoS Medicine*, 10(4), e1001434.

Durand-Zaleski, I., Scott, J., Rouillon, F., & Leboyer, M. (2012). A first national survey of knowledge, attitudes and behaviours towards schizophrenia, bipolar disorders and autism in France. *BMC Psychiatry*, 12(1), 128–135.

Swendsen, J., Conway, K. P., Degenhardt, L., Glantz, M., Jin, R., Merikangas, K. R., ... & Kessler, R. C. (2010). Mental disorders as risk factors for substance use, abuse and dependence: Results from the 10-year follow-up of the National Comorbidity Survey. *Addiction*, 105, 1117–1128.

Patricia and Jeff

Time Code: 35:55–40:15

Central Quote: “Sometimes those people kill you.” (37:13)

Themes: Relatives’ Care, Engaging Activity, Generativity, Self-Determination

Abstract: Meet Patricia and Jeff. After attempting and failing to find housing for Jeff, Patricia asks him to move in with her. The segment explores Patricia’s seeming courage, generosity, and sense of self-determination.

Learning Objectives

1. Explore the fear and misinformation contributing to mistrust and marginalization of those with mental illness.
2. Explore the intersection of homelessness and mental illness in communities.
3. Identify the social mechanism that perpetuates misinformation about homelessness and mental health.

Discussion Questions

1. Could you invite a homeless person with mental illness to come and live with you? Why or why not?
2. In light of your answer to number 1 above, how do you respond to Patricia’s comment, “If that had been a dog out there for 10 years ... they’d have taken him in and taken care of him”?
3. Do you think that Patricia’s age, gender, socioeconomic status, or any other demographic characteristic explains her choice to take in Jeff?
4. Do you agree with the narrator’s suggestion that the media links mental illness with violence? (39:53)

Suggested Readings

Bassuk, E. L., Richard, M. K., & Tsertsvadze, A. (2014). The prevalence of mental illness in homeless children: A systematic review and meta-analysis. *Journal of the American Academy of Child & Adolescent Psychiatry* [accepted manuscript], doi: 10.1016/j.jaac.2014.11.008.

Padgett, D. K., Stanhope, V., Henwood, B. F., & Stefancic, A. (2011). Substance use outcomes among homeless clients with serious mental illness: Comparing Housing First with treatment first programs. *Community Mental Health Journal*, 47(2), 227–232.

Weinstein, L. C., LaNoue, M. D., Plumb, J. D., King, H., Stein, B., & Tsemberis, S. (2013). A primary care–public health partnership addressing homelessness, serious mental illness, and health disparities. *Journal of the American Board of Family Medicine*, 26(3), 279–287.

Dad the Professor

Time Code: 40:16–46:05

Central Quote: “I still want to be a college professor.” (40:30)

Themes: Parental Suicide, Successful Aging, Medication Compliance, Science of the Brain, Illness Treatment, Empathy Creation

Abstract: The narrator reveals that her father was never actually a teacher, although he held to that dream throughout his adulthood. She further reveals that her father committed suicide. She juxtaposes this reality against one school’s effort to educate and build empathy around the topic of mental illness.

Learning Objectives

1. Count the prevalence of suicide by persons with mental illness.
2. Define *successful aging*.
3. Map the relationship between social isolation and the risk of suicide with special attention to the aging population.

Discussion Questions

1. Why do you think the narrator’s dad lied about his employment at his class reunion?
2. Should a program of med compliance be a priority for legislators?
3. What course during your college education taught you the most about mental illness?
4. How do you think the courses described in the film teach empathy to students?

Suggested Readings

Duckworth, K., & Freedman, J. L. (2013). Suicide fact sheet. National Alliance on Mental Illness. Retrieved 11/30/2014

http://www.nami.org/Template.cfm?Section=By_Illness&Template=/ContentManagement/ContentDisplay.cfm&ContentID=23041

Judd, F., Jackson, H., Komiti, A., Bell, R., & Fraser, C. (2012). The profile of suicide: Changing or changeable? *Social Psychiatry and Psychiatric Epidemiology*, 47(1), 1–9.

Stack, S. J. (2014). Mental illness and suicide. In W. C. Cockerham, R. Dingwall, & S. R. Quah (Eds.), *The Wiley Blackwell encyclopedia of health, illness, behavior, and society* (pp. 1618–1623). Chichester, UK: Wiley.

Close Advocacy: Far Advocacy

Time Code: 46:06–54:02

Central Quote: “It’s funny how ... the relief when they said it out loud.” (47:02)

Themes: Stigma, Parents of Other Children, Broadcasting It, Children of Those With Illness, Advocacy, Global Awareness

Abstract: The narrator interviews Glenn Close and Close’s sister, Jessie, about “Bring Change to Mind.” The narrator goes on to interview a number of individuals from around the world at a global mental health awareness conference. This segment highlights the trepidation of broadcasting and using a diagnosis of mental illness as a way to de-stigmatize illness and others.

Learning Objectives

1. Explore efforts to address social stigma through media and advocacy campaigns.
2. Identify a proven defense and intervention against shame and stigma.
3. Identify ways that you can speak about mental illness that lessens its stigma.

Discussion Questions

1. What do you think is the source of stigma related to mental illness?
2. Glenn Close believes that stigma is supported by the code of silence we employ surrounding mental illnesses. Explain your support or disagreement with her statement, “Say ... it until it doesn’t have power over you.” (49:35)
3. What ways do you speak about mental illness or other challenges within families that contribute to a sense of “secrecy” and “hiddenness?”

Suggested Readings

Hasson-Ohayon, I., Ehrlich-Ben Or, S., Vahab, K., Amiaz, R., Weiser, M., & Roe, D. (2012). Insight into mental illness and self-stigma: The mediating role of shame proneness. *Psychiatry Research*, 200(2), 802–806.

Link, B. G., & Phelan, J. C. (2014). Mental illness stigma and the sociology of mental health. In R. J. Johnson, R. J. Turner, & B. G. Link (Eds.), *Sociology of Mental Health* (pp. 75–100). Cham, Switzerland: Springer.

Rüsch, N., Todd, A. R., Bodenhausen, G. V., Olschewski, M., & Corrigan, P. W. (2010). Automatically activated shame reactions and perceived legitimacy of discrimination: A longitudinal study among people with mental illness. *Journal of Behavior Therapy and Experimental Psychiatry*, 41(1), 60–63.