

Reducing Stigma in Health-Care Settings

BY JANE LANGILLE

In a lecture she gave last June, Heather Stuart spoke about a colleague who had breast cancer treatment and woke up in a hospital room filled with flowers and cards and visitors, thrilled with the support. Sometime later, this woman was hospitalized for depression. She woke up sad and alone in an empty room. “This is what stigma is and what stigma does,” said Stuart, the Bell Canada mental health and anti-stigma research chair at Queen’s University and senior consultant to the Mental Health Commission of Canada (MHCC). “The most disturbing part is that my colleague is a psychiatrist and works in a mental health facility. You would think that mental health professionals would be more understanding.”

Health-care providers may be aware that they should not perpetuate stigma, yet people who seek help for mental health concerns report that some of the most deeply felt stigma they experience comes from front-line health-care professionals. The desire to avoid stigma is one of the key reasons people who meet the criteria for mental illness may not seek care.

Stuart, who is also a professor in

the public health sciences department at Queen’s, is co-author of a paper that provides an overview of the nature of stigma associated with mental illnesses, with a focus on the stigma demonstrated by health-care providers. The authors cited a review of general nursing literature, which revealed that some emergency department and intensive care unit nurses behaved in openly unsympathetic and demeaning ways toward people with mental health issues. These nurses felt that dealing with such issues was not their job, and they viewed people who had self-harmed as wasting resources meant for saving lives.

Many health-care providers do not realize that their own language and behaviours are harmful, says Stuart. “Every one of us is part of the problem, because we’ve all grown up in a society that has taught us to stigmatize mental illness. Even though we don’t want to admit it, we all do it. It’s unconscious and can come up particularly when we’re

Stigma defined

Stigma, according to the MHCC, is a complex social process that marginalizes and disenfranchises people who have a mental illness and their family members. Prejudicial attitudes and discriminatory behaviours fuel inaccurate notions that people with mental illness are violent, unpredictable and can never recover. There are three kinds of stigma: self-stigma, public stigma and structural stigma, which occurs at the level of institutions, policies and laws and results in inequitable or unfair treatment.

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Interference

“People are interfering with me, putting labels on me as if I am the guy with so many problems. It is a cruel approach to dealing with me. No empathy and lots of judgment.”

— Almier

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busy or harried. It takes a fair bit of energy to overcome this behaviour.”

According to the MHCC, concerning behaviours in health-care settings include diagnostic overshadowing (wrongly attributing unrelated physical symptoms to mental illness), prognostic negativity (pessimism about chances for recovery) and marginalization (unwillingness to treat psychiatric symptoms in a medical setting). Stuart says that derogatory labels like *psycho*, *crazy* and *frequent flyer* or code words unique to a particular setting are highly stigmatizing because they serve to define clients by their mental illness rather than regarding them as whole people.

The MHCC’s major initiative to reduce stigma is Opening Minds. It identifies and evaluates existing anti-stigma programs and works with a growing number of partner organizations across the country to share projects that are effective. To date, more than two dozen programs designed for health-care providers have been evaluated. Participants were tested before and after the program, and in some cases again a few months later to see if changes were sustained.

APPROACHES THAT WORK

“Our evaluations show that stigma can be reduced significantly,” says Mike Pietrus, director of Opening Minds. “Among the most successful programs for health-care providers are those that incorporate recovery-oriented contact-based education or skills training, or both.” Recovery-oriented contact-based

education involves having people who are living hopeful, satisfying lives and who have a mental illness talk about their experience in either live presentations or videos. Skills training gives health-care providers appropriate methods to treat and interact with people who have mental illness.

Ontario’s Central Local Health Integrated Network (LHIN) has been identified as having a high-performing anti-stigma program. Seventy per cent of the hospital workers and support staff who participated in the two-hour program experienced a reduction in stigma. “Booster” sessions were introduced after evaluations at the three-month mark showed that these positive changes were not maintained. The sessions, which feature role-playing, videos and a web-based program, are held a few months after the initial training, and they help maintain the reduction in stigma.

To date, the Central LHIN program has been rolled out in three other Ontario LHINs, the Vancouver

Island Health Authority, IWK Children’s Hospital in Halifax, Alberta Health Services, and seven community hospital emergency rooms in British Columbia’s Interior Health.

North York General (NYGH) in Toronto was one of the test sites for the Central LHIN program. Mental health staff initially felt they didn’t need anti-stigma training, explains Mary Malekzadeh, clinical team manager for the adult inpatient and geriatric psychiatric units and anti-stigma program site manager. “However, as the program progressed, people found there were things they could work on, and they gained a better understanding of how stigma may present in our setting.”

NYGH’s mental health staff discuss stigma frequently and continue to share their learning. In recent policy-setting meetings, they were able to dispel the belief of the other staff that mental health patients would have the most difficulty adjusting to a new no-smoking rule on all hospital grounds. “In fact,” says Malekzadeh, “our patients did better than even we expected. This indicates to me that we need to keep talking about stigma.” ■

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Online exclusive! In February, we will be sharing readers’ personal stories of mental health challenges.



In the March issue, we take a closer look at suicide prevention and the profound impact of suicide on family and friends left behind.