Stigma In Mental Health: Breaking Down Barriers & Uncovering Opportunities

Allen Doederlein
President of the Depression and Bipolar Support Alliance (DBSA)
Chicago, Illinois

Paul Gionfriddo
President and CEO of Mental Health America
Alexandria, Virginia
Allen Doederlein

Position: Mr. Doederlein is the President of the Depression and Bipolar Support Alliance (DBSA), a national mental health advocacy, education, and peer support organization led by and serving people who have depression and bipolar disorder. Through more than 700 support groups and 250 chapters, DBSA reaches millions of people each year with in-person and online peer support; current, readily understandable information about depression and bipolar disorder; and empowering tools focused on an integrated approach to wellness.

Education: Mr. Doederlein earned his Bachelor of Arts from Knox College in Galesburg, Illinois.

Paul Gionfriddo

Position: Paul Gionfriddo has been the President and CEO of Mental Health America since May 1, 2014. He also serves on the 12-member National Advisory Council to the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services. He is currently a member of the Board of the Jerome Golden Center for Behavioral Health in West Palm Beach, Florida and the Golden Center Foundation. Mr. Gionfriddo is the author of the book, Losing Tim: How Our Health and Education Systems Failed My Son with Schizophrenia.

Education: Mr. Gionfriddo earned his Bachelor of Arts from Wesleyan University in Middletown, Connecticut.
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OPDC/Lundbeck’s interaction with Open Minds is through PsychU, an online, non-branded portal dedicated to providing information and resources on important disease state and care delivery topics related to mental illness. One of the methods employed for the sharing of information will be the hosting of virtual fora. Virtual fora conducted by OPDC/Lundbeck are based on the following parameters:

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Objectives

• Discuss the current state of stigma within mental healthcare and the appropriate terminology for addressing the topic

• Consider how to target stigma to reduce barriers to care for individuals with mental health conditions

• Review some available resources and tools that may aid in breaking down stigma in clinical practice
STIGMA WITHIN MENTAL HEALTH: WHERE ARE WE NOW?
The Evolution of Stigma

• Definitions of stigma overlap with the concepts of social exclusion and discrimination\(^1\)

• Contemporary conceptualizations require 3 components\(^1\):
  1. A mainstream negative stereotype\(^1\)
     • For example, people who have mental health conditions are weak, irrational, manipulative, dangerous
  2. Evidence/signs that a person has a mental health condition\(^1\)
     • For example, diagnosis, uncommon behavior, or a suspicion
  3. Avoidance, mistreatment, or discrimination against the person\(^1,2\)
     • Can be intentional behaviors like friendliness, or subconscious nonverbal behavior such as eye contact

• Stigma is a dynamic social/interactional process\(^1,2\)
  – The stigmatized person is labeled as different, linked to negative stereotypes, the stigmatizer exhibits behaviors that forge a separation, and the recipient responds accordingly

Stigma: Effects and Perpetuations

- For individuals living with mental health conditions, stigmatization forms a barrier to recovery and social integration\(^1,2\)
  - A major reason identified by consumers of mental healthcare for not seeking or continuing with treatment is the stigma that they encounter\(^3\)
  - The stigma, myths, and misconceptions surrounding mental illness contribute to the discrimination and human rights violations experienced by people living with mental health conditions\(^4\)

- In addition to individuals living with mental health conditions, their families and mental health professionals can also be the targets of stigmatization\(^5\)

- There is increasing recognition that clinicians play an important role in perpetuating or mitigating stigma in the health care setting\(^2\)
  - This is important, as evidence suggests that patients living with mental health conditions receive fewer physical and laboratory examinations, are provided with less preventative healthcare, and receive fewer therapeutic interventions\(^2\)

- Psychiatry itself is an important target of anti-stigma initiatives\(^5\)

Polling Question

What percentage of mental healthcare providers think that their patients feel shame about a mental health condition that they are living with?

A. 0% to 20%
B. 20% to 40%
C. 40% to 60%
D. > 60%
Attitudes Among Mental Healthcare Professionals

• Pessimistic views held by mental healthcare providers may be based on clinical experience with patients in the most distressed phase of mental illness and those who are challenging to treat$^{1-3}$
  – Stereotypical views in this population may invoke feelings of uselessness, helplessness, or hopelessness, which may impact both professional and patient$^1$

• Without effective diagnosis and treatment options, mental disorders are seen as untreatable, resulting in patients being undervalued and perceived as not able to contribute to society$^4$

• Studies have reported a greater degree of stigma towards enduring mental illness versus short-lived psychotic episodes$^5$
  – Greater negative attitudes from staff working in inpatient services versus those in outpatient services has also been reported$^6$

TARGETING STIGMA TO REDUCE BARRIERS TO ACCESSING CARE
Polling Question

Which form of stigma do you feel most commonly affects the individuals living with mental health conditions that you have worked with?

A. The use of negative phrases historically associated with mental health or language that “distances”
B. Defining the individual based on their illness
C. Others having lowered expectations of the individual’s capabilities
D. Having diagnosis presented with expectations of poor outcomes
Mental Health Patient Perspectives on Stigma

- Attitudes/routine practices may be experienced as stigmatizing
  - Specifically, mental healthcare consumers have reported feeling stigmatized by:

  A lack of interest in them and their mental health history
  Being held to a standard psychiatric treatment
  Being diagnosed in a way that conveys an expectation of negative prognosis
  Not being sufficiently informed about and/or included in treatment decisions
  Receiving poor quality mental health services

The Patient Perspective: What Mental Illness Feels Like¹

Treatment Goals: What Patients Want

- To get this elephant off my chest
- To stop chasing a “normal” life
- To stop being told to try harder
- To stop feeling that I have to do everything, and that everything I do is crap
- To stop feeling that everyone has it together—except me
“Dignity and rights for people affected by mental health conditions are the counterpoint to a legacy of stigma, shame and discrimination that has caused social isolation, chronic underfunding of services, unnecessary levels of disability, and unacceptable levels of premature death. Public awareness must be led by people who have experienced these impacts personally, along with their supporters, allies and related professionals.”

- Destination Dignity Coalition
10 Ways to Combat Discrimination With Compassionate Language

A picture may be worth a thousand words, but words also paint vivid pictures—pictures that can evoke truth, strength, and empathy or, alternatively, fear, anger, and judgment. Many individuals find that language is not of much consequence, that concern about it is overshadowed by the overly sensitive or a product of various political correctness. However, language is a powerful tool that shapes perceptions. These perceptions inspire actions, and actions, in turn, can lead to fundamental changes in our world—changes that, we hope, are for the better.

The language we use to talk about mental health is especially important. It can have powerful consequences. While some may intentionally use odious labels to describe individuals with mental health conditions, most people are just unaware that their language choices are harmful.

To promote better understanding of appropriate language for mental health and to combat discrimination against individuals living with these challenges, the Depression and Bipolar Support Alliance (DBSA) has created ten principles of compassionate language. Whether you are a peer, family member, or worker, clinician, or member of the media, we encourage you to adopt them. By doing so, you help work against the stigma that so often surrounds mental health.

The choice of what picture you will paint with words is yours—we ask only that you consider altering your color palette.

Image from: DBSA Website

10 Ways to Combat Discrimination With Compassionate Language (continued)\(^1\)

**Defy Definitions**
Use of “mental illness” imply a perpetual state of abnormality whereas mental health conditions often present episodic challenges

**Choose Thoughtfully**
Many negative phrases historically associated with mental health have become part of the common vernacular but can be harmful

**Don’t Make Assumptions**
Refer to individuals as people living with (or experiencing) mental health challenges

**Avoid Distancing**
Use language that references people or individuals, instead of “them”, “those”, or “the mentally ill”

**Separate the Person From the Condition**
Avoid reducing an individual to their condition (for example, “he is bipolar”)

Allow for *Personal Choice*
DBSA acknowledges the individual right to terminology of choice, but encourages more wellness-focused language.

**Accept Responsibility**
Choose language that is accurate, respectful, and caring.

**Avoid Sensationalizing**
Avoid emphasizing the most shocking and tragic aspects of a situation. Don’t use headlines designed to shock and evoke fear.

**Portray People Realistically**
Avoid showing a person only in an acute episode or in shock-value behavior. Represent the broad experience of people living with mental health conditions.

**Don’t Assume Mental Health Is a Factor in Violent Crime**
For mass shootings, avoid insinuating/stating that a shooter has a mental health condition when there is no or questionable substantiation.

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CLINICAL RESOURCES FOR TARGETING STIGMA
Polling Question

Which of the following do you think is the most important tool to use in initiatives to reduce stigma?

A. Rating scales (paper or electronic; for example, the Opening Minds Scale for Health Care Providers [OMS-HC])
B. Social media awareness campaigns
C. Education tools
D. Awareness “paraphernalia” (for example, flyers, billboards)
# Stigma-reduction Strategies

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<th>Level</th>
<th>Strategies</th>
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<tr>
<td>Impersonal level</td>
<td>• Treatment</td>
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<td>• Counselling</td>
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<td>• Cognitive behavioral therapy</td>
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<td>• Group Counselling</td>
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<td>• Self-help, advocacy and support groups</td>
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<td>Interpersonal level</td>
<td>• Care and support</td>
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<td>• Home care teams</td>
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<td>• Community-based rehabilitation</td>
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<td>• Training programs</td>
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<td>• New policies (for example, patient-centered and integrated approaches)</td>
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<td>Community level</td>
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<td>• Advocacy</td>
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<td>• Protest</td>
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<td>Governmental / structural level</td>
<td>• Legal and policy interventions</td>
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<td>• Rights-based approaches</td>
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We Are Trapped in Stage 4 Thinking\textsuperscript{1–3}

Mental Health Conditions...

...are the only chronic conditions...

...that as a matter of public policy...

...we wait until Stage 4 to treat, and then often only through incarceration.


Promoting Wellness and Recovery: #B4Stage4\textsuperscript{1,2}


Early Intervention: Mental Health America Screening-to-Supports (S2S)\(^1\)

DIY, do it yourself.


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Depression and Bipolar Support Alliance (DBSA): Target Zero to Thrive Campaign

If a person doesn’t achieve zero symptoms, they haven’t failed, but if they are never given the opportunity to achieve that goal, the system has failed them.

Allen Doederlein, DBSA President

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The cost of settling for reduced symptoms is simply too great—because when symptoms persist, individuals who have mental health conditions are¹:

- At significantly greater risk of relapse¹,²
- More likely to experience significant functional impairment, making the day-to-day demands of job and family challenging, and too often, debilitating¹,³
- More likely to have life-threatening co-occurring conditions, such as heart disease, hypertension, and diabetes—a huge factor in why individuals with mental health conditions die up to 25 years younger than those without mental health conditions¹,⁴,⁵
- At a higher risk to die by suicide¹,⁵

Depression and Bipolar Support Alliance (DBSA): Better Is Not Well Initiative

- Treatments may work well, moderately well, or not at all, depending on the person and situation\(^1,2\)
  - Need to strive for treatment that has a goal of wellness or complete remission rather than modest/step-wise improvement or symptom reduction
  - Function/ability to live life is also important (eg, work, have relationships, etc.)
- Many patients do not seek treatment until their condition is severe
  - Leads to treatment focusing on stabilization and not fine-tuning thereafter
- Mental illness is often not only a condition of the brain, but also affects the body\(^3-5\)
  - Whole health/Integrative health needs to be a focus
- Culture of research: Many who are participating in research are acutely ill
  - Research on this population does not allow for investigation into questions of how we go from moderately functional to fully functional

DISCUSSION
QUESTIONS
CLOSING