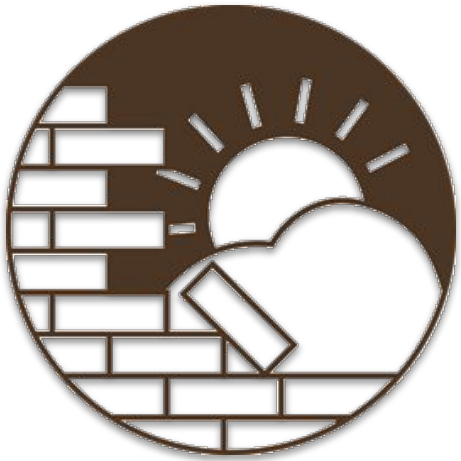
Structural Stigma in Mental Healthcare



what's the issue
what's being done
what can we do about it

Structural Stigma in Mental Healthcare

"In (mental) health care, structural stigma occurs when laws, policies, and practices result in the unfair treatment of people with lived and [living] experience.

Such unfairness leads to inequitable access and a lower quality of care for these individuals, whether their concerns relate to physical health, mental health, and/or substance use."

"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada

Structural Stigma in Mental Healthcare

"Structural stigma is especially damaging □ and dangerous □ for persons with lived and living experience of mental health problems and illnesses and/or substance use.

While it often occurs *unknowingly* (through implicit cognitive biases), it expresses the inequities embedded in the fabric of our social institutions, organizations, and our shared ways of thinking and acting."

"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada

What does structural stigma look like in mental health care?

"Mental health / substance use (**MHSU**) related structural stigma can manifest in the health-care system in many ways.

In some cases, MHSU services may be

- devalued,
- deprioritized,
- underfunded, and
- ***othered***

compared with physical health services."

"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada

What does structural stigma look like in mental health care?

"Policies *can be* put in place that lead to discriminatory outcomes for people living with MHSU problems or illnesses, which may include:

- **lack of treatment** for individuals with MHSU problems or illnesses, or their symptoms are undertreated or ignored
- **excessive wait times** compared to physical health issues
- **diagnostic overshadowing** (i.e., attributing a person's symptoms to a psychiatric problem when they may actually suggest a co-existing physical health condition)"

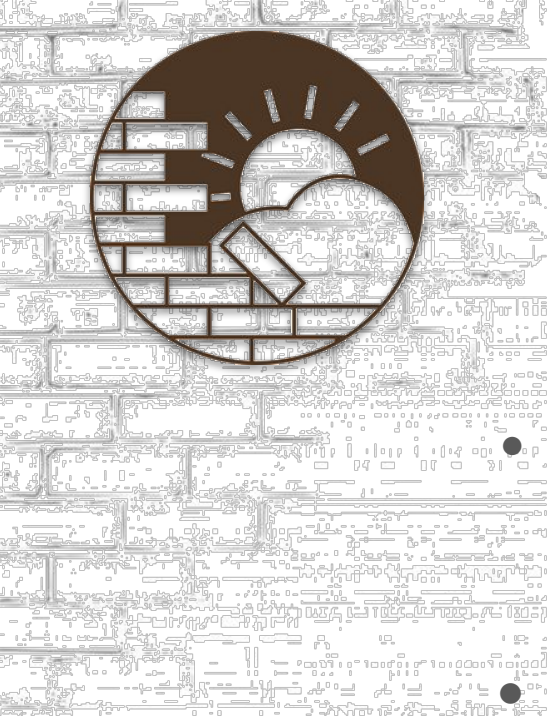
"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada

CBC News

What does structural stigma look like in mental health care?

- "**Insufficient staff/resource** allocation to MHSU-related care
- physical space for MHSU patients that is of **lower quality or standard** than the spaces offered in other care areas
- **Suspicion, over-monitoring, and hypervigilance by security professionals,** leading to frequent room searches and accusations of theft (especially among Indigenous, immigrants, refugees, and racialized people)"

"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada

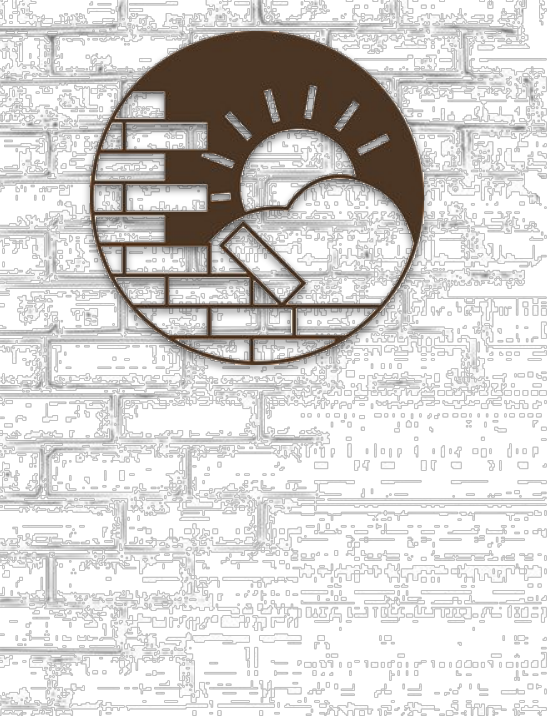


What does structural stigma look like in mental health care?

"**use of visible identifiers** intended to flag individuals for violence risk (e.g., arm or wrist bands) but unintentionally stigmatize

little or no research into effective MHSU-related care and treatment, resulting in care practices that are outdated or not evidence-based, or do not incorporate the latest best practices."

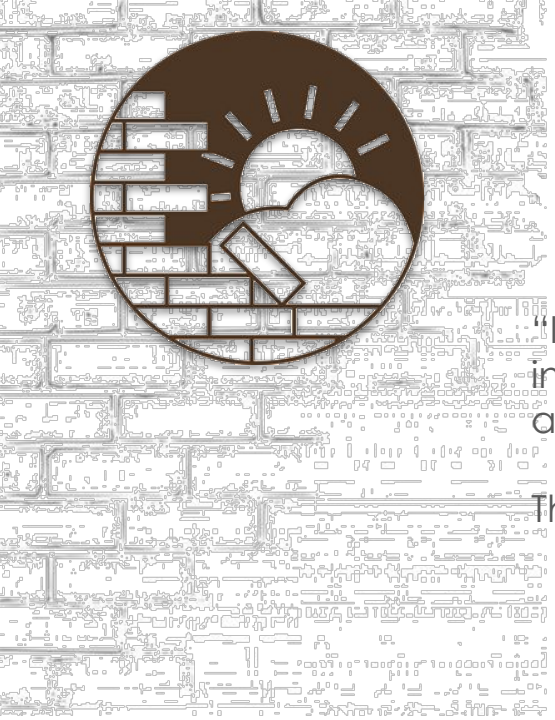
"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada



What does structural stigma look like in mental health care?

"In the health-care context, structural stigma most commonly manifests in the realm of professional practice, including: ***the unwritten procedures and practices of health-care practitioners and administrators*** that express

- organizational culture,
- resources, and
- policies."



What does structural stigma look like in mental health care?

"It is recommended that efforts to assess structural stigma incorporate indicators for the attitudes of health-care providers and administrators as well as for stigma-producing practices.

These include:

- diagnostic and treatment overshadowing
- non-caring and unhelpful behaviours
- paternalistic and non-collaborative approaches
- withholding information and services
- using task-oriented and depersonalized practices
- excluding or rejecting people from services"

What does structural stigma look like in mental health care?

Have you ever witnessed these or any other detrimental practices / attitudes / policies in your mental health care system?

Let's discuss.

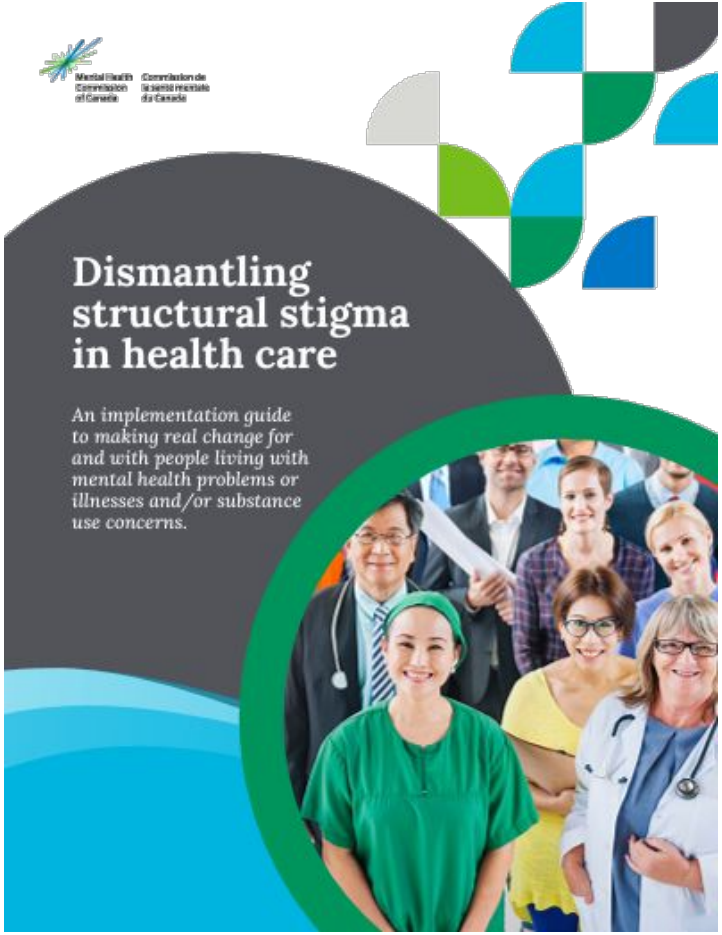
"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada

The **Mental Health Commision of Canada** provides an “implementation guide to making real change for and with people living with mental health problems or illness and/or substance use concerns.”

“Dismantling structural stigma in mental health care” - Mental Health Commission of Canada

"Stigma affects how we see and treat people living with mental health and/or substance use (MHSU) problems or illnesses.

When it becomes embedded throughout the health-care system, it creates real barriers and harms for people trying to access quality care."

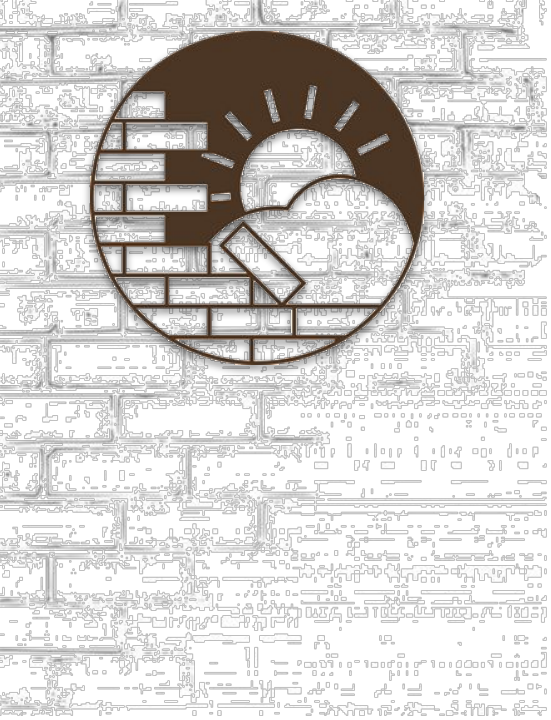


"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada

"But **change is possible** once we commit to dismantling such MHSU-related structural stigma and rebuilding our structures and systems to ensure equitable, effective, and quality care for all."

"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada

"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada

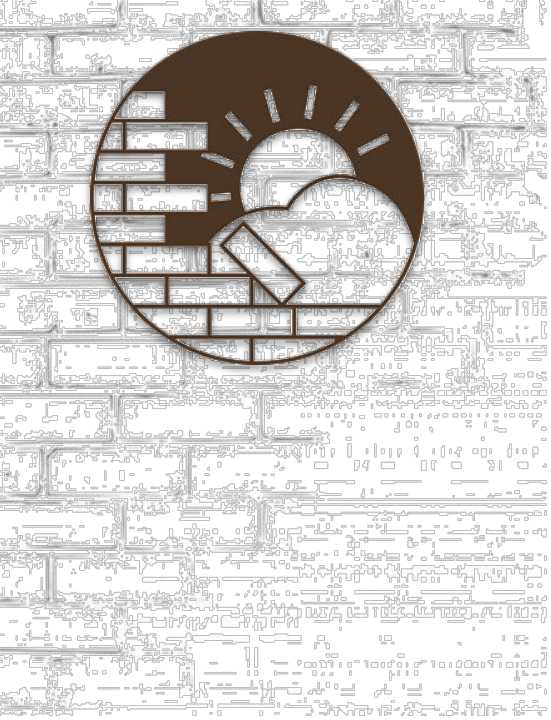


Review of “Access Denied” Video

The major points in this video were:

- **Denial of Care**
- **Inequitable Resource Distribution**
- **Trauma Informed Care**
- **Wait Times**
- **Changing Cultural and Policy Structures**
- **The System Needs to Change**

Do you have any comments about this video?



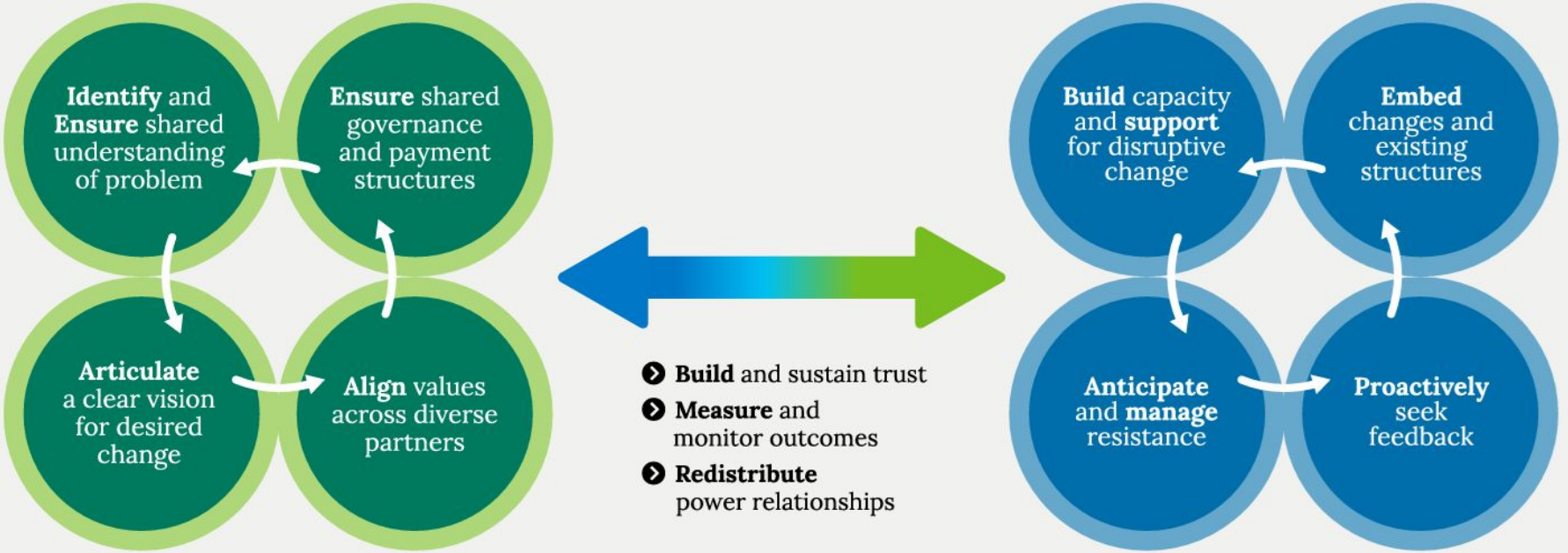
Building a Model for Change

The Mental Health Commision of Canada came up with an **11-component theory of change model** that offers the foundational steps to affect real change:

- The critical importance of building trust
- Redefining power in relationships
- Tracking outcomes

And the keys to sustaining change over time.

Theory of Change – Dismantling Structural Stigma



Context | **Success factors** | **Sustainability**

Part 1 | **Part 2** | **Part 3**

Building a Model for Change

Part 1 Context

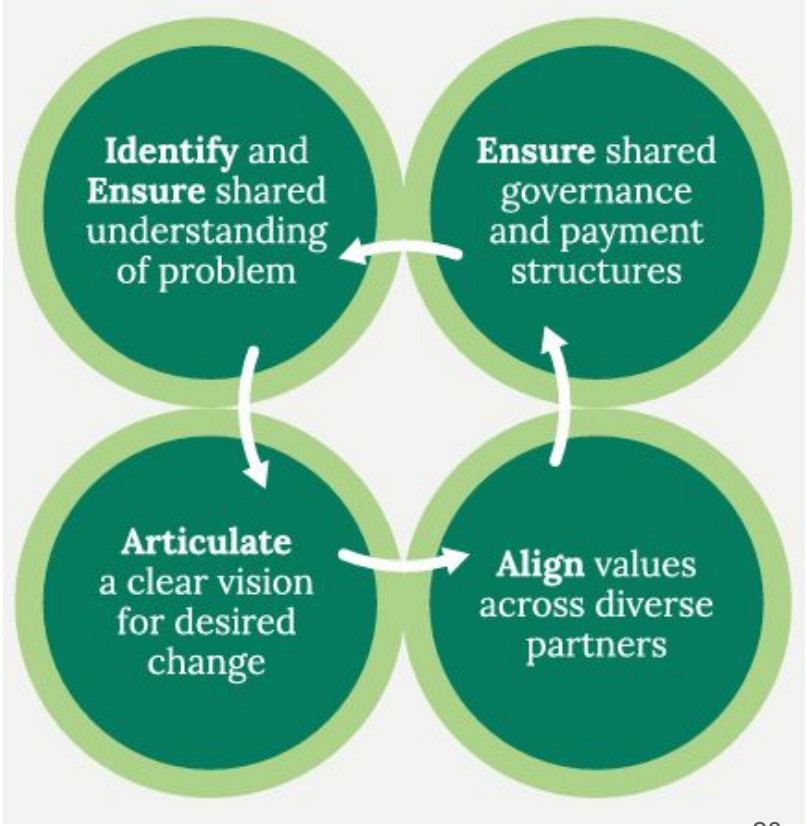
Key principles for healthcare organizations

"**Identify and Ensure shared understanding of the problem.** Define the issues to be addressed through open and honest conversation

Articulate a clear vision for desired change. Determine the end goal and path that all members of the organization must take.

Align values across diverse partners. Get all internal and external stakeholders on the same page about required changes.

Ensure shared governance and payment structures. Move beyond tokenism and advisory models with frameworks that enable a more egalitarian approach to decision making."



"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada

Building a Model for Change

… getting the "buy in"

"Dismantling structural stigma requires that senior leaders and decision makers understand and agree that organizational change is necessary to better achieve its mission and enact its values.

Ideally, everyone in your organization will also agree on the nature of the issue that needs to be addressed. But such a shared understanding can't be assumed, especially in larger institutions.

Often, it must be carefully cultivated by ensuring that all people, at all levels of the organization, can safely share their thoughts, feelings, and concerns.

Otherwise, it's easy for those with decision-making power to define the problem (and the solutions) without reflecting the perspectives and needs of people who typically don't hold any power, including those most affected by MHSU-related structural stigma."

"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada

Building a Model for Change

… getting the "buy in"

"**Be bold and candid**

Don't be afraid to think big and articulate a vision that may seem impossible to achieve or far out of reach.

Transformative change that addresses historical harms and injustices requires bold, expansive ideas.

If you set the bar too low or limit your thinking, your organization's change initiative will be watered down right from the start."

"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada

Building a Model for Change

… getting the "buy in"

However …

"Avoid trying to do everything at once. Instead, break down your organization's vision for change into smaller, more realistic streams of effort.

Otherwise, it's easy to get discouraged early by a seeming lack of progress."

Building a Model for Change

… things to consider

"• Who currently defines the issue of MHSU-related structural stigma and the need for change in your organization?

• Do your MHSU care practices reflect current knowledge and evidence? How long has it been since your organization updated its care practices or model of care?

• Who needs to be included in your change initiative? Who would traditionally be invited to the table — and who would not?

• Who are the champions for change in your organization? How can they help facilitate a shared understanding of the problem and the need for change?"

Building a Model for Change

… things to consider

"• Who are the champions for change outside your organization who could help facilitate change?

• What existing organizational structures can be leveraged to facilitate ongoing communication?

• What would be effective and easy-to-implement accountability mechanisms for your organization?

• Is your organization ready to make a real, transformative change? If not, what are the barriers that might be preventing change from happening?"

"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada

Review of “Less Than” Video

The major points in this video were:

- Inequity of Care
- Coercive Care
- Cultural Safety
- Agents of Change
- Appropriate Care
- Fixing Our Culture of Care

Do you have any comments about this video?

Champions and Changemakers

– a success story

PUTTING IT INTO PRACTICE

By analyzing submissions to its patient safety incident reporting system, Nova Scotia Health's Adult Neurodevelopmental Stabilization Unit (ANSU) Dual Diagnosis Program realized that its restraint and seclusion practices were based on stigmatizing assumptions: that its clients were likely to be aggressive and violent. That included the frequent use of a safety restraint chair to keep clients in one place, presumably to prevent harm to themselves and others (e.g., staff, patients, family members, visitors).

To identify the underlying issues, ANSU leadership formed an advisory committee that included representation from physicians and staff, an external engagement specialist, patients, and if needed, patients' substitute decision makers (usually family). Interviews were conducted with staff, while patients and families were invited to share their experiences via surveys and focus groups.

With a shared understanding of the root causes of the problem, ANSU could start to make the necessary changes to improve care delivery. That included hiring staff from various disciplines, such as behavioural analysts and recreational therapists, who are better able to engage with patients without relying on restraints. As a result, the team has not had to use its safety restraint chair in more than four years — something that previously was a near-daily occurrence.

"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada

Structural Stigma in Mental Healthcare

Perhaps some of us have been involved with initiatives that are attempting to dismantle MHSU-related structural stigma.

Does anyone have similar (hopefully successful) stories to share?

Building a Model for Change

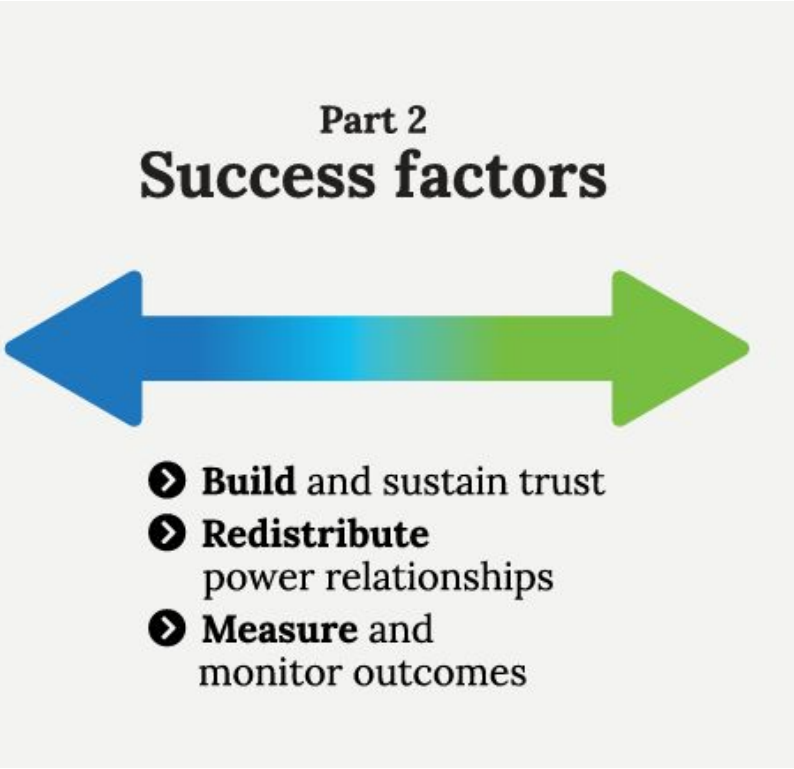
Part 2 Success Factors

Key principles for healthcare organizations

"**Build and sustain trust** Acknowledge and then overcome fears and concerns about change by listening to and connecting with others.

Redistribute power in relationships Address the power imbalances that reinforce MHSU-related structural stigma by elevating the voices of those who have traditionally been disempowered.

Measure and monitor outcomes Evaluate your change initiative in a targeted way to maintain alignment with your initial goals and values."



Building a Model for Change

Build and Sustain Trust

"Trust is integral to any project or partnership.

That's especially true when tackling an issue as pervasive and complex as structural stigma. The fear and mistrust caused by MHSU-related structural stigma have caused countless people to avoid reaching out for help and engaging with the health-care system.

Mistrust also makes it difficult for **PWLLE** of MHSU problems or illnesses to participate in shared governance and power structures. Earning and keeping trust — between patients and service providers, patients and institutions, and your organization's teams — must be a critical focus of your change initiative."

"PWLLE" stands for People With Lived and Living Experience, referring to individuals who have personal experience with mental health conditions, substance use, or related issues, and their family members.

"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada

Building a Model for Change

Redistribute Power in Relationships

"Asymmetric power systems reinforce and perpetuate stigmatizing processes and policies.

To dismantle structural stigma, organizations must mitigate or actively correct power differentials. That involves both recognizing the people who have been traditionally invalidated or had their expertise devalued because of their identities and lifting them up so they can hold power in the organization.

Doing so requires a willingness in those who currently have power to embrace a shared distribution of power and resources."

"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada

Building a Model for Change

Measure and Monitor Outcomes

"How do you know if your work to dismantle structural stigma is leading to real change?

It takes constant evaluation and measurement: everything from informal surveys to rigorous academic research.

The challenge is ensuring that you're staying true to your initiative's vision and values when conducting those evaluations — and that those with power won't use the data to reinforce the status quo or shut down your change before it has a chance to get off the ground."

"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada

Building a Model for Change

Part 3 Sustainability

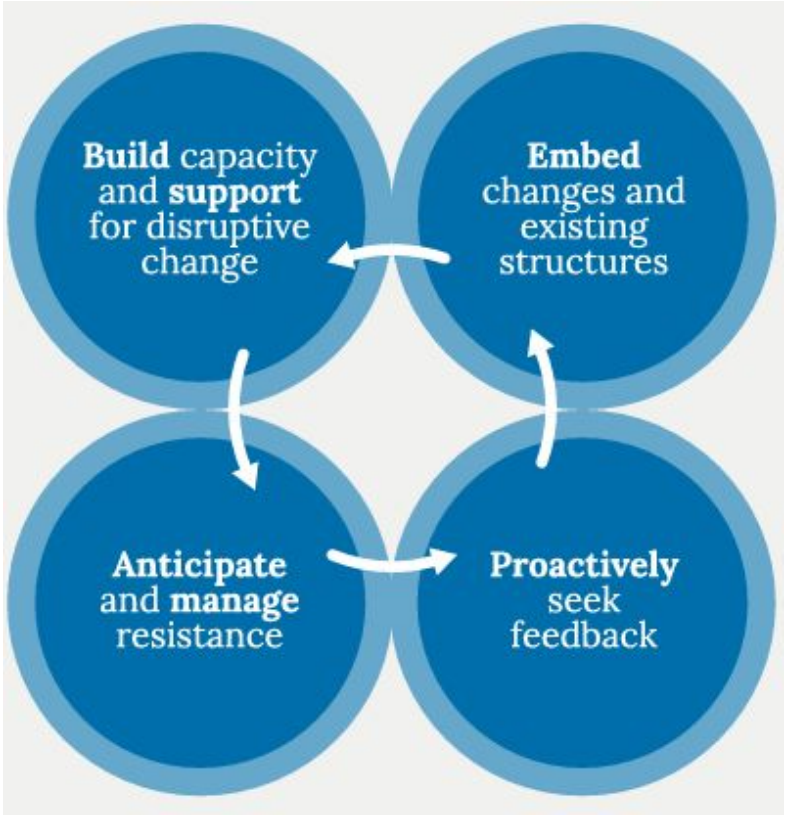
Key principles for healthcare organizations

"Build capacity and support for potentially disruptive change Maintain organizational buy-in and support for your initiative by reinforcing why change is needed.

Anticipate and manage resistance Win over those most likely to oppose change by recognizing their concerns and embracing difficult conversations.

Seek and respond to feedback in a proactive way Be humble and open to suggestions from all stakeholders on ways to improve your anti-stigma initiative.

Embed change in existing structures Get your change to "stick" by codifying it into your policies, processes, and systems."



Building a Model for Change

… sustaining the "buy in"

"In the mental health and substance use care system, everybody strives toward the same goal: to help others. Yet difficult conversations may occur when those eager to help realize that they may be inadvertently causing harm and there may be better ways of doing things.

While building up the institutional capacity for change (and maintaining support for it) can be a shared learning process that involves acknowledging people's unique strengths, challenges can arise when people feel defensive or challenged about the nature of MHSU-related structural stigma and their role in perpetuating it.

Remember that structural stigma is caused by a failure in systems and policies - not the actions of a single healthcare worker / administrator."

Building a Model for Change

… sustaining the "buy in"

"When it comes to major, system-level change like dismantling MHSU-related structural stigma in health care, resistance and defensiveness are inevitable.

Even people who agree that change is needed often dig in when they see what has to change and what the implications are for them (especially when it comes to sharing power).

They may rationalize their resistance by coming up with reasons why change isn't possible or else adopt the mindset that the initiative is not going to work.

Change will uncover many different feelings among the people in your organization. Knowing where resistance is likely to come from — and how to manage it effectively — is critical to the success of any anti-stigma initiative."

"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada

Building a Model for Change
… sustaining the "buy in"

Acknowledge the resistance

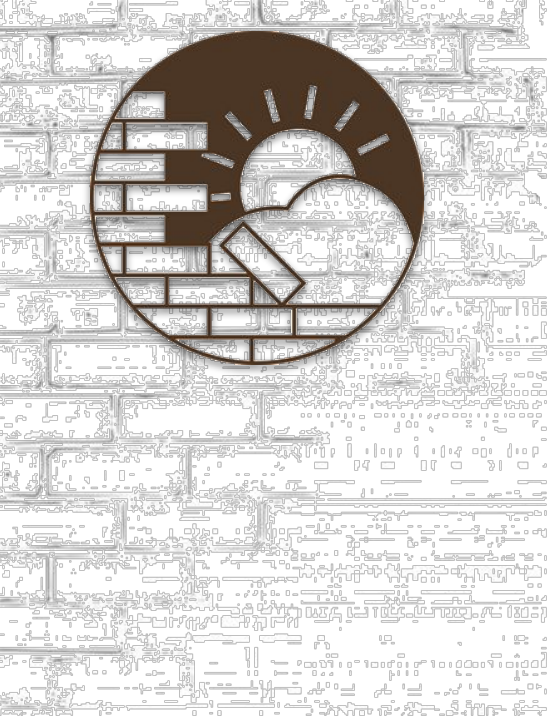
*"It's not a question of **if** there will be resistance to change, but how much.*

By acknowledging that it will happen from the start, you'll be better equipped to explore its causes and then build ways to address it into your plans.

In many cases, resistance comes from people in power who feel unmoored or even threatened when their perspectives are no longer the top (or only) priority.

Recognize and respect that this is a valid reaction, then work to support those people through conversations rooted in empathy and curiosity."

"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada



Building a Model for Change

… sustaining the "buy in"

"Any sort of change can be difficult to accomplish.

Getting that change to stick by having it embedded in your organization's way of thinking and doing is even more challenging.

It requires a commitment to codifying the change through new policies, processes, systems, and positions, all co-designed with diverse partners for maximum impact and staying power.

It also requires being open to a long-term process and recognizing that it will take time for small changes to add up to something everyone can see."

Building a Model for Change
… things to consider

"• How will your vision for change be communicated to multiple groups inside and outside your organization? Will new skills and expertise be required to do so effectively?

• How might personal stories and experiences be collected by your organization to illustrate the need for transformative change?

• How will you go about securing leadership buy-in and support for your change initiative?

• What is your organization's tolerance for change? If it is low, how might you overcome that?"

Champions and Changemakers

- a success story

PUTTING IT INTO PRACTICE

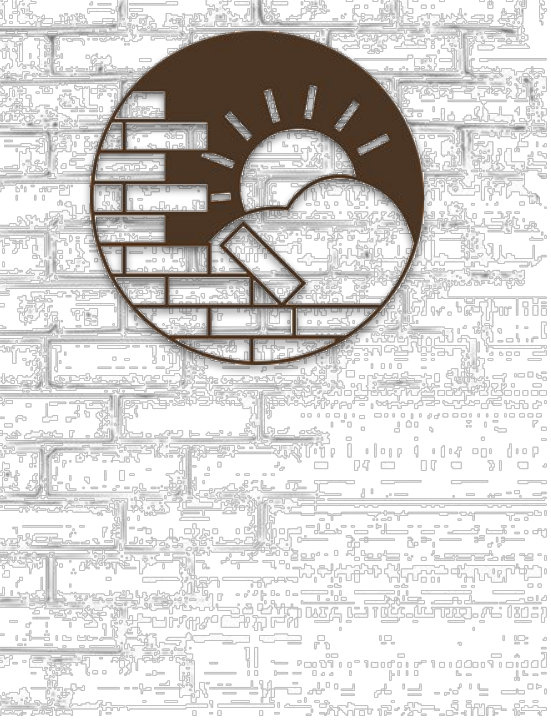
When Health Justice used to meet with ministers and other government officials as part of its advocacy work, the executive director would typically be the one to take those meetings. Decisions about what to discuss during a meeting would be made by the management team. That has since changed. Recognizing the power imbalance at play, Health Justice modified its processes to have members of its Lived Experience Experts Group develop the agenda and other materials for those meetings, supported by staff members as needed — and also attend those meetings.

> *"The biggest highlight for me was when the Lived Experience Experts Group and staff met with the minister of mental health and addictions. Sharing my experiences at that meeting made me feel seen, all of a sudden, after I have been made to feel invisible for so long. I felt validated and it made me feel hopeful that change can happen."*
>
> – Sarah, Health Justice lived experience expert

Health Justice says that this approach has made its meetings much more effective, and that their submissions to government now resonate with more people. Overall, its work is stronger, more credible, and more respected than ever.

"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada

"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada



Review of “A Way Forward” Video

The major points in this video were:

- **Measuring Structural Stigma**
- **Integrating Lived Experience Expertise**
- **Re-Humanizing Health Care**
- **Education of Policy Change**
- **Identifying Structural Barriers**
- **Courage, Compassion, Connection**

Do you have any comments about this video?

Champions and Changemakers

- a success story

PUTTING IT INTO PRACTICE

Developed by the University of Toronto and the Empowerment Council, the Centering Madness course for first-year psychiatry residents aims to identify how power and privilege play a role in psychiatric practice and explore opportunities for engagement and solidarity work with mental health service users. Designed and delivered by service users, it challenges entrenched psychiatric beliefs in a way that is both emotionally uncomfortable and intellectually challenging for many residents. This initially prompted resistance from students and faculty alike, some of whom felt that it was a waste of time to have non-psychiatrists teaching residents.

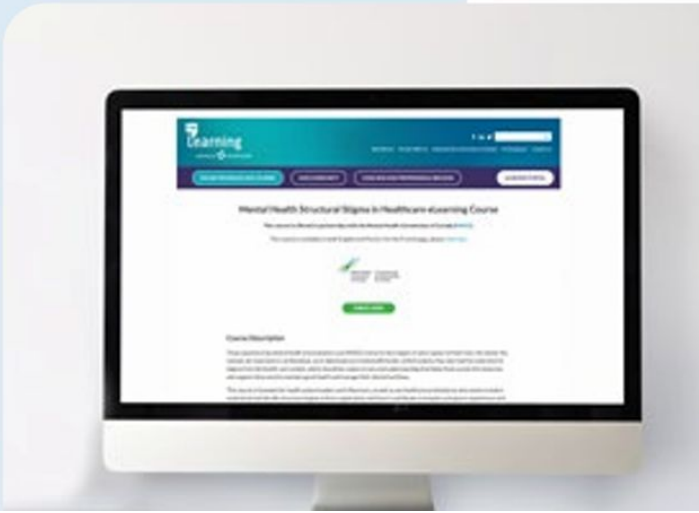
An external review of the course in 2018 to better understand where and how students were experiencing difficulties provided suggestions on how it could be adjusted to address some of the concerns. Two years later, the resistance to the course changed direction entirely, with many students expressing an interest in having more modules and classes delivered from a service user's perspective.

"Dismantling structural stigma in mental health care" - Mental Health Commission of Canada

Want to learn more?

For more information about MHSU-related structural stigma, register for the Mental Health Commission of Canada's (MHCC's) Mental Health Structural Stigma in Healthcare e-learning course. This free training will help you identify structural stigma in your organization and understand how it contributes to inequity and poorer health outcomes.

In addition, the MHCC library of structural stigma resources at the end of this guide provides links to personal stories of people who have experienced MHSU-related structural stigma, MHCC research on the extent of the problem in health-care settings, frameworks for assessing and measuring the severity of it in health-care organizations, and more. You will find videos, reports, presentations, fact sheets, webinars, online training, and other useful tools and resources to help you better understand structural stigma and how to dismantle it.



https://subjectmatter.ca/work/beyond-stigma/

The Lancet Commissions

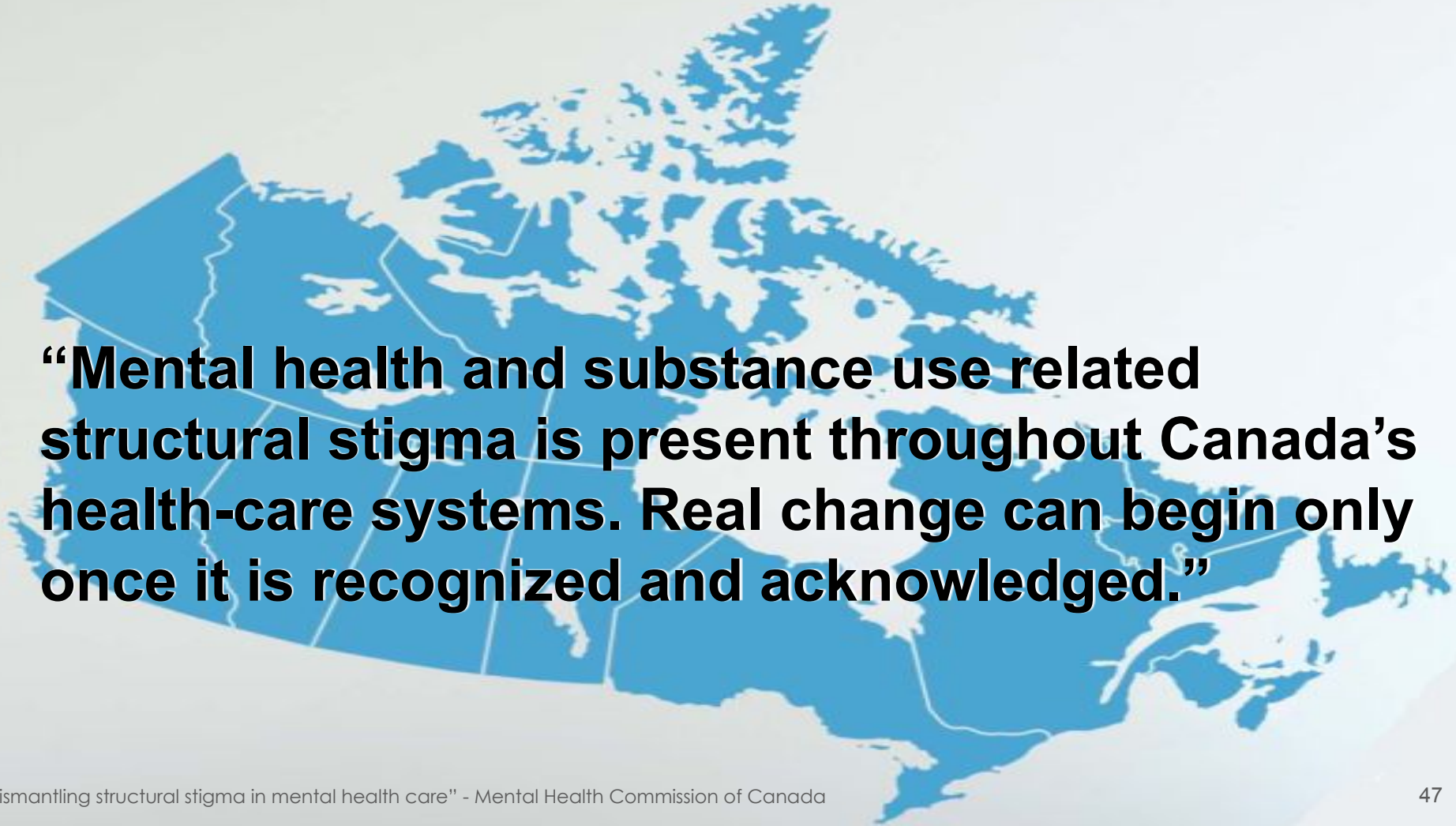
The Lancet Commission on ending stigma and discrimination in mental health

Nothing About Us, Without Us

One of the 5 guiding principles of this Lancet Commission states: "Initiatives and actions intended to reduce or eradicate mental health stigma and discrimination should be co-designed and co-produced with PWLE to align with the principle of ***nothing about us without us*** ….

The evidence base clearly shows that the most effective methods are based on social contact, especially positive social contact with people with mental health conditions."

"This report has been co-produced by people who have such lived experience …. Their voices whisper, speak, and shout in the poems, testimonies and quotations."



“Mental health and substance use related structural stigma is present throughout Canada’s health-care systems. Real change can begin only once it is recognized and acknowledged.”

“Dismantling structural stigma in mental health care” - Mental Health Commission of Canada