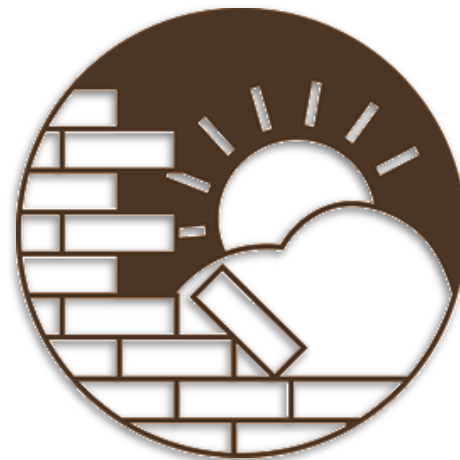
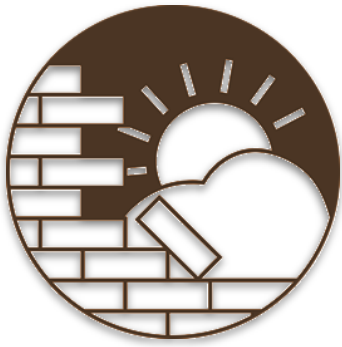




Structural Stigma in Mental Healthcare



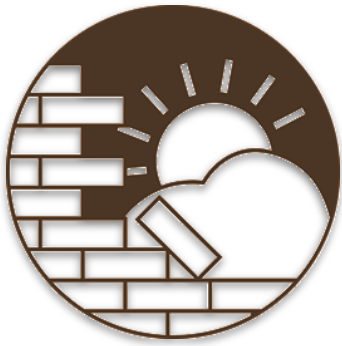
what's the issue
what's being done
what can we do about it



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.

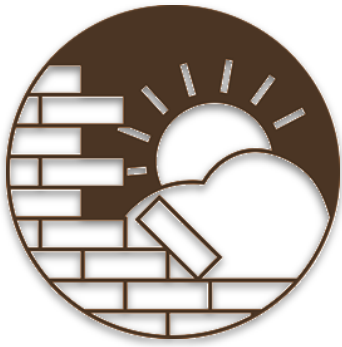
Such unfairness leads to inequitable access and a lower quality of care for these individuals, whether their concerns relate to physical health, mental health, and/or substance use.”



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.”



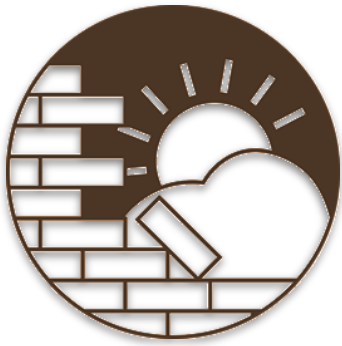
What does structural stigma look like in mental health care?

“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.”

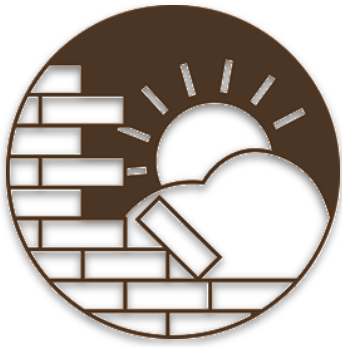


What does structural stigma look like in mental health care?

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

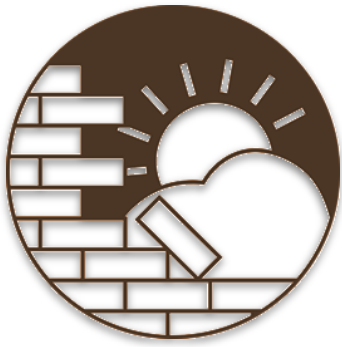
- **lack of treatment** for individuals with MHSU problems or illnesses, or their symptoms are undertreated or ignored
- **excessive wait times** compared to physical health issues
- **diagnostic overshadowing** (i.e., attributing a person's symptoms to a psychiatric problem when they may actually suggest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





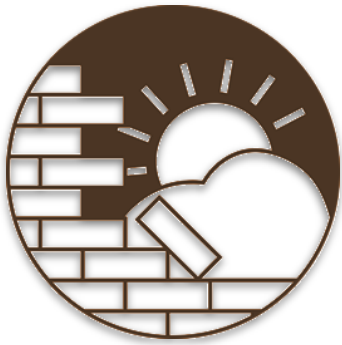
What does structural stigma look like in mental health care?

- “**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)”



What does structural stigma look like in mental health care?

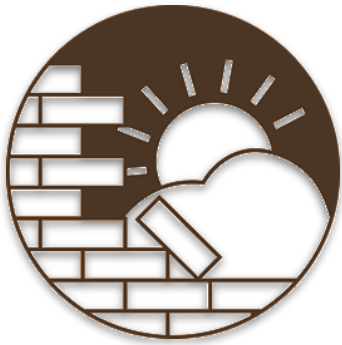
- **“use of visible identifiers** intended to flag individuals for violence risk (e.g., arm or wrist bands) but unintentionally stigmatize
- **little or no research** into effective MHSU-related care and treatment, resulting in care practices that are outdated or not evidence-based, or do not incorporate the latest best practices.”



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?

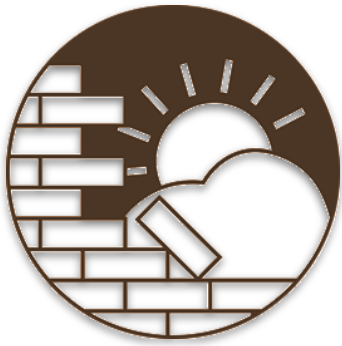
“It is recommended that efforts to assess structural stigma incorporate indicators for the attitudes of health-care providers and administrators as well as for stigma-producing practices.

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”



We simply cannot advance this work without centering the voice of people who are impacted by structural stigma.



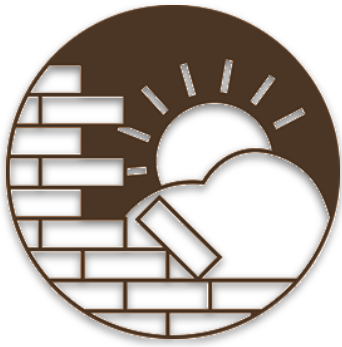
The **Mental Health Commission of Canada** provides an “implementation guide to making real change for and with people living with mental health problems or illness and/or substance use concerns.”



Dismantling structural stigma in health care

An implementation guide to making real change for and with people living with mental health problems or illnesses and/or substance use concerns.





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

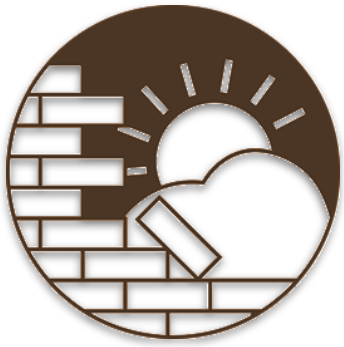
When it becomes embedded throughout the health-care system, it creates real barriers and harms for people trying to access quality care.”



Dismantling structural stigma in health care

*An implementation guide
to making real change for
and with people living with
mental health problems or
illnesses and/or substance
use concerns.*





“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.”

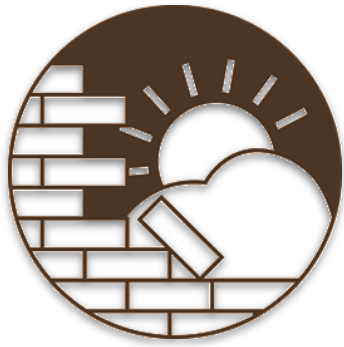


Dismantling structural stigma in health care

*An implementation guide
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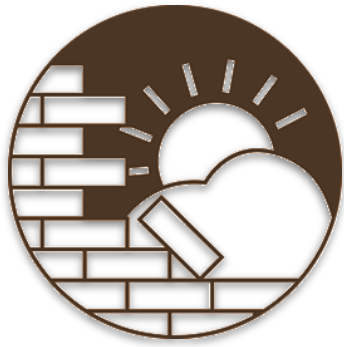


Building a Model for Change

The Mental Health Commission 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.



Building a Model for Change

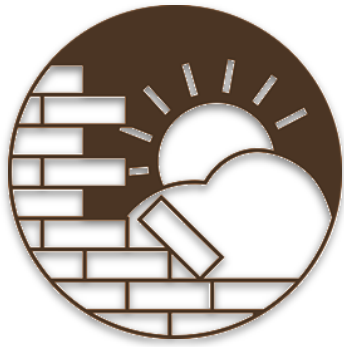
... getting the “buy in”

“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.”



Building a Model for Change

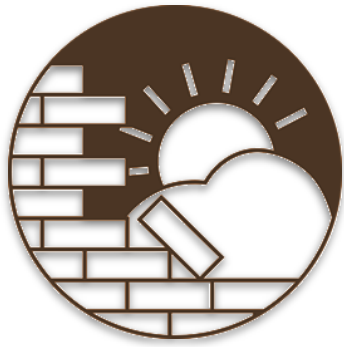
... getting the “buy in”

“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.”



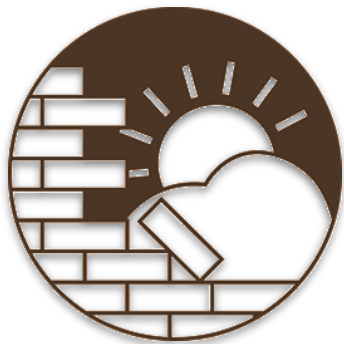
Building a Model for Change

... 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.

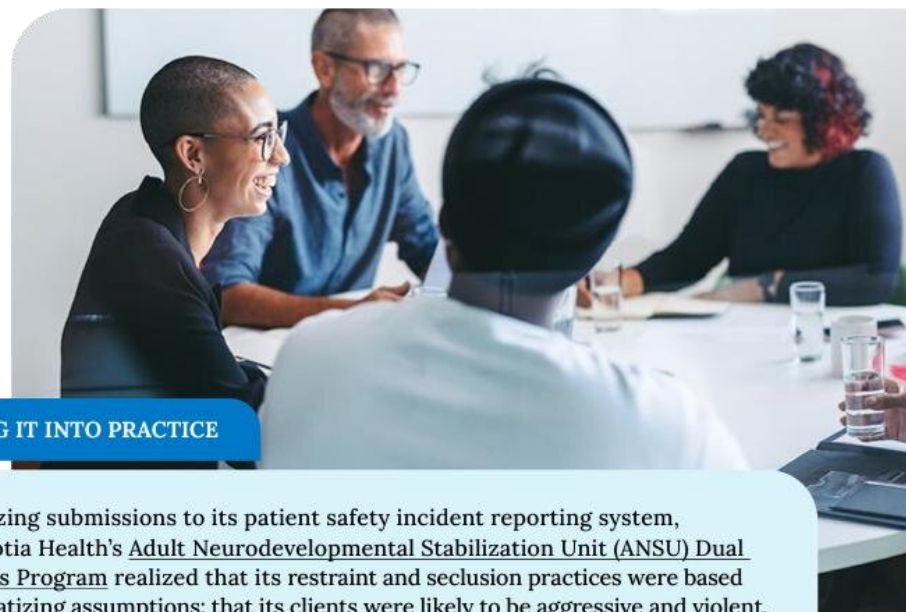
Otherwise, it’s easy to get discouraged early by a seeming lack of progress.”



Champions and Changemakers

- *a success story*

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

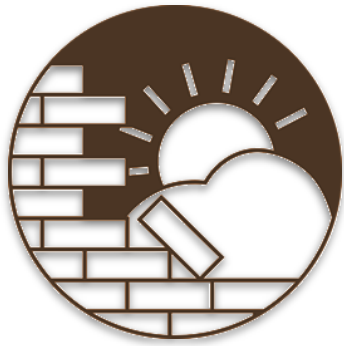


PUTTING IT INTO PRACTICE

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.



Building a Model for Change

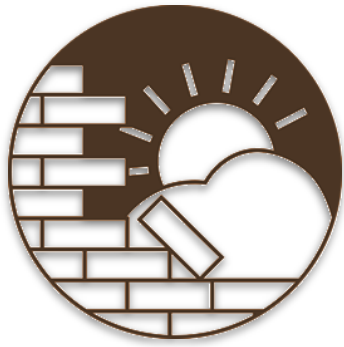
Build and Sustain Trust

“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.

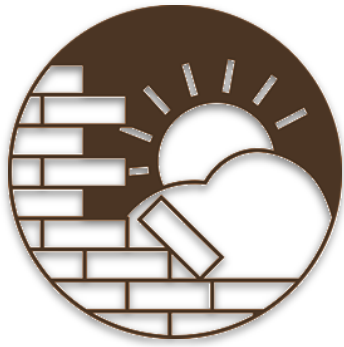


Building a Model for Change **Redistribute Power in Relationships**

“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.”



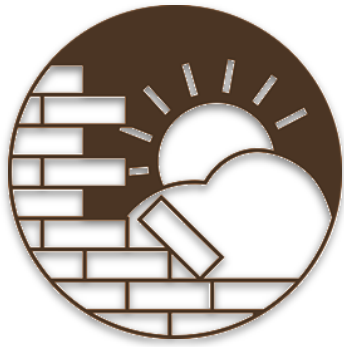
Building a Model for Change

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.”



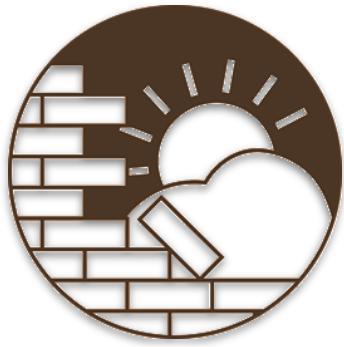
Building a Model for Change

... 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

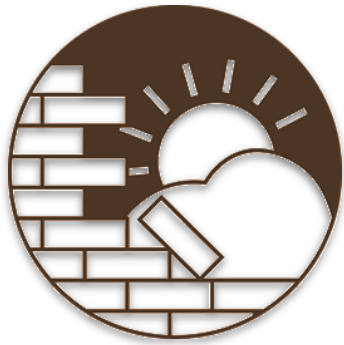
... sustaining the “buy in”

“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.”



Building a Model for Change

... sustaining the “buy in”

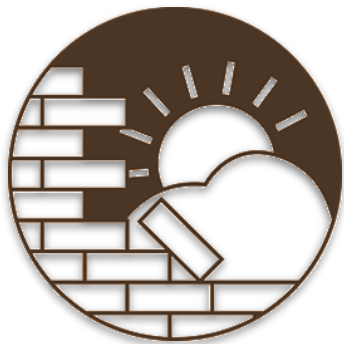
Acknowledge the resistance

*“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.”



Champions and Changemakers

- *a success story*

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



PUTTING IT INTO PRACTICE

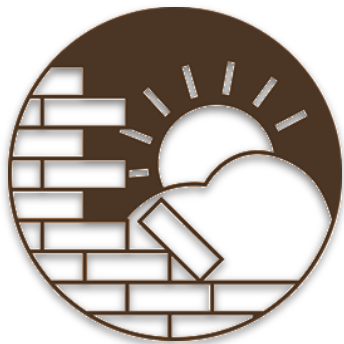
When Health Justice used to meet with ministers and other government officials as part of its advocacy work, the executive director would typically be the one to take those meetings. Decisions about what to discuss during a meeting would be made by the management team. That has since changed. Recognizing 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.





Champions and Changemakers

- *a success story*

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

PUTTING IT INTO PRACTICE

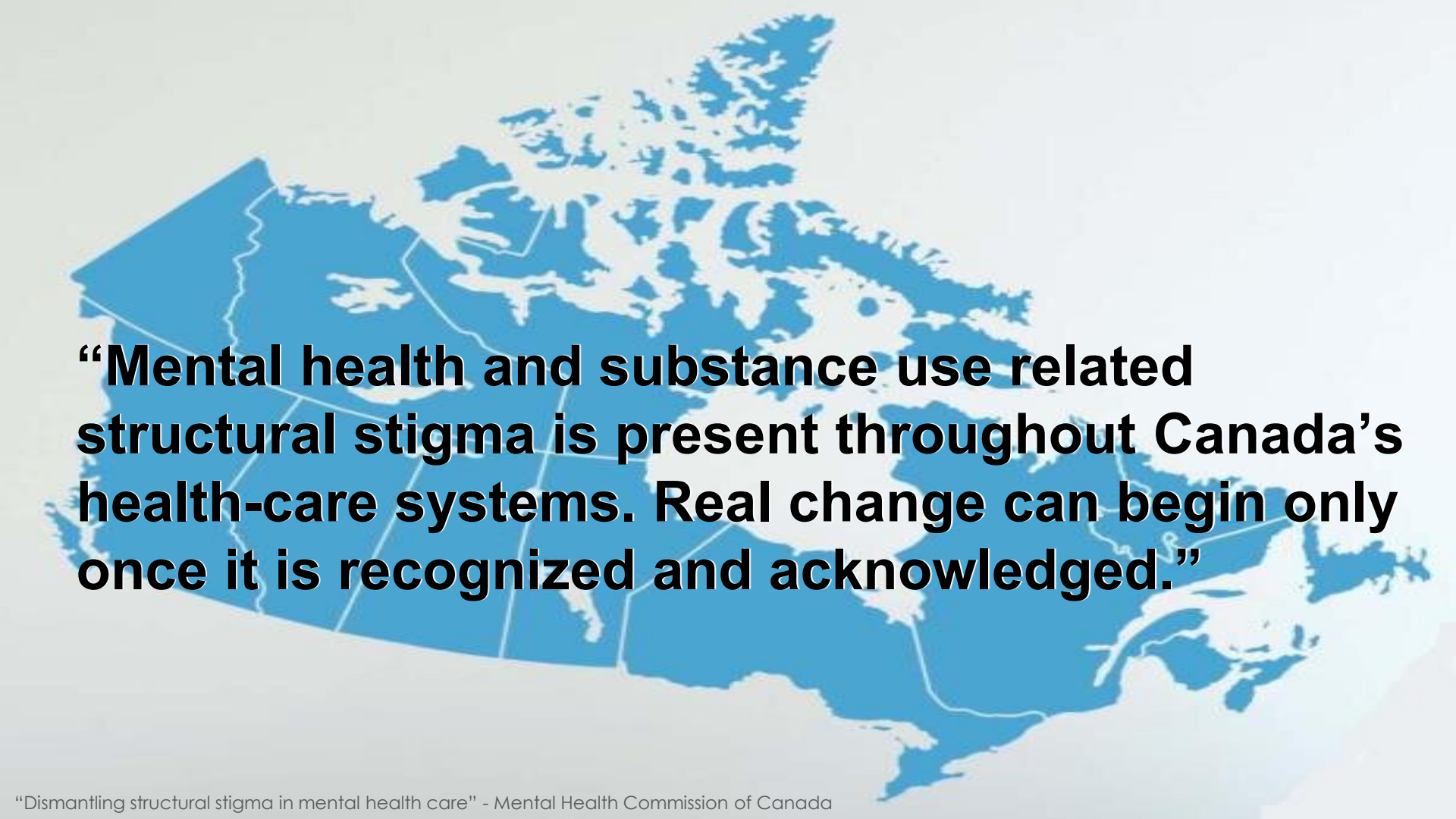
Developed by the University of Toronto and the [Empowerment Council](#), the Centering Madness course for first-year psychiatry residents aims to identify how power and privilege play a role in psychiatric practice and explore opportunities for engagement and solidarity work with mental health service 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.





Play <https://subjectmatter.ca/work/beyond-stigma/>



“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.”