COMBATING STIGMA

Within the Michigan Mental Health System

A Toolkit for Change

LOOK
CLOSER
...
See me for
who I am

Michigan Department of Community Health

June 2011

"Our dream of the day when stigma no longer exists, when services are available to all, and when every individual can look forward to a happy and fulfilling future is within our reach."

-Rosalynn Carter

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"Mental illness is nothing to be ashamed of, but stigma and bias shame us all."

-Bill Clinton

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DIRECTOR'S REMARKS

"We encourage local CMHSPs, providers, and advocates at all levels of the mental health system to use the resources in this toolkit and partner with those they support to develop successful approaches to combating stigma within their systems."

-Olga Dazzo, Director, Michigan Department of Community Health

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RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

OLGA DAZZO
DIRECTOR

June 2011

Anti-Stigma Steering Committee Toolkit

Director's Remarks

Stigma toward mental illness is one of the leading reasons individuals with mental illness do not seek treatment for their conditions. Unfortunately, individuals with mental illness identify mental health providers as one of the top groups by whom they feel stigmatized. Consequently, it is vital that as a mental health system, we "look in the mirror," start with ourselves, and make it a top priority to acknowledge stigma and reduce it within our own ranks

MDCH has made investments in the form of resources, guidance and support, and in providing leadership to combat stigma. This toolkit is a product of that investment. It is designed to assist mental health providers to combat stigma within the mental health system and themselves.

We encourage local CMHSPs, providers, and advocates at all levels of the mental health system to use the resources in this toolkit and partner with those they support to develop successful approaches to combating stigma within their systems.

Olga Dazzo
Director

TOOLKIT OVERVIEW

Why the toolkit was created:

Mental health providers are among the top two groups by whom individuals with mental illness report feeling the most stigmatized (California Department of Mental Health 2010. Thorncroft, Brohan, Kassam, Lewis-Holmes 2008, MHCC 2008, CNMHC 2004. Brody 2007). Despite this evidence, **there are no known resources that teach individuals with mental illness or providers how to recognize and combat stigma within the mental health system.** This toolkit was designed to fill that niche.

How to use the toolkit:

This toolkit is a compilation of resources to help providers combat stigma within the mental health system. Use the resources in the following order:

First: Read the definition of stigma and the types of stigma outlined in the Define Stigma subsection of the toolkit. This will provide a common language and understanding as you use the anti-stigma materials in the toolkit.

Second: Create a plan or anti-stigma campaign by following the 8 steps in the Planning a Campaign within an Organization: Tools for Action section. While planning your campaign, look at examples of other anti-stigma activities that are going on in Michigan (see the Promising Practices section) to get creative ideas. Incorporate what you think would work for your organization and ignore what you know will not.

Third: Look at the other materials in the Tools for Action section. These are educational materials that can be incorporated into your campaign as you see fit. The brochures provide printed information targeting specific provider roles. The Creating Teachable Moments portion gives ideas on how to take stigmatizing situations and turn them into educational ones. The Life Stories section provides real-life examples and discussion questions on how individuals with mental illness have encountered stigma within the mental health system.

These materials are excellent tools for trainings or meetings, but are adaptable to a variety of settings.

IN THIS SECTION

- **Why a toolkit?**
- **How to use the toolkit**
- **Stigma Defined**
- **Stigma Facts**

"As a profession, and more importantly, as a society, we can never be considered successful until we can truthfully say that stigma for anyone with a mental illness is not a factor."

-Danis Russell,
Chief Executive Officer,
Genesee County
Community Mental Health

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"Metaphor is a simple bridge over the complexity, and demystifying the brain is a step towards de-stigmatizing mental illness."

-Jane Pauley, Journalist

Fourth: When planning your campaign, be sure to include an evaluation plan. The toolkit includes a simple evaluation to assess the effectiveness of the campaign. Review this to see if it will work for your organization. If you choose to use this evaluation, determine a time when you will distribute the evaluation to providers throughout your organization, and when you will collect them. You can repeat this process to measure the effect of the campaign over time.

If you choose not to use this evaluation, there are additional evaluation resources in Appendix D of the toolkit. These evaluations may need to be revised to fit the needs of your organization.

Fifth: DO NOT forget the video resources, websites, articles, and books in the Appendices. These can be effective, educational and eye-catching tools to use in you anti-stigma efforts.

Sixth: Have fun! Remember the work you are doing is important and will benefit others. There is so much room for creativity. Enjoy it!

Laura Waschull, MACMHB Creative Minds traveling art show

Did You Know…

Stigma makes an impact on different segments of society.

People with a mental illness suffer the most from stigma (Corrigan & Kleinlein). In addition, people who are involved in their lives also are impacted. Landlords, employers, healthcare professionals, law enforcement agents, members of the legal system, family members, friends, and communities all are impacted by the sense of public stigma. It often determines if they will provide housing, employment or other services to individuals with mental illness.

STIGMA DEFINED

What is stigma?

"Stigma refers to attitudes and beliefs that lead people to reject, avoid, or fear those they perceive as being different."

- from the *California Strategic Plan on Reducing Mental Health Stigma and Discrimination* (page 10)

Types of Stigma

In our society, different forms of stigma are associated with different groups of people, based on their gender, racial or ethnic group, sexual orientation, religion, physical disability, etc. **There are many different forms of stigma**. You can find a list of alternative definitions of stigma in Appendix A of this toolkit.

Although it is important to consider stigma in its many forms, **this toolkit focuses primarily on "institutional stigma."**

"*Public stigma" encompasses the attitudes and feelings expressed by many in the general public toward persons living with mental health challenges or their family members.*

"Institutional stigma" occurs when negative attitudes and behaviors about mental illness, including social, emotional, and behavioral problems, are incorporated into the policies, practices, and cultures of organizations and social systems, such as education, health care, and employment.

"Self-stigma" occurs when individuals internalize the disrespectful images that society, a community, or a peer group perpetuate, which may lead many individuals to refrain from seeking treatment for their mental health conditions."

- from the *California Strategic Plan on Reducing Mental Health Stigma and Discrimination* (page 10)

"For too long the fear of mental illness has been profoundly destructive to people's lives. In fact, mental illnesses are just as real as other illnesses, and they are like other illnesses in most ways. Yet fear and stigma persist, resulting in lost opportunities for individuals to seek treatment and improve or recover."

- from "Mental Health: A Report of the Surgeon General (1999)"

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"Stigma goes far beyond the misuse of words and information. It is about disrespect. . . . Our society tends to not give the same acceptance to brain disorders as we do to other organ disorders, say, heart trouble. . .Stigma must, and can, be exposed and overcome. Everyone must know that it is not their fault and that it is OK to ask for help."

- National Mental Health Awareness Campaign

Table 1. Comparing and contrasting the perspectives of stigma.

	Public Stigma	**Institutional Stigma**	**Self-Stigma**
STEREOTYPE	Negative belief about a group (e.g., dangerousness, incompetence, character weakness)	Negative belief about the self (e.g., dangerousness, character weakness, incompetence)	Negative belief about the self (e.g., character weakness, incompetence)
PREJUDICE	Agreement with belief and/or negative emotional reaction (e.g., anger, fear)	Negative attitudes incorporate into culture of organization	Agreement with belief, negative emotional reaction (e.g., low self-esteem, low self-efficacy)
DISCRIMINATION	Behavior response to prejudice (e.g., avoidance, withhold employment and housing opportunities, withhold help)	Negative attitudes and behaviors incorporated into polices, practices, and cultures of organization and social systems	Behavior response to prejudice (e.g., fails to pursue work and housing opportunities)

Corrigan P., Watson, A., (2002). Understanding the impact of stigma on people with mental illness. *World Psychiatry*, *1(1): 16-20*

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Table 2. How does stigma relate to stereotypes, prejudice and discrimination?

The effects of prejudice and discrimination	
Prejudice and discrimination **exclude people** with mental health and substance use problems from activities that are open to other people.	**This limits people's ability to:** • get and keep a job • get and keep a safe place to live • get health care (including treatment for substance use and mental health problems) and other support • be accepted by their family, friends and community • find and make friends or have other long-term relationships • take part in social activities
Prejudice and discrimination often **become internalized** by people with mental health and substance use problems.	**This leads them to:** • believe the negative things that other people and the media say about them (self-stigma) • have lower self-esteem because they feel guilt and shame
Prejudice and discrimination contribute to people with mental health and substance use problems **keeping their problems a secret.**	**As a result:** • they avoid getting the help they need • their mental health or substance use problems are less likely to decrease or go away

(Corrigan P., Watson, A., (2002). Understanding the impact of stigma on people with mental illness. *World Psychiatry*, *1(1): 16-20*)

Why Should I Care About Stigma?

Did you know . . .

. . . for many people with mental illness, stigma is a barrier to getting treatment and support.

"Stigma is prejudice wrapped in shame, born of our ignorance, and fed by our fear."

-Barbara Lawton, Former Lieutenant Governor of Wisconsin

Melissa Brown, MACMHB Creative Minds traveling art show

TOOLS FOR ACTION

"After becoming a Certified Peer Support Specialist, I became a light that shines into the dark world of stigma, a light that freely shines on humanity."

-Richard Mott, Certified Peer Support Specialist

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This section provides tools to create an effective anti-stigma campaign within your organization. It will help you plan the campaign, identify your target audience, and provide you with examples of anti-stigma activities that have been successful in other places in Michigan.

Remember, there are no known campaigns that have specifically focused on providers within the mental health system, so these tools may need to be modified to reach the need of your organization.

Did You Know…

Stigma affects family members of individuals with mental illness?

- This is sometimes called *courtesy stigma*, or when family members & those associated with persons with mental illness experience avoidance by others because of stigma. (http://www.facingstigma.org/fs_v5/facts/stigma.html)

PLANNING A CAMPAIGN WITHIN AN ORGANIZATION

This section identifies resources to help define best approaches to stigma campaign planning and apply them to stigma within the mental health system.

STEP 1. Secure approval and promotion from upper management. Let them know the purpose of the campaign and the positive impact it will have on empowering individuals with mental illness.

STEP 2. Form a team of individuals to be change agents in the organization and champion the cause, such as customer services, marketing, and training.

STEP 3. The team will:

Develop a plan of action to change the institutional culture, such as providing incentives, communication, trainings, contests, and videos for staff and persons receiving mental health services that:
- Reinforce the message
- Recognize ways to combat stigma
- Evaluate the results through:
  ◊ "Secret Shoppers" (See Appendix D)
  ◊ Pre/post test
  ◊ Feedback and focus groups, dependent on audience (such as primary/secondary consumers, clinicians, case managers)

STEP 4. Determine your audience

- Target a certain program
- Find out if there is a training department
- Decide who would be the most receptive

STEP 5. Prioritize content, frequency and delivery method (who, what, how often)

- Content to fit the audience you have identified
- Frequency of events that reoccur such as monthly meetings
- Delivery method to fit the event

"Providers are in a key position to make a difference. Their attitudes can either help or hinder the recovery process. Their influence directly impacts the way a person conceptualizes their recovery journey."

-Lori Ashcraft, Executive Director of the Recovery Opportunity Center at Recovery Innovations

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> *"I think that the movement toward consumerism and consumers involved in the mental health system has been as invigorating for mental health professionals as it has been for the consumers. . . most of them didn't get into mental health because they wanted to see people institutionalized. Most of them got into mental health because they wanted to see people empowered."*
>
> Jean Dukarski, Certified Peer Support Specialist, JIMHO

Matthew Craig, MACMHB Creative Minds traveling art show

PLANNING A CAMPAIGN WITHIN AN ORGANIZATION

STEP 6. Be flexible, make changes as needed.

Remember, no plan ever perfectly survives its implementation.

STEP 7. Use the documents in toolkit. Identify provider roles that are missing, and create information resources accordingly.

- Utilize and reproduce brochures in toolkit.
- Use the video resources included in Appendix B.
- Don't be restricted by what is in the toolkit. You know your audience best!

STEP 8. Look through examples of best practices and determine what should be included. Find additional resources as needed.

TARGETED PROVIDER ROLES: [BROCHURES]

Every position within the mental health field can have a affect on the experience of someone receiving services. It doesn't matter if you meet face to face with individuals with mental illness, or if you work behind the scenes. Everyone plays a part. This toolkit provides informational brochures for nine provider roles that can be found in most mental health agencies. They include:

- Administrators

- Customer Service Representatives

- Finance Directors

- Front Line Workers

- Human Resource Professionals

- Peer Support Specialists

- Program Supervisors

- Psychiatrists

- Quality Improvement Professionals

These brochures contain information unique to each role that can show professionals what they can do to stop stigma within their professional role. They contain facts and examples of stigma.

If there are provider roles that you see are missing from this toolkit, feel free to create your own brochure using the template found in the electronic version of this toolkit found at www.mirecovery.org.

"Every position within the mental health field can have a profound impact on the experience of someone receiving services."

-Michigan Anti-Stigma Steering Committee

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PROMISING PRACTICES

Anti-stigma initiatives have been conducted for many years. Most initiatives have targeted the general community, but contain ideas that may work for your organization. Learn from these examples and take components from them that would work in your area. Additional ideas may be found in Appendix C.

The Dream of Recovery

I have a dream that one day boys and girls, men and women, will be able to get medical attention for their mental illness whether they are rich or poor.

Stigma will exist no more!

Those who need medication will have it readily available to them.

No more lack of medications or manic reactions.

The view of the future will be positive and true.

Men and women who are assisted by the few.

The few who help many to stay the course, the course of Recovery .

Via the tested journey - A journey on the Path of Recovery.

- Patricia Jefferson, Certified Peer Support Specialist, New Center Community Mental Health Services, Detroit-Wayne County, Michigan

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How do I identify stigma in my workplace?

- Listen to language used to describe individuals with mental illness. How often do providers around you refer to the people they serve as a person with mental illness not a mentally ill person, or as simply MI or DD?

- How often do you hear persons receiving mental health services referred to as difficult, non-compliant, crazy, insane or retarded?

- Have all staff at all levels within your agency participated in awareness programs related to the stigma associated with mental illness?

- Do all company policies and culture reflect an accepting environment for individuals with mental illness, and are they enforced?

- What structural barriers are there that separate provider amenities from consumer amenities; for example, separate bathrooms for individuals receiving services and providers?

TIPS TO INDIVIDUALLY CONFRONT STIGMA WITHIN THE MENTAL HEALTH SYSTEM

For many people, confrontation is difficult and/or uncomfortable especially when approaching someone about offensive or hurtful behavior. It can be even more difficult if that person works for you or is your supervisor or employer.

The way to approach a situation where you witness stigma, or are a victim of stigmatizing behavior depends largely on individual circumstances. The following are some general suggestions to help you help yourself and others confront stigmatizing behaviors.

First: Consider the various reasons someone might stigmatize another person. This will help you know how you can react.

Within the mental health system, most people are well-intentioned in their relationships with people they work with. However, stigma does exist and may occur because of one or more of the following reasons:

- **Power or Position** (of the person stigmatizing or the person being stigmatized). Someone tries to use organizational position or personal power for his or her own selfish goals.
- **Ignorance.** Rules change and some people truly don't understand that their actions are hurtful.
- **Intentional.** Some people take out their own frustrations on others by intentionally causing pain or discomfort.
- **Rules are not enforced** (some organizations have rules against stigma and/or discrimination that are not enforced). When rules aren't enforced, people assume they don't really matter.
- **Absence of appropriate consequences** to hurtful behavior
- **The culture of the workplace supports it**
- **Fear** of people they don't understand or who are different

"We in the mental health field have a lot of educating to do."

-Susan Speck, Certified Peer Support Specialist, Genesee County Community Mental Health

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TIPS TO INDIVIDUALLY CONFRONT STIGMA WITHIN THE MENTAL HEALTH SYSTEM

Second: Determine how to REACT

Recognize that stigmatizing behavior should not be normal or acceptable anywhere.
Explain organization and agency rules against stigmatizing behaviors.
Act to report stigma if you or someone you know is a victim.
Care for those being stigmatized and the stigmatizer without accepting the stigmatizing behavior.
Turn to key friends and advisors who also believe that stigmatizing behaviors are wrong.

One way to react is to realize that stigma is a form of discrimination, and can often be addressed using the same protocols organizations have in place for discrimination or harassment. Obtain your organization's policy on harassment to see what it entails.

- "They are asked to stop by a coworker, subordinate, superior or colleague."
- "They learned about discriminatory harassment behaviors, regulations, and repercussions of discriminatory harassment training." (*Quick Knowledge Discriminatory Harassment Training for Managers*)

Strategies and Examples: How to approach someone who is stigmatizing and what to say

Humor: Humor can dispel some of the tension that comes with confrontation. It can also disarm a person who is potentially going to become aggressive or confrontational. This comes naturally to some, and not to others. If this is your strength, embrace it. Remember:

> "Laughter is the most potent, constructive force for diffusing . . . tension. If you can point out what is humorous or absurd about a situation or confrontation, you will be guaranteed the upper hand."

> -Mark H. McCormick

TIPS TO INDIVIDUALLY CONFRONT STIGMA WITHIN THE MENTAL HEALTH SYSTEM

Self-Talk: To prepare yourself for the confrontation, practice what you are going to say and give yourself words of encouragement. Role play possible reactions of the person you will talk to. Include both positive and negative reactions.

> "I will let them know how _____ *(fill in specific behavior)* was stigmatizing towards me or toward another colleague or individual receiving mental health services. He/she may react like this _____. If that happens I will _____.

> Tell yourself "I can do it." "What I am doing is right." "I have the support of my supervisor, co-workers and organization policy."

Assert Yourself: Act on what you know is right, armed with the tools in this toolkit to help you. Be frank, and use "I" language.

> "I felt stigmatized when you _____, (or when _____happened.) Will you please stop?"

> "I noticed that this consumer or colleague felt this when you _____. Did you know that?"

Avoid confrontation if you *know* it will cause more damage than good, but be sure to seek **help** from a supervisor or other trusted person to help you resolve the situation!

"I used to get fired because of my disability. Now I have a job because of my disability."

-Joann McCann, Certified Peer Support Specialist, Genesee County Community Mental Health

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"We contribute to the stigma of mental illness when we fail to recognize and talk about mental illnesses as we would any other illness."

-Paul Ippel,
Executive Director,
Network 180

PROMISING PRACTICES: WHAT'S GOING ON AROUND US

The Northern Lakes CMH Photobiography Project helps individuals with mental illness write recovery stories which are illustrated with photographs taken by individuals with mental illness using disposable cameras. The stories are made into posters which are displayed throughout the CMH offices (and the community), providing inspiration to all that recovery is not only possible, but to be expected. These posters have positively influenced internal system stigma by providing the opportunity for all who view them to see the people who receive services as individuals with hopes, dreams, and a great deal to offer.

Washtenaw Community Health Organization Speakers Bureau is made up of individuals living with mental illness. Some are receiving services and some are employed in the system as peer support specialists, case managers, and administration. The presence of speakers who work in the system impacts institutional stigma by showing others working in the system that people with mental illness are not just those they see as cases, patients and individuals with mental illness, but also those they work with. The bravery displayed by these speakers decreases stigma not only in the work place, but branches out to those we serve.

While the majority of speaking engagements take place at high school and university psychology classes, speakers are branching out to community organizations, Resident Advisors in college dorms and places of worship.

Jennifer Leonard,
MACMHB Creative
Minds traveling art
show

The Community Network Services Anti-Stigma Program. In Oakland County, Peer Educators have taken the lead in the development, marketing, and presentation of an award-winning community education program. The Peers have been a source of encouragement and continue to expand their influence and outreach each year. As leaders in the field of peer-led initiatives, the CNS Anti-Stigma Team has succeeded in reaching over 20,000 people around the country with their unique brand of community education.

CNS accomplishments include a website, (http://www.cnsantistigmaprogram.org/), creation and production of the award winning video, "Did You Know?," a documentary that recently aired on PBS, about mental health stigma and its effects on people and their families; creation and production of "The Stomp" a monthly E-newsletter with a circulation of over 1500 subscribers, as well as receiving national, state and local awards for their work.

PROMISING PRACTICES: WHAT'S GOING ON AROUND US

I Come with this Head — Detroit-Wayne County Community Mental Health Agency.

The "I Come with this Head" poster presentation was designed to counter the stigma that says people with psychiatric disabilities have limited abilities. The inspiration for this display came from a member of the Detroit Wayne County Community Mental Health Agency's Community Planning Council Recovery Subcommittee who described it this way: "people are not just heads that come rolling into a doctor's office off the street, they are whole individuals with full lives."

This unique display of posters depicts the lives of people in recovery from various backgrounds. Stigma is an issue of social justice. By sharing a more complete picture of these individuals, we in effect assert their humanity. It is our goal to move our system and society beyond the blatant oppression of defining people by the condition(s) they have by countering

Despair with Hope
Dereliction with Responsibility
Discrimination with Respect
Detachment with Community/Peer Support
Deficit views with Strength views
Dogmatism with Non-linear approach
Disease models with Holistic models
Disenfranchisement with Empowerment
Dehumanizing with Individualized and Person-centeredness
Directives with Self-direction

"It's Everybody's Business,"
The CPC Recovery Subcommittee

"Right now the change that's going on now in the mental health system is as big a jump as when community mental health first started. . . . We need people in the system, leaders of the system, that treat us as human beings and we feel better about ourselves. We have self esteem and we learn to pass it on to others."

-Gerald Butler, Certified Peer Support Specialist

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PROMISING PRACTICES: WHAT'S GOING ON AROUND US

Mental Health Foundation, Kent County

Live Laugh Love: Educating our Youth About Mental Health.

Live Laugh Love (LLL): Educating Our Youth about Mental Health is a program that has impact on teens, parents and educators. This is a hands-on, interactive curriculum focusing on mental health, mental illness, and stigma. LLL directly addresses stigma. A recent study done by Network 180 showed that one of the four barriers to treatment was stigma. By educating about stigma and mental illness it increases awareness, thereby breaking the barriers to seeking help, and increasing willingness to seek services/treatment. LLL teaches individuals that there is access to treatment that treatment is affordable, and that recovery is possible.

Stomp Out Stigma: Walk for Mental Health

This is an annual event designed to raise awareness on the stigma associated with mental illness. Planned collaboratively with and sponsored by local mental health service providers, the annual *Stomp Out Stigma – Walk for Mental Health* is held in May in conjunction with National Mental Health Month. The impact is far reaching and is felt with appreciation from walkers from all over west Michigan. People who have been directly affected by a loss of a loved one through suicide, as well as people living with mental health conditions and their family members all come together to walk in support of one another.

Shining Through

The Mental Health Foundation annual Shining Through Art Show & Auction spotlights the artistic talents of local artists who have personally suffered from bi-polar disorder, depression, anxiety disorders, schizophrenia and other types of treatable medical conditions. Their participation in the event demonstrates that they have either recovered or are managing their illnesses in much the same way one would manage any other chronic disease. We can think of no better way to celebrate our efforts on behalf of people with mental illness than to focus on their abilities. All contributing artists receive 51 percent of the selling price of their art, and the event is the Mental Health Foundation's leading fundraiser.

A recent study done by Network 180 (Kent County) showed that one of the four barriers to treatment was stigma.

-Mental Health Foundation

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CREATING TEACHABLE MOMENTS

A teachable moment is a moment of educational opportunity. It is a time when a person, especially someone new to an idea, is likely to be particularly disposed to learn, be responsive to being taught, or made aware of something.

When educating others about the effects of stigma on individuals with mental illness, take advantage of experiences at hand, creating opportunities to demonstrate effective ways to change stigmatizing behaviors. These may be structured events or spontaneous moments like an informal conversation with a co-worker or staff member.

Here are examples of teachable moments to look out for when educating others about stigma within the mental health system:

- Go where there already is a group of people meeting, such as a board meeting, staff meeting or peer review. Look at the agenda items and see where it is best to insert a discussion about stigma.

- Listen to your own and others' language around you. Are they using person-first language? If you are not, make an effort to change your own speech to be an example to others. Respectfully show others how not using person-first language is stigmatizing. Use "I" language when educating others.

- Be aware of what is being said in media reports, on TV and on the radio. Bring up both positive and negative examples of how people with mental illness were portrayed in the media. NAMI Stigma Busters provides good examples of this. This is also a less threatening method.

- Generate conversations about stigma on a regular basis surrounding topics that people are familiar with—such as media or news events.

- Be creative about how you share information. For example, use social media websites such as Facebook to spread the word about stigma.

- Use the tools provided in this toolkit and other resources you find to help you be prepared when a teachable moment arises.

"It is important to like yourself because wherever you go, you are going to take yourself with you."

-Sydney Greenberg, Michigan citizen receiving mental health services
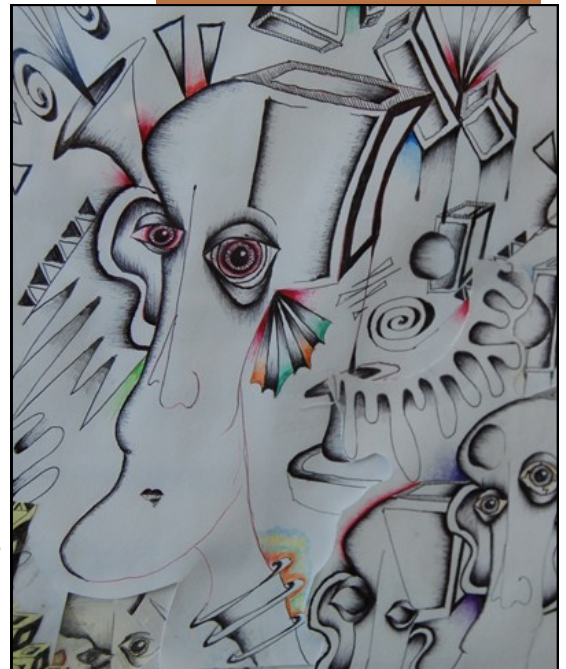
Robert J. Morey, MACMHB Creative Minds traveling art show

CREATING TEACHABLE MOMENTS

True Teachable Moments

By A Michigan Peer Support Specialist

1. A fellow Certified Peer Support Specialist and I were looking at a picture of members of our local clubhouse. She thought that they were all old members, so I pointed out the people in the photo who were new members. She pointed to one and said, "I met her. I can't imagine her having a job." I reminded her that not so long ago many people could have pointed to me and said the same thing. We are all learning and growing everyday.

2. A new member of a strengths-based recovery group said, "I'm schizophrenic, I've done some terrible things when I was psychotic." I told her, "You are living with an illness called schizophrenia, and the symptoms you experience have led you to do some things you regret."

"More days of work loss and work impairment are caused by mental illness than many other chronic conditions."

-American Psychiatric Foundation, A Mentally Healthy Workforce—It's Good for Business

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LIFE STORIES

A "Trip" to the Doctor!

By a Michigan citizen receiving mental health services

I am a 56-year-old woman who spent the first 30 years of her adult life living with bipolar disorder without knowing it. I discovered this in my late 40's when I went to a free medical clinic in my city.

After my diagnosis I was put on medication. I did receive some treatment in a private setting, but most of my experience came within the community mental health system. I had a woman doctor that I dearly loved, who provided me with psychiatric services until I got a full-time job and was no longer eligible for community mental health services. My general practitioner provided me with my medications while I searched for a doctor in private practice.

I finally found an agency that I thought would be able to meet my needs. I was scheduled for a psych eval for the first time in about 3 ½ years, and I was excited and apprehensive about starting treatment with someone new.

The gentleman seemed just a little distracted when I came in to see him. His bedside manner left much to be desired. He asked several questions about how long I had been in treatment, what types of medications I had been taking and how long, that kind of thing.

I was a little uncomfortable with the blunt, direct way he asked his questions. I was totally unprepared when he asked me if I had been sexually molested as a girl. That really set me back. I had been by one of my uncles and I told him so. Then he asked me "did I enjoy it?" I was appalled. I felt like someone took a metal claw and raked it over my soul, leaving me open, dazed and bleeding. Why would he do something like that? I mumbled something and couldn't wait to get out of his office. Needless to say I have not gone back and I'm looking for someone else to talk to. I got better treatment and more respect from the staff that worked in the community mental health organizations. It really bothered me that I had to pay out of pocket for this humiliation, and it was billed to my insurance too!

I hope no one else ever has an experience like mine ever again!

WHAT KIND OF STIGMA IS SHOWN IN THIS STORY?

HOW WOULD YOU RESPOND IF YOU WERE THE INDIVIDUAL CONFRONTED WITH THIS SITUATION?

"I was a little uncomfortable with the blunt, direct way he asked his questions. . ."

-Michigan citizen receiving mental health services

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LIFE STORIES

"To have that come from my doctor was huge. It was a total turning point in my life…"

-Michelle,
Michigan citizen receiving mental health services

Glimmer of Hope

By Michelle

When I first saw a glimmer of hope and started to make little changes was really when my doctor said to me, "Move forward. Move forward and go on." He basically said don't live in the fear. To have that come from my doctor was huge. It was a total turning point in my life as far as the illness."

HOW DID THIS DOCTOR'S UNDERSTANDING OF RECOVERY HELP MICHELLE?

HOW WAS THE DOCTOR'S ATTITUDE THE OPPOSITE OF STIGMA?

HOW WOULD YOU RESPOND IF YOU WERE THE INDIVIDUAL IN THIS STORY?

LOOK CLOSER
...
See me for who I am

LIFE STORIES

Language is Powerful

By Gizela Schwartz
Certified Peer Support Specialist,
Genesee County Community Mental Health

Judgment feeds stigma which can derail a person's recovery. In the 1980s I began to experience panic attacks and could not leave my house. I was under a doctor's care and went on short-term disability. My condition did not improve for several years, and consequently I lost my job. I was told that I *should* "just pull myself up by my bootstraps" and that my symptoms were just in my head. This statement came from a trained mental health professional. I was devastated; the lack of support and understanding left me traumatized; it created further guilt and shame and stripped me of hope.

WHAT KIND OF STIGMA IS SHOWN IN THIS STORY?

HOW WOULD YOU RESPOND IF YOU WERE THE INDIVIDUAL IN THIS STORY?

WHAT WOULD YOU DO IF YOU LEARNED THIS WAS GOING ON IN YOUR AGENCY?

"Judgment feeds stigma, which can derail a person's recovery."

-Gizela Schwartz, Certified Peer Support Specialist Genesee County Community Mental Health

LOOK CLOSER ... See me for who I am

LIFE STORIES

"One of the techs that I knew from the CMH walked up to her and said, "You know, she really did work at the White House and she really is a lawyer."

-Shelly Olson,
Certified Peer Support Specialist

Angela Jackson, MACMHB Creative Minds traveling art show

"She Really is a Lawyer…"

By Shelley Olson
Certified Peer Support Specialist

"When I was in the hospital the last time, I was in the involuntary part and I was being a pain in the rear. I was making those nurses work, and I was being mean and nasty, and one of them told me, 'You have to do this.' I said, 'I don't have to do anything I don't want to do. I worked at the White House. I am a lawyer.' And she said, 'Okay Shelley, now go do what you gotta do.' Then one of the techs that I knew from the CMH walked up to her and said, 'You know, she really did work at the White House and she really is a lawyer.'"

WHERE IS THE STIGMA IN THE STORY?

HOW DID THE TECH'S RESPONSE TO THE NURSE HELP DISPELL STIGMA?

WHAT COULD THE NURSE HAVE DONE DIFFERENTLY IN THIS SITUATION?

LIFE STORIES

The Pharmacist

By Ernie Reynolds
Certified Peer Support Specialist
Northern Lakes CMH

"I was called to my pharmacy to do a med review by the insurance company. The pharmacist and I went to the back room and were talking about the meds and the doses. When I came to a particular med that helps me to sleep at night I said to him that sometimes I can take 1 or 2 of these, but sometimes I need to take 3 or 4. The pharmacist said, 'Yeah, especially when the moon is out. That's when the crazies come out.' I looked at him and he turned several bright shades of red. He said, 'I apologize.' I told him not to apologize because he had given me one of the greatest opportunities that I can have to talk with you about stigma. I proceeded from there.

The same thing sometimes happens in our community mental health system. We have come across individuals, either staff or outside consultants, who still don't understand, don't accept, don't believe that peer supports and recovery go hand in hand. What I try to do daily is present myself as a certified peer support specialist. I think I have a background of 42 years of being in the mental health system. Their perception of recovery is not the same as my perception of recovery. Some of them say, 'You're not recovering because you're never really cured.' I don't really care. All I want to do is feel better from day to day, and to me that is recovery because I know how far down, how low, it was. When they hear my story I say to them that we as peers can help you to understand us better, because you come usually with a college background of some sort, you adopt certain ideas and thoughts, etc., but when you get to know us personally—I have noticed— there are changes in the thought process from those I talk to in the mental health system each day."

WHAT KIND OF STIGMA IS SHOWN IN THE STORY?

HOW DID ERNIE RESPOND, AND HOW WAS THAT HELPFUL TO THE PHARMACIST?

WHAT WOULD YOU HAVE DONE IN THIS SITUATION?

"All I want to do is feel better from day to day, and to me that is recovery because I know how far down, how low, it was."

-Ernie Reynolds,
Certified Peer Support
Specialist

LOOK CLOSER
...
See me for
who I am

LIFE STORIES

I Am Somebody

By Mary Beth Evans
Recovery Coordinator,
Northern Lakes CMH

> *"I would like to see that psychiatrist now...and show her that I am somebody, and that I am here."*
>
> -Mary Beth Evans
> Recovery Coordinator
> Northern Lakes CMH

"When I was first diagnosed, I was told that I would never get any better. I would be the same for the rest of my life, and I would probably never be able to finish school, have children, own my own house, work a successful job, anything. I was told that I would not have anything. I would like to see that psychiatrist now and show her the paperwork for the house I bought, and show her pictures of my four beautiful children that I live every day of my life for, and show her that I am somebody, and that I am here."

WHAT KIND OF STIGMA WAS SHOWN IN THIS STORY?

WHAT COULD HAVE BEEN DONE DIFFERENTLY?

HOW WOULD YOU RESPOND IF YOU WERE THE INDIVIDUAL CONFRONTED WITH THIS SITUATION?

WHAT WOULD YOU DO IF YOU LEARNED THIS WAS GOING ON IN YOUR AGENCY?

LOOK CLOSER ... See me for who I am

LIFE STORIES

Back to School

By Carmela Kudyba
Peer Support Specialist
Washtenaw Community Health Organization

It was the second time I had seen this psychiatrist. I had recently been discharged from a long-term treatment facility where I had spent three years. Since leaving this treatment center I had returned to school. I was telling the doctor how I was having trouble concentrating and was having trouble reading. I said that I was concerned because my next semester would be starting soon. I was hoping to hear of some possible solutions to my symptoms, but instead the doctor said point blank, "I don't think you can finish school anyways." I was shocked since this psychologist had practically just met me. He went on to say that it wasn't my disability, but that if I could, I would have finished by now. He had no idea that I was not able to attend school during my time in the treatment facility, or that since returning to school after my three years at the treatment center, I had earned University Honors.

WHO DEMONSTRATED THE STIGMA IN THIS STORY AND HOW?

WHAT COULD HAVE BEEN DONE DIFFERENTLY?

HOW WOULD YOU RESPOND IF YOU WERE THE INDIVIDUAL CONFRONTED IN THIS SITUATION?

WHAT WOULD YOU DO IF YOU LEARNED THIS WAS GOING ON IN YOUR AGENCY?

"Since returning to school after my three years at the treatment center, I had earned University Honors."

-Carmela Kudyba, Peer Support Specialist, Washtenaw County Community Mental Health Organization

LOOK CLOSER ... See me for who I am

"Stigma and discrimination are longstanding issues within the mental health community. As community-based mental health programs and treatment models continue to expand, the need to address these issues and influence behaviors has never been more important."

-Stephen W. Mayberg, PhD., Director, California Department of Mental Health

LOOK CLOSER ... See me for who I am

EVALUATING EFFECTIVENESS

All initiatives and campaigns need to be evaluated to make sure they are being effective in reaching a designated audience and making positive changes. This section provides some sample tools to help you determine if the campaign you created was helpful in changing stigmatizing behaviors.

Brief Survey

(rate from 1"not at all".…. to 9 "very much")

I think persons with untreated mental illness pose a risk to other people unless they are hospitalized

    1 2 3 4 5 6 7 8 9

I feel pity for persons with mental illness

    1 2 3 4 5 6 7 8 9

I would feel threatened by a person with mental illness

    1 2 3 4 5 6 7 8 9

I would try to avoid a person with a mental illness

    1 2 3 4 5 6 7 8 9

If I were a landlord, I probably would rent an apartment to a person with mental illness

    1 2 3 4 5 6 7 8 9

Treatment can help people with mental illness lead normal lives

    1 2 3 4 5 6 7 8 9

People are generally caring and sympathetic to people with mental illness

    1 2 3 4 5 6 7 8 9

From a questionnaire developed by Patrick W. Corrigan, et. al, published in Schizophrenia Bulletin, vol. 28, No. 2, 2002, pg. 309

EVALUATION TOOLS

These surveys are self-administered, presented as a pencil-and-paper measure, or included in a semi-structured interview, depending on the participant's needs. The evaluations are designed to be used after the toolkit and campaign have been implemented, but can be administered several times throughout the campaign to gauge impact.

Determine if these evaluation tools fit your campaign. More options are available in Appendix D.

"Historically, the provider culture has not encouraged partnership. Compliance is valued and program/agency requirements unintentionally incentivize providers to practice non-recovery approaches."

-Lori Ashcraft, Executive Director of the Recovery Opportunity Center at Recovery Innovations

Robin Hood, MACMHB Creative Minds traveling art show

"No matter what people tell you, words and ideas can change the world."

-Dead Poets Society

LOOK CLOSER ... See me for who I am

CAMPAIGN EVALUATION

We would appreciate your time in answering the following few questions about the anti-stigma campaign. Your responses will help evaluate whether we are meeting our goals and will help us to improve future efforts

1. Has your knowledge of the stigma of mental illness in the mental health system improved as a result of this campaign?
    ☐ Not at all ☐ Somewhat ☐ Considerably

2. Has using this campaign changed the attitudes of others around you toward individuals with mental illness? (Select best answer)
    ☐ Attitudes have become more positive.
    ☐ Attitudes haven't changed.
    ☐ Attitudes have become more negative.

3. Has the knowledge about mental illnesses improved in others around you as a result of this campaign?
    ☐ Not at all ☐ Somewhat ☐ Considerably

4. What part of this campaign had the most benefit for you?
    _____
    _____
    _____

5. What part of this campaign would you improve?
    _____
    _____
    _____

6. Do you think that you will now act differently toward people with mental illnesses as a result of this toolkit and resulting campaign? Please explain.
    _____
    _____
    _____

TOOLKIT EVALUATION

We would appreciate your time in answering the following few questions about the toolkit. Your responses will help evaluate whether we are meeting our goals and will help us to improve the resources provided.

1. Did your agency use "Combating Stigma within the Mental Health System: A Toolkit for Michigan" to create an internal agency campaign to eliminate stigma within your organization?
   ☐ Yes ☐ No

2. Were the resources provided in the toolkit effective in helping you create an anti-stigma campaign for your organization?
   ☐ Not at all ☐ Somewhat ☐ Considerably

3. Has your knowledge of the stigma of mental illness in the mental health system improved as a result of the materials provided in the toolkit?
   ☐ Not at all ☐ Somewhat ☐ Considerably

4. Has using this toolkit changed your attitude toward individuals with mental illness? (Select best answer)
   ☐ Attitudes have become more positive.
   ☐ Attitudes haven't changed.
   ☐ Attitudes have become more negative.

5. Has your knowledge about mental illnesses improved as a result of this toolkit?
   ☐ Not at all ☐ Somewhat ☐ Considerably

6. What part of this toolkit had the most benefit for you?
   _____
   _____
   _____

7. What part of this toolkit would you improve?
   _____
   _____
   _____

8. Do you think that you will now act differently toward people with a mental illnesses as a result of this toolkit? Please explain.
   _____
   _____
   _____

"People are not just heads that come rolling into a doctor's office off the street, they are whole individuals with full lives"

-Consumer, Detroit-Wayne County Community Mental Health

LOOK CLOSER ...
See me for who I am

"... to change a system, it has to change from focusing on our illness and disability, to focusing on our strengths."

Larry Fricks, Director of the Appalachian Consulting Group

LOOK CLOSER ... See me for who I am

ADDITIONAL RESOURCES

Online Resources

- **Michigan Recovery Center of Excellence**

  http://mirecovery.org/ChallengeStigma.aspx

  This website focuses on mental health recovery. The "Challenge Stigma" section provides information about the stigma individuals with mental illness face in all aspects of daily life, including employment, housing, and within health and mental health service systems.

- **NAMI Stigma Busters**

  http://www.nami.org/template.cfm?section=fight_stigma

  This website highlights true incidents in the media that demonstrate stigma and provides resources on how to combat this stigma.

- **SAMHSA ADS Center: Improving Provider Attitudes, Behaviors and Practices toward People with Mental Illness**.

  http://www.stopstigma.samhsa.gov/teleconferences/archive/training/teleconference062806.aspx.

  Teleconference given June 20, 2007, where specialists present how provider attitudes towards individuals with mental illness can be stigmatizing and highlight how this is a prevalent problem in the United States.

- **SAMHSA, What a Difference A Friend Makes**
  http://www.whatadifference.samhsa.gov

  This initiative was launched to "encourage, educate, and inspire people between 18-25 to support their friends who are experiencing mental health problems." It tells true stories of people with mental health conditions and provides resources on how to support friends, including a live forum.

ADDITIONAL RESOURCES

Articles

- **Toward Implementation of Mental Health Consumer Provider Services.**

    Chinman, M., Young, A.S., Hassell, J., Davidson, L. (2006) Toward implementation of mental health consumer provider services. *The Journal of Behavioral Health Services & Research 33*(2), 176-195.

  Highlights that although peer support is a promising practice, its implementation is inhibited by mental health providers' attitudes. Many statements made by providers were "demeaning and appear to be based more on stigma and stereotype than on fact."

- **Structural Levels of Mental Illness Stigma and Discrimination.**

    Corrigan, P.W., Markowitz, F.E., Watson, A.C. (2004) Structural levels of mental illness stigma and discrimination. *Schizophrenia Bulletin 30*(3). 481-491.

  Acknowledges that stigma is evident in our institutional laws and regulations. Individuals' rights are restricted "based on a vague notion (or label) of mental illness rather than demonstration that individuals are incompetent or unable to perform..."

- **Peer Support among Individuals with Severe Mental Illness: A Review of the Evidence.**

  Davidson, L., Chinman, M., Kloos, B., Weingarten, D.S., Tebes, J.K., (1999). Peer support among individuals with severe mental illness: A review of the evidence. *American Psychological Association 6*(2) 165-187.

  Peer support is a promising practice, but this article looks how providers are often hesitant to refer consumers to peer support groups because they perceive them as detrimental based on preconceived ideas and attitudes.
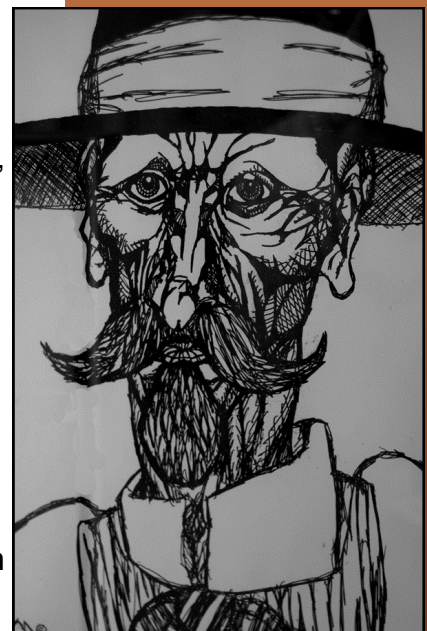
- **The President's New Freedom Commission on Mental Health (2003)**

  http://store.samhsa.gov/product/SMA03-3831

  Describes a strategy for mental health care transformation that ensures services and supports that actively facilitate recovery and build resilience. Identifies six goals for transformation and showcases model programs to illustrate goals in practice.

"Somewhere we were taught that dandelions are ugly, they're weeds. Where did we get this stigma about the dandelions? And it just struck me how a lot of life can have stigma attached to it, just like mental illness."

-Ruth Detweiler, Founder of No Longer Alone Ministries, Pennsylvania

Casey Burnett, MACMHB Creative Minds traveling art show

- **What Attitudes Do Psychiatrists Hold Toward People with Mental Illness?**

    Kingdom, D., Sharma, T., Hart, D., (2004) What attitudes do psychiatrists hold toward people with mental illness? The Schizophrenia Subgroup of the Royal College of Psychiatrists' Changing Minds Campaign. *Psychiatric Bulletin (28)*. 401-406.

    Shows that psychiatrists' attitudes towards individuals with mental illness closely reflect those of the general public except in the important positive exceptions that psychiatrists view individuals with mental illness as less dangerous than does the general public.

- **A Disease Like Any Other? A Decade of Change in Public Reactions to Schizophrenia, Depression, and Alcohol Dependence.** (2010)

    http://ajp.psychiatryonline.org/cgi/content/abstract/appi.ajp.2010.09121743v1

    Pescosolido, B.A., Martin, J.K., Long, S.J., Medina, T.R., M.A., Phelan, J.C., Link, B.G. (2010) *American Journal of Psychiatry.*

    More of the public embraces a neurobiological understanding of mental illness. This view translates into support for services but *not* into a decrease in stigma. Reconfiguring stigma reduction strategies may require providers and advocates to shift to an emphasis on competence and inclusion.

- **Reducing Stigma and Discrimination: Candidate Interventions**. (2008)

    http://www.ijmhs.com/content/2/1/3

    Thornicroft, G., Brohan, E., Dassam, A., Lewis-Holmes, E., (2008) Reducing stigma and discrimination: Candidate interventions. *International Journal of Mental Health Systems. (2)* 3.

    This article highlights interventions to decrease stigma and discrimination. It mentions that mental health providers show levels of ignorance, prejudice and discrimination that individuals with mental illness find distressing. This study demonstrates that there is little difference between the general public and psychiatrist in terms of social distance to individuals with mental illnesses.

- **The Extent to which Caregivers Believe Most People Devalue Consumers and their Families.**

  Struening, E.L., Perlick, D.A., Lindk, B.G., Hellman, F., Herman, D., Sirey, J.A. (2001) The extent to which caregivers believe most people devalue consumers and their families. *Psychiatric Services, 52*(12).

  This study looks at how stigma toward consumers and families of consumers is perceived by caregivers.

- **Support Workers' Attitudes to Mental Illness: Implications for Reducing Stigma.**

  Tipper, R., Mountain, D., Lorimer, S., McIntosh, A., (2006) Support workers' attitudes to mental illness: Implications for reducing stigma. *Psychiatric Bulletin, (30)* 179-181.

  This study takes place in England and looks at the mental health support workers' attitudes towards individuals with different mental illnesses. They find that there is no relationship between the total stigma score and years of experience or time spent working with people with mental illness. They did find that mental health support workers had positive attitudes toward recovery of all conditions except schizophrenia and dementia and have a low perception of dangerousness.

- **A Comparison of Stigmatizing Attitudes toward Persons with Schizophrenia in Four Stakeholder Groups: Perceived Likelihood of Violence and Desire for Social Distance**

  Van Dorn, R.A., Swanson, J.W., Elbogen, E.B., Swartz, M.S. (2005) A comparison of stigmatizing attitudes toward persons with schizophrenia in four stakeholder groups: Perceived likelihood of violence and desire for social distance. *Psychiatry. 68*(2), 152-163.

  This article compares four different stakeholder groups' perception of violent behavior of individuals with schizophrenia: Persons with schizophrenia, family members, clinicians, and the general public.

"I applied for a job . . . The owner of the company asked me about my previous employment. I explained that I had been on disability for 4 years . . . he asked, "What guarantees do I have that you will be able to work again without going back on disability or workman's compensation?"

-Zoe Lynch, Certified Peer Support Specialist, Genesee County Community Mental Health

LOOK CLOSER ... See me for who I am

"All truths are easy to understand, once they are discovered. The point is to discover them."

-Galileo

LOOK CLOSER ... See me for who I am

Books

- **On the Stigma of Mental Illness: Strategies for Research and Social Change.**

   Corrigan, P. (2005) *On the stigma of mental illness: Strategies for research and social change.* Washington D.C.: American Psychological Association.

   This book explores the causes and ramifications of mental illness stigma and possible means to eliminate it. Pages 75-80 focus on the stigma from mental health providers.

   The authors explore the causes of the following stigmatizing attitudes: contact between those with mental illness and those without may be one of the most effective ways to diminish stigma. This book includes practical strategies for dealing with public stigma and self-stigma, including deciding when and how to disclose one's psychiatric history to others.

- **Within Our Reach: Ending the Mental Health Crisis** (2010)

   Carter, R., Golant, S.K., Cade, K.E. (2010) *Within our reach: Ending the mental health crisis*. New York, Rosalynn Carter

   This book uses stories from Rosalyn Carter's 35 years of public service to illustrate the issues that impact individuals with mental illness and the mental health system.

APPENDIX A: ADDITIONAL DEFININITIONS OF STIGMA

- Stigma is defined as a sign of disgrace or discredit, which sets a person apart from others. The stigma of mental illness, although more often related to context than to a person's appearance, remains a powerful negative attribute in all social relations. (Byrne, P. (2000) Stigma of mental illness and ways of diminishing it. *Advances in Psychiatric Treatment 6:65-72)*

- The Canadian sociologist Erving Goffman said the term "stigma" describes the "situation of the individual who is disqualified from full social acceptance." (Goffman E. (1963) *Stigma: Notes on the management of spoiled identity.* London: Penguin.

- Stigma is the "negative effect of a label placed on any group including those who have been diagnosed as having mental health problems." (Hayward P., Bright, J.A. (1997) Stigma and mental illness: a review and critique. *Journal of Mental Health,* 6, 345-354)

- Merriam-Webster Dictionary

    *a:*A scar left by a hot iron: brand

    b: a mark of shame or discredit: stain <bore the *stigma* of cowardice>

    c: an identifying mark or characteristic; a specific diagnostic sign of a disease

- The Institute of Psychiatry initiative, Mental Health Care, states that stigma is best defined as three things:

    ◊ Ignorance
    ◊ Prejudice
    ◊ Discrimination

    (Thornicroft, G., Rose, D., Kassam, A., Sartoruis, N. (2007) Stigma: ignorance, prejudice or discrimination? *The British Journal of Psychiatry,* 190: 192-193.)

- Stigma is associating negative qualities with having a mental illness. For example, a person with a mental illness may be wrongly viewed (or even view themselves) as being weak or "damaged," leading to feelings of shame and/or embarrassment. Stigma associated with having a mental illness may prevent a person from seeking out help or support from others. (*http://ptsd.about.com/od/glossary/g/stigma_def.htm*)

"I hope to challenge people who stigmatize young adults through low expectations, to open up their minds and to see that just like everyone else, young people are capable of recovery, that they deserve recovery, and they deserve encouragement."

-Sarah Inda, Certified Peer Support Specialist

E. Susan Meekhof, MACMHB Creative Minds traveling art show

APPENDIX B: VIDEO RESOURCES

"There's a collective hunger to have mental illnesses brought out of the proverbial closet, to exchange information and share stories. There is also a fear of it. . . . People just like me craved to be heard, hungered to see themselves reflected accurately among their peers and their communities."

-Victoria Maxwell

See Me For Who I Am, Northern Lakes Community Mental Health System

A series of nineteen videos highlighting the lives of individuals receiving mental health services and their journey through recovery.

http://www.youtube.com/user/NorthernLakesCMH

Faces of Recovery, Michigan Recovery Center of Excellence (MRCE)

Many persons receiving mental health services across the state of Michigan share their stories of recovery. This segment of the MRCE web site is one vehicle to give voice to consumers and consumer leaders, to educate the community about mental health and recovery, and to challenge the stigma of mental illness. We believe that any campaign intended to raise awareness about mental health must involve consumers, if genuine change is to take hold in our communities. Many of the people highlighted here are employed within the mental health system as peer support specialists or in other capacities.

http://mirecovery.org/MichiganResources/ArchivesFacesofRecovery/tabid/99/Default.aspx

BringChange2Mind

BringChange2Mind is an organization spearheaded by Glenn Close to combat the stigma surrounding mental illness. It provides a global forum for people to share their stories and shed light on the unfair shame that is inflicted upon those living with a mental illness.

http://www.youtube.com/user/BringChange2Mind

http://bringchange2mind.org/

APPENDIX B: VIDEO RESOURCES

NKM2 (No Kidding, Me Too!)

Created by the non-profit organization, No Kidding, Me Too!, started by Joe Pantoliano, star of the TV show *The Sopranos*. Several celebrities including Harrison Ford speak out against the stigma of mental illness.

NKM2 PSA—30 seconds

http://www.youtube.com/watch?v=5oFIni5lGAg&feature=player_embedded

NKM2 PSA—60 seconds

http://www.youtube.com/watch?v=iC8741_5G48&NR=1

Mental Health Anti-Stigma Project

This video targets the stigmatizing language surrounding mental illnesses. It was created by Broward County, Florida, Mental Health.

http://www.youtube.com/watch?v=C0BFzvjkDcc&feature=player_embedded

"It is an odd paradox that a society, which can now speak openly and unabashedly about topics that were once unspeakable, still remains largely silent when it comes to mental illness."

-Glenn Close, Actress

LOOK CLOSER ... See me for who I am

APPENDIX C: EXAMPLES OF ANTI-STIGMA INITIATIVES—INTERNATIONAL

"One of the biggest barriers to recovery is discrimination. That's why stopping discrimination and championing respect, rights, and equality for people with mental illness is just as important as providing the best treatments and therapies."

-Blueprint for Mental Health Services in New Zealand

LOOK CLOSER...
See me for who I am

Like Minds Like Mine, New Zealand

www.likeminds.org.nz

Like Minds is a project designed in New Zealand to counter stigma and discrimination associated with mental illness. It combines community action at a local level with nationwide strategic and media work to bring about social change.

"One of the biggest barriers to recovery is discrimination. That's why stopping discrimination and championing respect, rights, and equality for people with mental illness is just as important as providing the best treatments and therapies." Blueprint for Mental Health Services in New Zealand

Partnership for Workplace Mental Health, A program of the American Psychiatric Foundation: A Mentally Healthy Workforce—It's Good for Business

www.workplacementalhealth.org

This material describes a step-by-step process for improving health within the workplace environment. Recommendations are based upon studies confirming that strategies supporting employees' mental health result in increased productivity, lower medical costs and less absenteeism.

"More days of work loss and work impairment are caused by mental illness than many other chronic conditions such as diabetes, asthma, and arthritis…employees who completed at least one session with a mental health professional had a statistically significant improvement in work performance."

"In one study, the number of work-impaired individuals with mental illness was cut nearly in half after three weeks of treatment."

APPENDIX C: EXAMPLES OF ANTI-STIGMA INITIATIVES— INTERNATIONAL

Out of Mind
www.mind.org.uk

Developed by Mind, an organization in the United Kingdom, the Mind Equalities Statement outlines missions, policies and procedures for fundraising, volunteerism, business support systems and employment. The focus is upon developing the organization's role in changing attitudes and practices resulting from stereotyping and prejudice. The statements are intended to highlight equal access to care and diversity objectives.
"A diverse workforce . . . best meets the needs of the people we aim to support and serve."

How Can We Make Mental Health Education Work?
www.rethink.org

This example of a partnership between the Institute of Psychiatry in the United Kingdom, and a private community organization resulted in a successful local mental health program. It challenges stigma and discrimination and provides an overview of steps to consider when setting up an antidiscrimination program.
"It will take time, but by working together, we can stamp out stigma."

The Working Minds Toolkit
www.mindout.net

The Mind Out for Mental Health Campaign and the Working Minds Toolkit were commissioned by the National Department of Health in London, England, to address the issue of mental health in the workplace. It presents 1) a business model, 2) examples of policies and procedures, 3) personnel management case studies with question and answer sheets for specific themes, 4) fact sheets and resource lists, and 5) program evaluation tools.
"Mental health is still surrounded by a climate of fear . . . Whatever the cause, the result is a destructive cycle of avoidance, stigma, and discrimination in which everyone loses out." Louis Appleby

"Too many people believe the limitations that the medical model puts on people. I myself bought that. I was a member of the system for years and I saw the same limitations and I gave the same couched messages . . . beware . . . don't hope for too much . . . don't go too far and don't expect too much."

-Stephen Batson, Project Coordinator, MRCE

LOOK CLOSER ...
See me for who I am

APPENDIX C: EXAMPLES OF ANTI-STIGMA INITIATIVES—INTERNATIONAL

Local Projects of the World Psychiatric Association Programme to Reduce Stigma and Discrimination

www.openthedoors.com

The World Psychiatric Association has established programs to reduce stigma through social marketing in 20 countries. The article discusses implementing a local anti-stigma program by first establishing a local action committee, establishing target groups, and creating action plans. Successful target groups include high school students and the criminal justice system (including police training and training for judges, attorneys, and probation officers).

"Sometimes those that are different are the most amazing." - student art statement

"Speakers who are consumers demonstrate the reality of recovery, generating optimism and compassion." -Open the Doors project

Countering Stigma and Discrimination Operational Plan: Version 3, September 2008

www.mentalhealthcommission.ca

This commission has launched a national Canadian decade-long anti-stigma and discrimination reduction campaign. It hopes to change public views so that people with mental illness are treated as full citizens. It aims for organizations to take measures to eliminate discrimination of people with mental illness. Finally it is ensuring that people with mental illness are equally able to participate in life and in their communities.

"Simply put, stigma refers to an attitude. Discrimination is the behavior created by that attitude." - Mental Health Commission

Richard Atkins, MACMHB Creative Minds traveling art show

APPENDIX C: EXAMPLES OF ANTI-STIGMA INITIATIVES—INTERNATIONAL

Scoping Review on Mental Health, Anti-Stigma, and Discrimination: Current Activities and What Works

http://kc.csip.org.uk/upload/AntiStigma12pp.pdf

Current evidence based, underpinning principles as well as a brief review of current activity are summarized. Evidence base of what works includes establishing a scale of the nature and prevalence of stigma. Expert opinion (referring to users and carers), must have the opportunity to provide their views and experiences. Underpinning principles advocate for local activity which demonstrates most efficacy. Review of current activity summarizes programs in England, the UK at large, Australia, New Zealand and the US as well as international initiatives.

"(Stigma and discrimination) can make it more difficult for people to find or stay in work, to receive health and social care services or adequate housing, . . . and to generally enjoy life." - National Institute for Mental Health England

"Stigma and discrimination can make it more difficult for people to find or stay in work, to receive health and social care services or adequate housing . . . to generally enjoy life."

- National Institute for Mental Health in England

LOOK CLOSER
...
See me for who I am

APPENDIX C: EXAMPLES OF ANTI-STIGMA INITIATIVES—NATIONAL

"The primary means of eliminating stigma is to increase the understanding that people with mental illness can and do recover and live fulfilling and productive lives."

-Office of Health Promotion, Washington State Department of Health

The California Strategic Plan on Reducing Mental Health Stigma

http://www.dmh.ca.gov/PEIStatewideProjects/docs/Reducing_Disparities/CDMH_MH_Stigma_Plan_09_V5.pdf

This California strategic plan is the result of a collaborative effort between an advisory committee, the Mental Health Services Oversight and Accountability Commission, and the California Department of Mental Health Staff. It includes a vision statement for mental wellness, definitions of stigma and discrimination, strategies for reducing stigma, and a blueprint for action within the community and healthcare provider organizations.

"Stigma and discrimination are longstanding issues within the mental health community. As community-based mental health programs and treatment models continue to expand, the need to address these issues and influence behaviors has never been more important." Stephen W. Mayberg, PhD., Director, California Department of Mental Health

Challenging Stereotypes: An Action Guide

http://www.mentalhealth.org

This publication addresses stereotypes of mental illnesses portrayed by the media. Steps for effective letter writing to editors of newspapers or television shows are outlined, and examples of actual letters are provided. Instructions for finding who to write or contact based on the media type are explained, and an extensive directory of television, cable and radio networks is provided.

"Though a mental illness is only one aspect of an individual's life, all too often the label alone bars that person from achieving a self-directed life with meaningful connections to his or her community." - Challenging Stigma: An Action Guide

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APPENDIX C: EXAMPLES OF ANTI-STIGMA INITIATIVES—NATIONAL

Office of Health Promotion, The Washington State Department of Health: Plan for Mental Health Social Marketing Anti-Stigma Initiative

http://www.dshs.wa.gov/pdf/dbhr/mhtg/SocialMarketingPlan.pdf

This social marketing initiative was developed as a result of grant funding to eliminate stigma surrounding mental illness. It is based on formative research, expert recommendations and current literature. Three target audiences were selected: individuals receiving mental health services, providers of public mental health care, and policy makers. The material is based on Corrigan's target-specific stigma change model and the concept of recovery. Best practices for stigma reduction are grouped into the three processes of contact with people diagnosed with mental illness, education strategies highlighting facts vs. myths, and protest and reward.

"The primary means of eliminating stigma is to increase the understanding that people with mental illness can and do recover and live fulfilling and productive lives."

"What you think of yourself because you have a mental illness, can often be more disabling than the illness itself."

-Ike Powell, Director of Training, Appalachian Consulting Group

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APPENDIX D: EVALUATION MATERIALS

"Though a mental illness is only one aspect of an individual's life, all to often the label alone bars that person from achieving a self-directed life with meaningful connections to his or her community."

-Challenging Stereotypes, An Action Guide

A TOOLKIT for Evaluating Programs Meant to Erase the Stigma of Mental Illness

Patrick Corrigan
Illinois Institute of Technology

http://www.dmh.ca.gov/PEIStatewideProjects/docs/CorriganTookitforEvaluation.pdf

National Consortium on Stigma Empowerment (NCSE)

This website includes a variety of evaluation materials developed by the Illinois Institute of Technology, primarily by Patrick Corrigan. Among these resources is *A User-Friendly GUIDEBOOK for the Ten Steps to Evaluate Programs that Erase the Stigma of Mental Illness*

http://www.stigmaandempowerment.org/index.php?option=com_content&view=article&id=24&Itemid=46

Measurement Toolkit: Global Anti-Stigma Program, World Psychiatric Association, Canadian Pilot Project

http://post.queensu.ca/~hh11/assets/applets/Stigma_Toolkit.pdf

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APPENDIX D: EVALUATION MATERIALS—SECRET SHOPPER

Michigan Customer Services Mystery Shopper
Scenarios List
2011 Shopping Project

#	Situation for Caller
1	Caller inquires about how they would get started with services. (looking for a response about the screening/assessment/intake
2	Caller inquires if agency has Customer Service "Department"? a. (Yes) Where is the office located? b. (Yes) What are the hours? What about after hours / week-ends? c. (No) Who can I call if I have questions?
3	Caller inquires about what to do if they have a mental health emergency. (I have a friend who has services. What should I do if he…) During call, include a question about availability of "help" after hours.
4	Caller inquires about what someone would do to call the agency if they only speak Spanish - or any other language – including American Sign Language (ASL). (I have a friend who…)
5	Caller inquires about what someone would do to call the agency if they use TTD/TTY (telecommunications device for the deaf or specifically teletypewriter or a textphone) equipment. (I have a friend who…)
6	Caller inquires about community resources for support groups. (could be for depression, Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) groups, or any other type of group)
7	Caller inquires about what provider entities the agency works with to offer services. Can caller have a list?
8	Caller inquires about where to call to get help with a substance use/abuse issue. (I am helping a friend call for…)
9	Caller asks if agency building is barrier free / accessible.
10	Caller inquires about Advance Directives…what are they and where to get more information.
11	Caller inquires about the costs of services at the agency. (looking for description of the Ability to Pay (ATP) process)

MACMHB Customer Services Work Group

"One of the . . . most impactful things on someone who received a mental illness diagnosis or label is the stigma. You never hear on the news that a known "schizophrenic" rescued a girl from a well . . . Whether it be the media or even our internalized stigma . . . Nobody is told that, oh you have a diagnosis, but you can still have a life."

-Jean Dukarski, Certified Peer Support Specialist, JIMHO

LOOK CLOSER ...
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Agency called:				Call Date:		Call Time:	
Agency phone Number called:							

Did the staff person identify him/herself at initial greeting?		Yes	No
If not, please ask for name.	Name:		
Tracked for feedback purposes for the agency called. This item is not part of any score for the call.			

In the YES/NO column, please check the box to represent the answer to each question.

CUSTOMER SERVICE CRITERIA	YES	NO
The telephone was answered by a live voice. (if NO, continue with call as allowed by the telephone tree or voice mail system – and give comments below)	1	0
The initial greeting was warm and welcoming. (the person was polite and friendly when answering the call)	1	0
The person spoke clearly and professionally. (good voice rate/pitch, inflection, enunciation, respectful tone, empathic)	1	0
The person used terminology that I understood. (no unfamiliar or unclear acronyms or jargon /slang language)	1	0
5. The call was not "rushed" or "hurried" through. (person used full sentences, spoke slowly enough to understand, call not ended "too early")	1	0
6. My questions were answered.	1	0
7. I understood the information provided.	1	0
8. This call was never on hold for over 3 minutes in duration.	1	0
9. I talked to no more than 2 people to get my question answered. (either the person who initially answered or the person I was transferred to helped me)	1	0
10. This call met my expectations. (no unanswered questions, treated respectfully, good communication style)	1	0
Total Score: add the "1" and "0" scores from the "YES" and "NO" columns.		

Call Scenario #:		For feedback purposes, please summarize the answer/resolution given:

How could this call have been improved? (Please provide specific details)
Examples: Was the call answered by voice mail? Was there loud background noise? Was call disconnected?   Was person's tone of voice distracted/curt/disinterested/were they maybe eating?

Mystery Shopper:		Time spent on call:	

APPENDIX E: ATTITUDES, BELIEFS AND COMPETENCIES FOR THE RECOVERY ORIENTED PROFESSIONAL

The recovery-oriented professional will have developed the following skills and capacities and reflect the following attitudes, beliefs, and competencies in their day-to-day work.

ATTITUDES

- Every setback is an opportunity for growth.
- Empathy and compassion for life struggles of individuals we serve underlie effective treatment.
- All people supporting recovery have special and unique attributes.
- It requires courage to seek help.
- Healing treatment is a collaboration between the person and the professional.

BELIEFS

- Change and growth are possible throughout the life cycle.
- Recognition that hope is a key change factor in recovery.
- Supporting peers in the treatment process means that person is not alone in their recovery journey.
- Recovery does not only evolve in the community, but also in the mental health system.
- The healing process is complex, involving psychological, social and physical attributes.
- Understand and promote physical, spiritual and material dimensions for individuals with mental illness in the workplace.
- Peers enhance the recovery process.

"I was told during my first day of my first psychology class that there was no such thing as a nervous breakdown. Knowing the road to the symptoms of [depression, mania and anxiety] to instead be chemical imbalances was cause for exhale and exhilaration. . . . I thankfully never began my journey with the stigma of having "nervous breakdowns."

-Nancy Jackson

Certified Peer Support Specialist Genesee County Community Mental Health

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> *"People with mental problems are our neighbors. They are members of our congregations, members of our families; they are everywhere in this country. If we ignore their cries for help, we will be continuing to participate in the anguish from which those cries for help come. A problem of this magnitude will not go away. Because it will not go away, and because of our spiritual commitments, we are compelled to take action."*
>
> -Rosalynn Carter

LOOK CLOSER ... See me for who I am

APPENDIX E: ATTITUDES, BELIEFS AND COMPETENCIES FOR THE RECOVERY ORIENTED PROFESSIONAL

COMPETENCIES

- All policies and treatment reflect a commitment to person-centered planning, self-determination, trauma history, and recovery.
- Policies and treatment promote the person's potential for recovery and flourishing.
- Accept, reflect, and seek to understanding an individual's history trauma.
- Encourage and foster the strengths that people bring to their healing and recovery.
- Good clinicians meet the person where they are on their own recovery journey.
- Resilience and recovery evolve differently for each person.
- Genuine interest, respect for individuals served is essential for recovery.
- Professionals and individuals served are on a journey of lifelong learning for their own growth and recovery.
- Optimism with all individuals is a positive key in assisting them in their recovery process.

(Information obtained from SAMSHA, Addiction Counseling, Competencies: The Knowledge Skills, and Attitudes of Professional Practice)

APPENDIX F: TARGETED PROVIDER ROLES— BROCHURES

There are nine brochures designed for the following professional positions:

- Administrators
- Customer Service Representatives
- Finance Directors
- Front Line Workers
- Human Resource Professionals
- Peer Support Specialists
- Program Supervisors
- Psychiatrists
- Quality Improvement Professionals

These brochures may be copied and used as needed. If there is a provider role that you identify that does not have a related brochure, please use the blank brochure template found on www.mirecovery.org.

> **"*Simply put, stigma refers to an attitude. Discrimination is the behavior created by that attitude.*"**
>
> -Challenging Stigma and Discrimination Operational Plan: Version 3, September 2008

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Combating Stigma

IN THE MENTAL HEALTH SYSTEM

ADMINISTRATORS

Created by the
Michigan Anti-Stigma
Steering Committee

June 2011

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Michigan Department of Community Health

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How To
Combat Stigma

Within the Mental Health System

- Human Resources
- Psychiatrists
- ✓ Administrators
- Finance Directors
- Quality Improvement
- Customer Service
- Program Supervisors
- Front Line Workers
- Peer Support Specialists
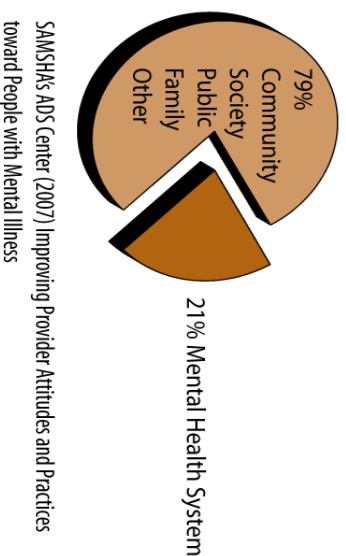
What Every Administrator Should Know About Stigma

Remember…

- Stigma is a major deterrent for people who are in need of treatment.
- It requires courage to seek help.
- Investing in a mentally healthy workforce is good business.
- A mentally healthy workforce is linked to less absenteeism and greater productivity.
- It is important that administrative staff to prevent individuals from delaying treatment and help them seek appropriate services because:
  ◇ Supporting prevention and early intervention services is less costly, both in the short term and over a person's lifetime.
  ◇ Prevention and early intervention are proven to be critical in lessening the needs for more intensive and more costly treatments.
  ◇ Less stigma translates to less stress and chaos in a person's life. This in turn means easier treatment, with fewer dollars required.

Who discriminated against you?

79%
Community
Society
Public
Family
Other

21% Mental Health System

SAMHSA's ADS Center (2007) Improving Provider Attitudes and Practices toward People with Mental Illness

What You Can Do

- Stress the need and advocate for staff to provide consumers with skills training in financial management and budgeting.
- Support the integration of peers into your agency's workforce and the availability of consumer-run programming.
- Calculate the cost of depression and alcoholism in your workplace. Offer an employee assistance program.
- Evaluate current agency mental health benefits and health services.
- Encourage colleagues to see that a person's financial status and healthcare coverage are material to their treatment and support.
- Look for teachable moments with your staff and co-workers when you hear stigmatizing comments.
- Look for opportunities to educate colleagues, staff, and vendors about persons served to reduce stigma.
- Implement a "no wrong door" approach to customer service that encourages consumers and families to reach out for help. Be open and welcoming to consumers who have questions about their finances and benefits.
- Create procedures so employees and consumers can easily access services.
- Include questions about stigma and recovery in your interviews with new hires in your department and agency.

When we come into our workplace, we bring our diverse life experiences with us— experiences that can affect our attitudes and behaviors whether we are aware of it or not. If we're not careful, we may find ourselves behaving in ways that could be considered stigmatizing by the people we serve. We all want to be the very best we can in our interactions with those who have come to us for help. The following are a few statements that can be used to identify stigmatizing attitudes and behaviors:

You Know You're Stigmatizing If You…

- treat individuals with mental illness differently than providers.
- your speech and body language reflect lack of acceptance or disrespect.
- are not making information on all health benefits available and easily accessible to individuals with mental illness and staff.

Combating Stigma

IN THE MENTAL HEALTH SYSTEM

CUSTOMER SERVICE

LOOK CLOSER ...
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Created by the

Michigan Anti-Stigma Steering Committee

June 2011

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How To
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Within the Mental Health System

Human Resources

Psychiatrists

Administrators

Finance Directors

Quality Improvement

✓ Customer Service

Program Supervisors

Front Line Workers

Peer Support Specialists

What Every Customer Service Representative Should Know About Stigma

When we come into our workplace, we bring our diverse life experiences with us— experiences that can affect our attitudes and behaviors whether we are aware of it or not. If we're not careful we may find ourselves behaving in ways that could be considered stigmatizing by the people we serve. We all want to be the very best we can in our interactions with those who have come to us for help. The following are a few statements that can be used to identify stigmatizing attitudes and behaviors:

You Know You're Stigmatizing If You...

- use words like crazy, psycho, loony, etc., to describe individuals.

- refer to individuals with mental illness as "difficult" or "non-compliant."

- treat individuals with mental illness rudely or less than important.

- make assumptions about the person that are not based on current interactions you may be having with them.
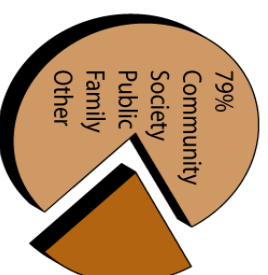
- refer to someone by their diagnosis.

Remember…

- **The person you are working with is a person-first.** They have many other things going on in their life other than their mental illness and have interests and concerns about those things as well.

- **Use person-first language.** Don't perpetuate the stigma. Refer to the people you serve as persons with mental illness not a mentally ill person. For example, say "a person with bipolar disorder—not a *bipolar*."

- **The person's concerns and complaints are legitimate.**

- **No name calling.** Never refer to another person as anything but a person with a complaint or problem.

- **Always treat others with respect.**

Who discriminated against you?

79% Community Society Public Family Other

21% Mental Health System

SAMSHA's ADS Center (2007) Improving Provider Attitudes and Practices toward People with Mental Illness

What You Can Do

- Offer Ambassador Training as part of New Employee Orientation. See www.macmhb.org.

- Offer Welcoming Training for front line staff.

- Require Mental Health First Aid Training for front line staff. See: www.mentalhealthfirstaid.org

- "Secret Shop" to ensure a welcoming environment and person-first language. (See anti-stigma toolkit for more information). Pass results on to CEO and COO.

- Reward those who excel in providing service that is free of stigmatizing behaviors.

- Look for teachable moments with your co-workers when you hear stigmatizing comments.

Combating Stigma

IN THE MENTAL HEALTH SYSTEM

FINANCE DIRECTORS

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How To
Combat Stigma

Within the Mental Health System

Human Resources

Psychiatrists

Administrators

✓ Finance Directors

Quality Improvement

Customer Service

Program Supervisors

Front Line Workers

Peer Support Specialists

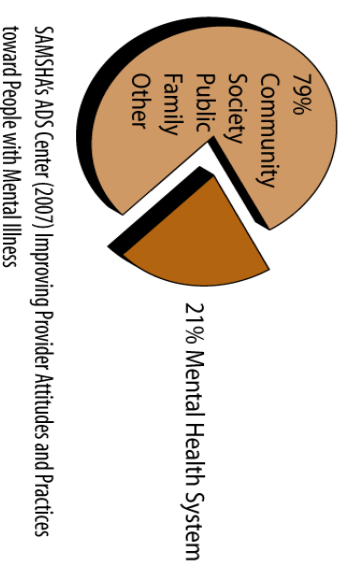# What Every Finance Director Should Know About Stigma

Did you know?

- Stigma is one of the number one deterrents for people who are in need of treatment.

- Preventing individuals from delaying or avoiding seeking treatment is important to business office staff because:

  ◇ Supporting prevention and early intervention services is less costly, both in the short term and over a person's lifetime.

  ◇ Prevention and early intervention are proven to be critical in lessening the needs for more intensive and more costly treatments.

  ◇ Less stigma translates to less stress and chaos in a person's life. This in turn means easier treatment, with fewer dollars required.

Who discriminated against you?

79%
Community
Society
Public
Family
Other

21% Mental Health System

SAMSHA's ADS Center (2007) Improving Provider Attitudes and Practices toward People with Mental Illness

What You Can Do

- Stress the need and advocate for individuals with mental illness to receive skills training in financial management and budgeting.

- Support the integration of peers into your agency's work force and the availability of consumer-run programming.

- Encourage co-workers to see that a person's financial status is material to their treatment and support.

- Look for teachable moments with your co-workers when you hear stigmatizing comments.

- Look for opportunities to educate vendors about persons served to reduce stigma.

- Implement a "no wrong door" approach to customer service and support that encourages individuals with mental illness and families to reach out for help. Be open and welcoming to individuals with mental illness who have questions about their finances.

- Include questions about stigma and recovery in your interviews with new hires in your department.

.

When we come into our workplace, we bring our diverse life experiences with us. These experiences can affect our attitudes and behaviors whether we are aware of it or not. If we're not careful we may find ourselves behaving in ways that could be considered stigmatizing by the people we serve. We all want to be the very best we can in our interactions with those who have come to us for help. The following are a few statements that can be used to identify stigmatizing attitudes and behaviors:

You Know You're Stigmatizing If You...

- treat individuals with mental illness differently than providers.

- are not making information on community health resources and health benefits available and easily accessible to individuals with mental illness.

- do not promote prevention, early intervention and wellness programs at your agency.

Combating Stigma

IN THE MENTAL HEALTH SYSTEM

FRONT LINE WORKERS

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June 2011

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How To
Combat Stigma

Within the Mental Health System

- Human Resources
- Psychiatrists
- Administrators
- Finance Directors
- Quality Improvement
- Customer Service
- Program Supervisors
- ✓ Front Line Workers

What Every Front Line Worker Should Know About Stigma

Did you know?

- People who seek help for mental health problems feel disrespected and discriminated against by front line health care workers, either intentionally or unintentionally.

- The attitudes of mental health practitioners are important for good treatment outcomes and good quality of life.

- In their roles as educators and members of their communities, professionals' views shape the opinions of future practitioners and other influential community members.

When we come into our workplace, we bring our diverse life experiences with us. These experiences affect our attitudes and behaviors, whether we are aware of it or not. If we're not careful we may find ourselves behaving in ways that could be considered stigmatizing by the people we serve. We all want to be the very best we can in our interactions with those who have come to us for help. The following are a few statements that can be used to identify stigmatizing attitudes and behaviors:

You Know You're Stigmatizing If You…

- use words like crazy, psycho, loony, etc., to describe individuals.

- refer to individuals with mental illness as "difficult" or "non-compliant."

- treat individuals with mental illness differently than providers

- are not making information on whole health available to individuals with mental illness.

- do not promote prevention, early intervention and wellness programs at your agency.

Who discriminated against you?

79% Community / Society / Public / Family / Other

21% Mental Health System

SAMSHA's ADS Center (2007) Improving Provider Attitudes and Practices toward People with Mental Illness
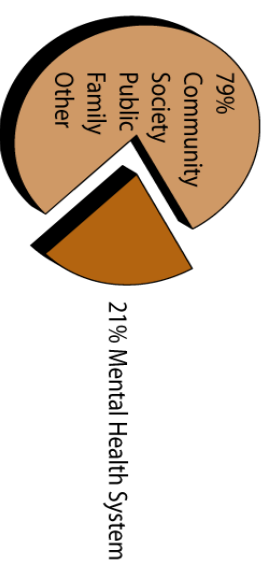
What You Can Do

- Examine your own attitudes and beliefs toward individuals with mental illness.

- Identify and support individuals with mental illness and family members who have a desire to participate in focus groups aimed at eliminating barriers and improving the quality of services your agency provides.

- Use person-first language: use terms such as a person with mental illness, not a mentally ill person. For example, a person with bi-polar disorder is not "a bipolar."

- Look for teachable moments with your co-workers when you hear stigmatizing comments.

- When confronted by a individuals with mental illness who is upset or agitated, ask yourself if it is a teachable moment for you; think about what your own behavior and attitudes might be contributing to the situation.

Combating Stigma

IN THE MENTAL HEALTH SYSTEM

HUMAN RESOURCES

Created by the
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Steering Committee

June 2011

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How To
Combat Stigma
Within the Mental Health System

- ✓ Human Resources
- Psychiatrists
- Administrators
- Finance Directors
- Quality Improvement
- Customer Service
- Program Supervisors
- Front Line Workers
- Peer Support Specialists

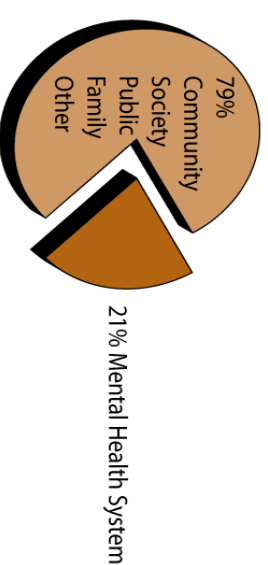# What Every Human Resource Professional Should Know About Stigma

Did you know?

- Mental illness is the leading cause of indirect costs associated with lost work time? Supporting employees' mental wellness results in increased productivity, lower medical costs and less absenteeism.

- Concern about the stigma associated with depression may prevent employees from seeking treatment.

- Concern about losing status at work and about confidentiality are among the main reasons many American workers are more hesitant to seek treatment for mental health related issues than for physical health problems.

- Many employees feel they will be fired if someone finds out about their mental health issues.

Who discriminated against you?

SAMSHA's ADS Center (2007) Improving Provider Attitudes and Practices toward People with Mental Illness

- 79% Community Society Public Family Other
- 21% Mental Health System

What You Can Do

- Mandate trainings that address stress management, stigma, discrimination, and the use of person-first language as part of the agency's overall disease and wellness management strategy.

- Educate employees on health benefits and available wellness programs, and make efforts to assure they know how to access care. Employees should be reassured about confidentiality.

- Educate supervisors and managers to lead by example by being conscious of stigmatizing attitudes and behaviors.

- Create culture that encourages employees to take care of mental health needs.

- Offer health insurance to employees that includes mental health and substance abuse treatment.

- Include questions about stigma and recovery in your interviews with new hires in your department.

When we come into our workplace, we bring our diverse life experiences with us. These experiences can affect our attitudes and behaviors, whether we are aware of it or not. If we're not careful we may find ourselves behaving in ways that could be considered stigmatizing by the people we serve. We all want to be the very best we can in our interactions with those who have come to us for help. The following are a few statements that can be used to identify stigmatizing attitudes and behaviors:

You Know You're Stigmatizing If You...

- use words like crazy, psycho, loony, etc., to describe individuals.

- refer to individuals with mental illness as "difficult" or "non-compliant."

- treat individuals with mental illness differently than providers, including in your speech and body language.

- are not making information on health benefits available and easily accessible to individuals with mental illness.

- do not promote prevention, early intervention and wellness programs.

.

Combating Stigma

IN THE MENTAL HEALTH SYSTEM

PEER SUPPORT SPECIALISTS

Created by the
Michigan Anti-Stigma
Steering Committee

June 2011

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How To
Combat Stigma

Within the Mental Health System

- Human Resources
- Psychiatrists
- Administrators
- Finance Directors
- Quality Improvement
- Customer Service
- Program Supervisors
- Front Line Workers
- ✓ Peer Support Specialists

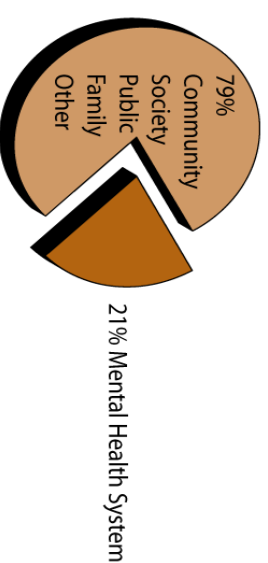# What Every Peer Support Specialist Should Know About Stigma

Did you know?

- Stigma deters people from seeking treatment.

- Stigma causes individuals with mental illness to feel isolated in a community. As a result, they often lack social support, positive social roles, coping and problem-solving skills.

- Peer Specialists and consumer leaders are particularly qualified to use their lived experience to educate others about stigma and the impact of stigma.

- Stigmatizing behavior can be unlawful discrimination or abuse.

- Peer Support Specialists are needed to help expand the range and availability of services and supports that other providers offer.

Who discriminated against you?

79% Community
Society
Public
Family
Other

21% Mental Health System

SAMSHA's ADS Center (2007) Improving Provider Attitudes and Practices toward People with Mental Illness

What You Can Do

- Partner with consumers to realize goals around self-determination and self-advocacy.

- Work to expand and support the roles of peers and consumer-run services at your agency and in the community.

- Identify and support individuals with mental illness and family members who have a desire to participate in focus groups aimed at eliminating barriers and improving the quality of services your agency provides.

- Participate in committees charged with improving quality and guiding the implementation of evidence-based practices.

- Use your own experience to increase your co-workers' understanding of mental illness.

- Participate in advisory boards, work groups, and CMH boards of directors.

- Look for teachable moments with your co-workers when you hear stigmatizing comments. They should be reassured about confidentiality.

- Support individuals with mental illness in challenging stigma and the discrimination and abuse that arises from it.

When we come into our workplace, we bring our diverse life experiences with us. These experiences can affect our attitudes and behaviors, whether we are aware of it or not. If we're not careful we may find ourselves behaving in ways that could be considered stigmatizing by the people we serve. We all want to be the very best we can in our interactions with those who have come to us for help. The following are a few statements that can be used to identify stigmatizing attitudes and behaviors:

You Know You're Stigmatizing If You…

- use words like crazy, psycho, loony, etc., to describe yourself or others.

- deny a individuals with mental illness of their "dignity of risk," or the ability to learn from their mistakes.

- refer to individuals with mental illness as "difficult."

- treat individuals with mental illness differently than providers.

- discourage a individuals with mental illness from pursuing their goals until after their symptoms have subsided.

Combating Stigma

IN THE MENTAL HEALTH SYSTEM

PROGRAM SUPERVISORS

LOOK CLOSER
...
See me for who I am

Created by the
Michigan Anti-Stigma
Steering Committee

June 2011

Michigan Department
of Community Health

MDCH

320 South Walnut

Lansing, MI 48933

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How To
Combat Stigma

Within the Mental Health System

- Human Resources
- Psychiatrists
- Administrators
- Finance Directors
- Quality Improvement
- Customer Service
- ✓ Program Supervisors
- Front Line Workers

# What Every Program Supervisor Should Know About Stigma

Did you know that stigma…

- Is a barrier to treatment and recovery support services?
- Leads to social avoidance and reduces access to opportunities.
- Leads to low self-esteem, social isolation and hopelessness?
- Can be real discrimination under the ADA and abuse under Recipient Rights?
- Deprives people of dignity and full participation in society?
- Is more painful than then mental health conditions for many people?
- Affects different groups and individuals (consumers, family members, mental health professionals, specific age groups, cultural groups, etc.) in many different ways?
- Affects many areas of life, including health, housing, education, employment, family, friendships, and social support?

Who discriminated against you?

79%
Community
Society
Public
Family
Other

21% Mental Health System

SAMSHA's ADS Center (2007) Improving Provider Attitudes and Practices toward People with Mental Illness

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- refer to individuals with mental illness as "difficult" or "non-compliant."
- treat individuals with mental illness differently than providers.
- deny a individuals with mental illness of their "dignity of risk" or the ability to learn from their mistakes.

What You Can Do

- Educate, train and coach behavioral health staff to assess the impact of stigma and incorporate discussions about stigma into interactions with consumers and families, including treatment planning meetings.
- Address issues relevant to stigma in case conferences, team meetings and supervision.
- If staff are struggling with a case, consider stigma as one possible factor. Help staff identify and make positive changes and support these changes in others.
- Encourage and support peers to share their knowledge about and direct experience with stigma with behavioral health colleagues.
- Develop and advance proposals and recommendations to expand and support the roles of peers and the implementation of consumer-run services at your agency.
- Look for teachable moments with your co-workers when you hear stigmatizing comments.
- Support consumers in challenging discrimination resulting from stigma.
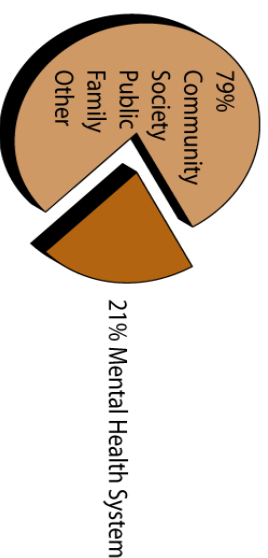
Combating Stigma

IN THE MENTAL HEALTH SYSTEM

PSYCHIATRISTS

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Within the Mental Health System

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- Peer Support Specialists

## What Every Psychiatrist Should Know About Stigma

REMEMBER THAT PERSONS WITH MENTAL ILLNESS . . .

- Want the same things everyone else wants and have the same capacities that everyone else has.

- Experience love, hate, joy, and pain, just as everyone else.

- Get sick. When they complain of somatic symptoms, there usually is a medical explanation.

- Value your honesty more than your agreement.

- Sometimes need your patience and tolerance.

- Know when you care about them.

- Know when you are trying your best.

- Need to know *why* you suggest a particular treatment.

- Want to know what their lab tests mean.

- Value, more than you know, the confidence you have in them.

- May think, when they are sick, that you are one of the most important people in the world. Enjoy it while you can. It's a big responsibility.

- May think you are the worst person in the world—make sure they don't get this one right.

- Always have the potential to go further in their recovery. They often experience dramatic recoveries, sometimes very slowly, sometimes very quickly.

- Want you to respect the relationships they have with their family members—these are different for different families and different cultures.

What Psychiatrists Can Do to Enhance Recovery and Minimize Stigma

- Support hope and the potential for recovery.

- Celebrate successes in the recovery process, even small ones.

- Orient treatment to the goals and strengths of the consumer.

- Use medication as a tool for achieving the consumer's objectives.

- Support other activities, such as maintenance of health, that are part of the recovery process.

- Examine your own attitudes in order to increase your capacity to assist, without prejudice, persons with whom you work.

- Read the developing research literature on stigma.

- Listen to consumers and families when they describe experiences of stigma.

- Shift our emphasis from psychopathology and symptoms to improving lives.

- Recognize instances of discrimination and educate those who commit it.

- Share with and learn from others about ways to overcome stigma.

- Take a moment to learn about "recovery." Mostly it is about treating persons with Respect—something that good physicians try to do anyway.

- Cultivate qualities of compassion, tolerance and authentic admiration for persons with mental illness.

- Admit when you are wrong.

Who discriminated against you?
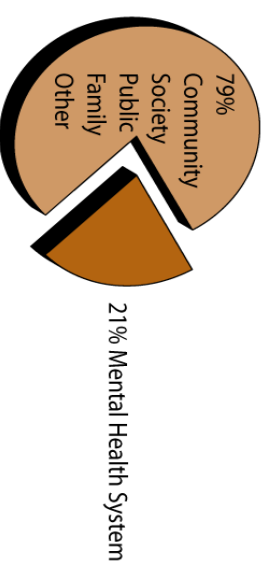
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Society
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Combating Stigma

IN THE MENTAL HEALTH SYSTEM

QUALITY IMPROVEMENT

Created by the
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What Every Quality Improvement Professional Should Know About Stigma

When we come into our workplace, we bring our diverse life experiences with us. These experiences and behaviors can affect our attitudes and behaviors, whether we are aware of it or not. If we're not careful we may find ourselves behaving in ways that could be considered stigmatizing by the people we serve. We all want to be the very best we can in our interactions with those who have come to us for help. The following are a few statements that can be used to identify stigmatizing attitudes and behaviors:

You Know You're Stigmatizing If You…

- use words like crazy, psycho, loony, etc., to describe individuals.
- refer to individuals with mental illness as "difficult" or "non-compliant."
- treat individuals with mental illness rudely or less than important.
- make assumptions about the person.
- refer to someone by their diagnosis.
- feel a need to feel superior over someone.

Did you know that stigma…..

- Is a barrier to treatment and recovery support services?
- Leads to social avoidance and reduces access to opportunities?
- Leads to low self-esteem, social isolation and hopelessness?
- Results in discrimination and abuse?
- Deprives people of dignity and full participation in society?
- Is more painful than their mental health conditions for many people?
- Affects different groups and individuals (consumers, family members, mental health professionals, specific age groups, cultural groups, etc.) in many different ways?
- Affects many areas of life, including health, housing, education, employment, family, friendships, and social support?

Who discriminated against you?

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What You Can Do

- Provide a welcoming intake process.
- Include questions about stigma and physical/mental health in assessment interviews and periodic reviews.
- Address issues important to people with disabilities to provide culturally competent services.
- Develop, implement and monitor the effectiveness of strategies your agency uses to reduce stigma as a barrier to service delivery. Make the impact of stigma a priority.
- Develop strategies to integrate peers into your agency's work force.
- Invite consumers and family members to participate in focus groups aimed at eliminating barriers and improving the quality of services.
- Include consumers and family members on committees charged with improving quality of agency programming.
- Include consumers and family members on advisory boards, work groups, boards of directors and provide training to insure success.
- Look for teachable moments with your co-workers when you hear stigmatizing comments.
- When reviewing language in agency forms, provide feedback to providers about stigmatizing language you find, and also about positive recovery oriented practices.
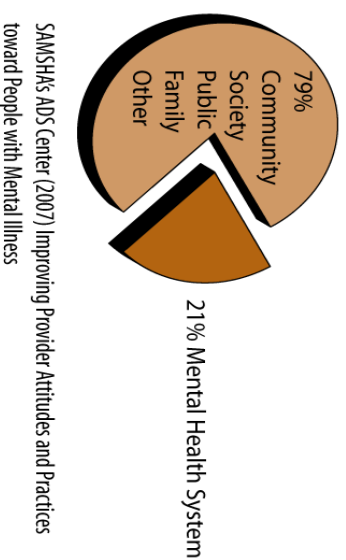
THANK YOU TO…

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> Director, Office of Consumer Relations, Behavioral Health and Developmental Disabilities Administration, Michigan Department of Community Health

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> Northern Lakes CMH

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> Behavioral Health and Developmental Disabilities Administration, Michigan Department of Community Health

"Mental health is still surrounded by a climate of fear . . . whatever the cause, the result is a destructive cycle of avoidance, stigma, and discrimination in which everyone loses out."

-Louis Appleby, Working Minds Toolkit

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