New Directions

Fighting Stigma and the Lessons Learned

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Please use the following citation when referring to any part of this work:

WELCOME!

- The World Psychiatric Association
- Scientific Sections
  - Disseminate knowledge
  - Advance Science
  - Advance training
- World Congresses
  - 2017 Berlin
How did we get here

- 1996 WPA Global Anti-stigma Program begins
- 2001, Leipzig, First International Together Against Stigma Conference
- 2005 WPA General Assembly Approves Stigma Section
- Subsequent International Congresses
  - Kingston, 2003
  - Istanbul, 2006
  - London, 2009
  - Ottawa, 2012
  - Tokyo, 2013
  - San Francisco 2015
A Tour of Terms

Stigmatization
• A complex social process that is the culmination of prejudice and discrimination which drives ignorance
• Only powerful groups can stigmatize
  • Prejudice
  • Discrimination
  • Social inequity

Literacy
• Knowledge about symptoms of mental illnesses, their treatments, and available services

Escher: Tower of Babel
The Nature of Stigma

Structural Stigma

Public Stigma

Self-stigma
“...we have the means and the scientific knowledge to help people with mental and brain disorders. Governments have been remiss, as has been the public health community. By accident or by design, we are all responsible for this situation. ....[We] have only one option—to ensure that ours will be the last generation that allows shame and stigma to rule over science and reason.”

WPA Global Program
Some lessons learned

» Aim for real change in the lives of people who have a mental illness and their family members.

» Involve people with mental illness and their family members in anti-stigma programs.

» Focus on behaviours

» Think in terms of long-term programs, never campaigns.
More lessons learned

- Pick clear (focused) targets rather than whole populations
- Think big but start small
- Build on the work of others whenever available
- Build knowledge through evaluation
### The Origin and Nature of Stigma

<table>
<thead>
<tr>
<th>Program Component</th>
<th>Paradigm Lost</th>
<th>Paradigm Found</th>
</tr>
</thead>
<tbody>
<tr>
<td>Origins of Stigma</td>
<td>Stigma is a result of ignorance and misinformation</td>
<td>Stigma occurs at multiple reinforcing levels; individual, interpersonal, structural</td>
</tr>
<tr>
<td>Nature of Stigma</td>
<td>Stigma is generic and homogeneous across large populations</td>
<td>Stigma is culturally specific, locally applied, and differs depending on the mental conditions considered</td>
</tr>
<tr>
<td>Manifestation of Stigma</td>
<td>Stigma is a social blemish that marks the bearer (often synonymous with prejudice)</td>
<td>Stigmatization is a process of social oppression that is based on prejudice and discrimination</td>
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# Program Scope and Objectives

<table>
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<tr>
<th>Program Component</th>
<th>Paradigm Lost</th>
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</thead>
<tbody>
<tr>
<td>Selection of program objectives</td>
<td>On the basis of scientific evidence</td>
<td>From discussions with people who have a mental illness and their relatives</td>
</tr>
<tr>
<td>Targets of anti-stigma activities</td>
<td>The general population</td>
<td>Sharply defined groups within the population</td>
</tr>
<tr>
<td>Scope of programs</td>
<td>Large, social marketing projects with considerable external funding</td>
<td>Small, locally situated programs and networks of programs that manage with modest budgets</td>
</tr>
<tr>
<td>Duration of program</td>
<td>Campaigns of short duration (3-5 years)</td>
<td>Sustainable and incorporated as a routine part of activities</td>
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## Program Outcomes

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<th>Program Component</th>
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<tr>
<td>Overarching goals</td>
<td>Improved knowledge and attitudes</td>
<td>Improved life chances and social inclusion</td>
</tr>
<tr>
<td>Benchmarks of success</td>
<td>Improved self-reported knowledge and attitudes</td>
<td>Changes in discriminatory behaviours and structural inequities</td>
</tr>
<tr>
<td>Program evaluation</td>
<td>Programs not systematically evaluated; assumed to work</td>
<td>Systematic evaluation of programs in order to create best practice methods</td>
</tr>
</tbody>
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## Roles and Activities

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<tr>
<td>Role of people with a mental illness</td>
<td>Recipients and beneficiaries of anti-stigma programs</td>
<td>Active participants and leaders of anti-stigma programs</td>
</tr>
<tr>
<td>Role of mental health professionals</td>
<td>Purveyors of clinical knowledge and leaders of anti-stigma programs</td>
<td>A target for anti-stigma activities and partners in community based work</td>
</tr>
<tr>
<td>Educational approach</td>
<td>Factual and didactic, driven by expert knowledge about the biological basis of mental illnesses</td>
<td>Experiential and active, driven by personal recovery stories and personal contact</td>
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## Organization of Services & Supports

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<td>Legal provisions</td>
<td>Ensure protection against coercion, abuse, and loss of freedom (negative rights)</td>
<td>Promote social inclusion through legislation that insures equitable access to housing, employment, and disability supports (positive rights)</td>
</tr>
<tr>
<td>Organization of services</td>
<td>Increased accessibility to community care will destigmatize people with a mental illness</td>
<td>Recovery-oriented care will help people with a mental illness develop meaning</td>
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Looking Forward

- Better evidence base for anti-stigma intervention research – community research partnerships (what gets counted, counts!)
- Development of theories of change, active ingredients, and fidelity measures for programs
- Global replication of best practices, global collaborations, global action
- Social media used to disseminate tools, training programs, and other products, and to advocate for change
- 8th International Together Against Stigma Congress
The End...

...Thank you!