ENHANCING STIGMA RESILIENCE AND RECOVERY USING THE INDIVIDUAL'S CONTEXT

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Stigma



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Stigmatization as an Environmental Risk in Schizophrenia: A User Perspective

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Stigmatization represents a chronic negative interaction with the environment that most people with a diagnosis of schizophrenia face on a regular basis. Different types of stigma—public stigma, self-stigma, and label avoidance may each have detrimental effects. In the present article, the possible consequences of stigma on onset, course, and outcome of schizophrenia are reviewed. Stigmatization may be conceptualized as a modifiable environmental risk public stigma, self-stigma, and label avoidance⁷—may have profoundly defeating consequences for the individual with a psychotic disorder.^{8–11} Ritsher and Phelan¹² suggest that the harmful effects of stigma may work through the internal perceptions, beliefs, and emotions of the stigmatized person, even above and beyond the effects of direct discrimination by others. Most of the research in the area of stigma is based on negative reactions faced by people with schizophrenia in studies on public attitudes or equivalent behavioral research. Research exploring the views of those exposed to stigma is less common. Although stigma is typically noted in professional guidelines, possible interventions are not proposed.¹³ Therefore, in the present article, the consequences of stigma and their potentially negative impact on onset, course, and outcome of schizo-

Types of stigma

- Public stigma
- Self-stigma / Internalized stigma
- Structural stigma



User Research Network

"Something is wrong with me, that won't change, which means I'm less worthy than other people and less entitled than other people."

N

(From: Peterson and Barnes, 2009)



let's end mental health discrimination









The Discrimination Intervention model (From: Peterson & Barnes, 2009)



Empowerment in daily life

"...we need **political and structural changes** to support the equality of people diagnosed with mental illness, the real contribution of **service user/survivor experiential knowledge** into co-designing anti-discrimination initiatives, and a stronger focus on those who are meant to provide the **care and support** that people are encouraged to seek."

(Faulkner, 2017)

Types of recovery

Clinical recovery

Personal recovery

Service-defined recovery

"Organisational priorities influence staff understanding of recovery support. This influence is leading to the emergence of an additional meaning of recovery"

(Le Boutillier et al., 2015)

CHIME

CHIME: Connectedness Hope and optimism about the future Identity Meaning in life Empowerment

(Leamy et al., 2011)

CHIME and

- Difficulties
- Therapeutic input
- Acceptance and mindful awareness
- Returning to, or desiring, normality

(Stuart et al., 2016)

Facilitators and processes

Systematic review, schizophrenia

Factors which promote recovery:

- 1) Adjustment, coping and reappraisal
- 2) Responding to the illness
- 3) Social support, close relationships and belonging

Factors which challenge recovery:

- 1) Negative interactions and isolation
- 2) Internal barriers
- 3) Uncertainty and hopelessness

(Soundy et al., 2015)

The context of the individual

- Interaction
- Perspective of the environment
 - Salutogenic approach (Antonovsky, 1987, 1996)
 - Strengths
 - Human rights
 - Mental Health Literacy

Strengths model

Personal qualities / characteristics

Skills / talents

Environmental strengths

Interests / aspirations

(Rapp & Goscha, 2006)



Disclosure of mental health problems

In the workplace

Stigma coping orientations

Secrecy

Withdrawal

Educating others

Challenging

Distancing

(Link et al., 2002)

Consumer in mental health service leadership

"The findings of this systematic review suggest that consumer leadership can be reframed as a resource (rather than a deficit) in and of itself."

(Scholz, Gordon & Happell, 2017)

- Experience
- Experiential knowledge
- Experts by experience

Mental Health Literacy (MHL)

Components of MHL are:

- the ability to recognize specific disorders or different types of psychological distress
- knowledge and beliefs about risk factors and causes
- knowledge and beliefs about self-help interventions
- knowledge and beliefs about professional help available
- attitudes which facilitate recognition and appropriate help-seeking
- knowledge of how to seek mental health information

(Jorm et al., 1997)

Mental Health First Aid (MHFA)

'Mental Health First Aid is an effective public health intervention for improving knowledge, attitudes, and behaviour: A meta-analysis'

15 relevant papers

Change in knowledge, attitudes, and helping behaviour

'The results demonstrate that MHFA increases participants' knowledge regarding mental health, decreases their negative attitudes, and increases supportive behaviours toward individuals with mental health problems.'

'The MHFA programme appears recommendable for public health action.'

(Hadlaczky et al., 2014)

Opportunities

Time to Change



(https://www.time-to-change.org.uk/)

What we expect for 'us' and 'them'

For 'us': A life worth living Faith, spiritual connections

For 'them': Attends program, groups, clubhouses Better judgment

(Tondora, Miller, Slade & Davidson, 2014)

Take home message

- People with mental illness can increase their stigma resilience
- Everybody can help or assist making this possible
- In recovery CHIME as well as 'Difficulties' are important
- We have to find a way to diminish barriers within organisations that undermine recovery goals
- Goals of the individual are important
- Increasing mental health literacy can contribute to destigmatization and recovery
- People with lived experience can have different roles in (mental health) research



Mondriaan voor geestelijke gezondheid



Thank you for your attention!