

# New Directions

Fighting Stigma and the Lessons Learned

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# WELCOME!



- The World Psychiatric Association
- Scientific Sections
  - Disseminate knowledge
  - Advance Science
  - Advance training
- World Congresses
  - 2017 Berlin

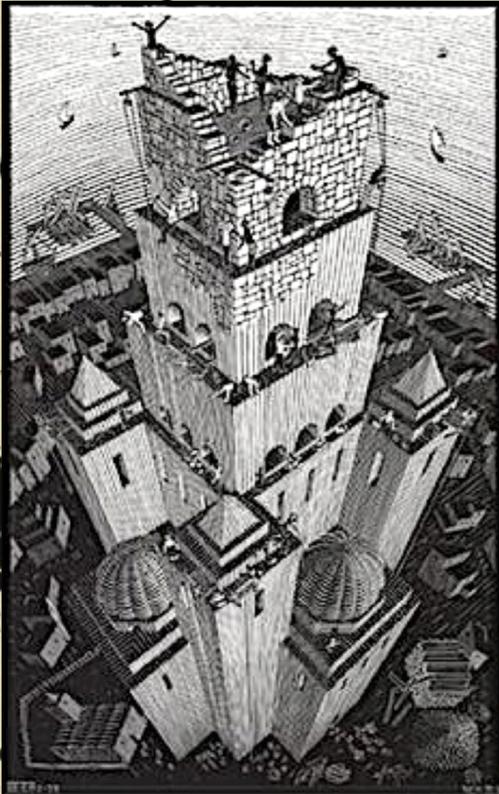
# How did we get here



- 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

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Escher: Tower of Babel

## 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



# The Nature of Stigma

Structural Stigma

Public Stigma

Self-stigma

*Stigma*

Donna, Canada, 2003



“...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.”

Gro Harlem Brundland, Director General, WHO,  
World Health Report, 2001.



# 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



# PARADIGMS LOST

*FIGHTING STIGMA AND  
THE LESSONS LEARNED*

Heather Stuart   Julio Arboleda-Flórez   Norman Sartorius

OXFORD

# The Origin and Nature of Stigma

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

# Program Scope and Objectives

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

# Program Outcomes

Program Component	Paradigm Lost	Paradigm Found
Overarching goals	Improved knowledge and attitudes	Improved life chances and social inclusion
Benchmarks of success	Improved self-reported knowledge and attitudes	Changes in discriminatory behaviours and structural inequities
Program evaluation	Programs not systematically evaluated; assumed to work	Systematic evaluation of programs in order to create best practice methods

# Roles and Activities

Program Component	Paradigm Lost	Paradigm Found
Role of people with a mental illness	Recipients and beneficiaries of anti-stigma programs	Active participants and leaders of anti-stigma programs
Role of mental health professionals	Purveyors of clinical knowledge and leaders of anti-stigma programs	A target for anti-stigma activities and partners in community based work
Educational approach	Factual and didactic, driven by expert knowledge about the biological basis of mental illnesses	Experiential and active, driven by personal recovery stories and personal contact

# Organization of Services & Supports

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

# 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
- 8<sup>th</sup> International Together Against Stigma Congress

**The End...**



**...Thank you!**