THE CARTER CENTER

Waging Peace. Fighting Disease.
Building Hope.

Creating the Space for Recovery in Liberia

Mental Health

Anti-Stigma Component in The Carter Center MH Liberia Program

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Mental Health Liberia Program

- Post-basic training in mental health for mid-level providers
- Anti-stigma activities
- Policy Supports
- *Special Programs
  - Mental Health Beyond Facilities
  - Research/Evaluation

Two Types of Mental Health Practices

Formal mental health system characterized by:

- Western psychiatric beliefs/trained staff
- Psychiatrist dominated model
- Focus on individual
- Task-shifting to other medical personnel
- Recent focus on evidence

Informal/traditional characterized by:

- Traditional African beliefs or Religious beliefs
- Diagnosis comes from divination, invocation traditional/religious beliefs
- Use of herbs and/or holy water and oil
- Practices are passed down or apprenticed
- Recent focus on scientific investigation of "efficacy" of these treatments

Carter Center Stigma Reduction Strategies

Training Journalists

Support for Public Information Campaigns

Training health workers, police,

pharmacists, family members, caregivers

Support for Creation of/support for consumer/user – run organizations and disability movement

Relevance of Anti-Stigma Platform

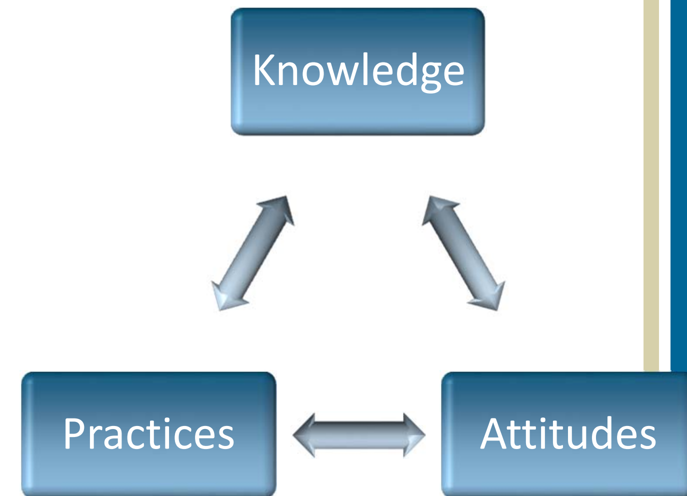
- Support for mental health seeking behavior
- Impact of discrimination and rejection on recovery
- Association between stigma/discrimination and excessive force
- Relationship between social distance and maltreatment
- Role of empowered/engaged broker

Components of Anti-Stigma Work

- Local Research
- Research-informed programming that recognizes the different types of stigma
- Builds on the data from local research
- Designs programs based on empirical findings

Literacy model for anti-stigma:

- Knowledge → Ignorance
- Attitudes → Prejudice
- Practice → Discrimination



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Pre-Post Test Findings from WMHD Activities
(Knowledge Attitudes Practices - KAP)

- General awareness campaign
- Interviewed 279 of the original 354 participants
  - Of these 279, 130 (46%) recalled exposure to at least one World Mental Health Day-related messaging campaign
  - Included radio messages, street dramas, billboards, bumper stickers, radio jingles, call-in-shows, health talks, and mental health wristbands.
- Results: **no significant improvement** in stigmatizing attitudes among persons who recalled any of these activities.
  - Persons who said they did not hear any of the messages actually showed more improvement in social distance than the persons who heard messages.
  - Persons who heard messages did not improve in their attitudes toward maltreatment, expectations of functioning or government control. Consistent with findings from High Income Countries, where messaging alone has no effect or can worsen stigma.

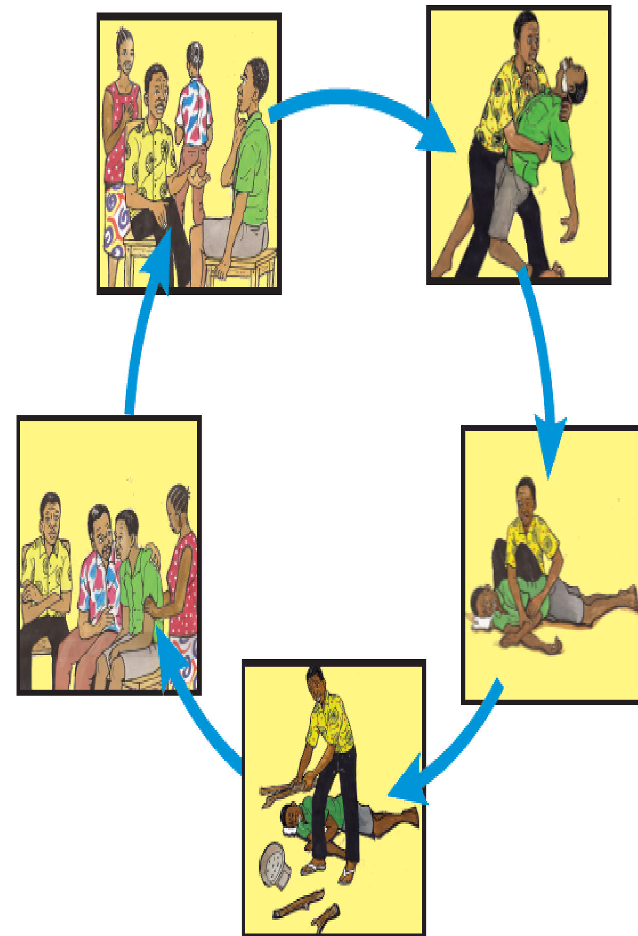
Types of Stigma

Type of engagement influences type of stigma

1. **Peril/ Contagion stigma** – physical safety threats lead to fear
2. **Disruptiveness stigma** – work-flow interruption leads to frustration
3. **Helplessness (Subjective incompetence/ demoralization) stigma** – inability to provide effective treatment leads to demoralization
4. **Courtesy/Moral stigma** – lost social status through association leads to isolation and resentment

Limitations with Awareness Raising

1. Treatment of Stigma as **one unitary concept**
2. We did not include Mental Health Service Consumers/Users (no **Social Engagement** process)
3. We did not **teach specific skills** (e.g., CaTCH)
4. We did not give **specific referral information**



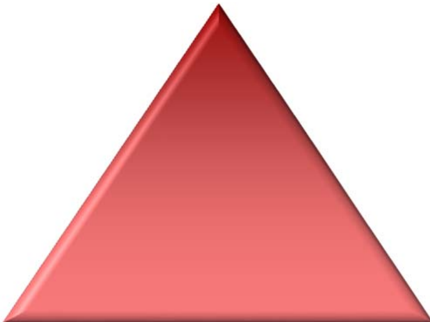
CATCH METHOD

Education and Training

- 5-day training
  - Mid-level health workers, pharmacists, general Community Health Volunteers, Community Based Rehabilitation workers, persons with mental illness and caregivers
- Pre- to post-evaluation: social distance dramatically improved
  - Other measures of stigma also improved significantly
  - Important to note that the same training when conducted in Uganda without the "social engagement" component, no significant improvement in social distance shown.
  - Suggests training and knowledge alone doesn't have same effect on stigma reduction as clinical training *plus* social engagement.

Facilitators

1. Mental Health Service Consumer/User and Family Members



2. Mental Health Clinician

3. Stakeholder Representative

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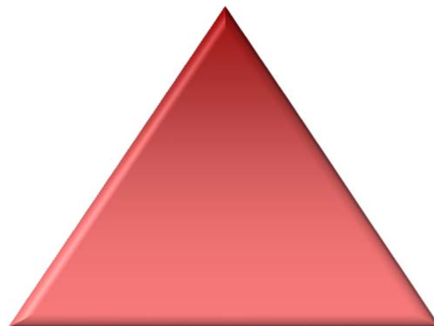

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Differences in stigma reduction by type of activity

Social Distance (range 0-21)

21

14

7

0

Pre-Program

Post-Program

General Awareness Campaign

Health Worker Training (without social engagement)

Health Worker Training (with social engagement)

Law Enforcement Mental Health Workshop

Recommendations from Research/Training

- Recommendation 1: Anti-stigma programs should not be limited to only knowledge and awareness-raising.
  - Educating healthcare workers, religious leaders, police, teachers, politicians, and others in Liberia about mental illness is absolutely crucial.
- Recommendation 2: Anti-stigma programs must include “social engagement” activities and recovery narratives to be effective.
  - Social engagement activities are interactions of stakeholders (e.g., health workers, religious leaders, police, other community members) with persons with mental illness in recovery and their caregivers.
- Recommendation 3: Anti-stigma programs should include specific information on referrals.
- Recommendation 4: Anti-stigma program should follow a sequence of first reducing stigma among health workers, then direct stakeholders, then community-wide activities.

Ebola Outreach Benefits from Stigma Platform

- Using anti-stigma strategies with survivors
  - Creation of a survivor network that harnesses the power of the numbers, articulates concerns and strengths, mobilizes resources and galvanizes peer support.
  - Promotion of survivor-driven programming: radio show: survivor hour; training of trainers for survivors to deliver Psychological First Aid.
  - Support for survivors in “lay” leadership positions.

Minister of Health Embracing Ebola Survivors

Next Steps

- Continue training and working with religious leaders and expanding to traditional leaders
- Strategies with consumer/user groups include peer support, patient support groups
- Advancing work with journalists
- Next step in Crisis Intervention work with law enforcement
- Support for Cultivating Users Hope – Mental health Services Consumers/Users Non-Governmental Organizations

THANK YOU!

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http://www.cartercenter.org/
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health.html

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Cultivation for Users Hope