

Stigma Reduction Intervention for Primary Care Providers

7th International Conference: Together Against
Stigma

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Overview of Provider Stigma Reduction Program

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Acknowledgements

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- ▶ Patrick Corrigan, PsyD
- ▶ Site investigators:
 - Laura Marsh, MD; Drew Helmer, MD, MS; Ameer Epler, PhD; Scott Cardin, PhD; and Michelle Sherman, PhD
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 - Christina Reaves, MPH; Penny White, BS; Lea Kiefer, MPH; Lorne Ryland, BS,BA; Rose Gonzales, BS; Nyree Cunningham-Pullen, MS
- ▶ PC Service Chiefs
- ▶ MH Service Chiefs

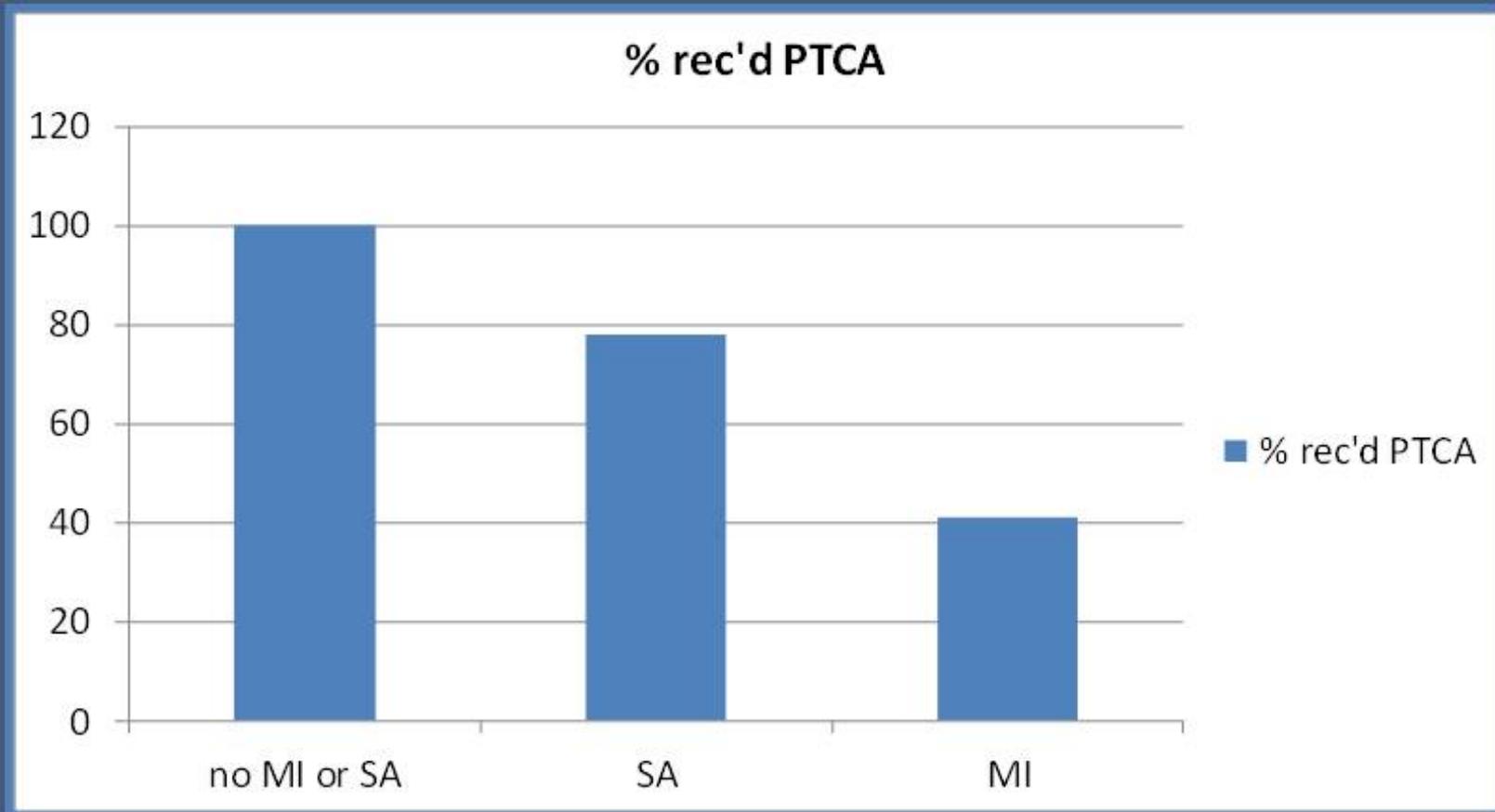
Goals of our provider stigma research program

- ▶ To understand healthcare providers attitudes, behavioral intentions, and expectations towards persons with serious mental illness
 - ▶ To develop an intervention to decrease providers stigmatizing attitudes and behaviors towards persons with serious mental illness
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The Potential Impact of Provider Stigma

- ▶ Decreased opportunities for standard of care treatment
 - ▶ **Worse health care**
 - ▶ **Greater Mortality**
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Revascularization Procedures

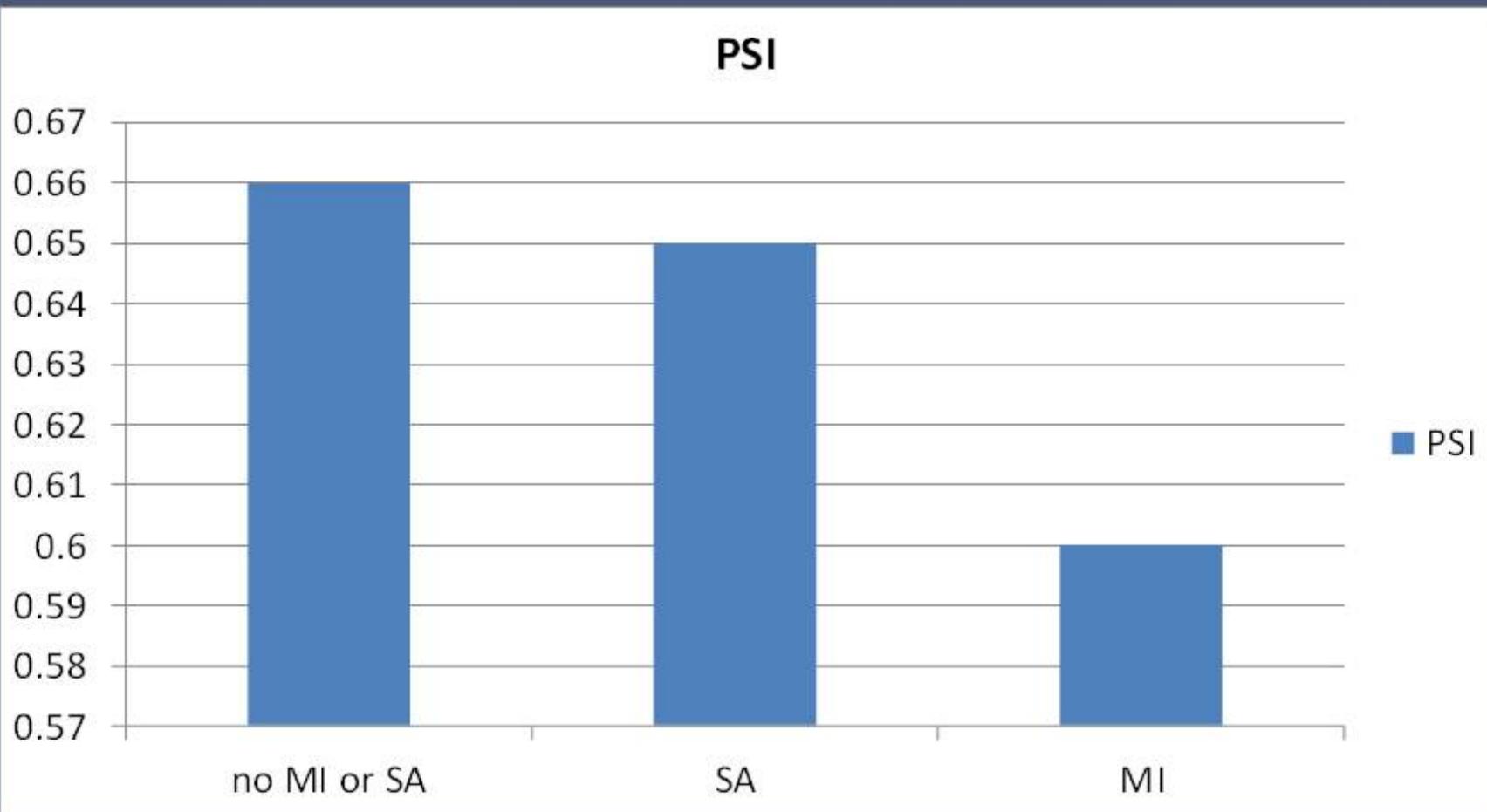


PTCA: percutaneous transluminal coronary angioplasty

MI = Mental Illness ; SA = Substance Abuse

Druss et al., 2000

Preventive Care Services

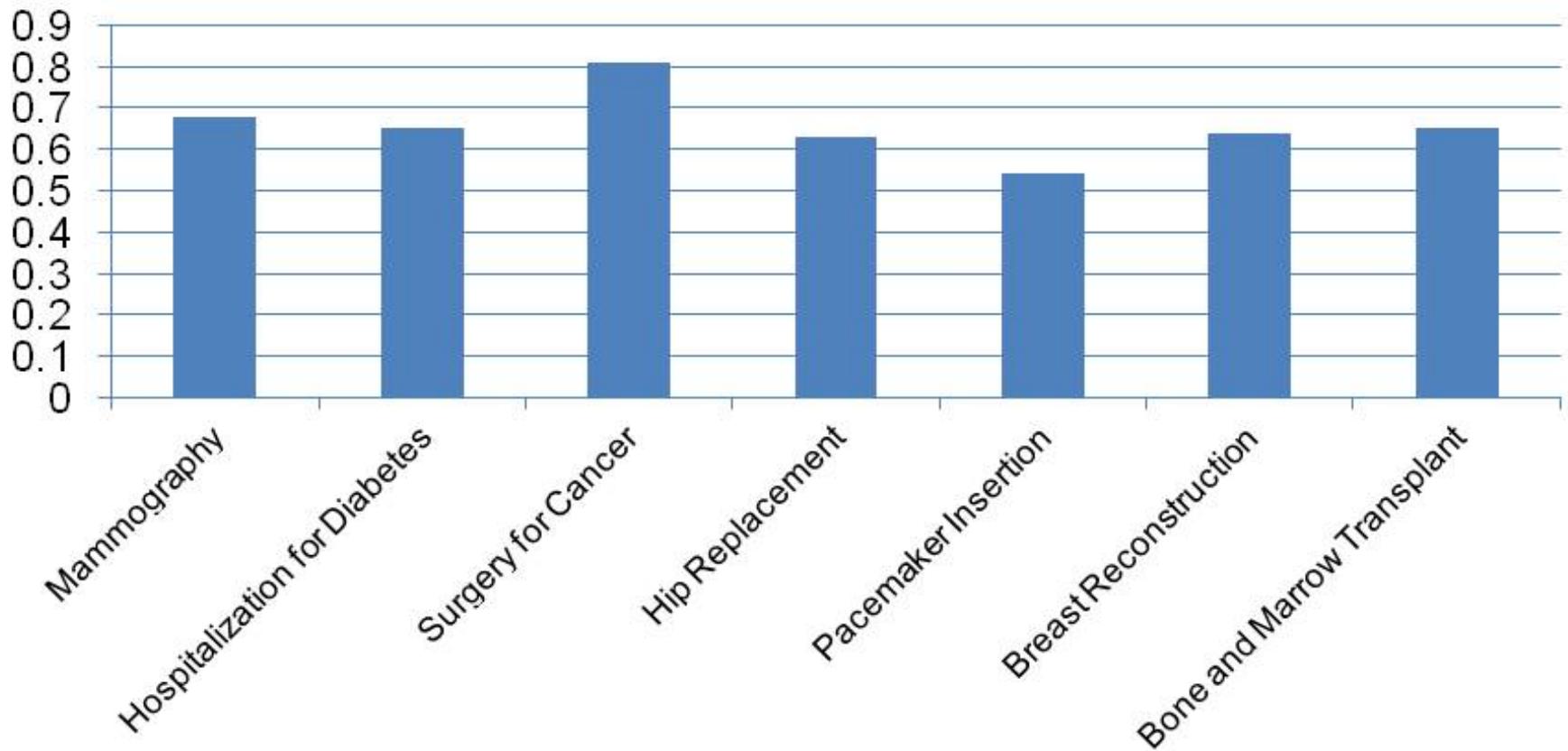


PSI: Prevention Services Index
Ratio of PSs used versus total (=8)

Druss et al., 2002

Odds of Getting Preventive Care and Procedures for Persons with Serious Mental Illness

Adjusted Odds Ratio for Procedure



Understanding Provider Decision Making Study

- ▶ **Goal:** To understand if providers treat patients with schizophrenia any differently, and if so, what were the differences among providers?
- ▶ **Vignette Survey Study**
- ▶ **Clinical Scenario**
 - 34 year old male with HTN, obesity, insomnia, back pain, seeking stronger medication for pain. No substance abuse. Works in cafeteria at VA
 - Schizophrenia vs No schizophrenia
- ▶ **351 Providers at 5 VAMCs**
 - 146 PC Providers
 - 205 MH Providers
 - 91 PC nurses
 - 55 PC doctors
 - 67 MH nurses
 - 62 Psychiatrists
 - 76 Psychologists

Outcomes

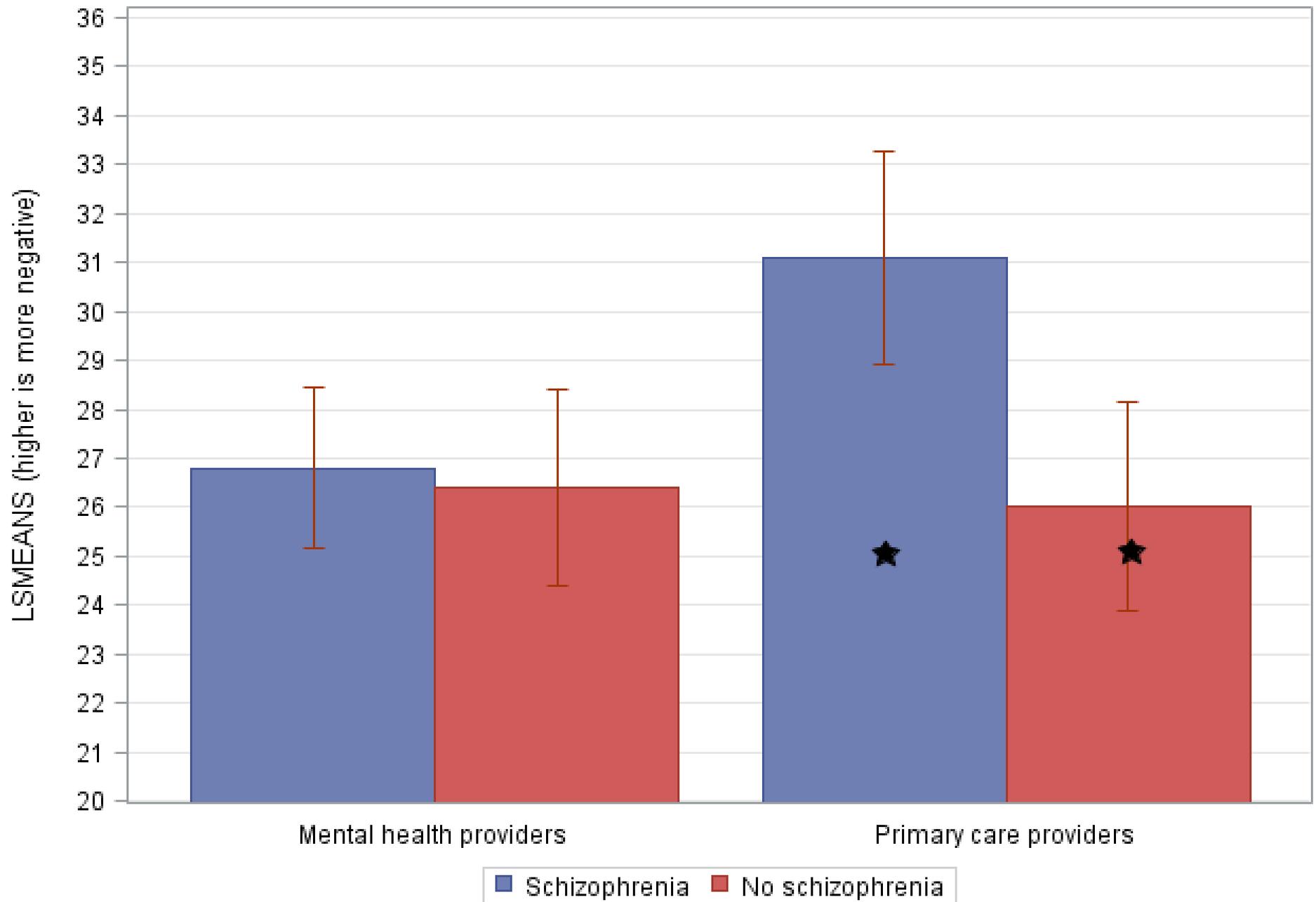
▶ **Provider Attitudes:**

- Social distance
- Stereotyping
- Global measure of stigma (AQ8)

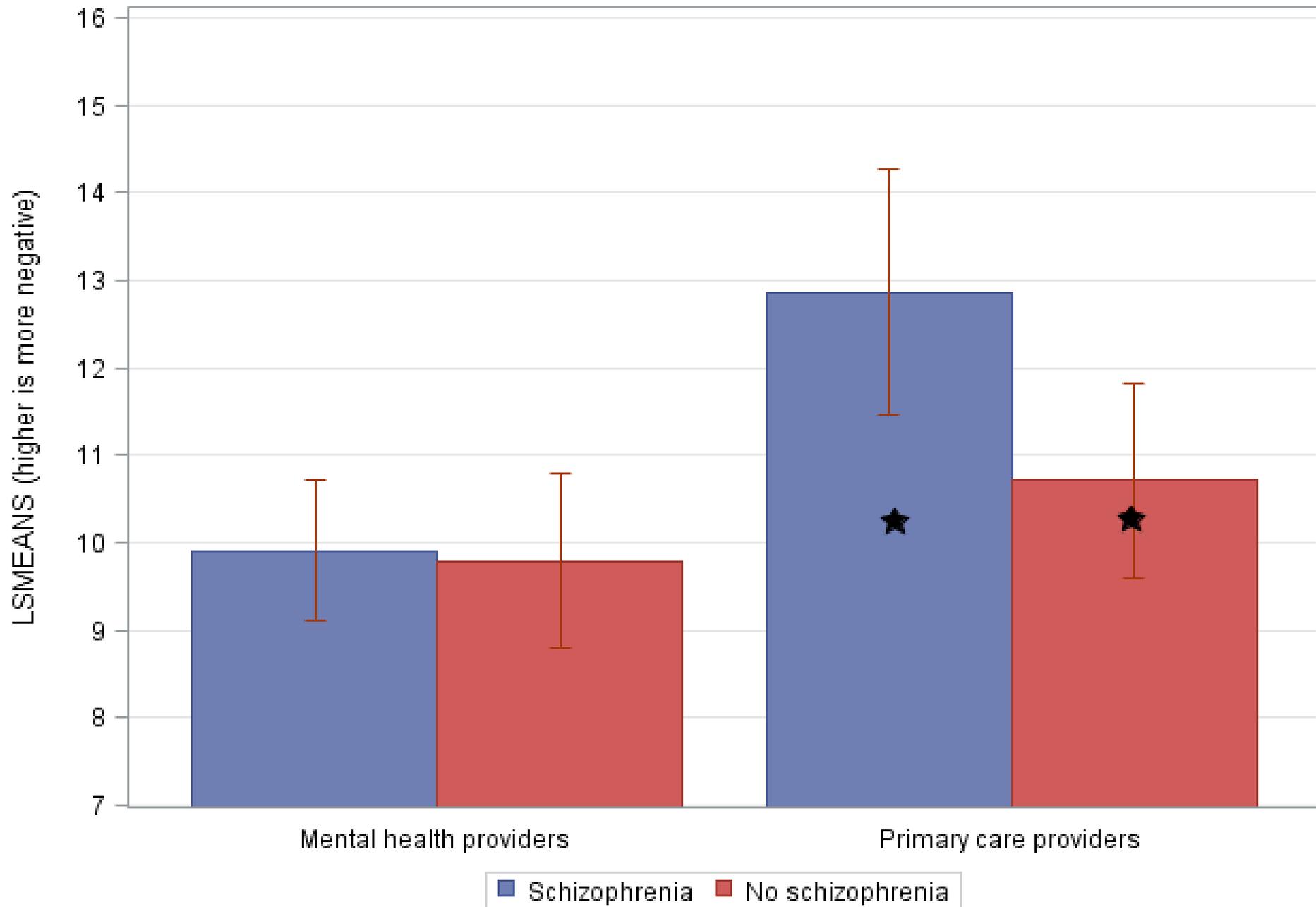
▶ **Provider Behavioral Intentions:**

- Referral for weight management, pain management, and sleep study; adherence to treatment, ability to understand educational material, patient competence to manage treatment and his affairs

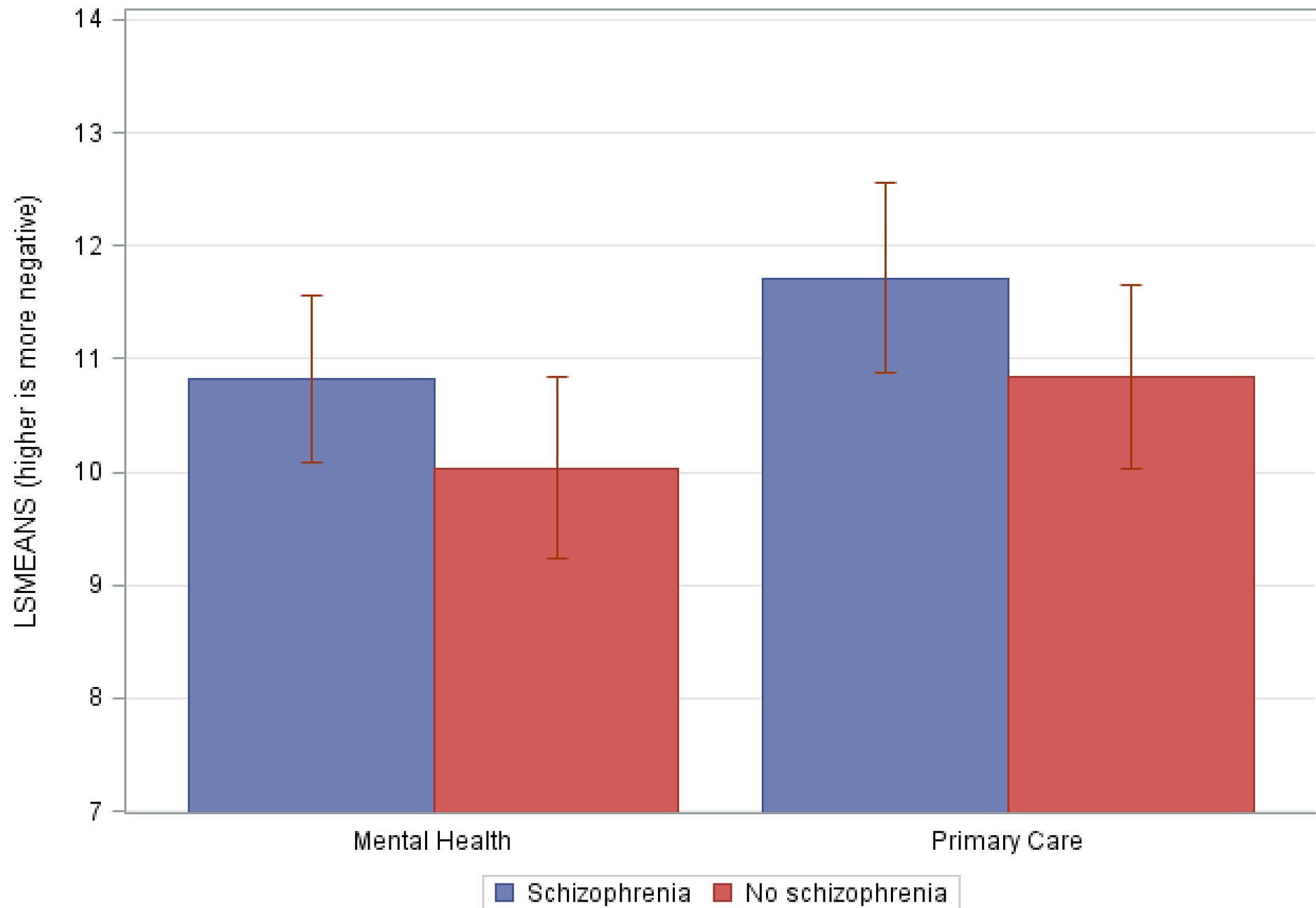
Provider Stereotyping



Attribution

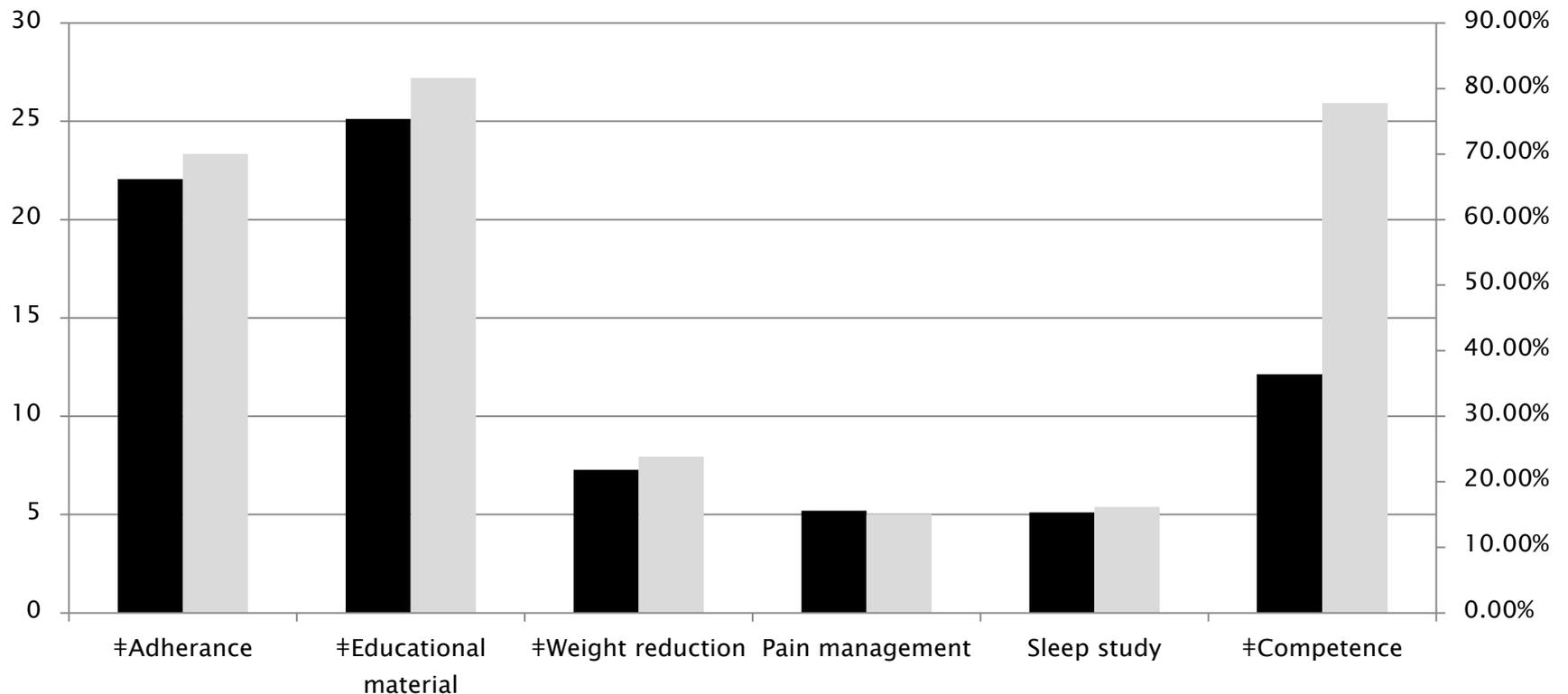


Social distance



Provider Behavioral Intentions and Expectations

Differences in Provider Responses to Vignette With and Without Schizophrenia*



Black Bars: Represent responses to the vignette with schizophrenia

Grey Bars: Represent responses to the vignette without schizophrenia

Qualitative Study: Contact Intervention for Providers

Main Themes

- ▶ Shared what works to reduce stigma in other populations
 - Contact
 - Education
 - Protest
- ▶ What would a contact intervention look like for providers?
 - Target
 - Would local characteristics of the site matter
 - Credible
 - Continuous or one time
 - Contact or education

CHANGE GOAL

What did the VA providers tell us?

- ▶ Providers preferred a contact intervention that informed them on existing disparities physical healthcare
- ▶ Contact Intervention = Hearing from a provider with a “lived experience of mental illness”
- ▶ A *local* provider with lived experience of mental illness = more credible
- ▶ Continuous = 3-4 times a year
- ▶ Measure Change = Use direct measures
 - changes in existing disparities (e.g., referral to specialists)
 - changes in patient satisfaction before and after the treatment intervention using qualitative interviews.



Serving All Veterans Equally (SAVE)

Intervention to Reduce Disparities in Healthcare for Persons with Serious Mental Illnesses

VA

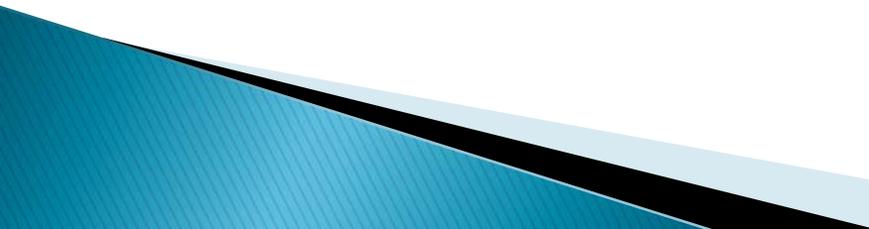


U.S. Department
of Veterans Affairs

Purpose

- ▶ The SAVE manual is step-by-step guidance for providers with lived experience of mental illness to narrate their story of recovery from mental illness (10-15 minutes).....in a way to influence the attitudes and behaviors of other providers towards persons with serious mental illnesses.

Content of SAVE Manual

- ▶ Personal introduction
 - ▶ Brief description of stigma in own words
 - ▶ Overview of health care disparities
 - ▶ Possible causes for disparities and potential role of providers
 - ▶ Sharing a credible message
 - ▶ Issues to consider before disclosing “lived experience”
 - ▶ Sample worksheet to develop story of recovery
- 

Personal Introduction

- ▶ My name is _____. I am a _____ (state healthcare provider title) and have been a consumer of mental health treatments since age _____. I have a serious mental illness called _____. I grew up in _____ (City, State) with my _____ (#) siblings in a family with _____ (describe resources: professions, quality of childhood, or anything else that you deem important). I have been married for _____ (#) years and have _____ (#) children.

*Say in your own words why to chose to narrate your “lived experience.”

Contents: Credible Message

- ▶ A Credible Message
 - Introduction as a person like others
- ▶ Share your Story of Lived Experience with Mental Illness
 - On the way down discussions include your struggles with and challenges of mental illness
 - On the way up discussions reflect recovery as a rule and not as an exception
- ▶ Bottom Line: A story of recovery and resilience
 - Describe yourself as an empowered person who attains goals as a person and a provider

Developing Your Story of Lived Experience with Mental Illness

▶ What is a Credible Message?

Research shows that people often find stories more compelling/grounded when people may have or had:

- A diagnosable mental illness (e.g., schizophrenia, bipolar disorder, major depression) with significant symptoms (e.g., distress, hearing voices, strange beliefs, unclear thinking, trauma) that led to disability (periods where the person was unable to meet education, work, or independent living goals);
- Been hospitalized for this illness;
- Been receiving psychotropic medication for long periods of time;
- Attempted suicide;
- Abuse alcohol and other drugs; or
- Seen a mental health professional (most notably a psychiatrist).

Developing Your Story of Lived Experience with Mental Illness

- ▶ **On the way down discussions include your struggles with and challenges of mental illness**
 - Describe your family, school, and work relationships before mental illness struck.
 - Describe your struggles with the lived experience of mental illness, in your own words.
 - Describe what the mental illness did to your life.
 - Possibly discuss your cognitive process when you first developed symptoms of mental illness.

Developing Your Story of Lived Experience with Mental Illness

- ▶ **On the way up discussions reflect recovery as a rule and not as an exception.**
 - Discuss your strengths, resilience and recovery in managing your mental illness and associated physical illnesses (e.g. weight gain, asking for help etc.)
 - Illustrate with your lived experience how your providers and system helped you with your efforts to recover
 - Describe your human qualities and needs as a person with mental illness, such as need for respect, care and physical health needs similar to those who do not have SMI.

Developing Your Story of Lived Experience with Mental Illness

- ▶ Describe yourself as an empowered person who attains goals as a person and a provider
 - Discuss personal, community and professional successes about which you are proud.
 - ***End with a take home message:***
 - When you evaluate a person with serious mental illness, do not let the deficits you see prevent you from making referrals and offering preventive care services.

Discussion points following face-to-face presentation

You have many options for creating a dialogue with your audience after the presentation, including:

- Soliciting comments, questions, and facilitating discussion.
- Asking the audience about what terms they know to describe patients with schizophrenia and other serious mental illnesses to open discussion and then go into how the use of pejorative terms for people with serious mental illness is prevalent but we have made progress in not using racial slurs.

How to overcome challenges in developing your story of lived experience

Developing and presenting one's story can be challenging. Consider the following in becoming an effective speaker.

- Prepare a story: Use the worksheet to develop a first draft.
- Learn speaker's skills: Getting up in front of a group can be daunting. There are effective ways to be comfortable in front of a group as well as master public speaking.
- Practice, Practice, Practice

General Pointers for the provider and consumer of mental illness

- ▶ **Make It Personal**
 - It needs to reflect your experiences and impressions.
- ▶ **Bring Your Story to Life**
 - Bring it home by telling good stories illustrated with concrete experiences.
- ▶ **Tell the Truth**
 - Presentations need to be truthful; don't try to embellish them.
- ▶ **It's Okay to Keep Things Private**
 - Don't feel that you have to discuss everything. Respect your own sense of privacy

Dr. Richard Owen



Dr. Patrick Corrigan



Panel Discussion

- ▶ Moderated by Christina Reaves
- ▶ Panelists:
 - Richard Owen
 - Patrick Corrigan
 - Dinesh Mittal