

## **Expanding Shared Care Through Stigma Reduction**

A presentation by  
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10th National Conference on Collaborative  
Mental Health Care

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### **ABSTRACT**

An expansion of the shared care model will be greatly enhanced by countering the vestiges of stigma that still persist within some health care providers

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### **LEARNING OBJECTIVES**

- Discuss the barriers to good care for people who suffer from serious and persistent mental illness
- Will have more understanding of the realities of schizophrenia, the needs of both sufferers and their families
- View schizophrenia with less stigma

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## STIGMA

- Produces changes in feelings, attitudes, and behaviour or both for the person affected (lower self esteem, poorer self care and social withdrawal) and family members
- There are very few countries, societies or cultures where people with mental illness are equally valued as people who do not have mental illness

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## SOCIETAL CONSEQUENCES OF STIGMA

- Little financial investments in mental health services

Source – Thornicroft et al, "Global Pattern of experienced and anticipated discrimination against people with schizophrenia: a cross sectional survey, the Lancet, on-line January 21, 2009

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## STIGMA AS A BARRIER

- Examples of common attitudes from medical students, family doctors
- Outcome perceptions both negative and unrealistic of many professionals
- On causation
- On role of medication
- On co-operation

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## REVIEW OF STUDIES - 1

- Alberta study done for the World Psychiatric Association found that those who work with the mentally ill were not as tolerant as would be expected.
- “these findings support the perception of those with schizophrenia that their most stigmatizing experiences occur within the mental health provider community in which they have their most frequent contacts.”

Stuart, H et al Can J Psych, 2001;46:245-252

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## REVIEW OF STUDIES 2

- “People who are mentally ill sometimes don't seek (medical) screening, but the most powerful reason is that once the medical team knows a patient has psychiatric problems, they give them poorer quality of care:
- “Doctors don't like dealing with patients with psychiatric problems. They view them as different and they spend less time with them. They don't offer the patients the same intensity of investigations as the non mentally ill patient. It's prejudicial treatment.”

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## 2 CONTINUED

- This was the conclusion to a study presented in the UK by Alex Mitchell and Darren Malone
- Looked at 14 studies that evaluated health screening which included cholesterol and diabetes 2 common side effects of antipsychotics
- 12 of these studies indicated inferior quality of care

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## 2 CONTINUED

- Of 23 studies comparing care for those with and without mental illness, 14 suggested poor quality of care when it came to recommending drug treatment, diagnostic and investigative procedures and surgical interventions

paper presented at the Royal College of Psychiatrist Annual Meeting, 2007, Edinburgh

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## REVIEW OF STUDIES 3

- Survey of 729 people with schizophrenia in 27 countries
- Negative discrimination in making or keeping friends experienced by 47%
- For physical and health problems (by medical personnel), 15%

Thornicroft Study in Lancet

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## OVERSHADOWING

- 1<sup>st</sup> used in 1982 to refer to the tendency for clinicians to attribute symptoms or behaviours to a person with a learning disability to their underlying cognitive deficits and to then under-diagnose the presence of co-morbid psychopathology

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## CONTINUED

- This overshadowing leads to worse physical health care for people with mental illness
- Diagnostic and treatment overshadowing an important and under-investigated problem

Editorial Acta Psychiatr 2008;118:169-171

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## OVERSHADOWING EXAMPLES

- 2 studies show people with mental illness and ischemic heart disease requiring hospitalization less likely to get revascularization
- Mental illness and diabetes patients at ER less likely to be admitted for complications
- Sz pts hospitalized have higher rates of infection, post op complications (including death) and longer stay

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## THE HAMILTON EXAMPLE

- Rusty Potter from 2002
- Comment on that incident by Dr. Miriam Shuchman in the Globe and Mail

“when they do go to a doctor's office or an emergency room, the staff may be uncomfortable treating them.”

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## CRYING SHAME

- The title of a 2007 British survey on stigma done by the Priory Group in Roehampton
- Dr. Natasha Bijlani stated that “some doctors are still prejudiced against patients with mental illness and I have been told 'you work with loonies'. If one doctor can say this to another, what hope can we hold out to the rest of society?”

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## THE REALITY

- A film clip from Cutting For Stone that depicts the reality of schizophrenia to the family, the person with the disease and what the public sees

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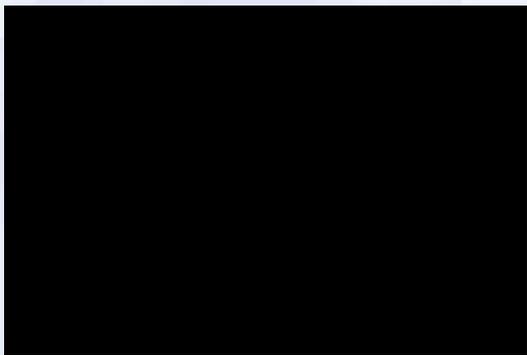
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### LEARNING OBJECTIVE THREE

- Viewing schizophrenia with less stigma

As Sally Satel said in the NYT

No matter how sympathetic the public may be, attitudes about people with mental illness will inevitably rest upon how much or how little their symptoms set them apart.

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### Continued

- That applies to the public. For health care professionals, we need greater understanding, compassion and empathy.
- They need to realize that people with serious mental illness are human and that
- For the family, living with it is like having an elephant in the room.

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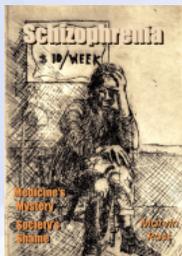
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### THANK YOU AND SUGGESTIONS



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