Research-to-Practice Spotlight: Perceived Stigma among Recipients of Mental Health Care in the General Canadian Population

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The term “stigma” has been passed down from ancient Greece – it refers to a visible mark of disgrace that provides a justification for discrimination against the person bearing it. A formal definition is provided by Goffman (1963): The phenomenon whereby an individual with an attribute which is deeply discredited by his/her society is rejected as a result of the attribute. Sadly, the modern use of the term revolves around mental illnesses. People with mental illness are often stigmatized.
example, they are falsely believed to be unpredictable, unreliable, or even dangerous (Wood, Birtel, Alsawy, Pyle, & Morrison, 2014). These stereotypical beliefs lead to prejudicial attitudes and discriminatory behaviours which are then internalized in the form of self-stigma (Corrigan & Rao, 2012). While these problems are well known, they have rarely been quantified in Canadian population until recently.

A 2012 mental health survey conducted in Canada (called the Canadian Community Health Survey-Mental Health or CCHS-MH [Statistics Canada, 2013]) included a brief interview module designed to assess perceived stigma among those accessing mental health services (Stuart, Patten, Koller, Modgill, & Liinamaa, 2014). The module was called the Mental Health Experiences Scale and was developed by Dr. Heather Stuart at Queen's University in Kingston. The CCHS was a large survey, with a sample size of more than 25,000 respondents. It employed a sophisticated sampling design to ensure representation of the national household population.

The stigma scale was only administered to a subset of the CCHS sample that had accessed services for reasons related to their mental health in the preceding year (which covers an estimated 8% of the total population). However, the questions in the scale asked about perceived stigmatization from any source, not just health professionals. About one in four respondents reported that they had encountered stigma. The survey also included measures of mental health status, including ratings of perceived mental health, a distress scale, diagnoses made by health professionals and a structured diagnostic interview to identify common mental disorders such as depressive, anxiety, and substance use-related disorders.

People with diagnosed mental disorders were more likely to report stigmatization, regardless of whether the diagnoses were from the diagnostic interview or from a health professional. Surprisingly, the frequency of perceived stigma was almost as high in people with mood and anxiety disorders, as among people with Schizophrenia. Similar to previous studies, the perception of stigma was found to be lower in older respondents over the age of 55. It is often assumed that stigma results from labeling, or that labeling is an essential component of the process of stigmatization (Link & Phelan, 2001). In this regard, an interesting finding was that people who reported receiving no diagnosis still often reported stigmatization, especially if they had symptoms suggestive of a diagnosable disorder (e.g., high distress, or pronounced depressive symptoms). This suggests that stigma can occur directly as a result of manifestations of mental health difficulties, without the need for a diagnostic label.

Mental disorders are not the only conditions that are subject to stigmatization. In the developing world, leprosy is also strongly stigmatized (Kazeem & Adegun, 2011). In Canada, neurological conditions also carry a burden of stigmatization (Kassam, Williams, & Patten, 2012). While the CCHS examined stigma from the perspective of people experiencing stigmatization, other studies have looked at things from the other side: “public stigma” or the negative attitudes held by the public (Corrigan & Rao, 2012).
Surprisingly, studies have also confirmed that health professionals have stigmatizing beliefs (Stuart et al., 2014). This is surprising in that health professionals have a much greater knowledge of the realities of mental illness than members of the general public. However, health professionals often encounter patients with mental illnesses when they are very ill, and may consequently develop an excessively pessimistic perspective. Also, health professionals are members of the same broad culture and are subject to its tendency to moralize or trivialize issues of mental health, believing (contrary to available evidence) that mental illness is self-imposed or that people can just “pull up their socks” or “snap out of it” if they want to improve their mental health. They are susceptible to the same problematic language that perpetuates stigma, e.g., terms such as “crazy” or phrases such as “committing” suicide (which implies that death by suicide is a crime rather than a negative health outcome) and terminology that puts the illness before the person, e.g., “schizophrenic” (rather than a person with schizophrenia). Fortunately, evidence-based strategies for fighting stigma in health professionals are available (Knaak, Modgill, & Patten, 2014).

Now that firm data on stigma are available it will be possible to monitor the problem in the general population of Canada as it (hopefully) diminishes over time.

This research was published in the Canadian Journal of Psychiatry, and may be accessed here (subscription may be required).

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References


Other Stories of Interest

Valuing Mental Health: Report of the Alberta Mental Health Review Committee 2015
In 2015, Premier Rachel Notley established the Alberta Mental Health Review Committee to comprehensively review addiction services, mental health services, and the mental health system in Alberta. The Review Committee gathered feedback from individuals and various stakeholders, including government ministries, non-government organizations, and service providers.

Based on these consultations, recommendations were generated on the following topics to help improve Alberta’s addiction and mental health system:

1. Finding Your Way: Getting the Help You Need, When and Where You Need It
2. Moving Forward: A Supported Journey
3. Empowering People: Strengthening Our Communities
4. First Nations, Métis, and Inuit People and Communities: Opening Doors to Collaboration
5. Investing in the Future: Partnering for Change
6. Application to Current Issues: Fentanyl, Suicide

More information on the Mental Health Review can be found here.

The Chief Public Health Officer's Report on the State of Public Health in Canada, 2015: Alcohol Consumption in Canada
Alcohol consumption is a public health issue for Canadians, as nearly 80% of the population reported drinking alcohol in 2012. Despite the wide acceptance of alcohol in everyday life, it is a mind-altering drug with health risks, including injury, liver disease, cancer, and other chronic conditions. This report aims to increase awareness about the health impacts of alcohol consumption. The following are some key messages from the report:

1. In 2012, 3.1 million Canadians consumed enough alcohol to be at risk of injury, while 4.4 million consumed enough to be at risk of chronic health problems such as liver cirrhosis, and various cancers.
2. As detailed in Canada’s Low-Risk Alcohol Drinking Guidelines, drinking patterns such as how much and how often a person drinks, influence the health effects of drinking.
3. Social situations, family contexts, and messaging influence how much and how often people drink.
4. Research is uncovering more information about the effects of alcohol, including questioning the health benefits of low to moderate alcohol consumption.
5. Youth and teenagers are particularly at risk of negative effects from alcohol consumption.
6. Regulations, policies, controls, and laws help to reduce the negative effects of drinking on Canadians, but there may be potential to better utilize these techniques.
7. There are still significant gaps in our understanding of drinking patterns, risk factors, health effects, and reduction strategies.

The complete report and accompanying information can be found here.

Alberta Health Services Performance of the Addiction and Mental Health System
The 2014/15 edition of the Alberta Health Services Performance of the Addiction and Mental Health System report was recently released. This report provides a high level assessment of the performance of AHS’ addiction and mental health system. The Alberta Quality Matrix for Health is
used as a framework for reporting and measures from the health quality dimensions of Accessibility, Acceptability, Appropriateness, Efficiency, and Effectiveness are reported.

You can read previous (and future) editions of the report [here](http://www.health.alberta.ca/initiatives/Mental-Health-Review.html).

**References**


**Did You Know…?**

- In 2012, 30% of Albertans aged 25-64 reported ever having had a substance (alcohol or drug) use disorder in their lives. This is higher than the 24% reported by all Canadians aged 25-64.1
- In 2012, 11% of Albertans aged 25-64 reported having experienced a major depressive episode at some point in their lives. This was lower than the national average of 13% for all Canadians.1
- In 2011/12, Albertans had fewer hospitalizations for mental illness than the average for all Canadians: 427 out of every 100,000 Albertans were hospitalized for mental illness compared to 489 out of every 100,000 Canadians.2


**Research Partnership Program Progress Update**

**Alberta Centennial Addiction and Mental Health Research Chairs Program**

**Brief Summary: What is Pharmacogenetics?**
Pharmacogenetics seeks to understand how genes affect a person’s response to drugs. This document briefly describes the field of pharmacogenetics and its applications for clinicians. It also lists some of the pharmacogenetic research conducted by the current Alberta Centennial Addiction and Mental Health Research Chair, Dr. Kathy Aitchison.

The Pharmacogenetics Summary can be found [here](http://www.health.alberta.ca/initiatives/Mental-Health-Review.html).

**Collaborative Research Grant Initiative: Mental Wellness in Seniors and Persons with Disabilities (CRGI)**

**Journal Article**
It has been suggested that technology can be used to help aging populations around the world stay safe and healthy in their homes. The researchers conducted a systematic literature review to 1) determine levels of technology readiness among older adults, and 2) find research about home-based health-monitoring technologies for older adults with complex needs.

The researchers found a low level of technology-readiness for smart homes and home health monitoring devices. They also discovered that very little research has been conducted on the effectiveness of home health monitoring technologies to improve activities of daily living, reduce cognitive decline, and promote mental health. No evidence was found to suggest that home health monitoring technologies improve disability prediction and health-related quality of life, or fall prevention. Finally, there were conflicting results about whether home health monitoring technologies can help address chronic obstructive pulmonary disease.

This research was supported by a CRGI Seed/Bridge Fund Grant, and was published in the International Journal of Medical Informatics. It may be accessed [here](https://www.mailoutinteractive.com/IndustryView.aspx?id=775706&print=1&p=1f2c) (subscription may be required).

Addiction and Mental Health in the Workplace

**Workplace Addiction and Mental Health in the Construction Industry in Alberta: Final Technical Report**

This project investigated addiction and mental health concerns among workers in Alberta’s construction industry to understand issues affecting employees and their families with an overall goal of helping employers better support their employees’ needs. The Final Technical Report compiles the findings from Phase I and Phase II of the project, including information on the construction industry itself, as well as prevalence of alcohol use, tobacco use, illicit drug use, gambling, major depressive disorder, anxiety, and suicidal behaviour among construction workers. The report comments on implications for the construction industry, including the economic benefits of employee and family assistance programs and related workplace policies.

The technical report can be found [here](https://www.mailoutinteractive.com/IndustryView.aspx?id=775706&print=1&p=1f2c).

**Workplace Addiction and Mental Health in the Construction Industry in Alberta: Summary Report**

This report is a summary of the key findings of the Workplace Addiction and Mental Health in the Construction Industry in Alberta Final Technical Report.

The summary report can be found [here](https://www.mailoutinteractive.com/IndustryView.aspx?id=775706&print=1&p=1f2c).

**Substance Use in the Alberta Construction Industry**

This one-pager outlines key statistics about alcohol, tobacco, and illicit drug use in the Alberta construction industry. The information was taken from the Workplace Addiction and Mental Health in the Construction Industry Final Technical Report.

The one-pager can be found [here](https://www.mailoutinteractive.com/IndustryView.aspx?id=775706&print=1&p=1f2c).

Knowledge Translation

**Information for Health Professionals: Alcohol**

This document provides information for health professionals about use and abuse of alcohol. An overview of the different types of alcohol and alcohol’s effects (including tolerance, dependence, and withdrawal) on the different systems of the body are included. Summary statistics about alcohol use in Alberta and a description of relevant laws governing the use of alcohol are also given.

The entire Information for Health Professionals series can be found [here](https://www.mailoutinteractive.com/IndustryView.aspx?id=775706&print=1&p=1f2c).
Addiction and Mental Health Mobile Application Directory 2016

Our Addiction and Mental Health Mobile Applications Directory has been updated! This document includes information about mobile applications (apps) related to addiction and mental health. It provides a directory of electronic resources gathered and collated from various organizational websites and other information sources in the public domain for different mobile platforms which may be used as aids in mental health or addiction conditions. It represents a brief cross-section of applications related to addiction and mental health available for the general mobile device user.

This and other knowledge translation resources can be found here.

Upcoming Events

**57th Annual Institute on Addiction Studies**
July 10–14
Innisfil, ON

**18th Annual Conference of The International Society for Bipolar Disorders held jointly with the 8th Biennial Conference of The International Society for Affective Disorders**
July 13–16
Amsterdam, The Netherlands

**PTSD Multidisciplinary Conference: Causes, Consequences, Responses**
July 31–August 2
St John’s, NFLD

**1st Annual Bright Future Mental Health Recovery Conference**
August 19
Toronto, ON

**International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) World Congress: Fighting Stigma, Promoting Resiliency and Positive Mental Health**
September 18–22
Calgary, AB

**Canadian Psychiatric Association, 66th Annual Conference**
September 22–24
Toronto, ON

**CMHA Mental Health for All Conference: Together by Design**
September 28–30
Toronto, ON

Funding and Job Opportunities

Available on the Opportunities section of the website.

Contribute to Knowledge Notes

Knowledge Notes are concise summaries of current research in a specific area. Each note is a maximum of three pages to allow readers to become familiar with a given topic without getting lost in the complexity of a typical academic paper.
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