

# **Moving from Problems to Strategies**

**California Mental Health Stigma and  
Discrimination Reduction Advisory Committee**

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# Preliminary Outline of Our Plan

## Part 1: The Problem and the Challenge

- Causes of Stigma and Discrimination
- Indications of Stigma and Discrimination
- Populations at Higher Risk
- Costs of Stigma and Discrimination

## Part 2: Strategies for Reducing Stigma and Discrimination

- Models for Approaching Stigma and Discrimination Reduction
- Broad Strategies
- Strategic Directions for California
- What the Research Tells Us about What Works

# **Preliminary Outline of Our Plan, cont.**

## **Part 3: Recommended Actions, by Strategic Direction**

- About Core Principles, Strategic Directions, and Recommended Actions
- Core Principles
- Strategic Direction 1
- Strategic Direction 2
- Strategic Direction 3
- Strategic Direction 4

## **Part 4: Next Steps**

# Focus of the Presentation

## Part 2: Strategies for Reducing Stigma and Discrimination

- Models for Approaching Stigma and Discrimination Reduction
- Broad Strategies
- Strategic Directions for California (Facilitators)
- What the Research Tells Us about What Works  
(January 14, 2009)

# Models for Approaching Stigma & Discrimination Reduction

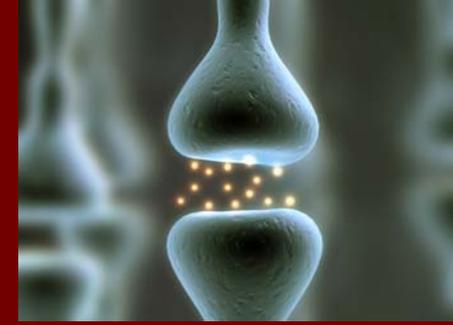
- Each sector has a “characteristic way” of thinking about and undertaking anti-stigma and anti-discrimination activities:
  - ❖ Biomedical Approach
  - ❖ Health Promotion Approach
  - ❖ Rights Approach
  - ❖ Social Inclusion Approach
  - ❖ Recovery Approach
- Activities often draw on more than one.

# Why Look at Different Models?

- Researchers identify strengths and weaknesses associated with each approach.
- “Analyzing different approaches to mental health anti-discrimination activities is worthwhile if it encourages people to think about and debate their assumptions and philosophies, their strategies, and their relationships with agencies doing this work in different sectors”

Primary Source: Journeys from Equality, New Zealand Mental Health Commission (2004)

# Biomedical Approach



## ■ Mental health sector

### ■ Common traits:

- It's a brain disease, a disease like any other.
- Chemical imbalances, genetic abnormalities.
- Stigma is a barrier to seeking help.
- Improve the field's status and resources.
- Educate, provide info. on mental illness.
- Intervene early.

## ■ Strengths & weaknesses:

- + Effective in promoting research and funds for treatment.
- + Removes blame.
- Can invite over-protectiveness, paternalism
- Associated with beliefs about people being dangerousness, unpredictable.

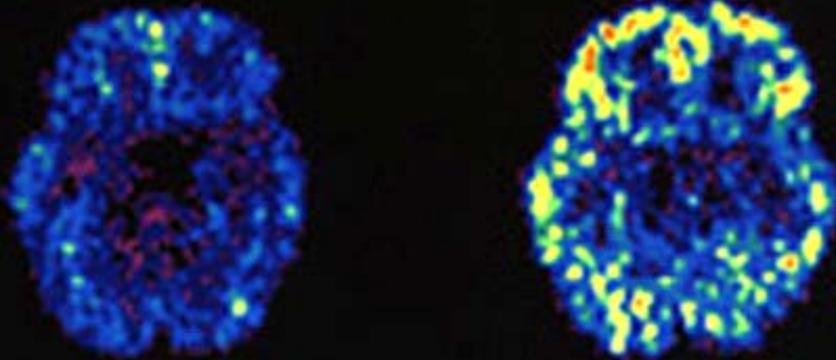
*An example...*

# **This image shows different PET scans of a forty-five-year-old woman with recurrent depression.**

## **Depression**

**Depressed**

**Recovered**



The scan on the left was taken when she was on no medications and very depressed. The scan on the right was taken several months later when she was well, after medication had treated her depression. Note that her entire brain is more active when well, particularly the left prefrontal cortex.

**Identifying brain activity associated with depression and the changes that result from treatment and the patient's improved mood will help to destigmatize the illness, a disease of the brain.**

an **Apple** a day...



# Health Promotion Approach

- **Public health sector**
- **Common traits:**
  - Protect and promote health.
  - Illness prevention.
  - Wide scope of whole community, population.
  - Strengthen community.
  - Enhance resiliency.
  - Distress and health are everyone's experience, matter of degree.

- **Strengths & Weaknesses**
  - + Emphasizes strengths.
  - + Fits well for cultural communities that focus on the collective.
  - Tends to focus on less severe spectrum of illness.
  - Often targets healthy or at-risk populations.

*Some examples...*



Help your community members find  
the key to their mental health

NATIONAL DEPRESSION SCREENING DAY®  
*The key to recognition and treatment*

Friday, October 10, 2008

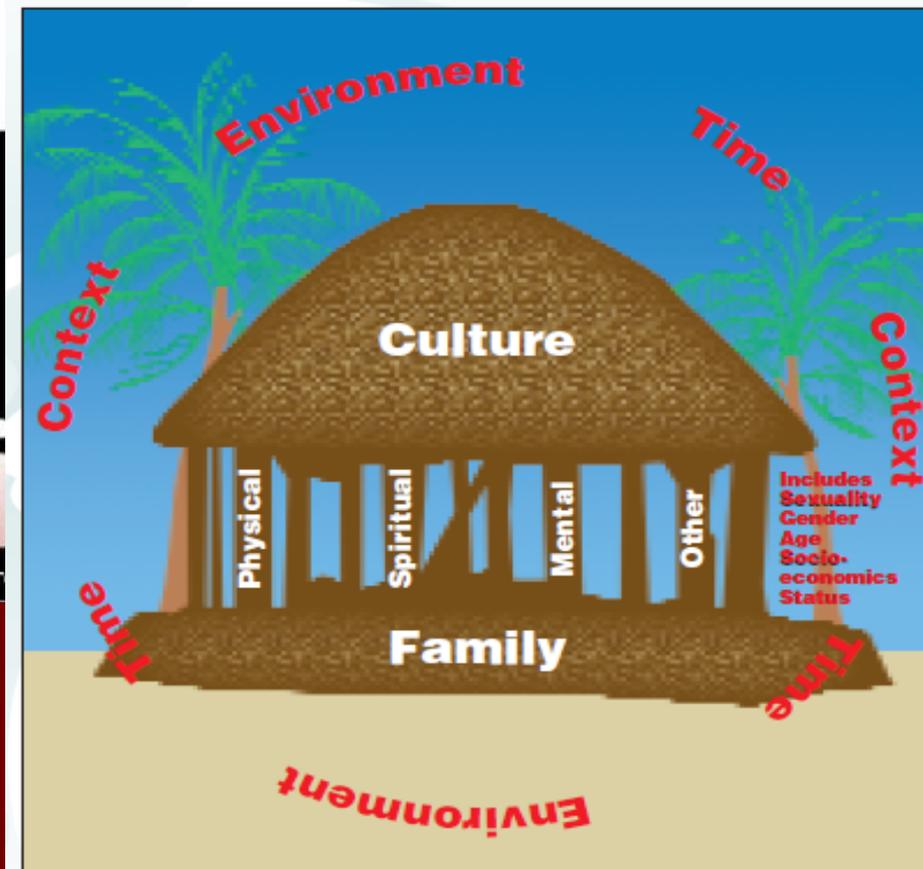
*1 in 5 people will  
experience a serious  
mental health problem  
at some time during  
their lifetime.*

*Mental illnesses affect  
both men and women  
and persons of all  
ages, races, and  
economic status.*

# Māori Model of Health



# Fonofale Model of Well-Being



# Rights Approach



## ■ Human Rights, Disability Rights sectors

### ■ Common traits:

- Rights, not charity/pity.
- Self-determination
- Remove barriers to full societal participation.
- Change behavior or systems/people who discriminate.
- Legal remedies.
- Education on rights.

## ■ Strengths & Weaknesses

- + Can be powerful.
- + Promotes respect for diversity, differentness.
- Mental health issues are less prominent than physical health.
- People with mental illness may not see selves as disabled or permanently impaired.

*Some examples...*

Your Mind. Your Rights.

# Campus Mental Health Know Your Rights

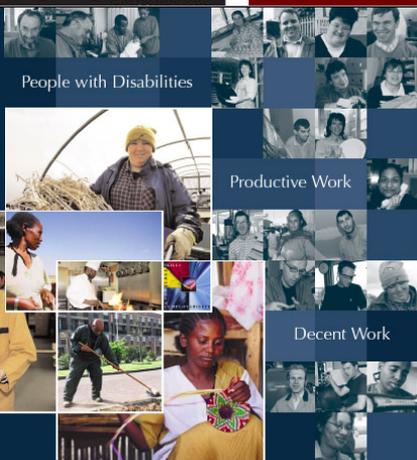
A guide for students who want to seek help for mental illness or emotional distress

Leadership21 Committee  
Judge David L. Bazelon Center for Mental Health Law

# States Face Decisions on Who Is Mentally Fit to Vote



Tim Parker for The New York Times  
Sebastian Go of Missouri with his grandmother Linda Clarke. He has been barred from voting.  
Source: <http://www.nytimes.com/2007/06/19/us/19vote.html>



Everyone has the Right to **Decent Work**



Infocus Programme on Skills, Knowledge and Employability



Equality is for everyone.

International Human Rights Day

# Social Inclusion Approach



## ■ Disability, Mental Health Sectors

### ■ Common traits:

- Similarities to Recovery, Rights approaches.
- Focus on all aspects of life in the community, remove obstacles.
- Normalize “differentness.”
- Meaningful involvement in community, housing, employment.

## ■ Strengths & Weaknesses

- + Focus on strengths, common humanity.
- + Promotes respect for diversity, differentness.
- Much focus on employment, housing; less on other impacts of societal exclusion.
- Can be narrow in scope by focusing on social experiences of exclusion.

*Some examples...*





# Recovery Approach

## ■ Mental health sector

### ■ Common traits:

- Similar to Human Rights and Social Inclusion.
- Hope, capable to pursue meaningful life.
- Personal control, active participant in own care.
- Importance of power differentials.
- All life areas.
- Personal stories.
- Mental health system.

## ■ Strengths & Weaknesses

- + Enables deeper understanding.
- + Sets individual life into broader context.
- Focus on persons experiencing (not doing) the discriminating.
- Goal of improving understanding may take away for focus on discrimination.

*Some examples...*



Mary Ellen is a professor of English at Idaho State University. She suffers from major depression and at one point tried to commit suicide. During her suicide attempt, she was shackled by police. She has found a medication that relieves her symptoms and continues to work.

Source: [www.idahoptv.org/productions/ownvoice/whoweare.htm](http://www.idahoptv.org/productions/ownvoice/whoweare.htm)



**Know me before you judge me.**

Source: <http://www.likeminds.org.nz/av/view/listing/>



**see me...**

Source: <http://www.seemescotland.org.uk/>

## **Part 2: Strategies for Reducing Stigma and Discrimination**

- Models for Approaching Stigma and Discrimination Reduction
- Broad Strategies
- Strategic Directions for California
- What the Research Tells Us about What Works

# Broad Strategies for Tackling Mental Health Stigma and Discrimination

- Target Populations
  - WHO?
- Levels of Intervention
  - WHERE?
- Process Approaches
  - HOW?

# Broad Strategies: Target Populations (Who?)

- **England's "From Here to Equality"**
  - Young people
- **SAMHSA "What a Difference"**
  - Friends
- **New Zealand's "Like Minds"**
  - Friends
  - Co-workers
  - Employers

# Advisory Committee's Target Populations (Who?)

- **Consumers and family members**
- **Specific age groups**
  - Children, Adolescents, Foster Youth, Older Adults
- **People facing multiple stigmas**
  - Ethnic Groups, LGBTQ, Physically Disabled, Homeless, Co-Occurring Disorders, Poverty
- **Immigrants**
- **Veterans**
- **Rural residents**

# **Broad Strategies: Levels of Intervention (Where?)**

- **Like Minds, Like Mine (New Zealand)**
  - Individual
  - Organizational
  - Societal
  
- **OAC White Paper, June 2007**
  - People
  - Systems
  - Community

# Advisory Committee's Levels of Intervention (Where?)

- Individual, family, and community levels
  - Consumers and family members, within their cultural contexts.
- Organizational and societal levels
  - Institutions and systems as partners.
    - Ineffective to stigmatize “the stigmatizer.”
      - Finger- pointing, blame, accusations of prejudice indicate evokes ignorance, superiority, prejudice.
      - Can result in alienation, defensiveness instead of openness, equality, and promoting being a part of the solution.

# Broad Strategies: Process Approaches (How?)

## ■ Canadian Mental Health Commission

- Involve consumers throughout.
- Increase contact.
- Promote rights, reduce discrimination.
- Change attitudes and behavior with education and training.
- Deliver programs locally, but keep an eye to entire country.
- Create multi-sector partnerships.
- Target “high impact” groups.
- Work with media to educate them and improve public understanding.

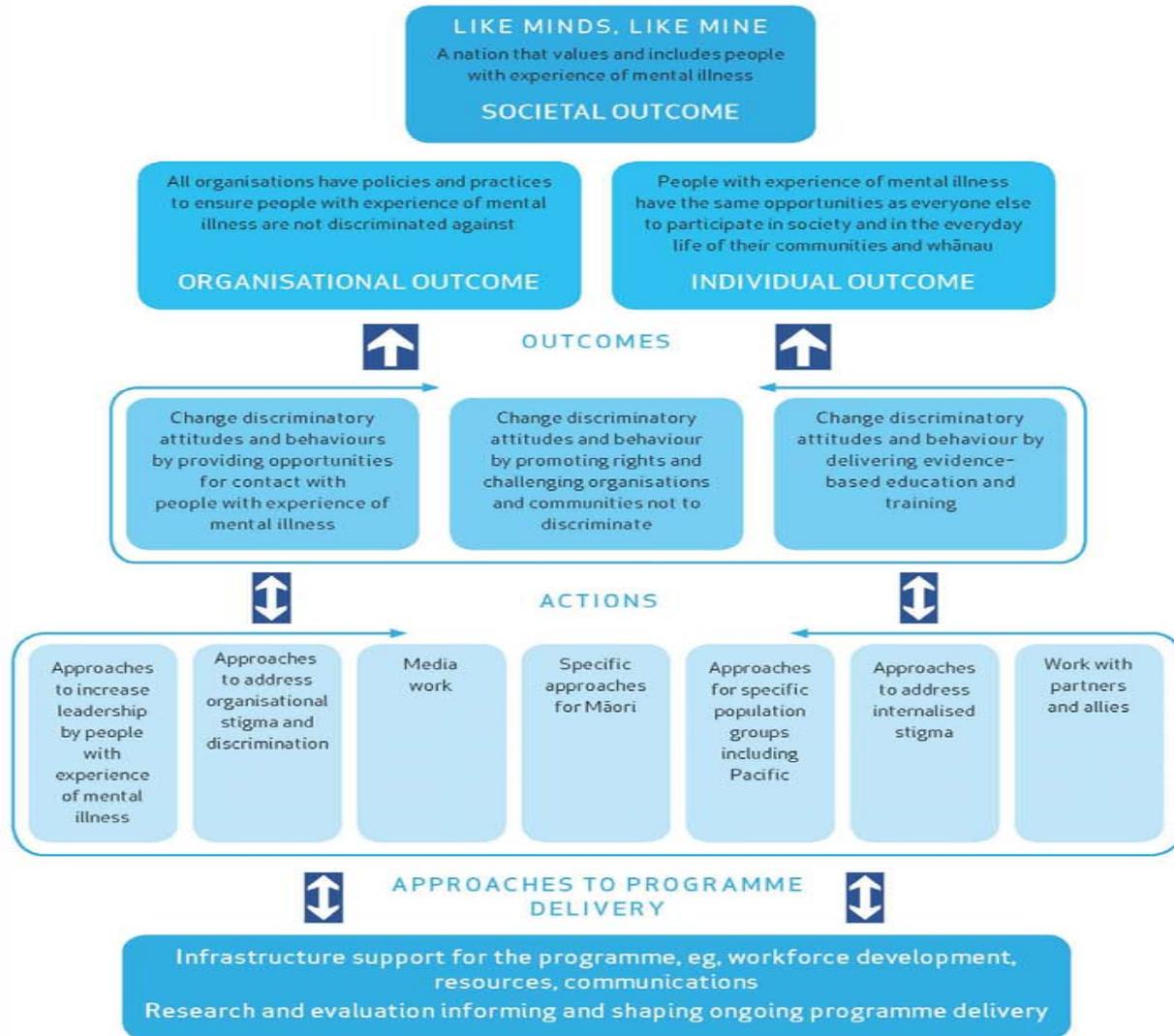
## ■ Health Scotland

- Influencing Public Opinion
- Convincing and Advocating
- Developing Projects
- Using the Law

## ■ Washington State Department of Health

- Contact
- Education
- Protest/Reward

# Like Minds, Like Mine National Plan Framework 2007-2013



# Advisory Committee's Process Approaches (How?)

- Focus of next meeting, January 14
  - Survey, OAC White Paper
  - Research on what works
  - Committee discussion, input