

SYNOPSIS

Eliminating Stigma and Discrimination against Persons with Mental Health Disabilities: A Project of the Mental Health Services Act (MHSA)

The full report (63 pages) on which this synopsis is based was submitted in June 2007 to the Mental Health Services Oversight and Accountability Commission by its MHSA Stigma and Discrimination Advisory Committee. The full report is available online at:

<http://www.dmh.ca.gov/MHSOAC/docs/StigmaAndDiscriminationReport07Jun12.pdf>

This synopsis was written in November 2008 by Kirsten Deichert, Office of External Affairs, California Department of Mental Health, for use in the development of the California Strategic Plan to Reduce Stigma and Discrimination.

PART I. FOUNDATION

A. Background

- Stigma is a factor in explaining why mental health programs are poorly funded. However, the Mental Health Services Act (MHSA) is groundbreaking in terms of its financial investment and underlying values and philosophy. The Mental Health Services Oversight and Accountability Commission (MHSOAC) was established to oversee the changes MHSA intends for the mental health system. The MHSOAC identified reducing stigma and discrimination as an essential goal of the MHSA, and approved \$20 million annually for four years for activities in this area.

B. Theoretical Framework of a Transformed Mental Health System

- The framework of a transformed mental health system includes these eight themes:
 - *Person in environment*
 - *Strengths*
 - *Wellness*
 - *Family*
 - *Culture*
 - *Empowerment*
 - *Recovery*
 - *Resilience*

C. Stigma and Discrimination Defined

- Stigma is the attitudes and beliefs that lead to fear, rejection, and avoidance.
- Discrimination occurs when people act upon their feelings of rejection and discomfort.

PART II. PEOPLE

A. A First-Person Perspective: Living with Stigma and Discrimination

- Substantial research, theory, and opinion about stigma and discrimination are important, as are the daily experiences of stigma and discrimination by people living with mental illness – the effects of which can be more devastating than the illness itself.
- Focus groups conducted by the California Network of Mental Health Clients found that clients:
 - Experienced the greatest stigma and discrimination from the mental health system, family members, and police officers;
 - Disagreed with anti-stigma messages that do not promote client empowerment, client inclusion in society, or emphasize treatment-seeking without recognizing barriers, such as environmental factors, trauma, or unavailability of affordable, voluntary services; and
 - Wanted simply to be treated equally.

B. Children and Adults Internalize Stigma

- Research indicates that children and adults with experience of mental illness are at high risk of internalizing stigma, which includes and can result in:
 - *Shame and lower self-esteem, confidence, and self-mastery;*
 - *Interference with goals and quality of life;*
 - *Decreased willingness to engage in treatment;*
 - *Isolation, strained social interactions, limited social supports;*
 - *Poor life satisfaction;*
 - *Unemployment or loss of income;*
 - *Substance abuseⁱ; and*
 - *Suicide.*
- Research suggests that two of the most effective strategies for combating internalized stigma are empowermentⁱⁱ and recoveryⁱⁱⁱ.

C. People Facing Multiple Oppressions

- Racial and ethnic minorities are at higher risk of mental health problems due to the disproportionate racism, discrimination, hate crimes, and poverty they face. Within the mental health system, racial and ethnic minorities also face language barriers, clinician bias, inappropriate or poor quality care, coercive/ involuntary treatment, and inappropriate medications with damaging side effects. Ultimately, they may not seek or receive mental health services at all. Racial and ethnic minorities must receive culturally competent services^{iv} to reduce the burdens of social oppression and mental illness.
- People who are lesbian, gay, bisexual, transgender, or questioning their sexual orientation are at higher risk of mental health problems and suicide due to the prejudice, discrimination, and hate crimes they face. Within the mental health system, they report experiencing negative and prejudicial attitudes about their sexual orientation from counselors.

D. Foster Youth

- Children and youth in foster care are heavily burdened by stigma and discrimination, and are at higher risk of mental health problems due to trauma, abuse, uncertainty, instability, family separation, and impermanence they experience. Research shows that youth from racial and ethnic minority communities are disproportionately represented in the foster care system, where they often receive unequal treatment and care.

E. Family Members and Caregivers

- “Stigma by association” affects family members and caregivers of people with a mental illness, and one early origin of this has been the blame placed on parents for their child’s mental illness.
- Inadequate community services due to under-funding are challenges for family members and caregivers seeking help for their loved ones with mental illness. As a result of their care-giving role, many family members are at higher risk of stress, anxiety, depression, chronic medical conditions, and financial difficulties. Programs are needed to support families and lighten financial burdens.

PART III. SYSTEMS

A. Stigma and Discrimination in the Mental Health System

- Mental health clients in institutional settings have historically experienced grave abuses, which clients report continue today.^v
- Research suggests that many mental health care professionals hold negative views and stigmatizing attitudes of their clients. Studies suggest this is also the case among some primary care physicians.

B. Impacts of Stigma and Discrimination on Access to Mental Health and Health Services

- Negative attitudes toward people with mental illness discourage people from seeking, and maintaining participation in, services for mental health problems. As a result, mental illnesses often go undiagnosed and untreated.
- Concerns with being labeled “mentally ill” affect people of all ages, and the effects seem to be more severe for being labeled with mental illness than other health conditions.
- When experienced within the mental health system, stigma and discrimination can interfere with a client’s participation in and success with treatment and recovery services.
- Discriminatory insurance policies that do not cover mental health treatment diminish access to services.^{vi} It is noted that people with mental illness, particularly racial and ethnic minorities, receive fewer health care services.
- Criminalization and incarceration, rather than treatment, are barriers for people with mental illness.

C. Educational Systems

- Despite legal protections and entitlements, children with emotional disorders face many barriers to receiving a free and public education. Improvements in state monitoring of children’s mental health services, interagency collaboration, and maximizing available funding are recommended.
- Diminished funding for services and supports in higher education has created barriers to educational achievement and mental health among college students. This is particularly troubling since this age group is at high risk for emotional stressors, depression, substance abuse, eating disorders, first break of psychosis, and suicide.

PART IV: COMMUNITY

A. Violence: Myths and Facts

- Despite numerous research studies to the contrary, many people perceive those with mental illness as dangerous and violent. This is perpetuated by biased media reporting on people with mental illness. To the contrary, studies show that people with a mental illness are often the victims rather than perpetrators of violence, assault, abuse, or murder. Homeless people and older adults with mental illnesses are especially vulnerable, as are people in mental distress when confronted by law enforcement. Mandatory Crisis Intervention Training for law enforcement is recommended.

B. Discrimination in Housing

- While people with mental illness are disproportionately represented among people who are homeless or living in precarious housing circumstances, stigma and discrimination create serious barriers to safe, quality housing. Despite legal protections, people with mental illness are discriminated against by landlords who refuse to rent to them and neighborhoods often oppose the development of supportive housing. Some researchers assert that advocacy and information about one’s rights are the only ways to overcome housing discrimination.

C. Discrimination in Employment

- People with serious mental illness experience unemployment rates as high as 80 to 90 percent, although a majority wish to work and can be successful in employment at all levels. Research indicates that, despite legal protections, stigma and bias in employment against people with psychiatric disabilities is greater than any other disability group. Legal protections require an individual to disclose their disability in order to receive reasonable accommodations at work, but disclosure raises practical problems because supervisors and co-workers may have stigmatizing reactions to learning an individual has a mental illness. Adults with children who have serious emotional disorders also encounter difficulty obtaining and retaining jobs.

- An additional barrier to work for people with mental illness is risking the loss of their Social Security Disability benefits upon becoming employed.
- Knowledge, training, and practical tools are recommended for both mental health consumers and their employers. Employers having personal contact with consumers that contradict stereotypes, client-run vocational programs, and consumer employment within the mental health system are also recommended.

D. Stigmatizing Messages in the Media

- Research indicates that mass media is the primary source of information about mental illness, but ever-present media representations often inaccurately portray people with mental illness as violent, criminal, victimized, pathetic, or comical. Working with reporters and the entertainment industry to educate them and influence news, movies, television, and novels is recommended.

PART V: STRATEGIES AND RECOMMENDATIONS

A. Framework

- This report states that it does not include a comprehensive strategic plan for combating stigma and discrimination, but serves as a “situational analysis” of the problem.
- The report identifies the following framework for strategies to be developed:
 - People
 - Internalized stigma in children and adults
 - People facing multiple oppressions
 - Foster children
 - Family members and caregivers
 - Systems
 - The mental health system
 - Access to health and mental health services
 - Educational systems
 - Community
 - Violence myths and abuse prevention
 - Housing
 - Employment
 - Media

B. Strategic Planning

- The report solicited and recorded an array of strategies that might be effective (listed in Appendix A of the full report), but at the time of the report’s completion, had not yet been critically analyzed, subjected to a logic model, integrated into the Mental Health Services Act, or defined by focus and priority. A ten-year strategic plan addressing the issues in the full report is recommended.

C. Detail and Justification for Specific Funding Recommendations

- An agreement between the Mental Health Services Oversight and Accountability Commission, California Mental Health Directors Association, and California Department of Mental Health, designated \$20 million annually for four years in Mental Health Services Act (MHSA) funds for activities to reduce stigma and discrimination associated with mental illness in California. The full report recommends initial funding in three major areas:
 - Anti-stigma and discrimination activities targeting children and youth, including K-12 violence and bullying prevention (\$2.5 million annually) and peer-to-peer support on higher education campuses (\$2.5 million annually);^{vii}

- Empowerment strategies targeted to adults, including consumer empowerment and contact strategies (\$5 million annually); and
- External influence strategies, which could include a public education campaign aimed at employing people with mental health disabilities, accessing quality mental health care through primary care, education, law enforcement, or media (\$10 million annually).

D. Specific Recommendations for Commission Consideration

- The report recommends the following nine specific measures for consideration by the Mental Health Services Oversight and Accountability Commission:
 - Generate a special report on the impacts of stigma and discrimination on racial and ethnic communities, modeled on the Surgeon General's 2001 break-out report on Culture, Race and Ethnicity;
 - Develop a comprehensive ten-year Strategic Plan to guide MHSA activities to reduce stigma and discrimination (see Appendix A of full report);
 - Develop a public policy agenda that addresses stigma and discrimination through legislative and regulatory policies (see Appendix B of full report);
 - Take ongoing steps to ensure that messages utilized in MHSA stigma and discrimination campaigns do not increase stigma and discrimination;
 - Fund K-12 Violence and Bullying Prevention Strategies at \$2.5 million annually over the first four years of the MHSA;
 - Fund Peer-to-Peer Support on Higher Education Campuses at \$2.5 million annually over the first four years of the MHSA;
 - Fund Consumer Empowerment and Personal Contact Strategies at \$5 million annually over the first four years of the MHSA;
 - Fund and oversee a contract with an expert communications firm for a Strategic Communications Campaign to develop and manage external influence strategies at \$10 million annually over the first four years of the MHSA; and
 - Be guided by stakeholder input to finalize a list of 5 focus areas for the Strategic Communications Campaign, selected from the eleven core issues identified by the Stigma and Discrimination Advisory Committee.

ENDNOTES

ⁱ Substance abuse can also exacerbate symptoms, depression, and family friction, and can lead to hospitalization or incarceration.

ⁱⁱ Empowerment includes peer support, self-help, advocacy, economic development projects, protest, and participation in the mental health system.

ⁱⁱⁱ Recovery is an individual journey of personal growth that supports better management of symptoms, healthy life choices, and improved quality of life.

^{iv} Cultural competent services must value diversity, include cultural self-assessment, honor the dynamics of difference, formalize and disseminate cultural knowledge at all levels, and adapt to diversity.

^v Examples of reported abuses in institutional settings include seclusion, physical restraints, violence, physical and sexual abuse, misdiagnosis, medication overdose, medication interactions, forced medication, and civil rights violations.

^{vi} Private insurance and Medicaid provide more access to high-cost institutional services than recovery-oriented community services.

^{vii} These activities are currently being implemented by the California Department of Mental Health under a Mental Health Services Act statewide project, the "Student Mental Health Initiative."