



STRUCTURAL STIGMA

Structural Stigma prevents persons living with mental health problems and illnesses and/or lived and living experience of substance use from receiving accessible, person-centred, high-quality health care

Stigma is a key barrier to prevention, treatment, and recovery for people with lived and living experience

STIGMA'S multiple levels



Individual: Includes shame, fear of seeking help, and feeling less worthy.



Interpersonal: Endorsing negative stereotypes or prejudicial ideas, and speaking or acting in discriminatory ways.



Structural: Located in formal and informal rules, policies, procedures, laws and cultural norms.



Intersectional: The many ways stigma related to mental illness and substance use intersects with other forms of oppression (e.g., racism, transphobia, and colonization).

STRUCTURAL STIGMA in health care

Structural Stigma refers to the accumulated activities in health-care organizations that deliberately or inadvertently create and maintain social inequities for persons who are living with mental health problems and illnesses and/or lived and living experience of substance use.

SOLUTIONS

Addressing structural stigma in health-care settings requires a combination of approaches, such as

- enhancing the meaningful involvement of people with lived and living experience
- building a supportive and stigma-free workplace culture
- adopting integrated, recovery-oriented, holistic, accessible, client-centred models of care
- distributing resources for mental health and substance use care on par with physical health
- establishing mechanisms to monitor structural stigma

The Mental Health Commission of Canada assists in developing, implementing, and evaluating initiatives to reduce structural stigma within health-care organizations.

To learn more about these initiatives, visit Structural Stigma at mentalhealthcommission.ca or email us at access@mentalhealthcommission.ca.



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