Mental Health Commission of Canada | Commission de la santé mentale du Canada

Ghost in the Machine: Tackling Structural Stigma in Health-Care Environments

Thank you for attending the webinar and/or watching the recording. We had great engagement throughout, with many important questions being asked. Those questions we weren't able to answer during the event are addressed below.

Q. What are some realistic and practical ways to address policies that perpetuate mental health- and substance use-related structural stigma in health-care settings?

A. An important first step in addressing structural stigma is to understand how it impacts clients' perceptions of the care they receive. In our qualitative work, we have found that three areas are important to clients: (1) the culture of caring, (2) person-centred care, and (3) recovery-oriented care. We are currently developing measures that could be used to monitor these issues. In the meantime, it would be helpful if committees (involving clients, family members, and community members/stakeholders) were established in health-care organizations to review and recommend changes to policy for areas in need of improvement and to suggest approaches that would make the care process more supportive. For example, organizations could work with such a committee to examine and revise a policy as part of a Quality Improvement Plan.

Q. How is the meaningful inclusion of people with lived and living experience (PWLLE) of mental health and/or substance use concerns actualized?

A. It is of central importance to prioritize the meaningful participation of service users and community members/stakeholders in the design, delivery, and/or governance of any initiative for change, and to formalize any established models of co-design and shared leadership. Meaningful inclusion requires the sharing of power. Many current approaches can fall back into tokenistic norms. Our Champions and Changemakers project provides an overview and descriptions of six initiatives that exemplify different approaches to tackling structural stigma. Key features, including how to involve PWLLE, are shared in this report. We expect it to be available on the Mental Health Commission of Canada's (MHCC's) Structural Stigma web page in spring 2021.

Q. What type of educational interventions are available to address mental health- and substance use-related structural stigma in health-care settings?

A. Thus far, the number of interventions is limited; however, some are in development. The MHCC is currently co-developing a structural stigma training module that is targeted at health-care leaders, influencers, and change agents. This online module, which will be a free and widely available, will feature content on structural stigma in health-care contexts and include transformative learning and reflection on the unconscious, implicit bias toward PWLLE of mental health and/or substance use concerns. The module is being co-developed (after completing a needs assessment) with PWLLE, health-care providers, leaders, and agents of change. While focused on structural stigma, it will build upon previous learning modules for social, interpersonal, and self-stigma.

Q. How can mental health- and substance use-related structural stigma in health-care organizations be measured and monitored?

A. Qualitative research has identified three areas that clients find important to the quality of care: (1) the culture of caring has to be supportive (2) care must be person centred, and (3) care must be recovery oriented. While some scales that measure these constructs are mentioned in the literature, they have not yet been widely tested, and none have included input from PWLLE of mental health and/or substance use concerns. As part of its structural stigma project, the MHCC will be developing scales that can be used to measure these aspects of stigma in health-care organizations. This work will also include the development of new audit measures for accreditors, which explicitly look to identify outcomes and manifestations of structural stigma, and new quality-of-care measures (lack of access, wait times, etc.) for a quality dashboard.

A framework for measuring structural stigma in health-care contexts has also been developed and will be available on our website. It describes the key measurement domains (e.g., resource distribution, denial of care, fragmented care, practitioner practices, negative experiences, coercive approaches), methodological considerations (e.g., embedded/longitudinal measurement, participatory), and key data sources of interest.

Q. How can mental health- and substance use-related structural stigma be addressed, while also considering other intersectional forms of structural stigma (homophobia, racism, colonization, etc.)?

A. Intersectional aspects of stigma must be considered together. Many forms of structurally embedded inequity share similar features. An intersectional lens is helpful when discussing structural stigma, and more research on intersectionality in mental health is needed.