Mental Health Commission of Canada

Commission de la santé mentale du Canada

Structural Stigma Measures Case Study

EMBER Study

Spotlight on Early Adopters

Piloting Scales to Measure Structural Stigma Related to Mental Health and Substance Use (MHSU) in Health-care Settings

Case Study: Emergency department

Background

In 2019, the Mental Health Commission of Canada (MHCC) launched a multi-year project to better understand the problem of mental health- and substance use-related structural stigma in health-care contexts. Its objective was to identify gaps and reduce stigma, both at policy, practice, and system levels and within the organizational culture of health care.

Since then, MHCC developed two measurement scales to help health-care organizations identify areas for improvement, monitor progress, and demonstrate their commitment to a stigma-free health system.

As part of the development, field testing was conducted to validate the scale's reliability. The MHCC worked with health-care organizations who were engaged in quality improvement projects focused on stigma reduction. The scales were embedded within a research study specific to each site.

The following case study describes the approach, results, and lessons learned used to implement the measurement scales.

The measurement scales

The **Stigma Cultures in Health Care Scale (SCHCS) and the Structural Stigma in Mental Health Care Scale (SSMHCS)** have been psychometrically tested and are now available for public use after pilot efforts to demonstrate their effectiveness in real-world health-care settings.

These measurement scales were designed to assess the degree and prevalence of stigma experienced by people with mental health and/or substance use (MHSU) problems and illnesses and are helpful tools to address structural stigma within health-care environments.

Why measure structural stigma?

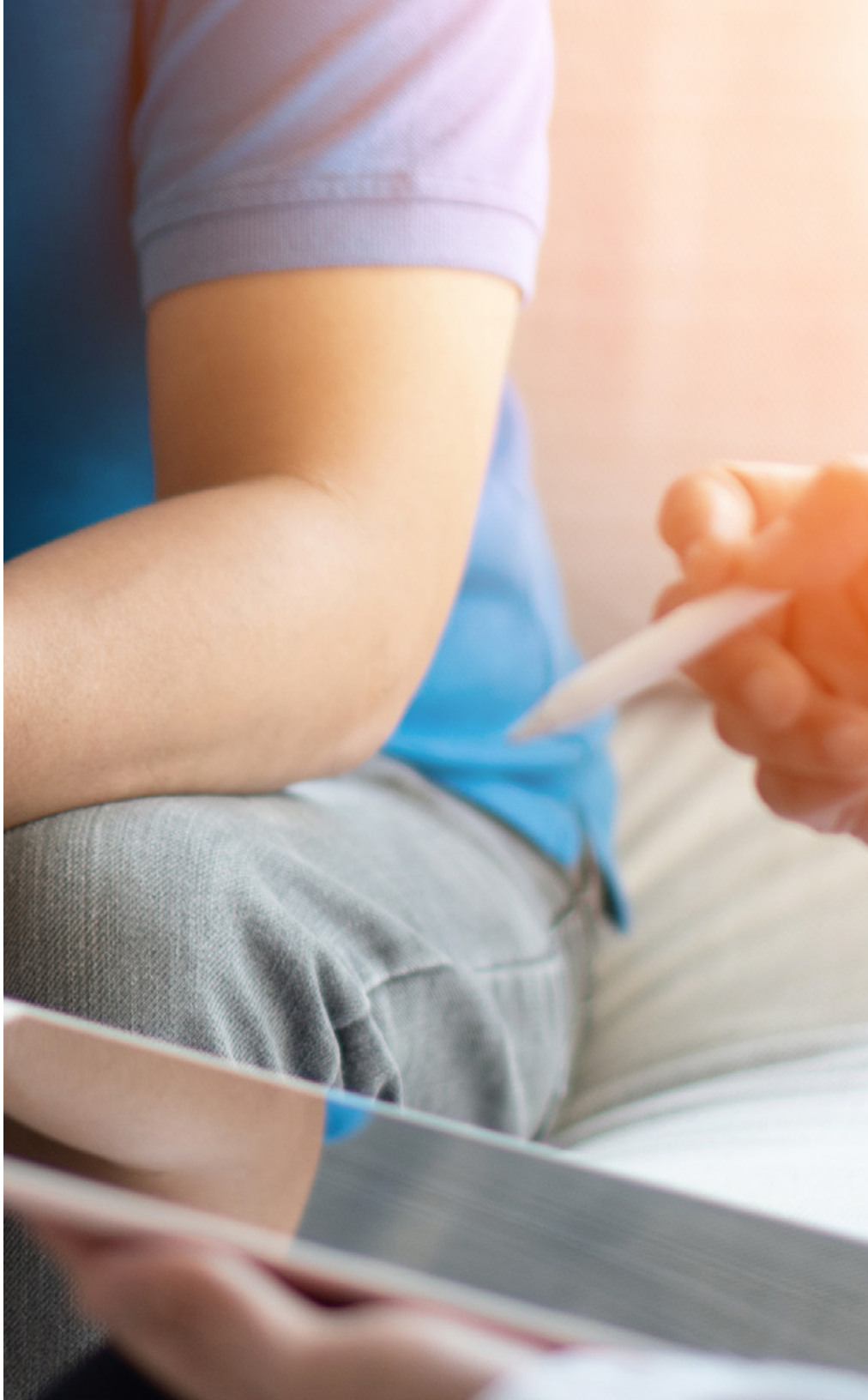
Addressing stigma is top of mind for many organizations in the health-care sector. An important first step to addressing structural stigma within health-care environments is to assess its scope and severity.

The measurement scales will help organizations to assess the existence of stigma cultures by understanding the experiences that patients with MHSU problems and illnesses have with care.

Health-care organizations can use these scales to identify gaps in their processes, practices, or policies and evaluate the progress and effectiveness of interventions to reduce MHSU-related structural stigma in health-care settings.

Health-care organizations are encouraged to use these measurement scales as part of a quality improvement plan and/or stigma reduction initiative.

Want to learn more about the measurement scales?



Exploring Mental health Barriers in Emergency Rooms (EMBER) study

Background

This research was conducted over the course of two years in a hospital setting. To ensure the privacy and respect of all patients involved, the name of the hospital will remain anonymous. All findings and discussions arising from this research aim to contribute to the reduction of structural stigma in health care.

The EMBER study is a multi-year study that aims to better support patients and families visiting the Emergency Department (ED) for mental health concerns. The study is led by Dr. Jacqueline Smith from the Faculty of Nursing at the University of Calgary.

With the collaboration of Alberta Health Services and the Calgary Health Foundation, this study explores stigma experienced by patients and staff and examines related policies. A unique aspect of the study is the inclusion of a patient partner as a member of the research team.

The EMBER study emphasizes the importance of understanding stigma at the intrapersonal, interpersonal, and institutional levels to improve patient–provider interactions and policies. Researchers were eager to gather patient input and learn about their experiences while visiting the ED. The goal was to improve access, and the care and treatment provided to patients with mental health concerns in the ED.

Dr. Jacqueline Smith
Faculty of Nursing,
University of Calgary

Given the objectives of this study, the EMBER team partnered with the MHCC in early 2023 to pilot the two new measurement scales to assess structural stigma from the perspective of patients at an ED in Southern Alberta. With the piloting of the measurement scales, the project aimed to:

1. triangulate the results from its initial qualitative investigation of structural stigma in the ED and
2. use the scales as a quality indicator to evaluate the impact of structural improvements in the ED on the care experiences of people with mental health and/or addiction-related problems seeking health care in the ED.

The EMBER project is funded by the Calgary Health Foundation, the University of Calgary, and the MHCC.

The EMBER study team is made up of a strong, multidisciplinary team: Dr. Jacqueline Smith, Dr. Andrew Szeto, Dr. Stephanie Knaak, Dr. Eric Chan, Dr. Rachel Grimminck, Emily Hilton, Jennifer Smith, Sarah Horn, and Wafa Mustapha.

Recruitment and participants

The recruitment process involved finding participants who agreed to complete a patient-experience survey. The survey included all 23 items from the SCHCS[1] and eight of 20 items from the SSMHCS. Participants were also asked to identify the reason for their visit to the ED (physical health [PH], mental health [MH], or both [MH/PH]). Research participants had to be at least 18 years old and to have visited the ED within the last year. Fluency in English was required for participation. Informed consent was obtained from all participants.

Participants were recruited directly in the mental health inpatient/outpatient units. Additionally, postcards were distributed in the ED and posters were displayed at community agencies and inpatient units that encouraged those who had visited the selected ED within the last year to scan a QR code to complete the survey.

The EMBER team worked closely with the participants, ED volunteers, psychiatric staff, and research associates, who all contributed to supporting the recruitment of patients who had visited the ED in the past year. Nursing student research assistants participated in the recruitment process, data analysis, and knowledge translation.

Data were collected in two phases: pre-intervention and post-intervention. The first phase occurred between May 2023 and December 2023. The second phase began in March 2024 and is ongoing as of January 2025.

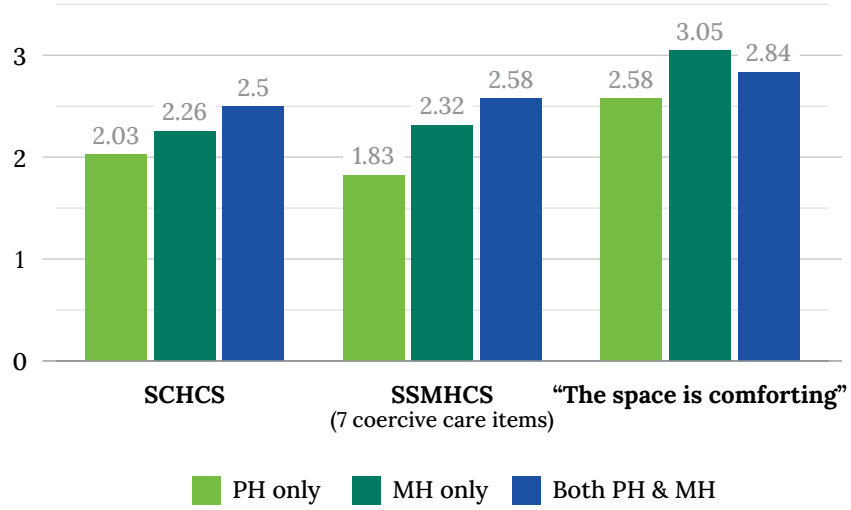
1 Stuart, H., & Knaak, S. (2024). Measuring aspects of stigma cultures in healthcare settings. *Social Psychiatry and Psychiatric Epidemiology*. https://doi.org/10.1007/s00127-024-02780-5

Findings to date

Quantitative results

Data collected between May 2023 and December 2024.

Table 1 **Mean stigma experiences scores across three patients groups**



- One-way analysis of variance (ANOVA) results showed a significant difference between reasons for the visit ($p < .001$).
- For the SCHCS and the SSMHCS, the highest level of structural stigma was experienced by people visiting the ED for mental and physical health concerns combined.
- In the physical space ("the space was comforting"), people with mental health concerns experienced the highest levels of structural stigma, probably because of being in locked rooms and possibly experiencing boarding.

Qualitative results

Data collected between May 2023 and August 2024.

For eight of the 31 survey items, participants were invited to provide written explanations for responses that were particularly negative, to get additional details and context about their experiences. These could be used to help inform priorities and direction for future interventions and initiatives to further address structural stigma in the ED.

Several themes emerged:

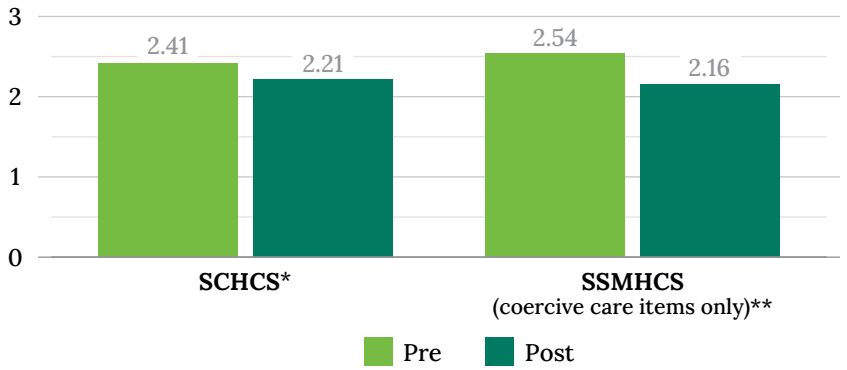
- **Inconsistency of quality of care** - "What's alarming to me is the incredible inconsistency in quality of care for mental health." – MH/PH patient
- **Separation of mental health care and physical health care** - "There was an apparent disconnect between treating physically ill patients and those with mental illnesses." – MH patient
- **Distressing physical environment** - "I felt that being in the emergency room only exacerbated my state of psychosis, and I didn't start to properly recover until I was out." – MH patient
- **Disregard for patient rights** - "Kind of straight forward. You get formed and all your rights go away." – MH/PH patient
- **Exclusion from treatment plans** - "I was Form 1 but it wasn't explained to me what that was." – MH patient
- **Restriction of family support** - "I was not respected as [to] my wishes to have a family member there to support me." – MH/PH patient
- **Lack of resources / insufficient community resources** - "I do however find the follow-up care options for mental health to be dated and limited and unfortunately have had quite a few bad experiences with outpatient programs." – MH/PH patient
- **Excessive wait times** - "I was in the ER for approx. 48 hours after attempting to take my life before being put in the mental health unit." – MH patient
- **Staff attitudes** -"I've never been treated like such a waste of space in my life. It was horrible and dehumanizing and traumatic on every level." – MH/PH patient
- **Dismissal of mental health concerns and patient feedback** - "I made a formal complaint to the patient feedback line about this whole experience, and no one ever followed up with me. Nothing was done." – MH/PH patient

Post-intervention results

The surveys were administered before and after planned structural changes in the Emergency Department (ED) to assess whether these changes assisted to reduce the level of structural stigma experienced by patients.

One of the structural changes took place in March 2024 with a shift in the ED staffing model: psychiatric nurses started providing 24/7 coverage for psychiatric patients rather than general ED nursing staff. Also, between February and September 2024, Trauma & Resiliency Informed Practice (TRIP) workshops were delivered to front-line ED staff.

Table 2 **Levels of structural stigma experienced by MH & MH/PH patients before and after changes in the ED as measured by SCHCS & SSMHCS**



Results of T-test analyses indicated a statistically significant reduction in stigma experienced by MH and MH/PH patients following the planned interventions.

Note: *p = .017 and ** p <.001

Lessons learned

Engaging all research partners early was key.

The EMBER team found it beneficial to engage with leaders, managers, volunteer coordinators, and relevant personnel before the study was initiated. Providing them with information about the study and addressing their questions and concerns helped to support buy-in.

Expanding the scope of the study would produce more comprehensive patient insights.

It is important to extend the study's approach beyond the Emergency Department (ED) to encompass units that patients might transition to within the hospital after their ED visit. EMBER's research strategy involved early engagement, including in-person recruitment and posters across MH units at the study hospital, as well as MH units in other hospitals. This involvement/ inclusion can provide a more comprehension understanding of patient's experiences.

Using several varied recruitment methods proved beneficial.

The EMBER team identified successful methods of recruitment including:

- direct recruitment from doctors and nurses
- a research assistant recruiting inpatient units
- ED volunteers handing out recruitment postcards
- posters at hospitals and community agencies around the city
- an ED outreach program
- promoting the study on the university research website
- other methods such as friends' referrals via email.

Participants were also asked where they had heard about the study to better understand what recruitment strategies and methods were most successful.

Conclusion

Structural stigma is present in the ED setting, with the highest levels of stigma experienced by those visiting the ED for both mental health and physical health concerns.

Changes to the ED environment, including staffing model changes and staff education, are showing a reduction in the levels of mental illness-related stigma experienced by patients in the ED.

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

Financial contribution from
Health Canada Santé Canada

EMBER Exploring Mental health Barriers in Emergency Rooms

UNIVERSITY OF CALGARY FACULTY OF NURSING

Calgary Health Foundation