



Mental Health Commission
of Canada

Commission de
la santé mentale
du Canada

Structural Stigma in Mental Health Care Scale (SSMHCS)

Introduction

The **Structural Stigma in Mental Health Care Scale** (SSMHCS)¹ was developed as part of a [larger project](#) the Mental Health Commission of Canada (MHCC) initiated in 2019.

This scale was designed to provide a cultural barometer of stigma experienced by individuals with a mental health and/or substance use (MHSU) concern or illness receiving care in a **MHSU service setting**. It is a 20-item scale with two factors: an eight-item person-centred care factor and a 12-item coercive care factor.

Development of the scale

The SSMHCS was designed to capture mental health care-related stigma experiences specifically from the perspective of service users. Scale development and testing followed best practice guidelines, including participation of people with lived and living experience of mental health and substance use disorders and family members (PWLLE) in the development process. More information about the development and testing of the SSMHCS will be publicly available soon.

Using the scale

To complete the scale, participants are asked the extent to which they agree or disagree with each of the 20 items using a four-point scale: strongly agree (4), agree (3), disagree (2), or strongly disagree (1).

Prior to calculating the total scale scores, the eight patient-centred care items should be reverse-scored so that higher scores indicate higher levels of structural stigma for all the items. The total score for the scale will range from 20-80. Mean average scores can also be used to compute a scale score. When calculating mean or total scores, 'not applicable' and 'don't know' responses should be excluded. The two factors of coercive care (items 1-12) and person-centred care (items 13-20) also may be calculated and reported separately.

The scale also may be transformed into count variables indicating the frequency with which respondents reported having experienced structural stigma. To do this, responses indicating the presence of stigma (i.e., responses disagreeing with a positively-worded statement and responses agreeing with a negatively-worded statement) would be recoded as 'yes' to indicate a stigmatizing experience.

For more information, or for inquiries regarding possible scale adaptations, please contact the MHCC at mhccinfo@mentalhealthcommission.ca.

1 Stuart, H., Knaak, S. Structural Stigma in Mental Health Care Scale (SSMHCS). Mental Health Commission of Canada (2025). <https://journals.plos.org/mentalhealth/article?id=10.1371/journal.pmen.0000493>

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The survey preamble may be modified to instruct respondents to reflect on their care experiences as they relate to the specific interests of a particular study or quality improvement initiative (e.g., ‘most recent care experience’, ‘overall care experience in this setting over the last month’, etc.).

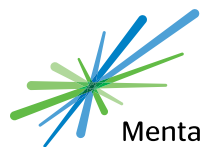
This survey asks for your opinions on a series of statements about your care experience. Please answer according to your own beliefs, feelings, and experiences.

Please indicate the extent to which you agree or disagree with each of the following statements.

Coercive Care Items (12)

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable	Prefer not to answer
1. I was made to feel ashamed of my condition.						
2. I felt some questions were invasive.						
3. I was threatened to be admitted against my will.						
4. I felt pressure to take medication I did not want.						
5. I felt powerless.						
6. I heard demeaning language.						
7. I felt devalued.						
8. I was made to feel untrustworthy.						
9. I was made to feel unreliable.						
10. There was too much security.						

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable	Prefer not to answer
11. Security staff were scary.						
12. My rights were not respected.						
Person-centered Care Items (8)						
	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable	Prefer not to answer
13. I got the care I needed.						
14. I was well taken care of.						
15. I was treated with respect.						
16. I was made to feel there was hope for recovery.						
17. I was encouraged to ask questions.						
18. My views were respected.						
19. I was told about medication side effects.						
20. The space was comforting.						



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