Stigma-Free & Inclusive:
A Pathway to Quality Health Care

Participant workbook

Structural Stigma Workshop

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

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About the Mental Health Commission of Canada

The Mental Health Commission of Canada (the Commission) is a national not-for-profit organization that works to improve the lives of people who experience mental health problems or illnesses (as well as their families and caregivers). The Commission delivers research, programs, training, and tools that bring real change to people in their communities. Its current mandate aims to address priority areas identified in the Commission's Mental Health Strategy for Canada.

Land acknowledgement

The Head Office of the Mental Health Commission of Canada is located on the unceded, traditional Territory of the Algonquin Anishinaabe Nation in what is now called Ottawa, Ontario. We acknowledge that for thousands of years, the Algonquin People protected these lands, the Ottawa River Watershed, and its tributaries. As a national organization, we also acknowledge that we work on the traditional lands of many different nations. Today, a path to truth and reconciliation begins with recognizing both the stewardship and the sacrifices of the original peoples. We are committed to recognizing the errors of the past, acknowledging the challenges of the present, and contributing to a new and equitable relationship with the First Peoples.

Accreditation

MAINTENANCE OF CERTIFICATION
Attendance at this program entitles certified Canadian College of Health Leaders members (CHE / Fellow) to **2.5 Category II credits** towards their maintenance of certification requirement.

Welcome

The Mental Health Commission of Canada has developed an in-person workshop on structural stigma, which it will host at locations across Canada to build capacity and foster meaningful engagement with health-care organizations that seek to improve the quality of their services. The workshop is designed to be informative, interactive, and collaborative. The sessions will bring together health-care leaders, individuals with lived and living experience, policy leaders, and organizational partners to explore how structural stigma affects health-care access and quality and how it can be meaninfully address.

Workshop goals

- Build awareness about stigma at the structural and organizational level and engage and support Canadian health-care organizations interested in building their capacity to address this issue.
- Collect data on participants' perceptions of barriers to change at the organizational and setting level, as well as strengths and facilitators they can leverage to implement stigma reduction strategies. This will include pre- and post-workshop surveys. This information will help the Commission team to strategically plan for future initiatives in this field.
- Share implementation strategies to reduce structural stigma associated with mental health and substance use health (MHSUH), including two tools: (Dismantling Structural Stigma in Health Care Implementation Guide and the Mental Health Structural Stigma in Healthcare training module) and two measurement scales (Stigma Cultures in Health Care Scale [SCHCS] and Structural Stigma in Mental Health Care Scale [SSMHCS]).
- Introduce participants to the Quality Mental Health Care Framework (QMHCF), its dimensions, and its implementation toolkit, highlighting the importance of integrating lived experience in health-care settings.

Learning objectives

By the end of this workshop, participants will be able to:

- Define **quality mental health care** from the perspective of people with lived and living experience (PWLLE) and recognize the importance of their voices in shaping care delivery.
- Describe the concept of **structural stigma** and the negative impacts of structural stigma related to mental health and substance use health (MHSUH) in health care.
- Identify and apply **tools and resources** from the Mental Health Commission of Canada's *Dismantling Structural Stigma in Health Care Implementation Guide*, as well as strategies and key concepts from the Mental Health Structural Stigma in Healthcare e-learning course. Participants will also become familiar with two stigma measurement scales that can be used to address structural stigma related to MHSUH within their organizational settings.
- Develop a high-level **action plan** based on their workshop learnings to apply in their organizations and work settings.

About this workbook

This workbook is for participants attending the workshop titled "**Stigma-Free & Inclusive: A Pathway to Quality Health Care**," and it has the following components:

1. **Background/resource information:** This workbook provides information related to the workshop presentations and breakout sessions, which you can read beforehand and refer to during the day. It includes QR codes and links to access the resources that will be mentioned in the workshop and additional materials to explore the topics in depth.
2. **Reflection and discussion questions:** This section is designed to help you reflect on your learning, consider how to apply your new knowledge within your organization, and identify potential discussion topics for your team. Some questions are meant for personal reflection, encouraging you to think about your insights and areas for growth. Others are intended to spark group discussions, fostering dialogue and shared understanding among your team members or peers.
3. **Personal notes and insights:** The workbook provides space for you to capture insights, questions, and other thoughts and ideas that may arise as you participate in the workshop.

How to use this workbook

This workbook is designed to support your learning and reflection throughout the workshop. It includes a mix of self-reflection activities, discussion prompts, and resources to help you to deepen your understanding of structural stigma and quality of care.

To help you navigate the content, symbols are used to highlight different types of activities.

The legend below indicates what each symbol means and suggests how to make the most of your experience.

Workbook Legend

SYMBOL	MEANING	DESCRIPTION
	**Get familiarized**	This symbol indicates resources and tools that will be used during the workshop; familiarizing yourself with these materials ahead of time will help you to gain maximum benefit from them. We look forward to discussing any questions, comments, and feedback you may have about these resources at the workshop.
	**Self-reflection**	We invite participants to consider these reflection questions as part of their workshop preparation, as they will not be used as activities during our workshop day.
	**Going further**	If you'd like to go the extra mile, these supplemental activities and resources offer additional information and opportunities for deeper reflection or extended learning. We invite you to explore these at your leisure, depending on your interests.
	**Pre-workshop requirements**	Please review this essential pre-workshop content carefully - these materials will support your participation.
	**Discussion question and activities**	These interactive components are designed to spark dialogue, critical thinking, and collaborative learning. These activities will be undertaken during the workshop; they may include small group discussions, table exercises, or full-room engagement. They are intended to help you and your fellow participants to apply concepts, share your perspectives, and explore strategies for addressing structural stigma in your own settings.
	**Notes**	You are invited to capture your thoughts, questions, ideas, or reflections in spaces marked with this symbol.

Presentation 1: Understanding Structural Stigma

Introduction

This presentation introduces the concept of structural stigma within health-care settings and highlights the importance of addressing it in our own environments. Participants will explore why structural stigma matters and how it impacts care and outcomes. The session includes an overview of two foundational resources developed by the Mental Health Commission of Canada (the Commission) to support awareness and change. To deepen their understanding, participants will engage in personal reflection and group discussion.

Participants are also encouraged to explore additional resources and reflections to extend their learning and apply what they have learned.

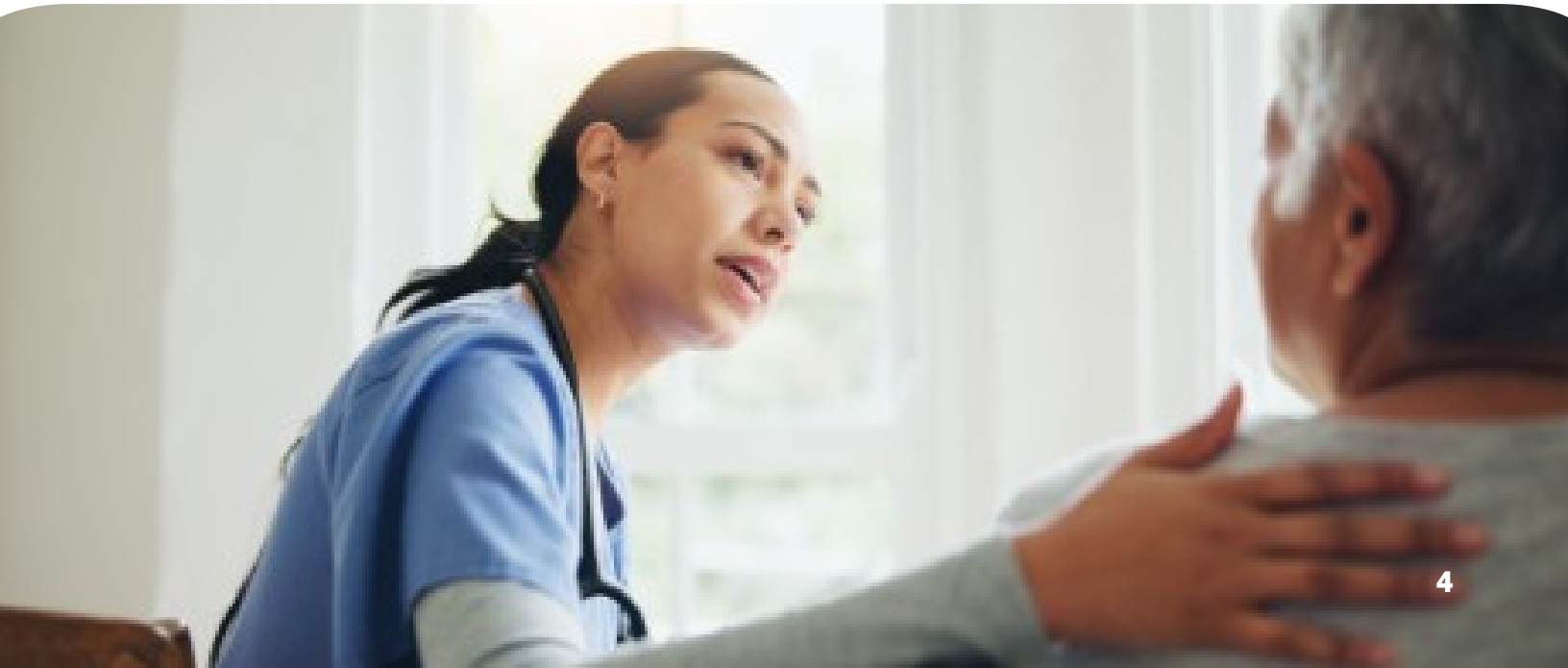
Learning outcomes

By the end of this presentation, you should:

1. Understand the problem of structural stigma related to MHSUH within the health-care system and its consequences
2. Know about the Commission's resources for structural stigma awareness and change
3. Be familiar with key principles and strategies to address structural stigma

What is stigma?

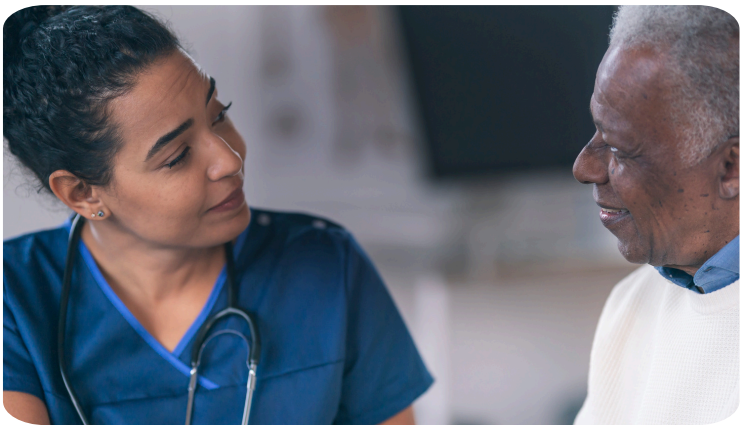
Stigma is the negative attitudes and prejudices that cause people with mental health and/or substance use health (MHSUH) problems or illnesses to be labelled, stereotyped, and feared.



Types of stigma

There are four types of MHSUH-related stigma, which all create barriers to prevention, treatment, and recovery for people with lived and living experience (PWLLE) of MHSUH problems or illnesses:

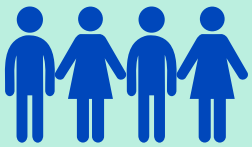
Structural stigma



Structural stigma is the "societal-level conditions, cultural norms, and institutional policies that constrain the opportunities, resources, and well-being of the stigmatized." [1]

Structural stigma can impact access to care and quality of care for people living with mental health and/or substance use health (MHSUH) concerns.

Within health-care systems, it manifests itself through institutional and organizational policies, practices, and cultural norms that, intentionally or not, create barriers to quality care. Addressing structural stigma requires a focus on systemic change for lasting impact.



Many anti-stigma campaigns focus on changing negative attitudes, assumptions, beliefs and stereotypes at the individual or interpersonal level.

Targeting structural stigma could be a more sustainable approach to stigma reduction as it addresses the problem at a systemic level.

Focusing on structural stigma promotes change in health-care policies and practices, resulting in a sustainable impact, practice-based outcomes and organizational change.

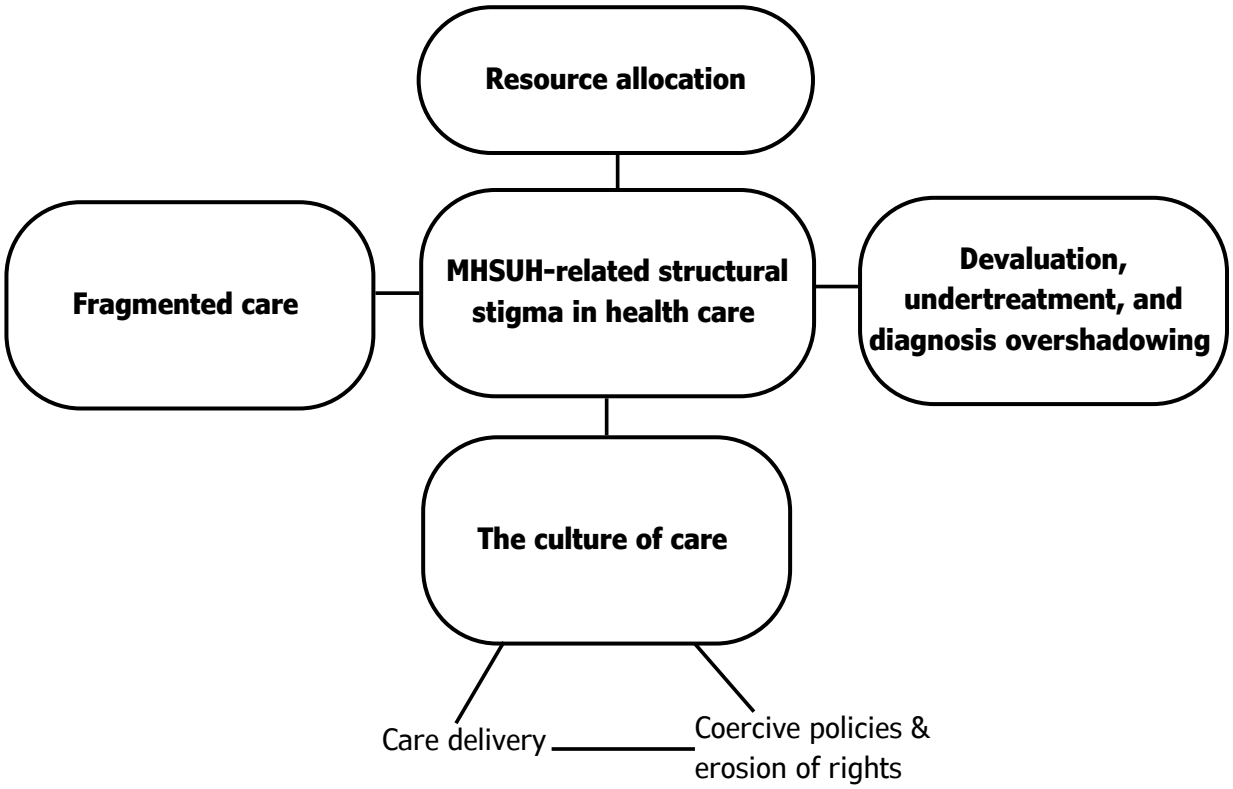
This graphic emphasizes how targeting structural stigma can lead to more sustainable change through policy reform and organizational transformation in health-care settings.

1 Hatzenbuehler, M. L., & Link, B. G. (2014). Introduction to the special issue on structural stigma and health. *Social Science & Medicine*, 103, 1–6. https://doi.org/10.1016/j.socscimed.2013.12.017

Identifying MHSUH-related structural stigma in health care

MHSUH-related structural stigma can manifest itself in the health-care system in many ways. In some cases, MHSUH services may be devalued, deprioritized, underfunded, and "othered" compared with physical health services.

In other cases, policies are put in place that lead to practices that discriminate against people living with MHSUH problems or illnesses. Here are some examples of the effects of such policies:



- **Fewer resources**, including funding, may be invested in MHSUH services relative to other medical/surgical health services.[2]
- **Undertreatment** occurs when a low-quality treatment is provided or there is an absence of treatment. People with MHSUH may receive fewer preventative services and less routine care for physical health problems or illnesses than other people.
- There may be **excessive wait times** for treatment of mental health and/or substance use health compared with physical health issues.
- **Diagnostic overshadowing** can occur (i.e., a person's symptoms may be attributed to a psychiatric problem when in fact they may be related to a co-existing physical health condition).
- There may be **insufficient staff/resource allocation** to MHSUH-related care.
- The **physical space for MHSUH patients may be of lower quality** than the spaces in other care areas.
- **Suspicion, overmonitoring, and hypervigilance of security professionals** can lead to frequent room searches and accusations of theft (especially among Indigenous peoples, immigrants, refugees, and racialized people).
- The **use of visible identifiers** intended to flag individuals at risk of violence (e.g., arm or wrist bands) may unintentionally stigmatize them.
- **A lack of research into effective MHSUH-related care and treatment** results in care practices that do not incorporate the latest best practices.
- **The culture of care**: MHSUH-related structural stigma is built not only into laws and policies but also into organizations' cultures, creating inequity and leading to maltreatment of people living with MHSUH problems or illnesses. Personal attitudes and beliefs about people experiencing MHSUH concerns further perpetuate structural stigma, and an organizational culture that tolerates the behaviours fueled by these attitudes and beliefs reinforces the cycle.
- **Care delivery**: The culture of an organization can negatively influence the way staff and clinicians deliver care; for example, cultures of care can perpetuate paternalistic and/or depersonalized approaches to treatment and client engagement in care.

2 Chamber of Commerce. (2023). Mind the gap: Addressing the mental health and addictions "echo pandemic" in Ontario. https://occ.ca/wp-content/uploads/Mind-the-Gap-FINAL.pdf

Exercise 1: Discussion questions

Follow the instructions of the workshop facilitator and reflect on the following questions:

1. Where have you seen or experienced structural stigma in health-care settings — in your personal life, in your professional life, or through others' stories?

2. What consequences do you see for clients, staff, or others?

3. What changes could be made, big or small, within your organization or community to reduce structural stigma and improve care for people with MHSUH challenges?

The Commission's resources and tools

Mental Health Structural Stigma in Health Care eLearning course

Mental Health Structural Stigma in Health Care is a free online course to help health-care leaders and providers learn more about the impacts of structural stigma in health care and how to dismantle it. The course, created in partnership with CHA Learning, focuses on structural stigma related to MHSUH concerns and how it affects service users' access to care and the quality of care they receive. This course is for health-care leaders at any level, health-care providers seeking to improve the quality of care, and anyone interested in learning about the impacts of structural stigma.

Pre-workshop reminder:

We **require** all participants to complete this 1.5-hour **online course** before date of the workshop.

It provides essential context and tools that will be referenced during the workshop.

CANADIAN COLLEGE OF HEALTH LEADERS
COLLÈGE CANADIEN DES LEADERS EN SANTÉ

Attendance at this program entitles certified Canadian College of Health Leaders members (CHE / Fellow) to 1 Category II credits towards their maintenance of certification requirement.

Self-reflection (optional activity)

After you complete the ***Mental Health Structural Stigma in Healthcare*** online course, we invite you to note your thoughts or insights in the space below:

- What stood out most to you during the training?

- What is one insight or learning you'll carry forward into your practice or work?

- Would you recommend this course to others in your field? Why or why not?

- Do you have questions about the eLearning course?

Dismantling Structural Stigma in Health Care

*This is an **implementation guide** to making real change for and with people living with MHSUH concerns.*

The goal of this guide is to share **knowledge** about the key features of **structural change** and **strategies** and **considerations** for making it happen — and to provide guidance to those **interested in reducing MHSUH-related structural stigma in their organizations**.

Drawing on real-world insights from organizations across the country, the guide provides general principles based on how other organizations have worked to address MHSUH-related structural stigma in health care.

We ask all participants to review the implementation guide before attending the workshop.

Learning from Champions and Changemakers in Canada

This guide includes insights from the *Champions and Changemakers* project launched by the Commission in 2020. This initiative gathered real-world case studies from Canadian organizations working to reduce structural stigma in MHSUH care. Out of 62 submissions, six initiatives were featured in a dedicated report. These examples demonstrate innovative and practical approaches to enhancing care for individuals with lived and living experience.

Want to explore these inspiring initiatives?
Scan the QR code below to read the full Champions and Changemakers report:

Self-reflection (optional activity)

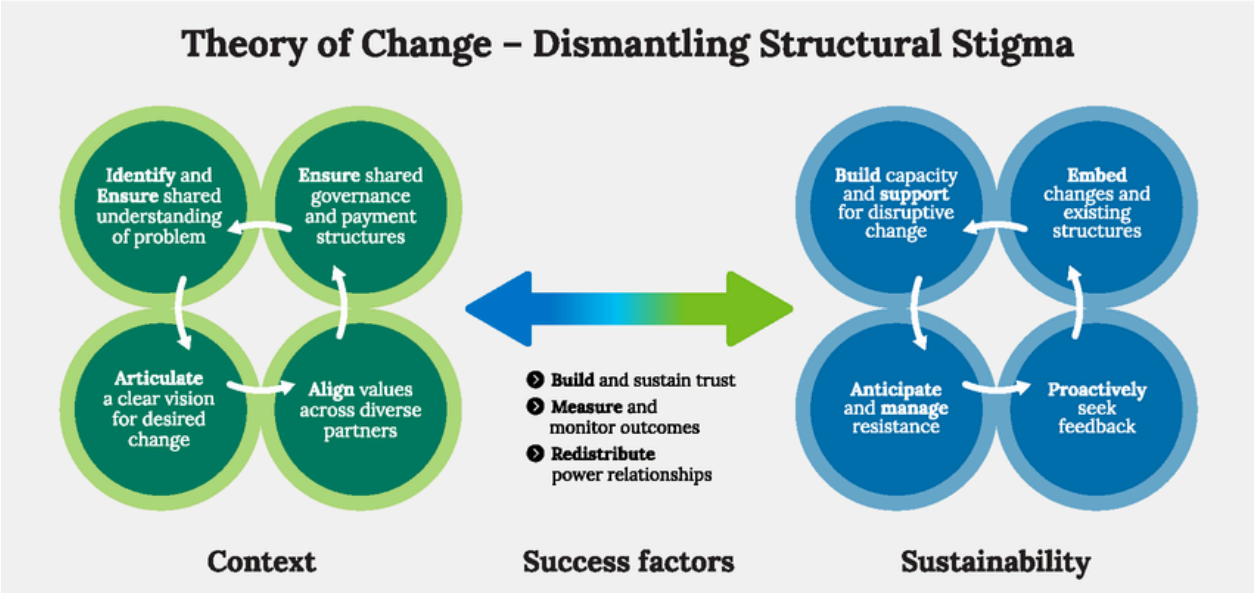
After exploring the report on the *Champions and Changemakers* project, take a moment to reflect on the insights and inspiration it offers.

- What resonated with you most?
- What did you learn from the *Champions and Changemakers* project about the process of addressing structural stigma?
- How might you apply something you learned from the *champions and changemakers* highlighted in this report in your work setting or organization?
- Do you have any questions or curiosities about this project you'd like to explore further?

Some key features of the Dismantling Structural Stigma in Health Care Implementation Guide:

Theory of change model: Why it matters

The theory of change is a strategic model that guides efforts to dismantle structural stigma in health care. It was developed from the experiences and learnings of our *Champions & Changemakers* organizations. It outlines key steps, such as building trust, shifting power, and tracking progress, to ensure change is intentional, inclusive, and lasting.



Reference: Javeed Sukhera and Stephanie Knaak, A realist review of interventions to dismantle mental health and substance use related structural stigma in healthcare settings, SSM - Mental Health, Volume 2, 2022,100170, ISSN 2666-5603, https://doi.org/10.1016/j.ssmmh.2022.100170.

Key principles for reducing MHSUH-related structural stigma

1 **Centre the voices of people with lived and living experience.**
Prioritize the meaningful participation of service users, community members, and other PWLLE of MHSUH problems or illnesses in the design, delivery, and governance of any initiative for change — and formalize their involvement through established models of co-design and shared leadership.

2 **Model change from within to spread influence.**
Ongoing education and engagement — as well as role modelling and leading by example — will facilitate buy-in across your organization and among your partners.

3 **Embed change for sustainable results.**
Make change stick through ongoing education and training. Work to embed change in the structure of your organization by coding it into policies, governance mechanisms, and quality improvement indicators

4 **Acknowledge the intersectional nature of structural stigma and other inequities.**
Focus on addressing the needs of population groups that face multiple levels of stigma combined with experiences of marginalization and discrimination, such as racism, transphobia, sexism, colonization, classism, and ableism.

5 **Get explicit support from senior leadership.**
Ensure the long-term success and sustainability of any initiative for change by securing buy-in from senior leadership and the support of passionate champions who share the same values.

6 **Grow through tension and dissonance.**
Commit to making collaborative and creative problem-solving part of the change process to meet any administrative or other system-level challenges that occur along the way.

7 **Evaluate outcomes through monitoring and measurement.**
Commit to undertaking evaluation, setting targets or goals, and monitoring your progress.

Self-reflection (optional activity)

As you explore the *Dismantling Structural Stigma in Health Care Implementation Guide*, consider the following questions to support your learning and to help you apply what you have learned:

- What resonated with you most about this guide?

- What new insights or understandings did you gain?

- How could you apply this resource in your work setting or organization?

- Do you have any questions or ideas about this guide that you would like to explore further?

Exercise 2: Discussion questions

Follow the instructions of the workshop facilitator and reflect on the following questions:

Take one of the structural stigma examples from Exercise #1 as a structural improvement to focus on. Use the theory of change model and implementation principles to inform a strategy for change.

1. What is the change you want to make?

2. What principles would be most important to draw on or use. Why?

3. A) What barriers do you see yourself encountering?

3. B) Which components of the theory of change model could help you mitigate some of those challenges?

Additional information on structural stigma in health care

If you are interested in exploring this topic further, here are a few articles and reports that offer deeper insights into structural stigma in health care. Feel free to explore them in your own time and at your own pace.

- Ungar, T. & Knaak, S. (2024). Structural stigma in mental illness. The Lancet, 403(10435), 1445–1446. www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)02282-1/fulltext
- Grimminck, R., Knaak, S., Szeto, A., & Clair, V. (2023). The urgent need to address mental health and substance use structural stigma in BC. BC Medical Association Journal, 65(6), 225–226. https://bcmj.org/council-health-promotion/urgent-need-address-mental-health-and-substance-use-structural-stigma-bc
- Hatzenbuehler, M. L. (2016). Structural stigma: Research evidence and implications for psychological science. American Psychologist, 71(8), 742–751. https://pmc.ncbi.nlm.nih.gov/articles/PMC5172391/
- Livingston, J. D. (2020). Structural stigma in health care contexts for people with Mental health and substance use issues. Mental Health Commission of Canada. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2020-07/structural_stigma_in_healthcare_eng.pdf

Notes

Presentation 2: What is Quality Mental Health Care?

Introduction

This presentation introduces the ***Quality Mental Health Care Framework (QMHCF)*** and its core dimensions, which reflect the principles of equitable, person-centred, and stigma-free care. Participants will explore what quality care means from personal and professional perspectives and consider how these principles apply in various health-care settings. The session includes an introduction to the new implementation toolkit for the QMHCF, highlighting the importance of meaningful engagement with people with lived and living experience (PWLLE) in shaping quality mental health care delivery. Reflection activities will help participants to connect the framework to their organizational practices.

Check out the QMHCF infographic and its dimensions

Learning outcomes

By the end of this presentation, you should:

1. Understand what quality mental health care is and what it means for both the patient and the provider
2. Know about the revised **QMHCF** and the new **implementation toolkit**
3. Be able to engage meaningfully with people with lived and living experience to understand quality care

Self-reflection (optional activity)

- What does “quality mental health care” mean to you in your personal life or in your professional life?

What is quality mental health care?

Quality mental health care is built on principles that recognize the diverse and unique needs of individuals, emphasizing person-centred approaches that empower recovery and foster resilience. The QMHCF integrates these principles, aiming to address the needs of PWLLE and providers in various health-care settings.

Overview of the dimensions of the Quality Mental Health Care Framework (QMHCF)

DIMENSION	QUALITY MENTAL HEALTH CARE TO ME IS...
EQUITABLE	accessible, recognizes the systemic inequities and barriers, and ensures my needs are met regardless of my socio-economic status including my age, location, financial status, racial, ethnic, or cultural background, visible or non-visible disability, gender identity, or sexual orientation
INTEGRATED	coordinated, collaborative, seamless, includes my support system, and available across my care journey
APPROPRIATE	the right care, at the right time, by the right team, in the right place
STIGMA-FREE AND INCLUSIVE	judgment-free, supportive, and safe while respecting my identity, experiences, and preferences
RECOVERY-ORIENTED	care is person-centred, in recognizing my unique health journey and supports me in leading the recovery or life that I desire
TRAUMA-INFORMED	care that recognizes and understands the impact of trauma and ensures I feel safe and supported to exercise my own power in my care
EVIDENCE-BASED	care that uses scientific, experiential, pragmatic, and/or cultural knowledge and is evaluated over time
A POSITIVE WORK-LIFE ENVIRONMENT	delivered by providers and staff who feel psychologically safe and supported in their workplace

The Quality Mental Health Care Framework Implementation Toolkit

To support the practical application of the QMHCF dimensions in your organization, we strongly encourage you to explore the *Quality Mental Health Care Framework Implementation Toolkit*. It offers actionable strategies and guidance tailored for health-care providers, managers, leaders and executives, people with lived and living experience, and others who wish to embed quality mental health care into diverse health-care settings.

Scan the QR code to access the implementation toolkit

Self-reflection (optional activity)

- What aspects of the QMHCF resonate the most with you, and why?

- What is one actionable step your team or organization could take to better align with the QMHCF dimensions?

- The Ask Masi program, highlighted in the QMHCF toolkit as a case study, incorporates several dimensions of the QMHCF to enhance quality care. This includes promoting into its programming a stigma-free and inclusive environment, evidence-based practices, and a trauma-informed approach.
  - Consider a specific aspect of your workplace or program that could benefit from improvement. How can you tackle this issue in a way that enhances multiple dimensions of the QMHCF?

Notes

Meaningfully engaging with people with lived and living experience of mental illness

Engaging individuals with lived and living experience (PWLLE) is not just a recommendation: it provides a significant advantage to any health-care organization. The benefits are multiple, from gaining diverse perspectives to fostering trust and credibility, reducing stigma, and empowering individuals. Meaningfully engaging PWLLE is not just beneficial for your organization's programs, policies, and processes; it also helps the people who access your services. It ensures that your services are responsive to their needs, thereby improving the quality of the services and ultimately leading to better health outcomes for anyone seeking mental health care.

Additional resources

Adapted IAP2 Spectrum for Public Participation

The International Association for Public Participation (IAP2) Spectrum of Public Participation provides a framework that outlines the various levels of public participation, ranging from informing and consulting to collaborating and empowering. This approach promotes meaningful engagement, elevates lived and living experience, and builds trust between contributors and organizations. By utilizing the IAP2 spectrum, organizations can ensure that the voices of those most impacted by their work are heard and integrated into decision-making processes, leading to better outcomes and increased accountability.

The Commission recently adopted the International Association for Public Participation (IAP2) Spectrum of Public Participation to strengthen the advisory council members' involvement in decision-making.

Want to learn more?

Engaging with People with Lived and Living Experience of Mental Illness Effectively: The MHCC's Advisory Councils

IAP2 Spectrum

INCREASING IMPACT ON THE DECISION

Level of Engagement	Inform	Consult	Involve	Collaborate	Empower
Goal	Provide collaborators with balanced and objective information to increase knowledge and understanding.	To obtain feedback on analysis, alternatives and/or decision.	Work directly with collaborator group throughout the process to ensure concerns and aspirations are understood and considered.	Work closely in a partnership in each aspect of decision making.	Place final decision-making in the hands of the collaborator group.
Commitment to the collaborator	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and provide feedback.	We'll work with you to ensure your concerns are reflected in the alternatives developed.	We'll look to you for advice and innovation in formulating solutions and incorporate decisions.	We'll implement what you decide.
Examples	Event invitations, project updates, leadership updates, etc.	Participate in focus groups, provide feedback on resources, documents, requests for proposals, etc.	Project specific advisory committees, contribute to workshops and speaking opportunities, etc.	Content creation, consensus building, strategic planning, etc.	Lead the innovation and creation of an initiative or project

Canadian Centre on Substance Use and Addiction (CCSA) guide

Canadian Centre on Substance Use and Addiction. (2021). *Guidelines for partnering with people with lived and living experience of substance use and their family and friends.*
https://www.ccsa.ca/sites/default/files/2021-04/CCSA-Partnering-with-People-Lived-Living-Experience-Substance-Use-Guide-en.pdf

Public Health Agency of Canada report

Public Health Agency of Canada. (2019). *Addressing stigma: Towards a more inclusive health system*.
https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/addressing-stigma-toward-more-inclusive-health-system.html

Self-reflection (optional activity)

- How does your organization currently engage people with lived and living experience — and where might you be falling short?

- What barriers might prevent PWLLE from participating fully in decision-making processes within your organization? *(Think about cultural, structural, or logistical challenges.)*

- How can you ensure that engagement with PWLLE leads to real influence on policies, programs, and practices, not just consultation? *(Reflect on power sharing and co-design.)*

- What support or changes would help build trust and long-term relationships with PWLLE in your organization?

Notes

Presentation 3: Measuring Structural Stigma

Introduction

This presentation explores the critical role of measurement in addressing structural stigma within health-care settings. Participants will learn why measuring stigma is essential for driving meaningful change and how it can support quality improvement efforts. The session will introduce two validated tools — the Stigma Cultures in Health Care Scale (SCHCS) and the Structural Stigma in Mental Health Care Scale (SSMHCS). These tools measure the scope and magnitude of stigma experienced by people with mental health and substance use health (MHSUH) problems or illnesses.

Reflections from people with lived and living experience (PWLLE) and a real-world example from the EMBER Study will illustrate how these tools can be implemented in practice. Participants are encouraged to reflect on how they can apply these measurement scales in their own settings.

Learn more about how to use these **measurement tools** and about the experience of **early adopters**

Learning outcomes

By the end of this presentation, you should:

1. Understand the importance of measuring structural stigma in healthcare
2. Be familiar with the SCHCS and SSMHCS measurement scales and their intended use
3. Know how the SCHCS and SSMHCS were implemented in one organization

Why is measurement important?

Addressing stigma in health care is crucial to ensure people with lived and living experience of mental health or substance use health concerns have access to quality care. **Measuring and monitoring** is a core principle of any quality improvement initiative. By measuring progress and change, organizations can ensure that the actions they take are effective in reducing the negative impacts of mental health and substance use health (MHSUH)-related structural stigma in health care.

Measuring allows us to better understand where we are at and where we are making progress. It is a key tool for bringing about sustainable, evidence-based change. It also allows organizations to share how they are addressing structural stigma.

Addressing structural stigma builds trust with patients and their families. It can also help protect staff from experiencing moral distress and enable them to do their job with a sense of integrity and in a manner consistent with their values.

By measuring and addressing structural stigma related to MHSUH, organizations can become champions in the quest to provide more equitable health care for PWLLE.

Overview of the Mental Health Commission of Canada's measurement tools

Stigma Cultures in Health Care Scale (SCHCS)

This scale was designed to capture stigma cultures in any health-care setting (including family doctors' offices, outpatient clinics, emergency departments, and in-patient units in hospitals) where people with a MHSUH concern may seek care. It is a 23-item unidimensional scale.

Stigma Cultures in Health Care Scale (SCHCS)

Scored on a 4-point agreement scale from Strongly Agree to Strongly Disagree.

All CFA Factors significant (p<.001); Raykov's reliability coefficient for the CFA model was .92

1. I was taken seriously
2. My needs were met
3. I was paid attention to
4. I had choice
5. I felt supported
6. Instructions were clear
7. My concerns were met
8. I had the final say in care decisions
9. Treatment times were convenient
10. I felt welcomed
11. I was encouraged to ask questions
12. I didn't feel rushed
13. My emotional needs were met
14. My mental health needs were met
15. Treatment options were clearly explained to me
16. I was treated fairly
17. It was not difficult to get an appointment
18. My physical health needs were met
19. I was told about my treatment
20. I was not made to feel my health condition was my fault
21. I was allowed to bring someone with me for support
22. I was treated with respect
23. My rights were explained to me

Structural Stigma in Mental Health Care (SSMHCS)

This scale was designed to provide a cultural barometer of stigma experienced by individuals with a MHSUH disorder receiving care in an MHSUH 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.

Structural Stigma in Mental Health Care Scale (SSMHCS)

Scored on a 4-point agreement scale from Strongly Agree to Strongly Disagree.

All CFA Factors significant (p<.001); Raykov's reliability coefficients for the CFA models were .90 and .85 respectively

Coercive Care Items

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
11. Security staff were scary
12. My rights were not respected

Person-centred Care Items

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

Spotlight on early adopters: The EMBER Study

As part of our commitment to addressing structural stigma in health-care settings, the Mental Health Commission of Canada partnered with two health-care sites in 2023 and 2024 to pilot the structural stigma measurement scales discussed above. The report on one of these pilot initiatives — the EMBER Study — offers a closer look at how the scales were implemented in practice, what was learned, and how the findings are helping shape future quality improvement efforts. The study helped identify gaps in the health-care system and provided valuable insights into how the scales perform in real-world environments.

We encourage you to read the full case study to learn more about the EMBER Study pilot site's experience and its role as an early adopter in this important work.

Exercise 3: Discussion questions

1. How could these scales be of use in your setting?

2. How would you implement the scale(s)? How would you use the data you gathered with the scales?

3. What implementation or analysis challenges do you anticipate? How would you overcome these?

4. What strengths could you leverage to support implementation?

Notes

Presentation 4: Bridging Structural Stigma and Quality Improvement: From Theory to Action

Introduction

There is a gap between theory and proven impact, and it can be one of the biggest challenges when introducing equity – or stigma-focused quality improvement. While we don't yet have a large evidence base proving that integrating structural stigma reduction frameworks into quality improvement cycles directly improves outcomes, we do have strong evidence that inclusive, equity-oriented quality improvement processes lead to better engagement, safety, and sustainability — and that's the foundation we're building from.

Learning outcomes

By the end of this presentation, you should:

1. See the link between structural stigma and quality improvement in health-care settings
2. Understand how to apply a quality improvement model (like PDSA) to test and strengthen equity-focused changes.
3. Identify how your leadership role can advance equity through quality improvement-driven change

Why is it important?

There are multiple ways in which existing quality improvement initiatives have not actualized their potential for advancing equity. Stumbling blocks include a lack of intentionality, neglecting structural drivers of inequities, and insufficient engagement with patient and community partners. If remains uncommon for quality improvement approaches to decenter powerful health organizations and we remain constrained within our current paradigm. Quality improvement was developed by and for those within the health-care sector. Before considering how to invite anyone to our table, we must reflect on why the table was built, by whom, and for what purpose. (Sukhera, J., 2023)

Breakout activity:
Develop a quality improvement action plan

Session purpose

In this session, you will begin to translate the insights and learnings from the workshop into a practical and achievable **quality improvement action plan** focused on reducing MHSUH-related structural stigma and advancing equity within your organization or work setting.

What you will do

Working individually or with colleagues from your organization, you will:

- Identify one priority opportunity to address MHSUH-related structural stigma in your current policies, practices, culture, or service design.
- Define a specific change you want to see - what would look or feel different for PWLLE if progress was made?
- Outline early actions or tests of change you could realistically initiate in the next 3-6 months.
- Consider who needs to be meaningfully involved (e.g. PWLLE, community partners, clinical leads, operational decision-makers, etc.).
- Name potential risks, resistance points, or structural barriers and how you might plan around or work through them.

Guidance

- This activity is about shaping clarity and intention, not producing a finished or approved plan.
- Think through an equity and lived-experience lens - who benefits, who is burdened, who has power, who is missing?
- Focus on actions that are doable, testable, and measurable, even if they are small and incremental.

Instructions:

Work with others from your organization.
If you are the only representative, you are welcome to reflect individually.

1. Reflect on the presentations and discussions from today - what resonated most or revealed a cap in your current practice or system?
2. Choose one specific and tangible opportunity for improvement - start small and focused rather than broad and aspirational.
3. Use the template provided to draft the foundations of your quality improvement action plan.
4. Use the flip charts to capture any challenges, barriers, or questions that emerge while working through the template - these will inform collective learning and next steps.
5. Be prepared to share back on key action or early step you are committing to consider or bring forward internally. This is not a formal commitment - it is an opportuntiy to shape intention and momentum.

Quality Improvement Action Plan TEMPLATE

1. Quality improvement focus / problem statement
What are you trying to solve or improve?

Problem/opportunity:
Shared vision for change:

2. Timeline
When will this improvement take place?

Start date:
Target completion date:
Key milestones:

Quality Improvement Action Plan TEMPLATE

3. Key players

Who needs to be involved and how?

Champions:
PWLLE:
Core staff:
Partners/funders:

Quality Improvement Action Plan TEMPLATE

4. Barriers and enablers

What challenges and supports exist?

Anticipated barriers (resources, cultures, detractors, etc.):
Enablers/supports:

Quality Improvement Action Plan TEMPLATE

5. Strategies for implementation

How will you apply structural stigma reduction and quality improvement principles in practice?

Building shared understanding and vision:
Building capacity and support:
Managing resistance:

Quality Improvement Action Plan TEMPLATE

5. Strategies for implementation *(continued)*

How will you apply structural stigma reduction and quality improvement principles in practice?

Embedding change into structures/sustainability practice:
Measurement and evaluation plan:

Quality Improvement Action Plan TEMPLATE

6. Next steps

How will you take this action plan forward after today's workshop?

What immediate action can you commit to?
How will you engage key players and champions?
What supports or resources will you need?
How will you integrate this into your ongoing quality improvement work?

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Next steps

Thank you for attending Stigma Free and Inclusive: A Pathway to Quality Health Care

We hope today's workshop offered not only new knowledge, but also meaningful reflection and conversation around the change needed to advance stigma-free and inclusive care. The Mental Health Commission of Canada encourages you to continue this work within your own organization and sphere of influence - recognizing that change is a journey that begins with awareness and is sustained through intentional action.

Your leadership and openness to engaging in this dialogue are essential in moving the health-care system forward. Thank you for being a part of this effort towards more equitable and compassionate care for all.

Key terms and concepts

Clients	Individuals living with mental health problems or illnesses and/or substance use concerns. This term may not be the one primarily used in all parts of the health-care system; the terms patient and service user are also commonly used.
Co-design	A process that involves multiple partners or interest holders (internal and external) in planning to improve systems and services. It is a participatory, reflective, and adaptive process that centres on participants as design partners, giving a voice to those who are often excluded.
Culturally appropriate engagement	The process of not only respecting other cultures but also being able to truly understand, communicate with, and interact with people who have diverse beliefs, attitudes, values, and behaviours. This includes conducting meetings and discussions in a way that doesn't make people from different backgrounds feel uncomfortable or excluded. Culturally appropriate engagement is, for example, respecting cultural practices when planning the structure and format of meetings, such as including Indigenous sharing circles and smudging ceremonies.
Cultural safety	The process of making spaces, services, and organizations safer and more equitable for people who are marginalized, oppressed, and/or underserved because of their identities.
MHSUH	Mental health and/or substance use health. In this workshop, the term *MHSUH problems or illnesses* refers to mental health problems or illnesses and/or substance use health concerns. **Please note:** Some of the resources referenced in this workbook may use the term *mental health and/or substance use* (MHSU), as they were developed and released in previous years. While terminology may vary slightly, the intent remains consistent: to promote inclusive and stigma-free care.
Person-centred care	Care that is focused on and organized around the health needs and expectations of people and communities rather than on diseases. Person-centred care extends this concept to individuals, families, communities, and society.
PWLLE of MHSUH problems or illnesses	People with lived or living experience of mental health problems or illnesses and/or substance use health concerns.

Additional resources

- A Framework for Assessing Structural Stigma in Health-Care Contexts
  This framework provides six concrete steps for documenting the nature and severity of structural stigma in health-care settings.
- A Way Forward – How We Can Dismantle Structural Stigma
  This video features personal insights on dismantling structural stigma in health-care environments.
- Access Denied — How Mental Health/Substance Use-Related Structural Stigma Impacts Health-Care Access
  This report explores how structural stigma affects access to health-care services for individuals with mental health and/or substance use health problems or illnesses.
- Champions and Changemakers: Real-World Examples of Approaches
  This report provides real-world examples and strategies from organizations tackling structural stigma in health care.
- Combating Structural Stigma in Health Care: A Framework for Action
  This resource outlines seven priorities for dismantling structural stigma based on a research program.
- Free Online Suicide Prevention Training for Health-Care Providers
  This online course to help health-care providers recognize suicide risk and engage in meaningful conversations.
- Dismantling Structural Stigma in Health Care Implementation Guide
  This resource provides health-care leaders, providers, and others with practical strategies and guidance to reduce structural stigma related to mental health and substance use health within their organizations.
- Measurement Scales
  This web page provides tools and scales for measuring MHSUH-related structural stigma in health-care environments.
- Quality Mental Health Care Framework
- Quality Mental Health Care Framework Implementation Toolkit
  This toolkit provided guidance on implementing the Quality Mental Health Care Framework in various Health-care settings.
- Mental Health Structural Stigma in Healthcare Training Module
  This free online training, designed for health-care professionals, describes the impacts of MHSUH-related structural stigma and how to dismantle it.
- Addressing Stigma: Towards a More Inclusive Health System
  This resource explores strategies to reduce stigma within health systems, promoting equity, inclusion, and improved outcomes for marginalized populations.
- Why We Use 'Substance Use Health'
  This article explains why putting substance use on a spectrum creates a space for more open conversations about safer, healthier, and more manageable consumption.

Talking About Suicide: Empowering Healthcare Providers, Instilling Hope in Clients

This **free online** course is designed to equip health-care providers with the knowledge, skills, and confidence to recognize suicide risk and engage in open, supportive conversations with their clients about suicide.

Talking About Suicide walks participants through everything from understanding suicide and its complex causes to practical interventions and appropriate language to use. It helps health-care providers to:

- move beyond fear to have direct, confident conversations
- create a trusted connection, even when short on time
- identify and explore suicide risk factors and warning signs
- tailor responses to individual needs and circumstances
- collaborate on a safety plan with practical tools
- reduce stigma and promote hope and recovery

Earn up to four certified Mainpro+® credits!

Also accredited by the Canadian Nurses Association.

Enrol now and complete in as little as three hours!

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CHA Learning
a division of HealthCareCAN

This program has received financial support from Health Canada.

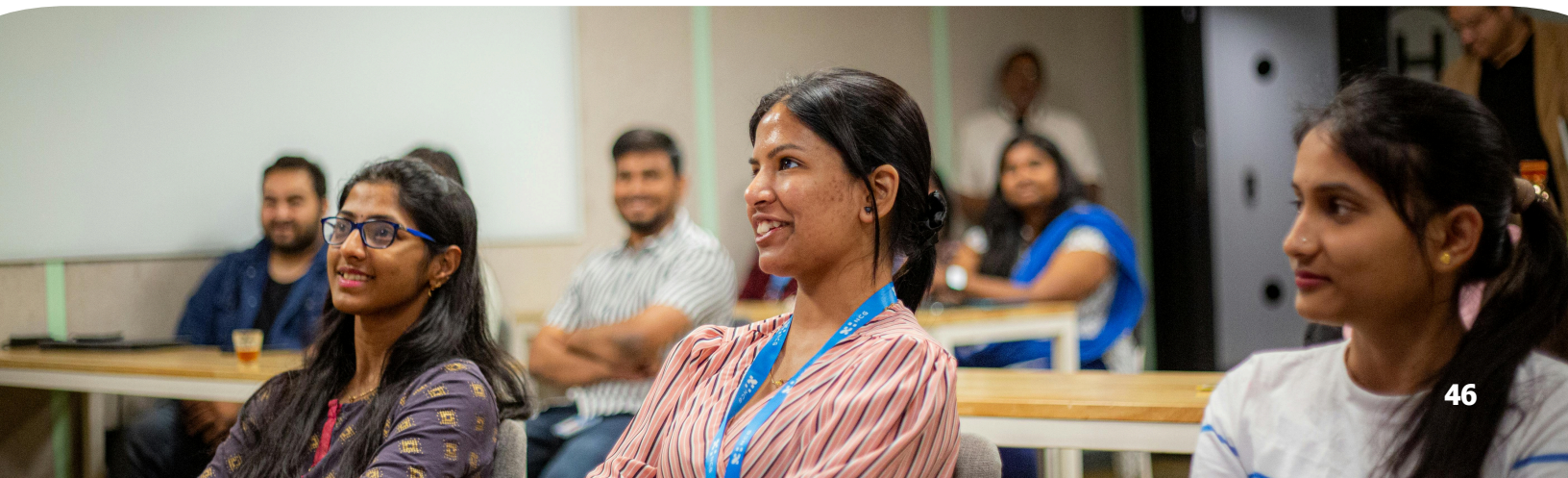
Mental Health First Aid

Mental Health First Aid (MHFA) provides the knowledge, skills, and attitudes for participants to recognize changes in mental health, respond supportively, and apply practical actions for declining mental health and crisis situations. It helps participants build confidence, reduce stigma, and enhance their own mental health.

MHFA is offered through three course types

- **Certification:**
  - This in-depth course, upon completion and assessment, provides participants:
    - a nationally recognized MHFA Certification that is valid for 3 years.
    - increase Mental Health Awareness
    - understand stigma, diagnostic labelling, and barriers to helping
    - learn effective communication techniques
- **Essentials**
  - Within the Essentials suite is a streamlined one-day course as well as adaptations to support unique populations and specific roles, including:
    - MHFA Supporting Youth
    - MHFA Supporting Older Adults
    - MHFA Veteran Community
- **Community-Based**
  - Culturally grounded and co-developed with the communities they serve. They are delivered with local knowledge and community support to ensure safe, relevant, and trusted learning experiences. These programs are designed to reflect the lived realities, values, and ways of knowing of the local communities, including:
    - MHFA First Nations
    - MHFA Inuit
    - MHFA Northern Peoples

Learn More!



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Stay connected with the Commission

Do you have questions or want to dive deeper into structural stigma and the Mental Health Commission of Canada's current initiatives? We'd love to hear from you.

Please reach out to us at mhccinfo@mentalhealthcommission.ca with the subject line: **Re: Structural Stigma.**

Let's keep the conversation going.

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