Redefining Mental Illness and Addressing Stigma in Diverse Populations

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Learning Objectives

1. Learner will review mental illness and stigma in communities of color.

2. Learner will be able to give examples of how stigma is experienced by individuals from diverse communities of color.

3. Learner will be able to identify at least two challenges or barriers that a person of color faces when experiencing a mental illness.

4. Learner will be able to describe at least two actions that can be taken to reduce stigma in ethnic communities and encourage persons of color to engage in mental health treatment.
According to the Healthy People 2020 report, health disparity is a particular type of health difference closely associated with social, economic, and/or environmental disadvantages.

A common area of impact is evidenced in life span or premature death.

Populations affected include:
- Certain racial and ethnic groups (communities of color)
- LGBTQ populations
- People with disabilities
- Transition age youth
### What “we” hear- common descriptions

| Person with a mental health diagnosis (e.g. bipolar disorder) | Person with a medical diagnosis (e.g. cancer) | Person with a physical disability (e.g. loss of a leg) |
Why Address Stigma? Common descriptions of persons with mental illness

- PSYCHO
- LUNATIC
- SCHIZO
- Bi-POLAR
- NUT CASE
- ADDICT
What is Stigma?

► Defined as a “mark of disgrace” (Dictionary.com)
► Negative stereotypes, labels, and prejudice that can lead to discrimination.
► Stereotypes: Generalized belief that “People with mental illness are violent”.
► Prejudice: Judgment based on that belief that “They’re violent, I’m scared and don’t want anything to do with them”
► Discrimination: Behavior based off those judgments and beliefs; “I won’t hire any people with mental illness because I’m scared of them”
Myth or Fact? (Parcesepe & Cabassa, 2013)

- Stigmatizing beliefs about the dangerousness of people with mental illness have increased over time.

- Among adults with mental illness, people of color are more likely than White people to be perceived as dangerous.
Public Stigma

- Stigma faced externally from a system, group or individual
- Public stigma effects many areas of life:
  - Healthcare
  - Employment
  - Housing
  - Education
Video - Monique

https://vimeo.com/84815961
Self Stigma

- Internalized negative public beliefs that effect self-esteem and self-efficacy- I’m not worthy, I’m not able

- Self stigma is associated with diminished care seeking and worse outcomes in treatment in recovery- people do not want to be seen as one of “those” people; so they aren’t likely to seek mental health services
Video - Alexandra

https://vimeo.com/97757370
Actions Matter

- What can you do both directly and indirectly to assess and address the impact of stigma when you work with an individual, couple, or family?
Methods for Stigma Reduction: Research & Findings

- Contact and Exposure
  - Research has shown regular contact with people with lived experiences has the strongest and longest lasting effect on stigma

- Education
  - Evidence is that anti-stigma interventions at high school and colleges improve attitudes toward mental health treatment

- Advocacy and public policy
“Houston, we have a problem...” A call to change HealthCARE in the U.S.

- Whole Person Care (Agency for Healthcare Research and Quality)
- Care that is person-centered and addresses the full range of an individual’s medical and behavioral health needs, culture, values, and preferences in healing and recovery.
- Person centered honors the individual through transparency, recognition, respect, dignity and choice in all aspects of care.
- For healthcare to be effective, it needs to be available, accessible, and acceptable
Language matters

- How can we be more inclusive in our language in the mental health field?

- What are some alternative ways of addressing or referencing individuals with a mental health problem?

- How can we show those that have been marginalized by psychiatric and stigmatizing labels that we are welcoming?
Myth or Fact?

- The prevalence of mental illness in White adults is lower than in the four of the major ethnic groups of color in the US (African Americans, Asian & Pacific Islanders, LatinX and American Indian and Alaska Natives?)
Mental Health America (2015).  http://m.imur.com/O2TrOqt
Prevalence and Disparity in Healthcare and Treatment

https://www.arundellodge.org/8-reasons-cultural-and-ethnic-minorities-receive-less-mental-health-treatment/
Disparities in Health care

- While the prevalence of adult mental illness by race indicates that African Americans, Latinx, Asian & Pacific Islander populations is lower than that of White adults, these groups as well as American Indian & Alaska Natives receive treatment at a lower rate.
Additional Reasons People of Color Receive Less Mental Health Care Treatment

- Less access to treatment
- Less likely to seek treatment
- Poor quality care
- Lack of culturally competent providers
- Lack of ethnic and cultural diversity in providers
Cultural Competency and Cultural Humility Defined

**Multicultural Competency:**
- The understanding of other cultures, including the knowledge, attitudes, beliefs, and skills required to work effectively and compassionately with people from diverse cultural backgrounds. (Stanford & Manese, 2019)

**Cultural Humility**
- Acknowledgement that care-givers are in a learning mode which recognizes that the recipient(s) of the care is knowledgeable in their own right. (Burnes & Manese, 2019)

Both multicultural competency and cultural humility are viewed as important life-long processes.
Video- Susan

https://vimeo.com/88710580
Why Social Justice Advocacy is Important

- DISCRIMINATION
- RACISM
- STEREOTYPES
- POVERTY
- HISTORICAL TRAUMA
- PREJUDICE
- PRISON INDUSTRIAL PIPELINE
- STEROTYPE THREAT

Social justice is “scholarship and professional action designed to change societal foundational principles of social justice values, structures, policies, and practices such that disadvantaged or marginalized groups gain access to...tools of self determination” (p.795,)

Foundational Principles
- Building on strengths
- Facilitating consciousness raising
- Leaving clients with tools for change
- Giving voice
- Sharing power
- On-going examination
What else can we do?

- Empower clients to challenge oppressive paradigms.
- Actively engage clients as co-participants in therapy.
- Adopt an attitude of cultural humility recognizing that those in need of mental health treatment have “expertise” regarding their culture and values which are important to integrate and learn about.
- Engage in a collectivist perspective: Provide therapeutic services through informal and formal social networks relevant for ethnic communities.
- Promotion of fair and equitable allocation of power, obligations, and resources for the oppressed through legal and policy changes that lead to equitable treatment.
- Challenge the media to be factual, culturally responsible, and an agent of positive social change.
- Use media to normalize mental health challenges as part of everyday living.
Hope, Strengths, Recovery and Social Support - Belinda

https://vimeo.com/97755610
What is needed to address mental healthcare for all individuals in the U.S.?

- **Key Modalities**
  - Prevention
  - Early Intervention
  - Treatment/Intervention
  - Rehabilitation Services
  - Recovery Focused
  - Evidenced Based & Promising Practices

- **Key Elements**
  - Comprehensive healthcare coverage (Affordable, Accessible, Acceptable)
  - Culturally and linguistically appropriate services (person centered, integrated, trauma informed, strengths based)
  - Effective (treatment can only be effective is a person is engaged)
  - Addresses the continuum of mental health and mental disorders
Unforgettable tenets from 35 years providing mental health services with people of color

- K.K. (vignette and poem)
  - Everyone life has a story and some are easier to tell then others
  - Assessing history of trauma, especially childhood trauma, is critical for understanding the context of appropriate treatment
  - Just because a client is saying nothing doesn’t mean the person doesn’t have something to say or that they are not hearing you
  - Engagement can sometimes be best measured by the fact that the person has come back to you to see what will happen
  - While shame comes in many forms, so does healing
Questions & Ending Comments? Another opportunity to add to your learning

- Reflection:

  - What knowledge, ideas, or skills have I learned today that add to my multicultural competency?

  - In what ways can I further develop cultural humility in my practice?
A word about self care and mental health care

- To be willing to enter a space with someone, who may be in their deepest depth of suffering, is compassionate, generous and truly courageous. I thank you for allowing me to give, learn and be alongside of you here. Please know, that I value each and every one of you, and I hope that your time as a mental health provider will be as meaningful for you as it has been for me.

- In closing, I would like to end with:
  - May you be well.
  - May you be peaceful and at ease.
  - May you be filled with loving kindness.
References