Shifting Stigma Perspectives Part II

Includes:
Final Report

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Completed for: Peterborough Drug Strategy
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Department: Sociology
Course Code: SOCI 4570Y
Course Name: Community-based research project
Term: Summer
Date of Project Submission: August 2013

Shifting Stigma Campaign

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Key Words:
stigma, public education campaigns, active minds, mind map, social distance, stigmatising attitudes, knowledge, focus groups, attitudes of health care practitioners, anti-stigma, mental health, substance use

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Acknowledgments

Thank you to everyone who supported me through the process of completing this project. I really appreciate the opportunity to work on this project and all the support and guidance I received throughout its development and completion. Thank you Professor Gillian Balfour, the Sociology Department at Trent University, Marjorie McDonald, the Trent Centre for Community-Based Education and Kerri Kightley of the Peterborough Drug Strategy. Also thank you to the Peterborough Drug Strategy's community partners.

Executive Summary

Mental health and substance use concerns can cause an individual to experience stigma, which decreases quality of life and creates barriers to accessing support services, in particular by increasing feelings of shame and difference (Dryden & Vieu-Robson, 2013). Stigma is deeply connected to a long western history of fearing altered mental states; this fear is rooted in the common misconception that individuals with mental health or substance use concerns are violent and unpredictable (Lucas, 2010). Stigma and drug use are both concerns in the Peterborough community. The Peterborough Drug Strategy's 2011 "Discussion Document: Substance Abuse in the Community" reported that "the community/societal cost of substance use in Peterborough County is estimated at almost $84 million. The majority (84%) are the indirect costs of lost productivity."

"Peterborough is a unique community with regards to population size, rural location, income disparities and unemployment, the city is particularly disadvantaged yet is decidedly politically conservative and poorly resourced" (Balfour, 2013). As reported in the Peterborough Drug Strategy's 2012 Report, people of all incomes use substances -- but poverty increases stigma and barriers to accessing support services and further increases a community's need for an anti-stigma campaign. Peterborough's unemployment rate is the third highest of all national census metropolitan areas according to the Peterborough Social Planning Council's "Quality of Life Report 2012." This report goes on to say, "Those in low income households are among the most vulnerable in our community ... Statistics Canada's Low Income Counts indicate over 12,000 individuals in Peterborough City alone are considered to be living in poverty." These income inequality gaps represent almost 15% of the city's population. Poverty in Peterborough is compounded by other social determinants of health, on which Peterborough scores above the

provincial average. These determinants include higher than average deteriorated quality of housing, and economic barriers to accessing social services and community support services. As well, the Social Planning Council report indicates

- Adult drinkers in Peterborough engage in heavy drinking at rates 9.1% higher than the provincial average (males 11.4% higher; females 7.5% higher)"(Canadian Community Health Survey (CCHS) 2007/8).
- Peterborough County-City Health Unit area has the 9th highest prevalence of heavy drinking amongst 36 health units (CCHS 2007/8).
- Heavy drinking amongst Peterborough adults has been steadily increasing since 2001, while the average in Ontario has been fluctuating or in decline (CCHS 2007/8).
- Peterborough County-City Health Unit area has the 9th highest prevalence of heavy drinking amongst 36 health units (CCHS 2007/8).
- Heavy drinking amongst Peterborough adults has been steadily increasing since 2001, while the average in Ontario has been fluctuating or in decline (CCHS 2007/8).

The Peterborough Drug Strategy completed a community consultation project from May to August in 2011. This consultation project engaged with people affected by substance use in Peterborough and the surrounding area. Results from this consultation project were published in the "Final Report for the Peterborough Drug Strategy: Community Engagement Project" and stigma related to substance use was cited as "by far the most common concern mentioned by participants." This report detailed how people in the greater Peterborough community find stigma related to substance use as a barrier to accessing support services. It was also reported

that stigma decreases the level of care received from health care providers. A substance use anti-stigma campaign was identified as an absolute need in the greater Peterborough community, in order to support individuals struggling with substance use to access support services at the earliest possible time.

The purpose of this report is to provide information to support the development of a successful anti-stigma campaign in the Peterborough community, congruent with the recommendations and best practices based on a literature review, as well as findings in the "Final Report for the Peterborough Drug Strategy: Community Engagement Project" and "Anti-Stigma Addiction Campaign Secondary Analysis: Best Practices and Recommendations"

The following recommendations are made for a shifting stigma campaign for the greater Peterborough community:

- Budget for a long-term campaign, one year minimum (Dryden & Vieu-Robson, 2013).
- Develop and assess campaign outcomes using "Public Stigma Scale", "Social Distance Scale," and "Knowledge Test" (Chan et al., 2009).
- Collaborate with "experts by experience" and local grass roots organizations (Pinfold et al., 2005).
- Create a 30 minute anti-stigma lecture and a 15 minute video -- with the help of community partners and "experts by experience" (Chan et al., 2009).
- Use ***'The Same or Not the Same' anti-stigma program for secondary schools in Hong Kong'*** as a guide for the development of the lecture and video (Chan et al., 2009).
- Create campaign materials for media outlets, including radio, print and online (Dryden & Vieu-Robson, 2013).
- Present anti-stigma video and lecture to secondary schools students, post-secondary students, nurses and other front-line health providers.

Existing Campaigns - Literature Review

1. ***Combining education and video-based contact to reduce stigma of mental illness: 'The Same or Not the Same' anti-stigma program for secondary schools in Hong Kong***

This study found adding video-based contact (15 minutes video viewing) can significantly improve the results of an anti-stigma campaign but only when the video-based contact occurs after an education component (Chan et al., 2009). Three measures were used to rate the effectiveness of this campaign: stigmatizing attitudes (Public Stigma Scale), social distance (Social Distance Scale), and knowledge (Knowledge Test) (Chan et al., 2009). The Public Stigma Scale measured stigmatizing attitudes by addressing three attitudinal dimensions: "affective (e.g., 'People with schizophrenia are repulsive'), cognitive (e.g., 'People with schizophrenia are a burden to society'), and behavioral (e.g., 'When you meet someone with schizophrenia, it is best to avoid him/her')(Chan et al., 2009). The Social Distance Scale measured stigmatizing attitudes with 11 statements and corresponding scales, e.g., "I would not invite someone who has schizophrenia to my birthday party" (Chan et al., 2009). The Knowledge Test consisted of 32 true-false statements designed to test the schizophrenia related knowledge level of the participants (Chan et al., 2009). Although this campaign and these measures were designed for stigma related to schizophrenia, a similar approach and modified measures could be used for a substance use anti-stigma campaign.

For the education component of this campaign, a 30 minute lecture, referred to as a "demythologizing" lecture, was followed by a 5 minute question-and-answer session (Chan et al., 2009). The lecture consisted of content that challenged 13 myths about mental illness with empirical evidence (Chan et al., 2009). A slide-show was used for the presentation of the evidence against the common misconceptions about mental illness (Chan et al., 2009). The video

component of this campaign was key in achieving successful outcomes only when presented after the demythologizing lecture and question-and-answer period (Chan et al., 2009). The video was 15 minutes long and featured four people living with schizophrenia, two males and two females (Chan et al., 2009).

The video had four key components (Chan et al., 2009: 1523):

1. "The video place particular emphasis on describing the post-treatment living arrangements ... "
2. "The video highlighted similarities rather than differences between them (the individuals living with schizophrenia) and the audience in terms of their needs, interests, and lifestyles ..."
3. "A fast-paced, lively, and dramatized approach was used to portray daily activities of these four persons ..."
4. "The video featured the opinions of family members, friends, and colleagues of these four persons to provide modeling of social support and acceptance for the audience."

2. Focus Groups as Sites of Influential Interaction: Building Communicative Self-Efficacy and Effecting Attitudinal Change in Discussing Controversial Topics

Small groups of people, typically no more than 12, when used for marketing, public opinion or as a scholarly research method are referred to as focus groups. Focus groups are intended for data collection but this article found that "focus group participation more often than not results in some change in attitude regarding the topic of discussion (Zorn et al, 2006)." Therefore, attitudinal change is an unintended consequence of focus group participation. The case study analyzed in this article found that both "participation" and "interaction" during focus groups can lead to participants experiencing increased feelings of self-efficacy, motivation and empowerment in addition to attitudinal shifts (Zorn et al, 2006). Focus groups on the topic of stigma related to substance use can presumably have a similar beneficial effect on participants.

3. Nurses' Attitudes toward Substance Misusers. III. Emergency Room Nurses' Attitudes, Nurses' Attitudes toward Impaired Nurses, and Studies of Attitudinal Change

This article found emergency room nurses generally have stigmatizing attitudes towards patients that use and or are physically dependent on substances and that the stigma attached to these patients reduces the level of care they receive (Howard & Chung, 2000). Programs designed to create an attitudinal change in nursing populations tend to do better at increasing knowledge levels than reducing stigmatizing attitudes towards patients who use substances (Howard & Chung, 2000). This article highlights the importance of an anti-stigma campaign to be much more than a brief educational intervention in order to create attitudinal change which will reduce stigma and improve the quality of care received by patients who use substances (Howard & Chung, 2000).

4. *Active Ingredients In Anti-Stigma Programmes in Mental Health*

This article looked at related literature and a 2005 anti-stigma campaign called "Mental Health Awareness in Action (Pinfold et al., 2005)." Testimonies of service users was identified as the single most important component of a successful anti-stigma campaign, specifically testimonies that detail both experiences with living with, in this case a mental health "problem" and what accessing a variety of related services has been like (Pinfold et al., 2005). It was recommended that "experts by experience," meaning both consumers and providers of services be involved in the design of the anti-stigma campaign from the earliest time as possible and throughout (Pinfold et al., 2005). Further recommendations include, involving local grass roots organizations and making both the campaign's messages and targets as clear as possible (Pinfold et al., 2005).

In summation, these studies suggest anti-stigma campaigns are needed to address the social isolation and oppression of marginalized populations by health care professionals, as well as lay people. In addition, the findings of these studies support that it is vital for anti-stigma campaigns to include people with lived experience of stigmatization. The Peterborough Drug Strategy Consultation Project provides a glimpse into the impact stigma has on members of the greater Peterborough community and further highlights the great need for an anti-stigma campaign.

<u>Stigma In The Peterborough Community</u>

Voices From the Peterborough Drug Strategy Consultation Project

"If you do drug's you're 'so bad', so you just stick with the drug people. It's fine to say drugs are bad, but what do you do if you are into drugs? Where are the supports for those people? There is a lot of judgment and **stigma**; you don't know who to talk to for help."

"You need more outreach workers, people you can trust. People who you feel like you can tell them anything and they won't judge you or report you."

"I find that because I come from a family of users that's all that people see when they look at me: the kid from a drug filled life."

"What if they provided more help then just drugs, then maybe people wouldn't make assumptions about you. More 'general help' ..."

"Some programs people don't feel like they'll fit in so they don't go there."

"It's a good way to drown out the thoughts, you might think [being queer] is a bad thing even if your family is supportive."

"I find that when people talk about drugs it's only how it makes the city look or when you come across a user it's all about the drugs. People need to see not only the drug but the user too."

"Youth service and addiction specific services are a barrier for youth in the county, usually due to availability and access, transportation and **stigma**."

"Another key concern that came up among some key youth informants was that if the had family that had been involved in drug and addictions, that the police would make assumptions based on that person's family. This was seen as **stigmatising** and discouraging to youth, especially if they were trying to get away from that lifestyle or identity."

"Youth in the counties expressed significant barrier to seeking service or counselling regarding substance use because of **stigmatisation**: 'Everyone knows each other business' and people can tell when you are going into counsellor ... 'There's less people in small towns so you know everyone here so it's harder to tell them (guidance counsellors) stuff. Everybody's in your business. If you tell one person everyone knows."

"Issues around ability, lack of trust, profound **stigma** and living in unsafe housing gets in the way of receiving supports through ordinary channels."

"Issues around ability, lack of trust, profound **stigma** and living in unsafe housing gets in the way of receiving supports through ordinary channels."

“One on one counselling could be improved as well as perhaps the community could work on eliminating the **stigmas** that currently exist around utilising and needing professional therapy or counselling. **Stigmatisation** is one of the primary causes
of individuals avoiding services and support in relation to substance abuse.”

“This is a tough one...it's like accessing mental health services. There is a **stigma** and people do not want others to know your problems. I know in the county there is NO advertisement of the above listed resources for people to access, only what you see on TV.”

“It's a complicated issue that is not on the radar of the average citizen. I think continued collaboration between health, social, and justice systems is a move in the right direction. Increased public awareness through media releases and public forums would also help to **de-stigmatise** this issue.”

“Stay focused and keeps on working toward and common goal - stick together, stay informed, teach our children well!!! The **stigmas** please - pure forms of drugs and alcohol and proper administration/reduce/remove.”

“Mental health issues need to ‘come out of the closet’ and be recognised as the new normal so that people are not **stigmatised** and they feel okay asking for help. Youth are a particularly vulnerable group in the County areas especially. I believe that there is a strong issue with **stigma** in the community in general meaning that family/social issues that may contribute to youth drug use are not address although outreach services may be available. I believe that work around social **stigma** in combination with more positive activity availability for families and youth would create a positive shift in affect of drugs usage in the county.”

Analysis of Stigma in The Peterborough Community

Stigma was acknowledged as a barrier to accessing support services by all age groups within both the general population and service providers in the greater Peterborough community. It was noted that the stigma associated with substance use can make people feel as though they are alienated by the wider community. Stigma and alienation prevent individuals from accessing services, especially in towns and villages, as the smaller the population, the less anonymity one feels when accessing services.

Stigma is a barrier to accessing services because of fear of being judged by those who are not part of the substance use sub-culture. If individuals knew there was someone they could talk to who would not judge them, they would be more apt to access the support services they may

need. A long-term, multi year campaign is necessary in order to create attitudinal change on substance use and the measures “Public Stigma Scale,” “Social Distance Scale,” and “Knowledge Test” should be used in order to evaluate the campaign’s effectiveness (Chan et al., 2009). Presenting an anti-stigma video and lecture to secondary schools students, post-secondary students, nurses and other front-line health providers will begin to address the attitudinal change necessary to reduce the stigma relating to substance use in the greater Peterborough community.

The Peterborough Drug Strategy consultation project also revealed that youth feel stigmatized because of drug and alcohol use within their family unit. Therefore, the shifting stigma campaign should address stigma at an individual, family and community level and provide information of where one can go to access support services within a judgement-free environment. Creating campaign materials for media outlets, including radio, print and online will address this need (Dryden & Vieu-Robson, 2013).

Campaign Recommendations

- Budget for a long-term campaign, one year minimum (Dryden & Vieu-Robson, 2013).

- Assess campaign using “Public Stigma Scale”, “Social Distance Scale,” and “Knowledge Test” (Chan et al., 2009).
- Collaborate with “experts by experience” and local grass roots organizations (Pinfold et al., 2005).
- Create a 30 minute anti-stigma lecture and 15 minute video with the help of community partners and “experts by experience” (Chan et al., 2009).
- Create campaign materials for media outlets, including radio, print and online (Dryden & Vieu-Robson, 2013).
- Present anti-stigma video and lecture to secondary schools students, post-secondary students, nurses and other front-line health providers.

Create a feasible budget that would allow for a long-term, at least one year long, anti-stigma campaign in the Peterborough community. Choose manageable measures to rate the efficacy of the campaign, before, during and after contact with target groups, such as the “Public Stigma Scale,” “Social Distance Scale,” and “Knowledge Test” (Chan et al., 2009). Engage with local service providers and grass roots organizations to find “experts by experience” that can help develop the anti-stigma campaign from the ground up (Pinfold et al., 2005).

Through community focus groups that involve key stakeholders and the “experts by experience” develop an anti-stigma campaign for secondary students which contains an education component, followed by a video-based contact (Chan et al., 2009). In addition, create meaningful content with specific messages that can be used by local media, including radio, print and online (Dryden & Vieu-Robson, 2013). An example is found below. These information cards were handed out by a Trent University mental health group called “Active Minds.”

Post completion of the secondary student campaign, it is recommended to have interested secondary students become involved in the development and delivery of a slightly modified campaign for post-secondary students, with an emphasis on engaging Nursing and Drug &

Alcohol Counsellor students at Fleming College and Trent University. After the completion of the post-secondary campaign, have interested secondary and post-secondary students participate in community focus groups, co facilitated by the "experts by experience," in order to develop a campaign suitable for nurses and other front-line health providers in the Peterborough Community.

The theory of Intersectionality should inform the shifting stigma campaign in order to address the needs of individuals who may be experiencing increase levels of stigma as a result of other dimensions of their identity. Intersectionality is a sociological theory which states it is "crucial to move beyond attention to one variable at a time to a consideration of their continual dynamic interplay in the context of shifting powers" (Clarke, 2012). In other words, gender, sexual orientation, culture, race, class and ability should be addressed as sources of oppression that impact an individual's and community's experience of stigma, resulting in a synergistic negative impact on bio-psycho-social functioning and increased barriers to accessing support services. Collaborating with "experts by experience" and local grass roots organizations should ensure the diversity of the population affected by stigma is represented in the shifting stigma campaign (Pinfold et al., 2005). Creating the 30 minute anti-stigma lecture and 15 minute video with the help of community partners and "experts by experience" should also help to represent the diversity and complexity of the greater Peterborough community and those individuals who feel stigmatized (Chan et al., 2009).

Trent University's Active Minds Anti-Stigma Campaign

Stigma is shame | Shame causes silence | Silence hurts us all

www.activeminds.org/stopstigma

activeminds

Be a Stigma Fighter!

1. Know the facts.

Stigma is a set of negative attitudes and behaviors toward people who are seen as "different."

Stigma prevents people from seeking help and makes them feel ashamed .

50 million people struggle with a mental health disorder each year; only 25% seek help.

2. Avoid stigmatizing others.

Put the person first: "James has bipolar disorder" instead of "James is bipolar."

Avoid using the term "crazy" as a label for others and/or their behavior.

3. Speak out—Educate.

Remind people that we all have mental health to maintain.

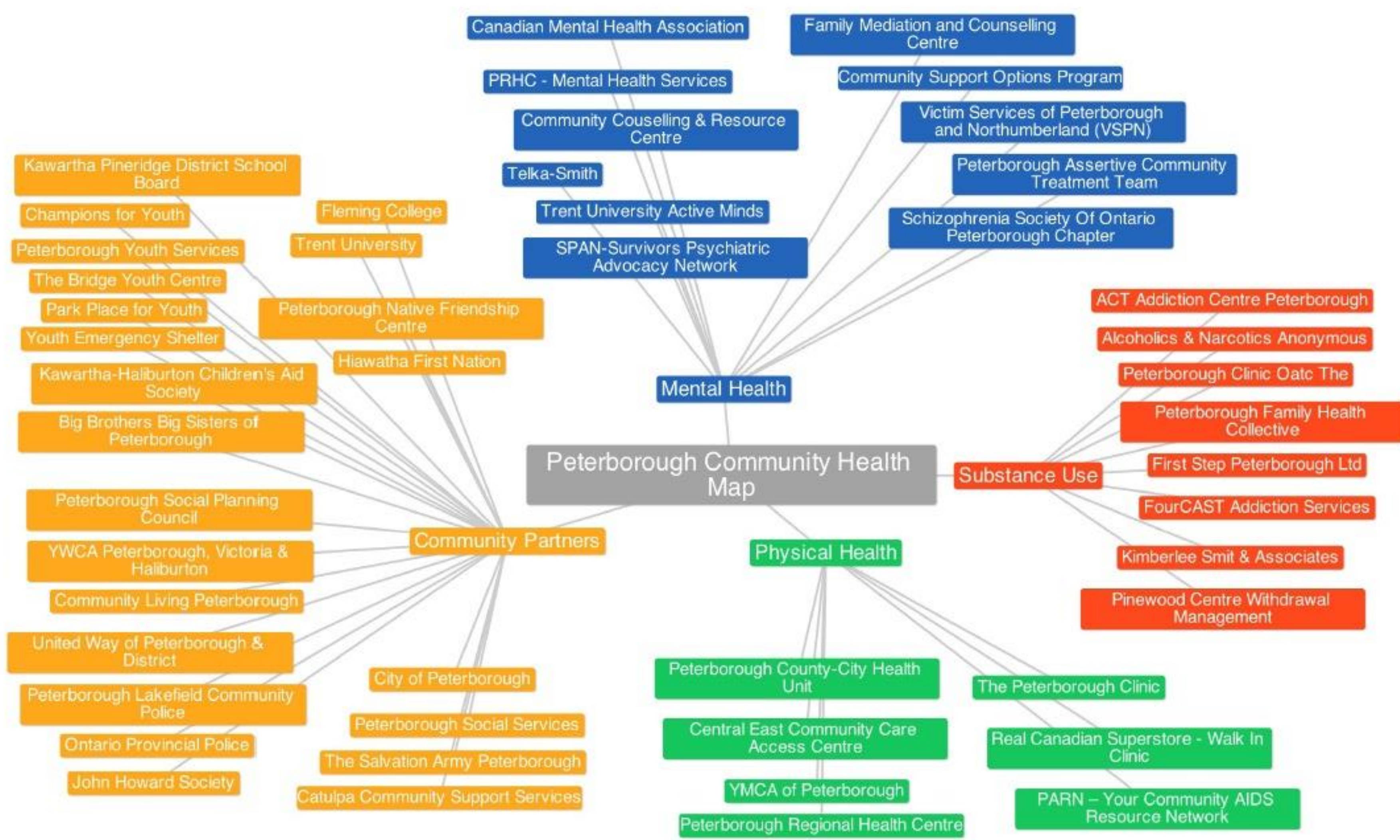
1 in 4 young adults has a diagnosable mental health disorder in a given year.

4. Be a campus advocate.

Consider joining your Active Minds chapter and speak up in your community!

Community Health Mind Map

The Community Health Mind Map found on the following page of this report is a guide to identified service providers and organizations who work with and/or advocate for individuals who use substances and/or live with a concurrent disorder (mental health and substance use disorder). The Community Health Mind Map's layout emphasizes a holistic approach to physical and mental health and can be used to guide the formation of a steering committee for the Shifting Stigma Campaign.


Peterborough Community Health Map
Mental Health
Canadian Mental Health Association
PRHC - Mental Health Services
Community Couselling & Resource Centre
Telka-Smith
Trent University Active Minds
SPAN-Survivors Psychiatric Advocacy Network
Family Mediation and Counselling Centre
Community Support Options Program
Victim Services of Peterborough and Northumberland (VSPN)
Peterborough Assertive Community Treatment Team
Schizophrenia Society Of Ontario Peterborough Chapter
Substance Use
ACT Addiction Centre Peterborough
Alcoholics & Narcotics Anonymous
Peterborough Clinic Oatc The
Peterborough Family Health Collective
First Step Peterborough Ltd
FourCAST Addiction Services
Kimberlee Smit & Associates
Pinewood Centre Withdrawal Management
Physical Health
Peterborough County-City Health Unit
Central East Community Care Access Centre
YMCA of Peterborough
Peterborough Regional Health Centre
The Peterborough Clinic
Real Canadian Superstore - Walk In Clinic
PARN – Your Community AIDS Resource Network
Community Partners
Kawartha Pineridge District School Board
Champions for Youth
Peterborough Youth Services
The Bridge Youth Centre
Park Place for Youth
Youth Emergency Shelter
Kawartha-Haliburton Children's Aid Society
Big Brothers Big Sisters of Peterborough
Peterborough Social Planning Council
YWCA Peterborough, Victoria & Haliburton
Community Living Peterborough
United Way of Peterborough & District
Peterborough Lakefield Community Police
Ontario Provincial Police
John Howard Society
Fleming College
Trent University
Peterborough Native Friendship Centre
Hiawatha First Nation
City of Peterborough
Peterborough Social Services
The Salvation Army Peterborough
Catulpa Community Support Services

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