**Mood Disorders** Society of Canada
La Société Pour **Les Troubles de L'Humeur** du Canada

# An Anti-Stigma CME for Family Physicians and Specialists

Presentation to the

12th Canadian Collaborative Mental Health Care Conference

ASSOCIATION MÉDICALE CANADIENNE
CANADIAN MEDICAL ASSOCIATION
MENTAL HEALTH COMMISSION OF CANADA • COMMISSION DE LA SANTÉ MENTALE DU CANADA •
Bell
North Bay Regional Health Centre
Centre régional de santé de North Bay
AstraZeneca CANADA

# Disclosure

Our speakers have no involvement with industry, and have nothing to disclose nor cannot identify any potential conflict of interest in this presentation.

# Mood Disorders Society of Canada (MDSC)

MDSC is incorporated as a national, not for profit, consumer driven, voluntary health charity committed to ensuring that the voices of persons with lived experience, family members and caregivers are heard on issues relating to mental health and mental illness and in particular with regard to depression, bipolar illness, anxiety and other associated mood disorders.

# MDSC Current Initiatives

- Canadian Medical Association Stigma and Discrimination CME – 75,000 Family Physicians & Specialists
- Building Bridges – In partnership with the Native Mental Health Association of Canada
- Correctional Services of Canada-Front Line Staff Ex-offender Reintegration Mental Health Training
- National Anti-Stigma Campaign-Elephant in the Room
- Ride Above Depression Awareness Campaign

# MDSC Current Initiatives (cont.)

- Public Presentations
- Mental Health in the Workplace
- Discussion Forum (over 15,000 posts)
- Social Media Campaign
- MDSC publishes the most widely read and cited compendium of mental illness statistics in Canada under the title "Quick Facts: Mental Illness and Addiction in Canada" and also publishes very popular informational booklets dealing with bipolar illness and depression
- MDSC's website is among the most visited website for comprehensive and objective information on mental illnesses in Canada

# Prevalence of Stigma and Discrimination

Persons with lived experience and families views of the pervasiveness of stigma have been confirmed through research. In a recent UK survey, 70% of 556 respondents reported that either they or a family member had experienced stigma as a result of mental illness. Of those, 44% from their primary care physician and 32% from other health care professionals. In a Canadian survey of attitudes towards disabilities, respondents reported that, of all disabilities, they were the least comfortable when in the presence of someone with a mental illness. These attitudes lead to discriminatory actions.

# MDSC Stigma Research

- MDSC determined that mental health stigma was of national significance and we set out on a multi-year strategy to aimed at reducing the harm of stigma.
- In October 2006, the MDSC held a 3-day national workshop to explore the issues around stigma and discrimination. The workshop attracted 90 participants which included: researchers, persons with lived experience, family members, politicians, advocates, policy makers, international specialists.
- The workshop developed a report that formed the foundation for scientific research questions that would facilitate the development of an evidence-based agenda to deal with stigma and discrimination.

# MDSC Stigma Research (cont.)

- Stigma – The Hidden Killer, MDSC, May 2006
- Stigma and discrimination – as expressed by mental health professionals, MDSC, November 2007
- Stigma research and anti-stigma programs: From the point of view of people who live with stigma and discrimination everyday, March 2009
- National and International Stigma Research Workshops – 2006 and 2007
- Wait Times for Psychiatric Patients in Hospital Emergency Rooms Across Canada – 2008
- See www.mooddisorderscanada.ca/research for these and other studies

# Stigma: A National Perspective

Micheal Pietrus - Director, Opening Minds

# Stigma

Stigma is one of the major barriers preventing people from seeking help

40% of Canadian parents would not tell anyone if their child had a mental illness

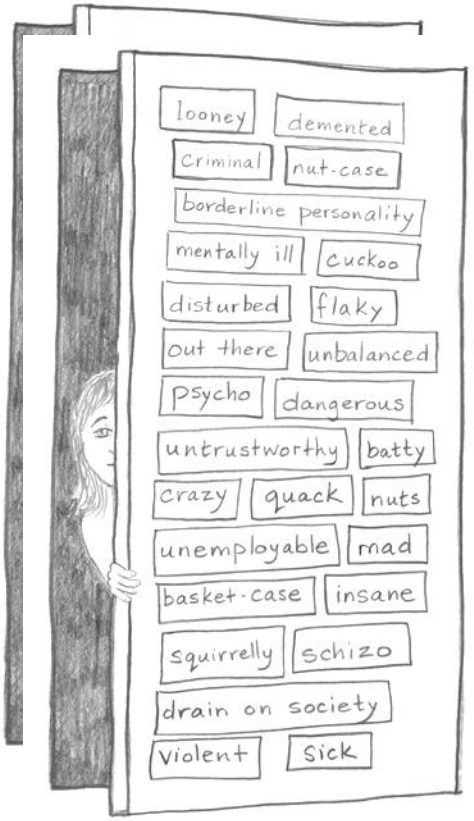
Only 1 child in 6 who is diagnosed with a mental health problem gets help

Many people living with a mental illness say the stigma they face is often worse than the illness itself

One third of the news stories about mental health focus on murder and violent crimes

# A Quick Tour of Terms

- **Literacy** is knowledge about symptoms of mental illnesses, their treatments & available services
- **Prejudice** is a negative attitude that is resistant to change
- **Discrimination** is unfair treatment that denies ones' human rights
- **Stigma** is a complex social process that is the culmination of prejudice and discrimination




Donna, 2003

# Five Common Approaches

- **Structural change**
  - Improve equity and social justice
- **Contact-based education**
  - Improve attitudes & behaviours
- **Protest Initiatives**
  - Change offensive language or behaviour
- **Traditional education**
  - Improve literacy and help-seeking
- **Social marketing campaigns**
  - Improve awareness and attitudes

# "Opening Minds" – Anti-Stigma Initiative

## Opening Minds has three main goals:

- Change the view of Canadians so they treat people with mental illness as full citizens
- Encourage organizations to eliminate discrimination
- Ensure individuals living with mental illness experience equal opportunities in society and in life

# Four Key Target Groups

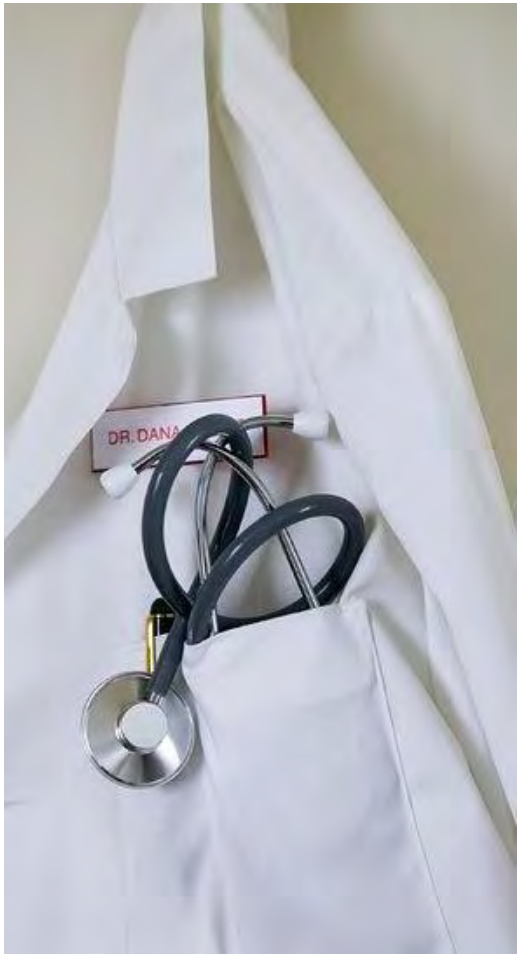
- YOUTH
- HEALTH CARE PROVIDERS
- WORKFORCE
- MEDIA

# "Opening Minds" – Anti-Stigma Initiative

- Partnering with 51 projects
- 28 projects are active
- Common theme "Direct Contact Education"

# Practice Support Program

- Mental health learning module developed for family physicians in B.C.
- Designed to increase the GP skills and confidence in diagnosing and treating mental health conditions
- One third of the province's 3300 family physicians have taken the course
- 94% felt the training had resulted in improved patient care
- 42% reduced the number of drug prescriptions written



# Improving Health Outcomes

## Developing a National Anti-Stigma Training Program for Family Physicians and Specialists

## Reducing Stigma and Discrimination

## Overview

# Project Background

On September 9, 2010 the MDSC signed a Memorandum of Understanding with the CMA to produce a one hour continuing medical education (CME) web-based course on the stigma of mental illness and what individual physicians need to understand to combat stigma within their profession.

# Project Goals

- To create a set of standardized learning modules for Family Physicians and Specialists to use for providing stigma free environments.
- To provide an evidence-based anti-stigma program for all family physicians and specialists.
- To use a collaborative approach ensuring that the best possible program is developed by using a broad stakeholder engagement process.
- To submit the program for accreditation by the College of Family Physicians of Canada and Royal College of Physicians and Surgeons of Canada.

# Physician Input

On September 23, 2010, the Canadian Medical Association, the Canadian Psychiatric Association, the Canadian Paediatric Society and the College of Family Physicians of Canada held a workshop in Toronto on September 23, 2010. The objective of the workshop was to build a shared understanding among physicians about the sources of stigma in the health care system and to develop recommendations for action to end stigma and discrimination and achieve parity in health care.

This workshop provided additional direction for our project.

# CME
# Challenging Stigma in Canada's Physicians

## Subject Matter Experts


- Thomas Ungar MD FRCPC Chief of Psychiatry North York General Hospital

- Rivian Weinerman BSc(Med), MD FRCPC Regional Head Division of Collaborative Care Psychiatry Vancouver Health Authority

# LEARNING OBJECTIVES

1. Examine their attitudes, beliefs and behaviors towards persons with mental health problems and identify mental health problems as real, organic disease states.
2. Describe an organized approach to the treatment of mental health issues using simple practical skills and competencies that work within a busy clinical practice to help in the prevention, treatment, recovery and relapse prevention of persons with mental health disorders and other chronic diseases.
3. Develop an increased level of comfort and interest in addressing mental health problems as real medical illnesses that effectively combat the stigma of mental health disorders within one's practice.

# ON-LINE CME

- Front line healthcare providers
- Physicians-Busy schedules, use on-line accredited CME
- Physicians-Many unaware of problem of stigma
- Opportunity to reach docs through their personal professional development

# 3 Patient Examples

- Depressed patient video snippets

- Schizophrenic patient with depression and substance abuse

- Chronic Disease patient with Anxiety

# Educational Strategy Content and Design

- 3 pronged

1. ATTITUDES

- Personal reflection exercise
- Address attitudes, behaviours, social distance
- Myths vs facts
- Fundamental fears
- Contact (Video) with persons with lived experience including physician
- Stories, testimonials (video) of provider attitudes (pre and post )

# Educational Strategy Content and Design (cont.)

2. KNOWLEDGE- sampling-3cases

- Understanding of signs, symptoms, causes of mental illness
- Visuals – neuroimaging (real)
- Emerging patho-physiology, biologic, psycholical, social causes, and treatments

# Educational Strategy Content and Design (cont.)

3. IMPLENTATION- Transition to change in practice

- Use BC module core component -CBIS as sample of implementation of organized approach/protocol

- What they can do tomorrow in their practice

# CBIS as a sample

- Diagnostic Screening interview
- Problem List
- Resource/Strength List
- Care/action plan
- CBT skills as well as pills

# WEBSITE

www.gpscbc.ca/psp-learning/mentalhealth/tools-resources

# Tomorrow- Take Step into the Future

- Pick 3 patients
- Depression, Psychosis, Chronic Disease
- Ask MOA to set up 4 -20 minute sessions,
- Have CBIS on computer desktop
- Try the approach with their attitudinal and knowledge change

# Summary

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2. Describe an organized approach to the treatment of mental health issues using simple practical skills and competencies that work within a busy clinical practice to help in the prevention, treatment, recovery and relapse prevention of persons with mental health disorders and other chronic diseases.
3. Develop an increased level of comfort and interest in addressing mental health problems as real medical illnesses that effectively combat the stigma of mental health disorders within one's practice.

# Hope and Recovery

# Panel Discussion

## Panel Chair-Phil Upshall

## Panel Members:

- Mr. Michael Pietrus  (Mental Health Commission of Canada)
- Richard Chenier, (Mood Disorders Society of Canada)
- Dr. Rivian Weinerman, Vancouver Health Authority
- Mr. Dave Gallson (Mood Disorders Society of Canada)

# In Conclusion

Thank you for your time. Patient led initiatives such as this are important to MDSC. Please feel free to contact us at any time for updates on our progress.

Contact us at:

www.mooddisorderscanada.ca

info@mooddisorderscanada.ca