BEST PRACTICE MODELS

BEST PRACTICE MODELS for Prevention of Mental Disorders

[1] Universal Programs

a) Safety, housing, food, welfare

b) Family functioning, parenting and Pro-social functioning (Human Capital)

c) Education to potential

d) Reduction of toxic factors

i Biological factors

ii Psychological and social factors

[1 d ii] Reduction of toxic factors of a psychosocial nature

[1d ii] Stigma reduction

There are a number of steps that can be taken to reduce the stigma suffered by people with mental disorders. These are predominantly educational, but also involve active monitoring and affirmative action. They can be summarised as:

- Improving the public understanding of mental disorders and reducing fear
- Improving public awareness of stigma causing harm
- Reducing the harassment of victims through hurtful comments
    - By media
    - By professionals
    - By the public
- Strengthening coping
- Improving access to helping services
- Improving the quality of services

The MHYFVic Stigma Initiative supports intervention at all six of these levels so that collectively the burden of stigma will be reduced.

Improving the public understanding of mental disorders and reducing fear is an essential step in changing the status from castigated out-group to assisted in-group. Public education programs are necessary, together with the "Mind Matters" Program made available through the Education Department. This has three important components that directly counteract stigma. These are "Understanding mental illnesses", "Dealing with bullying and harassment" and "Enhancing resilience". MHYFVic advocates the participation of all Victorian school children in such programs.[8]

Improving public awareness of stigma causing harm is also necessary. The *Mindframe National Media Initiative* has produced extensive guidelines for media professionals. "The resource is designed to inform responsible and appropriate reporting of suicide and mental illness in order to reduce harm and copycat behaviour, and reduce the stigma experienced by people who experience mental illness".[9] Awareness of copycat suicides and other harm has led to an editorial policy of avoiding explicit descriptions and for including "where to get help" messages in articles. It has not, however, reduced the prurient interest of linking most incidents of bizarre behaviour with attributions of mental illness.

The most important mechanism to reinforce adherence to the code is by active monitoring and feedback. SANE StigmaWatch offers such a program. When examples occur of negative or inappropriate stereotyping, the program

contacts the media and the journalist involved to make them aware of the potentially harmful consequences of their story. They report that on many occasions the media acknowledge the transgression with an apologetic explanation that they had not been aware of the hazard. StigmaWatch reports, however, that the incidence of such reporting does not appear to have diminished greatly, and there is still a long way to go.[4]

The high prevalence of hurtful comments that have originated from mental health professionals indicates a need for specific professional training. This can be done by a self-testing, education and self-monitoring program based on the fourteen questions raised by Peter Byrne.[7] (See Appendix One, below)

The reduction of hurtful comments by members of the public requires an increase community awareness regarding all mental illnesses through a national educational campaign. Such campaigns are only effective if sustained for prolonged periods, like the anti-smoking campaign. Another necessary element is the confrontation of perpetrators with the unacceptability of their behaviour. For victims who are not necessarily very articulate and who may already be experiencing lowered self-esteem and feelings of inferiority this is a feared task. There are also concerns about safety in such confrontations. However, the preparedness and skills to make such responses are part of the general issue of strengthening individual coping with stigma.

Studies indicate that cognitive-behavioural therapy is effective in assisting people to cope with demeaning comments. Alongside therapeutic approaches to assist in coping with positive and negative symptoms of the mental disorder, it is reasonable to expect that there should be components assisting with strengthening capacity to cope with stigma. A major element of this is empowerment of the individual to assert himself or herself appropriately in social situations. This should be part of any effective mental health therapeutic process. Improving access to helping services remains one of the most important ways of reducing the severity of impact of stigma. Improving the quality of services to ensure the availability of appropriate cognitive-behavioural or equivalent treatments is a related goal.

(Appendix One) Changing practice of mental health service-providers

The evidence points to mental health professionals, themselves, needing to change their practice to give a lead to the public. Positive answers are needed to the following fourteen questions before a service can be truly regarded as providing adequate care for your clients.

- Could you give a talk about stigma next week?
- What have you done to reduce stigma for your patients?
- Is ‘stigma’ on the teaching curriculum for trainees?
- What research is being done about stigma in your field?
- What mechanisms are in place to challenge prejudice and stereotypes re clients?
- Do you complain about instances of stigma (for example in the press)?
- How do you reduce barriers for your clients to voice their concerns?
- Is long-term rehabilitation adequately assisted?
- Does the client’s treatment plan address self-image and support networks?
- Are there specific plans to deal with adverse experiences such as bullying?
- Is coping with stigma included in the CBT program?
- Do client and family know enough about the diagnosis to counter prejudice?
- Is there a means of transforming the client from patient to advocate?
- Is there additional support for those with cultural and linguistic difficulties?

[Go to Policies POL1d ii]

[Go to Project Evidence PE1d ii]

[Back to Index]

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