

# **Addressing Social Stigma in Early Episode of Psychosis: An Innovative Program Approach**

**Tara Turloukis, RN, BScN (c)**

**Tasha Penney, RN, BScN, MN (c)**

# Objectives

- This presentation will aim to:
  - Illustrate how social stigma can negatively impact youth experiencing psychosis in a first episode population
  - Describe an innovative inner city mental health case management outreach program designed to assist youth experiencing first episodes of psychosis
  - Summarize scholarly research, apply critical social theories to the idea of social stigma and share frontline experience
  - Share recommendations for future practice of mental health care professionals

# Agenda

- What is stigma and why are we interested in talking about it?
- How does stigma affect the first episode population?
- Discussion of critical social theories and how it relates to mental health stigma
- The STEPS for Youth program at St. Michael's Hospital and the unique ways they're reaching out and playing a role in facing stigma and mental illness
- Case vignette
- Recommendations for future practice

# Definition of Stigma

- The negative attitudes and beliefs that are held about people who are perceived as different
- In the Western culture, people who exhibit abnormal behaviour are treated with stigmatizing attitudes and behaviours by society on a frequent basis
- Individuals who have been diagnosed with a mental illness (i.e. schizophrenia) are all likely to experience stigma

# Negative Effects of Stigma

- Decreased quality of life
- Social isolation and exclusion
- Loss of social supports
- Avoidance of help-seeking
- Hiding signs and symptoms of psychosis
- Decreased employment
- Low self-worth

# Relevance to Nursing

- The purpose of early intervention in psychosis is to provide medical treatment and psychosocial support as soon as symptoms appear with the goal of fast recovery and decreased future psychotic episodes
- Very difficult if youth are not seeking treatment and are hiding symptoms from their families and peers
- Engagement is a significant challenge as many clients have difficulty accepting the diagnosis of a stigmatized illness
- This topic is relevant to community mental health nurses as they are in a special position to address stigma and alleviate its negative effects by providing education to mental health consumers, their families, and the public and by personally counseling individuals who have or may experience stigma

# Critical Social Theories and Community Nursing

- No single critical theory
- Includes many perspectives (i.e. feminist theory, gay and lesbian studies)
- Goal is liberation from oppression (i.e. critiquing the status quo and acting to change it)
- Developed by oppressed groups to understand their situations, empower themselves, and make changes in conditions affecting their lives.
- Critical theories focus on communities

# Assumptions

- All research, theory and practice is political
- Oppressive power relations are common in society
- Usual ways of thinking and getting things done are open to systematic questioning and criticism
- Social, economic, and political conditions have a history (i.e. Deinstitutionalization)
- We can better understand society's health by examining history, oppressive social arrangements, economic inequities, and political disenfranchisement
- Liberation from oppression is part of any group's pursuit of well-being and integrity

# Applying Critical Theories in Community Mental Health Nursing

1. Take a clear stand in solidarity with vulnerable and oppressed populations (i.e. youth experiencing psychosis)
  - Nurses have a responsibility to communities who are most vulnerable
2. Ask critical questions that expose oppressive situations
  - Who has access to resources? Whose interests are being served in society?
3. Connect with communities and work with them to name and solve health problems
  - From the community's perspective
4. Form coalitions with other community groups working toward similar goals
5. Use collective strategies

# STEPS for Youth Program

- Starting Treatment Early for Psychosis Service (STEPS) for Youth is an early intervention community outreach program at St. Michael's Hospital
- Serves youth between the ages of 16 and 25 in the inner city of Toronto, Ontario who are experiencing signs and symptoms of what may be a first episode of psychosis
- Assessment, treatment and case management are provided by a multidisciplinary team comprised of nurses, social workers and a psychiatrist

# How do we help our clients deal with stigma?

- Life Skills groups held at the STEPS office building
- Social groups
  - Getting Out Group ~ movie and coffee outings
  - Social outings to allow clients to enjoy organized activities together ~ Ontario Science Centre, Art Gallery of Ontario

# How do we help our clients deal with stigma?

- Assisting and ensuring clients access appropriate services for their needs
- Advocating on their behalf if they are unable to
- Addressing stigma in a comfortable environment, free of judgement
  - allowing clients to speak freely about their experiences
  - using recovery based model to address stigma

# How do we help our clients deal with stigma?

- Ensuring family members are well educated about psychosis, symptoms, medication use and the role of the mental health system
- Educating community partners and other health related staff
  - Shelter staff, home care/community health centre nurses, employment centre staff etc

# Case Study - MT

- 18 year old female
- Started experiencing early signs and symptoms of psychosis while she was at home from university working at a summer job
- Worked with two other friends from university at an ice cream parlour
- MT's friends noticed that she was ignoring customers when they came in, was spending a lot of time on the computer at work and seemed quite paranoid that she was being watched and followed
- MT was given fewer shifts at work due to her inconsistency

# Case Study Con't

- MT noticed that her friends did not invite her to several parties over the summer and when they were looking for apartments to rent during school they did not ask her to come with them
- MT's friends rented an apartment without including her and when asked they indicated that they did not think she would be returning to university
- MT returned to university and lived with her aunt and uncle in the same city, however two months later returned home unable to cope at school
- MT's family observed her talking to herself and was increasingly agitated. MT began making bizarre accusations that her neighbour could hear her thoughts and was recording them on the Internet

# Case Study Con't

- MT was referred to the STEPS program by her parents and started working with a case manager
- MT was adherent to Zydys 15mg po od which effectively controlled her symptoms
- As her case manager, when she asks you how she should address the issue with her friends what do you say?

# Recommendations

- 1. Workplace orientation should include education about critical social theories and stigma and their relevance to practice.
- 2. MHN need to be proactive and assertive when educating the public on mental illness and the negative effects of stigma on the health and healing of clients.
- 3. Mental health programs should integrate recovery-based interventions to address issues related to stigma.

# References

- Boydell, K. M., Gladstone, B. M., & Volpe, T. (2006). Understanding help seeking delay in the prodrome to first episode psychosis: A secondary analysis of the perspectives of young people. *Psychiatric Rehabilitation Journal*, 30(1), 54.
- Canadian Mental Health Association. (n.d.). *Stigma and mental illness: A framework for action by the Canadian Mental Health Association*. Retrieved May 30, 2009, from [www.cmha.ca/data/1/rec\\_docs/1959\\_Stigma.pdf](http://www.cmha.ca/data/1/rec_docs/1959_Stigma.pdf).
- Corring, D. J., & Cook, J. V. (2007). Use of qualitative methods to explore the quality-of-life construct from a consumer perspective. *Psychiatric Services*, 58(2), 240.
- Health Canada (2002, October). *A report on mental illnesses in Canada*, (p. 17). Ottawa: Health Canada.
- Macdonald, E., Sauer, K., Howie, L., & Albiston, D. (2005). What happens to social relationships in early psychosis? A phenomenological study of young people's experiences. *Journal of Mental Health*, 14(2), 129-143.

# References

- Scheffer, R. (2003, May). *Addressing stigma: Increasing public understanding of mental illness*. Paper presented to The Standing Senate Committee on Social Affairs, Science and Technology, Toronto, ON. Retrieved May 30, 2009, from [www.camh.net/education/Resources\\_communities\\_organizations/addressing\\_stigma\\_senatepres03.pdf](http://www.camh.net/education/Resources_communities_organizations/addressing_stigma_senatepres03.pdf).
- Stevens, P. E., & Hall, J. M. (1992). *Applying critical theories to nursing in communities*. *Public Health Nursing*, 9(1), 2-9.
- Pescosolido, B. A., Perry, B. L., Martin, J. K., McLeod, J. D., & Jensen, P. S. (2007). Stigmatizing attitudes and beliefs about treatment and psychiatric medications for children with mental illness. *Psychiatric Services*, 58(5), 613.
- Williams, C. C., & Collins, A. A. (2002). The social construction of disability in schizophrenia. *Qualitative Health Research*, 12(3), 297-309.