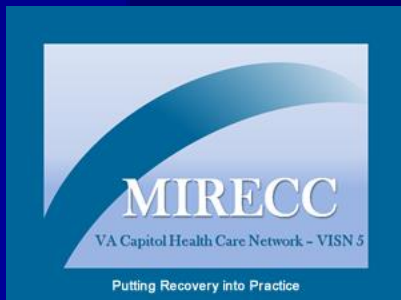# EASE-ing Self Stigma

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Goals

- Build on your current understanding of public and self-stigma and its negative impact on well-being, psychological health, and recovery

- Learn 4 principles or strategies that can be used to "EASE" the effects of self-stigma for Veterans you work with

- Identify opportunities for how these strategies/tools could be used in your work

Public Stigma =

- Negative stereotypes and biases that others believe about people with mental illness

- The discrimination and disrespect this leads them to direct towards people they know or think have a mental illness
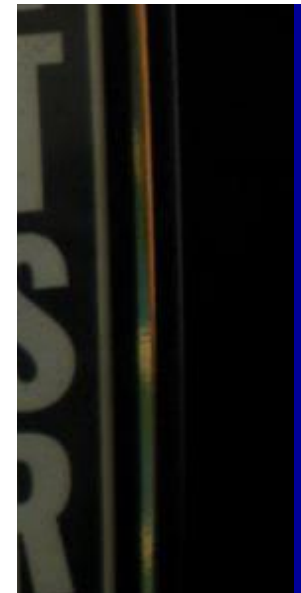
Common Stereotypes

People with mental illness are:

- dangerous, unpredictable

- not intelligent, not capable

- cannot make significant contributions to society or family

- cannot get better, will never recover

- weak, broken

Sources
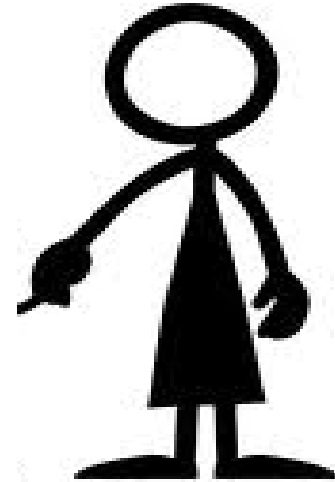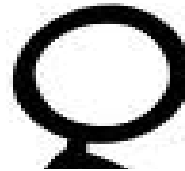
So stereotypes are unfair, incorrect overgeneralizations

But people with mental illness are exposed to them frequently

As *if* they are *true*

What effects does this have?

Experiences:
  rejection or distancing discrimination

Emotions:
  sad, angry, frustrated, dejected, demoralization

Behaviors:
 isolate or withdraw, rebel, give up goals

Stigma/Discrimination

- 55%-80% of people report that they had overheard hurtful or offensive comments about mental illness

- As much as 77% reported encountering hurtful or offensive portrayal of mental illness in the media (e.g., tv, movies, books).

- 50-80% have been treated as less competent by others.

- About 1 in 3 consumers report having been turned down for a job after their mental health status was revealed

Wahl, O. (1999). Mental Health Consumers' Experience of Stigma. Schizophrenia Bulletin, 25, 471-478.

Dickerson, F.B. et al. (2002). Experiences of stigma among outpatients with schizophrenia. Schizophrenia Bulletin, 28, 143-155.

Internalized Stigma =
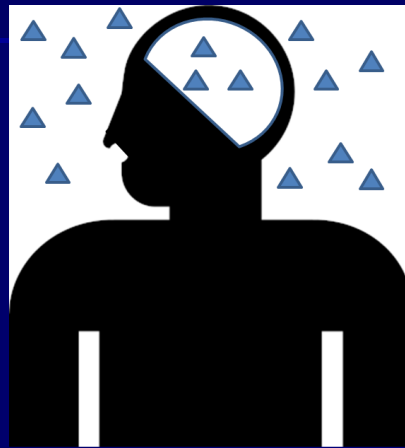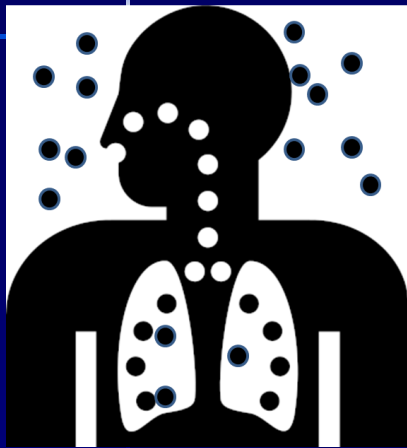
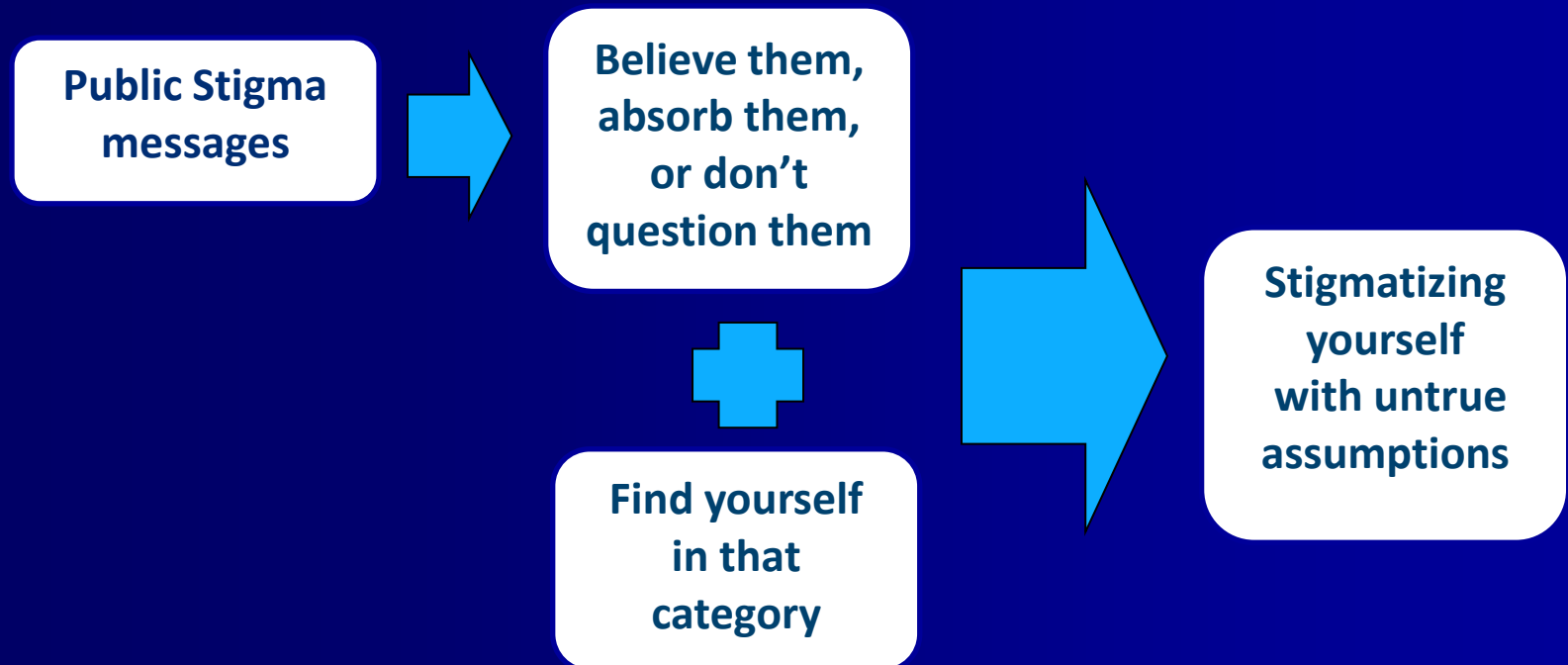When a person comes to believe that negative stereotypes about people with mental health problems are true of him or herself.

One type of psychological harm caused by experiencing stigma from others.

Internalized (Self) Stigma

Public Stigma messages → Believe them, absorb them, or don't question them + Find yourself in that category → Stigmatizing yourself with untrue assumptions

Self-Stigma

Public/Societal Stigma

Internalized/Self Stigma

People with MI are… ➡ Therefore, I am …

Public/Societal Stigma	Internalized/Self Stigma
Frightening, dangerous	Violent, dangerous, scary
Slow, not as intelligent	Stupid, unable to learn
Unreliable, incapable	Always going to mess up
Unable to contribute to society, family, etc	Worthless to society, family, myself, etc
Permanently Disabled	Unable to reach my goals
Less important than "normal" people	Not worthy of resources, respect, not a full person
Unable to get better	Hopeless, broken

Impact of Self-Stigma

- Associated with more severe symptoms and worsening of symptoms (Ersoy, 2007, Lysaker et al., 2007; Ritsher & Phelan, 2004)

- Lower self-esteem, self-efficacy, and self-agency (Ritsher & Phelan, 2004, Lysaker et al., 2008)

- Greater social avoidance, avoidant coping and fewer social contacts (Yanos et al., 2008)

- Less recovery oriented attitudes (self-direction, empowerment, hope, etc.) (Ritsher et al., 2003)

- Impedes treatment seeking, treatment engagement, and participation (Leaf, 1987; Sirey, 2001)

Self-stigma Intervention Principles
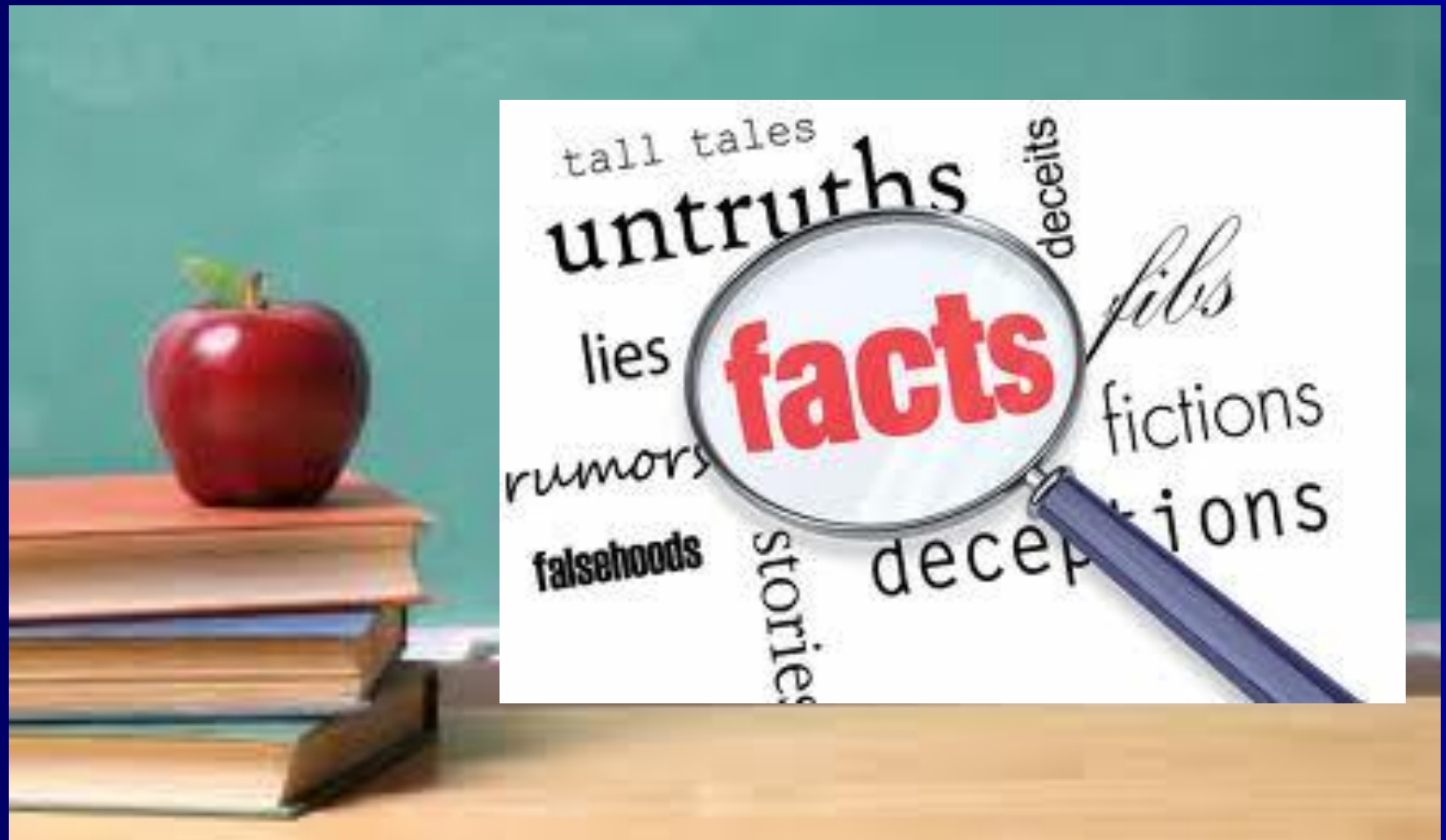
We can "EASE" Self-Stigma through:

Education

Awareness

Shift perspective

Empower

Education

Myths and Facts

FALSE MYTH	TRUE FACTS
People with mental illness are dangerous	People with mental illness are much more likely to be victims of violence rather than perpetrators. As in the general population, only a very small percentage of people with mental illness ever commit violent acts.
People with mental illness do not make significant contributions to society.	Abraham Lincoln, Catherine Zeta-Jones, Jim Carrey, Beethoven, Ernest Hemingway, Shawn Colvin, Brooke Shields, John Nash, Herschel Walker, are just some of the many accomplished people who have or had a mental illness. Non-famous people with mental illness make important contributions to society and their families and communities every day.
People who have a mental illness cannot get better.	People can and do recover from and manage mental illness, when they have the proper tools and support. Many people with mental illnesses are in recovery and leading active lives. Sometimes, people with mental illness completely recover.

Using Education

- Use myths/facts worksheet as part of group/individual meetings to elicit discussion about stigma
  - Help individuals come up with counter-examples of misconceptions about mental illness they have heard or experienced

Awareness

Internalized Stigma of Mental Illness

- ## Internalized Stigma of Mental Illness Scale (29 items)*:

    Ritsher, J.B., Otilingam, P.G., Grajales (2003). Internalized stigma of mental illness: psychometric properties of a new scale. *Psychiatry Research, 121*, 31-49.

- ## Short form (10 items)

    Boyd, J., Otilingam, P.G., DeForge, B. (2014). Brief version of the internalized stigma of mental illness scale: psychometric properties and relationship to depression, self-esteem, recovery orientation, empowerment, and perceived devaluation and discrimination. *Psychiatric Rehabilitation Journal, 37,* 17-23.

*Available in Mental Health Assistant in CPRS

ISMI[1] Subscales

|	
Alienation	• "I am embarrassed or ashamed that I have a mental illness."
Stereotype Endorsement	• "Mentally ill people tend to be violent."
Perceived Discrimination	• "People discriminate against me because I have a mental illness."
Social Withdrawal	• "I avoid getting close to people who don't have a mental illness to avoid rejection."
Stigma Resistance	• "Living with mental illness has made me a tough survivor."

[1] Ritsher et al. (2003)

Using Awareness

- Use ISMI questions as way to engage Veterans in discussion about stigma and self-stigma as part of group or individual meetings
  - Can fill out questionnaire in group setting and discuss
  - Can discuss individual items in group setting

- Can use ISMI scores as additional clinical data to identify potential barriers to care or to identify individualized treatment plan goals
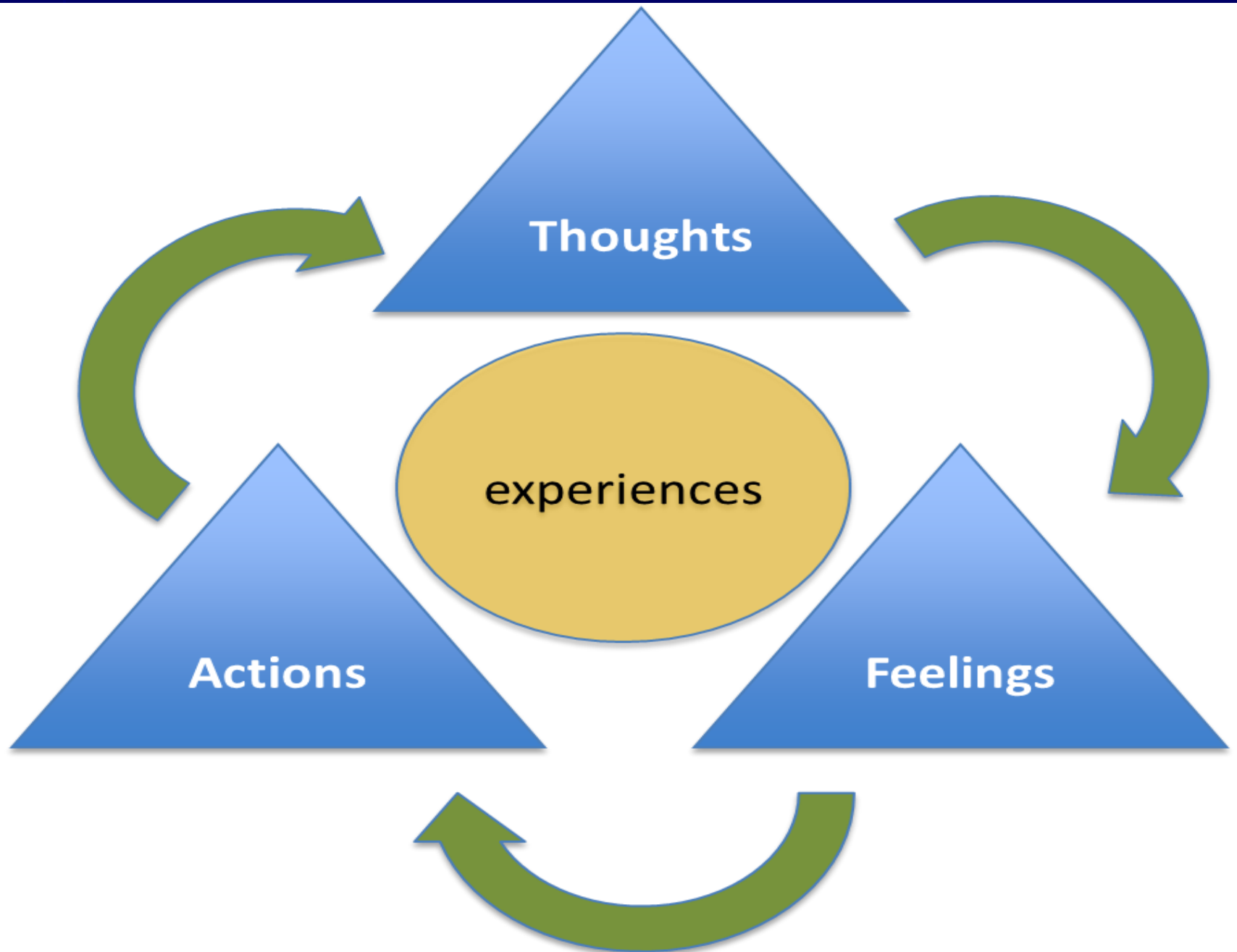
Shifting Perspective

Event	Feeling	Catch it	Check it	Change it	New feeling
On my way to therapy	I feel shame. What is the thought that leads to this feeling?	All I am is a mental patient.	This thought makes me feel bad and is not true. Its not a useful thought	I am more than my diagnosis. Therapy helps me reach my goals	Hopeful

Shifting Perspective

- Use the thoughts, feelings, behavior triangle help Veterans understand how they are interconnected and how to intervene to stop the cycle

- Can be used when discussing treatment plans/goals. Help identify and address stigmatizing thoughts that might get in the way of reaching goals.

- May be better suited for:
  - individual session format
  - use with individuals with prior experience with CBT
  - a way to "plant a seed" that can be nurtured in next phase of care

Empowerment

Facets of Myself

What are some positive personal qualities that you like most about yourself?

What are some things you are proud of yourself for?

What are some things you enjoy doing? now or as a child, alone or with others

What are some values you try to live by?

What are some additional positive ways you could finish these sentences:
I am ……
I am ……
I am ……

Using Empowerment

- Can be done individually or in group format

- Challenge: reluctance/difficulty with identifying strengths
  - Can point out strengths observed
  - In group setting can encourage group members to identify strengths in each other
  - May notice certain prompts work better than others

- Choose one area that the individual wants to strengthen and help them identify steps to reach that goal

Other Ways to Use EASE Strategies

- Educate colleagues/staff about instances of stigma observed in your program and stigma's impact on Veterans.

- Use ISMI with staff to raise awareness about types of self-stigma Veterans may experience.

- Help colleagues shift-perspectives by gently challenging hopelessness about Veteran outcomes with success stories.

- Be empowered to problem-solve as a group around options for addressing stigma

Other Resources for Addressing Stigma

- EASE-ing Self-Stigma training and materials
  - https://www.mirecc.va.gov/visn5/
- Groups/services to address stigma and self-stigma
  - Ending Self Stigma group (check to see if available at your VA)
  - Shortened version of ESS (could be used on an inpatient unit)
- SAMHSA Illness Management and Recovery curriculum
  - Topic 2d: Strategies and Resources for Responding to Stigma
  - http://store.samhsa.gov/shin/content/SMA094463/PractitionerGuidesandHandouts.pdf
- Consult with your Local Recovery Coordinator
- Consultation from VISN 5 MIRECC available to support ways to implement these strategies in your program

In closing…

think outside the **stigma**

Education

Awareness

Shift perspective

Empower

For More Information

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Questions?