

# BOOSTING STIGMA FREE CARE FOR PSYCHIATRIC PATIENTS

## WHAT IS MENTAL HEALTH STIGMA?

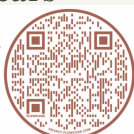
**Stigma:** when someone views a person in a negative way because they have a mental health condition; feelings of shame or judgement from someone else

- **Public stigma:** society's negative or discriminatory attitudes about mental illness
- **Self-stigma:** negative attitudes, including internalized shame, that people with mental illness have about their own condition
- **Institutional stigma:** systematic organizational policies that intentionally or unintentionally limit opportunities for those with mental illness

## STIGMA NEGATIVELY IMPACTS PATIENT CARE

- Rejection, bullying, and discrimination can make a patient's journey to recovery longer and more difficult
- Patients often report **feeling dehumanized and dismissed by healthcare professionals** because of how healthcare culture perceives them and how their care is prioritized
- Mental health conditions are the leading cause of disability across the United States
- Less than half of the U.S. adults who need services and treatment get the help they need
- The average delay between the onset of symptoms and intervention is **8-10 years**
- Dictates policy that affects treatment accessibility

References:



## Examples of trivializing language

Describing someone who:

is organized and tidy as being **OCD**

is NOT the same as clinical Obsessive Compulsive Disorder

has natural mood swings as being **bipolar**

is NOT the same as living with Bipolar Disorder

feels a bit sad as **depressed**

is NOT the same as living with clinical depression

has an overreaction as being "**psycho**" or "**schizo**"

is NOT the same as living with schizophrenia

is upset and says "ugh **I'm going to kill myself**"

is insensitive to those who are suicidal or those who have lost someone by suicide

## Stigmatizing Language and Respectful Alternatives:

Using person-first, non-stigmatizing language encourages people to seek help, increases the availability of and access to quality healthcare services, and encourages unbiased, effective policy

They're mentally ill/crazy/nuts	They are someone living with a mental health condition
They are suffering from schizophrenia	Someone living with schizophrenia
They committed suicide	They died by suicide
They are an alcoholic	They have alcohol use disorder
They take happy pills their shrink gave them	Their psychiatrist has prescribed them antidepressants

## MYTH BUSTING

**MYTH: PEOPLE WHO LIVE WITH MENTAL ILLNESS ARE VIOLENT**

**Fact:** People living with a mental illness are no more violent or dangerous than the general population. They are more likely to be victims of violence, especially self-harm.

**MYTH: SOME CULTURAL GROUPS ARE MORE LIKELY THAN OTHERS TO EXPERIENCE MENTAL ILLNESS**

**Fact:** Anyone can develop a mental illness; no one is immune to mental health problems.

**MYTH: PEOPLE WITH MENTAL ILLNESS ONLY EXPERIENCE MENTAL SYMPTOMS**

**Fact:** Mental illnesses are not purely mental (within a patient's head), and can have many physical features. Physical effects may include insomnia, gain/lose of weight and energy, chest pain, nausea.

## What is the role of the pharmacist?

- Reduce polypharmacy, evaluate medication adherence, and help devise plans for improvement
- Display sensitivity and empathy when speaking with those living with mental health conditions
- Challenge misconceptions and dispel use of inappropriate language when seen or heard
- Use non-stigmatizing language to build patient trust and effectively direct them towards appropriate care

**Presenters: Iram Nasreen and Jennifer Hwang**  
**Faculty Advisor: Kristin Waters, PharmD, BCPS, BCPP**