



TACKLING MENTAL HEALTH STIGMA

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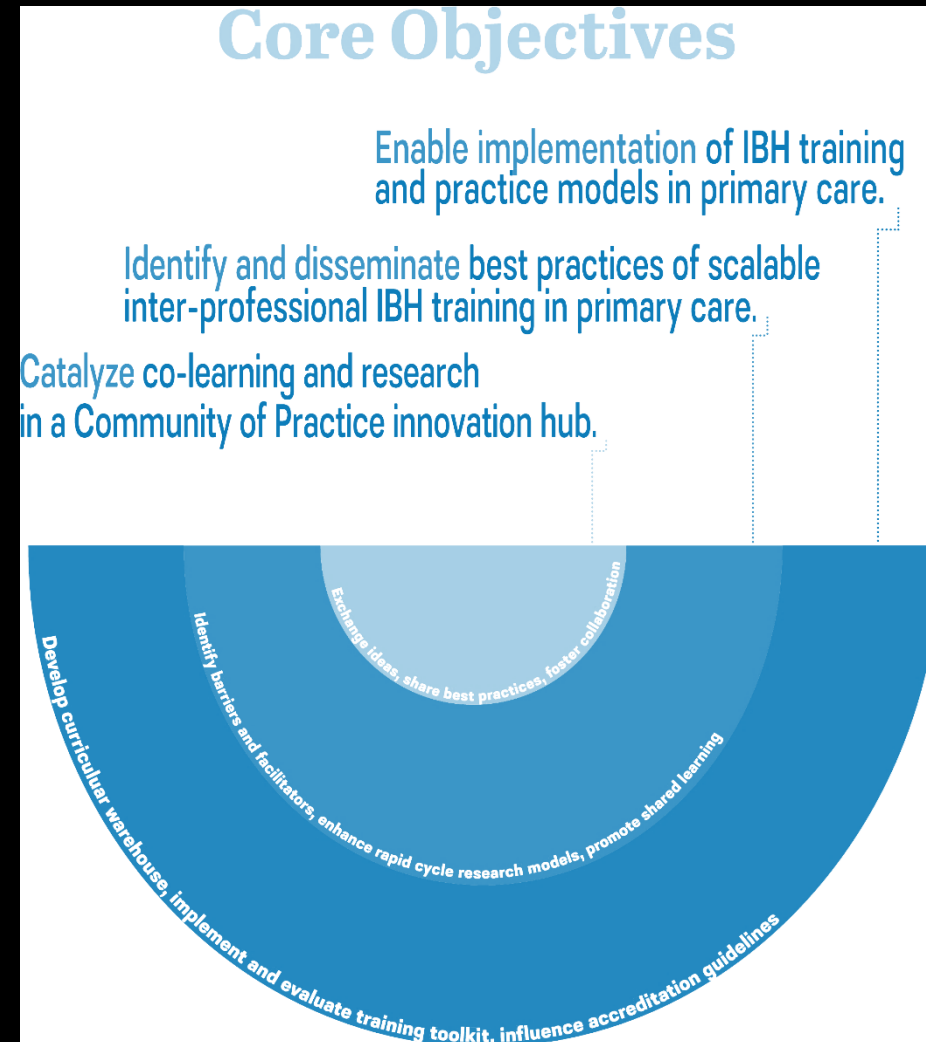
WHY SHOULD WE CARE ABOUT STIGMA?

- People with mental health conditions die on average 10 years earlier than those without known mental health conditions.
- *Stigma keeps people from getting the care they need or getting quality care.*
- *Stigma kills and addressing it can save lives.*

THE NATIONAL CENTER FOR INTEGRATED BEHAVIORAL HEALTH IN PRIMARY CARE

Mission

Prepare clinicians with the expertise and leadership for integrated behavioral health in primary care



Trans-disciplinary partnership

COMMUNITY OF PRACTICE & DISSEMINATION

- Thanks to our many partners including the AAFP, AAMC, CFHA
- Join our community of practice
 - Monthly Newsletters
 - Webinars spearheaded by Dr. Alexander (Sandy) Blount
 - Health equity initiatives
- Follow us on Twitter @ncibh2
- Contribute to IBH collection in MedEdPORTAL by AAMC



"Healthcare providers who hold discriminatory views of people with substance use disorder can really undermine the quality of care a patient receives..."





THANK YOU!



Sean M. Phelan, PhD, MPH

Assoc Professor, Health Services Research
Department of Health Sciences Research,
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- Dr. Phelan and his team are developing a curriculum for primary care trainees on overcoming stigma as a barrier to access to mental health and substance use care



Sean M. Phelan, PhD

LEARNING EXPERIENCE

- Medical students, residents, primary care providers
- Strategies to prevent stigma from negatively affecting care
- Goals
 - Disclosure
 - Discussion
 - Referral
 - Maintaining trust
- Development
 - Scoping review
 - Semi-structured interviews
 - Evidence on strategies to interrupt bias or protect from identity threat



LEARNING EXPERIENCE

- Use patient stories to illustrate
 - Source
 - Self, public, family, provider
 - Implicit biases
 - Target
 - People with mental illnesses, the illness themselves
 - Intersectionality
 - Impact on patient



LEARNING EXPERIENCE

- Strategies – interpersonal and intrapersonal
 - Identity threat
 - e.g., affirming core values, message framing
 - Bias
 - e.g., perspective taking, accepting patient's experiences and feelings as valid

