

## A FIVE PART SERIES ON STIGMA AND ITS IMPACTS

### THE IMPACTS OF MENTAL HEALTH STIGMA ON PHYSICAL HEALTH

One in four Australians with lived-experience of mental ill-health report unfair treatment by a health professional when getting help for a physical health problem.<sup>1</sup> This is even more common for people with complex mental health conditions.<sup>2</sup>

Stigma impacts on access to and quality of health care. It can manifest as a set of negative beliefs, attitudes and stereotypes that impact on people's mental and physical health. Stigma can result in unfair treatment such as:<sup>1,2</sup>

- Not providing holistic care, routine health checks or other preventative health measures
- Prescribing certain medications or treatments without considering people's other needs or their concerns about side effects
- In some instances, denying help or discharging people early
- An overall lack of response to unmet physical health needs.

Stigma is a [priority to action](#). **This Brief** overviews some pathways to scalability in implementation research and practice for individual providers, health organisations, and policy-makers for at-scale reduction of the impacts of stigma on physical health.

### LIVED-EXPERIENCE PERSPECTIVES ON THE IMPACTS

As a result of stigma, people with lived-experience of mental ill-health report that they<sup>1,2</sup>

- Expect to be ignored, judged, dismissed, or questioned
- Experience self-stigma, including feelings of shame or embarrassment
- Experience fragmented support for both physical and mental health
- Feel unsafe, and be discouraged from seeking healthcare
- Experience a decline in physical health.

### SCALABILITY TARGETS

Scalability refers to the challenge of how to transfer what may have worked in a research context, into practice or policy settings. Key considerations may include: the credibility or evidence regarding the innovation; the benefit and relevance for people who use or receive the innovation; the cost to benefit ratio compared to current approaches; and usability and alignment of the innovation with the values and norms of the setting. There are few models that exist that meet the above criteria, but there are pathways to scalability for supporting physical health which are outlined over the page.

Action is needed to prevent and reduce the impacts of mental health stigma on physical health. The following table highlights pathways to implementation that could assist in the absence of models ready to scale.<sup>3,4</sup>

## PATHWAYS TO SUPPORT IMPLEMENTATION

### Individual Level

- Take a **holistic approach** to both physical and mental health – including understanding areas such as housing and financial stress, racism, disability, and other experiences of marginalisation
- Build **trusting therapeutic relationships**, acknowledging different perspectives, including recognising people as **experts in their own experience**
- Recognise how **language and diagnostic labels** can be empowering, but also perpetuate stigma; being mindful of balancing the need for a diagnosis with the risks of labelling, and personal preferences around person-centred or identity-first language
- Conduct sensitive, appropriate **wellbeing checks**, being mindful of the risk of diagnostic overshadowing (focusing on mental health instead of physical health)<sup>3</sup>
- Take active steps towards **supported decision-making**,<sup>5</sup> including overviewing all evidence-informed treatment options, and their pros and cons.
- **Invite carers, families and support persons** into healthcare, with consent
- Seek ongoing **professional development**, high-quality supervision, and emotional support

### Organisational Level

- Establish a **lived-experience workforce**, including peer workers in all health settings
- Regularly collect **feedback**, and engage in continuous improvement
- Engage in **co-design processes** to improve service delivery
- Provide clinicians with professional development in **evidence-informed, person-centred, trauma-informed, and recovery-oriented care**
- Implement **policies and procedures** to acknowledge and address healthcare stigma and discrimination, and ensure accountability
- Actively take steps to **prevent and reduce workplace stress and burnout**

### Health Systems Level

- Continue to **build capacity and integration** of the lived-experience workforce, including at leadership levels
- Establish **guidelines and mandatory training** in evidence-informed, person-centred, trauma-informed and recovery-oriented care for healthcare providers promptly and strategically, with a focus on system and practice change
- Establish **integrated healthcare services** which can address both physical and mental health needs.
- Provide **equitable funding**, including funding for longer appointments for people who have both physical and mental health concerns

## REFERENCES

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3. National Mental Health Commission. [National Stigma and Discrimination Reduction Strategy: Draft for Consultation](#); 2022..
4. Sweeney L, Glynn A, Groot C, et al. [Recommendations for Action from the Our Turn to Speak Survey Findings](#); 2020.
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6. Charif AB, Zomahoun HTV, Gogovor A, et al. [Tools for assessing the scalability of innovations in health: a systematic review](#); 2022