



The Psychiatrist's Role in Addressing Stigma and Discrimination

**Manon Charbonneau, MD, FRCPC¹; Pippa Moss, MB, FRCPC, FCPA²;
Susan Abbey, MD, FRCPC³; Wayne Baici, MD⁴; Layla Dabby, MD⁵;
Mamta Gautam, MD, FRCPC⁶; Constantin Tranulis, MD, MSc, FRCPC⁷**

A position statement developed by the Canadian Psychiatric Association's Stigma–Discrimination Working Group and approved by the Canadian Psychiatric Association's Board of Directors on August 30, 2010.

The Board of the Canadian Psychiatric Association (CPA) established a Stigma–Discrimination Working Group (SDWG) in the fall of 2007 with a mandate to explore and advise the CPA on priorities for addressing stigma and discrimination within the scope of the CPA's sphere of influence. The SDWG was further advised to ensure its work was evidenced-based, and was mandated to guide and lead the implementation of the CPA's interventions aimed at improved quality of care and reducing the stigmatizing attitudes and discrimination experienced by patients and their

families, colleagues, and members of the psychiatric profession, as well as to reduce the stigmatizing attitudes within the medical profession. As specialists in mental health and in the treatment of mental illness, psychiatrists can make an important contribution to society by improving the care provided by our profession.¹

The underlying intent was to contribute to the Mental Health Commission of Canada's (MHCC) broader national antistigma and antidiscrimination initiative. Mental health professionals were subsequently

¹ Chair and Founding Member, Stigma–Discrimination Working Group, Canadian Psychiatric Association, Ottawa, Ontario; Past-President, Canadian Psychiatric Association, Ottawa, Ontario; Clinical Associate Professor, Department of Psychiatry, University of Montreal, Centre de santé et des services sociaux de Sept-Îles, Quebec.

² Founding Member, Stigma–Discrimination Working Group, Canadian Psychiatric Association, Ottawa, Ontario; Chief of Psychiatry, Cumberland Health District, Nova Scotia; Co-ordinator of Northern Child and Adolescent Psychiatry, Nova Scotia.

³ Director, Program in Medical Psychiatry, University Health Network, Toronto, Ontario; Head, Psychosocial Services, Multi-Organ Transplant Program, University Health Network, Toronto, Ontario; Associate Professor, Department of Psychiatry, University of Toronto, Toronto, Ontario.

⁴ Resident in Psychiatry, University of Toronto, Toronto, Ontario.

⁵ Resident in Psychiatry (PGY-3), McGill University, Montreal, Quebec.

⁶ Founding Member, Stigma–Discrimination Working Group, Canadian Psychiatric Association, Ottawa, Ontario; Clinical Professor, Department of Psychiatry, University of Ottawa, Ottawa, Ontario; Expert Advisor, Canadian Medical Association Centre for Physician Health and Wellbeing, Ottawa, Ontario; President PEAK MD.

⁷ Psychiatrist and Researcher, Université de Montréal and Louis-H Lafontaine Hospital, Montreal, Quebec.

identified by the MHCC to be one of the initial target groups.

Stigma refers to beliefs and attitudes about mental health and mental illnesses that lead to negative stereotyping of people and to prejudice against them and their families.² Discrimination (enacted stigma) refers to the various ways in which people, organizations, and institutions unfairly treat people living with mental health problems or illnesses, often based on acceptance of these stereotypical and prejudicial beliefs and attitudes.² Stigma and discrimination pose the greatest barriers to seeking treatment and to recovery.

The SDWG began its task by collecting data about stigma and discrimination experienced within the health system by people with a lived experience of mental disorders or illnesses, by mental health professionals and by psychiatrists on an individual, systemic, or structural level. Respondents provided many examples and expressed a firm consensus that there is a need for action on the part of the CPA.

A 2008 survey was conducted at the CPA annual conference and obtained 394 responses from a total of 1083 attendees. Respondents were asked to prioritize areas for the CPA's action on stigma and discrimination experienced by people with a lived experience of mental health problems or illnesses.

Stigma–discrimination in the emergency department was identified as the top priority, followed by discrimination toward psychiatry as a profession; the ways stigma is reflected in structural inequities in the health care system in areas such as access to medication and funding for research, mental health teams and hospital services; and the application of best practices in workplace mental health in the psychiatrist's workplace.³

As an organization of mental health professionals, the CPA believes that it has the responsibility to be

conscious of, and address, our stigmatizing attitudes and behaviours,⁴ as well as those of other health professionals within the medical system in which we work, recognizing that these form one of the primary obstacles faced by patients and colleagues who seek care.

The CPA believes in the importance of:

- Enabling members of the profession and members in residency training, to reduce stigma–discrimination against the profession and against patients with a mental disorder or illness, by developing a national educational initiative through continuing professional development (commonly referred to as CPD).
- Providing leadership by demonstrating a commitment to act in collaboration with other national medical organizations and serve as a role model in medicine to reduce the negative impact of stigma.
- Exploring ways that the CPA can optimize care by publishing a position paper on best practices (and ethics based on the evidence) aimed at reducing stigmatizing attitudes against mental disorders and mental illness across the lifespan, within the profession of psychiatry, and in the workplace.
- Engaging in advocacy against any structural inequities within the health care system, ensuring parity, and, in doing so, respect the CPA's vision and dedication to quality care.

References

1. Thornicroft G, Rose D, Mehta N. Discrimination against people with mental illness: what can psychiatrists do? *Adv Psychiatr Treat.* 2010;16:53–59.
2. Mental Health Commission of Canada. *Toward recovery and well being.* Ottawa (ON): MHCC; 2009. p 123.
3. CPA Stigma–Discrimination Working Group. 2008 survey report: CPA Stigma–Discrimination Working Group [Internet]. Ottawa (ON): SDWG; 2010 [cited 2010 Oct 20]. Available from: <http://www.cpa-apc.org/media.php?mid=1437>.
4. Lauber C, Anthony M, Ajdacic-Gross V, et al. What about psychiatrists attitudes to mentally ill people? *Eur Psychiatry.* 2004;19:423–427.