



STIGMA IN THE MIRROR

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SWAHN Keynote – October 17, 2019

FACULTY/PRESENTER DISCLOSURE

- Faculty: Dr. Javeed Sukhera
- Relationships with financial sponsors:
 - None

Reflection

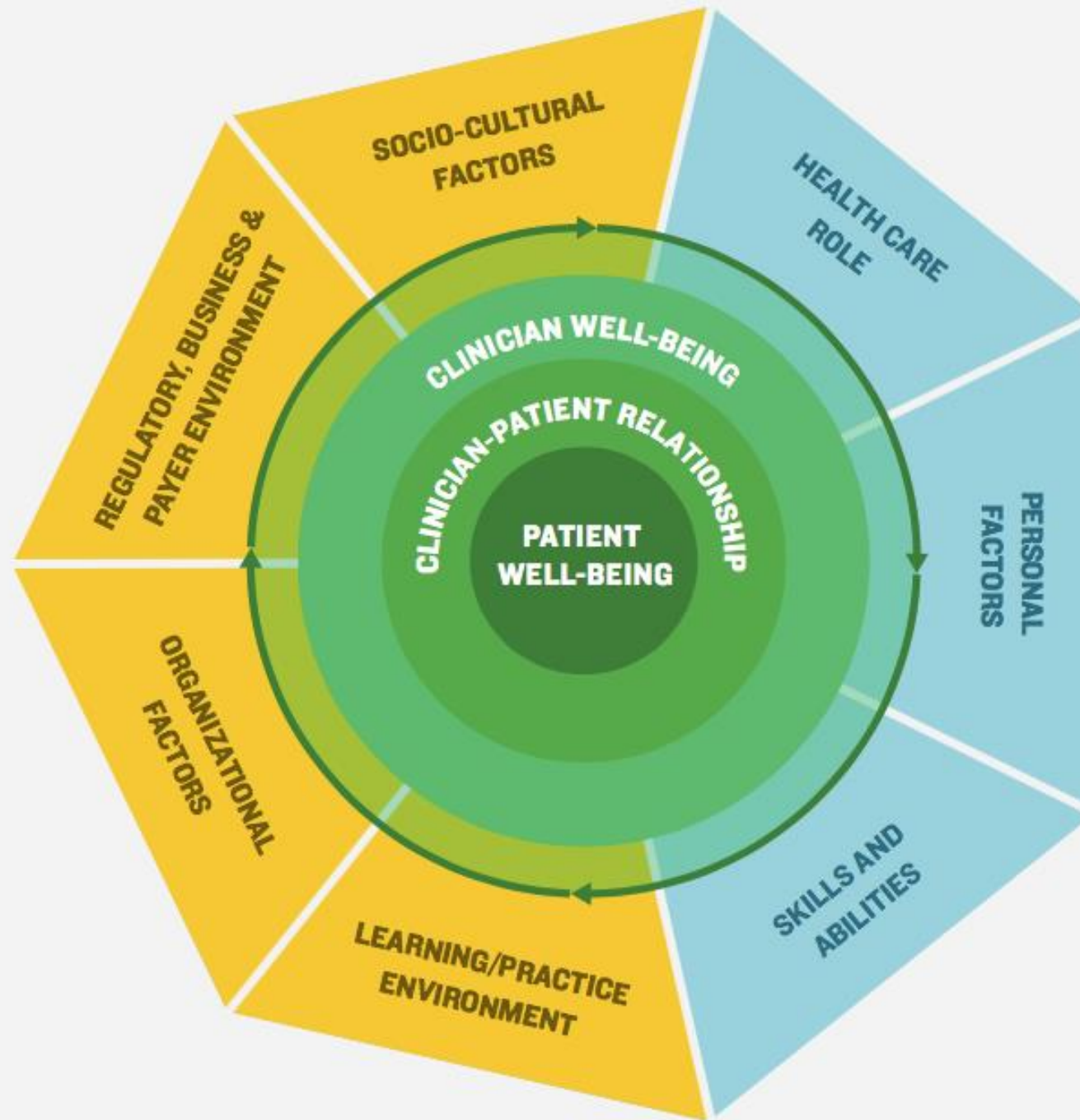
- As I say each word, write down the first word that comes to mind...

Burnout

Well-being

Wellness

Resilience



Depression

Mental
Illness

Stigma

Self-Care

Do Workplace Wellness Programs Work? Usually Not

The New Health Care

By AUSTIN FRAKT and AARON E. CARROLL SEPT. 11, 2014

THE LADDER

HOW TO GET AHEAD AT WORK.

SEPT. 1 2016 5:45 AM

Workplace Wellness Programs Are a Sham

They're a waste of time and money, they don't improve health outcomes, and they're a front for shifting costs onto employees.

By L.V. Anderson

OCT 13, 2016 @ 04:36 PM 1,278 

The Little Black Book of Billionaire Secrets

Here's What's Wrong With Your Wellness Program

Perspective

SIGECAPS, SSRIs, and Silence — Life as a Depressed Med Student

Michael R. Rose, B.A.

“As someone who tries to be a voice for health care justice, and as someone who battles with mental illness, I should be a leader in fighting stigma. Yet I’ve remained shamefully silent. When classmates drop by my place, I sneak off to the bathroom to ensure that my pill bottle is well hidden.”

Schwenk et al, 2010

- Compared with students with low self identified depression, students with depression more frequently agreed that:
 1. Opinions of depressed medical students would be less respected
 2. Coping skills of depressed medical students would be viewed as less adequate
 3. They would be viewed as less able to handle their responsibilities by faculty members
 4. Telling a counselor about depression would be risky

More from the literature...

- Several studies have found that reluctance to access help for depression is associated with concerns about stigma (Ey et al, 2013; Schwenk et al, 2010; Givens and Tija, 2002; Guille et al, 2010)
- When offered time off, residents still reported concerns about impact on peers and patients as the main reason they were reluctant to take the time off to address their health care needs. (Cedfeldt et al, 2015)
- For 229 college students biological education elevated help-seeking for education while destigmatizing education did not (Han et al, 2006)

VICTORIA HOSPITAL: With the emergency ward overcrowded, six mentally ill patients were left for 20 hours and resorted to sleeping on the floor while the physically ill got beds

Mentally ill forced to sleep on floor 206



By [Jonathan Sher](#), The London Free Press
Tuesday, March 25, 2014 11:08:38 EDT PM



Effects of Stigma



Poor treatment adherence

hopelessness

Low self-esteem

Low quality of life

Poor self-efficacy

Stages of Self-Stigma (Corrigan & Rao, 2013)

AWARENESS

Everyone believes people with mental illness are weak.

AGREEMENT

That's right, people with mental illness are weak

APPLICATION

I am mentally ill, so I must be weak

HARM

Because I am weak, I am not worthy or able

LEARNED HELPLESSNESS

why try? I am not worthy



Traditional Stigma Reduction

Strategy	Limitations
Protest	<ul style="list-style-type: none">• Can increase stigmatizing attitudes
Contact	<ul style="list-style-type: none">• Only effective when face to face (Corrigan, 2012)• Only effective when contact between individuals of equal power (Corrigan, 2010)
Education	<ul style="list-style-type: none">• Less effective for individuals with greater prejudice (Corrigan, 2005)

Video Break

- Judgment and Blame
 - https://www.youtube.com/watch?v=RZWf2_2L2v8

Us vs. them

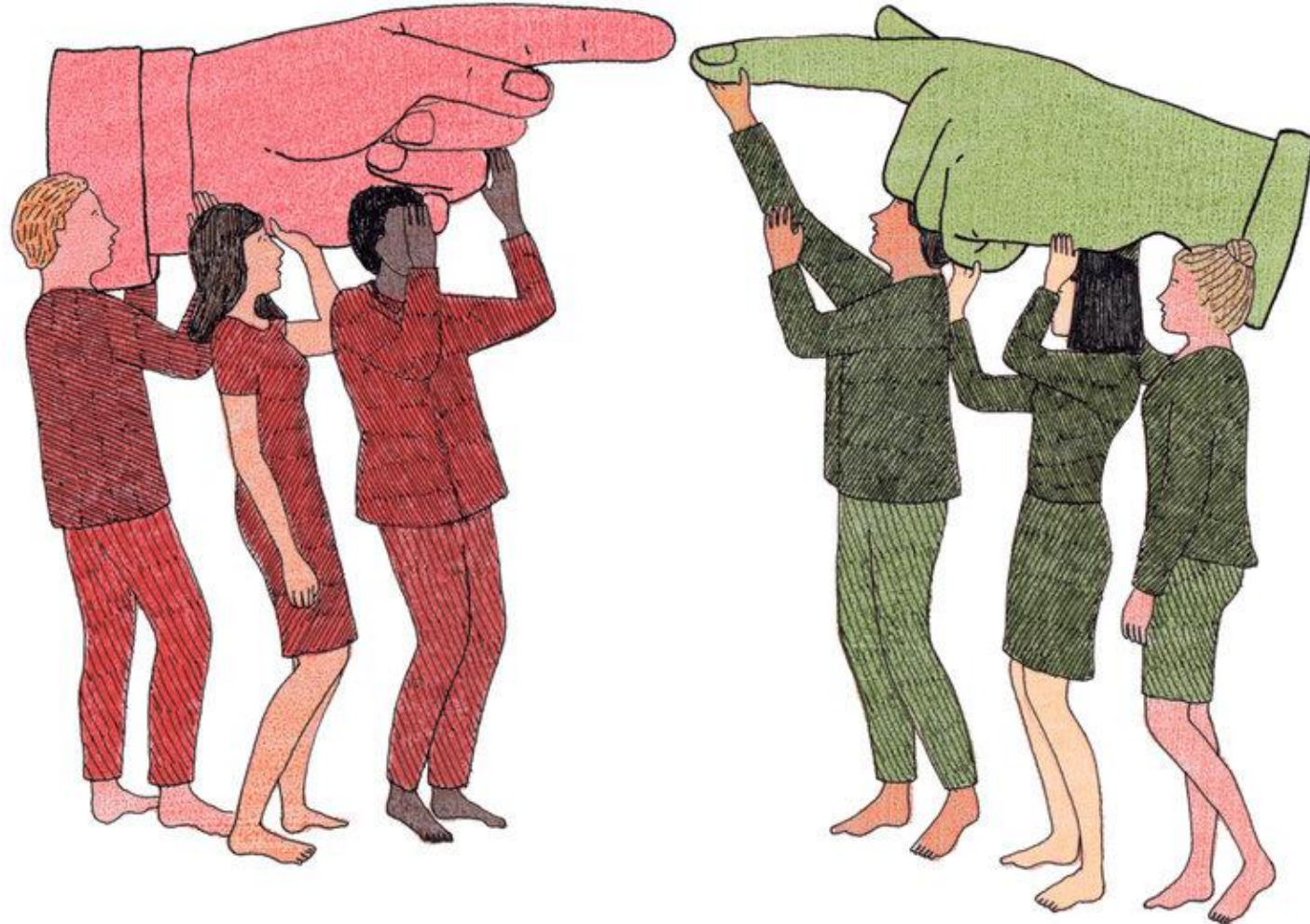
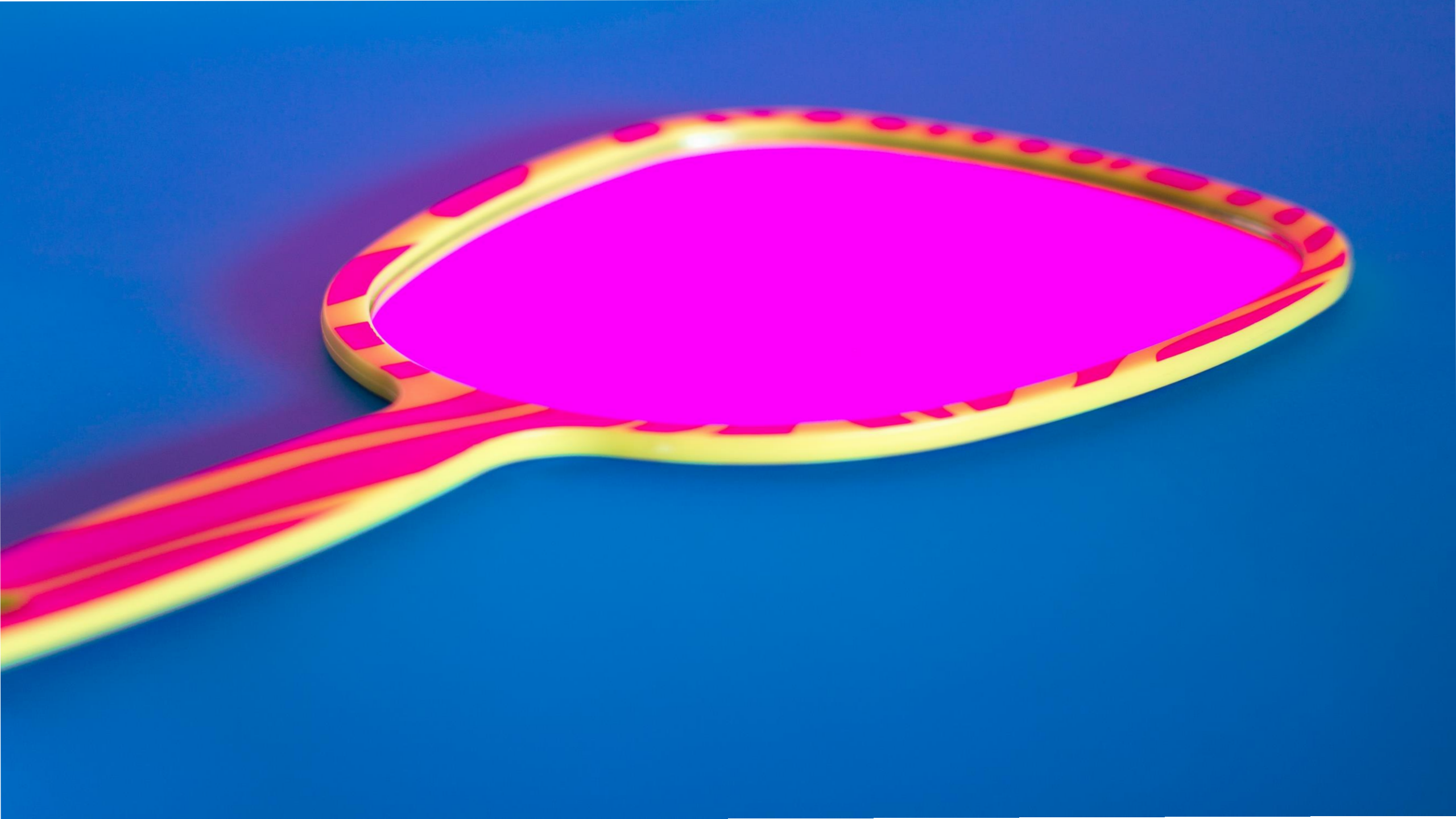
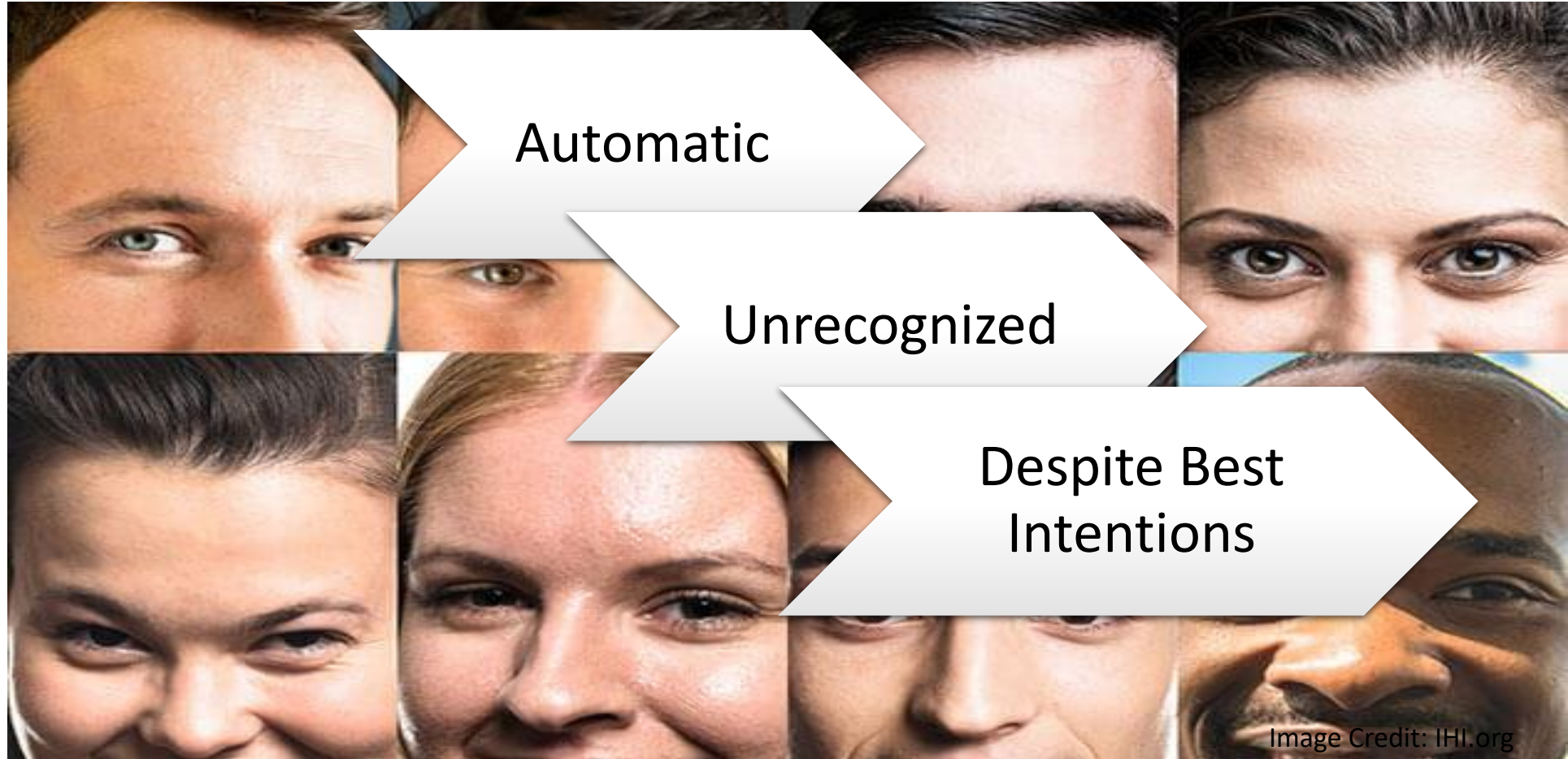


Image credit:
Marion Fayolle, New York Times

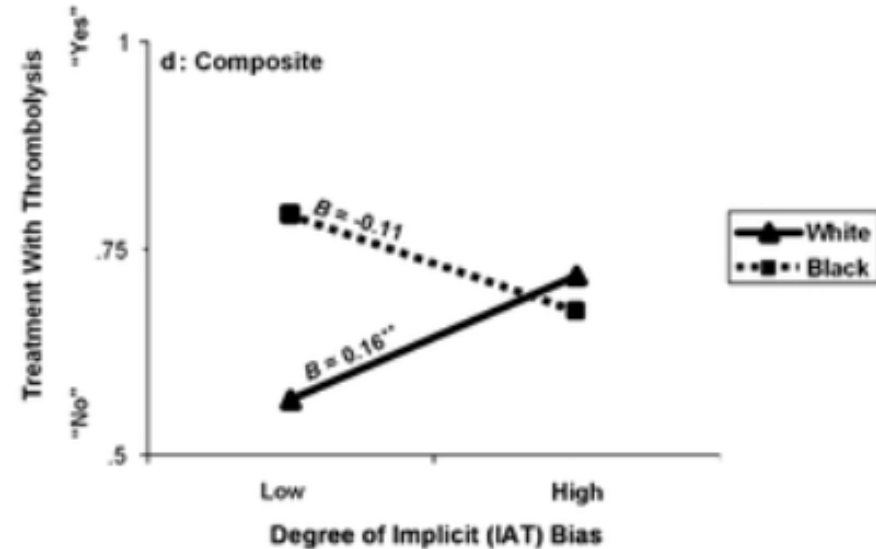
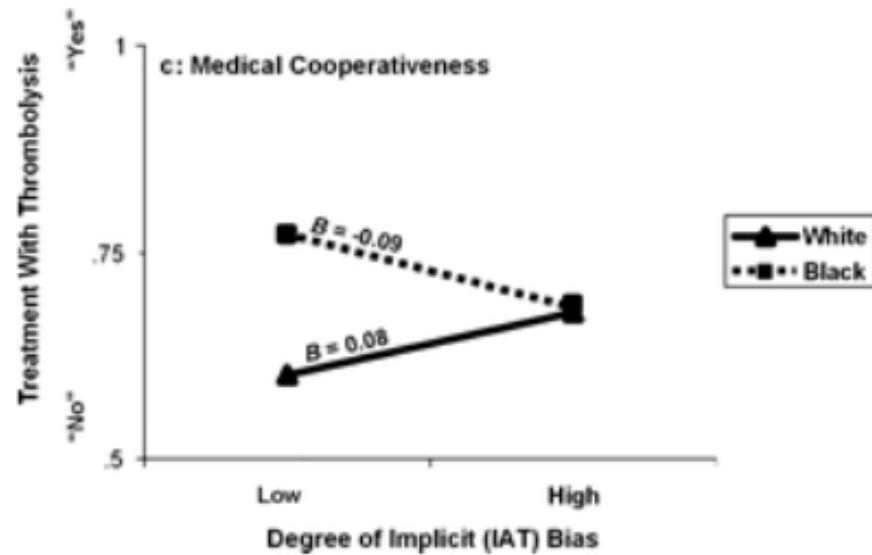
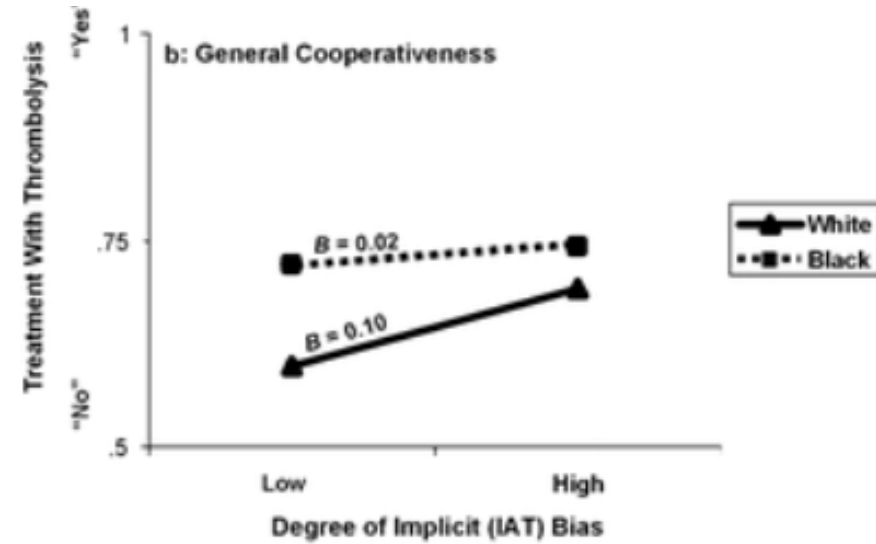
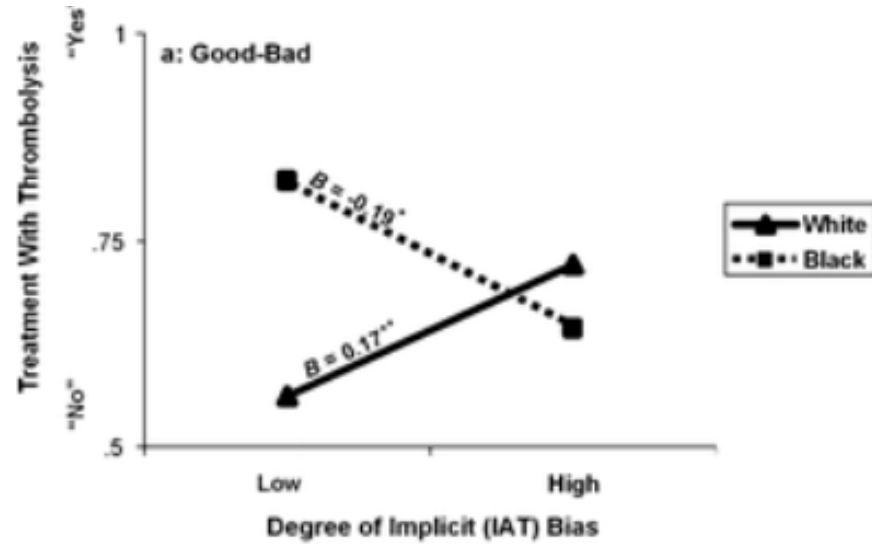


Implicit Bias and Stigma

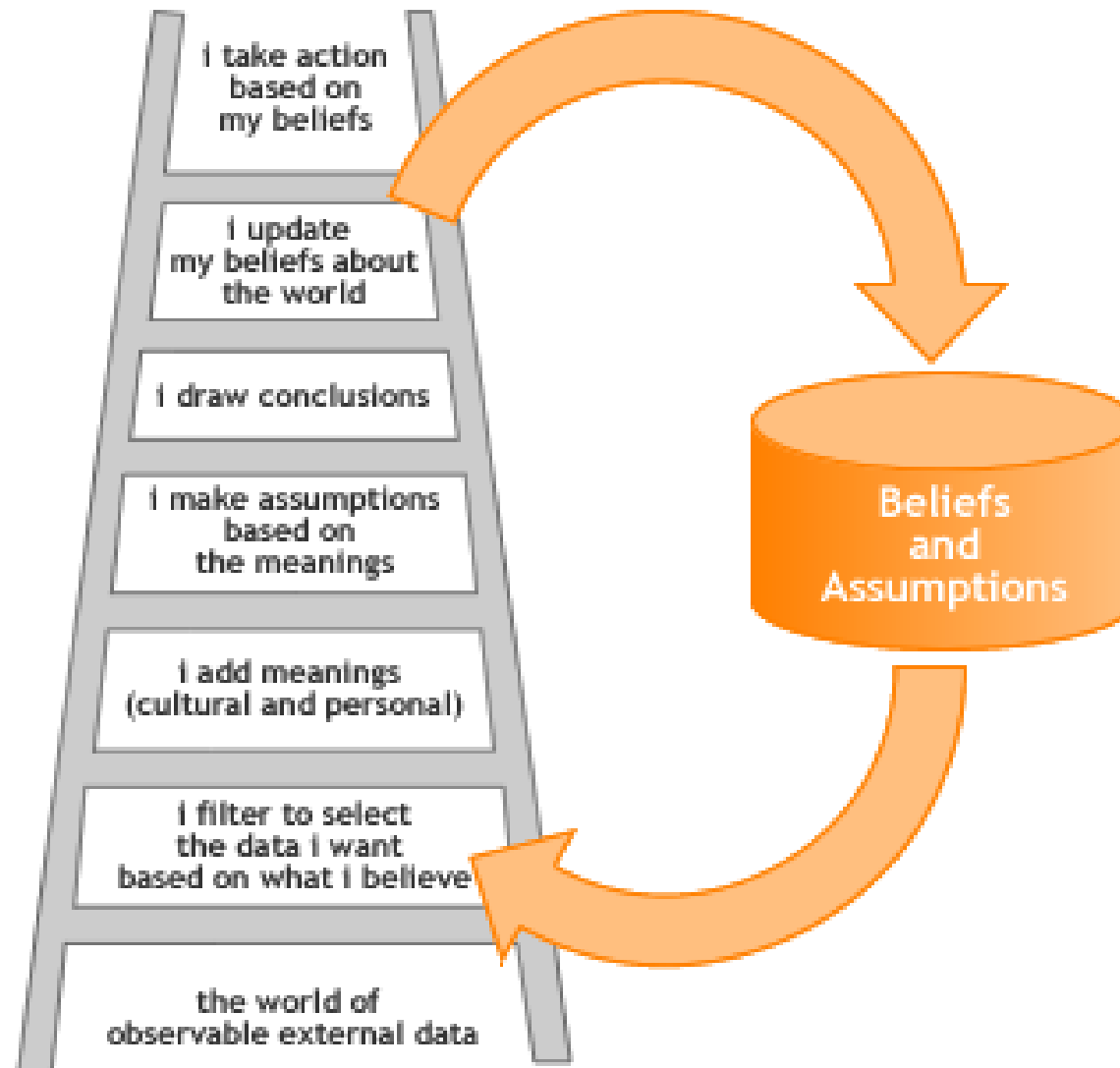
How does implicit stigma influence behaviour?



How does bias influence behaviour?



How does stigma influence behaviour?




How does stigma influence trust?

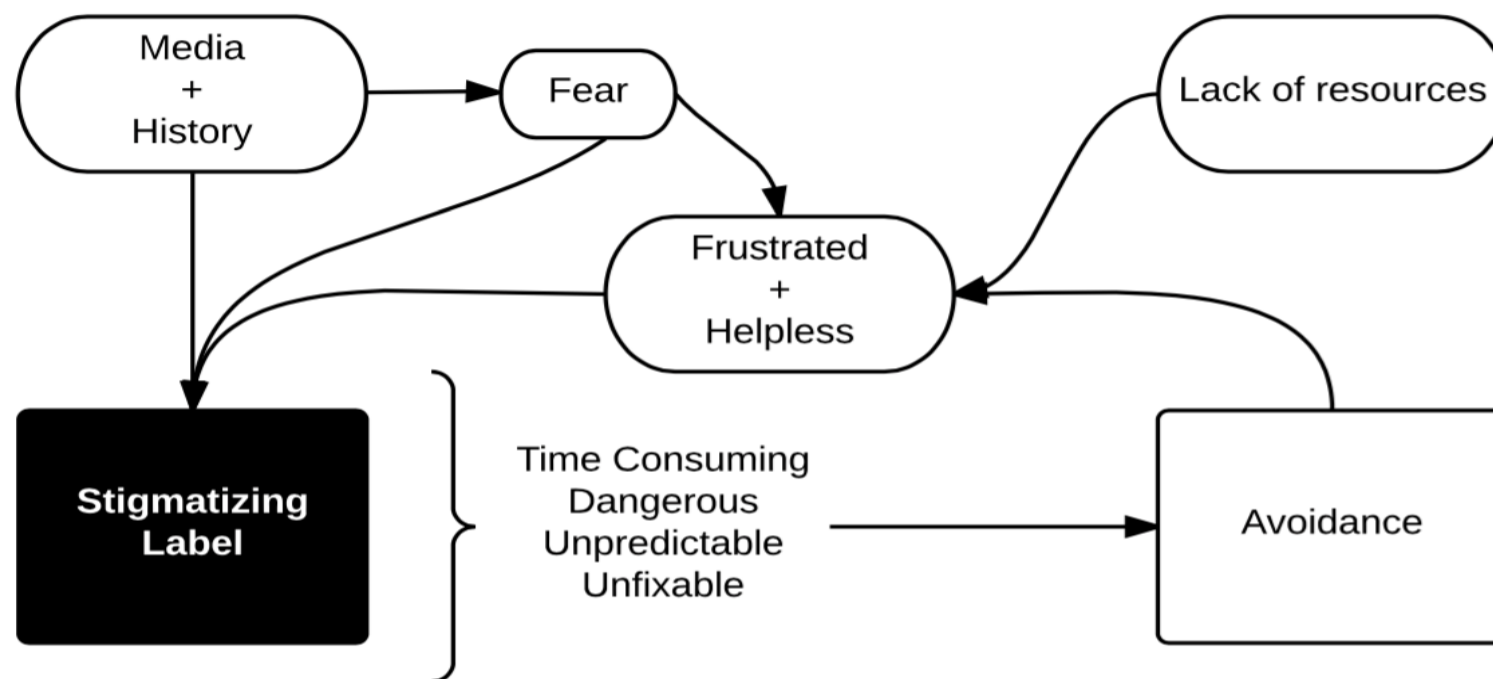


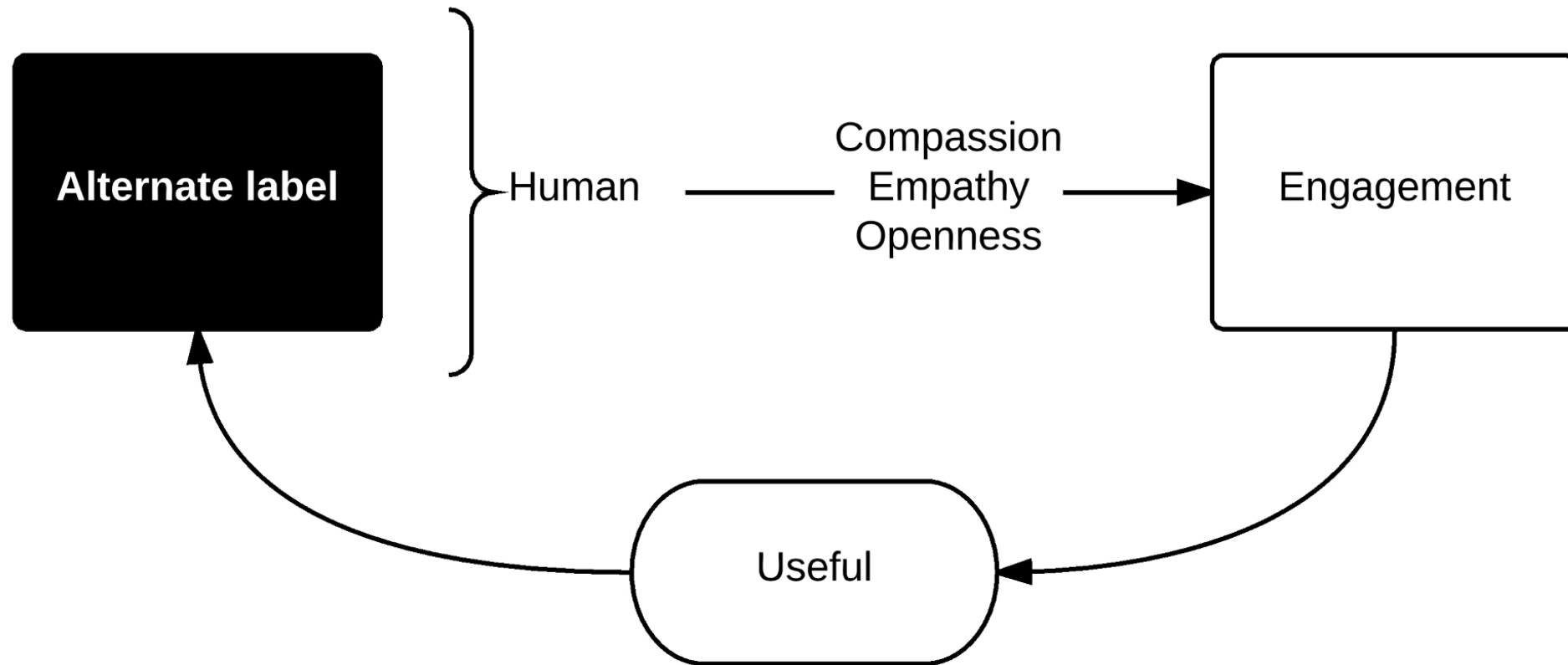
How does Implicit Stigma Work?

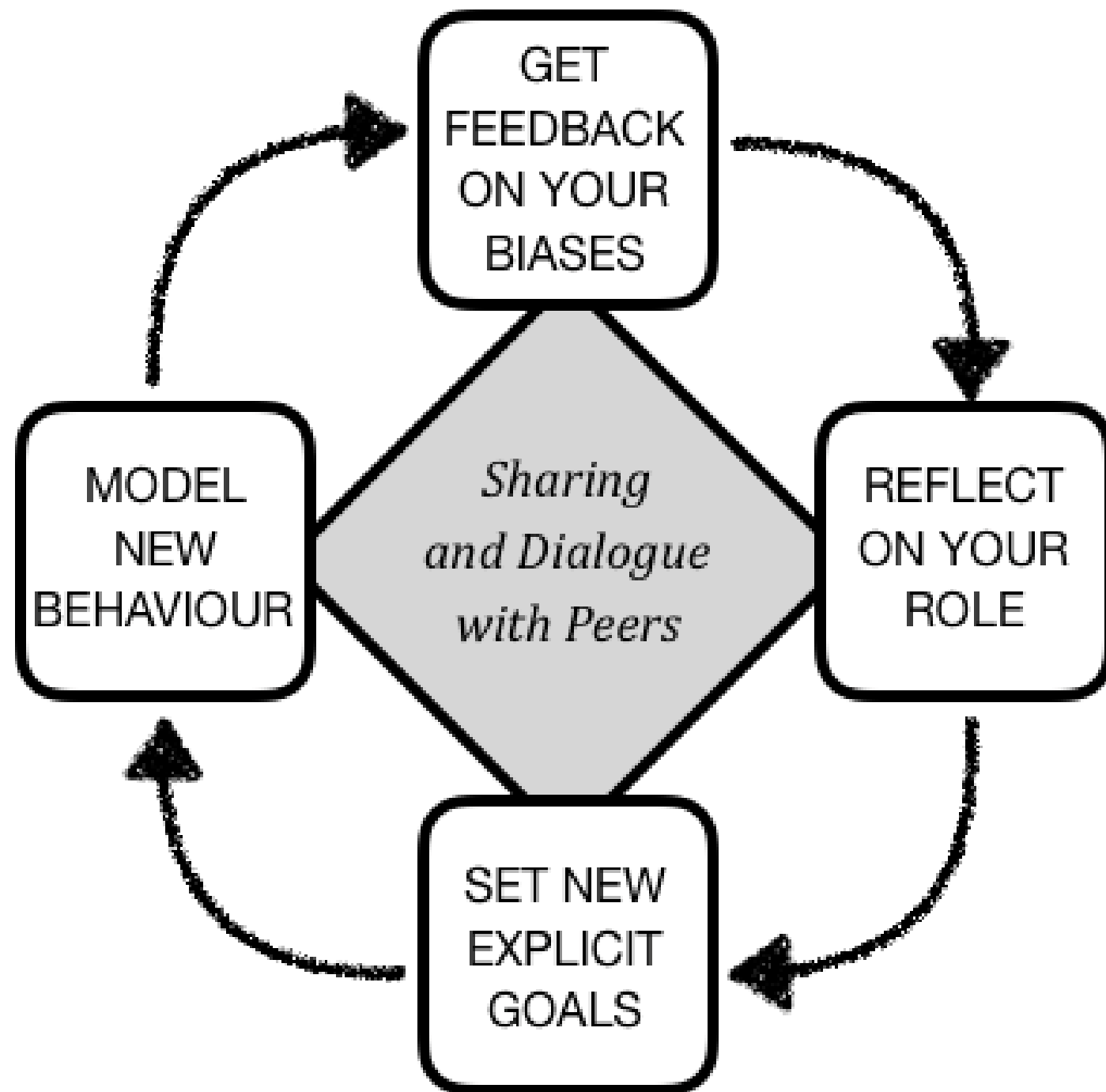
ORIGINAL ARTICLE

Labelling of mental illness in a paediatric emergency department and its implications for stigma reduction education

Javeed Sukhera¹  · Kristina Miller² · Alexandra Milne³ · Christina Scerbo³ · Rodrick Lim⁴ · Alicia Cooper³ · Chris Watling²







Mental Illness
and
Dangerous

Physical Illness
and
Not Dangerous

Implicit.harvard.edu

Study 2

How do health professionals process and integrate feedback about their implicit biases?



Research Report

The Actual Versus Idealized Self: Exploring Responses to Feedback About Implicit Bias in Health Professionals

Javeed Sukhera, MD, DABPN, Alexandra Milne, RN, BScN, Pim W. Teunissen, MD, PhD, Lorelei Lingard, PhD, and Chris Watling, MD, PhD

IDEALIZED SELF

PROFESSIONAL
IDENTITY

*"I can not have bias at
work"*

*"professionals can not
have bias"*

"we all have bias"

PERSONAL IDENTITY

*"of course I have bias
outside work"*

ACTUAL SELF

Study 3

How do mental health professionals process and integrate feedback about their implicit biases?

How do learners and teachers navigate identity tensions evoked during the process of implicit bias recognition and management?

Study 4

A Feedback Paradox

“My emotions when I saw my results were negative...I think the results are inaccurate.”

“...but obviously there's always room to improve...I may reflect each day more on how I could have changed the way that I cared for my patients or presented myself or the way I showed empathy towards my patients. “



*"Its just the reality
that no human is
ever perfect... just
because someone
has bad qualities
doesn't make them
all bad and that good
qualities can still exist
and it doesn't destroy
the good."*

- Participant02

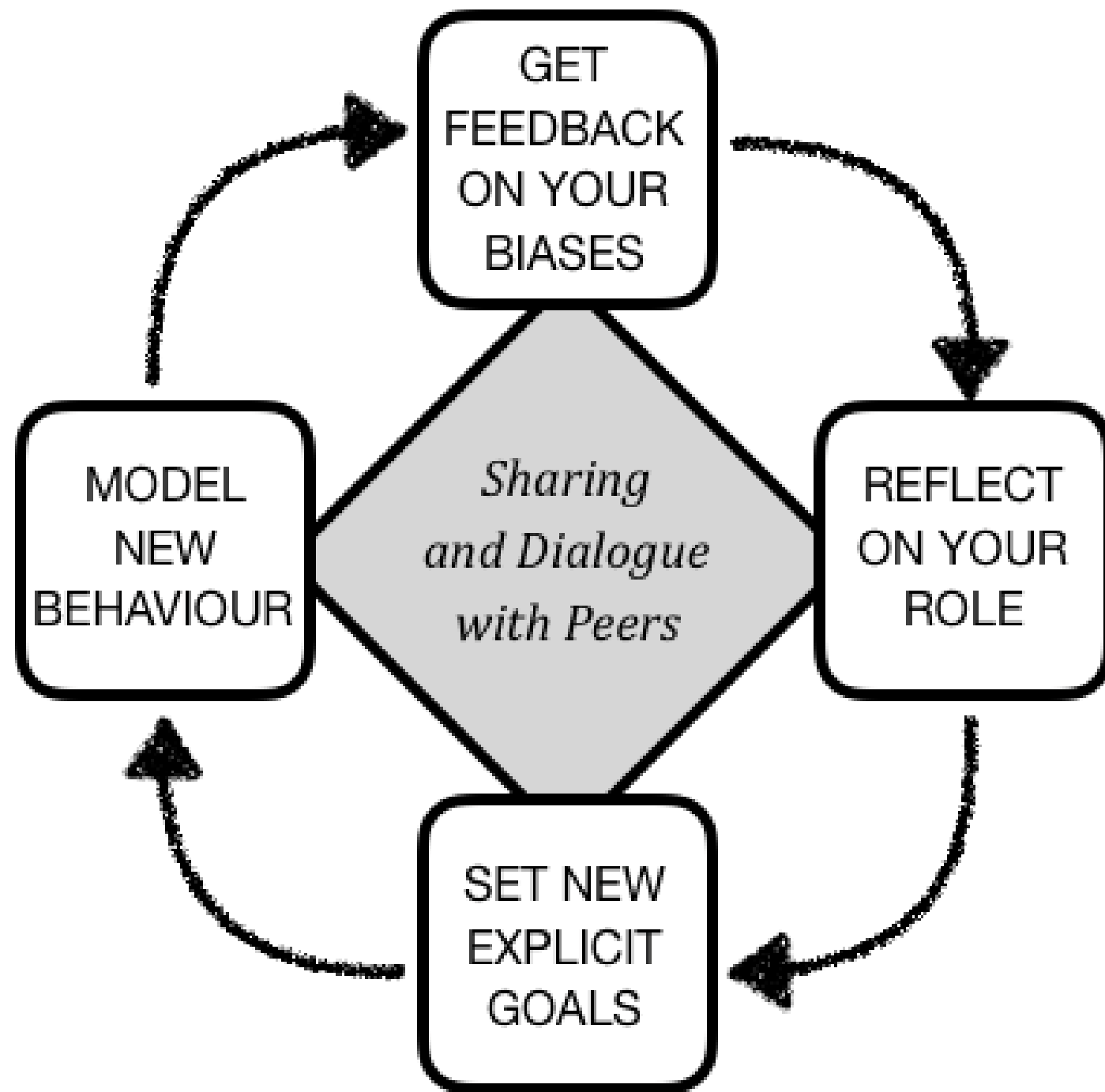


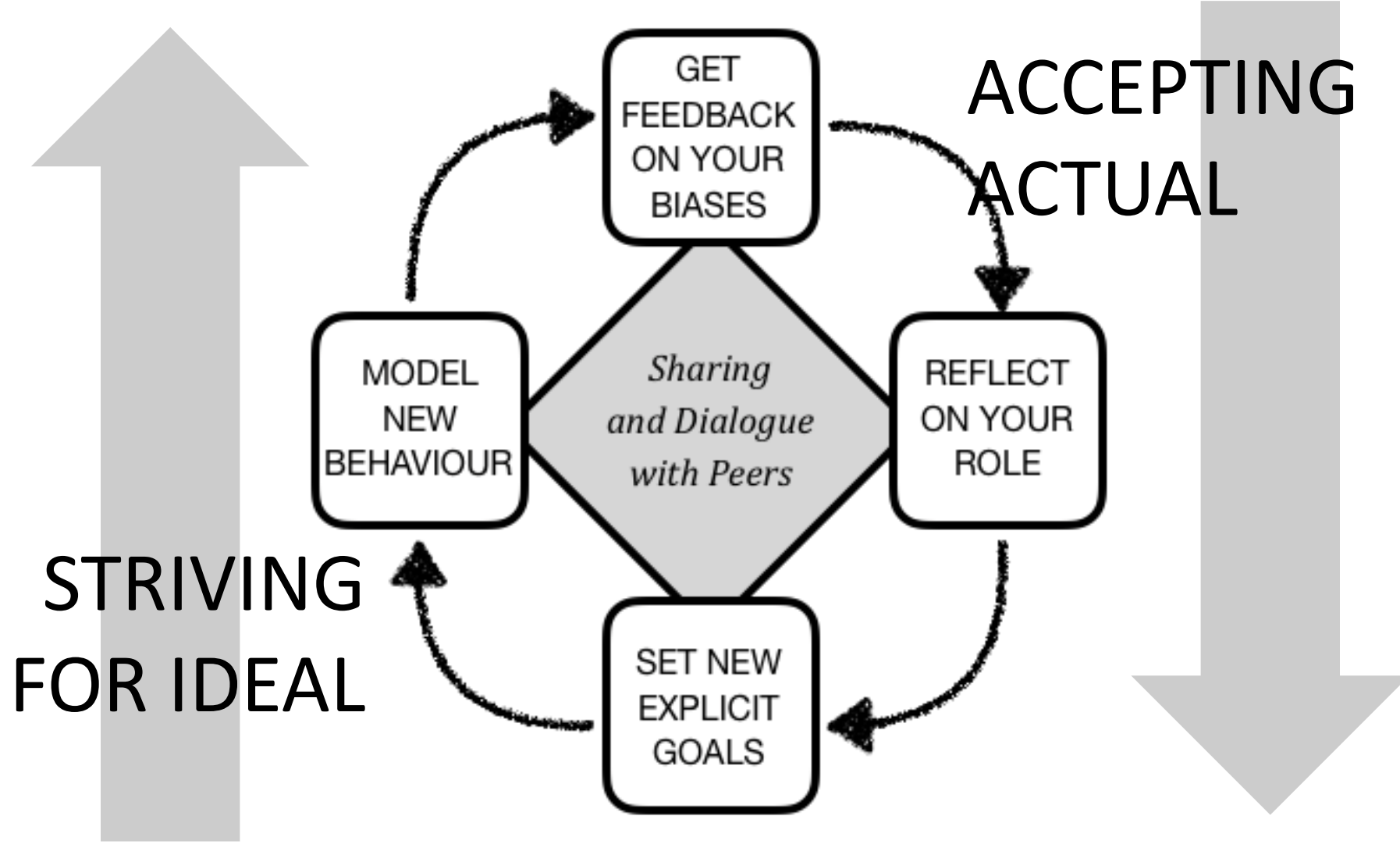
progress *or* perfection?

A culture of perfection?

- *“When a classmate asks us if we understand the purine salvage pathway, we are compelled to say yes even if we do not get it.”*

Arianna F. Yane





What can we do about implicit stigma?

Addressing Stigma




Study 5

How do individuals and learning environments adapt once implicit biases are brought into conscious awareness for learners?

Adv in Health Sci Educ
<https://doi.org/10.1007/s10459-018-9816-3>



Adaptive reinventing: implicit bias and the co-construction of social change

Javeed Sukhera¹  · Alexandra Milne² · Pim W. Teunissen³ · Lorelei Lingard¹ ·
Chris Watling¹

Our findings illuminate the relational interdependence between individuals and workplaces...

“...not only can I role model for people who have less experience than me, but I can also do that to people who have more experience than by how I interact with them and how I can ask questions...I don't think it's effective to just challenge them straight up; I think that if you can get people to be slightly reflective in that moment, that they'll probably come to the right conclusions on their own.” (RN4)

...while emphasizing role models as key workplace affordances.



CHALLENGING NORMS

- stereotype modification
- counterstereotype imaging



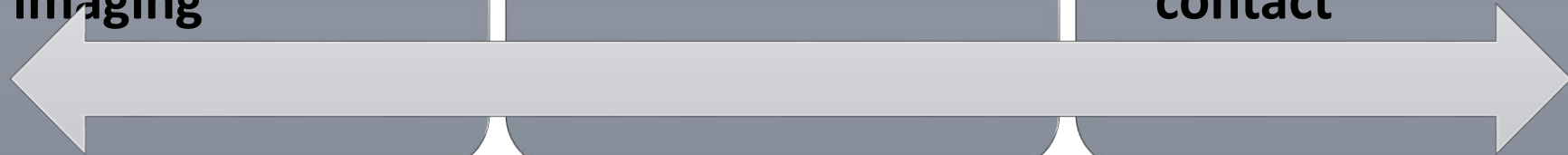
CULTIVATING COMPASSION

- mindful practice
- individuation



ENHANCING EMPATHY

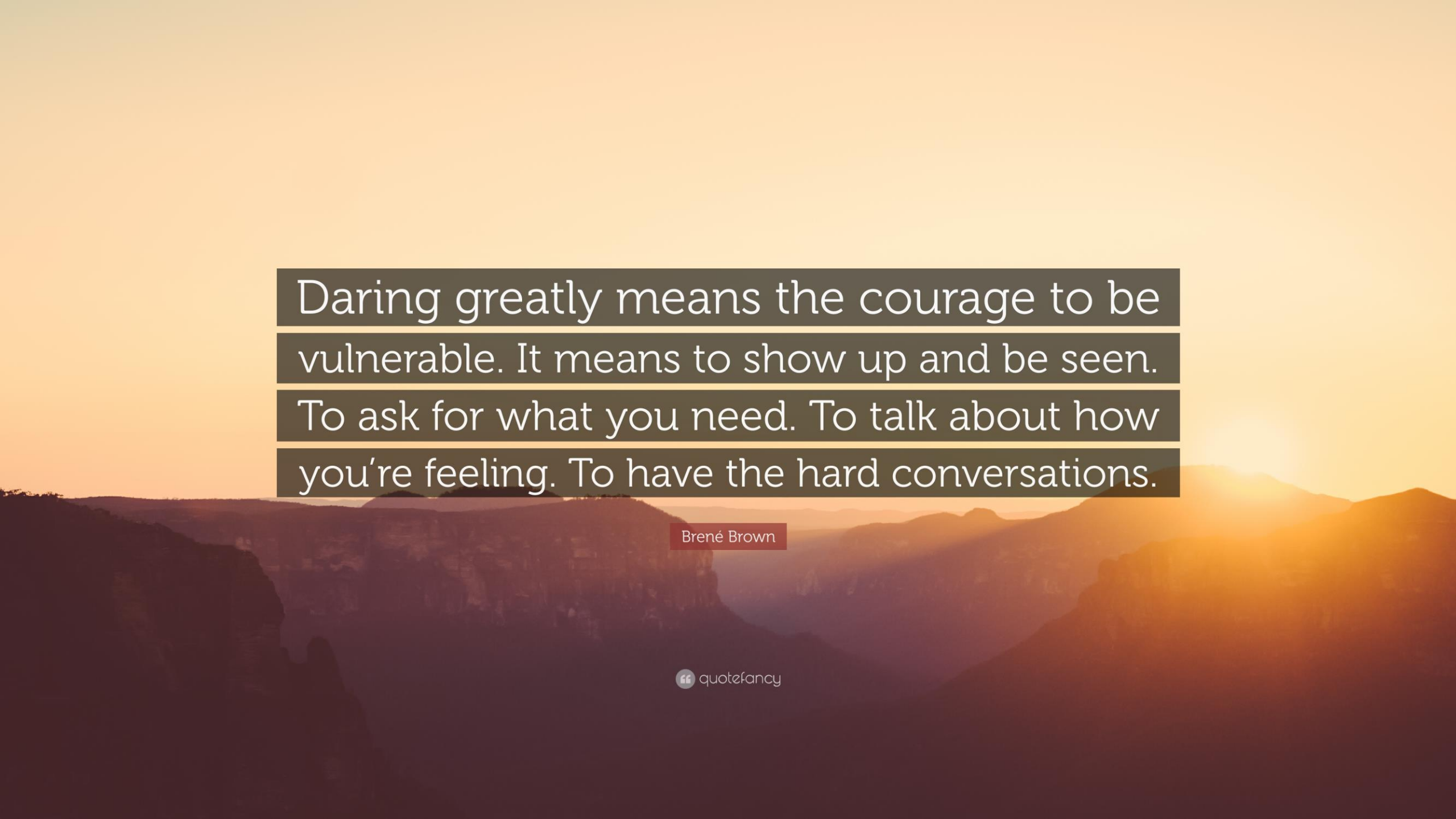
- practicing perspective taking
- seeking social contact



COURAGE

COMPASSION

CONNECTION

The background of the image is a scenic landscape featuring rolling mountains and a deep valley. The sky is a warm, golden-orange color, suggesting a sunset or sunrise. The sun is visible on the right side, casting a bright glow over the scene. The mountains are silhouetted against the bright sky, creating a dramatic and inspiring atmosphere.

Daring greatly means the courage to be vulnerable. It means to show up and be seen. To ask for what you need. To talk about how you're feeling. To have the hard conversations.

Brené Brown

Video - empathy

- <https://www.youtube.com/watch?v=1Evwgu369Jw>

ACKNOWLEDGMENTS

- Deep gratitude to my collaborators, Chris, Pim and Lorelei
- To my wife Sarah, parents, and kids
- To my colleagues at the Centre for Education Research and Innovation, Western University
- To my study participants
- To my research staff, particularly Ally Milne and Michael Wodzinski

always practicing; forever improving; never perfect