Breakout Session: Stigma Reduction

1. **Individuals/families – need to start here**

- Stigma may keep people from seeking care
- Lack of understanding of mental health = which leads to fear (and people/families will do what they think they need to do)

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2. **Providers/health care systems**
   - Pharmacists/physicians don't want to be associated with mental health
   - Mental health is not taught to physicians/pharmacists General health care providers doesn't want to take on psychiatric patients
   - Negative feedback from fellow professionals/families; hierarchy among
   - Lack of human rights approach in health care
   - Internal bias/prejudice about patients

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3. **In other service sectors: employment (part of what gives them dignity back), justice system (so much ignorance about how to manage people with mental health conditions), media.**
   - Negative portrayal of people with disabilities in the media, negative language used
   - General lack of understanding of human rights'
   - Lack of medical education

- Question: What is normal?
- Conclusion: Need to recognize that persons with mental health conditions are part of humanity.

Barrier #1: Lack of information/education on mental health illnesses and negative portrayals of people with mental illnesses.

- **Opportunity**: Responsible reporting among media
- **Opportunity**: Professional development for health care workers and staff (general and mental health)
- **Opportunity**: Health education units in elementary/secondary schools
- **Opportunity**: Educating spiritual leaders/religious institutions

Professional development for health care workers and staff (general and mental health)

Desired Outcomes	Metrics of Success	Resources	Key stakeholders (*Lead)
Greater compassion among health care workers for people will a mental illness	-Client satisfaction with services (complete a small questionnaire upon completion of care)	**Human**: Independent body to administer the assessment to ensure confidentiality **Financial:** Funding for training and assessment materials, and associated costs to adapt the training for Ghana	-Research staff appointed by the sponsors of the demonstration project -Existing administrative/research staff in hospitals/clinics
Increased provider satisfaction	-Assessment to measure occupational satisfaction	See Above	See Above
Increase in the number of skills training workshops and knowledge among health care providers on mental illnesses	-Number of workshops that are held (and the number of attendees) -Pre-post test of knowledge gained during the workshop	**Human**: Trainers (mental health care providers within the system); consultant **Financial:** Funding to host the workshops and for training materials	-All facility staff; managers of the GHS
Decrease in stigma among health care providers (include mentors and increased supervision)	-Measure of attitudes (pre-mid-post)	See 1st column **Human**: need mentors and supervisors	See 1st column
Knowledge and Skills Training Workshops	-Measure of knowledge (pre-mid-post)	See 1st column	-Collaboration with NGOs, government, academia (national/international) -All facility staff; managers of the GHS

Barrier #2: Treatment does not include effective rehabilitation and reintegration.

- **Opportunity**: Integration into mainstream community-based vocational and educational training
- **Opportunity:** Supported employment program to promote their highest potential
- **Opportunity**: Stepped-reintegration in the community after intensive treatment with supported decision making

Integration into mainstream community-based vocational and educational training

Desired Outcomes	Metrics of Success	Resources	Key stakeholders (*Lead)
Skills/Employment	- Demonstrated mastering of the skills - Graduation rate - Employment rate	- Buy-in from the gov't and private vocational centers - Fees (+ equipment) - Assemblies - Families - Philanthropic orgs + individuals (Rotary, Telecom Foundations)	- Individuals with mental health issues - Families - Mental Health Authority ** - Schools/Vocational centers/Master artisans - NGOs - Assemblies
Reduced stigma/socialization	- Survey of families, community, artisans, individuals (before and after)	- Universities/research centers - Community/religious leaders - Families	- Kintampo Research Centre ** - Individuals - Mental Health Authority - NGOs - Artisans/centers

Barrier #3: Psychiatric facilities/units are unsanitary and unsafe

- **Opportunity**: Renovate/build mental health facilities that are safe and hygienic that facilitate effective care and recovery.
  - Obtaining buy-in from policy makers to fund the upgrading.

Renovate/build mental health facilities that are safe and hygienic that facilitate effective care and recovery

Desired Outcomes	Metrics of Success	Resources	Key stakeholders
•Facility policies to govern safety and professional ethics and enforcement •Physically safe and hygienic – tiled floors, painted walls, windows, ventilation, climate controlled, alarm bell by each bed, safety features to minimize suicide, physical aggression, decent water closets (no pit latrines) •Socially safe - Safe from criminal and human rights violations •Family friendly so relatives can stay and want to visit •Beds for every client – no sleeping on the floor •Pleasant outdoor areas for recreation and spending time outside of individual rooms •Calm environment, spacious, music •Productive recreational opportunities (e.g., gardens, games) •Well trained and professional staff	<u>12 months</u> •Organize stakeholders and secure resource commitments, document baseline conditions and establish a facilities monitoring system and continuous quality improvement <u>3 years</u> •Shorter length of stay, •Patronage for moderate mental illness •Client satisfaction survey •Staff retention <u>5 years</u> •Continued progress on	•Peer review process with criteria •Occupational therapist for the district •Sink a well at each facility for flush toilets •Funds for maintenance of new/rehabilitated facilities •Organize "adoptions" of individual wards	•MoH •Regional health administrator •District health •Hospital management •Traditional healers •Religious leaders •Community leaders