SAS SOUTH WEST CONFERENCE 16 October 2018

WORKSHOP FEEDBACK

STIGMA, MINDFULNESS AND MENTAL HEALTH

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Context

To accompany the above workshop, participants were invited to complete a brief, anonymous questionnaire aimed at identifying any changes in perception following participation in the workshop. The final section is used for purposes of quality assurance.

This was the last session of the day, by which time many attendees had left, so only 17 responses were received, some of which were incomplete. This report analyses the responses received and is intended for circulation to all participants.

Respondents

- Respondents were predominantly aged between 41 and 60 years, with a small number outside each end of this range.
- Women outnumbered men at a ratio of 14:3.
- Ethnicities represented were reported as Black British, Caucasian, Indian, Mixed, Muslim, White British.
- The period of respondents' professional experience in mental health ranged from 10 years to 30 years, with a mean of 20.7 years.
- 4 respondents reported having a relative/friend with an enduring mental illness. Those who gave a response to how long this experience was replied 56 years and 40 years.
- 2 respondents also have roles as carers, one reporting this has been for 4 years.
- 1 respondent reported that they had experience as a user of mental health services but did not say for how long.

In sum, respondents were in the mid-late stages of their career. They were more diverse ethnically than might be a random sample, and were disproportionately female.

Perceptions of stigma

Responses to questions 5 and 6 are reproduced verbatim, then grouped according to theme.

Q5. What does the word 'stigma' mean to you?

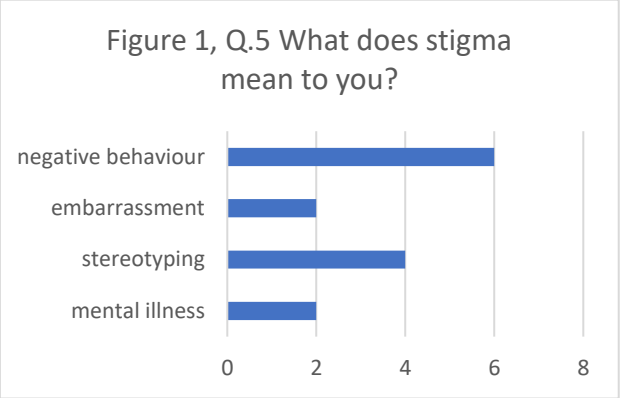
- Treating someone different because of mental illness
- Negativity attached with psychiatric diagnosis and long term prognosis

- Pre/misconception often linked to ignorance associated and/or cultural beliefs
- Stems from stereotype leading to discrimination
- 'Signs' that set you out or perceived as making you different in a negative way, making you a target
- Given and perceived discrimination

- Feeling embarrassed/ashamed to share
- Shame, disgrace

- Being discriminated on the basis of illness, ethnicity, colour
- A negative difference, made negative by society
- Treated unequally and negatively
- Negative judgemental stereotyping
- Negative meaning
- Negative

Responses have been loosely collated by theme. It is noticeable that all relate to negative attitudes and behaviour and indicate both implicitly and explicitly that these are prejudicial. Figure 1 shows the relative significance as assessed by the number of references to each theme.



Q6. Give 4 common examples of stigma.

- Name calling
- Negative words used re sexual orientation – 'queer' or ethnic origin 'gypsy'

- Looking down on a person
- False assumptions

- Excluded from society, work etc.
- Professional
- Unreasonable fear of a person
- Exclusion of person
- 'Them and us'
- People who have been convicted of a crime

- Towards people with HIV or dementia
- Mental health
- Stigma about handicap/disability
- Stigma about skin problems
- Diagnosis of mental health
- Disability
- Mental health
- Mental illness
- Mental illness – disable
- Alcoholic and drug addicts

- Mental illness
- Physical disability
- Addiction = bad people
- Mental illness = weakness or violence
- Mental
- Mental health
- Intellectual ability

- People who are refugees from certain countries etc.
- Ethnicity
- Race
- Immigrants
- Racial discrimination
- Race

- Religious
- Religion

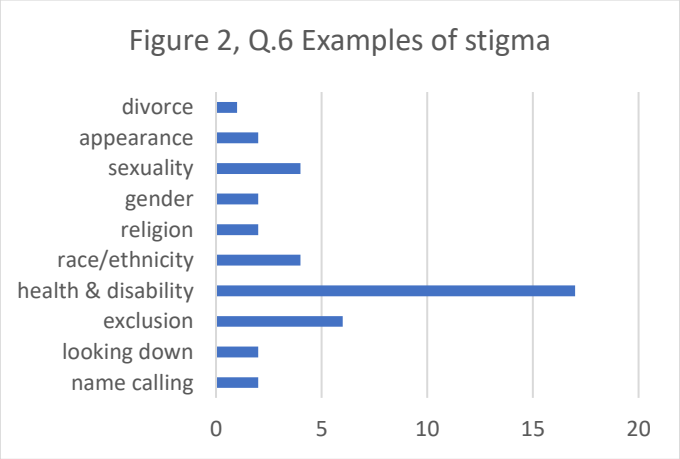
- Women – 'run like a girl'
- Gender

- Homosexuality
- Unusual sexuality
- Transgender
- Sexuality

- Unusual looks
- Body shape

- Divorce (still the case in other countries)

As before, responses have been loosely grouped and the results are reproduced graphically in Figure 2. Given the professional roles of respondents, it is not surprising that the area most cited is that of mental illness. Other significant issues are exclusion and discrimination based on sexuality and ethnicity.



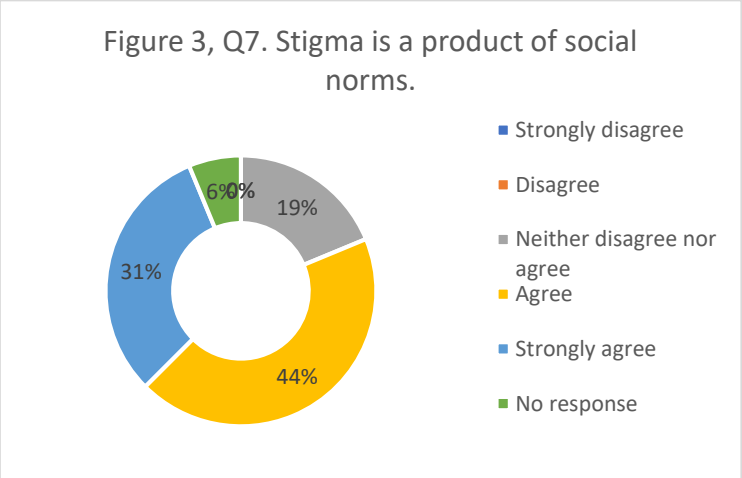
The remaining questions in Parts B and C invited respondents to rate their level of agreement with a statement, using the scale 1 = strongly disagree to 5 = strongly agree.

Questions 7-9 are designed to assess participants' levels of awareness of aspects of stigma prior to participating in the workshop.

NB: percentages are used in the following analysis, but these should be read with caution, given the small number of respondents e.g. 1 respondent is represented as 6% of the total 17.

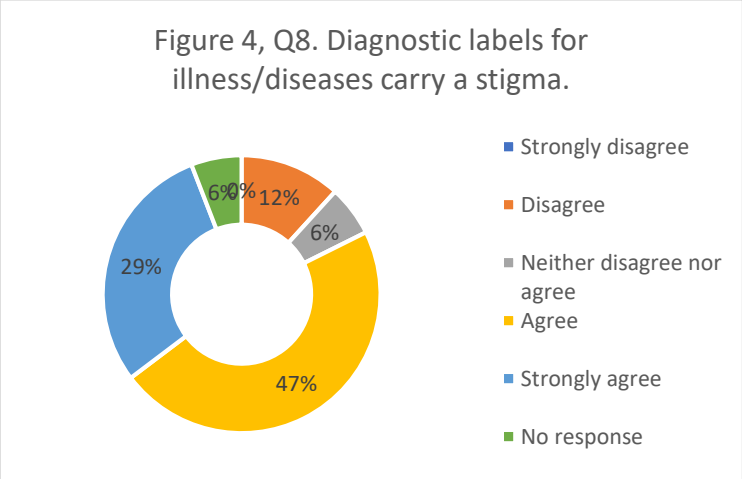
Q7. Stigma is a product of social norms.

No-one disagreed with this statement. 19% were neutral and 75% agreed /agreed strongly (Figure 3). This suggests that respondents were well-informed but there was a group who might benefit from the workshop.



Q8. Diagnostic labels for illness/diseases carry a stigma.

Responses to this question were more diverse, with 12% disagreeing and 6% remaining neutral (Figure 4). A total of 76% of respondents were in agreement. Again, this indicates a high level of general awareness but that there was a small number of participants whose disagreement might be explored, potentially bringing about a change in attitude.



Q9. Stigma associated with mental illness often undermines treatment and recovery.

Consistent with responses to the last two questions, 17% of respondents neither agreed nor disagreed with this statement. A total of 77% agreed/strongly agreed, indicating a high level of professional awareness (Figure 5). The neutral respondents may be expected to show a change in understanding in the next section of the questionnaire.

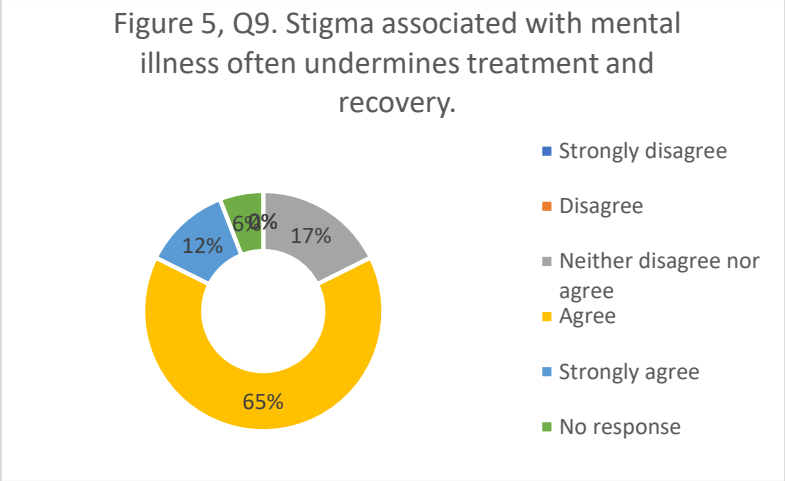
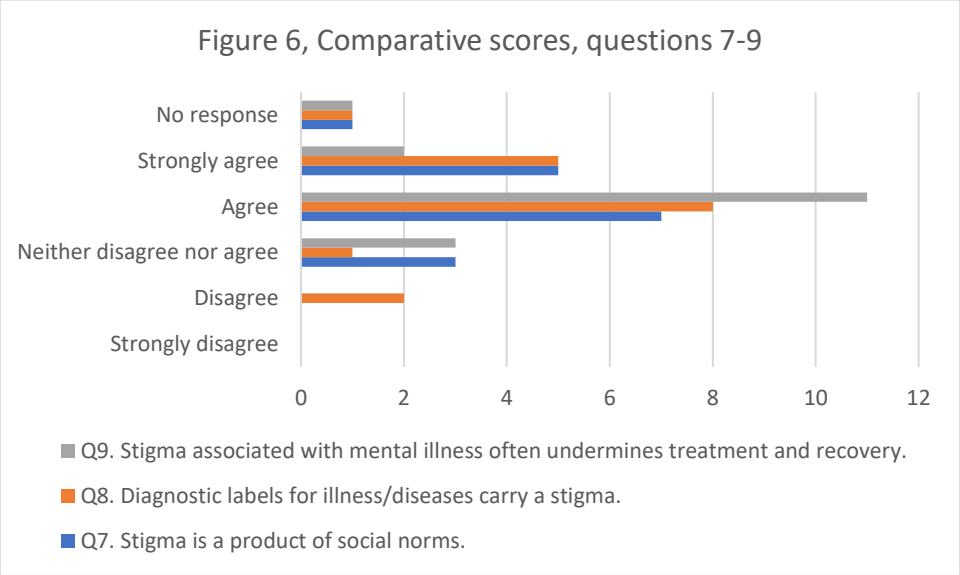


Figure 6 collates the responses for these three questions to provide a quick overview of the significant areas of agreement and disagreement. The set of 'no responses' comes from attendees who had partially completed the questionnaire and left before this session of the day. The graphic shows clearly that the levels of agreement (i.e. awareness of issues) outweigh those of disagreement and neutrality. This would be appropriate for professionals in mid to late career. It establishes a marker for comparison with perceptions after participation in the workshop.



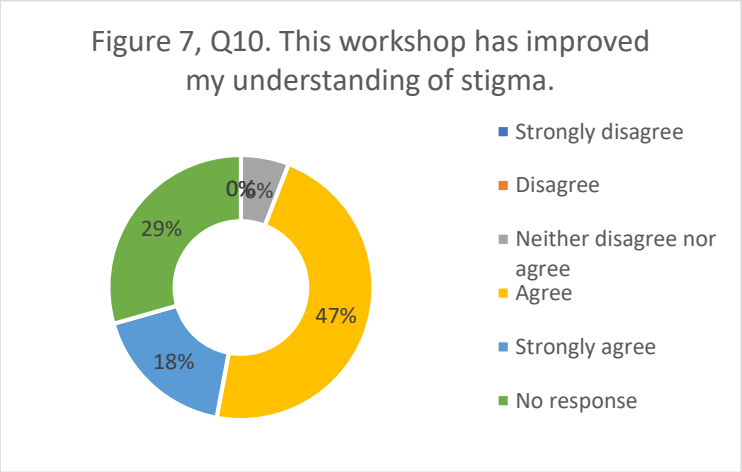
Impact of workshop

The remaining questions are answered after participation in the workshop and are aimed at identifying any changes in awareness of the issues surrounding stigma.

Q10. This workshop has improved my understanding of stigma.

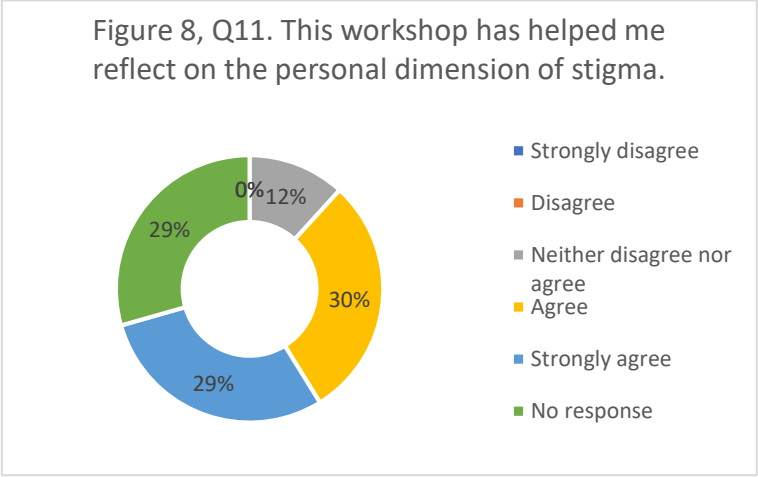
65% of respondents reported that they had gained understanding from the workshop, with 6% (1 person) remaining neutral (Figure 7). The large proportion of non-responses was due to the absence of these people from the workshop – they had completed the first section of the questionnaire prior to leaving.

When compared with the high levels of awareness indicated in the previous section of the questionnaire, it is encouraging that participants nevertheless found the workshop beneficial.



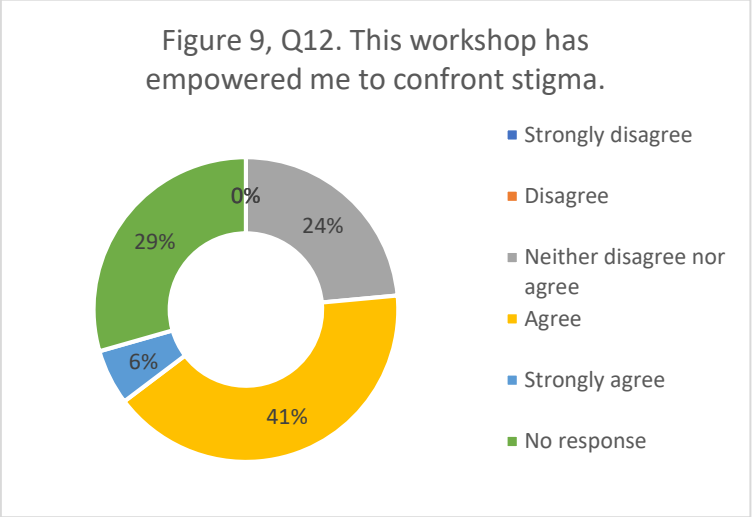
Q11. This workshop has helped me reflect on the personal dimension of stigma.

Two people (12%) neither agreed nor disagreed with this proposition, whilst 59% agreed (Figure 8). This is a positive finding when compared with the high level of prior awareness of issues.



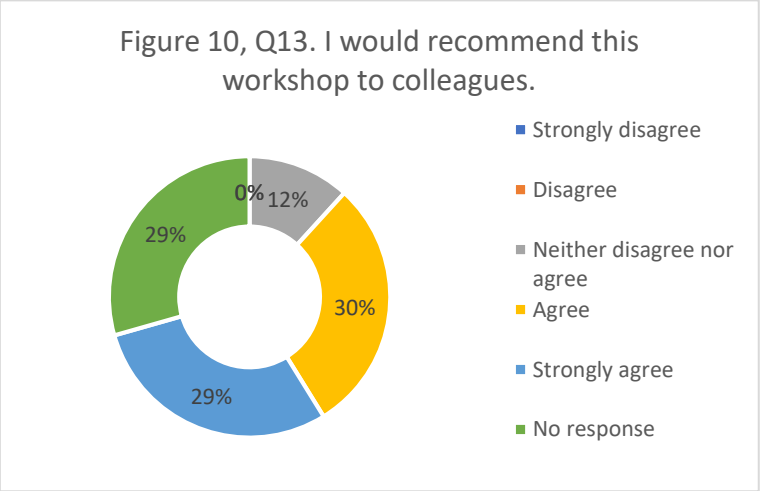
Q12. This workshop has empowered me to confront stigma.

Whilst the previous question gauged understanding question 12 sought to establish whether this would result in any changes in behaviour. 47% of respondents reported feeling more empowered, with 24% neither agreeing nor disagreeing (Figure 9). None disagreed. If the percentages had been calculated according to the number of respondents who replied to the question, 8 of the 12 (66.7%) felt more empowered.

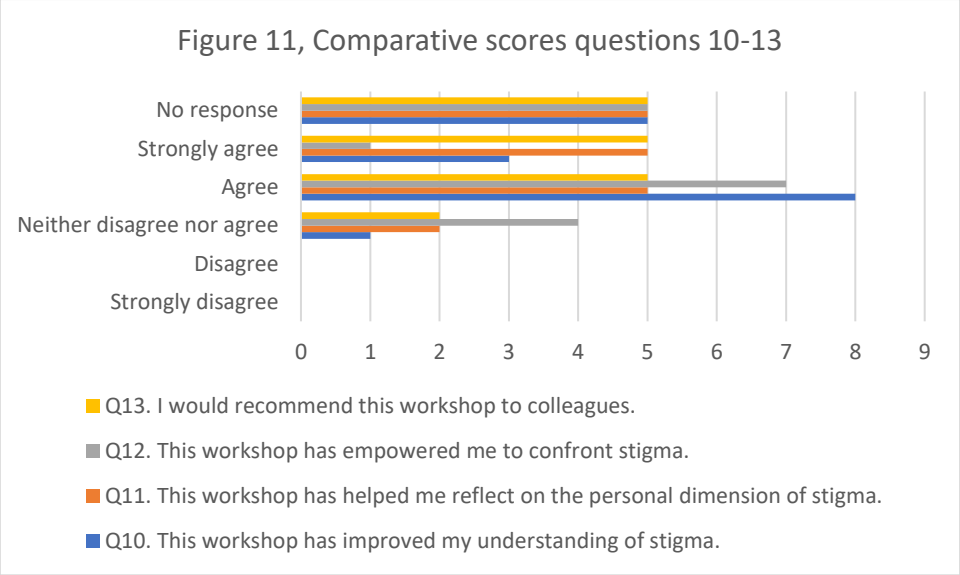


Q13. I would recommend this workshop to colleagues.

Responses to this question were very positive: 59% would recommend the workshop, which equates to 83% of those who actually attended. Two of those present remained neutral. This is another encouraging result.



As before, the responses for views after participation are collated (Figure 11). The positivity of responses is immediately clear, suggesting that the workshop had achieved its educational objective.



Additional comments

Participants were invited to add any narrative comments they might have. These are reproduced verbatim.

- Educational, enlightening, enjoyable
- So refreshing – I've so often thought psychiatry is an art
- The relationship is so important
- Very thought provoking, challenging, helped me understand my fraught relationship with psychiatry
- Excellent slides
- I think I was thinking of stigma in a very narrow dimension
- This workshop has helped me widen my horizon and think about it in a broader sense
- Both presentations were too rushed and I struggled to understand what the point was. A few useful insights gained despite this
- What I understand from Jenny is that she studied small self-selecting groups of relatively wealthy people and the results are being used to inform public policy???
- I loved the last few slides but wanted to explore them more
- Overall it felt like we had in less than 2 hours what should have been at least a half day if not whole day workshop

Thank you to everyone who participated and for all your constructive comments, which will impact on our future work.

Dr Jenny Willis

21 October 2018