

MH Stigma Reduction Initiative for HC Profession Students

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Brief Introduction

Occupational Therapist for 30+
years

Mental Health, Vocational Rehab
OT Professor in Canada & US

Glass Artist

“Web Goddess”

Founding Member OT4OT
Person w/ Lived Exp of MI



- ▶ Teaching Introductory Mental Health Course @ a Canadian University
- ▶ Previously, MH clients had been interviewed by students **but:**
 - one off experience. Students met clients for ~1-2 hours
 - Clients weren't paid
 - Students got no feedback on their interviewing skills
 - Clients not in the classroom. Clients seen as **clients** not **educators**

► Inspired by:

- Reading about how prejudiced h/c professionals are towards persons with MI. Personal experience with this, on both sides of the fence, so to speak
- Reading a manual from UK: *Learning from experience. Involving service users and carers in MH education*
- Learning that it is mandated that persons with lived experience are involved in training of psychiatrists in Australia/NZ
- Proposed idea of hiring “Client-Educators” as Graduate Teaching Assistants in my class. Paid GTA wages

- ▶ Small groups meet with their Client-Educator **3** times
 - Initial meeting and interview
 - Feedback to students on interview. Further discussion
 - Development of a narrative about the client, with a focus on issues they were facing, healthful occupations and steps to recovery
 - Students (often with Client-Educator) presented this narrative to entire class

- ▶ Informal feedback from both students and client-educators said this was a “good thing” in terms of changing attitudes (on both sides)
- ▶ Opportunity presented itself to have an evaluation of this initiative done by Mental Health Commission of Canada
 - Part of a national “Opening Minds” campaign
 - one of a handful of healthcare professional stigma reduction projects across the country.

- ▶ Students surveyed with a tool designed to look at h/c professionals attitudes to person with MI
- ▶ Surveyed before working with C-E, after and 3 months follow up.
- ▶ Less negative attitudes post, and continued improvement in attitudes at 3 months.
- ▶ Focus group with C-E: C-E saw this as a very positive thing. Chance to tell their stories. Springboard to other opportunities. Chance to influence h/c professionals via the students with whom they worked.

- ▶ **Positive results aren't enough**
- ▶ Initiatives often come from one person's commitment
- ▶ When that person leaves, sometimes the project leaves too
- ▶ Needs larger departmental/institutional commitment to stigma-reduction or to be mandated at professional education credentialing level.
- ▶ National campaign to share projects like this as a best practice, however isn't being continued at the university where the evaluation was done.

- ▶ Many OTs working in MH around the world. I send you greetings and thanks: I am proud to be your colleague.
- ▶ OTs have a unique perspective on enabling recovery in persons with MI, supporting engagement in meaningful activities & being active members of their communities.
- ▶ OTs as advocates: Before advocating need to be aware of our own attitudes and values. Humanity first.
- ▶ That's what this initiative was about and I'm delighted that it made a difference for the **500+** students and **25+** C-Es who participated

- ▶ Thanks to Terry Olivas-De La O and Armando Sanchez for this opportunity to speak about something I'm passionate about.
- ▶ Passing to torch now to my friend and colleague Anita Hamilton who is up at 5 AM to participate in this podcast.