

# **STIGMA AND MENTAL HEALTH**

**London, Ontario**

**7 November 2013**

**Dr N Yoganathan/Dr Jenny Willis**

## **A. BACKGROUND**

The speakers are experienced professionals: Dr Yoganathan is a Consultant Psychiatrist who works for the National Health service in the UK. Dr Willis is an Independent Educational Consultant in the UK. Together, they have formed a community enterprise, no2stigma (<http://no2stigma.weebly.com/>) and for a decade and a half, have been working nationally and internationally towards the stigmatisation of mental illness.

In November 2013, they were visiting Canada on family business and a relative, Mr Giritharan, who works as a Collection Officer at the MoF in London, Ontario, proposed that a forthcoming staff training event for his colleagues be dedicated to the theme of stigma and mental health. The speakers offered to lead a workshop for these members of staff, to share experiences and perceptions of mental illness and wellbeing.

This was a voluntary session, and any interested member of staff was invited to attend.

## **B. STRUCTURE OF THE WORKSHOP**

A 2-hour period was divided into two complementary interactive sessions, with a brief break between them. PowerPoint presentations were supported by a short questionnaire which attendees completed when prompted, forming the basis for discussion. Questionnaires were anonymous and were collected at the end of the workshop, for analysis and production of this report.

The first session was led by Dr Yoganathan and focused on dimensions of mental illness, stigma and the use of pejorative language. A newspaper article was distributed in advance of the workshop, for discussion during the event.

The second session was led by Dr Willis and centred on perceptions and theories of wellbeing. The interactive questionnaire elicited data which would be compared with that derived from similar surveys in the UK, Beijing and Argentina.

Copies of the slides from both presentations were made available to all participants.

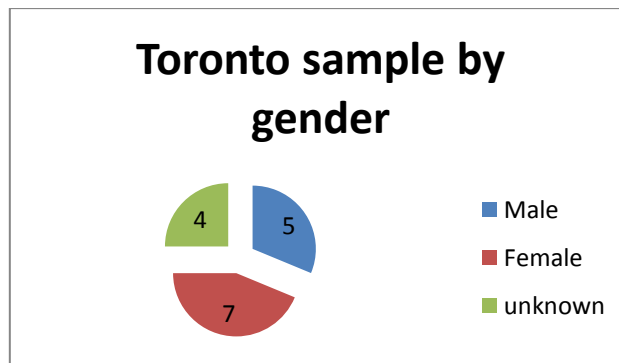
## **C. PROFILE OF ATTENDEES**

Sixteen members of staff attended the workshop, 15 from the Ministry of Finance, 1 from the Ministry of Health. We are most grateful to all for their lively participation in the event.

### **Gender**

Women outnumbered men, but 4 people did not complete this question. Those who did, show a male to female ratio of 5:7.

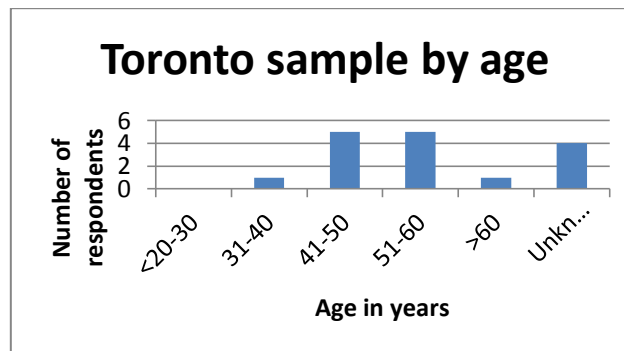
Figure 1



### Age

The age profile of attendees is skewed towards 41+ years, but again, 4 people did not reply to this question. The older ages are commensurate with the mature professional status of this group.

Figure 2



### Ethnicity

Respondents were left to interpret this question as meaning current nationality or ethnicity. All were working in London, Ontario, and are loosely described in the comparative data as 'Canadian', but the responses they gave to this question included: Asian, British, British/Scottish, Canadian, and White Caucasian. 5 people did not answer this question.

### Profession

As noted above, one attendee was from the Ministry of Health, the others were tax collection officers. The latter described themselves variously as: Collection Officer, Collector, Accountant, and Collector Manager.

In sum, the group is not a representative sample of the Canadian public, being imbalanced by age, professional status and gender. It nevertheless provides a valuable contrast to previous samples.

## D. STIGMA AND MENTAL HEALTH

During the interactive session, attendees wrote down their individual responses to the questions then discussed them against related slides. To avoid bias, responses are quoted verbatim. Totals vary as some people left some questions unanswered.

## **What is stigma?**

Answers proposed may have been made retrospectively, following sight of the slides, hence reproducing the information provided. Suggestions were:

- Perception of what is how it should be from labels
- Social disgrace, shame
- Mark of disgrace that sets a person apart
- Negative labelling of a person or group of people/identifying from others
- Label, judgement, assumption
- Associated with a mark of shame/disgrace
- Labelling, social surroundings and how others view a difficult situation
- Mark with a pointed instrument, usually associated with a mark of shame/disgrace
- Preconceived ideas about certain things, labelling
- Label/condition that separates an individual from the 'norm'

## **Where may we encounter stigma in our everyday lives?**

Responses include:

- Everywhere: work, while shopping
- Workplace, choices we make in music, where we live, appearance
- Home, workplace, physical appearance
- Mental health, certain ethnicities, elderly, qualifications
- Everywhere, TV, media, workplace
- History, religion, zoology, botany (flowers), medicine, social identity
- Employment, schools, government worker, elderly, race, gender, status, qualifications
- Anywhere, at work, school, on the way home, home
- School, work, online

## **What lay terms are used to describe people who have a mental illness?**

The following terms reveal uncertainty about the spelling of some terms, and it is noticeable that all are pejorative:

- crazy, psycho, loonie, nuts, around the bend
- psycho, nuts, crazy, loonie
- crazy, nuts, looney bine
- psycho, mad, on the border, over the edge
- crazy, looney, wacko, syko, mad, nuts over the edge
- crazy, loony-bin, physio (sic), nuthouse
- crazy, wacko, psycho, mad, not right in the head, lunatic
- on the border, over edge
- crazy, wacco
- nuts, crazy, whacko, looney
- mad, psycho, loonie, loon, nuts, crazy

### **How did public attitudes towards mental illness change in the UK between 1993 and 2003?**

Following a 10-year public campaign to destigmatise illness, it was found that attitudes had, contrary to expectations, become less tolerant. 6 attendees guessed this correctly; 2 thought there was no change; 6 thought attitudes would have improved; 2 people did not reply to the question.

### **What does 'health' mean to you?**

Responses acknowledge the holistic nature of health, and made a spontaneous link to wellbeing:

- Total being include mental and physical well balanced
- Active mind and body
- Social wellbeing, physical and emotional
- Balance of physical and mental wellbeing (according to guidelines)
- Overall health, mind body, spirit
- State of physical, mental and social wellbeing
- Physical, feelings, strength
- Feeling of wellness
- Mental and physical wellbeing

### **E. QUALITY ASSURANCE**

Attendees rated 2 questions on a scale of 1 = strongly disagree, to 5 = strongly agree. Not all respondents replied to each question. Scores ranged from 3-5 for each question.

#### **This workshop has changed my perception of stigma.**

Mean score achieved was 3.9

#### **This workshop has given me a greater understanding of mental illness.**

Mean score achieved was 3.9

We therefore conclude that the workshop was successful in encouraging personal reflection.

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The second part of the workshop focused on wellbeing. Findings for this follow overleaf, as a separate report.

## F. PERSONAL WELLBEING

Attendees complete the interactive questionnaire 3 questions at a time, followed by discussion of their responses and comparison with data from previous samples. The slide handout provides that data.

### 1. What does 'wellbeing' mean to you?

- A healthy social, physical and economic living. Well-rounded in all areas (balanced)
- A level of 'creative comfort' encompassing money, proper diet and active lifestyle
- Overall health and happiness
- Healthy mental & physically
- Personal satisfaction and overall physical and mental health
- Overall health, mind, body, spirit
- Being happy, confident, together, healthy
- Overall feeling of happiness, belonging
- Peacefully living
- Healthy and happy, financially stable
- Contentment
- Good health and happiness
- Work-home- health- enjoyment balance, physical-mental-emotional balance, financial stability-balance
- Healthy physically and mentally, managing stress appropriately
- Overall sense of stability

**Comment:** the need for balance is common to other sample respondents. It was noticeable that the Toronto group frequently made reference to financial security, perhaps reflecting their professional background.

### 2. Is wellbeing linked to happiness? Are they the same thing?

- It's linked but not the same thing
- Yes there is a link – happiness is part of wellbeing
- Yes linked, no not the same
- To some extent, yes
- Happiness is part of mental wellbeing
- Yes linked; no they are not the same but are connected
- Yes and yes
- Linked, yes, but not the same thing
- Yes
- No not same, yes linked
- Linked but not the same
- It is linked to happiness
- Yes, wellbeing is certainly linked but not the same thing as happiness
- Yes, no
- Yes they are linked but not the same thing – happiness is a fleeting emotion, wellbeing a permanent state

**Comment:** attendees unanimously agreed that happiness and wellbeing are different. This was consistent with other groups surveyed.

**3. Which aspects of your life does your wellbeing affect?**

- Social, physical, economic
- Health, financial ability to pay bills, work, home
- Worklife, homelife
- Life as a whole
- Family interactions, friendships, job satisfaction
- Happiness, attitude, sense of worth
- Family, friends, co-workers
- My family – children and spouse, work
- Work
- All
- Personal, family, work, social and may affect other aspects, too
- Overall happiness
- Home (parenting), attitude, work/co-workers, social spats
- Work, relationship, parenting, friendships, family
- Everything

**Comment:** there was general recognition of the all-pervasive nature of wellbeing, but it was clear that relationships with a spouse, children and friends is highly valued.

**4. What things do you do that enable you to cultivate a sense of wellbeing?**

- Work/earn, socialise, travel, invest. Get away from negativity
- Pursue hobbies, succeed at work, help friends, family, exercise
- Doing things for others, helping
- Doing something creative or achieving
- Volunteer, hobbies, accomplishments
- Good night's sleep, think positive, look at big picture, things could be much worse
- Exercise, spend time with family and friends, help others
- Spending one on one time with my family, going to trailer by the lake
- Gardening, cooking
- Family, work, sport activities
- Try to pause and think, review, help others, share, socialising meaningfully
- Exercising/healthy eating, being happy with friends and family
- Sleep/rest, accomplishing things, staying organised, reduce chaos social belonging, volunteering
- Spend time with spouse, kids, friends; work out, spin, therapy being productive, how others feel around me
- Connecting with friends & family; maintaining a healthy lifestyle

**Comment:** this group appear more altruistic than previous samples. They reveal a balance between physical, emotional and creative activities.

**5. Is your sense of wellbeing something that comes from doing one or many things?**

- Many things
- Many things, so things of interest, seeing son achieve his aims
- Many things
- Several things
- Many things
- Doing many things
- Many things
- Many things
- No
- Many
- At least more than one, helping out meaningfully, laughing, socialising meaningfully
- Doing things that I like
- Many things – work is it fulfilling, pace of life, chaos or organised, kids – is there conflict, laughter, enjoyment, feeling included
- Many
- Many

**Comment:** like other samples, this group agreed that wellbeing derives from many sources. Again, the importance of other people is paramount.

**6. What things erode your sense of wellbeing?**

- Negativity and poor health
- Disharmony at home; debts
- Time
- Failure
- Negativity, disrespect, time/deadlines
- Stress, conflict, being judged or labelled, not accepted
- Criticism, gossip, lack of time
- Worry, lack of sleep, time, pressures
- Others, conflict, time
- Inability to pause and review, and look at available option
- Financial issues, weather, time available for pleasure
- Chaos, conflict, time
- Lack of time, stress, money, judging myself, comparing myself to others
- Lack of time, loss of 'connectedness' to others

**Comment:** this was another question where attendees make greater reference to financial issues than previous samples. Lack of time and respect indicate respondents' drive for achievement.

**7. If you are unhappy about your state of wellbeing, how do you change it?**

- Socialise and plan; work toward change and/or acceptance
- Shift attitudes to become more accepting and tolerant; don't worry about 'little things'
- I tend to keep it to myself, just identify and be aware of how I might handle a specific situation in the future

- Deep breath, talk to friend, 're-evaluate'
- Look for ways to improve my peace of mind, cut out the negative
- Exercise, go visit a friend/family, stay away from negative people
- Council with a friend, physical connection with my spouse, take a deep breath
- Disregard
- Avoid if possible
- First I have to know the source/will try to find out the source
- Extend efforts to change it through various activities
- Pause, asses/change things
- Go to therapy, connect with spouse, friends
- Wine! Take a step back, self-reflection, laugh!

**Comment:** strategies range from avoiding the source of discomfort to actively seeking emotional support from others.

**8. Is there a relationship between learning and developing your sense of wellbeing?**

- Yes, to a degree; deep active
- Definitely yes. Learning keeps a vitality and energises
- Yes, education is important for self-improvement
- Yes
- Yes – knowledge is food for the soul, stimulation
- Yes, I am always striving to be the best person I can be and make the world a better place
- Yes – keeps mind active
- Self-confidence, stimulation
- Yes
- Yes – learn to deal with certain situation
- Yes
- Yes
- Yes, need to be stimulated and engaged
- Keep mind active, willing to try new things, experiences enhance wellbeing

**Comment:** the group appear to be highly motivated learners who enjoy new challenges.

**9. Is there a relationship between wellbeing and achieving things that matter to you?**

- Perhaps – but I focus as much on past achievements or more .. then expectation i.e. child rearing!
- Seeing my son achieve at school and social life matters to me
- Yes
- Yes, both depend on each other
- Yes – goal setting and reaching, accomplishments
- Yes, it give a sense of accomplishment and self-worth
- Yes – if happy, can accomplish many tasks
- Yes, doing a good job on a project – work or home – gives a sense of accomplishment
- Yes
- There could though achievement relative/not always or necessarily solution



- Yes, your achievement is high if you are higher in wellbeing
- Yes – motivation to strive, strong; understand what is important so you can work for them
- Yes – self-actualisation

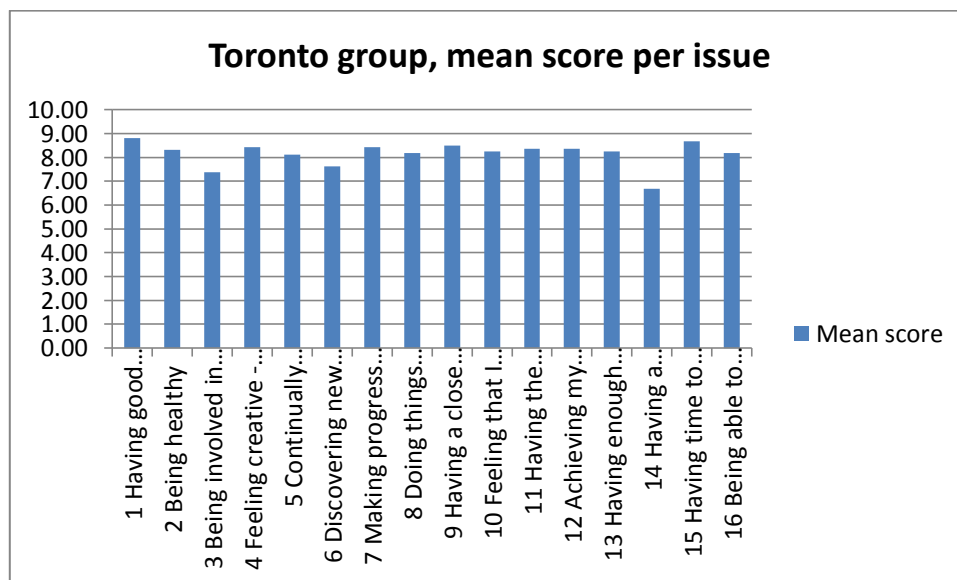
**Comment:** these responses confirm respondents’ quest for self-actualisation and the need for respect.

**10. On a scale of 1-10, where 1 is least and 10 is most important, how important are these things in creating your sense of wellbeing?**

Attendees were asked to score each of a series of 16 potential contributors to wellbeing according to the importance they have personally. The mean score for each person was calculated and found to range from 9.5 to 5.38. The average individual score was 8.16, indicating a high level of wellbeing for the majority of this group.

The mean score for each potential dimension of wellbeing was also calculated for the group (Figure 3). This shows that for these respondents, the dimensions of greatest significance were: having good relationships with people I come into contact with everyday (mean 8.81); having time to do what I want and need to do (mean 8.69); having a close relationship with someone I trust and can discuss anything with (8.5); feeling creative - doing things that give me a chance to be creative, inventive or resourceful (8.44) and making progress in the things I am doing (8.44). In other words, interpersonal relationships and the opportunity to be successful are most important. This information is valuable to both the individuals, their co-workers and managers.

Figure 3



The dimension of least significance to the group was having a religious or spiritual belief, which achieved a mean score of 6.69.

One of the aims of this survey was to gather data which could be compared with that of 3 previous samples, gathered in the UK, Beijing and Argentina. It has already been acknowledged that none of these 4 sets is statistically typical, each having a particular bias e.g. age, gender. Nevertheless, the

group profiles are useful in providing an indication of cultural variations, as a starting point for further, large scale, research. Figure 4 shows an overview for each of the 4 samples, highlighting points of convergence and divergence. Each of the dimensions, numbered 1-16, is marked around the perimeter of the web. The further from the centre of the web, the higher is the mean score for each dimension e.g. the Argentinian score for dimension 1 is higher than the score for the other groups, at just over 9 points.

Figure 4 Group profiles of perceptions of wellbeing

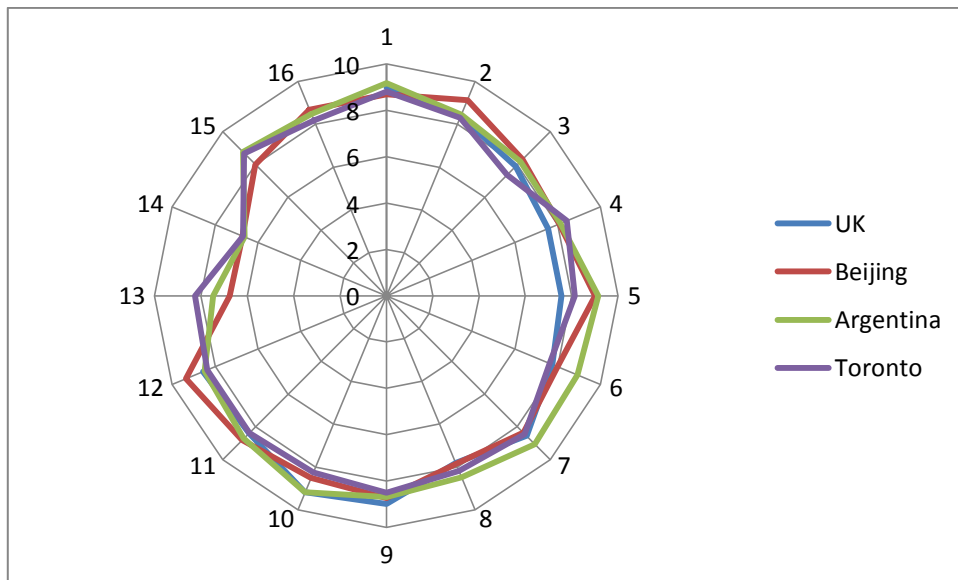
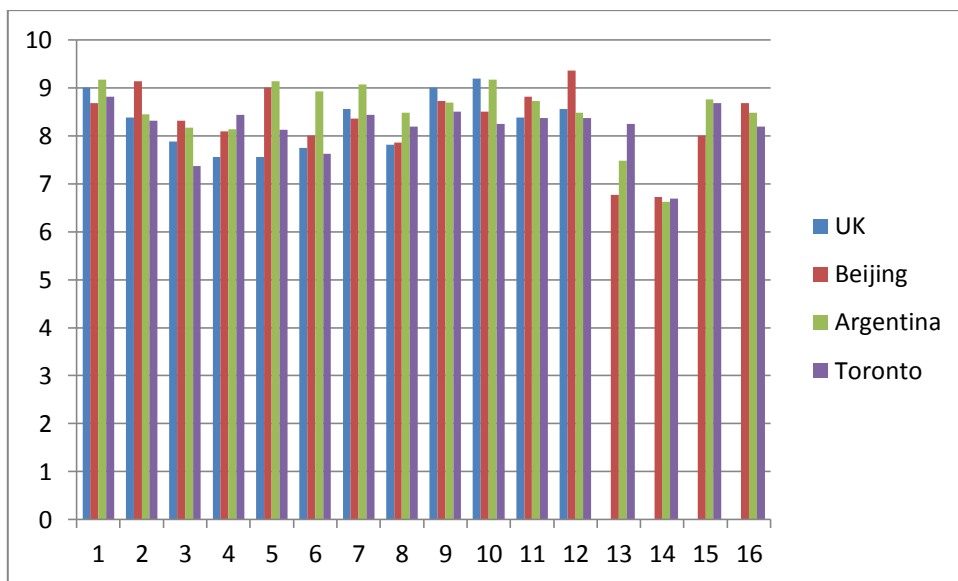


Figure 4 provides an easily read contract between samples, but it does not give sufficient detail on the actual scores. Figure 5 enables us to see these more clearly.

Figure 5 Mean scores per dimension by group



Now we can see that the highest score for any question or group is the Beijing response to dimension 12, achieving my ambitions (mean 9.36). Conversely, the lowest score was the Argentinian response to domain 14, having a religious or spiritual belief (mean 6.62).

When we compare the dimensions of greatest and least significance to each group, we begin to see some potential cultural differences. Figure 6 illustrates this with the dimensions of greatest importance to each group.

Figure 6 Comparative cultural profiles for most significant dimensions of wellbeing

	UK	Beijing	Argentinian	Toronto
<b>1<sup>st</sup> most important</b>	(10) Feeling valued	(12) Achieving my ambitions and goals	(1) Having good everyday relationships	(1) Having good everyday relationships
<b>2<sup>nd</sup> most important</b>	(9) Having a close relationship	(2) Being health and fit	(=1 <sup>st</sup> )(10) Feeling valued	(15) Having time to do what I want and need to do
<b>3<sup>rd</sup> most important</b>	(= 2 <sup>nd</sup> ) (1) Having good everyday relationships	(5) Continually learning & developing myself	(5) Continually learning & developing myself	(9) Having a close relationship

## G. CONCLUDING COMMENTS

This report indicates how much we have gained from the 2-hour workshop, and will, we hope, be of interest to all who participated or were unable to join us on the day.

Finally, we would like to thank you all again for making us to welcome and for participating with such enthusiasm to the workshop.

Please feel free to contact me at the address below, if you have any comments or queries, or Dr Yoganathan at [drnynathan@blueyonder.co.uk](mailto:drnynathan@blueyonder.co.uk).

JW

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