# The influence of European projects on destigmatization in mental health care: the Bulgarian example

**Georgi Onchev**

Department of Psychiatry

Medical University Sofia

# Aim and focus

- To briefly outline the roots of stigma and the barriers in front of anti-sigma activities in a transitional culture
- To illustrate the (culture-limited) influence of European projects on attitudes and service transformation
- To focus on perspectives

# Stigma is … (1)

"… pervasive, pernicious, and resistant to change, and to be successful, anti-stigma programs must be comprehensive, multi-prolonged and directed to individual, interpersonal and system-level determinants."

(Stuart, 2008)

# Stigma is… (2)

- Universal for all cultures: each community has its own ways of labeling and stereotyping
- Deeply embedded (like culture)
- Influenced by culture on three aspects:
  - Labeling: naming a condition as different
  - Association of the condition with features
  - Rejection and exclusion

# Stigma is… (3)

- On personal level, self-enhancing: expectation to be rejected, real withdrawal, grounds for avoidance
- Anthropologically, expedient, i.e. minimizing chances for mating
- The core of stigma concerns deep attitudes,

  *e.g. Do you agree your 18-year old daughter to date a psychotic man?*

# Culture is …

- System of meanings (like stigma)
- With core aspects that are **not** explicitly formulated/ we are not aware of
- In transition: coexistence
  - collectivistic (extended families, group acceptance, theories about equality)
  - individualistic (nuclear families, social isolation,  theories about personal freedom)

# Culture in transition (1)

- Non-homogeneous self-awareness
- Fatalism: things depend on outer forces
- Poverty: image of limited welfare
- On Hofstede’s dimensions:
  - maleness
  - avoidance of insecurity
  - power distance
  - short-term orientation

# Culture and stigma

- Both *deeply embedded*, in attitudes
- Health care sequale: antagonism between paternalism and autonomy
- Stigma: culture-limited
- De-stigmatization: a process resembling and requiring culture shift (de-culturation)

# Anti-stigma activities (1)

- Under-developed evidence base
- Cognitive process: label – attribution – emotion – behavioral response
- Approaches towards knowledge /attitudes more efficient than fact- and protest-based approaches (Stuart, 2008)
- Target based interventions more efficient than general population based
- Self-help groups more efficient than public campaigns (Link & Phelan, 1999)

# Anti-stigma activities (2)

- WPA Open-the-Doors, 1995
- Section on Stigma and Mental Health, 2005
- Campaigns in UK and Germany
- The Movement for Global Mental Health, 2008
- Time to Change, 2009
- European Pact for Mental Health and Well Being (Mental Health Compass)
- DG SANCO Report
- Anti-stigmatory legislation

***Largely unknown***

# Influence on health policy and service care

- Day centres /sheltered residencies (PHARE, SP)
- Inter-sectorial activities: MH / MLSP
- National Mental Health Policy and Action Plan
- Master Plan (Twinning Project)
- Improvement in the Archipelago of “homes”

- No coordination and systematic evaluation
- Rehab activities excluded from funding
- New focus on aggression and control after 2001
- Translational problems, e.g. ACT and CM

# Influence of the research projects

- ISoS, EPIBUL, EUNOMIA, DEMoB.inc
- Indirect, mediated
- Through attitudes change
- Slower
- Sustaining
- Revealing: scope – course – coercion – service culture – recovery opportunities

# Course of schizophrenia (ISoS)

- The Bulgarian sample in a a 16-years follow-up (RAPyD, ISoS, WHO): worst outcome
  - on symptoms: 45.5 % continuous; mean GAF-S = 49.3; highest on Bleuler's Scale
  - on disability: 41.9 % - trend for worsening; 36.4 % with severe disability (GAF-D < 41)
- Families – surrogate of institutions in 39 %
- Denial – a magical way for preserving sanity

(Ganev et al, 1998, 2007)

# Coercion in psychiatry (EUNOMIA)

- European Evaluation on Coercion in Psychiatry and Harmonization of Best Clinical Practice, FP5
- *Covert* coercion: ¼ of all voluntaries
- Outcomes in the Bulgarian sample: similar improvement; *higher* rate for the involuntaries on CAT, GAF and MOAS.
- Involuntary status - not necessarily related to poorer outcomes. Destigmatization of involuntary psychiatric treatment.

(Onchev et al, 2009)

# Recovery (DEMoB.inc)

- Development of a European Measure of Best Practice for People with Long Term Mental Illness in Institutional Care, DEMoB.inc, FP6
- Recovery: promoting empowerment and opportunities for growth, not just compliance
  - How to set up a bank account /no pocket money in Phase IV interviews
- Invoking the language; patients involvement
- The coercion /autonomy research focus – reflective of a stigma /tolerance attitude dimension.

# Perspectives

- Impact when targeted to attitudes
- Improvement of services and care

(Sartorius, 1998. *Stigma: what can psychiatrists do about it?*)

- Services: locally relevant, rather than seeking "right answers from elsewhere". Triangulation: ethics – evidence - experience.

(Thornicroft et al, 2008)

- Recovery orientation: dispelling myths, positive messages, service users priorities
- De-culturation: potential for development

(R.Persig. *Zen and the art for motorcycle maintenance*)

# Coping with stigma (from the Mayo Clinic staff)

- Get appropriate treatment
- Surround yourself with supportive people
- Make your expectations known
- Don't equate yourself with your illness
- Share your own experiences
- Monitor the media
- Join an advocacy group

# Milyo Ludiya (*Milyo the Insane*)
# Plovdiv, South Bulgaria