





What works to reduce stigma for adults who experience (multiple) disadvantage?

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Stigma and Multiple Disadvantage

- Those experiencing multiple disadvantages struggle with a combination of risk factors (e.g., mental health and substance use) AND social exclusion for belonging to multiple stigmatised groups.
- Stigma negatively impacts an individual's life choices, their sense of value, their mental and physical health and their access to services.
- 3. There is limited literature on bringing together stigma work around multiple disadvantages and how to construct and deliver successful anti-stigma practices on multiple and singular stigma levels.

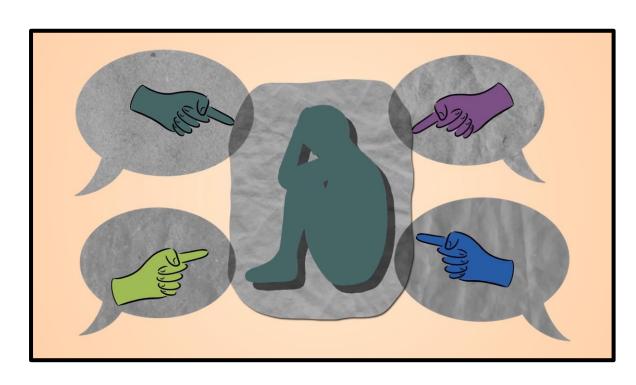


Image taken from Newcastle City Council Adults Safeguarding and Fuse Animation,

Stigma: A Call for Action

https://tinyurl.com/ACallforAction





Umbrella Review

askfuse

We wanted to bring together lots of different reviews to understand:

- 1. What is currently known about different approaches to reducing stigma (evidence and gaps) for adults who experience disadvantage?
- 2. Which interventions are effective in reducing stigma?







Public and Practitioner Involvement

- Lived Experience Panel
 4 members with experience of multiple disadvantage & stigma
- 2. <u>Changing Futures Lancashire</u>9 practitioners and navigators
- Research Advisory Group
 11 researchers







Findings Overview

Evidence: 51 Reviews (787 studies)

- 42 reviews focus on mental health stigma
- 5 reviews focus on substance use stigma
- 4 reviews focus on two disadvantages (mental health and substance use stigma)

Gaps: 0 Reviews

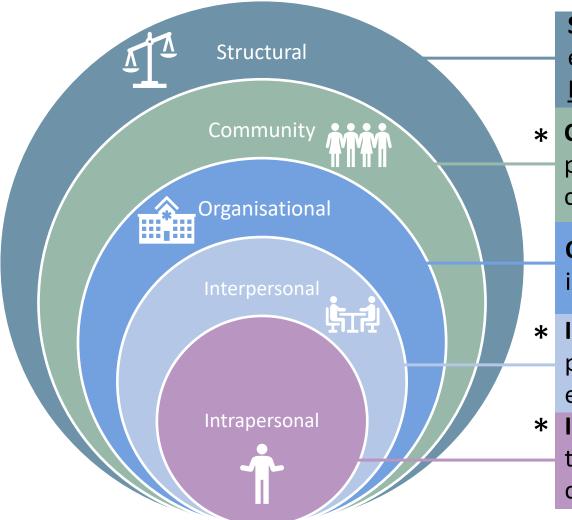
- No reviews focus on stigma relating to domestic violence & abuse, homelessness, contact with the criminal justice system or poverty
- No reviews focus on stigma related to multiple disadvantage (3 or more)





Level of Intervention





Structural – Reducing stigma through establishing and enforcing legal, policy, and rights-based structures = $\underline{0}$ Reviews

Community – Reducing discrimination and improving public attitudes through education, contact and campaigns = 20 Reviews (19 positive results)

Organisational – Reducing stigma in an organisation or institution through training programs = <u>1 Review</u>

Interpersonal – Improving practice and care at the provider level through contact-based training and education programs = 25 Reviews (23 positive results)

Intrapersonal – Reducing individuals' self-stigma through psychological education, therapy or counselling = 19 Reviews (14 positive results)





What works for reducing self-stigma?



Intrapersonal level

- Providing opportunities for social support through peer led or group-based interventions
- Assisting people to identify positive stories about themselves and develop positive self-identities (e.g., Narrative Enhancement & Cognitive Therapy)
- Interventions are less effective for reducing stigma related to anxiety or suicide as opposed to depression or schizophrenia related stigma.







What works for reducing practitioner-stigma? askfuse



Interpersonal level

- Providing a combination of education and contact based training is more effective than either intervention alone
 - Education = presentations or information on the misconceptions around disadvantages and the impact stigma has on people's lives
 - Contact = opportunities for practitioners to meet and/or learn from people who experience disadvantage and stigma
- Digital interventions and in-person interventions are equally effective
- There is uncertainty over the long-term effect of these interventions and whether change in attitude = change in behaviour, but booster sessions have added benefit.







What works for reducing public-stigma?



Community level

- Same as for practitioners providing a combination of education and contact based training is more effective than either intervention alone (public campaigns)
- Interventions are less effective within the context of substance use.
- Interventions may lead to worsening of outcomes for people with severe mental illness increase in fear or social distance in public members.







Recommendations from our Public and Practitioner Members

- 1. To offer individuals who experience disadvantage the opportunity to meet others with similar experiences.
- To apply a trauma- and stigma-informed lens across the whole workplace as it is not enough to only train frontline staff in stigma reducing practices.
- 3. To ensure anti-stigma interventions are ongoing and embedded within practice, with booster sessions offered for long-term impact.
- 4. To incorporate lived experience as part of all service design and delivery (linked to contact-based interventions and co-production).
- 5. To work in collaboration with and across all services to ensure they are stigma aware (e.g., housing services as well as mental health services).
- 6. To conduct further reviews/studies exploring the identified gaps (e.g., homelessness stigma).
- 7. To undertake a follow up review exploring how to reduce stigma amongst children and young people (e.g., interventions in schools) to break the cycle of stigma.







Thank you for listening!

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