Combating Stigma and Discrimination Among Social Work Students
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ABSTRACT

This paper presents an anti-stigma and anti-discrimination program for social work students. This educational module is designed to be incorporated into current courses on anti-discriminatory/oppressive social work practice, which are mandatory in Canadian social work education. The program is novel, as it builds on both mental health recovery values and critical social work.

Stigma, discrimination, and negative attitudes surrounding mental illness are major barriers for mental health recovery. In a move to address these barriers, the Mental Health Commission of Canada (2009) recently identified the elimination of stigma and reduction of discrimination as a high priority in improving Canada’s mental health system. In June 2008, the Commission devised an operational plan to target health professionals as part of a 10-year anti-stigma and anti-discrimination campaign. In addition, a report on stigma research and anti-stigma programs by the Mood Disorders Society of Canada (2009) recommended curricula changes for professional education to address mental health stigma and discrimination.

This paper introduces a recent attempt to strengthen social work education by incorporating an anti-stigma/discrimination (ASD) program into the social work curriculum. This particular program is grounded in mental health recovery values and critical social work. Critical social work is an anti-oppressive/discriminatory practice developed from critical theories. Anti-oppressive/discriminatory practice is required by the Canadian Association for Social Work Education (the accrediting body of Canadian schools of social work), and curricula are designed to address oppression and discrimination. However, students are not always challenged to examine discrimination surrounding mental health from personal, institutional, and cultural perspectives. Moreover, current anti-oppressive/discriminatory curricula in social work education lack a recovery orientation in mental health. To address these gaps, we developed a professional program to combat stigma and discrimination among social worker students.
THEORIZING ANTI-STIGMA/DISCRIMINATION

We theorized that stigmatization and discrimination surrounding mental illness can occur in various systems and at multiple levels from interpersonal to global. In Figure 1, we graphically present our conceptualization in four systems: family, education, employment, and health care. Intersecting these systems are the various levels of interaction and policy formation—interpersonal, community, regional, national, and global—that also inform stigmatization and discrimination. Conceptualizing the context of stigmatization/discrimination in this way provides a useful tool for both analyzing oppression and creating solutions. Overall, we theorized that antidotes to mental health stigmatization and discrimination are recovery values and critical analysis, which must be applied at multiple levels from interpersonal to global and in all “systems” of a person’s life. To analyze these relationships, we used key concepts from strengths-based critical social work: strengths; power/knowledge and control; values, beliefs, and attitudes; and systemic and structural oppression. Critical social work assumes that self-reflection is the basis of such analysis.
A NOVEL ASD PROGRAM FOR SOCIAL WORK STUDENTS

The ASD program includes three components: (a) an introductory lecture on strengths-based critical social work and mental health recovery, (b) a documentary on mental health stigma and discrimination, and (c) discussion. The program is a 3-hour module designed to fit into a one-class session for either BSW or MSW students. The main goal is to introduce recovery values by highlighting six key recovery concepts—hope, personal responsibility, self-determination, education, self-advocacy, and support—as tools for countering stigmatization and discrimination. At the same time, special attention is paid to issues of power, knowledge, and control in the delivery of services. Studies agree on the importance of what we call “collaborative contact” with a person in recovery (Desforges et al., 1991; Mason & Miller, 2006; Scheyett & Kim, 2004). Collaborative contact creates opportunities for program participants to engage in discussion and to work with people in recovery. The literature indicates that such relationships produce positive results in reducing stigmatization and discrimination (Schmetzer & Lafuze, 2008; Shera & Delva-Tauiliili, 1996; Shor & Sykes, 2002). When we conducted the program, we chose a person with lived experience to be the lead instructor. Throughout, we demonstrated a collaborative working relationship by presenting a module developed jointly by a professional educator and a recovery educator (with lived experience in the mental health system). Most of the lecture time was dedicated to having the recovery educator present on mental health recovery, not only because “recovery” knowledge is new to most social work students, but also because our intention was to maximize collaborative contact and change perceptions of power relationships.

The lecture was followed by a Canadian documentary, Extra Ordinary People (Sky, 2007), which captures the lived experience of people in recovery with respect to discrimination. We selected the film as a means of enhancing the experience of contact with people in recovery. To ensure that the film would be an effective tool for teaching ASD, we based our choice on several criteria: the film had to expose viewers to different types of mental illness stigma, such as health-related stigma; self stigma, and courtesy stigma (Martin & Johnston, 2007); explore the effects of stigma in various systems, and highlight the key concepts of mental health recovery (noted above) needed to counter these effects. The film presented three common impacts of stigma experienced by people with mental illness as summarized by Corrigan (2007): label avoidance, blocked life goals, and self stigma.

In discussions following the documentary, students were encouraged to explore multilevel experiences of stigmatization and discrimination in various systems, power relationships within those systems, the values and beliefs of the people in the documentary, as well as the strengths and resilience of people in recovery despite their experience of systemic and structural oppression. Students were also encouraged to reflect on their own values, beliefs, and attitudes toward mental illness and people receiving mental health services and to think about how they can best counter mental health stigmatization and discrimination in social work practice at multiple levels. Thus, discussion was guided by our theoretical conceptualization as presented above. Although formal evaluation has not been completed, preliminary feedback from students indicates that they became critically conscious of countering mental health stigma and discrimination as a pivotal part of social work practice.

This educational module is designed to be incorporated into existing anti-discriminatory/oppressive practice courses for social work students. The results of formal evaluation will be reported in the near future.
NOTE

1. In this paper, an individual who has experienced mental health and/or substance abuse problems.

RÉSUMÉ

Cet article présente un programme anti-stigmate et anti-discrimination pour les étudiantes et étudiants en travail social. Ce module est conçu pour être incorporé dans les cours actuels de pratiques anti-discriminatoires et anti-oppressives en travail social, qui sont obligatoires dans la formation en travail social au Canada. Le programme est original, parce que construit tant sur les valeurs de rétablissement en santé mentale que sur le travail social d’un esprit critique.

REFERENCES