THE INFLUENCE OF STIGMATIZATION ON ACCESS TO HEALTH SERVICES BY PERSONS WITH MENTAL ILLNESS, AN IMPLICATION OF PROFESSIONAL COUNSELING

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Abstract

THE INFLUENCE OF STIGMATIZATION ON ACCESS TO HEALTH SERVICES BY PERSONS WITH MENTAL ILLNESS, AN IMPLICATION OF PROFESSIONAL COUNSELING

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Numerous negative factors influence the stigmatization of individuals with mental illness and reduce their access to health services in the community. This paper identifies the need for further education regarding schizophrenia and other serious mental illnesses among community health service providers. Negative opinions indiscriminately overemphasise social handicaps that can accompany mental disorders. They contribute to social isolation, distress and difficulties for these individuals to access health services within Rock County. An educational program has gained significant results in battling stigmatization and should promote greater compassion and understanding of these patients and clients, thereby reducing stigmatization.

TABLE OF CONTENTS

Chapter One: Introduction

"The less people know about something, the more likely they are to fear it. Increased public awareness can reduce the stigmatization surrounding schizophrenia." (Haycock, 2009, p.247). This paper explores whether there is a need to improve public awareness about schizophrenia. Schizophrenia is a mental disorder characterized by a breakdown of thought processes and by a deficit of typical emotional responses. Common symptoms include auditory hallucinations, paranoid or bizarre delusions, or disorganized speech and thinking, and it is accompanied by significant social or occupational dysfunction. The onset of symptoms typically occurs in young adulthood, with a global lifetime prevalence of about 0.3-0.7%. Diagnosis is based on observed behavior and the patient's reported experiences. The team used to treat schizophrenia consists of professionals who are involved in the assertive community treatment for individuals diagnosed with the disorder. Assertive Community Treatment (ACT), is an intensive and highly integrated approach for community mental health service delivery. Assertive Community Treatment programs serve outpatients whose symptoms of mental illness result in serious functioning difficulties in several major areas of life, often including work, social relationships, residential independence, money management, and physical health and wellness. Schizophrenia is known to be a serious and very challenging medical illness. It is an illness that affects well over two million American adults. Although it is often feared and misunderstood, schizophrenia is a treatable medical condition (Duckworth, 2007).

The stigmatization attached to mental illness and all that is related to it is the main obstacle to accessing better mental health care and better quality of life for people who have the illness. Stigmatization is the basic component of the negative discrimination that people with mental illness experience every day. It blocks access to facilities and options that, in principle at least, have been created to help people impaired by mental illness. Stigma is pernicious and, what is worse, there are indications that despite greater public awareness of psychiatry and medicine, stigma continues to grow and has more and more, often terrible consequences for patients and families (Sartorius, 2005). Enabling individuals who are experiencing symptoms of schizophrenia to have better access to mental health services also assists their families, their communities and the health service staff that deal with psychiatric disorders (Sartorius, 2005).

The primary influences on Western culture, the classical philosophical traditions of Judaism and Christianity, indicate that mental illness was a feared affliction that carried heavy stigma. The classical philosopher's definition of a human being as a "rational animal" excluded him or her who had lost the use of reason and was no longer regarded as fully human; most likely he or she was under a divine curse. This attitude was summarized in the well-known saying of Lucretius, "Whom the gods wish to destroy, they first make mad" (Office Of The Surgeon General, 1999).

The stigma associated with schizophrenia is particularly harsh. A person diagnosed with the illness will be seen by most of those around him or her as dangerous, lazy, incompetent to work and unable to be a family member who fulfills his or her social obligations (Sartorius, 2005). Different fears and prejudicial judgments may be in the foreground of stigma in different cultural settings. What is common is that negative

opinion will remain stable even after all the symptoms of the disease have disappeared and after it and it has been shown that the person can work and fulfill his social roles at least as well as his fellow citizens (Sartorius, 2005).

Physicians' attitudes toward the mentally ill are part of the problem of stigmatization. The patronizing attitude of moral superiority toward the mentally ill in the early 1960's, specifically in mental hospitals, has not disappeared. A Canadian insurance executive told a conference of physicians in May 2000 that they should look in the mirror for a picture of the ongoing stigmatization of the mentally ill (Office of The Surgeon General, 1999). This phenomenon was reported by Erving Goffman in his classic study (Goffman , 1981, as cited in Song, Chang, Shih, & Yang, 2005). Goffman was one of the most influential sociologists of the twentieth century. Goffman defined stigma as the process by which the reaction of others spoils normal identity (Goffman, 1981, as cited in Song, et al., 2005). The three targets of social stigma according to Goffman are: 1.) overt or external deformations, 2.) deviations in personal traits, and 3.) ethnic group, nationality and religion (Song, et al., 2005). Goffman's account revealed stigma in hospitalizations of the mentally ill (Song, et al., 2005). He studied those characteristics of mental hospitals that impinged upon patients and affected the course of their illness. Goffman's studies, along with several others, criticized the mental hospitals and charged that they have a deleterious effect on patients. According to Goffman, the hospital was generally viewed by patients as an authoritarian system that forces patients to define themselves as mentally ill, change their thinking and behavior, suffer humiliations, accept restrictions, and adjust to institutional life. Goffman placed mental hospitals in the same category as prisons, concentration camps, monasteries, orphanages,

and military organizations. He stated that human needs are handled in a bureaucratic and impersonal way. In summary, Goffman claimed that patients suffer a mortification of self and that patients espouse negative attitudes or motives towards the hospitals.

Other groups joined forces to diminish stigma surrounding schizophrenia. In 1996, the World Psychiatric Association undertook a program to address the stigma and discrimination regarding schizophrenia. At a meeting in Geneva, Switzerland, 38 psychologists from more than 20 countries and representatives from consumer groups discussed ways to address the barriers. They also discussed the difficulties with reintegration and how best to address the human rights of those living with the illness, as well as the impact of stigma on the patients' families (Sartorius, 2005). These psychologists put together a training guide called, "The World Psychiatric Association Global Anti-Stigma Program." The program guide was put together from the priorities identified by people with schizophrenia, and by their families. The guide provides how-to information for people who would like to set up their own anti-stigma program. In 1996, the World Psychiatric Association embarked on a worldwide program to fight stigma and discrimination because of schizophrenia. The program was called "Open the Doors." This organization takes the position that stigmatizing attitudes still occur today and that these attitudes create a vicious cycle of alienation and discrimination. Such attitudes can become the main impediment to recovery, causing isolation, unemployment, homelessness and institutionalization. The organization's main goal is to help their readers take stock of available resources and understand the steps that are necessary to get an anti-stigma program off the ground.

Rock County in south central Wisconsin has also struggled with these issues. As part of their mission, Rock County has developed a Mental Health Education Team to dispel harmful myths associated with schizophrenia. Individuals who suffer from schizophrenia may suffer for a long period of time, more chronically. Others may experience symptoms episodically throughout their lives. Unfortunately these individuals, whether suffering chronically from the disease or episodically, are often stigmatized by a lack of public understanding about the disease (Duckworth, 2007).

The program described in this paper was designed to educate select community organizations in Rock County, Wisconsin. Selected organizations are those which provide services outside mental health treatment but are engaged with people who suffer from schizophrenia. The organizations are involved in education, medical care, food pantries, homeless shelters, libraries and the criminal justice system.

The Rock County Mental Health Education Team recognizes that these organizations may have contact with people who are diagnosed with schizophrenia. The team is aware from personal observations that some professionals in these organizations need further education. They may not know how to respond to individuals exhibiting symptoms that are disruptive or confusing. Professionals in the selected organizations should have immediate, quick access to referral information regarding individuals with schizophrenia. Particularly important is referral information for clients they serve who need mental health services but do not have insurance. The stigma that surrounds individuals with schizophrenia may impede their access to such services. Some health service workers may look at these situations as more complex or feel they do not have

sufficient staff to allow services at a particular time. The demand for mental health services has gone up in Rock County.

The economic infrastructure in Rock County has been affected by the automobile industry collapse, creating a time of increased need, but decreased resources. Federal and state funding for social services has been reduced and is currently threatened. There is a particularly great need for support for treatment of individuals who are diagnosed with schizophrenia, because that group is at risk for homelessness. Rock County's Project Assisting Transition from Homelessness (PATH) conducts homeless counts twice a year in the county. In 2010-2011 the Wisconsin Service Point Survey in Rock County counted six people diagnosed with schizophrenia who were untreated and homeless (USDOC, HMIS 2011). In 2010 they counted 96 homeless and serious mentally ill people (USDOC, HMIS 2011). Of those people, 32 became enrolled in the PATH program. The PATH program serves to engage individuals who meet three criteria: severe and persistent mental illness, substance abuse and homelessness. In 2010 there were 25 consumers on the waiting list in need of treatment.

The Rock County Mental Health Education Team recognizes the cost of treatment is a concern of the citizens of Rock County. Emergency rooms can easily be looked at as holding areas for individuals experiencing acute symptoms of schizophrenia or other severe mental illness. Access to health care in prevention of an Emergency Room visit may also prevent a reduction in cost given to support healthcare to these individuals.

The Rock County Mental Health Education Team will meet with each identified organization individually. The team will educate the organizations on the definition of schizophrenia, the myths of schizophrenia and the options for treatment. The employees

of the organizations will receive personal invitations to the program. The two hour program will be conducted at the Rock County Job Center.

Statement of the Problem

The purpose of the Rock County Mental Health Education Team is to enhance the community's understanding of mental illness, develop increased communication between mental health providers, improve access to services for people suffering from a severe mental illness and to dispel harmful myths associated with the stigma of mental illness. Due to the negative consequences surrounding stigma and mental illness, the team will address how community agencies and professional mental health providers may assist in diminishing stigma and increase access of persons with schizophrenia to mental health treatment?

Definition of Terms

Schizophrenia. A long-term mental disorder of a type involving a breakdown in the relation between thought, emotion, and behavior, leading to faulty perception, inappropriate actions and feelings, withdrawal from reality and personal relationships into fantasy and delusion, and a sense of mental fragmentation. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), schizophrenia is a disorder that lasts for at least 6 months and includes at least one month of active-phase symptoms (i.e., two or more of the following: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, negative symptoms). Definitions for the schizophrenia subtypes (Paranoid, Disorganized, Catatonic, Undifferentiated, and Residual) are also included in this section (APA, 2000).

DSM-IV. The Diagnostic and Statistical Manual of Mental Disorders (DSM) is published by the American Psychiatric Association (2000) and provides a common language and standard criteria for the classification of mental disorders.

Purpose of the Study

To provide a training program for members of the Rock County Community to assist in awareness of schizophrenia with three primary outcomes:

1. Learn signs and symptoms of schizophrenia.
2. Develop an awareness of treatment services.
3. Decrease stigmatization associated with mental illness.

Method:

This paper clarified the need for educating professionals about schizophrenia and addressed the discrepancy between those who are knowledgeable about schizophrenia and those who have misconceptions. The techniques used to develop this assessment included:

1. Informal Interviews: The author spoke with supervisors in individual programs to inquire what they would like to learn about schizophrenia. This also revealed treatment providers' perceptions.

2. Social indicators and information from printed and computer generated materials: Statistics from Wisconsin Service Point Path (Project for Assistance of the Transition of Homelessness.) These statistics provide data regarding individuals with schizophrenia in need of services in Rock County.

3. Systematic observations and conversations with colleagues: The author took notes during conversations amongst colleagues in meetings and observed how community

organizations interacted with the mental health system (i.e. schools, churches, police departments, libraries, and hospitals).

Chapter Two: Review of Literature

The following information is a literature review of schizophrenia specific to those individuals accessing mental health services. All information was obtained from interviews with professionals in mental health, peer reviewed journals, government websites, documents and interviews. The information gathered addresses problem areas within the mental health system and possible solutions for the discrepancy in delivery of services.

History/Background of Schizophrenia

Written documents that identify schizophrenia can be traced to the old Pharaionic Egypt, as far back as the second millennium before Christ. Depression and dementia, as well as thought disturbances that are typical in schizophrenia were described in the *Book of Hearts*. *The Book of Hearts* is a papyrus in which mental disorders such as depression and dementia are discussed in detail. *The Book of Hearts* was one part of the collection of Egyptian medical papyruses. The papyrus, *Ebers* was written in about 1500 BC, but was believed to be copied from earlier texts, possibility dating back to 3400 BC. The *Ebers* papyrus is a 110 page scroll which is about 20 meters long. The Egyptians knew little about the kidneys and made the heart the meeting point of a number of vessels which carried all the fluids of the body. The heart and mind seem to have been synonymous in ancient Egypt. The physical illnesses were regarded as symptoms of the heart and the uterus and originating from the blood vessels or from purulence, fecal matter, a poison or demons.

The word schizophrenia is less than 100 years old. However the disease was first identified as a discrete mental illness by Dr. Emile Kraepelin in 1887 and the illness itself is generally believed to have accompanied mankind through its history.

A recent study into the ancient Greek and Roman literature showed that although the general population probably had an awareness of psychotic disorders, there was no condition that would meet the modern diagnostic criteria for schizophrenia in these societies. Kraepelin (1887, as cited in The Internet Mental Health Iniative). Kraepelin used the term "dementia praecox" for individuals who had symptoms that we now associate with schizophrenia Kraepelin (1887, as cited in The Internet Mental Health Initiative).

At one point, all people who were considered "abnormal," whether due to mental illness, mental retardation, or physical deformities, were largely treated the same. Early theories supposed that mental disorders were caused by evil possession of the body, and the appropriate treatment was then exorcising these demons, through various means, ranging from innocuous treatments, such as exposing the patient to certain types of music, to dangerous and sometimes deadly means, such as releasing the evil spirits by drilling holes in the patient's skull.

The nonspecific concept of madness has been around for many thousands of years and schizophrenia was only classified as a distinct mental disorder by Kraepelin in 1887. He was the first to make a distinction in the psychotic disorders between what he called dementia praecox and manic depression. Kraepelin believed that dementia praecox was primarily a disease of the brain, and particularly a form of dementia. Kraepelin named the disorder 'dementia praecox' (early dementia) to distinguish it from other forms of

dementia (such as Alzheimer's disease) which typically occur late in life. He used this term because his studies focused on young adults with dementia.

The Swiss psychiatrist, Eugen Bleuler, coined the term, "schizophrenia" in 1911. He was also the first to describe the symptoms as "positive" or "negative." Bleuler changed the name to schizophrenia as it was obvious that Krapelin's name was misleading as the illness was not a dementia (it did not always lead to mental deterioration) and could sometimes occur late as well as early in life.

The word "schizophrenia" comes from the Greek roots schizo (split) and phrene (mind) to describe the fragmented thinking of people with the disorder. His term was not meant to convey the idea of split or multiple personality, a common misunderstanding by the public at large. Since Bleuler's time, the definition of schizophrenia has continued to change, as scientists attempt to more accurately delineate the different types of mental diseases. Without knowing the exact causes of these diseases, scientists can only base their classifications on the observation that some symptoms tend to occur together. Both Bleuler and Kraepelin subdivided schizophrenia into categories, based on prominent symptoms and prognoses. Over the years, those working in this field have continued to attempt to classify types of schizophrenia. Five types were delineated in the DSM-III: disorganized, catatonic, paranoid, residual, and undifferentiated. The first three categories were originally proposed by Kraepelin (*The Internet Mental Health Initiative,* 1996-2010). These classifications are not in the DSM-V.

These classifications, while employed in DSM-IV, have not been shown to be helpful in predicting outcome of the disorder, and the types are not reliably diagnosed. Many researchers are using other systems to classify types of the disorder, based on the

preponderance of "positive" vs. "negative" symptoms, the progression of the disorder in terms of type and severity of symptoms over time, and the co-occurrence of other mental disorders and syndromes. It is hoped that differentiating types of schizophrenia based on clinical symptoms will help to determine different etiologies or causes of the disorder. (*The Internet Mental Health Initiative*, 1996-2010).

Barriers to Care

According to Ronald J. Diamond, MD, with the Department of Psychiatry at the University of Wisconsin and a director at the Mental Health Center of Dane County, decreasing stigmatization amongst physicians is crucial. He says, "Primary care physicians will undoubtedly see people with schizophrenia as part of their practice. With a bit of common sense and a good dose of caring and respect, the care of people with schizophrenia is no different than the care of other patients" (Diamond, 2004, personal communication). Diamond expresses the concern that it is extremely important for physicians to be respectful of both the patient's complaint and his or her own complaint. "This should be obvious for all patients, but people continue to stigmatize patients with schizophrenia, roll their eyes about bizarre behavior, make jokes that support stereo-types, and behave disrespectfully" (Diamond, 2004). Often this is a barrier, because an individual with symptoms of schizophrenia may pick up on this and feel a lack of trust with the doctor and choose not to be seen. The patient may also be less likely to be seen by the doctor, if the efforts of education surrounding schizophrenia is not addressed.

Stigma

The network-episode model of service utilization and self-labeling theory underscore the importance of significant others in averting or prompting individuals'

entry into mental health treatment. Drawing from these approaches, three hypotheses were tested in the National Comorbidity Survey (Kessler, 2000): (1) Social support generally reduces the likelihood of treatment entry, but (2) when individuals' mental conditions are more serious, supportive relationships instead raise the probability of mental health utilization, and (3) for persons with greater social support, the more severe their mental disorders, the more likely they will enter treatment under pressure or with mixed volition. Data from the National Comorbidity Survey Replication (Kessler, 2013) were used to test these hypotheses (N = 5,692). Results confirmed expectations. Findings also showed that persons with greater social support perceived less need for mental health services, suggesting that supportive relationships might substitute for formal treatment or perhaps delay treatment seeking. Thoits (2007) speculated that unmet need for psychiatric services may not be as great as indicated by low rates of service utilization among persons with disorders.

Education

A lack of psychosocial education has also increased stigma for individuals accessing mental health services with a severe and persistent mental health disorder. Psychosocial education is defined as giving to the patient structured, systematic and didactic information about mental illness and its treatment. This is one of the most frequent rehabilitation approaches, being used in several mental health departments. The good results, such as improved self-sufficiency for persons suffering from schizophrenia, obtained by this approach are congruent with the principles and guidelines defined for best practices in rehabilitation process (Rummel-Kluge et al, 2006).

Rock County Program

The group was an education program for organizations in the community of Rock County. It is presented by a collaboration of Rock County Human Service's outpatient mental health programs and organizations from the community who work with people with people suffering from schizophrenia. The members from the Rock County Human Service Department include a Project for the Assistance in the Transition of Homelessness (PATH) program worker, a Community Support Program (CSP) worker, a medical professional from the Janesville Counseling Center (JCC), a crisis worker and Rock County's Human Service Department's Wisconsin Service Point Program (WISP) application support specialist. The members from outside of the Rock County Human Service Department include a National Alliance Of Mental Illness (NAMI) board member, a local hospital psychiatric social worker, a local high school social worker and a Rock County Sheriff's Department worker. The Rock County Human Service Department conducted a three month county-wide need assessment. The analyst from WISP provided data regarding the needs for mental health services in Rock County by those suffering from Schizophrenia. The committee defined the needs based on professional experience and observations. A budget was developed to provided to implement the program. The funding sources were provided by charitable accounts. Letters were sent to targeted community agencies. The letters included an agenda of the program and requested feedback from each agency about topics needed for discussion and further education. A signed, self-addressed envelope was included to encourage responses and inform the committee which organizations were interested in the program and to develop the list of respondents. The objectives of the program were: to further

develop communication between community agencies about schizophrenia, to reduce the stigmatization of schizophrenia by challenging pre-conceived beliefs attributed to a person suffering from schizophrenia, to develop skills in recognizing symptoms of schizophrenia, to demonstrate increased knowledge of treatment services, and to become aware of the accessibility of these services and the most cost effective methods of delivering these treatment services. Rock County's education program began with an explanation of types of treatment, both positive and negative symptoms of schizophrenia, and early warning signs. Following this discussion, commonly co-occuring disorders were discussed (mood disorders, thought disorders, anxiety disorders). Other issues such as homelessness, vocational issues (benefits and medical insurances and employability), and prison and jail issue were covered. Facts about what is a severe mental illness were presented. The third topic of the program discussed what types of treatment providers are present in Rock County, and about voluntary participation in the CSP program. It also discussed what chapter 51.15 is, what treatment providers do or cannot do and what clients' rights are. Finally, other topics were discussed. For instance, substance abuse can be associated with mental illness. Support systems are needed. A personal story was shared from a participant from Rock County's Human Service Department Community Support Program, who suffers from Schizophrenia. The program fulfilled Rock County's Human Service Department's mission statement to educate the community regarding mental health awareness and treatment options as well.

Values & Beliefs/Mission Statement

The team members believe in the dignity and respect of people with a severe mental illness. They recognize the obstacles that people who experience severe mental

illness encounter in day to day living. They view the need of quality treatment for people with sever mental illness to recover, become independent and accepted members of the community. They believe in promoting mental health education for the citizens of Rock County.

Program Outcomes

Acquire Knowledge: Participants will be able to describe what schizophrenia is and identify the basic symptoms associated with the illness.

Changes in Attitude: Participants will be able to identify misconceptions associated with the stigmatization of mental illness and describe why these myths are not accurate.

Strengthening of Problem and Finding Capabilities: Participants will be able to demonstrate increased awareness of the treatment options available to individuals who suffer from schizophrenia.

Informal Interviews

After interviewing supervisors from identified community agencies the following concerns confirmed that Rock County agencies are no different than those elsewhere. There is limited understanding of symptoms associated with a diagnoses of schizophrenia, lack of knowledge of treatment providers available in Rock County, and misconceptions regarding the behaviors associated with schizophrenia. Those individuals interviewed who had much expertise in mental health and great understanding of this discrepancy may assist to resolve the problem. Wisconsin Service Point provided numbers of individuals who have a diagnosis of schizophrenia and are not engaged in Rock County treatment services. This study showed that 291 people out of 315 had a

diagnosis of severe and persistent mental illness. Of those diagnosed, 48 are enrolled and currently involved in mental health treatment programs. This study shows a significant need for further community outreach (Rock County, 2011).

Discussion with mental health professionals from Rock County Human Services programs revealed there is a discrepancy between the mental health needs and the available health care services within the community that are readily accessible to individuals suffering from schizophrenia and struggling with the agonizing pain of stigma of their disease. There is a lack of community education regarding schizophrenia. This has led to inappropriate referrals and inadequate services. There is a negative stereotype of the behaviors of individuals with schizophrenia. The stigmatization contains harmful labels that contribute to ill-founded fears and confusion regarding an individual's ability to recover. This stigmatization is a significant barrier to their access to mental health services. There is a lack of collaboration between community agencies and Rock County mental health providers. Improved communication will help coordinate continuity of care and access to care for persons with schizophrenia.

Many individuals who would benefit from mental health services opt not to pursue them or fail to fully participate once they have begun. One of the reasons for this disconnect is stigma; namely, to avoid the label of mental illness and the harm it brings, people decide not to seek or fully participate in care. Stigma yields two kinds of harm that may impede treatment participation: it diminishes self-esteem and robs people of social opportunities. Given the existing literature in this area, recommendations are reviewed for ongoing research that will more comprehensively expand understanding of the stigma-care seeking link. There is a strong correlation between the influence of

stigmatization on an individual with mental illness and their ability to access healthcare. The bridge between the professionals working in mental health and anti-stigmatization will be the road to a higher quality of care for all individuals suffering from a severe mental illness.

A survey was given to targeted community agencies before and after the program and used as a base measurement of the audience's awareness of schizophrenia and the treatment services that are available through Rock County Human Service Department and other local agencies. The initial survey highlighted the need for ongoing education. The success of the educational program was evident in the post-participation surveys, which revealed a better understanding of schizophrenia and how patients and families can access services in Rock County.

In summary, Following informal research and interviews, a program was developed to address the needs of further education in the community. It was found that individuals suffering from schizophrenia are faced with stigmatization when trying to access health care in Rock County. The discrepancy found has been addressed with the development of Rock County's educational program.

Chapter Three: Conclusions and Recommendations

This seminar paper has identified issues surrounding stigmatization of persons with schizophrenia and has highlighted its effects on individuals who suffer. It has further examined the impact of stigmatization on communities, and on individuals with schizophrenia, as they try to gain access to health services in Rock County.

There is a strong need for more education surrounding schizophrenia and stigmatization within community agencies in Rock County. As defined in previous chapters, community agencies strive to offer service to those with schizophrenia, but increased education on schizophrenia would reduce the stigmatization that still exists, thus creating a better network supporting access to health services for those experiencing schizophrenia symptoms.

It is recommended is that all entities who serve individuals with mental illness join one of the educational meetings held by the Rock County Human Service department. These meeting include individuals with schizophrenia, their families, and professionals working in entities that provide health services to individuals with schizophrenia. The purpose of these meetings is to increase education about schizophrenia among professionals in Rock County and to address the barriers these individuals encounter in accessing health care. These meetings are intended to shift the perceptions of those family members who attend regarding their loved ones who suffer from schizophrenia. After learning about schizophrenia and the barriers to healthcare, helping professionals will have a more positive view, gaining useful information on schizophrenia and the barriers to health care for these individuals. And family members will have a better understanding of the impact of the stigma on access to healthcare.

A change in perception must occur not just among individuals suffering from this mental illness and their families, but also among community agencies. Knowledge and education regarding the importance of better access to health care for individuals with schizophrenia is critical. Clients turn to these community agencies as a primary source for health care.

The educational meetings described in this paper are (except for the agencies) voluntary. If community members feel that attendance is freely chosen, they may be more willing to hear the information provided. Voluntary participation will foster collaboration and aid in the development of attitudes that counteract stigma. Further, voluntary participation enhances the likelihood that participants will be invested enough that they will advocate for improved access to health services for clients with mental illness. Attendance was mandatory for community agencies, however.

Individuals experiencing symptoms of schizophrenia often come with a support system, such as their family, their friends or someone from the mental health system. These people are critical elements in allowing access to health services to be effective. Their active involvement will lessen stigmatization and increase awareness. Educational programs such as this one will aid in forging relationships between affected family members and the agencies and professionals that serve their loved ones.

Community agencies in Rock County should continually be reminded that individuals with schizophrenia are people whose lives can be whole and complete, despite the added struggling of dealing with a terrible and often disabling illness. Educational meetings will continue to be held monthly through Rock County Human Service Department, meeting the second Thursday of each month to address

stigmatization of persons with schizophrenia as they struggle in accessing health services. These meetings will address whether and how the community can be involved in tying Medicaid payments to physicians' participation in education. They will further address the needs of those with mental illness who are attempting to access health services in the County. Rock County has allotted $23,000.00 toward the funding of two outreach positions to engage potential participants in the community to attend the meetings and continue monthly meetings. Though this amount of funding is small, it represents a step in the right direction. The outreach workers have quarterly reviews with administration to address concerns that arise from participation in the meetings. The two positions are also designed to problem-solve regarding what penalties, if any, community agencies will receive for non-participation in monthly educational meetings.

The program was a pilot project and many recommendations for the future were revealed. The surveys that were administered allowed respondents to think about the future direction of the program and reflect upon some areas that were lacking. Some important insights were gained. First, more advertisement of the program is needed in the community. If more advertisement is involved, other community members may show interest and become involved in the educational program. Further community advertisement may reach out to individuals working in banks, post offices, bus companies, schools, gas stations, libraries, etc. These people have day-to-day contact with the target population and may draw in a better perspective of the needs within this population and the barriers that exist in the community. Their outside perspective may highlight challenges they see on a day to day basis when interacting with individuals in these different settings. Another recommendation is that surveys distributed after the

program should include an open suggestion area, where participants could give open feedback regarding what they got out of the program or what they would like to see in the future. This feedback, which may be done anonymously, may help the program planners prepare for future programs to include matters that are of greatest interest. Addressing topics of interest pertaining to the program's agenda may improve the quality of future programs offered.

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