



Tailoring Mental Health Services to Resist Stigma and Enable Recovery: Results from a One-year Prospective Study in Hong Kong

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No Health without Mental Health

- Mental health is “*not just the absence of mental disorder*”, but “a state of well-being in which individual
 - realizes his or her own abilities,
 - can cope with normal stresses of life,
 - can work productively and fruitfully, and
 - is able to make a contribution to his or her community

(WHO, 2001)

Recovery and well-being

- Potential to flourish is possible for everyone, including those living with mental illness

*“Mental health recovery is a **journey of healing** and transformation enabling a person with a mental health problem to **live a meaningful life** in a community of his or her choice while striving to achieve his or her **full potential**.”*

(SAMHSA, 2003)

Dimensions of well-being

Hedonic
(Emotional)
well-being



Positive feelings of happiness and contentment; peace of mind

Eudaimonic
(Psychological)
well-being



Actualizing one's potential, finding meaning, and contributing to society

Social
well-being



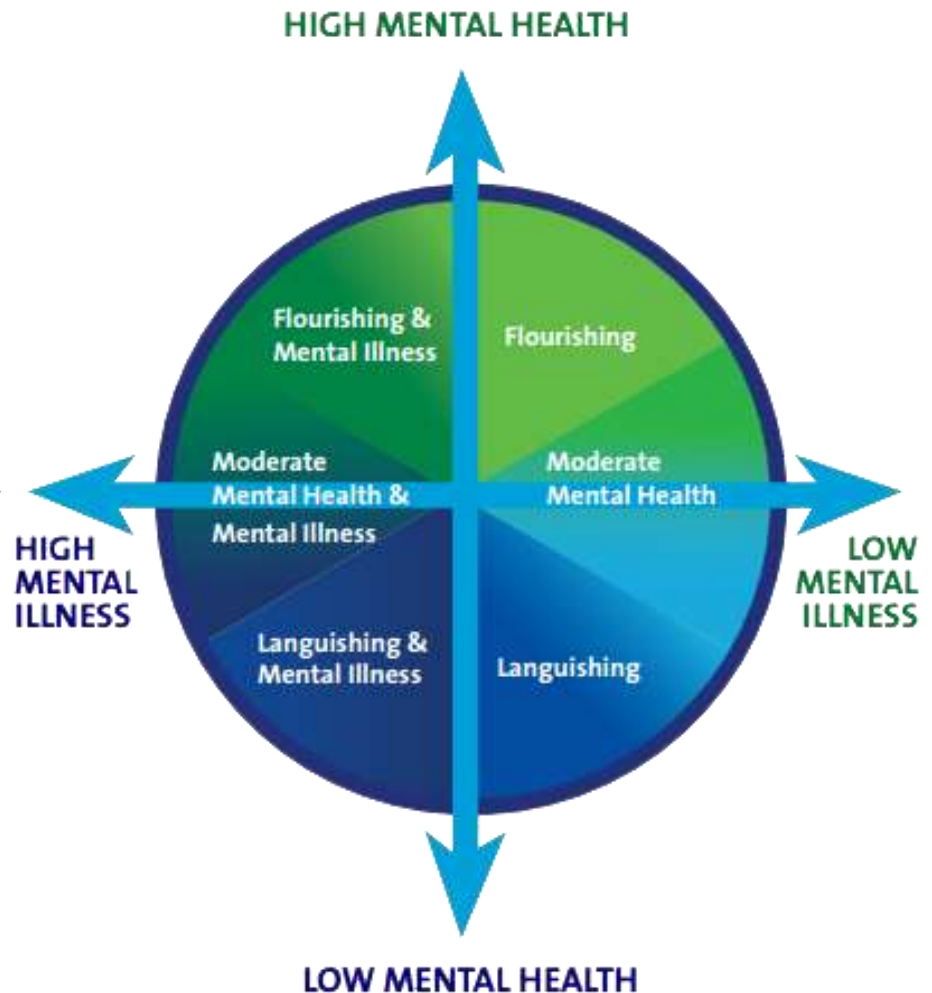
Feeling connected and engaged with meaningful social networks and the community

Keyes (2007) Flourishing well-being

Dimension	Definition
	Positive emotions (i.e., emotional well-being)
Positive affect	Regularly cheerful, interested in life, in good spirits, happy, calm and peaceful, full of life.
Avowed quality of life	Mostly or highly satisfied with life overall or in domains of life.
	Positive psychological functioning (i.e., psychological well-being)
Self-acceptance	Holds positive attitudes toward self, acknowledges, likes most parts of self, personality.
Personal growth	Seeks challenge, has insight into own potential, feels a sense of continued development.
Purpose in life	Finds own life has a direction and meaning.
Environmental mastery	Exercises ability to select, manage, and mold personal environs to suit needs.
Autonomy	Is guided by own, socially accepted, internal standards and values.
Positive relations with others	Has, or can form, warm, trusting personal relationships
	Positive social functioning (i.e., social well-being)
Social acceptance	Holds positive attitudes toward, acknowledges, and is accepting of human differences.
Social actualization	Believes people, groups, and society have potential and can evolve or grow positively.
Social contribution	Sees own daily activities as useful to and valued by society and others.
Social coherence	Interested in society and social life and finds them meaningful and somewhat intelligible.
Social integration	A sense of belonging to, and comfort and support from, a community.

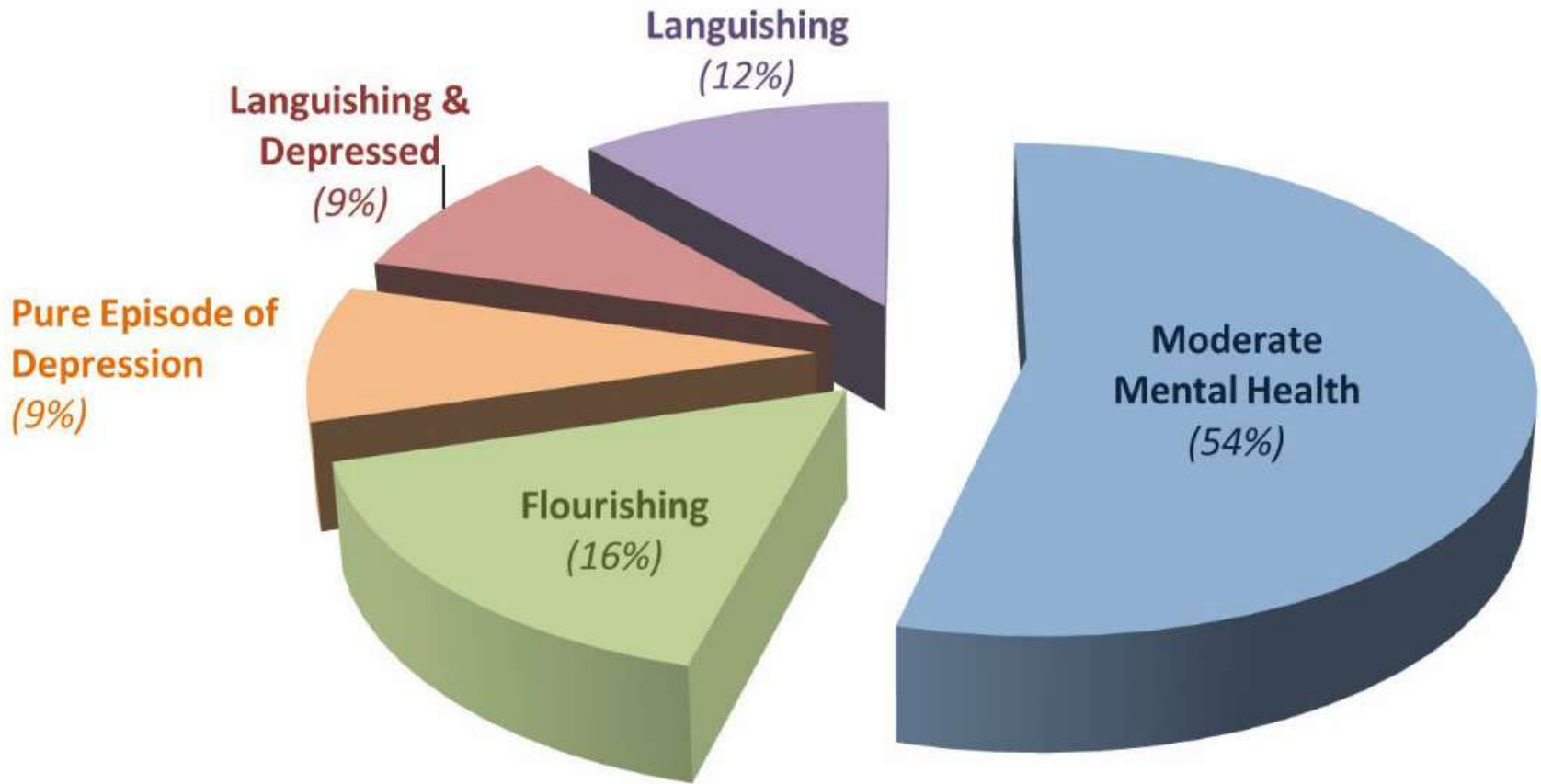
Personal
recovery is
compatible
with well-
being

Provencher & Keyes (2011)



Two continua model of mental health (Keyes, 2003)

Two Continua Model of Mental Health



Keyes (2006, 2007); Westerhof & Keyes (2010)

Aims of this presentation



1. How different dimensions of recovery contribute to well-being
2. How recovery-oriented services germinate stigma resistance over time
3. What are the processes through which recovery-oriented services affect personal recovery
4. How we can co-produce person-centered messages and share stories to reduce stigma in the community

1. How does recovery contribute to well-being?



Different Recovery Perspectives

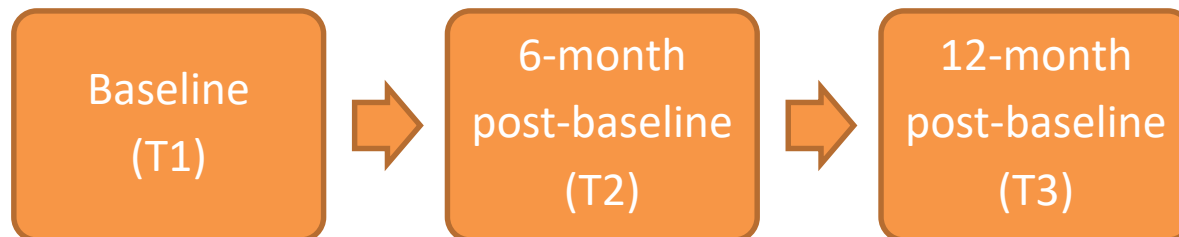


Clinical Recovery	Functional Recovery	Personal Recovery
Medical model	Rehabilitation model	Consumer movement
Focus on the disorder	Focus on the functioning	Focus on the person
Objectively defined, invariant across individuals	Objectively defined, may depend on the role of the individuals	Subjectively defined, unique and deeply personal
<ul style="list-style-type: none"> - Symptom management - Relapse prevention 	<ul style="list-style-type: none"> - Role resumption - Relationship repair and engagement - Restoration of everyday functioning 	<ul style="list-style-type: none"> - Developing meaning and purpose in life - Reclaiming a positive sense of self and citizenship

Study Design



- Longitudinal quantitative research design
- Individuals with schizophrenia spectrum disorders were interviewed 3 times over 1 year
- Participants were recruited from 5 public specialty outpatient clinics and 6 mental health service organizations across various districts in Hong Kong



Study Participants



- 181 people with schizophrenia spectrum disorders with recent onset in the last 5 years
- Completed a semi-structured interview about their sense of personhood and self-report questionnaire on recovery orientation of services, stigma, personal recovery, and well-being
- Positive and negative symptoms of schizophrenia, social and occupational functioning, and everyday functioning were rated by trained research staff

	n (%) / M (SD)
Gender	
Male	75 (41.4%)
Female	106 (58.6%)
Age	31.67 (11.13)
Education level	
Primary or below	13 (7.2%)
Secondary	126 (69.7%)
Tertiary	41 (22.7%)
Marital status	
Single	129 (71.7%)
Married	33 (18.3%)
Separated/Divorced/Widowed	18 (10.0%)
Employment status	
Full-time employment	32 (17.9%)
Part-time/Temporary employment	24 (13.5%)
Unemployed	70 (39.1%)
Vocational rehabilitation services	22 (12.3%)
Student	25 (14.0%)
Others	6 (3.4%)
Year of diagnosis	2.45 (2.45)

Measures



Personal Recovery

- Indiana Psychiatry Illness Interview (IPII; Lysaker et al., 2002)
 - narrate the life story and describe the perceptions about the illness as well as the personhood as it relates to the illness
- Scale To Assess Narrative Development (STAND; Lysaker et al., 2003) was used to examine the extent to which people possess a recovery-oriented narrative based on the data elicited in the IPII
- Recovery Assessment Scale (RAS; Corrigan et al., 2004; Mak et al., 2016)

Measures



Clinical Recovery

- Positive and negative symptoms of schizophrenia were rated by trained research staff using:
 - Scale for the Assessment of Positive Symptoms (SAPS; Andreasen, 1984)
 - Scale for the Assessment of Negative Symptoms (SANS; Andreasen, 1984)

Functional Recovery

- Social and occupational functioning
 - rated by trained research staff using the Social and Occupational Functioning Assessment Scale (SOFAS; Goldman et al., 1992)
- Everyday functioning
 - daily task performance in communication and finances, as assessed by the Brief-UCSD Performance-based Skills Assessment (UPSA-B; Mausbach et al., 2007)

Measures



Perceived service orientation

- Recovery Self Assessment-Revised (O'Connell, Tondora, Croog, Evans, & Davidson, 2005)

Service Engagement

- Service Engagement Scale (Tait, Birchwood, & Trower, 2002)

Stigma Resistance

- Stigma resistance subscale of the Internalized Stigma of Mental Illness Scale (Ritsher, Otilingam, & Grajales, 2003)

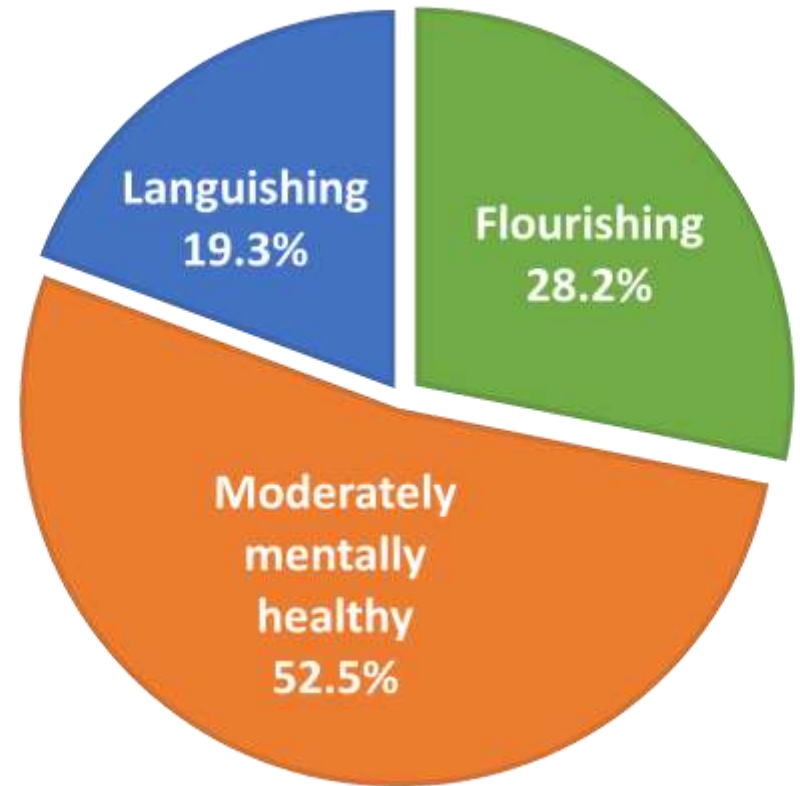
Mental Well-being

- Mental Health Continuum-Short Form (Keyes, 2009)
 - Emotional well-being
 - Psychological well-being
 - Social well-being

Well-being States



- At baseline, 28.2% of the participants (51 out of 181) were considered as flourishing
- Despite living with a diagnosis of schizophrenia, more than one fourth of them could continue to experience emotional vitality, have a sense of purpose, and feel positive towards their life



Direct Effects of Recovery on Well-being



	Well-being		Flourishing			Languishing		
	β	ΔR^2	OR	95% CI for OR		OR	95% CI for OR	
				Lower	Upper		Lower	Upper
<u>Step 1</u> (Clinical and functional recovery)		.12						
Positive symptoms of schizophrenia (SAPS)	-.15		.56*	.35	.91	.73	.41	1.29
Negative symptoms of schizophrenia (SANS)	-.20*		1.01	.64	1.58	1.90*	1.06	3.40
Social and occupational functioning (SOFAS)	.09		1.20	.76	1.88	.88	.47	1.64
Everyday functioning (UPSA-B)	.08		1.11	.73	1.68	.90	.53	1.53
<u>Step 2</u> (Personal recovery)		.26						
Personal recovery (RAS)	.55***		1.58*	1.02	2.45	.31**	.15	.65
<u>Step 3</u>		.01						
RAS x SAPS	-.04		1.16	.77	1.74	1.30	.64	2.63
RAS x SANS	.01		1.10	.63	1.90	.98	.38	2.51
RAS x SOFAS	.01		.86	.50	1.46	1.03	.40	2.66
RAS x UPSA-B	.08		1.34	.77	2.30	.78	.37	1.63

Interaction Effects of Recovery on Well-being



	Well-being		Flourishing			Languishing		
	β	ΔR^2	OR	95% CI for OR		OR	95% CI for OR	
				Lower	Upper		Lower	Upper
<u>Step 1</u> (Clinical and functional recovery)		.12						
Positive symptoms of schizophrenia (SAPS)	-.15		.56*	.35	.91	.73	.41	1.29
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Message



- Clinical recovery were related to flourishing and languishing at 6-month post-baseline
 - Positive symptoms of schizophrenia were negatively associated with flourishing
 - Negative symptoms of schizophrenia predicted languishing
- Across three types of recovery process examined, **personal recovery was consistently found to be predictive of well-being above and beyond clinical symptomatology and functioning**

Message



- The nonsignificant moderating effect of clinical and functional recovery suggested that **personal recovery is pertinent to well-being independent of one's illness condition and functional status**
- The **salutogenic effect of personal recovery** is relevant to all individuals with schizophrenia, regardless of their disorder chronicity or whether they faced difficulty in performing basic activities of daily living

2. How recovery-oriented services germinate stigma resistance over time?



Recovery Oriented Services



*“All services for those with a mental disorder should be **consumer oriented** and focused on **promoting recovery**. That is, the goal of services must not be limited to symptom reduction but should strive for restoration of a **meaningful and productive life**.”*

(U.S. Department of Health and Human Services, 1999, p. 455)

Recovery Oriented Services



- A fundamental shift from a disorder-focused approach to a person-centered approach in mental health services:
 - Identify and build upon each individual's assets, strengths, and areas of health and competence
 - Facilitate people to actualize their personal values
 - Enable people to regain a meaningful, constructive sense of membership in the broader community

(Davidson et al., 2005)

Recovery Oriented Services



- Recovery-based service orientation was associated with:
 - Higher positive regard and acceptance from their service providers
 - Greater consumer empowerment
 - Better quality of life
 - Improved functioning
 - Higher satisfaction with services

(Barrett et al., 2010; Kidd et al., 2011; Sells, Davidson, Jewell, Falzer, & Rowe, 2006)

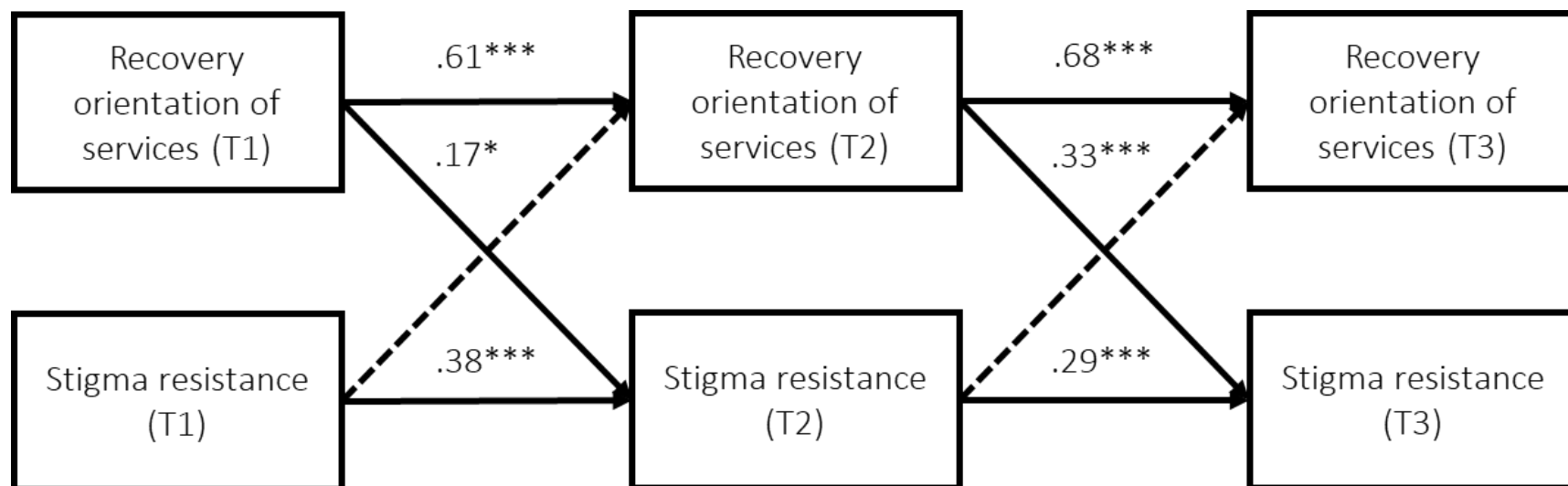
Stigma Resistance



- Ability to resist stereotypical thoughts and labels about people with mental illness and counteract their stigmatizing effects on the individuals
- People with strong stigma resistance are less likely to:
 - internalize negative stereotypes prescribed to their identity
 - perceive themselves as devalued

(Corrigan & Watson, 2002; Mak & Cheung, 2010)

Cross-lagged relationship between services and stigma



- $\chi^2 (22) = 38.13, p = .02, CFI = .93, RMSEA = .07, SRMR = .09$;
- Controlling for positive and negative symptoms of schizophrenia, gender, age, illness duration, education, and monthly income

Message

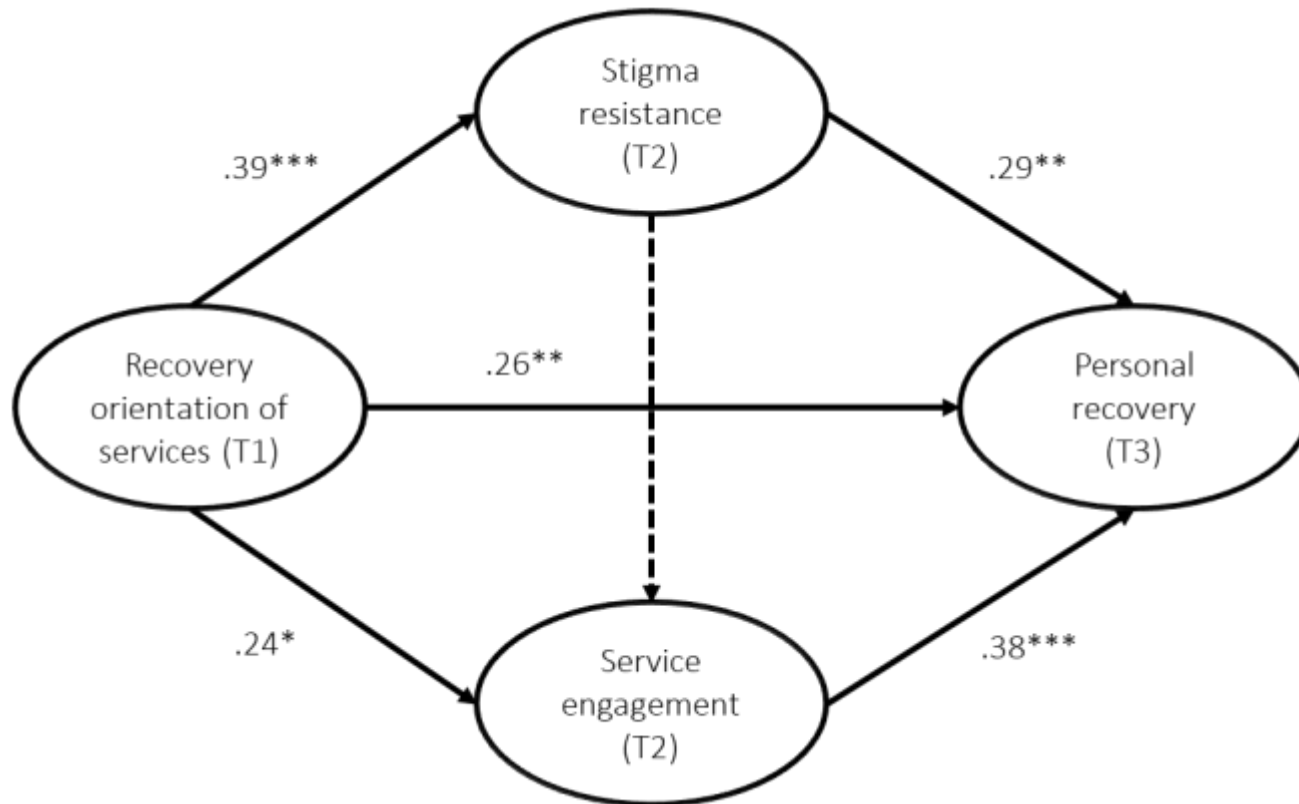


- Recovery-oriented mental health services positively predicted stigma resistance at subsequent time points
- The reverse prediction from stigma resistance to recovery services was not significant
- People who perceived their services as more person-centered, as encouraging service users' involvement, and as offering choice and diversity were more likely to resist stigma of mental illness

3. What are the processes through which recovery-oriented services affect personal recovery

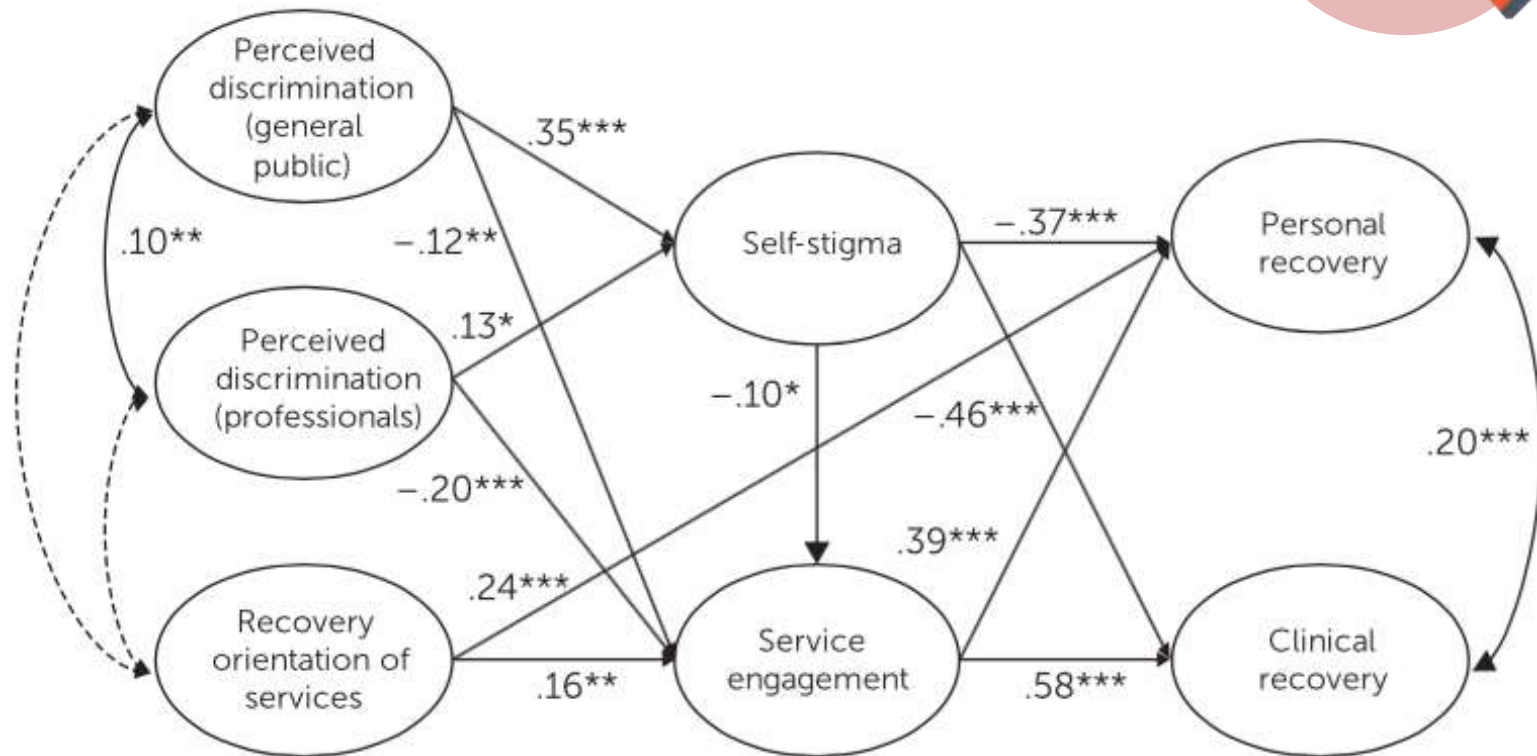


Direct and Indirect Effects of Recovery Services on Personal Recovery



$\chi^2 (159) = 215.16, p < .001, CFI = .95, RMSEA = .05, SRMR = .06;$
Controlling for positive and negative symptoms of schizophrenia,
gender, age, illness duration, education, and monthly income

Discrimination and service orientation on recovery



Unstandardized structural parameters are shown. Dashed lines indicate insignificant paths.
 $\chi^2 = 1,302.32$, $df = 846$, $p < .001$, $CFI = .92$, $TLI = .9$, $RMSEA = .066$, 90% confidence interval = .059–.073.
 * $p < .05$, ** $p < .01$, *** $p < .001$

Mak et al (2016) *Psychiatric services*, 68(2), 159-166, <https://doi.org/10.1176/appi.ps.201500339>

Message



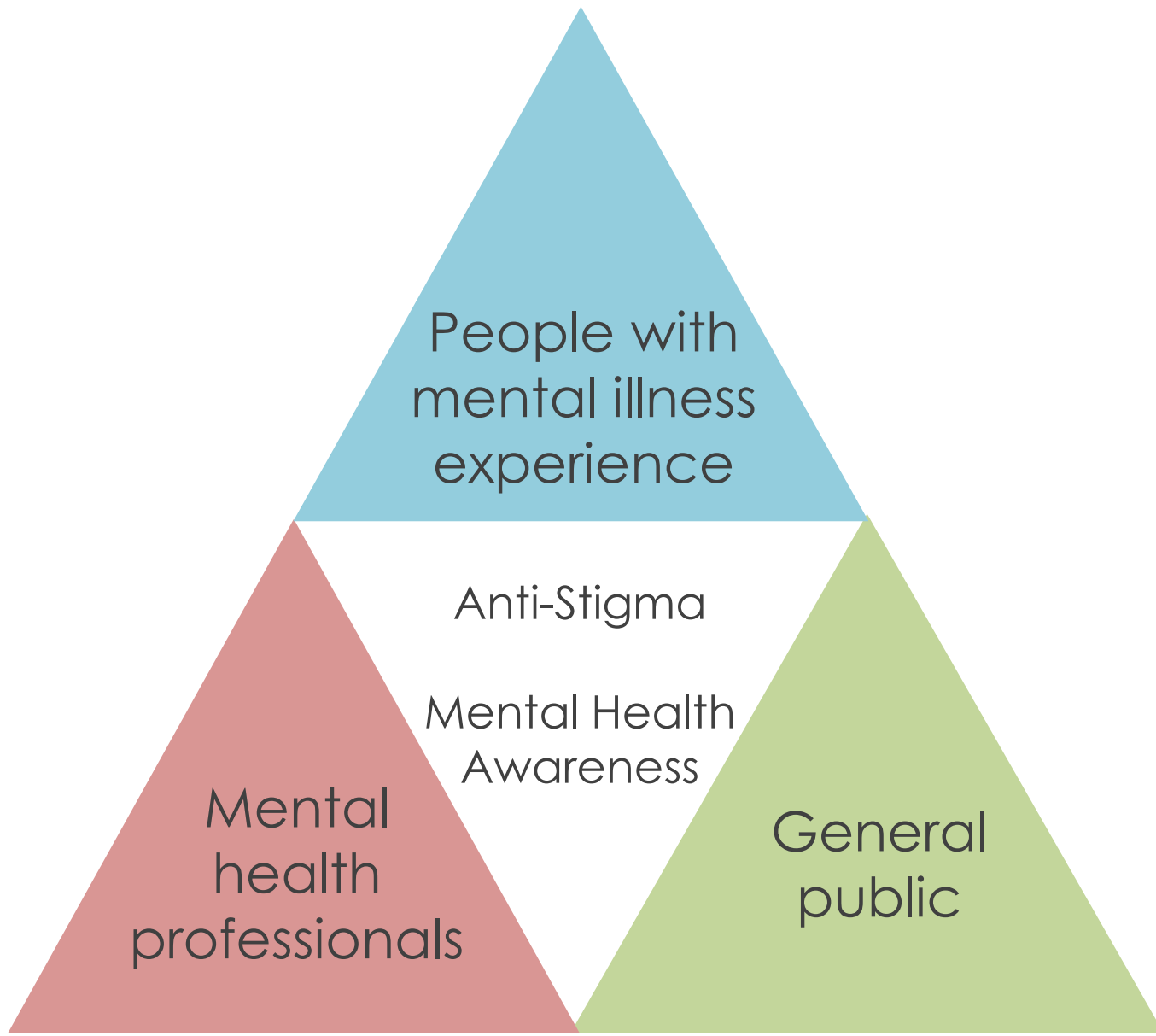
- The extent to which mental health services are recovery oriented is pivotal in influencing service users' level of personal recovery
- People who perceived their services as more recovery-oriented were more likely to develop stigma resistance, lower self-stigma, and engage in mental health services, which were associated with better personal recovery
- Discrimination from the public and professionals affects self-stigma and service engagement, and impedes recovery

4. How we can co-produce person-centered messages and share stories to reduce stigma in the community



Founded in May 2015

Story is one of the core components



Co-production
and co-creation

Community
based, multi-
dimensional
mental health
promotion

Story-telling

“Undoubtedly, the most powerful stories are those told by the people that we care for and support.”
(Russell & Linsley, 2011)



Facebook page

facebook.com/storytaler.hk

- Set up since Aug 2015
- Number of page like = 27 K
- People reached > 2.5 M



其實有好多嘢都無樣樣
You never know

說書人



我選擇坦白面對自己和世界，只因我相信復元人士應該得到公平的待遇

I choose to face myself and the world honestly for I believe that people in recovery deserve to be treated fairly.



Personal stories written by people with lived experience about stigma, help-seeking, experience of mental illness

有關精神健康服務的常見問題 Mental health services in HK - FAQ

T1 Photos · Updated 4 months ago

相信唔少人對精神健康服務都好陌生，同時又有唔少人有需要，希望以下嘅分享可以幫到大家尋求合適服務嘅！



不同的服務提供者

8 Photos · Updated 6 days ago

精神健康服務團隊有幾間同行業，究竟幾間行業有咩分別呢？老實講，我比較準備從專業轉行時候，都覺得好頭痛，因為香港精神健康服務成熟度，資源分配無精神健康專業，所以行業之分工不清，服務有好多重疊性，唔啱似相關行業多幾間都花，再者，雖然有幾專業（例如精神科醫生）推廣深入精神科服務，但就業情況好有限（例如依政府政策「秒殺」求職人士），服務往往不盡人意；相反，有幾專業（例如社工）服務相對亦唔係特別針對精神健康，但由於接觸大眾機會多，最少會自己懂得有關知識，因此成為很好服務提供者，所以呢個專欄只可以介紹一下幾間行業本身角色係做咩嘢嘢（除今次未能將所有行業一一寫盡，今次主要介紹由政府機構主力負責精神健康服務行業），至於實際情況如何，或者個別從業員自己選擇咁嘢心理治療或輔導課程，係唔有資格提供相關治療等等，服務使用者不妨主動問清楚對方憑咩咁可資格，如果唔舒服唔想被人幫手，尋求協助的話，可參考之前嘅post：《有關精神健康服務的常見問題》<https://goo.gl/yXAL32>。另外，逐條每個專業都有註冊制度，有註冊制度進行政府法例監管，即係話任何人都可以自稱為該行業從業員，訓練同質素會好參差，面對冇註冊制度保障嘅行業，服務使用者需要了解該學歷認證性，甚至要求對方出示學歷證明，以政府機構認可程度為基礎。參考資料：1) 職業字典 <http://yen2.hktyg.org.hk/jobdictionary/> 2) 香港成年嚴重精神病患者個人化復康支援服務框架 https://www.ha.org.hk/upload/publication_42/513.pdf

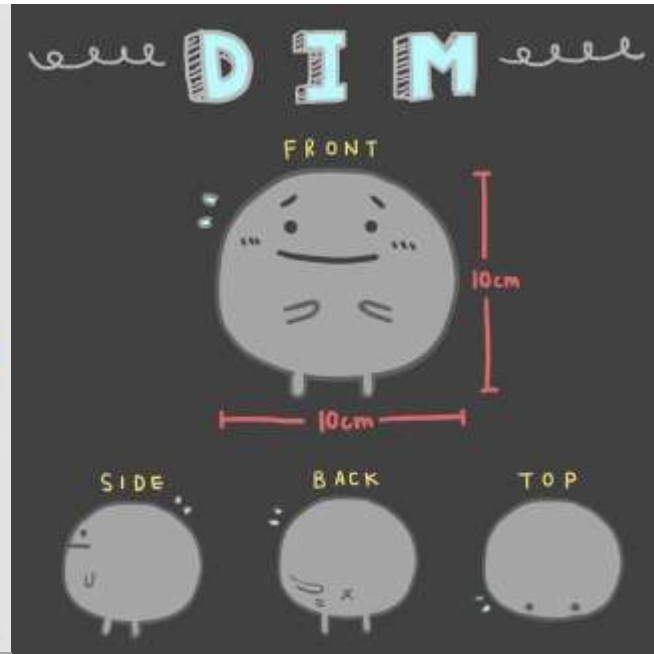


Psychoeducation posts on mental health services, service providers, and mental illness experience written in person-first language with storytelling components



Posts on mindfulness encourage readers to be aware of feelings, thoughts and people around them

Dim & Dull Experimental Series





Storytelling Days

- Past Mar 2016 & Jan 2017
- Upcoming: Mar 2018

Effect of Storytelling Day (Mar 2016) on Stigma Reduction (N=89)

Measure	Pre-Storytelling		Post-Storytelling		p
	Mean	S.D.	Mean	S.D.	
Negative stereotypes	2.37	.92	1.96	.80	0.0001***
Recovery and outcomes	4.11	.68	4.35	.72	0.0001***

Effect of Storytelling Day (Jan 2017) on Stigma Reduction (N=159)

Measure	Pre-Storytelling		Post-Storytelling		p
	Mean	S.D.	Mean	S.D.	
Public Stigma	1.91	.70	1.48	.62	0.0001***
Recovery and outcomes	4.05	.54	4.36	.47	0.0001***

Results



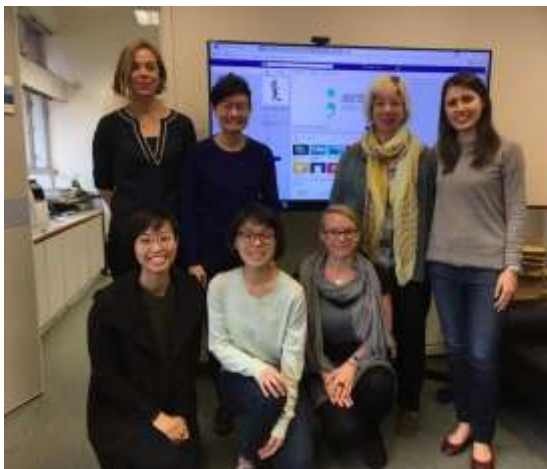
教育實驗學社 The Edu Lab



CUHK Journalism



Mad World



Facebook



HKBU Social Work



Diocesan Girls' School

Engagement with the Community

Media Coverage



【靜觀無明(三)】早上是心理學家, 晚上是「說書人」學者落地反精神病污名化 - POPNews

灣仔一所文化工作室內, 數十名參加者分成幾組, 他們這晚只做一件事——聆聽眼前各位講者的故事。聽眾們全神貫注, 有人哭紅了眼睛, 有人在吸着鼻水。正當你好奇想入內...



說書人分享故事破精神病偏見 鼓勵接納不完美 求助是勇敢 - 20170405 - 港聞 - 港聞一

【明報專訊】「傷風感冒要看醫生, 大家覺得很平常, 為何向精神科求診不能用同樣態度看待?」中大心理學系教授麥穎思與臨牀心理學家李昭明, 前年創立「說書人」網上平台, ...

NEWS.MINGPAO.COM

Conclusion: Recovery oriented services



- Services should be person-centered and strengths-based to facilitate personal recovery
- Examples include strengths-based assessment, person-centered care planning, and Wellness Recovery Action Planning

Conclusion: Recovery oriented services



- Service providers should recognize that mental health services not about “helping” people to get rid of their psychiatric symptoms and restore functioning
- They should facilitate people in pursuing personal hopes and aspirations and in promoting goal-striving behaviors
- Enable people to achieve human flourishing, empower users through reclaiming their personhood and pursuing a flourishing life

Conclusion: Active engagement in recovery



- People in recovery should be involved in the decision-making process of their own recovery and their own life
- Participate in recovery planning and process such as advisory committees and working groups, peer support services, recovery college
- These practices can empower people in recovery to regain control over their life and facilitate self-determination and enhance citizenship

“The failure of an individual to display competencies or strengths is not necessarily attributed to deficits within the person, but may rather, be due to the failure of service system or broader community to adequately elicit information in this area or to create the opportunities and support needed for these strengths to be displayed”

(Davidson et al., 2009, pp. 105-106)

- Anti-stigma efforts
- Build a social environment that facilitates well-being and growth for everyone
- Remove systemic barriers that perpetuate injustice
- Promote social conditions for equality

*Wellness
cannot thrive
in conditions
of inequality
and injustice*

Prilleltensky & Prilleltensky (2003)

“Don’t let procedure get in the way of humanity”

(Rethink, 2010)

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