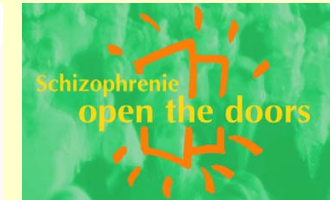


**European Conference
Destigmatisation and Improving the Quality of Care in Psychiatry
Prague, 28 – 29 May 2009**

**Anti-Stigma Interventions in Germany:
Experiences from the Open the Doors Programme
and the German Alliance for Mental Health**

Wolfgang Gaebel

**Department of Psychiatry and Psychotherapy
Heinrich-Heine-University Düsseldorf
Rhineland State Clinics Düsseldorf**



Ten Years of Fighting Stigma and Discrimination in Germany: 1999 – 2009

1999

XI WPA World Congress of Psychiatry (Hamburg)

2000

Foundation “Open the doors e.V.”, Germany

2001

Baseline Evaluation
Start of Antistigma Interventions

2004

Foundation „German Alliance for Mental Health“
Evaluation Follow-Up

2007

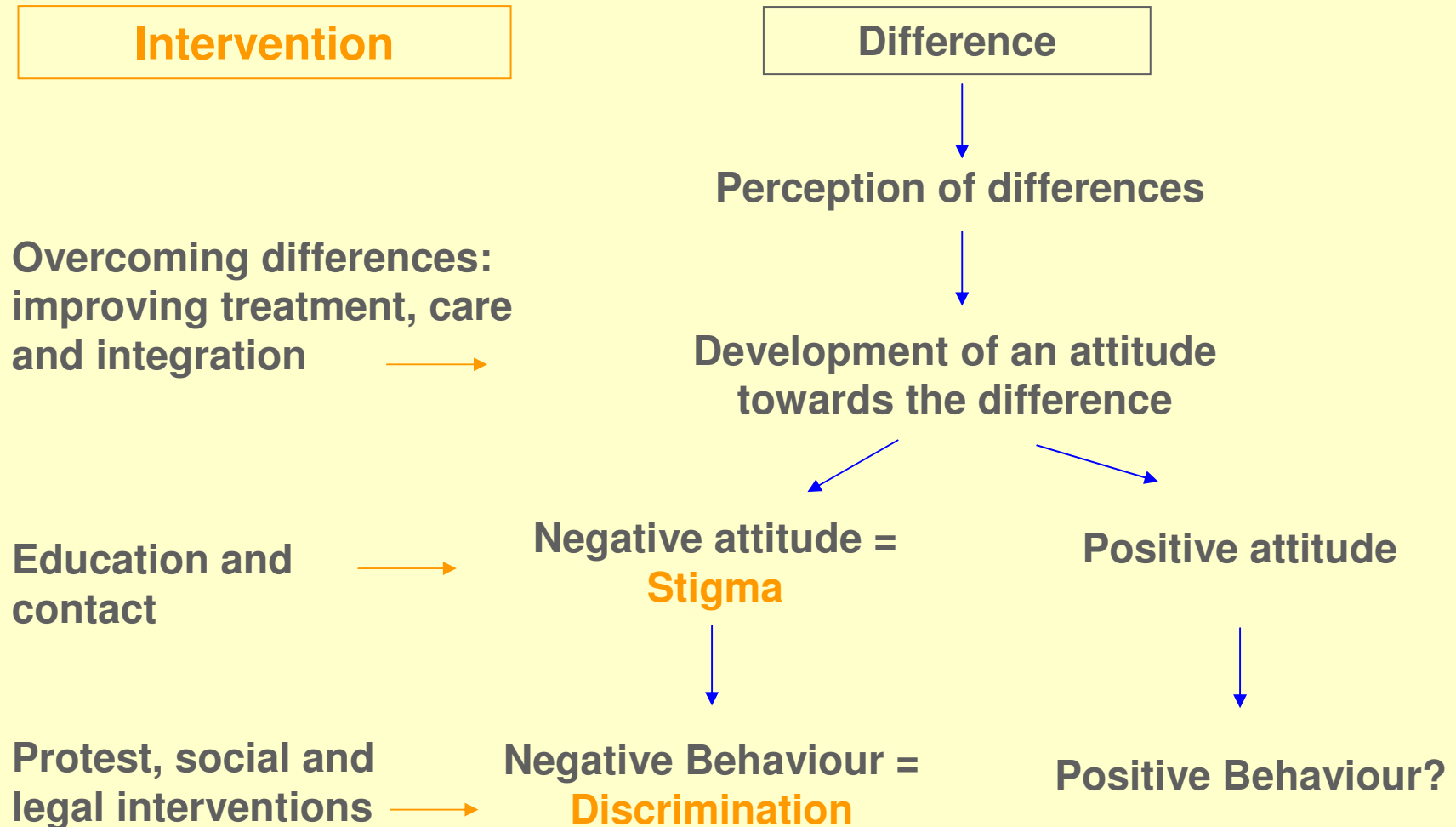
Start-up Congress
“Education-Prevention-Integration“

2009

Joint Conference “Mental Health and Well-being at the Workplace“ together with WHO Europe and EC DG Health & Consumers

Destigmatisation and Improving Quality of Care: A Comprehensive Approach

Complex Intervention Strategies

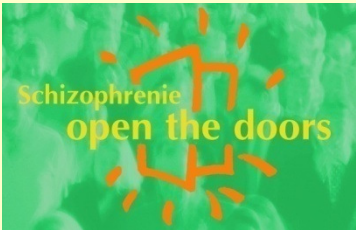


Corrigan PW, Penn DL, Am Psychol (1999)

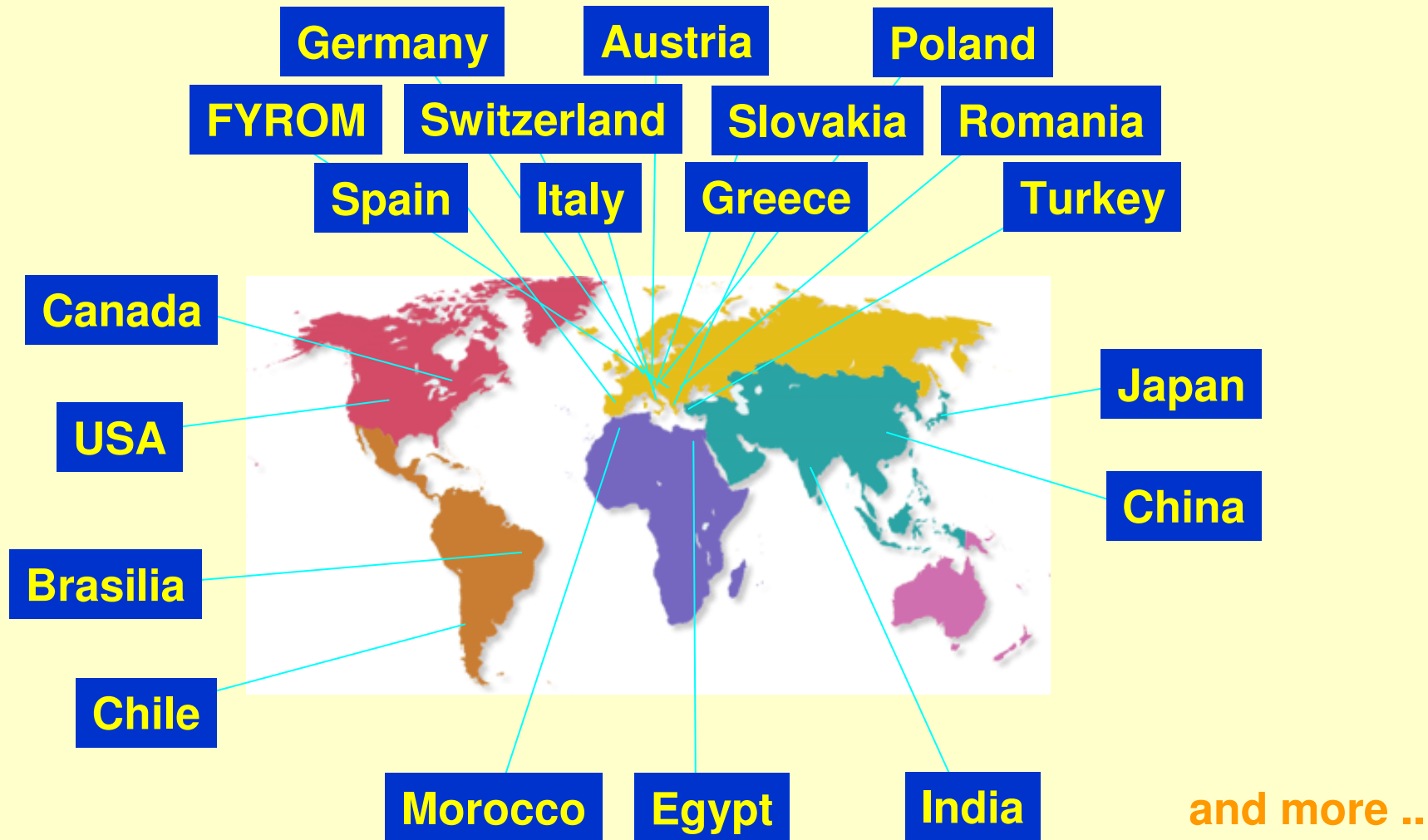
World Psychiatric Association: Fighting Stigma and Discrimination because of Schizophrenia. WPA (1998)



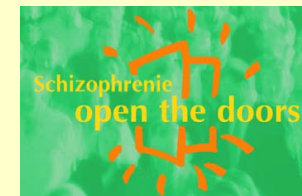
Open the Doors



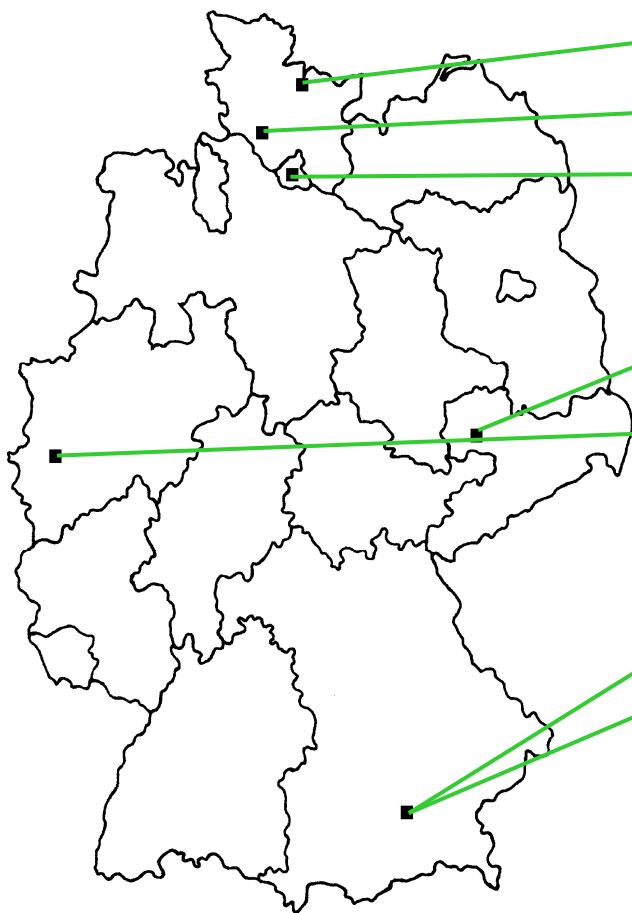
The WPA Global Programme Against Stigma and Discrimination Because of Schizophrenia



Open the Doors Germany and Associated Projects



Foundation Centers:



Kiel

Itzehoe

Hamburg (Irre Menschlich e.V.)

Leipzig
(Irrsinnig Menschlich e.V.)

Düsseldorf

Munich (ASAM)

Munich (BASTA)



Examples of Anti-Stigma Activities from Open the Doors

- **Interventions towards target groups, e.g.:**
 - School projects
 - Police projects
 - Mental health staff
- **Public activities, e.g.:**
 - Film and theatre events
 - Public discussions
- **Focus on evaluation, e.g.:**
 - Population based (e.g. representative telephone surveys)
 - Target-group based (e.g. attitude questionnaires)

Evaluation of Antistigma Interventions

- Which interventions can influence the components of stigma related to mental illness (experimental evidence)?
=> Efficacy evaluation
- To what extent can real life interventions reduce stigma (field studies)?
=> Effectiveness evaluation
- Which components of an intervention contribute to the effect?
=> Process evaluation



Example I: Mental Health Staff Project

“Anti-Stigma Competence” – Why and How?

Knowledge

- Psychiatric disorders
- Burden of stigma
- Stigma theories
- Stigma research
- History of psychiatry
- Empowerment
- Recovery
- Self-help groups and user-movement
- Stigmatisation of other social groups
- Human rights and patient rights
- ...

Skills

- Communication and active listening
- Trialogical work
- Civil courage
- Multiply information
- Critical thinking and problem-solving
- Conscious conflict transformation
- ...



Attitudes

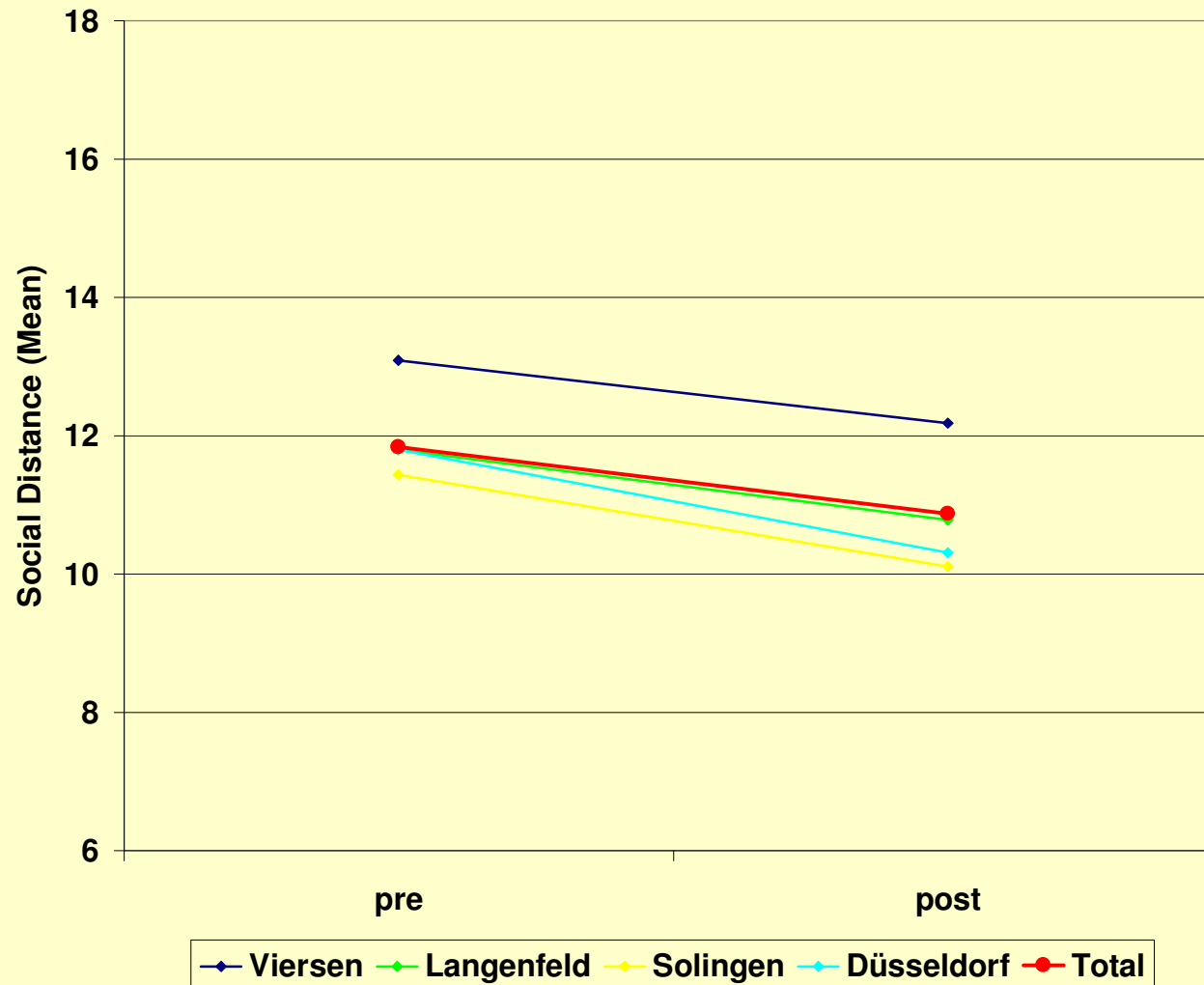
- Awareness for stigmatisation
- Self-respect and reflection of role
- Tolerance & acceptance
- Respect for human dignity and diversity
- Intercultural understanding
- Gender-sensitive attitude
- Empathy
- Maximum non-violence
- Reflection and critical thinking
- ...

Training of Mental Health Staff: Workshop Anti-Stigma Competence

- Target group: staff of psychiatric and psycho-social services
- Interdisciplinary in-house training
- 2 workshop days with 4 blocks:
 - Stigma, discrimination and social inclusion (introduction, self-reflection)
 - Roles, strategies, and challenges in stigma work (group work on own experiences)
 - Perspectives of experts by experience (self-help groups, solution-oriented group work)
 - Together against stigma (transfer to the workplace)
- Co-trainer with a personal history of psychosis
- Evaluation with pre/post/3month-follow-up assessments



Workshop Anti-Stigma Competence: Social Distance pre vs. post



Total (N=38): t-test for dependent samples $p = 0.006$
(3 month-follow-up currently in process)



Example II: Population Surveys 2001/2004

Standardized telephone interview (10-15 min.)

First assessment: Spring 2001

Follow Up: Spring 2004

Sampling: “Next Birthday Method”

General Population aged 16 years +

$N_{\text{Contacts}} = 9.451$

$N_{\text{Total}} = 7.206$ (Response Rate: 76 %)

$N_{\text{Follow Up}} = 4.586$ (Follow-Up Rate: 64 %)

Assessment in Cities with/without Interventions:

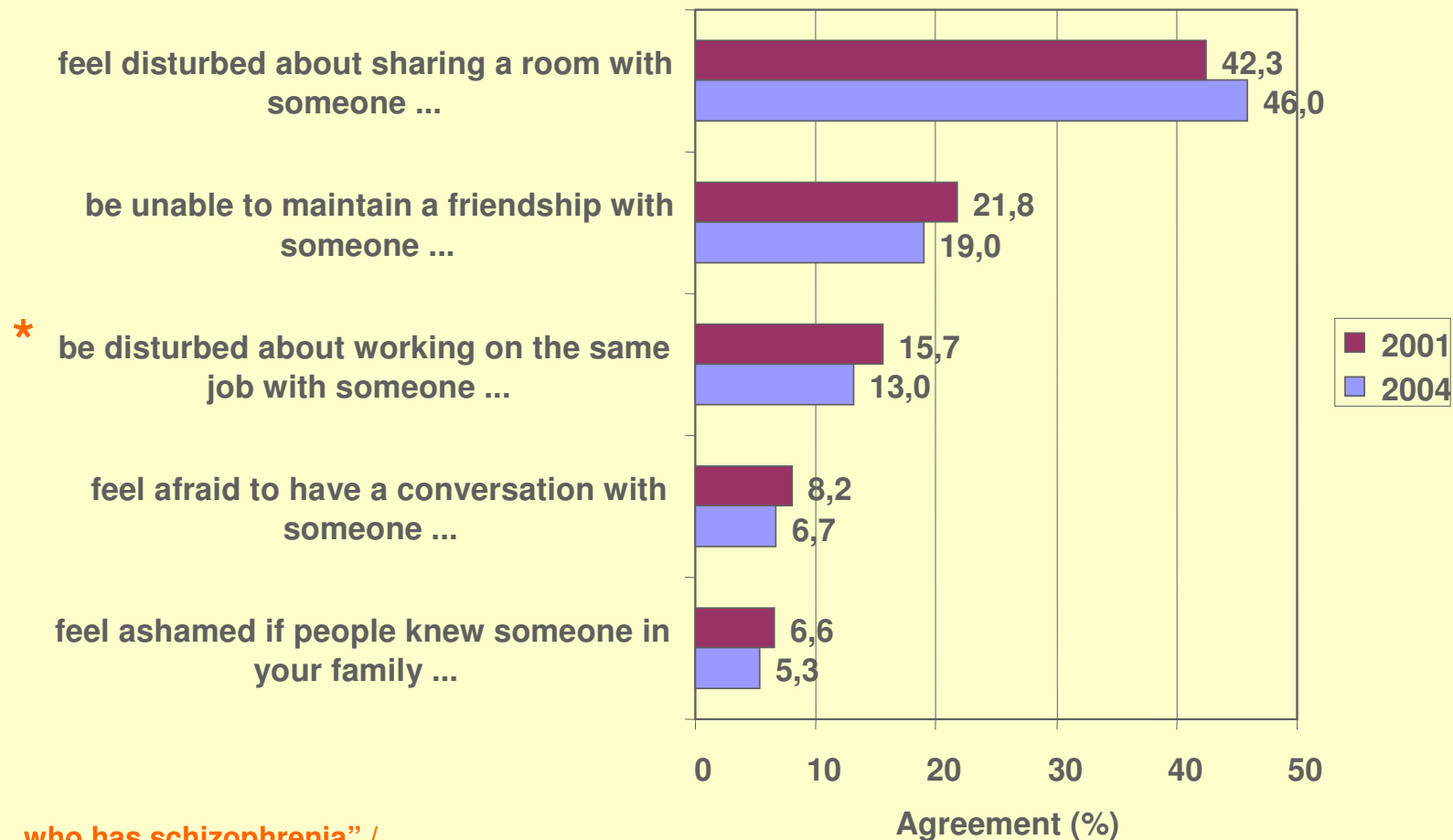
- **Düsseldorf / Munich (Antistigma Programmes)**
- **Cologne / Bonn (Awareness Programmes)**
- **Berlin / Essen (Controls)**

Gaebel W, Zäske H, Baumann A E, Klosterkötter J, Maier W, Decker P, Möller H J (2008)
Schizophrenia Research 98:184–193

Social Distance 2001/2004



“Would you probably or definitely ...”

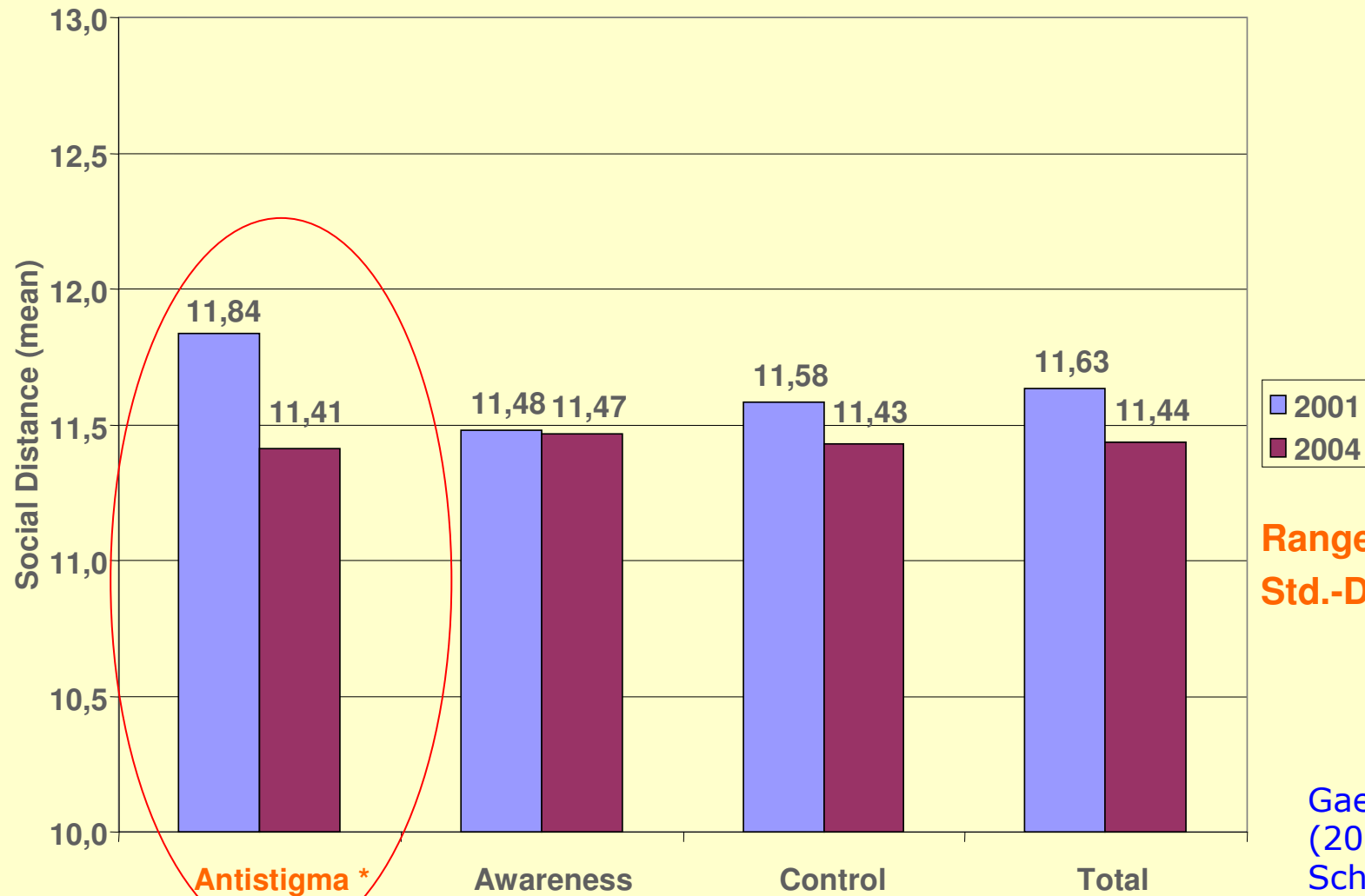


“... who has schizophrenia” /
“... diagnosed with schizophrenia”

Gaebel W et al. (2008)

Schizophrenia Research 98:184-193

Social Distance 2001/2004

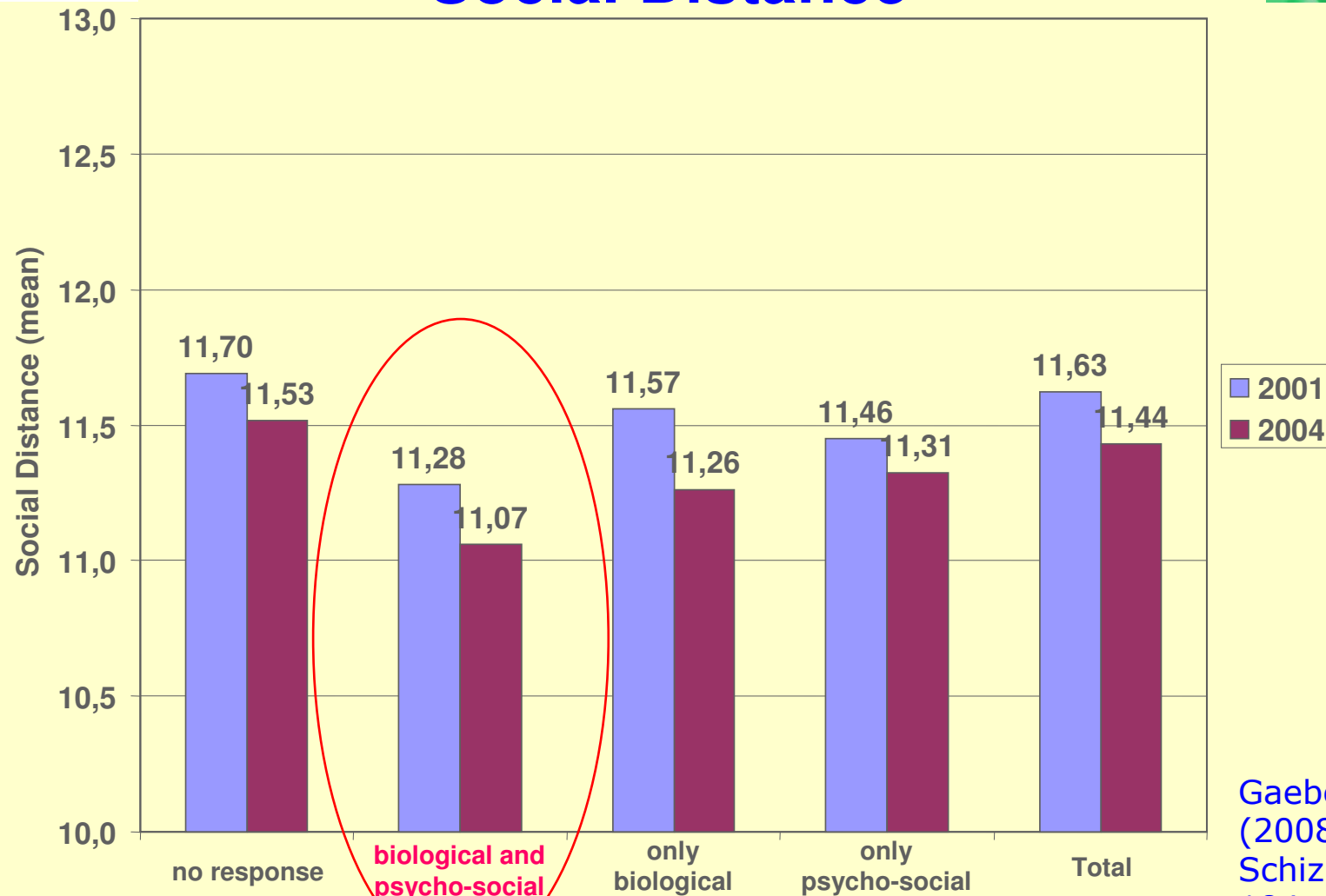


Range: 6 - 24
Std.-Dev.: 2,85

Gaebel W et al.
(2008)
Schiz Res 98:
184-193

**ANOVA: Time $p \leq 0.001$; Group n.s.; Interaction Time X Group $p = 0.002$
Single comparisons: t-test f. dep. samples with Bonferoni-correction (* $p \leq 0.016$)**

Suspected Illness-Causes and Social Distance

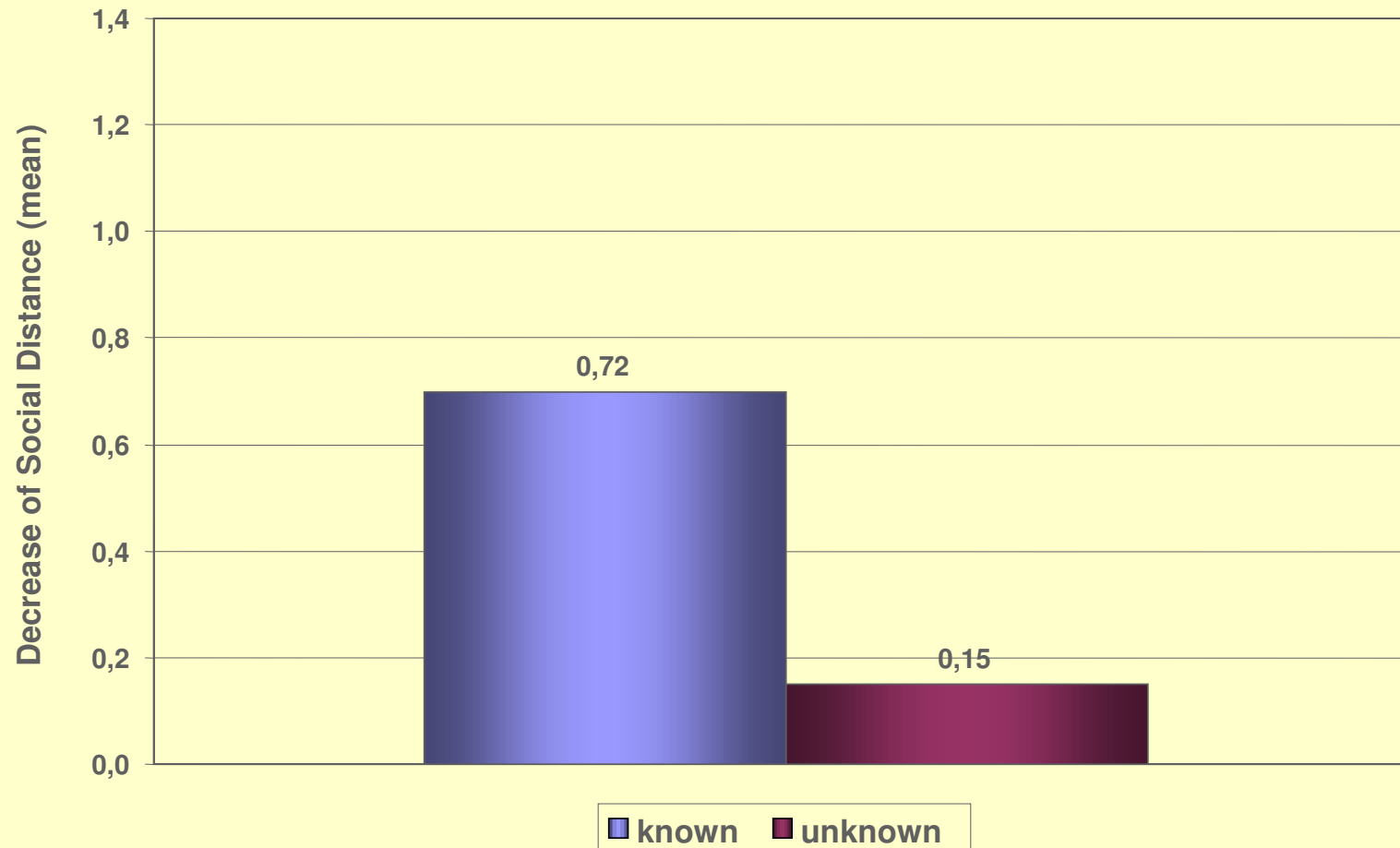


Gaebel W et al.
(2008)
Schiz Res 98:
184-193

Respondents who could name causes of schizophrenia, especially according to the multi-factorial model, show lower degrees of social distance

ANOVA: Time $p = 0.004$, Causes $p = 0.002$, Time X Causes n.s.

Knowledge of Antistigma-Projects and Decrease of Social Distance 2001/4



Persons who know at least one antistigma-project (Open the doors, ASAM, BASTA) show a higher decrease of social distance between 2001 and 2004 (t-test f. indep. samples: $p = 0.003$)

Gaebel W et al. (2008) Schiz Res 98:184–193

Implications for Antistigma Projects

Impact on Target Groups?

- Positive evaluations for different target groups in different countries
- **BUT:**
 - Longterm effects are rarely examined
 - The impact on the real situation of people with a mental illness remains open

Impact on the Public?

Correlations* were found between positive changes of social distance and:

- Locations of antistigma activities
- Knowledge of antistigma projects

BUT:

Effect sizes for both the found positive changes and the correlations are rather small.

There is only indirect evidence for the efficacy of anti-stigma projects on attitudes and behavior.

→ More research is needed!



German Alliance for Mental Health

German Alliance for Mental Health

- National alliance with **long-term engagement** of participating groups and associations
- Confederation of **local and nationwide** antistigma projects and initiatives together with societal institutions (e.g. **politics, church, work, health care, sports ...**)
- Targeting **different mental illnesses**
- Active role of service user and caregiver associations (BPE, BApK) in planning and implementation of anti-stigma interventions („**dialogue**“)



German Alliance for Mental Health: Structure

Patronage: Federal Health Minister Ms. Ulla Schmidt
Funding: DGPPN and BMG

General Assembly approx. 50 Member Organisations

Mental health organisations, anti-stigma initiatives, service user and caregiver organisations, health departments (state, regional), psychiatric associations, medical associations etc.



Steering Committee

DGPPN, Open the doors, BMG, BPE, BApK, BÄK, Dt. Alzheimer-Gesellschaft, Aktion Psychisch Kranke, Irrsinnig Menschlich, AG Psychiatrie der AOLG, BASTA, Kompetenznetz Schizophrenie

Workgroups

Public relations, fundraising ...



Examples of Activities

Federal Chamber of Physicians

109th Convention, Magdeburg, May 2006

- The plenum adopted the topic ***“Active Combat of Stigmatization and Discrimination of People With a Mental Illness”*** with great majority
- Deriving Tasks:

- ⇒ Adopting “Stigma of Mental Illness” into medical education curricula
- ⇒ Lobbying for an equitable mental health care system
- ⇒ Advocating in cases of structural discrimination

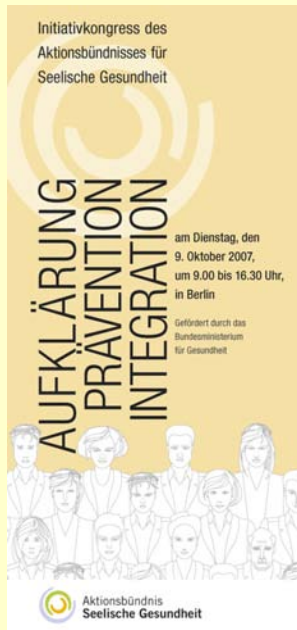


Annual Weeks on Mental Health

2007: First Week of Mental Health in Berlin

Approx. 85 events all over the city

Patronage: Major of Berlin, Klaus Wowereit



October 2008

- In the Sign of Art and Culture
- Approx. 130 events

October 2009

- Mental Health in the family



Member Activities

- **Film festival** “Ausnahme|Zustand” by Irrsinnig Menschlich (October 2008 – December 2009)
Motto: “Hunger for Life” – focus on younger people
Approx. 40 participating cities in Germany
- Anti-stigma interventions in **schools** by BASTA, Irrsinnig Menschlich, Irre Menschlich Hamburg, etc.
- Anti-stigma interventions at **police** academies and departments by BASTA



Bundesministerium
für Gesundheit



Aktionsbündnis
Seelische Gesundheit



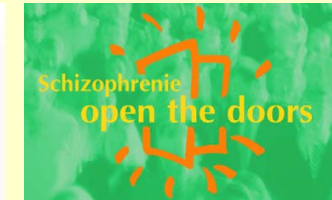
Member Activities

- “Mentally ill at work – what to do?“
Anti-stigma project in enterprises by **BApK**
(national caregiver/family self-help association)
and **BKK** (health insurance fund)
- Action group against oblivion of NS euthanasia
victims organized by **BPE**
(national users‘ association):
Remembrance Day in Berlin
(first Saturday in September)



Member Activities

- Against Depression Campaign by **German Alliance Against Depression**
- Sponsored **Anti-Stigma Award by Open the Doors Germany** together with **DGPPN** (German Society of Psychiatry, Psychotherapy and Neurology)
- **Photo-Exhibition** by **Irre Menschlich Hamburg**



Joint Conference “Mental Health and Well-Being at the Workplace” (March 2009)

MENTAL HEALTH AND WELL-BEING
AT THE WORKPLACE

Protection and inclusion in challenging times

17 & 18 March 2009, Berlin

Joint Conference by the World Health Organization and the German Alliance for Mental Health

Co-organized by the European Commission and supported by the German Federal Ministry of Health



 Aktionsbündnis
Seelische Gesundheit

 WORLD HEALTH
ORGANIZATION
EUROPE

 Directorate-General for
Health & Consumers

 Bundesministerium
für Gesundheit

Cooperating Partners:

- Federal Ministry for Health
- World Health Organization, Regional Office for Europe
- European Commission

Topics:

- Prevention of mental health problems at the workplace
- Pathways to integration in today's regular job market
- Overcoming stigma and discrimination at the workplace



Future Perspectives

Perspectives

- Developing an **evidence-based** strategy for anti-stigma interventions (ongoing project funded by the **Federal Ministry of Health**)
- Refining and intensifying public as well as targeted interventions together with improving standards of treatment and care (**DGPPN: guidelines, quality indicators**)
- Cooperating with **international partners, e.g.:**
 - **WPA Section** on Stigma
 - **WPA Task Force** on Stigma against Psychiatry and the Psychiatrist
- **Implementation of the EU Mental Health Action Plan**

European Pact for Mental Health and Well-Being

Brussels, June 13, 2008

Call for action in 5 priority areas – activities by the German Alliance for Mental Health:

- **Prevention of depression and suicide**
=> German Alliance against Depression
- **Mental health in youth and education**
=> School projects as “Crazy? So what!” from Irrsinnig menschlich e.V., further provider: Irre menschlich e.V., BASTA
=> Deutsche Gesellschaft für Kinder- und Jugendpsychiatrie
- **Mental health in workplace settings**
=> WHO Joint Conference, Berlin March 2009
=> Symposium in cooperation with the German Medical Association 2009
- **Mental health in older people**
=> Deutsche Alzheimergesellschaft
- **Combating stigma and social exclusion**
=> Open the doors
=> Project “Anti-stigma Interventions” (funded by the Federal Health Ministry)



Thank You for Your Attention!

This paper was produced for a meeting organized by Health & Consumer Protection DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.