Discrimination Due to Experience of Mental Illness from General Health Services: Issue Paper prepared for the Like Minds, Like Mine Government Policy Project

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Introduction
Workplace policy and training is needed to target discrimination against people with experience of mental illness by service providers in general health services. *Respect Costs Nothing* (Peterson, Pere et al. 2004) identified that health professionals can and do discriminate. This type of discrimination often consists of poor or inadequate service, or treating physical health symptoms as mental health symptoms, and is an issue for many people with experience of mental illness – almost 25 percent of people surveyed (Peterson, Pere et al. 2004).

This paper examines reported discrimination, and discusses current initiatives happening in the anti-discrimination sector to address this issue. There is a need for two approaches – a workforce development approach and a complaints-led approach. It suggests that the issue of discrimination be rephrased so that the focus is on ‘best practice’ for health professionals working with people with experience of mental illness in the general health sector. Possible ways forward are addressed.

Background
Of the 785 people who responded to the survey *Respect Costs Nothing* (Peterson, Pere et al. 2004), 23 percent said that they had been discriminated by other health services (as opposed to mental health services). This was especially so for women, for whom 27 percent had said they had been discriminated against.

The main type of discrimination mentioned in the survey was receiving poor treatment from hospital services for non-mental health problems. This included all symptoms being seen as related to mental illness, service providers exhibiting fear of mental illness, and people being treated as incompetent or drug seeking. People reported being treated differently from people without experience of mental illness, and when seeking help for their physical health problems, reporting attitudes ranging from fear to annoyance for “wasting their time”. As one person states:

*When you go to A&E or to your GP about a medical problem they invariably ask if you want the crisis team involved, or put it down to your mental illness.*

(Peterson, Pere et al. 2004 p41)

Many people also mentioned difficulties from their general practitioners. These included poor attitudes, a tendency to attribute all problems to mental illness, and a
lack of skill to treat people with experience of mental illness. The attitudes of other health professionals, including dentists, chemists and physiotherapists were also raised in the survey.

The survey results support a report issues in 2004 by the Mental Health Commission. Titled *Our Physical Health...Who Cares?* (Handiside 2004), the report states that mental health service users are sicker and dying younger than the general population and looks at possible reasons for this. One of the reasons mentioned is discrimination associated with experience of mental illness. People with experience of mental illness appear to be seeing their GPs at the same rate or higher than the general population but still have poorer physical health suggesting that, despite this, their physical health needs are not being met. One of the reasons for this appears to be related to doctors not taking service users’ issues seriously. Handiside (2004 p7) concludes that:

> If providers are to achieve the outcomes they are seeking, pausing to examine the motivators of their clinical practice may reveal the opportunity to eliminate unconsidered discriminatory practice.

The issue is recognised internationally. The UK Mental Health Foundation (De Ponte, Bird et al. 2000) surveyed people with experience of mental illness and found that 44 percent of people said that they had experienced discrimination from GPs and 32 percent had experienced discrimination from other health professionals which included nurses and other hospital staff, psychiatrists, emergency staff and community and social services.

The Royal College of Psychiatrists, in association with the Royal College of Physicians of London and the British Medical Association, looked at the stigmatisation and discrimination of people with experience of mental illness by the medical profession (Royal College of Psychiatrists 2001). One of their findings are that “It is likely that doctors’ attitudes towards people with mental illnesses mirror those of the general population” (Royal College of Psychiatrists 2001 p6). They conclude:

> Government, National Health Service (NHS) Trusts, the AGMC, medical Royal Colleges, the British Medical Association (BMA) and other health care organisations should make clear statements about the unacceptability of stigmatisation; should provide campaigns to raise awareness of and to combat stigmatisation of people with mental illnesses by doctors; and should adopt procedures to ensure that discrimination, when discovered, is challenged and acted upon. (Royal College of Psychiatrists 2001 p7)

One key aspect of the Royal College of Psychiatrists’ report is that they focus on ‘good medical practice’ - “Doctors’ attitudes are important to their professional competence.” (Royal College of Psychiatrists 2001 p20), and their recommendations are based on ensuring this. As is clear from the above quote, they see solving the problem of discrimination against people with experience of mental illness by the medical profession as being multi-faceted, and challenging, requiring effort from all parties involved in the training and development of health professionals.

**The Legislative Environment in New Zealand**

In terms of legislation, the Human Rights Act 1993, and the Bill of Rights Act 1990 outlaw discrimination on the grounds of disability, which includes mental illness, in
certain circumstances. Complaints under the Human Rights Act by people with experience of mental illness are rare however, and even rarer when referring to the provision of health services.

The Health and Disability Commissioner may be seen as the more appropriate channel for complaints about health professionals. The Health and Disability Commissioner is responsible for administering the Code of Health and Disability Services Consumers’ Rights, another important protection for people with experience of mental illness. This Code applies to most health and disability services. Right 2 specifically concerns discrimination, and states that people have:

\[ \text{the right to freedom from discrimination, coercion, harassment, and exploitation (1996)} \]

People are able to complain if their rights under the Code are breeched. We do not know how many people with experience of mental illness have made complaints to the Health and Disability Commissioner, and if they have, whether their complaints relate to Right 2, as no data has been published.

Discussion

It is clear that discrimination is an issue for people with experience of mental illness in terms of their interactions with general health services. People with experience of mental illness can often avoid discrimination in their lives by not disclosing their experience of mental illness. This is not usually an option when dealing with health services, however, as people’s experience of mental illness is usually included in referrals, medical histories and notes, or is known because the health professional they are dealing with knows that they are taking medication for their mental illness. This means that people with experience of mental illness have no control over the decision to disclose or not.

There appears to be an equity issue regarding the treatment of people with experience of mental illness in a general health setting compared to those without this experience. Evidence suggests that poorer outcomes are experienced (Handiside 2004) as well as people having their general health complaints dismissed as symptoms of their mental illness (Peterson, Pere et al. 2004). One serious outcome of the discrimination experienced by people with experience of mental illness may be reluctance to access general health services, even when people clearly need to. We also have little information as to the numbers of people with experience of mental illness lodging formal complaints about their experiences of discrimination from general health services, but suspect that at present there is a significant amount of under-reporting. It would be useful to have a breakdown of the number of complaints received by the Health and Disability Commissioner related to experience of mental illness, by right, under the Code of Health and Disability Services Consumer’s Rights. It would also be useful to explore the factors that influence whether people with experience of mental illness lay complaints, including the safety surrounding the complaints environment, and the perception of difficulties related to future service use.

Overseas research literature, and current practice in New Zealand suggests that contact with people with experience of mental illness is essential for education and training to be effective (Gordon 2005). There are several organisations in New Zealand, as part of the Like Minds project which offer anti-discrimination training that is led by people with experience of mental illness.
The *Like Minds* project has 26 providers contracted to it throughout the country. The providers are independent of each other, but work towards the common goal of implementing the National Plan (Ministry of Health 2003). Most of the activities that these providers are undertaking in the health area relate to trying to improve discriminatory practice in the mental health area with mental health professionals and students. Some providers are, however, undertaking work with general health services, mainly by offering anti-discrimination workshops to health staff and students. One provider in the central region has managed to get agreement from a DHB for that DHB to place a psychiatric liaison nurse in their emergency service to improve services for people with experience of mental illness. There is, however, no coordinated strategy of how to address discrimination against people with experience of mental illness in the general health setting.

**Future Activity**

There are two main approaches that may be useful in reducing the discrimination experienced by people with experience of mental illness in the general health setting. One is a workforce development approach, encouraging the general health workforce to examine and address their own attitudes and behaviour towards people with experience of mental illness, the other is a complaints-led approach, encouraging people to exercise their rights to complain. These two approaches complement each other.

In using a workforce development approach, in terms of anti-discrimination work, both discriminatory attitudes and discriminatory behaviours are at issue. Challenging the discriminatory attitudes of many health care professionals is already occurring with the impact of the *Like Minds* mass media campaign that is targeted towards a general audience, many of whom will be health care professionals. Changing attitudes is not enough however, if there is no context in which to put these into practice in the workplace. Specific activities are needed to encourage behaviour as well as attitude change. This may be difficult as many health professionals believe that they already know about people with experience of mental illness from their training, without realising that what they have learnt and what they do in the course of their work may be discriminatory. Rather than trying to implement an ‘anti-discrimination’ campaign specifically targeted at health professionals, it may be more prudent to talk about and encourage ‘best practice’ (the approach taken in the Royal College of Psychiatrists report (Royal College of Psychiatrists 2001)). Discrimination, after all, results in poorer outcomes for people with experience of mental illness, and is therefore not best practice.

How do we encourage this best practice? The aim is to get anti-discrimination best practice on the health workforce policy agenda. Creative solutions need to be sought to do this.

There are several options. These include:

- anti-discrimination education and training for health care students
  This is already happening on an adhoc basis around the country, mainly by *Like Minds* Providers, but it is targeted mainly to those training in the mental health area, not the general health setting. The challenge is for this anti-discrimination training to become the norm for tertiary organisations training
in all aspects of health care. This training needs to be provided by people with experience of mental illness for it to be most effective.

- training and education for qualified health care professionals
  Some of this type of training is occurring at the moment, in the form of activities like Hearing Voices workshops, but again, this is mainly aimed at people in the mental health sector. Again, this training needs to be led by people with experience of mental illness.

- working with professional and other health organisations
  These organisations are the key to encouraging best practice amongst general health providers. Health professionals are more likely to recognise that discrimination is an issue, if this is also recognised by their professional organisations.

- working with government agencies e.g. Health and Disability Commissioner, Mental Health Commission, Ministry of Health which have some authority in the health sector
  Again, the agencies are leaders in the health sector, and if they lead the way to encourage best practice in working with people with experience of mental illness, this will encourage behaviour and attitude change in the rest of the sector.

- providing best practice resources to health care professionals
  These resources may be as simple as guidelines to general health staff on how to work with people with experience of mental illness, or the issues that people with experience of mental illness face when accessing general health services.

- working with DHBs and PHOs and other health funder and provider organisations
  This may be a way forward at a local level. Individual Like Minds providers may be able to work at this level with these agencies to encourage behaviour and attitude change.

The second tactic is to encourage a complaints-led approach. Complaints are important, as they are a monitoring mechanism to ensure the health system is working for its consumers. They also provide a valuable feedback loop for health professionals and enable positive change to take place. Some of the steps required for this approach are:

- creating an environment where it is safe to lay complaints about discrimination, and where future service use is not threatened by the laying of a complaint.

- encouraging people to lay complaints against health services, under the Code of Health and Disability Services Consumers' Rights when they experience discrimination.

- publicising the outcomes of complaints that are laid, in order to encourage the health sector to take complaints seriously, and to encourage best practice so that further complaints are prevented.

- publicising complaints may also encourage others to lay complaints when discrimination takes place, if they can see that complaints are treated fairly.

- collating information about complaints laid by people with experience of mental illness about breaches of Right 2 in the Code of Health and Disability Services Consumers’ Rights, in order to monitor progress.
The desired outcome of the best practice initiatives mentioned above is to reduce the difficulties people with experience of mental illness face when they need to access general health services. A range of solutions from both workforce development and complaints-led approaches are needed, in order to reach the target audience of all those working in the health sector. The timeframe for these initiatives needs to be stated in years rather than months. Experience has shown, from other aspects of the Like Minds campaign, that attitude and behaviour change takes time.

Firstly, however, there is a need for all the organisations which have a stake in this issue to acknowledge that discrimination against people with experience of mental illness in general health services is a problem and that solving this problem is a priority. This paper is the first step in this process.

**Recommendation:**
That the Like Minds Government Policy Project look for partners and allies who are willing to help address the issue of discrimination faced by people with experience of mental illness in the general health sector, and that together a plan is drawn up of possible action.

**References**