## Note

# Mental healthcare services support: the social role of medical educator involved in the destigmatization process to generate inclusion

*Fabio Galli[1], Karl J. New[1], Marco Grech[2]*

*[1]University of South Wales, United Kingdom*

*[2]University of Malta, Msida, Malta*

## Abstract

***Introduction:*** *The stigmatization of mental healthcare services and users is a barrier to the achievement of mental wellness present on a global level. 800000 suicides are estimated each year, 25 suicide attempts for every suicide (ratio of 25:1), and in 2017 estimated a prevalence > 10% of people suffering from mental disorder or substance abuse (global data). The stigmatization is a multifactorial phenomenon and process that involves different factors, which overall cause health, social and economic damage. Slowing down and reducing access to mental health and well-being pathways due to their influence in the community, also affect social relationships and self-determination.*

***Purpose****: to identify and describe the process, causes, and factors of stigmatization. Propose destigmatization activities led by the medical educator.*

***Methodology****: The manuscript develops a proposal focused on the destigmatization process of mental health/wellbeing services and users, through the guidance of the medical educator as a figure of connection between different professions (interdisciplinary and multidisciplinary), and between different stakeholders.*

***Conclusion****: each identifies factor described, can be involved in the destigmatization process to generate inclusion, through different social interventions led by the role of the medical educator, with the aim of supporting access to patient support processes and quality of life in communities, generating inclusion through destigmatization.*

## Keywords

*Medical Education, Mental health, Destigmatisation, Ethics, Includability*

**Address for correspondence:**

*Fabio Galli, Postal Address: M.Sc Medical Education Graduate, University of South Wales, E-mail: fbogalli86@gmail.com*

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Publisher: Sciendo (De Gruyter)
DOI: https://doi.org/10.56508/mhgcj.v6i1.163

**Submitted for publication:** 14 May 2023
**Revised:** 30 June 2023
**Accepted for publication:** 12 July 2023

## Introduction

### The medical educator

The medical educator is mainly defined as the multidisciplinary and multifunctional professional who deals with the transformation and innovation of the healthcare sector, mainly in the academic area and in healthcare facilities, and the training of learners in the healthcare areas (Bartle, 2014). This professional figure, constantly evolving in terms of knowledge, skills, and abilities, can carry out activities related to the needs of society and the community by interfacing in the areas of healthcare, social-care, and social-works (Hean et al., 2006). They support the strategies of teaching and learning, leadership, communication, and public-patient involvement (Samuel, 2021), carrying out activities strictly connected to the professionals who deal with mental healthcare. One of the challenges that the medical educator has to face in the universities, in health facilities, and more generally in the community, is the process of destigmatization of mental healthcare services and patients (Rush et al., 2005) to generate and improve inclusion, that is definable as the capacity of a systems (health, school, social, community) to be inclusive.

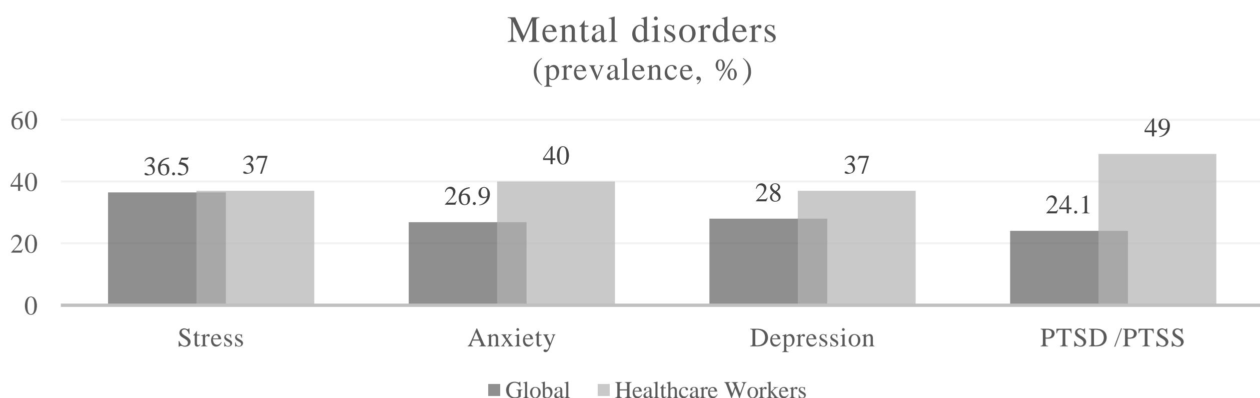
**Table 1:** terminologies and definitions (adapted from Rush et al., 2005; Diener et al., 2003; WHO, 2004; Scully C., 2014; Bodeker et al., 2020)

| | Definitions |
|---|---|
| **Mental Healthcare** | Services dedicated to mental disorders/illness and well-being. |
| **Mental Health** | State of emotional and social well-being. |
| **Mental Illness/Disorders** | Condition of change in behaviours, emotions, thinking. |
| **Mental Wellbeing** | Combination of relational functions, feelings, emotions. |
| **Mental Wellness** | Condition of good mental health. |
| **Includability** | It is a term composed of inclusion and ability; it defines the capacity of a system (community, workplace, university, services) to be inclusive. |

### Global Data

Globally, 800000 deaths from suicide are recorded every year, with a suicide rate of 9.8 / 100000 in 2009, down compared to 1990 with a rate of 13.6 / 100000 (Yip et al., 2021). The number of suicide attempts turns out to be related to suicides in a ratio of 20-25:1 (WHO, 2021). More than 26 million patients are estimated to be diagnosed with severe mental disorders (Wainberg et al., 2017; GBD 2019 Mental Disorders Collaborators). The peak of self-harm, and mental and substance use disorders is observed for the age group 20-24 years (Patel et al., 2018). In 2017, it was estimated that 792 million people were affected by mental health disorders, corresponding to 10.7% of the global population (Ritchie et al., 2018; Nochaiwong et al., 2021) and in total the social economic cost of poor productivity caused by poor mental wellbeing is projected to be $ 6 trillion by 2030 (The Lancet Global Health, 2020).

**Table 2**: Mental disorders prevalence. (Adapted from Søvold et al., 2021; GBD 2019 Mental Disorders Collaborators; Nochaiwong et al., 2021)



## The Issue

Stigmatization: stereotype, prejudice, and discrimination

Stigmatization (Ahmedani, 2011) is described as a multifactorial process, towards a single subject or a group, towards which different actions are carried out such as the classification of physical traits, the creation of a stereotype, the action of separating us-them, the downgrade of personal status, discrimination, and the dependence of the stigmatizing action on what is considered the centre of power or society, community, and inherent socio-economic and socio-political factors (Andersen et al., 2022). It is possible to define the stigmatization of a single subject and of a group, as the set of idealizations and actions that cause a distorted identification with respect to the reality of the single subject or of the group, within the community. In its complexity, stigmatization is different from the concept of stereotype which can be defined as the oversimplification of the image or idealization of a particular subject or group (Pickering, 2015), from the prejudice definable as the wrong judgment of devaluation based on biases (Abrams, 2009), and discrimination defined as unequal treatment and isolation based on gender, sexual orientation, religion, ideals, disabilities, pathologies, or other personal characteristics (Bhugra, 2016) which can be present both to individuals and to groups. Stigmatization can be considered social, professional, and self, and can be identified at a macro level and micro level (Holder et al., 2020).

**Table 3**: comparison between social stigmatization and self-stigmatisation (adapted from Corrigan, P. et al., 2012)

| Stigmatization | | | |
|---|---|---|---|
| | **Stereotype** | **Prejudice** | **Discrimination** |
| **Social** | Negative perceptions with no evidence. | Agreement with perceptions. | Behaviourally in reaction to prejudices caused by stereotypes. |
| **Self** | Negative perception of oneself. | Agreement with perceptions. | Behaviourally in reaction to prejudices caused by stereotypes. |

An analysis can be carried out considering the self-inflicted stigmatization or self-stigmatization, which induces patients who use mental health services to a condition of self-isolation, self-stereotyping, creating the perception of themselves as subjects external to the social, socio-economic, and community context, and increasing the feeling of shame and blame against stigmatization (Corrigan, P. et al., 2012). Self-stigmatization has a fundamental role in the search for the correct support to reach the optimal condition of mental wellness, influencing the methods of research, relationship, motivation, as it is jointly responsible for the slowdown of the diagnostic process, and for adverse conditions for the patient. Social, cultural, socioeconomic factors are involved in the complexity of self-stigmatization that influence the precocity in the search for adequate support, in the continuity of support, self-esteem, and complete inclusion, thus influencing the satisfaction of needs (Lannin et al., 2022; Mcleod, 2018)

## Approach

The manuscript develops a theoretical proposal focused on the destigmatization process of mental health/wellbeing services and users, through the guidance of the medical educator as a figure of connection between different professions (interdisciplinary and multidisciplinary), and between different stakeholders.

## Conclusions

The proposed mental healthcare destigmatization and includability strategy places the role of the medical educator in relationship with different stakeholders such as universities, schools, social and community bodies, society, communication bodies, and with different professional figures such as healthcare workers, administrators, patients, family members, volunteers, and other figures who may be involved in the destigmatization process. The actions described have been selected to trigger and guide the destigmatization and inclusive processes for each of the levels in which stigmatization is identified (macro-level and micro-level) and for each of the different stigmatization factors (social, professional, and self-stigmatization) that are mainly involved in causing of stigmatization and exclusion, proposing a pluralistic guidance intervention in the involvement of the community, and leaded in multidisciplinary activities.

## Conflict of interest

The authors declare that they have no conflicts of interest.

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