



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Measuring Stigma Related to Opioid Use

October 28th, 2020

Thank you for joining us! The webinar will begin shortly.

ORDER OF EXCELLENCE



MENTAL HEALTH AT WORK® RECIPIENT

Host



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Kirandeep Kharpal

Program Manager, Mental Health and Substance Use
Mental Health Commission of Canada

Speakers



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Dr. Stephanie Knaak

Senior Research Consultant, Mental
Health Commission of Canada
Assistant Professor, Department of
Psychiatry, University of Calgary



Jes Besharah

Community Harm Reduction
Support Navigator, Leeds, Grenville
and Lanark District Health Unit
Peer Support Worker, Canadian
Addiction Treatment Centres

Agenda

- MHCC and our work in stigma
- Stigma and the Opioid Crisis
- The Opening Minds Provider Attitudes Towards Opioid Use Scale
- Q&A

About the MHCC



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



CHANGING DIRECTIONS
CHANGING LIVES

The Mental Health Strategy for Canada



ORDER OF EXCELLENCE



MENTAL HEALTH AT WORK® RECIPIENT



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Our Work In Stigma

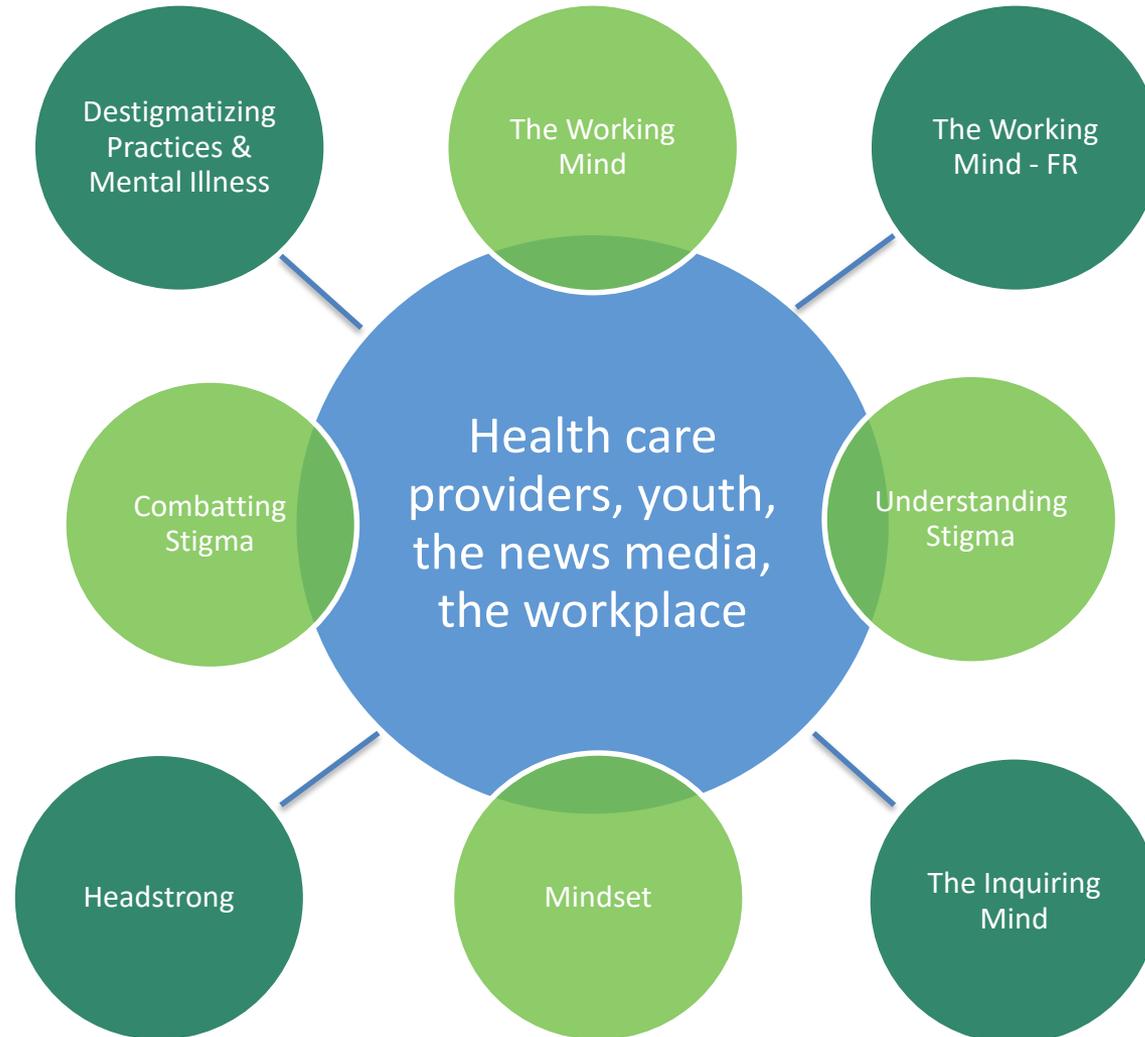
Opening Minds

Mental health stigma reduction initiative established by
the MHCC in 2009





Opening Minds



ORDER OF EXCELLENCE



MENTAL HEALTH AT WORK® RECIPIENT



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Opioids and Stigma

The Opioid Crisis

- Over **15,393 deaths** between 2016 and 2019
 - **93%** believed to be accidental
- Fentanyl accounts for approximately **75%** of accidental opioid-related deaths
- Affects all walks of life and all parts of country, but especially:
 - **Adult males between the ages of 30 and 59**
 - **Western provinces and territories**
 - **Deaths increasing in context of the COVID-19 pandemic**

A Study of First Responders and Direct Service Providers



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Phase 1

Qualitative Study

- What does stigma look and feel like? How does it get in the way?
- Where does it come from? How can it be addressed?

Phase 2

Identify Promising Approaches/Interventions

Phase 3

Develop a new tool (scale) that can be used to assess effectiveness of interventions

- The Opening Minds Provider Attitudes Towards Opioid Use Scale (OM-PATOS)

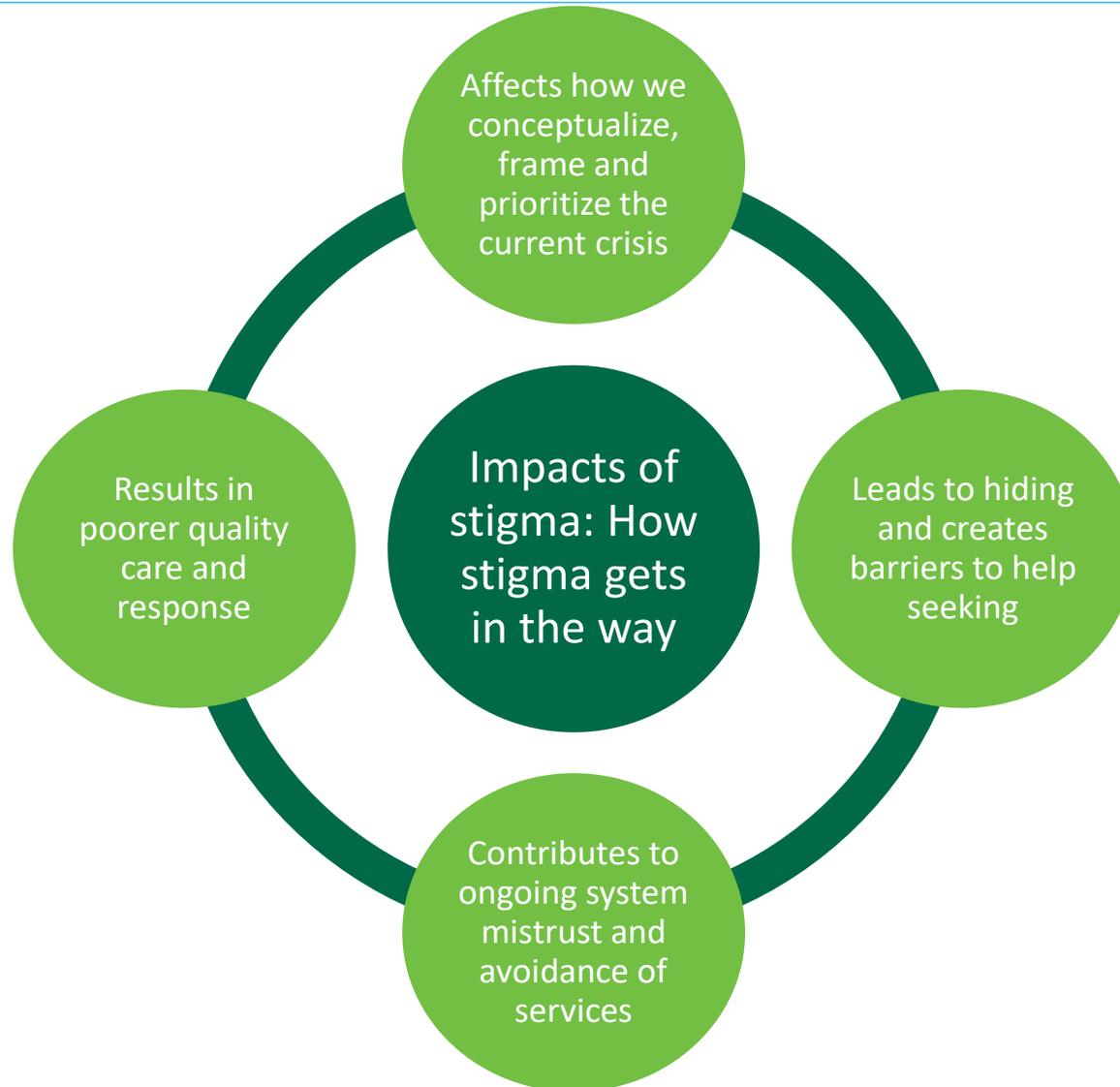


Qualitative Study Findings





Qualitative Study Findings



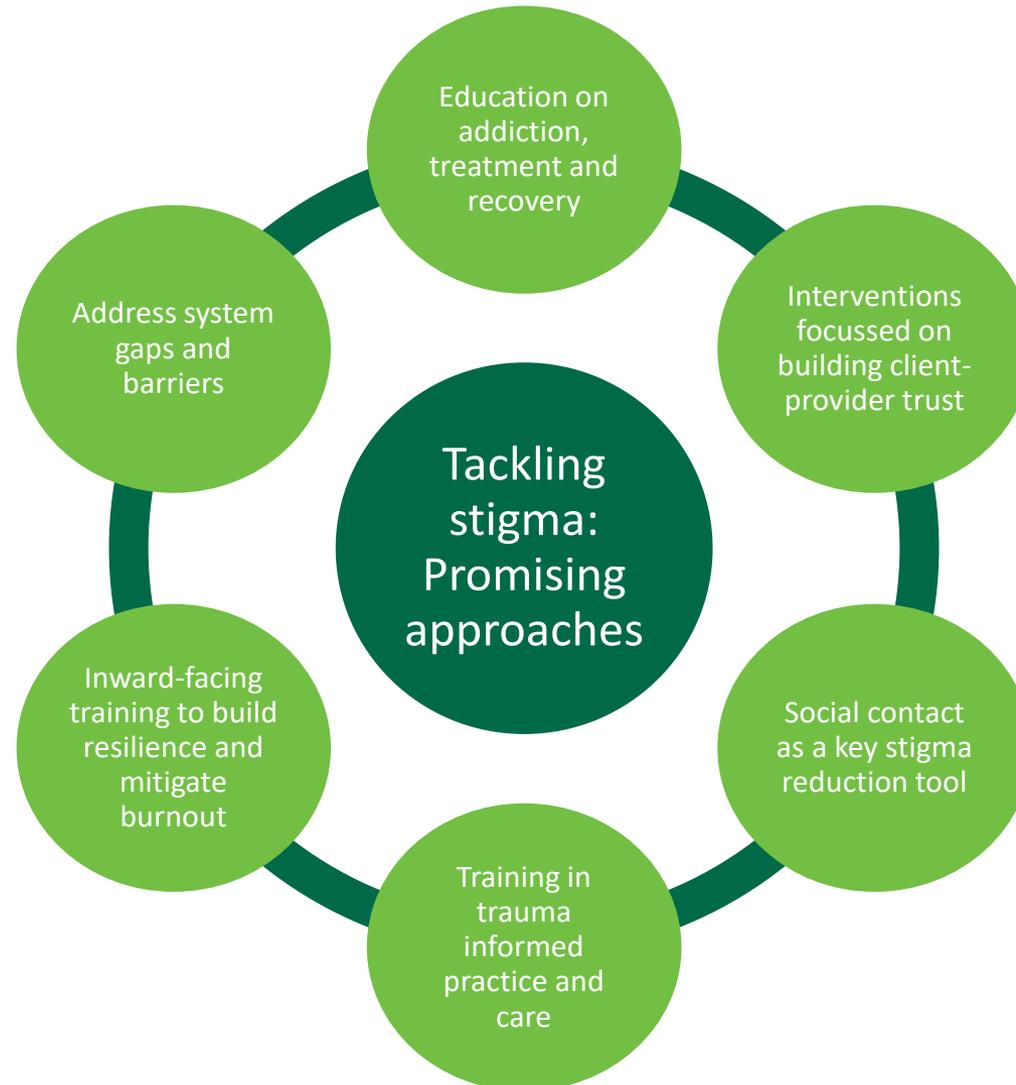


Qualitative Study Findings





Qualitative Study Findings





Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Reflections on 3 Key Themes

Impacts
of Stigma

System mistrust and avoidance of services

Sources
of Stigma

System inadequacies/structural barriers

Tackling
Stigma

Training in trauma informed practice and care

System Mistrust and Avoidance of Services

I think that there's a really old and continuing 'us versus them' mentality ... because of that mentality, there has been extraordinary amounts of trust broken, right? And so, I think one of the key factors here in improving this circumstance is focusing on building relationships and that power sharing, because there's been such a violation of rights (focus group participant)

The bottom line with marginal populations is that they do not trust health care. There's huge mistrust. (Key informant interview)

We can't go into a place and ask for help. I had babies, I had kids. I avoided any health care like the plague because you were going to take my child (focus group participant, PWLE)

System Inadequacies and Structural Barriers

One is an issue of access to care and the other is an issue of equitable distribution of quality of care...I have to traverse this labyrinth that is barriered by design because they want to keep people off the system...and I have to navigate my way through just to access something that looks like good care, which quite frankly in the public system is often extremely substandard and is probably hurting more people than it's helping (focus group participant, PWLE)

'If you've used drugs today, please come back tomorrow.' That seems like a perfectly reasonable thing to put on the wall. But if you use drugs every day, it's like that means I can never come to your service, even though you're a service provider and you've just been so brazenly unthinking that you would use a model like that (focus group participant, PWLE)

Tackling Stigma: Training in Trauma Informed Care and Practice

[My husband] missed a lot of appointments, I get it. But they need to understand the symptoms that come with the condition and work with them. Like, being able to recognize when a client or patient is lying to you is not impressive. Creating an environment where someone feels safe enough to not lie -- that's impressive (key informant interview)

[Program on trauma-informed care] takes into account providers' own trauma. It reminds them of the way they want to show up, helps them know how to be more mindful, not just "correct" behaviour, but see their interaction with patients as a relationship. It reminds people to be aware of the histories people carry with them – and reminds providers they don't want to inflict more harm. It reminds them of their desire to do no harm (key informant interview)

ORDER OF EXCELLENCE



MENTAL HEALTH AT WORK® RECIPIENT



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

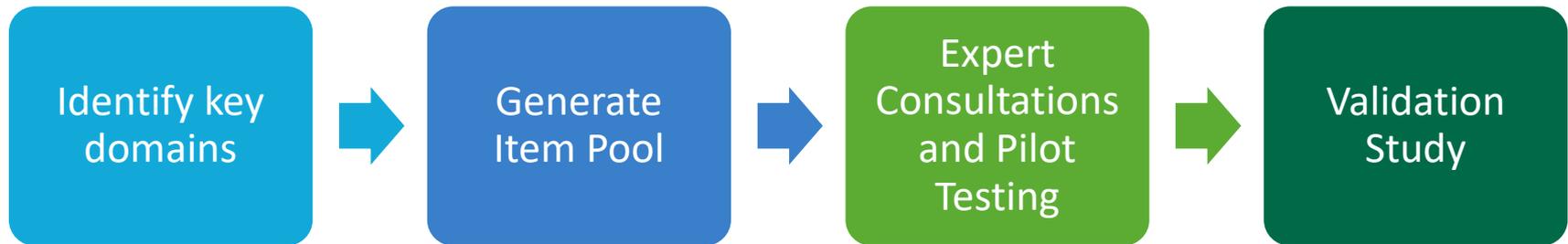
The Opening Minds Provider Attitudes Towards Opioid Use Scale (OM-PATOS)



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

OM-PATOS Development





Key Domains

- Negative attitudes towards addiction, treatment, recovery
- Personal responsibility for illness/addiction as a choice
- Judgments about deservingness/worthiness of people with opioid use problems
- Integrity & trustworthiness of people with opioid use problems
- Negative behaviours (e.g., use of demeaning language, delivering lower quality care or response)
- Caring orientation characterized by low motivation to help or to justify the delivery of inequitable care

OM-PATOS



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

The Opening Minds Provider Attitudes Toward Opioid Use Scale (OM-PATOS)

This survey asks for your opinions on a series of statements about people with opioid use problems. Opioids include medications such as Percocet, Vicodin, morphine, and oxycodone as well as heroin, fentanyl, and carfentanil. "Opioid use problem" means a pattern of use that leads to serious harm, impairment, or distress. Please answer according to your own beliefs, feelings, and experiences.

Please indicate the extent to which you agree or disagree with each of the following statements.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. I have little hope that people with opioid use problems will recover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. People with opioid use problems are weak-willed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. People with opioid use problems are to blame for their situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I tend to use negative terms when talking about people with opioid use problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. People with opioid use problems cost the system too much money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I would see myself as weak if I had an opioid use problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I tend to act more negatively toward people with opioid use problems than other people I help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. People with opioid use problems can't be trusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the extent to which you agree or disagree with each of the following statements.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
9. People with opioid use problems who take drug therapies like methadone are replacing one addiction with another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I tend to be less patient toward people with opioid use problems than other people I help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. People with opioid use problems only care about getting their next dose of drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. When people with opioid use problems ask for help with something, I have a hard time believing they are sincere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. People with opioid use problems should be cut off from services if they don't try to help themselves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I tend to negatively judge people with opioid use problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. People with opioid use problems who relapse while trying to recover aren't trying hard enough to get better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I tend to speak down to people with opioid use problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Most people with opioid use problems engage in crime to support their addiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. If a co-worker says something negative about people with opioid use problems, I would be more likely to speak negatively when discussing them myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I tend to think poorly of people with opioid use problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Financial contribution from
Health Canada Santé Canada



Mental Health
Commission
of Canada

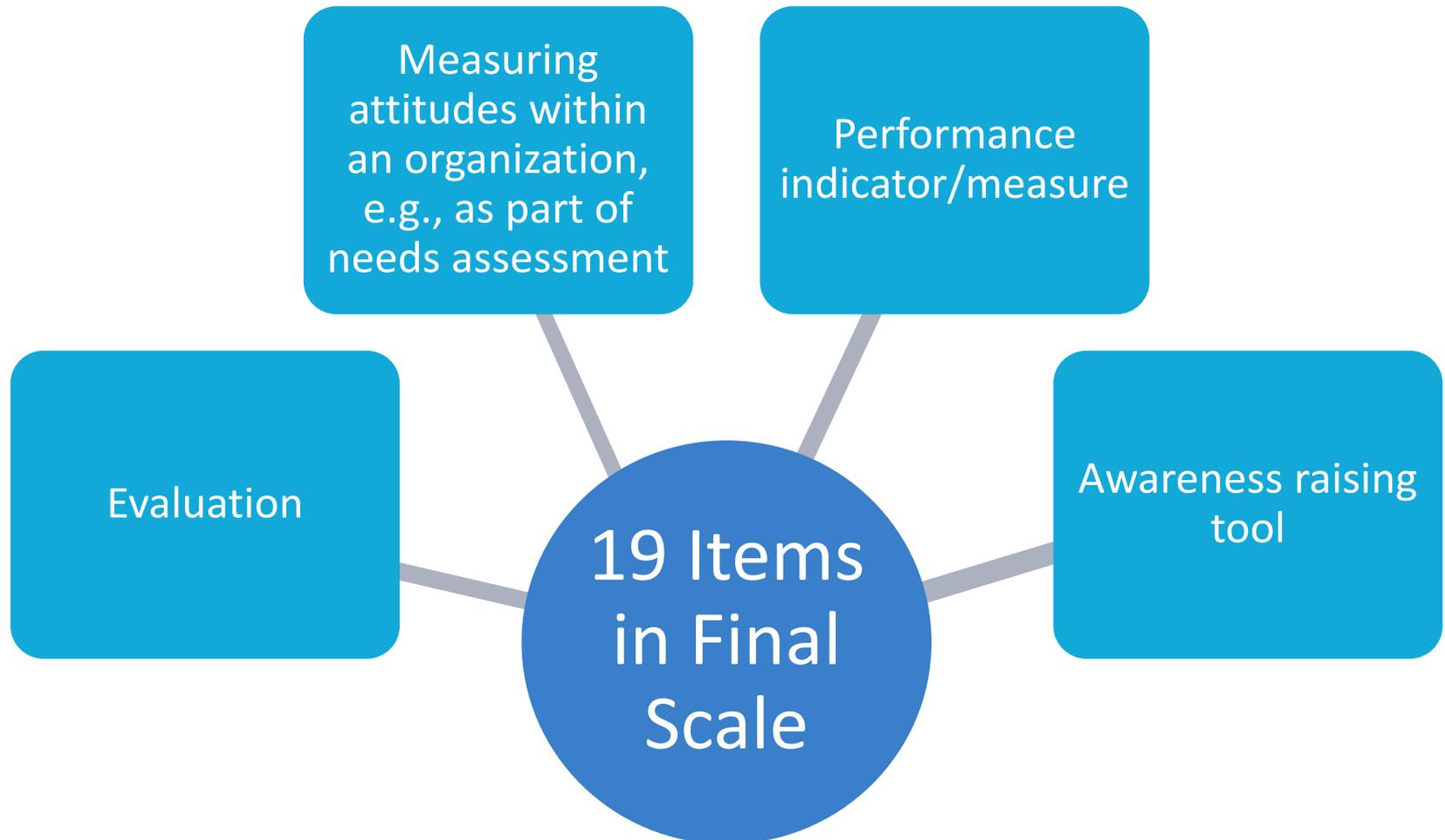
Commission de
la santé mentale
du Canada



Financial contribution from
Health Canada Santé Canada



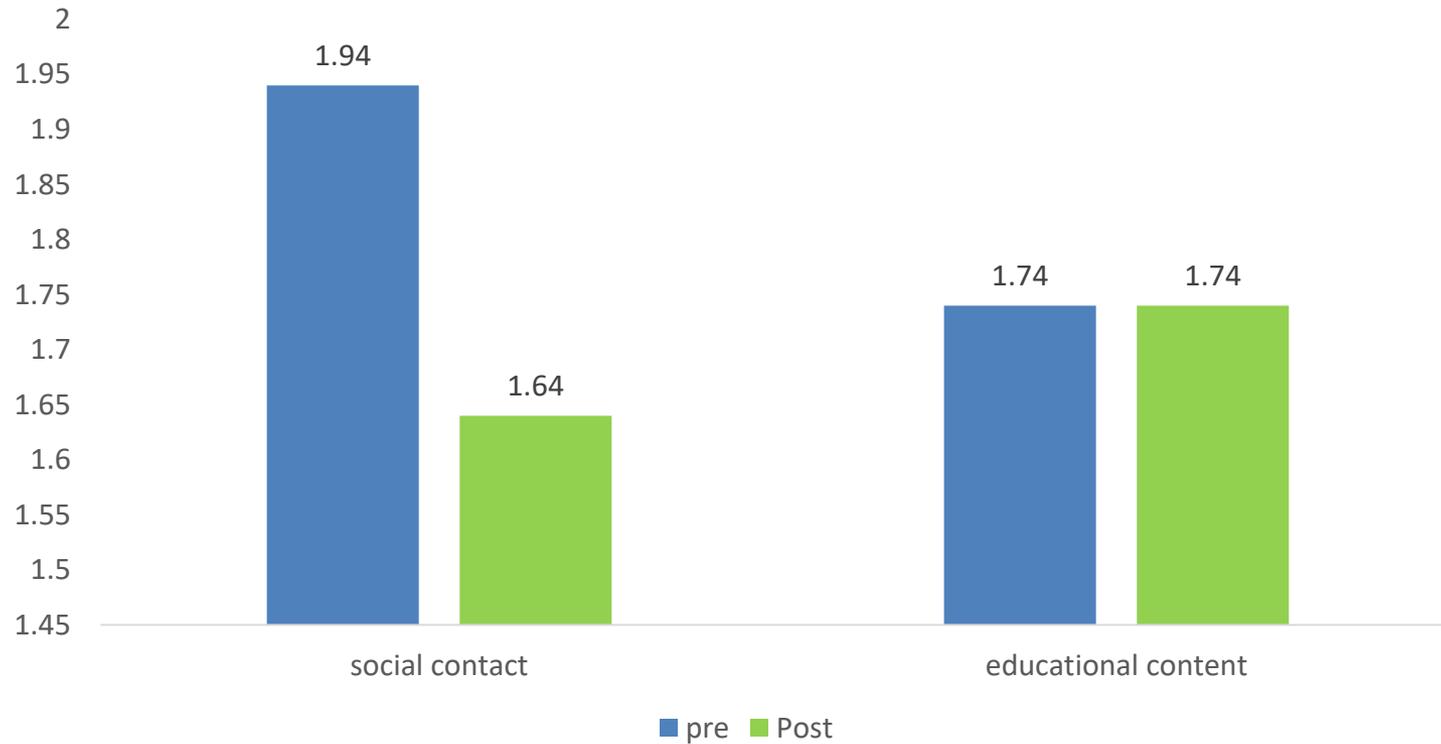
Uses of the OM-PATOS



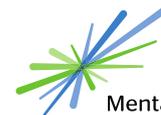


The OM-PATOS in Action

Evaluation of St. Lawrence College Nursing Program Talk



Q & A



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada





Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Thank you for joining us today!

Dr. Stephanie Knaak – sknaak@mentalhealthcommission.ca

Jes Besharah - jessica.besharah@healthunit.org

www.mentalhealthcommission.ca

Financial contribution from



Health
Canada

Santé
Canada

ORDER OF EXCELLENCE



MENTAL HEALTH AT WORK® RECIPIENT



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

How did we do?

Please take a few moments to answer the following questions