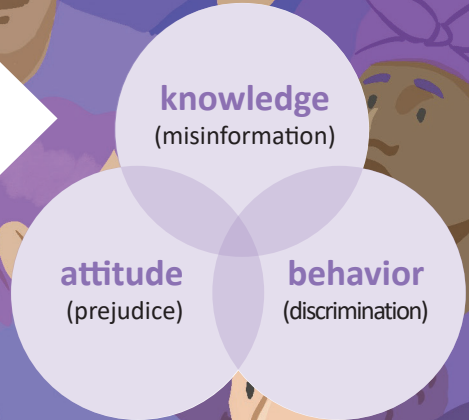


INDIGO Partnership Research Programme Newsletter

An update on process and progress of the Indigo Partnership research programme

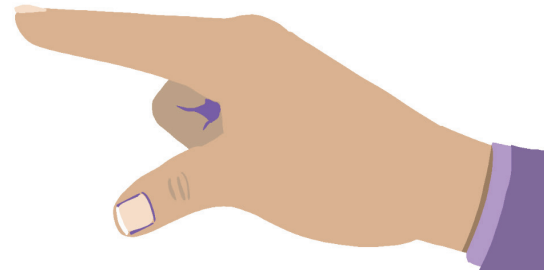
Stigma and Discrimination in Mental Health

Stigma is characterized¹ by problems of



Many people living with mental health conditions experience stigma resulting from misconceptions and a lack of understanding about mental illness.

Often, people living with mental health conditions experience **self-stigma** which in turn **lowers their self-esteem, impacts levels of self-care, and results in social-isolation²**.



Healthcare workers who experience mental health conditions on account of workplace stress, burnout, or anxiety—for example during the Covid-19 pandemic—often do not seek support because of self-stigma and the expectation of discrimination



Stigma has a negative impact on access to mental and physical health care, thereby contributing towards reduced life expectancy.

Stigma can lead to exclusion from employment and education, to increased poverty, homelessness and risk of contact with the criminal justice system.

Mental health stigma can thus occur at these levels: societal, interpersonal and individual and structural³.

1. Thornicroft, 2006
2. Thornicroft et al., 2009
3. Raguram, 2015



INDIGO Network

www.indigo-group.org

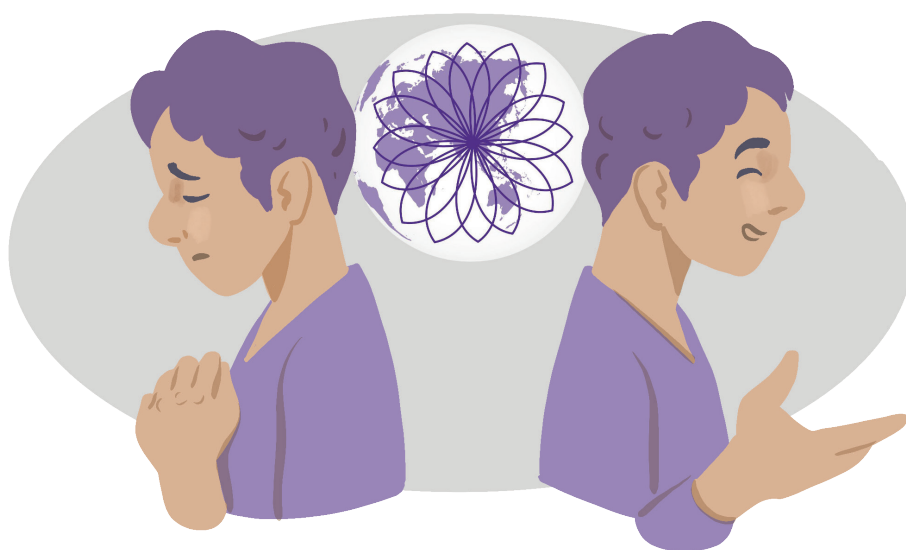
The INDIGO Network is an international collaboration of colleagues committed to improving mental health by reducing stigma and discrimination. As a part of INDIGO Network activities, studies have been conducted to explore the prevalence of discrimination. The results indicated that a 90% of people with schizophrenia in 27 countries say that they had experienced discrimination because of their mental health status¹. When the study was repeated among people with a diagnosis of major depressive disorder, 79% of respondents from 35 countries reported experiencing discrimination².

1. Thornicroft et al., 2009

2. Lasalvia et al., 2013

The INDIGO Partnership research programme

The INDIGO Partnership research programme, co-ordinated by King's College London, is a five-year international research programme which **aims to develop and test new methods to reduce mental health stigma in low- and middle-income countries** including: China, Ethiopia, India, Nepal and Tunisia. Funded by the UKRI Medical Research Council, INDIGO addresses evidence gaps through culturally-adapted, multi-level, anti-stigma interventions that are implemented in partnership with people with lived experience of mental illness. The programme also works to build the capacity of the stigma research workforce in low- and middle-income countries, establishing a strong collaborative research consortium to undertake further joint research.



The INDIGO Partnership includes the follow institutions

Implementing research partners

- Razi Hospital La Manouba, Department of Psychiatry (Tunisia)
- School of Public Health, Addis Ababa University (Ethiopia)
- Peking University Sixth Hospital, Institute of Mental Health (Beijing, China)
- The Affiliated Brain hospital of Guangzhou Medical University (Guangzhou, China)
- The Transcultural Psychosocial Organization (TPO, Nepal)
- National Institute of Mental Health and Neurosciences (NIMHANS) (Bengaluru, India)
- The George Institute for Global Health (Delhi, India)

Other collaborating partners

- Brighton and Sussex Medical School (UK),
- London School of Economics and Political Science (UK),
- George Washington University (US),
- Ulm University (Germany),
- World Health Organization (Switzerland).

INDIGO Partnership implementing research partners

Razi Hospital La Manouba, Department of Psychiatry (Tunisia)

is the only hospital specialized in mental health in Tunisia and receives more than 6000 in-patients and 130,000 outpatients every year. The INDIGO Partnership team in Tunisia is focused on reducing stigma among students, health professionals, and communities at large, and has successfully piloted 'INDIGO-READ training' an anti-stigma training programme for medical students on psychiatry rotation at Razi hospital. The long-term goal is to integrate this anti-stigma training for healthcare workers into the curriculum of psychiatry clerkship at the Medical School of Tunis.



School of Public Health, Addis Ababa University (Ethiopia)

In Ethiopia, mental health treatment services are largely provided at general and specialized hospitals. The National Mental Health Strategy aims to integrate mental health care into primary health centres at the community level. WHO's mental health Gap Action Programme is being rolled out. The INDIGO Partnership team in Ethiopia is seeking to address one of the key barriers to success of the programme: mental health stigma and discrimination. In INDIGO, we are adapting, implementing and evaluating anti-stigma interventions at the community, health center and mental health specialist levels. These interventions can contribute to more effective scale-up.





National Institute of Mental Health and Neurosciences (NIMHANS) (Bengaluru, India)

is an apex-centre for mental health and neuroscience education in India. It organizes programs related to anti-stigma prevention, based on social and cultural aspects related to stigma and mental health.

The 'district mental health program' is a flagship program by the Government of India at the district level to provide availability and accessibility of mental health care. At first, the site conducted an extensive scoping review to identify explanatory models for stigmatized conditions, and a rigorous cross-cultural adaptation of scales that measured knowledge, attitude, & behaviour of people against mental illness, and adapted an Implicit Association Task (IAT) to assess the implicit bias towards mental illness in comparison to physical illness. They believe their grass-root involvement will bring a systemic change in the system.

The George Institute for Global Health (Delhi, India)

has organized many mental health stigma-reduction programmes across the country that complements INDIGO research insights. The INDIGO Partnership team in India conducted an extensive scoping review to identify explanatory models for stigmatized conditions. This involved a rigorous cross-cultural adaptation of scales that measure knowledge, attitude, and behaviour of people with prejudices against mental illness, and thereby assess implicit bias towards mental illness (in comparison to physical illness). Insights from interviews with community members, primary healthcare staff, mental health professionals and service users feed into existing stigma-reduction programmes



Peking University Sixth Hospital, Institute of Mental Health (Beijing, China)

provides clinical treatment and practitioner training, as well as conducts science research in psychiatry and mental health on a national level. Through desk review and interviews, Beijing site conducted situational analysis to study the cultural characteristics of stigma in China. The team has also worked on the improvement and contextual adaptation of a mobile application to assess implicit attitudes, through providing data and Chinese translations of relevant content and are adapting, implementing and evaluating anti-stigma interventions among community staff, primary health center workers and mental health specialists.

The Affiliated Brain Hospital of Guangzhou Medical University (Guangzhou, China)

has conducted anti-stigma research since 2013 through the INDIGO partnership to promote evidence-based, community mental health services. The team draws insights from interviews with community mental health staff and service users, thus ensuring that the quality of mental health care are improved. Research insights are widely disseminated through mainstream media channels—including China Medical Tribune and WeChat—to promote service uptake.

The Transcultural Psychosocial Organization (TPO, Nepal)

works on promotion of psychosocial and mental health through research, clinical services and anti-stigma initiatives. Stigma was recognized as a primary barrier to accessing mental health treatment in Nepal and several anti-stigma initiatives that focused on addressing attitudes of primary healthcare workers were subsequently launched through the INDIGO Partnership. A novel approach to reducing stigma that involves People with Lived Experiences (PWLEs) within training programmes for primary healthcare workers was piloted and scaled in the region. Primary healthcare workers — who heard PWLEs narrate their recovery stories through these training programmes — showed a significant reduction in stigma, an increase in clinical self-efficacy, and an improvement in detection of depression, psychosis, and Alcohol Use Disorders (AUD).



Department of Mental Health and Substance Use, World Health Organization (WHO)

The Department of Mental Health and Substance Use's mission is to promote mental health and human rights for all across the lifespan; to prevent harmful use of alcohol and other substances, to prevent mental, neurological and substance use (MNS) disorders; and to reduce the mortality, morbidity and disability for persons with MNS disorders and psychosocial, cognitive and intellectual disabilities. In INDIGO, WHO contributes by facilitation of knowledge exchange and uptake, through its network of global dissemination channels.

Research insights



Self-stigma amongst healthcare staff:

“Even in places where mental health professionals visit on a weekly basis, the healthcare staff do not reach out for help. However, after conducting our mental health programs, the very same staff would often reach out to us seeking help.”

(Psychiatrist; Bengaluru, India)

Perceptions of mental illness:

Many research participants were aware of their own mental health difficulties, and they often expressed these issues through physical complaints or distress.



Reluctance to access professional support:

Indigo results found that disclosure by community members to each other was common, “everyone would share and know about everyone else” (Service user; Bengaluru, India) —and yet there was a paradoxical discomfort with sharing the same information with mental health staff..





For additional information on the Indigo Partnership research programme please contact Dr Petra Gronholm petra.gronholm@kcl.ac.uk, or visit the INDIGO website <https://www.indigo-group.org>

Editorial team:

Dr. Anish V. Cherian (NIMHANS), Dr. Fahmy Hanna (WHO), Dr. Tatiana Salisbury (KCL), Dr. Petra Gronholm (KCL), Ms. Sunu Merla (NIMHANS), Mr. Ansur Farooq Khan (NIMHANS) and Rhea Shahani (WHO)
Design : Laure Garancher @Theinklink.org

