Strategies to Avoid or Overcome Stigma
Strategy 1: Locate services at school

- Enhanced ability to interact with parents and gain trust

- Allowed services to be provided in the context of school and academic success, rather than a mental health clinic
Strategy 2: Use cultural brokers

Cultural brokers understood both cultures and were highly accessible to families and service providers.
Roles of cultural brokers

- Built relationships and trust
- Educated staff about community
- Educated community about mental health services
- Served as liaisons
- Provided mental health care
Cultural brokers were key actors throughout the stigma reduction process.
Strategy 3:

Embed mental health services in a web of other services to assist with basic needs, adaptation to a new culture, and social-emotional support.
Challenges are interrelated, and immigrant and refugee families do not place them in separate silos.

- Emotional distress
- Basic needs
- Acculturative stress
Parents at all three sites began to identify and trust service providers simply as “people who help,” rather than mental health workers.
Strategy 4:

Use non-stigmatising language
Service providers altered the language they used to describe children’s emotional needs, mental health services, and provider roles.
One site avoided using mental health terminologies from the onset, while the other two adopted new approaches after earlier attempts had frightened and alienated families.
Recap of Strategies

- Work with cultural brokers
- Base services at schools
- Integrate mental health services with assistance with basic needs, cultural adaption, and social and emotional supports.
- Use non-stigmatizing language
Why Strategies Worked

- Mental health services were integrated into an ecological service model geared towards the whole family and larger community.

- Cultural brokers were key actors in the process of identifying stigma as a barrier to care access and developing strategic responses.

- Building relationships and trust was essential.
Considerations

- The need for openness to learning with and from service communities
- Ways to de-stigmatize mental illness, not just mental health services
- Funding requirements based on Western clinical models of diagnosis and care
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References


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