



Disclosing hard truths: Realities of staff stigma, treatment attitudes, and recovery-orientation in early psychosis care



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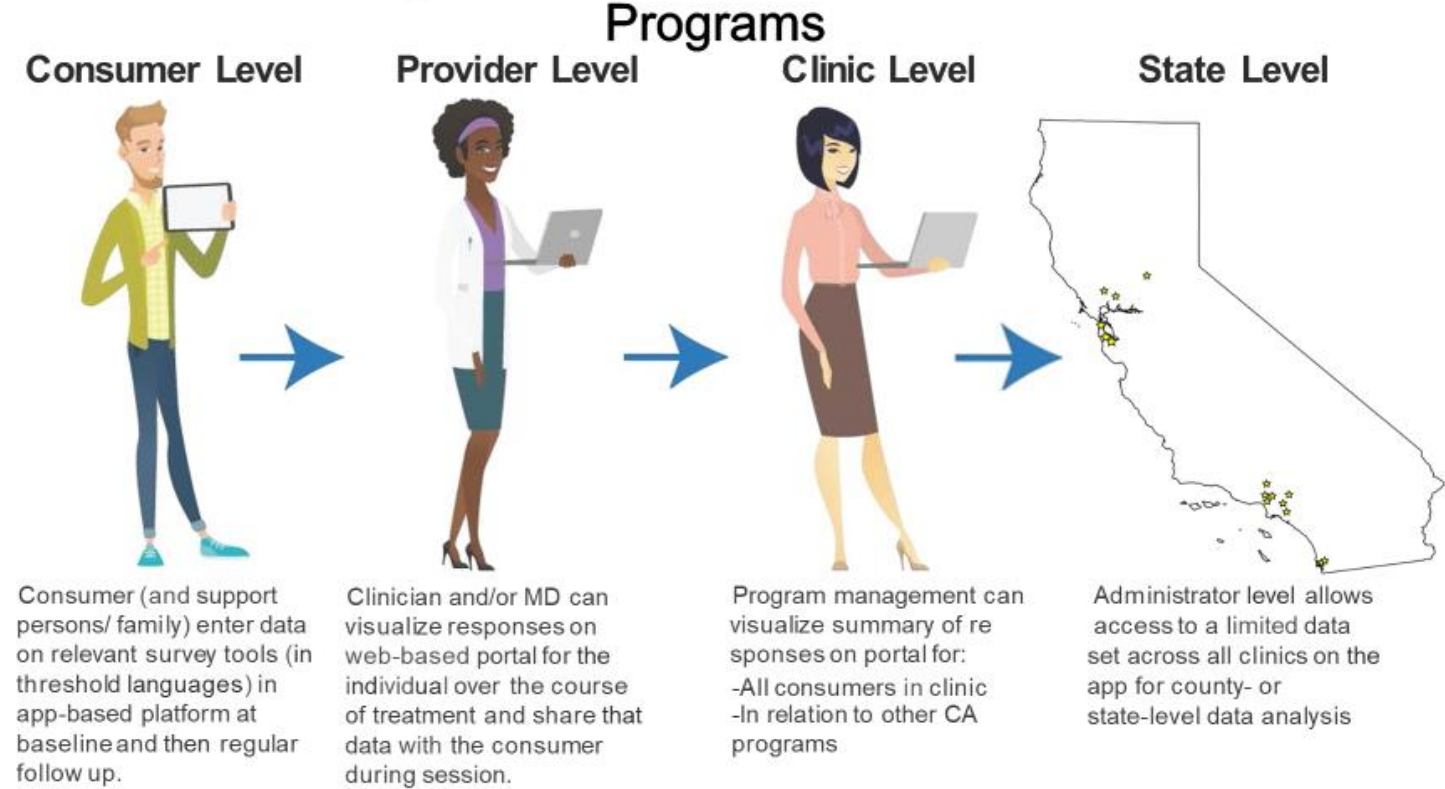
Background

Within early psychosis (EP) clinics, providers and staff arrive with varied training and experience related to psychosis stigma beliefs and implementing recovery-oriented care as a standard of treatment. Even with increased education and training interventions^{1,2} to reduce providers' stigma attitudes towards EP, impacts tend to be limited. Research has found that providers' education (e.g., MA over BA degree³) and years of mental health experience⁴ are better predictors of stigma. The aim of these data are to further understand the landscape of provider and staff stigma attitudes toward individuals with EP (discrimination, devaluation), their own help-seeking beliefs, and recovery-orientation in EP care across CA.

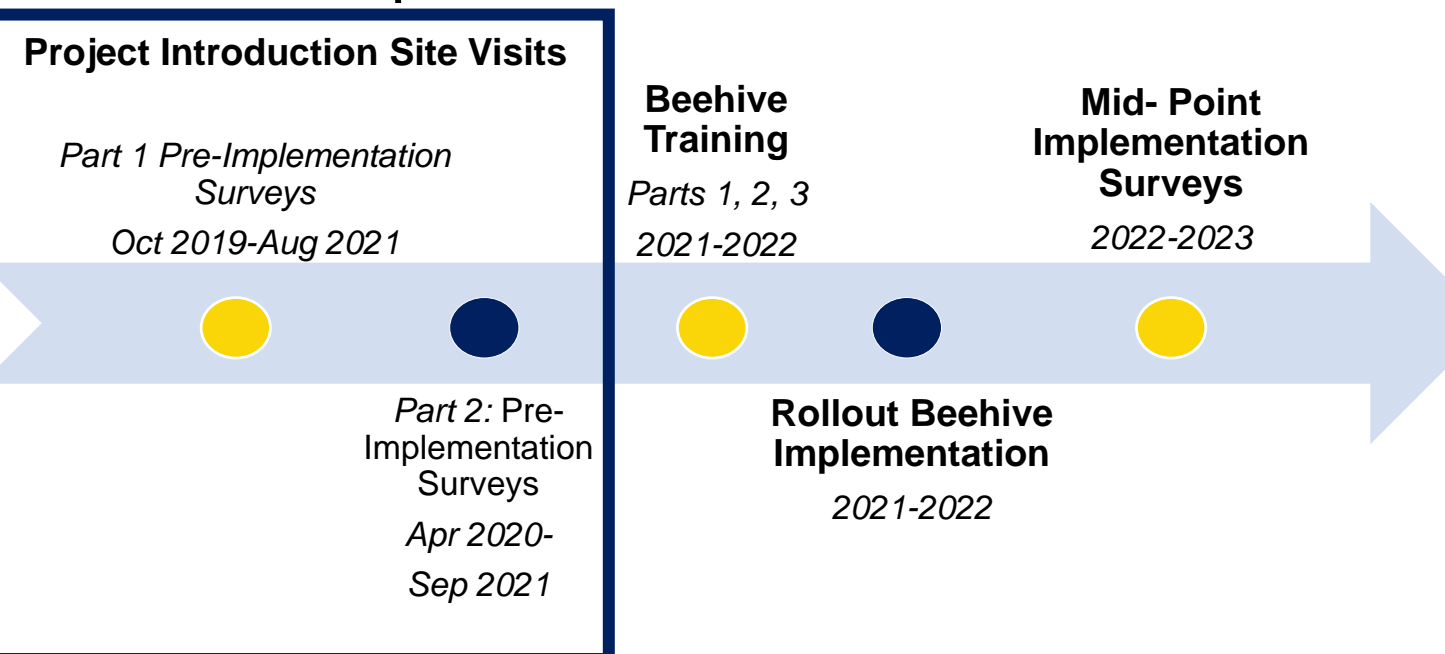
Method

As part of the California Collaborative Network to Promote Data Driven Care and Improve Outcomes in Early Psychosis (EPI-CAL), implementing a novel eHealth data collection and visualization platform (Beehive), 161 EP staff from 19 EP CA clinics completed baseline surveys (Oct. 2019-Oct. 2021). 119 EP staff completed a second set (Apr. 2020-Oct. 2021). EP staff electronically completed a demographic form and the EPI-CAL adapted-developed Clinician Attitudes of Recovery and Stigma (CARS) scale⁵.

Beehive Learning Healthcare Network for CA Mental Health Programs



Implementation Schedule



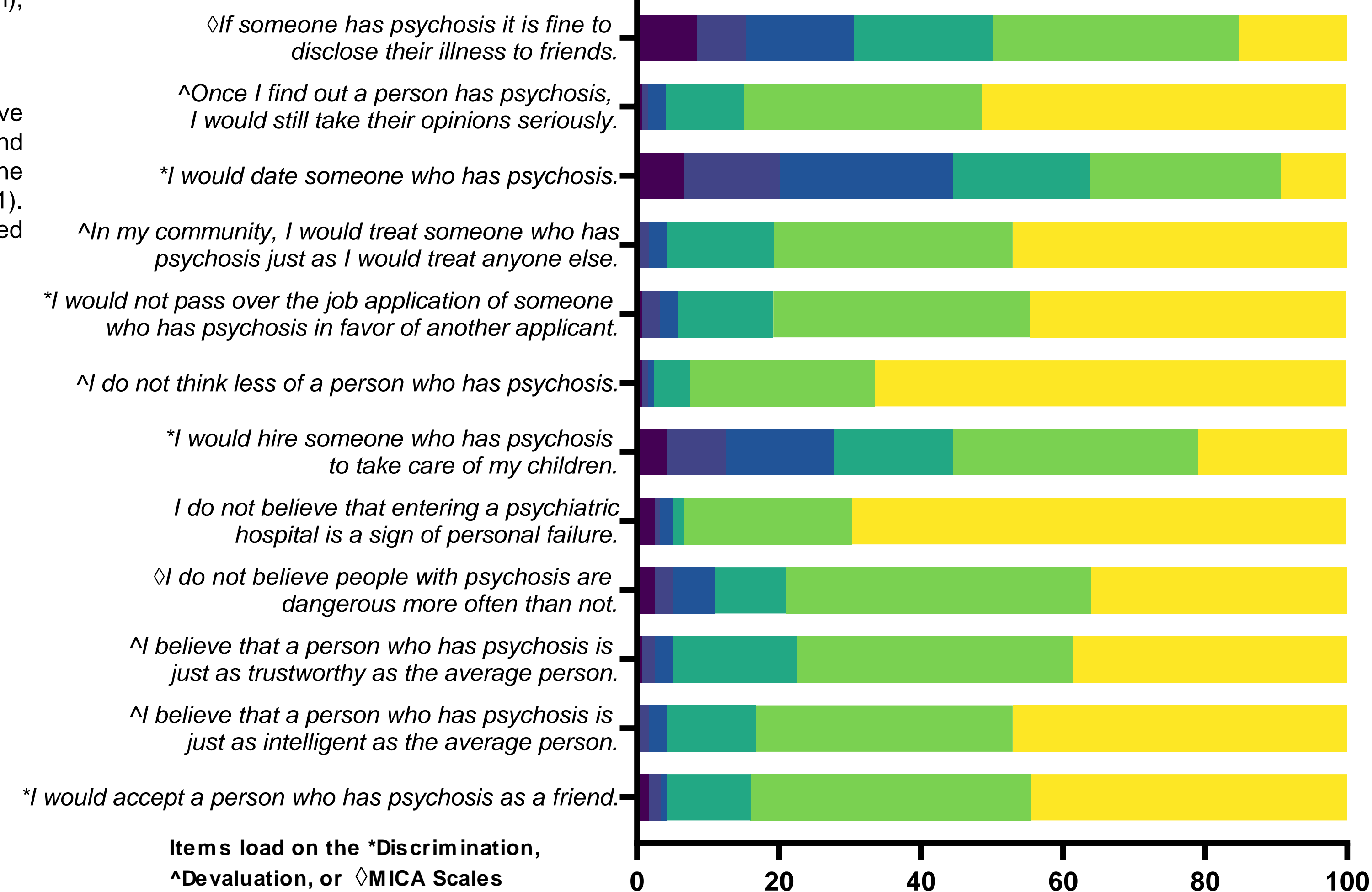
Demographics	Total (19 Clinics)
N (%)	119
Participation Dates	10/2019-10/2021
Days between Pt 1/Pt 2 Median(Range)	87 (0-206)
Age Median(Range)	37 (23-71)
Race	
White	57 (48%)
Black/African	9 (8%)
Asian	16 (13%)
Pacific Islander/Native Hawaiian	2 (2%)
More than 1 Race	4 (3%)
Other (Latinx only)	13 (11%)
Other/Missing	18 (15%)
Ethnicity (Hispanic)	43 (36%)
Bilingual	59 (50%)
Sex (Female)	89 (75%)
Gender (Cis-Female)	89 (75%)
Sexual Orientation (LGB)	10 (8%)
Degree	
High School	9 (8%)
Bachelor's	26 (22%)
Master's	48 (40%)
Doctorate	26 (22%)
Medical	6 (5%)
Other/Missing	4 (3%)
Licensed (Yes)	68 (5%)
Primary Role	
Leadership (Clinical or Non-Clinical)	27 (23%)
Supervisor	10 (8%)
Clinician	35 (29%)
Prescriber/Medical	8 (7%)
Case Manager	6 (5%)
Peer Support Specialist	3 (3%)
Family Advocate	6 (5%)
Supported Edu./Employ.	8 (7%)
Occupational Therapist	1 (<1%)
Clinic Admin/Coordinator	15 (13%)
Years: Current Clinic Median(Range)	2.29(0-40.6)
Years: Work w/EP Median(Range)	3.08 (0-40.6)
Clinic Type: University-based	38 (32%)
Clinic Type: Community-based	81 (68%)

Clinician Attitudes of Recovery and Stigma (CARS)

On AVERAGE, staff had:
 ✦ Low public stigma (i.e., ↓ discrimination/devaluation of indivs w/ psychosis). ✦ More positive attitudes about seeking mental health treatment.
 ✦ Few negative stigmatizing attitudes towards mental illness and treatment. ✦ Attitudes representing progress toward a culture of recovery-oriented care.

Discrimination/Devaluation & MICA Subscales

% of Respondents (n = 119)



Items load on the *Discrimination, *Devaluation, or *MICA Scales

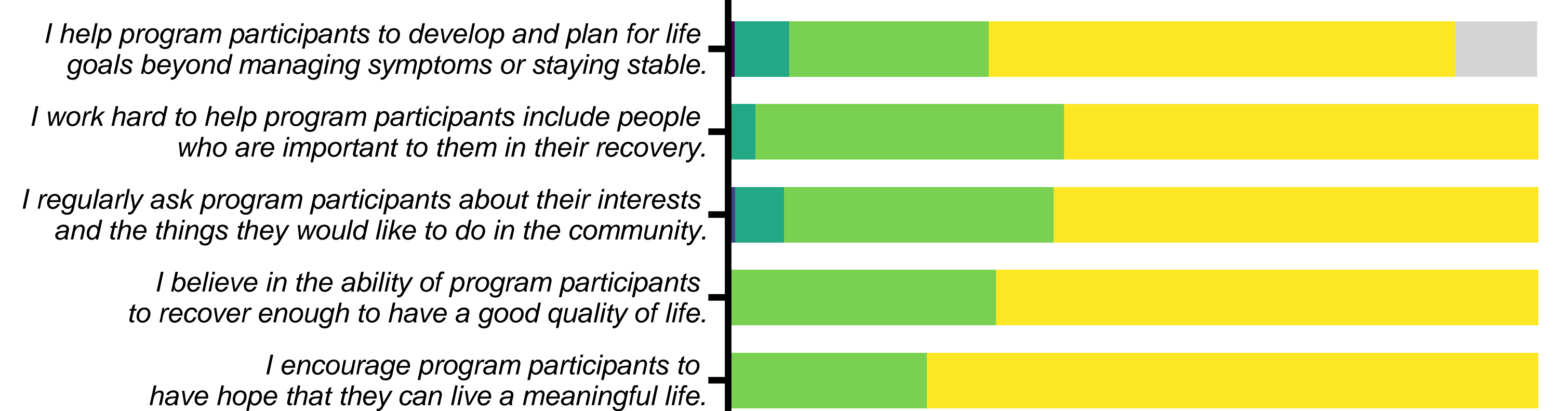
Attitudes Toward Mental Health Treatment Subscale

% of Respondents (n = 118)



Recovery Self Assessment (RSA) Subscale

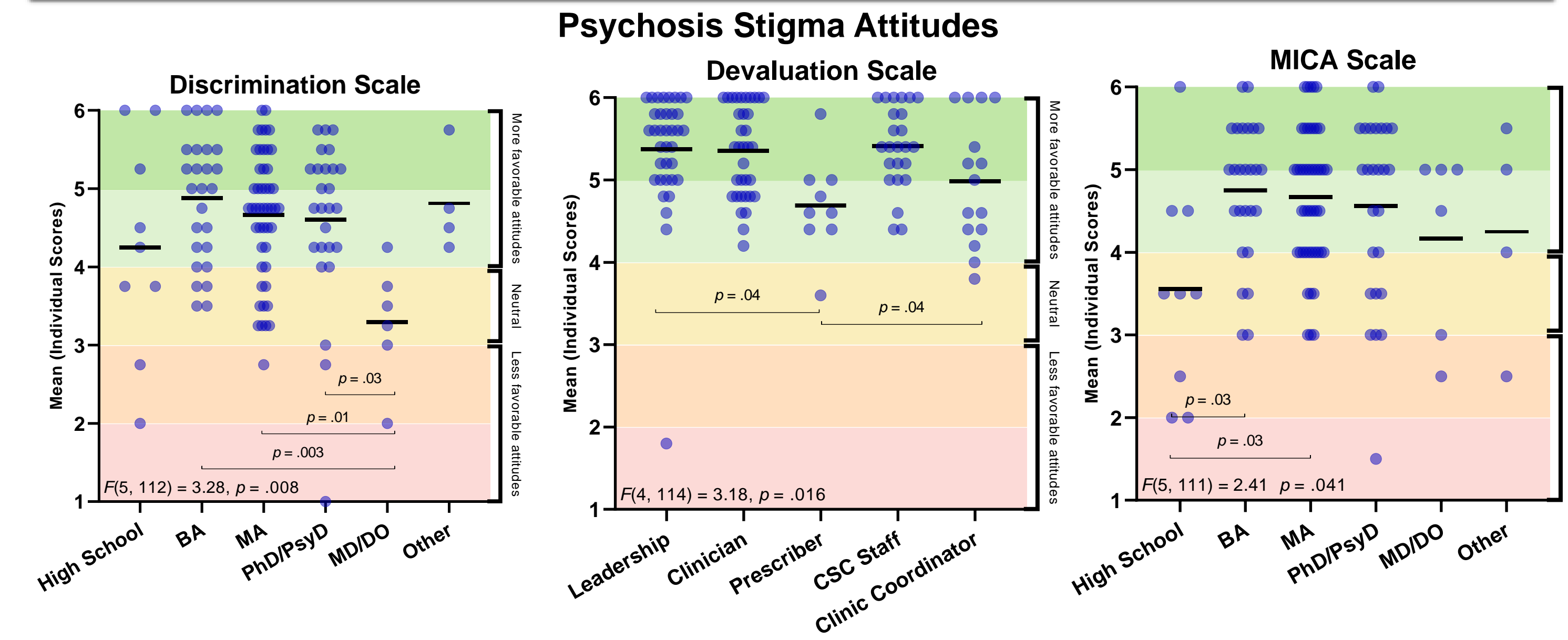
% of Respondents (n = 118)



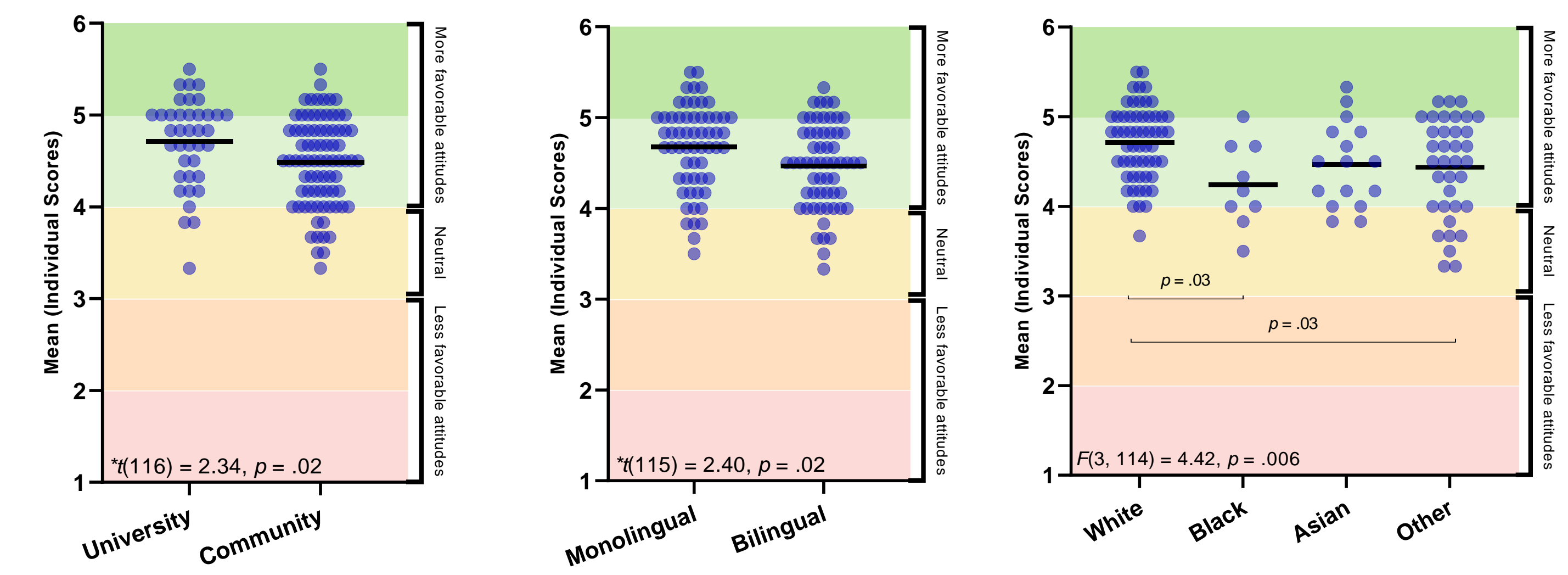
Strongly Disagree Disagree Somewhat Disagree Somewhat Agree Agree Strongly Agree N/A

CARS Varies by Different Staff & Clinic Characteristics

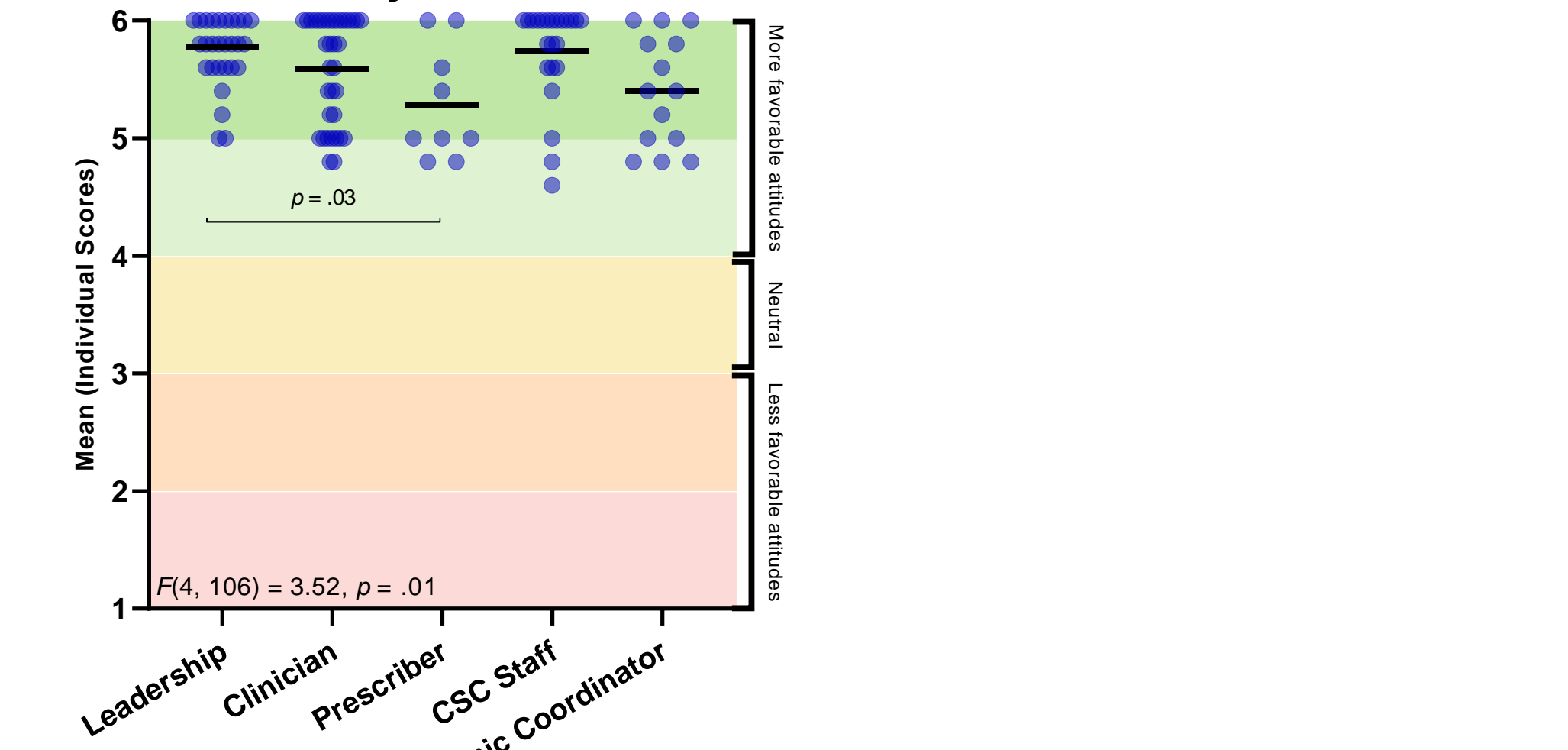
including race, highest degree, bilingual ability, clinic role, and clinic setting.



Attitudes Toward Mental Health Treatment



Recovery-Orientation



Summary and Recommendations

Degree, role as a prescriber, community-based settings, bilingual ability, and non-White staff held less favorable attitudes and beliefs related to psychosis, help-seeking, and recovery-orientation. Clinic staff stigma towards psychosis, help-seeking, and beliefs about recovery could impact client engagement, treatment provision, and team cohesion/psychological safety. Inclusion of service-users and people from underrepresented communities on clinical teams could provide opportunities to address stigmatizing beliefs. Despite past research, additional psychoeducation and training at the outset of employment, ongoing didactics, and supervision may provide an environment for growth and reflection for ALL levels of staff.



For more information about EPI-CAL: Visit www.EPICAL.ucdavis.edu or scan this QR code To contact the author, email ereshefsky@ucdavis.edu

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