

Mental Health Communication:

What We Know and What We Can Do Better

One in five American adults experiences a mental health condition every year, and 1 in 25 lives with a serious mental illness. Despite this prevalence, negative stigma about mental health conditions persists. Research and professional experience teach us that changing the way people talk about mental health conditions can reduce negative stigma and stereotypes, which can, in turn, encourage more people to seek the support and improve overall health outcomes. That's why we conducted an in-depth review of existing research around an important question: **What are the best ways to train future professionals about mental health-related communication... and why should we?**

» What are common issues with how providers talk about mental health?



Under-Developed Listening and Communication Skills

Patient-provider communication can be fraught with challenges for all patients, and this important relationship has been studied for decades (e.g. Hawkins & Mitchell, 2018). Ineffective provider communication has even been shown to directly impact patient outcomes in chronic illnesses such as diabetes (Linetzky, Jiang, Funnell, Curtis & Polonsky, 2017).



Provider Stigma

Personal stigma held by providers can cause issues with mental illness treatment. Healthcare provider stigma has been shown to lead to different treatment based on their diagnosis (e.g. Aguirre, 2016; Sulzer, 2015) and has been suggested to cause negative outcomes such as difficulty empathizing, a lack of belief in recovery, perceptions of patients as dangerous and manipulative, and rationalization of treatment failures (Aviam, Brodsky & Stanley, 2006; Markham & Trower, 2003; Sansone & Sansone, 2013).



Lack of Physician Knowledge and Confidence

A 2018 meta-analysis of qualitative research (Brunero et al., 2018) found that general health practitioners feel that they do not know enough about mental illness to screen, recognize, or identify such patients, which created a lack of confidence in their skills and prevented them from starting such conversations with patients. Similarly, one study found that some rural nurses felt unsure how to ask questions sensitively when attending to someone who may have mental health concerns, admitting that they didn't want to say the wrong thing and "make them worse" (Reed & Fitzgerald, 2005).



Poor Cultural Understanding

Not understanding cultural terminology or communication norms can create distance between patients and providers. In a study of ethno-cultural variations in mental health beliefs, (Carpenter-Song et al., 2010), researchers determined that European-Americans often espouse beliefs about mental illness that align with the biomedical perspective on disease, while African-American and Latino individuals are more likely to embrace non-biomedical interpretations of their symptoms, such as "demons were around me" (p. 238) or "ataque de nervios" ("attack of nerves"; p. 237).



Lack of Interaction with Those Living with Mental Illness

A small qualitative study found that medical students are frustrated by a lack of direct contact with patients experiencing mental illness (Iezzoni et al., 2006). Study participants noted that residents often avoided having students observe patients with mental illness during non-psychiatry rounds, or residents handed patients off to psychiatry units as soon as a major mental illness was noticed. In this manner, mental illness is stigmatized as frightening or "beneath" treatment by a non-psychiatry provider.



Hierarchy Between Provider and Patient

Patients are sometimes intimidated by a perceived power difference between themselves and their healthcare providers, and are reluctant to speak honestly about their mental health challenges. Many patients crave a personal connection with their providers (Pals & Hempler, 2018), which can be as easy as sharing a sentence or two about the provider's own experience with mental illness (perhaps a family member who was diagnosed, or simply an admission that the provider sometimes feels overly stressed or depressed).

» **Guided by current research, we believe that there are several ways that those who train future healthcare providers can reduce medical students' mental illness stigma, improve their communication skills, and help change the national conversation around mental health:**



1. Increase Opportunities for Direct, Personal Contact with Mental Health Consumers.

Personal connections can not only challenge one's stereotypes or stigma about mental illness but can foster "a lot more humanity [and] compassion" (Happell et al., 2015, p. 22) and move students beyond their personal fears. In the context of mental illness, direct contact with a person who is living with mental health issues has been shown to be more impactful in changing harmful stereotypes than message-heavy, educational approaches (Corrigan, Michaels, & Morris, 2015) such as printed materials or in-class lectures.

But what does this look like in practice? Interpersonal contact could involve: (a) inviting people who have experienced mental health issues into the classroom for frank conversations; (b) hosting speaker panels that include mental health consumers, their family members, and community members involved with providing support for such individuals, and/or; (c) leading student visits to local mental health clinics or support spaces.



2. Encourage Students to Understand Their Own Mental Health, and How Mental Health Issues Touch Their Friends and Family.

Students can and should get in touch with their own mental health. A study of full-time college students in eight countries found that 35% of them screened positive for common mental health conditions (World Health Organization, 2005), yet only about 1 in 10 American students seek college-provided mental health assistance (Binkley & Fenn, 2019). When individuals experience talk therapy or other forms of mental health assistance, mental health is demystified, and mental health communication is normalized. Plus, medical students will learn by example how to conduct respectful, yet probing, conversations. Students should also be encouraged to check in with friends and family members about mental health; considering how common depression and general anxiety disorders are, it's likely that everyone knows at least one person living with these or similar issues.



3. Teach About Mental Illness in a More Clinical, Blame-Free Way—and Discuss it Using Person-Centered, Blame-Free Language.

Providing more technical, clinical definitions of psychiatric conditions can help students understand that mental illness is, in fact, illness that should be treated as seriously and thoroughly as strictly physical conditions. Using medical terms to describe mental health issues and potential treatments—just as we describe physical ailments—support the legitimacy of mental illness and help fight the outdated stigma that "it's all in your head" or that "you can control this if you really want to." That being said, mental health conditions are but one part of a whole person, and we should be careful to use language that promotes that viewpoint. Beyond simply avoiding outdated and offensive terms like "crazy," "freaking out" or "psycho," person-first language literally and figuratively puts the human before his or her condition: "a person diagnosed with schizophrenia" versus "a schizophrenic."



4. Create a "Safe" Place for Students to Discuss Biases, Stereotypes, and Misconceptions About Mental Illness.

By giving students a place to safely express their concerns, ask questions without judgement, and face their implicit biases against mental illness before they go out into the world and begin communicating about mental health on a large scale, we can provide accurate information and positive messaging, which will empower individuals to change their own stigma. When we address our personal biases, stereotypes, and misconceptions, we begin to uncover what is true—and what is holding us back from the truth.



5. Help Students Understand The Structural, Cultural, and Psycho-Social Determinants of, and Factors Around, Mental Health.

Structural competency is an understanding of how matters of race, ability, sexual orientation, economic status, and other social determinants shape how individuals move through the world (Petty et al., 2017). By learning how economic and political conditions produce health inequalities between populations, we can develop a more holistic view of mental health and more clearly understand (a) the societal and environmental factors that contribute to mental illness; (b) why some people do not or cannot seek traditional "treatment" for a mental health issue; and (c) why and how some individuals must work harder to achieve recovery than others.