



ONE OF US: Reducing stigma related to mental health conditions in somatic emergency care in Denmark



Though mental health conditions are common, people with such conditions **risk encountering stigma in many different aspects of life**. Stigma in society, in the workplace, in education, in social life and among professionals can have serious consequences for regaining or establishing one's position in society and can result in discrimination, self-stigma and social exclusion.

One area of particular importance is somatic (or physical) health care, as **six in 10 patients in mental health care are also patients in somatic health care**. In other words, professionals in somatic health care regularly treat patients with mental health conditions.

Stigma can pose a particular challenge to professionals in somatic health care when it comes to ensuring adequate diagnosis and treatment of people with mental health conditions who also have a somatic health problem. Lack of knowledge and prejudice can have various negative consequences:

- **diagnostic overshadowing**, when focusing on the mental health condition means that symptoms of a somatic health problem are attributed to the mental health problem;
- **a less respectful approach** to patients;
- **feelings of insecurity and frustration** in somatic health care professionals who lack the proper skills to provide the proper treatment.

When people with lived experience of mental health conditions encountered somatic health care:

- 32% experienced discrimination;
- 40% did not receive proper treatment for severe somatic health problems;
- 53% had their physical symptoms rejected as mental health problems; and
- 34% experienced rejection or a moralizing attitude in response to self-harm or a suicide attempt.

Consequently, **stigma is one cause of significantly reduced life expectancy** (by 15–20 years) for people with severe mental health conditions.

“If you want to start destigmatization, the right people must be involved – especially organizations that represent people living with mental health conditions, whose experiences are the most important part of eradicating stigma.”

Anja Kare Vedelsby,
Programme Manager, ONE OF US



The vision of ONE OF US is to create a better life for all by promoting inclusion and combating discrimination related to mental health conditions. At the national level, ONE OF US is located in the Danish Health Authority; at the regional level, in the Psychiatric Information Units that form part of regional mental health services. A large corps of ambassadors, who are people with lived experience of mental health conditions, is organizationally located at the regional level.

ONE OF US has **five different target areas**: service users and relatives; the labour market; young people; the public and media; and professionals in the health and social sectors. It is within the last of these that the work in somatic emergency care is situated.

The “active ingredient” at the heart of ONE OF US’s anti-stigma work is a corps of ambassadors who are trained in sharing their lived experience of mental health conditions in different settings. It was the ambassadors who highlighted professionals in somatic health care as an important target group, and this was backed up by various survey data.

Ambassadors are essential in the delivery of the programme. Along with regional coordinators, **ambassadors visit parts of the somatic health-care system** – such as emergency rooms – **and share their personal experience of being a patient in the somatic health-care system** and present informational material from ONE OF US.

ONE OF US has also created a toolkit for professionals in somatic emergency rooms aimed at reducing stigma and discrimination. This toolkit was created by a working group consisting of representatives of ONE OF US ambassadors, the Danish Health Authority, the ONE OF US secretariat (at that time separate from the Danish Health Authority), regional ONE OF US coordinators, and two film-makers. The group identified self-harm and psychosis as the two main themes and developed the content and elements of the toolkit. The toolkit also includes two films that can be used when an ambassador is not available to take part in a session.

Ambassadors and the toolkit aim to help professionals understand:

- how patients may experience self-harm and psychosis;
- important considerations when admitting patients;
- helpful communication; and
- how to prevent conflicts and misunderstanding.

Social nurses and other professionals from somatic health care were involved from the beginning of the toolkit’s development to share their experience and give feedback. The group ended up identifying 10 guidelines for the toolkit, which were tested among somatic health-care professionals. In addition to the collaboration of professionals in individual somatic health-care wards, it should be noted that it is essential to have management support.

“When I’m out giving a presentation, I see that doctors and nurses want to improve so much – that’s really increased my trust in and respect for them.”

Lulu, ONE OF US ambassador



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The programme has already achieved significant success. Local evaluations show a move towards **less discrimination among professionals**, who state that they **feel less insecure and are better equipped to take care of patients who have mental health conditions**. Moreover, a national evaluation tool has been developed, but its implementation has been delayed.

At the start of the programme, ONE OF US was not integrated into the Danish Health Authority, but the latter was represented in the working group. It was also represented at a higher level in the partnership that lay behind ONE OF US, which was kept informed throughout the process of developing material.

When the toolkit was launched, official recognition and authority were conveyed by a letter signed by the Director General of the Danish Health Authority and the Executive Vice-President of Danish Regions. The letter was sent to departmental heads in all emergency rooms in Denmark, introducing the toolkit and inviting them to an anti-stigma session with ONE OF US. Some emergency rooms have a one-off session with ONE OF US; others have established a regular cycle of sessions.

Trust lies at the heart of the transformation brought about by ONE OF US.

This trust flows in different directions and is manifested in a variety of ways:

- **Regional coordinators have been key to building relations with individual health care professionals** – usually a chief physician or head nurse – allowing sessions with ONE OF US to be set up. **A positive first session opens up the way for regular collaboration.**
- **Ambassadors must trust ONE OF US and feel that support is available** if needed (usually from a regional coordinator) before, during and after sessions.
- An improved understanding of and approach to patients helps communication (and hence transfers) between somatic and mental health wards.

- **The ONE OF US approach was based on evidence and shaped to meet the particular challenges faced by somatic health care professionals,** who often felt insecure, frustrated and inadequate meeting patients who had a mental health condition. Part of the success lay in getting the tone and language right for the target group, making them more open to the intervention.
- Somatic health care professionals who are responsive to the need for stigma reduction will treat patients who also have a mental health condition with empathy and respect, thus gaining the trust of those patients.

The main method to achieve change is through social contact:
transformation is the product of real people sharing their real experience.

- **Involvement of people with lived experience of mental health conditions is invaluable** in all parts of anti-stigma work; the same is true of people with lived experience of other kinds of illness in the health sector. When the engagement is handled properly, such involvement promotes recovery and empowerment for everybody concerned.
- ONE OF US was established in 2011 as **a partnership of private and public organizations**. In 2021, it was integrated into the Danish Health Authority, thus bringing more sustainable long-term funding. **In 2022, the anti-stigma programme was prioritized within the Danish 10-year mental health action plan.** Being an integral part of the national health authority has increased the authority of the anti-stigma programme and been highly beneficial.

“Before ONE OF US, we didn’t have the same opportunity to reach health-care staff. Now we can get our stories to them and start a real dialogue about stigma.”

Troels, ONE OF US ambassador



The main authors of this case study are:
Anja Kare Vedelsby,
National Programme Manager, "ONE OF US",
Danish Health Authority

World Health Organization
Regional Office for Europe
UN City, Marmorvej 51
DK-2100, Copenhagen Ø, Denmark
Tel: +45 45 33 70 00
Fax: +45 45 33 70 01
Email: eurocontact@who.int
Website: www.who.int/europe

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