



STOP the STIGMA Surrounding Depression

One of the top reasons dialysis patients do not seek help for depression or other mental health issues is due to the fear of stigma and shame. It is not unusual to feel scared seeking treatment, however, many fear they will lose their livelihood, their employment, and even their support system.

Dialysis patients are already marginalized and can face stigma and prejudice, even if it is subtle or less obvious. Whether or not the signs of stigma are visible, healthcare providers need to have a better understanding of why stigmas exist, and how to prevent fear of patients feeling stigmatized thus limiting their ability to share their concerns.

Learn the Facts

An article published by the American Psychiatric Association theorizes stigma comes from a lack of understanding or fear. There is a misrepresentation present in the media, particularly when it comes to depression and other forms of mental health issues. Researchers have identified the three different types of stigma. The chart below illustrates each one and gives an example of how it relates to dialysis patients.

- **Public stigma** - involves the negative or discriminatory attitudes that others have about mental health issues
- **Self-stigma** - refers to the negative attitudes including internalized shame that people with mental health issues have about their own condition.
- **Institutional stigma** - systematic stigma involves policy, including those of government and private organizations. This includes intentionally or unintentionally limiting opportunities for people with mental health issues. Examples include lower funding for mental health issues research or fewer mental health services relative to other health care.

Stigma Comparison Chart

	Public	Self	Institutional
Stereotypes and Prejudices	Patients with mental health issues are perceived as dangerous, radical, incompetent and unpredictable	"Staff do not want to provide care to me. They often tell me I am difficult and they threaten to terminate my treatment. I must be crazy"	A dialysis patient is often "transferred" or "discharged" due to undiagnosed or untreated mental health issues leading to disruptive behaviors
Discrimination	Staff do not feel "safe" providing care to these patients, other patients will not sit near them or request to be transferred	These feeling can lead to thoughts "Sometimes I feel as though I should just stop dialysis altogether since I am a burden on the staff"	Patients are denied admission from alternate dialysis facilities and refused from entire nephrology practices
Effect	Staff segregates patient from the general population	Feelings of retaliation may arise; non-adherence with treatment increases; may lead to discontinuation or threatening behavior	Patient receives intermittent dialysis treatment through the hospital emergency department; which does not effectively treat their condition, lacks continuity and leads to increased illness and death

¹ (Borenstein 1-11)

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The Harmful Effects: Suffering in Silence

If the fear of stigma prevents the patient from getting help their symptoms will worsen and can cause some of these secondary harmful effects:

Problems with following their dialysis treatment protocols

- reluctance to seek help or treatment and less likely to follow the care plan for dialysis even to the extent they will miss dialysis treatments.

Appearing to be more withdrawn from staff

- social isolation, limiting conversations and discussions with staff (care plans, assessments).

Misinterpretation of symptoms

- Lack of understanding by family, friends, coworkers, or others.

Fear of retaliation from staff

- Bullying harassment from the staff, observations of microaggressions.

Negative belief mentality

- The belief that you will never succeed at certain challenges or that you can't improve your quality of life.
- Frustration leading to inappropriate communications or behavior. Some examples include : angry outbursts, use of threats, drug use alcohol use.

The purpose of this resource is to provide your facility staff with basic information on how stigma can affect the ESRD population. The Network encourages the sharing of this information at your facility's next staff meeting.

Please refer to the *SHATTER the STIGMA: Flipping the Facility Culture (FAQ)* for additional resources and answers to appropriately addressing stigma at your facility.

