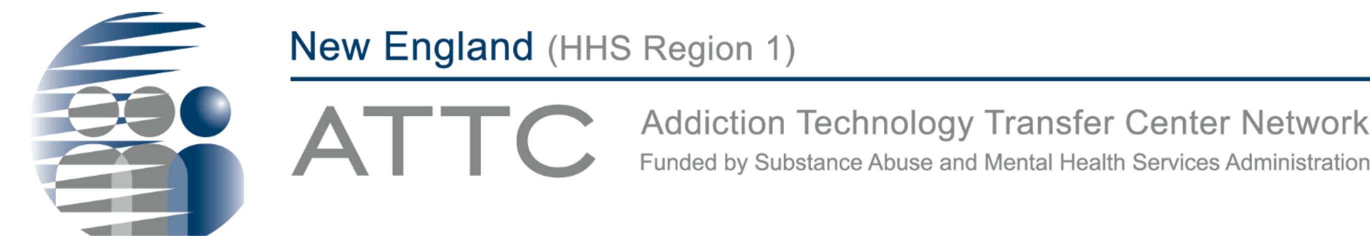
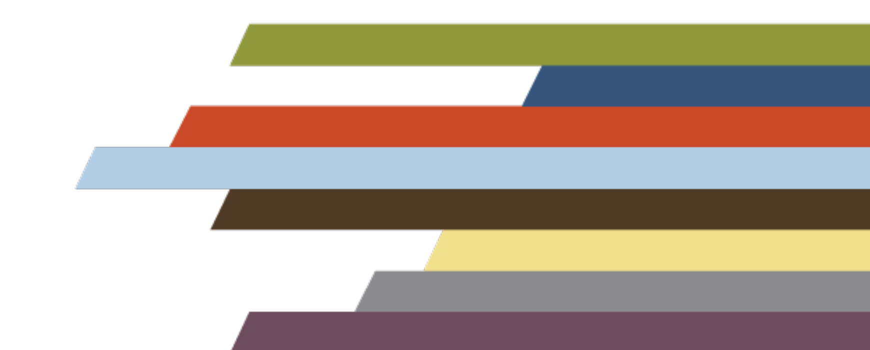


Coming into the Light: Breaking the Stigma of Mental Health & Substance Use Disorders

Taylor D'Addario, MA, LCDP



Disclosures

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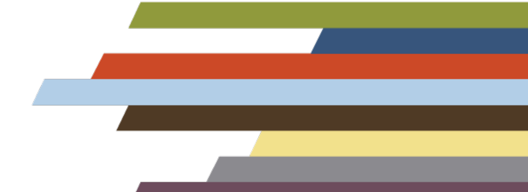
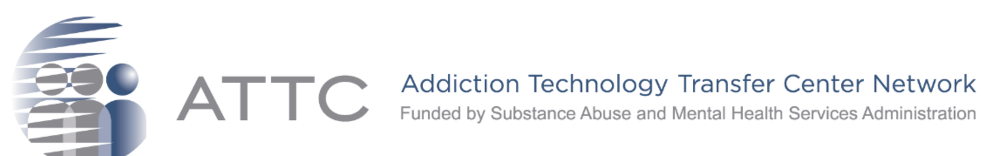


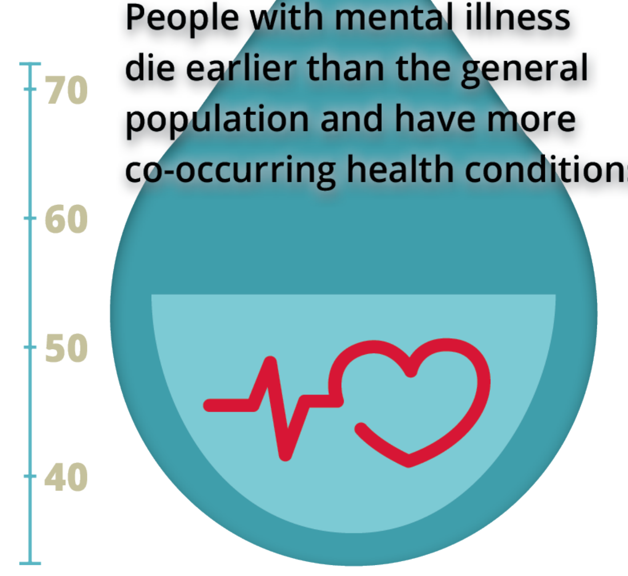


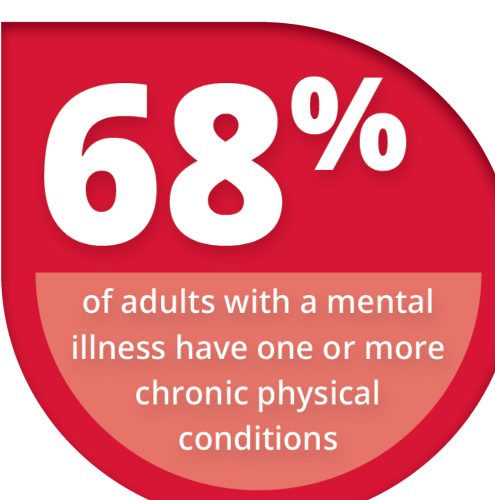
U.S.-based ATTC Network

- Grounding Exercise

- Name
- Place of Work
- What You Hope To Learn Today

The PROBLEM





ALCOHOL ABUSE & ADDICTION

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) 2013 national survey on drug use and health:

16.6 million adults 18 & older

9.4% Male

4.7% Female

1.3 million adults 18 and up received treatment for an alcohol use disorder (7.8 percent of adults who needed treatment)

697,000 youth between the ages of 12-17

2.5% Male

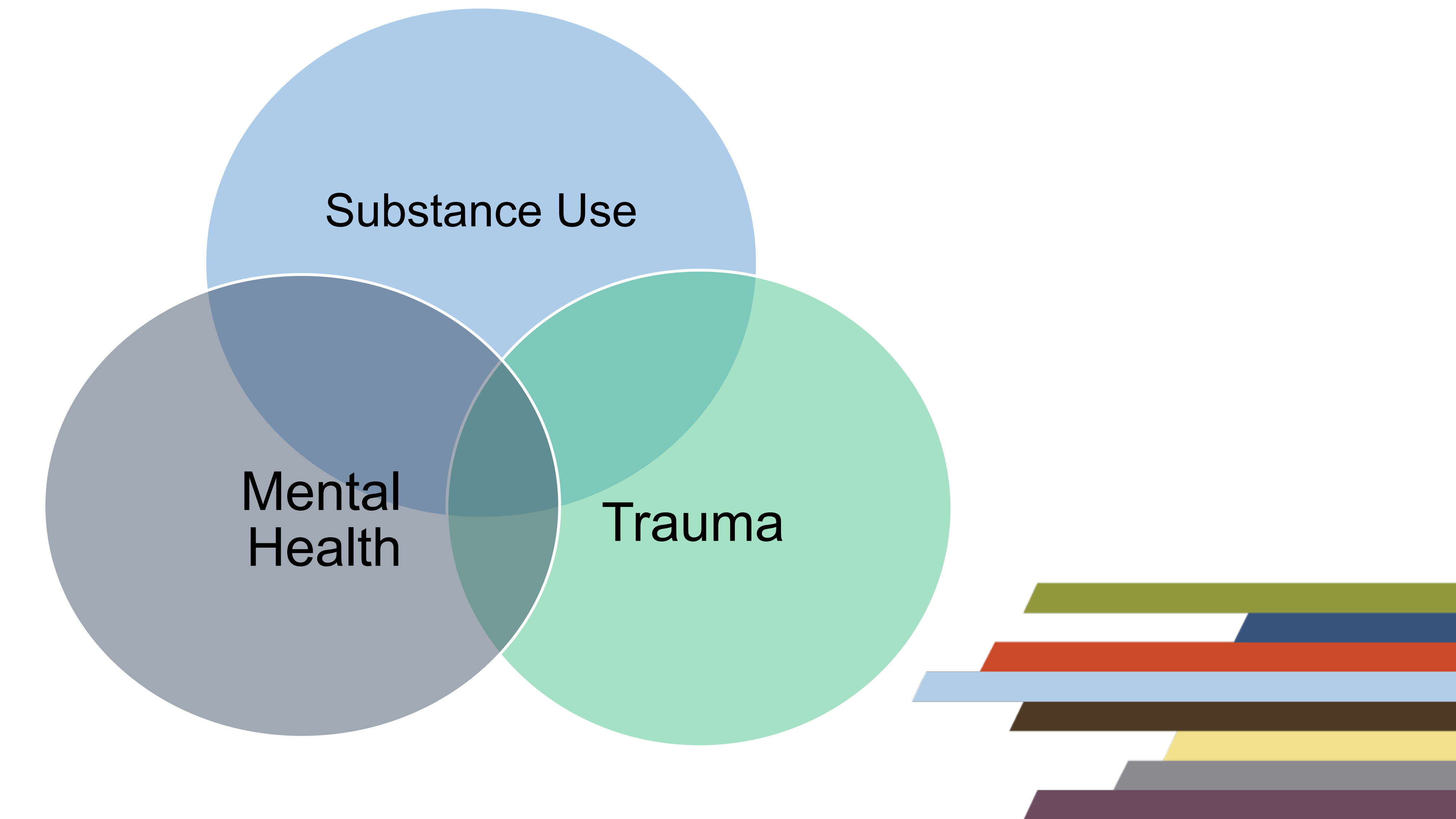
3.2% Female

73,000 adolescents ages 12-17 received treatment for an alcohol problem

Agenda Over Two Days

- Review what Stigma is
- How it relates to Mental Health and Addiction
- Review stigmatizing language
- Learn how to reduce Stigma is various settings
- How Trauma, the Media, Organizations, Practices and Society relate to Stigma
- Medication Assisted Treatment
- Resources for helping patients who are experiencing stigma
- 1 fifteen minute break each day

Integrated Behavioral Health Treatment



On your piece of paper draw three columns with the headings:

List 3 adjectives to describe the person referred to in the headings

What is Stigma

- **<u>Stigma-</u>** the complex of attitudes, beliefs, behaviors, and structures that interact at different levels of society (i.e., individuals, groups, organizations, systems) and manifest in prejudicial attitudes about and discriminatory practices against people

Stigma results in discrimination against the stigmatised group (access to services, ability to get a job etc.) and can lead to verbal and physical abuse. In a recent Mind survey15 90% of people with a mental health problem report they have experienced stigma.

Stigma / fear of being stigmatised can result in people with mental health problems not getting help and having reduced self-esteem or confidence. They can become socially isolated and excluded from society – none of which helps them cope with their illness or recover.

What is stigma?

Negative stereotypes, labels, judgments and prejudice that can lead to discrimination.

Stereotypes: Generalized belief; “People with mental illness are violent”

Prejudice: Judgment based on that belief; “They’re violent, I’m scared and don’t want anything to do with them”

Discrimination: Action based off those judgments and beliefs; “I won’t hire or rent to a person with mental illness because I’m scared of them”

Stigma consists of three elements:

- The problem of - ignorance
- The problem of - prejudice
- The problem of - discrimination

What words/phrases do you associate with…?

Physical Health

Physical Illness

Mental Health

Mental Illness

Types of stigma

- Public stigma: Stigma faced externally from a system, group or individual
- Public stigma effects many areas of life:
  - Employment
  - Housing
  - Healthcare
  - Education

Types of stigma

- Self-stigma: internalized public beliefs that effect self-esteem and self-efficacy
  - I’m not worthy, I’m not able
  - “Why try?” Effect
  - Diminished care seeking & treatment engagement; people do not want to be seen as one of “those” people so they aren’t likely to seek mental health services
  - Worse outcomes for recovery

What is Recovery?

- **Recovery from Mental Disorders and/or Substance Use Disorders:** A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
- (SAMHSA, 2011)

SAMHSA has delineated four major dimensions that support a life in recovery:

1. ***Health***
2. ***Home***
3. ***Purpose***
4. ***Community***

Evolution of Recovery Movement

- The recovery movement evolved from the work of disability rights advocates
- Argued for inclusion of individuals and their families in the planning and service delivery process
- Argued that people with disabilities should be considered full members of their community and the larger society.

Four Major Dimensions of Life in Recovery

- **Health**: Overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- **Home**: A stable and safe place to live;
- **Purpose**: Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society;
- **Community**: Relationships and social networks that provide support, friendship, love, and hope.

10 Major Components to Recovery

- **Self-Direction:** Clients lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self- determined life.
- **Individualized and Person-Centered:** There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations.**Empowerment:** Clients have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources— that will affect their lives, and are educated and supported in so doing.
- **Holistic**: Recovery encompasses an individual's whole life, including mind, body, spirit, and community.
- **Non-Linear:** Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience.

Components of Recovery (cont'd)

- **Strengths-Based:** Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals.
- **Peer Support:** Mutual support—including the sharing of experiential knowledge and skills and social learning—plays an invaluable role in recovery.
- **Respect:** Community, systems, and societal acceptance and appreciation of consumers —including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery.
- **Responsibility:** Clients have a personal responsibility for their own self-care and journeys of recovery.
- **Hope:** Recovery provides the essential and motivating message of a better future— that people can and do overcome the barriers and obstacles that confront them.

Comparison of Attitudes (Pescosolido, 2013; Pescosolido et al., 2010).

1950's

- Low Knowledge
- High Stigma

1996

- Increased Knowledge
- Decreased Stigma
  - Still relatively high ☹

The “Backbone of Stigma”

1. Issues of trust in intimate settings such as the family
2. Potential contact with a vulnerable group such as children
3. Potential for self-harm
4. Mental illness being antithetical to power or authority
5. Uneasiness about how to interact with people with mental illness (Pescosolido et al., 2013).

Factors that Influence Stigma and Consequences

- Blame
  - People with substance use disorders are generally considered to be more responsible for their conditions than people with depression, schizophrenia, or other psychiatric disorders (Crisp et al., 2000, 2005; Lloyd, 2013; Schomerus et al., 2011).
  - Belief that a substance misuser's illness is a result of the person's own behavior can also influence attitudes about the value and appropriateness of publicly funded alcohol and drug treatment and services (Olsen et al., 2003).

SHAME. SHAME. SHAME.

Stereotypes of Dangerousness

- People with substance use disorders are considered even more dangerous and unpredictable than those with schizophrenia or depression (Schomerus et al., 2011).
- In a survey conducted in the United States (Link et al., 1997), a vast majority of respondents considered it likely for a cocaine- or alcohol-dependent person to hurt others

- "People with mental illness are crazy"

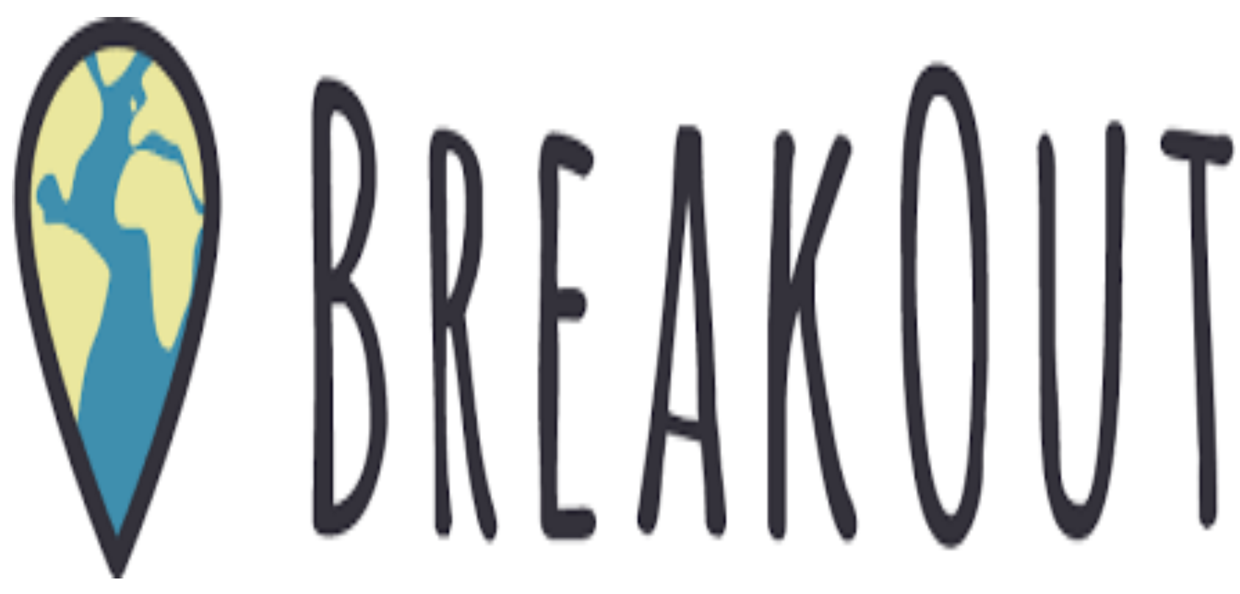
Language of Stigma

Stigma

- Clean
- Addict/Alcoholic
- Relapse Prevention
- Substance Abuse/Dependence
- Dirty/Clean Screen/Urine

Recovery Oriented

- In recovery
- Person in recovery
- Recovery Maintenance
- Substance Use
- Positive/Negative Screen



- Have a conversation about the impact of stigmatizing language and think about ways to address the use of it in you’re agency…

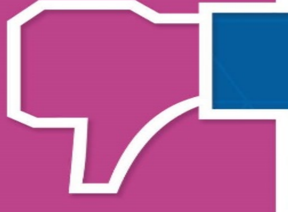
Language Matters

Language is powerful – especially when talking about addictions.
Stigmatizing language perpetuates negative perceptions.

"Person first" language focuses on the person, not the disorder.

When Discussing Addictions...

SAY THIS	NOT THAT
Person with a substance use disorder	Addict, junkie, druggie
Person living in recovery	Ex-addict
Person living with an addiction	Battling/suffering from an addiction
Person arrested for drug violation	Drug offender
Chooses not to at this point	Non-compliant/bombed out
Medication is a treatment tool	Medication is a crutch
Had a setback	Relapsed
Maintained recovery	Stayed clean
Positive drug screen	Dirty drug screen



Lack of Knowledge

What is addiction anyway?

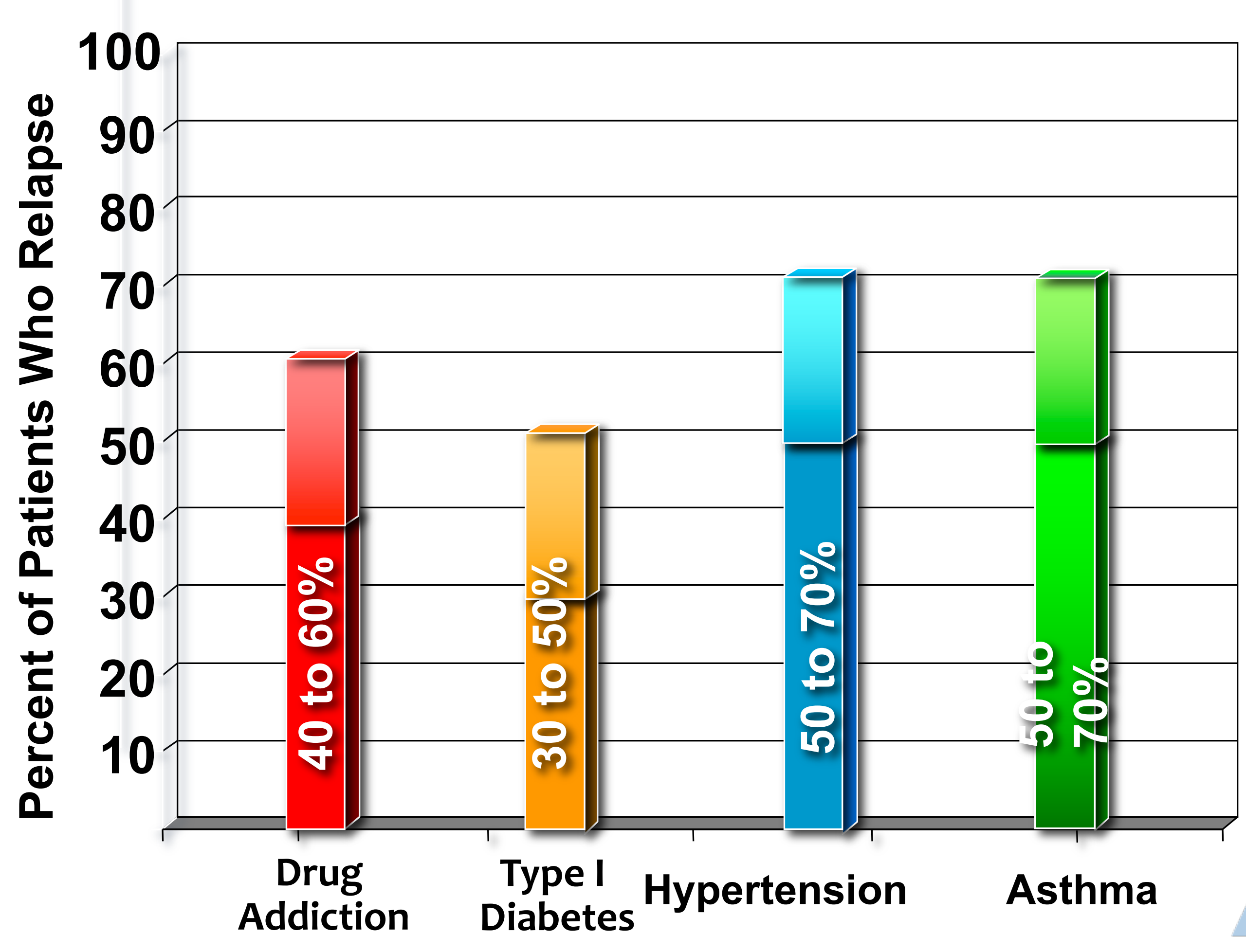
- **Short Definition of Addiction:** (American Society of Addiction Medicine, 2011)

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response.

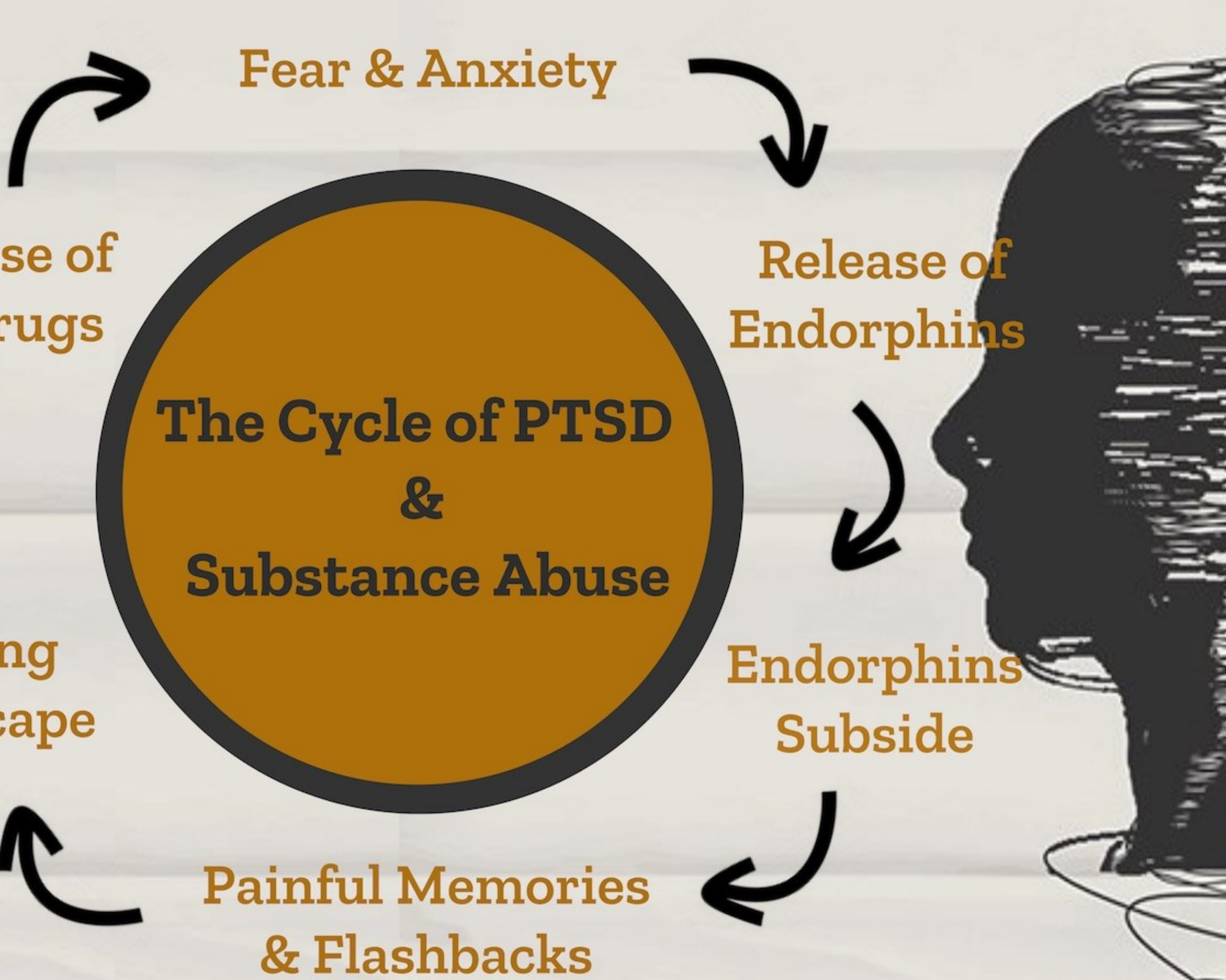
Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

Relapse Rates Are Similar for Drug Addiction & Other Chronic Illnesses



McLellan et al., JAMA, 2000.

Trauma and Substance Use


Fear & Anxiety
Release of Endorphins
Endorphins Subside
Painful Memories & Flashbacks
Seeking an Escape
Increased Use of Alcohol/Drugs
The Cycle of PTSD & Substance Abuse
www.thedawnrehab.com

ACE Study

- ACE Study – Kaiser Permanente from 1995 to 1997 → 17,000 participants
- Each participant completed a confidential survey containing questions about:
  - childhood maltreatment and family dysfunction
  - items detailing their current health status and behaviors.
- This information was combined with the results of their physical examination to form the baseline data for the study.

ACE Study

(Adverse Childhood Experiences)

Growing up in a household with:

- An alcoholic or drug-user
- A member being imprisoned
- A mentally ill, chronically depressed, or institutionalized member
- The mother being treated violently
- Both biological parents *not* being present

(N=17,000)

Adverse Childhood Experience Survey		
QUESTION	**Yes**	**No**
Did a parent or other adult in the household often or very often… Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?		
Did a parent or other adult in the household often or very often… Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?		
Did an adult or person at least 5 years older than you ever… Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?		
Did you often or very often feel that … No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?		
Did you often or very often feel that … You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?		
Were your parents ever separated or divorced?		
Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?		
Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?		
Was a household member depressed or mentally ill, or did a household member attempt suicide?		
Did a household member go to prison?		
Add up your "yes" answers – that's your ACES score		

ACE Study

(Adverse Childhood Experiences)

Before age 18:

- Recurrent and severe emotional abuse
- Recurrent and severe physical abuse
- Contact sexual abuse
- Physical neglect
- Emotional neglect

Adverse Childhood Events - ACE

Overall findings indicate that there is a linear relationship between number of adverse childhood experiences (ACE) and increased risk of:

- heart disease
- cancer
- obesity
- chronic lung disease
- skeletal fractures
- liver disease

Felitti, et al. (1998) reported that individuals with 4 or more ACE's were found to have:

- 250% greater chance of smoking over children with no aces.
- **500% increase in self-acknowledged alcoholism**

What the study found..

- When the data began to unfold they calculated that child abuse:
  - Overall cost ***exceeded*** cancer or heart disease
  - Eliminating child abuse in America would reduce the overall rate of

    Depression by 2/3

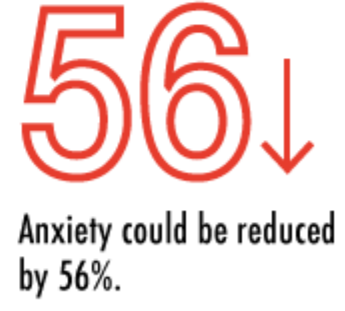
    Suicide, IV drug use, and domestic violence by 3/4

  (van der Kolk, 2014)

ADVERSE CHILDHOOD EXPERIENCES IMPACT ADULTHOOD

If ACEs could be eliminated...

Work productivity could increase by 61%.



Suicide & life dissatisfaction could decrease by 67%.

56↓

Anxiety could be reduced by 56%.

Source: http://www.aceinterface.com

CHILD ABUSE & NEGLECT ARE PREVENTABLE ACEs.

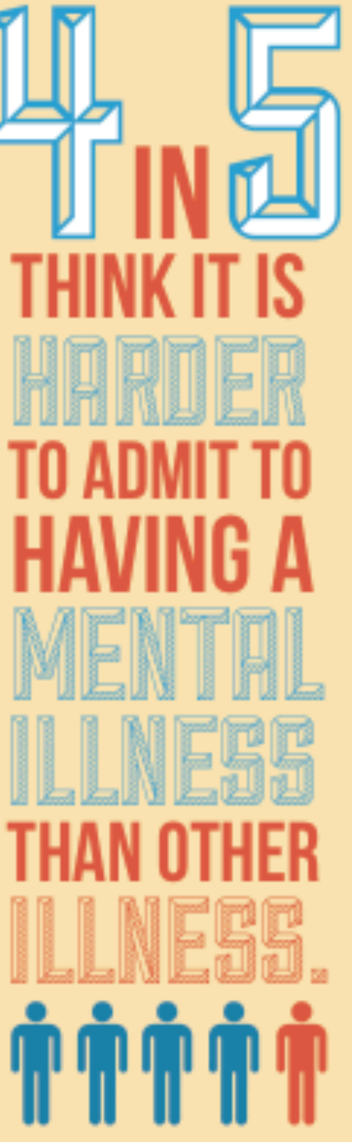
Suicide Risk In Major Psychiatric Diagnoses

- **Schizophrenia**
- • 8.5-fold increased risk of suicide vs general population • 40-50% report suicidal ideation • Life expectancy reduced ~25 years vs general population; 40% of this reduction attributable to suicide/unnatural death
- **Major Depressive Disorder**
- • 20x higher than general population • 30-40% attempt • Every 6th death in someone with MDD is by suicide
- **Bipolar Disorder**
- • 20-30x higher than general population • 15% die of suicide • 50% attempt • 80% contempt

PsychU, 2017

Food for thought….

- If a child has six or more “yes” answers, their risk of becoming an IV drug user increases by 4,600% compared to a child with a score of zero. (Felitti & Anda 2010)



ONE IN TWO ARE FRIGHTENED BY PEOPLE WITH MENTAL ILLNESS.

PSYCHO + NUTS + MENTALLY ILL + CRAZY ARE THE MOST COMMON DESCRIPTION OF THOSE WITH MENTAL ILLNESS.

MENTAL ILLNESS RANKED AS THE TOP STIGMATIZED ILLNESS

Media Portrayals

- Much of the evidence on the media's influence on stigma change is negative in direction (Pugh et al., 2015).
- The media play a crucial role in stoking fear and intensifying the perceived dangers of persons with substance use disorders (Lloyd, 2013).
- Similarly, media portrayals of people with mental illness are often violent, which promotes associations of mental illness with dangerousness and crime (Diefenbach and West, 2007; Klin and Lemish, 2008; Wahl et al., 2002).
- Furthermore, the media often depict treatment as unhelpful (Sartorius et al., 2010; Schulze, 2007) and portray pessimistic views of illness management and the possibility of recovery (Schulze, 2007).

The newspapers…

NEW YORK POST
METRO
FRIDAY, MAY 9, 1980 30 CENTS
LARGEST-SELLING AFTERNOON NEWSPAPER IN AMERICA

FREED MENTAL PATIENT KILLS MOM

SPORTS ★ ★ ★ ★ FINAL
DAILY NEWS
NEW YORK'S HOMETOWN NEWSPAPER

GET THE VIOLENT CRAZIES OFF OUR STREETS

NEWS' SPECIAL EDITORIAL
SEE PAGES 2 & 3

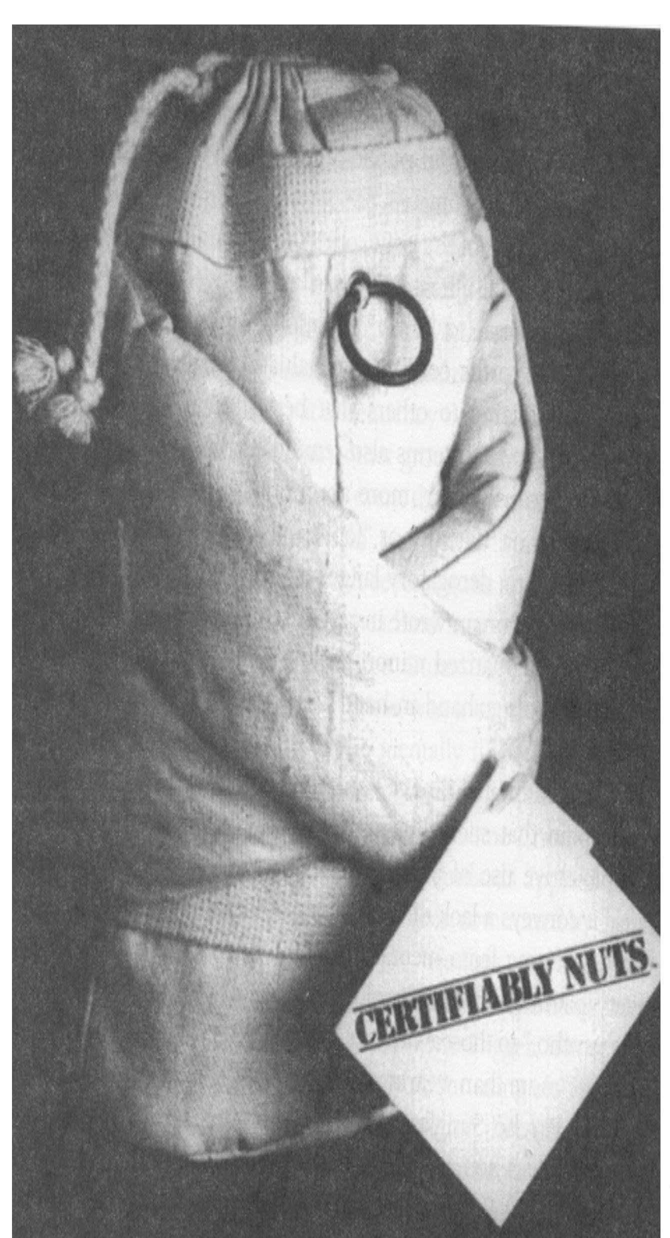
TEXAS CAMPUS TRAGEDY KILLS 11
PAGES 6 & 7

The Top 40

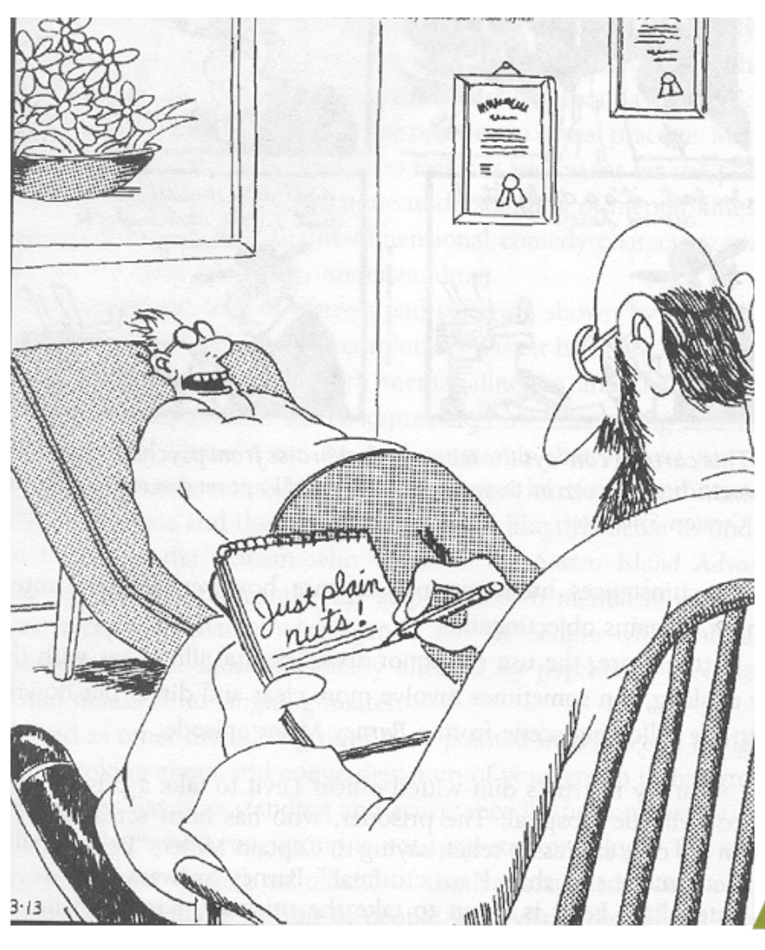
GREAT NEW YORK EATS THAT FIT THE BILL
PAGES 78-80

★★★ FOR JAMES BOND'S 'WORLD'
PAGE 66

In advertising…



In comics…



Hasn’t it gotten better?

July 10, 2002: Trenton State Hospital (NJ) has a fire…

ROASTED NUTS

General-alarm fire at Trenton Psychiatric

By TOM BALDWIN & JEAN LEVINE
Staff Writers

A welder's torch sparked a general-alarm blaze that gutted offices and a chapel at Trenton Psychiatric Hospital yesterday as it burned out of control for more than two hours.

Authorities said no TPH employees or patients were hurt in the morning blaze. But several of the 100 firemen who responded to the scene collapsed from heat exhaustion.

Battalion Chief Graham Smith of the Trenton Fire Division said the blaze broke out in the Haines Building shortly before 8 a.m.

Trentonian Photo/TIM LARSEN
Smoke blows skyward behind a building on the grounds of the Trenton Psychiatric Hospital.

Mental Illness in Film

https://www.bing.com/videos/search?q=mental+illnessportryal+in++films&&view=detail&mid=9C8B49A3AABDAF58C0F99C8B49A3AABDAF58C0F9&&FORM=VDRVRV

Can you match the celebrity to their mental health problem?

Jim Carrey - Actor

Frank Bruno - Boxer

Gail Porter – TV presenter

GoK Wan – Fashion Designer

Stephen Fry – Writer/ presenter

Patsy Palmer - Actor

Marcus Trescothick - Cricketer

Kerry Katona – Reality TV contestant

Susan Boyle – Singer

Britney Spears - Singer

Terry Pratchett – Discworld Author

Catherine Zeta Jones - Actor

Frank Bruno - Boxer	Patsy Palmer - Actress	Gok Wan – Fashion Expert	Kerry Katona – Reality TV contestant
Bi-Polar Disorder	Panic Attacks	Obsessive Compulsive Disorder	Bi-Polar Disorder

Gail Porter – TV presenter	Marcus Trescothick – Cricketer	Britney Spears – Singer	Stephen Fry – Writer/ presenter
Post Natal Depression	Depression	Bi-Polar Disorder	Bi-Polar Disorder

Jim Carrey – Actor	Susan Boyle – Singer	Terry Pratchett – Discworld Author	Catherine Zeta-Jones Actress
Depression	Stress-Related Illness	Alzheimer's Disease (Dementia)	Bi-Polar Disorder

Public Attitude Towards Treatment

- Substance Abuse and Mental Health Services Administration (2014)
- Inability to afford the cost of care (48%),
- Believing that the problems could be handled without treatment (26.5%),
- Not knowing where to go for services (25%),
- Inadequate or no coverage of mental health treatment (6% to 9%),
- Thinking that treatment would not help (9%)
- Concerns about confidentiality (10%),
- Fear that it might cause neighbors or the community to have a negative opinion (10%),
- Fear that it might cause a negative effect on a person's job (8%),
- Fear of being committed (10%),

Stigma From The First Person Perspective

- • Attitudes / routine practices may be experienced as stigmatizing
- • Specifically, mental healthcare consumers have reported feeling stigmatized by: age 18 1. Schulze B. Int Rev Psychiatry. 2007;19(2):137–155.
- Lack Of Interest In Them & Their Mental Health History
- Being Held To A Standard Psychiatric Treatment
- Being Diagnosed In A Way That Conveys An Expectation Of Negative Prognosis
- Not Being Sufficiently Informed About & Included In Treatment Decisions
- Receiving Poor Quality Mental Health Services

Race Ethnicity and Culture

- Sociodemographic characteristics have been found to affect a large number of social beliefs, but when applied to stigma, the research findings are unclear (Pescosolido, 2013).
- Research is clearer on the relationship between culture, race, and ethnicity, and the quality of care that people receive (Bink, 2015).
- Ethnic and racial minorities access mental health care at a lower rate than whites, and when they do, the care they receive is often suboptimal (Schraufnagel et al., 2006; Substance Abuse and Mental Health Services Administration, 1999).

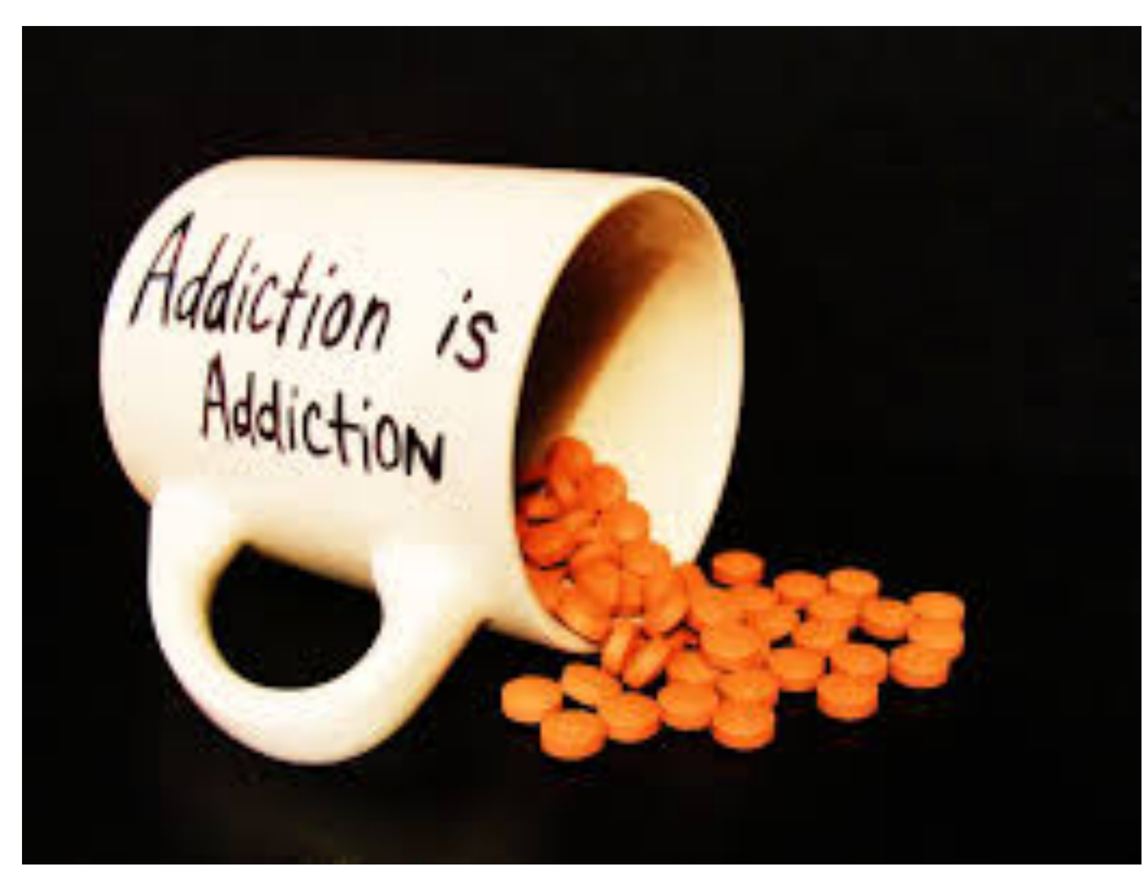
Contact and Experience

- Medical students in Australia reported more positive attitudes about illicit drug users after they experienced contact with them in small-group settings (Silins et al., 2007).
- In a qualitative study of pharmacists and drug users in a needle exchange program in the United Kingdom, both groups reported a decreased sense of stigma with increasing contact and familiarity (Lloyd, 2013).
- A review of two similar studies found that college students for whom at least 50 percent of their friends used drugs scored lower on a measure of public stigma (Adlaf et al., 2009).

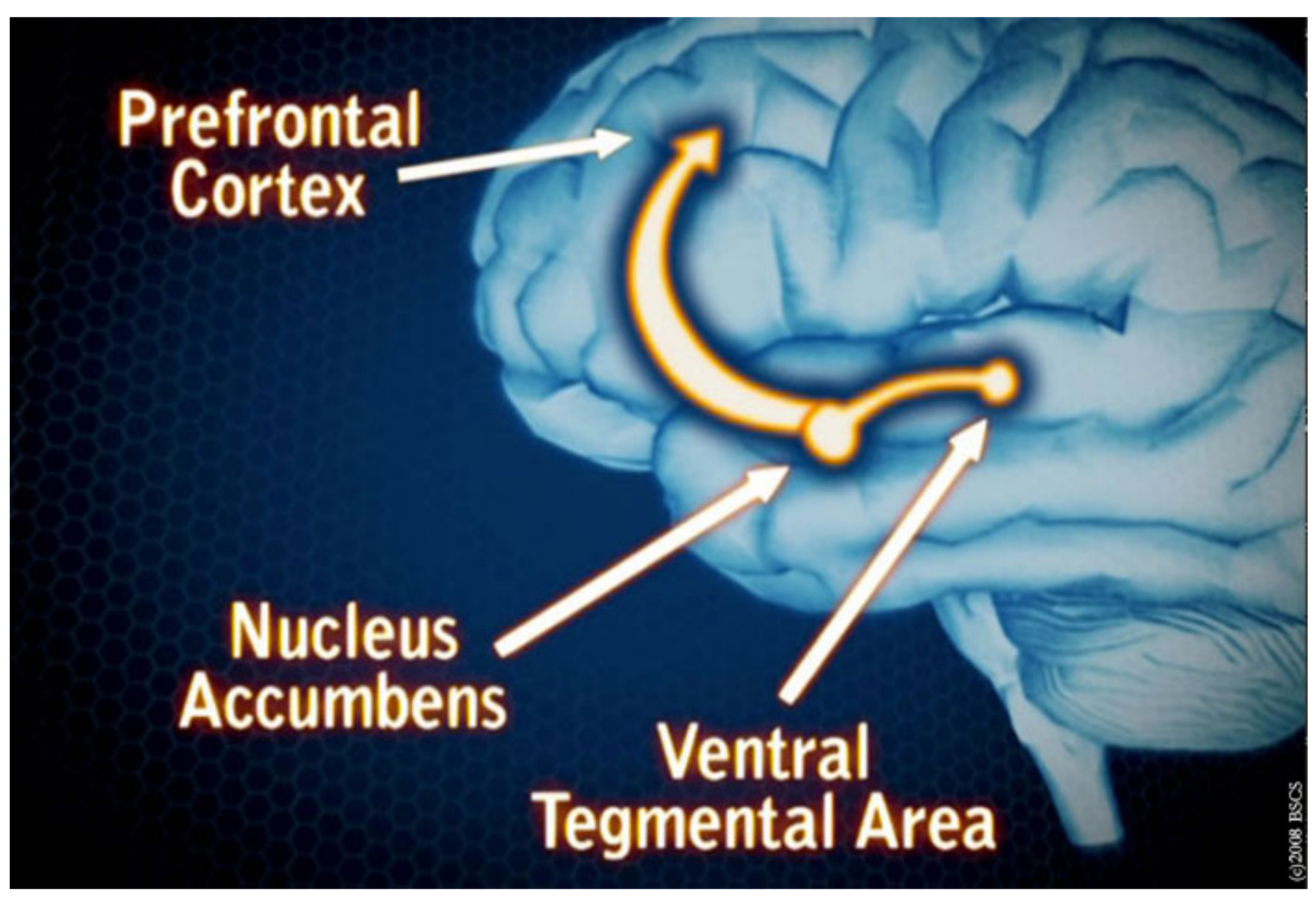
Breakout

- How do we increase exposure in our community?

Medication- Assisted-Treatment



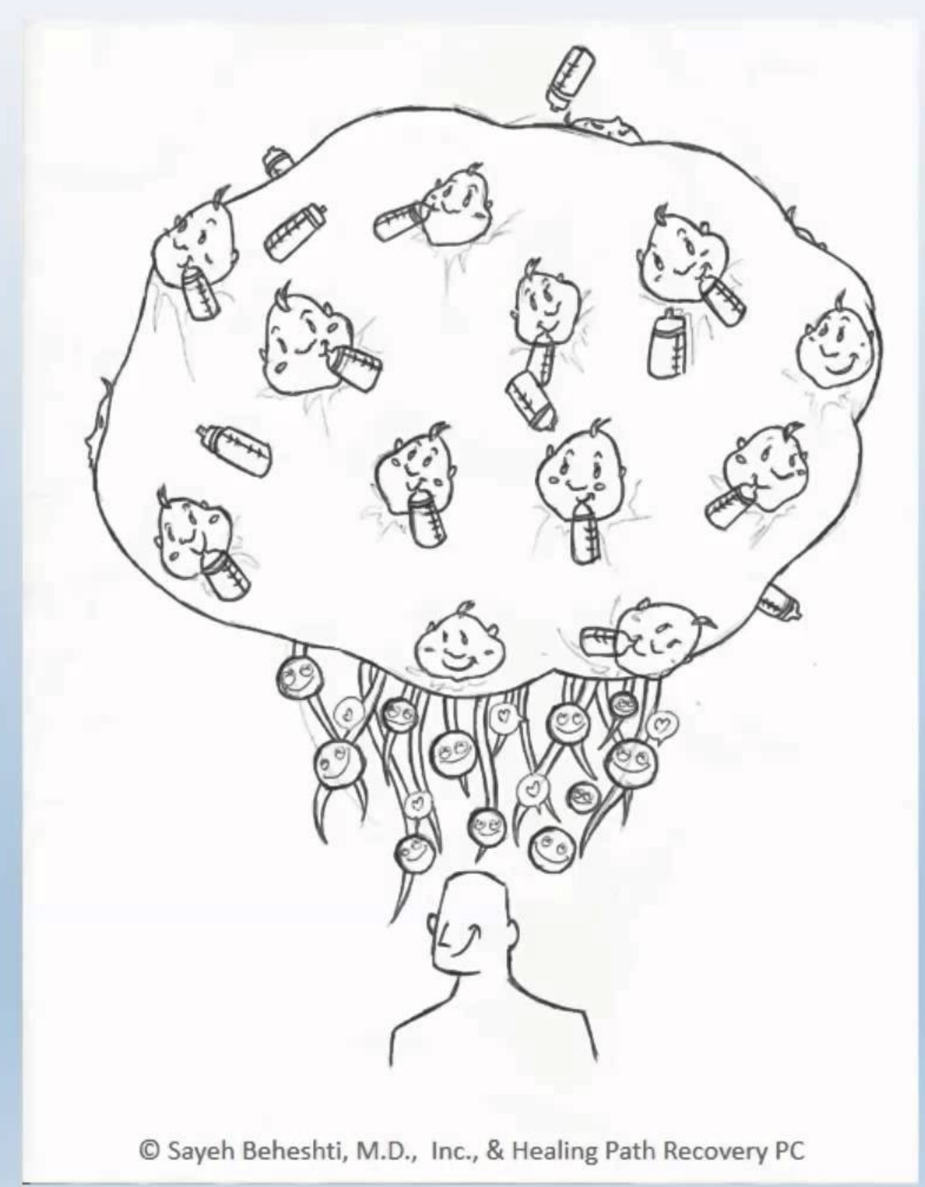
Understanding the Brain



Mechanism of forming Opioid Dependence – Receptor Up-Regulation:

Repeated exposure to Opioids:

- Brain cells make more Opioid receptors to adapt to the presence of Opioids
- Vicious cycle of receptor Up-Regulation
  - The more receptors there are, the more Opioids are needed to obtain the same effect
  - The more Opioids there are, the more receptors are made
- Receptors remain constantly in the "active" state



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Neurobiology of Addiction and Reward

- https://www.youtube.com/watch?v=7VUlKP4LDyQ

Types Of Medication Assisted Therapies

Agonists, antagonists and partial agonists

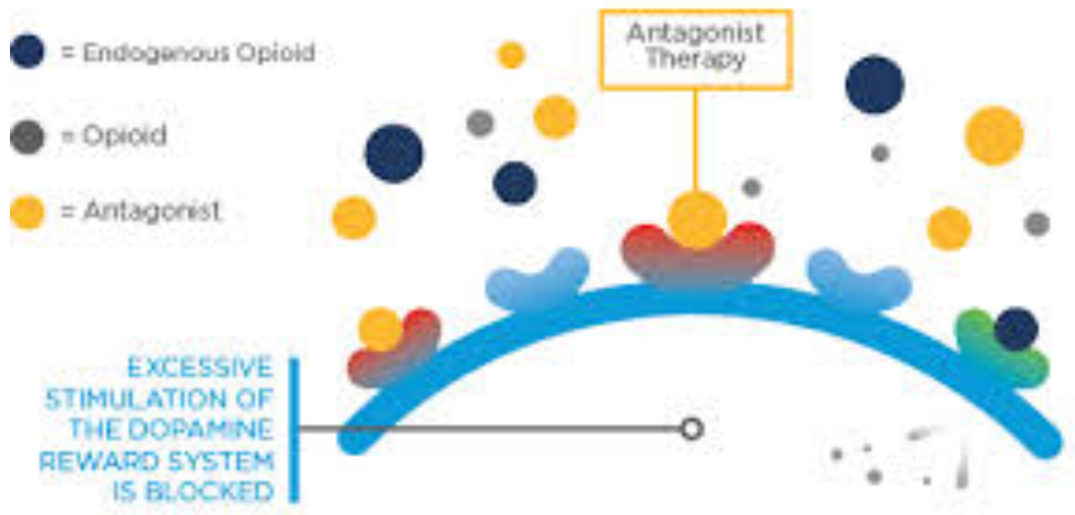
- Agonists occupy receptors, produce a conformational change which leads to receptor activation and thus efficacy
- Antagonists occupy receptors, produce no conformational change and prevent the action of agonists
- Partial agonists occupy receptors, produce an effect which is less than the maximum obtainable with a full agonist and may displace an agonist in certain situations

Medication Assisted Treatment for Opioid Use

- Naloxone-Antagonist
  - Naltrexone
  - Vivitrol
  - Naltrexone implant
  - Narcan
- Methadone- full-agonist
- Buprenorphine- partial-agonist
  - Suboxone
  - Subutex

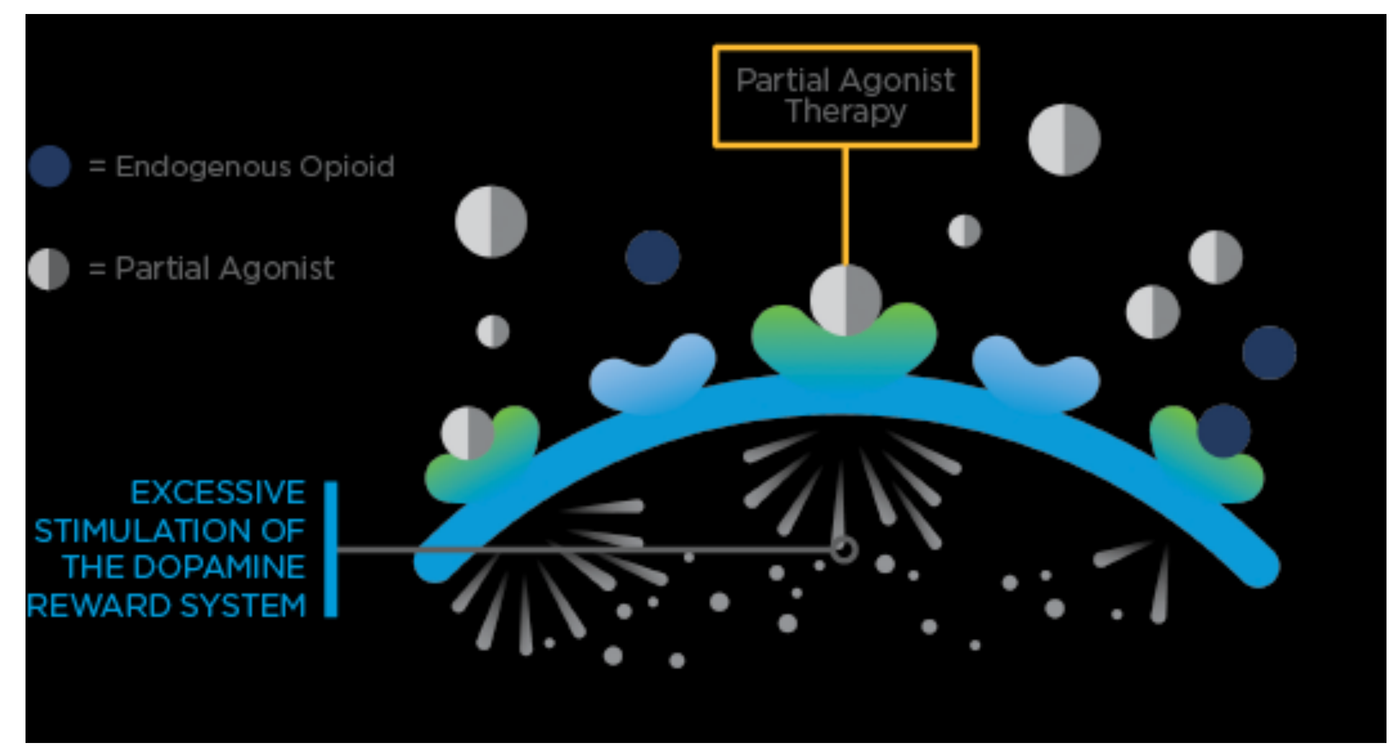
Antagonist Therapy

Naloxone/Naltrexone/Vivitrol



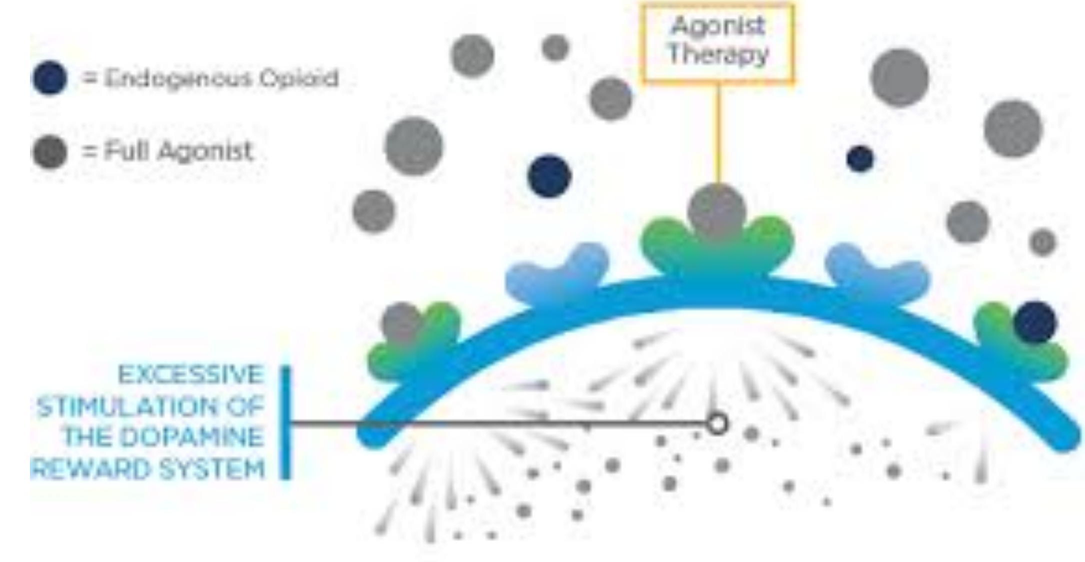
Partial Agonist Therapy

Suboxone/Subutex/
Subsolve/Sublocade

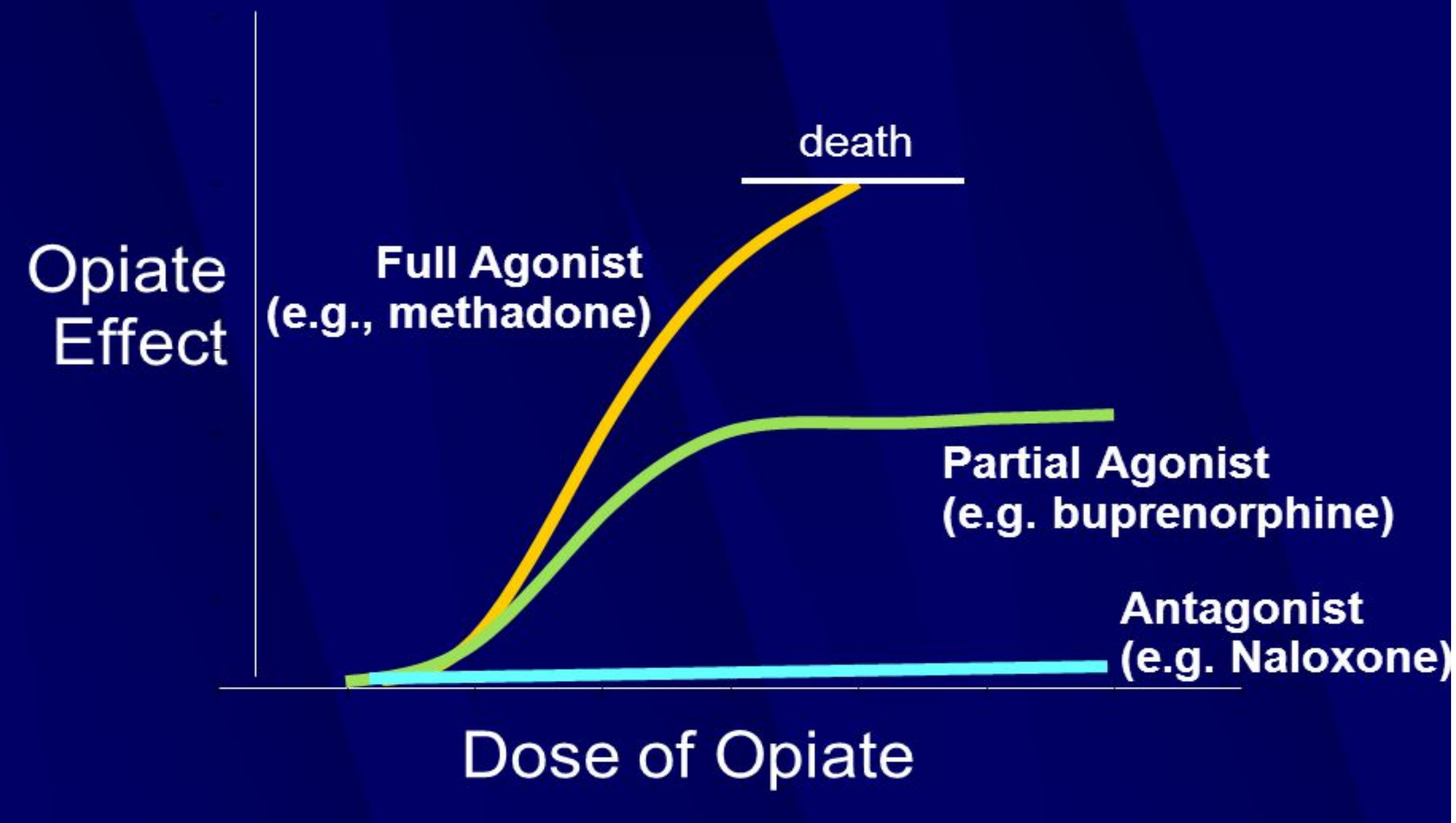


Full Agonist Therapy

Methadone



Partial vs. Full Opioid Agonist



Medication Types for Treating Opioid Use Disorders

	AGONIST THERAPY	PARTIAL AGONIST THERAPY	ANTAGONIST THERAPY
Binds to μ Opioid Receptor	YES	YES	YES
Activates μ Opioid Receptor to Release Dopamine	YES	YES but not to the extent of a full agonist	NO
Administration	Daily oral concentration	Daily sublingual film, sublingual tablet, buccal film, or six-month subdermal implant	Daily oral medication or monthly intramuscular injection
Setting	Provided at certified opioid treatment program settings	Sublingual film, sublingual tablet, or buccal film can be initially provided in a physician's office then as a take-home medication. The six-month subdermal implant requires HCP administration.	Daily oral can be provided as take-home medication. Monthly injection requires HCP administration.
DEA Schedule	Schedule II controlled substance	Schedule III controlled substance	Not scheduled
Requires Detox	NO	NO	YES
Requires Counseling	YES	YES	YES

Strength and Limitation Considerations

- Agonist and partial-agonist Rx
  - Long half life = difficult to get off
    - Heroin- 30 mins
    - Buprenorphine – 24-48 hrs
    - Methadone -10 40 hrs.
  - Anhedonia- lack of pleasure
  - Hormone interactions
  - Chronic pain benefits
  - Retention

Strength and Limitations Continued

- Antagonist
  - Dysthymia – persistent depression
  - Chronic pain/injury
  - Prescription Adherence
  - Bloodwork
  - Hepatic contraindications- effects liver functions
  - No withdrawal
  - Abstinence commitment
  - No psychological impairment

Other Medication Assisted Treatment Options for Substance Use Disorders

- Naltrexone/Vivitrol- Alcohol
- Acamprosate/Campral-Alcohol
- Disulfram/Antabuse-Alcohol
- Bupropion/Wellbutrin- Cocaine/Nicotine

Anonymity in Recovery

- Anonymity is the spiritual foundation of all our traditions ever reminding us to place PRINCIPLES BEFORE PERSONALITIES. (Twelve Steps Twelve Traditions, 1981 pp. 184)

Spiritual Foundation of Anonymity

- Level the playing field

Internalized Stigma in the Recovery Community

AA’s View Medication in Recovery

- Some A.A. members must take prescribed medication for serious medical problems. However, it is generally accepted that the misuse of prescription medication and other drugs can threaten the achievement and maintenance of sobriety. It may be possible to minimize the threat of relapse if the following suggestions are heeded:
- • No A.A. member should “play doctor”; all medical advice and treatment should come from a qualified physician.

Truth about 12 Step Literature

What they say

- **They say**, "Treatment centers are a rip-off – you don't need to go to one cause all they do is give you a $30,000 (or $60,000) Big Book."

What the Book Says

- **Big Book says**, "… we favor hospitalization for the alcoholic who is very jittery or befogged. More often than not, it is imperative that a man's brain be cleared before he is approached, as he has then a better chance of understanding and accepting what we have to offer." [*Alcoholics Anonymous*, 4th Edition, pp. xxvi-xxvii] And, "Of course an alcoholic ought to be freed from his physical craving for liquor, and this often requires a definite hospital procedure …" [*Alcoholics Anonymous*, 4th Edition, pp. xxvii-xxviii]

What they say

- **They say**, "This is a selfish program."

What the Book Says

- **Big Book says**, "Selfishness-self-centeredness! That, we think, is the root of our troubles." [Alcoholics Anonymous, 4th Edition, p. 62]

What they say…

- **They say**, “You can’t date in your first year.”

What the Book Says…

- **Big Book says**, “We do not want to be the arbiter of anyone’s sex conduct … we tried to shape a sane and sound ideal for our future sex life. We subjected each relation to this test – was it selfish or not?” [Alcoholics Anonymous, 4th Edition, p. 69]

What they say…

- **They say**, “You’re not sober if you’re taking pain meds or psych meds.

What the Book says…

- **Big Book says**, “We are convinced that a spiritual mode of living is a most powerful health restorative. … But this does not mean that we disregard human health measures. … though God has wrought miracles among us, we should never belittle a good doctor or psychiatrist. Their services are indispensable in treating a newcomer and in following his case afterward.” [Alcoholics Anonymous, 4th Edition, p. 133]

Organizational Stigma

Organizational Interventions to Address Stigma

- Improving engagement strategies (families, employers, HCP’s)
- Integrated care increases participation
- Increased contact between HCP and patients with SUD.
- Peer support services
- Recovery Oriented Language
- Patient's as decision makers in agency/organizational decisions
- Use of media for mass messaging to dispel myths regarding behavioral health disorders and treatment,
- Education to counter the lack of knowledge about disorders and treatment

• The Stigmatized

- The stigmatized are ostracized, devalued, rejected, scorned and shunned. They experience discrimination, insults, attacks and are even murdered. Those who perceive themselves to be members of a stigmatized group, whether it is obvious to those around them or not, often experience psychological distress and many view themselves contemptuously (Heatherton, et al., 2000).
- Although the experience of being stigmatized may take a toll on self-esteem, academic achievement, and other outcomes, many people with stigmatized attributes have high self-esteem, perform at high levels, are happy and appear to be quite resilient to their negative experiences (Heatherton, et al., 2000).
- There are also "positive stigma": you may indeed be too thin, too rich, or too smart. This is noted by Goffman (1963:141) in his discussion of leaders, who are subsequently given license to deviate from some behavioral norms, because they have contributed far above the expectations of the group.

- **The Stigmatizer**

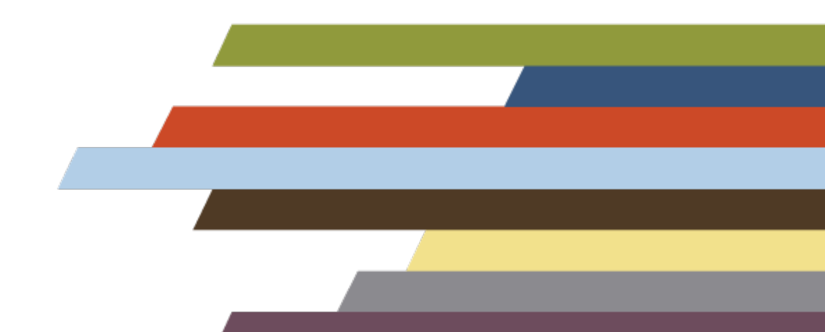
- From the perspective of the stigmatizer, stigmatization involves dehumanization, threat, aversion[clarification needed] and sometimes the depersonalization of others into stereotypic caricatures. Stigmatizing others can serve several functions for an individual, including self-esteem enhancement, control enhancement, and anxiety buffering, through *downward-comparison*—comparing oneself to less fortunate others can increase one's own subjective sense of well-being and therefore boost one's self-esteem. (Heatherton, et al., 2000).
- 21st century social psychologists consider stigmatizing and stereotyping to be a normal consequence of people's cognitive abilities and limitations, and of the social information and experiences to which they are exposed (Heatherton, et al., 2000).

Combatting Stigma

- **For Individuals With A Behavioral Health Diagnosis**
- • Face-to-face interaction with other individuals with lived experience
- • Social media sites for people with lived experience
- • Decide on desired level of disclosure (selective, indiscriminant)2 – Disclosure can be empowering and protective against self-stigmamediated effects on QoL
- **For Health Care Professionals**
- • Face-to-face contact with people with lived experiences, especially other HCPs
- • Workplace informational materials
- • Continuing education • Consider targeting medical students – Interventions directed at medical students have revealed that attitudes are more amenable to change early in their education and training

HCP = Health Care Provider; QoL = Quality Of Life 1. National Academies of Sciences, Engineering, and Medicine. (2016).

Ending discrimination against people with mental and substance use disorders: The evidence



NAMI Resource

- https://1luusk1s9bxol2tr7hdvs212-wpengine.netdna-ssl.com/wp-content/uploads/2020/04/NAMI_Fact-Sheet_Disclosing-to-Others-1.pdf

WHAT CAN WE DO ABOUT STIGMA ?

HUMAN RIGHTS FOR ALL

NOTHING ABOUT US WITHOUT US

PROTECT

- Anti-discrimination laws
- Decriminalisation
- Challenging violence

INCLUDE

- Key populations in healthcare service design and implementation
- Stigma and discrimination reduction as a goal in national strategies

MY BODY MY BUSINESS

HIV STIGMA IS THE REAL KILLER

EMPOWER

- To understand rights
- To act on violations

EDUCATE

- To address fears
- To change attitudes

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