

ENDING STIGMA IN ALABAMA FOREVER

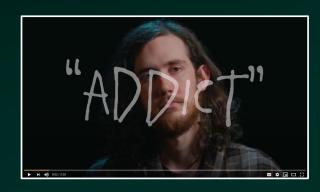
Alabama Department of Mental Health and Alabama Department of Public Health

The Anti-Stigma Campaign "Stop Judging. Start Healing." was created to educate and bring awareness to create a state of mind where people with Opioid Use Disorder (OUD), HIV, viral Hepatitis, Substance Use Disorder (SUD), or Mental Illness (MI) are valued and treated with dignity, and where stigma, accompanying attitudes, discrimination, and other barriers to treatment and recovery are eliminated.



CAMPAIGN VIDEOS - https://stopjudging.org/resources/#videos

Opioid Use Disorder



<u>Substance Use Disorder</u>



<u>Mental Illness</u>



HIV





STIGMA: THAT PERNICIOUS MARK

"Stigma means a mark or sign of shame, disgrace, or disapproval; of being shunned or rejected by others. It emerges when people feel uneasy or embarrassed to talk about behavior they perceive as different."



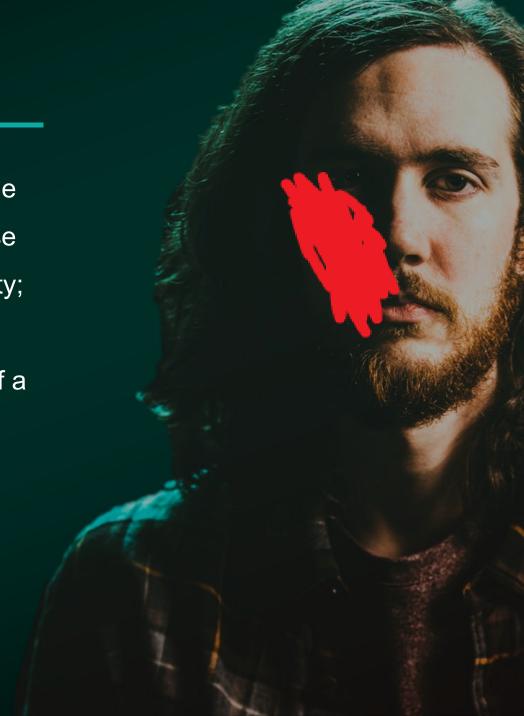


STIGMA: THAT PERNICIOUS MARK

"Stigma is a degrading and debasing attitude of the society that discredits a person or a group because of an attribute... Stigma destroys a person's dignity; marginalizes affected individuals; violates basic human rights; markedly diminishes the chances of a stigmatized person of achieving full potential; and seriously hampers pursuit of happiness and contentment."



Source: 2015 International Conference on Stigma, Howard University, Washington, DC

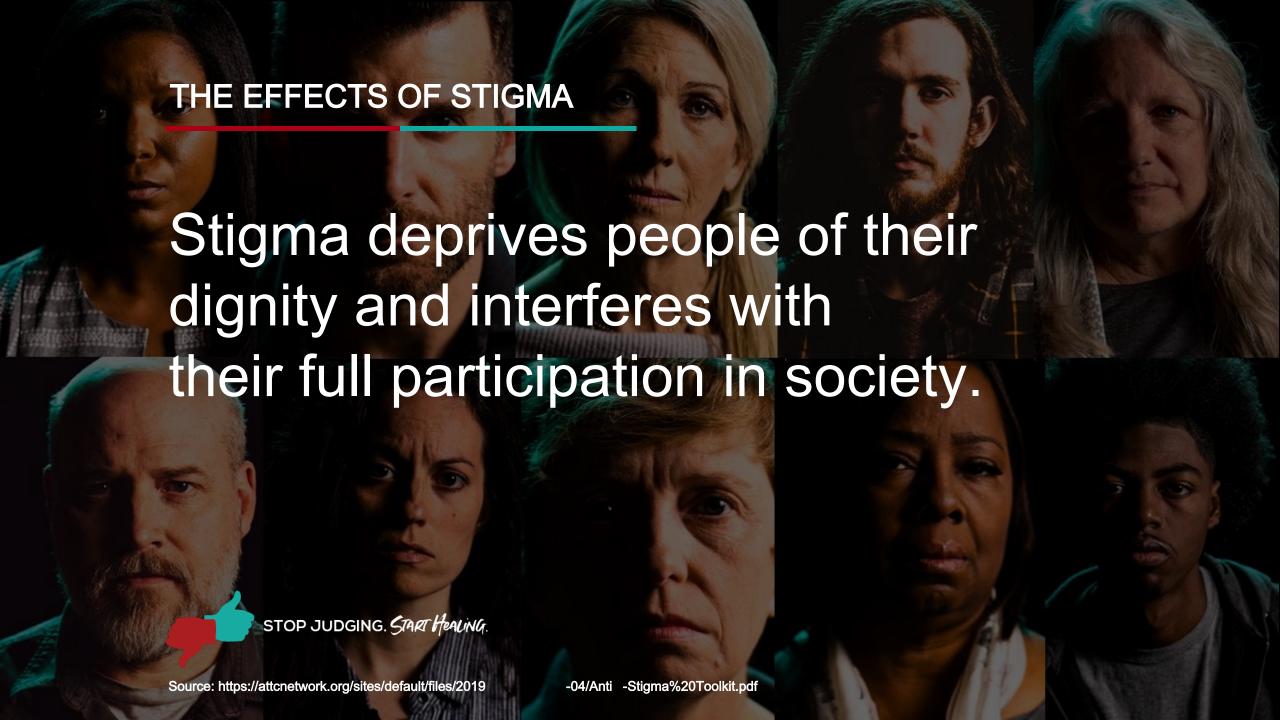


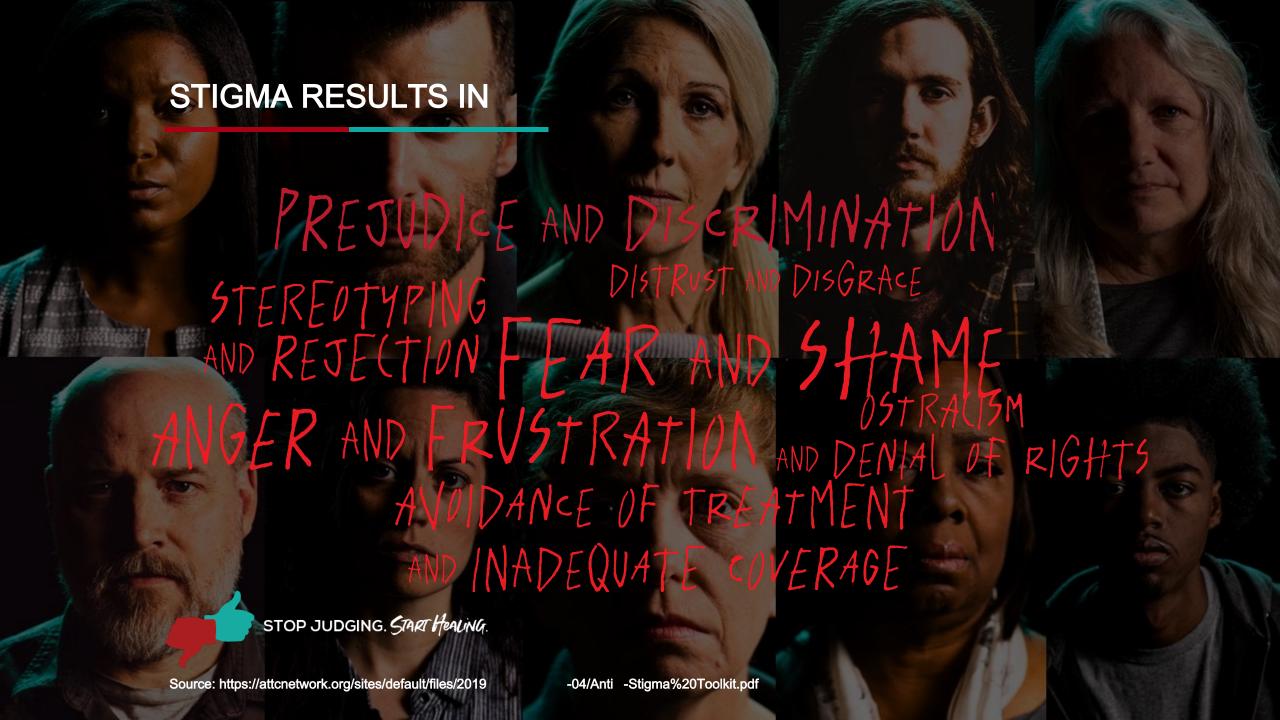
3 TYPES OF STIGMA

PUBLIC | INSTITUTIONAL | SELF-STIGMA

"Self-stigma" occurs when individuals internalize the disrespectful images that society, a community, or a peer group perpetuate, which may lead many individuals to refrain from seeking treatment for their Opioid Use Disorder (OUD), HIV and viral Hepatitis, Substance Use Disorder (SUD), or Mental Illness (MI) conditions.







EFFECTS OF PREJUDICE AND DISCRIMINATION

How does Stigma Impact Individuals?

Prejudice and discrimination often become internalized by people who struggle with Opioid Use Disorder (OUD), HIV and viral Hepatitis, Substance Use Disorder (SUD), or Mental Illness (MI).

THIS LEADS THEM TO:

Believe the negative things (self stigma)

Have lower self esteem because of guilt/shame



(Source: Corrigan P., Watson, A., (2002))

HIV and Viral Hepatitis and Use Disorder research has shown stigma has been associated with:

INTERNALIZED STIGMA

ENACTED STIGMA

ANTICIPATED STIGMA

Each of these has been associated with:





HARMS TO HEALTH AND WELLBEING including under -utilization of HIV-related medical care

HIV and Viral Hepatitis and Use Disorder research has shown stigma has been associated with:

INTERNALIZED STIGMA

Negative feelings and beliefs associated with HIV/SUD and applied to self.



HIV and Viral Hepatitis and Use Disorder research has shown stigma has been associated with:

ENACTED STIGMA

Actual experiences of discrimination, stereotyping, and/or prejudice from others due to one's condition.



HIV and Viral Hepatitis and Use Disorder research has shown stigma has been associated with:

ANTICIPATED STIGMA

Associated with heightened psychological distress, especially for concealable conditions.



STIGMA COMPLICATES ILLNESS

INTERNALIZED STIGMA OUTCOMES **Depression**

Decreased Hope

Worsening Symptoms

Less Likely to Seek Help

Less Likely to Self --Advocate



Source: https://www.ncbi.nlm.nih.gov/pubmed/31233321

STIGMA IMPACTS RECOVERY

Reduce willingness to seek professional help

STIGMA CAN...

Cause reluctance to attend treatment

Limit access to healthcare, housing and employment

Diminish self-esteem

Exacerbate depression

Affect personal relationships at a time they're needed most



Source: https://www.ncbi.nlm.nih.gov/pubmed/31233321

UNDERSTANDING STIGMA & TREATMENT MODELS

Medical Model

Focus has always been on illness, or what is wrong with you

Focus is on treatment of illness or injury

Medical provider in charge and holds knowledge



UNDERSTANDING STIGMA & TREATMENT MODELS

Recovery Model

Focus is on the individual, or what has happened/is happening to you

Focus on individual healing and transformation

Individual is expert, shared decision -making with others who hold additional knowledge



UNDERSTANDING STIGMA & TREATMENT MODELS

WHY DO WE STILL USE MEDICAL MODEL LANGUAGE?

Clinical terms for insurance purposes

Shortcuts for professionals

Habit – prior to the recovery model, this was the only language available.



Language Used for People with Other Illnesses Afflicted Endures FIGHTER Suffers Victim Patient Survivor

Committed Suicide Stigmatizing Language Used in Behavioral Health Hoarder | Denia Drunk -Functioning Abuser

Don't:

Sensationalize a behavior health condition. This means not using terms such as "afflicted with", "suffers from", "victim of".

Portray successful persons with behavioral health conditions as super -human. This carries the assumption that it is rare for people with behavioral health conditions to do great things.

Do:

Put people first: Do say "A person with a behavioral health condition" or "a person diagnosed with...".

Emphasize abilities. Focus on what is strong i.e. the person's strengths, skills, passions.

Focus on language that is respectful, clear and understandable, free of jargon, confusing data and speculation.

Focus on language that is non -judgmental and carries a sense of commitment, hope and opportunity.

Do:

CHECK YOURSELF AND YOUR WORKPLACE

Perform a language audit.

Within your workplace is there stigmatizing language within your policy and procedure?

Is there stigmatizing language said around the office? Inclusive language starts with you.

WORDS HAVE POWER



"By using accurate, non -stigmatizing language, we can help break the stigma surrounding this disease so people can more easily access treatment, reach recovery, and live healthier lives."

Michael Botticelli, Former Director
White House ONDCP

STOP JUDGING. START HEALING.



"The stigma that surrounds mental illness and substance use disorder is the number one barrier to treatment and recovery. We must learn how to speak in positive terms, support our friends and family, and offer appropriate resources to people who need our help."

Commissioner Lynn Beshear, Alabama Department of Mental Health



Thank you for attending today's webinar!

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