MYTH

People with concurrent mental health and substance use problems are less likely to seek treatment than people with only one problem.

FACT

People with concurrent disorders are more likely to actively seek treatment than people with only one problem.[1] They are also more likely to be stigmatized and excluded from existing services.[2]

[1] Health Canada (2001)
[2] Rassool 92002)

MYTH

People with co-occurring mental health and substance use problems can benefit from substance use treatment (or mental health treatment) if integrated services aren't available.

FACT

Engaging and working with people at either point of entry is crucial but "if one of the co-occurring problems goes untreated, both usually get worse and additional complications often arise."

Substance Abuse and Mental Health Services Administration (2002)

MYTH

Most people living with concurrent mental health and substance use problems are homeless.

FACT

While it has been estimated that 40 to 60 per cent of people who are homeless have concurrent disorders, co-occurring problems affect people of all social and economic backgrounds.

MYTH

Most people living with co-occurring mental health and substance use problems have trouble fitting in with the rest of society.

FACT

The stigma associated with concurrent mental health and substance use problems makes it difficult for people to be open with friends, family and colleagues, leaving many people to incorrectly believe that all people with co-occurring problems are homeless or living in poverty.

MYTH

Most people with mental health problems do not have a problem with substance use.

FACT

Forty to 60 per cent of people with a mental health problem will also have a substance use problem sometime in their life.

Health Canada (2001).

MYTH

Treatment first: People who are homeless and living with concurrent mental health and substance use problems need to be stabilized before housing arrangements can be successful.

FACT

Housing first: Studies show that people who are homeless and living with mental health and substance use problems are more likely to address their problems and become more stable if they have decent affordable housing.

Note: Supportive housing does not require clients to be free of the symptoms of their mental illness but often does require them to be free of the symptoms of their substance use problem.

MYTH

There is a tendency for people with severe mental illness to become violent.

FACT

In a 2001 study, researchers calculated that about three per cent of violent offences could be attributed to mental illness and another seven per cent to substance use problems; theoretically, only one in 10 crimes could be prevented if these disorders did not exist.

Arboleda-Flórez & Stuart (2001).

Addict	Alcoholic
Junkie	Schizophrenic
Insane	Handicapped
Elderly	Single Mother
Immigrant	Homosexual
Homeless	Psycho

1. **From a friend**: It's okay for your daughter to come to our holiday party, but I think it's better for everyone's sake that your son not attend. You said yourself that you think he has some mental problems and that he might be using drugs. We don't want to take a chance.

2. **From a mental health agency staff person**: I am sorry but we can't work with you any more because your drug use is interfering with your treatment. You need to get some help for your drug use, and then we can deal with your mental illness.

3. **From an addiction agency staff person**: I am sorry but we only work with people who have an addiction. We are not trained to deal with the complex issues related to your mental illness. You will have to see a psychiatrist first and maybe get a mental health worker.

4. **From a co-worker (in the lunchroom at work)**: Mary's off sick again. She's always taking time off, especially on Mondays. You know, I've smelled alcohol on her breath sometimes, and she always seems to be in a bad mood. She's going to get fired if she doesn't watch herself.

5. **From a family member**: He has to move out. My mother-in-law is coming to visit and she does not know he has a mental illness, not to mention the fact that he also drinks too much. Everybody else in our family is a high achiever, except him. I don't want her to look at me differently.

6. **From a neighbour to her daughter**: I don't want you going over to Fatima's house. I heard that her mother just got out of hospital because of some nervous breakdown. If she's crazy, you never know what she might do.

7. **From a friend**: I felt sorry for Walter when he found out that he has schizophrenia. It's not his fault because he was born with it, but now he's smoking marijuana and getting into all kinds of trouble. He should know better. It's bad enough his family has to live with his mental illness.

8. **Son to his spouse**: I know my dad drinks a little too much, but come on, he's 75 and it's one of his last pleasures in life. Most of his friends are dying, so it gives him a little comfort. It probably helps him sleep.

9. **From a landlord**: As long as she takes her meds and doesn't drink, she'll have a place to live. I can't deal with drug addicts or alcoholics.

10. **From a social worker**: No treatment, no social assistance. Sorry.

11. **From a client**: I think he should be kicked out of the support group. He's borderline, still using, and he keeps monopolizing the conversation.

12. **From a family member**: Alcohol is taboo in our culture. There's been some acceptance of his bipolar disorder, but if our friends and relatives find out that our son is drinking, we're doomed.

13. **From a consulting psychiatrist:** His substance abuse leaves little hope for recovery.

14. **From a family member of a client with concurrent mental health and substance use problems**: It is just so hideous a behaviour. Normal people just don't cut themselves.

15. **From a manager of a concurrent disorders program**: We don't treat cutters or burners here.

True or false?

	TRUE	FALSE
1. Most people with concurrent mental health and substance use problems need to hit "rock bottom" before they have a chance to recover.	☐	☐
2. If you use an integrated approach to treatment for people with concurrent disorders, the mental health problem and substance use problem will always be treated at the same time.	☐	☐
3. People living with concurrent mental health and substance use problems are less likely to seek treatment than people living with only one problem.	☐	☐
4. Stigma prevents people from seeking help for their mental health and/or substance use problem.	☐	☐
5. People with schizophrenia find that their hallucinatory and delusional symptoms have the greatest impact on their lives.	☐	☐
6. You can't help people with concurrent mental health and substance use problems until they are abstinent.	☐	☐
7. You don't fully "recover" from substance use and mental health problems; you just learn to cope with them.	☐	☐
8. Some professionals working in mental health and substance use treatment hold stigmatizing views of their clients.	☐	☐
9. The stigma associated with concurrent disorders can be as problematic as the symptoms.	☐	☐
10. Suicide causes more deaths in Canada each year than traffic accidents.	☐	☐

"True or false" answers

1. **False**. Mental health and substance use problems can be treated at any stage. Not treating these problems until they are affecting every aspect of life puts the client at greater risk.
2. **False**. While concurrent treatment is believed to be most effective for some co-occurring problems (e.g., eating disorders and substance use), sequencing (addressing one problem and then the other) is recommended in other cases (e.g., when treating mood disorders and substance use, it is best to address the substance use first) (Health Canada, 2001).
3. **False**. People living with concurrent disorders are more likely to seek treatment than are people with only one problem.
4. **True**. A 1996 Israeli study by Ben Noun found that 80 per cent of patients who were referred to a psychiatrist by their doctor refused the referral because of the stigma of receiving psychiatric care (BC Partners for Mental Health and Addictions Information, 2005).
5. **False**. In a 2001 Schizophrenia Society of Canada study, people with schizophrenia reported that social withdrawal had a "great impact" on their lives, and that hallucinations and delusions had the "least impact" on their lives, thanks to advances in treatment (BC Partners for Mental Health and Addictions Information, 2005).
6. **False**. Although total abstinence is recommended for many people with concurrent mental health and substance use problems, *harm reduction* strategies—which allow for reduced use—is a more realistic goal for some.
7. **False**. Recovery is a realistic goal for people living with mental health and/or substance use problems. Early interventions, modern medications and newer psychotherapies have improved possibilities for remission or recovery.
8. **True**. People who work in the mental health and substance use field share many of the same attitudes and beliefs as the rest of society. They may also develop negative attitudes toward clients with substance use and mental health problems, due to:
   - misperceptions
   - the complexity of problems presented by people with concurrent mental health and substance use problems
   - personal feelings of inadequacy, frustration and disappointment (Ritson, 1999).
9. **True**. The strongest theme that emerged from focus groups with people with concurrent disorders was the additional and severe stigma associated with having both problems (Health Canada, 2001).
10. **True**. Suicide is a bigger killer than traffic accidents involving drivers and pedestrians alike. In 1999, Statistics Canada reported 4,073 suicides, compared with 2,969 traffic fatalities the same year (Canada Safety Council, 2004). Studies indicate that as many as 90 per cent of people who complete suicide are experiencing depression, a substance use problem or another diagnosable disorder when they take their own lives (BC Partners for Mental Health and Addictions Information, 2003).

"Who wears the label?"

People who have lived with substance use and/or mental health problems

MENTAL HEALTH PROBLEMS

Depression

Buzz Aldrin (astronaut)
Ron Ellis (NHL hockey player)
Abraham Lincoln (American president)
Elizabeth Manley (Olympic figure skater)
Tennessee Williams (writer)
Virginia Woolf (writer)

Bipolar disorder

Patty Duke Astin (actor)
Winston Churchill (former British prime minister)
Ted Turner (founder of CNN)
Ludwig van Beethoven (composer)
Vincent van Gogh (Dutch post-impressionist painter)

Anxiety disorder

Roseanne Barr (actor/comedian)
Nicolas Cage (actor)
Shayne Corson (NHL hockey player)
Aretha Franklin (singer)
Howard Hughes (tycoon)
Ricky Williams (NFL football player)
Oprah Winfrey (actor/talk show host)

Schizophrenia

Emily Carr (artist)
John Nash (scientist—portrayed in movie *A Beautiful Mind*)

Eating disorder

Karen Carpenter (singer)
Mary-Kate Olsen (actor)

SUBSTANCE USE PROBLEMS

Drew Barrymore (actor and director)
Robert Downey, Jr. (actor)
Judy Garland (actor and singer)
Jack Kerouac (beat generation writer)
Sir Elton John (musician)
Edgar Allan Poe (writer)
Cole Porter (composer of Broadway scores)
Leo Tolstoy (writer of *War and Peace*)
Mathew Perry (actor from *Friends*)
Jann Arden (singer)
Ernest Hemingway (writer)

Note: Given the prevalence of concurrent disorders, it is likely that 40 to 60 per cent of these famous people have lived, or are living, with co-occurring mental health and substance use problems.

For example, actor and director Drew Barrymore talks about her substance use problem and depression in the book *Beyond Crazy,* by Scott Simmie and Julia Nunes (2002). And biographical accounts of Winston Churchill and Judy Garland indicate that they were also living with concurrent mental health and substance use problems.

Things you can do to stamp out stigma

1. Acknowledge the prevalence of concurrent mental health and substance use problems.
2. Try to "walk in the shoes" of a person who is stigmatized.
3. Watch your language.
4. Monitor media and openly critique stigmatizing material.
5. Respond directly to stigmatizing material with a letter to the editor.
6. Speak up about stigma to friends, family and colleagues.
7. Be aware of your own attitudes and judgments.
8. Provide support for organizations that fight stigma.

We must speak out

Seven steps to writing an effective letter of complaint to the media:

1. OPEN WITH YOUR PURPOSE AND EXPRESS YOUR FEELINGS

- The purpose of this letter is to . . .
- let you know . . .
- suggest . . .
- express my disappointment with. . .
- protest . . .
- condemn . . .

2. DOCUMENT THE SOURCE OF YOUR COMPLAINT

- Your editorial . . .
- Your article . . .
- Your television program . . .
- Your film . . . *that appeared on (date) under the title of (name of the editorial, article, program or film)*

3. SAY WHO YOU ARE

- As a reader/viewer/fan who has a mental health and/or substance use problem . . .
- As the family member of a wonderful young woman who has a . . .
- As the administrator of a program for people who . . .

4. SAY WHAT UPSET YOU AND THE HARM IT DOES

I can tell you that . . .

- your joke made me cry from pain and anger . . .
- your headline made my blood boil . . .
- you are misleading the public about . . .

5. ADD SOME INFORMATION ABOUT MENTAL HEALTH AND/OR SUBSTANCE USE PROBLEMS

I can also tell you that . . .

- negative stereotypes profoundly affect attitudes toward people with mental health (or substance use) problems. A 1990 study found that two out of three people surveyed get their information about mental illness from the media—not from doctors or other professionals.

6. SAY WHAT YOU WANT DONE

I implore you to stop . . .

- the slurs and jokes . . .
- the sensational headlines . . .
- the exploitation . . .

You can address any harm done by accurately reporting . . .

7. EDUCATE!

I enclose . . .

- educational material about . . .
- information about our program . . .
- an article about . . .

Adapted from Arnold, J. & Weinerth, N. (2001). *Challenging Stereotypes: An Action Guide.* Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.