

# Presentation overview

We will explore:

- the facts and myths about concurrent disorders
- the power of language and how words can wound
- stigma, prejudice and discrimination as a barrier to recovery for people living with concurrent mental health and substance use problems
- ways you can incorporate anti-stigma practices into your work
- ways we can all be part of the solution.

## A few ground rules

- Respect confidentiality, whether it's about our personal lives, our careers or observations from our work.
- One person speaks at a time and everyone will get a chance to contribute.
- Participants are encouraged to share ideas, but participation is voluntary.
- Participants are encouraged to express differences of opinion.
- Use “I” statements; the first person is more straightforward.
- Actively listen to others.
- No interrupting!
- Embrace religious, age, gender, sexual orientation, linguistic or cultural differences.
- Confront with care; challenge with respect.
- The facilitator is just that—not the “expert”!

# What are concurrent disorders?

Concurrent disorders are any combination of mental health and substance use disorders.

Some examples are:

- an anxiety disorder and a drinking problem
- schizophrenia and cannabis dependence
- borderline personality disorder and heroin dependence
- depression and dependence on sleeping pills.



However,  
 $1 + 1$  may equal 3, 4, 5 . . .

A combination of mental health and  
substance use problems can create  
more problems.

# Prevalence of concurrent disorders

Forty to 60 per cent of people who have mental health problems will also have a substance use problem during their lifetime. These percentages are similar for people who seek help for their substance use.

Health Canada (2001). *Best Practices: Concurrent Mental Health and Substance Use Disorders*. Ottawa: Author.

# What is stigma?

Stigma is:

- a complex idea that involves attitudes, feelings and behaviour
- a word referring to the negative “mark” attached to people who possess any attribute, trait or disorder that marks that person as different from “normal” people. This “difference” is viewed as undesirable and shameful, and can result in people having negative attitudes and responses (prejudice and discrimination) toward another person.

Adapted from O’Grady, C. (2004). *Stigma as experienced by family members of people with severe mental illness: The impact of participation in self-help/mutual aid support groups*. Unpublished doctoral dissertation, University of Toronto.

## What is discrimination?

Discrimination is a prejudicial act, such as denying someone employment, housing, accommodation or other services because of the person's race, colour, citizenship, culture, ethnic origin, marital or family status, sexual orientation, disability, age, gender, economic situation and so on. It may be covert or systemic, intentional or unintentional. An act of discrimination is a violation of an individual's human rights and may be prosecuted under the Ontario Human Rights Code.

## Multi-layers of stigma

People who are experiencing stigma as a result of their co-occurring mental health and substance use problems may experience additional prejudice and discrimination associated with their:

- ethnicity
- race
- religion
- sexual orientation
- invisible or visible disability
- gender
- economic status
- age.

# Effects of stigma

- prejudice and discrimination (in medical care, housing, employment)
- negative feelings about self (self-stigma); for example, believing the negative stereotypes generated by society and media messages
- tendency to avoid seeking help, and to keep symptoms and substance use a secret
- social isolation and/or constricted social support network
- poverty
- depression
- loss of hope for recovery
- suicide.

Adapted from Pompili, M., Mancinelli, I. & Tatarelli, R. (2003). Stigma as a cause of suicide. *British Journal of Psychiatry*, 183(2), 173–174, and from Kittel Canale, M. (2001). *Stigma of Addiction: Final Report*. Toronto: Centre for Addiction and Mental Health.

“The limits of my language . . .  
mean the limits of my world.”

—Ludwig Wittgenstein (1963)

# Famous people with mental health and/or substance use problems

LUDWIG  
VAN BEETHOVEN

ROBERT DOWNEY, JR.

**NICOLAS CAGE**

JOHN NASH

HOWARD HUGHES

WINSTON CHURCHILL

**Ted Turner**

**Oprah Winfrey**

**Elizabeth Manley**

PATTY DUKE AGTIN

VINCENT  
VAN GOGH

ERNEST HEMINGWAY

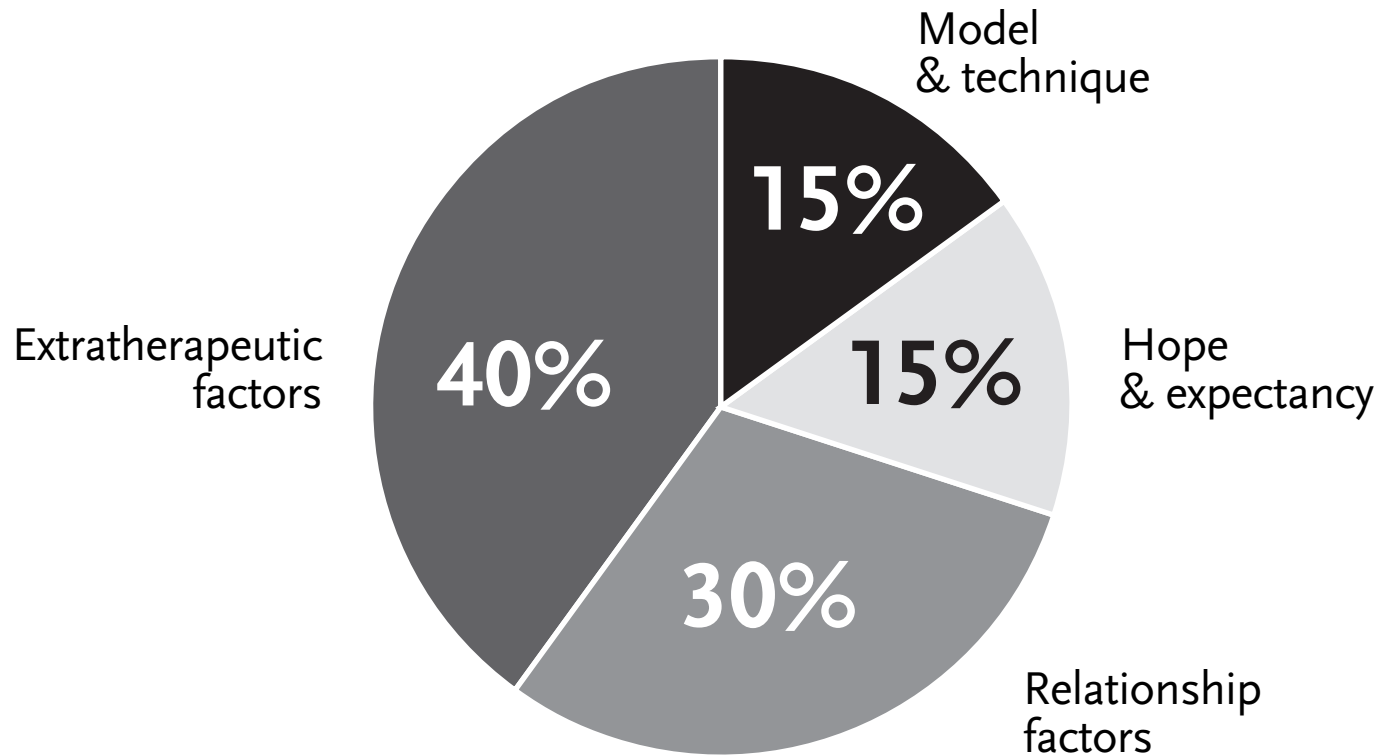
**EMILY CARR**

JUDY GARLAND

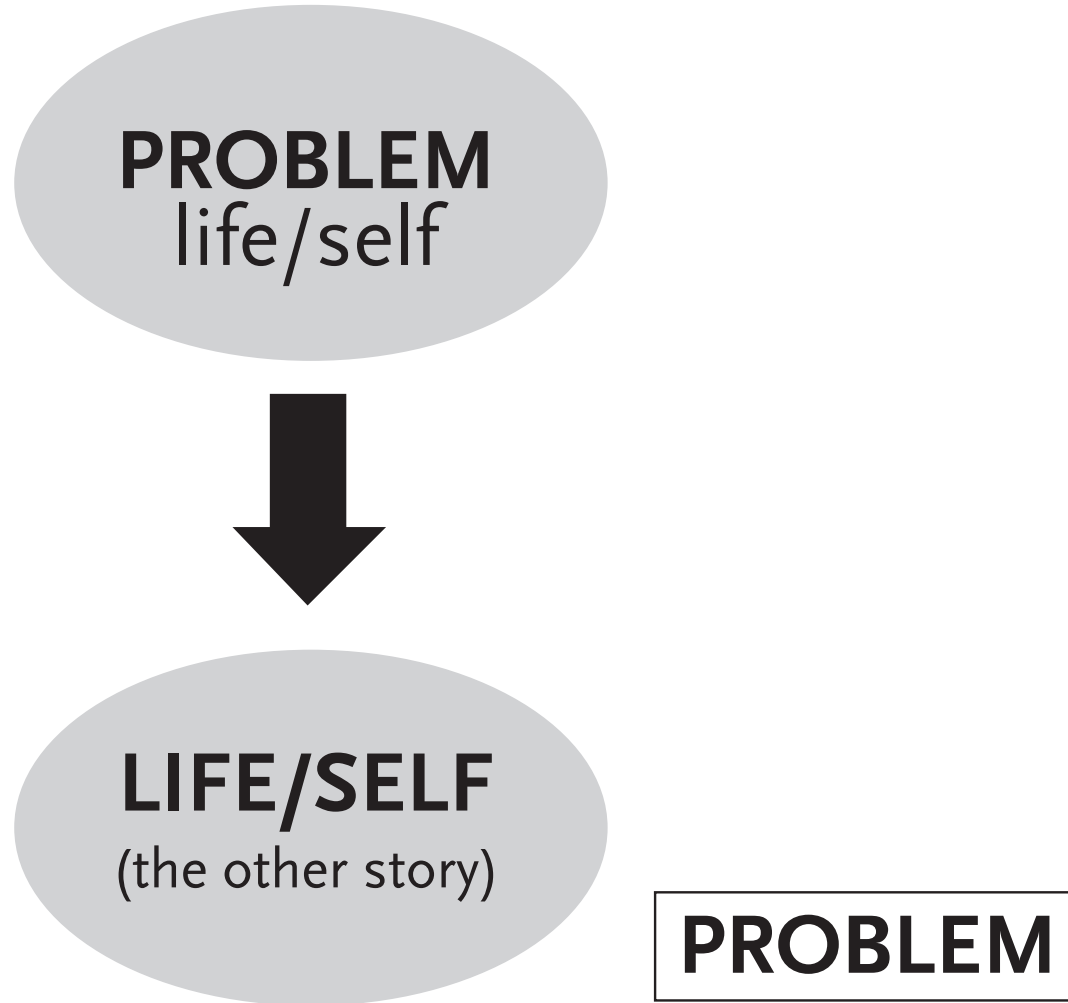
**MATHEW PERRY**

# What works in therapy

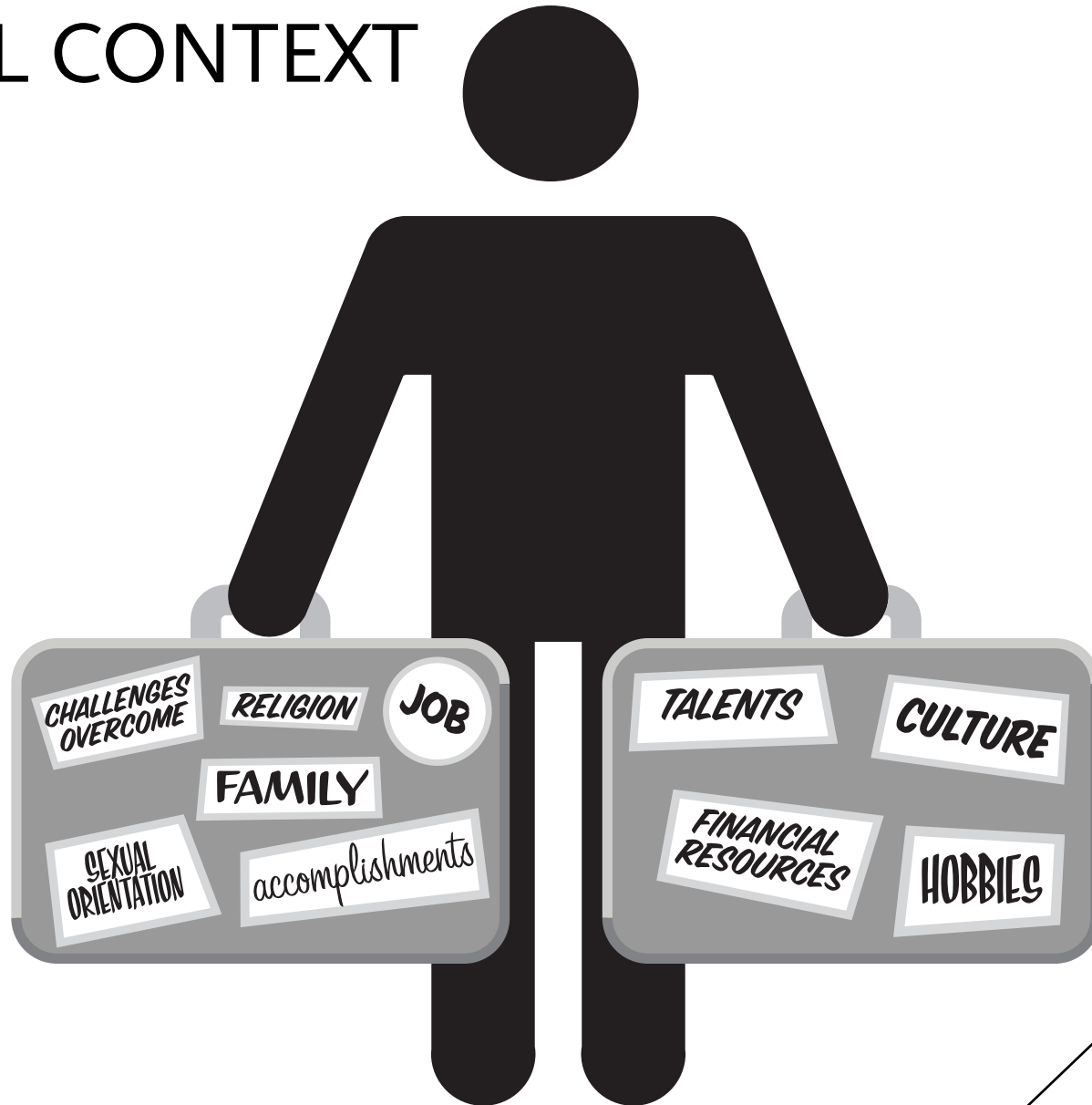
Making sense of 40 years of outcome data



# The other story



# SOCIAL CONTEXT



# 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.

What is stigma?

**STIGMA**

**=**

**PREJUDICE  
+  
DISCRIMINATION**