

# Addressing the Role Stigma Play in Death by Suicide

Debra Brownlee, PhD  
September 15, 2021



Mountain Plains (HHS Region 8)

**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

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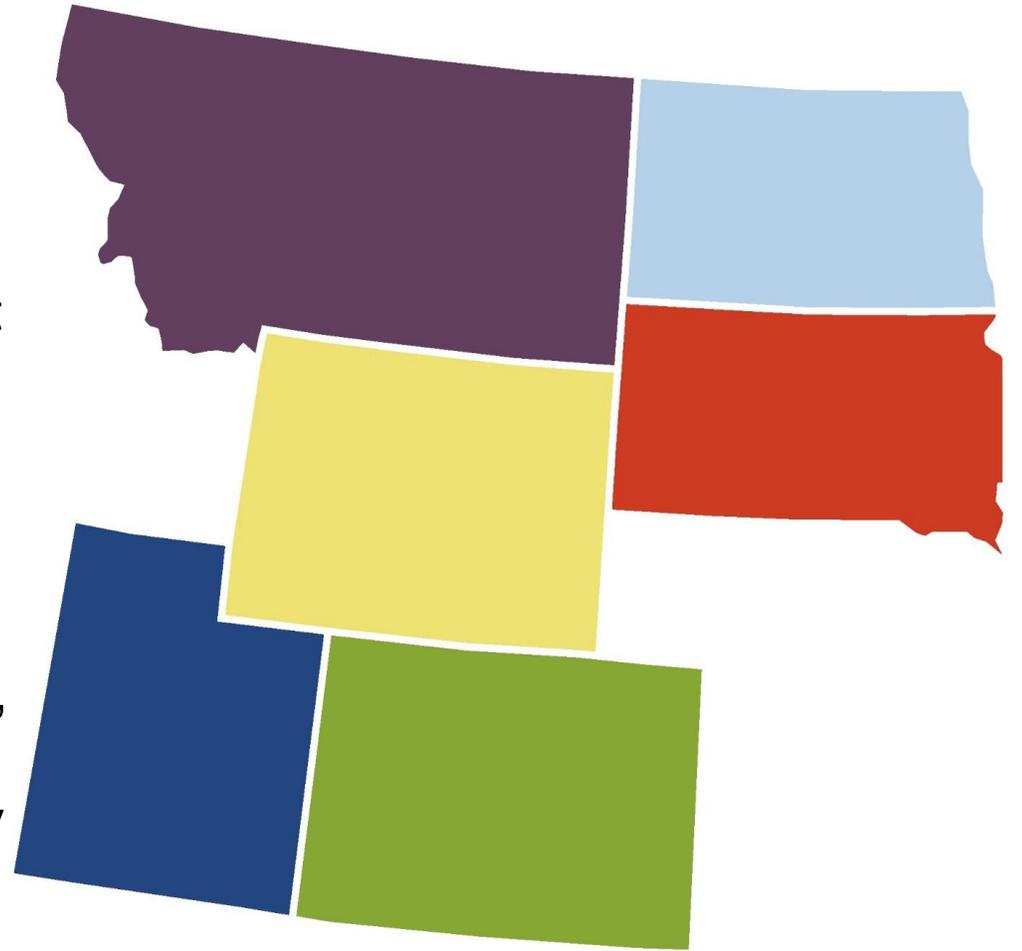
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The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

# The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



# Stay Connected



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**The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:**

**STRENGTHS-BASED  
AND HOPEFUL**

**INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES**

**HEALING-CENTERED AND  
TRAUMA-RESPONSIVE**

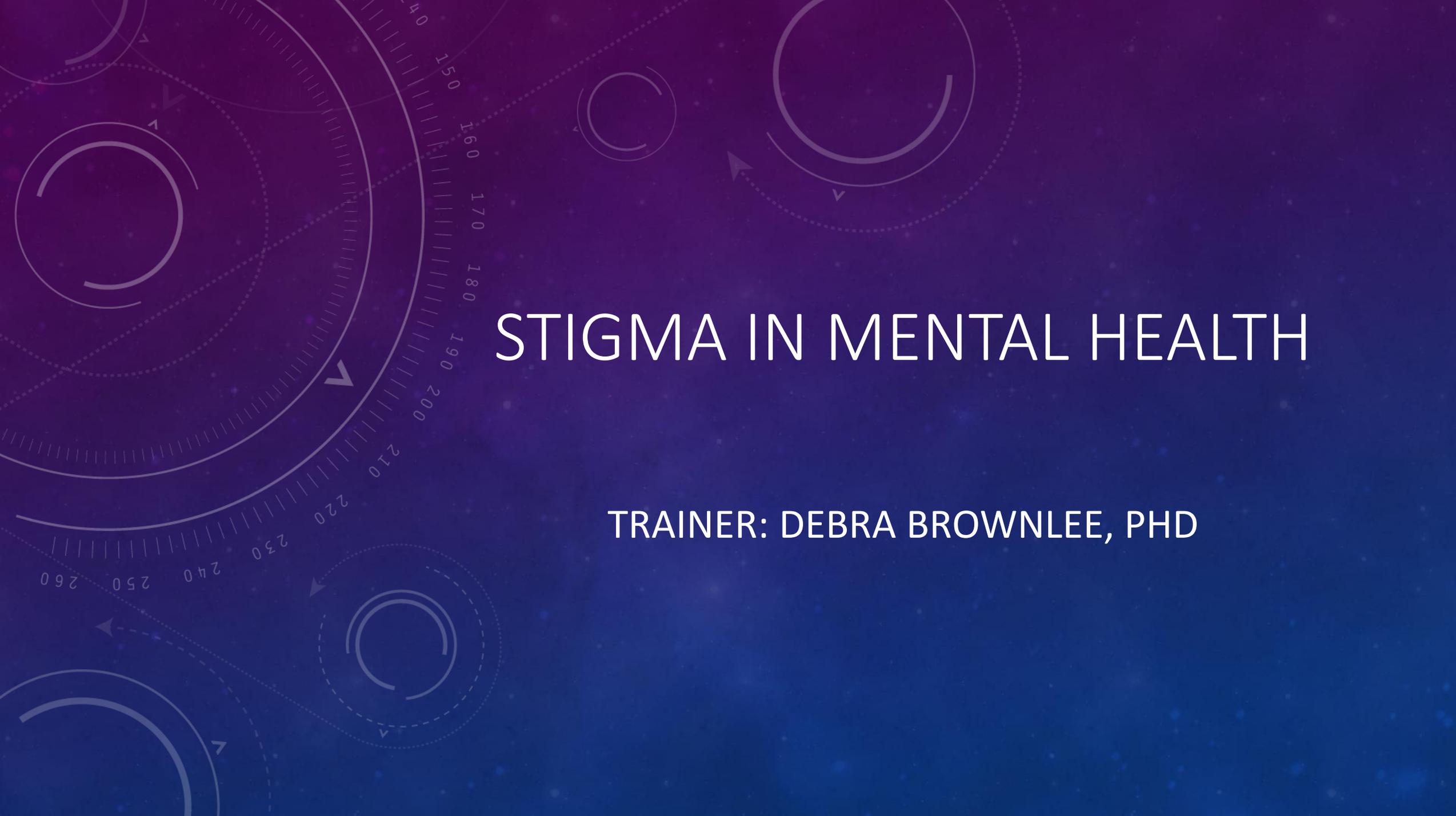
**INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS**

**PERSON-FIRST AND  
FREE OF LABELS**

**NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS**

**RESPECTFUL, CLEAR  
AND UNDERSTANDABLE**

**CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS**

The background features a dark blue gradient with faint, light blue circular patterns and a scale. The scale is a large arc on the left side, with numbers ranging from 140 to 260 in increments of 10. There are also several smaller circles and dashed lines scattered across the background, some with arrows indicating direction.

# STIGMA IN MENTAL HEALTH

TRAINER: DEBRA BROWNLEE, PHD

# STIGMA

**Activity:** In one minute, how many terms can you identify for “mental health” (e.g. crazy, nuts, etc...)?

How easy did the words on your list come to you?

How often do you hear these words/terms come up in everyday conversation?

## The language we use

### Words Matter!!

- ❖ Imagine that person you're trying to help. Think of them sitting in the corner of the room listening to every word you use to describe them. Imagine them reading the notes you've written about them.
  - How likely would it be that they would want to tell you about what they're experiencing given what they heard/read?
  - Do your words conform to a stereotype or stigma?
  - Many mental health conditions present with a restricted range of emotion (e.g. psychosis, trauma, substance use). Just because a person doesn't show emotion, it doesn't necessarily mean that they aren't understanding or feeling.
  - Mental Illness is not correlated with intelligence and it most definitely is not correlated with hearing.

# STIGMA

## Scenario 1

Your neighbor's spouse is hospitalized due to a heart attack. What is your response? How do you support your neighbor?

Any differences in response? If so, why?

When you hear the term "Physical Health" what do you think of?

When you hear the term "Mental Health" what do you think of?

## Scenario 2

Your neighbor's spouse is hospitalized due to depression and/or substance use problem. What is your response? How do you support your neighbor?

# STIGMA

Have you ever had a cold/flu?

Have you ever needed a cast or stitches?

## All illness is a continuum

- ❖ Physical and Mental health symptoms are a part of human existence. Everyone alive has experienced sadness, fear, anxiety in some form.
- ❖ Most people experiencing physical/mental health symptoms don't require formal treatment. Symptoms often get better with time.
  - ❖ When treatment is needed, it's usually minimal and time-limited.
  - ❖ In more rare cases, symptoms are life-long requiring on-going treatment.

Have you ever grieved the loss of a loved-one?

Have you ever been so anxious you couldn't sleep?

# STIGMA

- ❖ The Fundamental Attributional Error
- ❖ Perspective matters/it's the individual's experience that matters
- ❖ Every person has a right to address their personal concerns vs. the concerns of others
- ❖ Everyone has strengths on which to build
- ❖ Providers/Counselors act as helpers/guides rather than taking on the role of "fixer".

Nobody does anything for 'no good reason'

# WHAT ARE THE ISSUES?

Remember: In every interaction, you bring your own skills and experience

The same strategy will most certainly not work with all people

- ❖ What are the most common struggles experienced by the students you work with?
- ❖ What are the typical strategies you use (perhaps even without thinking of it as a strategy)?
- ❖ What has worked well? What has proven to not work well?

*Strategies that work for someone else may not work for you*

# MENTAL HEALTH PROBLEMS (12 MONTH PREVALENCE)

## Adults

- Anxiety Disorders (18.1%)
- Major Depressive Disorder (6.8%)
- Substance Use Disorder (8.1%)
- Bipolar Disorder (2.8%)
- Eating Disorders (5-10%)
- Schizophrenia (0.3-0.7%)

## Youth (ages 13-18)

- Anxiety Disorders (31.9%) w/severe impact (8.3%)
- Behavior Disorders (19.1%) w/severe impact (9.6%)
- Mood Disorders (14.3%) w/severe impact (11.2%)
- Substance Use Disorders (11.4%)

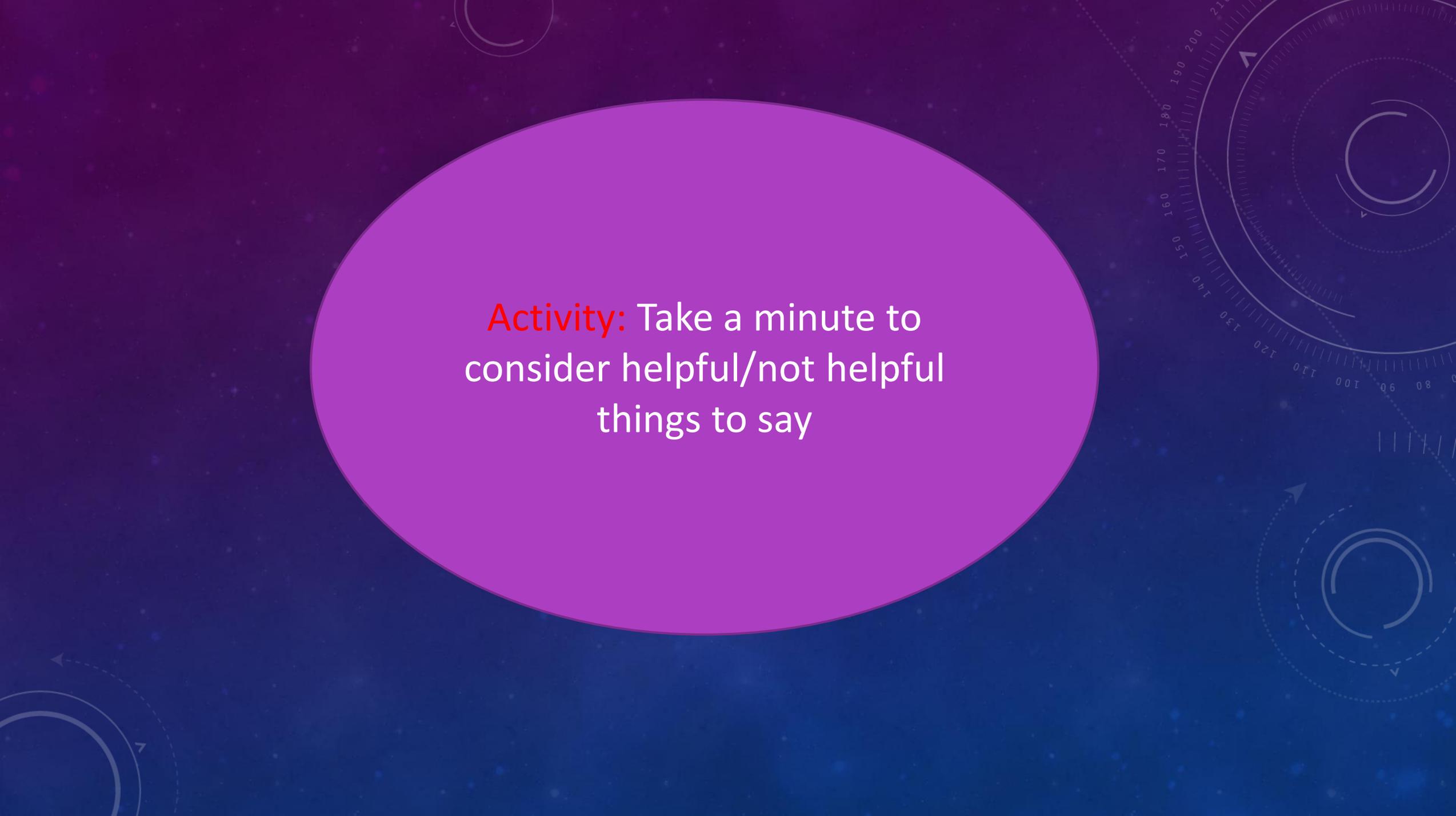
## STATISTICS WORTH MENTIONING

- [afsp.org](http://afsp.org) (American Foundation for Suicide Prevention)
- [sprc.org](http://sprc.org) (Suicide Prevention Resource Center)

# THE APPROACH

- ❖ Communication is imperfect but mistakes in communication can usually be fixed.
- ❖ Be specific in describing what you are noticing and/or what your concerns are.
- ❖ Your best skills involve being genuine, compassionate, and respectful.
- ❖ The more ill someone is, the more clear you have to be (e.g. you may have to take more time explaining why you're asking the questions you are; what your intentions are, etc...)
- ❖ Take your time. Most decisions don't have to be made right away. (If they're talking, they're not acting)
- Remember, you are not the sole decision maker. You are able to access support through the National Suicide Prevention Lifeline, [afsp.org](http://afsp.org) (American Foundation for Suicide Prevention), [sprc.org](http://sprc.org) (Suicide Prevention Resource Center); and 911 is always an option if you aren't sure a person can keep themselves safe.
- ❖ Put the National Suicide Prevention Lifeline Number in your phone contacts list (1-800-273-8255).
- ❖ If you do call 911, tell the operator that this is a mental health crisis and ask if they can send someone trained to help with mental health issues.

National Suicide  
Prevention Lifeline  
1-800-273-TALK  
(8255)



**Activity:** Take a minute to consider helpful/not helpful things to say

# THE APPROACH

## Examples of What to Say

- ❖ I'm concerned about you.
- ❖ It looks like you're having a hard time concentrating, focusing, getting to appointments on time, etc...
- ❖ You seem to be more anxious, sad, angry, etc... than usual (then give specifics: e.g. you look like you've been crying; you've been snapping/yelling more than usual; you're trembling).
- ❖ Would it help to talk? I'm here when you're ready to talk.

## Examples of What Not to Say

- ❖ Get over it.
- ❖ You're making a bigger deal of this than you need to.
- ❖ Calm down.
- ❖ You just need to.... What you should do is...
- ❖ Have you done what we talked about before (e.g. taken your meds, stopped drinking/drugs, etc...)

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THANK YOU!