Overcoming Stigma: Actions to Improve Adolescent Mental Health
January 16, 2024

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SAMHSA
Substance Abuse and Mental Health Services Administration

Mountain Plains (HHS Region 8)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Disclaimer and Funding Statement

About Us

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)

Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.
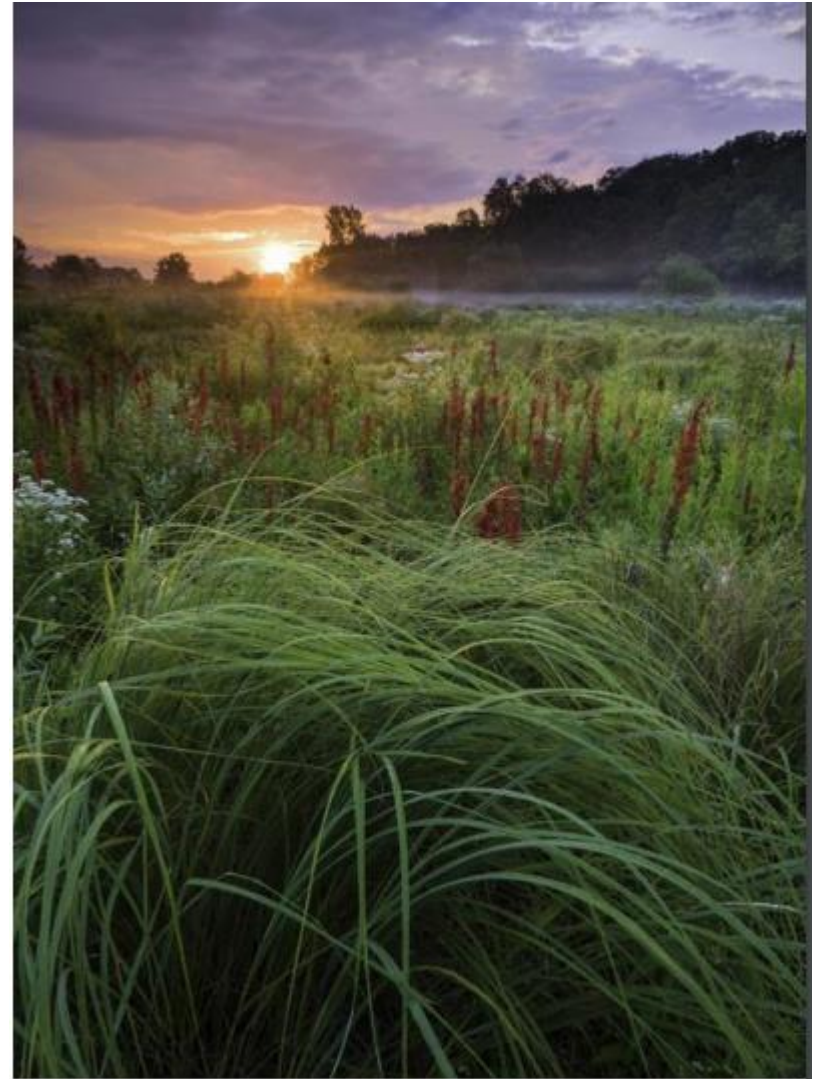
The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

STRENGTHS-BASED AND HOPEFUL

PERSON-FIRST AND FREE OF LABELS

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

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

HEALING-CENTERED AND TRAUMA-RESPONSIVE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

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The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.

Learning Objectives
Participants will be able to:

- Identify stigma around mental health within educational settings by describing common components and three levels of stigma and the importance of non-stigmatizing language

- Understand stigma as a barrier to early intervention among youth seeking mental health services and the role educators can play to reduce stigma

- Discuss solutions to mental health stigma among adolescents by listing cross-cutting practices for preventing or reducing stigma

A Basic Definition

"Stigma can be understood as an attribute, behavior, or reputation that is socially discrediting, and substance-related problems appear to be particularly susceptible to stigma."

(John F. Kelly*, Cassandra M. Westerhoff)
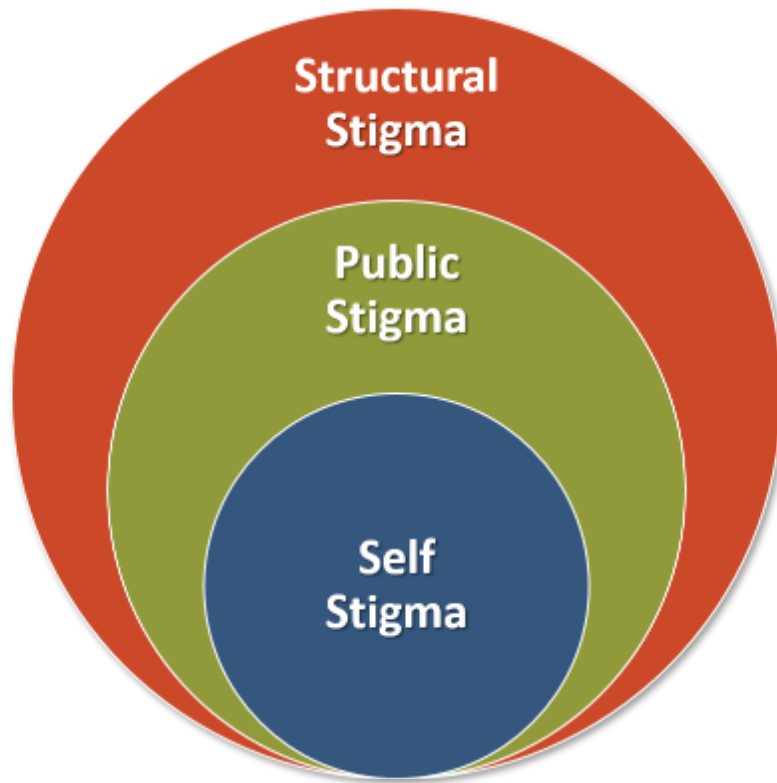
A Look at the Components of Stigma

Stereotypes
Ideas

**Prejudice**
Beliefs

Discrimination
Actions

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Stigma on Three Levels

Stigma is a dynamic multidimensional, multilevel phenomenon that occurs at three levels of society—structural (laws, regulations, policies), public (attitudes, beliefs, and behaviors of individuals and groups), and self-stigma (internalized negative stereotypes).

(National Academies Press, 2016)
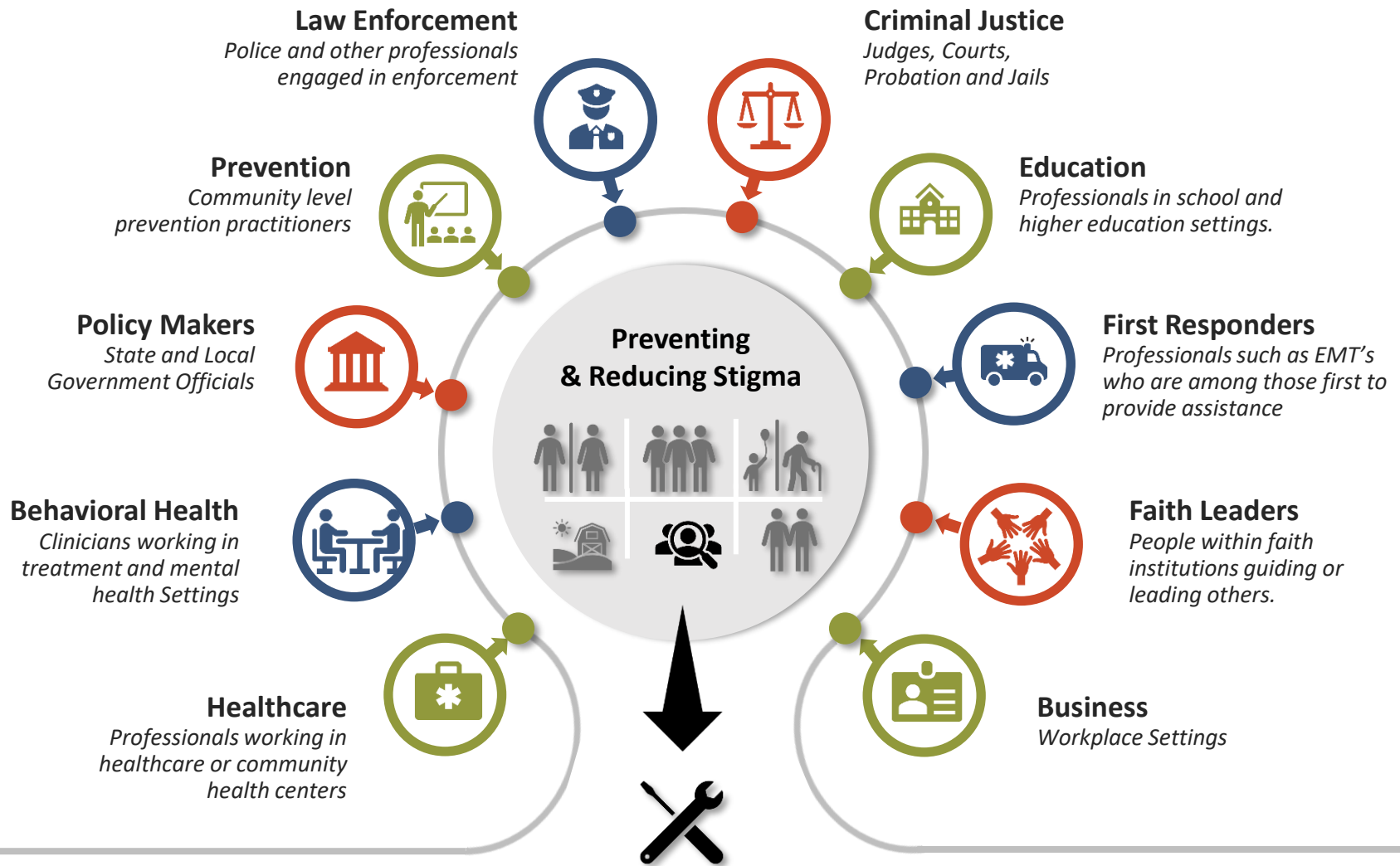
Stigma on Three Levels
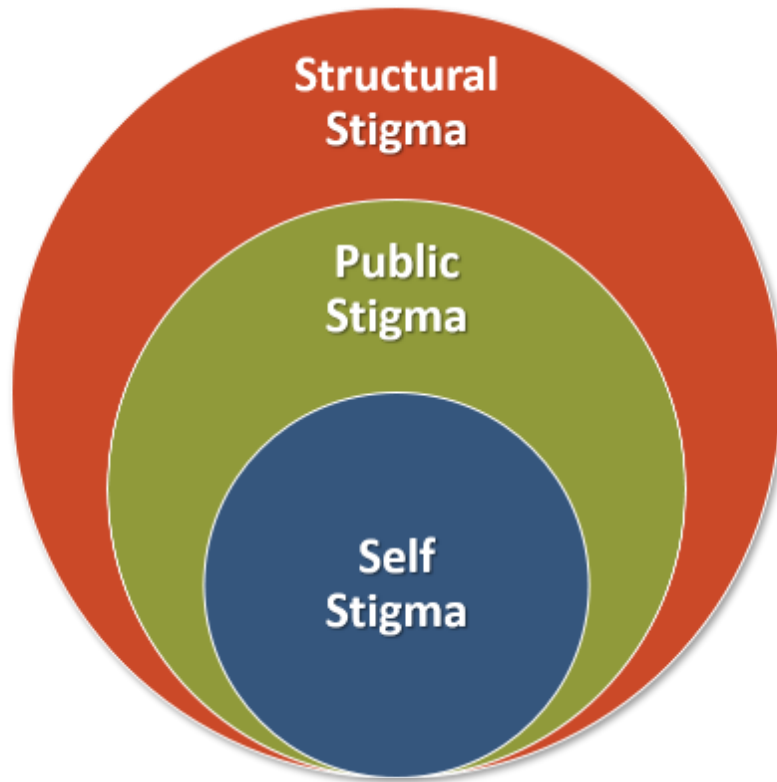
Examples:

State health agency boards who make decisions, with no representation of individuals with lived experience

Neighborhood perspectives regarding the presence of drug activity

Believing that you're not worth treatment

(National Academies Press, 2016)

A Role for Everyone

Stigma disproportionately influences health outcomes and mental well-being for individuals with mental health or substance use disorder.

Stigma is not limited to one setting or condition; it is cross-cutting in all communities and populations.

Stigma Can
Impact Recovery

Reduce willingness to seek professional help

Cause reluctance to attend treatment

Limit access to healthcare, housing, and employment

Impacts on Stigmatized Populations …

Increase adverse outcomes

Diminish self-esteem

Affect personal relationships at a time they are needed most

Increase involvement in risky behavior

Education
Why it Matters

Approximately ten million secondary education students require professional help due to a mental health condition.

Staff and faculty are on the front lines when it comes to supporting students.

Why it Matters

Few teaching and training programs adequately prepare educators and staff to work with students

Students with mental health or SUDs are more likely to experience in-person and cyber-bullying than other students.

Education
What's the Impact

In some educational settings, as few as **one in four** college students with mental health or SUD seek campus services.
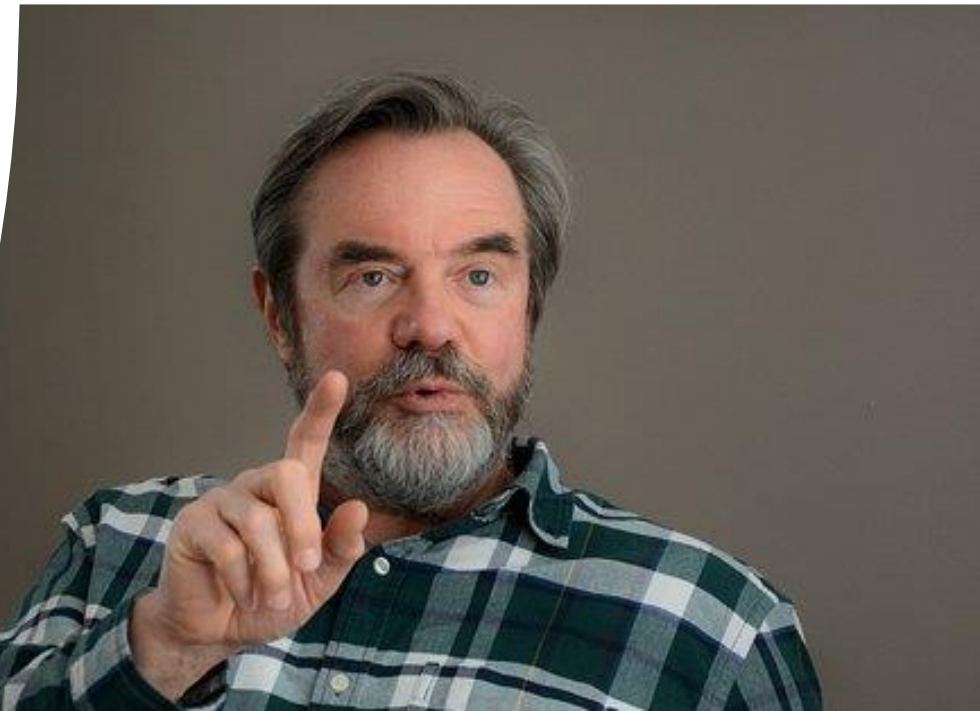
Potential returning students in recovery from SUD may not return due to a perceived lack of understanding.

What's the Impact

School dropouts and subsequent unemployment are significant consequences of stigma.

Often limited school counselors to address these issues.

A Statement on Language

How we refer to individuals with mental health and substance-related conditions and that use of, and exposure to, the "abuser" label may inadvertently elicit and perpetuate stigmatizing attitudes.

(Substance Abuse and Mental Health Services Administration, 2008)

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Commonly Studied Dimensions of Stigma

Blame - *individuals are to blame (control and fault).*

Social Distance - *would I have them marry into my family.*

Dangerousness - *are they unexpectedly volatile, a threat to my safety.*

What We Are Learning

SUD are more stigmatized

People with SUD are perceived as more to blame for their disorder

Patients themselves who hold more stigmatizing beliefs about SUD are less likely to seek treatment

Describing SUD as treatable helps

Language Matters

The word 'abuser' implies volitional acts of willful misconduct, and is associated with things like child abuse,"

'substance use disorder' conveys something very different — a medical disorder. *Substance use is the only thing we talk about this way.*

Findings

The use of "substance abuser" increased participants' believing that the character was personally responsible for his actions and should even be punished for them.
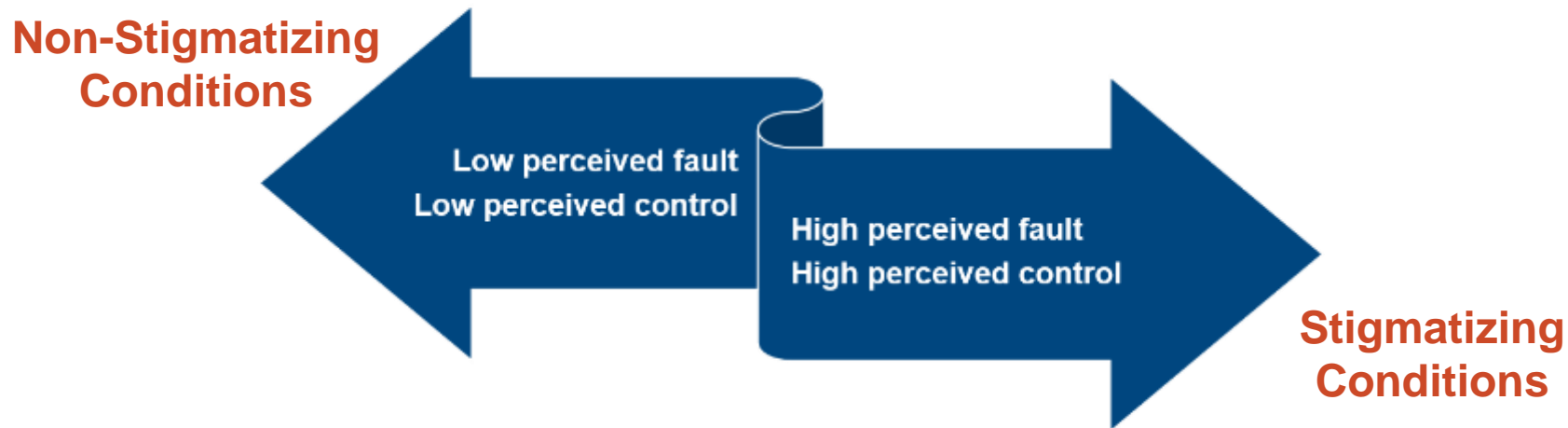
Additional Beliefs about "Substance Abusers"
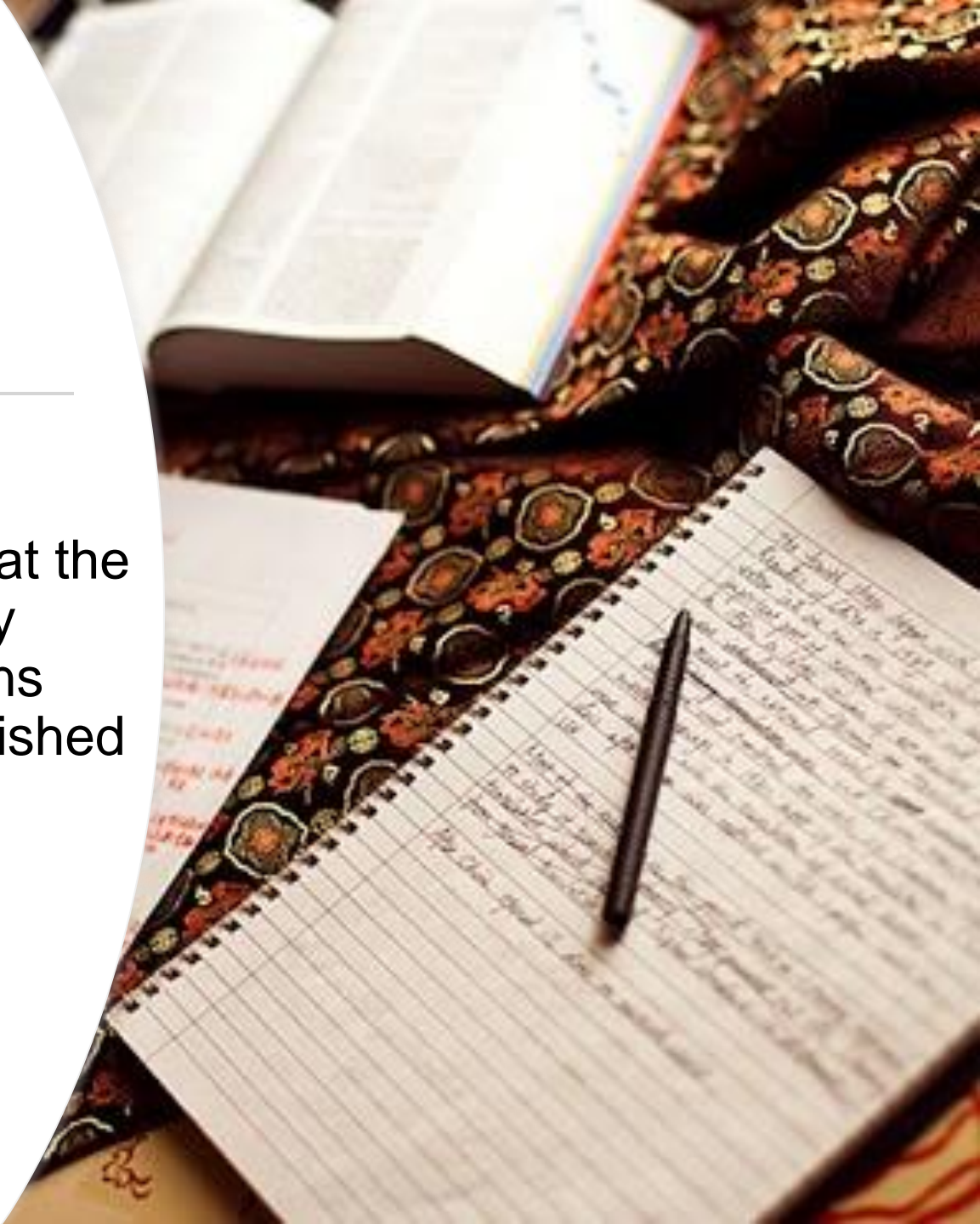
Significance of Descriptive Labels

Subscales Comparing the "Substance Abuser" and "Substance Use Disorder" Labels
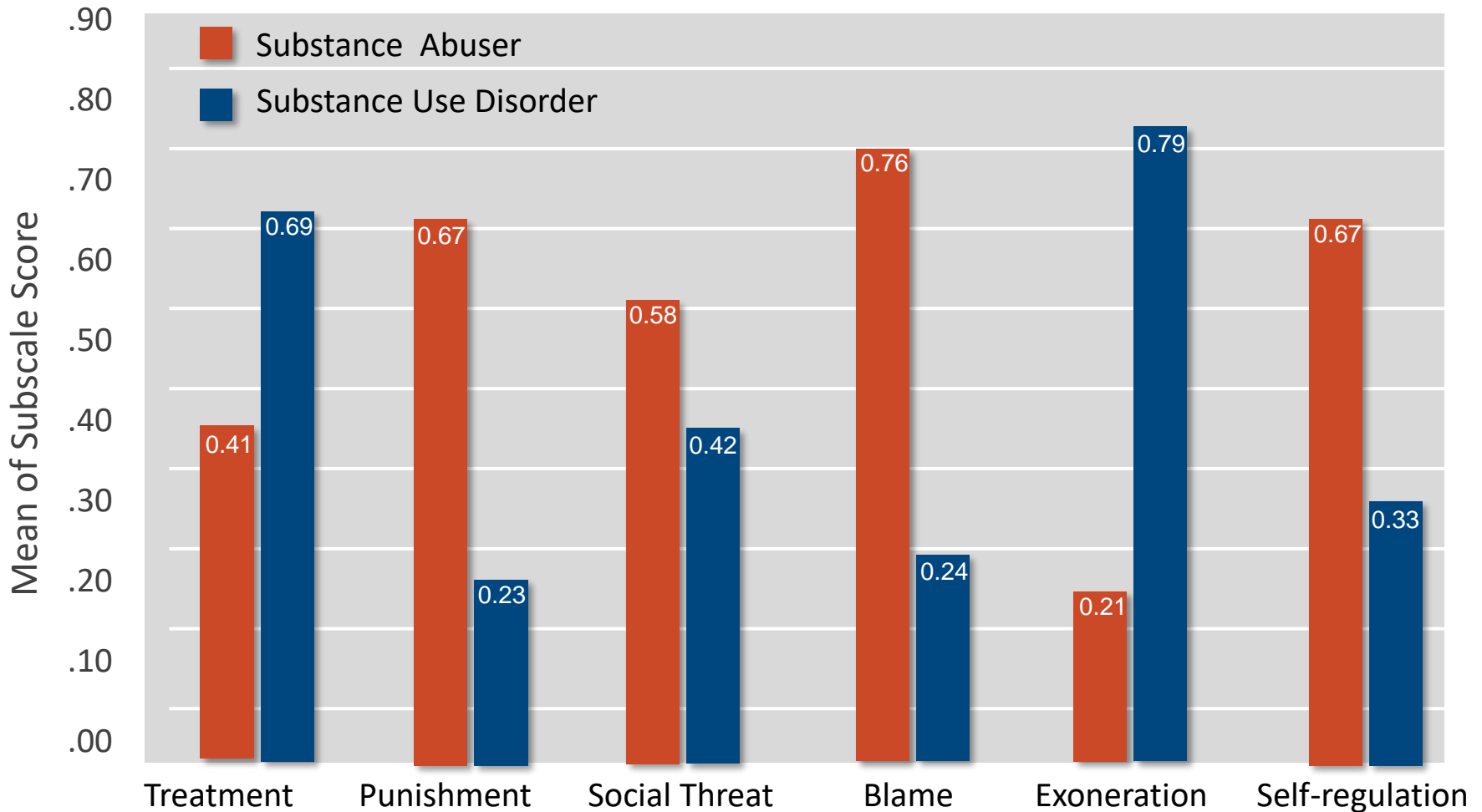
Source: Kelly, J. F., Dow, S. J., & Westerhoff, C. (2010) Does Our Choice of Substance-Related Terms Influence Perceptions of Treatment Need? An Empirical Investigation with Two Commonly Used Terms. Journal of Drug issues, 40(4), 805-818

Language and Stigmatized Conditions

Non-Stigmatizing Conditions

Low perceived fault
Low perceived control

High perceived fault
High perceived control

Stigmatizing Conditions

Person first language (for example, reference to "a person with substance use disorder") suggests that the person *has* a problem that can be addressed. By contrast, calling someone a "drug abuser" implies that the person *is* the problem.

Words Matter: How Language Choice Can Reduce Stigma PreventionSolutions@EDC

Language Matters

Try Saying This….

People with a mental illness….

He has schizophrenia.

They are a person with addiction.

She died by suicide.

His drug screen was negative.

Instead of This

The mentally ill.

He's a schizophrenic.

They're an addict.

She committed suicide.

His drug screen was clean.

What Works
Structural Stigma

Professional Education

Advocacy

Legal

Policy

National Academies of Sciences, Engineering, and Medicine. (2016). Ending Discrimination Against People With Mental and Substance Use Disorders: The Evidence for Stigma Change.

What Works
Public Stigma

Mass Media Messaging

Education

Community Programming

Contact Strategies

National Academies of Sciences, Engineering, and Medicine. (2016). Ending Discrimination Against People With Mental and Substance Use Disorders: The Evidence for Stigma Change.

What Works
Self-Stigma

Education

Empowerment

Peer Support
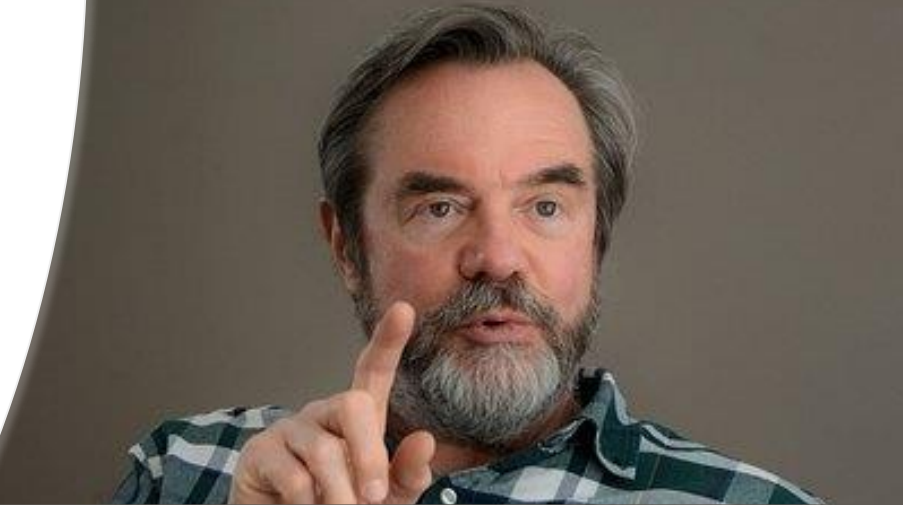
National Academies of Sciences, Engineering, and Medicine. (2016). Ending Discrimination Against People With Mental and Substance Use Disorders: The Evidence for Stigma Change.

Education
What Can Be Done

Build relationships with students to support student mental health.

Create safe, supportive, and welcoming classroom environments.

Collaborate with school and community mental health professionals.

What Can Be Done

Educate students with mental health and SUDs about coping strategies.

Promote anti-stigma campaigns in educational settings, including online approaches.

Enhance and support academic accommodations for mental illness/SUD due to student disclosure.

Cross-Cutting Practices to Address Stigma

Increase mental health literacy:

Mental Health Knowledge

Mental Health Promotion

Providing Support

Reducing Stigma

Mental Health Literacy Resources

Icon Key

Cost	Modality (length)	Target Grade Level	CEUs Available	Mental Health Literacy Components	
Free	In-person	Elementary	Yes	Knowledge	Promotion
FREE	(in-person icon)	K-5th	✓	(knowledge icon)	(promotion icon)
Cost associated	Online	Secondary	No	Stigma	Support
$	(online icon)	6th-12th	✗	(stigma icon)	(support icon)

Program Name	Description	Cost	Modality (length)	Target Grade Level	CEUs Available	Mental Health Literacy Components
At-Risk for Educators	Role-play simulations developed for elementary, middle, and high school educators that aim to increase knowledge about children's mental health. The platform is customizable to include a local list of mental health resources. Research suggests significant increases in teacher mental health skills and the number of students that educators connect with following training with *At-Risk for Educators*. (https://kognito.com/products/at-risk-for-elementary-schools)	$ Varies	(online icon) 1 hour	K-12th	✓	(components icon)
Classroom Mental Health	A website that aims to be a guide for teachers starting from when they notice mental health concerns or are approached by a student for support. The site addresses common concerns (e.g., Can I help? Should I help?), and provides resources for improving classroom atmosphere and exercises for teachers. (https://classroommentalhealth.org)	FREE	(online icon) Varies	K-12th	✗	(components icon)
Classroom WISE (Well-Being Information and Strategies for Educators)	A 3-part training package that assists K-12 educators in supporting the mental health of students in the classroom. Offers evidence-based strategies and skills to engage and support students with mental health concerns in the classroom. In addition to a free online course on mental health literacy for educators and school personnel, a video library and resource collection are also available. (https://www.classroomwise.org/)	FREE	(online icon) Varies	K-12th	✗	(components icon)

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Cross-cutting Practices

NAMI Ending the Silence sa presentation for school staff and students that includes information on signs and symptoms, approaching students, and working with families.

Classroom WISE (Well-Being Information and Strategies for Educators)

More Cross-Cutting Practices

School Mental Health Resource and Training Center website developed by the Mental Health Association in New York State aimed at providing schools with mental health resources.

Supporting Educator Mental Health Literacy Tutorial Series four self-paced tutorials on creating and maintaining mentally healthy classrooms, recognizing and responding to mental health problems in the classroom.

Questions?