

Preventing and Reducing Stigma:

Behavioral Health



Why Does It Matter?

Mental health and substance use disorders (SUD) are among the most common chronic health conditions in the United States. The National Survey on Drug Use and Health reports that 61.2 million American adults—almost one in five—experienced either an SUD or any mental illness in 2019. Despite the prevalence of these conditions, the stigma associated with substance use or mental health disorders presents a barrier to treatment.

Behavioral health professionals can help people with mental illness and SUDs achieve their treatment goals successfully. Although these professionals may be knowledgeable about many mental health conditions, they might not be fully aware of how their actions, language, treatment of the client, or lack of knowledge about behavioral health stigma affects their clients.

Examples include negative emotional reactions to people with mental illness, endorsement of stereotypes about SUD and mental illness, restrictions that affect quality of life, and unwillingness to interact with people with behavioral health disorders in daily settings. The use of stigmatizing language (“junkie,” “crazy,”) increases stigmatizing attitudes.

Although most behavioral health professionals exhibit positive attitudes towards people with mental illness and SUD, negative attitudes may increase if a patient has a recurring condition.

What Is The Impact?

- Stigmatizing labels and language such as “junkie,” “dirty,” “clean,” “drunk,” “addict” convey judgment or disapproval of people with SUD and mental illness. Use of this language harms social and professional relationships.
- Anticipated stigma from healthcare professionals may prevent individuals from seeking behavioral health treatment.
- High burnout rates among behavioral health professionals are associated with negative attitudes and increased stigma towards clients and patients with certain types of mental illness and SUD.
- Providers misjudge how behavioral health disorders impact a patient's overall health and fail to refer them to more specialized care for serious underlying medical conditions.
- The stereotype that people with mental illness or SUDs will be aggressive and non-compliant to the treatment process contributes to decreased quality of behavioral health care.

What Can We Do?

- Address stereotypes and stigma among behavioral health professionals
- Provide a mix of educational opportunities
- Support behavioral health staff self-care
- Raise awareness that behavioral health is essential to overall health
- Promote the use of non-stigmatizing language



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Resources

[Preventing and Reducing Stigma: Behavioral Health](#)



Online Learning: [Addressing Stigma and Substance Use Disorders: A HealtheKnowledge Course](#)



Web page: [Great Lakes PTTC, Preventing and Reducing Stigma](#)



Language Matters When it Comes to Mental Health and Substance Use Disorders

Research shows that **using affirming language** can help reduce the stigma associated with having, treating, or being in recovery from a substance use or mental health disorder.

Dr. John F. Kelly, director of the [Recovery Research Institute](#), has conducted numerous studies on how stigmatizing language affects people with substance use or mental health disorders—and the treatment they receive.

[Access the Recovery Research Institute's Addictionary and other resources by visiting the Preventing and Reducing Stigma page: Non-stigmatizing Language.](#)



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.

Non-stigmatizing
Language



Great Lakes (HHS Region 5)

PTTC

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

www.pttcnetwork.org/greatlakes

December 2020

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