



heretohelp

Mental health and substance use
information you can trust

let's discuss

stigma and discrimination around mental health and substance use problems

info sheets 2014 www.heretohelp.bc.ca



“We need to educate people ... so there isn’t the shame. It’s so ingrained in me that it’s bad to be what I am that when you don’t get mad at me, I struggle with that.”

*—Person recovering from
a concurrent disorder*

About one in five people—over six and a half million Canadians—experience a mental illness or substance use problem in their lifetime. Unfortunately, many people don’t ask for help because they feel ashamed or scared. People may judge them and treat them negatively based on a mental health or substance use problem. Others have trouble finding a place to live, finding a job, maintaining relationships and other important parts of life. In fact, most people living with a mental illness say that stigma is worse than the symptoms they feel.

Stigma originally meant a physical mark of shame. Now, it’s an invisible mark that sets you apart from others. The problem with the word ‘stigma’ is that it puts the focus on the person’s difference instead of on the people who are setting them apart. Using the word stigma makes it seem different than racism, homophobia or sexism. It isn’t. So it’s time to talk about stigma for what it really is: prejudice and discrimination. Prejudice is holding negative attitudes or beliefs about people who are viewed as different. Discrimination is acting on these ideas or beliefs.

“Layers” of stigma

Many people don’t experience stigma for just one reason. They may experience discrimination based on many different prejudices, like sexual orientation, gender, culture or physical disability. Discrimination itself can lead to mental health or substance use problems. And people who already face discrimination for any reason may be even less able to find help for mental health or substance use problems or less able to find services that meet their needs.

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causes and effects of discrimination

Many factors lead to discrimination. Major examples include:

- » **Fear:** Such as the fear of violence and the fear of the issues themselves because they affect our mind and behaviour. Some fears may be reinforced in the media
- » **Untrue beliefs:** Such as the belief that people can't recover or the belief that people can't participate in their communities
- » **Blame and self-blame:** People may be blamed for their conditions or problem substance use and viewed as weak. People with mental illnesses or substance use problems, and their loved ones, may also deeply blame themselves

Discrimination affects all areas of living. It can prevent people from getting or having basic things that most of us take for granted, like:

- » Getting hired, promoted or keeping a job
- » Finding or keeping a place to live in a safe, accepting community
- » Getting proper health care
- » Feeling loved, needed and accepted by family and friends
- » Contributing to communities and feeling productive
- » Getting insurance
- » Going to school
- » Immigrating to another country
- » Feeling positive about ourselves

Discrimination may also affect families and friends. Others may dismiss their concerns. In many cultures, the entire family carries their loved one's stigma because they strongly identify as a group. As a result, family members may not confide in friends or others in their support network.

How bad is it?

Research shows that over half of people living with mental illnesses said that they were embarrassed about their health problems, and over half felt like they had experienced discrimination. In one recent Canadian study, researchers found that:

- Just under half of Canadians thought that a mental illness was just an excuse for poor behaviour
- Only about one in three Canadians would continue to be friends with someone with an alcohol use problem
- Only about one in four would continue to be friends with someone with a drug use problem

What can we do about it?

Discrimination around mental health and substance use is a human rights issue. Human rights are rights and freedoms that all people should have. The United Nations says that, "All persons with a mental illness ... shall be treated with humanity and respect for the inherent dignity of the human person." This respect and dignity is a freedom that should not be taken away by. It's also a basic human right for all people with mental health and substance use problems, no matter where they live. Everyone has the right to live without discrimination of any kind. This includes discrimination based on a mental health or substance use problem.

But when we talk about discrimination, human rights laws meant to protect people from discrimination are only part of the solution. For these laws to really work and protect people, everyone has to embrace the spirit and intent of the laws.

Health is about more than not having a disease or health problem. Health and well-being include things like human rights, community connections and access to opportunities. Discrimination promotes poor well-being because it denies human rights, prevents connections among community members and creates unequal access. When we support human rights and help everyone take part in our communities, we're also countering discrimination—and improving people's well-being. Here are some things we can do:

Address differences that prevent people from taking part in

communities: Poverty, lack of affordable housing, lack of education opportunities and lack of meaningful work are a few of the social factors that affect well-being. These factors may be both a result of poor health and a cause of poor health. Addressing these inequalities among community members is good for both individuals and the community as a whole. We can challenge systems that create differences by encouraging our



“For the first time in my life I divulged that I had a mood disorder to mere acquaintances at a party. I t was a scary but wonderful experience ... Imagine people dressed in cocktail dresses and ties now freely sharing their personal experiences and tragedies with mental illness.” —Michael Schratter

governments to form positive social policies and laws. We can also support people in our communities who are working to reduce differences.

Support everyone’s right to work:

It’s no wonder that the right to employment is identified as a human right by the United Nations. Work gives us purpose and meaning. It’s also tied to income, which is tied to other social factors. For example, if we have a good income, we can afford better housing and access more services. While full-time work may not be everyone’s goal, we need to support people who want to find purpose and meaning through work. To do this, we need to make sure people have access to training, education or other workplace programs.

Promote direct personal contact:

Meeting and interacting with people with mental health or substance use problems is one of the best ways to improve attitudes and behaviours. This works best when the people meeting each other have equal status, when there can be discussion, and when the presenters with personal experiences can counter major myths. Education efforts like this info sheet can help us understand the challenges, but they don’t change attitudes.

Look at mental health and substance use problems as a part of our shared humanity: Fear, prejudice and discrimination lessen when we talk about mental health problems as an understandable response to a unique set of circumstances—not just as biological problems.

Help people be heard: We need to encourage and empower people with experiences of mental health or substance use problems to be leaders in any efforts, such as anti-stigma programs and research. This includes supporting people and connecting them with peers. When people relate to

each other’s struggles and want to see changes, they’re more likely to share their stories and protest when they see injustice.

Help media be a force for good: Media like TV, movies, newspapers and web sites influence how we see others. Media should be encouraged to show people for who they really are—capable and productive community members. Hearing the direct voice of people with mental health and substance use problems through the media can be incredibly powerful. And we need to challenge media that discriminates against a group of people.

5 small ways I can make a difference

1. Tell someone who doesn’t know my story of mental health or substance use problems, or help others tell their story
2. Seek direct contact by volunteering for a mental health or addictions organization, or find personal stories of recovery
3. Think about the words I use. Do I use people-centered language like, “A person living with...” or do I say, “A schizophrenic” or, “An alcoholic?”
4. Think about how I personally support and treat people around me who are living with a mental health or substance use problem
5. Speak up when I see discrimination or when I see a law or policy that unfairly excludes people

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where do I go from here?

Check these resources for more information regarding mental health and substance use

Drugs: Help and Referral (DAR)

For information regarding support and referral to people coping with addiction in Montreal area call 514- 527 2626 and everywhere in Québec call 1- 800 265 2626.

Your Local Crisis Line

Crisis lines aren't only for people in crisis. You can call for information on local services or if you just need someone to talk to. If you are in distress, call 1 866 APPELLE or 1 866 277-3553, 24 hours a day to connect to a QC crisis line, without a wait or busy signal. The crisis lines linked in through this number have received advanced training in mental health issues and services.

Ami Quebec

Visit <https://amiquebec.org> or call (514) - 486- 1448 for information and resources regarding mental health or any kind of mental health disorders.

HealthLink QC

Call 811 or visit <https://amiquebec.org> to access free, non-emergency health information for anyone in your family, including mental health information. Through 811, you can also speak to a registered nurse about symptoms you're worried about, or talk to a pharmacist about medication questions.

The integrated health and social services centre (CISSS) and the integrated university health and social services centre (CIUSSS):

To find contact information for your family medicine clinic, your CISSS or your CIUSSS, go to [Finding a Resource](http://sante.gouv.qc.ca/en/problemes-de-sante/sante-mentale/). <http://sante.gouv.qc.ca/en/problemes-de-sante/sante-mentale/>

The Ordre des psychologues du Québec

To find a psychologist or a psychotherapist who speak different languages, visit the [Ordre des psychologues du Québec](http://www.ordrepsychologues.com) website.

ACCÉSSS

ACCÉSSS (<https://accesss.net/>) is a provincial group of community organizations whose goal is to represent the interests of ethnocultural communities in health and social services decision-making bodies. It is a non-profit organization (NPO). ACCÉSSS is a meeting place for the community, the health network and the university community. Due to the management philosophy of ACCÉSSS which is to work in consultation with its various partners, as well as the nature of the files treated, ACCÉSSS is more and more involved in the networks of consultation.

Telephone: 1-866-774-1106 (toll-free) and (514)-287-1106
Fax: (514)-287-7443
email: accesss@accesss.net

Mental Health Commission of Canada's Opening Minds Campaign

Opening Minds is a ten-year anti-stigma campaign. It helps organizations across Canada create programs that counter stigma and discrimination around mental health. For more

information, visit <http://www.mentalhealthcommission.ca/>

The WHO Resource Book on Mental Health, Human Rights and Legislation, World Health Organization

Mental well-being is a human rights issue, and laws can help protect people and promote well-being. The WHO Resource Book on Mental Health, Human Rights and Legislation describes the human rights approach to mental health and discusses the role of laws in protecting people and promoting health. To read this resource, visit http://www.who.int/mental_health.

The Multicultural Mental Health Resource Centre (MMHRC)
For information regarding the availability of mental health services in Quebec or other provinces of Canada visit <http://www.multiculturalmentalhealth.ca/> to access information in different languages such as Farsi. This website is working under the supervision of Division of Social and Transcultural Psychiatry of McGill University.

More resources available for getting help or further information on mental health:

- [Canadian Mental Health Association](#)
- [Mouvement Santé mentale Québec](#) (in French only)
- [Association des groupes d'intervention en défense des droits en santé mentale du Québec](#) (in French only)
- [Regroupement des ressources](#)

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[alternatives en santé mentale du Québec](#) (in French only)

- [Les porte-voix du rétablissement – L'association québécoise des personnes vivant \(ou ayant vécu\) un trouble mental](#) (in French only)
- [Association des médecins psychiatres du Québec](#)



This fact sheet was written by the Canadian Mental Health Association's BC Division. The references for this fact sheet come from reputable government or academic sources and research studies. Please contact us if you would like the footnotes for this fact sheet. Fact sheets have been vetted by clinicians where appropriate.