**Lesson 9: Reducing Stigma and Promoting Behavioral Health**

**Overview:** The lesson seeks to reduce barriers and stigma associated with behavioral health including substance use disorder (SUD) and mental health to promote health, prevention, and help-seeking behaviors. Students will gain awareness of behavioral health stereotypes and stigma; practice using person-first and stigma-reducing language; demonstrate empathy and support; and clarify the role we play in supporting others and promoting healthy behaviors.

National Health Education Standards

**Standard 1:** Students comprehend functional health knowledge to enhance health.

**Standard 3:** Students demonstrate health literacy by accessing valid and reliable health information, products, and services to enhance health.

*Lesson Extension Activity:*

**Standard 8:** Students advocate for behaviors that support personal, family, peer, school, and community health.

Healthy Behavior Outcome (HBO):

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| Students will recognize the negative impact stigma has on substance use disorder (SUD) and mental health and will use person-first language to reduce the stigma. |

Lesson Objective – Students will be able to:

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| **Objective** | **Assessments** |
| 1. Describe possible barriers to support or assistance to enhance behavioral health.
 | Attachment 9.1 - Reducing Stigma Guided Notes |
| 1. Define stigma (self, public, and structural) related to SUD and mental health.
 | Attachment 9.1 - Reducing Stigma Guided Notes |
| 1. Identify ways to take action to reduce stigma and enhance behavioral health.
 | Attachment 9.1 - Reducing Stigma Guided Notes |
| 1. Identify the negative impact of stigmas (self, public, and structural) on the recovery process for people struggling with SUD.
 | Attachment 9.3 - Reducing Stigma Practice |
| 1. Practice using stigma-reducing and person-first language associated with SUD and mental health.
 | Attachment 9.3 - Reducing Stigma Practice |

Lesson Notes

* Today’s lesson addresses sensitive topics about mental and emotional health. If you would like support for feelings, emotions, or thoughts, reach out to me or a trusted adult at school. (Remind students of your procedures if students need to use a regulation or mindfulness tool or strategy.)
* Remind students of your classroom expectations and norms to create a safe, supportive environment. Refer to Lesson 8 to recognize, reach out, and use resources to support behavioral health.
* Ensure school mental health staff have set time aside to manage student self-referrals and any uncomfortable feelings students may have after this lesson.

Introduction:

* Discussion starter – In our lessons, we have addressed substance use disorder (SUD) and reasons to make healthy choices. We also have discussed that we need to recognize, reach out, and use our resources to make healthy and safe choices. In this lesson, we’ll address the barriers to reaching out and using resources to support health and well-being. Let’s brainstorm reasons people do not recognize, reach out, or use resources to support behavioral health. Remember: Behavioral health is a wide-reaching topic that includes mental health, substance use, patterns of behavior, and relationships. (Teachers can use crumbled paper, sticky notes, or another idea collector.)
* Recognize – noticing the signs of a mental health concern
	+ Do we know about mental health so we can recognize feelings, emotions, moods, strong emotions, overwhelming feelings, and urgent signs?
* Reach out – sharing that you have a concern and that you would like to give or receive help
	+ Do we feel comfortable and confident to talk about our mental health or to ask a resource for help and support?
* Resources – connecting with a trusted adult or a school or community resource
	+ Do we know the resources, how they can help, and how to access them?
* Organize the responses in the categories of recognize, reach out, and resources. The key across all these items is barriers. Stigma and negative perceptions surrounding mental health and help-seeking are the most common reasons young people are reluctant to reach out for help. Additional barriers include confidentiality and trust, finances, and lack of access to professionals and services.
* Stigma means labeling, stereotyping, and discrimination. An example is using disparaging or judgmental terms for addiction, mental health, people with SUD or a mental health challenge, or treatments for diseases associated with substance use and mental health. Individuals with SUD or a mental health condition need a safe and supportive environment. Stigma could hinder the person from reaching out for help and their loved ones from getting help or providing support. From the previous lesson, students learned that SUD is a treatable disease and recovery is possible. This lesson will help students understand the negative impact stigma can have and how to be more inclusive.
* We’ll first address the reluctance to reaching out due to stigma and individual barriers. Then we’ll address the barriers to access mental health resources and services.

Teaching Steps:

Activity 1: Reducing Stigma - Words Matter

* Before we begin the next activity, remind students that we’ll be examining stigma. Stigma is a set of negative and often unfair beliefs that a society or group of people have about something. The activity is designed to create awareness of how words matter. Our intent is not to hurt people by using these examples, but some of the words could be hurtful if used outside of class. Look at the following statements on the presentation slides:
	+ “Drug addicts made the choice to use drugs, that’s their problem.”
* Think about the following questions:
	+ What stereotype is associated with this statement?
	+ How can this thinking be problematic?
	+ Discuss your thoughts with a partner.
	+ Discuss student answers as a class.
* The important ideas that should be included in the class discussion include:
	+ The stereotype that is being highlighted in this statement is that substance use is a matter of will power. This common misconception — that substance use disorder is a choice — assumes the person has control over the condition and is to blame. SUD is multifactorial, meaning there are many different reasons a person may struggle with SUD. For example, a person may have mental health challenges that contributed to their SUD, or a person may have mental health challenges because of their SUD. A person may have experienced stress and trauma, inherited traits, adverse childhood experiences, or influences in their environment that do not promote healthy behaviors. These factors can contribute not only to SUD and mental health challenges, but also to obesity, high blood pressure, and other chronic health conditions.
	+ An individual’s thoughts and beliefs about SUDs can affect emotions, feelings, behaviors, and actions. This can influence whether a person seeks help and support as well as see hope to continue recovery.
	+ The term “addict” perpetuates negative perceptions; this term can make a person feel shame and make them less likely to seek treatment.
	+ Some societal attitudes are negative toward those with substance use disorder or mental health challenges. This could impact the individual’s health care, employment, income, housing, compassion received from others, confidence in self, and personal development.

Activity 2: Think, Pair, Share – Defining Stigma Related to SUD and Mental Health

* Have students work individually on Attachment 9.1 (THINK).
* Next, have students discuss their answers with a classmate (PAIR).
* Lastly, SHARE answers as a class.
* How would you define self, public, and structural stigma?
	+ Share student responses and review each stigma definition for students to add to their worksheet ([National Center on Substance Abuse and Child Welfare](https://ncsacw.acf.hhs.gov/files/disrupting-stigma-brief.pdf)).
	+ Self-stigma: Also known as shame, self-stigma results from individuals internalizing negative stereotypes. It is also possible that the very people (including family members and agency professionals) meant to help only add to the shame. For example, the use of terms such as “clean” and “dirty” when referring to drug test results can perpetuate stigma. Shame, for individuals affected by SUDs, leads to feeling flawed and unworthy of love, belonging, and connection. Shame may also deter a person from seeking help.
	+ Public stigma: Public stigma refers to attitudes, beliefs, and behaviors of individuals and groups. This happens when stereotypes produce an emotional reaction or prejudice that results in discrimination. In the case of substance use, stereotypes often portray individuals as choosing to use alcohol or other drugs rather than being affected by a chronic health condition.
	+ Structural stigma: Also known as institutional stigma, structural stigma includes laws, policies, or regulations that can intentionally and unintentionally result in discrimination. This type of stigma can limit opportunities, resources, and well-being of the stigmatized group. An example of structural stigma is a policy prohibiting certain forms of medication for addiction treatment.
* How could stigma impact a person with SUD, a mental or behavioral health concern, or someone who would want to help or support someone?
	+ *Share student responses*
	+ Stigma and shame associated with substance use, mental health conditions, and seeking help/support can 1) result in a reduced chance that the individual will seek treatment; 2) influence the kinds of treatment people are willing to accept; and 3) affect treatment retention and the individual’s ability to maintain a recovery-oriented lifestyle.
* What can you do to reduce stigma associated with SUD?
	+ Using stigma-reducing or person-first language is a great place to start. It helps to validate individuals’ experiences without reducing them to a diagnosis or condition. It also fosters greater understanding, dignity, and respect for everyone, whether they are experiencing mental health challenges or not ([Mental Health First Aid](https://www.mentalhealthfirstaid.org/2022/04/use-person-first-language-to-reduce-stigma/), 2023).
	+ Research indicates that use of person-first language is essential for stigma reduction, focusing on the person and not their condition. Research has shown that use of terms such as “substance abuser” is more likely to worsen stigma than using person-first language such as “a person with a substance use disorder.
* Use a strengths-based approach or think positive.
	+ Treat substance use disorder, addiction, and behavioral health concerns just as any other health condition. Health conditions can be prevented and treated.
	+ *If needed, play* [Beat the Stigma](https://beatthestigma.org/) *to see the Ohio’s resources to reduce stigma and support behavioral health.*

Activity 3: Words Matter: What to Say and Not to Say

* Attachment 9.2 – Review with students what to say to reduce the stigma associated with SUD and mental health.
* Students practice writing stigma-reducing or person-first language for each statement.
* Discuss the answers to each question.
* In Lesson 8, our focus was on how to show empathy, care and to help if someone needs support or assistance. Address resources to support a person with SUD and/or a behavioral health concern.
* If you recognize a sign of concern, reach out and use resources to support yourself and the person.

Closure:

* Exit Ticket - Give each student a sticky note and have them write one thing they learned from the lesson today. Have them put it in an area of the classroom for other classes to see throughout the day. The sticky notes can be referred to for a review the following day.
* *\*Extension of Lesson:* Advocacy - Commitment to Reducing Stigma (Attachment 9.3)
	+ Students will articulate three ways they will reduce stigma and support others to make safe and healthy choices.
	+ Teacher Resources: Additional materials outside of the Behavioral HELPs curriculum support the development or implementation of the lesson.

Additional Resources:

* [Ohio's Beat the Stigma campaign](https://beatthestigma.org/about-addiction-mental-health-stigmas)
* [Words Matter – Terms to Avoid When Talking about Addiction](https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction)
* [Johns Hopkins Medicine: Reducing the Stigma of Addiction](https://www.hopkinsmedicine.org/stigma-of-addiction)
* [National Center on Substance Abuse and Child Welfare: Disrupting Stigma](https://ncsacw.acf.hhs.gov/files/disrupting-stigma-brief.pdf)
* [Stigma, Discrimination, Treatment Effectiveness and Policy Support: Comparing Public Views about Drug Addiction with Mental Illness](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4285770/)

Attachment 9.1: Reducing Stigma Guided Notes

1. What are possible barriers that could prevent a person from receiving the support they need?
2. What is *stigma*?
3. How would you explain *self-stigma*?
4. How would you explain *public stigma*?
5. How would you explain *structural stigma*?
6. How could self-, public, or structural stigma impact the recovery of someone with SUD?
7. Why do you think it is important to be aware of or reduce stigma?

My commitment to reducing stigma is to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachment 9.2: Words Matter

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| **Instead of these stigmatizing words and phrases ...** | **Try these preferred alternatives** |
| * Substance abuse/drug abuse
 | * Substance use disorder
 |
| * Mental illness
 | * Mental health challenge or crisis
 |
| * Drug habit
 | * Addiction
 |
| * Abuser
* Substance abuser
* Drug abuser
* Addict
* Alcoholic
* Drunk
* Junkie
* User
 | * Person with a substance use challenge or disorder
 |
| * Problem
 | * Risky, unhealthy, or heavy use
 |
| * Clean (person)
 | * In recovery
 |
| * Clean (or dirty) toxicology results
 | * Negative (or positive) toxicology results
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Attachment 9.3: Reducing Stigma Practice

**Activity Directions:** **Underline** the stigmatizing word in the statement and ***rewrite*** the sentence using stigma-reducing language.

1. Drug abusers can seek treatment for their addiction.
2. My uncle has been clean for six months.
3. People with mental illness can achieve their goals and be successful.
4. My cousin has a problem with alcohol.
5. My friend had a dirty drop, and they extended his probation.