

Addressing Stigma: A Practical Guide for Hospitals, Health Systems, and Clinics

Stigma is one of the leading barriers to people seeking treatment for behavioral health conditions - healthcare settings have a unique opportunity to shift myths and inaccurate perceptions. Creating an inclusive and welcoming culture within your health system is not a one-time event; multiple trainings that include people living with a behavioral health condition coupled with one-on-one feedback and processing will be essential to creating sustained change. Don't be surprised if you see an uptick in new patient referrals and increased treatment engagement for this population.

Below are some key tenants for your facility and/or clinic to consider when formalizing anti-stigma efforts. The examples below are not inclusive of all available resources and intended to help you get started.

1. Provide regular, factual, and formal training about behavioral health conditions

Training is one of the first steps to anti-stigma efforts, as many staff may have not received the opportunity to learn about behavioral health in their formal training programs. Training should emphasize information about specific conditions and their treatment. As staff learn the biology behind addiction and mental illness, it becomes easier to understand behavioral health conditions as an illness just like any other.

[Mental Health First Aid](#)

An 8-hour introductory course aimed at stigma elimination and basic education about mental health and substance use disorders. Participants learn how to intervene in both non-crisis and crisis situations.

[Crisis Intervention Team \(CIT\) Training](#)

Suited for security personnel within the ED, this rigorous 40-hour training equips law enforcement and other first responders to identify a behavioral health crisis and provide intervention to keep the individual and first responder safe.

2. Provide opportunities for staff to meet and learn from people living with a behavioral health condition

Limited research suggests opportunities to learn and interact with people living with a stigmatized health condition, such as a mental illness or substance use disorder, have the most impact on shifting participants' beliefs and actions. Highlighting people with behavioral health conditions can – and do – recover is a powerful message, especially for emergency departments who only care for people in crisis.



[*In Our Own Voice*](#)

In Our Own Voice is a free presentation provided by a person living with a mental illness or substance use disorder. Participants leave this presentation hearing a personal account of living with a behavioral health disorder, with emphasis on hope and recovery.

[*This Is My Brave*](#)

This Is My Brave is a production that uses storytelling and other creative modalities performed by people living with a behavioral health diagnosis to provide anti-stigma education to participants.

[*Active Minds*](#)

Active Minds Speaking Bureau has a variety of speakers – all with personal experience with behavioral health – to share their story of recovery.

[*Deconstructing Stigma*](#)

Through photography and storytelling, this interactive website allows individuals to see people behind mental illness diagnoses and substance use disorders.

3. Set the expectation for person-first language within your department

Person-first language is a profound change that signals to people experiencing a behavioral health crisis you do not carry assumptions about their morality, worth, or values. Fully embracing person-first language may require significant changes within your healthcare system – to informal terms used amongst staff, intake forms used by patients, how practitioners describe tests, labs, and treatments. Since our society does not use person-first language to speak about people with marginalized identities, be gentle with yourselves and hold each other accountable.

Person-First Language Guides:

[The National Council for Behavioral Health](#)
[Shatterproof](#)