

Join the movement to reduce stigma and increase community inclusion in Arizona. It's easy!

Here are some things you can do:

Watch your language – contrary to popular rhyme that “...words can never hurt me,” they really do hurt. Avoid words and slang that perpetuate stigma, for example “nut case”, “psycho,” “wacko,” and other similar expressions.

Speak up when you hear someone using stigmatizing language, jokes or misusing psychiatric terms.

Educate yourself and others in your community by visiting respected websites and sharing these resources. Attend workshops, conferences and health-wellness fairs. Read materials and books on a variety of topics around mental health, addiction and recovery. Request a stigma reduction presentation or an Arizona Dialogue.

Listen to people who have experienced mental health or addiction challenges to learn how their lives have been affected and listen to their stories of recovery. You will be amazed at the incredible amount of resiliency, courage and determination their journeys of recovery contain!

Attend meetings in your community, such as ADHS/DBHS Let's Talk forums and others, to learn the latest news about what is happening in the behavioral health community and how you can help.

Support community organizations and groups that provide assistance to persons with behavioral health challenges by donating money, food, clothing and other items; volunteer your time and skills; advocate for funding and services to support those in need of behavioral health services.

Offer a place to meet at no charge to support groups. Offer to drive a person to an appointment. Offer a cup of coffee. Offer to babysit. Offer to be an exercise buddy. Offer to care for a pet if someone must stay in the hospital. Offer to tutor a child. Offer your hand in friendship. There is much you can do in your community!

Reach out to persons living with behavioral health challenges – they are family members, friends, co-workers, neighbors, students, bosses, educators, artists, faith leaders, health care workers, military veterans ... all can and do make meaningful contributions to society. Inclusion and compassion go a long way in breaking down stigma.

Stay in touch, make room for everyone in your circle and community; be supportive, and hold the hope of recovery by sharing, listening, teaching and encouraging.

Hire people in recovery. Work increases quality of life for individuals as well as communities. Contrary to popular myth, most people living in recovery are ready-willing-able to work and have a great deal to offer employers in the way of knowledge, skills and loyalty.

Be open about mental health and addiction challenges. It can do more harm than good to keep these very common challenges a secret. Being open helps break the cycle of shame-and-blame that keeps so many from seeking treatment.

Welcome everyone to your place of worship. Many people turn to faith in times of trouble as well as times of rejoicing – keep the doors of your place of worship open and welcome all who enter.

Boycott stigmatizing entertainment and let the producers and advertisers know why.

Let your voice be counted – write or call your legislators with concerns you may have or to lend your support to legislation related to behavioral health. Get out and vote.

Have questions?

Want to attend an Arizona Stigma Reduction Committee meeting?

Want to schedule an Arizona Dialogue or stigma reduction presentation?

Contact: Cynthia Henry, Committee Coordinator

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MENTAL HEALTH: EVERYONE HAS IT!



Stigma: Language Matters

Stigma is about disrespect:

It hurts, punishes and diminishes people.

It harms and undermines all relationships.

It appears in behavior, language, attitude and tone of voice.

It happens even when we don't mean it.

Disrespectful Language:

- Crazy, lunatic, deficient, wacko, loony tune, psycho etc.
- Manic depressive (when referring to a person.)
- Schizophrenic.
- Handicapped person.
- Slow, low functioning.
- Normal.

Respectful Language:

- Mental illness or psychiatric disability.
- Person with bipolar disorder or manic depressive illness.
- Person who has schizophrenia.
- Person with a disability.
- Person who has cognitive difficulties.
- Nondisabled person.

Some Rules of Thumb:

- ✓ Don't focus on a disability. Focus instead on issues that affect the quality of life for everyone, e.g., accessible transportation, housing, affordable health care, etc.
- ✓ Don't portray successful persons with disabilities as super humans. This carries expectations for others and is patronizing to those who make various achievements.
- ✓ Don't sensationalize a disability. This means not using terms such as "afflicted with," "suffers from," "victim of," and so on.
- ✓ Don't use generic labels such as "the retarded," "our mentally ill," etc.
- ✓ Don't use psychiatric diagnoses as metaphors for other situations, e.g., a "schizophrenic situation." This is not only stigmatizing, but inaccurate.
- ✓ Do put people first, not their disabilities. Say for example, "person with schizophrenia" rather than "schizophrenic."
- ✓ Do emphasize abilities, not limitations. Terms that are condescending must be avoided.

Source: Adapted from SAMHSA, Center for Mental Health Services and "Removing Bias in Language: Disabilities," APA Style Manual.
<http://alexandriava.gov/uploadedfiles/health/info/Stigma-LanguageMatters.pdf>

