

Sticks and Stones: How Language Can Be Used to Promote Recovery for Co-Occurring Mental Health and Addiction Disorders

January 2018

Background

71% of youth and young adults with substance use disorders also experience a co-occurring mental health disorder. It is vital that these two issues are addressed together, yet care is usually separated and disconnected, hindering outcomes and recovery options. The result is multiple “handoffs” from provider to provider, dropping out of treatment, and a patchwork of care. Not surprisingly, this also contributes to increased stigma.

Although mental health and addiction issues are often intertwined, they are framed as separate problems. When persons in treatment¹ seek care, it’s uncommon for them to receive information and resources about both disorders. Schools, families, and many professionals focus their attention and discussion on either mental health or substance use, rarely both. This results in a lack of education on the complexity and frequency of co-occurring disorders, what constitutes effective care, and how to access it.

In addition, language can shape or limit how problems and possibilities are perceived. Voices of youth and young adults with co-occurring mental health and addiction disorders, while vitally important, are often the least likely heard even when discussing their own experiences and care. Because of this oversight, language that negatively affects persons in treatment is often used, further separating them from their care and recovery plans. A

collaborative positive message must be created and disseminated which gives voice to persons in treatment, creates a space for their narratives in the conversation about co-occurring disorders, and advocates for their recovery and growth.

Gaps in Care and Education for Co-Occurring Disorders

Mental health and addiction have many commonalities, including the need for more care for youth and young adults facing mental health and addiction disorders. The separate systems of care for mental health and addiction are still lacking in availability and access, especially compared to other types of medical services. The costs of care are a significant barrier to treatment due in part to limitations on coverage for mental health and addiction services from health insurance providers. These issues make accessing care for mental health or addiction from state agencies, health care systems, and individual providers difficult and make collaboration on care that addresses both disorders increasingly challenging. But care that addresses these two disorders is desperately needed. Treating these disorders separately can be ineffective and stressful for the person in treatment and their caregivers. There needs to be a push for creating care for both co-occurring disorders, especially for youth and young adults.

Another commonality is the impact of stigma; there is a strong cultural stigma that

surrounds mental health and addiction issues. Stigma creates barriers and influences language that negatively impacts persons in treatment. Persons in treatment can experience labels such as ‘addict’ or ‘crazy’ as well as feeling shamed by friends, family, and even health care workers.

There is also a lack of available information for youth, families, providers, and schools about co-occurring disorders in every media form. Peer to peer education as well as more trainings available to understand terminology, stigma, language, and the experiences of those in treatment can both be effective. Not only does there need to be an increase in development of educational materials, but there needs to be an increase in distribution and dissemination of materials as well. Educational materials need to be easily found, online or in print, and translated into different languages and formats to increase availability and access. Clear messages to the general public about co-occurring disorders should include how complex and common they are.

The Power of Language

Language is incredibly powerful and vital for conveying the experience of the individual. Language often creates barriers through hard to understand jargon and changing meanings, and negative language can create feelings of stigma, isolation, fault, and blame. Words like ‘addict,’ ‘junkie,’ or ‘crazy’ have very different connotations and associations when compared to words like ‘patient,’ ‘client,’ or ‘person in treatment.’

Negative language can also be restrictive. If you define someone as an ‘addict,’ that becomes all they are, though they want to be seen as more than their diagnosis. A person’s struggles with mental health and

addiction are just one experience, one aspect of who they are, and does not define their individual uniqueness.

Language can be used to empower, support, and give hope to persons in treatment. One way it can do this is to talk about a person in treatment’s strengths. They are just as big and important as the diagnosis or past histories but a stress on strengths creates room for the future with positive language. Another way is to use words that allow for the growth of the individual, not restrictive words that focus on the diagnosis. Positive language has the potential to show that the struggles are a part of an individual, but not the entirety of the individual.

Creating a common language like ‘person in treatment’ focuses on the positive and reframes previously held beliefs about co-occurring disorders. The goal of this common language should be to bring people together without minimizing the individual experience. Creating a language that emphasizes hope and the potential for recovery can actually increase the possibility of recovery. Understanding terminology and creating a consistent message is also vital for effective advocacy.

Recommendations

Improving the experience of young people with co-occurring mental health and substance use disorders requires action on several different fronts.

- A common language that supports and empowers persons in treatment can shape the future direction of care for co-occurring disorders. By using language to empower, we can change the conversation from one of discouragement into one of hope. We can create a common language that builds a sense of belonging without

removing the diversity of experience. We can give agency to individuals so they can create their own narrative and not have their story or experience used against them. Through the power of positive language, we can increase the potential for recovery.

- There is an urgent need for care that treats co-occurring disorders together with linkages between mental health, substance use, primary care, and other services. There are far too many gaps between state agencies, health care systems, and individual providers to support effective care. Young people experience multiple hand-offs and treatment episodes. Integrated treatment is far more effective than individual, separate treatment and unfortunately it is also more difficult to find.
- Education ranging from basic information about co-occurring disorders to guidance on how to best navigate a complicated, often separate system is urgently needed. Persons in treatment across Massachusetts identified how

difficult it is to find educational materials, workshops, and resources. All of these should be available to schools, families, medical professionals, and communities. Persons with lived experience must have a substantial role in creating and reviewing these materials.

- It is important to increase public awareness about co-occurring disorders. Building a unified set of messages to educate the general public about co-occurring disorders will also reduce stigma. While co-occurring mental health and addiction disorders are common, there is little public education about their complexity and the effectiveness of integrated treatment.

This common positive language and unified voice must be disseminated through care, education, and advocacy. We need to create a consistent message that adds to the health of our youth and young adults, not harms them with a language that oppresses and invalidates their recovery.

This project was funded by SAMSHA Grant TI-16-012.

Parent/Professional Advocacy League is a statewide, family-run organization that advocates for improved access to mental health services for children, youth and their families.

Massachusetts Organization for Addiction Recovery organizes recovering individuals, families and friends into a collective voice to educate the public about the value of recovery.

Transformation Center is a statewide, peer-operated, networking organization that seeks to transform policy and practice in communities and systems by facilitating the growth, well-being and diverse voices of people in all stages of recovering their mental health.

ⁱ The term ‘persons in treatment’ emerged from the focus groups as a term youth and young adults identify with because it shows strength for seeking treatment, doesn’t have specific stigmas attached, and gives space to other aspects of life.

