Positive Choices Webinar_ Unde...nt for Australian young people

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SPEAKERS

Emma Devine, Steph Kershaw

E Emma Devine 00:03

Alright, I think our numbers are starting to slow a little bit, which suggests we've got most people here with us now, so we might get started, I'll be starting with a bit of an intro, bit of housekeeping. So there's still plenty of time to be settling in and settling down before Steph gets started. So good afternoon, everyone, and a big welcome to the Positive Choices webinar series. My name is Dr. Emma Devine, and I'm a researcher at the Matilda Centre for Research in Mental Health and Substance Use here at the University of Sydney. And I'm also the Project Manager for Positive Choices. So thank you, and welcome to our audience. So we're all coming together today from different parts of the country. So I'd like to begin by acknowledging the traditional custodians of Country throughout Australia, and their connection to land, water and community. So today, I'm currently on the land of the Gadigal people of the Eora Nation and I pay my respects to Elder's past and present, I further acknowledge the traditional owners of the land on which you're on and pay my respects to their Elders past and present. And I would also like to acknowledge any Aboriginal and Torres Strait Islander people joining us for the webinar today, feel free to pop into the chat on what land you are joining us for today's webinar. So before we get into today's presentation, I will just go through a couple of housekeeping points. So the first is that as participants, you're currently on listen only mode. And what this means is that we're not able to hear you or to see you. If you've got any questions or anything like that, you can pop it into the chat or also the Q&A box. So we will be monitoring that as we go today. We are recording this session and it will be made available through the Positive Choices website along with the slide handouts for the talk as well. And at the end of today's webinar, we will have a Q&A session. So as you know, as we're going through the webinar, if you have any questions, feel free to pop them into the Q&A box that you should be able to see on your screen. So if you're new to Positive Choices, I just want to start with a really quick introduction. So Positive Choices is a website that provides access to trustworthy, up to date, and really importantly, evidence based alcohol and other drug information and education resources that are suitable predominantly for parents, school staff, and students. But there are you know, other professions like health professionals, who may also find utility in some of our resources. Positive Choices is funded by the Australian Government, Government Department of Health

and Aged Care, and it was developed by the Matilda Centre for Research in Mental Health, here at University of Sydney in consultation with teachers, parents and students. Some examples of the resources that we have on Positive Choices include learning resources, so fact sheets, videos, webinars and games. And we also have classroom based prevention programmes that have been proven to reduce drug related harms in young people. So I do encourage you to visit the website, have a look at some of the resources, have a little look around there. But now on to today's webinar. So we're looking at stigma today and we're really excited to have Dr. Steph Kershaw presenting. So a little intro for Steph is that Dr. Steph Kershaw is a research fellow at the Matilda Centre for Research in Mental Health and Substance Use, Steph leads an innovative programme of research and translation to prevent and reduce the impact of substance use. Her research also aims to address the overlap between mental health and substance use and improve health outcomes for individuals, families and communities. Steph is currently the project lead for Cracks in the Ice, which is a national online portal funded by the Australian Government Department of Health and Aged Care, with the aim to develop and disseminate evidence based resources about crystal methamphetamine, also known as ice, for the Australian community. So big welcome, and thank you to Steph and I will now pass over to you.

S Steph Kershaw 03:52

Thanks Emma, and thanks so much for having me today. Delighted to be with you. I've just shared my screen. So hopefully you can all see my beautiful slides. I'd also just like to echo Emma's acknowledgement, and let you all know that I'm joining from the land at the Gadigal people of the Eora nation as well. And, you know, acknowledge the traditional owners of the land and their connect- continuing connection to land, water and culture. I'd also like to acknowledge anyone joining us today with a living or lived experience of mental health and or substance use conditions. So in today's webinar, I'm going to talk all about stigma, what it is, its impacts, and then I'm going to talk through a bit of a case study of my research into crystal methamphetamine and stigma in Australia. And then finally, I just wanted to talk a little bit about some of the ways that we can all reduce stigma regardless of whether it's about a mental health condition or a substance use one. And then at the end, there should be plenty of time for questions, but I can't promise to have all the answers I will do my best. So, firstly, what exactly is stigma? Well, it's a social construct. And that means that it has a few definitions. But the definition that I quite resonate with is that it refers to a mark of disgrace, that's applied to someone because of something about them that's viewed negatively by others. So in this case, a mark of disgrace could be that they're using drugs or that they have a mental health disorder. And often that mark of disgrace will overshadow the rest of the person so that they're no longer seen as a whole unique individual, but instead judged on that single characteristic alone. Now stigma often stems from stereotypes and those generalisations or assumptions that people make about that characteristic. And it can also stem from prejudice, or preconceived opinions that people might have towards a particular group. Something that you might hear about when people talk of stigma is also discrimination. So discrimination often goes hand in hand with stigma, and it refers to the unfair treatment of someone based on a personal characteristic. And so it's essentially the behavioural outcome of stigma. Now, there are different levels or types of stigma. Firstly, there is public stigma. And this is when society or mainstream culture holds negative attitudes or beliefs about a particular group or health condition. And this can be influenced by a lot of different factors, including cultural belief, social environment. And there's also quite a bit of evidence that media representations, so what we see and hear in the news, also influence public stigma. There's also what's called self stigma, and that refers to the internalising of the negative stereotypes and beliefs by the person being stigmatised. And this leaves these individuals feeling really ashamed and having sort of low self

esteem and low self worth. And then the final one that I wanted to talk about is structural, or it's sometimes referred to as institutional stigma. And this refers to discriminatory practices and policies, which are actually embedded within institutions like healthcare, education, and even the legal system. And this is, can perpetuate the unequal treatment and limited opportunities for stigmatised people. Now, these different types of stigmas are actually very much intertwined with each other. And so when we're thinking about how to reduce stigma initiatives, we actually need to intervene at all of these different levels because they do feed into each other. Stigma has been associated with many different health conditions, and I've just listed a few examples here, which you may have already heard before, like HIV or physical disabilities. And one thing to note is that even within these sorts of groups of disorders, there are elements that can attract more stigma than others. So for example, among drug use disorders, people who inject drugs often experience more stigma than those who smoke drugs. There's also different drug types like heroin and cocaine that have been shown to attract more stigma, than say other drugs like cannabis and alcohol. Also, another one that's quite relevant to today's talk is around the mental health disorders. So the one, there are disorders like schizophrenia, bipolar and personality disorders, which tend to be more poorly understood, and attitudes are much less positive than other mental health disorders like anxiety or depression. And I'm gonna focus this talk sort of around those mental health and drug use disorders, as in Australia both of these health conditions are really highly stigmatised. And drug use disorders is, in fact been classified by the World Health Organisation as the most stigmatised health condition in the world. Now, there are a lot of impacts to stigma. And what we consistently see across all health conditions is that stigma leads to a delay in help seeking. So people often report feeling ashamed or embarrassed, and so they won't seek support when they need it. And this can actually lead, particularly in the example of mental health and drug use disorders to their condition worsening and becoming much more complex and difficult to treat. Stigma is also associated with individuals feeling really alone and isolated as people will often avoid them because of that condition. And they may also experience verbal and or physical abuse. Now this discrimination can have a profound effect on an individual's well being and can also lead to additional mental health impacts. Stigma doesn't just impact help seeking for that specific condition, it actually is also a barrier to other healthcare services so, and also services like employment and education as well as social settings. So one thing I also really wanted to talk about here is that it's important to understand that stigma and the psychological distress doesn't just impact the individual. It also impacts their friends, carers and family. And this means that carers and family can also experience stigma, and are at a higher risk of developing their own mental health disorders as a result. So I thought it might be useful to look at a case study of stigma around methamphetamine use. And so this is based on some research that I've done through Cracks in the Ice. As many of you may be aware, Methamphetamine is a stimulant drug, and that means that it speeds up the central nervous system and makes people feel more alert and energised. Now methamphetamine comes in three forms, typically crystal, base, and speed, and they all vary in their appearance and potency. But crystal methamphetamine or ice, as it's commonly called, is often the most pure form, and that means that it typically produces stronger and longer lasting feeling of euphoria, but it's often also associated with more serious effects, especially if used regularly. And in Australia, over the last decade or so we've seen a rise in methamphetamine related harms, including hospital admissions, helpline calls and drug related deaths. So crystal methamphetamine can have a number of effects on the mind and body and that's shown in this slide here. In the short term, people may experience headaches, high blood pressure, increased alertness, and talkativeness. And if people use crystal methamphetamine regularly, the risk of long term effects increases. And methamphetamine use can also lead to mental health disorders such as depression, anxiety, and psychosis. So it's not uncommon to see these co-occurring conditions. Now, use of methamphetamine, similar to stigma, not only impacts the person but it also

impacts their family, friends, communities and workplaces. Now in Australia, methamphetamine is a drug that a lot of people are really worried about. And this graph is from the latest National Drug Strategy Household Survey. And this is the largest population survey in Australia, which collects information about alcohol and other drug use. So this survey found that 40% of Australians rated methamphetamine as the drug of most concern to the community, and it was rated higher than any of the other drugs including excess use of alcohol. And 49% of Australians also rated it as the drug most likely to be associated with a drug problem. So even though people are worried about methamphetamine and methamphetamine harms, there are effective treatments available for people with stimulant use disorders like methamphetamine. However, many people aren't getting the help they need when they need it. And it's quite a bit of evidence that they actually put off seeking help for a number of years. So when we look into why this is, the research tells us that it can be a whole range of reasons, including practical barriers, like the cost of treatment, service availability, particularly in regional and remote areas, long waiting lists, and also some of the psychosocial things like stigma or the belief that you can manage on your own without professional help. But when we look at what the most common barrier is a systematic review of 11 international studies found that stigma and fear of embarrassment is the top cited barrier in the literature. So despite some of this background knowledge, there actually hadn't been any research in Australia investigating stigma around crystal methamphetamine. So as part of a larger project that we conducted, we did a national online cross sectional survey, which was open to all Australian residents aged 18 years and over and in we included people who had and had not use crystal methamphetamine. And so in this survey, we wanted to kind of gauge what people's knowledge and attitudes and beliefs were about crystal methamphetamine and the people who use the drug, and for people with living or lived experience of crystal methamphetamine use, we also asked about their experiences of discrimination and what barriers they have. I was going to say involved but that's not the right word, may have experienced to their help seeking. So we had a total of 2108 people complete our survey from across Australia, and 49% of these were female and most were aged between 18 and 40. And we got a great representation of responses from across the states and territories. So even though we weren't nationally representative, we actually found that the samples age, gender, and state or territory of residents quite closely aligned with the national population statistics from the Australian Bureau of Stats, which was great. We also had got a really good response rate from across different geographical locations. So 56% were in metropolitan, but then there was also 33% in regional and 11 in remote areas. Now, within this sample, many participants had been affected by crystal methamphetamine in some way, with 27% reporting having used crystal methamphetamine before and 41% reported having a family member or friend that they thought might be using. And when we looked more closely at our sample, we found that young people so we set our age limit as those between 18 to 29, they made up actually 38% of our sample, and this is quite an important subsample to look at as people who use methamphetamines generally report first trying these drugs in their early 20s. So we wanted to gain a better understanding of what barriers prevent young people from seeking help and how we can better identify and engage young people in treatment early on if they need it. So the results from the study, sadly, we found that stigmatising attitudes were really common. So among 45 to 65% of Australians agreed with statements such as "I won't associate with people who use ice if I can help it", "use of ice is just plain wrong", and "people who use ice are dangerous". So these negative stigmatising attitudes were really common throughout our study. And this is just another way of looking at these results so I wanted to compare and show you that when we looked at young people so the blue bars in this graph, compared to the green bars, which are the total sample, young people hold very similar stigmatising attitudes towards crystal methamphetamine and people who use crystal methamphetamine. So not surprisingly, given the high stigma levels, personal experiences of discrimination were common among our sample, so 39% of those who had used crystal

methamphetamine before reported being discriminated against because of their use at some point in their life. And this rose to 70% among people who reported using crystal methamphetamine regularly, which we defined as at least on a monthly basis. And 46% of our young people subsample reported having been discriminated against because of their crystal methamphetamine use at some point. Then when we looked at barriers to care, not surprisingly, fear of judgement was one of the biggest barriers to help seeking. And it was a similar proportion across both the total sample and young people with around 20 to 30% reporting the same concerns of being afraid of what others will think of them, and being afraid to seek help. So this is an example of how prevalent stigma is, and can be when it's associated with a health condition like stimulant use disorders. And how it can, how stigma can be a real barrier to help seeking. So one thing that I want to highlight and this is kind of one of my little passion projects, is that it's not surprising that stigma and negative attitudes are common in Australia when you consider the media reporting on methamphetamine in Australia. The media reporting tends to very much focus on crime or justice related topics and use a lot of negative stigmatising language. So as I mentioned earlier, there's a lot of evidence that media reporting really does influence people's attitudes and can contribute to public stigma. So it's important that we not only fact check what we see and what we hear, but we also encourage media outlets to report in an accurate and non stigmatising manner. So if you'd like any more information about that case study that I presented, we actually have two publications on it. And I'm sure that Emma will pop them into the chat for you now. They're both open access, but if you do have any access issues, please do reach out and I'm very happy to share them with you. So this brings us to the final and probably the most important part of our webinar. How can we reduce stigma associated with mental health and substance use disorders? Well, we know that there are two evidence based approaches which have been shown to be really effective. The first one being education, so increasing people's knowledge and challenging those misconceptions that might exist around health conditions. And the second is what we call contact based approaches. And that is where we involve and engage with people who have a living on lived experience. And I'm going to talk more about these two approaches. So firstly, with educational approaches, and there is a wealth of research that's showing that exposure to evidence based information, particularly information that really addresses those myths and challenges, those misconceptions around health conditions, decreases stigma. And it's well recognised that people with more knowledge about a health condition hold less stigmatising attitudes. And so an example of this is, through my research, we found that exposure to our evidence based portal Cracks in the Ice, which provides evidence based information around crystal methamphetamine led to a decrease in negative or stigmatising attitudes. So thankfully, in Australia, there's plenty of evidence based resources that can be used to educate young people about mental health and substance use disorders. So for example, there's Positive Choices, which Emma gave a beautiful summary of at the start of this webinar. And my computer got excited and changed to the next slide, sorry. So just if you are looking for evidence based resources around alcohol and drugs, including resources for parents, teachers, and young people, Positive Choices is the place to go. And if you're looking for more mental health information the Black Dog Institute, Reach Out and Beyond Blue all have great evidence based resources that are freely accessible and can help to really improve people's knowledge and understanding of health conditions. So as I mentioned, the second approach is what we call contact based. And this is all about engaging and involving people with lived experience. So contact based approaches can be in person. So you can have, oh my goodness, I think my slides are going rogue. Contact based approaches can be in person. So someone with lived experience will come into a classroom and talk to people or you can do contact based through watching videos or reading stories from people with lived experience. And so the different mediums have been shown to still be effective, because it's all around that contact based approach is seeing the whole person instead of just that stigmatising characteristic, and really

contract based approaches focus on trying to create understanding and empathy towards people with mental health or drug use disorders. And importantly, both approaches are complementary, and actually, it's really most effective when they're used together. Because education can correct those myths and misunderstandings that underpin stereotypes. And those lived experience stories, particularly those that focus on recovery, have an emotional resonance that can make the impact of health conditions more tangible. And it can also be really beneficial for people with lived experience to share their story as there is evidence that can reduce self stigma, which is the concept we talked about earlier. And it can also help provide people with lived experience with a real sense of connection. Now there are also a few other ways that we can reduce stigma, and that is to really fact check. So as I said, public stigma is often guided by the media. So it's really important to fact check what you see and what you hear. There are media guidelines, support available to support accurate and non stigmatising reporting for both mental health conditions and drug and alcohol disorders. And these can all be found through the Mindframe website. And there's also a website called SANE where if you do come across reporting that you consider stigmatising, you can actually report you know, articles to SANE and they will follow up and try and speak to those journalists to make sure that we are reducing stigma and addressing and not perpetuating myths or misconceptions. It's also really important to consider the language that you use. So there are specific words that can have a real stigmatising effect on people. And whilst stigma is more than just language, it's a good starting point for all of us. Because by focusing on the person, so saying, a person with a drug use disorder rather than addict or junkie, that can help, you know refocus that and take a strengths based approach. So don't focus on those negatives, but instead focus on words that are inclusive, and focus on strength and empowerment. And that's can be really important, and also vital in helping people to see the whole person, not just that single characteristic. So there are a couple of language guides that are available. For example, the Alcohol and Drug Foundation has a great practical guide called power of words, and there's also a language matters guide as well. And both of these are freely available on the internet. And they were both developed in collaboration with people with lived experience. So another important thing that we can do is that stigma can be very isolating, so it's important to think about connecting with one another, but also trying to maintain connection with family, community and culture in a way that everyone feels comfortable and supported in. Connection has been shown to be a really important factor to encourage people to help seek, and the effects of disconnection have also been shown to be a real barrier to help seeking. And I guess one of the things I wanted to talk about is that another way to challenge stigma is to really encourage people to seek help and support if they are experiencing any difficulties or have any concerns. We need to remind people that there is no shame in asking for help and support and it's never too early or too late to seek help. There are a lot of support options available. And it may take some time to find the best support option that works for them. But it's really important to keep trying as there are a lot of avenues out there. And I think this is a really important message when we're talking about stigma is that because stigma can be such a barrier to seeking help where people do feel ashamed, we need to take it and let it remind them that there is no shame involved. So one thing I wanted to note, as we sort of wrap up on the main content is that there's actually an encouraging amount of work happening in Australia at the moment. So for example, some of you may have seen the National Mental Health Commission is actually developing a national stigma and discrimination reduction strategy. The draft strategy was available for public comment earlier this year. And the draft recognised that the stigma attached to mental health and drug use disorders was big, and that they often co occur. So we really need to see a multifaceted approach to reducing stigma. So hopefully, in a few months time we will not only seeing a great strategy, but some excellent implementation across the country. So in, so in summary, lots of health conditions are stigmatised, including mental health and drug use disorders. And that it's important to realise that stigma affects not

only the person but their families and communities as well. And there are a lot of impacts from stigma, but one of the main ones that it is always consistently a barrier to help seeking, which means that people aren't getting the help they need when they need it. But luckily, there are ways that we can reduce stigma including improving knowledge about health conditions, engaging with people who have lived experience, and also thinking carefully about the words that we use when we talk about mental health and drug use. And so I hope that this content has been somewhat helpful. I'd like to finish up by acknowledging the Australian Government Department of Health and Aged Care for their funding of my research. I'd also like to acknowledge and thank the amazing the Matilda Centre for Research in Mental Health and Substance Use, as well as my Cracks in the Ice team and collaborators, and finally the many community members who have provided input into my research. I'm very happy to take any questions that you have.

E Emma Devine 29:26

Wonderful, thank you so much Steph for that webinar. I thought it was really interesting to hear, those really practical strategies that we can all use sort of, you know, in our daily, day to day lives that can really help support people who may be you know, using substances or who have some mental health concerns as well. So big thank you for that. I encourage everyone, I've just popped up on the screen there a little image of where you can find the Q&A box, hopefully on your sort of zoom bar down at the bottom. And we encourage anyone to put questions in there if you have any. But we do have some questions Steph.

S Steph Kershaw 30:09

Well that's good because we left plenty of time for questions.

E Emma Devine 30:14

So, as they come in, I'll start with some of the earlier ones.

S Steph Kershaw 30:18

Sure.

E Emma Devine 30:20

So first question we've got for you is, stigma you were saying is influenced by a number of different factors, and an audience member is wondering whether there was anything in your research about what particular individual factors might have influenced people's attitudes towards drug use?

S Steph Kershaw 30:44

Yeah, great question. So stigma is impacted by a lot of things. And depending on the health condition, you can actually see that stigma will be influenced by things like age, gender. So for example, in one of the research studies that I did, we found that females held more stigmatising attitudes than males, which was really interesting because often it's the other way for other health conditions. Also, sometimes geographical location, like people who live in regional or remote areas may hold more stigmatising attitudes, then people in metropolitan areas, and also different sort of groups of people may hold different attitudes towards health conditions. So it really does depend, firstly, on the health condition, and also those different factors as well. But lots of, yeah, I think that's the complicated thing about presenting a webinar on stigma. It's such a dynamic and big topic that so many things are influenced by.

E Emma Devine 31:44

Yeah, no, absolutely. Thank you, Steph. Another one of our audience members is asking whether you find that people who already feel stigmatised for things other than, say substance use or mental ill health so the example given is people with trauma in their past or history of challenging childhoods, for example, are they more likely to seek, you know, substance use as a coping mechanism?

S Steph Kershaw 32:14

Yes, so there's quite a bit of evidence that people will use substances to cope with trauma or childhood adversity. So there's quite a bit of research, particularly around alcohol and anxiety and how that's interrelated. What was the question in relation to the stigma? Was it whether that would then be another factor that might be a barrier to help seeking?

E Emma Devine 32:41

Yeah, I guess it's sort of about the the directionality maybe between the stigma and the substance use. So if stigma comes first for a different reason, can that also lead to substance use, which then I guess would perpetuate stigma and sort of, I guess, feed into a bit of a cycle perhaps?

S Steph Kershaw 33:00

Yeah, absolutely. I think it also depends on very much the factors that are influencing the stigma. So say, for example, thankfully, the rhetoric around this is starting to change, but you know, people who have experienced adverse trauma or adverse childhood experiences, they do feel quite ashamed. And then I guess, if you add in the substance use and the stigma associated with that, that would get it would make it extra hard, I feel.

E Emma Devine 33:34

Yeah and I guess that point of you can feel stigma for multiple different things simultaneously. And yes, sort of makes things even harder.

S Steph Kershaw 33:44

Yeah, yeah. It can also depend on the environment around you as well. So what your family and friends and how your community talks about these sorts of issues. So for some people, mental health issues in their you know, for example, in our workplace, we like we quite often talk about mental health days and things like that's quite commonly accepted. But you know, if I was to work somewhere else, where mental health issues might not necessarily be as well recognised and, and acknowledged, like it's very environmentally dependent.

E Emma Devine 34:14

Yeah, absolutely. It creates a safe space to even say that you need a bit of mental health support. Yeah, you can take a mental health day. Absolutely. Thank you, Steph. Another audience question has come in, asking when people turn to an AOD or mental health service, just seeking that service is stigmatising in itself, which is something you've touched on as well, and wondering whether you had any suggestions or thoughts about how we could promote or you know, around what language we use to call our services. So this maybe touches on some of those language use things that you you spoke about?

S Steph Kershaw 34:50

Yeah, that's a really big and important question. Yes, so firstly, I mean, I guess the language that we're using is or what we call ourselves in, it's not really great to call ourselves addiction services or those sorts of things that might perpetuate stigma. But often, you know, I guess, it is thinking about language and in thinking about what is the most inclusive way and empowering way and taking that strengths based approach that we can encourage people to seek help, so that they do, even if you can't necessarily change the name of your service, they do feel comfortable calling, they do feel comfortable when they walk through the door. And there is, you know, stigma reduction training that AOD workers can do. And there's plenty of resources for a lot of conditions out there. So you can, you know, really engage with ways to reduce stigma within your actual services. But it's really, it's a really interesting topic as well, because it's also up to people the language that they choose to use to identify themselves. So there is a little bit of discussion around when people first seek help and recovery, they might choose to adopt terms like addict or those more stigmatising ones that we would not choose to put on them. Because they feel that that speaks for themselves. But yes, I mean, I guess in my long, rambling way, the key points would be yeah, it's really important to think about sort of the language that we use. And if there is a way that we can reduce those barriers, just from picking up the phone and talking to someone and being able to talk about mental health and drug and alcohol use.

E Emma Devine 36:48

Yeah, absolutely. So it sounds like, you know, being aware of those guidelines is really important, but then also talking to the people with lived experience.

S Steph Kershaw 36:58

Yes. Yeah, actually, you know, engaging with people with lived experience, getting them to be part of your policies, getting them to be part of programmes that you're developing, or even coming to sit on the boards for your organisation. It's a fantastic way to hear the different perspectives and what might be needed to make your service or whatever it is that you're, you know, trying to set up more inclusive for people.

E Emma Devine 37:24

Yeah, absolutely. I know that lived experience is something that you work a lot in and other people, the Matilda Centre and the University of Sydney more broadly do. So if there are more, you know, if you do have questions about that, feel free to reach out to Steph, myself, Positive Choices, and we can try and help in whatever way we can. So I have questions are coming in, and I'm just trying to not miss. Usually, I try and do this while you are speaking. But I was very engaged in your response there.

S Steph Kershaw 37:58

Well, I guess that's a good thing that you were very engaged.

E Emma Devine 38:00

Absolutely, I think this is a really interesting topic. So we've got another question on just if you happen to know of any examples when media outlets have been taken to task by their language use in articles.

S Steph Kershaw 38:15

Yes, actually. So there is, what's it called, AOD HealthWatch on I think it's on Twitter and on Facebook, and they actually take screenshots of articles that use language that's quite stigmatising, or they don't provide help seeking support at the end of the article. And, you know, the SANE website that I mentioned, they actually do if you do say log, I saw this TV show that really, you know, perpetuated a lot of myths, they will reach out to that organisation and try and engage them in that using those evidence based guidelines. Yeah, Amelia just popped a link to Stigma Watch, which is the organisation sorry, which is the platform that SANE runs around you know, those newspaper articles.

E Emma Devine 39:07

And it's so great that that's there.

S Steph Kershaw 39:09

Yes, well, I guess it also shows that things can change. And I'd like to refer back to how we used to talk about suicide, and how there was so much stigma around that. And what we've seen in the last sort of 10, 15 years is that there is a lot more responsible reporting around the stigma, around suicide. There's a lot more consideration about the language, they generally always include helpline calls, like call numbers in their posts, and so we really just need to see a push for that to be the same for mental health and AOD conditions as well.

E Emma Devine 39:47

Yeah, absolutely. And I guess just a point to add is that when you, if and when you do come across stigmatising language it's not. It's usually not intentional or you know, it's not said in a malicious way, or to hurt someone, so which ties back into the education point that you made.

S Steph Kershaw 40:05

Absolutely. I think a lot of it, yeah, it does come down to that education and like I said, people who have higher knowledge do have less stigmatising attitudes. And it is because they realised that the impact that those words and that knowledge has.

E Emma Devine 40:23

Yeah, absolutely. And, you know, I'm sure there's areas where we wouldn't have that knowledge in as well. And, you know, we're, we know the language, and your context. And so, yeah, it's very, you know, context and situation dependent for everyone as well.

S Steph Kershaw 40:38

Yeah. And when I was putting, sorry, Emma off, and when I was putting together this presentation, I was trying to take it from a higher level, like health conditions. But even within each of these health conditions, like I mentioned, there's so many different intricacies. But yeah, like a lot of the same principles apply. So focusing on education, and engaging with people with lived experience. Absolutely.

E Emma Devine 41:02

We have another question about whether you've done any research amongst Aboriginal and Torres Strait, Torres Strait Islander communities around the stigma that they may be experiencing in relation to mental health and or substance use?

S Steph Kershaw 41:20

Yes, actually, I have. My Aboriginal colleagues and I have done some research with Aboriginal communities around crystal methamphetamine, and it's co occurring, it's co-occurringness with mental health disorders. And, again, shame and stigma is a really big topic. Particularly, I think

from a community perspective, like having people who use crystal methamphetamine in their community, they feel can, like have a real impact upon everyone in that community. And so we've actually developed some resources, which sit on the Cracks in the Ice website, around explaining what shame and stigma is, and seeing that person behind the substance. And just starting those conversations and trying to remind people that, you know, people aren't just that one characteristic, that one thing, they are whole person still, and they still needs to be seen as that whole person. And that holistic approach is very much in line with the Aboriginal communities and their social and emotional well being, as well. So yeah, it does bring another beautiful but interrelated angle into the stigma research.

E Emma Devine 42:43

Yeah, absolutely. We have another question as well about the comorbidity between substance use and mental health that you might be well positioned to play, to answer. But these are all very complicated constructs that are so overlapping and interconnected. But this audience member is wondering about, you know, better integration between the discussion between mental health and substance use,

S Steph Kershaw 43:12

Ah, yes

E Emma Devine 43:13

The comorbidity around it. Because there's, or they've certainly experienced sort of a dialogue where if you stop using substances, your mental health will improve. And that might not always be the case when there's comorbidity or other issues going on, so sort of throwing people into one or other can create even more stigma?

S Steph Kershaw 43:33

Absolutely. In some of the research that I've done with communities, we've found that people can be more willing to seek help for things that they think are socially acceptable, like depression and anxiety. But that if the very reason they have the depression and anxiety is because of their methamphetamine use, but they know that that's highly stigmatised, so they don't want to talk about that. And I think that we do really need to explore how we can better integrate mental health and drug and alcohol use because I think the recent statistics around 30% of people who experienced mental health disorder will also have a co occurring drug or alcohol use disorder. And as I mentioned, personal Methamphetamine is one of those ones that it's use does lead to those mental health impacts. So if we can find a way to better integrate and better work together, I think that we will also go a long way to reducing the stigma associated with both of those mental health and drug and alcohol conditions.

E Emma Devine 44:38

Yeah, absolutely. It's definitely something that needs more work, but we are working towards

Yeah, absolutely. It's definitely something that needs more work, but we are working towards and we do, yeah, see benefit and advantage to absolutely. I have a question about the portrayal of persons who are living, you know, have lived experience of methamphetamine use and around the stigma around violence and dangerous behaviour that often comes alongside that. This is something that this person, you know, feels is quite a stigmatised link to methamphetamine use. And do you think that there's any sort of change or movement in this space? Do you think things are getting better? I guess with the same advice around those, you know, the language use, the education, would that apply to this as well?

S Steph Kershaw 45:28

Yeah, um, I think there's a couple of things. Firstly, the, we need to do a little bit more education around the link between crystal methamphetamine use and violence. So people seem to think that it's, you know, you use crystal methamphetamine, you're violent, and it's not that direct a link. And it is definitely not a clear relationship, because everyone who uses crystal methamphetamine isn't necessarily violent, so that it kind of comes down to firstly, educating people around what are the actual evidence based effects? What are the evidence behind, you know, these, challenging these myths and misconceptions that are often perpetuated? And also, I guess, we have seen a little bit of a change and response. So Mindframe released those guidelines around how to report on alcohol and other drugs. And that was a big one that they noted. You know, we shouldn't necessarily link people with that unpredictable behaviour. But I think there's still a long way to go. And it's really, yeah, there's just, I think everyone's again, it comes down to contact with people with lived experience and having them share their own stories, and also just education about what are the actual effects of methamphetamine? And I hope that overall, we will see that myth around everyone who uses meth is violent decreasing, but at the moment, it still seems to be quite a common one.

E Emma Devine 47:08

I think I've heard it's one that comes, or you sort of come across a lot in your work, and that's something you're trying to battle and educate around as well?

S Steph Kershaw 47:17

Yes. And similarly with all health conditions, though, there's a lot of underlying factors as well. So every, everyone is unique. Everyone is different. You can't really just make a one size box fits all for everyone.

E Emma Devine 47:31

Absolutely. It goes back to that point of seeing the individual as a whole not one aspect. There's a question about, I guess, the distinction between two different constructs. So blame versus stigma.

S Steph Kershaw 47:44

Right. Okay.

E Emma Devine 47:45

So I guess distinguishing them and what the relationship is between them if there is one.

S Steph Kershaw 47:51

Um, yes, that's, that's a great question. So I guess, conditions where, so like drug use, drug and alcohol use, where someone can be blamed, or they think that it is because of the personal choices that that person has made, do tend to attract more negative attitudes and more stigma towards them. And we also know that for people who experience self stigma, you know, self blame, and blaming themselves for their own actions is a big thing as well. So there is quite, I feel like they are quite interrelated, that blame and stigma.

E Emma Devine 48:38

Yep. Oh, brilliant. Thank you. All right. I think we've got time for another one or two questions then we might start with our wrap up, if that sounds good to everyone. So last chance to get any of those last questions in. Something that you mentioned in the webinar Steph was that, you know, stigma is obviously associated with particular behaviours. So when you're talking about, you know, substance use that sort of a behaviour and, and other medical conditions and things as well, but you also mentioned neurodevelopmental disorders, and I wondered if you could elaborate on that a little bit more.

S Steph Kershaw 49:15

Oh, okay. Great. So I guess when I wrote neurodevelopmental disorders, I was actually thinking about foetal alcohol syndrome disorder. And so that's where there's been prenatal exposure to alcohol. And there is actually a non genetic, developmental disability that the child then has. And I guess it's because there's been a lot more research and understanding about how much stigma and discrimination is impacting people who have FASD, and, and across all of those multiple levels that I talked about, you know, structural and institutional, public stigma, and also self stigma. And, and the stigma around FASD is particularly concerning because not only is it a barrier to help seeking similar to other health conditions, but it also can delay sort of that identification and treatment and support for the individual with FASD. And so often, you know, these are young children in schools, and they're just not getting the help that they need when they need it.

E Emma Devine 50:25

Yeah, absolutely.

S

S Steph Kershaw 50:26

Yes. That was what I was thinking. But I know that are other neurodevelopmental disorders. And once again, it comes down to those preconceived ideas about certain conditions that exist.

E Emma Devine 50:37

Yeah, absolutely. And I think, FASD, from what I've seen, as well is one where you'll find, I think there was a relatively recent paper that also find news outlets and sort of the public discourse around FASD to still be using quite stigmatising language. So definitely another area that we've got a little bit of work to do in for sure.

S Steph Kershaw 51:00

Yeah, for sure. And that brings it down to you know, always fact check, always check your evidence, always make sure that you're getting evidence based information and promoting evidence based information.

E Emma Devine 51:11

Absolutely. All right. Steph a huge thank you for this webinar. And for, you know, engaging in so many questions. And having a great discussion. There's been some comments about how lovely it was, the discussion as well as the talk. So I think people got a lot out of it. So a huge thank you. I will just move now to our last couple of slides just to wrap us up for today. So not turning, yours were moving too quickly, and mine won't move at all.

S Steph Kershaw 51:46

It's I don't know.

E Emma Devine 51:47

Um, so yeah, just to say a big thank you. Please feel free to send us to any feedback that you have on the webinar, as well as ideas for any future webinars. So you can find us at info@positivechoices.org.au. And I think Amelia will pop that email into the chat for you if you do need us. But you can also keep up to date with Positive Choices via Twitter and Facebook. And our handles are up on the screen there for you. So that is all from us. A big thank you and we look forward to seeing you at the next webinar. Thank you Steph. Bye everyone.