Stigma is a key barrier to prevention, treatment, and recovery for people with lived and living experience of substance use.

**STRUCTURAL STIGMA**

Structural Stigma prevents persons living with mental health problems and illnesses and/or lived and living experience of substance use from receiving accessible, person-centred, high-quality health care.

**STIGMA’S multiple levels**

- **Individual**: Includes shame, fear of seeking help, and feeling less worthy.
- **Interpersonal**: Endorsing negative stereotypes or prejudicial ideas, and speaking or acting in discriminatory ways.
- **Structural**: Located in formal and informal rules, policies, procedures, laws and cultural norms.
- **Intersectional**: The many ways stigma related to mental illness and substance use intersects with other forms of oppression (e.g., racism, transphobia, and colonization).

**SOLUTIONS**

Addressing structural stigma in health-care settings requires a combination of approaches, such as:

- enhancing the meaningful involvement of people with lived and living experience
- building a supportive and stigma-free workplace culture
- adopting integrated, recovery-oriented, holistic, accessible, client-centred models of care
- distributing resources for mental health and substance use care on par with physical health
- establishing mechanisms to monitor structural stigma

The Mental Health Commission of Canada assists in developing, implementing, and evaluating initiatives to reduce structural stigma within health-care organizations.

To learn more about these initiatives, visit Structural Stigma at [mentalhealthcommission.ca](http://mentalhealthcommission.ca) or email us at access@mentalhealthcommission.ca.