PARKS AND RECREATION:
ADDRESSING STIGMA ASSOCIATED WITH SUBSTANCE USE AND MENTAL HEALTH DISORDERS
A group of people participate in an online training. Photo by Canva Studio via Pexels

A person presents to a group. Photo by mentatdgt via Pexels

Front (top) cover photo: A person gives a talk to a room of people. Photo by Matheus Bertelli via Pexels
Front (bottom) and back cover photo: A group of people practice yoga in a park. Photo by Rui Dias via Pexels
INTRODUCTION

At NRPA, we believe parks and recreation is vital to community health and well-being. Access to these spaces, programs and services remains essential to community vitality and is a key factor in advancing health equity, improving individual and community-level health outcomes, and enhancing quality of life. Park and recreation professionals are uniquely positioned to create, in partnership and in power with community members and key collaborators, the people-centered community wellness hubs needed to address public health threats and harness the full potential of community to ensure all people can thrive.

How and Why this Resource Was Developed
Addiction and mental health conditions can affect anyone, regardless of age, sex, race/ethnicity, background or socioeconomic status. These individuals must constantly battle stigma — the negative attitudes and beliefs directed toward an individual or group of people with certain characteristics, traits or circumstances. Stigma not only impacts society’s ability to address and treat addiction and mental health conditions, but it also influences an individual’s likelihood to seek and/or accept treatment due to feelings of shame, fear and guilt.

The American Psychiatric Association defines addiction, also known as substance use disorder (SUD), as a complex brain disease in which an individual compulsively uses substances despite negative and harmful consequences. The person develops an intense focus on using a certain substance(s) to the point where it drastically impacts their life. SUD impacts judgment, decision making, learning, memory and behavior control — resulting in distorted thinking, behaviors and bodily functions. Impaired brain functioning also can be a long-term effect, with complications that may last a lifetime.

AUTHORS AND ACKNOWLEDGEMENTS

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THE IMPACT OF STIGMA

Stigma can exist in many forms and has the potential to create harmful effects and challenges on both an individual and community level. When stigma is present, those suffering may be reluctant to seek help, become bullied or victimized, experience feelings of fear, shame and guilt, and/or have fewer opportunities for employment, education, socialization and housing. Additionally, a lack of understanding from friends and family members may occur, as well as lead to gaps in access to health insurance coverage or necessary substance use and mental health disorder treatment(s). In fact, stigma exists within the healthcare system and contributes to lower funding for research and treatment of mental health disorders compared to physical disorders. It also results in lower quality of care and limited access to behavioral treatment and other related services. Stigma also can impact local policymakers and/or key decision-makers within a community. When those in leadership and decision-making positions harbor stigma-related to mental health and substance use disorders, their perceptions and attitudes can negatively impact future investments and funding for behavioral health programs and services.

To make the complexities of mental health and substance use disorders even more challenging, different constructs and types of stigma exist and present themselves in various ways. See the table below for examples found in Understanding and Addressing the Stigma Experienced by People with First Episode Psychosis:

<table>
<thead>
<tr>
<th>Public Stigma</th>
<th>Self-Stigma</th>
<th>Label Avoidance</th>
<th>Family Stigma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stereotypes</td>
<td>Person feels unsafe to be around</td>
<td>Person believes a MHD means they are unstable</td>
<td>Family members are to blame for their MHD</td>
</tr>
<tr>
<td>Prejudice</td>
<td>Community members are afraid of them</td>
<td>Person believes no one wants to be friends with them</td>
<td>Person feels guilty and ashamed of MHD</td>
</tr>
<tr>
<td>Discrimination</td>
<td>Person faces additional barriers in accessing employment, education, healthcare, and other determinants of health; person may experience verbal abuse, physical violence or rejection from others</td>
<td>Person is isolated and does not seek social relationships</td>
<td>Person does not seek professional help</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Family avoids community members</td>
</tr>
</tbody>
</table>

Table adapted from the “Understanding and Addressing the Stigma Experienced by People with First Episode Psychosis” issue brief.

Stereotypes, prejudice and discrimination are present within the four types of stigma, with public stigma, self-stigma and label avoidance directly impacting a person with a substance use and/or mental health disorder. Family stigma impacts family members, friends, and those who are close to an individual experiencing these challenges. Stigma is not only present among mental health and substance use disorders. Negative perceptions of other diseases, challenges or situations also exist, impacting the ability of individuals and groups to access needed services, and sometimes result in experiencing discrimination. Examples include:

- During the coronavirus (COVID) pandemic, certain racial and ethnic minority groups that are more susceptible to COVID-19, emergency responders and healthcare providers, other frontline workers (grocery store employees and delivery drivers), people with disabilities and behavioral disorders who have difficulty following pandemic guidelines, and people living in group settings (such as those experiencing homelessness)
- Individuals or families who receive aid and support from government programs
- People with low-academic achievement
- Women with children from various partners
- People working in blue collar/manual labor jobs

In August 2020, NRPA facilitated focus groups with different levels of key park and recreation professionals across the country. This approach allowed NRPA to explore the intersection of substance use, mental health and parks and recreation from a variety of perspectives, including that of frontline staff who are confronting these challenges on a daily basis. Stigma was discussed in depth, with park and recreation professionals sharing how it impacts their communities.

“If you think of substance abuse and homelessness, it's been quiet over the past couple of years even though it's there...[t]here's not even a shelter in our county. So in the whole county, there's nothing to help provide [people] access for improvement or for help. Our park and recreation department has a good name...it's welcoming for people coming to our community center. More people want to take advantage of a 'one stop shop' rather than having to go to various buildings for different services and face even more stigma.”

— Port St. Lucie Parks and Recreation Department staff member quoted during a focus group to learn how various park and recreation agencies are addressing substance use and mental health challenges on park grounds and in communities

HOW PARKS AND RECREATION PLAY A ROLE IN REDUCING STIGMA

As some of the largest community-based organizations focused on advancing community health and well-being so all people can thrive, park and recreation professionals have a duty to respond to the rising rates of mental health and substance use disorders impacting communities across the country. One vital way in which professionals can respond is by focusing on breaking down the stigma around substance use disorder and mental health conditions. The National Alliance on Mental Health shares nine ways to break down the stigmas associated with mental health. We've added a park and recreation approach:

1. **Openly Discuss Mental Health**  
   Parks and recreation can help inform the public by educating, spreading awareness and openly talking about mental health issues. Creating partnerships and gaining support from key stakeholders and community members also can destigmatize mental health/SUD; allowing for more comprehensive treatment and recovery efforts to take place.

2. **Educate Yourself and Others**  
   We all have a responsibility to further educate ourselves as individuals around mental health conditions and SUD. Consider providing training for staff on the issue of stigma, helping them develop empathy for community members who may be struggling. It also may be helpful to learn about the available resources in your local community and when and how to provide them to those in need. Consider carving out time each week to focus on reading a new article, inviting a guest speaker on substance use or mental health, or exploring an NRPA learning opportunity. Self-care also should be practiced, with agencies prioritizing the mental health needs of staff members.

3. **Be Aware of the Language**  
   Words matter. Review the language that you and your staff are using in your daily interactions with one another, community members and through communications and marketing materials. Shatterproof.org provides some great tools on how to shift the narrative.

4. **Promote Equality Between Physical and Mental Health Conditions**  
   Most park and recreation agencies offer programs and services that focus on physical health improvements. Given the mental health benefits of nature, recreation agencies are uniquely positioned to build on their work in physical health to support mental health. Are there new classes or community events that could be added to your existing schedules? Can you develop a relationship with a behavioral health service provider to conduct outreach and educational opportunities? You may consider combining both physical and mental health by incorporating mindfulness activities or meditation components into fitness classes or sports.

5. **Be Compassionate Toward Those with Mental Illness**  
   Understand that mental illness is not anyone's fault. No one chooses to be mentally ill or battle addiction. Along with educating yourself and your staff about the complexities and science behind mental health and SUD, recognize that we are all human and deserve respect. If someone in your community is struggling, reserve judgment and do your best to help connect them to a local care provider.

6. **Choose Empowerment Over Shame**  
   Help those with mental illness and substance use disorders feel respected and valued in your community. Consider hosting a treatment fair where local providers gather to provide resources and services to those in need. A recovery celebration also would be a great way to destigmatize and give power to those in recovery or looking to recover.

7. **Be Honest about Treatment**  
   Be open and/or encourage others to be transparent about their own mental health journey. There is so much stigma about seeing a therapist or psychiatrist, yet having an appointment with a primary care physician bears no shame. Recommend that your staff and local community speak openly about mental health treatment and the available services and resources.

8. **Tell the Media When They Are Being Stigmatic**  
   If you/your staff come across a TV show, news broadcast or social media post that negatively portrays mental health, let them know! Consider starting an anti-stigma campaign at your park and recreation department or through your social media platforms.

9. **Don’t Harbor Self-Stigma**  
   Fight the stigma of mental health by not having a stigma for yourself. If you are impacted by mental illness, do not feel shameful or embarrassed. Lead by example and show others that your disease does not define you.
As people from all walks of life continue to be impacted by SUD, social isolation, trauma and other adversities, park and recreation professionals can work to create a culture that values mental and behavioral health as a critical component of overall well-being. A key part of this work should include building and promoting a stronger understanding that substance use and mental health disorders are diseases — much like chronic conditions that impact our physical health, like diabetes and cancer.

As providers of community health and well-being, park and recreation professionals should acknowledge the biases and judgments that exist within communities and work to challenge these beliefs. To address the many forms of stigma, professionals can invest in providing training and education on addiction and mental health — including building a greater understanding of how experiencing trauma, toxic stress and other adversities in life can increase a person’s risk of developing substance use and mental health disorders. Park and recreation professionals also can create a space where stories can be shared from those struggling and from those who have lost loved ones to substance use disorder. When substance use disorder is more widely understood and accepted as a disease, it can promote feelings of empathy and understanding, while offering support to those who are choosing and working toward recovery.

To more intentionally address stigma and increase the understanding of substance use and mental health disorders, agencies should consider:

- Conducting staff trainings on substance use and mental health disorders and the role of recreation professionals in supporting mental health
  - Mental Health First Aid\(^7\) and Youth Mental Health First Aid\(^8\)
  - Operation Prevention\(^2\)
  - Power to the Parent\(^2\)
  - wreckED\(^11\)
  - Training on Adverse Childhood Experiences\(^2\) and Trauma-Informed Care\(^13\)
- Assessing policies and protocols across your agency to ensure fair treatment of those with substance use or mental health disorders
  - Prioritize prevention and early intervention for all staff members
  - Fair access to treatment and mental health
  - Access to suicide prevention and crisis care resources
- Offering educational opportunities or partnering with other local organizations to host training and educational events for community members
  - Film screenings
  - Book discussions
  - Parent/caregiver education
  - Q&A with mental health and substance use disorder professionals and those with lived experiences
- Using networks to share resources and information on a larger scale
  - Create a resource center in your facility with educational materials and community referral information
  - Host a family engagement event focused on stigma and substance use disorder
  - Facilitate a community-wide anti-stigma campaign
  - Sponsor a creative writing competition for local youth

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\(^7\) Mental Health First Aid. (2020). Retrieved from https://www.mentalhealthfirstaid.org/
\(^8\) Mental Health First Aid. (2020). “Youth Mental Health First Aid.” Retrieved from https://bit.ly/3pLZUgF
A REAL-WORLD EXAMPLE: PORT ST. LUCIE PARKS AND RECREATION DEPARTMENT

Much like the rest of the country, substance misuse incidents within Florida’s City of Port St. Lucie Parks and Recreation Department (PSLPRD) facilities have continued to rise. Between 2015 and 2019, PSLPRD identified 58 reported substance misuse incidents that occurred within city parks and facilities. In response, the department committed to increasing awareness of this trending public health crisis by creating several staff trainings and hosting the city’s first-ever public forum on the opioid epidemic. This program strives to continue providing staff and members of the community with critical information about the devastating effects that a substance use disorder begets on both a personal and public level.

To garner support for their outreach efforts, agency staff partnered with local park police and a not-for-profit mental health agency called New Horizons. The three partners created a substance use prevention alliance within Port St. Lucie, with the goal of providing community members with substance use prevention, education and awareness. Through this partnership, along with other local agencies, PSLPRD worked to develop the community-wide training program — with the goal of improving the overall health and well-being of the community.

In partnership with New Horizons, PSLPRD developed a custom approach for providing education, conducting trainings and raising awareness about the opioid epidemic. Topics include the history of opioids, a definition of addiction, recognizing signs of opioid use, treatment options and statistics and demographic information specific to Port St. Lucie. In addition to providing education, program staff also address stigma and work toward reducing stigma associated with mental health and substance use disorders. PSLPRD positions substance use disorder as a disease and encourages a multifaceted approach regarding treatment — including medication-assisted therapy (MAT), counseling/therapy and inpatient or outpatient treatment. Each training includes education on naloxone — the life-saving opioid overdose reversal drug.

CONCLUSION

As members and influencers of communities, parks and recreation are in a unique position to lead efforts toward reducing mental health and substance use disorder stigma nationwide. By recognizing the complexities of these disorders and helping educate the public about the underlying scientific and environmental factors that contribute to mental illness and substance use disorder development, park and recreation professionals can play a substantial role in combatting negative perceptions of mental health and substance use.