

Changing Futures

— Stoke-on-Trent —

Case Study: The Physical Cost of Stigma in Multiple Disadvantage

Background

"Sarah" (pseudonym) is a woman in her late forties with a long history of experiencing multiple disadvantage, including substance use, mental ill health, homelessness, domestic abuse, and involvement in sex work. She had been known to services for over two decades and had experienced repeated crises throughout her adult life.

Her substance use began in early adulthood with heroin dependency, alongside significant mental health difficulties. Although she later ceased heroin use, alcohol became her primary coping mechanism. Over the years, she experienced the loss of custody of her children, unstable housing, abusive relationships, and worsening mental and physical health.

When she engaged with support services through the Changing Futures programme, she was experiencing severe mental health symptoms, including auditory hallucinations, paranoia and trauma-related distress.

The Impact of Stigma

For many years, professionals and members of the community viewed Sarah primarily through the lens of her alcohol use. Her mental health symptoms, no matter how severe, were repeatedly dismissed as being caused solely by alcohol consumption or withdrawal.

During periods of crisis, Sarah reported hearing voices, believing people were trying to harm her, and experiencing extreme paranoia. These episodes frequently resulted in calls to emergency services. Neighbours and professionals often interpreted her behaviour as alcohol-related rather than exploring the possibility of underlying mental illness.

On one occasion, Sarah was reported by neighbours after being seen outside with a knife. She later explained that she believed someone was going to enter her home and harm her. During these episodes, she often contacted emergency services because she genuinely believed her life was in danger.

When support workers contacted mental health crisis services during some of her most severe episodes, responses often focused on her history of alcohol use rather than her presenting symptoms. One professional response was that Sarah's difficulties were "not mental health, it's the alcohol. It's been going on for years."

As a result, opportunities for thorough mental health assessment were repeatedly missed. The assumption that alcohol was the sole cause of Sarah's difficulties meant that more complex underlying conditions remained unidentified and untreated.

Delayed Recognition of Mental Health Needs

Sarah's experiences demonstrate how stigma can create diagnostic overshadowing, where physical or mental health concerns are attributed to substance use without adequate assessment.

For years, multi-agency discussions became stuck at the point of mental health intervention. Services repeatedly attributed her hallucinations, paranoia and distress to alcohol misuse, despite ongoing concerns from professionals who worked closely with her and witnessed the severity and persistence of her symptoms.

Even during hospital admissions and periods of detoxification, when alcohol was no longer present in her system, her hallucinations and paranoia continued and, at times, became more severe. Despite this, professionals frequently maintained that withdrawal was responsible for her symptoms.

Sarah described hearing voices, believing family members had placed a "price on her head", and fearing that people were hiding in her accommodation waiting to harm her. She experienced ongoing paranoia involving financial accounts, repeatedly cancelling bank cards and attempting to close online payment accounts because she believed they were connected to plots against her.

It was not until a hospital consultant and discharge nurse challenged these assumptions and advocated for further assessment that Sarah received the intervention she required. The discharge nurse refused to discharge her and insisted on further mental health intervention.

Even then, professionals supporting Sarah had to persist in advocating for her needs before a comprehensive assessment was completed. Following specialist assessment, Sarah was diagnosed with Complex Post-Traumatic Stress Disorder (C-PTSD) and Organic Psychosis.

For the first time, her experiences were recognised as legitimate mental health concerns rather than simply symptoms of alcohol misuse.

The Physical Health Consequences

The consequences of this prolonged period of stigma extended far beyond Sarah's mental health.

While her psychological needs remained inadequately addressed, her alcohol use continued as a way of coping with overwhelming symptoms, trauma and distress. Over time, this contributed to severe physical health deterioration.

When support workers first began working alongside Sarah, she remained relatively independent and mobile. However, over the following years her physical health declined significantly. She developed serious liver disease and experienced severe swelling in her legs, making walking difficult and often preventing her from wearing shoes.

Her mobility reduced to the point where she became largely confined to her sofa. Everyday activities, including getting to the toilet, became increasingly difficult and undignified. A woman who had once managed independently was now struggling with the most basic daily tasks.

During one welfare check, support workers attended Sarah's property after she had not answered calls for two days. They found her collapsed on the floor, trapped between her bed and the wall. She was shaking severely due to alcohol withdrawal and was so confused that she believed she was sitting in a car rather than inside her home.

The workers later reflected that without this intervention, the outcome could have been fatal.

Sarah's physical health continued to deteriorate, with liver failure and complications associated with advanced alcohol-related illness. By the time appropriate mental health treatment was finally accessed, the damage to her physical health had become substantial.

The prolonged failure to identify and effectively treat her mental health conditions had indirectly contributed to a level of physical decline that significantly affected her quality of life and future treatment options.

Ongoing Impact

Sarah subsequently moved into a specialist residential rehabilitation setting for women experiencing both alcohol dependency and mental health difficulties.

She has now been abstinent from alcohol for almost two years. However, she continues to experience significant symptoms of trauma, psychosis, paranoia and auditory hallucinations.

Importantly, her ongoing experiences of hearing voices and living with intense fears despite long-term abstinence demonstrate that her mental health difficulties were never solely caused by alcohol use.

The effects of previous delays in treatment continue to be felt. Due to the extent of her physical health deterioration, clinicians now face limitations regarding medication options that could potentially improve her mental health symptoms. Although support is now in place, years of deteriorating physical health have restricted the range of treatments available.

Staff within her residential setting provide intensive support and ensure she is not left to manage her symptoms alone. Despite this, she continues to live with the lasting impact of years of untreated trauma and psychosis.

Learning Points

Sarah's story highlights the damaging impact that stigma can have on individuals experiencing multiple disadvantage.

Key learning points include:

- Substance use should never prevent comprehensive assessment of mental health symptoms.
- Diagnostic overshadowing can lead to serious and prolonged harm.
- Individuals with histories of addiction may face assumptions that undermine their credibility and delay access to appropriate care.
- Stigma can influence professional decision-making and contribute to missed opportunities for intervention.

- Delayed mental health treatment can lead to worsening physical health, reduced quality of life and lasting limitations on future treatment options.
- Trauma-informed, person-centred approaches are essential when working with people experiencing multiple disadvantage.
- Persistent advocacy by frontline practitioners can play a crucial role in overcoming barriers created by stigma.

Conclusion

Sarah's experience demonstrates how stigma can become a significant barrier to effective healthcare. For many years, she was viewed primarily as a person with alcohol dependency rather than as an individual with complex and interconnected needs.

The repeated assumption that her hallucinations, paranoia and distress were simply consequences of alcohol use delayed appropriate assessment, diagnosis and treatment. As a result, her mental health needs remained unmet while her physical health deteriorated to a critical level.

By the time Sarah received diagnoses of Complex PTSD and Organic Psychosis, she had already experienced severe liver disease, profound mobility difficulties and a substantial decline in her overall wellbeing. These physical consequences continue to affect the treatment options available to her today.

This case demonstrates that stigma is not simply an attitude or perception. It can directly influence professional responses, access to care, the quality of intervention provided, and ultimately an individual's health outcomes. For people experiencing multiple disadvantage, the consequences can be life-changing and, at times, life-threatening.