Advances in Mental Health Stigma Reduction

Joseph S. DeLuca, Ph.D.

Fairfield University

May 3, 2023

SAMHSA
Substance Abuse and Mental Health Services Administration

MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals.
Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

SAMHSA

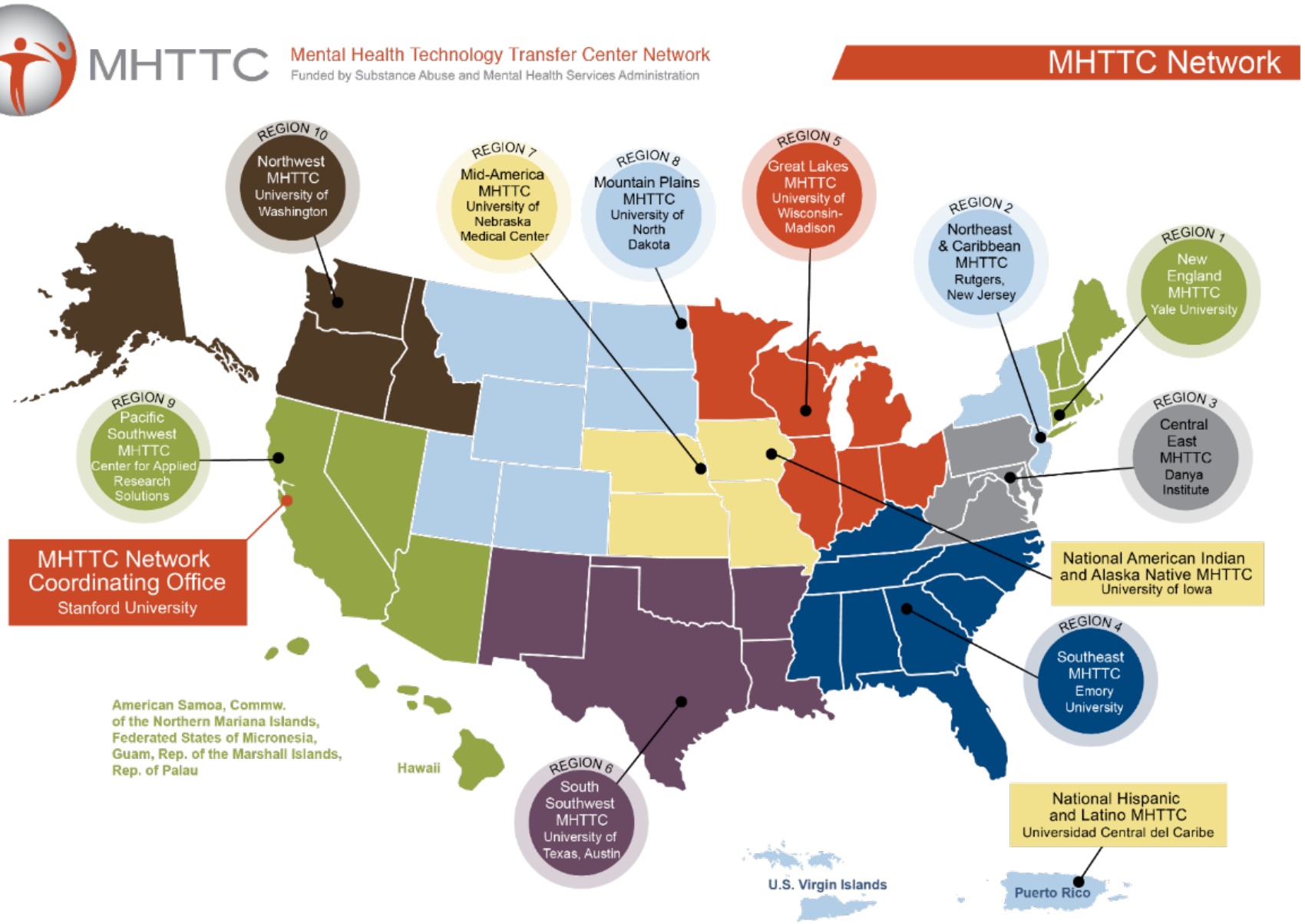
Substance Abuse and Mental Health Services Administration

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

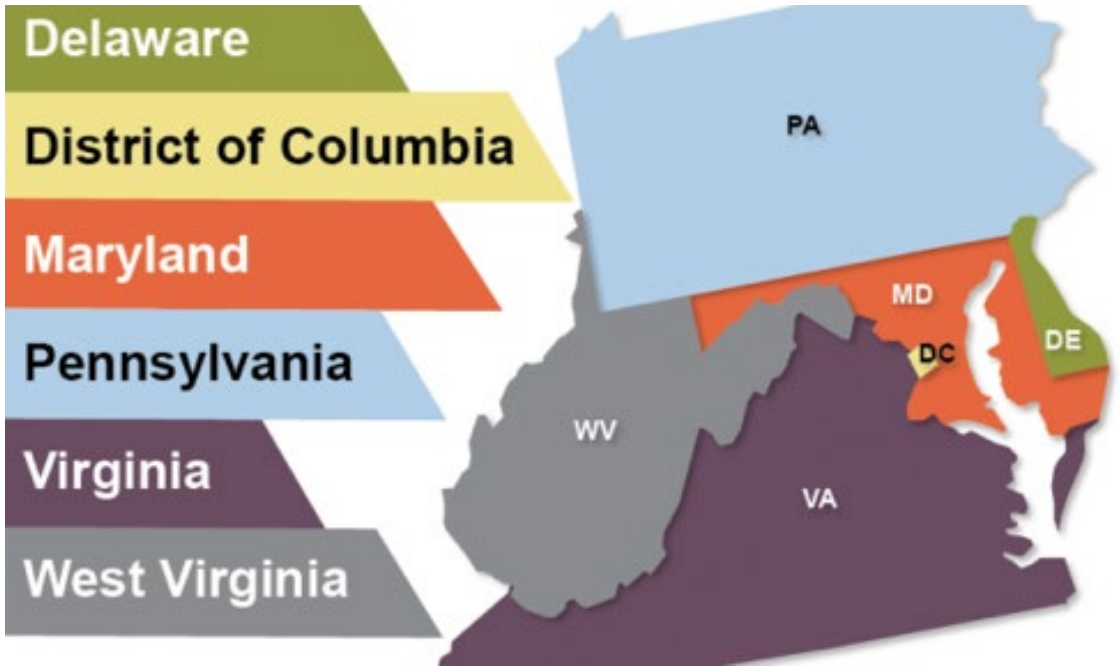
- Strengths-based and hopeful
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Healing-centered and trauma-responsive
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Consistent with our actions, policies, and products

Adapted from

MHTTC Network



Central East Region 3



Central East (HHS Region 3)

MHTTC Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Acknowledgment

This webinar was prepared for the Central East Mental Health Technology Transfer Center (MHTTC) Network under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this publication, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this publication for a fee without specific, written authorization from the Central East MHTTC. For more information on obtaining copies of this publication, call 240-645-1145.

At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the views of the authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

This work is supported by grant SM081785 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Presented 2023

Evaluation Information

- The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.
- At the end of today's training please take a moment to complete a **brief** survey about today's training.

Evaluation Link

Background

Source: Fairfield University

Source: Pixabay

- Clinical psychologist by training, specializing in youth mental health, early serious mental illness, and stigma.
- Assistant Professor at Fairfield University, and Assistant Clinical Professor (voluntary track) at Mount Sinai's School of Medicine (*Psychosis-Risk program*).
- Passionate about mental health education (particularly around psychosis), stigma reduction, and equitable, culturally responsive, evidence-based care.

Adolescent Research Review (2020) 5:153–171
https://doi.org/10.1007/s40894-018-0106-3

NARRATIVE REVIEW

Conceptualizing Adolescent Mental Illness Stigma: Youth Stigma Development and Stigma Reduction Programs

Joseph S. DeLuca[1]

AMERICAN PSYCHOLOGICAL ASSOCIATION

Journal of Abnormal Psychology

© 2021 American Psychological Association
ISSN: 0021-843X

2021, Vol. 130, No. 6, 587–593
https://doi.org/10.1037/abn0000679

Predictors of Internalized Mental Health Stigma in a Help-Seeking Sample of Youth: The Roles of Psychosis-Spectrum Symptoms and Family Functioning

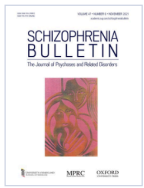
Joseph S. DeLuca[1, 2], LeeAnn Akouri-Shan[1], Samantha Y. Jay[1], Samantha L. Redman[1], Emily Petti[1], Alicia Lucksted[3], Pamela Rakhshan Rouhakhtar[1], Mallory J. Klaunig[1], Sarah M. Edwards[2], Gloria M. Reeves[2], and Jason Schiffman[1]

Reducing Stigma in High School Students: A Cluster Randomized Controlled Trial of the National Alliance on Mental Illness' Ending the Silence Intervention

Joseph S. DeLuca
John Jay College of Criminal Justice, City University of New York (CUNY) and CUNY Graduate Center

Janet Tang, Sarah Zoubaa, and Brandon Dial
John Jay College of Criminal Justice, CUNY

Philip T. Yanos
John Jay College of Criminal Justice, CUNY and CUNY Graduate Center



Volume 47, Issue 6
November 2021

JOURNAL ARTICLE

Reducing Stigma Among Youth at Risk for Psychosis: A Call to Action

Joseph S DeLuca ✉, Lawrence H Yang, Alicia A Lucksted, Philip T Yanos, Jordan DeVylder, Deidre M Anglin, Yulia Landa, Cheryl M Corcoran

Schizophrenia Bulletin, Volume 47, Issue 6, November 2021, Pages 1512–1514,
https://doi.org/10.1093/schbul/sbab098
Published: 17 August 2021

Learning objectives

- Describe the research evidence of *how stigma impacts people with mental health conditions worldwide*
- *Conceptualize and define stigma*, particularly as it pertains to *mental health (MH) and intersectionality*
- Discuss efforts to *combat stigma on societal and individual levels*

Agenda

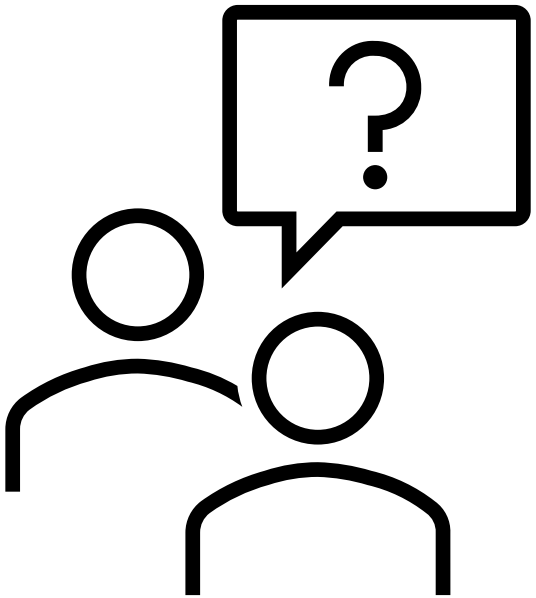
1. What is stigma?
2. How does mental health stigma impact people?
3. How do we conceptualize and study mental health stigma?
4. How can we combat stigma?
5. Summary & Q&A

Agenda

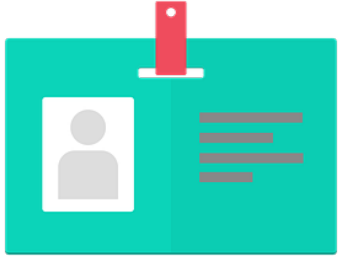
1. **What is stigma?**
2. How does mental health stigma impact people?
3. How do we conceptualize and study mental health stigma?
4. How can we combat stigma?
5. Summary & Q&A

Stigma

- How do you define it?



Stigma (continued)



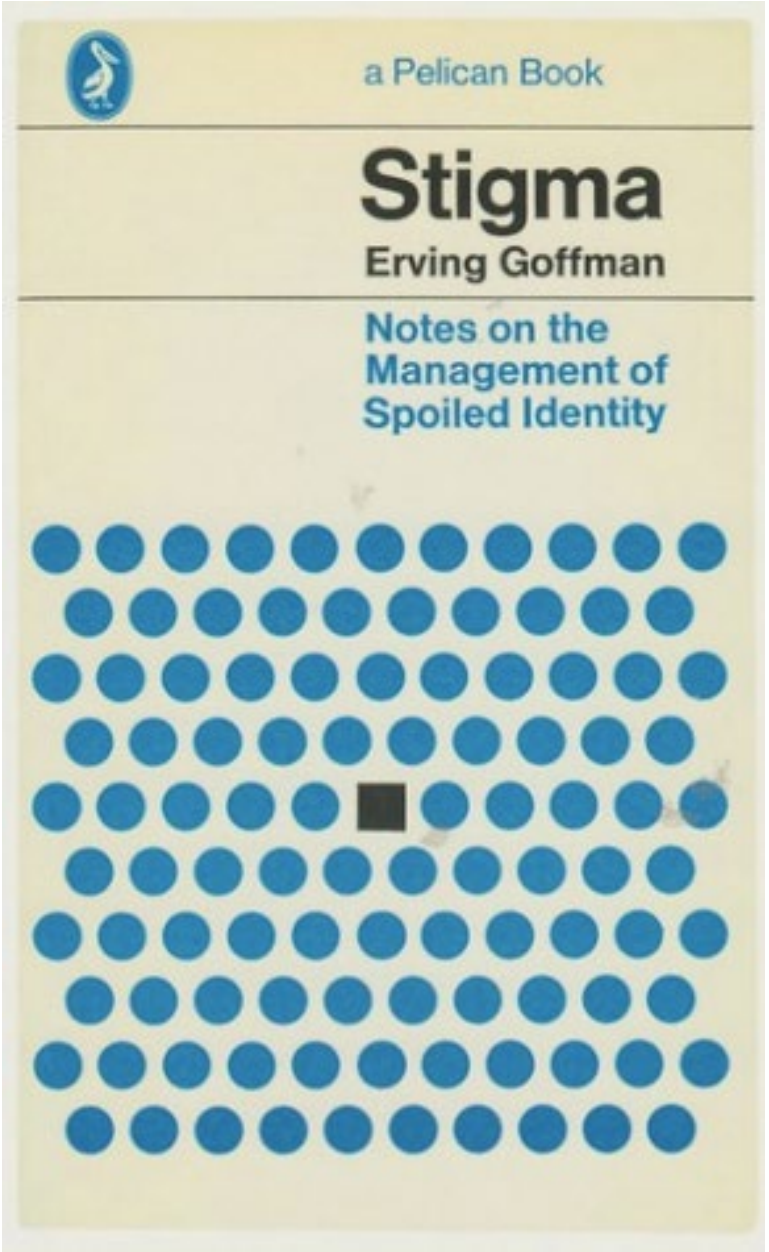
Source: Pixabay

- A process of assigning labels to people (Link & Phelan, 2001; Pescosolido & Martin, 2015)
- These labels gain power when linked to stereotypes (e.g., dangerousness, weakness) and prejudice (endorsement of stereotypes)
- Labels + stereotypes/prejudice = discrimination
- Also: "spoiled identity" (Goffman, 1963)
  - **Implications for youth and those with heavily stigmatized MH conditions (e.g., psychosis-spectrum experiences)*

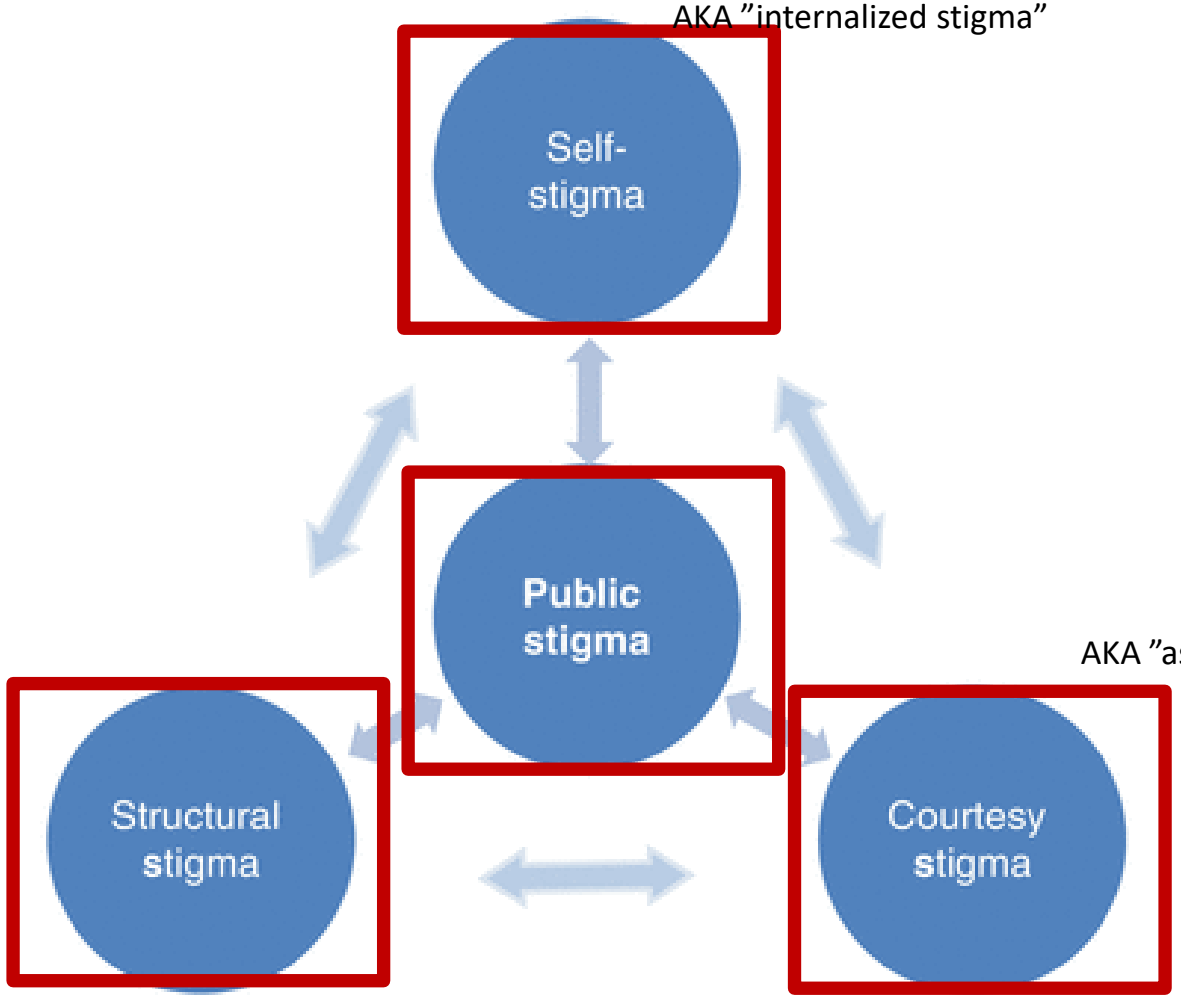
Stigma (continued)

- **A public health and social justice issue** (Corrigan et al., 2005; Yanos, 2018)

- Multiple dimensions (e.g., negative stereotypes, social distance, discrimination)



AKA ”internalized stigma”



AKA ”associative stigma”

Sheehan et al., 2016

See also Thornicroft et al., 2022

Agenda

1. What is stigma?
2. **How does mental health stigma impact people?**
3. How do we conceptualize and study mental health stigma?
4. How can we combat stigma?
5. Summary & Q&A

The human impact of stigma

- **Many people living with MH conditions say that stigma can be worse than the MH symptoms** (Thornicroft et al., 2022)
  - e.g., laws and policies (loss of property, rights to vote), citizenship, marital prospects, social exclusion (school, work, community), poorer healthcare access & experiences, lower quality of life, poor MH treatment experiences, etc.
- Perceptions of stigma for seeking help and self-stigma (AKA internalized stigma) are linked to decreased help-seeking and poor recovery outcomes (Vogel et al., 2013; Yanos et al., 2008)

Poem 4

My own private nightmare
by Camilla Fitzjohn

Hard to believe it.
Where am I
What have I suddenly become. I've plummeted,
Can I sink any lower?

Labelled Mentally Ill, put and contained
A mental straight jacket. I can barely stand up,
I cannot read
My eyesight is blurred.

The nurses are kind,
But I have an inner sadness
Longing for the outside.
I decide
If I leave now, this won't count,
It will be just a nightmare.
"Leave now and you will be sectioned" I stay.

Medication makes me fat.
Slow and dull witted.
Labelled self-indulgent by my Professor.

Nerve endings tingling with humiliation.

Feel alone and cold.
Stuck on a private island
Nobody wants to visit.
Backs are turned.
Hostile stares.
No one sees the real me.
What's under this cloak of insanity.

Getting used to being ignored.

Settling for being misunderstood.

Hurrah!! How I cheer
for this new brave thoughtful generation!!

Thank you!! Thank you!!
For supporting and tolerating minorities.

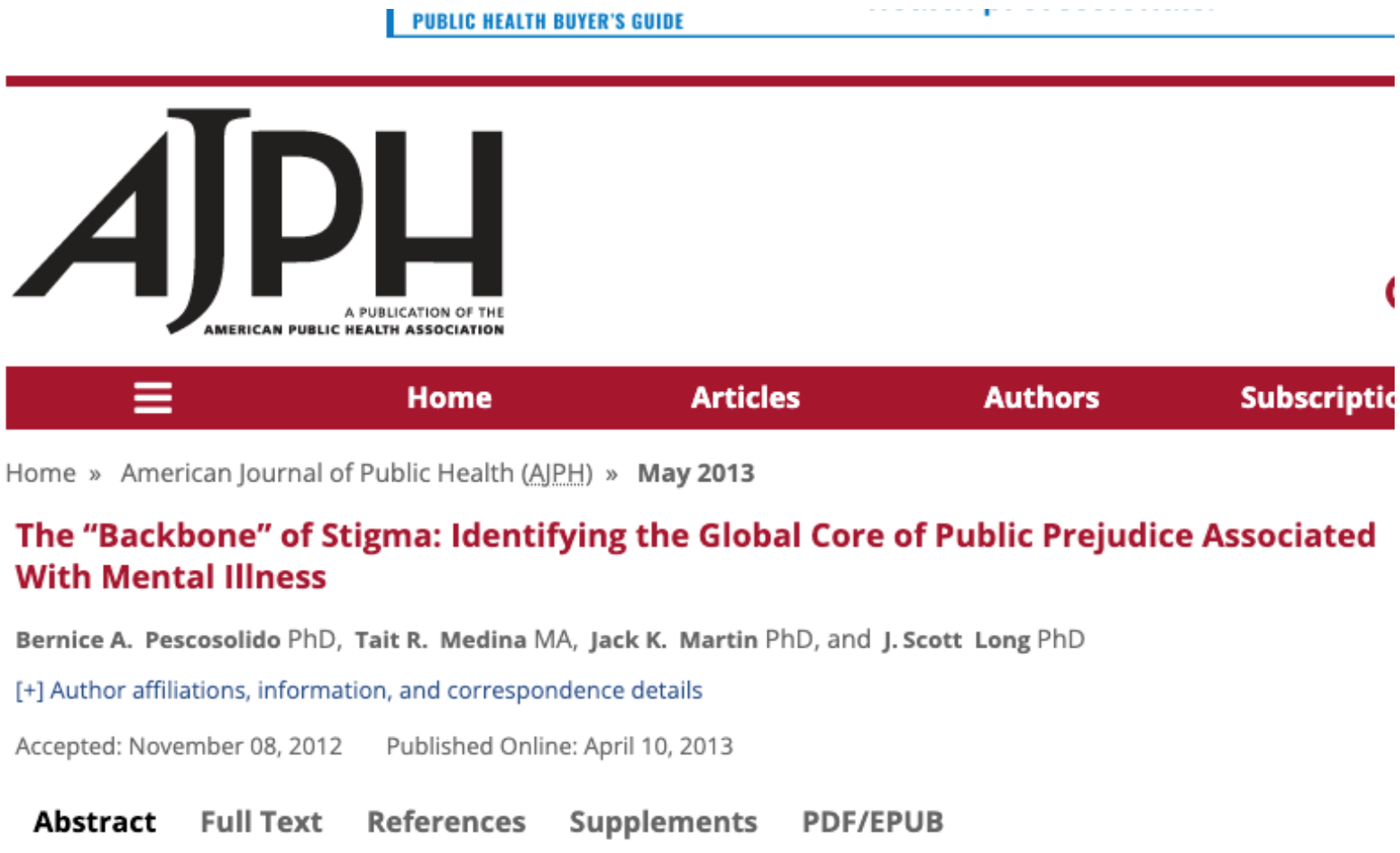
Liberating us.
Cancelling Prejudice.

Thank you, New World.

(Thornicroft et al., 2022)

Source: Pixabay

MH stigma worldwide “backbone”



MH stigma worldwide (continued)

Psychological Medicine (2012), **42**, 1741–1752. © Cambridge University Press 2011
doi:10.1017/S0033291711002558

ORIGINAL ARTICLE

Association between public views of mental illness and self-stigma among individuals with mental illness in 14 European countries

S. Evans-Lacko[1]*, E. Brohan[1], R. Mojtabai[2]† and G. Thornicroft[1]†

[1] *Health Service and Population Research Department, Institute of Psychiatry, King's College London, UK*
[2] *Department of Mental Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA*

Background. Little is known about how the views of the public are related to self-stigma among people with mental health problems. Despite increasing activity aimed at reducing mental illness stigma, there is little evidence to guide and inform specific anti-stigma campaign development and messages to be used in mass campaigns. A better understanding of the association between public knowledge, attitudes and behaviours and the internalization of stigma among people with mental health problems is needed.

Method. This study links two large, international datasets to explore the association between public stigma in 14 European countries (Eurobarometer survey) and individual reports of self-stigma, perceived discrimination and empowerment among persons with mental illness ($n=1835$) residing in those countries [the Global Alliance of Mental Illness Advocacy Networks (GAMIAN) study].

Results. Individuals with mental illness living in countries with less stigmatizing attitudes, higher rates of help-seeking and treatment utilization and better perceived access to information had lower rates of self-stigma and perceived discrimination and those living in countries where the public felt more comfortable talking to people with mental illness had less self-stigma and felt more empowered.

Conclusions. Targeting the general public through mass anti-stigma interventions may lead to a virtuous cycle by disrupting the negative feedback engendered by public stigma, thereby reducing self-stigma among people with mental health problems. A combined approach involving knowledge, attitudes and behaviour is needed; mass interventions that facilitate disclosure and positive social contact may be the most effective. Improving availability of information about mental health issues and facilitating access to care and help-seeking also show promise with regard to stigma.

Received 26 July 2011; Revised 11 October 2011; Accepted 13 October 2011; First published online 16 November 2011

Key words: Attitudes, behaviour, mental disorders, social change, stigmatization.

Stigma and youth MH/treatment

- Systematic review with young people (age 12-25; Gulliver, Griffiths, & Christensen, 2010) concluded that perceived stigma, problems recognizing symptoms, and embarrassment (about getting help) were the most prominent barriers to help-seeking for mental health problems among young individuals.

- Meta-analysis of older adolescents' (university students; Nam et al., 2013) help-seeking attitudes found that internalized stigma in particular had one of the largest effect sizes on help-seeking

- Another systematic review (Clement et al., 2015) indicated that internalized stigma and anticipated stigma were the stigma dimensions that had the most disproportionate effect on help-seeking for young people (age <18) and individuals from ethnic minority groups

Agenda

1. What is stigma?
2. How does mental health stigma impact people?
3. **How do we conceptualize and study mental health stigma?**
4. How can we combat stigma?
5. Summary & Q&A

Conceptualizing Stigma

Annual Review of Sociology

Vol. 27:363-385 (Volume publication date August 2001)
https://doi.org/10.1146/annurev.soc.27.1.363

- ***Interrelated components***
- **Distinguishing and labeling differences**
- **Associating human differences with negative attributes**
- **Separating “us” from “them”**
- **Status loss and discrimination**
- **Dependence of stigma on power**

Conceptualizing stigma (continued)

Another, more recent guiding theory and conceptualization – the "stigma complex" (Pescosolido & Martin, 2015, p. 101):

> *"the set of interrelated, heterogeneous system structures, from the individual to the society, and processes, from the molecular to the geographic and historical, that constructs, labels,* ***and translates difference into marks" (bold added by me)***

Conceptualizing stigma (continued)

More recently published work (Schomerus & Angermeyer, 2021):

Epidemiology and Psychiatric Sciences

cambridge.org/eps

Special Article

Cite this article: Schomerus G, Angermeyer MC (2021). Blind spots in stigma research? Broadening our perspective on mental illness stigma by exploring 'what matters most' in modern Western societies. *Epidemiology and Psychiatric Sciences* **30**, e26, 1–6. https://doi.org/10.1017/S2045796021000111

Received: 7 December 2020
Revised: 9 February 2021
Accepted: 14 February 2021

Blind spots in stigma research? Broadening our perspective on mental illness stigma by exploring 'what matters most' in modern Western societies

G. Schomerus[1] and M. C. Angermeyer[2]

[1]Department of Psychiatry and Psychotherapy, University of Leipzig Medical Center, Leipzig, Germany and [2]Center for Public Mental Health, Gösing am Wagram, Austria

Abstract

Aims. The theory of 'what matters most' (WMM) has been developed to understand differences in mental illness stigma between cultures, postulating that stigma becomes most pervasive in situations that matter most in a specific cultural context. The rise of populism in Western societies demonstrates that also within one cultural context, different values 'matter most' to different groups. We expand the WMM framework to explore the spectrum of stigma

Conceptualizing stigma (continued)

& even more recently published work

(Thornicroft et al., 2022):

The Lancet Commissions

The *Lancet* Commission on ending stigma and discrimination in mental health

Graham Thornicroft, Charlene Sunkel*, Akmal Alikhon Aliev, Sue Baker, Elaine Brohan, Rabih el Chammay, Kelly Davies, Mekdes Demissie, Joshua Duncan, Wubalem Fekadu, Petra C Gronholm, Zoe Guerrero, Dristy Gurung, Kassahun Habtamu, Charlotte Hanlon, Eva Heim, Claire Henderson, Zeinab Hijazi, Claire Hoffman, Nadine Hosny, Fiona-Xiaofei Huang, Sarah Kline, Brandon A Kohrt, Heidi Lempp, Jie Li, Elisha London, Ning Ma, Winnie W S Mak, Akerke Makhmud, Pallab K Maulik, Maria Milenova, Guadalupe Morales Cano, Uta Ouali, Sarah Parry, Thara Rangaswamy, Nicolas Rüsch, Taha Sabri, Norman Sartorius, Marianne Schulze, Heather Stuart, Tatiana Taylor Salisbury, Norha Vera San Juan, Nicole Votruba, Petr Winkler*

Lancet 2022; 400: 1438–80
Published Online

Executive summary

It is time to end all forms of stigma and discrimination whisper, speak, and shout in the poems, testimonies, and quotations.

MHTTC

Mental Health Technology Transfer Center Network

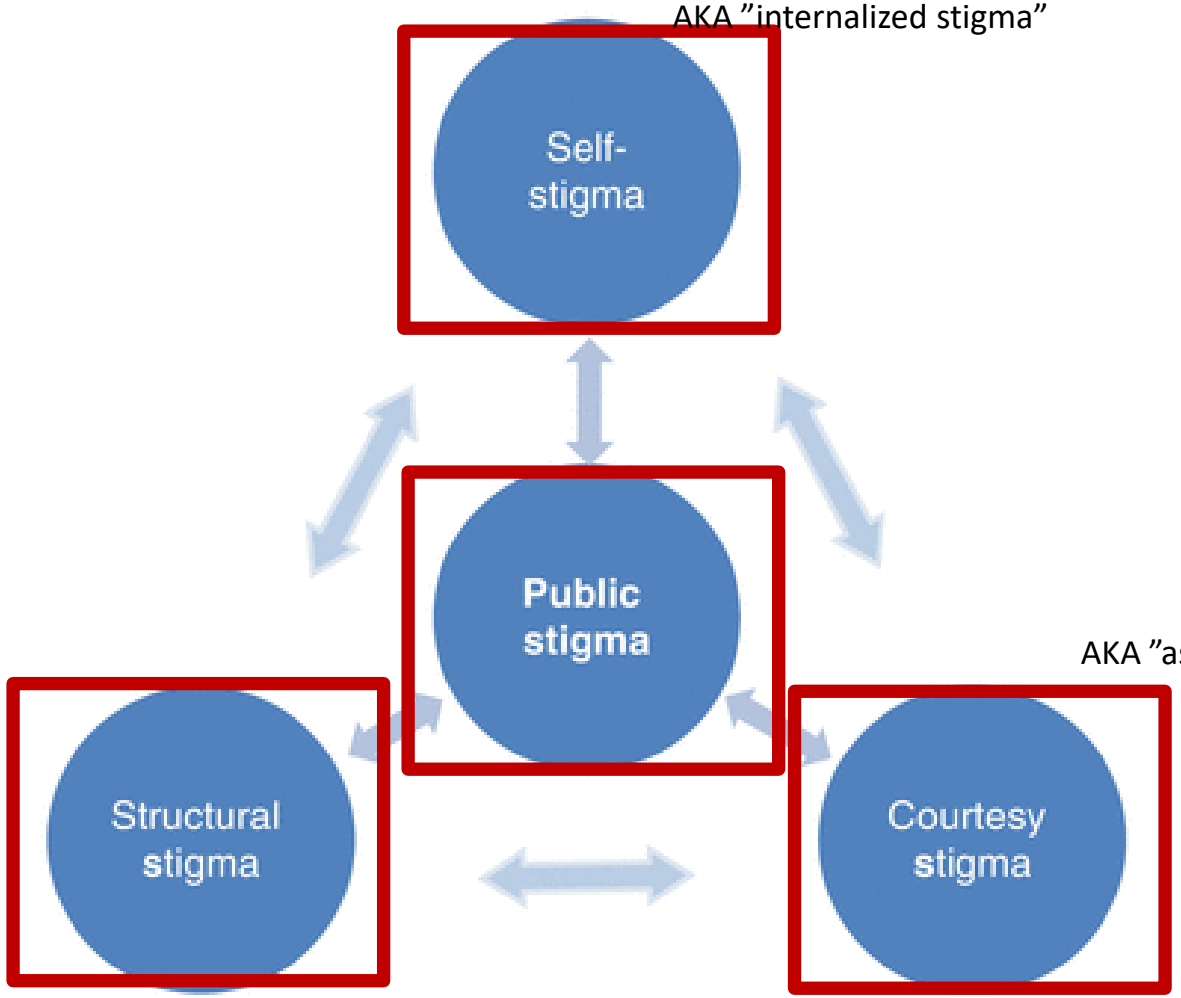
Funded by Substance Abuse and Mental Health Services Administration

Conceptualizing stigma: *multiple dimensions*

SAMHSA

Substance Abuse and Mental Health Services Administration

AKA ”internalized stigma”



AKA ”associative stigma”

Sheehan et al., 2016

See also Thornicroft et al., 2022

Stigma dimensions

- At the most basic level, stigma involves: labeling (e.g., “mentally ill,” “crazy”) + stereotyping (e.g., “unemployable,” “violent”) (Goffman, 1963) (e.g., ***public stigma***)
  - *-->Discrimination, reduced social status…*

Stigma dimensions (continued)

- Stigma also manifests in power dynamics and institutional policies and laws (***structural stigma***)–which can contribute to status loss and discrimination

- + internalizations of negative stereotypes by individuals who are thinking about seeking MH treatment/in treatment/diagnosed ***(e.g., self- or internalized stigma)***

Stigma dimensions (continued)

- ***Courtesy or associative stigma*** - extended to people who are close to the person who is stigmatized.

- Most commonly reported by friends and family members

Source: Pixabay

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

What is the current context of MH stigma?

SAMHSA

Substance Abuse and Mental Health Services Administration

Stigma context: brief history

DAILY NEWS

TEXAS CAMPUS TRAGEDY KILLS 11

GREAT NEW YORK EATS THAT FIT THE BILL

★★★ FOR JAMES BOND'S 'WORLD'

GET THE VIOLENT CRAZIES OFF OUR STREETS

NEWS' SPECIAL EDITORIAL

SEE PAGES 2 & 3

(Credit: NY Daily News via Getty Images Copyright: 1999/Daily News, L.P. [New York])

(Baiocchi, 2011)

Stigma context: some recent trends

The Washington Post

John Fetterman returns to Senate after leave for depression treatment

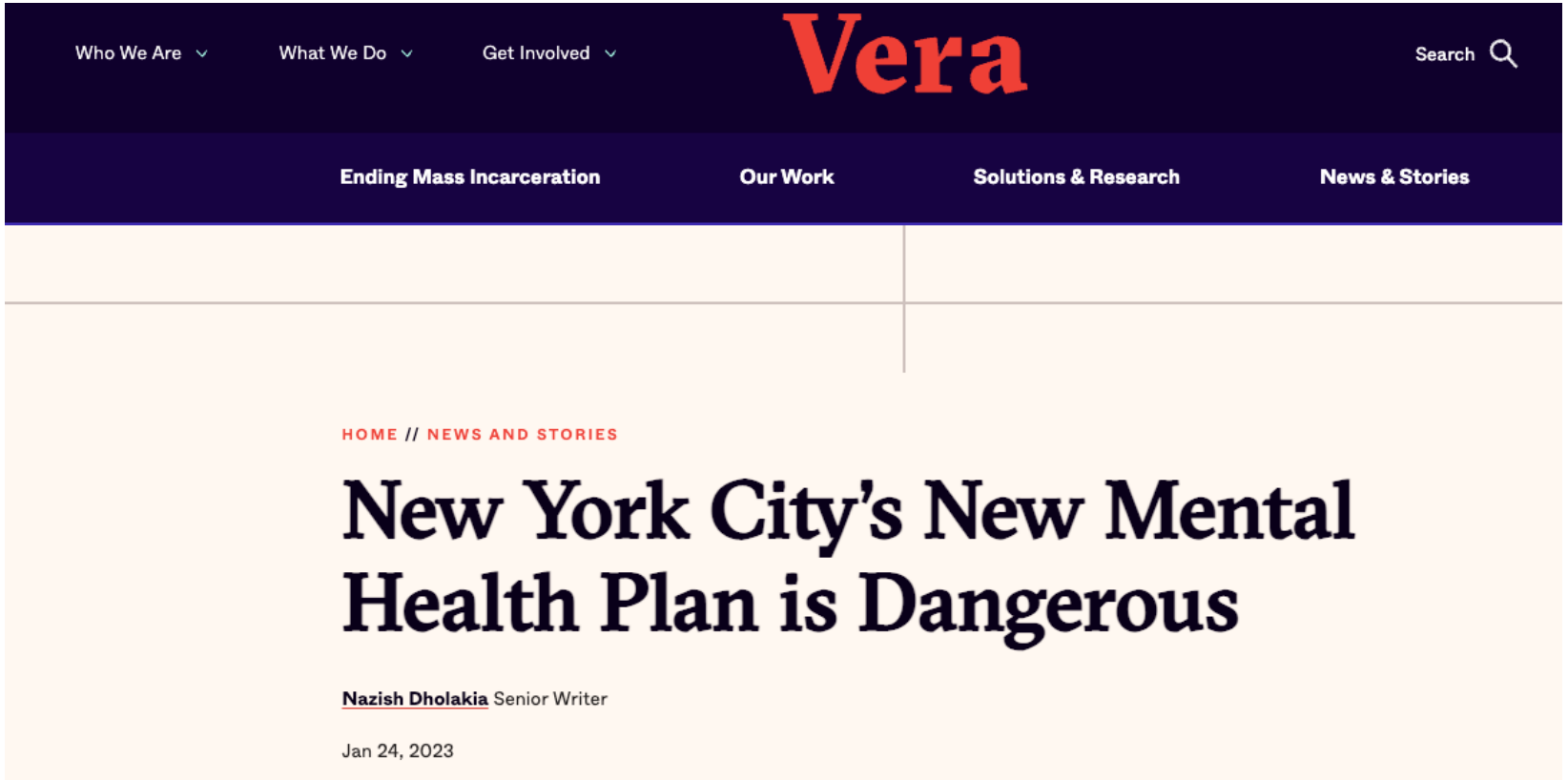
21 hours ago

The New York Times

A Radical Experiment in Mental Health Care, Tested Over Centuries

3 days ago

Stigma context (continued)



Stigma context (continued)

ELSEVIER

Journal of Affective Disorders
Volume 262, 1 February 2020, Pages 1-7

Research paper

Association between perceived public stigma and suicidal behaviors among college students of color in the U.S.

Janelle R. Goodwill [a b], Sasha Zhou [c]

Show more

+ Add to Mendeley Share Cite

https://doi.org/10.1016/j.jad.2019.10.019 Get right

Stigma Health. 2022 Nov;7(4):375-379. doi: 10.1037/sah0000417. Epub 2022 Oct 13.

Race Moderates the Relation between Internalized Stigma and Suicidal Thoughts and Behaviors in Youth with Psychosis-Risk Syndromes and Early Psychosis

LeeAnn Akouri-Shan [1], Samantha Y Jay [1], Joseph S DeLuca [2], Emily Petti [3], Mallory J Klaunig [3], Pamela Rakhshan Rouhakhtar [1], Elizabeth A Martin [3], Gloria M Reeves [4], Jason Schiffman [3]

Affiliations + expand

PMID: 37034268 PMCID: PMC10081150 (available on 2023-11-01) DOI: 10.1037/sah0000417

MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

What is the prevalence of MH stigma?

SAMHSA
Substance Abuse and Mental Health Services Administration

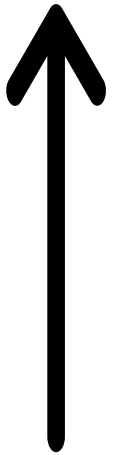
MH stigma prevalence

- **Q:** Over the past few decades in the US, do you think **public stigma** toward mental illness has been decreasing, increasing, or staying about the same?

- **A:** *It depends!* (Pescosolido et al., 2019, 2021; (Schomerus et al., 2022):
  - Depression stigma **(seems to be decreasing)**
  - Alcohol use disorder stigma **(seems to be increasing in some ways)**
  - Schizophrenia/psychosis stigma **(seems to be increasing in some ways)**

Schizophrenia stigma prevalence

- Perceived relationship between psychosis and violence is increasing (Pescosolido et al., 2019, 2021); continuum beliefs are decreasing (Schomerus et al., 2022)



- ***Structural stigma:** Schizophrenia more likely to be spared from financial cuts during the pandemic (v. pre-pandemic public attitudes). (Schomerus et al., 2022)*

MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Youth mental health stigma

SAMHSA
Substance Abuse and Mental Health Services Administration

Source: Pixabay

Adolescent mental health (MH): a special context

- Approximately 50% of all MH conditions in the US begin in the teens, and 75% begin by the mid-20s (Kessler et al., 2007)

- Prevalence of adolescent MH conditions appears to be increasing (e.g., Mojtabai et al., 2016; Plemmons et al., 2017; Samji et al., 2021)

Public stigma *toward* youth

- The US general public stigmatizes youth with mental health problems:
  - Attributions of dangerousness and endorsements of coercion into treatment for youth with depression (Pescosolido et al., 2007)
  - Potentially *more* stigma (perceptions of violence) toward youth with mental illness v. adults with mental illness (depression) (Perry et al., 2007)
  - However, there is generally poor mental health literacy in the public (only 59% adults can identify depression and 42% ADHD) (Pescosolido et al., 2008)

Stigma *among* youth

- **Labeling:** "nuts," "disturbed," "psycho," "scary" - words commonly used to refer to someone with MI, 75% of labels were negative (among 14-year-olds in the UK; Rose et al, 2007). US 8th graders: "really weird," "insane," "special education" (Chandra & Minkovitz, 2007). "One slice short of a loaf" (UK, age 11-17; Bailey, 1999)

- **Knowledge:** Adolescents better at recognizing depression vignettes (40-70%) than psychosis (30%) or social anxiety (1-5%) (Coles et al., 2016; Wright et al, 2011). Still, many unaware of effective MH treatments and only 1/3 score above an 80% on a depression knowledge test (Hess et al., 2004; Goodwin et al., 2016).

Stigma *among* youth (continued)

- *"There is a new student in your class who just came from another school. You have heard that this student has a mental illness"* (US, age *M* = 16.4; Corrigan et al., 2005)
  - Adolescents tend to endorse fear and anger; more anger toward peers with ADHD > depression > "normal issues" (UK, age 15-16; O'Driscoll et al., 2012)

- Most US adolescents are willing to **talk** to a peer diagnosed with mental illness (78%); fewer are willing to **sit next to** (51%), **work on a class project** with (41%), or **go on a date** with (14%), the same person (Wahl et al., 2012)

- More "relationship social distance" endorsed toward peers with ADHD > depression > "normal issues" (O'Driscoll et al., 2012)

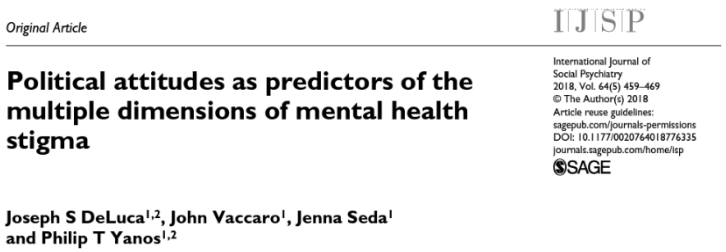
Source: Pixabay

MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Studying mental health stigma

SAMHSA
Substance Abuse and Mental Health Services Administration

How do we measure mental health stigma?



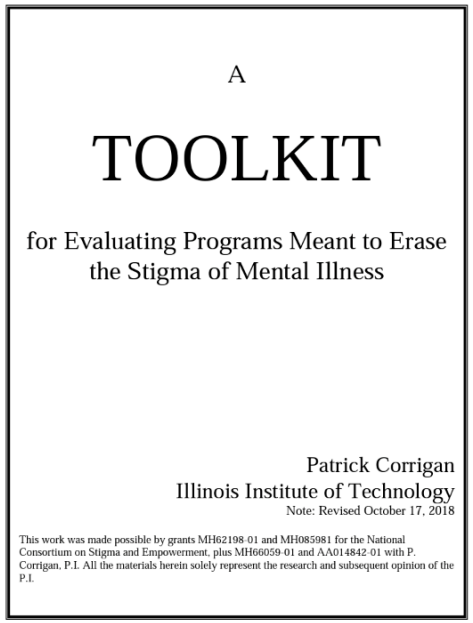
Original Article

IJSP

Political attitudes as predictors of the multiple dimensions of mental health stigma

International Journal of Social Psychiatry
2018, Vol. 64(5) 459–469
© The Author(s) 2018
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/0020764018776335
journals.sagepub.com/home/isp
SAGE

Joseph S DeLuca[1,2], John Vaccaro[1], Jenna Seda[1] and Philip T Yanos[1,2]



A

TOOLKIT

for Evaluating Programs Meant to Erase the Stigma of Mental Illness

Patrick Corrigan
Illinois Institute of Technology

Note: Revised October 17, 2018

This work was made possible by grants MH62198-01 and MH085981 for the National Consortium on Stigma and Empowerment, plus MH66059-01 and AA014842-01 with P. Corrigan, P.I. All the materials herein solely represent the research and subsequent opinion of the P.I.

3. Evaluating Programs for Public Stigma 9
Overall Assessment Concerns
The Attribution Questionnaires
The Error Choice Test
The Resource Allocation Test
The Family Questionnaire
The Difference, Disdain, Blame Scale
California Assessment of Stigma Change

4. Evaluating Programs for Self-Stigma 40
The Self-Stigma of Mental Illness Scale
The Self-Stigma of Mental Illness Scale-Short Form
The Recovery Assessment Scale-Revised
The Coming Out with Mental Illness Scale
The Why Try Stigma Scale
The Difference Scale for Self-Stigma

Download toolkit here

How do we measure mental health stigma? (continued)

Springer Link

Home > BMC Medicine > Article

Correspondence | Open Access | Published: 15 February 2019

Challenges and opportunities in examining and addressing intersectional stigma and health

Janet M. Turan, Melissa A. Elafros, Carmen H. Logie, Swagata Banik, Bulent Turan, Kaylee B. Crockett, Bernice Pescosolido & Sarah M. Murray

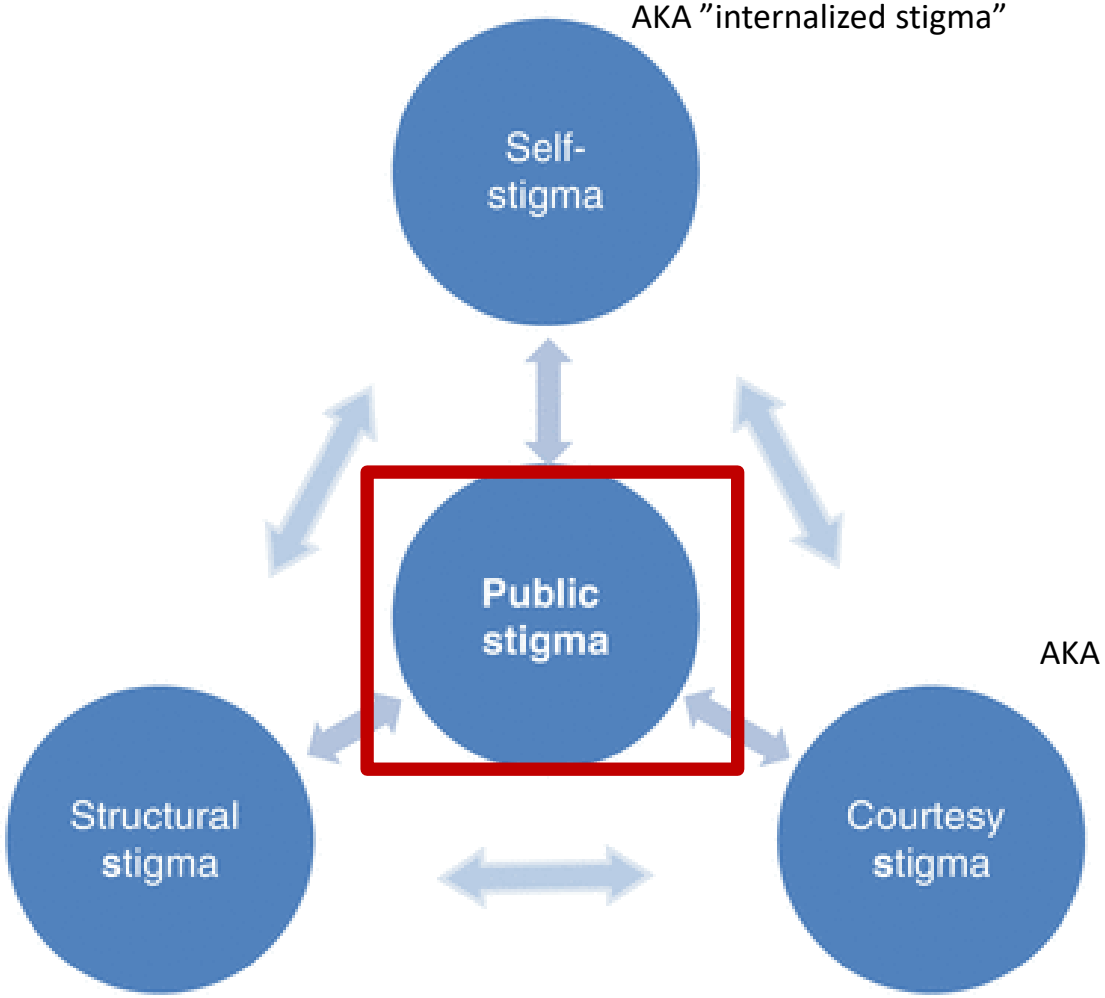
BMC Medicine **17**, Article number: 7 (2019) | Cite this article

33k Accesses | **303** Citations | **215** Altmetric | Metrics

Agenda

1. What is stigma?
2. How does mental health stigma impact people?
3. How do we conceptualize and study mental health stigma?
4. **How can we combat stigma?**
5. Summary & Q&A

AKA ”internalized stigma”



AKA ”associative stigma”

Sheehan et al., 2016

See also Thornicroft et al., 2022

Challenging the Public Stigma of Mental Illness: A Meta-Analysis of Outcome Studies

Patrick W. Corrigan, Psy.D.
Scott B. Morris, Ph.D.
Patrick J. Michaels, M.S.
Jennifer D. Rafacz, Ph.D.
Nicolas Rüsch, M.D.

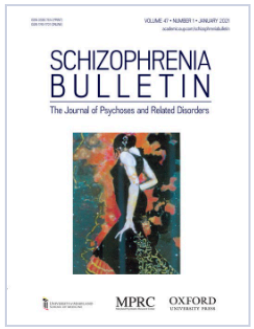
Contact + Education

The Lancet Commissions

The *Lancet* Commission on ending stigma and discrimination in mental health

Graham Thornicroft, Charlene Sunkel*, Akmal Alikhon Aliev, Sue Baker, Elaine Brohan, Rabih el Chammay, Kelly Davies, Mekdes Demissie, Joshua Duncan, Wubalem Fekadu, Petra C Gronholm, Zoe Guerrero, Dristy Gurung, Kassahun Habtamu, Charlotte Hanlon, Eva Heim, Claire Henderson, Zeinab Hijazi, Claire Hoffman, Nadine Hosny, Fiona-Xiaofei Huang, Sarah Kline, Brandon A Kohrt, Heidi Lempp, Jie Li, Elisha London, Ning Ma, Winnie W S Mak, Akerke Makhmud, Pallab K Maulik, Maria Milenova, Guadalupe Morales Cano, Uta Ouali, Sarah Parry, Thara Rangaswamy, Nicolas Rüsch, Taha Sabri, Norman Sartorius, Marianne Schulze, Heather Stuart, Tatiana Taylor Salisbury, Norha Vera San Juan, Nicole Votruba, Petr Winkler*

- Our umbrella review of 216 systematic reviews shows that interventions based on the principle of social contact (whether in person, virtual, or indirect) that have been appropriately adapted to different contexts and cultures are the most effective ways to reduce stigmatisation worldwide



Volume 47, Issue 1
January 2021

Article Contents

[Video Library]

[HeadsUP]

JOURNAL ARTICLE

Reducing Stigma Toward Individuals With Schizophrenia Using a Brief Video: A Randomized Controlled Trial of Young Adults

Doron Amsalem ✉, Lawrence H Yang, Samantha Jankowski, Sarah A Lieff, John C Markowitz, Lisa B Dixon

Schizophrenia Bulletin, Volume 47, Issue 1, January 2021, Pages 7–14,
https://doi.org/10.1093/schbul/sbaa114
Published: 15 August 2020

ALL FEP CENTERS ARE ACCEPTING NEW PARTICIPANTS AS WELL AS CONTINUING TO OFFER SERVICES THAT FOLLOW CDC GUIDELINES

Penn Medicine

HeadsUp

For Me ▾ For Friends & Family ▾ For Clinicians ▾ For

Changing Minds, Empowering Lives

Support for Me | Support for Friends & Family

Reducing depression-related stigma and increasing treatment seeking among adolescents: randomized controlled trial of a brief video intervention

Doron Amsalem | Andrés Martin

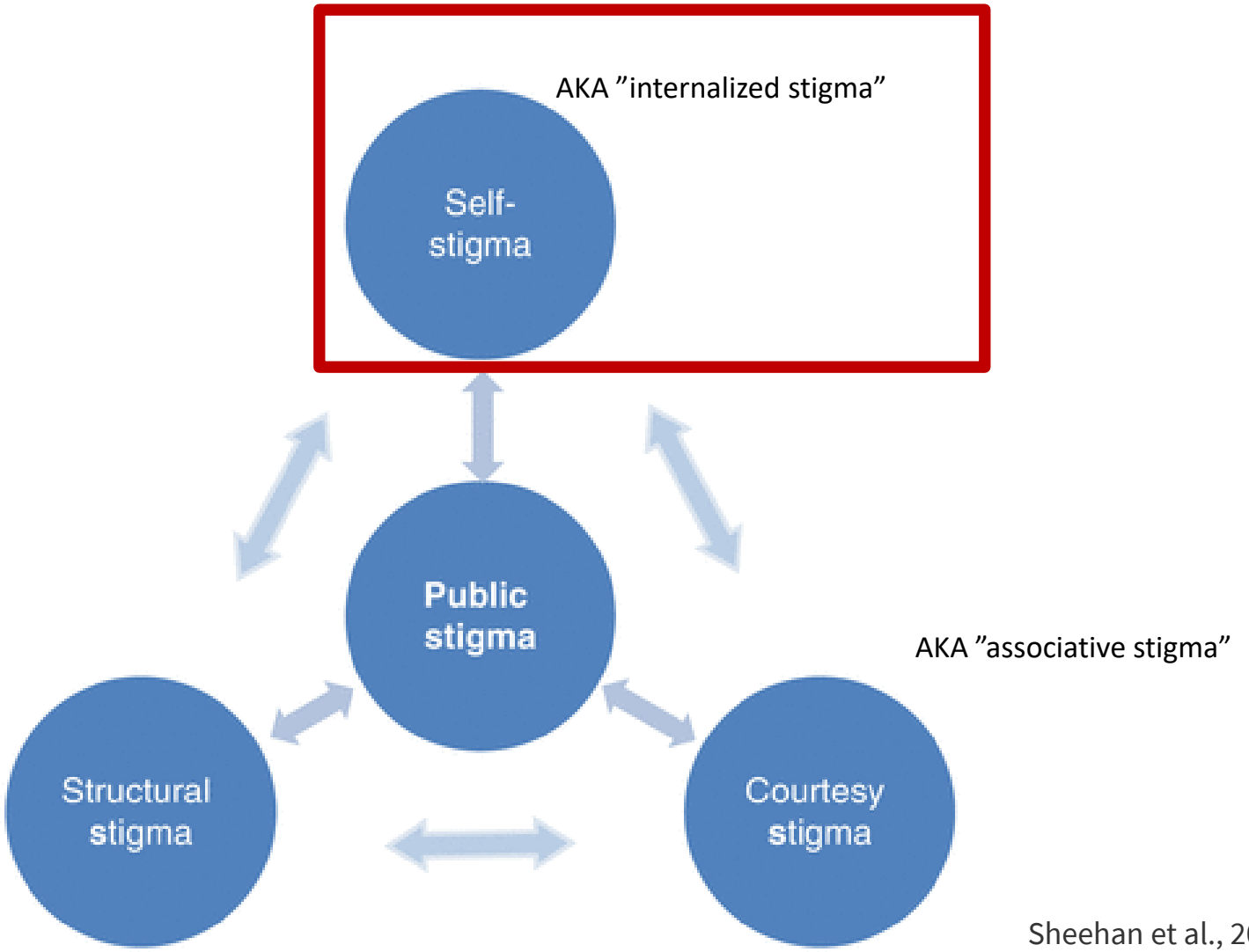
The Journal of Child Psychology and Psychiatry

The Association for Child and Adolescent Mental Health

Original Article

Destigmatizing perceptions about Black adolescent depression: randomized controlled trial of brief social contact–based video interventions

Andrés Martin | Amanda Calhoun, José Páez, Doron Amsalem



AKA ”associative stigma”

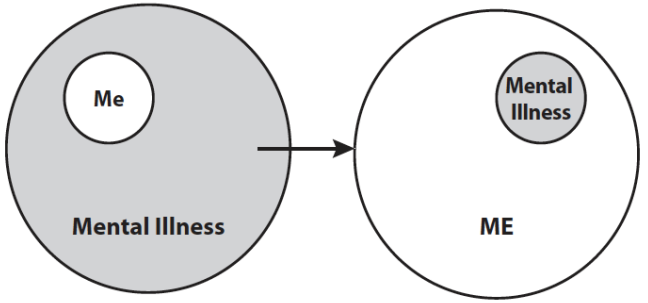
Sheehan et al., 2016

See also Thornicroft et al., 2022

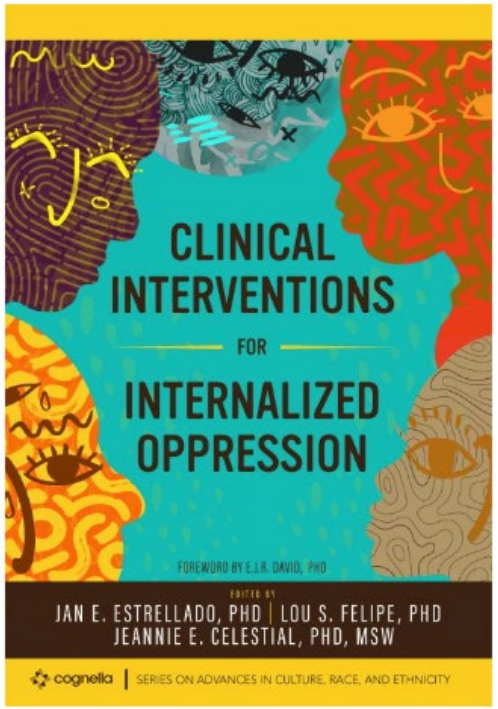
Internalized stigma

- Clinical interventions to help patients and families manage and navigate stigma

- **Internalized Stigma of Mental Illness scale (ISMI):** Free access here.



Dr. Phil Yanos and colleagues' "NECT" intervention*



Source: Cognella Academic Publishing

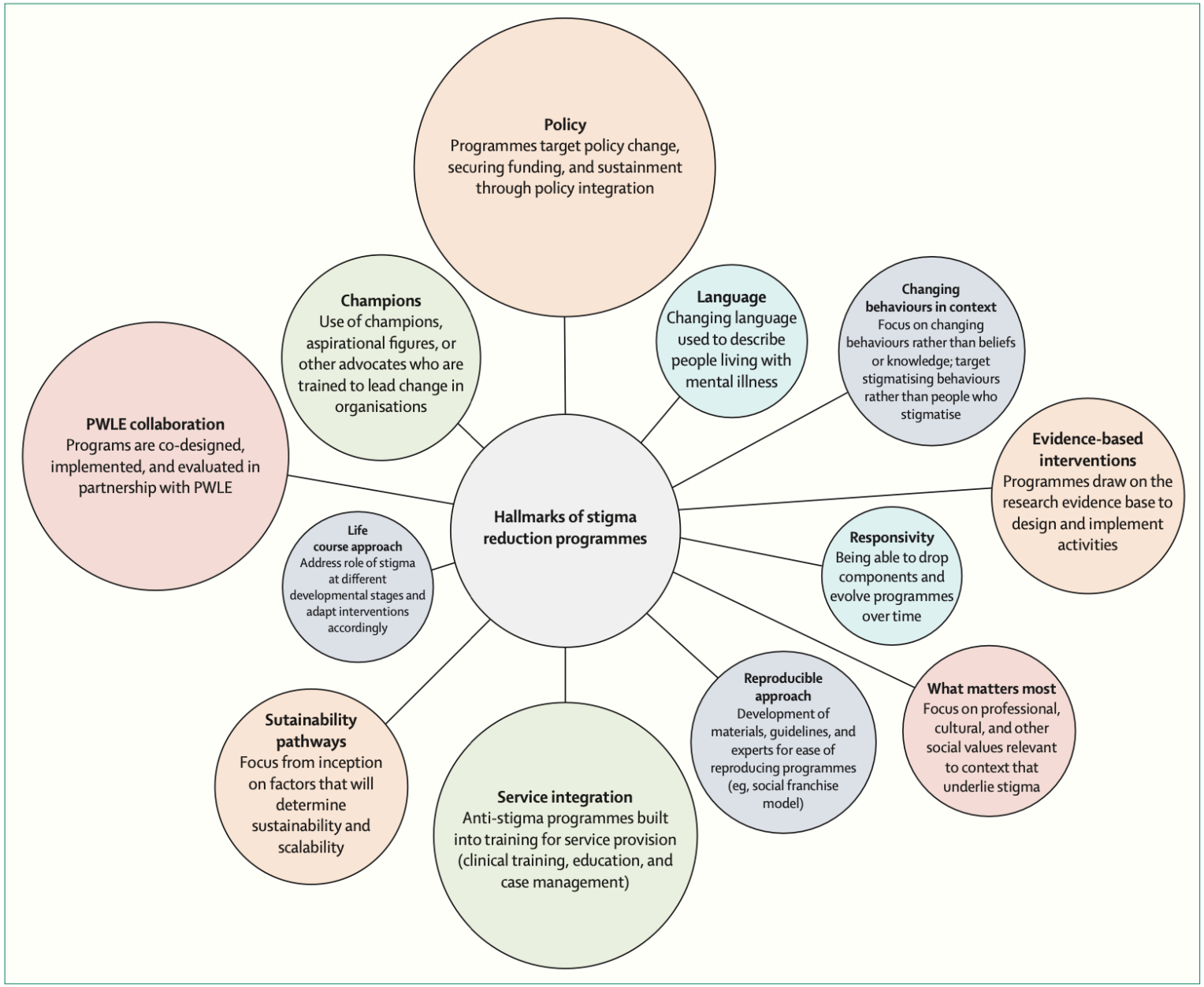


Figure 7: **Key hallmarks of stigma reduction programmes**
Balloon sizes represent the relative importance of key components and activities. PWLE=people with lived experience of mental health conditions.

Future work: Lived experience inclusion

(Thornicroft et al., 2022)

PWLE, local communities, and civil society		
Goal: PWLE should be strongly supported to reduce stigma and discrimination		
Recommendation 7: all current and future national government programmes for the reduction of mental health related stigma and discrimination should be led or co-led by PWLE, using the evidence-based principle of social contact	By 2030, all national government programmes for the reduction of mental health related stigma and discrimination should be led or co-led by PWLE	WHO should add an additional question to the WHO Mental Health Atlas: are all national anti-stigma programmes led or co-led by PWLE? (Source: WHO Mental Health Atlas)
Recommendation 8: funded programmes to support people with lived experience should be provided in the following three categories: mutual help or peer support networks; integration of PWLE as providers of health and social services provision (eg, peer support workers); and service users receive support with disclosure decisions	By 2030, most programmes to support PWLE should report that all three types of support are being provided	From 2023, the Global Mental Health Peer Network should conduct annual online surveys of programmes to support people with lived experience and assesses whether the programmes provide support in the three given categories

PWLE=people with lived experience of mental health conditions.

***Table 5: Lancet* Commission goals, recommendations, targets, and indicators**

AMERICAN PSYCHOLOGICAL ASSOCIATION

MEMBERS TOPICS PUBLICATIONS & DATABASES SCIENCE

Home // About APA // Grants, Awards and Funding // Early Career Service Grants

Early Career Service Grants

Joseph S. DeLuca, PhD

"Targeting Stigma and Race-Based Traumatic Stress in Early-Stage Psychosis Care via a Professional Development Program and Workgroup"

The proposed initiative's goal is to improve the recognition of Race-Based Traumatic Stress and stigma among youth in the early stages of psychosis to help guide treatment and enhance engagement. The aim is to deliver a recorded 45–60-minute evidence based professional development presentation to early psychosis providers which will help enhance their ability and comfort to provide culturally responsive early psychosis services.

Upcoming Northwest MHTTC Webinars

What does lived experience really mean and why is it important?

Thursday May 18th — 10 - 11:30 AM Pacific

The phrase "lived experience" is widely used in behavioral health, but what does it really mean? Is lived experience a code word meaning "former mental patient"? Isn't all experience "lived experience" and therefore isn't "lived experience" redundant? Can a clinician have lived experience? In this 90-minute webinar, **Pat Deegan, PhD,** will explore the origins of "lived experience" in philosophy and its migration into behavioral health.

Register Here

[Register here]

Future work: blind spots? (Schomerus & Angermeyer, 2021):

Epidemiology and Psychiatric Sciences

cambridge.org/eps

Blind spots in stigma research? Broadening our perspective on mental illness stigma by exploring 'what matters most' in modern Western societies

Special Article

Cite this article: Schomerus G, Angermeyer MC (2021). Blind spots in stigma research? Broadening our perspective on mental illness stigma by exploring 'what matters most' in modern Western societies. *Epidemiology and Psychiatric Sciences* **30**, e26, 1–6. https://doi.org/10.1017/S2045796021000111

Received: 7 December 2020
Revised: 9 February 2021
Accepted: 14 February 2021

G. Schomerus[1] and M. C. Angermeyer[2]

[1]Department of Psychiatry and Psychotherapy, University of Leipzig Medical Center, Leipzig, Germany and [2]Center for Public Mental Health, Gösing am Wagram, Austria

Abstract

Aims. The theory of 'what matters most' (WMM) has been developed to understand differences in mental illness stigma between cultures, postulating that stigma becomes most pervasive in situations that matter most in a specific cultural context. The rise of populism in Western societies demonstrates that also within one cultural context, different values 'matter most' to different groups. We expand the WMM framework to explore the spectrum of stigma

Future work: student clubs & public campaigns

Let's Erase the Stigma (LETS): A Quasi-Experimental Evaluation of Adolescent-Led School Groups Intended to Reduce Mental Illness Stigma

Nicole M. Murman ✉, Kyla C. E. Buckingham, Philippe Fontilea, Robert Villanueva, Bennett Leventhal & Stephen P. Hinshaw

Reducing Mental-Illness Stigma via High School Clubs: A Matched-Pair, Cluster-Randomized Trial

Shaikh I. Ahmad ✉, Bennett L. Leventhal, Brittany N. Nielsen, Stephen P. Hinshaw

See Me: Scotland Case Study

Judith Robertson ✉

Future work: school-based programs

Review: School-based interventions to improve mental health literacy and reduce mental health stigma – a systematic review

Karen Kei Yan Ma[1], Joanna K. Anderson[2] & Anne-Marie Burn[2]

[1]Faculty of Education, University of Cambridge, Cambridge, UK
[2]Department of Psychiatry, University of Cambridge, Cambridge, UK

Reducing Stigma in High School Students: A Cluster Randomized Controlled Trial of the National Alliance on Mental Illness' Ending the Silence Intervention

Joseph S. DeLuca
John Jay College of Criminal Justice, City University of New York (CUNY) and CUNY Graduate Center

Janet Tang, Sarah Zoubaa, and Brandon Dial
John Jay College of Criminal Justice, CUNY

Philip T. Yanos
John Jay College of Criminal Justice, CUNY and CUNY Graduate Center

Example youth program: *Ending the Silence*

- Developed by National Alliance on Mental Illness, the largest grassroots mental health nonprofit in the US (NAMI, 2013), in order to educate adolescents about mental health and reduce stigma

- **Program structure:** two trained speakers; one class period (~50 minutes) in length; hopeful messages of recovery; connections to local mental health resources; warning signs; facts/statistics; how to help yourself/a peer

- "**The goal of NAMI ETS** is to create a generation of students who are well-positioned to end the silence and stigma surrounding mental illness."

Agenda

1. What is stigma?
2. How does mental health stigma impact people?
3. How do we conceptualize and study mental health stigma?
4. How can we combat stigma?
5. **Summary & Q&A**

Summary

- Mental health stigma is widespread and detrimental to individuals
- Stigma operates on many levels: public… internalized/self… courtesy/associative… structural…. Etc.
- Education + contact-based programming (+ others) can help! We have programs that work
- Attention to diversity and intersectionality is imperative
- Structural changes are also needed

Selected references

- Akouri-Shan, L., Jay, S. Y., DeLuca, J. S., Petti, E., Klaunig, M. J., Rakhshan Rouhakhtar, P., ... & Schiffman, J. (2022). Race moderates the relation between internalized stigma and suicidal thoughts and behaviors in youth with psychosis-risk syndromes and early psychosis. *Stigma and Health*.
- Corrigan, P. W., & Kleinlein, P. (2005). The impact of mental illness stigma.
- Corrigan, P. W., Morris, S. B., Michaels, P. J., Rafacz, J. D., & Rüsch, N. (2012). Challenging the public stigma of mental illness: a meta-analysis of outcome studies. *Psychiatric services*, *63*(10), 963-973.
- DeLuca, J. S. (2020). Conceptualizing adolescent mental illness stigma: youth stigma development and stigma reduction programs. *Adolescent Research Review*, *5*, 153-171.
- DeLuca, J. S., Tang, J., Zoubaa, S., Dial, B., & Yanos, P. T. (2021). Reducing stigma in high school students: A cluster randomized controlled trial of the National Alliance on Mental Illness' Ending the Silence intervention. *Stigma and Health*, *6*(2), 228.
- DeLuca, J. S., Vaccaro, J., Seda, J., & Yanos, P. T. (2018). Political attitudes as predictors of the multiple dimensions of mental health stigma. *International Journal of Social Psychiatry*, *64*(5), 459-469.
- Evans-Lacko, S., Brohan, E., Mojtabai, R., & Thornicroft, G. (2012). Association between public views of mental illness and self-stigma among individuals with mental illness in 14 European countries. *Psychological medicine*, *42*(8), 1741-1752.
- Goodwill, J. R., & Zhou, S. (2020). Association between perceived public stigma and suicidal behaviors among college students of color in the US. *Journal of affective disorders*, *262*, 1-7.
- Martin, A., Calhoun, A., Páez, J., & Amsalem, D. (2022). Destigmatizing perceptions about Black adolescent depression: randomized controlled trial of brief social contact–based video interventions. *Journal of Child Psychology and Psychiatry*, *63*(11), 1270-1278.
- Pescosolido, B. A., Halpern-Manners, A., Luo, L., & Perry, B. (2021). Trends in public stigma of mental illness in the US, 1996-2018. *JAMA network open*, *4*(12), e2140202-e2140202.
- Pescosolido, B. A., Manago, B., & Monahan, J. (2019). Evolving public views on the likelihood of violence from people with mental illness: stigma and its consequences. *Health Affairs*, *38*(10), 1735-1743.
- Pescosolido, B. A., Medina, T. R., Martin, J. K., & Long, J. S. (2013). The "backbone" of stigma: identifying the global core of public prejudice associated with mental illness. *American journal of public health*, *103*(5), 853-860.
- Schomerus, G., Schindler, S., Baumann, E., & Angermeyer, M. C. (2023). Changes in continuum beliefs for depression and schizophrenia in the general population 2011–2020: a widening gap. *Social Psychiatry and Psychiatric Epidemiology*, *58*(1), 17-23.
- Thornicroft, G., Sunkel, C., Aliev, A. A., Baker, S., Brohan, E., El Chammay, R., ... & Winkler, P. (2022). The Lancet Commission on ending stigma and discrimination in mental health. *The Lancet*, *400*(10361), 1438-1480.
- Turan, J. M., Elafros, M. A., Logie, C. H., Banik, S., Turan, B., Crockett, K. B., ... & Murray, S. M. (2019). Challenges and opportunities in examining and addressing intersectional stigma and health. *BMC medicine*, *17*, 1-15.
- Yanos, P. T. (2018). *Written-off: Mental health stigma and the loss of human potential*. Cambridge University Press.
- Yanos, P. T., Lucksted, A., Drapalski, A. L., Roe, D., & Lysaker, P. (2015). Interventions targeting mental health self-stigma: A review and comparison. *Psychiatric rehabilitation journal*, *38*(2), 171.

Questions

Evaluation Information

- The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.
- At the end of today's training please take a moment to complete a **brief** survey about today's training.

Evaluation Link

Appreciation

Contact Us

Central East (HHS Region 3)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

a program managed by

THE DANYA INSTITUTE

Central East MHTTC website

Oscar Morgan, Project Director

Danya Institute website

Email

240-645-1145

Let's connect: