Youth Mental Health Stigma

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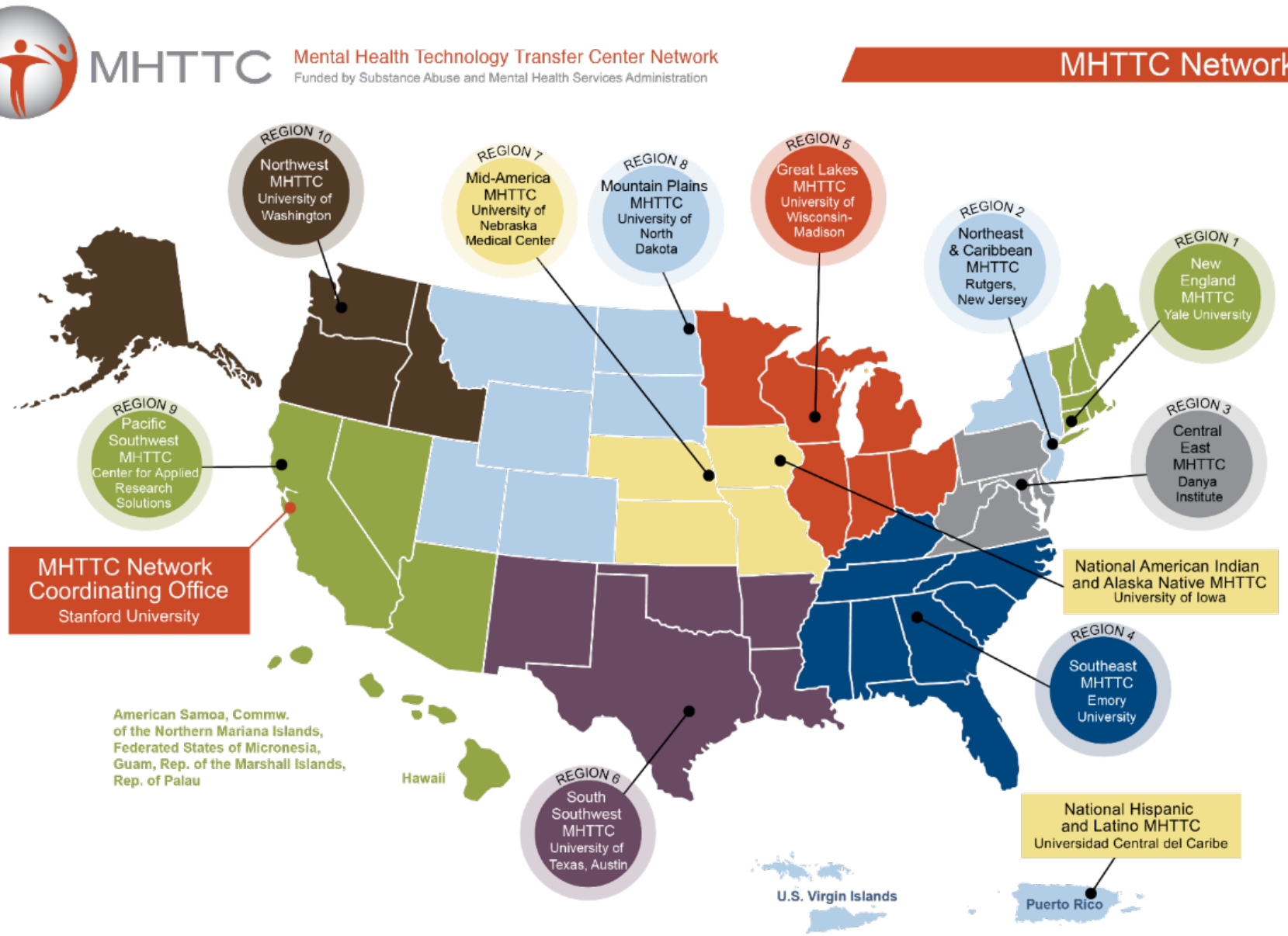
Central East (HHS Region 3)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

MHTTC Network



MHTTC Purpose

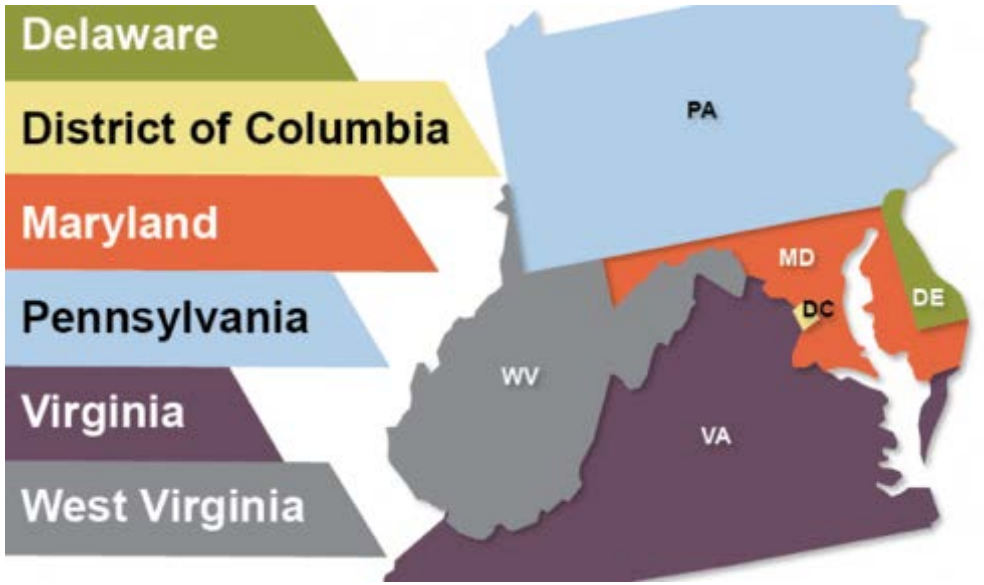
The MHTTC Network vision is to unify science, education and service to transform lives through evidence-based and promising treatment and recovery practices in a recovery-oriented system of care.

Central East MHTTC Goals

Funded by SAMHSA to:

- Accelerate the adoption and implementation of mental health related evidence-based practices
- Heighten the awareness, knowledge, and skills of the behavioral health workforce
- Foster alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers
- Ensure the availability and delivery of publicly available, free of charge, training and technical assistance

Central East Region 3



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Background

- Licensed clinical psychologist who specializes in youth mental health, specifically the early signs of psychosis.
- Passionate about mental health education, stigma reduction, and equitable, culturally responsive, evidence-based care.
- Involved in mental health advocacy and stigma reduction work since ~2011

Agenda

1. Conceptualize and define youth MH stigma
2. Understand the unique impact of stigma on youth
3. Discuss efforts to combat this stigma
4. Summarize
5. Q&A

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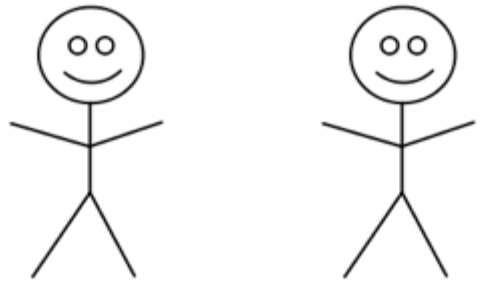
Youth mental health stigma

Compared to adult stigma, little is known about youth stigma

Brief review of child stigma development:

Prejudice, stereotypes, knowledge: As young as seven-years-old, US children are able to define words like “weird” and “crazy” and apply these labels to vignettes of adults manifesting psychiatric symptoms (Spitzer & Cameron, 1995). & 52% of US middle schoolers unsure if someone with SMI can recover with treatment, 72% unsure if SZ means multiple personalities (Wahl et al., 2012)

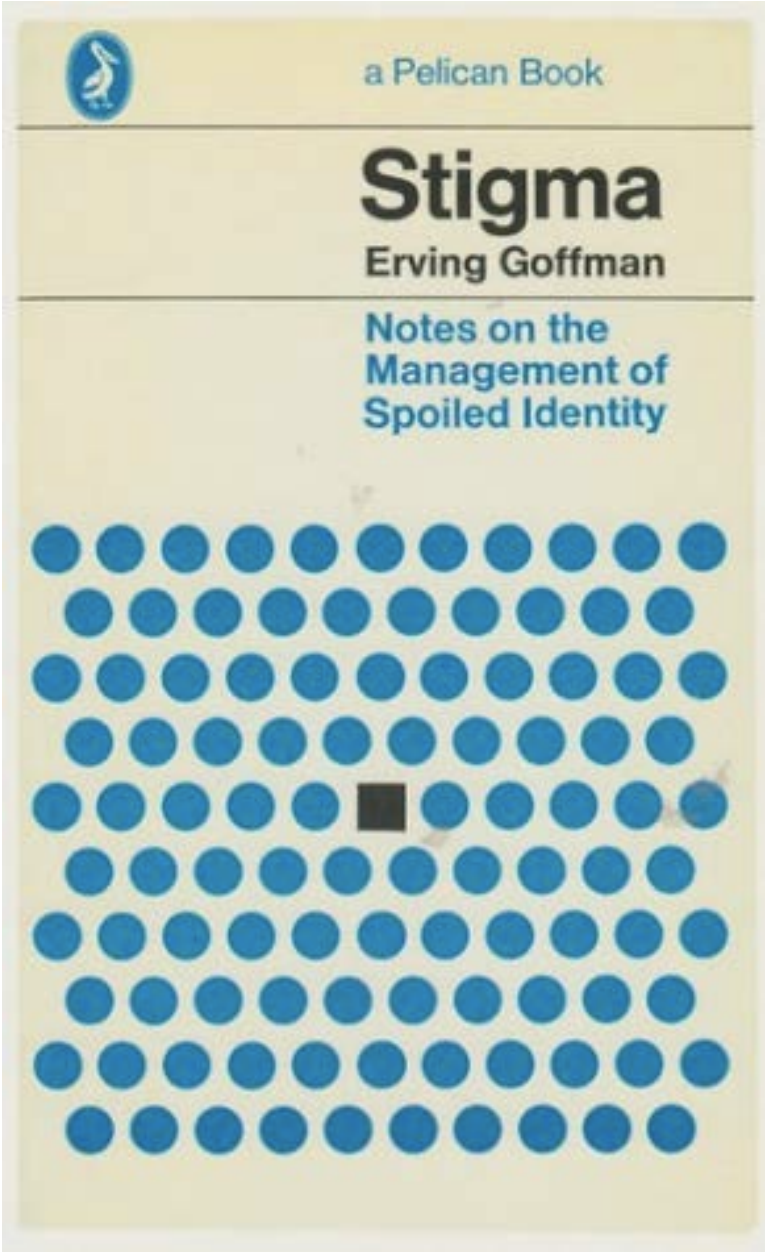
Social distance: US K-8 students want more social distance (as measured by the distance in inches from the heads of each stick figure) from persons labeled as “crazy” or “mentally ill,” as compared to persons labeled as “normal” or “physically handicapped” (Weiss, 1986)



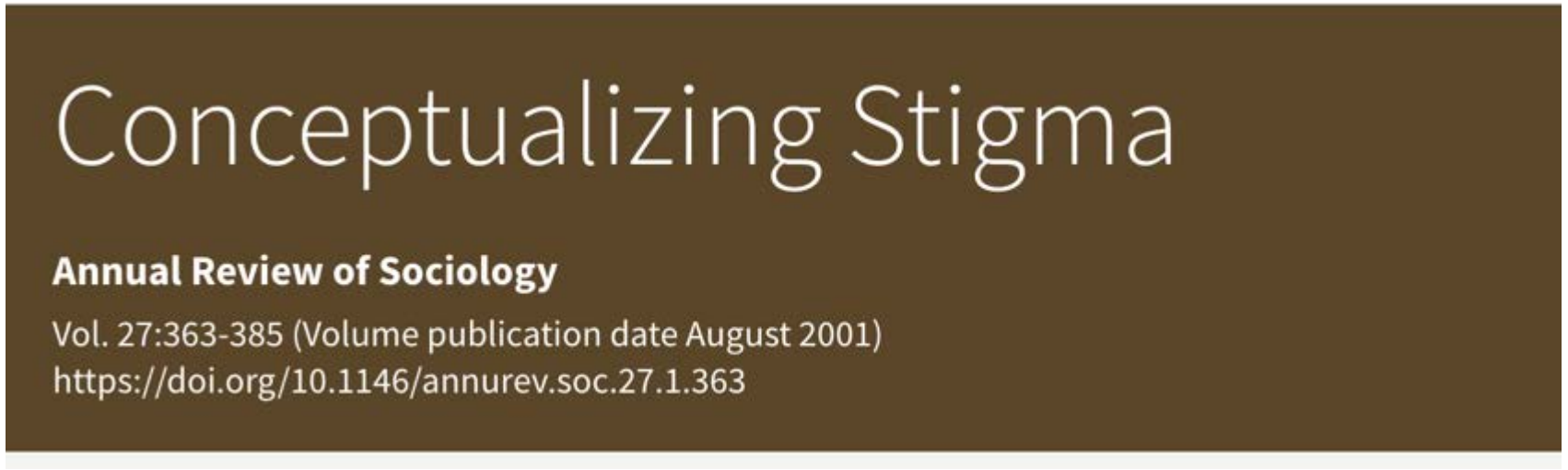

gifs.com

Stigma (broadly)

- A process of assigning labels to individuals
- *"spoiled identity"* (Goffman, 1963, p. 3)
- multiple dimensions
- **A social justice issue (Corrigan et al., 2005; Yanos, 2018)**



Stigma (cont.d)

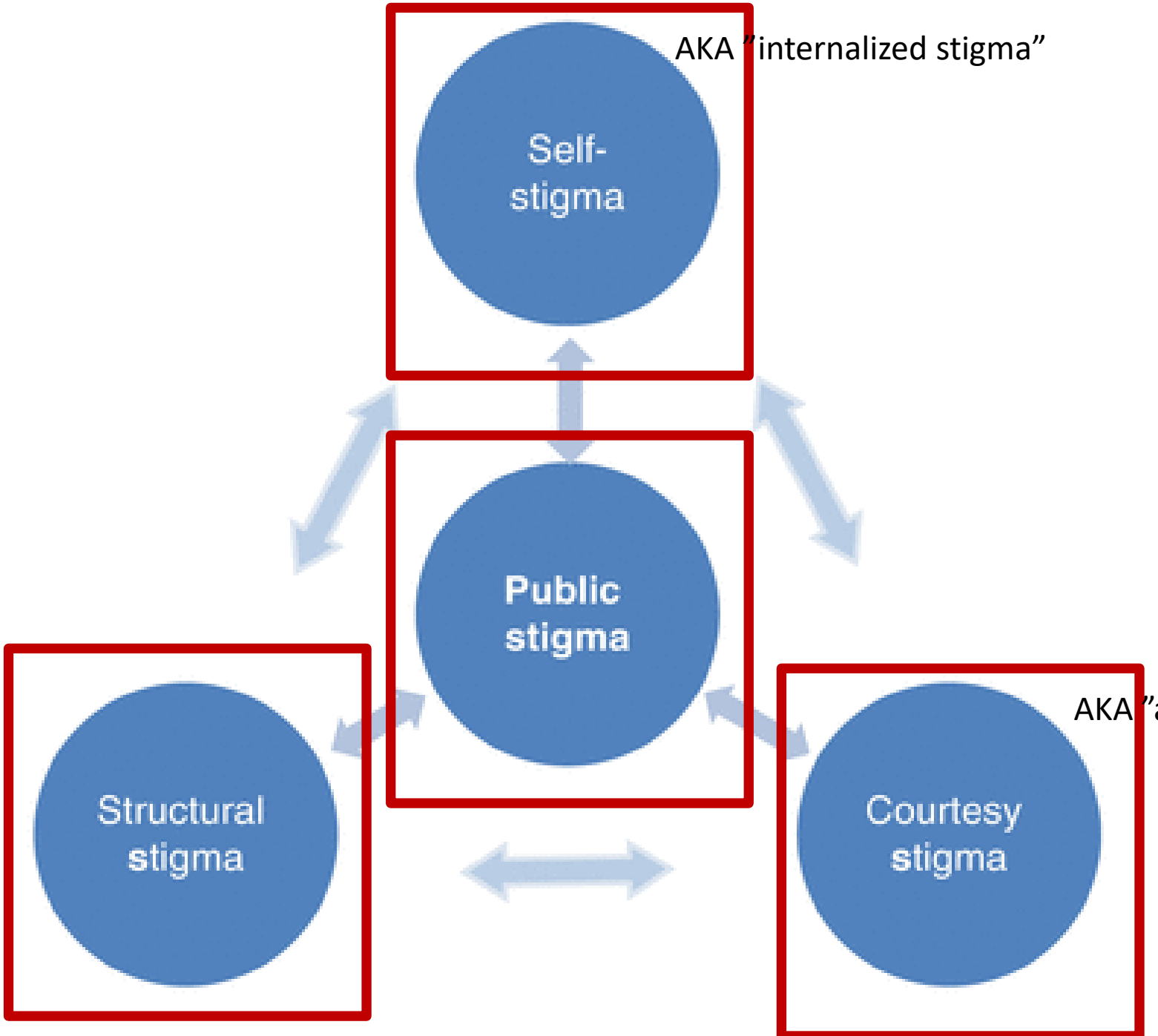


- ***Interrelated components***
- **Distinguishing and labeling differences**
- **Associating human differences with negative attributes**
- **Separating “us” from “them”**
- **Status loss and discrimination**
- **Dependence of stigma on power**

Stigma (cont.d)

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)***



AKA "internalized stigma"

AKA "associative stigma"

Sheehan et al., 2016

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 (cont.d)

- 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 (cont.d)

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

- Most commonly reported by friends and family members

Stigma context


DAILY NEWS

GET THE VIOLENT CRAZIES OFF OUR STREETS

NEWS' SPECIAL EDITORIAL

TEXAS CAMPUS TRAGEDY KILLS 11

GREAT NEW YORK EATS THAT FIT THE BILL

★★★ FOR JAMES BOND'S 'WORLD'

Stigma context (cont.d)

- **Prevalent, mostly stable and, in some ways, increasing**

- Social distance + stereotypes have been relatively stagnant (Pescosolido, Medina, Martin, & Long, 2013). Perceived relationship between psychosis and violence is increasing in the US (Pescosolido et al., 2010; Pescosolido et al., 2019)
- Perceptions of stigma for seeking help and self-stigma linked to decreased help-seeking and poor recovery outcomes (Vogel et al., 2013; Yanos et al., 2008)
- “Backbone” of stigma worldwide = rejecting the individual as a child care provider, perceiving violence toward self and general unpredictability, rejecting the individual’s marriage into the respondent’s family, and excluding the individual from teaching children (Pescosolido et al., 2013)

Youth stigma

- **Less researched than adults: 4-6% of mental health stigma research used samples of children/adolescents (Link et al. 2004; ; Parcespe & Cabassa, 2013)**

- To some degree, research limited by the nature of MH stigma (i.e., generally a “hidden” stigma and must be inferred through cues or labels)

- No research had unified adolescent MH stigma research using a theoretical model and considering developmental influences (e.g., identity formation) on the stigma process and outcomes (e.g., help-seeking) (DeLuca, 2020)

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]

Adolescent stigma (DeLuca, 2020)

- A major barrier to help-seeking among adolescents is stigma, and it appears that the dimensions outlined in Pescosolido and Martin's (2015) *stigma complex* also apply to adolescents

- Stigma among adolescents ranges from public stigma, which can foster unwelcoming and non-inclusive environments, to treatment carryover and self-stigmas, which can reduce self esteem and help-seeking intentions

- The roots of this stigma appear to start with a labeling process, which is then combined with negative stereotypes and negative affect

- Foundations for stigma toward persons with mental illness are set in childhood (Wahl, 2002) and children often learn to reject persons with mental illness at young ages. These views extend into later childhood and adolescence—particularly as adolescents enter middle school and high school

- Models of adolescent stigma are growing, but (1) few studies use validated instruments or assess multiple dimensions of stigma (especially help-seeking stigma) and (2) none have used measures of adolescent development

Adolescent stigma (DeLuca, 2020, cont.d)

- Compared to adults:
  - tend to be less aware of MH problems and treatments
  - tend to be more concerned about **public stigma/anticipated stigma** (e.g., peer, family, school staff beliefs about them)
  - May experience greater impact from internalized stigma (e.g., buying into negative stereotypes about mental illness)

- **Developmental factors are likely important**

see also Clement et al., 2015; Nam et al., 2013

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Adolescence

- Adolescence is a key period for personal and social development (identity, peer groups, …)

- In particular, *middle adolescence* (~ ages 14-18) is a time in which adolescents are given more autonomy to test out adult roles and determine identities (Steinberg, 2017)

- Adolescence is also a period of cognitive and moral developments, in which attitudes about others and beliefs about the world are forming

Adolescent mental health

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

- *1 in 5* youth in the US experience a diagnosable MH condition each year (Centers for Disease Control and Prevention, 2013)

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

Adolescent mental health (cont.d)

- Severe MH conditions are generally preceded by less severe, more treatable conditions (Kessler et al., 2007)
- MH problems can derail social, academic, and vocational development
- However, service utilization remains relatively low, and 65-80% of youth with MH conditions still *do not* receive needed treatment (Merikangas et al., 2011)
- **Worldwide, stigma has been identified as one of the leading barriers to service utilization (World Health Organization, 2005; 2014)**
- **For example, even when treatment is initiated, stigma has been found to be a key factor that leads to premature treatment termination among adolescents (Corrigan, 2004)**

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 (cont.d)

- **Stereotypes:** explicit – peers with MI seen as violent, less likely to do well in school (Penn et al., 2005), and implicit – e.g., IAT (O'Driscoll et al., 2015)

- **Interactions between dimensions:** Adolescents who accurately label vignettes more likely to see individual as "sick" (v. "weak") (Wright et al., 2011). Adolescents who label a peer with MI as "weak" are less likely to help (and seek personal help in the future) (Mason et al., 2015; Yap et al., 2013)

Stigma *among* youth (cont.d)

- *"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)

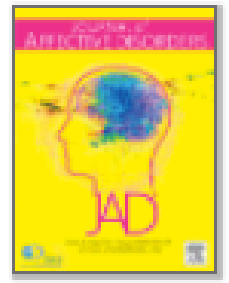
Stigma and youth MH/treatment

- 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

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]

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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

bring change to mind
high school

NAMI On Campus
National Alliance on Mental Illness

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

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: 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."

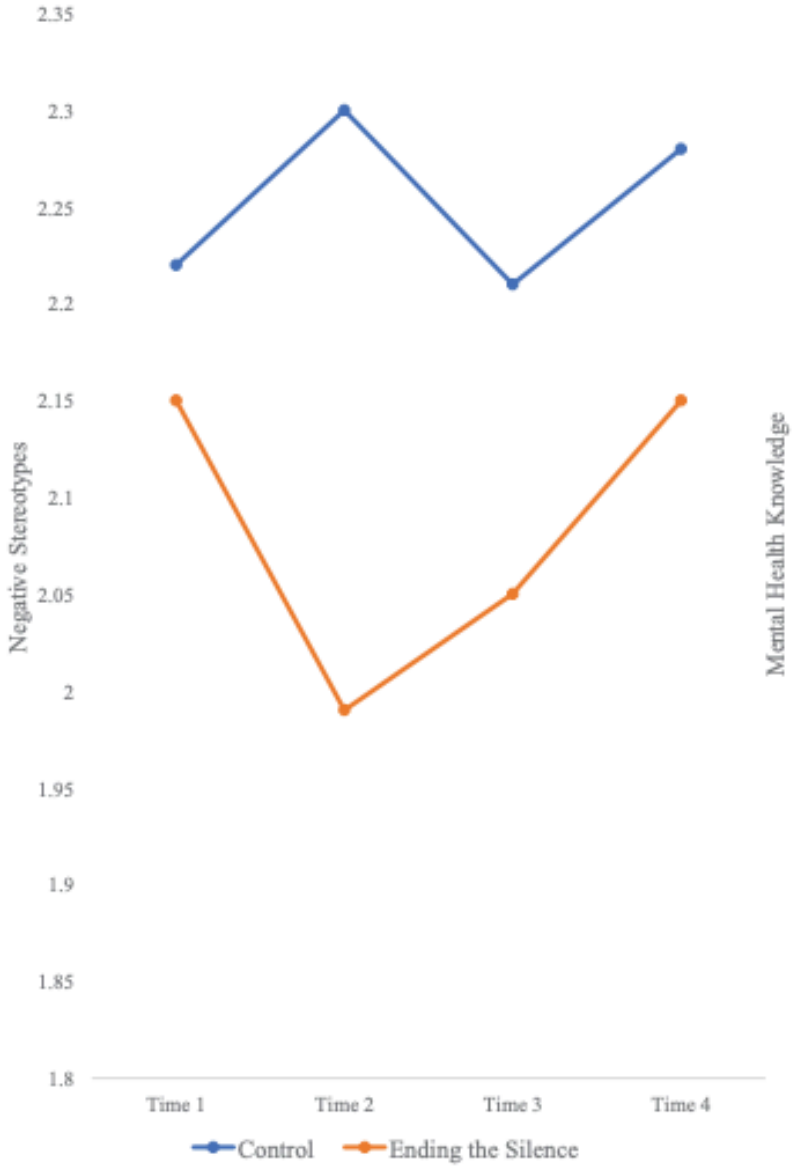
Example: Ending the Silence

- Pilot: May 2016
- Full study: September 2017 – February 2018

- One NYC public high school **(*N* = 206)**
  - Passive parent/guardian consent approved
  - Inclusion: NYC high school student, ability to complete assent/consent and the questionnaires

- Cluster-randomized controlled trial with prospective measurement (pre/post/4wk/8wk)

- Explained as a study on “presentations in psychology” and measures as being “pilot tested” (Wood & Wahl, 2006)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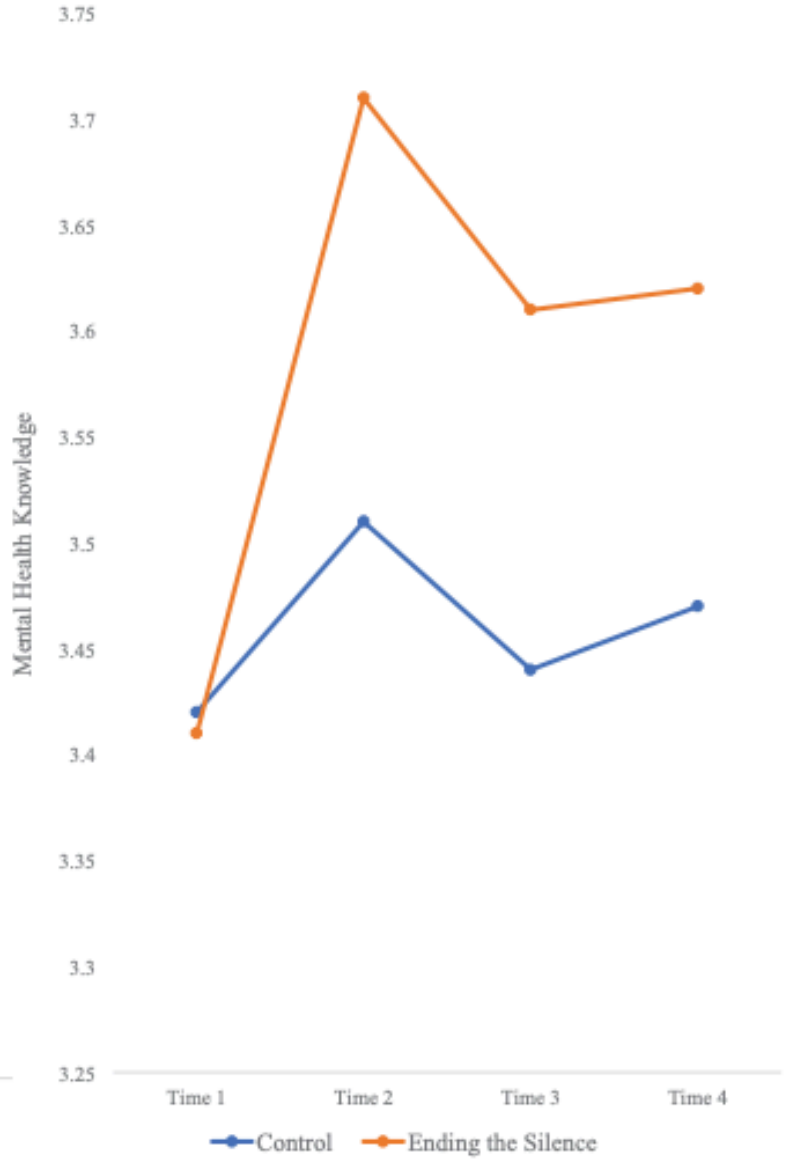
Negative Stereotypes
Time 1
Time 2
Time 3
Time 4
Control
Ending the Silence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Mental Health Knowledge
Time 1
Time 2
Time 3
Time 4
Control
Ending the Silence

Ending the Silence

- Small, but significant impact on negative stereotypes, mental health knowledge, & anticipated risks of disclosure to a counselor
  - Trending pattern for social distance and intentions to seek counseling
  - Expected covariates played a role; no consistent effects of race/ethnicity
  - Effects typically strongest for primary outcomes and at T2
  - Positive qual findings

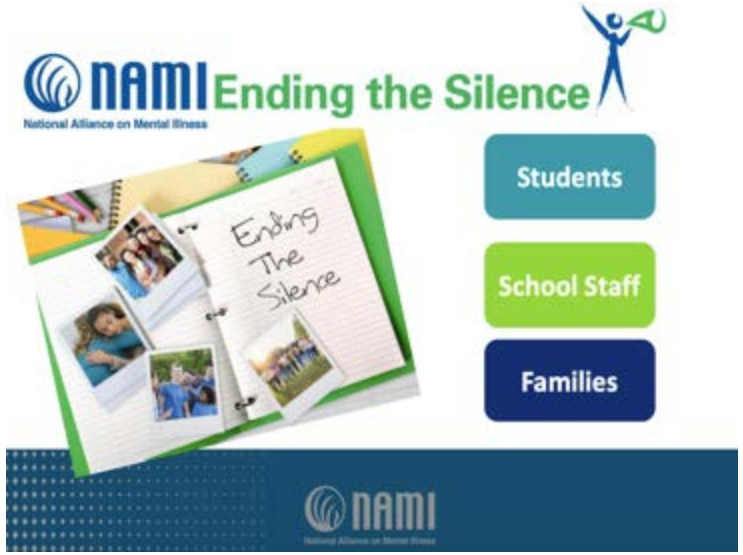
Limitations: one school in NY, some scales had poor internal consistency, could not measure personal help-seeking/MH

Other approaches; intersectional implications

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

Doron Amsalem, Andrés Martin

Additional considerations



Review article

The use of film-based interventions in adolescent mental health education: A systematic review

John Goodwin [a, b], Mohamad M. Saab [a], Christina B. Dillon [c], Caroline Kilty [a], Aoibhie McCarthy [d, e], Maidy O'Brien [a], Lloyd F. Philpott [a]

Show more

Honest, Open, Proud for adolescents with mental illness: pilot randomized controlled trial

Nadine Mulfinger,[1] Sabine Müller,[2] Isabel Böge,[3] Vehbi Sakar,[4] Patrick W. Corrigan,[5] Sara Evans-Lacko,[6] Luise Nehf,[1] Julia Djamali,[1] Anna Samarelli,[1] Michael Kempter,[4] Christian Ruckes,[7] Gerhard Libal,[8] Nathalie Oexle,[1] Michele Noterdaeme,[4] and Nicolas Rüsch[1]

Changes in continuum beliefs for depression and schizophrenia in the general population 2011–2020: a widening gap

Georg Schomerus, Stephanie Schindler, Eva Baumann & Matthias C. Angermeyer

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Summary

- Mental health stigma is widespread and detrimental to youth
- 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

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Questions

Selected references/resources

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