ADDRESSING THE STIGMA SURROUNDING SERIOUS MENTAL ILLNESS IN YOUTH: A BRIEF INTERVENTION

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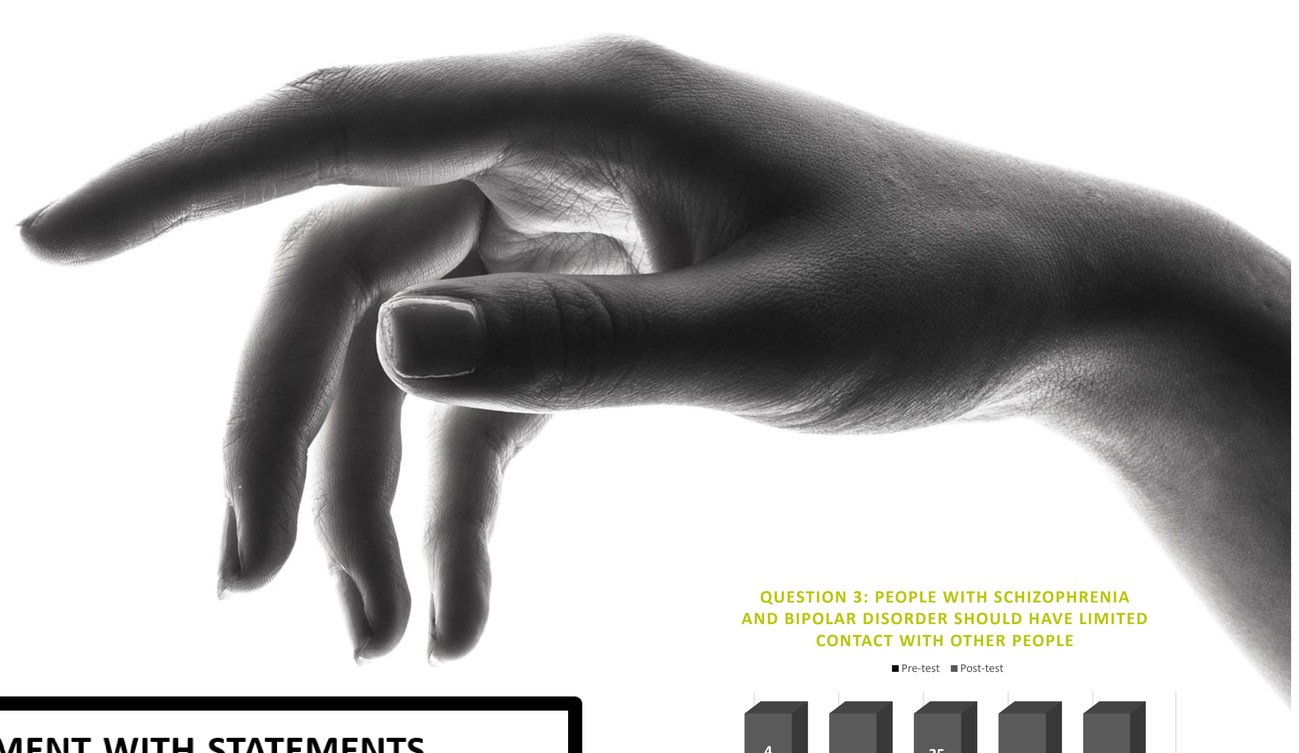
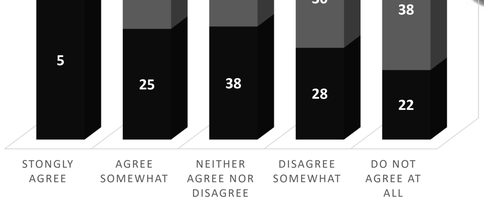
INTRODUCTION

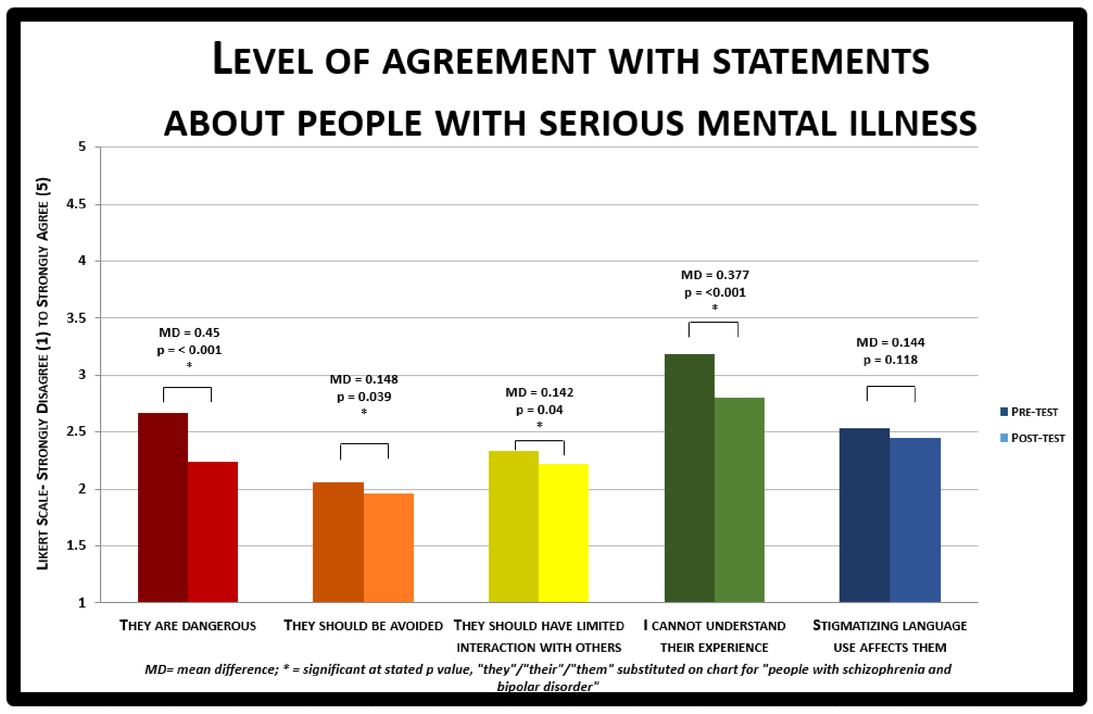
- **People perceive individuals with serious mental illness (SMI) as dangerous, which often leads to increased social distance [1, 2].**
- **Stigma takes root in those as young as 6-10 years old and increases with age. Half of all lifetime cases of mental illness start by age 14 [3].**
- **For young people with mental illness, positive peer relationships help foster self-esteem, better adjustment, resilience, and result in better outcomes [4].**
- **Campaigns focusing on psychoeducation improve knowledge but do not seem to have an effect on stigma [2]. Those that push the "biogenetic" approach have ended up increasing the level of negative stigma and increased social distance instead [1].**
- **To address the need to target stigma in this critical time window, a program was developed to help foster understanding of SMI, decrease perception of dangerousness, and decrease social distance by emphasizing the continuum of mental health/illness and making SMI more personal.**

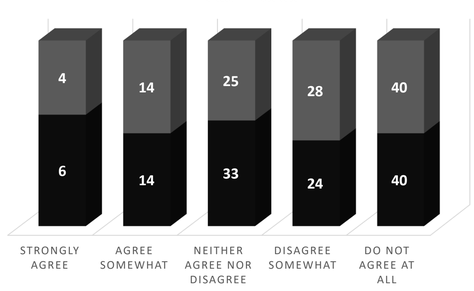
METHODS

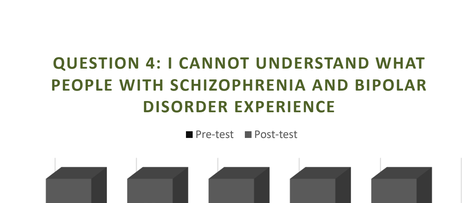
- **124 high school freshman participated in the interactive 40 minute presentation that included:**
  - **a small group discussion on stigmatizing language**
  - **identifying examples of hallucinations and delusions in their lives**
  - **identifying prominent public figures carrying SMI diagnoses**
  - **addressing the perception of dangerousness**
  - **using statistics and discussion to make a personal connection**
- **A survey was administered before and after the presentation to assess opinions on SMI using a 5-point Likert scale**
- **Data was analyzed (using JASP) via paired sample t-test with ordinal approximation of continuous data given the number of categories. A moderator analysis was conducted to see if the relationship between pre and post-test values were affected by prior discussion with family/friends and/or exposure via the media.**











RESULTS

- **"People with schizophrenia and bipolar disorder are dangerous"- There was a significant difference in pretest (M=2.672, SD=1.136) and posttest (M=2.239, SD=1.112) scores (MD=0.45, t=4.435, p= <0.001)**
- **"People with schizophrenia and bipolar disorder should be avoided"- There was a significant difference in pretest (M=2.059, SD=1.007) and posttest (M=1.964, SD=0.995) scores (MD=0.148, t=1.785, p= 0.039)**
- **"People with schizophrenia and bipolar disorder should have limited contact with other people"- There was a significant difference in pretest (M=2.333, SD=1.211) and posttest (M=2.225, SD=1.173) scores (MD=0.142, t=1.773, p= 0.04)**
- **"I cannot understand what people with schizophrenia and bipolar disorder experience"- There was a significant difference in pretest (M=3.185, SD=1.295) and posttest (M=2.798, SD=1.325) scores (MD=0.377, t=3.378, p=<0.001)**
- **"Using words like 'psycho' and 'bipolar' in everyday language does not affect people with mental illness"- There was not a significant difference in pretest (M=2.583, SD=1.234) and posttest (M=2.449, SD=1.223) scores (MD=0.114, t=1.192, p= 0.118)**
- **107 out of 124 students (86.6%) reported exposure to mental illness via the media and 9 (7.25%) reported they had not. Moderator analysis showed a minimal but significant percentage increase in the variation explained by the addition of this interacting term of 2.6% for question 1 (R2 Δ= 0.026, p=0.046) and 2.3% for question 3 (R2 Δ= 0.023, p=0.021).**
- **84 students (67.7%) reported having spoken to family and friends about mental illness before and 31 (25%) reported they had not. Moderator analysis failed to show any significant effects.**

CONCLUSION

- **The intervention was effective at addressing:**
  - **understanding the experience of those with SMI**
  - **perception of dangerousness**
  - **social distance**
- **While these changes reached statistical significance, the difference in means was small**
  - **at baseline, the students reported lower levels of stigma than had been anticipated, potentially limiting the effect size**
  - **may represent limited practical significance or requiring a bigger sample size**
- **While most students reported having been exposed to mental illness via the media (86.6%) and conversations with friends or family (67.7%), this seemed to have minimal moderating effect on the change in means**
- **Areas for improvement identified:**
  - **A 40 minute timeframe limited the extent of data that could be collected, length of discussions, and depth of topic coverage**
  - **The portion of the intervention related to stigmatizing language took longer to deliver than anticipated, occupied about 1/3rd of the presentation, resulted in no significant change, and ultimately is a less damaging target for those with SMI than the others identified**

REFERENCES

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