The Stigma of Mental Illness and Adolescents: A Mental Health Awareness in Education Program
A Webinar from the CCTC and AUCD

February 17, 2012
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Overview of Talk

- Brief review of stigma literature as it pertains to adolescents
- Mental Health Association of Greater Chicago (MHAGC)
- Mental Health Awareness in Education Program (MHAE)
- Research Goals & Implications
- Feedback and/or questions from participants
Current Prevalence of Mental Illness

- Current lifetime prevalence for ages 13-18 is 46.3% for any mental health disorder & 21.4% for a severe mental health disorder (Merikangas et al., 2010).

- Half of individuals are diagnosed by age 14, whereas three fourths are diagnosed by age 24 (Kessler et al., 2011).
Any Disorder

**Lifetime Prevalence of 13 to 18 year olds**

- **Lifetime Prevalence:** 46.3% of 13 to 18 year olds
- **Lifetime Prevalence of “Severe” Disorder:** 21.4% of 13 to 18 year olds have a “severe” disorder

**Demographics (for lifetime prevalence)**

- **Sex:** Not statistically different
- **Age:** Statistically different

**Race:** Statistically significant differences were found between non-Hispanic whites and other races


http://www.nimh.nih.gov/statistics/1ANYDIS_CHILD.shtml
12-month Prevalence for Children 8-15 years

http://www.nimh.nih.gov/statistics/1ANYDIS_CHILD.shtml
How Stigma Interferes With Mental Health Care

Patrick Corrigan
University of Chicago

Many people who would benefit from mental health services opt not to pursue them or fail to fully participate once they have begun. One of the reasons for this disconnect is stigma; namely, to avoid the label of mental illness and the harm it brings, people decide not to seek or fully participate in care. Stigma yields 2 kinds of harm that may impede treatment participation: It diminishes self-esteem and robs people of social opportunities. Given the existing literature in this area, recommendations are reviewed for ongoing research that will more comprehensively expand understanding of the stigma–care seeking link. Implications for the development of antistigma programs that might promote care seeking and participation are also reviewed.

individuals with psychotic disorders (Fenton, Blyler, & Heinssen, 1997). Given the equivocal nature of stigma and diagnosis, the relevance of specific diagnoses and disabilities is highlighted where appropriate in the remainder of this article.

Mental Health Problems and Care Seeking

Most clinical and services researchers recognize several interventions as having sufficient empirical evidence to commend them for treatment of specific disorders (American Psychiatric Association, 1997, 2000; Gibbs & Gambrell, 2002; Proctor, 2002; Torrey et al., 2001). Two task forces of the American Psychological Association

Factors of Stigma

Two Factors That May Influence Whether a Person Who Might Benefit From Mental Health Treatment Actually Seeks It

**Public Stigma**
- Stereotype
  - All people with mental illness are dangerous
- Prejudice
  - I agree, people with mental illness are dangerous and I am afraid of them
- Discrimination
  - I do not want to be near them; don’t hire them at my job

**Self-Stigma**
- Stereotype
  - All people with mental illness are incompetent
- Prejudice
  - I have a mental illness, so I must be incompetent
- Discrimination
  - Why should I even try to get a job? I’m an incompetent mental patient

Avoid the label; escape public stigma
Don’t go to treatment; don’t suffer self stigma

Treatment seeking
Ongoing participation in treatment

Method

- In depth interviews with a sample of 8th graders
- (2 schools, 57 students)

Table 1: Sample interview questions

- When you hear the term “mental health,” what does that mean to you? How would you define it?
- Have you ever had a discussion with someone about mental health (e.g., family, peers, teachers, other adults)? What did you talk about with respect to mental health?
- What are mental health services?
- Are there mental health services at your school? If yes, what do you know about these services? Where did you learn about these services?
- What do you think are reasons for 8th graders to get counseling?
- What do you think are reasons that would make it harder for an 8th grader to get counseling?
- If a teen like yourself were to seek mental health services, what do you think friends would say? Describe their reaction.
- Who/where would you turn to/ask for help or guidance if you had a difficulty in dealing with a problem/dealing with your emotions?
Examples of Themes found

<table>
<thead>
<tr>
<th>Theme</th>
<th>Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal experience with MH issues</td>
<td>&quot;They [counselors] try to help you with a problem and they’re like, they’ll start off and they they’ll like end up not helping you. They’ll like guide you, but they won’t tell you things that answer and sometimes that helps people a lot, but for others it’s like, 'well I could really use some clear guidance' and so they keep coming and coming and they finally give up.&quot;</td>
</tr>
<tr>
<td>MH knowledge</td>
<td>In describing individuals with MH disorders:</td>
</tr>
<tr>
<td></td>
<td>&quot;People who are like who can’t control themselves like psychologically, like they are all over the place, they act crazy and out of control. They always say whatever they want and they like don’t think it through.&quot;</td>
</tr>
<tr>
<td>Family conversations about MH</td>
<td>&quot;Well, my mom is very much against psychologists. She thinks that the problem should be kept within the family. Yeah, you keep it under wraps, you take care of it by yourself.&quot;</td>
</tr>
<tr>
<td>Peer conversations about MH</td>
<td>Discussion about a friend dealing with anxiety:</td>
</tr>
<tr>
<td></td>
<td>&quot;He’s probably been doing it for a like a couple months and I never knew until like a couple weeks ago. It just kinda like came up, it was just this awkward silence and he changed topic when that came up.&quot;</td>
</tr>
<tr>
<td>Perceived social consequences of MH service use</td>
<td>In explaining parental denial of MH issue:</td>
</tr>
<tr>
<td>Parents</td>
<td>&quot;I guess it’s because when you can see there’s a problem like with your eyes and you know that you can get help and you know that you should get help; but when you can’t see it with your own eyes, then it’s harder.&quot;</td>
</tr>
<tr>
<td>Peers</td>
<td>Peer reaction to a friend who needed MH services:</td>
</tr>
<tr>
<td></td>
<td>&quot;They would be like, 'I didn’t know' and they would like start avoiding them and stuff coz I think that would be uncomfortable to be with someone that you like used to be friends with and know and then they all of a sudden just like had to have mental help.&quot;</td>
</tr>
<tr>
<td>School staff</td>
<td>Teacher comfort with student mental health issue:</td>
</tr>
<tr>
<td></td>
<td>&quot;They [teachers] don’t wanna discuss it with them [students] because they don’t wanna give them poor information and they’re like, ‘well, where did you hear this from?’ and they’re like, 'well, this adult told me,' and then it brings up a bigger problem. People don’t want to touch a mental health thing. I just think that a mental health thing is not easy and people think it is too personal to talk about...some adults don’t know how to talk about it.&quot;</td>
</tr>
</tbody>
</table>

Kranke & Floersch, 2009

Method
- Adolescents 12-17 with current DSM-IV diagnosis + prescribed a psychotropic medication were eligible
- Semi structured interview (TeenSEMI)
- 40 subjects (16 males, 24 females)

Results
- Themes included: 1) Ostracism from peers and social exclusion; 2) lack of awareness about the meaning of mental illness; 3) positive effects of interaction with others with a similar condition (positive stigma avoidance strategy); and 4) unsympathetic teachers

Conclusion
- Schools are first line of defense against negative effects of stigma
On Stigma for providers

- Corrigan, Roe, Tsang (2011) the amount of research published on stigma, as it relates to mental illness has increased fivefold from 1988-2008.
  - Personal stories and accounts of people labeled mentally ill and negatively impacted by stigma
  - How to begin stigma change
  - Identifying self-stigma
  - Mental illness and DDA/ADA
The Mental Health Association of Greater Chicago is an independent not-for-profit located at 125 S. Clark Street, Chicago, Illinois since 1957.

- Educate, Advocate, Support, Empower
- Services
  - Provide referrals
  - Mental Health Awareness and Education (MHAE)
  - Parenting Classes
  - Adolescent/Emerging Adult Programs
  - At Risk Teen Programs
- Stella Kalfas, Executive Director
- Find us on Facebook 😊
Acknowledgements

○ 2003-2005: Martha T. Schriver, Executive Director assembled a task force

The Association gives major credit to Dr. Yolanda Wallace, Deputy Chief Officer of High School Programs for the Chicago Public Schools (CPS), Jean Perez, (CPS), and to Dr. Patricia Graczyk, Institute for Juvenile Research, University of Illinois at Chicago, for working with us to establish the initial objectives of MHAE. We are indebted to Mr. Wilfredo Ortiz, former Chief Officer of High School Development, for committing the seed money, and to Mr. David Pickens, Chief of Staff for CPS, and CEO, Arne Duncan. We thank Donald Pittman, Chief Officer of High School Programs, and his staff, for their support of the program for High School Counselors and Service Learning Coordinators. For strategic planning, we thank Dr. Al Bertani, Chief Officer of Staff Development for CPS, and Betty Sandler, Deputy Chief Officer of the Department. We are grateful to Renee Grant Mitchell, Chief Officer of Specialized Services, for providing expert review of the initial draft, and Bristol-Myers Squibb for supporting the research and writing.

Craig Zemke deserves special recognition for drafting the initial manuscript, Anne Whittaker for the asthma section, and Jennifer Liebman, Alison Womac, Jessica Den Houter, Dr. Catherine Wilson, Laura Planas, along with the teachers and counselors of our pilot schools, for their research, drafting, and editing. Janis Sayer is to be commended for helping create the Health Education curriculum for students.

MHAGC’s Executive Board and Young Professional Board provide outstanding leadership. They raise funds and awareness, and volunteer in our schools. We are grateful to the staff and students from the six Chicago Public High Schools participating in the pilot, namely, Gage Park, DuSable, Marshall, Kelvyn Park, Amundsen, and Chicago High School for Agricultural Sciences. We thank Board member Jack McCarthy, Chairman of Bell, Boyd and Lloyd, for providing us with pro bono legal counsel. As time goes on, there will be more people to thank, but the need to publish precludes us from recognizing everyone. MHAGC is grateful for its contributors, and is solely responsible for the contents of the Adolescent Mental Health Handbook.
The Adolescent Mental Health Handbook was published in 2005 by MHAGC.

A 10-week, 15-lesson curriculum was presented to freshman and sophomore students in seven CPS inner city high schools.

Lectures occur weekly and last between 40-60 minutes and are given by MHAGC Psychology interns (Psychology College student) Overseen by a Program Facilitator (Psychology Grad student)
Overview of Curriculum

- Stress, Mental Health and Counseling
- Depression *(measure given)*
- Suicide
- Attention Deficit Hyperactivity Disorder
- Substance Abuse *(measure given)*
- Generalized Anxiety Disorder and Panic Disorder *(measure given)*
- Self-Injurious Behavior
- Obsessive Compulsive Behavior
- Post Traumatic Stress Disorder
- Bipolar Disorder
- Schizophrenia and Psychosis
- Eating Disorders
- Conduct Disorders
- Autism
- Secondary Illness from a Primary Disease
What does the curriculum look like?

- Example: Mental Health and Counseling slides
Mental Health and Counseling
What is mental health?

The World Health Organization defines Mental Health as:

“A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

What does this mean?
Risk factors for mental illness

Risk factors are events that disrupt teenagers’ social and emotional development, including:

- Splintered families
- Poor parenting
- Living in a dangerous neighborhood
- Gang activity
- Substance abuse (either parental or by the teens themselves)
- Genetic predisposition
Who can help?

- **Counselors**
  - Work in schools, give ‘talk therapy’, provide referrals, do certain assessments (ADHD)

- **Social Workers**
  - Provide counseling, case management (connecting people with agencies or programs that could improve their lives), and social and community development.

- **Psychologists**
  - Experts in psychotherapy, they deal with serious mental illness

- **Psychiatrists**
  - Doctors who can prescribe medication and provide therapy
What kind of help is there?

- Counseling
- Group therapy
- Self-help books or groups
- Drama, art, dance, or music therapy
- Medicine
What can you do to help?

- Listen and be supportive of others
- Don’t be angry or judgmental of the sufferer, they can’t help how they’re feeling!
- Find information about getting help
  - www.mentalhealthchicago.org
Questions about the Curriculum?

- Stress, Mental Health and Counseling
- Depression (measure given)
- Suicide
- Attention Deficit Hyperactivity Disorder
- Substance Abuse (measure given)
- Generalized Anxiety Disorder and Panic Disorder (measure given)
- Self-Injurious Behavior
- Obsessive Compulsive Behavior
- Post Traumatic Stress Disorder
- Bipolar Disorder
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- Autism
- Secondary Illness from a Primary Disease
Youth reached and overview of data

- Fall 2005: pilot 1 school
- Fall 2006: 1 school
- Spring 2007: 2 schools
- Fall 2007: 2 schools (~302 youth)
- Spring 2008: 2 schools (~642 youth)
- Fall 2008: 3 schools (~420 youth) *New forms
- Spring 2009: 3 schools (~590 youth)
- Fall 2009: 2 schools (~306 youth)
- Spring 2010: 1 school (~147 youth)
- Fall 2010: 3 schools (~888 youth)
- Spring 2011: 2 schools (~262 youth)
- Fall 2011: TBA

- Total N from Fall 2008-Spring 2011: ~2,613
- More than 4,000 youth reached to date
Measures

- **Quantitative Measures (Fall 2008-present)**
  - Pre and Post Knowledge Measure
  - Pre and Post Stigma Measure
  - Depression
  - Alcohol use
  - Anxiety Measure

- **Qualitative Measures (Fall 2011-present)**
  - Pre and Post “What is Mental Health?”
Demographics

Age: __________
Female

Gender: Male

Ethnicity: Hispanic       Caucasian       African American       Asian
Other: __________

Do you speak more than one language: Yes       No

If yes, which languages do you speak?       English       Spanish       Polish       Other: __________

Which language are you most comfortable with?
________________________________________
Please choose the best answer for each question.

1. You know a student who does not follow the rules, is always getting into fights, and violates other’s rights. Why do you think he might act this way?
   a. He has self-injurious behavior
   b. He is obsessive compulsive
   c. He has a conduct disorder
   d. He is schizophrenic

2. Explain why Dwayne becomes nervous before physical exercise and usually asks to go to the nurse before the exercise starts.
   a. He has an eating disorder.
   b. He has asthma-related mental health issues.
   c. He is not athletic.
   d. He has a substance abuse disorder.

3. Obsessive-Compulsive Disorder is characterized by ________.
   a. Mood swings between mania and depression.
   b. Fatigue, loss of interest in previously enjoyed activities, and slowed speech
   c. Re-occurring thoughts, images, and impulses that cause repetitive behaviors to relieve anxiety
   d. A sudden change of mood with the intent to end your life

4. A medical doctor who can prescribe medication and offer counseling to individuals with mental health disorders is a ________.
   a. Counselor
   b. Psychiatrist
   c. Teacher
   d. Psychologist
Pre & Post Stigma Measure

Abridged Corrigan and Watson Attribution Survey

PLEASE READ THE FOLLOWING STATEMENT ABOUT CHARLIE.
Charlie is a new student in your class. Before Charlie’s first day, your teacher explained that Charlie is mentally ill and is transferring from a special school.

NOW CIRCLE THE NUMBER OF THE BEST ANSWER TO EACH STATEMENT.

1. I feel sorry for Charlie.
   1  2  3  4  5
   No Yes

2. Charlie is dangerous.
   1  2  3  4  5
   No Yes

3. I am afraid of Charlie.
   1  2  3  4  5
   No Yes

4. Charlie is to blame for his mental illness.
   1  2  3  4  5
   No Yes

5. Charlie should be in a special class for kids with problems, not a normal class like mine.
   1  2  3  4  5
   No Yes

6. I am angry at Charlie.
   1  2  3  4  5
   No Yes
### CES-D Depression Screening

*Indicate how many times in the past week you have felt this way…*

<table>
<thead>
<tr>
<th></th>
<th>Rarely (less than 1 day)</th>
<th>Occasionally (1-2 days)</th>
<th>Often (3-4 days)</th>
<th>Almost always (5-7 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) I was bothered by things that usually don’t bother me</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>2) I did not feel like eating; my appetite was poor</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>3) I felt that I was just as good as other people</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>4) I felt that I could not shake the “blues” even with help from my family or friends</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>5) I had trouble keeping my mind on what I was doing</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>6) I felt depressed</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>7) I felt that everything I did was an effort</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>
## Alcohol Measure

**Alcohol Use Disorders Identification Test (AUDIT)**

1. How often do you have a drink containing alcohol? *(If never, skip to questions 9 and 10)*

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Monthly or Less</th>
<th>2-4 Times a Month</th>
<th>2-3 Times a Week</th>
<th>4 or More Times a Week</th>
</tr>
</thead>
</table>

2. How many units of alcohol do you drink on a typical day when you are drinking?

<table>
<thead>
<tr>
<th></th>
<th>1 or 2</th>
<th>3 or 4</th>
<th>5 or 6</th>
<th>7-9</th>
<th>10 or More</th>
</tr>
</thead>
</table>

3. How often do you have six or more units of alcohol on one occasion?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Less than Monthly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or Almost Daily</th>
</tr>
</thead>
</table>

4. How often during the last year have you found that you were not able to stop drinking once you had started?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Less than Monthly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or Almost Daily</th>
</tr>
</thead>
</table>

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Less than Monthly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or Almost Daily</th>
</tr>
</thead>
</table>

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Less than Monthly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or Almost Daily</th>
</tr>
</thead>
</table>
## Beck Anxiety Inventory

<table>
<thead>
<tr>
<th></th>
<th>Not At All</th>
<th>Mildly but it didn’t bother me much</th>
<th>Moderately - it wasn’t pleasant at times</th>
<th>Severely - it bothered me a lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbness or tingling</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling hot</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Wobbliness in legs</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Unable to relax</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fear of worst happening</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dizzy or lightheaded</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Heart pounding/racing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Unsteady</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Terrified or afraid</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nervous</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling of choking</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Hands trembling</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Shaky / unsteady</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fear of losing control</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty in breathing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Current Research Project Goals

- Goal 1: Completed a master database
- Goal 2: Analyze and publish preliminary data
- Goal 3: Complete a Program Evaluation
- Goal 4: Implement changes in Fall 2013
Discussion & Conclusion

- “Findings also support new directions in youth mental health programming, including a need to focus on stigma reduction in middle school health curricula”.
- Browne and others (2004) reviewed mental health programming and found no programs that address stigma as a core element of their curricula.
- Bottom line:
  - High prevalence of mental health disorders
  - Stigma is a key reason for unmet needs
  - Addressing negative views early in adolescence can prevent treatment delays later in life
Implications

- If we can effectively teach adolescents about mental illness AND reduce stigma...
  - Students will be more likely to gain access to treatment
  - Students can learn healthy ways to cope with stress and warning signs of when to see a health care provider to be treated for symptoms of mental illness
  - This MHAE program has potential to serve as a model program to be replicated by schools, mental health associations, and other community organizations.
Research Mentors at TCS

- Robert Foltz, Psy.D., Dissertation Chair
- Kin Kong, Ph.D., Dissertation Reader
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What do you think?

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References


