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How Can We Tackle Stigma? - Commentary on the paper, 'Evaluation of a campaign to improve awareness and attitudes of young people towards mental health issues' (Livingston et al., 2012)

The stigma associated with mental health can have a profound impact on young people. It can put them off accessing services, but it can also have a profound impact on their mental health. So programmes that have been proven to tackle stigma are essential. This article briefly looks at what stigma is and why it is such an issue. It also looks at a number of programmes that have attempted to tackle stigma. In particular, there is a focus on an evaluation of a Canadian campaign, called *In One Voice*, which aimed to reduce stigma and increase awareness about mental health.

What is stigma?

The literal definition of stigma means being marked or branded, but in reality it means that a group of people - in this instance, young people with mental health problems - being categorised as different from the social norm, and being shunned and devalued as a result. Therefore, mental health is associated with negative connotations, so people do not want to admit to having mental health problems. Even the word mental carries a considerable amount of stigma. The term mental health is often associated with deviance, and for many conjures up ideas of madness and asylums. By contrast, YoungMinds believe that the following attributes are seen in mentally healthy children and young people:

1. The capacity to enter into, and sustain, mutually satisfying personal relationships.
2. A continuing progression of psychological development.
3. An ability to play and to learn so that attainments are appropriate for age and intellectual level.
4. A developing moral sense of right and wrong.
5. The capacity to cope with a degree of psychological distress.
6. A clear sense of identity and self worth.

Researchers have defined stigma as an overarching term which consists of three elements: (Thornicroft, 2006):

- The problem of knowledge: Ignorance
- The problem of attitudes - Prejudice
- The problem of behaviour - Discrimination

Stigma operates at a number of different levels (Gale, 2007; Hinshaw, 2005; Ben-Zeev et al., 2010), and can have profound effects. These are:

- Public stigma – where large social groups endorse stereotypes about mental illness
- Self-stigma – where people internalise public stigma, which results in a loss of self-esteem and self-efficacy
- Label Avoidance – where people avoid seeking help and thus being labelled with a stigmatising mental health problem

Stigma operates at a number of different levels (Gale, 2007; Hinshaw, 2005) for instance, within the individual, the family, the community, the media and so on. So, tackling stigma requires a multidimensional approach.

People with mental health problems are known to experience more stigma than those with other health problems (Gale, 2006). This may be because young people are likely to face a number of difficulties, such as not having their rights understood and addressed; difficulties in accessing appropriate mental health services; and many people do not believe that young

people can suffer from mental health problems, so they are often not taken seriously.

Why is it such an issue?

The most damaging aspect of stigma is when it is internalised (Green et al., 2003). This results in people believing that they do indeed have undesirable attributes and they are spoiled and of less value than a 'normal' person. Many participants in a study by Green and colleagues (2003) had internalised stigma, even though they thought that it was unjustified. According to Gale (2006), stigma has a disabling impact on the individual's sense of self, including a diminished self-esteem, self-value and confidence.

Stigma causes people to be secretive about their problems, and discourages them from seeking appropriate help. It is thought that, in Great Britain, 1 in 10 children and young people have a mental disorder. However, only about a half of these vulnerable young people access any service, and only a fifth access specialist child and adolescent mental health services (Ford et al., 2005). There are various reasons why this is the case, but it is likely that stigma plays a significant factor.

There are studies which show a link between stigma and not seeking help and adherence to treatments (Corrigan, 2004). There is a growing evidence base for treatments, but if people will not seek help because of the stigma associated with mental health, then these developments will come to nothing. This illustrates how fundamental and crucial tackling stigma is to developing high quality mental health services. Young people from YoungMinds *Very Important Kids* (VIK) project have told us why it is so important to tackle stigma (YoungMinds, 2009). The following quote from the *Children and Young People's Manifesto for Change* illustrates why it is such an issue:

"We cannot be open about how we feel because we believe we will be judged. Society needs to accept that anyone can have mental health problems and that it is part of life. Our friends, teachers and other adults are scared of our illnesses and that makes us feel we can't speak out. We have been called 'attention seeking', 'drama queens', 'mental', 'weird', and told to 'shut up, it's just hormonal'. We all need to talk about how we feel inside. We also want the media to be more educated about mental health problems so they don't misrepresent us and create fear about us."

Young People's Attitudes to Mental Health

Studies have suggested that younger people often have very negative attitudes to people with mental health problems (DH, 2010). A survey of 2,629 children and young people aged 9-25, which was commissioned by YoungMinds (2010), found that over half had heard other young people using derogatory language concerning mental health, when a friend or classmate was going through a difficult time; and nearly half had been called names themselves when they were going through a difficult time.

This is connected to a lack of knowledge and understanding of what mental health actually is. A study of young people's knowledge and attitudes to mental health found that a very high number of derogatory and technically incorrect labels are used to describe mental health (Rose et al., 2007). So there is a need for education, and there is some evidence that lessons in mental health have reduced stigma (Naylor et al., 2009). YoungMinds have called for mental health and emotional wellbeing to be part of a mandatory Personal, Social and Health Education (PSHE) curriculum. Unfortunately, it is currently optional, and is left up to schools to decide whether they provide any lessons on mental health.

Tackling Stigma

In British Columbia, Canada, a number of organisations got together to develop the *In One Voice* campaign, which they define as a social media intervention. The aim of this campaign was to improve attitudes and behaviours towards mental health issues, and increase activity on a young person focused website – mindcheck.ca. The campaign involved a Canadian professional hockey team called the Vancouver Canucks. This was because one of their team members had suffered from depression and had committed suicide.

This campaign has been evaluated by Livingston and colleagues (2012). They used a successive independent samples design to assess market penetration, attitudinal changes and behavioural changes among young people

aged 13-17 years and young adults aged 18-25 years. They identified 806 young people aged 13-25 to take part in the survey. This group were predominantly white, nearly three quarters were aged 18-25 years, and nearly half had no personal experience of mental health problems. These participants were randomized and split into two groups. One group (T1) completed the survey before the campaign was launched, and the other group (T2) completed it two months after the launch.

One of the main aims of the campaign was to increase awareness of the Mindcheck website. The researchers collected data on the website traffic, and they found that there was a substantial increase in website visits after the launch of the campaign. People also engaged with the campaign by uploading personal pledges and 'liking' the campaign on Facebook.

The evaluation found that awareness of this website doubled in the T2 group, who completed their survey after the launch of the campaign. Young men are a particularly difficult group to engage with mental health issues, but possibly the involvement of sport in the campaign managed to increase awareness in males as well as females. This factor is very important as in this country at least the suicide rate in young males is still very high. The campaign also saw a greater increase in awareness amongst white respondents compared to those from other ethnic backgrounds. This is potentially an issue, as people from black and minority ethnic groups also often don't engage with mental health issues. It is likely that the campaign didn't do enough to engage this group.

The campaign also aimed to find out whether it enabled young people to help others with mental health issues; and to improve attitudes to mental health issues. The evaluation found that the campaign didn't really help young people feel that they could help others with mental health issues, and it made very little difference in participants' attitudes toward mental health. However as the study used a between group methodology, where the T1 and T2 groups included different participants, it is difficult to say whether the campaign improved a given individual's attitude to mental health. The researchers presumably picked this methodology because they wanted to know whether people had heard of the website before and after the campaign, and you can't do that with a within group methodology. So, whilst it is understandable, it is a weakness of the study. It possibly might have been better to run two separate studies, where one focused on the website, and the other on the campaign's impact on people's attitudes to mental health.

So this evaluation does seem to suggest that the campaign has been successful in reaching young people, which is not always an easy task. The campaign did improve awareness of mental health issues, but unfortunately, it seemed to be less successful in changing people's attitudes to mental health. The authors of this evaluation do state that whilst education and awareness are important factors in improving attitudes to mental health, they are unlikely to achieve substantial and long-lasting reductions in personal stigma on their own.

Stigma is a global issue and many countries have developed campaigns to tackle stigma. There have been a number of programmes in the UK that have aimed tackle stigma. In England, the *Time to Change* Programme, which is run by Rethink Mental Illness and Mind, was set-up in 2007, and is now in its second phase. The evaluation of the first phase found that the campaign is having a positive effect, with the level of discrimination reported by people who experience a mental health problem, dropping by 4% (Time to Change, 2010).

Time to Change, includes a number of different projects, including one on children and young people, which has involved the setting up of a pilot project in Birmingham in 2012, and this is about to be extended to Kent. This project has only just got off the ground, so it is too early to tell how effective it is.

The *See Me* campaign in Scotland, had a specific programme of work aimed at children and young people called *Just Like Me*. This award winning campaign worked directly with young people, and involved talking to them about their experiences. The campaign involved a TV advertisement, and the development of a micro site. The evaluation found that, after the campaign, young people were more knowledgeable about specific mental health problems, and would know how to help friends if they had mental health problems (Myers et al., 2009). Also, there were some improvements in

expressed positive attitudes to mental health.

Stigma is a complex issue, and a number of key elements all need to be addressed if it is to be successfully tackled. Also, stigma exists within our culture, and changing social norms is not simple and needs to be continuously chipped away at. This is why there needs to be a number of different projects, which address different elements of stigma. All research studies have their weaknesses and limitations, and despite this, the *In One Voice* campaign, and all the others covered here are much needed in order to reduce stigma. This is important, because having a mental health problem is hard enough without all the additional difficulties that stigma brings.

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