

Awareness and education on mental disorders in teenagers reduce stigma for mental illness: a preliminary study

L'informazione e la sensibilizzazione sui disturbi mentali negli adolescenti riducono lo stigma nei confronti della malattia mentale: uno studio preliminare

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Summary

Background and aims

Campaigns providing information about illness may help to overcome social stigma against people with mental health problems. This study evaluates the efficacy of an educational project conducted among teenagers attending high school, aimed at increasing mental health knowledge and challenging negative stereotypes linked to mental illness.

Methods

A group of high-school students aged between 16 and 18 years underwent a training consisting of four instructive and interactive lessons with multimedia material. Students completed Haghighat's Standardized Stigmatization Questionnaire (SSQ) to assess stigmatising processes before the first lesson and at the end of the last lesson.

Results

Students showed a significant reduction of stigma attributed to mental disorders by other members of the community after the acquisition of new information about mental health.

Conclusions

The lack of knowledge on mental health and psychic distress is a key factor in determining the phenomena of social stigma, and brief educational trainings can positively change reported attitudes towards people with mental illness.

Key words

Stigma • Educational programmes • Mental illness • High School students

Introduction

The word "stigma", deriving from the Greek verb *στιζειν* (to sting), was used during the classical period to indicate the mark made with a spike on the forehead of a slave when he was found guilty of an offence, on the arm of a conscript recognized as suitable for serving the military, on the body of criminals and other people identified as convicts¹. Currently, in psychiatry the term stigma indicates a series of negative attitudes, beliefs, thoughts and behaviours leading people to fear, reject and marginalise persons affected by mental disorders².

The quality of life of people with mental disorders and their relatives not only depends on the severity of the disease, but also on their ability to face stigma and discrimination related to the disease; these cause very negative

consequences in terms of delayed or lack of access to care^{3,4}. People with psychic distress often avoid contacting mental health services to escape the risk of being labelled as mentally ill or be marginalised or discriminated⁵. The risk of suicide may also increase in heavily stigmatised patients. Suicide can be seen by patients as the only way to escape prejudice, discrimination and marginalisation, often occurring even within their own family.⁶ Furthermore, in severe diseases, like schizophrenia, self-perceived stigma is correlated with the duration of untreated psychosis, which is one of the expressions of delayed access to treatment⁷⁻⁹.

We distinguish two kinds of stigmata, namely self-stigma and public stigma. The former consists in feelings of shame, low self-esteem, and hopelessness with the ex-

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pectation of discriminative attitudes towards themselves. These prevent people from verbalizing their emotions and experiences, and hinder seeking for help^{10,11}. Public stigma consists in documentable discrimination by other people, which causes suffering to the patient¹².

The most common stigmatizing prejudices include the belief that people with mental disorders are responsible for their disease because of their behaviour¹³, that they are violent and unpredictable¹⁴, that communication with them is difficult¹⁵ and that their treatments are dangerous¹⁶. Hence, for those with a mental disorder, stigma means exclusion, refusal, shame, loneliness, pain, anger and loss of self-esteem¹⁷.

More than 13% of people suffering from mood or anxiety disorders perceive stigma and suffer from it¹⁸. Stigma is very often perceived by patients within their own families, especially in those affected by schizophrenia and depression¹⁹, and even within the health facilities they contacted.²⁰⁻²³

Campaigns that provide information about illness may help to overcome social stigma, as knowledge may reduce fear and false beliefs about mental disorders^{24,25}. Such campaigns may variously focus on schools, the general public, or specific professional categories, like medical doctors and, specifically, psychiatrists. They may use particular tool kits, comprising lessons and posters, audio-visuals or slide kits, addressing specific disorders or mental illness in general, and may target the specific population one wishes to inform. Programmes may be tailor-cut on the needs of specific school age ranges, i.e. elementary, middle and high school, such as the curricular "Breaking the Silence; Teaching the Next Generation about Mental Illness"²⁶. While it is adult views of mental illness that are a major source of stigma on mental illness, it appears that middle school students have more favourable attitudes towards mental illness²⁷. Hence, intervention can target this receptive population in the belief that improving perception of mental illness will ensue a stronger societal destigmatization of mental illness, as these students develop into adults.

The purpose of this study was to evaluate the efficacy of an educational project conducted among teenagers attending high school, aimed at reducing the perception of a person with mental illness as a defect-laden subject, who is genetically impaired, dangerous, and alien, ultimately reducing stigma.

Methods

A group of high school students aged between 16 and 18 years underwent a training consisting of four instructive and interactive lessons, lasting one and a half hour each, during which an educational project was explained and its purpose clarified. Students were recruited from

a high school in a Roman urban area, after agreement with the principle of the school. The principle introduced the research and its aims to students, and presented the investigators. All students who agreed to participate allowed contact between their parents or legal tutors and study investigators. Both parents and students signed free, informed consent. During classes, an introduction to stigma was provided. Furthermore, major mental disorders were illustrated, focusing on the difference between two concepts, neurosis and psychosis. Finally, Italian community services dealing with mental health were described in terms of their social function.

During meetings, visual aids, such as slides and movie scenes, were used to clarify the issues explained and increase student involvement. Furthermore, a blackboard was used to report students' impressions and comments. Before being instructed on mental health, students completed Haghghat's Standardized Stigmatization Questionnaire (SSQ, see Appendix 1)^{25,28}, a self-rated test on stigmatizing processes completed by people without mental disorders. The questionnaire was administered to all students on two occasions, the first before the first lesson and the second at the end of the last lesson.

The test consists of 13 multiple choice questions. Each item is rated 1-4 on a 4-point Likert scale, ranging from absolutely yes to absolutely no. The questionnaire investigates people's beliefs about other people's attitudes about a person viewed on a slide that is shown while participants fill-in the questionnaire. For example, it is asked whether the man whose picture is shown on the slide would be accepted as the spouse of their sister by the average individual. Responses ranged from "they would be very happy with this" to "not at all", with intermediate responses being "they would be quite happy" and "they would like it little". The questionnaire was administered to students simultaneously with the projection of a slide of a single patient with a newly diagnosed psychiatric illness and asking the reader to answer questions about the way people could relate to such a patient. The questionnaire was filled-in at the above-specified time-points. The study received approval from the both ethical committee of the Sant'Andrea Hospital and advisory committee of the involved high school.

Statistical analyses. We compared pre-training to post-training scores on Haghghat's SSQ with Student's *t*-test. The Statistical Package for the Social Sciences (SPSS) software, version 17, was used for statistical analyses.

Results

The sample consisted of students aged between 16 and 18 years (mean age 16.8, standard deviation [SD] \pm 1.7), belonging to three different high school classes, for a total of 44 students (24 female, 20 male).

At pre-training, mean score was 38.4 (\pm 4.4), while at post-training it was 31.2 (\pm 4.9). The difference between the means was statistically significant ($p = 0.0108$; 95% C.I. -4,72 to -0,636) (Fig. 1).

Discussion

Mental illness stigma and discrimination are among the most important causes that interfere with adequate mental health care in general population⁴. Several studies have reported that short educational trainings can generate positive changes in participants' reported attitudes towards people with mental illness²⁹⁻³¹. In this preliminary study, we also found that it is possible to reduce stigma about psychiatric illness in high school students through educational training. In particular, educational training focused on providing information on stigma, mental health and major psychiatric disorders, and the structure and function of community psychiatric services.

Through this intervention, we observed significant reduction of mental illness-related stigma in young students. This indicated the usefulness of accurate and targeted information and awareness campaigns on mental disorders in reducing the level of stigma that young students show towards people with mental illness.

The significant reduction of stigma after the acquisition of new information about psychic discomfort and mental disorders supports the hypothesis that the lack of knowledge about psychic distress is a key factor in determining social stigma³².

Similar to the implementation of the "Breaking the Silence; Teaching the Next Generation about Mental Illness"²⁶ curriculum, we found enhanced knowledge about and openness towards mental illness³³ in our participants. However, we may not speculate as to whether the latter was the consequence of the former or an independent effect. Specific research is needed focusing on this issue to elucidate the mechanism by which increased tolerance of the mentally ill is achieved through educational packages. Stigma may change through at least three addressing strategies, i.e. public protest, which may however have negative effects, education and direct contact with affected population³⁴. The latter is directed to self-stigma rather than public stigma, but how the former influences the latter is a matter of speculation and should be investigated in the future.

We used the Haghigat scale to assess change of public attitudes about stigma after an educational class programme. This scale has been used successfully to rate stigma related to severe mental illness among health professionals, including physicians and psychiatric nurses, medical students, and psychiatric outpatients³⁵. We showed here that Haghigat's SSQ is sensitive to change

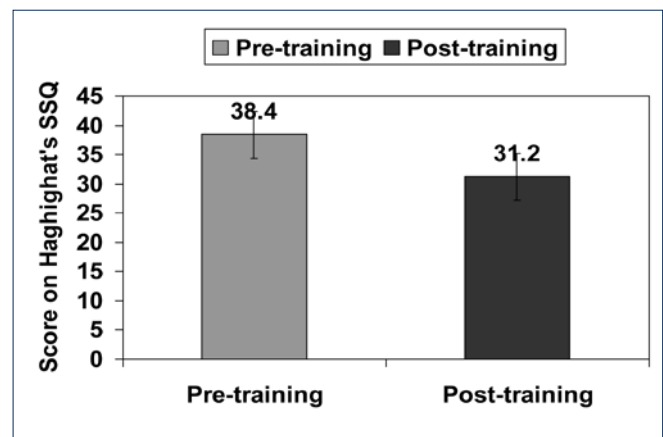


FIGURE 1.

Effect of training on stigma on mental illness: pre-training and post-training mean total scores on Haghigat's SSQ. *Effetti delle lezioni sullo stigma nei confronti della malattia mentale: punteggi totali medi della scala SSQ di Haghigat calcolati prima e dopo la serie di lezioni.*

after implementing an educational programme, thus it may be successfully used to identify improvements in stigma perception in a high school population.

The effectiveness of such initiative regarding information and awareness has been demonstrated not only statistically, but also by the change in personal interaction with the students at the end of the course compared to pre-training. In fact, during the progression of the meetings we could observe and perceive a greater interest of the students towards the issues dealt with during the course of the intervention. Before starting the meetings, during presentation of the project, students seemed to be reluctant to pay attention and were suspicious towards the operators. The projection of videos focused on the topic stimulated spontaneous comments and questions for clarification. This fact supports the possibility to use media in campaigns to raise awareness regarding these issues³⁶.

Conclusions and speculations

Reduction of social stigma may facilitate access to community services dealing with mental health, hence it may promote early recognition of suffering and prompt initiation of treatment. This may decrease the duration of untreated illness and increase well-being in the community. Education and information about mental illness is likely to modify negative general attitudes about mental illness and promote public mental health. Targeting an adolescent population may be appropriate and has the possibility to radically change public attitudes towards psychiatric disorders in the near future.

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APPENDIX 1.SSQ - Italian version. *Questionario sullo stigma di Haghighat (SSQ).***Alla maggior parte delle persone farebbe piacere sedere vicino a quest'uomo su un autobus?**

Sì, farebbe loro molto piacere	Sì, farebbe loro piacere	No, farebbe loro poco piacere	Non farebbe loro affatto piacere
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Alla maggior parte delle persone farebbe piacere lavorare insieme a quest'uomo?

Sì, molto	Sì, abbastanza	No, poco	No, affatto
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La maggior parte delle persone penserebbe che quest'uomo è una cattiva persona?

Sì, assolutamente	Sì, probabilmente	No, poco	No, affatto
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Alla maggior parte delle persone farebbe piacere se quest'uomo divenisse l'insegnante dei loro bambini?

Sì, farebbe piacere	Sì, farebbe loro abbastanza piacere	No, farebbe loro poco piacere	Non farebbe loro affatto piacere
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La maggior parte delle persone pensa che quest'uomo abbia sviluppato la sua condizione per evitare i difficili problemi della vita di ogni giorno?

Sì, assolutamente	Sì, probabilmente	Forse no	No, assolutamente
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La maggior parte delle persone pensa che quest'uomo dovrebbe stare in ospedale per tutta la vita?

Sì, assolutamente	Sì, probabilmente	Forse no	No, assolutamente
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La maggior parte delle persone pensa che la condizione di quest'uomo sia una punizione per le cattive azioni commesse?

Sì, assolutamente	Sì, probabilmente	Forse no	No, assolutamente
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Alla maggior parte delle persone farebbe piacere se quest'uomo sposasse la loro sorella?

Sì, farebbe piacere	Sì, farebbe loro abbastanza piacere	No, farebbe loro poco piacere	Non farebbe loro affatto piacere
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Alla maggior parte delle persone farebbe piacere mangiare il cibo cucinato da quest'uomo?

Sì, farebbe piacere	Sì, farebbe loro abbastanza piacere	No, farebbe loro poco piacere	Non farebbe loro affatto piacere
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La maggior parte delle persone pensa che una delle cause principali della condizione di quest'uomo sia una mancanza di forza morale o di volontà?

Sì, assolutamente	Sì, probabilmente	Forse no	No, assolutamente
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La maggior parte delle persone si spaventerebbe se quest'uomo diventasse loro vicino di casa

Sì, molto spaventati	Sì, moderatamente spaventati	No, poco spaventati	No, per niente spaventati
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La maggior parte delle persone eviterebbe di parlare a quest'uomo se possibile?

Sì, assolutamente	Sì, probabilmente	Forse no	No, assolutamente
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La maggior parte delle persone pensa che la vita di quest'uomo abbia rappresentato un fallimento?

Sì, assolutamente	Sì, probabilmente	Forse no	No, assolutamente
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