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# 10 of our stigma research findings and their implications

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University of Nottingham, June 20<sup>th</sup> 2014



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# 1. Stigma is a reality for young people with mental health problems and their families (McIntyre, 2012):

- Most frequently endorsed statements:
  - ‘Other families have not invited me or my child to their homes because of my child’s behaviour’
  - ‘I have been told that ADHD is an excuse for bad behaviour’
- What is your number 1 source of stigma?
  - School personnel: 32.1%
  - Family: 24.7%
  - Public: 18.5%
  - Friends/media: 7.4%



## Implications:

- Parents sometimes need support/advice on how to deal with public responses to their child's behaviour.
- Parents reported using several coping strategies, which they found helpful (e.g. taking time-out, asking for help, attending support groups).



## 2. Stigma is unique to each mental health condition

- Older participants were more positive about a peer with ADHD than younger participants. With depression the opposite was true (Swords, Heary, Hennessy, 2011).



# Implications

- Anti-stigma education/mental health first aid needs to be appropriate for the target age group.



### 3. Stigma responses vary by gender

- The expression of stigma towards teenage boys with depression (particularly by teenage boys):
  - Male participants (in comparison to females) assigned greater personal responsibility to a peer who was depressed and believed less that his symptoms might be due to life stress (Swords et al., 2011).
  - 10- to 11-year old boys desired significantly greater social distance from the peer with depression compared with girls (O'Driscoll et al., 2012).



# Implications

- Anti-stigma interventions need to acknowledge the role of gender in responses to peers with mental health problems.
- Several studies have demonstrated the challenges faced by teenage boys with depression, this seems to be a particularly important issue to target.





## 4. Peers' concerns about befriending someone with a mental health problem

- Concerns included perceived violation of expectations of friendships, posing social and personal risks to members of the peer group:
- About a peer with depression:
  - “You can’t just sit back and expect to be asked to go places with people. You have to put yourself out there.” (Ryan, 15)
  - [Being friends with her] “might drag her down as well, make her think about things ... that she mightn’t want to think about” (Laura, 16) (O’Driscoll et al., under review)



## 4. Peers' concerns about befriending someone with a mental health problem

- About a peer with ADHD:
  - “you kind of want to be with people who are good so you don't get like a bad name.” (Emma, 10)
  - “it's kind of embarrassing if you're the friend of the person who is always getting in trouble.” (Eoin, 11)
  - “[The character] get on someone's nerves and end up causing a big hassle or maybe a fight.” (Leon, 16) (O'Driscoll et al., under review)



# Implications

- Anti-stigma interventions need to acknowledge these concerns and encourage discussion.



## 5. Stigma is feared and contributes to secrecy and concealment

- Many young people don't tell friends they have a mental health problem (McKeague, 2013):
  - "I wouldn't want to be made out to be like a 'nutter', as people like to put it these days." (Marie 14, ADHD)
  - "...[If I told them] they'd probably think I'm weird or something, [...] or that I'm insane or something, because they're really ignorant." Fiona (14, internalising)



# Implications:

- Young people need support to manage fears about stigma.



## 6. Young adults report becoming more open with their diagnosis as they got older

- ...it's different now. I've no problem with people knowing that I have these issues or conditions or whatever you like to call them, because I'm an adult. But as a teenager, you know, you don't want to be judged or classified or be thought of as in some way defective, you know, so it was embarrassing. (Colm, 22)
- I really wish I could like, travel back and say 'It's alright! Tell people!' It took... I don't know whether it was maturity or just hitting the bottom of the well, and realizing, well, you may as well. But it actually is much better being able to talk about it. (Gina, 30) (McKeague, Hennessy, O'Driscoll, Heary, under review)



# Implications

- These are strong messages of hope for teenagers – it is difficult to be different when you are a teenager but hearing that someone went through the same thing and is happy with who they are can be encouraging.



## 7. Explicit measures won't always capture stigmatising views

- O'Driscoll et al., (2012)
  - On questionnaires, adolescents reported significantly stronger feelings of anger towards a peer with ADHD compared with a peer with depression
  - Male adolescents' implicit attitudes towards depression were significantly more negative than implicit responses towards ADHD.



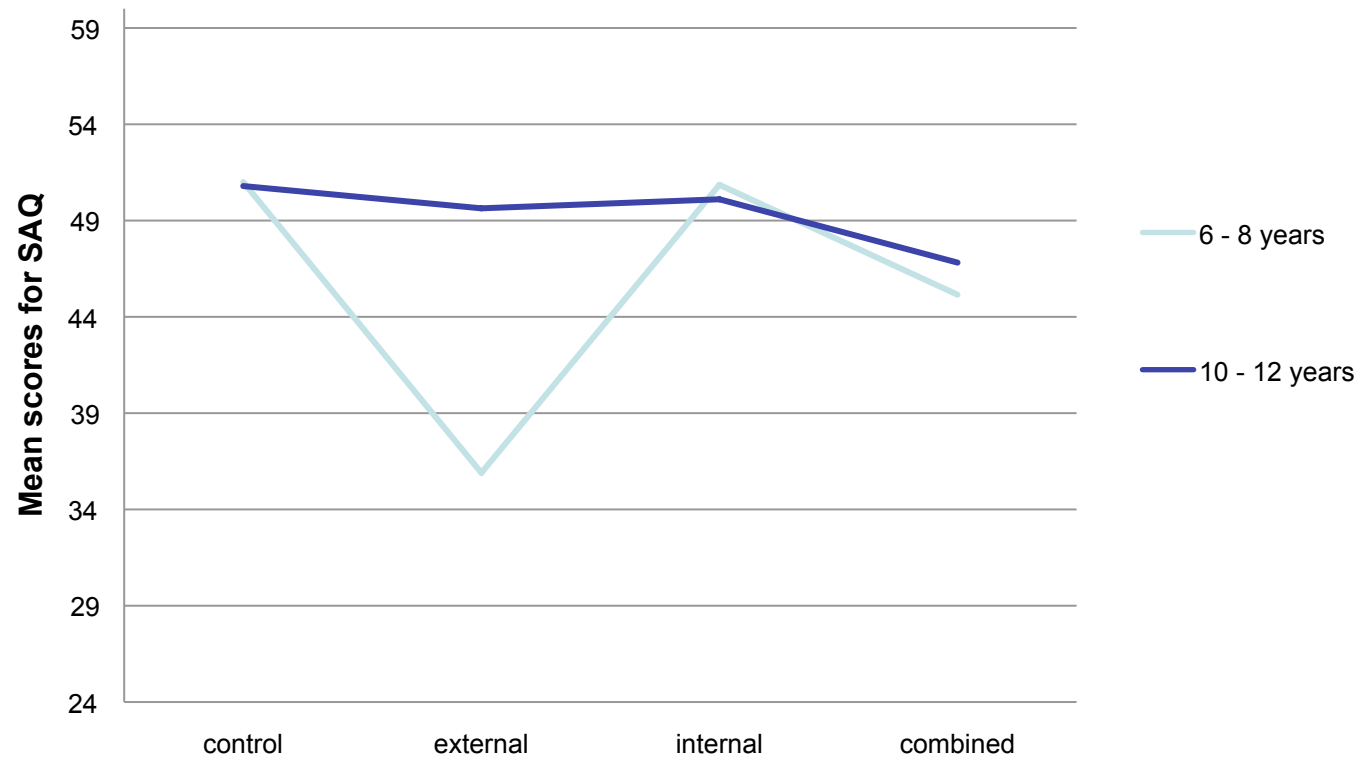


# Implications

- A full understanding of feelings towards peers with mental health problems requires a range of different measures.



## 8. Young children prone to influence of negative statements made by peers (O'Donnell, 2014)



# Implications

- Highlight the importance of introducing anti-stigma interventions early on in the primary school curriculum.



## 9. The effect of labels

- Labeling is controversial in the mental health stigma literature. In this study we used 'spontaneous labeling' as a predictor of stigma:
  - Use of depression label predicts lower emotional reactions of anger to a female peer with depression. Use of the label was not related to responses to a male peer (Dolphin & Hennessy, submitted).



# Implications

- When labeling is used spontaneously by young people it may be an indicator of greater understanding of mental health issues.



## 10. Siblings' experiences suggest they are under considerable pressure

- I used to put on this air of perfection so [my parents] wouldn't have to worry about me, it was one less thing to worry about I suppose...I didn't want to be any added hassle onto them because I knew they didn't need it, they couldn't handle I like, suppose I just sucked it in and went on with it (25 year old female with 22 year old brother with ADHD) – McIntyre, 2012



# Implications

- Greater attention needs to be paid in assessing and evaluating how siblings of children with ADHD are coping.
- Given that the sibling relationship is an important one for socialisation perhaps it would be worthwhile focusing social skills training for children with ADHD on the sibling relationship.



# Thank you

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