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Stigma and youth mental health: The importance of social context

International Association for Youth Mental Health
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The experiences of young people with mental health problems (McKeague, 2013):

Peer responses:

- Leah (15, internalising): “My friend told me that she thinks people who go to get help [for a mental health problem] are kind of weird.”
- Gavin (14, externalising): “There was one person that found out [about his ADHD] and they kept mocking me because of it.”



The experiences of young people with mental health problems (McKeague, 2013):

Teacher responses:

- “She [teacher] goes ‘STOP! Now that’s nothing you can blame your ADHD on!’ And she said it in front of the whole class. And I hadn’t even told anyone. That was my first week. And I could not stop crying.” (Ella, 13 ADHD)
- “I think teachers don’t think that I’m like, capable of doing things myself.” Melissa (14, ADHD)



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)



Stigma widely recognized as a problem in adult mental health

- In May 2013 the World Health Organization adopted the Comprehensive Mental Health Action Plan (2013-2020) – acknowledging the need to ‘reduce stigmatization and discrimination and promote human rights across the lifespan’ (p. 15)
- Research on the topic has been growing with researchers such as Patrick Corrigan, Stephen Hinshaw, Jo Phelan, Bruce Link
- However we know much less about stigma in childhood...



Young people with mental health problems often experience difficulties in peer relationships

- Many children with ADHD are rejected by peers and lack reciprocal friends (e.g. Bagwell et al., 2001)
- Data from GUI 9 year old study: children who had emotional or behavioural difficulties were significantly more likely to be reported as victims of bullying by their mothers than children who did not have such difficulties (25.1% v 10.6%) they were also more likely to self report as being a victim of bullying (15.1% v 8.0%) (Reulbach, 2013).



Are these problems due to their behaviour?

Undoubtedly

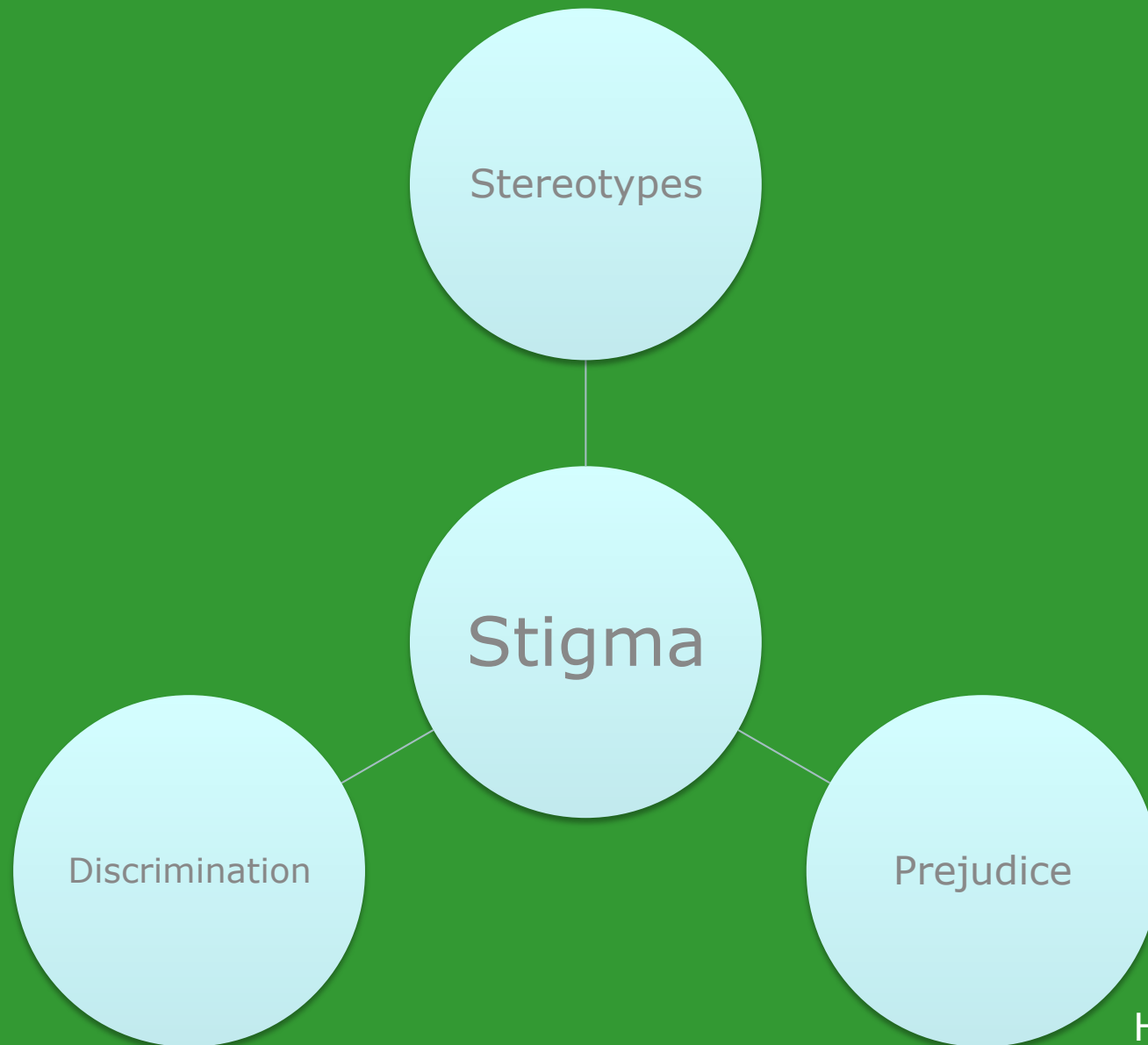
- Young people with ADHD more frequently demonstrate incompetent strategies to enter peer activities (Ronk, Hund & Landau, 2011)
- Young people with ADHD have deficits in social comprehension (Sibley, Evans & Serpall, 2010).

However

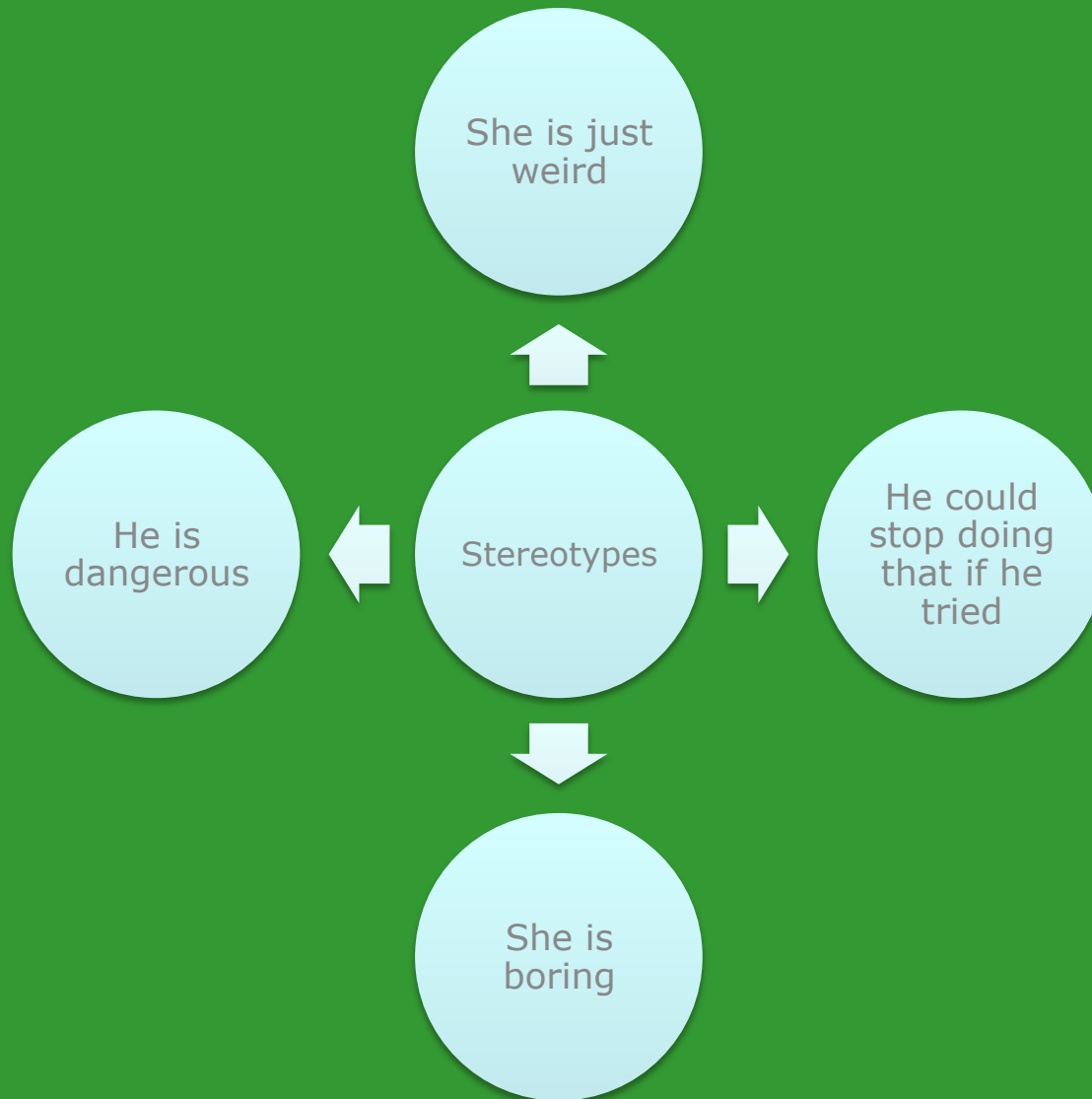
- Changing the behaviour of children who are rejected does not necessarily produce gains in their peer acceptance (Mrug et al., 2007)
- Children who are rejected by one peer group may be accepted by others (Mikami, Lerner & Lun, 2010)
- Labelling a peer as having a mental health problem, even when he or she does not, produces negative responses from children (Harris, Milich, Corbitt, Hoover & Brady, 1992)



Is peer rejection evidence of stigma?



Hinshaw, 2007



I'm afraid
of her



Prejudice



She
makes
me angry



He makes
me feel
frustrated



I don't hang out with him

Discrimination

I wouldn't want to be seen with him

I wouldn't invite her to a party



Stereotypes, prejudice and discrimination

	Experimental Condition			
	Depression		ADHD	
	Depressed	Comparison	ADHD	Comparison
Stereotypes				
Dangerousness	3.28 (2.26)	2.84 (2.30)*	3.51 (2.17)	2.64 (2.25)**
Responsibility	3.67 (2.00)	3.84 (2.00)	4.48 (2.02)	3.95 (1.96)**
Prejudice				
Fear	1.74 (1.10)	1.51 (1.00)**	1.95 (1.18)	1.52 (1.03)**
Anger	2.50 (1.51)	2.17 (1.58)*	3.34 (2.01)	1.92 (1.33)**
Discrimination				
Behavioural intentions	52.20 (12.18)	59.66 (10.70)**	47.76 (13.55)	61.50 (10.00)**
Relationship social distance	2.31 (1.07)	1.56 (0.81)**	2.72 (1.90)	1.58 (0.83)**
Physical social distance	2.55 (1.77)	1.67 (1.32)**	3.16 (2.03)	1.75 (1.65)**



O'Driscoll, C., Heary, C., Hennessy, E. & McKeague, L. (2012). Explicit and implicit stigma towards peers with mental health problems in childhood and adolescence. *Journal of Child Psychology and Psychiatry*, 53(10), 1054–1062.

Variations in stigma responses:

- Age
 - On questionnaire measures, adolescents were less accepting and more prejudiced than younger participants towards peers with ADHD and depression (O'Driscoll et al., 2012).
- Gender
 - Female participants gave higher ratings of acceptance for both male and female characters with ADHD and the female character with depression (Swords et al., 2011).
 - Males believed that the peers (with ADHD and depression) were more responsible for their problems (O'Driscoll et al., 2012)



Variations in stigma responses:

- Type of mental health problem
 - ADHD is more explicitly stigmatised than depression (O'Driscoll et al., 2012)
 - Male adolescents' implicit attitudes towards depression were significantly more negative (compared with younger males and all females) than comparable implicit (IAT) responses towards ADHD (O'Driscoll et al., 2012).

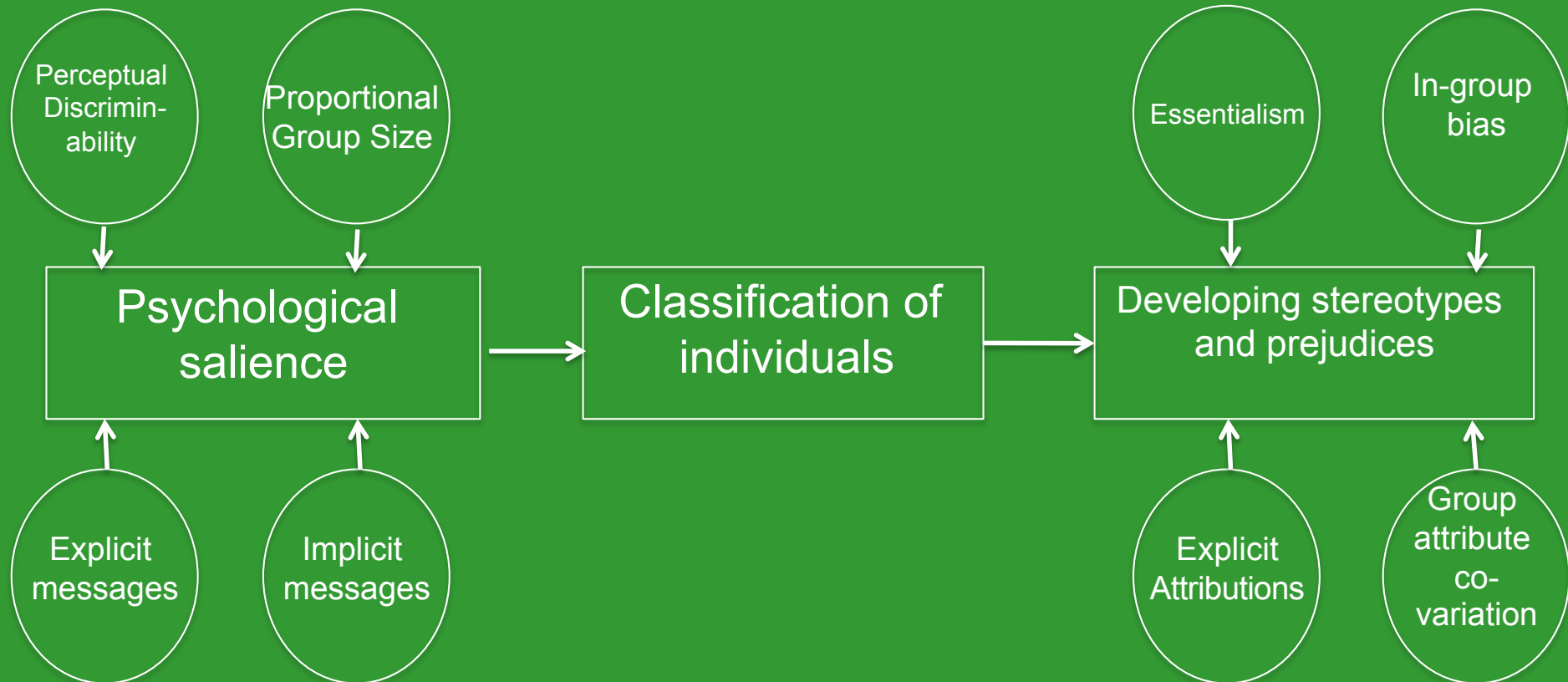


The need for a developmental model

- Theories of mental health stigma in adulthood are of limited use in childhood and adolescence:
 - Social, emotional and cognitive differences
 - The different context of stigma
 - Different stereotypes and prejudicial responses
- Social psychology has a long tradition of exploring the development of prejudice in childhood focusing on racial groups.
- Research on racial prejudice suggests that even very young children can hold negative stereotypes and prejudices.



Developmental Inter-group Theory (DIT)

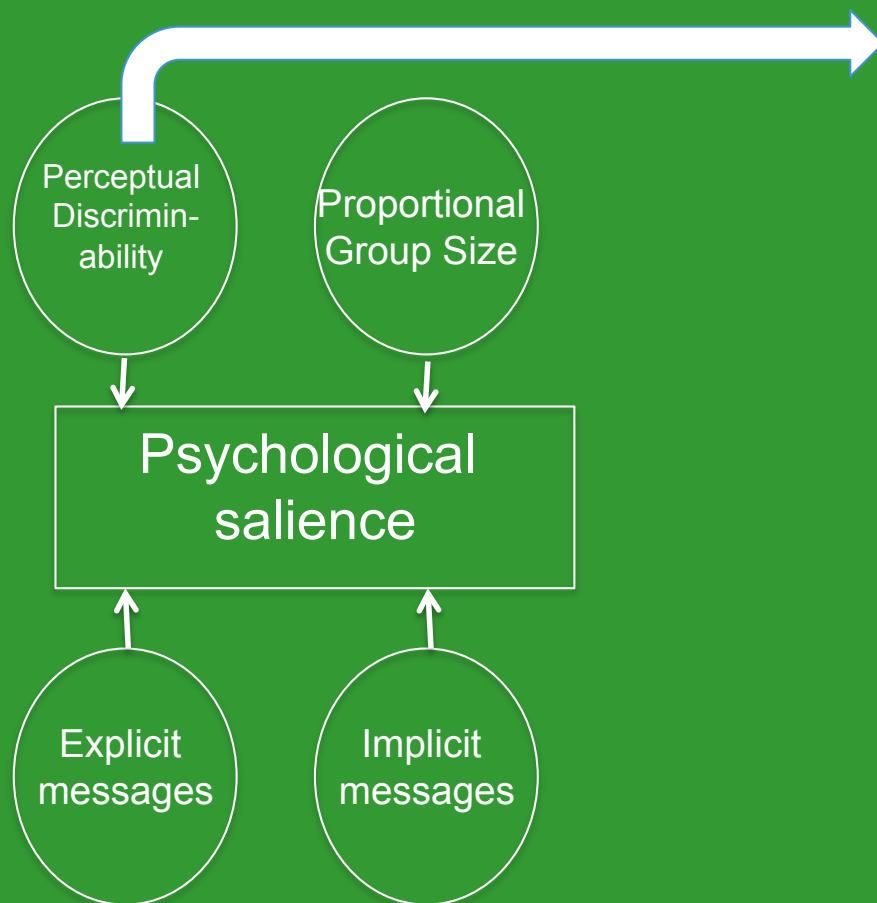


Adapted from Bigler & Liben (2006)

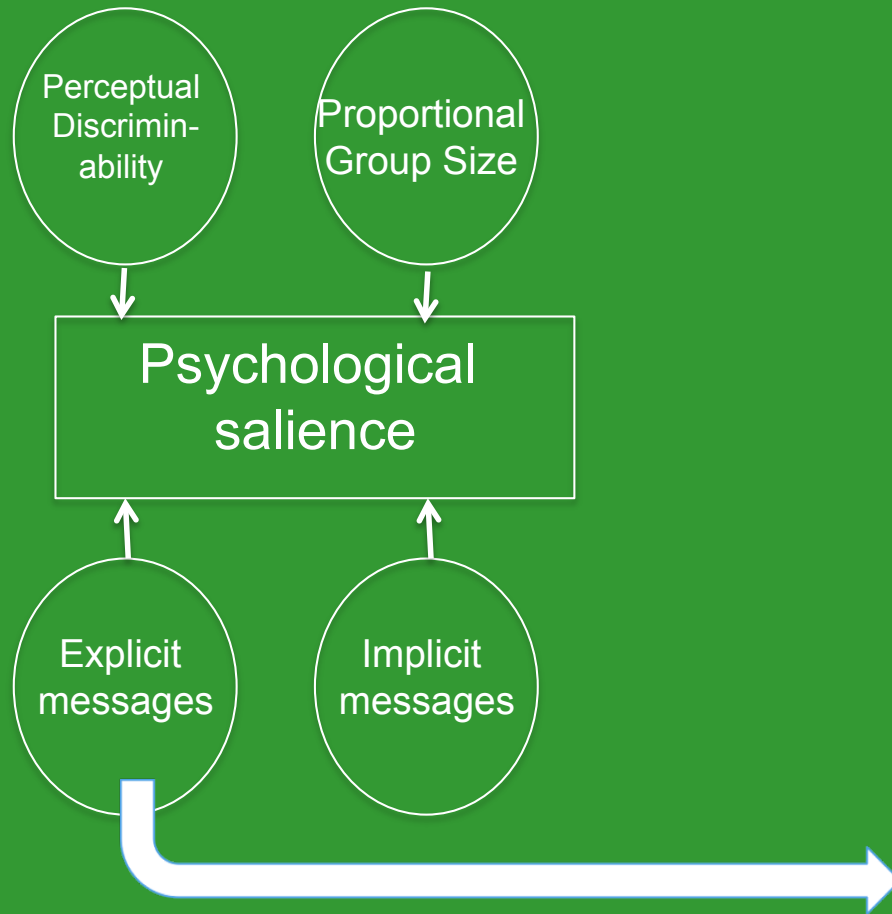
Differences between mental health stigma and other forms of stigma

- Mental health problems are not necessarily marked by differences in physical appearance.
- Behavioural manifestations of some problems may be scary or upsetting, particularly for children.
- Mental health problems are more likely to be temporary.
- Differential treatment may be necessary and appropriate.
- Mental health stigma is related to reluctance to seek help for person mental health problems – so reducing stigma may increase willingness to seek help.



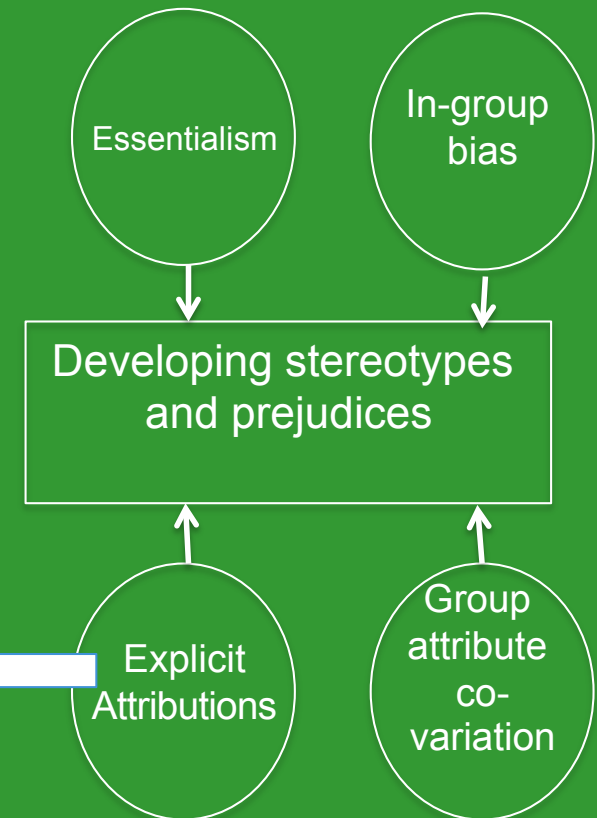


- From as young as 8 years children are able to offer explanations for the behaviour associated with different types of mental health problem (Hennessy & Heary, 2009).

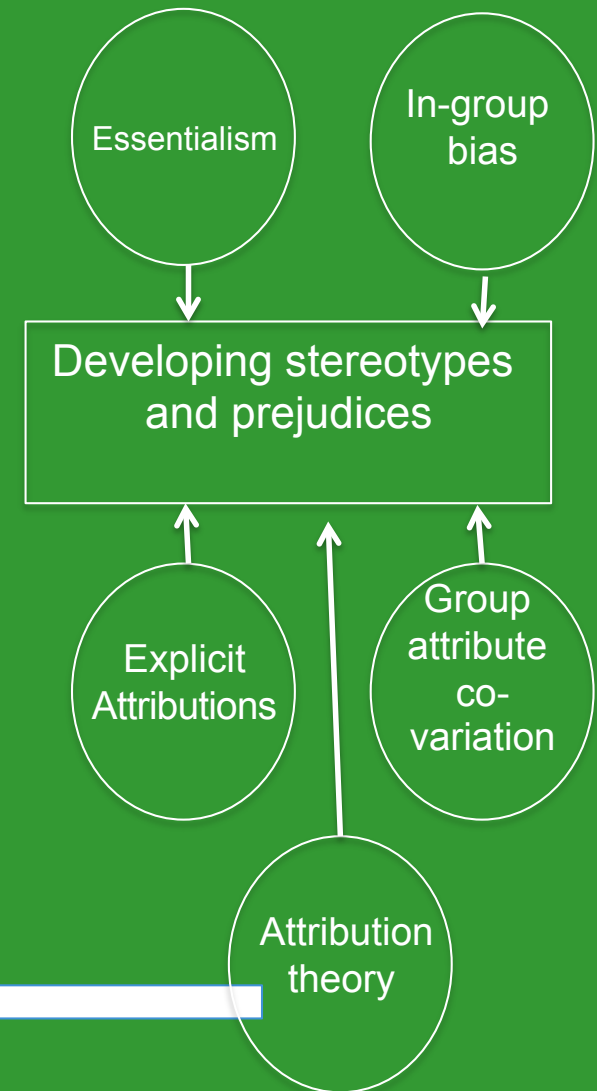


- Many children's films include explicit references to mental health problems associated with 'baddies' e.g. Cruella deVille, the Grinch (Wahl et al., 2003)

- Parents of children with ADHD reported that other families have not invited them or their child to their homes because of the behaviour of the child with ADHD (McIntyre, 2012).



- If a peer with depression is believed to have little control over the cause of depression, responsibility is not inferred, perceivers feel sympathy and are more likely to socially accept the peer. Gender is important e.g. males view other males as having more personal control (Dolphin, 2012).



Applications

- Rebalance the focus of research in childhood and adolescent mental health problems to appreciate the importance of the context in which these problems are manifest.
- Develop age and gender appropriate interventions against the stigma of mental health problems.
- Highlight the kinds of difficulties that young people with mental health problems are likely to face – parents, teachers, therapists.



Future plans

- To investigate the role of a range of environmental variables to stigma development:
 - Parental beliefs
 - Teacher beliefs
- Essentialism and mental health problems
- In-group out-group identification among young people with mental health problems.



Thank you

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