This evidence review focuses on the stigma associated with mental health, why tackling it is so important and why it is fundamental to developing cost effective child and adolescent mental health services (CAMHS). Stigma associated with mental health problems is pervasive, and its influence is transmitted through various routes. It is ingrained within our language, our culture, and for many young people it is a social norm.

The stigma associated with having a mental health problem can have a more profound impact than the mental health problem itself. The Surgeon General of the United States stated that stigma is the most important problem facing the entire mental health field (Hinshaw 2005).

So, understanding what stigma is, how it is transmitted and how to reduce its impact is crucial to encouraging children, young people and their families to seek support to talk openly about their emotions and help if they have concerns about their mental health.

Young people from our Very Important Kids (VIK) participation project have told us how important tackling stigma is to them (YoungMinds Children and Young People’s Manifesto 2010). As a result we have prioritised stigma as one of our key campaign areas. This Evidence review will look at what stigma is and why people stigmatise from various different perspectives; people’s attitudes to mental health; how it impacts on young people’s mental health, and how it can be tackled.

Definitions
The first part of this review looks at definitions of stigma. Stigma literally means being marked or branded, but it refers to a group of people, in this instance, young people with mental health problems, being categorised as being different from the social norm, and being shunned and devalued as a result.

Stigma has a profound effect on a number of different levels:
- 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 don’t seek help to avoid being labelled with a stigmatising mental health problem

Experience and perspectives of stigma
The evidence review then goes on to look at how people experience stigma. Stigma has been shown to have a profound effect on a person’s sense of self, and diminish their self-esteem and confidence. It can also prevent people with mental health problems from seeking help. There is more stigma associated with mental health problems compared to other health problems (Gale, 2006). Children and young people have been shown to experience higher levels of stigma than adults (Rose et al., 2007). Stigma is pervasive and not only affects the individual with the mental health problem, but it also impacts on their family.

Stigma has been studied from a number of different theoretical perspectives. The focus of some studies being on the individual, whereas others focus on wider community or societal issues. The review considers these different perspectives and examines how they contribute to our understanding of stigma.

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.

The YoungMinds Children And Young People’s Manifesto For Change 2010
Age and stigma

Studies which look at attitudes to mental health reveal that younger people have very negative views and use pejorative terms in their everyday language (Chandra et al, 2007) (Rose et al, 2007). This is associated with a low level of knowledge about mental health. These negative attitudes seem to increase with age, although younger children have been shown to be aware of everyday terms and language concerning mental health, and gain this knowledge through family, friends and the media.

Whilst young people have more negative attitudes to mental health, it seems that young people with mental health problems are more likely to experience higher levels of stigma than adults. Stigma causes people to be secretive about their problems, and discourages them from seeking appropriate help.

The media and stigma

The review then looks at the influence of the media on attitudes to mental health. Many people’s knowledge about mental health and illness comes from mass media coverage. This highlights why it is so important to ensure that there are positive portrayals of mental health or mental illness by the media. Many studies have found that newspapers use derogatory language, which is often out of context. Studies of UK television programmes and newspapers (Philo and colleagues 2010) and (Shift 2008) found that most of these were unsympathetic towards mental health issues and there were a large number of flippant, pejorative or unsympathetic references.

Initiatives to tackle stigma

It then moves onto a review of initiatives and programmes which tackle stigma. Providing young people with information about mental health issues have been shown to improve attitudes to mental health and help seeking behaviour, training teachers in mental health issues has been shown to improve understanding of mental health and the National CAMHS Support Service (2010) has produced a successful toolkit to help children’s professionals tackle stigma across a number of different domains. There has been a number of high level national campaigns which have sought to inform, change attitudes and reduce the discrimination faced by people with mental health problems. These include in Britain the Changing Minds campaign, Shift, Time to Change and See Me. Internationally campaigns include Like Minds Like Mine in New Zealand and Mental Health First Aid in Australia. These programmes have made modest progress in improving attitudes, but changing belief systems is problematic. Considering that information is constantly reinforcing negative perceptions, there is a need to maintain the focus on promoting positive attitudes to mental health, dispelling myths and removing stereotypes.

Discussion and conclusions

The review ends with a discussion and conclusion section highlighting how stigma can impact on a person’s self esteem because they internalize the feelings of shame and worthlessness that are associated with being stigmatised. It also points out that if the stigma surrounding mental health services is not reduced many young people and their families will not want to access services until their problems become more severe. So tackling stigma is connected to the provision of cost effective services at an early stage.

Confronting stigma needs to be achieved by taking a multi dimensional approach which educates individuals whilst also tackling concepts of mental health that circulate within communities, cultures and societies.
YoungMinds Attitudinal Survey

The YoungMinds survey (2010) of young people’s attitudes to mental health, which is being launched with this review confirm many of its findings about the stereotypes young people have about mental health and the difficulties in talking about how they feel. Its recommendations cover four specific key areas where improvements can be made and strategies utilised to reduce the mental health suffered by young people. The recommendations are:

1) Tackling stigma head on-changing attitudes
   • Action on mental health stigma to be a central focus of the Government’s Mental Health Strategy, Public Health Strategy and the Cabinet Office’s Behaviour Insight Team
   • Launch a Mental Health and Wellbeing Health Promotion campaign aimed at children and young people to increase understanding about mental health and how ‘it is good to talk about how we feel’. Further work is needed to identify the most effective methods for long term attitudinal change amongst this age group on this subject
   • The Equalities Agenda should incorporate action on mental health discrimination

2) Developing knowledge and understanding

Children’s professionals:
   • Professional training for everyone who works with children and young people- teachers, school nurses, youth workers, GPs and A&E staff must include child and adolescent psychological development, mental health and the negative role that stigma plays in young people’s developing self esteem and their ability to access support services.
   • This training needs to be part of their continuous professional development because our knowledge and understanding of children and young people’s mental health and psychological wellbeing is developing all the time.

SCHOOLS:
   • Teaching about good mental health and developing emotional resilience should be a central part of the PHSE agenda in schools
   • Whole school approaches should be developed to build understanding about mental health, tackle stigma and develop emotional resilience in children and young people
   • Successful evidence based models that increase access to mental health support and services should be rolled out nationally for example the TAMHS (Targeted Mental Health in schools) pilots.

Parents:
   • The family home is a key determinant of social attitudes. Therefore all Government policy, both locally and nationally, across all sectors must engage with parents to encourage emotional literacy in families.

• The tackling stigma toolkit, developed by Dr Fiona Warner Gale for the National CAMHS Support Service should also be made widely available for use in schools and youth settings

THE YOUNG MINDS STIGMA SURVEY
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. In looking at stigma and its effects we first need to start by defining the phrase 'mental health'. At YoungMinds we define children and young people’s mental health as:

1. A capacity to enter into, and sustain, mutually satisfying and sustaining personal relationships
2. 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. A degree of psychological distress and maladaptive behaviour within normal limits for the child’s age and context

This definition utilizes the concept that everyone has mental health, that it is positive, and is about living life to the full. But often the mere presence of the word mental puts people off, which is why alternative terms are used such as emotional wellbeing.

In defining stigma researchers have viewed it 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). Ben-Zeev and colleagues (2010) and has 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.

As stigma operates on a number of different levels, tackling it requires a multidimensional approach. To understand stigma, it is helpful to view it from a number of different perspectives, and this should include what perpetuates stigma, and what is it like to experience stigma.
HOW DO PEOPLE EXPERIENCE STIGMA?

People with mental health problems are known to experience more stigma than those with other health problems (Gale, 2006). Many people with mental health problems also have substance abuse problems, so are likely to be particularly stigmatised (Lloyd, 2010). Whilst young people have more negative attitudes to mental health, it seems that young people with mental health problems are more likely to experience higher levels of stigma than adults (Rose et al, 2007).

This may in part be because young people are likely to face a number of difficulties, such as their rights not being 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. These additional difficulties alongside the stigma associated with mental health can result in many young people not accessing child and adolescent mental health services (CAMHS).

Epidemiological data shows that 1 in 10 children and young people have a mental disorder, but about a half do not access any service, and only a fifth access specialist CAMHS (Ford et al, 2005). There may be many reasons why this is the case, but it is highly likely that stigma plays a significant part.

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

Stigma causes people to be secretive about their problems, and discourages them to seek appropriate help. There are studies which show a link between stigma, not seeking help and non 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 not have a positive effect. 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 how important it is to tackle stigma (YoungMinds, 2010).

Many other studies which have asked young people about their views on mental health and mental health services have highlighted how important tackling stigma is. There are some studies which have looked at how young people experience stigma. A project in Scotland carried out a number of focus groups to find out how young people experience stigma (Woolfson, 2008). They found that young people were reluctant to disclose information about their mental health problems, and when they did their peers began to avoid them. As well as being excluded by their peers they also experienced severe verbal and physical abuse. Young people have also reported that they have been stigmatised by professionals such as teachers, GPs and mental health professionals. The YoungMinds’ Children and Young People’s Manifesto for Change (2010) reports that GPs are dismissive of their problems:

“Sometimes doctors are dismissive and we don’t feel listened to”

One young person reported that her doctor told her he couldn’t help her and suggested she call the Samaritans.
A study of adult’s experiences of stigma found that 70% of study participants experienced discrimination in response to their own or another’s mental distress, and 44% had experienced discrimination by their GP (The Mental Health Foundation, 2000). Some young people have reported that they have been put off seeking help from people outside of the family because they see adults as:

- overly controlling
- dismissive of children and young people’s accounts of their emotional problems
- blaming
- over-keen to medicate (National CAMHS Support Service, 2009)

These accounts from young people highlight how stigma is an umbrella term for a range of factors that put them off accessing help. Stigma is pervasive and not only affects the individual, but also impacts on their families. Parents and carers of young people with mental health problems can also experience stigma by virtue of being associated with someone who is stigmatised. This is referred to as courtesy stigma (Gale, 2006). This can produce feelings of shame and self-blame in parents, and can prevent parents seeking help on behalf of their children because they don’t want to be judged as a ‘bad’ parent, and do not want to acknowledge that their child is not ‘perfect’ and has mental health problems (Gale, 2006). Younger children are particularly reliant on their parents to seek help on their behalf, so if their parents fear being stigmatised, they are less likely to seek help at an early stage (Gale, 2006).
Stigma has been studied by a number of different disciplines or perspectives and each will have its pros and cons. It is also studied at various levels of analysis. For instance stigma may be seen as existing within the individual. So a cognitive social psychological approach might focus on the cognitive processes involved in stereotyping, whereas a sociological approach might focus on wider cultural or societal factors. All of these perspectives are important to understanding the many dimensions of stigma.

How people try and understand other people’s behaviours is important to understanding stigma. Attribution theory looks at how people understand the behaviours of others. More specifically, the fundamental attribution error outlines how people are more likely to attribute people’s behaviour to dispositional factors rather than situational ones (Ross, 1977) (Green, et al., 2003). This means that blame is put on the person rather than on the context in which a person finds themselves. So from an attribution theory perspective, people with mental health problems may be more likely to be blamed for their own problems if it is believed that their problems are their own fault, or they come about by their own volition.

Read and Harré (2001) found that the public prefer psychosocial explanations of mental illness over biological ones. This means that if a person believes that the cause of mental health problems is due to being abused, then they associate less stigma compared to when the cause is believed to be as a result of genetic factors. So, an interactional explanation for mental health problems which addresses the interaction of biological and sociological factors connected to mental health problems may reduce the associated stigma.

Being open about a mental health problem may reduce stigma. However, it has been shown that illnesses that are seen as chronic and long lasting carry more stigma than acute ones. Many people see mental health problems, especially mental illnesses as being chronic and on-going, so disclosing a mental health problem may actually increase stigma rather than reduce it.

From a cognitive social psychological perspective, prejudice and the creating of stereotypes are thought to come about as a result of ‘normal’ cognitive processing. For instance the Cognitive Miser theory aims to explain how people need to form categories in order to process incoming perceptual information in a timely manner (Fiske & Taylor, 1991). This creates stereotypes by automatically putting people into categories, and some of these will have negative connotations. Historically, prejudice was seen as an abnormal cognitive process, but if prejudice is the product of normal cognitive processing, then we can all hold prejudicial views. So understanding how we can all be prejudiced is not to see it as ‘normal’ or inevitable, but to actively address our own prejudices. Coupled with this is the human’s ability to empathise, so individuals therefore have the capacity to actively look beyond labels and our prejudices to see the person beneath.

Social identity theory focuses on how people form group identities by creating their group - the ‘in-group’ and comparing it with another group - the ‘out-group’ (Tajfel & Turner, 1979). These processes also produce prejudice by highlighting group differences. In regard to stigma, people with mental health problems are seen by some as different, so are castigated as a different group which has less value. According to Corrigan (2010) those in stereotyped groups are seen as more homogenous than in-groups. This means that all members of the out-group are expected to display stereotypical behaviours consistent with their conditions. For instance, people diagnosed with schizophrenia are all expected to have hallucinations.
It has been proposed that there was an evolutionary advantage to stigmatising people who may be seen as infectious, have a low social status and be of a rival culture or nationality (Hinshaw, 2005). These behaviours may have been important for our early ancestors as a means of survival, but are now not as necessary. However, even in the present day people shun or stigmatise those who are seen as being dishevelled or those who are displaying ‘unusual’ behaviours.

Goffman describes three types of stigmas: abominations of the body e.g. deformities; blemishes of individual character perceived as weak will etc. and tribal stigma of race (Gale, 2006) (Lloyd, 2010). Within a given society people can shun and devalue those who they see as falling into the groups described above. Goffman looks at how people with a given stigma, interact with others in their society and how the mutual understanding of the stigma influences the interaction (Lloyd, 2010) (Gale, 2006). This suggests that there must be a shared understanding of stigma in relation to specific groups already existing within a given society.

Labelling theory focuses on how people with mental health problems are labelled as displaying deviant behaviours. These labels are then internalised and people modify their behaviours to conform to the stereotypical behaviours associated with the particular label. This process relies on negative conceptions of what it means to have a mental health problem. These ideas are set down during socialisation, which take place in childhood (Gale, 2006).

Stigma associated with mental health varies from culture to culture. The discursive psychological approach focuses on the language people use, and what they do with it. Stigmatising language exists and circulates within a given society and can be used to stigmatise people. There are obvious slang terms which circulate within our society and can cause great distress, but diagnostic categories used by mental health professionals can also be stigmatising. According to Corrigan (2010), a diagnostic label can be empowering, but it can also mark people out as different. This can result in people being defined by their diagnosis, rather than who they actually are.
ATTITUDES TO MENTAL HEALTH

Thornicroft (2006) points out that despite the ever increasing amount of information about health problems, people’s general knowledge of mental illness is very poor. This is further illustrated by the number of young people who wouldn’t know where to go to for help if they had a mental health problem. This section will look at studies which have sought people’s views or attitudes about mental health problems.

Many studies highlight the fact that people have a more favourable attitude to mental health if they believe that the condition is not the fault of the person with the mental health problem (Thornicroft, 2006) (Chandra, et al, 2007). In the YoungMinds (2010) survey 55% of the respondents believe young people have mental health problems because they are born with them. Unfortunately, what is also clear from research studies is that many people think that mental health problems are the fault of the person who has these difficulties. These attitudes are formed in early childhood, and even very young children hold negative attitudes toward mental health. (Hinshaw, 2005) (Gale, 2006).

The Department of Health carries out an annual Attitude to Mental Illness survey. Its most recent results show that 16-34 year olds were less understanding and tolerant of people with mental illness, and were also more negative towards mental health when considering its causes and the need for special services (DH, 2010). These findings concur with studies of young people, who demonstrate higher levels of stigmatised attitudes to people with mental health problems (Hinshaw, 2005) (Gale, 2006). Surveys can be an effective way of gathering data on attitudes about mental health problems who they are in contact with. In the YoungMinds (2010) survey 52% (45% 9-16yrs and 58% 17-25yrs) had heard friends/classmates call other people derogatory names when life was hard for them and 45% (both age ranges) had been called names by friends/classmates when life had been hard for them.

A study by Bailey (1999) found that there are four root causes of unfavourable views of mental health problems:

1. Dangerousness – people with mental illness are seen as dangerous.
2. Attribution of responsibility – people are seen as being responsible for their own mental health problems.
3. Conditions perceived as chronic, difficult to treat and with a poor prognosis are more stigmatised.
4. Disruption of normal social interactions based on social role.

A study of 8th graders in America found that most young people had a poor understanding of mental health and mental illness, and the term mental was generally used as a negative description (Chandra et al, 2007). A UK study that involved 400 14 year-olds, found that they used 250 different labels to describe mental health and the vast majority were negative terms (Rose, 2007). In fact only 4% used labels that were compassionate. The researchers identified 5 main themes for the labels and these were:

- Popular derogatory terms (114 instances)
- Negative emotional state (61 instances)
- Physical illness or learning disability (38 instances)
- Psychiatric categories (15 instances)
- Violence (9 instances)
- Loneliness (10 instances)

The Rose (2007) study highlights the lack of knowledge some young people have about mental health issues and how they use their lack of understanding in a derogatory way, which can only further stigmatisise other young people with mental health problems who they are in contact with. In the YoungMinds (2010) survey 33% of 9-16 year-olds associate the words ‘aggressive/violent’ with mental health problems compared to 19% of 9-16 year-olds. This suggests that this association is not that prevalent in younger people, but increases with age. Exposure to negative news coverage of mental health problems may be a factor. Also, these attitudes may be linked to coverage of violent incidents that had recently occurred. For instance, if a study takes place after an incident where a person is killed or seriously injured by someone with a mental health problem, this is likely to influence attitudes at least in the short-term. As violent incidents involving people with mental health problems are actually quite rare, then perhaps this theme is not a key category for young people concerning mental health.

Negative attitudes to mental health seem to increase in young people, but very young children are aware of stigma (Gale, 2006), and can distinguish between deviant and normal behaviour from the pre-school years on, and this increases with age (Hennessy et al, 2007). This suggests that young children are picking up on ideas about mental health problems that are circulating within their communities and societies. These may come from their parents, the media, and peers, so as mentioned earlier, tackling stigma requires a multidimensional approach which looks to educate the individual, but also to tackle the ideas of mental health that circulate within a community and society.
A study by Wahl found that, for many people, their knowledge about mental health and illness came from mass media coverage (Wahl 1995, cited in Gale, 2006). This finding highlights why it is so important to ensure that there are positive portrayals of mental health or mental illness by the mass media. Whilst some newspapers and other media aim to be sensitive in their coverage of mental health stories or issues, this is not always the case. Often media portrayals of mental illness play a key role in perpetuating the stigmatisation of mental disorders (Wahl, 1995, cited in Gale, 2006), and promote stereotypes. In a recent series of focus groups many young people with mental health problems did not believe that the media accurately portrays people with mental health problems (Woolfson, et al, 2008).

The Social Exclusion Unit’s (2004) report on mental health found that 40% of daily tabloid articles and nearly half of Sunday tabloid articles about mental health contained derogatory terms such as ‘nutter’ and ‘loony’. A study commissioned by Shift (2008) found that 22% of the articles they identified used mental health language out of context. Articles in the press often focus on negative and violent stories, rather than positive stories (Heflinger & Hinshaw, 2010). Shift in England (2008) and See Me in Scotland have produced guidance for journalists on reporting mental health stories. This is particularly important when newspaper headlines include such titles as “What the self-harmers need is to confront real human suffering” (from Daily Express, cited in Shift, 2008), and how the tragic suicides in Bridgend were covered.

Shift’s recent report, which looked at how mental health is covered in television programmes, found that over a 3 month period, there were 434 references to mental health, and most of these were unsympathetic and there were a large number of flippant, pejorative or unsympathetic references (Philo et al., 2010). A criticism of some programmes is that they portray mental health problems in a simplistic way, and focus on “big bold, marketable ideas”. For instance, they focus on people when they are at their lowest point because it is more dramatic, and don’t focus on more positive aspects such as their recovery. So if the media is the main source of information about mental health problems, then it will result in an inaccurate and skewed perspective. Shift’s key message is that media representations can reduce the fear, exclusion and stigma associated with mental health problems by giving a more realistic portrayal of ‘people as they move in and out of such conditions or find a way of living with them’.

The Shift report (Philo, et al. 2010) also covers how comedians cover mental health problems. Comedy can be a good medium to discuss difficult issues. For instance YoungMinds were involved in a project with comedian John Ryan called ‘Those Young Minds’ to raise issues about the importance of fatherhood, and we have worked with comedieness Isy Suttie and Josie Long to raise issues about mental health and wellbeing. These approaches have been helpful in reaching new and different audiences, but there are comedians who include jokes in their sets which are highly insensitive and can only promote stigma associated with mental health. For instance, the following joke by David Gibson was awarded second best joke at Edinburgh 2010 - “I’m currently dating a couple of anorexics. Two birds, one stone.” (BBC, 2010).

"40% of daily tabloid articles and nearly half of Sunday tabloid articles about mental health contained derogatory terms such as ‘nutter’ and ‘loony’.

The Social Exclusion Unit (2004)"
As has already been mentioned, stigma is an umbrella term for a number of different elements. So, it is important that they are all addressed in order to reduce stigma. Tackling stigma is important, because not only does it impact on people’s mental health, and potentially make people who already have a problem worse, but it can also prevent them seeking help. Any approach needs to tackle the key elements associated with stigma, namely prejudice, lack of knowledge and discrimination.

Corrigan and colleagues (2001) identified three different approaches to changing stigmatising attitudes: education and being more knowledgeable about mental illness and replacing myths with correct information; contact with people who have experienced mental illness; and protest, where people seek to suppress stigmatising attitudes to mental illness. Their study addressed the effectiveness of these approaches and found that contact and education changed attitudes, but protest did not.

Contact with people with mental health problems has been shown by a number of studies to be effective (Corrigan, et al., 2001) (Couture & Penn, 2003), however the contact has to include specific conditions to ensure that it does not actually make things worse. For instance, people need to be of equal status, and the person from the ‘stigmatised group’ needs to be seen as not conforming to standard stereotypes (Couture & Penn, 2003) (Corrigan et al., 2001). Couture and Penn (2003) suggest that contact in a controlled setting such as a classroom, or a training room can be effective in tackling negative attitudes to mental health problems. YoungMinds and the Very Important Kids project have been involved in developing training packages that involve young people aimed at professionals and have also produced a number of films that aim to inform and educate people about what it is like to experience mental health problems - http://www.youngminds.org.uk/. They have also campaigned regionally and nationally and met with politicians from all parties with the aim of raising awareness about the vital importance of young people’s mental health and challenging stigma. The VIK project aims to show that positive contact with people who have mental health problems can improve attitudes.

A study by Rose and colleagues (2007) found that many 14 year olds had a very low level of knowledge about mental health, and that this contributed to their extremely negative attitudes to mental health problems. Providing young people with lessons on mental health in school has been shown to improve, at least in the short-term, attitudes to mental health. Naylor and colleagues (2009) looked at the impact of a mental health teaching package for use with 14 & 15 year olds. The study was carried out in two schools, where the experimental schools received the six 50 min lessons on mental health, and the control school wasn’t given access to the teaching materials until after the study was completed. They found that pupils in the experimental school were less prejudiced and less likely to use pejorative terms to stigmatise people with mental health problems, compared to the control school. The researchers also measured the students’ mental health using the Strengths and Difficulties Questionnaire (SDQ) and found that students in the experimental school had a reduced score for conduct disorder, and improved scores for prosocial behaviours. Interestingly lessons in mental health seemed to not only improve attitudes to mental health, but actually improved the mental health of the students as well. There have been other similar studies, carried out with students of a similar age, which have also shown that lessons in mental health can improve attitudes (Pinfold et al, 2003).

There have been a number of national campaigns which have sought to improve attitudes to mental health problems. The Changing Minds campaign, which was led by the Royal College of Psychiatrists, was largely adult orientated, but did produce products aimed at young people - http://www.rcpsych.ac.uk/campaigns/previouscampaigns/changingminds.aspx

They found that there were some improvements in people’s attitudes to mental health problems following the campaign (RCPsych, 2003).
Shift was established in 2004 to tackle stigma and discrimination connected to mental health issues in England - http://www.shift.org.uk. This initiative is aimed at all age groups, but some specific work with young people was completed. This included the commissioning of the Health and Education for Life Project (HELP) with Samaritans to produce materials for teachers to use in schools - http://www.shift.org.uk/work/youngpeople/index.html. HELP was an action research project, which succeeded in changing young people’s attitudes to mental health by promoting better strategies to help young people in coping, understanding and dealing with mental health issues.

A current national campaign Time To Change, which is led by Mind and Rethink, aims to end mental health discrimination, by carrying out activities such as campaigning, and training - http://www.time-to-change.org.uk. This campaign largely focuses on adult mental health, and is being evaluated by a team at the Institute of Psychiatry. This team has found that the campaign is having a positive effect, with the level of discrimination reported by people who experience a mental health problems dropping by 4% (Time to Change, 2010). There are a number of different strands being run by Time to Change, and one of these is Time to Get Moving. This enables the general public to meet people with mental health problems with the aim of challenging stereotypes and breaking down stigma via contact. They found that 35% of the participants had a more positive impression of people with mental health problems after this meeting (Time to Change, 2010).

The See Me campaign has a specific programme of work aimed at children and young people called Just Like Me - http://www.seemescotland.org.uk. This award winning campaign worked directly with young people, and involved young people talking about their experiences. The campaign involved a TV advertisement, and the development of a microsite. The evaluation of the campaign found that young people were aware of the launch (Myers et al, 2009). They found that after the campaign, young people were more knowledgeable about the mental health conditions that were the main focus of the campaign, namely anorexia and self-harm, and would know how to help a friend if they had mental health problems. There were some improvements in expressed positive attitudes to mental health.

Internationally, there are a number of campaigns or public education programmes aimed at tackling stigma. For instance, there is the New Zealand national campaign ‘Like Minds Like Mine’, which is an educational campaign aimed at reducing stigma and discrimination - http://www.likeminds.org.nz/page/5-home. This campaign has been running since 1997, and since 2001 it has received government funding.

Mental Health First Aid (MHFA) is an evidence based training programme from Australia that is now being used in the UK. The model aims to improve knowledge about mental health, but also helps people learn what to do if they encounter a person with particular mental health problems such as having a psychotic episode. This potentially helps by improving people’s knowledge, and removing fear associated with mental health problems. A study carried out in Australia found that teachers trained in MHFA were not only more knowledgeable, but it also improved their attitudes to mental health (Jorm et al, 2010). There are a few similar training packages for young people. For instance, there is the Emotional First Aid course - http://www.emotionalfirstaid.co.uk/. The Youth Mental Health First Aid has recently been launched in the UK - http://mhfaengland.org/news/youth-mhfa-launch-10th-nove-2010/.

The Tackling Stigma Framework was devised by Dr Fiona Warner-Gale as part of a research project which explored children’s and their families’ perceptions of mental health, children’s mental health services and the associated stigma - http://www.chimat.org.uk/tacklingstigma. The framework identifies eight priority areas that need to be tackled simultaneously. These are:

- Mainstreaming of programmes to tackle stigma
- Language and definition of mental health
- Information for children, families and organisations
- Education for children, parents/carers, professionals and the public
- Communication with children and families
- Effective systems and accessible services
- The role of media as allies
- Citizenship and participation of children and young people

The framework has been piloted in six areas across England, and has been independently evaluated (ECOTEC and CAMHS Evidence Based Practice Unit, 2010). The evaluation found that involving children and young people in the pilots helped normalise talking about mental health. A consistent finding in all pilot areas was that young people who were not service users reported that their perceptions of mental health had changed as a result of contact with young people with mental health problems, and through education and knowledge of this topic.
This literature review highlights how fundamental tackling stigma is to promoting mental health and wellbeing and to encouraging young people and families to access services at an early stage. Stigma is understood by very young children, so this is an appropriate time to help them understand and look after their own mental health in the same way that they would look after their physical health. This should help to normalise mental health, and dispel the many myths that surround it.

Young people appear to have more overtly negative attitudes to mental health. This can prevent young people talking about their own mental health for fear of being bullied, ridiculed, and shamed. Stigma can impact on people’s self-esteem because they internalise the feelings of shame and worthlessness that are associated with being stigmatised. This can make existing mental health problems worse. Some young people report that the stigma associated with mental health problems is worse than their actual mental health problems.

Changing attitudes is not easy as they are influenced by our communities, our families, and the media. The various programmes and models discussed above illustrate the amount of work that is being carried out on tackling stigma, but much of it is not focused specifically on children and young people. The Scottish campaign See Me, which involved young people has made positive changes to people’s knowledge. Lessons in schools have demonstrated that they can help change attitudes.

There has been a drive to involve young people in service development. The Big Lottery funded YoungMinds VIK project is successfully working with CAMHS services and children’s professionals across the country to improve mental health services and young people’s participation in them. However if the stigma surrounding mental health is not reduced many young people and their families will still not want to access services until their problems become more severe. So tackling stigma is not just about educating people and changing attitudes, but is also connected to the provision of cost effective mental health services. Services may be evidence based, and staff, but if young people don’t want to access these services because of the stigma associated with them, then they will not be effective.

Implementing the recommendations from our stigma survey briefing which are aimed at Government and policy makers, children’s professionals, schools and parents will also reduce stigma and pave the way for mental health to be viewed as just as important as physical health.

Stigma connected to mental health is pervasive, but how people experience it varies from person to person. This is connected to factors such as people’s cultural beliefs, their knowledge and beliefs concerning mental health, and whether they have had contact with others with mental health problems.
References


