

The Effectiveness of Schizophrenia Narrative to Reduce Self-Stigma Among High School Youth

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Background



- Individuals living with schizophrenia or other mental illnesses must cope with not only the mental illness itself, but society's prejudices and stigmatization towards their mental illness
- Societal stigma has consequences for the prevention, early detection, treatment, quality of life and community reintegration of individuals with schizophrenia (Penn & Corrigan, 1999)
- A number of psycho-educational and anti-stigma programs have been developed that are currently working with high school youth to change their attitudes toward mental illness
- Teenage youth are an especially important target because this age group is at highest risk for first onset of psychosis (Rickwood et al., 2005)



Self-Stigma



- While public stigma is one of the most cited reasons that people avoid seeking help, recent evidence suggests that self-stigma (the internalization of societies stigmatizing views) is also an important barrier (Vogel et al., 2006)
- Anti-stigma campaigns for youth have primarily focused on increasing knowledge about serious mental illness and decreasing stigmatizing attitudes
- However, research has shown an inverse relationships between having contact with an individual with serious mental illness and endorsing mental illness stigma (Corrigan & Watson, 2002)
- To this end, we incorporated into our psycho-educational design, a testimonial narrative delivered by an individual with schizophrenia who told her story of symptom onset in high school, her experience of feeling ostracized, followed by her eventual success in treatment and recovery of function.
- To date there has been little empirical investigation of the effectiveness of psycho-educational programs, specifically with the integration of contact with an individual with a serious mental illness



Hypotheses



Hypothesis 1

- The psycho-educational program will significantly increase knowledge about schizophrenia

Hypothesis 2

- The psycho-educational program will significantly decrease social distance towards individuals with schizophrenia

Hypothesis 3

- The psycho-educational program will significantly decrease self-stigmatization towards seeking help for mental health problems



Methodology

- An E-Best committee representative contacted the principals of high schools in the Hamilton-Wentworth District School Board (HWDSB), who invited interested school teachers to schedule a time for the presentation
- The sample consisted of 254 adolescents (173 females, 81 males) in grades 9 to 12 from 5 secondary schools in the HWDSB region
- The presentation was delivered by McMaster medical students, featuring a narrative by an individual with schizophrenia





Methodology Cont'd

- Measures of knowledge, social distance and self-stigma were assessed by various self-report questionnaires that the students completed immediately before and after the presentation
- In addition, the students completed a presentation evaluation and answered several qualitative questions
- The presentation was approximately 75 minutes including time spent completing measures and a question/answer period



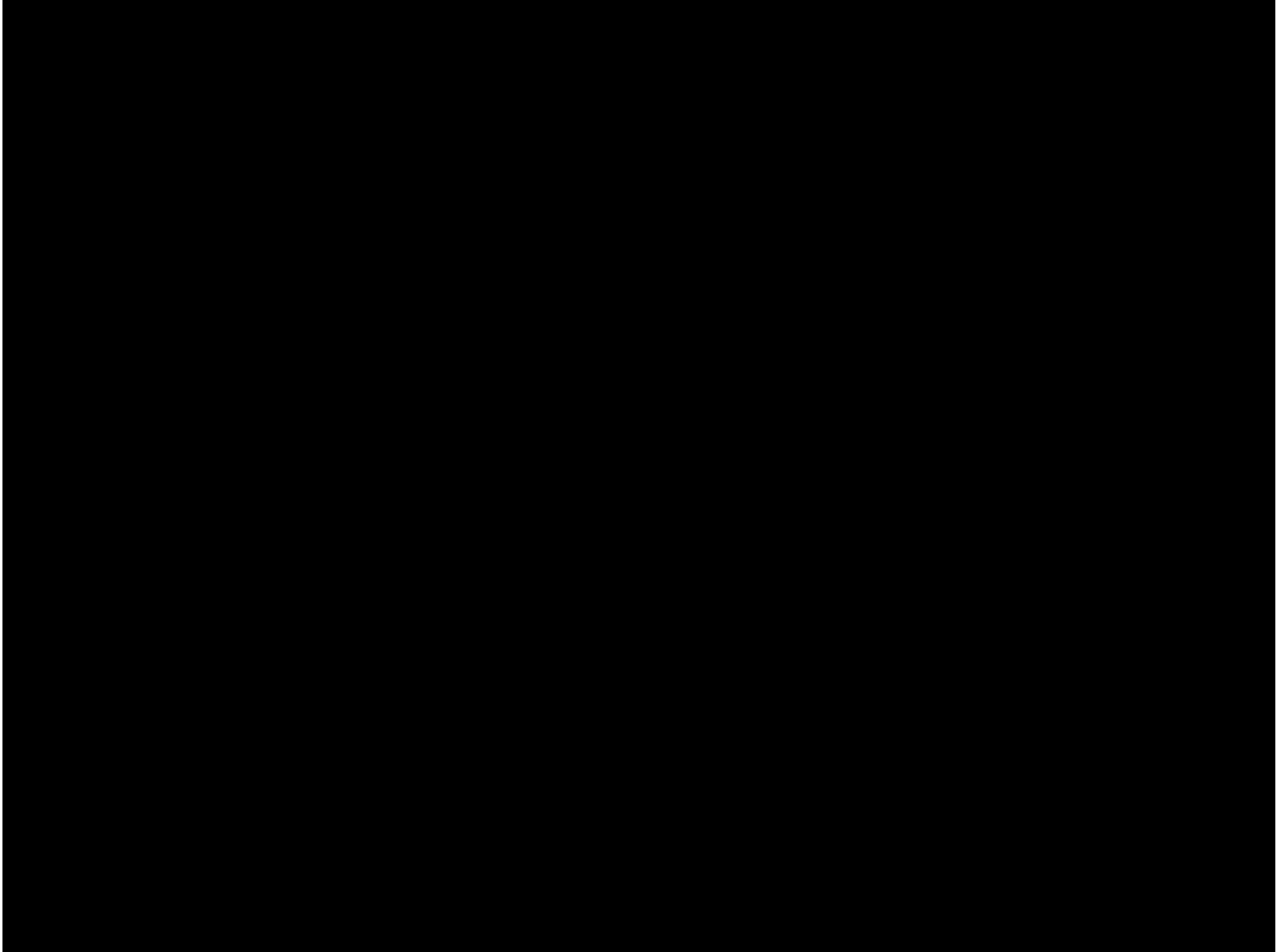


Anti-Stigma Presentation Components

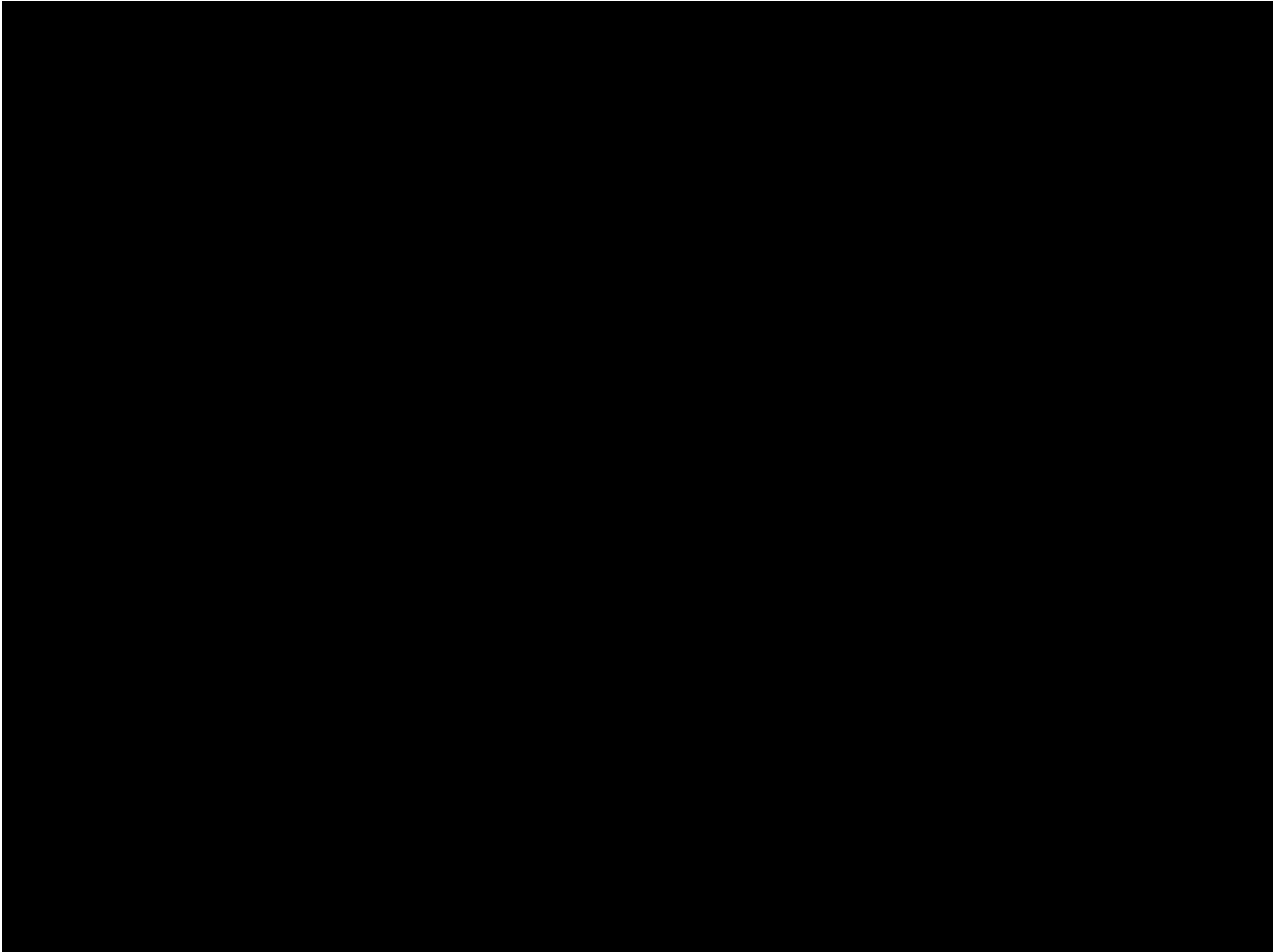


- Facts about mental illness and schizophrenia presented by medical school students
 - Statistics regarding the pervasiveness of mental illness and schizophrenia
 - Causes of onset of schizophrenia
 - Celebrities with mental illness
- Anti-stigma videos
- Skit highlighting the effects of self-stigma presented by high school students
- Schizophrenia narrative

Videos



Videos





Liz's speech

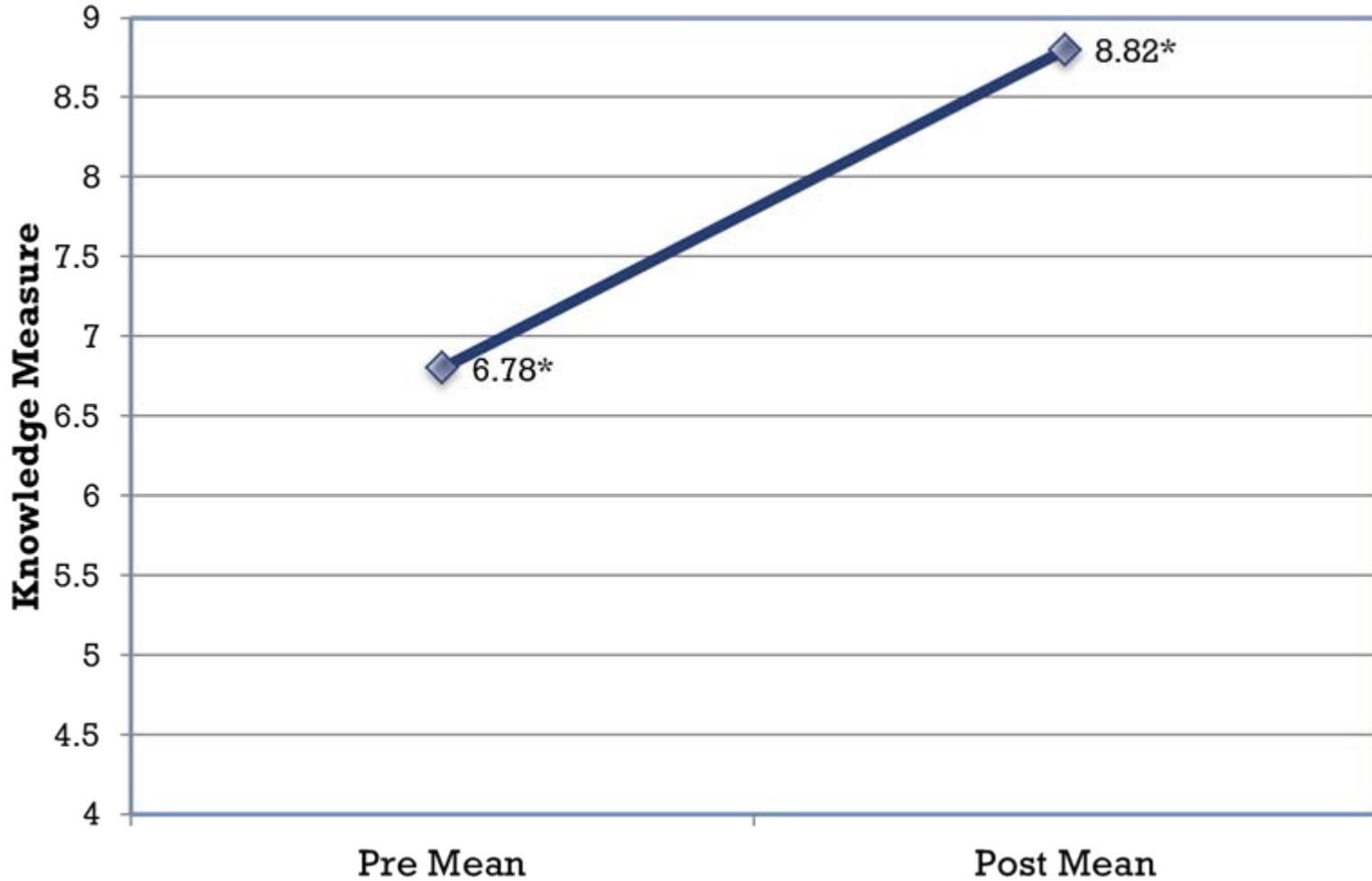
“...there is an invisible discrimination for people with mental illness. I hear the comments all the time, both at work and when I am with friends. Things like ‘psycho, crazy, one side of the brain isn’t listening to the other side, schizo’s shouldn’t be driving’. These words and ideas hurt immensely. I’m stuck there taking pills and going to counseling for the rest of my life and to top it off I can’t tell anyone about my problem because people think I’m going to attack them, I can’t say anything for fear of being alienated from all my friends and coworkers, not to mention the chances of getting some sort of promotion in the organization is probably out the window.

So please both as [future] healthcare workers and as people, stop this vicious talk and understand that I am a productive person in society and should be treated as such.”





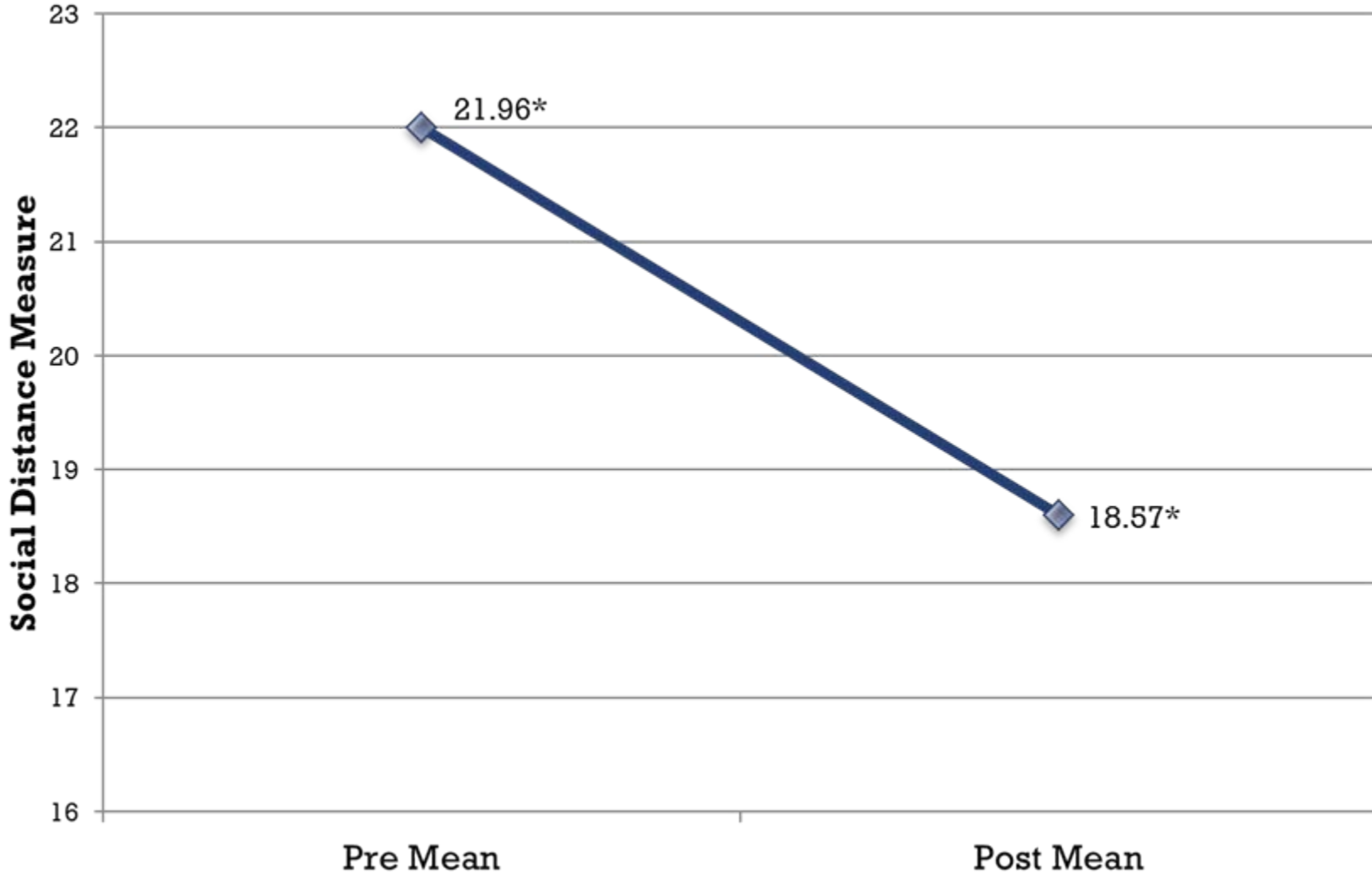
Results: Change in Knowledge



* $p < .001$



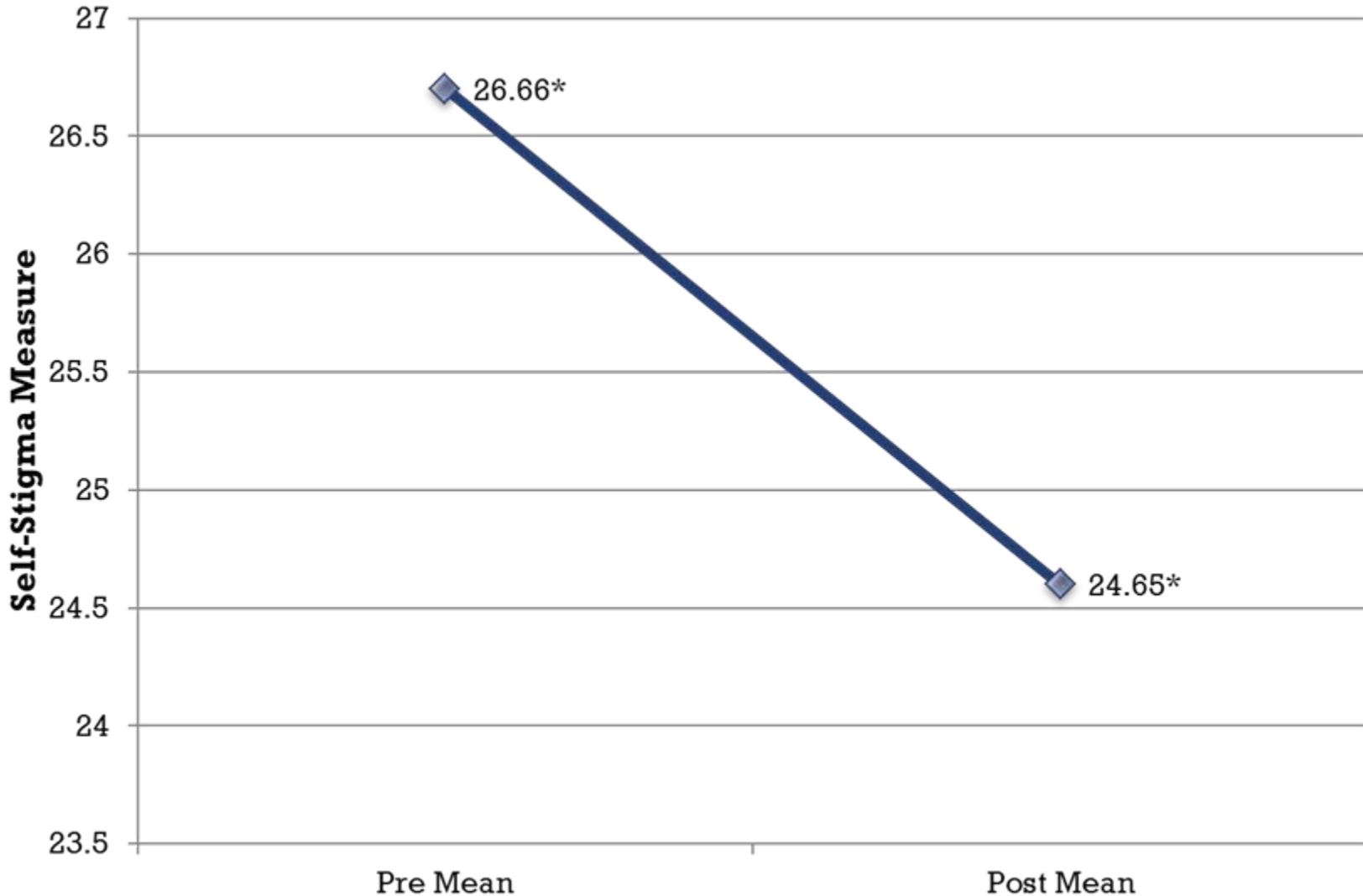
Results: Change in Social Distance



* p<.001



Results: Change in Self-Stigma



* p<.001



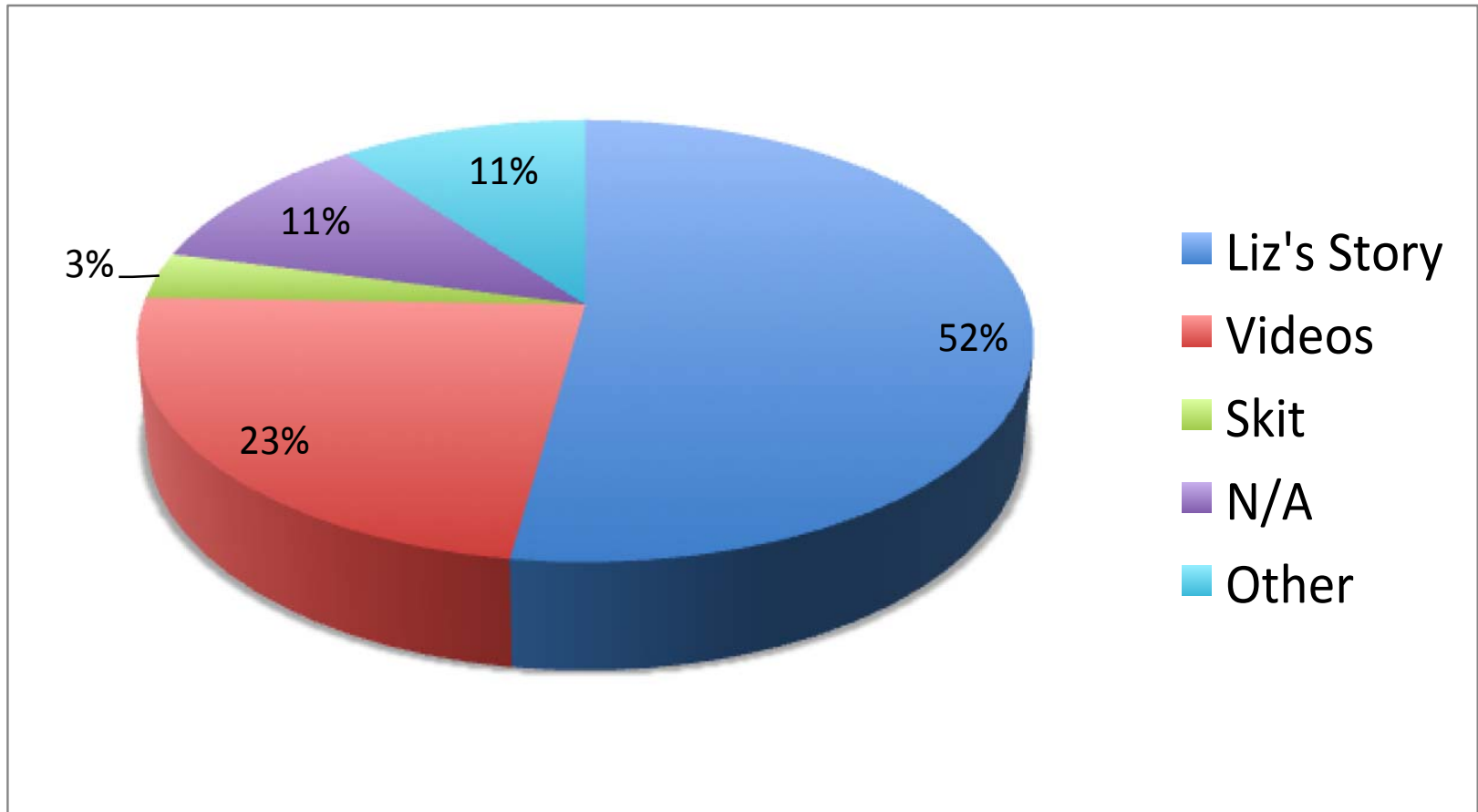
Post Presentation Evaluation

- There were a number of post evaluation questions in which the students were asked about various components of the presentation
- The aspect of the presentation that was deemed most valuable was Liz's talk

I feel it is valuable for students to hear from someone living with mental illness

69.3% strongly agree, 23.6% agree

When asked: What part of the presentation did you ENJOY and BENEFIT from the most?





When asked: What part of the presentation did you ENJOY and BENEFIT from the most?

- “I really enjoyed Liz's story because it was very personal and I think it is important to see that someone with a mental illness is able to stand up and show people that just because they have a disorder it doesn't make them "weird" or "crazy" as some people would label [such] a person.”
- “I enjoyed Liz's presentation the most. It made me feel more comfortable about struggling with mental illnesses. People can live successfully with mental illnesses and people do get better.”
- “I enjoyed that a person with schizophrenia spoke to us and shared her experience. It's different from what you would see on TV.”
- “It was interesting to hear from someone living with schizophrenia directly. I think it is most beneficial to hear directly from someone living with these issues to get a firm grasp of its effects on people!”



When asked: Has your knowledge and attitude about mental illness and schizophrenia changed as a result of this presentation?

- “I used to be a little prejudiced when it came to mental health. Now I understand how these illnesses can affect a person's life, and how they're [just as] normal as everyone else.”
- “I feel now if I ever got a mental illness that I'd be perfectly fine with telling my family and seeking help.”
- “I have a more positive attitude towards getting help from someone and talking about it if I think I have a mental illness.”
- “My knowledge has increased in a positive [way] and I will never label someone with an illness because now I understand how they feel.”





Conclusion

- Although there have been psycho-educational programs focusing on anti-stigma in high school youth for sometime, to date, there has been little focus on self-stigma
- The findings of this project suggest that hearing from an individual with a mental illness may be an important component to incorporate into such programs particularly in combating self-stigma in regards to seeking help
- Hospital and community programs should provide the appropriate training for persons with mental illness so that they can prepare talks such as the one delivered by Liz
- In addition, it is essential that a budget is provided for honorarium for individuals with mental-illness to give these talks in high schools
- It is suggested that school boards incorporate psycho-educational programs into their curriculum to address the pervasive issues of stigma and self-stigma in high school youth





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Acknowledgments

- I would like to send a special thank you to Liz for sharing her personal story and providing the heart of the presentation
- Thanks to the McMaster University medical students who delivered the talks to various schools - Gemma, Angela, Emily and Russell
- Dr. Kathy Short, the E-Best committee and Hamilton-Wentworth District School Board for their review of the project and help in school recruitment
- Principals, Teachers and Students from Ancaster High School, Barton Secondary School, Chedoke School, Hill Park High School & Orchard Park Secondary School
- Community Social Vocational Rehabilitation - CSVF Foundation for providing an unrestricted grant for this project
- Lastly, my supervisor Joel Goldberg and Gord Flett as well as everyone in the lab – Leah Hartman, Rebecca Young and Nathalie Michel, for their unlimited and generous advice and support

