St. Cloud State University

theRepository at St. Cloud State

Culminating Projects in Special Education

Department of Special Education

10-2019

The Effects of Stigma Reduction Programs for Students with Mental Health Issues

Heejung Choi
hchoi2@stcloudstate.edu

Follow this and additional works at: https://repository.stcloudstate.edu/sped_etds

Part of the Special Education and Teaching Commons

Recommended Citation

The Effects of Stigma Reduction Programs for Students with Mental Health Issues

by

Heejung Choi

A Starred Paper

Submitted to the Graduate Faculty of

St. Cloud State University

in Partial Fulfillment of the Requirements

for the Degree of

Master of Science

in Special Education

October, 2019

Starred Paper Committee:
Kyounghee Seo, Chairperson
Bradley Kaffar
Younsook Yeo

Table of Contents

List of Tables

Chapter 1: Introduction

There are myriads of incidents that happen every day in the world; however, when certain incidents are inadvertently caused by people with disabilities, more attention is brought to it by the media and it is disproportionately exaggerated to focus on the person or the person's disability rather than the incident itself. When some of those accidents are caused by people with mental disorders, mass media always draws the attention of the public to the mental illness itself disproportionately. Although the accused did not have any prior criminal record, people turned suspicious eyes to all the people with mental health issues as potential criminal candidates or dangerous people. According to Jo and Kim (2010), media in Korea primarily discuss people with mental disorders in relation to accident /crime/suicide-related topics. Jo and Kim (2010) stated that 69% of articles related to people with mental health disorders in Korea depicted them with negativity and violence, while only 13% of articles focused on fact and positivity. Recently, schizophrenia has become a focal point of the Korean society due to several incidents of crimes committed by individuals with schizophrenia, and all the people with mental disabilities have been criminalized with false connections between partial symptoms of mental health issues and criminal behaviors. Over simplification and emphasizing negative facts makes the uneducated public have criminal stereotypes and stigma toward people with mental disorders. If people are exposed to negative information frequently and repeatedly on the people with mental disorder, they will be treated as dangerous people and they may even become one.

Economou et al. (2014) depicted these types of phenomena quite well in his study. They presented general education students with word cards written with names of mental disorders and asked what descriptions or words come up to their mind. The most frequently cited words were 'crazy' and 'dangerous,' and the general education students even worried about

mental disorder being possibly contagious. This study clearly shows that the students with

mental disorders should survive their own disability while struggling through prejudice and

misconception during their school years. Rüsch, Angermeyer, and Corrigan (2005) suggested:

"*They have to deal with the symptoms of the disease itself and the misunderstandings of society*

about the various mental disorder cause stigma. Thus, people with mental disorders experience

not only in the difficulties arising from the symptoms of the diseases but also in disadvantages

through society's reactions" (p. 535). Watson et al. (2004) also claimed that *"...most studies*

found evidence of negative attitudes toward people with mental disorders in the earliest age

group studied, and that these negative attitudes increased with age."

People with mental disorders tend to have low self-esteem and it interferes with their

adjustment in a mainstream society. According to Seo and Kim (2004), found that people with

mental disorders internalized the stigma of the public; they anticipate discrimination or rejection

by others. Such reactions may have negative effects on both psychological and social

functioning.

Awareness of and attitude toward mental disorders are important to help people with

mental disorders to adjust in society. Twenty percent of youth in the U.S have mental health

issues and 50% of lifetime mental disorders begin by the age of 14 (National Institute of Mental

Health, 2016). It means approximately one-fifth of students could suffer from mental disorders

and the illnesses may start while they are in grade school. Objective and medical facts about

mental disorders should be provided for students while they are still in grade school to increase

understanding of diverse characteristics of people, whether they have a mental disorder or not.

Watson et al. (2004) stated that "most studies found evidence of negative attitudes toward people with mental disorders in the earliest age group studied, and that these negative attitudes increased with age" (p. 564).

The quality of life for students with mental disorders in the future is as foggy as ever if we do not start increase awareness of mental disorders for every student with or without disabilities. It is important to start stigma reduction programs in school because experiences in school better influence people's attitudes and thoughts later in their life. If people have opportunities to reduce stigmas toward people with mental health issues in school, they will learn positive attitudes toward them at an early age and learn to live together regardless of the existence of disabilities. Early education and early intervention is always the key to accept students with disorders without stigma attached to the labels. In addition, if people have opportunities learn about mental health issues, it will also help obtain better attitude toward people in general which would increase acceptance of the people with mental disorders in their community without stigma. Research has shown that people with a better understanding of mental disorders are less likely to endorse stigma and discrimination (Brockington, Hall, Levings, & Murphy, 1993; Link & Cullen, 1986, Link, Cullen, Frank, & Wozniak, 1987; Roman & Floyd, 1981).

Considering these ideas, people need to understand how preconceived notions about children with mental disorders affect their experience in school and how to teach children without disabilities to increase awareness of mental disorders. A brief summary of the importance of increasing awareness of mental disorders, and definitions of the terms used in this study is provided in this chapter. Chapter 2 provides research findings of effectiveness of stigma reduction programs in schools. These studies will show the evidence of students with mental

disorders would have more time to learn coping strategies to increases the possibility of adjusting in the society with reduced stigma and prejudice.

Research Question

1. How stigma caused by misconception influences school experiences of students with mental disorders?

2. What strategies or practices could improve school experiences for students with mental disorders?

Definition of Terms

1. Mental disorders: Regardless of specific diagnosis, I decided to use all the mental health issues as "mental disorder." According to DSM-5 (American Psychiatric Association, n.d.), there are five symptoms to define mental disorders.

   - First, a behavioral or psychological syndrome or pattern that occurs in an individual.

   - Second, that reflects an underlying psychobiological dysfunction.

   - Third, the consequences of which are clinically significant distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning).

   - Fourth, must not be merely an expectable response to common stressors and losses (for example, the loss of a loved one) or a culturally sanctioned response to a particular event (for example, trance states in religious rituals).

   - Fifth, it is not primarily a result of social deviance or conflicts with society. Mental disorders include various type of illness. Anxiety disorder, behavior

disorders, eating disorders, mood disorders, obsessive-compulsive disorders are

the best-known mental illness.

Stigma Reduction Strategy Adding Mental Health Class to Regular Curriculum: The

strategies were conducted in schools setting. The strategies were included in curriculum such as

health or science class.

Stigma Reduction Strategies Using Expert-Led Workshops: Expert such as medical

students, psychologist executed the reduction stigma programs. The strategies are not in

curriculum. It takes 1 to 3 hours.

Chapter 2: Review of the Literature

Focus of Paper

The review of literature in this chapter includes 12 studies related to the effectiveness of programs aimed at reducing stigma for children with mental disorders in school settings. The studies were published from 2003-2015. This project initially focused on reducing stigma for adolescent students with schizophrenia and effectiveness of education programs of mental disorders; however, only two studies were found under this category. Therefore, search category was expanded to include people who have mental disorders within an age range from middle school to college students.

Based on in multiple research studies found, students without mental disorders who received stigma reduction intervention showed differences in attitude toward students with mental disorders which led to the conclusion that this change in attitude may be related to improved quality of school life for students with mental disorders. In addition, there are two Meta-analysis research studies identifying the effects of stigma reduction intervention programs. The published research came from academic searches of SAGE journals online, SCSU library, and Advanced Google searches for research literature. Research key words used were: people with mental disorders, mental illness, mental health issues, mental illness stigma, stigma reduction program in school, and quality of life for people with mental health issues.

Importance of the Topic

It is reported that approximately one in five youth between age 13 and18 (21.4%) experience a severe mental disorder at some point of their life (Mental health by the numbers, 2017). According to WHO, nearly two-thirds of people with mental disorders never seek help from health professionals regardless of availability of treatments. Stigma, discrimination, and

neglect prevent children with mental disorders from treatments and reaching out for people who

can help them to increase the quality of their life (World Health Organization [WHO], 2001).

According to the Southern Poverty Law Center (2007), approximately 85% of children

in juvenile detention facilities have disabilities that make them eligible for special education

services, yet only 37% had been receiving any kind of services in their schools. Studies also

show that children with emotional disorders and/or mental disorders are particularly at risk (Kim

et al., 2010).   Keeping students with mental disorders from dropping out of school and helping

them find ways to adapt in society will improve their social interaction and chances to survive.

Social interaction is an essential element to be successful in mainstream society. Negative social

interactions are significantly associated with subjectively lower quality of life, while positive

social interactions are associated with better quality of life. (Yanos, Rosenfield, & Horwitz,

2001).

Students with mental disorders were less likely to be given appropriate guidance in how

to deal with against aversion not alone with social stigma. Then, they were left to face the harsh

reality of solving their problems alone, when the stigmas had a great influence on their life

negatively. Stigma attached to mental disorders interferes with leading the daily lives of people

with mental disorders and their families. Dissatisfaction, stress, and the burden of managing

daily routine or helping family members with mental disorder to perform their regular activities

while facing stigma were among the most reported difficulties in life (Sartorius &Schulze, 2005).

According to WHO (2001), currently more than 40% of countries have no mental health

policy, and over 30% no mental health programs. According to Seo (2009), "Korean children are

seriously under-identified in the area of learning disabilities or emotional and behavior disorders.

Other than 0.3% currently identified students, more than 10% of the Korean student population is

struggling to survive without any supports or accommodations" (p. 44). This meant that people

without mental disorders do not know anything about what mental disorders are or how to

approach the people with mental disorders appropriately. Watson et al. (2004) proved that

students who participate in a stigma reduction program showed changed attitude toward students

with mental disorders. A clue to help with the adjustment of students with mental disorders has

been found in stigma reduction programs in schools. The programs not only reduce stigma

attached to mental disorders, but also encourage students with mental disorders to engage in

school activities. By exploring stigma reduction strategies and their effects on students with

mental disorders, increasing awareness of mental disorders will be a key to improve the life of

students with or without mental disorders when they live side by side in the same society.

Research to be Reviewed

Twelve studies were selected for review that evaluate the effectiveness of strategies for

reducing stigma attached to mental disorders and increasing awareness of mental health issues

for students without mental disorders. Table 1 presents these studies in the chronological order

from the least to the most recent ones.

The purpose of this literature review was to examine the effectiveness of introducing

stigma reduction programs in schools. This chapter is organized in three major sections:

influence of stigma attached to mental disorders and comparison of the effectiveness of stigma-

reducing programs including meta-analysis. Twelve studies are reviewed.

**Influence of Stigma Attached to Mental
     Disorders**

How do stigmas about students with mental disorders influence their experiences in

school? Oleniuk, Duncan, and Tmpier (2013) examined people who exhibited symptoms

of mental disorders and compared their experiences with stigma as measured by their mental

disorders scale for stigma experiences. This research examined experiences of stigma and the

influence on patients (n = 41) who were hospitalized for mental disorders. They examined

expectation, intensity, and frequency of stigma they recognized. The study showed that stigma

negatively influenced the patients' ability to build and maintain friendships. Young patients (19

years and younger) are more likely to be negatively influenced by stigma. The stigmas attached

to mental disorders could build barriers between students with and without mental disorders to

build friendships. Friendship is key to be accepted in school and to obtain the sense of

belongings. When students with mental disorders fail to build a friendship due to stigma, their

chances of building social life in school is more likely to be poor. When considering quality of

life, it is important to investigate dropout rate because it may estimate the chance of students

with mental disorder to be adapted in society. Hjorth et al. (2016) stated that mental disorders

such as depression or anxiety are more likely increase the risk of dropout of school. Hjorth et al.

(2016) conducted health survey to investigate relation between dropout rate and poor mental

health regarding educational level and gender. They defined dropout as the event of leaving an

educational setting before completing requirements for graduation. As a result poor mental

health was a significant factor for dropout among students in vocational school and higher

education settings (Hjorth et al., 2016). Even though students with poor mental health issues

have studied until higher education, they decided to drop out school because of the issues. If they

could get supporting service for mental health issue, they would complete their degree.

According to the U.S Department of Education (2016), 37% of students with mental disorders,

age 14 and older, dropped out of school which is the highest dropout rate of any disability group.

However, students with mental disorders were not provided enough accommodation or support

for mental health-related services at school. According to the U.S Department of Education (2016), the ratio of school counselor to student was 1:464 during 2015-2016. The American School Counselor Association recommended a counselor to student ratio of 1: 250, and only three states out of 50, Wyoming, Vermont, and new Hampshire, showed ratios under 1:250 (U.S Department of Education, 2016). One counselor is not capable of taking care of over 250 students, including students with mental disorders. This data suggests that students with mental disorders have not received appropriate supports at school which increased the chance of drop out of schools. Higher dropout rates of students with mental disorders meant they need more support from school and surrounding community to complete their education than general education students. However, they were left to struggle with the combined challenge of the symptoms of their disability, as well as the stigma attached to it without appropriate support programs from schools. If schools provide students with mental disorders appropriate mental health support systems, and students without disorders with stigma reduction programs at the same time, students with mental disorders may have had a better school experience with lower dropout rate.

Nine articles introduced ways to reduce stigma about students with mental disorders. The studies were categorized by three different kinds of methods. They were strategies based on curriculum, workshop, and blended methods.

Stigma Reduction Strategy Adding Mental
    Health Class as a Regular
      Curriculum

Strategies based on curriculum changes were discussed in three articles. Strategies based on curriculum are defined as teaching staffs and students with and without mental disorders

mental health-related facts as part of the school's curriculum. According to Shulze, Richter-Werling, Matschinger, and Angermeyer (2003), reported that teaching a mental health class for a semester was effective to reduce stigma for students with schizophrenia. The project was designed to promote the knowledge of mental health for young people age between 14 and 18 and to reduce stigma toward people with schizophrenia. The study had 90 students in a secondary school setting who took the class for 3 months. The class included activities to interact with people with schizophrenia. The participated students' attitudes and behavior toward people with schizophrenia were measured through pre-test and post-test by asking the changes in stereotypes of people with schizophrenia and social distance, while a control group of students were asked the questions without taking classes. As a result, the students who took the class showed a significant decrease of negative stereotyping, and the changes maintained at the follow-up in a month later. The result of stigma reduction projects at the school showed a possible effective approach to increase acceptance of students with mental disorders and reduced negative stereotypes (Shulze et al., 2003).

Watson et al. (2004) evaluated the influence of including mental health curriculum for 1,566 middle school students in the United States. Sixth- to eighth-grade students were taught about mental illness during their science classes. The field tests of *The Science of Mental Illness* curriculum were conducted to evaluate knowledge and attitudes toward mental disorders. The primary questions were: (1) what are the baseline knowledge and attitudes about mental health issues in this sample of middle school students, (2) does participation in a curriculum about the science of mental health issues increase knowledge and improve attitudes toward students with mental disorders, and (3) what are the influences of an educational intervention on stigma-related attitudes. Pre- and post-tests were given before and after the intervention period.

Participants responded to these items in reference to a new student whom they had heard having mental disorders. There was no significant difference in pre-test knowledge scores between the group who would take the class and the control group. However, the post-test showed differences in attitudes toward people with mental disorders within the intervention group. Students who participated in the curriculum started to think of mental illness as a problem of the brain with both biological and psychosocial causes. Students in the high-negative-attitudes group experienced significantly larger improvements in attitudes than the rest of the students (Watson et al., 2004). However, they lacked knowledge about treatment and overall were "not sure" about many aspects of mental health issues (Watson et al., 2004). The results proved that most studies and strategies focused on symptoms instead of treatment. Thus, adding curriculum to educate about mental illness could be an effective to increase understanding and improve attitudes toward students with mental disorders. This study also suggested adding components of treatment for students to better understand people with mental disorders (Watson et al., 2004).

Mann and Himelein (2008) conducted two studies to compare the effectiveness of two different instructions. The research included Study1 and Study 2. Study 1 is for comparing traditional and humanizing approach. In Study 1, 53 undergraduate students participants who studied at public university enrolled in two introductory psychology classes consist of the study. Study 1 had two groups. One group is the humanizing group, and the other group is the diagnostic group. Both groups had identical textbooks and similar curriculum, but they differentiated in the way the material is presented. People with mental health issues read first-person narratives for the humanizing group. Also, participants watched a video documentary presenting the life of people with mental health issues. The diagnostic group focused on DSM-IV criteria and read articles written by experts rather than experience of people with mental health

issues. As a result, the humanizing group's score showed significantly greater improvement in stigma scores than the diagnostic group. Also, the humanizing group's score reported it was a more enjoyable study compared to the diagnostic group.

Study 2 aimed to rule out possibility that the humanizing groups' changes were a one-time occurrence influence by class dynamics. Study 2 is a follow-up assessment. In Study 2 participants consisted of 48 students in introductory psychology classes at the same university. They were divided by two groups and both groups received a humanizing approach at the same time. After the intervention, pre-test and post-test scores were compared. The survey replicated Study 1. The humanizing approach showed a more significant influence toward individuals with mental health issues than traditional instruction. Students reported a significant decrease in stigma following the intervention. This research indicated that traditional method of teaching awareness of mental disorders is not effective and did not show an improvement in participants' stigma toward mental disorders. However, the humanizing method helped participants to have comfort toward people with mental disorders. The humanizing method was more helpful and enjoyable for the participants (Mann & Himelein, 2008).

Swartz et al. (2010) planned for 3 hours of lessons during health classes to evaluate the effectiveness of the Adolescent Depression Awareness Program (ADAP) . The purpose of the study was to improve knowledge about depression including treatment. The class included the steps how to diagnosis of mental disorders, the symptoms and criteria for diagnosing major depressive disorder, and bipolar disorder. The participants were 4,299 ninth-grade students, aged between 14 and 15, from six high schools from 2001 to 2005. The curriculum consisted of lectures, discussion, videos, homework, video assignments, and interactive group activities. The participants were assessed in their knowledge and attitudes toward adolescents with depression

by using the survey. The students were given pre-test prior to participate in the program and post-test 6 weeks following the ADAP classes. As a result, students were able to answer 80% of knowledge of mental health issues and list symptoms of depression and mania accuracy 70.1% after the intervention.

Most studies have focused on mental health issues and symptoms of mental health issues without considering treatment; however, this study included treatment information and maybe it is the factor that showed significant effectiveness. In addition, this study included diverse methods such as discussion, group interactive activities, and homework assignments. These strategies may have been more effective due to diverse methods. If students were able to think of the topic with a diverse view, it will cause them to have better understanding and attitudes. It appears knowing the fact was not enough to change attitudes. However, when students learn about treatment methods, they may understand better what it takes to make things better for students with mental disorders.

The aforementioned three articles have a common theme based on curriculum with different focal points and specific detail. Two articles investigated the effectiveness of exposure to different lengths of time periods to mental health curriculum to reduce stigma attached to mental disorders. The third article emphasize more on different content of curriculum to find significant changes and maintenance after that. Watson et al. (2004) stated that "a brief educational program can be an effective intervention to increase knowledge and improve attitudes about mental health issues." Swartz et al. (2010) even proved effectiveness of a 3-hour instruction over two to three consecutive health classes. Shulze et al. (2003) insisted a semester long classes to show effective stigma reduction toward students with schizophrenia. There had been various conclusion on how to reduce the stigma toward mental health issues.

Stigma Reduction Strategy Using
   Expert-Led Workshop

Strategies based on workshops are discussed in three studies. Pinfold et al. (2003)

figured out effectiveness of workshops to reduce stigma toward people with mental disorders.

Four hundred seventy-two students aged 14-15 without mental disorders in secondary school

participated in workshops. Researchers compared the effectiveness through pre-test and post-test.

The students participated in mental health awareness workshops and answered pre-test and post-

test questions. The study was delivered by people who were working in the field of mental

health. The students received two 1-hour educational interventions. The first hour-long session

focused on pupils' understanding of mental health and mental illness. Students watched a short

video about people living with depression and schizophrenia. After watching the video, students

had a short conversation with the person followed by a question-and-answer session. The second

session focused on language known to dominate young people's descriptions of mental illness

such as "nutter," "loony," "mental," and "psycho." The session promoted people to reflect their

stereotypical label toward people with mental disorders. Students talked to a person who had

personal experiences of living with mental health problems shared their experience. According to

the results, students showed differences after they talked to people who had personal contact

with people with mental health issues. Students provided positive answered 37% (base line) to

70% (1 week follow-up) toward people with mental disorders. Students started to think that they

were less likely to be violated. In addition, students answered that people can recover from

mental health problems from 68% (base line) to 87% (1 week follow-up), and the thought

sustained after 6-month follow up as 83%. Short educational workshops can influence positive

change in participants' attitudes toward people with mental health problems (Pinford et al.,

2003). Even though the work shop is an hour session, it showed differences. If schools provided at least an hour session, it could make students think differently toward people with mental health issues.

In addition, this study proved differences between gender and depending on time differences. At baseline there were no significant differences between male and female, attitude, or social distance rating scores, but a higher proportion of female students provided different views at follow-up compared with their male colleagues. In particular, female students felt that talking to people with mental health problems was not difficult (61% females compared with 48% males).

Ke et al. (2015) aimed to test the effects of a 1-hour classroom-based workshop led by medical students on mental health issue stigma amongst secondary school students. Two hundred seventy-nine students aged 14-17 from three public secondary schools participated in the study. Students took the workshop during regular class in grades 9 and 10. The workshop consisted of an introduction to mental health issues and public stigma, and education about psychiatric disorders, available treatments, and resources. Results were measured by stigma and social distance at three times before (T1), after (T2), and 1-month post-workshop (T3). As a result, total stigma score showed significant difference 23% decreasing between compared to before (T1) and after (T2) and 21% decreasing before (T1) and 1-month follow up (T3). After the workshop, the results show that total stigma scores decreased significantly from before. This effect was primarily due to improvements in scores that measured for social distance. There were no significant changes in scores that measured stigma. Three out of seven stereotype items and 11 out of 12 social distance items had significantly reduced scores following the workshop. Adolescents' stigmatizing attitudes can be effectively reduced through a 1-hour easily

implementable and cost-effective classroom-based workshop led by medical students (Ke et al.,

2015).

Ke et al. (2015) found effective methods to reduce stigma toward mental disorders. The

study has good procedure. It includes the introduction to mental health issues and public stigma,

education about psychiatric disorders, available treatments, and resources. Even though this

workshop was only an hour, it was able to reduce stigma. This study showed the importance of

teaching students about peers with mental health issues. The workshop was able to enhance

students' awareness of people with mental health issues within an hour. If schools are not able to

afford curriculum, participating in an hour workshop can be an alternative way to reduce stigma

toward students with mental health issues.

Economou et al. (2014) explored adolescents' attitudes to schizophrenia and the impact

of an educational intervention on improving them by employing a mixed methodology. The

program was conducted in a 2-hour lesson. A total of 1081 secondary-school students were

randomly allocated to a control and experimental condition. The intervention took place during

regular school hours; its overall duration was 120 minutes and was delivered by two

psychologists trained in child psychology and group dynamics. At the beginning of the program

the students were received projective cards (word, color, emotion) and asked to write the first

"word," "emotion," and "color" coming up when they hear the phrase "severe mental illness."

After students wrote on the card, the answers were distributed to them. They were given the card

after finishing the program again. The authors compared the result of pre-test and post-test

through the cards. The program included discussion, imaginary technic, role playing, and group

activities such as painting poster. Most of the methods are similar to other studies, but this study

implemented imaginary technic. Imaginary technic is that students receive diverse situations

where people with schizophrenia can experience discrimination. Afterward, students explained

how they feel toward people with schizophrenia, and how would feel if they were people with

schizophrenia. As a result, the most often stated word was "crazy" (30.17%), the second theme

(12.28%), "loneliness," and "despair." After the intervention, students came up with a total of

408 words that produced a slightly different set of categories such as "diversity" or

"compassion," indicating a positive attitude toward the person with mental illness (13.73% from

3.66% before the intervention). Students started to think differently (creativity, 5.64%, words in

this category, e.g., "artistic" or "creative"). Students also described emotion as empathy for the

person (52.41%, e.g., "sadness" or "sorrow") before test. Positive feelings increased toward the

patient (10.27%) like "love" and "understanding." Students also provided different colors after

the intervention. The most dominant color before the intervention was black (31.40%), second

color was white (19.35%); whereas after the intervention, the most frequent color was white

(23.12%) followed by black (17.66%). Black can describe a negative connotation, in contrast to

white, which usually has positive connotations (Soriano & Valenzuela, 2009). Given that color

brightness has been associated with the evaluation of stimuli (Meier, Robinson, & Clore, 2005),

colors were also categorized based on brightness. Educational interventions can contribute

significantly to preventing negative attitudes toward mental disorders. This article's assessment

was interesting because they measured differences between pre- and post-test through words.

The words were easier and simple to choose to participants through their opinion and experience

and to compare change of participant's thought. In addition, it is easier to know how people

without mental disorders think about people with mental disorders. This study's methods were

different and effective because they tried to make people understand situations that people with

mental disorders experience. The methods could address the change through understanding of people with mental disorders and feeling empathy.

Comparison of Stigma Reduction Programs:
  Lecture, Video Training, and
  Hands- on Workshops

According to Matteo and You (2012), the research studied effectiveness among three kinds of reducing stigma programs. The researchers hypothesized that contact program would be the best effective way to reduce stigma about people with mental health issues. Undergraduate students who studied in three introductory psychology courses participated in reduction of mental health issues stigma. The researchers examined the effects of lecture and hands-on workshops. The lecture group participated in a 15-minute, small-group activity that required them to generate cultural stereotypes and myths about individuals with mental illness. In the next class, they had the lecture and discussion the stigma and misconceptions related to mental disorders for 90 minutes. The video group also watched in a 15-minute small group activity. The groups made questions they would ask a person with a mental illness. The instructor asked the students if they would be interested in understanding a person's experience with disorders. The contact group participated in the same 15-minute small-group activity like the video group. After 3 days, the students met people with mental health issues. They talked about their lives and the students had individual meetings with people through questioning and answering.

The research compared the pre-test and post-test score after conducting each program. Social distance showed significant reduction for the contact intervention. The contact group felt greater comfort with persons with mental disorders compared to the other group. The contact group showed the biggest change of social distance score. Next score is video group and lowest change is education group.

This study is impressive because they could compare the effectiveness of three different methods. Previous studies emphasized contact is the best way. The research proved the importance of meeting people with mental disorders. Traditional educational lessons need to be changed by providing students opportunities to talk with people with mental disorders.

Meta-analysis of Stigma Reduction
    Intervention

Dalky (2012) reviewed the literature evaluating the effectiveness of various stigma-reduction interventions related to mental disorders. This research reviewed 19 articles. An integrated search of the English language literature from 1998 to May, 2008, was done using CINAHL, Medline, PubMed, Scopus, and Psych INFO databases. The results of this review emphasize that experimental clinical trials hold promise for providing evidence-based data that can be used in mental health practice. Educational and contact-based strategies are used in various stigma-reduction programs. The results showed that positive attitudinal and behavioral changes are needed to decrease the stigma associated with mental health issues. This research showed the general idea of stigma reduction interventions.

Mellor (2014) studied to review the published literature on the effectiveness of classroom-based interventions to challenge the stigma of mental illness in young people. The article included 17 articles and the participants' range were children or adolescents attending primary or secondary school. Six articles are one-session programs, five articles are two-session programs, five articles are three-session programs, and one article is not defined. The review categorized three types such as studies with positive results at follow-up, studies with positive results at post-test but not follow-up, and no positive results. Twelve studies had follow-up and seven studies showed statistically significant positive changes. Five articles could not find

significant changes. Sixteen articles had post-test. Twelve articles showed that reduction stigma program address significant change after the intervention, while there were five articles with no significant change at posttest. Previous articles proved the effectiveness of curriculum-based strategies. This review provided effectiveness of curriculum-based strategies through comparing articles. It gave more specific information about the strategies and importance of results at follow-up. After taking the class, the effectiveness would seem to be strong. The result has to show at follow-up if it is significantly effective. This review investigated how curriculum-based strategies can be more effective. This information is helpful to create practical curriculum-based strategies.

Meta-analysis paper of effectiveness of stigma-reduction intervention provided more specific information. Comparing articles clearly identifies effective methods and what needs to be improved in the future.

Summary

Studies for reducing stigma for students with mental health issues published between 2000 and 2015 resulted in modest to moderate effect sizes, presenting generally positive outcomes. Most participants who participated in programs for reducing stigma for students with mental health issues decreased negative stigma and became aware of mental health issues. Despite generally positive outcomes of the strategies, the individual studies and data presented many limitations and inconsistent outcomes. In addition, there are differences depending on the strategies. In this study, 12 studies were located to evaluate the effectiveness of programs of reducing stigma for students with mental health issues. Conclusions and recommendations are discussed in Chapter 3.

Table 1

Summary of Effect of Stigma Reduction Program Research

AUTHORS	STUDY DESIGN	PARTICIPANTS	PROCEDURE	FINDINGS
Influence of Stigma on Students with Mental Health Issues				
Oleniuk, Duncan, & Tmpier (2013)	Quantitative	41 patients over the age of 18 hospitalized for mental illness	The researcher studied the people with mental disorders' characteristics and compared their experiences with stigma measured by the mental illness scale for stigma experiences.	Stigma had negatively impacted students' abilities to make and keep friends. Young patients (19 years and younger) are more influenced by stigma impact.
Hjorth, Bilgrav, Franddsen,, Overgaard, Torp-Peterson, Nielsen, & Bøggild (2016)	Quantitative	3,146 students who aged 16-29 years	The researcher investigated participants' mental health across gender and educational level through 12-term, short-form health survey. The researcher examined administrative registers over a 4.8-year period for identifying the risk of drop-out in students.	Poor mental health was associated to dropout invocational and higher education.
Stigma Reduction Strategies Based on Curriculum				
Shulze, Richter, Matschinger, & Angermeyer (2003)	Quantitative	90 students who are in secondary school aged 14-18	The students took the class for 3 months. Students had interaction with people with schizophrenia. Researcher compared pre-test and post-test.	Results showed a significant reduction of negative stereotypes. Attitude changes were still evident at the 1-month follow-up.

AUTHORS	STUDY DESIGN	PARTICIPANTS	PROCEDURE	FINDINGS
Watson, Otey, Westbrook, Gardner, Lamb, Corrigan, & Fenton (2004)	Quantitative	1,566 middle school students throughout the United States	Students learned the Science of Mental Illness curriculum supplement for middle school science classes (Grades 6-8). The impact of an educational intervention on stigma-related attitudes was evaluated through pre and post-test.	1) Knowledge about people with mental health issues was changed through the curriculum. 2) Attitude toward people with mental disorders improve compared to pretest, but several attitudes still remain after the curriculum.
Mann & Himelein (2008)	Quantitative	1) 53undergrads at small public university enrolled in two introductory psychology classes 2) Participants consisted of 48 students in introductory psychology classes at the same university	1) Study 1 The researcher divided two groups and provided different instruction. One is traditional lecture and the other is contact with people with mental disorders. Stigma was assessed pre- and post–intervention using a social distance scale. 2) Study 2 The researchers implemented follow-up study to identify possibility of a one-time occurrence influence.	Humanizing approach showed more significant influence toward individuals with mental disorders than traditional instruction.
Swartz, Kastelic, Hess, Cox, Gonzales, Mink, & DePaulo, Jr. (2010)	Quantitative	Total 4,299 of ninth graders (age 14 to 15) students from six high schools during 2001 to 2005.	Students took 3 hours health after the intervention, students were given survey to assess knowledge and attitude toward people with depression,	Students showed a significant different attitude and knowledge toward people with depression. They were able to list symptoms of depression 80% accuracy.

AUTHORS	STUDY DESIGN	PARTICIPANTS	PROCEDURE	FINDINGS
Stigma Reduction Program Based on Expert-Led Training Session				
Pinford, Toulmin, Thornicroft, Huxley, Farmer, & Graham (2003)	Quantitative	472 students without mental health issues in secondary school aged 14-15	The students attended mental health awareness workshops and completed pre-and post-questionnaires detailing knowledge.	1) Students who have personal contact with people with mental illness show significant differences. 2) Short educational workshops can influence positive change in participants' attitudes toward people with mental health problems.
Ke, Lai, Sun, Yang, Wang, & Austin (2015)	Quantitative	Total of 279 students (aged 14-17) from three public secondary schools participated in the workshop	Students participated in workshop that was included the contents 1) introduction to mental illness and public stigma 2) education about psychiatric disorders 3) available treatments and resources. The students completed an anonymous questionnaire before, after and 1 month after the workshop.	Total stigma scores decreased significantly from before. Three out of seven stereotype items and 11 out of 12 social distance items had significantly reduced scores following the workshop.
Economou, Peppo, Geroulanou. Louki, Tsaliagkou, Kolostoumpis, & Stefanis (2014)	Quantitative	Total of 1081 secondary school students	Two psychologists delivered the intervention which included discussion, role- playing, and creative activities over 120 minutes. Projective cards and questionnaires were used to assess before and after.	73.1% of participants answered that people with schizophrenia are not dangerous to the public after the intervention. This was increased by 34% compared to pre-test.

AUTHORS	STUDY DESIGN	PARTICIPANTS	PROCEDURE	FINDINGS
Comparing Mode of Training: Lecture, Hands-On Training, and Video Training				
Matteo & You (2012)	Quantitative	Total of 69 students in introductory psychology classes from a small, Catholic, liberal arts college.	The researcher prepared three kinds of intervention. They compared the effectiveness among lecture, video training, and hands-on activities by using pre- and post-test.	Contract showed a significant difference.
Meta-Analysis Paper of Effectiveness of Stigma Reduction Intervention				
Dalky (2012)	Quantitative	Community college, university students, out-patients, and military personnel aged from 19 to 36 years.	This review of literature evaluated the effectiveness of various stigma-reduction interventions relating to mental health illnesses.	14 interventional studies met the inclusion criteria used in this review. Students who drop-out had the highest risk of all subgroups
Mellor (2014)	Quantitative	17 studies related to the published literature on the effectiveness of classroom-based interventions to reduce stigma	17 studies were reviewed for the analysis.	It is hard to figure out strong evidence to support what aspects make a successful intervention

Chapter 3: Conclusions and Recommendations

The purpose of this research paper was to evaluate the effectiveness of programs for reducing stigma surrounding mental health issues in school. Chapter 1 provided background information on the topic and Chapter 2 presented a review of the research literature. In this chapter, I discuss findings, recommendations, and implications of my research..

Conclusion

The 12 studies suggest the importance of a reduction stigma program. There are different points of view of strategies and timelines, but they all have important impacts for students with mental health issues and their peers. For students who have a mental health issues, a program can help drive them to adapt to their school and have a better life. They would feel a stronger sense of belonging and have confidence in school life through changed relationships within their environment. Additionally, students without mental health issues also learn from a stigma-reduction program. Educational stigma-reduction programs can be effective for improving knowledge, attitudes, and willingness to help people with mental health issues. For many children, the program could eliminate many of the social and educational difficulties surrounding people with mental disorders. Knowledge gained from the stigma-reduction program will be helpful for people without mental disorders. People without mental disorders will better understand and feel more motivated to help people without mental disorders These new findings could create a society where there is no segregation of people with and without mental disorders. Based on the research into the effectiveness of these programs, students should start these programs in primary school; young students may have limited knowledge about mental disorders and their stigma is not strong. Their attitudes about people with mental illness are not as negative as might be expected based on prior research findings (Watson et al., 2004). A sense of

belonging is important for all human beings. If students without mental health issues understand people with mental health issues and are willing to help them via the reduction stigma program, there can be positive impact on the overall sense of belonging, social distance will be reduced, and the school dropout rate of students with mental disorders will decrease.

A stigma reduction program is not only for the school and students, but also our society and the world. Reducing negative attitudes about mental illness and its treatment via educational interventions may remove barriers to accessing services for children experiencing emotional and behavioral problems.

Recommendations

In order to understand the studies, we need to be familiar with the typical stigma face by students with mental disorders. There are two typical stigma types for the students. One is a deep-rooted stigma for students with mental health issues; they are dangerous and make serious problems in school. This stigma is problematic because generally encounter the before they get the opportunity to make friends. This influences their school experiences negatively. We need to change the stigma. An article pointed to stigma reduction programs which were given to children about mental health issues. According to Read, Haslam, Sayce, and Devies (2006), before being exposed to the stigma reduction program only one-third of participants agreed that "mental health issues are like other diseases." After the class, two-thirds of the responses were positive that mental health issues are treatable. Efforts of stigma reduction are important to make positive school experiences (Read et al., 2006). According to Economou et al. (2014), 73.1% of students who participated in stigma reduction programs answered that people with schizophrenia are not dangerous to the public. If we shift away from the stigma with stigma reduction programs,

students facing mental disorders will have a more positive school experience, The distance between students with mental disorders and others will begin to close.

The reasons why students cause serious problems may be that they do not receive proper services in their school. It is noteworthy that up to 85% of children in juvenile detention facilities have mental disorders that make them eligible for special education services, yet only 37% had been receiving any kind of services in their school (Southern Poverty Law Center, 2007). They may have wanted to receive an education, but they did not have opportunities to be educated. If they received a proper education, the problems from students with mental disorders would decrease.

The second prevalent stigma is that people with mental disorders need to be treated in hospitals rather than receive an education in schools. Many students with mental orders would benefit from receiving an education with their peers. Treatment is important, but research has shown that treatments without an education to adapt to society makes people with mental disorders isolated from society. Through interacting with their classmates, symptoms can decrease and students can also receive positive effects. Even though they have potential to overcome their weakness, it is often ignored because of stigma. Eleanor Longden is a psychologist who overcame her diagnosis of schizophrenia. (Longden, 2014). She was diagnosed with schizophrenia, and many prejudices and negative views deeply distressed her. However, she challenged her problem and focused on the study of schizophrenia. She earned a Master's degree in psychology and demonstrated that the voices in her head were an illusion (Longden, Madill, & Waterman, 2012). She proved the possibility of overcoming an illness for people with mental disorders. She could improve her ability and contribute to psychology with her illness. If she did not study, she could not overcome the problem. We should recognize the infinite potential of

students with mental disorders and encourage them to overcome their difficulties as a way of getting rid of stigmas.

How can we change the stigma? According to Allport (1954), it takes a lot more than pure exposure to change someone's opinion about stigma. In reality, the only way to change someone's opinion about someone or something is to increase the *positive* contact that is experienced (Schneider, Gruman, & Coutts, 2012). Stigma reducation training and exposure is the answer.

Through the evidence presented in the literature, we examined the stigma toward students with mental health issues and methods to adapt in the school and society. We should be interested in their problems and needs. Also, we should try to make efforts to help them. This process is not easy, but we can improve awareness of people with mental health issues. When we remove the stigma through various programs in schools, people with mental health issues can live without discrimination and stereotypes. There are a lot of cultures and people in the world. If we do not try to accept each other, no one cannot be accepted in the world. All of us can make the better world by changing our mindset. Now, this is our turn to change. People who know the importance and power of understanding must take charge of their responsibilities and move into action.

Recommendations for Future Research

This literature review has limitations. It was not viable to assume that the improvements in knowledge and attitudes were a direct result of the strategies. Additionally, in many studies researchers did not have the opportunity to conduct follow-up assessments to determine whether the improvements were maintained or dissipated over time. Evidence from other studies of education programs for children suggests that improvements in attitudes may be maintained in

the short term (up to 1 month) (Pinfold et al., 2003; Schulze et al., 2003) but dissipate over

longer periods of time. Future research must have follow-up assessment. Also, this

review does not have clear boundaries between methods because each strategy also

included different methods together. To investigate effectiveness of specific methods, future

research must be more detailed in certain strategies. We must also consider the importance of

teaching about treatment be examined in future research. According to Oleniuk et al. (2013) and

Watson et al. (2004), students lacked knowledge of treatment. If whether knowing about

treatment can impact reduction of stigma is for future study.

References

Allport, G. W. (1954). *The nature of prejudice*. New York: Doubleday Anchor Books.

American Psychiatric Association (n.d.). DSM-V. Retrieved from https://www.pshcnhiatry.org/ psyhchiatrists/practice/dsm.

Brockington, I. F., Hall, P., Levings, J., & Murphy, C. (1993). The community's tolerance of the mentally ill. *British Journal of Psychiatry, 162*, 93-99.

Dalky, H. F. (2012). Mental illness stigma reduction interventions: Review of intervention trials. *Western Journal of Nursing Research, 24*(4), 520-547.

Economou, M., Peppo, L., Geroulanou. K., Louki, E., Tsaliagkou, I., Kolostoumpis, D., Stefanis, C. N. (2014). The influence of an anti-stigma intervention on adolescents' attitude to schizophrenia: A mixed methodology approach. *Child and Adolescent and Young People*, *19*(1), 16-33.

Hjorth, C. F., Bilgrav, L., Franddsen, L. S., Overgaard, C., Torp-Pedersen, C., Nielsen, B., & Bøggild, H. (2016). Mental health and school dropout across educational levels and genders: A 4.8-year follow-up study. *BMC Public Health*, *16*(976).

Jo, S., & Kim, J. (2010) Network TV news coverage of mental illness. *Korean Journal of Speech, 54*(5), 181-204.

Ke, S., Lai, J., Sun, T., Yang, M. M. H., Wang, J. C. C., & Austin, J. (2015). Healthy young minds: The effects of a 1-hour classroom workshop on mental illness stigma in high school students. *Community Mental Health Journal, 51*, 329-337.

Kim, K., Losen, D., & Hewitt, D. (2010). *The school-to-prison pipeline: Structuring legal reform*. New York: New York University.

Link, B. G., & Cullen, F. T. (1986). Contact with the mentally ill and perceptions of how

dangerous they are. *Journal of Health and Social Behavior, 27,* 289-303.

Link, B. G., Cullen, F. T., Frank, J., & Wozniak, F. (1987). The social rejection of former mental

patients. Understanding why labels matter. *American Journal of Sociology, 92*,

1461-1500.

Longden, E. (2014). *Longden Eleanor: The voices in my head* [video file]. Retrieved from

http://www.ted.com/talks/eleanor_longden_the_voices_in_my_head.

Longden, E., Madill, A., & Waterman, M. G. (2012). Dissociation, trauma, and the role of lived

experience. Toward a new conceptualization of voice hearing. *Psychological Bulletin,*

138(1), 28-76.

Mann, C. E., & Himelein, M. J. (2008) Putting the person back into psychopathology: An

intervention to reduce mental illness stigma in the classroom. *Soc Psychiatry Psycatr*

Epidemiol, 43, 45-551.

Matteo, E. K., & You, D. (2012). Reducing mental illness stigma in the classroom. *Society for*

the Teaching of Psychology. 39(2), 121-124.

Mellor, C. (2014). School-based interventions targeting stigma of mental illness: Systematic

review. *Psychiatry Bulletin*, *28*(4), 164-171.

Mental health by the numbers. (2017). Retrieved from: https://www.nami.org/learn-more/mental-

health-by-the-numbers.

National Institute of Mental Health. (2016). *Mental health by the numbers.* Retrieved from:

https://www.nami.org/learn-more/mental-health, by-the-numbers.

Oleniuk, A., Duncan, C. R., & Tmpier, R. (2013). The impact of stigma of mental illness in a

      Canadian community: A survey of patients' experiences. *Community Mental Health*

      Journal, 49, 127-132.

Pinfold, V., Toulmin, H., Thornicroft, G., Huxley, P., Farmer, P., & Graham, T. (2003).

      Reducing psychiatric stigma and discrimination: Evaluation of educational interventions

      in UK secondary schools. *British Journal of Psychiatry, 182,* 342-346.

Read, J., Haslam, N., Sayce, L., & Devies, E. *(*2006). Prejudice and schizophrenia: A review of

      the mental illness is an illness like any other approach. *Acta Psychiatr Scand, 114*(5),

      303-318.

Roman, P. M., & Floyd, H. H. (1981). Social acceptance of psychiatric illness and psychiatric

      treatment. *Social Psychiatry, 16,* 21-29.

Rüsch, N, Angermeyer, M. C., & Corrigan, P. W. (2005). Mental illness stigma: Concepts,

      consequences, and initiatives to reduce stigma. *Eur Psychiatry. 20*(8), 529-539.

Sartorius, H., & Schulze, N. (2005). *Reducing the stigma of mental illness: A report from a*

      global association. New York: Cambridge University Press.

Schneider, F. W., Gruman, J. A., & Coutts, L. M. (2012). *Applied social psychology*

      understanding and addressing social and practical problems. (2nd ed.). Thousand Oaks,

      CA: Sage Publications.

Seo, K. (2009). Diversity within diversity: A comparison and emerging issues of special

      education prevalence between the U.S. and Korea multicultural education review.

      Multicultural Education Review,1(1), 35-50.

Seo, M., & Kim, J. (2004), Effects of perceived stigma on life satisfaction and self-esteem of the

      mental illness. *Korea Social Study, 56*(4), 173-194.

Shulze, B., Richter-Werling, M., Matschinger. H., & Angermeyer. M. (2003). Crazy? So what! Effects of a school project on students' attitudes towards people with schizophrenia. *Acta Psychiattrica Scandinavica*, *107*, 142-150.

Southern Poverty Law Center. (2007). *SPLC launches 'school to prison perform project to help at –risk children get special education services, avoid incarceration*. Retrieved from: https://www.splcenter.org/news/2007/09/11/splc-launches-school-prison-reform-project-help-risk-children-get-special-education.

Swartz, K. L, Kastelic, E. A., Hess, S. G., Cox, T. S., Gonzales, L. C., Mink, S. P., & DePaulo, J. R. (2010). The effectiveness of a school-based adolescent depression education program. *Health Education & Behavior, 37*(1), 11-22.

U.S. Department of Education. (2016). *State non-fiscal public elementary/secondary education survey*. Retrieved from: https://www.schoolcounselor.org/asca/media/asca/home/Ratios15-16.pdf.

Watson, A. C., Otey, E., Westbrook, A. L., Gardner, A. L., Lamb, T. A., Corrigan, P. W., & Fenton, W. S. (2004). Changing middle schoolers' attitudes about mental illness through education. *Schizophrenia Bulletin*, *30*(3), 563-570.

World Health Organization (WHO). (2001). *Mental disorders affect one in four people.* Retrieved from: http://www.who.int/whr/2001/media_centre/press_release/en/.

Yanos, P. T., Rosenfield. S., & Horwitz, A. V. (2001). Negative and supportive social interactions and quality of life among persons diagnosed with severe mental illness. *Community Mental Health Journal, (5), 405-419.*