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Using Community-Engagement to Teach Mental Health Stigma Reduction

Tamba-Kuii M. Bailey
University of North Dakota, tambakuii.bailey@und.edu

Christine J. Yeh
University of San Francisco, cjyeh@usfca.edu

Lou Collette S. Felipe
University of Colorado, Anschutz Medical Campus, lou.felipe@gmail.com

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Abstract

This article proposes a conceptual model of community-engaged learning as a teaching strategy and recommendations designed to teach mental health stigma reduction for master's level students in counselor education programs. The community-engaged learning teaching content and training methodology description in this article highlight the purpose, use, and intended impact of this teaching method on counselor training of mental health stigma reduction. The mental health stigma reduction training components, goals, benefits, and resource materials are discussed.

Keywords

community-engaged learning, mental health stigma reduction, counselor education

Using Community-Engagement to Teach Mental Health Stigma Reduction

One of the central activities of mental health counselors in the United States (US) is working with individuals who struggle with mental health disorders. Based on the National Survey on Drug Use and Health of 2017, it is estimated that close to 20% of adults living in the US experience some form of mental illness (NIMH, 2019). However, among this group, upwards of 70% do not seek mental health services (Crowe et al., 2016). For Latinx and Black individuals living in the US, it has been found that they are less likely than their White counterparts to seek out mental health treatment (Evans et al., 2016; Fripp & Carlson, 2017). This underuse of mental health treatment is associated with poorer outcomes for those individuals with psychotic, mood, and anxiety disorders (Clement et al, 2015). Clement et al. asserts that a major factor connected to lower mental health service use is mental health stigma. Hence, it is imperative that counselors have a model and method of learning how to effectively address this phenomenon in their graduate training.

Mental health stigma is a critical barrier to help-seeking behaviors (Clement et al., 2015) and is not only attributed to psychological services underuse, but it is also associated with early termination of mental health treatment (Corrigan et al., 2012). Mental health stigma has been described as one's stereotypes, prejudice, and discrimination associated with misconceptions about mental illness and related treatments (Pattyn et al., 2014; Corrigan et al., 2012). Individuals as well as communities experience stigma (Corrigan et al., 2012). Thus, in addition to the logistical barriers associated with seeking treatment such as lack of transportation, limited health insurance, cost of therapy, childcare needs, and the location of the treatment (Packness et al., 2019), counselors must also work to counter mental health stigma as a barrier to treatment use. Thus, the

purpose of this article is to offer a conceptual model of teaching mental health stigma reduction in counselor education programs using a community-engaged learning model.

Mental Health Stigma

Individuals with mental health concerns experience external and internal barriers related to mental health-related stigma. External barriers include restricted opportunities for employment, housing, and social interaction experiences of intentional and unintentional discrimination; and false connections between mental illness and dangerousness (Deluca & Yanos, 2016). Internal barriers include decreased self-esteem, an increase in shame and fear, loneliness, isolation, and avoidance of potentially beneficial treatments (Cashwell & Smith, 2011; Hansson et al., 2013; Corrigan et al., 2012). These barriers impact whether individuals seek out mental health services (Corrigan et al., 2012) and constitutes a significant crisis impacting ethnic minority communities (Drew et al., 2011).

Counselors can also experience mental health stigma (Cashwell & Smith, 2011) when they feel futile or helpless when working with individuals with mental disorders (Cashwell & Smith, 2011). Hansson et al. (2013) examined mental health professionals' attitudes towards individuals with mental disorders and found that a sample of mental health professionals held negative beliefs about clients, which aligned with the general public. They argued that inadequate training and a lack of preparation before starting in the mental health field contributed to such stigmas. They believe that specific training and experiences may have a positive effect on these negative attitudes. Thus, counselors must not only learn how to provide effective treatment and care to individuals with mental disorders, but they must also understand, and learn to reduce mental health stigma (Collins et al., 2011).

Scholars and practitioners affiliated with the Grand Challenges in Global Mental Health (2011) articulated the need to identify components of effective interventions to reduce stigma, develop culturally informed methods to eliminate stigma, and to implement these interventions in various social service settings (Collins et al., 2011). Even with the understanding of mental health stigma and the need to address mental health stigma in order to increase help-seeking behaviors in individuals experiencing mental illness, there is little direction within systemized training/curriculum development on mental health stigma reduction interventions for graduate counselor education programs.

Mental health stigma reduction

The primary means of addressing mental health stigma, and some of the discrimination associated with stigma focus on education, interpersonal contact, protest, advocacy, and empowerment (Corrigan & Lee, 2013; Gronholm et al., 2017; Thomas et al., 2015). Using education to reduce health related stigma in interpersonal and community-level interventions is widely documented as an effective strategy (Corrigan et al., 2012; Gronholm et al., 2017, Stuart, 2016; Thornicroft et al., 2016). Education often includes disseminating accurate information to the general public, which dispels some of the myths and false information contributing to stigma attitudes (Corrigan et al., 2012). Additionally, education interventions have been used to increase knowledge of mental health issues, improve attitudes towards mental health, and increase health seeking behaviors (Gronholm et al., 2017).

Another method of reducing stigma is interpersonal contact with individuals who have openly acknowledged that they experience mental disorders (Corrigan et al., 2012). The process of meeting and interacting with individuals experiencing mental disorders have been found to lessen the general population's level of prejudice (Corrigan et al., 2012; Gronholm et al., 2017).

Additionally, this method of interacting has contributed to disconfirming prevalent stereotypes of people who experience mental disorders (Corrigan et al., 2012). In a meta-analysis of stigma reduction, researchers (Campbell et al., 2011; Pinto-Foltz et al., 2011) have found that interpersonal contact appeared most effective in short and medium-term outcomes (Mehta et al., 2015). Similar to educational interventions, interpersonal contact has been found to be effective in reducing personal stigma (Mehta et al., 2015).

Advocacy is another identified method of addressing mental health-related stigma (Corrigan & Kosyluk, 2013; Thornicroft et al., 2016). Advocacy extends beyond educational interventions and moves towards seeking support and commitment from various policy makers and the public to address stigma. Advocacy is a process whereby individuals and health advocacy organizations (e.g., National Alliance of Mental Illness- NAMI, the World health Organization- WHO, the National Latino Behavioral Health Association- NLBHA) attempt to draw attention to mental health related issue and work towards change that benefits the public, including the community being advocated for in this process (Stuart, 2016). It is also important to recognize that different communities have different needs and values based on their composition (Strasser et al., 2015). Strasser et al. stressed the importance of being sensitive to and aware of the cultural variations, community engagement practices, and the specific stigmas that are present within a community.

Finally, another component identified as beneficial in reducing mental health stigma is the concept of empowerment (Thomas et al., 2015). Implemented within social marketing campaigns to combat stigma, empowerment strategies have been used to assist individuals in gaining control over their life processes as a means of obtaining their desired outcomes (Thomas et al., 2015). Additionally, empowerment consists of creating a sense of shared solidarity and social justice

goals that promotes positive individual and group identity for those individuals who experience mental disorders (Thomas et al., 2015). When empowerment is internalized, it can lead to individuals joining with others to address stigma beliefs and may lead to greater self-esteem and self-efficacy (Thomas et al., 2015). Thus, it seems necessary to infuse many of these identified strategies into mental health stigma reduction training.

Mental health stigma reduction training

In order to gain a better understanding of the mental health stigma and reduction training for counselors, we reviewed current standards and training guidelines from the primary organizations training counselors such as the American Mental Health Counselors Association (AMHCA, 2020), the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016), and the Master's in Psychology and Counseling Accreditation Council (MPCAC, 2017). When examining standards related to mental health stigma reduction, we found general statements related to stigma, but noticed the standards lacked specific requirements related to training counselors on mental health stigma reduction or other similarly related barriers that prevent individuals from seeking out mental health services. For example, the AMHCA's (2020) Standards for the Practice of Clinical Mental Health Counseling mentioned stigma in 3 different areas related to the training experiences of students in counselor programs. First, in the Child and Adolescent Standards and Competencies standard, sub-section of Knowledge (Social, Cultural, and Family Influence), the standard briefly states the need to understand the impact of bullying experiences and stigma (G.1.b.v., Standards for the Practice of Clinical Mental Health Counseling, AMHCA, 2020) Next, also in the Child and Adolescent Standards and Competencies standard, subsection of skills, the standard states that as a part of their training experience, counselors should "directly address social problems facing children and adolescents, including intervention related

to peer pressure, bullying, gang involvement, and stigmatization" (G.2.b.iv., Standards for the Practice of Clinical Mental Health Counseling, AMHCA, 2020, p.33). In this section it also states that counselor should possess the ability

to "demonstrate the ability to address social programs facing children and adolescents, including bully, gang involvement, peer pressure, and stigma" (G.2.b.vi., Standards for the Practice of Clinical Mental Health Counseling, AMHCA, 2020, p.33). Finally, in the Aging and Older Adults Standards and Competencies standard, it states that stigma related to mental illness may contribute to older adults' reluctances to seeking out help (H. Standards for the Practice of Clinical Mental Health Counseling, AMHCA, 2020).

In the training standards of CACREP (2016) there is only one general mention of stigma under the sub-field of rehabilitation counseling. For example, in the *cultural dimension* component of training in rehabilitation counseling, the standard states that rehabilitation counselor training should consider the "impact of socioeconomic trends, public policies, stigma, access, and attitudinal barriers as they relate to disability." (H.2.f. CACREP Standards, 2016, p.36). While the literature on mental health stigma has consistently stated that interventions must be used to address mental health stigma (Corrigan et al., 2012; Gronholm et al., 2017, Stuart, 2016; Thomas et al., 2015; Thornicroft et al., 2016), the training and accreditation organizations for counselors offer little guidance regarding the type, method, or best practices for counselor educator program training to address this barrier to seeking out mental health treatment. However, in 2018, the Surgeon General recognized stigma as a major barrier to seeking mental health services and called for interventions to address stigma as an urgency moving into the next century (The George Washington School of Nursing, 2018). Thus, it imperative that counselor education programs develop more standardized training on mental health stigma and stigma reduction.

Community-engaged learning

Community-engaged learning involves establishing collaborative partnerships and engaging in activities that contribute to the learning experiences of students, while also providing students with opportunities to use and practice skills that help meet the expanding needs of the community (Comeau et al. 2019; Strasser et al., 2015). This type of learning is different from practicum and internship experiences which typically represent clinical training *after* the completion of classroom or didactic learning. In contrast, community-engaged learning combines classroom instruction and learning with community interactions (Comeau et al. 2019). Faculty design community-engaged learning experiences for their students as a means of meeting course objectives, while simultaneously assisting and supporting community organizations to better serve their constituencies (Comeau et al. 2019).

Training in higher education has become increasingly focused on the impact of community-engaged learning on students as a means of broadening perspectives and increasing their sensitivity to the needs of the individuals and families being served (Meurer et al., 2011). This community-engaged pedagogy is based on student learning that is located within a problem-solving, reflective, empowering, critical thinking, and social participation process (Mason O'Connor et al., 2011; Fogle et al., 2017). Additionally, a community-engaged pedagogy offers a social justice and strengths-based approach that assumes a relational focus when building capacity within communities and stakeholder partnerships (Jakubec et al., 2021).

Community-engaged learning provides students with structured hands-on learning experiences, combined with opportunities for reflection and discussion, and may develop their interests and engagement in social justice advocacy efforts (Miller et al., 2009). While there are a few notable exceptions of experiential learning initiatives within mental health training (see Jett &

Delgado- Romero, 2009; Langellier et al., 2020; Platt, 2012), which focused on experiential learning related to cultural competence, there is little scholarly evidence of the infusion of experiential or community-engaged learning experiences in graduate counselor education programs related to mental health stigma reduction. However, training using community-engaged learning and service-learning experiences have been well documented as a part of training experiences in the fields of nursing (Horning et al., 2020; Marcus et al., 2011) and medicine (Strasser et al., 2015; Meurer et al., 2011). Thus, it is important for counselor training programs to examine the benefits of using community-engaged learning as means of teaching various counselor competencies.

Jakubec et al. (2021) noted that participatory action research (PAR) is a useful complement to community-engaged learning. PAR represents a collaborative, democratized process between researchers and community members concerned with developing practical knowledge and solutions to issues found within a community (Ozanne & Saatcioglu, 2008). Additionally, PAR asserts the importance of incorporating the knowledge and information from the organizations and/or communities in which the scientists work (Arcidiacono et al., 2017). Incorporating information from the organization and/or community provides an opportunity for its members to voice issues and concerns from an insider perspective (Ozanne & Saatcioglu, 2008). Through PAR, there is an increased possibility that community participants will have a deeper interest in the results and a greater likelihood that the results will be put into action (Arcidiacono, et al. 2017). Finally, PAR has been used as a means of examining the struggles of the oppressed communities and their work to free themselves of those oppressive structures (Glassman & Erdem, 2014). This type of examination can lead to the creation of new approaches to break free from oppressive structures (Glassman & Erdem, 2014). Thus, as a methodology, PAR may present

an effective means of assisting communities in breaking from the oppressiveness of mental health stigma.

While calls for identifying components of effective interventions to reduce stigma (Thornicroft et al., 2016) have grown stronger and more prolific, graduate accreditation and training bodies for master's level counselors offer little systematized curriculum and training guidelines to effectively teach mental health stigma reduction. Thus, we developed a conceptual model of teaching mental health stigma and stigma reduction using community-engaged learning in counselor education graduate programs. This conceptual model of training represents a critical need in the didactic training of mental health stigma and stigma reduction to graduate students in counselor education programs.

Mental Health Stigma Reduction Teaching Model

This conceptual model of teaching is designed to assist in training graduate counseling students to understand mental health stigma and mental health stigma reduction through increasing help seeking behaviors when working with clients. This training model works as a co-curricular experience that may be used in connection with an academic course or stand alone as a capstone project within a graduate counseling program. This conceptual model, structured as a community-engagement learning experience, offers counseling programs and faculty with guidance on providing students with the opportunity to learn and practice mental health stigma reduction skills that can help address a barrier associated with accessing mental health service. This conceptual training model incorporates the foundations of service learning for counselor education (Jett & Delgado-Romero, 2009; Langellier et al., 2020), which Burnett et al. (2004) noted should include: 1) increasing self-awareness, 2) peer learning and feedback, 3) intergroup contact with communities, and 4) infusing community-centered perspectives. Also, this project aligns with the

Code of the Ethics for the American Counseling Association, specifically advocacy (A.7.a) and Multicultural/Diversity Competence (F.11.c) (ACA, 2014). These codes assert that counselors are expected to advocate for change at all levels, work to remove potential barriers related to the provision and access to appropriate services, and actively infuse multicultural and social justice competencies in their training (ACA, 2014). Finally, this teaching model reflects a priority in the CACREP Counseling Curriculum that states, "advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients" (Section 2- Professional Counseling Identity, Counseling Curriculum, F.1.e, CACREP, 2016, p.10). Thus, this teaching model requires students to consider and infuse these various factors while considering unique factors associated with stigma, as they developed and implemented a mental health stigma reduction workshop for a local community organization. Table 1 outlines the recommended seven distinct activities associated with this teaching methodology.

Table 1

Mental Health Stigma Reduction Project Activities

#	Activities
1	Learning about mental health stigma and stigma reduction
	a. Review literature on stigma and interventions b. Learn about workshop requirements
2	Assessing learning about mental health stigma reduction
	a. Regularly take low stakes quizzes to assess learning and deepen student understanding
3	Identifying and selecting of a community board

	a. Contact community-based organizations (CBOs) b. Prepare confirmation letter of collaboration c. Meeting with CBO to discuss partnership
4	Identifying a community's unique stigma factors
	a. Meetings with CBO administrators and service providers to understand stigma factors
5	Developing a mental health stigma reduction workshop
	a. Class presentation on CBO and proposed workshop b. Use information from meeting to focus presentation on specific stigma c. Instructor and peers provide feedback about presentation
6	Conduct mental health stigma reduction workshop
	a. Incorporate four components into workshop (educational, cultural awareness, community's stigma beliefs, and community engagement)
7	Mental health stigma reduction project paper
	a. Literature review, description and development of workshop, self-reflection on effectiveness of intervention

Activity 1: Learn about Mental Health Stigma and Stigma Reduction

To properly understand mental health stigma and stigma reduction, it is imperative that students in counselor education programs read scholarly literature (see Cashwell & Smith, 2011; Corrigan et al., 2012; Evans et al., 2016; Fripp & Carlson, 2017; Hansson et al., 2013) on mental health consumers' experiences of mental health stigma, barriers to mental health care, particularly for marginalized communities, and the ways in which mental health stigma interferes with mental health care. Additionally, students need to learn of various interventions used to address mental health stigma (see Corrigan et al., 2012; Mehta et al., 2015; Thornicroft et al., 2016). These

readings can provide them with a foundational understanding of mental health stigma and stigma reduction, which they will use to develop a mental health stigma reduction experience/workshops for a specific community or community-based organization. While we argue that heavy focus of this teaching recommendation should occur in one course, such as a community mental health or a diagnosis and prevention course, counselor education programs should intentionally incorporate more literature on mental health stigma and stigma reductions in didactic courses training experiences throughout the duration of the program.

Activity 2: Assessment of Learning

We propose using four quizzes to assess students' understanding of mental health, their understanding of the components of stigma reduction, how to provide the workshop to community-based organizations, and how the project impacted their overall level of understanding of mental health stigma and mental health stigma reduction interventions. Table 2 identifies the purposes of the quizzes and some items to use with each quiz. While assessing students' level of understanding, it is important to give them a series of "low stakes" quizzes. Low stakes or "low risk formative assessments" (Duhart, 2015, p.493) represent those assessment experiences that do not have a high impact on a student's overall grade, but focus on feedback through the opportunity of practice and, at times, failure with very little risk (Duhart, 2015). In this instance, the quizzes will assist in assessing students' understanding of stigma, stigma reduction, as well as the overall purpose and structure of the mental health stigma reduction workshop. The first quiz, given prior to introducing the topic of stigma, may be used to assess students' initial level of knowledge related to stigma. The questions on the first quiz might asked, "what is mental health stigma?" and "discuss the effects of mental health stigma on people with mental illness as well as on the general public." The

students' responses on this quiz can provide instructors with a baseline understanding of students' knowledge of mental health stigma.

A second quiz can focus on the project itself and examine the depth of student understanding related to the overall project. This quiz should occur after the students read and discuss stigma reduction interventions as well as explaining the purpose, goals, and steps associated with their mental health stigma reduction project. Instructors can assess students' understanding by asking simple questions such as "explain your understanding of the mental health stigma reduction project." and "what are the steps of the project?" Based on the responses, students may receive feedback with corrective information regarding the overall purpose of the projects and the required steps of the project. The third quiz, taken after discussing methods of reducing mental health stigma and the required components of the stigma reduction project, may ask students to identify and discuss the required components of the stigma reduction workshops that they were required to provide to their identified community-based organization. Overall, the first three quizzes can serve as a system of checks and balances to assess the students' levels of understanding of stigma reduction and the project, as well as to clarify any misunderstandings or questions students had related to the projects. The final quiz, taken after the students completed their project, can assess how the project impacted students' overall level of understanding of mental health stigma and the ways in which mental health professionals can intervene to reduce mental health stigma and increase help seeking behaviors.

Table 2

Placement of quizzes during Community-Engaged Learning Experiences

Quiz #	Focus of Quiz	Timeline for Administering the Quizzes	Possible Questions for Quizzes
1	This quiz will assess the students' baseline understanding of mental health stigma prior to initiating community-engaged learning experience	Administer this quiz at the start of training on stigma, prior to students engaging the literature for a more accurate baseline of student understanding	1. What is mental health stigma? 2. Discuss the effects of mental health stigma on people with mental illness as well as on the general public.
2	This quiz will assess the students' overall understanding of the mental health stigma reduction project	Administer this quiz after students have read and discussed the literature on stigma/stigma reduction and after they project has been presented and discussed with the students	1. explain your understanding of the mental health stigma reduction project. 2. Identify and discuss each stage of the mental health stigma project
3	This quiz will assess the students' understanding of the specific components of the mental health stigma reduction workshop that they will conduct	Administer this quiz after students have met with the CBOs and prior to them presenting their workshop information to their instructors and student peers	1. Identify and discuss each of the required components that must be incorporated into the workshop 2. Discuss any potential complications related to including all of the required components into the workshop.
4	This quiz will explore how the project impacted students' overall level of understanding of mental health stigma and the ways in which mental health professionals can intervene to reduce mental health stigma and increase help seeking behaviors	Administer this quiz after the students conduct their workshop presentation to the CBO.	1. What is mental health stigma? 2. Identify and discuss at least three interventions, discussed in the literature, used to reduce mental health stigma. 3. Discuss how this stigma reduction project impacted your overall understanding of mental health stigma and mental health stigma reduction

Note. CBO = community-based organization

Activity 3: Identification and Selection of a Community-Based Organization

For this stage of the project, we suggest that students work with their course instructor or other program faculty to identify a local community-based organization (CBO) that they can work

with to conduct their mental health stigma project. We define Community-based organization (CBO) as any organization that provides support, resources, education, and/or services to community members. Some examples of possible CBOs are the YMCA, Boys and Girls Clubs of America, churches/mosques/temples, social service organizations, and local community centers. Once Students identity an appropriate organization with whom to work, individual students or student groups will contact the CBOs and assess the organization's interest in partnering with them to address any stereotypes, prejudices, and/or misconceptions about mental illness that may negatively impact help-seeking behaviors towards mental health services by the organizations' constituents. Once the students and the CBO agreed to collaborate, we suggest that student groups meet with constituents of the CBO to discuss their thoughts and beliefs regarding mental health and barriers to mental health treatment. These meetings, discussed in greater detail in activity 4, will serve as the basis for the development of the workshops and information provided to reduce mental health stigma.

Activity 4: Identify Community's Unique Stigma Factors

During this activity, students will meet with some of administrators, staff, and constituents of the organization to gain an understanding of the specific beliefs and attitudes towards mental health and/or mental services that may contribute to mental health stigma and reduce helping seeking behaviors. This experience will potentially inform students of the specific stigma beliefs held by individuals associated with the organization. During these meetings, the students may want to ask questions regarding perceptions of mental health and mental health services. Students should also assess past experiences with mental health services and what factors impacted community members willingness to stay or leave mental health treatment.

This process of identifying unique mental health stigma perceptions is informed by participatory action research (PAR; Marriott et al. 2015; Ozanne & Saatcioglu, 2008). Using a PAR approach, the student groups can work with CBOs to create the workshops and articulate the best ways of connecting with the organizations' constituents. This level of collaboration may increase the likelihood of community members internalizing the information offered in the workshops and use the information to reduce their level of stigma towards mental health and mental health services (Arcidiacono, et al. 2017). Finally, we believe this type of collaborative meeting will provide students with greater insights into some of the mental health needs of a specific community in which they do not have a connection.

Activity 5: Develop Workshop-Class Presentation/Peer Feedback

After meeting with the CBOs, the student groups will develop a tentative stigma reduction workshop that they will present to their faculty/instructors and student peers in class or other organized experiences in their Program. The purpose of the presentation is for the student groups to: 1) present basic information on their community group partner, 2) discuss some of the specific mental health stigma issue(s) discussed by the constituents of the CBO, 3) describe their plan to address the identified stigma in their stigma reduction workshop, 4) outline how they plan to market their workshop to the organization's constituents, and 5) discuss their expected outcomes from offering their stigma reduction workshop. This presentation will provide the student groups with an opportunity to discuss any concerns and/or difficulties that they are experiencing and seek out guidance from the faculty member overseeing the experience.

After the presentations, the course instructor and student peers can provide feedback to each of the student groups. The purpose of the feedback will be to offer observations and insights as to how the groups convey the purpose and structure of their workshop. Also, the feedback can

provide groups with information regarding the specific components of the workshops, such as whether the workshop consists of all the needed components of mental health stigma reduction discussed in class.

Activity 6: C**onduct Stigma Reduction Workshop**

As a part of the student stigma reduction workshops, we suggest that the workshops cover four major areas. These four areas consist of: 1) an educational component (Thornicroft et al., 2016), 2) include an awareness of the cultural variations and the diversity of the constituents of the CBOs (Strasser et al., 2015), 3) address the actual stigma beliefs and attitudes raised in the meeting with the organization's administrators and constituents, and 4) support advocacy and community empowerment (Corrigan & Kosyluk, 2013). The first area should consist of an educational component that provides information related to the stigma being addressed. This information should challenge any false information or stereotypes of mental health (Corrigan et al., 2012). Next, while presenting their workshops, it is important for the student groups to remain aware of the cultural variations and diversity of the community when presenting. This means that the student groups need to integrate their knowledge of the multicultural competencies and the community to use culturally sensitive interventions as a part of the workshop (Strasser et al., 2015). The third component, based on community need, should focus on actual stigma beliefs and attitudes of the specific community with which they were working as opposed to more global forms of mental health stigma. Thus, the groups must learn of the mental health stigma beliefs that are specific to the constituents for whom they will provide the mental health stigma reduction workshop. This process of learning of the specific needs and stigma beliefs and attitudes of community members can be obtained using PAR techniques (Arcidiacono et al., 2017). The fourth component of the workshop – advocacy/empowerment – should focus on providing community

members with tangible information (e.g., mental health fact sheets, list of area mental health service providers, support group information, etc.) that they could use in the future to as a means of gaining control over their decisions regarding mental health services and help-seeking behaviors as well as sharing this information with other members of the community (Thomas et al., 2015).

Activity 7: Mental Health Stigma Reduction Project Document

Finally, we suggest that students create some type of document or product (paper, presentation, video recording) to memorialize their workshop and the experiences related to deepening their understanding of mental health stigma through the experiential learning process. Memorializing this project will provide students with the opportunity to reflect on the processes related to creating this project as well as examine the effectiveness of the experiences. Faculty may use this type of documentation to assess the effectiveness of the workshops as well as to evaluate students' level of knowledge and skill related to mental health stigma and stigma reduction. Finally, this document or product may also serve as a resource and guide for future outreach experiences after students complete their graduate training and begin functioning as counselors in the community.

Discussion

The purpose of this article is to provide counselor education programs with a conceptual model that offers guidance and detailed components for teaching mental health stigma and stigma reduction using an engaged-learning model. This conceptual model of community-engaged learning offers a blueprint for teaching mental health stigma for graduate counseling programs. This model can teach students how to engage in meaningful collaborations with CBOs, as well as how to manage the needs of community members in relation to their own knowledge and skill

development. Moreover, the students learned the importance of remaining flexible and maintaining open lines of communication with community members.

Possible Outcomes and Benefits

There are several potential benefits of this type of community-engaged learning experience for graduate students. Involvement in this type of project can provide meaningful and beneficial experiences for the students, CBOs, the constituents of those organizations, program faculty, and graduate programs (Comeau et al. 2019). For students, this community-engaged learning project may increase their understanding of the ways in which mental health professionals can implement mental health stigma reduction. Additionally, this community-engaged learning may offer students direct, real-life experiences to learn more about various characteristics of local communities, such as: cultural make-up, strengths and resiliency factors, impact of socioeconomic statuses, and access to local mental health services; as well as the impact of the students' own biases and values as they interact with various communities, which may have contributed to their overall cultural competence (Burnett et al., 2004). Finally, participation in this type of community-engaged learning model may increase students' willingness to work towards decreasing mental health stigma in their communities, professional organizations, and larger society (Covarrubias, & Han, 2011).

For communities, this community-engaged learning project can provide a no-cost mental health intervention aimed at reducing mental health-related stigma, increasing help-seeking behaviors, and addressing this invisible barrier to mental health treatment. Thus, such collaborations have the potential to improve access to mental health services by addressing the specific barriers that the community experiences and offering information regarding mental health therapy. Also, the use of psychoeducation as a strategy to reduce stigma can have positive ripple

effects. As the community members grow more aware of what stigma is and ways of reducing it, they can share this information with other community members who do not attend the workshop. Rooted in the code of ethics for counselors (ACA, 2014), this conceptual project is based on promoting social justice, advocacy, and principle ethics of beneficence and justice (ACA Code of Ethics Preamble, ACA, 2014) towards the public. Finally, for community members who may attend a workshop of this nature, they may become better equipped to subsequently shift attitudes within an entire community based on their membership in that community (Arcidiacono et al. 2017).

For counselor educators, implementing similar community-engaged learning projects offer important ways to affirm and support faculty who are interested in integrating service learning into the curriculum (Meurer et al. 2011). Additionally, these projects can assist in the creation of service-learning scholarship pathways where faculty can conduct research, collect data, and assess the effectiveness of various interventions while offering needed services to community members.

Conclusion

Community-engaged learning experiences have become staples in many disciplines in the health professions (Horning et al., 2020; Marcus et al., 2011; Meurer et al., 2011; Strasser et al., 2015). However, exploration and understanding of this innovative approach in graduate counselor education is limited. This community-engaged learning project supports the assertion that this type of stigma reduction service-learning experience can effectively contribute to the graduate training of mental health counselors. This project includes several clearly defined steps for students as they developed their stigma reduction workshop. These specific steps supported student-learning objectives and connected each of their efforts with rationales. In addition, this conceptual training model offers students the opportunity to use PAR techniques (Ozanne & Saatcioglu, 2008) as a

method to create a stigma-reducing effort that may integrate the experiences and wisdom of the communities themselves. These efforts, which combine theory and classroom learning with community outreach, have the potential of enhancing counseling students' learning as they benefit from an educational experience that integrates knowledge from multiple sources with practical application. This style of engaged learning represents a commitment to advocacy, community collaboration, and community empowerment. Finally, we recommend further examination of this proposed learning model in comparison to more traditional learning practice of mental health stigma reduction in graduate counseling training programs.

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