



The stigmatization of mental health problems in children and adolescents: An exploration of public and self-stigma.

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Background

The stigmatization of mental health problems is the most important and challenging issue facing all who are attempting to understand and treat mental health problems (Crisp, 2000). Stigma is defined as the social phenomenon that exists when "labeling, stereotyping, separation, status loss and discrimination co-occur in a power situation that allows them to unfold" (Link & Phelan, 2001, p.376). Stigma not only occurs when a more powerful group imbue their cognitions on an outgroup member but can also stem from the stigmatized individual. Self-stigma is evident when people endorse the public's stigmatizing attitudes toward the mentally ill and turn these negative societal stereotypes against themselves (Corrigan & Watson, 2002).

Within an Irish context 15.6% of a child and adolescent sample meet criteria for a psychiatric disorder (Lynch, Mills, Daly & Fitzpartick, 2006). The little research that exists suggests that peer stigmatization of mental health conditions is a relatively universal and consistent problem (Walker, Coleman, Lee, Squire & Friesen, 2008). Children with mental health problems tend to have low social status and are often rejected by their peers (Hennessy, Swords & Heary, 2008). In addition, adult research shows that the internalization of prejudice gives rise to negative outcomes including diminished self-esteem and self-efficacy (Corrigan & Watson, 2002). This evidence suggests that peer stigmatization of children with mental health problems does occur, however, research has yet to comprehensively investigate public and self mental health stigma among children and adolescents by employing multiple explicit and implicit measures.

Aims

The purpose of this research is twofold; firstly it will explore peer stigmatization towards children with depression and attention deficit hyperactivity disorder (ADHD). Secondly, it will investigate self-stigmatization of children and adolescents with a clinical diagnosis of ADHD or depression.

Aims continued..

Ultimately, this research will provide an insight into the experience of childhood and adolescent mental illness from a self and other perspective.

This presentation will describe the development of the first public and self-stigma IAT that will be used with children and adolescents.

Implicit Association Test (IAT)

The IAT is an implicit attitude response latency measure that explores the relative strength between an attitude object and an attribute concept. The faster and more accurately two concepts are paired together the more likely they are to be associated with one another. The IAT was chosen as the most appropriate implicit measure for this study. The IAT shows good reliability (Gawronski, 2009) and validity. Further to this, of all existing implicit measures of attitudes, the IAT has been most frequently used with children and adolescents.

Developmental Modifications

- All stimulus words will be matched to the reading and cognitive ability of potential participants.
- Task instructions will be set at an appropriate level so that they will be easily understood by the target sample.
- To control for variances in fine motor abilities, two large coloured buttons will be used as response options.

Modifications continued...

- Auditory recordings and text of stimulus words will be simultaneously presented to control for variance in reading ability

Attitude Induction training

In the public stigma IAT participants will complete a training phase whereby they will learn about the behavioural characteristics of the hypothetical children who display behaviours associated with depression, ADHD or no mental health condition. Participants will be presented with name-behaviour pairs. For example, "**Larry is tired all the time**". Knowledge of the target children's behaviour will be assessed by presenting participants with the behavioural descriptions and asking them to identify the child it describes e.g. "**_____ is tired all the time**".

Table 1. Stimuli Public Stigma IAT

Category	Stimuli
Jane/Jake (ADHD) Or Larry/Lauren (Depression)	Target item repeated & presented in 4 different font colours
Davina/David (No mental health condition)	Target item repeated & presented in 4 different font colours
Pleasant	Safe, Strong, Friendly, Innocent
Unpleasant	Dangerous, Weak, Scary, Guilty

Table 2. Stimuli Self-Stigma IAT

Category	Stimuli
Me	Me, Mine, My, Myself
Not Me	Not Me, Their, They, Them
Pleasant	Safe, Strong, Friendly, Innocent
Unpleasant	Dangerous, Weak, Scary, Guilty

Possible Implications of the Research

The findings may serve to influence the design of health education programmes and interventions that address the complex nature of stigma towards young people with mental health problems. They will also provide guidance for clinicians working with young people on how to help them overcome any internalised stigma. Ultimately, this research has the potential to facilitate more positive attitudes towards mental health and provides insight into the experiences of young people in Ireland with a mental health problem.

References:

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