Can a brief educational intervention reduce the stigma associated with mental illness?

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Abstract

This study examined stigma and prejudice towards mental illness within two different communities and tested whether a brief educational reading intervention could reduce this stigma. Participants from a small, public liberal arts college and a minority community in New York City were randomly assigned to one of two conditions: The mental health reading condition (experimental) and the non-mental health reading condition (control). We then assessed their levels of prejudice towards mental illness. Results revealed a significant main effect of the participant group. Participants from Purchase College had lower prejudice towards mental illness scores than non-student participants from a minority community. However, there was not a significant effect of the brief educational intervention, which failed to lower stigmatized attitudes. These findings suggest that reading the short educational intervention did not change a person's attitude towards mental illnesses, although a small sample size limits what we can conclude from this study

Keywords: mental health, stigma, attitude towards mental illnesses, educational intervention, minority community, college students.

Can a brief educational intervention reduce the stigma associated with mental illness?

Mental health is a serious topic in our society. During the pandemic, awareness of mental health issues grew because social media influencers and even celebrities would share their experiences on social media with their big numbers of followers. An example is singer Ariana Grande, who made a post on *Instagram* during the pandemic with the caption: “Healing isn't linear, fun, quick or at all easy but we are here and we've got to commit to making this time as healthy, peaceful and beautiful as possible. The work is so hard but we are capable and worth it. Sending so much love and strength” (Macke, 2021). Many people were going through the same experiences due to lost jobs, deaths of loved ones, school shutdowns, or becoming depressed because of the obligation to be quarantined during the pandemic. It was reported that the percentage of young adults between the age of 18 and 24 developing an anxiety/depressive disorder was 56%. The percentage of people that were left unemployed was 53% (Panchal et al, 2021). Although social media has a reputation for becoming problematic to people’s mental health, it might also have a positive impact on mental health if it is used as a form of escape to relieve stress, loneliness, or depression (Bekula et al., 2019, as cited in Xu and Tan, 2012). For example, it may help people with mental illness because of the ability to share their experiences and gain support from others (Naslund et al., 2019).

Despite increased public conversations about mental health in recent years, there is still a lot of stigma surrounding mental illness. According to Przyborski and colleagues (2020): “Stigma is judgment and discrimination towards a group of people based on what society finds normal.” In this article, the authors suggest that stigma affects a person with mental illness' self esteem because it influences the way they think and act towards themselves. (Przyborski, Slunecko., 2020). Since certain communities have their own opinions on mental health,

psychiatric patients may experience stigmatizing discriminaton in different aspects of their lives. The researchers wanted to find out how stigma affects a person's employment and social acceptance, as well as what mental illness patients thought contributed to the stigma they receive. In the study, the researchers recruited out 300 psychiatric out-patients and day-patients and 100 mental health workers, as well as 50 cardiac patients with ischemic heart disease attending the cardiac outpatient clinic to serve as a control group. The mental health worker respondents were asked if their line of work had been laughed at, whether they had been discouraged from joining the mental health profession, and whether they would choose the same career again. The patients completed a questionnaire designed to elicit their thoughts on various forms of social prejudice and rejection. The questionnaire covered topics including self-esteem, relationships, career chances, and insurance coverage. The researchers found that the negative attitudes and the negative beliefs towards mental illnesses depended on the mental disorder and the sociodemographic characteristics. A statement that further elaborates on this finding is the idea that discrimination and social distancing was connected to what the people believed to be dangerous. The most common harmful impact of stigma on patients with schizophrenia was difficulties finding work with a high percentage of 73%. 52% of schizophrenia patients thought less of themselves as a result of their condition, and 47% felt ashamed of their sickness. If their neighbors and coworkers knew about their condition, 51% of them said they would be avoided. Lower self-esteem (57%) and difficulties finding work (44%) were mentioned as major issues among depressed individuals. None of the cardiac patients experienced social rejection; in fact, some of them experienced social acceptance (Ciftci et al., 2013).

Another similar study investigated the stigma towards children and adults with mental illnesses such as depression and schizophrenia compared to those with physical illnesses such as

asthma (Parcesepe et al., 2013). The study aimed to assess methods used to investigate stigma, assess popular beliefs, and endorse different ways to decrease discrimination towards mental health. To successfully find more information, the authors gathered much research from previous studies about the social injustice that people with mental health face when it comes to employment, housing, and health care treatments. The authors did not collect data or conduct a study; instead they used an electronic bibliographic database to find readings related to their topic. The findings described how adult respondents believe that people with mental illnesses are most likely to be harmful to themselves and others as compared to people with asthma. The findings of how children respondents viewed their peers were similar, since they believed that those with ADHD or depression had more possibilities of being violent. Since the adult respondents believed those with mental illness and addictions to be more violent, they were more likely to report them to the authorities as compared to a person in a wheelchair, which they do not find threatening (Parcesepe et al., 2013). An implication made in this study is that the depiction of mental illnesses in the media is what causes the negative beliefs and social distancing. A suggestion to lower the stigma was to change the image in regards to mental illnesses and to endorse anti-stigma interventions in junior high and high school to maximize knowledge and therefore diminish prejudice of mental illness.

Stigma can start with something as simple as the language used towards those with mental illnesses. An effective way in which language can show people's point of view towards an illness is the way a person is labeled because it portrays implications in people’s speech. For instance, some authors mentioned the difference between calling a person schizophrenic as opposed to a person who has schizophrenia (Reynaert, et al.,2007). The difference between the two forms of language is that using the noun is problematic towards those with illnesses and

labels them while a possessive phrase is less judgmental. Researchers wanted to investigate each linguistic form when it comes to mental health and find out whether the outcome affects people's judgment (Reynaert, et al.,2007). Overall, the authors found that wording has an effect on a person's judgment of the illness, people use different expressions on physical illnesses compared to mental illnesses, and that a person's familiarity with an illness makes them aware of the vocabularies they use.

More researchers have suggested that other different factors contribute to stigma but a critical factor to mention in the case of mental illness is concealability (Ciftci et al., 2013). A mental illness would be considered concealable because it is an illness that can easily be hidden from others, unlike someone with physical disabilities or a skin condition (Smart & Wegner, 1999). An artifact of stigma can be a person or a group of people having different ideas about mental health based on what they know from their religions, cultures, and environment (Haslam, 2005). Someone who is facing mental health issues may be socially discriminated against, which can lead to the person not seeing a doctor as an option because in their religion or cultures someone who is mentally ill is someone who cannot be fixed or needs prayers (Knifton, 2012). For instance, in Ethiopian culture, people would rather seek medical help when it comes to physical diseases and traditional help such as holy water, witchcraft, and herbs when it comes to mental illnesses (Alem et all, 1999 as cited in Jorm, 2000).

Authors that go further into details about mental health and witchcraft are Brooke and Ojo (2020). In Sub-Saharan Africa, Witchcraft has been associated with disease that mentally and physically affect people's behavior because people of that community are aging and the risk of dementia are rising. The researchers wanted to investigate the idea that dementia is associated with witchcraft and how this affects those with dementia, their families, and the health care

providers. In their methods the researchers used a scholarly database website to collect different relevant articles to their studie. In the result of this study, there were three themes which included poor knowledge of dementia with the belief of dementia as witchcraft; difficulties in supporting a family member with dementia in the community; and dementia patients' and their caregivers' health-seeking behavior. These three themes further explains the effect that lack of knowledge and cultural beliefs can have on mental health.

Other previous research found that lack of knowledge in certain communities can be the cause of stigma because mental health is a topic that is not seen as serious as other physical illnesses (Knifton, 2012). For example, a non-Western cultural belief is that the cause of mental illness is witchcraft or being possessed by evil demons when the illness could be related to the stress they endure (Razali et al, 1996 as cited in Jorm, 2000). Essentially, this belief becomes the idea that having mental health in certain communities is not normal. If something is not normal according to people's point of view then it becomes something that most people try to avoid, which leads to stigma (Knifton, 2012).

Building on research previously mentioned, the present study aimed to measure people's stigma towards mental illness in two communities: (1) a public college setting, where students are encouraged to openly discuss and learn about mental health, and (2) a diverse urban community that may lack such educational resources. We further investigated whether a brief educational intervention could reduce the stigma toward mental illness.

Some authors have used a similar approach. A study by Spagnalo and colleagues examined the effect that an educational intervention about mental illness had on high school students' attitudes towards people with mental illnesses to reduce explicit and implicit stigma-relevant attitudes toward mental illness and treatment-seeking and behavioral indicators

of willingness to seek treatment (Spagnolo et al., 2008). 426 students from four different high schools participated in this study. The students were given an information session and their attitudes towards mental health were recorded based on an assessment including topics such as personal experience with mental health, characteristic symptoms, and recovery strategies. Adolescents were randomly assigned to the experimental (education about mental illness and treatment involving psychoeducation and contact, via DVD, with an affected individual) or control intervention (education about tobacco). Their studies had a pre and post information sessions questionnaire.. The result concluded that an hour-long information session from consumers of mental health services, which are people who utilize mental health resources, significantly reduced the stigmatizing attitudes of adolescents toward people with major mental illnesses. These findings support the potential for a brief educational intervention among adolescents to reduce negative attitudes toward mental health treatment, but it increased the curiosity on how the importance of mental health can be effectively addressed to change people's behavior towards it. Although their study may have been similar to what is intended for this investigation, the study was made for high school students and how education on mental health could affect them. It did not apply to college students or the general public.

Methods

Participants

38 individuals participated in the study. Some participants were recruited from the Purchase College Participant Pool (*n* = 26) and other participants were recruited with flyers through a social media platform from a minority neighborhood in the Bronx (*n* = 12). There were 21 female, 13 male, and three non-binary participants, as well as one participant who preffered not to state their gender identity. The average age of the 36 participants who reported their age

was 22.9 (*SD* = 13.4). The participants' ethnicity included 18 Black/African Americans, 10 White/Caucasians, two White/Hispanics, four Latinos, three Hispanics, one Asian, and one who preferred not to say. 11 had their high school diploma or GED, three already had their bachelors degree, and two had their master's degree. 19 people did some college and two people did some high school. Participants from Purchase College received credit for their participation and the participants that were not students at Purchase College had the opportunity to enter a raffle to get a $25 gift card from Target. All participants were at least 18 years old.

Materials and Procedure

The experiment was programmed using Qualtrics survey software. Participants were seated in front of a computer or utilized their cell phones in order to complete the study. Before starting the study, all participants received the same link. The link directed them to an informed consent form before participating. When the participants finished the consent form, they were directed to the study in which the software randomly assigned them to the control or experimental group. The experimental group read a short educational paragraph about mental illness that aimed to normalize the experience and treatment of mental illness. It took approximately three minutes to read. The control group also received a short paragraph but it was unrelated to mental health. This paragraph was about menstruation. This topic was used because some participants may find it uncomfortable to talk about, similar to mental illness, but it does not carry the same degree of stigma. See Appendix A for the complete text of these stimuli. After reading the short paragraph, both groups were asked three comprehension questions about what they read previously (see Appendix B).

Participants from both groups then responded to the Prejudice towards People with Mental Illness (PPMI) scale, which is a measure of mental illness stigma and prejudice, adapted from Kennie et al. (2018). The scale consisted of 28 statements (e.g., "I would feel unsafe being around someone who is mentally ill"), and participants rated their responses to each statement from a 5-point likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

Finally, the participants answered basic demographic questions about their race/ethnicity, age, occupation, level of education and their familiarity with mental illness (e.g., whether they or someone close to them has experienced mental illness). The survey ended with the participants being debriefed and thanked for their participation.

Results

We conducted a 2 (participant group: Purchase College vs. Bronx Community) by 2 (condition: experimental vs. control) ANOVA with PPMI scores as the dependent variable. We hypothesized that (1) participants from the college setting would express less stigmatized attitudes towards mental illness than participants residing in a diverse urban setting without as much access to relevant resources, and (2) participants in the experimental group would express less stigmatized attitudes towards mental illness than participants in the control condition.

We found partial support for our hypothesis. There was a significant main effect of participant group, $F(1, 34) = 7.91$, $p = 0.008$. As predicted, participants from Purchase College ($M = 2.12$, $SD = 0.35$) had lower PPMI scores than non-student participants from a minority community ($M = 2.52$, $SD = 0.49$). However, there was not a significant effect of the condition, $F(1, 34) = 0.289$, $p = 0.595$. There was no significant interaction between condition and student, $F(1, 34) = 1.36$, $p = 0.25$. See Figure 1.

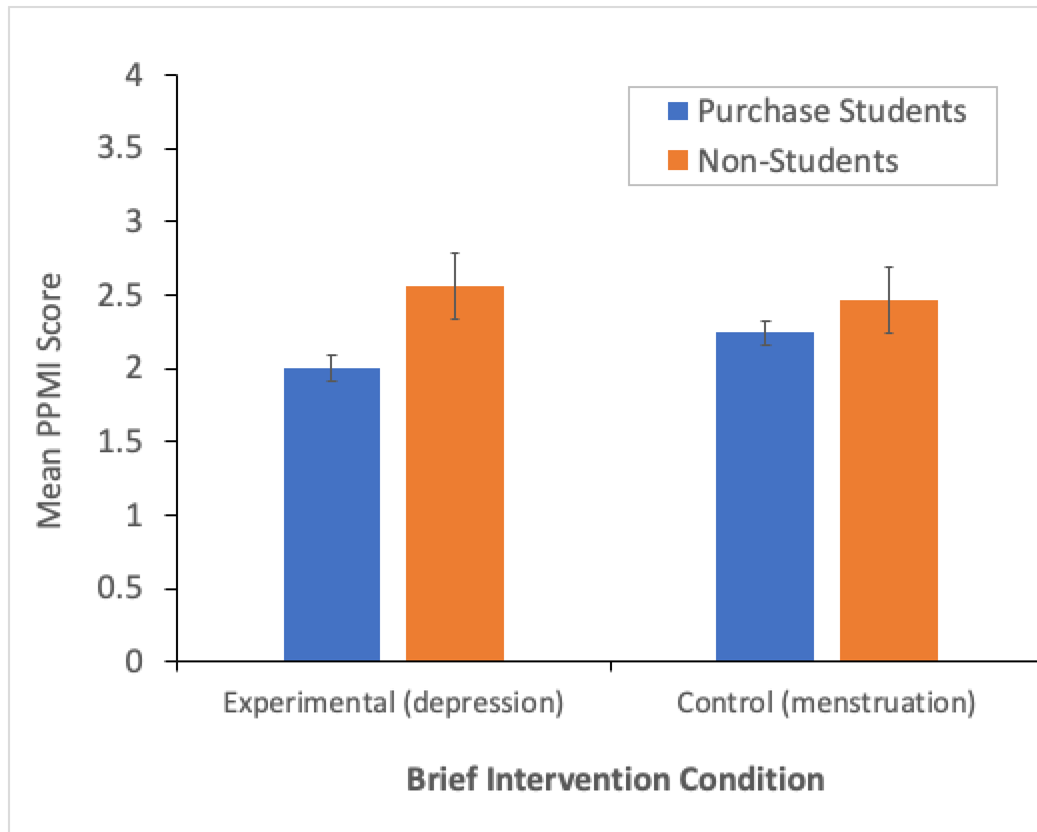

Figure 1. Mean PPMI scores for Purchase College and Non-Student participants in the Experimental and Control Conditions. Error bars represent standard errors of the means.

Discussion

A person with a mental illness can be discriminated against by people close to them such as a family member, a person in their environment, or a random person that they encounter. A reason for the discrimination can be something as simple as what a person heard growing up about the particular subject. It can also be due to the fact that in certain communities mental health is viewed as something you can easily get over by focusing on other aspects of life that society finds more valuable. Discrimination causes damage in people's mental health because it causes people to shy away from the resources they need to better their health.

The present study was conducted to measure the level of stigma/prejudice that people have towards mental illness. It also evaluated whether or not reading an informative short

paragraph normalizing clinical depression would lower the stigma towards mental illness. We recruited participants from two different communities. One community has access to mental health resources and services (Purchase College). In the other community the resources and services are limited (minority community in the Bronx). The participants were randomly assigned to a reading. One of the readings was a short paragraph about mental health. There was general information about what mental health is, the statistics of the people affected by it and how it can be treated. The other short reading was about menstruation, it defined what menstration was, the troubles it can cause for women and how it affects women all around the world. They proceeded to fill out a prejudice survey where the scores would determine the level of stigma. It was hypothesized that participants from the college setting would express less stigmatized attitudes towards mental illness than participants residing in a diverse urban setting without as much access to relevant resources because they would have more knowledge. It also hypothesized that the short readings would reduce the stigma that the participants have towards mental illness since they would have more information about mental health.

The results showed that participants who were Purchase College students had lower scores on the PPMI scale than the participants who were not students. This means that they showed lower prejudice towards mental illness. This result supports the hypothesis because it showed that there was a statistically significant difference in PPMI scores between the two groups. The other hypothesis was that the reading intervention would have an effect on the stigma that people have towards mental health by lowering it. The result showed that reading the paragraph did not have an effect on the participants no matter their condition or group. The paragraph did not help students differently than non students.

One reason the brief educational intervention may not have worked is because the

paragraph was short and probably didn't hold enough information for the participants to comprehend the importance of mental health. In a similar study that used an educational intervention approach to reduce stigma by researchers Spagnolo and colleagues (2008), the intervention consisted of an informational session done by consumers and a faculty member of a medical school. Even though the study used a related approach, the difference between their studies and this current study is that the consumers and faculty members were able to share information about mental illness, characteristic symptoms, recovery strategies, and personal stories told by holding a live informational session. The people that attended may have had an easier time comprehending everything since it is presented to them live. Another study conducted by Soparito et al (2013), used an educational intervention to lower prejudice but the difference is that their interventions were done in a video form. Similarly to the current studiee's approach the researcher had a control and experimental group. The videos consisted of two videos. One was about mental illness and the treatment involving family therapy and experience which was assigned to the experimental group. The other video consisted of a video sharing knowledge of tobacco which was assigned to the control group. The difference between that study and the current study is the fact they used an educational video. The results in the study conducted by Soparito et al (2013), suggested that the study supported their hypothesis that the educational intervention can reduce stigma however it increased the curiosity on how the importance of mental health can be effectively addressed to change people's behavior towards it. This is similar to our study because it raised the same questions in this current study. The participants missed one or more questions which suggests they may not have been paying full attention to the readings. Another limitation is the small sample size of the present study. There were only 38 participants and only 12 of those participants were non-student participants from

the Bronx. Since there were not many participants, it makes it hard to draw any strong conclusions about the fact that an intervention lowered stigma in previous studies but not the present study. Additionally, the participants were mostly educated individuals who went to high school, college, or got their masters. Moreover, all of the participants were familiar with mental health and illnesses.

The study could be better if more time is spent collecting data. The data for the current survey was collected in two and a half weeks, if more time was spent collecting data there probably would have been more participants that were not just students but people who live in the minority community with lives that do not involve being in a school setting. If the intervention was longer, it could include a thorough description of mental health, its symptoms, more statistics and ways in which mental illnesses can be treated. Instead of a short educational intervention, another approach would be to hold a live seduction event where people are able to listen and thoroughly comprehend the importance of mental health. Another option would be an educational video. These can be helpful tactics to collect data and gather information since people have different ways of learning. The participants may have been people who do not enjoy reading which makes complete sense. The participating students from Purchase College are artistic, they most likely learn a lot by being involved physically. Many people started the study and never completed it, in which cases their data could not be calculated. For future reference, I would make it more engaging and relatable so that people can fill out the survey with honesty. I would also make sure that I collect data on how the participants retain information and learn the best so that it can give a lot more information on why a reading, video or live class can be educational or not. One other thing I would do is not just collect data in a specific minority community. I would include data from different minority communities to see if there is a pattern

in the behavior that they have towards mental health.

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Appendix A: Experimental group and control reading

Experimental: Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. It affects how you feel, think, and behave and can lead to a variety of emotional and physical problems. You may have trouble doing normal day-to-day activities, and sometimes you may feel as if life isn't worth living. Depression should never be taken lightly, but it's a lot more common than you might think. Nearly 7 percent of American adults, as many as 16 million people, experience clinical depression in any given year. Worldwide, depression is the leading cause of disability and more than 300 million people of all ages around the world live with depression. Unfortunately, depression often goes undiagnosed and untreated, and some people might feel reluctant to seek help. Less than half of people struggling with depression get treatment. In some countries, less than 10 percent get treatment. Even in the United States, access to treatment for depression is not equally available for all people. 73 percent of Whites who are diagnosed for depression get treatment, as compared to just 63 percent of Hispanics and 60 percent of African Americans. The burden of all mental illnesses, including depression, is increasing, but effective treatments are available. Some treatments include counseling or psychotherapy, which involve talking with a mental health professional. Prescription antidepressant medication may be an option as well after consulting with a medical doctor or psychiatrist. People experiencing depression can live long, happy, and healthy lives, as long as they have the proper support and access to help.

Control: Menstruation, or period, is normal vaginal bleeding that happens as part of a woman's monthly cycle. Many women have painful periods, also called dysmenorrhea. The pain is most often menstrual cramps, which are a throbbing, cramping pain in the lower abdomen. People

may also have other symptoms, such as lower back pain, nausea, diarrhea, and headaches. Period pain is not the same as premenstrual syndrome (PMS). PMS causes many different symptoms, including weight gain, bloating, irritability, and fatigue. PMS often starts one to two weeks before an individual's period starts.The average female will have their first period between ages 11 and 14. Periods will continue regularly (usually monthly) until menopause, or about age 50. Painful, irregular, or heavy periods affect up to 14 percent of females in their childbearing years, according to estimates from WomensHealth.gov. Moreover, a 2012 study found that 32 to 40 percent of people who have periods report this pain is so severe they have to miss work or school. Each year in the United States, people spend upwards of $2 billion on menstrual products. In their lifetime, the average menstruating person uses almost 17,000 tampons or pads. However, more than 16.9 million American women live in poverty and may struggle with access to menstrual products and medications that treat symptoms.

Appendix B: Questions That Followed the Readings

Experimental questions

Approximately what percent of American adults experience clinical depression each year?

(3%, 7%, 10%)

People in the United States have equal access to mental health treatments for depression.

(True or False)

Worldwide, depression is the leading cause of disability.

(True or False)

Control questions

32 to 40 percent of people who have periods report this pain is so severe they have to miss work or school. (True or False)

About how much money is spent on menstrual products each year in the United States?

($20 million, $200 million, 2 Billion)

The average female will have their first period between the ages of 11 and 14 and continue for the rest of their life. (True, False)

Appendix C: PPMI (Prejudice towards People with Mental Illnesses) Scale

Fear/ Avoidance

- I would find it hard to talk to someone who has a mental illness
- I would be less likely to become romantically involved with someone if I knew they were mentally ill
- It is best to avoid people who have mental illness
- I would feel unsafe being around someone who is mentally ill
- I would be just as happy to invite a person with mental illness into my home as I would anyone else
- I would feel relaxed if I had to talk to someone who was mentally ill
- I am not scared of people with mental illness*
- In general, it is easy to interact with someone who has mental illness*

Malevolence

- People who are mentally ill are avoiding the difficulties of everyday life
- People with mental illness should support themselves and not expect handouts .
- People who develop mental illness are genetically inferior to other people
- People with mental illness do not deserve our sympathy
- We, as a society, should be spending much more money on helping people with mental illness* . People who become mentally ill are not failures in life* .
- We need to support and care for people who become mentally ill*
- Under certain circumstances, anyone can experience mental illness*

Authoritarianism

- People who are mentally ill need to be controlled by any means necessary
- Those who have serious mental illness should not be allowed to have children
- People who are mentally ill should be forced to have treatment
- People who are mentally ill should be free to make their own decisions*
- People who are mentally ill should be allowed to live their life any way they want*
- Society does not have a right to limit the freedom of people with mental illness*

Unpredictability

- The behavior of people with mental illness is unpredictable
- People with mental illness often do unexpected things
- In general, you cannot predict how people with mental illness will behave .
- The behavior of people with mental illness is just as predictable as that of people who are mentally healthy*
- People with mental illness behave in ways that are foreseeable*
- I usually find people with mental illness to be consistent in their behavior*