

# DATA TRENDS

## BEING TREATED DIFFERENTLY: STIGMA EXPERIENCES OF ADOLESCENTS WITH MENTAL HEALTH DISORDERS

# SOURCE

Moses, T. (2010). Being treated differently: Stigma experiences with family, peers and school staff among adolescents with mental health disorders. *Social Science and Medicine*, 985-993.

**T**his study sought to better understand stigma as experienced by youth with mental health problems. More specifically, the goal of this research was to examine youth perceptions of being treated ‘differently’ by family members, peers, and school staff because of mental health problems.

### METHOD

Data were collected through 60- to 90-minute semi-structured interviews with 56 volunteer adolescents (12-18 years old). Youth participants were involved in a mental health wraparound program based in a mid-sized Midwestern American city and diagnosed with one or more mental health disorders. Each interview covered a series of questions and rating scales related to mental health challenges. This study analyzed youths’ responses to three interview questions: (1) How do you feel other people in your life who know that you are getting treatment for emotional or behavior issues treat you? (2) Do you feel family/peers or school treat you differently? (3) Do you feel that others treat you differently in comparison to a) your siblings (in the family), b) other kids? (p. 987). Additional demographic and clinical data were collected through agency records.

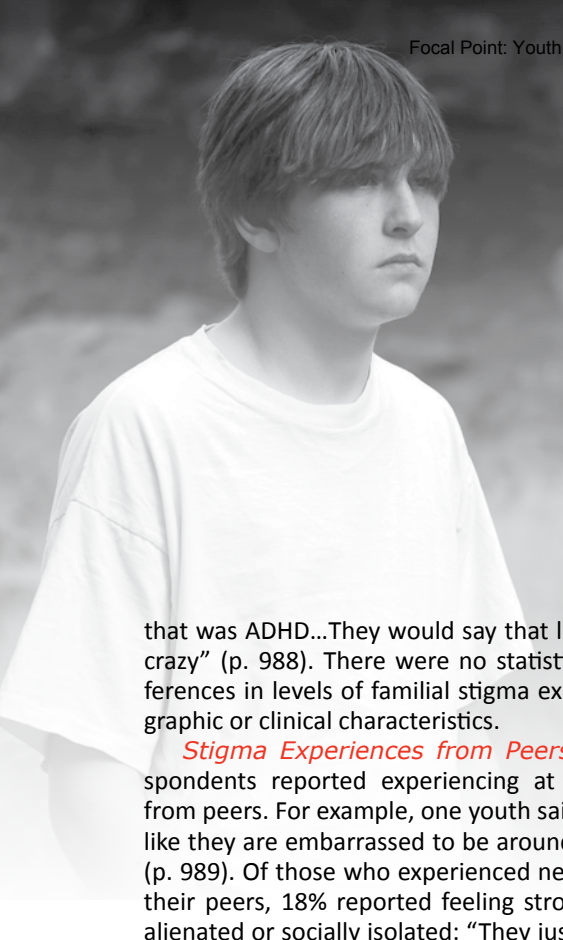
Data analysis began with classifying responses into three interpersonal domain categories: family, peers, and school. Extent of stigma experienced was numerically coded into three point scales (0=none, 1=some, 2= substantial amount) for family and peer domains and a two-point scale (0= no stigma and/or positive treatment, 1= negative treatment) for school. Bivariate analyses were used to explore the associations between stigma domains and youths’ demographic and clinical characteristics.

### RESULTS

Overall, inter-correlations among domains showed that participants who reported higher stigma in any of the three domains were more likely to report higher stigma in other domains too.

**Stigma Experiences Within Family:** Close to half (46%) of participants reported negative treatment by family members manifested as distrust, avoidance or exclusion from family events, unfair blame, poking fun/teasing (especially by siblings), and low expectations. Few participants (13%) who reported negative treatment experienced substantial stigma from immediate and extended family: “My family treated me like I was like the outsider because I was the only one in my family

*Close to half (46%) of participants reported negative treatment by family members manifested as distrust, avoidance or exclusion from family events, unfair blame, poking fun/teasing (especially by siblings), and low expectations.*



*“My family treated me like I was like the outsider because I was the only one in my family that was ADHD.”*

that was ADHD...They would say that like I was always like crazy” (p. 988). There were no statistically significant differences in levels of familial stigma experiences by demographic or clinical characteristics.

**Stigma Experiences from Peers:** Two-thirds of respondents reported experiencing at least some stigma from peers. For example, one youth said: “They [peers] act like they are embarrassed to be around me or something” (p. 989). Of those who experienced negative treatment by their peers, 18% reported feeling stronger stigma—being alienated or socially isolated: “They just ignore me....I’m in the outcast [group]. And there is hardly anyone in there, so people treat me differently” (p. 990). Bivariate data analyses revealed that females and ethnic minorities reported experiencing significantly less peer stigma than their male and white counterparts. There were no statistically significant differences in levels of peer stigma experiences by clinical characteristics.

**Stigma Experiences at School:** Over half (57%) of participants stated they were treated differently by teachers and school staff. One-third of those (35%) reported being treated differently in the negative sense. For example, one youth stated: “At times they [teachers] treat me differently because they don’t think I can do good, they could take it easy on me because I—they don’t think I can do hard [or] normal work like other kids, which is not true because I can” (p. 990). However, 22% of participants felt they were treated differently at school, but in a positive sense. One youth said during the interview, “Everybody’s so proud and wants me to do so good” (p. 990). Bivariate analyses revealed that participants who experienced negative differential treatment were more likely to be incarcerated and participants reporting positive differential treatment were more likely to be in out-of-home status. There were no statistically significant differences in levels of school stigma experiences by demographic characteristics.

## DISCUSSION AND IMPLICATIONS

This article investigated the subjective experiences of stigma among youth with mental health disorders. What makes this study unique is that it compares and differentiates stigma experiences within family, peer, and school

settings. Key findings include that while slightly less than half of participants reported experiencing stigma within their families, stigma is experienced most often from peers. Participants reported being treated differently in school as well, but often in a positive manner.

Participants who experienced stigma within one domain (i.e., family, peers, school) were more likely to report experiencing stigma in other domains. The author postulates that this could be due to greater “stigma consciousness” or “stigma sensitivity” (991) of certain participants, though it is also possible that certain individuals are more likely to experience stigma due to certain factors not assessed in this study. Analyses conducted in this study suggest that demographic or clinical characteristics are not consistent factors in predicting stigma across domains. More research is needed to determine which youth may be more vulnerable to experiencing stigma across social domains.

*Females and ethnic minorities reported experiencing significantly less peer stigma than their male and white counterparts.*

Results from this study can help practitioners appreciate that youth may experience stigma within a particular social domain, but not another. Additionally, findings indicate that youth can experience either positive or negative differential treatment in school. Therefore, it is important for adults to ask youth about both their sources of discrimination and supports in different social venues.

## AUTHOR

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