# Addressing the Stigmatization of Mental Illness Experienced by Children

This paper examines stigmatization of children with mental health conditions by examining research on adults, and drawing parallels to the possible experiences of children. We also describe the limited findings on children and stigmatization.

## Stigmatization's Impact

Research conducted primarily on adults suggest stigmatization has three effects: self-stigma, label avoidance, and public stigma.[5] Self-stigma decreases a person's sense of self-worth and self-efficacy. Children who internalize public stereotypes end up self-stigmatizing: "I must be a bad person because they say I have mental health problems!" Label avoidance is also harmful. To avoid being labeled as mentally ill (and the stigma that results), individuals may avoid meeting with psychiatrists or other mental health professionals so that they do not receive an official diagnosis. Consequently, they also fail to receive treatment.[4]

Public stigma, the focus of this paper, is the general population's endorsement of stereotypes that lead to discrimination—the behavioral result of stereotyping. Research on adults has found that the public tends to stereotype people with mental illness as dangerous, incompetent, and blameworthy. There is also evidence that the public's stigmatization of adults has actually worsened over the past 50 years.[20] Discriminatory behaviors that result from stigmatization include employers who do not hire people with mental illness, landlords who do not rent to them, or physicians who withhold some treatments. Specific findings on children's attitudes are not available, though it seems rea-

sonable to think that younger persons hold similar negative perceptions of persons with mental health conditions. However, research on the stigmatization of children in adults has demonstrated that adults view children with mental health conditions as increasingly dangerous.[18]

## Efforts to Decrease Stigmatization

There are three commonly researched approaches to addressing the public stigma of mental illness in adults: protest, education, and contact.[8] Protest occurs when individuals band together and demand that the media and general public change the portrayal of, or their attitudes toward, individuals with mental illness. Even though this approach can be successful in changing media such as advertising,[24] individuals often experience an increase in stigmatizing attitudes after the event.[9,15] Protest therefore may have limited value as an approach for reducing stigmatizing attitudes among adults, and similar limited effects for reducing stigmatization among children.

A second approach for combating mental illness stigma is education. Previous research among adults has shown that the more knowledge an individual has about a mental illness,

the less likely that person will endorse stigmatizing views.[12,14] Education programs attempt to affect change by challenging the myths about mental illness with facts. These programs are mainly community-based and occur in many formats. They may include one session or multiple sessions and may be presented by a single or multiple speakers. One example of a myth of mental illness is that once an individual is mentally ill, he or she will never be better. However, research shows that 1/3 of individuals never need treatment after their first hospitalization and 1/3 of individuals fulfill life goals with treatment and support.[11,13] While research shows that educational approaches have resulted in some immediate reduction of mental illness stigma, additional findings suggest that individuals may return to baseline levels of stigmatizing attitudes at one-week follow-up.[8,9]

Although education-based research specific to mental illness stigma in children is limited, evidence suggests these approaches can increase general knowledge about mental illness at all ages.[22,25] These programs are popular due to their ability to reach a larger audience easily, through educational and mass media.[23] Other areas of research on the effectiveness of educational programs, such as multicultural educational programs for children, have shown results similar to those found in adult educational anti-stigma programs for mental illness. While there is an initial decrease in stigma, there appears to be a return to baseline endorsement.[1] As such, it is likely that mental illness anti-stigma programs for children will likely show a similar pattern of mixed, short-term outcomes.

The third stigma-reduction strat-

egy is contact. Direct interaction and building interpersonal relationships between individuals is the most effective strategy for reducing stigmatizing views and changing behaviors.[21] The stigma-reducing effect of contact

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is well-researched for various sub-populations who may be the focus of discrimination, including persons of color[16] and persons with physical and learning disabilities.[3] Research supports the short- and long-term effectiveness of contact in reducing stigmatizing attitudes and behavior.[2,10] There is evidence that using educational approaches in combination with contact results in the best shift in attitudes about mental illness.[21]

## Coming Out

An important component of contact is disclosure of mental illness status, or "coming out"—letting people know about one's psychiatric history.[7] Many people choose not to disclose their mental illness because they fear the discrimination that may follow. For example, people who disclose may face mandatory treatment, or loss of housing and/or employment.[10] Unfortunately, when individuals choose to hide their illness, it reduces opportunity for contact and familiarity in the wider community—the very things which may result in reduced stigmatization.

While adults with mental illness may choose where, when, and to whom to disclose, children have less control of this choice. When adults disclose, they disclose to other adults that have the mental capacity to understand what is happening. For children, it is generally parents and teachers who ultimately control disclosure. The phenomenon of "forced disclosure" is not well-understood and there is a need for future research

in this area. In contrast, parents of a child with a mental health condition may choose to hide their child's situation so as not to risk stigmatization of the entire family. For example, when a person learns of a child's mental health condition, he or she may assume that bad parenting caused the child's mental illness.[6,19] To avoid these judgments, a child's mental health may remain hidden.

The coming out process for children is also impacted by the cognitive capacities of their peers. When children learn about mental illness in a peer, their ability to understand this information is limited by age and cognitive ability. This can lead to peers being fearful, avoiding, and less willing to help the affected child.[17]

## Summary

Much of the work described in this paper evolves from the broad theory and research programs of social psychologists. Research suggests that contact is the best method of combating stigma of mental illness in adults and in children. It is important that research in this area continue in order to guide the development and evaluation of anti-stigma interventions. Challenging the barriers created by stigma will greatly open up the opportunities of children with mental health conditions. Anti-stigma programs such as the ones mentioned above will also help children with mental health conditions to participate in appropriate services. Together, mental health and well-being are promoted.

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## Authors

**Jennifer D. Rafacz** is a doctoral student studying Clinical Psychology at Illinois Institute of Technology.

**John O'Shaughnessy** is a doctoral student studying Clinical Psychology at Illinois Institute of Technology.

**Patrick W. Corrigan** is Professor of Psychology at the Illinois Institute of Technology and Associate Dean for Research.