



## WHY WE CHOSE THIS TOPIC

Stigma is a form of oppression that creates barriers for children to obtain timely and appropriate mental health care. Children are stigmatized when they are stereotyped, prejudiced, and discriminated against for struggling with mental health challenges. They may experience public stigma from others when people see them as incapable or "less than." Another level of stigma is structural, in which children's rights and opportunities are constrained from receiving mental health services due to their mental illness.<sup>1</sup>

## WHAT THE RESEARCH SAYS

The consequences of mental health stigmatization can significantly affect a child's mental health outcomes, and it can vary by diagnosis. A national survey found that although adults can identify what attention deficit/hyperactivity disorder is, they are less likely to view it as a mental health issue that needs treatment, compared to depression.<sup>2</sup>

Anti-stigma programs that are most effective in improving the public's perception of children's mental health involve a combination of education and personal stories from people with lived experience.<sup>3</sup> Effective programs are also those that teach skills to incorporate using appropriate words and actions when referring to or treating someone with a mental illness.<sup>4</sup>



## WHAT'S HAPPENING IN WISCONSIN?

Anti-stigma campaigns exist in many Wisconsin communities in response to growing concern about the harmful effects stigma can have on children and families. Programs such as the [National Alliance on Mental Illness \(NAMI\)](#) and the [Wisconsin Initiative for Stigma Elimination \(WISE\)](#) are examples of organizations who are dedicated to raising awareness and ending the silence surrounding mental health challenges.

For example, WISE is a statewide coalition of organizations and individuals building resilient and hopeful communities by promoting inclusion for all affected by mental health challenges. WISE offers 4 programs that provide learning and networking opportunities along with consultation and mentoring, to assist organizations with their anti-stigma efforts.

"What I learned about mental health through the education system: 'That I was broken and couldn't be fixed.'"

OCMH Youth Listening Session Participant



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## CONSEQUENCES OF STIGMA

Stigma can lead to self-stigma. Children, adolescents and young adults who stigmatize themselves are at risk for a lower quality of life. They may have difficulty asking for help, refuse treatment, discontinue medication, and reduce their social interactions. Experiencing shame about their mental health challenges make symptoms even worse.



Getting to know someone recovering from a mental health challenge has a greater impact on stigma elimination than education alone.<sup>5</sup>

### REFERENCES:

<sup>1</sup> Corrigan, P., Shapiro, J., (2010). Measuring the Impact of Programs that Challenge the Public Stigma of Mental Illness. *Clin Psychol Rev*; 30(8): 907-922.

<sup>2</sup> Pescosolido B.A, Jensen P.S, et al. Public knowledge and assessment of child mental health problems: findings from the National Stigma Study-Children. *J Am Acad Child Adolesc Psychiatry*. 2008 Mar;47(3):339-349

<sup>3</sup> Corrigan, P.W., Rowan, D., Green, A., Lundin, R., River, P., Uphoff-Wasowski, K., White, K., & Kubiak, M.A. (2002). Challenging two mental illness stigmas: Personal responsibility and dangerousness. *Schizophrenia Bulletin*, 28, 293-310

<sup>4</sup> Thornicroft, G., Rose, D., Mehta, N. (2010). Discrimination against people with mental illness: what can psychiatrists do? *Advances in Psych Treatment*. Vol. 16, 53-59.

<sup>5</sup> Knaak, S., Modgill, G., (2014). Key Ingredients of Anti-Stigma Programs for Health Care Providers: A Data Synthesis of Evaluative Studies. *Can J Psychiatry*. 59(10 Suppl 1):S19-S26

<sup>6</sup> McCoy, Katherine. 2019 Wisconsin Youth Risk Behavior Summary Report, Madison, Wisconsin Department of Public Instruction.

## WHAT WE CAN DO

**PARENTS** ➤ Educate yourself and your children about mental health disorders, their symptoms and the effectiveness of treatment. Share stories of people with mental health challenges and connect with people who live with mental illness.

**PROVIDERS** ➔ Examine your implicit biases and be aware of the limits to your ability to provide stigma-free service delivery.

**SCHOOLS** ➔ Only about 60% of Wisconsin students feel that they belong at their school.<sup>6</sup> Foster inclusion by improving staff and student mental health literacy to eliminate use of stereotypical language.

**COMMUNITIES** ➔ Customize stigma reduction programs to meet the needs of your community's culture. Support opportunities for peer mentorship and employment.

**POLICYMAKERS** ➔ Families are discouraged from obtaining mental health treatment for their children by commercial insurance plans with stricter medical necessity criteria, frequent utilization review, and "fail first" at outpatient before accessing more intensive treatments. Mental health providers are less available than medical providers, partially due to lower reimbursement rates, forcing families to access out-of-network care with higher out-of-pocket costs. Increase mental health access for children by identifying gaps in compliance with mental health parity laws and support individuals preparing for mental health professional licensure.