The Beginning of the End? Deploying Rigorous Research in Real-World Settings to Reduce Stigma

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The past 2 decades have seen a reawakening of research and policy interest in the stigma attached to mental health problems. From the Surgeon General's Report[1] to the President's New Freedom Commission,[2] the 21st century has witnessed a resurgence of research, new national and local campaigns, and a contemporary rethinking of all these efforts.[3,4] No longer do we expect to hear about anti-stigma programs without a scientific base and an empirical follow-up on outcomes. This is the case whether the targets of decreasing stigma are the individuals experiencing mental health problems (self-stigma), their families and friends (courtesy stigma), those who offer treatment (provider-based stigma), individuals in the community (public stigma), or officials who enforce discriminatory policies (structural stigma). That said, efforts that focus on children or adolescents have lagged behind, with the first national study of where the public stands on the acceptance and inclusion of children with mental health problems published in the *Journal* only in 2008.[5] However, one of the realizations that these 2 decades of research activity have brought is that younger groups might be precisely where we should be aiming stigma-reduction efforts.

This month's issue of the *Journal* features the best of this new agenda. After gaining access to 2 dozen high schools and more than 500 students, Milin *et al.*[6] integrated a mental health module into an extant set of courses taught by the local teachers. What they found was interesting and most startling in its differences from adult studies. Specifically, they found that knowledge about mental illness increased, that stigma (in prejudicial attitudes) decreased, and importantly, that there was a statistically significant association between increased knowledge and decreased stigma. This last finding appears to be in direct contradiction to studies of the larger adult population. Research in the United States and Western Europe has documented that what appears to be greater knowledge, namely the embrace of neurobiological attributions, has no effect or even an aggravating effect on prejudice.[7]

The findings of Milin *et al.* can offer real insight and a wedge for change. Alternatively, they could be an anomaly, something about the life course, or an effect that will extinguish over time as we have seen before in anti-stigma interventions. Only the replication and comparison that they call for can adjudicate among those possibilities. Even more critically, this first piece from their project focuses on attitudinal change, change that some find pales in comparison with behavioral change, including help-seeking, by those with problems or inclusion from their friends and teachers. This makes the longitudinal follow-up that is underway in this project of great interest.

So, the question remains, why is my professional response to this study so positive? Five key features in this study represent the hallmarks of current thinking about the ability to decrease prejudice and discrimination toward mental illness. First, research suggests that focusing on this generation could represent a unique opportunity. Millennials appear to be more open, confident, and willing to discuss their mental health.[8] They also are supremely confident in their ability to change the world compared with past generations at the same age. Second, this program essentially infiltrates existing structures and processes. Rather than trying to force one more new program on the educational system, it provides new material for what teachers are already charged to do. In my personal experience, I have found teachers to be hungry for new and proven materials on diversity of any kind. Third, because it assists, rather than heaps on additional burdens, this approach holds the potential to be scalable. Fourth, this approach does not silo mental health, which too often makes mental health issues stand out as different, more problematic, and, in the end, stigmatizing. Recognizing mental health and mental illness as part of "healthy living" weaves it into the fabric of life expectations. Fifth, the science is real world, realistic, and rigorous. This effort did not include one school, one kind of school district, or some artificial circumstance in which selection effects can be notoriously problematic. It is not easy to get into the school system, as many of us know. Getting such systems to agree to intervention and control sites represents a feat in itself.

Of course, this is not the end of the struggle to find efficacious interventions to lessen the stigma of mental illness for children and adolescents. Rather, it is a solid and hopeful beginning because it is realistic and potentially scalable on a population whose attitudes, despite early exposure to stigmatizing language and images, might be more malleable to understanding the importance of mental health and the damage that stigma does. In fact, the point is that we cannot depend on the schools to change society if they are the only institution charged with doing so. Unless interventions are directed at the media, in the community, and within the treatment system, we cannot expect whatever change has been realized to hold. The extinguishing effect of anti-stigma interventions, all too commonly documented, might not be the fault of interventions at all. Rather, it could reflect the inability of any intervention to hold sway in the face of the continual bombardment of messages of the dangerousness of adolescents with depression, the continual

political linking of mental illness and guns whenever a heinous act is reported, or the unwillingness of parents to support friendships of their children with others known to have mental health challenges. Stigma is embedded in a dynamic complex of large, interacting structures of cultures, institutions, and individuals.[4] It will not dissipate easily or without continued, steadfast efforts over long periods. Moreover, it might never be eradicated without real "cures" that mental health historian Gerald Grob[9] has suggested are the real agent of change that underlies the decrease in other formerly highly stigmatized diseases.

Children and their families cannot wait while psychiatric researchers work to find underlying causes, mechanisms, and remedies. It will take the combined efforts of medical and social scientists to improve the lives of children and adolescents with mental health challenges. More real-world and rigorous research that monitors the current state of prejudice and discrimination provides insights on who and what to target. Its intervention counterpart develops new, efficacious tools for anti-stigma efforts. Together, they bring us closer to having a science-based array of options to combat the devastating effects of stigma on the lives of those with mental health problems, on those who care for them, and on a society that cannot afford the loss of productivity and creative contributions from its citizens and, above all, its future citizens. &

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