Addressing Stigma as Part of Student Supports*

Negative effects of assigning diagnostic labels of disorders and disabilities are widely recognized. Too often, people see only the diagnosis, not the person; diagnostic labels can lead to self-fulfilling prophecies and stigmatization. They may also lead to misunderstandings about causality and appropriate corrective actions. All this can exacerbate emotional, behavioral, and learning problems at school and at home and may confound sound decision making about policy and practice.

Stigma related to mental health problems is defined by the Mental Health Commission of Canada as "beliefs and attitudes about mental health and mental illness that lead to the negative stereotyping of people and to prejudice against them and their families." Stigma has been reported as the number one factor interfering with children and adolescents accessing appropriate help. Of those accessing mental health services, about a third indicate they feel stigmatized.

Researchers suggest that children and adolescents are highly susceptible to stigma because they are at a stage when social interactions and peer acceptance are top priorities, and they worry a great deal about what others think about them. Thus, they may hide their emotional and learning problems and not seek help. This can worsen their problems and, in extreme instances, may increase suicidal tendencies. Researchers interviewing parents and others who were close to a recent suicide victim found that stigma was reported as a primary barrier to the individual accessing help.

In general, when those with problems perceive others as viewing them negatively, feelings of shame may be aroused and efforts made to hide the problem, including withdrawal from social interactions. Social withdrawal essentially affects their relationships with peers and can exacerbate emotional, behavioral, and learning problems. And when a family feels there is stigma attached to a problem, parents may refuse to acknowledge it and seek help.

> *Stigma is not just about hurting someone's feelings. Stigma is about prejudice, discrimination and the violation of a person's human rights.*
> Centre of Addiction and Mental Health (CAMH)

Why Should Schools Focus on Stigma Reduction?

Parents, care-givers, school staff, and peers, all may be sources of stigmatization; alternatively they can play a role in countering stigma and promoting help-seeking. Here we focus on the role of schools.

Researchers have reported that teachers and other school staff are not well-prepared or supported in dealing with mental health and related concerns. In a recent study, only 31% of students interviewed felt that their teachers were well prepared to respond to students' mental health needs.

It is not a far reach to understand that stigmatization is a form of bullying and can be a significant barrier to learning and teaching. Thus, from an intervention perspective, stigma reduction is part of every school's concern about addressing such barriers and re-engaging disconnected students.

> A first focus is on enhancing the promotion of healthy social and emotional development (for students and staff). This encompasses a major emphasis on appreciating individual and group differences and problems, empathy for others, and how to be supportive of anyone whose problems require special assistance.

> The next focus is on ensuring the school environment establishes ways to counter and buffer against stigmatization and build resilience for students to handle such negative interpersonal experiences.

> Finally, for students suffering the effects of stigmatization, personalized student and learning supports need to be available, including referral for specialized assistance if necessary.

Properly implemented, such a continuum of intervention can prevent many students from suffering the negative effects of stigma, can provide relief for others, and can facilitate student learning, performance, relationship building, and overall well-being. And all this helps with the emergence of a more positive school climate.

The Centre for Addiction and Mental Health (CAMH) highlights seven actions that everyone can do to reduce the prejudice and discrimination that produces stigma. As adapted for our purposes here, these are:

(1) Know the facts about mental health problems ("Learn the facts instead of the myths.")

(2) Be aware of one's own attitudes and behaviors towards others with problems and, as necessary, work on changing the way one thinks ("We've all grown up with prejudices and judgmental thinking, which are passed on by society and reinforced by family, friends and the media. But we can change the way we think – and see people as unique human beings, not as labels or stereotypes.")

(3) Choose words carefully – use accurate and sensitive words in describing that a person has certain problems; don't stigmatize them by characterizing them as being their diagnostic label ("The way we speak can affect the way other people think and speak.")

(4) Related to the above, focus on the positive by understanding that mental illness is only one part of a person and does not define them

(5) Educate others by finding opportunities to spread facts and positive attitudes about people's problems ("Challenge myths and stereotypes. Let others know how their negative words and incorrect descriptions affect people with problems and keep alive false ideas.")

(6) Support people by supporting their choices, encouraging their efforts, and giving them dignity and respect ("Think about how you'd like others to act toward you if you were in the same situation.")

(7) Include everyone; excluding those with experiencing learning and emotional difficulties is inappropriate and can exacerbate their problems ("People with problems have a right to take an equal part in society." Indeed, it is their basic human right, and some forms of exclusion are illegal in many countries.)

http://knowledgex.camh.net/amhspecialists/resources_families/Pages/stigma_brochure.aspx

Concluding Comment

Clearly, schools must attend to stigmatization – but not as one more separate initiative. As with all mental health concerns, efforts to address stigma need to be embedded into a unified, comprehensive, and equitable system of student and learning supports. And for this to happen will require transforming the current fragmented and marginalized interventions pursued at most schools.

Examples of Resources

Social-emotional focus on enhancing empathy

>*Teaching empathy: Evidence based tips for fostering empathy in children –*
http://www.parentingscience.com/teaching-empathy-tips.html

>*School materials for a mental health friendly classroom –*
http://promoteacceptance.samhsa.gov/publications/school_modules.aspx

Promoting resilience (with a view to reducing the impact of stigma)

>*Fostering resilience in children –* http://ohioline.osu.edu/b875/b875_2.html

Teaching about mental health (with a view to reducing stigmatization)

>*Reducing mental health stigma in schools –*
http://au.professionals.reachout.com/reducing-mental-health-stigma-in-schools

>*Breaking the Silence –* http://www.btslessonplans.org/

>*Mental Health First Aid –* http://www.mentalhealthfirstaid.org/cs/

>*Typical or troubled? –*
http://www.americanpsychiatricfoundation.org/what-we-do/public-education/typical-or-troubled

>*StigmaBusters –*
http://www2.nami.org/Content/NavigationMenu/Take_Action/Fight_Stigma/Fight_Stigma_StigmaBusters.htm

>*Lets Erase the Stigma –* http://www.letserasethestigma.com/

>*The Centre for Addiction and Mental Health (CAMH) Knowledge Exchange –*
http://knowledgex.camh.net/amhspecialists/promotion/Pages/stigma.aspx

>*The Colorado Education Initiative Stigma Reduction –*
http://www.coloradoedinitiative.org/wp-content/uploads/2014/03/28.-CEI-Created-Mental-Health-Stigma-Reduction.pdf

Many of the above resources provide links to other resources.

So does our Center *Quick Find* on
> *Stigma Reduction –* http://smhp.psych.ucla.edu/qf/stigma.htm

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Normality and exceptionally (or deviance) are not absolutes; both are culturally defined by particular societies at particular times for particular purposes.
--Ruth Benedict

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