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## **SRA's HIGHLIGHTS, SECOND ISSUE**

### ***Reducing Stigma toward Seeking Mental Health Treatment among Adolescents***

This study examined the effectiveness of an intervention to reduce explicit and implicit stigma toward mental illnesses and treatment-seeking and willingness to seek treatment. Saporito, Ryan and Teachman randomly assigned study participants to an experimental (education about mental illnesses and treatment using contact with a person with a psychiatric disorder) or control (education about tobacco) intervention. Results suggested the stigma intervention was effective at reducing explicit but not implicit measures of stigma. As hypothesized, participants receiving the experimental intervention reported less explicit stigma toward treatment and greater openness to personally seek treatment, especially if they had also reported prior mental health treatment. These findings support the potential for a brief educational intervention among adolescents to reduce negative attitudes toward mental health treatment, but raise questions about how to effectively address implicit stigma as well as the importance of translating stigma reduction into behavior changes.

***Illness-Related Stigma in the Israeli Press: Media Coverage of Severe Physical Illnesses***

Soffer argues that while the research on the ways through which the media covers stigmatized illnesses does exist, there remains a need for a more generalizable model to predict the way any given physical illness would be covered in the media, and in particular, the ways that stigmatized illnesses would be covered. This exploratory study examined the relationship between the ascribed degree of disease stigma and its coverage in the media. A survey of 954 randomly sampled articles over a 12-month period from five newspapers in Israel indicated that the more stigmatized the illness, the more coverage it received. Illnesses defined as ‘very stigmatized’ tended to appear in weekend or holiday editions and on the front page of the newspaper, in articles which mentioned behavioral or lifestyle related risk factors as well as in articles that represented foreigners as placing others at risk for illness. ‘Very stigmatized’ illnesses also tended to be described using military or apocalyptic metaphors. Soffer's conclusion was that ‘very stigmatized’ illnesses are constructed as salient issues, presented as blame-able phenomena, and perceived as conveying major risk to the social and moral order. Social fears need to be understood and addressed when designing policy and, particularly, media campaigns, in order to eradicate illness-related stigma.

***Adolescents and Psychosis: A Study on the Attitudes in a Northern Italian Town***

Scientific evidence shows that psychotic disorders come to the treatment a several years after their onset, when the symptoms have stabilized. There are many factors responsible for this delay, including the role played by stigma, which often hinders early identification of symptoms. Buizza et al. tested attitudes toward people with psychosis among 408 students in two high schools in a northern Italian town. Students held negative attitudes towards people with psychosis, and treatment. The authors concluded that it is important to promote public actions of sensitization and information in order to increase the knowledge about current model of community-based care for the treatment of these disorders and their possible positive outcome.

***Stigma and HIV: time for a new paradigm?***

In this commentary, Hodgson claims that the prevalence of HIV stigma has led to a plethora of literature, toolkits, reports, and conferences to the point where the demarcation between those who do not stigmatize (the good – people who work in the HIV sector) and those who do (the bad – everyone else) has been clearly established. This paper proposes an alternative view, that stigma is a generic characteristic of the human condition, and to truly understand the phenomenon, we should look to ourselves and deconstruct our own tendencies to stigmatize.

***Stigma as Perceived and Experienced by People with Mental Illness who receive Compulsory Community Treatment***

This study explored how stigma was perceived and experienced by people with a mental illness who were legally required to use mental health services while living in the community. Livingston and Rossiter interviewed 91 people with a mental illness who were receiving compulsory community mental health treatment in British Columbia, Canada. An inductive thematic analytic framework was used to identify predominant themes and recurring patterns in the qualitative data. Participants' narratives centered on six primary themes: (a) compulsory treatment; (b) feeling/being knocked down; (c) public (mis)understanding; (d) social identity/location; (e) social disadvantage; and (f) passing-managing-overcoming. Compulsory community treatment was entangled with a myriad of other stigma-producing factors associated with the direct effects of a mental illness and social disadvantage. The author's concluded that compulsory community mental health treatment was not the predominant issue producing stigma among those receiving compulsory community care, but it may contribute to such experiences by creating situations where people are likely to feel powerless, devalued, and oppressed.

***Book Review by Itzhak Levav, MD: Corrigan PW, Roe D and Tsang HWH:  
Challenging the Stigma of Mental Illness. Lessons for Therapists and Advocates.  
Wiley-Blackwell: Chichester, West Sussex, 2011. pp.231.***