

## CHANGING ATTITUDES OF HIGH SCHOOL STUDENTS TOWARDS PEERS WITH MENTAL HEALTH PROBLEMS

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### SUMMARY

**Background:** Stigma refers to the undesirable characteristics linked to mental illness and the adverse cognitive and behavioral consequences. Stigma causes a spiral of alienation and discrimination, leading to social isolation that diminishes chances for recovery. There is a great need for antistigma programs in order to decrease stigma related to persons with mental health problems. The antistigma program was initiated in schools of Serbia with the aim to address and decrease discrimination of adolescents with mental disorders.

**Subjects and methods:** Sixty-three students from high schools voluntarily participated in the program. The effect of the program on the attitudes of students was evaluated by the Opinion about Mental Illness Questionnaire given to adolescents prior to its implementation and six months afterwards.

**Results:** Social discrimination and the tendency towards social restriction were reduced, while, at the same time, social awareness of mental health-related problems was increased among young people six months after program implementation. The results obtained clearly indicate positive changes in adolescents' attitudes and demonstrate a need for further educational activities regarding stigma and mental disorders.

**Conclusion:** Stigma and discrimination reduction programs for adolescents are aimed at achieving a change of their attitudes toward the mental health problems of their peers and themselves through organized education. Our program demonstrates the necessity for youth participation in mental health services and system, and antistigma actions are seen as important aspects.

**Key words:** stigma – adolescents – discrimination - mental disorders

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### INTRODUCTION

It is generally considered that one in five persons experience a mental disorder over their lifetime, either experiencing it personally or through the experience of a close family member. Based upon the latest WHO data, one fifth of the young people under 18 are diagnosed with some form of developmental, emotional or behavioral problems (Morgan et al 2008). About 3-12% of the young suffer from mental disorders: there are forecasts predicting that the incidence of mental disorders among adolescents is going to increase further by 50% until 2020 (WHO 2001). On the other hand, it is well documented that the appropriate therapeutic approach results in a quick

recovery in almost all adolescents (and this does not necessarily imply hospitalization or application of medicaments) (Arseneault et al 2000).

It seems that throughout the whole history of human civilization, in all cultures, mental disorders were related to social rejection, fear and stigma (Markowitz 1998). Linking mental disorders with violence deepens stigma even further, as well as leading to discriminatory behavior towards the affected individuals. A common misconception, related to individuals with mental disorders, is the idea that they are dangerous and violent (88%), and have low IQ and cognitive impairment (40%). They are generally considered incapable of functioning and achieving permanent employment or otherwise making their own contribution (32%),

they exhibit lack of will to do things i.e. they are regarded as weak and indolent (24%), their actions are viewed as unpredictable (20%) and they should be blamed for their current status (20%) (Brown 2008). Furthermore, unfortunately, the media commonly present a distorted picture of individuals with mental disorders, showing them to be unpredictable, aggressive and dangerous (Fink & Tassman 1992). It is well known that throughout the history of cinematography, films usually follow stereotyped portraits of “psycho-killers“; people suffering from mental disorders are presented through the media as stereotypes either as heroes or labeled as offenders who perpetrate the gravest crimes.

It is well documented that there are practical ways to fight against discrimination of individuals with mental disorders (Sartorius & Schulze 2005, Saraceno 2005). They include various forms and methods such as transformation of institutions, introduction of anti-discriminatory and non-discriminatory laws and policies, improvement and better education of care providers, through media-launched campaigns with attendance and training of journalists as well as by means of programs aimed to enhance knowledge and skills in the field of mental health. The general attitude is that only multi-approach combined strategies, aiming at bringing change of social structures and culture (dealing with the issue of the individual’s education and provision of better living conditions for discriminated people) are vital to the provision of support to overcome the discrimination.

Generally, strategies to combat the stigma of mental illness can be divided into four groups of activities (Florez & Sartorius 2008): a) stigma-busting activities, taken by mental patient groups or family groups; b) educational activities through campaigns, pamphlets, conferences, presentations; c) activities that increase visibility of mental patients among a particular audience through direct contact; d) political activism through promotion of changes in practices or laws.

The adolescent period is a period characterized by intensive growth, both in the terms of physical and emotional changes. During this period of life, the opinion of peers strongly affects self-esteem and the assessment of the person’s own values. Young people with mental health problems do not face solely the challenge to learn more about themselves, but they have also to cope with the issue of overcoming stigma,

automatically assigned to them at this tender age of acquiring their own identity. It seems that crucial questions in this domain are how stigma is created and how do the peers, teachers and mental health experts understand the importance of this phenomenon and its unforeseen consequences on the recovery of adolescents experiencing mental health problems.

As the consequence of stigma, the young, being diagnosed with some form of mental disorder, and their respective families, undergo suffering resulting from their condition. They are frequently afraid of being discriminated for the fact that they suffer from mental illness and so they tend to avoid mental health institutions where they may get treatment or expert support.

### **Antistigma program**

Our antistigma program for secondary schools in Serbia was developed after years of practice and confrontations with problems of resocialization of the adolescents after being hospitalized or intensively treated at psychiatric institutions. It was a pilot program developed in cooperation with the Pedagogue Association of the Republic of Serbia, the Institute of Mental Health and one high school in Belgrade where two first grade classes voluntarily participated in it. This particular program was created in order to target the issue of overcoming stigma-related problems, aiming to achieve positive transformation of the attitudes of students towards their peers with mental health problems, in terms of the acceptance of the latter and the offer of active support and help.

The aim of the program was to raise the level of awareness through education, placing the accent on acquainting the students with the mental health-related problems of the young. Students were presented with the basic notions of mental health and mental health-related problems. The assessment of their personal attitudes and emotions referring to the processed notions and attitudes was also carried out. The young people were expected to experience and process their basic emotions arising from stigma-related and other relevant problems which were discussed through engagement in workshops. The identified long-terms goals of the program aimed to change the attitude and behavior of adolescents towards their peers with mental health problems, by means of positive changes acquired in the course of education.

The program consisted of two parts organized in six consecutive weeks: a short theoretical part followed by workshops, organized during the school free time. The program was attended by the students, class teachers, school pedagogue and psychologist, as well as a pedagogue and a child psychiatrist of the Institute of Mental Health. The program was supervised by senior colleagues and an experienced child psychiatrist, from the Institute for Mental Health.

During our work with the adolescents, we analyzed topics such as: mental health, mental health-related problems, outcomes of mental health problems, feelings of discrimination in people with these kinds of problems, along with the analysis of common myths connected with mental health problems. The basic theoretical parts also encompassed labelling and stereotypes - analysis of familiar examples, examination of pressures afflicting young people with mental health problems and introduction to ways in which young people deal with stress.

Each meeting lasted for 60 minutes: the first 15 minutes were dedicated to theoretical considerations of the problem and the remaining 45 minutes to the workshop. The basic aims were classified into six theoretical units and brief overviews of targeted activities were scheduled at the end of each meeting.

During the initial meeting, the program with brief theoretical consideration of the issues of mental health was introduced. Meeting oneself and meeting the others, discovering and acceptance of similarities between self and the others were the themes of the workshop entitled "*I am I, you are you*". The analysis included common feelings of the young with mental problems and the related impact on their private lives within their age-mates milieu.

During the second meeting, we defined basic problems of mental health and defined individual mental and physical limits in a modified workshop entitled "*Borders*". The young acquainted themselves with the notion of personal space through workshop activities and their own experiences were used to analyze the condition of those whose personal borders were distorted by mental problems.

Following a theoretical explanation of the basic problems afflicting persons with mental problems, discrimination, feeling of shame and loneliness, a modified workshop, entitled "*Help me, my friends reject me*" followed aimed to bring

closer to the young generation the feelings of an individual, rejected by the group. This included active work to find out strategies and reactions of rejected and "onlookers".

During the fourth meeting, we identified the basic stereotypes and myths attached to the young with mental problems (violence, laziness, uselessness, insanity, etc.) and defined the process of perception, assessment and forming the impression of others; "the first impression" about the young with mental problems may be negative and colored by prejudice.

During the fifth meeting, we dealt with the assessment of the pressure imposed to the young with mental problems in a modified workshop entitled "*Judging*" targeted to help overcome prejudices towards the young with mental problems by paradoxical interventions, assigning the participants the role-play of "defense" of the discriminated.

Our final meeting was intended to present the ways of overcoming the stress in the young with mental disorders and the possibilities available to their age-mates for dealing with the problems. The final modified workshop entitled "*What I carry with me*" aimed to evaluate activities, to integrate acquired knowledge and experience into the model of social behavior with less prejudices i.e. without prejudices.

## SUBJECTS AND METHODS

Sixty-three students voluntarily participated in the program with the parents' informed consent. The age of 15 is considered to be a convenient one since the young in this age group are able to understand and accept workshop activities and the importance of linking theoretical guidelines with applied practical connections, as well as the importance of implementation of acquired experiences within the social environment.

The effect of the program on the attitudes of students was evaluated by the Opinion about Mental Illness Questionnaire (OMI) (Struening & Cohen 1963) that we gave to the young to fill in prior to the workshops and six months after the program. OMI is composed of 51 Likert-type opinion items "referent to the cause, description, treatment, and prognosis of severe mental illness". The factor scores on the five dimensions of attitude toward the mentally ill can be derived from the responses to the following items: Authoritarianism,

Benevolence, Mental Hygiene Ideology, Social Restriction and Interpersonal Etiology. In the present research scoring formulas for the factor scores proposed by Struenung and Cohen were used. The questionnaire provided scores for five dimensions referring to the respondents' personal attitudes on the following: authoritarianism (viewing mentally ill individual as an inferior and endangering members of the society); benevolence (based upon humanitarian and religious grounds); ideology of mental hygiene (intention of mental

health experts); social restriction (viewing the patient as a threat to the family or society) and interpersonal etiology (the attitude reasoning that all mental health problems originate from deprivation during childhood).

## RESULTS

The mean values on the OMI scale (including SD) for the group prior and following the program participation are presented at the Table 1.

**Table 1.** Mean values (and SD) on Opinion about Mental Illness Questionnaire, for the group prior and after the program

Scales	Prior the Program (n=63)	After the program (n=63)	p
Authoritarianism	33.04 (4.62)	26.48 (5.17)	0.000
Benevolence	39.83 (5.57)	41.91 (9.29)	0.376
Ideology on mental hygiene	28.65 (3.44)	31.96 (3.84)	0.009
Social restriction	25.48 (4.74)	18.97 (6.19)	0.001
Interpersonal etiology	19.09 (3.98)	16.87 (4.16)	0.095

The findings have clearly shown a decrease of authoritarianism (social discrimination) and social restrictiveness, an increase of mental hygiene ideology (social care) and no change in benevolence and interpersonal etiology.

The Authoritarianism scale measures social discrimination in terms of distinguishing characteristics of the mentally ill and enforces strong oppressive measures against the mentally ill population. According to our findings the program led to a decrease of this particular attitude.

The results in the Social restriction scale have shown a decrease. This is generally related to societal acts that have to be taken as preventive measures towards the mentally ill, incorporating notions of rejection and coercion, almost suggesting appropriate sanctions during and after hospitalization.

The Benevolence and Interpersonal Etiology scales which represent a need for social care, a positive view towards treatment ideology, improvement of quality of care and social support, as well as understanding of the basic etiological concepts of mental illness, have not been changed in our study.

The Mental Hygiene Ideology Scale represents a need for social participation of the mentally ill along with incorporation of mentally ill people in every aspect of life, and presents a need for more active attitude towards the mentally ill. Our results obtained on this scale have shown increased levels.

The program facilitators' impression was that sharing personal experiences was the most interesting for young people. The girls were more interested in the program. Knowing someone with a mental health problem appeared to impact on their attitudes, so that those with personal connections to someone with a mental health problem were generally more interested in the program. At the end, several participants freely asked for an appointment because of their personal problems, overcoming the notion that stigma could be one of the major factors for avoidance of mental health services.

A boy, aged 15, at the end of the program commented: *"The fact is that people with mental illnesses differ from the others. However, the referred differences should be accepted, not emphasized by pointing to them, staring.... Since it is the least we can do to alleviate the feeling of rejection and perception of being different"*.

## DISCUSSION

Mental illness still generates misunderstanding, prejudice, confusion and fear and some people with mental illness report that the stigma is at times worse than the illness itself. People may be less willing to offer support and empathy if someone is suffering from a mental illness rather than a physical health problem. For someone with a mental disorder, the consequences of stigma can

be devastating - in some cases, worse than the illness itself. Some of the harmful effects of stigma include “strategies” such as trying to pretend nothing is wrong, refusal to seek treatment, rejection by family and friends, work problems or discrimination, difficulty finding housing, being subjected to physical violence or harassment and inadequate health insurance coverage of mental illnesses. The presence in a family of a person with a severe mental disorder is often associated with a significant subjective and objective burden on other family members. An important component of the family burden is the consequences of the stigma attached to mental illness. Studies confirmed that stigma does not stop at those who are close to the patient; it extends frequently across generations and reaches far away parts of the family (Sartorius et al. 2005).

Results from different studies indicate that the adolescents had some understanding of mental illness as a problem of the brain with biological and psychosocial causes. But their knowledge about the treatment was insufficient, as well as their confidence about many aspects of mental illness (Watson et al 2004). Any educational program with the specific aim to educate on mental health, mental illness and stigma could produce significant improvements in both knowledge and attitudes of adolescents. Findings suggest that a brief educational program can be an effective intervention to increase knowledge and improve attitudes about mental illness and stigma connected to it (Watson et al. 2004, Bock & Naber 2003). In addition to this, performing acts to challenge the stigma surrounding mental illness and promoting social inclusion of people with mental health problems might also positively influence students' attitudes, knowledge and empathy on mental health issues (Twardzicki 2008).

The stigma of mental illness is pervasive in adolescents and interferes with treatment and overall life quality for those with disorders. A strategy for reducing stigma is to create awareness of counterstereotypes that can undermine the perceived homogeneity of the stigmatized group and promote help seeking for those with the illness. Messages focusing on persons who have been successfully treated are part of a promising strategy for reducing the stigma of mental illness in young people (Romer & Bock 2008).

Our findings reveal that among the group of young people who participated in the anti-stigma

program, social discrimination and the tendency towards social restriction were reduced, while, at the same time, social awareness of mental health-related problems was increased. It is obvious that the program caused more positive perception of the young affected with mental disorders. In addition to this, it was observed that adolescents expressed an increased need to take care of the affected peers, significantly increasing their understanding of basic etiological factors leading to mental disorders, whereby they were more ready to provide help in social integration.

We assume that this program has been very useful since adolescents reported that they comprehend that mental health is inseparable from health as a whole, and that mental health problems are as common as any other health problems. They accepted that mental health problems are common, being different from learning difficulties, which they had previously assumed to be the most common mental health problem among their age group. They also learnt that people can recover from mental disorder, and also that stigma is damaging and harmful for people with mental health problems and their families.

The effectiveness of antistigma education campaigns with adolescents has been reported in some other studies. The effects of a public education program, developed by consumers of mental health services, on attitudes of high school students towards people with mental illnesses, can significantly affect the attitudes of adolescents toward people with major mental illnesses (Gyamfi 2007). The key active ingredient in other studies identified by intervention groups and workshop facilitators were the testimonies of service users. The statements of service users (consumers) about their experience of mental health problems and of their contact with a range of services had the greatest and most lasting impact on the target audiences in terms of reducing mental health stigma (Pinfold 2005).

We assume that people can face the problem of stigma when acquiring sufficient knowledge about mental disorders. All the people sometimes experience depression, feel unreasonable rage or overact, but, for a person suffering from mental disorder, such conditions may cause feeling of helplessness, whereas the existing condition becomes even more complex. In young adults, the stigma burden may be even heavier than the problem itself.

There are many strategies for mental health promotion and prevention of mental disorders. The starting point will depend upon needs, social and cultural context, and the volume of activities ranging from local to the national level. All over the world the importance of mental health promotion and emotional wellbeing of young people is recognized (Spagnolo et al. 2008, Bock & Naber 2000). In Great Britain, for example, the emotional health issues are included into the regular school lectures schedule (Pinfold et al. 2005).

Youth participation in mental health services and the system as a whole is largely absent, and the most common form of youth involvement is only through some youth groups or clubs. Key challenges to youth involvement include stigma and lack of support from system-of-care administrators and staff (Gyamfi 2007). We believe that the improvement of youth participation can be helpful in creating meaningful opportunities for them in the sense that making decisions on programs and services impact them directly. Youth engagement is more than just a program, it is an operating method that promotes health and reduces risk behaviors. In partnership with youth, mental health professionals and their associates are in challenging roles, aimed to develop a network that will give youth the opportunity to play an important, ongoing and sustainable role in promotion of mental health and advocating for a system that best meets their mental health needs.

In the course of 1996 the World Psychiatric Association began an International Program to fight the stigma and discrimination caused by schizophrenia - being one of the most severe mental illnesses. It was clearly put that stigma causes a spiral of alienation and discrimination, leading to social isolation, work incompetence, alcohol and drug-abuse, homelessness, long-termed hospitalization that altogether diminish the chances for recovery.

The National Committee for Mental Health (NCMH) was established by the Ministry of Health of the Republic of Serbia in March 2003. Destigmatization of persons suffering from mental disorders is an important part of the National Strategy for Development of Mental Health Care (Ministry of Health 2007). Stigma and discrimination reduction programs call for change of public attitudes through organized education and various courses, as well as an introduction of the

necessary legal regulations in terms of discrimination alleviation and improved legal protection of the individuals with mental disorders. The law for protecting persons with mental disorders has been prepared by the NCMH and submitted to the Ministry of Health. It is expected soon to be brought to the approval of Parliament. When addressing adolescents, one of the major factors in the process of their psychosocial functioning is definitely the group of peers. The peers either accept or reject an individual and such an attitude may result in unforeseeable consequences on their mental health.

## CONCLUSION

Stigma and discrimination of persons having mental health problems is more than just a theory. Misinformation and myths surrounding serious emotional disturbances of children and youth create stigma and feed discrimination in school, after-school activities, child care, and more. It hurts, and it blights the lives and prospects of people.

There is a high level of agreement among professionals and stakeholders across the globe that addressing stigma and discrimination towards people living with mental illness is an urgent priority and that we need to develop programs connected with decrease of discrimination and increase of social integration of people with mental health problems. This requires strategies targeted at building knowledge, changing individual attitudes and behaviours, and in assisting governments and organizations in the development of policies and practices that will prevent discrimination. Reducing stigma is a shared responsibility and changing attitudes about stigma is not enough; we need to focus on reducing discrimination.

It is clear that the struggle against stigma need to start as early as possible, and to be a part of normal social development of youth. Prevention and early intervention is most effective in adolescence and enhancing individual skills and building protective factors may be more important than reducing risk factors. The doctor is the last person that teens confide in with emotional concerns; peers and teachers along with family members come first.

We present a pilot program with adolescents, launched in a secondary school in Belgrade,

Serbia. The aim was to increase the awareness and knowledge of high school adolescents of the nature of mental health problems and options to overcome the social burden that comes along with them. The program caused more positive perception towards issues connected with mental health problems; adolescents expressed an increased need to take care of their affected peers and were more ready to provide them with help in social integration.

We hope that the program will be continuously applied to improve attitudes towards those who have or had mental health problems and to generate action to eliminate discrimination and prejudice.

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The paper has been written as a part of the Project of the Ministry of Science, MN 145027 Republic of Serbia

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