Factors Contributed to Mental Health Stigma in Adolescents and Relevant Interventions

Eric Lin[1,a,*]

[1]*Jericho High School, New York, United States*
a. eric.lin@jerichoapps.org
*corresponding author

Abstract: This research paper presents a comprehensive analysis of the impact and efficacy of mental health programs in schools that target teenagers in America and other countries. While mental health issues are increasingly affecting adolescents, making them a vulnerable population in dire need of effective interventions, this paper presents a divergent view on the efficacy of such programs. This paper aims to reconcile these different perspectives by conducting an extensive review of relevant studies. Specifically focusing on the outcomes of reaching out, mental health education, and stigma reduction in teenagers. The studies showed significant short-term benefits in increasing the understanding of mental health and fostering access to support. However, these studies also highlight gaps in rigid help-seeking intent and inconclusive long-term benefits, particularly relating to suicidal ideation and attempts. Furthermore, the paper delves into the influence of other factors like parental attachment styles and peer-led programs. Suggesting that a holistic approach to mental health education could offer more robust outcomes.

Keywords: mental health stigma, adolescents, intervention

1.   Introduction

The increase in mental health issues in teenagers is becoming more prevalent, making it an urgent public health concern [1]. While various interventions exist, mental health programs located at schools are often considered the majority of accessible and effective means of reaching this vulnerable population. Studies by Lindow and colleagues have evaluated the effect of such programs [2]. However, the literature is still inconclusive about the long-term benefits of these interventions [2]. This paper will analyze eight key aspects of mental health programs in school, drawing from a variety of studies to examine their effectiveness in increasing help-seeking behavior by enhancing the awareness of emotional health and reducing stigma in teenagers.

2.   Peer Engagement and School-based Mental Health Programs

The effectiveness of school programs in enhancing help-seeking tendencies in teenagers is amplified when they integrate peer engagement into their framework. The Youth Aware of Mental Health (YAM) program, for example, not only educates but actively involves students in role-playing exercises and discussions [2]. This interactive component fosters an environment where students are more comfortable in reaching out for help, particularly to their peers. Peer interaction in the context

of help-seeking is particularly important given that adolescents are often more likely to seek initial help from friends rather than professionals or adults. Moreover, peer-based interventions have been suggested as complementary to more conventional approaches for promoting help-seeking tendencies and reducing suicide risks. Thus, the interactive and peer-inclusive nature of school programs like YAM increases their efficacy in promoting reaching-out behavior. It creates a supportive environment within the school that normalizes the practice of this behavior aligning itself with the objective of effective suicide prevention. School authorities should, therefore, consider not just the inclusion of mental health programs but also the method by which these programs interact with students. The evidence suggests that those who are actively involved in peer interactions are more likely to be compelled to encourage help-seeking behavior.

Programs such as Honest, Open, and Proud (HOP) have demonstrated not only a decrease in stigma stress but also consequential improvements in the well-being of adolescents with mental health problems. The peer-led format of the HOP program provides an essential platform for adolescents to share and discuss their experiences, encouraging more authentic connections and understanding. The process of disclosure itself becomes a therapeutic exercise, encouraging a sense of empowerment and reduced self-stigma. Furthermore, the immediate impact on quality of life is particularly significant, as stigma stress has been correlated with higher rates of depression and lower overall mental health in adolescents. As such, the HOP program's success in reducing stigma and improving quality of life suggests that targeted peer-led interventions can be highly effective in achieving better mental health outcomes for adolescents. By focusing on the personal experiences of adolescents and leveraging peer support, programs like HOP are directly addressing the roots of stigma and mental health-related stress. Schools should, therefore, consider adopting peer-led initiatives specifically focused on decreasing mental illness stigma as one of their main mental health strategies. These programs instilled the advantage of creating a more inclusive and understanding atmosphere encouraging broader help-seeking behavior and providing support mechanisms within the student community.

3. The Role of Parenting Style and Attachment

Muris provides reasonable evidence that parenting styles with low warmth, high rejection, inconsistency, and excessive control contribute to aggressive behaviors and elevated levels of anger in adolescents [3]. These findings are particularly important when considering the escalating rates of disruptive behaviors and conduct disorders in teenagers. Furthermore, the study builds on existing literature by associating specific attachment styles. For example avoidant and ambivalent attachment, with greater hostility and anger in adolescents [3]. The evidence presented by Muris suggests that parental behavior and attachment styles are significant factors in a teenager's mental health issues. As a result, mental health interventions for adolescents should extend beyond the individual to include a more family-based approach. Educational programs focusing on parenting styles and attachment theory may be highly beneficial in not only reducing aggressive behaviors but also improving general emotional well-being. Such interventions should be considered a foundational part of any adolescent mental health strategy, given that the family unit is often the primary environment influencing a child's psychological development. Incorporating parenting styles and attachment theory into adolescent mental health strategies offers a more holistic approach. By recognizing that children don't exist in a vacuum but are significantly influenced by their immediate family environments. Schools and healthcare providers should consider family dynamics when assessing and treating mental health concerns in adolescents. Providing educational resources or workshops aimed at improving parent-child relationships could show effective ways to decrease the prevalence of aggression and anger in adolescents.

Allen extends the findings of Muris by focusing on the relationship between attachment insecurity with parents and its association with depressive symptoms and behavioral problems in adolescents

[3-4]. The study employs a robust methodology, using interviews to assess the adolescents' mental health status and their attachment patterns. The findings indicate that insecure attachment is linked to higher self-reported depression and behavioral problems, as noted by peers [4]. These findings align with the broader literature on attachment theory, which has consistently found that secure attachment relationships in early life are vital for emotional and social well-being. The study by Allen corroborates the crucial role of secure attachment in promoting emotional well-being and proper social adjustment during adolescence [4]. This discovery carries significant implications for the development and execution of mental health interventions aimed at adolescents. Given that insecure attachment is linked to depression and behavioral issues, addressing attachment insecurities could be a valuable focus for adolescent mental health care. Intervention programs that involve both parents and children could be beneficial in fostering secure attachment relationships, which in turn, leads to a protective factor against mental health problems. The practical implication of incorporating attachment theory into mental health care strategies is vast. First, schools and healthcare providers could screen for signs of insecure attachment in adolescents presenting with depressive or behavioral symptoms. Second, educational programs and interventions could be developed to improve parent-child attachment relationships, including family-based therapies or parenting classes focused on fostering secure attachment. Third, these findings underscore the importance of early intervention, given that attachment patterns are often established in the first few years of life but have enduring impacts on mental health outcomes.

Muris highlights the significant impact of parenting styles and attachment on emotional regulation, specifically aggression and anger, in adolescents [3]. The research employed questionnaires to evaluate the links between attachment styles and the perception of parental rearing styles with emotional outcomes in adolescents aged 12-16. The research revealed that parenting characterized by low affection and rejection, inconsistency, and controlling actions was associated with increased levels of aggression and anger. The research echoes the sentiment in the Allen study, where insecure attachment was associated with an increase in symptoms relating to depression and behavioral issues in adolescents [3-4]. The evidence from Muris suggests that parenting styles and attachment security significantly influence adolescents' emotional well-being, thus implicating them as key factors to address in any comprehensive mental health intervention. Understanding these dynamics is vital for creating targeted interventions, particularly in school settings where behavioral and emotional challenges often surface. Considering that adverse emotional states like aggression and anger can impact social relationships, academic performance, and overall well-being, schools, and mental health practitioners should be proactive in including parental training and education as part of a broader mental health initiative for adolescents. This has several implications. First, schools could offer workshops or training sessions aimed at educating parents about the importance of parenting styles and their impact on their children's mental health. Second, mental health interventions targeting adolescents could be more effective if they also involve family therapy sessions that aim to improve communication and attachment within the family. Lastly, educational policymakers should consider these findings when formulating mental health programs, incorporating elements that not only educate the youth but also aim to educate parents and caregivers, given their considerable influence on the emotional well-being of adolescents.

4.   Interventions for Mental Illness Stigma

In Chan's study, the author discusses the efficacy of integrating education with personal interaction as a means to diminish the stigma surrounding mental illness among Chinese secondary school students [5]. The study conducted a randomized experiment where classes received either an education-focused anti-stigma program alone or a program. At the 1-week check-in, the group that received the contact as their variable showed a greater decrease in stigma compared to the education-

alone group. These findings provide empirical support for the value of including contact-based approaches in stigma reduction interventions, extending the work of Chisholm, who had found that education alone can improve mental health literacy and well-being but not attitudinal stigma [6]. The findings from Chan suggest that merging education with contact will be a more effective solution for decreasing mental illness stigma in teenagers. This has critical implications for future interventions aimed at stigma reduction. Given that stigma is a major problem for teenagers who want to reach out, the study's results indicate that implementing multi-faceted anti-stigma programs could be a more efficient way to facilitate mental health help-seeking among this demographic. The practical ramifications are manifold. First, schools and mental health organizations should consider designing anti-stigma programs that incorporate both educational and contact-based elements. For example, workshops could include lectures on the nature and prevalence of mental illnesses, followed by personal testimonies from individuals who have successfully managed their conditions. Second, this form of intervention is particularly useful when implemented in a school setting, where teenagers spend a large amount of their time and where peer opinions and attitudes are continually shaped. Third, policymakers should consider this dual approach when allocating resources for mental health promotion programs in schools. This could be an important step in not only reducing stigma but also in encouraging more adolescents to seek help when needed.

A previous randomized controlled trial presents persuasive proof supporting the efficacy of peer-led mental health programs for adolescents diagnosed with mental illnesses. The study evaluated the HOP program, a three-session, peer group initiative focused on helping adolescents make decisions about sharing their mental health problems. Compared to Treatment as a group, the teenagers participating in the HOP program exhibited a decrease in stigma stress and better quality of life at the 3-week checkpoint [7]. These improvements were also linked to reduced self-stigma, secrecy, and depressive symptoms, adding another layer to the benefits of peer-led programs. The findings from Mulfinger point to the considerable potential of peer-led programs like HOP to address mental health stigma and improve overall well-being in teenagers with mental health disorders. Peer-led interventions offer a different modality for reaching adolescents who may be skeptical or unresponsive to more traditional forms of treatment. Reducing self-stigma through peer-led programs can be a vital strategy in a comprehensive mental health approach. Practically speaking, these results suggest several applications. First, schools and healthcare providers should explore integrating peer-led programs into their existing mental health services, to capitalize on the benefits of peer-to-peer interaction. Second, healthcare professionals should be trained to recognize the potential value of peer-led programs and refer adolescents to these services as appropriate. Additionally, policymakers should regard peer-led programs as a crucial element of mental healthcare and potentially allocate resources for their creation and adoption.

The cluster randomized controlled trial by Chisholm challenges the general assumption that education alone can significantly reduce mental illness stigma in teenagers [6]. In this study, classes were randomized to receive either education alone or education plus a session where a young individual described their experiences with mental illness. Surprisingly, at a 2-week follow-up, the addition of personal contact did not improve attitudinal stigma beyond what education alone accomplished [6]. In fact, the education-only condition even showed greater improvements in areas in knowledge, literacy, well-being, and help-seeking attitudes. The findings of the research by Chisholm raised the question of whether educational interventions are comprehensive enough to tackle the multi-dimensional problem of teenagers dealing with mental health stigma. They consequently also challenge widespread beliefs in the efficacy of contact-based methods for stigma reduction. While educational initiatives are undoubtedly essential and do improve specific factors such as mental health literacy, they may fall short in affecting deeper attitudinal changes [8]. This insight has several implications for mental health promotion strategies. First, educators and

policymakers should take note that education alone may not be the panacea for mental health stigma and should consider multi-faceted approaches that include both education and experiential elements [9]. Second, there needs to be a reevaluation of how effective "contact" methods truly are in reducing stigma, particularly when implemented alongside education [10]. Lastly, in future studies, the focus should be on unraveling the intricate connection between educational approaches and contact-based methods in influencing mental health stigma. This will help inform the development of more effective, evidence-based strategies.

5.   Conclusions

This research paper's goal was to explore the effects of various interventions and factors influencing mental health in adolescents, particularly focusing on stigma reduction, help-seeking behavior, quality of life, and the role of attachment. An important takeaway is that programs such as YAM and HOP have shown positive impacts on improving awareness of emotional health, reducing stigma, and improving well-being. The studies also indicate that these interventions aren't a one-size-fits-all solution. While YAM effectively increased help-seeking behavior, it did not change help-seeking intentions. Similarly, although HOP showed a reduction in stigma and an increase in quality of life, these are not universally experienced outcomes across all mental health interventions. The role of parenting styles and attachment in affecting mental well-being further complicates this complex issue. Moreover, educational interventions, even when combined with contact-based approaches, may not be sufficient in altering deep-seated stigmas. This suggests that while educational approaches are invaluable, they should be part of a more holistic strategy to tackle mental health issues in adolescence. Given these findings health programs for adolescents should be more diverse, combining educational, experiential, and psycho-social elements. It is crucial for educators, parents, policymakers, and mental health professionals to collaborate in creating comprehensive strategies. Research should also continually evolve to study the long-term efficacy of these programs and adapt them accordingly. As society marches toward a more open dialogue about mental health. Schools should ensure that their approaches are as multi-dimensional as the issues they aim to solve.

References

[1] Wilcox, H.C., Wyman, and P.A. (2016). Suicide prevention strategies for improving population health. Child and Adolescent Psychiatric Clinics of North America, 25(2), 219-233.

[2] Lindow, J.C., Hughes, J.L., South, C., Minhajuddin, A., Gutierrez, L., Bannister, E., Trivedi, M.H., and Byerly, M.J. (2020). The Youth Aware of Mental Health Intervention: Impact on Help Seeking, Mental Health Knowledge, and Stigma in U.S. Adolescents. Journal of Adolescent Health, 67, 101-107.

[3] Muris, P., Meesters, C., Morren, M., and Moorman, L. (2004). Anger and hostility in adolescents: Relationships with self-reported attachment style and perceived parental rearing styles. Journal of Psychosomatic Research, 57(3), 257-264.

[4] Allen, J. P., Porter, M., McFarland, C., McElhaney, K. B., and Marsh, P. (2007). The relation of attachment security to adolescents' paternal and peer relationships, depression, and externalizing behavior. Child development, 78(4), 1222-1239.

[5] Chan, J. Y., Mak, W. W., and Law, L. S. (2009). Combining education and video-based contact to reduce stigma of mental illness:" The Same or Not the Same" anti-stigma program for secondary schools in Hong Kong. Social Science & Medicine, 68(8), 1521-1526.

[6] Chisholm, K., Patterson, P., Torgerson, C., Turner, E., Jenkinson, D., and Birchwood, M. (2016). Impact of contact on adolescents' mental health literacy and stigma: The SchoolSpace cluster randomized controlled trial. BMJ open, 6(8), e009435.

[7] Mulfinger, N., Müller, S., Böge, I., Sakar, V., Corrigan, P. W., Evans-Lacko, S., and Rüsch, N. (2018). Honest, open, proud for adolescents with mental illness: Pilot randomized controlled trial. Journal of Child Psychology and Psychiatry, 59(6), 684-691.

[8]   Pinfold, V., Toulmin, H., Thornicroft, G., Huxley, P., Farmer, P., and Graham, T. (2003). Reducing psychiatric stigma and discrimination: evaluation of educational interventions in UK secondary schools. The British Journal of Psychiatry, 182(4), 342-346.

[9]   Lillie, E., Koller, M., and Stuart, H. (2009). Opening Minds at University: Results of a contact-based anti-stigma intervention. Psychiatric Services, 60(3), 326-326.

[10] Thornicroft, G., Rose, D., Kassam, A., and Sartorius, N. (2007). Stigma: ignorance, prejudice or discrimination?. The British Journal of Psychiatry, 190(3), 192-193.