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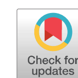
Social contact as a strategy for self-stigma reduction in young adults and adolescents with mental health problems



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ABSTRACT

This study assessed the effectiveness of a social contact program between young adults and adolescents with and without mental health problems. It was evaluated if the development of a social contact program in a non-segregated space and respecting criteria of contact hypothesis reduced Self-Stigma and Public Stigma and, increased Self-Esteem. A pre-post intervention design was used with a sample of 47 subjects, 25 with different mental health diagnoses (Psychotic Disorder, Anxiety Disorder, Depression, Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder) and 22 without mental health problems, aged between 15 and 35 years. Five workshops of social contact and creativity were carried out during five months with a 2-h weekly meeting. The results analysis revealed a significant reduction in Self-Stigma for participants with mental health problems and may suggest a slight reduction in Public Stigma as well as a slight increase in the level of Self-Esteem of all participants. These findings suggest that programs of this nature reduce Self-Stigma and facilitate social inclusion in young adults and adolescents with and without mental health problems.

1. Introduction

This study assessed the effectiveness of anti-stigma program based in one of the three main strategies against stigma: the social contact (Michaels et al., 2012). Although the analysis of stigma in mental health has several levels, this work focuses only on two of them: a) Public Stigma, which refers to the set of stereotypes, prejudices and discrimination behaviors in the general population towards people with mental health problems; and, b) Self-Stigma, which occurs when people with mental health diagnoses internalize the public stigma and become a stigma sense as their own, characterized by the presence of low self-esteem and negative feelings about oneself (Muñoz et al., 2011a).

One of the variables studied in relation to Stigma is Self-Esteem (Muñoz et al., 2009), defined as a global feeling of self-worth and self-respect (Rosenberg, 1965). Another related variable is Familiarity (Angermeyer and Matschinger, 1996; Yap et al., 2013), which is defined as acquired mental health experience: having a mental health problem and having contact with an acquaintance with mental health problems (friend, relative, study partner / job).

There are few studies on stigma and mental health in children and adolescents (Corrigan et al., 2012; Link et al., 2004; Martínez-Hidalgo, 2015) in real contexts and with people who have truly been labeled and stigmatized due to their mental health problems (Gronholm et al., 2017; Pettigrew et al., 2011). In addition, no studies using contact as a community strategy for self-stigma reduction have been found (Gronholm et al., 2017; Livingston and Boyd, 2010; Lucksted and Drapalski, 2015).

The governmental institutions (WHO, 2005, 2013) raised the alarm about two facts. On the one hand about the fact that stigma is one of the most important social barriers that hinder the search for help and recovery of the person and, on the other hand, about the fact that for the year 2020, prevalence of mental health problems will increase in children and adolescents by up to 50% and will be the leading cause of disability among young people. It is important to take into account that one in five adolescents presents mental health problems (UNICEF, 2011) and the early age regarding the onset of the mental health problem is a risk factor for suffering stigma and self-stigma (Moses, 2009). Therefore, it is not surprising that the promotion of campaigns to raise awareness and combat stigma is one of the priority objectives within public health plans in many countries. Moreover, contact between recovering people and the general population is one of the strategies that can reduce public stigma (Corrigan et al., 2016).

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