

From Science to Action: Mental Health, Stigma & Student Empowerment

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Irsay Institute
INDIANA UNIVERSITY



The Challenge

■ The Relatively New “Facts”

- Rising suicide rates in youth (old/new pathways: "Triple Bind")
- Earlier recognition/diagnosis/burden of MH issues
- ACEs and its “long arm”; Health disparities
- COVID-19 and isolation; Black Lives Matter

■ The Standard Challenges of College

- New living arrangements, New Networks, New Expectations
- College Years bracket the major years of onset of most mental illnesses (15-24)
- MH problems among college population (Project Healthy Minds: 30% Prevalence, US: 1,000 suicides/year)
- Neglect and lost potential/productivity of past generations MH is the last mutable aspect of non-retention
- The prevalence and temporal nature of demand can NOT be met by formal services
- The accessibility problems of financial and geographic accessibility is societal

■ "Difference" Recognized & Strategy Developed

- Race/Ethnicity/Non-neurotypicality/First Gen/LGBTQ+ (“double hit”)
- **Difference devalued = STIGMA**
- **Goal: Make College Campus a SAFE & STIGMA FREE ZONE**



Three Dimensions of Change for Higher Education

- Services and Supports
- Policies and Procedures
- Culture & Climate
 - **Goal: Make College Campus a SAFE & STIGMA FREE ZONE**
 - "Difference" Recognized & Strategy Developed
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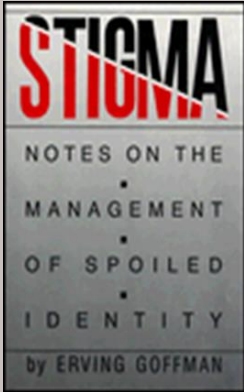




The Science

What is Stigma?

Goffman
(1963)



Classic Definition:

Stigma is a “mark” – possessing an attribute that reduces a person from whole and usual to tainted and discounted; person is devalued and considered “less than fully human”

Stigma = Prejudice (attitudes) + Discrimination (behaviors)

Types:

- Public stigma (cultural context)
- Self-stigma (internalized)
- Courtesy (guilt by association)
- Structural (laws, policies, funding)
- Provider-based (non-recovery-based)

Stigma	Prejudice	Discrimination
Stereotype Attribution of a set of characteristics	Negative (often) and positive (sometimes) attitudes	Behaviors
Fixed, apply to all members of the marked group	Knowledge: MI = bad character Beliefs: MI = Dangerousness Attitudes: MI = Unsuitable employees, supervisors, marriage partners	Reject, exclude, isolate... Coerce, restrain, arrest... Not hire, promote, date, rent to...

Pescosolido, B.A. & J.K. Martin. 2015. “The Stigma Complex.” *Annual Review of Sociology* 41: 87-116.



Clarifying the Complex System Parts

Basic Terms

Stigma : a mark, condition, or status that is subject to prejudice and discrimination by others

Stigmatization : the social process by which the mark affects the lives of all those touched by it

The Stigma Complex : - the set of interrelated, heterogeneous system structures, from the individual to the society, and processes, from the molecular to the geographic and historical, that constructs, labels, and translates difference into marks.

Types

STRUCTURAL STIGMA : INSTITUTIONS

Prejudice and discrimination by policies, laws, and constitutional practice; also called institutionalized stigma

Examples

- Discrimination in housing ,
- employment opportunities
- Legal restrictions (in some states) for jury duty, political office, parental custody rights, marriage , reduced privacy rights
- Disparities in treatment, research and policy support and/or resources



PUBLIC STIGMA: COMMUNITIES

Stereotypes, prejudice, and discrimination endorsed by the general population

Examples

- Negative stereotypes, attitudes, beliefs and behaviors about MI, persons with MI, their families and their providers
- Isolation & rejection of these groups
- Lack of public support for services, funding
- Support for coercive practices



SELF STIGMA: INDIVIDUALS

- Shame
- Low self esteem/efficacy
- "Why try" cycle
- Lack of engagement in treatment



Targets

Legislators
Policy-makers
Employers
Health care providers
Criminal Justice professional

The General public
Target Groups
Gender
Age
Race/ethnic groups

Persons with behavioral disorders



Interventions

Legal Strategies
Policy Strategies
Advocacy Strategies
Professional Education

Media Mass Messaging
Education
Community Programming
Contact Strategies

Education
Empowerment Strategies
Peer Support

Pescosolido, B.A. & J.K. Martin. 2015. "The Stigma Complex." *Annual Review of Sociology* 41: 87-116.

National Academy of Sciences, Engineering, and Medicine. 2016. *Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change*. Washington, DC: The National Academies Press.

Why Stigma Matters: What Does the Science Tell Us?



- Implicated in not recognizing problems, seeking help, limited Tx options, non-retention
- Carries over and translates into a mismatch between prevalence and number of medical professionals and financial/geographic access
- Translates into denial of opportunities, isolation, and life expectancy
- Effects are magnified with other stigmatized conditions or identities (double down)
- Stubbornly persistent and pernicious (but some good news; US National Stigma Studies at IUB)
- Lack of measurable long-term, sustainable impact & scalability of anti-stigma efforts

U BRING CHANGE2MIND

- Goal: Make College Campus a SAFE & STIGMA FREE ZONE
 - "Difference" Recognized & Strategy Developed
- Difference devalued = STIGMA
 - Race/Ethnicity/Non-neurotypicality/First Gen/LGBTQ+ (“double hit”)
- Address triggers of MH problems and solutions
 - Stigma (prejudice & discrimination)
 - Not just on neurotypicality – social isolation, stress, “difference”
- Leverage Peer-to-Peer (*Nothing About Us Without Us*)
 - More aware of and accepting of mental health issues
 - More oriented to “doing” and social activism (since the Millennials)
 - More tied to being “along together” and social media





The Journey

The Network Episode Model of Health Care Use

■ Manifest Agenda (SNA, NS)

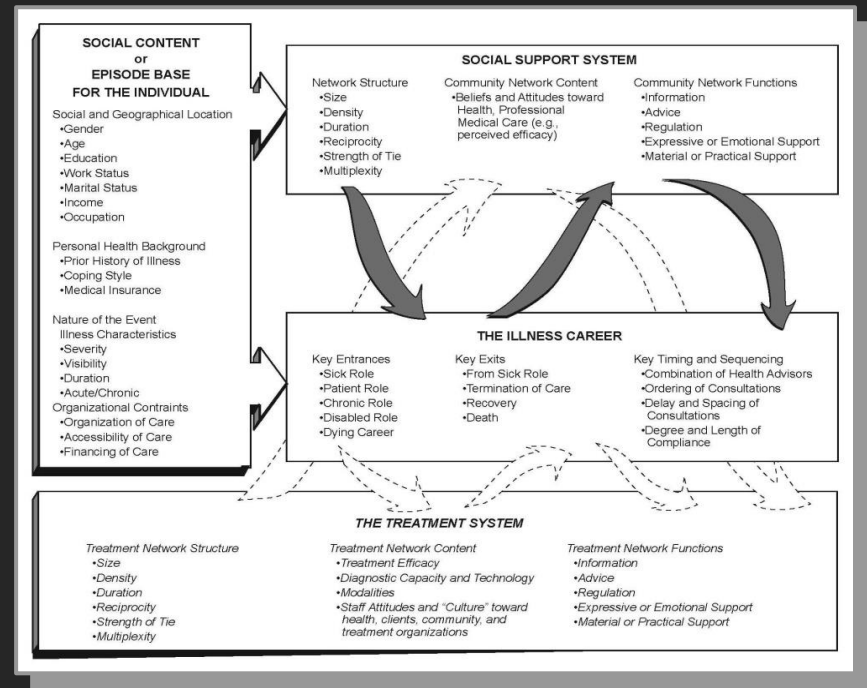
- Utilization, Tx experiences, Outcomes
- Response to “Inside”, “Outside” Networks

■ Development of NEM

- Elaboration of dynamics and networks
- Patterns, Pathways, Biographic Disruption
- Gap: Cultural substance
- Obvious Solution: Stigma

■ Challenges

- Assumption: In face of DE, stigma is disappearing in U.S.
- Advice: Stigma exists; do something to reduce it
- Research desert with clear exceptions (early 1990s)



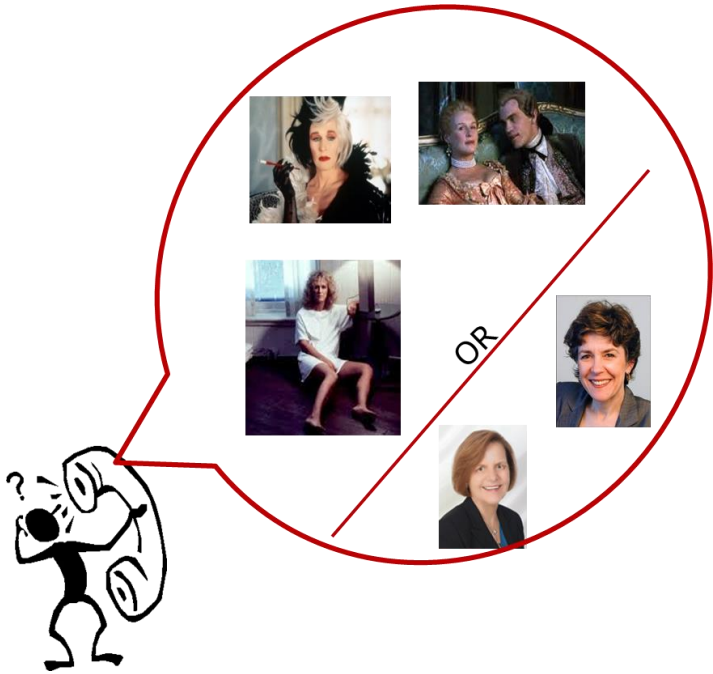
Pescosolido, B.A. & S. Olafsdottir. 2013. “Beyond dichotomies: Confronting the complexity of how and why individuals come or do not come to mental health care.” *World Psychiatry* 12(3): 269-271.

Pescosolido, B.A. 2006. “Of Pride and Prejudice: The Role of Sociology and Social Networks In Integrating the Health Sciences.” *Journal of Health and Social Behavior* 47 (Sept):189-208.

Pescosolido, B.A. 1992. “Beyond Rational Choice: The Social Dynamics of How People Seek Help.” *American Journal of Sociology* 97:1096-1138.

Pescosolido, B.A., C. Brooks-Gardner, & K.M. Lubell. 1998. “How People Get Into Mental Health Services: Stories of Choice, Coercion and ‘Muddling Through’ From ‘First-Timers.’” *Social Science and Medicine* 46(2):275-286.

The Call



BC2M

- Tag Line “End Stigma by Starting the Conversation”
- Two bases: Family & Science
 - Pescosolido, B. A., Martin, J. K., Long, J. S., Medina, T. R., Phelan, J. C., & Link, B. G. (2010). “A disease like any other”? A decade of change in public reactions to schizophrenia, depression, and alcohol dependence. *American Journal of Psychiatry*, 167(11), 1321-1330.
 - US National Stigma Studies provided scientific evidence for the targets of change

Take Away Points from Sociology & Company: What is the Evidence Base for Change?

- Population change with a *longer time frame* with institutional buy-in
 - Cohort Replacement
 - Stigma as a “Wicked” Whack-A-Mole Problem
 - Multiple levels from the target population to the sectors to the institution
 - “High Touch” for community building and sustainability
- Target individuals and organizations when they are *open to change*
 - Acquired Disposition Model
 - Crisis oriented policy development
- Use a mechanism of impact at the *root of stigma*
 - Goffman: “Stigma is an attribute known to others, *but* effects materialize only in and through social interaction.” (social relationships)
 - “Nothing about us, without us” - Grassroots ownership, local buy-in, and direction lead
 - Not inoculation but build into routine rhythm of social life

National Pilot at Indiana University (Bloomington)



Two Parts:

UBC2M = University Bring Change to Mind

- Students
- Action
- Creation, Assessment, Leadership

CTP = College Toolbox Project

- Director, Staff
- Volunteer Science Team, University Cooperation
- Assessment & Toolbox Compilation

Built on 5 Principles from scientific research

You start young.



By students, for students.



Bait and flip.



Evolving.





Evidence & Expansion

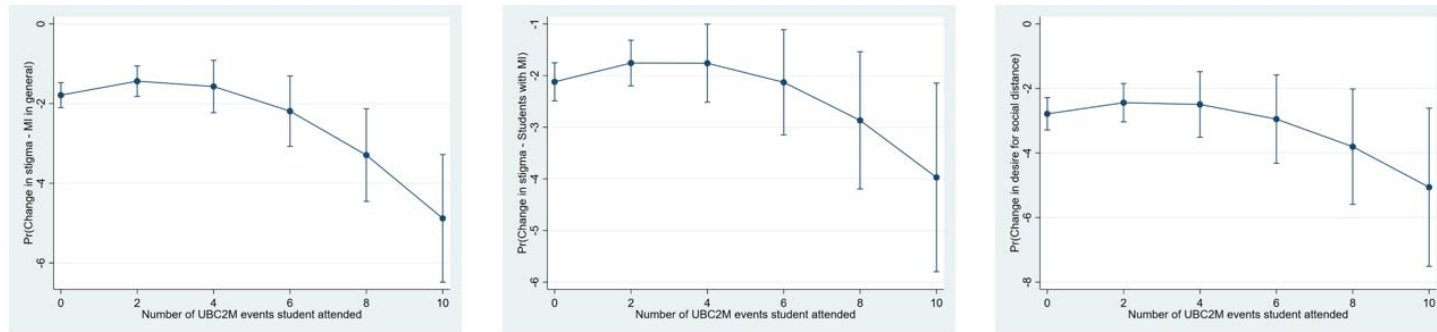
Marking Efficacy: Baseline Survey



Being around a person with mental illness/mental health problem/history of mental illness/history of mental health problem would make me feel....	Percentage	
Uncomfortable	23.5%	
Frightened	20.2%	<ul style="list-style-type: none"> • Stigma was lower at T2 across all measures
Nervous	17.2%	<ul style="list-style-type: none"> • General Prejudice decreased over time
Persons with a mental illness/mental health problem/history of mental illness/history of mental health problem are....	Percentage	<ul style="list-style-type: none"> • College-specific Prejudice decreased
Unpredictable	35.9% / 30.5%	<ul style="list-style-type: none"> • College-specific Social Distance also decreased over time,
Dangerous	23.6% / 38.5%	<ul style="list-style-type: none"> • Number of students with MH issues increased in social networks over time

Marking Efficacy: Follow-up Survey

Figure 1: The Effect of Active UBC2M Engagement on General Prejudice, College-specific Prejudice, and College-specific Social Distance



Number of Events Attended, College Toolbox Project, 2015-2018 (N=1132)

Pescosolido, B. A., Perry, B. L., & Krendl, A. C. (2020). Empowering the next generation to end stigma by starting the conversation: bring change to mind and the college toolbox project. *Journal of the American Academy of Child & Adolescent Psychiatry*, 59(4), 519-530.

The Increased Visibility, Responsibility & Support for Anti-Stigma Efforts



INDIANA UNIVERSITY

News at IU ALL CAMPUSES IU BLOOMINGTON

HEALTH AND WELLNESS

A renewed focus on students' mental health and well-being

IU Student Mental Health Initiative task forces share recommendations

BY AMANDA ROACH June 13, 2022



As part of this initiative, the team will focus on three key areas related to mental health and wellness: **Culture and climate**, services and support, and policies and protocols.

'No One Is Shying Away From That Conversation'
The Indianapolis Colts hope their mental health initiative, Kicking the Stigma, can be a model for other N.F.L. teams.

NYT, 2022



Sustainable Implementation & Dissemination

Local Expansion: Now on all 8 IU campuses, each with a staff advisor (paid) & an IU overall coordinator (OCHO)

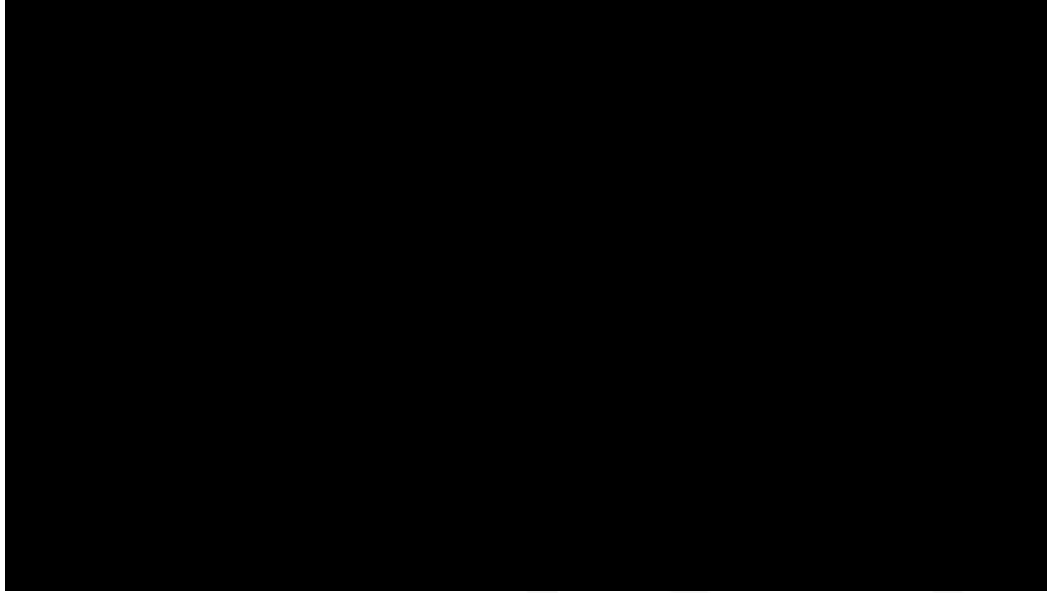
Current Coordination: BC2M training, advising, joint activities through the pipeline of high schools (400) and middle school pilot (2 states); Irsay Institute research; KTS joint events; professional meeting presentations

Current Proposal: IU Foundation for National Infrastructure for UBC2M

Current Discussions: With HMHI Grand Challenge, NAMI, & D9



The Most Important Assessment





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