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Mental Health Workout: Lifting Stigma

Jeremy Bambery
University of San Francisco, jtbambery@usfca.edu

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Mental Health Workout: Lifting Stigma

BH645 Masters of Science in Behavioral Health Capstone

August 10, 2016

Jeremy Bambery

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Abstract

Mental illness affects one out of every five Americans between the ages 13-18, and it is estimated that two-thirds of these individuals will not seek treatment due to the stigma associated with having a mental illness or mental health issue (National Alliance on Mental Illness). Access to information and the ability to talk openly without fear will aid in creating a stigma free future. The goal of this project is to supply high school students in the San Francisco Bay Area with information regarding the stigma associated with mental health and mental illness via videos that will be used as deliverables, which will aid in starting a conversation or dialogue.

Executive Summary

Mental illness affects one out of every five Americans between the ages 13-18, and it is estimated that two-thirds of these individuals will not seek treatment due to the stigma associated with having a mental illness or mental health issue (National Alliance on Mental Illness). Access to information and the ability to talk openly without fear will aid in creating a stigma free future. The goal of this project is to supply high school students in the San Francisco Bay Area with information regarding the stigma associated with mental health and mental illness via videos that will be used as deliverables, which will aid in starting a conversation or dialogue.

Deliverables will be created for the organization to include in the LETS Bring Change 2 Mind (BC2M) app. The deliverables will consist of 10 videos, each with a different topic of focus, which will be available through the LETS BC2M app available on both Android and Apple platforms. The deliverables enable the target population to access information on their phone or tablet. Individuals in this population are afraid of talking openly about mental illness, but using an app will give them privacy as they seek information on this topic (Kenny, Dooley, & Fitzgerald, 2016). Giving them the information this way ensures a level of privacy and security that will aid in starting the conversation about stigma in regards to mental health and mental illness.

Implementation of these deliverables can have an impact not only on a local level, but also a global level as well. The app can be used not only for high school students in the San Francisco Bay Area, even though this is the target population, but for anyone who is having trouble talking about or finding information on mental illness. Anyone who can access either the Android and Apple app store will have the opportunity to

download it. Mental health stigma is something that affects all age groups throughout the world. This app and the combination of project deliverables will give people information that they may desire but are scared to ask about because of the fear of the stigma associated.

Literature Review

Stigma

There are many kinds of stigma that exist in the world and its various cultures. The stigmatization of individuals is received in the form of stereotypes, discrimination and prejudice (Murman, Buckingham, Fontilea, Villanueva, Leventhal, & Hinshaw, 2014). Individuals can receive this stereotyping, discrimination or prejudice because of things such as but not limited to their nationality, ethnicity, gender, or their mental/physical disorder or disability. It presents itself in every day life in the forms of entertainment, media, and even religious scripture. It is a social construct that categorizes and devalues individuals due to distinguishing characteristics (Dinos, Stevens, Serfaty, Weich, & King, 2004).

History

The first appearance of stigma used in a negative manner is thought to have occurred in the late 16th and early 17th centuries. Before this time, stigma was a tattoo or a mark on an individual that allocated someone's involvement with a group. These marks were used for religious/decorative reasons, for utilitarian purposes, or to identify slaves or criminals if they were to escape or run away (Stuart, 2008). This is where the current definition of stigma comes from.

With little improvement in mental health care and treatment through the 18th and 19th centuries, psychiatry had mainly focused on the mental asylum and the "locking up" of individuals with mental illness (Charles & Bentley, 2016). It wasn't until the early 20th century when three movements that assisted the drastic improvement of mental health

care occurred. These movements were the rise of social psychiatry, the mental health hygiene movement, and the aftercare movement (Charles & Bentley, 2016).

Public vs. Self Stigma

One of the major barriers of seeking treatment of mental illness in adolescents is perceived public stigma. Public stigma is the actual negative treatment from others in society. Perceived public stigma is how an individual thinks others would perceive and treat them (Pederson & Paves, 2015). A study conducted by the National Survey on Drug Use and Health found that about one-third of individuals stated that perceived public stigma hindered their decision to seek treatment (Substance Abuse and Mental Health Service Administration, 2013).

Self-stigma heavily affects an individual's perceived public stigma. Sometimes referred to as personal stigma, self-stigma is defined as how individuals view themselves and treats others (Pederson & Paves, 2015). The occurrence of individuals believing these perceived stereotypes about mental illness has a direct relationship to lower self-esteem and self-efficacy (Corrigan, Larson, & Rusch, 2009). It is argued whether public or self is more detrimental but each plays a major role in why an individual would actively avoid seeking help for mental illness.

Adolescents rely heavily on being accepted by their peers (Krayer, Ingledew, & Iphofen, 2007). This is why perceived public stigma plays such an important role to being a barrier to seeking help. Results from a variety of studies showed participants expressed higher levels of perceived public stigma than self-stigma. This implies that individuals felt that most peers would treat them differently if they sought treatment but the actual results were the contrary (Pederson & Paves, 2015).

An individual observes public stigma and begins to form personal beliefs or attitudes. These beliefs or attitudes are then inflicted on the self if the individual is aware of their mental illness, causing the individual to self-stigmatize (Corrigan, Watson, & Barr, 2006). From results of numerous studies, self-stigma is shown to be a prominent force in hindering an individual to use available mental health services (Eisenberg, Downs, Golbertstein, & Zivin, 2009).

Gender

Gender plays an interesting role in an adolescent's willingness to use mental health services as well as the perceived public stigma received for using such services. Boys possess a higher level of perceived stigma associated with getting help for mental illness than girls (Chandra & Minkovitz, 2006). In this study, Chandra and Minkovitz found that boys agreed with the statement "seeing a counselor for emotional problems makes people think you are weird or different" and disagreed with the statement "a person is strong if he/she sees a counselor for an emotional problem" by a much larger margin than girls.

There was also a large gap between willingness to use mental health services in boys and girls. "Too embarrassed by what other kids would say," "don't trust counselor," "don't think getting counseling is helpful," and "parents would not be okay with it" are the major reasons cited for boys to not actively seek out help with available mental health services (Chandra & Minkovitz, 2006).

Family

Individuals experience stigma in a plethora of settings, but at school and home are two of the main places an adolescent can expect to be stigmatized (Moses, 2010). There

is also a hidden stigma that exists with families of individuals who suffer from mental illness. This is not a situation where family members stigmatize the individual with the mental illness, but rather others stigmatize the family because of one individual's diagnosis. This is sometimes referred to as "stigma by association" or "courtesy-stigma" (Heflinger & Hinshaw, 2010; Ostman & Kjellin, 2002).

Although it is known that family stigma exists, there is very little research done on its extent and effects. Furthermore, the assumption regarding stigma is that it is more often directed on the family than by the family (Moses, 2010). The stigma that was directed by the family was in the form of exaggerated worry, paternalism and belittlement (Moses, 2010).

School/Peers

A more unknown aspect of stigma experienced at school is not from peers, but rather from staff. Many report they have felt that teachers and other staff have treated them differently but not necessarily in a negative manor. These individuals reported that teachers were more accommodating and supportive (Moses, 2010). Although this may be true, a large number of students still reported that they felt treated negatively by teachers and school staff alike. Examples of this negative treatment included unfair blame or scrutiny, underestimated abilities, and avoidance or fear (Moses, 2010).

Aside from school staff, adolescents report being stigmatized by their peers at school. This leads to many fearing they will be bullied in this environment. This causes the individual to socially withdrawal, have high levels of shame, and keep their illness secret (Kranke, Floersch, Townsend, & Munson, 2010). When this happens repeatedly it leads to a phenomenon called self-labeling. Self-labeling occurs when the adolescent

begins to define his or herself by their illness. Continued self-labeling can lead to further self-stigma, which causes the individual to have an even lower chance of actively seeking treatment (Moses, 2009).

Reduction

Most schools today have some form of mental health services that they provide to their students (Kutash, Duchnowski, & Green, 2015). Rather than simply being offered if the students are actively seeking out help, mental health promotion has begun to shift into the classrooms where it can be discussed openly (Askell-Williams & Lawson, 2013). This approach of conducting the interventions in school have been proven to be effective in reducing stigma but there is a need for many improvements to increase their effectiveness (Griffiths, Carron-Arther, Parsons, & Reid, 2014).

The traditional approach to stigma reduction in schools is a lecture-style educational approach. This has been proven to be unsuccessful in terms of long lasting reduction of stigma (Mann & Himelein, 2008). The traditional approaches to education interventions have been proven to show positive effects in reducing personal stigma in the short term, but have been shown to fail in the reduction of public or perceived stigmas (Griffiths, Carron-Arther, Parsons, & Reid, 2014).

Youth led approach

Over the last two decades the use of youth led interventions has been steadily growing. It provides a fresh and creative outlook for health promotion (Bulanda, Bruhn, Bryo-Johnson, & Zentmyer, 2014). These youth leaders also provide the opportunity to share first hand adolescent experiences to experts so a solution can be worked out between the two parties. Youth led approaches are a way to empower adolescents and

help reduce the stigmatizing behaviors that peers display to one another (Bulanda et al., 2014).

When adding the component of online module based intervention, while still adhering the elements of a youth led approach, the combination proved to be effective. There is a significant positive impact on both mental health and well being due to these online modules (Clarke, Kuosmanen, & Barry, 2014). When implemented in a school setting, they proved successful in improving mental health literacy, support seeking behavior, as well as psychological well being (Vliet, & Andrews, 2009).

BC2M Los Angeles

The San Francisco Bay Area chapter of LETS Bring Change 2 Mind is currently in its pilot phase. It is a branch of the organization from the original location of Orange Country, California. LETS BC2M Los Angeles has had time to be evaluated on its success. The quasi-experimental evaluation was set up with students given the LETS BC2M intervention (experimental group) and a group of students not given the LETS BC2M intervention (control group). The results of this quasi-experimental evaluation showed that the students who were given the intervention and participated in the LETS BC2M meetings were significantly more willing to engage in various social interactions with other students with mental illness (Murman et al., 2014).

Mobile apps/technology approach

Mobile technology has the possibility to revolutionize health care services and the patient's ability to improve and self-manage their disease or disorder (Zhihan, Su, & Martin, 2016). Currently about 81% of adolescents own a smart phone and use them on a daily basis checking them on average about 150 times a day (Kenny, Dooley, &

Fitzgerald, 2016; Lv, Su, & Martin, 2016). There are now more than 31,000 health related apps available for download (Payne, Lister, West, & Bernhardt, 2015).

Mobile interventions are crucial to the delivery of information to adolescents because of the barrier of level of engagement with this particular population. These mobile apps can provide continued support to those in need of mental health services. Clear messaging, positivity, credibility, realism, confidentiality, and low cost are all factors that reportedly contribute to mobile app interventions being successful to the delivery of health services to adolescents (Kenny, Dooley, & Fitzgerald, 2014).

Current Project

Agency Profile

Bring Change 2 Mind is a non-profit organization co-founded in Southern California in 2010 by award winning actress and activist Glenn Close and her family. The organization came to be when Close found out in 2009 that two very close family members had been diagnosed mental illness. These two individuals were her sister, diagnosed with bipolar disorder, and her nephew who was diagnosed with schizoaffective disorder.

Originally the organization started out making public service announcements (#StrongerThanStigma) to raise awareness and understanding on mental illness. But over its six-year span, BC2M has piloted two evidence-based programs specifically geared toward youth and young adults. U Bring Change 2 Mind (UBC2M) is a program for university and college campus to use and LETS Bring Change 2 Mind (LETS BC2M), which is the part of this organization I am doing my fieldwork with, is a program for high schools. Both programs work to reduce stigma and discrimination and have created a

social movement by providing a platform for young individuals to share, connect and learn about mental illness.

The organization itself does not provide services that a hospital or physician would, but it does have the previously mentioned programs (Public Service Announcements, UBC2M, and LETS BC2M) that offer outlets to learn more and assist in getting the help individuals need. Through the BC2M website there are an array of resources and contact lists ranging from men's mental health to suicide prevention to military and veteran communities and everything in-between.

Bring Change 2 Mind Mission Statement

The mission for BC2M is to end stigma and discrimination surrounding mental illness, and to act as a portal to a broad coalition of organizations that provide service, screening, information, support and treatment of mental illness.

Target Audience

The target audience for this project is adolescents in high schools in the San Francisco Bay Area. The population can be a part any race or religion and can be either male or female.

SWOT Analysis

See Appendix A

Strengths

There are many strengths of this project and this is going to be the driving force behind its success. The ability to use social media to get the message across is a strength the organization possesses. Along with social media, other technologies like cell phones, text messaging and computers, can be used as a strength. Another strength is the success

of peer led approaches to reduce the stigma associated with mental health. The next strength is creativity. There are many aspects of this project where creativity can be used as an advantage. Holding the meetings and running the curriculum in schools is also inexpensive compared to other tactics. Possibly the most crucial strength, the fact that this program has been successful in other areas of California is important to recognize.

Weaknesses

Along with a variety of strengths of this project, there are some weaknesses that could be encountered as well. A predominant weakness encountered by both the organization and project alike is stigma and the multiple topics of the videos are hard to talk about openly especially with the target population. Another weakness would be the lack of interest on the part of the participants. On top of lack of interest, low participation rates could hinder the success of the project as well. The San Francisco Bay Area chapter of Bring Change 2 Mind (BC2M) is currently in its pilot phase and all programs in their pilot phase commonly hit barriers when starting out. Another weakness is a slowness to change. The videos could be effective, but it may take longer than projected.

Opportunities

The most important part of the project is the opportunities. An important opportunity is the chance to start an open conversation about stigma and mental health. The accomplishment of creating an open conversation could lead to both national expansion as well as expansion to a global level. Opposite of an aforementioned weakness, the chance to create an engaging curriculum and catching the interest of the students involved is another opportunity. Increased enrollment of school and student participation is a potential opportunity as well.

Threats

Both the project and organization face multiple threats, and the most encountered threat was time. There is much work to be done and it has to coincide with the public school schedule of the San Francisco Bay Area. The next threat, which was also a potential weakness, is low participation rates. Because BC2M is a non-profit organization, a threat to this organization is a lack of funding. Lack of demand on both the parts of students and schools alike is a threat that the organization can face as well. In regard to the videos, failed technology is the most severe threat faced. Since the videos will be accessed via smart phone or tablet from the LETS Bring Change 2 Mind app, the failure of this technology will result in inability to access the material. Arguably the heaviest threat is that statistics will show that the program was unsuccessful.

Problem Statement

Adolescents are using prejudice, stereotypes and discrimination to stigmatize their peers who are personally suffering or have a family member who is suffering from a mental illness. These videos have been created to raise awareness and education for these individuals who stigmatize their peers and encourage an open conversation about mental health.

Project Goals

The goals of this project are similar to the mission and goals of Bring Change 2 Mind. The goal is to help reduce the stigma and discrimination surrounding mental illness among adolescents and high school students.

Goal #1:

To increase knowledge and awareness of mental illness in high school students in the San Francisco Bay Area. By increasing knowledge and awareness, this project will assist in decreasing the stigma associated with mental illness.

Goal #2:

Assist in starting the conversation about mental health and illness among adolescents in high school.

Goal #3:

The videos will aid in the understanding of the context of stigma and how it relates to the mental health of adolescents.

Methods

Logic Model

See Appendix B

Inputs for this project include the Bring Change 2 Mind organization as well as organizations with a similar focus. Other inputs include the adolescents participating the BC2M school clubs, the families of the adolescents, the schools that hold the BC2M clubs, and local and national school boards.

The videos that are available through the LETS BC2M app are broken down into five groups. The first group titled “Groundwork” consists of the first of 10 videos. The second group titled “Reaction” consists of the second, third, and fourth of 10 videos. The third group titled “Practice” consists of the fifth and sixth of 10 videos. The fourth group titled “Effects” consists of the seventh and eighth of 10 videos. The fifth group titled “Overall Perception” consists of the ninth and tenth of 10 videos.

The short-term goals consist of the adolescents feeling comfortable seeking information regarding mental health, having a better understanding of what stigma is and how it can effect someone, and have more awareness and knowledge regarding how to help those around them suffering from mental illness. The medium-term goals consist of adolescents being able to openly talk and converse about mental health issues, possess the ability to start a conversation about mental health issues, and begin to spread the word about mental health awareness. The long-term goals consist of overall reduction of stigma associated with mental illness, adolescents feeling completely safe and comfortable to openly talk about mental illness and mental health, and continue to educate their peers about the effects of stigmatizing mental illness.

Technological Development

The technological development process was done in six stages. The first stage was a basic research stage. The second stage involved more in depth research about each specific topic. The third stage was doing further/more in depth research on the chosen topics. The fourth stage was putting this information into a PowerPoint presentation. The fifth stage was the video recording process. The sixth and final stage was adding the audio voiceovers to each video and converting them to the correct video file.

Stage 1 Basic Research:

Research of stigmatization of individuals diagnosed with mental illness yielded 13 topics. Two topics were scratched due to lack of evidence/statistics. The topic “signs to notice in a friend” was combined with “Reaching out to someone you think may be suffering” to make one topic. At the end of this stage there were 10 video topics.

Stage 2 Topic Research:

Each overall topic was broken down into two to four main discussion points. These are shown in Appendix A under the “main topics” column.

Stage 3 Topic Development:

Further research was done on each of the 10 video topics using the databases CINAHL, PsycINFO, Sage Journals, and Scopus. Videos were then selected from YouTube to add an addition source of engaging information.

Stage 4 PowerPoint:

Using Microsoft PowerPoint, each video topic was given its own presentation. Slides were then created for each of the video’s main topics. Lastly, using an mp4 convertor, the video component was added to the slide show.

Stage 5 Video Recording:

Using the program QuickTime Player, the screen of the computer showing the slide show was recorded without audio.

Stage 6 Audio Recording:

Using the program Logic 9, audio voiceovers were recorded for each of the videos. The audio and video were then synced up through the program iMovie.

Deliverables

The videos developed for this project had a few guidelines that were put in place by Bring Change 2 Mind. The videos could not be a lesson plan but could be educational and they had to be engaging. Activities and personal reflection time were included to ensure that the target audience would be engaged in the material without it seeming like a

lesson plan or homework assignment. See Appendix C for the names, groups and main discussion points of each video.

Video Content

1. What is Stigma?

"What is Stigma?" is the first of the 10 videos. This video is the only video in group one, Groundwork. See Appendix B, the outputs/participation box for groups. This video lays the groundwork for what the following nine videos will be in regards to. This video starts with a personal reflection asking the participant to think of his or her own definition of stigma. Next is the definition of stigma in regards to mental illness. Another personal reflection activity is then used to engage the participant and it asks them to think of where they believe stigma occurs most often. A humorous YouTube video is then shown and lastly the individual is asked to make one more reflection about how their idea of stigma has changed. The video ends with a slide that is a mini resource guide for those interested in learning more.

2. Reach out if you are suffering

"Reaching out if you are suffering" is the second of 10 videos. This is the first video in group two, Reaction. See Appendix B, the outputs/participation box for groups. This video starts with a personal reflection asking the participant to think of reasons why an individual may not want to reach out for help. Next is a video representation of an individual reaching out for help. Following this is a story and video from an individual named Jonny Benjamin who tells of when they reached out for help. Lastly is another personal reflection asking the individual what they would do if they were in the Jonny's

shoes. The video ends with a slide that is a mini resource guide for those interested in learning more.

3. Reaching out to someone who you think is suffering/signs to notice in a friend

"Reaching out to someone who you think is suffering/signs to notice in a friend" is the third of 10 videos. This is the second video in group two, Reaction. See Appendix B, the outputs/participation box for groups. This video begins with general information about someone reaching out for help. Next there is a personal reflection request that asks the person viewing to think of possible signs that would suggest a friend is in need of help. A list is then shared on the next slides. After the participant views the list they are then shown a video representation. Lastly, a reflection activity asks the individual to think of positive ways to start a conversation with their friend about mental health followed by a recommended list of strategies. The video ends with a slide that is a mini resource guide for those interested in learning more.

4. What if someone reaches out to me?

"What if someone reaches out to me" is the fourth of 10 videos. This is the third video in group two, Reaction. See Appendix B, the outputs/participation box for groups. The video starts with tips on how to respond appropriately if a friend reaches out for help. A reflection activity requests for the individual to think of ways that they could potentially show support to their friend. This is followed by examples of expressing support. The video ends with a slide that is a mini resource guide for those interested in learning more.

5. Using appropriate language

"Using inappropriate language" is the fifth of 10 videos. This is the first video in group three, Practice. See Appendix B, the outputs/participation box for groups. The beginning of this video shows some tips to remember when using correct terminology. There is a small list of "words to avoid" and a link to a website with a much larger list. Next is an activity for individuals to practice. This activity asks the participant to try and reword some sentences to make them more appropriate. Lastly, a video clip is shown from a lecture about using appropriate language. The video ends with a slide that is a mini resource guide for those interested in learning more.

6. Being successful despite diagnosis

"Being successful despite diagnosis" is the sixth of 10 videos. This is second video in group three, Practice. See Appendix B, the outputs/participation box for groups. The video begins with misconceptions about being diagnosed. Next is a video that shows famous individuals both current and from the past, from all expertise. Lastly, participation is asked in personal reflection. This personal reflection asks who the individual thought was most surprising from the list. The video ends with a slide that is a mini resource guide for those interested in learning more.

7. Suicide

"Suicide" is the seventh of 10 videos. This is the first video in group four, Effects. See Appendix B, the outputs/participation box for groups. The video starts with "the broken leg" analogy. This is a story that relates a broken leg (physical impairment) to a mental illness (mental impairment). Next, a personal reflection is asked of the participant. The "broken leg" analogy is then explained and is followed by statistics. Lastly, either a

video or still image of the suicide hotline number will be shown. The video ends with a slide that is a mini resource guide for those interested in learning more.

8. Bullying

"Bullying" is the eighth of 10 videos. This is the second video in group four, Effects. See Appendix B, the outputs/participation box for groups. This video starts with immediately with a request for personal reflection by the participant to think about a time that they were bullying someone, were bullied by someone or witnessed someone being bullied and hold on to that thought throughout the video. Next in the video is some statistics about bullying. Then a video component regarding the subject matter is shown. Lastly, the second half of the reflection is requested. The individual is asked to think back to that same scenario mentioned earlier with their new perspective. The video ends with a slide that is a mini resource guide for those interested in learning more.

9. Stigma in the media

"Stigma in the media" is the ninth of 10 videos. This is the first video in group five, Overall Perception. See Appendix B, the outputs/participation box for groups. This video starts with a reflection. It asks participants to think of a time they remember mental illness being portrayed negatively. A brief overview of stigma in the media is then explained which is followed by a description of violence and its association with stigma in the media. Next, Hollywood's depiction of mental illness is then mentioned. Lastly, a video is shown regarding examples of mental illness being portrayed negatively in various forms of media. The video ends with a slide that is a mini resource guide for those interested in learning more.

10. Perceptions of mental illness becoming positive

"Perceptions of mental illness becoming positive" is the tenth of 10 videos. This is the second video in group five, Overall Perception. See Appendix B, the outputs/participation box for groups. This video begins with statistics and examples of perceptions of mental illness becoming increasingly positive. A quick reflection comes after these statistics and examples. The reflection states that young people show the lowest level of understanding and tolerance in regards to mental illness. It asks for participants to think about why this is and encourages them to change that statistic. Lastly is a video of President Barack Obama speaking openly about mental illness at a press conference. The video ends with a slide that is a mini resource guide for those interested in learning more.

LETS Bring Change 2 Mind app

These videos will be available through the LETS Bring Change 2 Mind app of the same name. It will be available for download through both the Android and Apple app stores. The app will offer an array of additional information and resources in addition to the section for the aforementioned 10 videos.

Discussion

Literature shows that early intervention can be effective in diagnosing, treating and reducing mental illness stigma. The timing of when intervention occurs is crucial due to the parallel of age of diagnosis of mental illness and the age of adolescents (13-18). When the educational materials and information are provided to adolescents, they will be equipped with the skills, knowledge and awareness of how to properly react in stigmatizing situations regarding themselves as well as friends and family members.

Implications for Practice

The stigmatization of mental illness is an issue effecting individuals on a global level. Many countries do not possess resources about mental illness and mental health. With the majority of the world having access to the Internet and cell phones, these deliverables/videos can reach a much larger audience getting information to the people who need it. Using new technologies, the videos also provide additional information confidentially for adolescents to seek out information they are afraid to request in person. This in turn will help build the confidence of the individual to speak up and start a conversation in their community and raise awareness to others around them.

Technology can be a medium that Bring Change 2 Mind (BC2M) can use more to promote their campaign in the future. Currently BC2M uses the Internet and social media to serve various purposes, but with the production of this app they have a new channel to reach adolescents that they were not able to before. Right now BC2M works with select cities; therefore, only working with a small amount of adolescents in particular cities, but with a digital based anti-stigma campaign they have the chance to reach a much larger audience.

Future Research

Very limited literature exists on the evaluation of new promising interventions such as youth-led and technological/mobile interventions. Future research could be done on the effectiveness of youth-led interventions or peer-to-peer support as compared to adult-led interventions that are currently being used. Also more research could be done the use of technological interventions such as text messages or apps for delivery of information to younger target audiences.

The majority of anti-stigma programs/campaigns are successful in reducing self or personal stigma but can lack in the reduction of perceived or public stigma. Future research needs to be conducted in order to find out why this is, so programs and campaigns can specifically target public or perceived stigma and help completely erase the stigmatization of individuals with mental illness.

Limitations

There is a lack of research regarding many aspects of this project. Mainly there is a lack of research that states the true effects of stigma on adolescents and a way to measure this level of stigmatization. The use of questionnaires as a measurement tool has been encouraged but because of the variance of each survey or questionnaire, a universal measurement is yet to be created. This would be a problem encountered when trying to measure the success of reduction of stigma by the videos through the BC2M app.

Direct observation of BC2M club meetings was not conducted due to scheduling errors. Because of this, the use of focus groups, surveys, and questionnaires could not be conducted to collect primary data. This would have assisted in selection of topics for the videos. Subsequentially, the video topics were solely based on secondary data. Time constraints also played a role in the inability to evaluate the effectiveness of the videos in reducing stigma with the target population.

The San Francisco Bay Area chapter of BC2M is currently in its first year pilot phase. The organization has to struggle with not being established and all of the issues a program experiences while in this pilot phase. When creating the videos, there were a limited number of schools that BC2M was involved with in the Bay Area. Since then, that number has more than doubled for its second year of implementation.

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Appendix A

SWOT Analysis

<u>Strengths</u>

- Using social media to get the message across
- Reduction of stigma associated with mental health is desired (demand)
- Creativity
- Inexpensive to hold meetings/run curriculum in schools
- Peer-led approach
- Can use technology like cell phones, text messaging, computers
- Program has been successful in other areas

<u>Weaknesses</u>

- Topics associated with stigma is hard to talk about openly
- Students uninterested
- Low participation
- The San Francisco Chapter is brand new
- Slowness to change

<u>Opportunities</u>

- Open conversation about stigma and mental health
- National expansion
- Global expansion
- Engaging curriculum and getting the students interesting
- Increased enrollment of schools participating

<u>Threats</u>

- Time
- Low participation
- Potential lack of funding
- Lack of demand
- Failed technology (i.e. text messaging program fails)
- Program statistics show the program was unsuccessful

Appendix B

Logic Model

Inputs	**Outputs**		**Outcomes - Impact**		
	Activities	**Participation**	**Short Term Results**	**Medium Term Results**	**Long Term Results**
• Bring Change 2 Mind • Similar Organization • Participants (high school clubs, or adolescents) • Families of participants • Local and national school boards	10 Webinars 1. What is stigma? 2. Reach out if you are suffering 3. Reaching out to someone you think may be suffering/signs to notice in a friend 4. What if someone reaches out to me? 5. Using appropriate language 6. Being successful despite diagnosis 7. Suicide 8. Bullying 9. Stigma in the media 10. Perception of mental illness becoming positive	• Group 1 (Groundwork) - What is Stigma? • Group 2 (Reaction) - Reach out if you are suffering - Reaching out to someone you think may be suffering/signs to notice in a friend - What if someone reaches out to me? • Group 3 (Practice) - Using appropriate language - Being successful despite diagnosis • Group 4 (Effects) - Suicide - Bullying • Group 5 (overall perception) - Stigma in the media - Perception of mental illness becoming positive	• **Participants will feel safer seeking information regarding mental health/illness** • **Participants will have a better understanding of what stigma is and how it affects individuals with mental illness** • **Participants will have more awareness of how to help those around them with mental illness cope**	• **Participants will openly talk and converse about the (10) topics** • **Participants will be willing to start a conversation about mental illness** • **Participants will start spreading awareness on their own**	• **Reduction of stigma regarding the topic of mental health/illness among adolescents** • **Participants feel 100% safe and comfortable to openly talk about mental illness regarding themselves, friends, or family members** • **Participants continue to educate others regarding the stigma associated with mental illness**

Appendix C

Topic Table: The names, groups, and main points of discussion for each video

Webinar Topic	Group	Main Topics
1. What is Stigma?	1	Personal reflection Stigma defined Public vs. self stigma Places where stigma occurs
2. Reach out if you are suffering	2	Personal reflection Personal story (Jonny Benjamin)
3. Reaching out to someone who you think is suffering/signs to notice in a friend	2	Reaching out to someone else Personal reflection Signs to notice in a friend Starting a conversation
4. What if someone reaches out to me?	2	How to respond Personal reflection How to be supportive
5. Using appropriate language	3	Using appropriate language Words to avoid Interactive activity
6. Being successful despite diagnosis	3	Misconceptions Who has been diagnosed? Personal Reflection
7. Suicide	4	Broken leg story Statistics Personal reflection Did you know?
8. Bullying	4	Personal reflection Statistics
9. Stigma in the media	5	Personal reflection Media and stigma Hollywood's effect on stigma Future considerations
10. Perceptions of mental illness becoming positive	5	Personal reflection More organizations to provide help