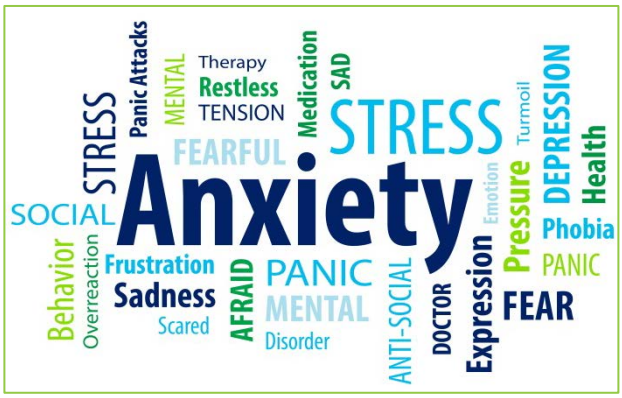
California Community Colleges
HEALTH & WELLNESS

Campus-Based Stigma Reduction Activities

California's Mental Health Movement, Each Mind Matters, has made stigma reduction a top priority. Stigma reduction strategies include educational presentations and trainings; the development of resources, tools, and websites; and multimedia campaigns. This factsheet provides an overview of primary stigma reduction strategies and offers recommendations for the California Community Colleges (CCC) for implementation.



What Is Stigma? Stigma has three components: **stereotypes**, which are a set of social beliefs about members of a group; **prejudice**, which is the negative attitudes of individuals towards members of a group; and **discrimination**, which is the behavioral consequence of stereotypes and prejudice (RAND 2012). Stigma is a major impediment to help-seeking, yet treatment delays after onset of mental illness significantly impact long-term outcomes (Wang et. al).[i] Based on this finding, mental health stigma reduction efforts are particularly important for young adults, the population in whom mental illness is most likely to emerge (Kessler et. al).[ii]

Why Is Stigma Reduction Important? Unchecked stigma has significant consequences. Stigma against those with mental health conditions results in poor access to mental and physical healthcare; reduced life expectancy; exclusion from higher education and employment; increased risk of contact with justice systems; victimization; poverty and homelessness (Gronholm, 2017). Those with serious mental illness (SMI) report more negative interactions with employers and landlords, and social exclusion from potential friends (RAND 2012). From a public health perspective, stigma reduction is a critical strategy for improving outcomes for the nearly 44 million Americans who experience a mental health problem each year.

How Do Stigma Reduction Interventions Work? Stigma reduction strategies can serve diverse outcome goals. Most commonly, interventions seek to increase knowledge, create shifts in attitude, or motivate behavioral change. The stigma reduction strategies discussed in this factsheet have shown evidence of effectiveness in building knowledge and changing attitudes towards those with mental illness. Behavioral change is difficult to assess, and there is currently no evidence that stigma reduction strategies are linked directly to behavioral change. This does not mean, however, that no behavioral change is expected. Based on the metrics of stigma described above, it is reasonable to expect that challenging stereotypes (knowledge) and prejudice (attitudes) will impact discrimination (behavior).

Exhibit 1
Knowledge that Combats Stigma

- Teaching people about the role of biology in mental health is an effective way to reduce blame
- Ensuring that there is knowledge about the psychosocial aspects of mental illness increases confidence that mental illness can be treated
- Focusing on the capacity of people to change increases awareness of recovery
- Building awareness of the fact that the overwhelming majority of people with mental illness are not violent is an effective way to reduce stigma
- Understanding that those with mental illness are much more likely to be victims of crime rather than perpetrators reduces perceptions of threat

There are three primary strategies for stigma intervention strategies. They are discussed separately here though they are often accomplished concurrently.

Knowledge Building. The first strategy challenges stereotypes by increasing knowledge about people with mental illness. Exhibit 1 presents specific facts about mental health that have proven effective for reducing stigma associated with mental illness (Gronholm et. al; Corrigan et. al; Yamaguchi). These "myth busters" can be part of a specific campaign to reduce stigma or used as talking points within a broader education context.

Knowledge-building strategies are appropriate for both broad and targeted audiences; they can be used campus-wide or with specific groups on campus (e.g., faculty, student clubs). Universal knowledge-building strategies include traditional and new media campaigns, and have the benefit of low-cost and wide reach. The effectiveness of these kinds of interventions is difficult to assess, however. Measuring knowledge that emerges from universal strategies requires knowing the number of people who received the message; the frequency with which it was received; and the understanding that increased because of it. This level of methodological rigor has not been achieved in the United States, but international research suggests that mass media campaigns have a moderate impact on knowledge (Gronholm et. al). The National Association on Mental Illness (NAMI) and Active Minds have produced a wealth of resources to build knowledge about mental illness that are appropriate for a CCC audience. These tools are free to use and can be disseminated to a universal audience across a campus; integrated into a class-specific curriculum; or used to guide mental health conversations in faculty and staff settings.

Knowledge-Building Tools	Context
Use factsheets that teach the prevalence and consequences of mental illness for Americans, teens and young adults, and diverse populations. https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers	Classroom
Integrate "stigma quizzes" and "stigma pledges" in administration and faculty meetings/trainings. These tools can start conversations about mental illness stigma and its consequences for students. https://www.nami.org/Get-Involved	Staff meetings/ trainings
Promote mental health-related awareness events on your campus (e.g., Suicide Prevention Awareness Month; Mental Illness Awareness Week). Get the word out through your college electronic profile with NAMI's social media graphics, including logos and branding; "sentmoji stickers"; and fact graphics. https://www.nami.org/Get-Involved/Awareness-Events/Awareness-Resources	Twitter/Facebook/ Instagram

Knowledge-Building Tools	Context
Establish a NAMI on Campus or Active Minds chapter. These student-led clubs can help raise awareness of college-specific mental health needs and resources. https://www.nami.org/FAQ/NAMI-on-Campus-FAQ; https://www.activeminds.org/programs/chapter-network/	Campus-wide
Host a "Send Silence Packing" exhibit. This exhibit travels to colleges around the country to end the silence around mental health and suicide. As part of the exhibit, professional trainers disseminate resources and encourage help-seeking behavior for students and their loved ones. https://www.activeminds.org/programs/send-silence-packing/	Campus-wide
Publicize "Directing Change" on your campus. This is an annual film contest in which students submit 30- to 60-second films on mental health, suicide prevention, culture and mental health, and related topics. These films are designed to raised awareness. http://www.directingchangeca.org/	Classroom/ campus-wide
Use the resources provided by Each Mind Matters. These include free downloadable booklets, posters, and brochures in multiple languages on mental health topics and recognizing the signs of distress. https://www.eachmindmatters.org/product-category/educational-resources/	Campus-wide
Integrate At-Risk Suicide Prevention Online Trainings into faculty and staff development activities, or as part of classroom curricula. At-Risk is an online interactive gatekeeper training that use virtual students and role-playing simulations to prepare learners to recognize when a student is exhibiting signs of psychological distress, and manage a conversation with the student with the goal of connecting them with the appropriate support service. https://ccc.kognito.com/	Student and faculty activities

Contact Training. Training and education strategies are often linked with knowledge-building strategies. These interventions are generally directed towards a specific target group (e.g., students). The most effective training strategies integrate people with lived experience with mental illness (Yamaguchi et al; Corrigan et al). This success is predicted by social psychology which hypothesizes that increased contact with members of a stigmatized group can reduce interpersonal bias (APA). The optimum conditions for contact is between people who share a significant characteristic (e.g., students) and who are engaged in cooperative activities (e.g. teaching and learning). On a college campus, an optimum circumstance would be to engage students who have had mental health challenges in teaching and learning activities with other students. One-on-one contact under these conditions presents an opportunity to disconfirm prevailing stereotypes; reduce anxiety about social contact; and increase empathy and perspective taking (Corrigan et. al; Gronholm et. al).

Anxiety and perception of threat around mental illness is often high among those who have no firsthand knowledge of mental illness (Couture). Those who have knowledge of mental illness through personal relationships (e.g., relative, friend, neighbor) report less stigma and lower social anxiety. These contact training events replicate this firsthand experience and reduce the expression of stigma. In studies of undergraduates, contact trainings have the strongest effect in reducing negative attitudes towards mental illness (RAND). A recent RAND report finds that students who participate in Active Minds—a chapter-based mental health advocacy organization—experience significant changes in both attitude and behavior, including an increased likelihood of recognizing and engaging a classmate struggling with mental health challenges.[iii]

There is also evidence that contact trainings that successfully reduce stigma are not limited to in-person interactions. These "indirect contact" training events rely on text, lecture, film, or role play to bring firsthand accounts of mental illness to the target audience. While the research points to less robust results for distance contact trainings, the effects appear to be real, and appear strongest through video interaction (Reinke, Corrigan, and Lundin; Corrigan; Yamaguchi). A potential difference between direct contact and indirect contact events is that the former is more likely to result from grassroots efforts, while the latter is more likely driven by government or other health institutions (Corrigan). Indirect contact shares the benefit with universal knowledge-building of being more easily disseminated to a large audience. On the CCC campuses, video may be appropriate for use in online forums, including campus website, YouTube channel, and other social media platforms. Direct contact can be integrated into classrooms, curricula, and other student-centered events.

Contact Trainings	Context
NAMI's "In Our Own Voice" are free, 40-, 60-, or 90-minute in-person presentations that provide a personal perspective on mental illness through presenters with lived experience who talk about what it's like to live with a mental health condition. https://www.nami.org/Find-Support/NAMI-Programs/NAMI-In-Our-Own-Voice	Classroom/ Faculty Education
Youth MOVE National can create customized in-person or remote presentations from a lived experience perspective, as well as expert consultation on how to create effective social media messaging on youth mental health.	Various
Active Minds can provide professional speakers to deliver mental health education to students and/or educators. Trainings are designed to promote help-seeking and reduce stigma that surrounds mental health. https://www.activeminds.org/programs/speakers-bureau/	Classroom/ Faculty Education
Each Mind Matters has video "Stories" in which racially, ethnically, and culturally diverse Californians talk about their experiences with mental illness and their commitment to the mental health movement. https://www.eachmindmatters.org/stories/	Classroom/ Faculty Education
Depression and Bipolar Support Alliance (DBSA) is a leading peer-support organization. They can provide on- or off-site trainings to students and/or faculty led by mental health peers with lived experience. In addition, they can host a training specifically for veterans with mental health or substance abuse disorders led by veteran peers with lived experience. https://secure2.convio.net/dabsa/site/SPageServer/?pagename=education_landing	Classroom/ Faculty Education

Advocacy and Protest. The final stigma-reduction strategies are advocacy and protest. In these interventions, those who have experienced stigma highlight the injustice of it and call out prejudice and discrimination (Corrigan). Advocacy can include participation in college, local, state, or national groups working to affect change in attitudes, beliefs, discriminatory behavior, policy, and practice.

It can also include rights-based protest of the implementation or interpretation of policy using either peaceful or confrontational strategies to oppose stigma. As an immediate stigma reduction strategy there is little evidence for the effectiveness of protest, and some indication that protest may increase fear and discrimination (RAND). In terms of advocacy, it is difficult to assess its immediate effects on stigma since doing so requires a demonstrable connection between changes in policy and changes in knowledge, attitudes, or behaviors. However, as a key component of the kind of trainings described above, advocacy

can be a powerful tool with which to fight stigma. Participation in advocacy can also reduce self-stigma, contribute to feelings of empowerment, and provide access to peer support for students. NAMI, Youth MOVE, and Active Minds are mental health advocacy, chapter-based groups that have a presence of many campuses. Both organizations can work with students to create a campus-based chapter on your CCC.

Mental Health Advocacy Groups
National Alliance on Mental Illness https://www.nami.org/FAQ/NAMI-on-Campus-FAQ
Youth MOVE National https://www.youthmovenational.org/start-a-chapter/
Active Minds https://www.activeminds.org/programs/chapter-network/start-a-chapter-faq/

[i] Wang, P. S., Angermeyer, M., Borges, G., Bruffaerts, R., Tat Chiu, W., DE Girolamo, G., Fayyad, J., Gureje, O., Haro, J. M., Huang, Y., Kessler, R. C., Kovess, V., Levinson, D., Nakane, Y., Oakley Brown, M. A., Ormel, J. H., Posada-Villa, J., Aguilar-Gaxiola, S., Alonso, J., Lee, S., Heeringa, S., Pennell, B. E., Chatterji, S., ... Ustün, T. B. (2007). Delay and failure in treatment seeking after first onset of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World psychiatry: official journal of the World Psychiatric Association (WPA)*, *6*(3), 177-85.

[ii] Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustün, T. B. (2007). Age of onset of mental disorders: a review of recent literature. *Current opinion in psychiatry*, *20*(4), 359-64.

[iii] Strengthening College Students' Mental Health Knowledge, Awareness, and Helping Behaviors: The Impact of Active Minds, a Peer Mental Health Organization. Sontag-Padilla, Lisa et al. Journal of the American Academy of Child & Adolescent Psychiatry, Volume 57, Issue 7, 500 – 507.

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