

Tackling stigma towards vulnerable children with mental health problems

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World Awareness for Children in Trauma (WACIT)

What is stigma?

The term stigma refers to a strong devaluation and rejection of a person that consequently remains affected.

Stigma constitutes an attitudinal barrier to mental health. It influences basic human needs such as self-esteem and self-efficacy, employment, housing and interpersonal relationships (family, friends, or professionals who provide services for people with mental health problems). Mental health stigma is ultimately disrespect to human rights.

Children and adolescents are more likely to be affected by stigma, since they are the least capable of advocating for themselves.

Moreover, stigma often results in parents being blamed because of the child's mental health problems.

Stigma is, therefore, a key cause of discrimination and exclusion.

Characteristics of stigma

Stigma can be viewed as including three elements:

- **Ignorance** related to poor knowledge
- **Prejudice** related to negative attitudes
- **Discrimination** related to rejecting and avoidant behaviour

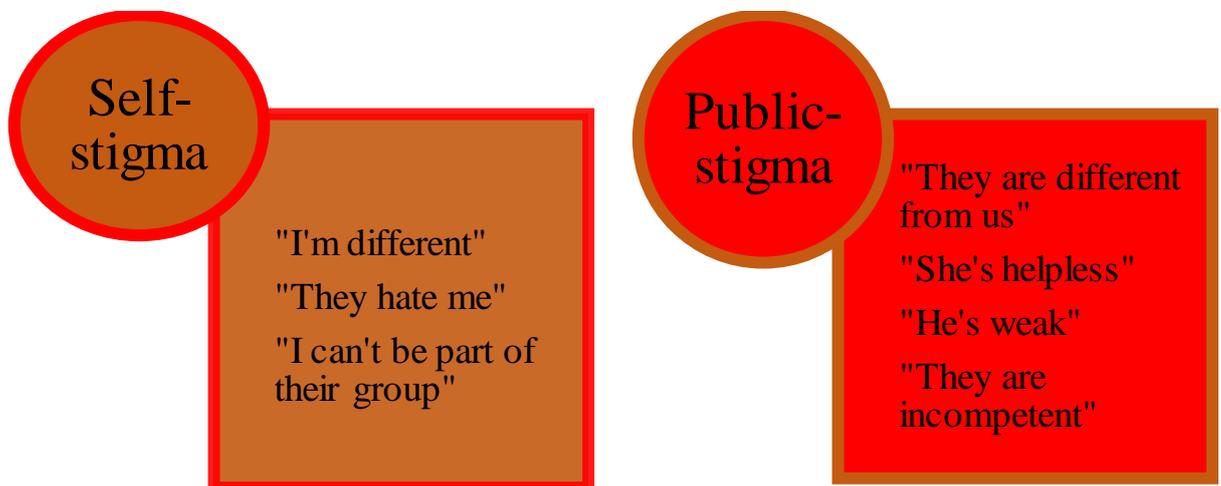
The following are examples of common **myths** regarding mental health problems in young life:

- ➔ “Children and young people with mental health problems are violent and dangerous”
- ➔ “Children and young people with mental health problems are poor and less intelligent”
- ➔ “Mental health problems are caused by personal weakness”
- ➔ “Mental health problems cannot be treated”

Types of stigma

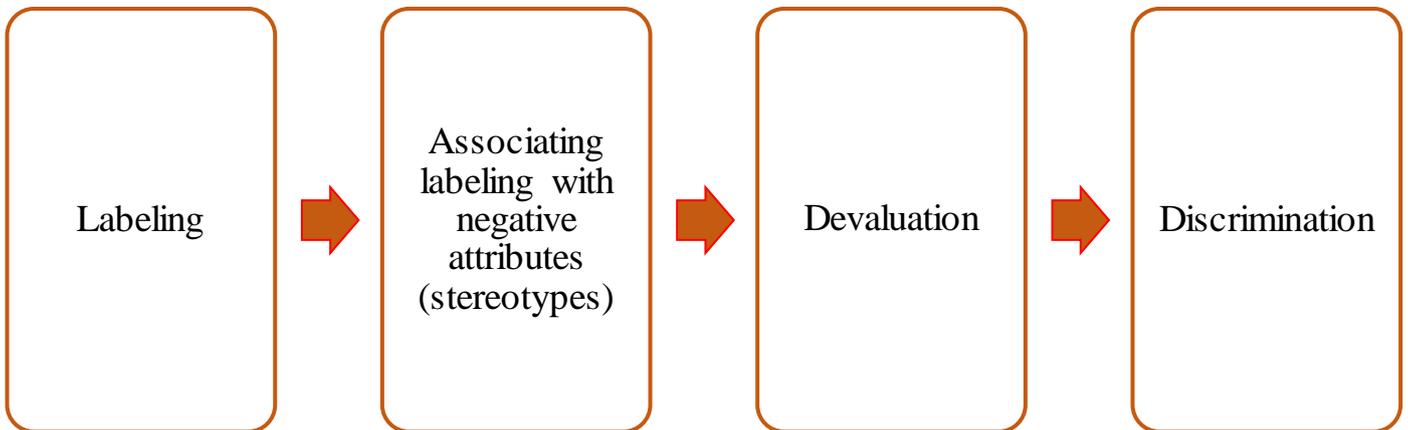
There are different classifications regarding stigma. Commonly, two broad types of stigma are used:

- **Self-stigma** is internalized with the application of stereotypes on oneself. This leads children to accept prejudices against them. Self-stigma may result in self-devaluation, shame, sense of alienation and social withdrawal.
- **Public stigma** refers to societal stereotypes. This can lead to beliefs that children and young people are dangerous.



Another relevant type of stigma is referred to as *courtesy stigma*. This is related to the people associated with the stigmatized. For example, family members can be blamed for the condition of the stigmatized and professionals can be viewed as doing a “dirty job”, since they take care of and interact with the stigmatized.

The stigma process



Let's consider the following example:

Child in care / Who self-harms	LABEL
“He can be manipulative and violent”	STEREOTYPES
“He is not worth bothering with” “It's better that he studies on his own”	DEVALUATION
“I don't want to play with him” “I don't want him in my classroom”	DISCRIMINATION

... So, the stigma process originates from labels that are affixed to a person or to a group. A label is based on the selection of one or more oversimplified characteristics of a certain person or group. Examples of labels are ‘problematic child’ or ‘messed up teenager’.

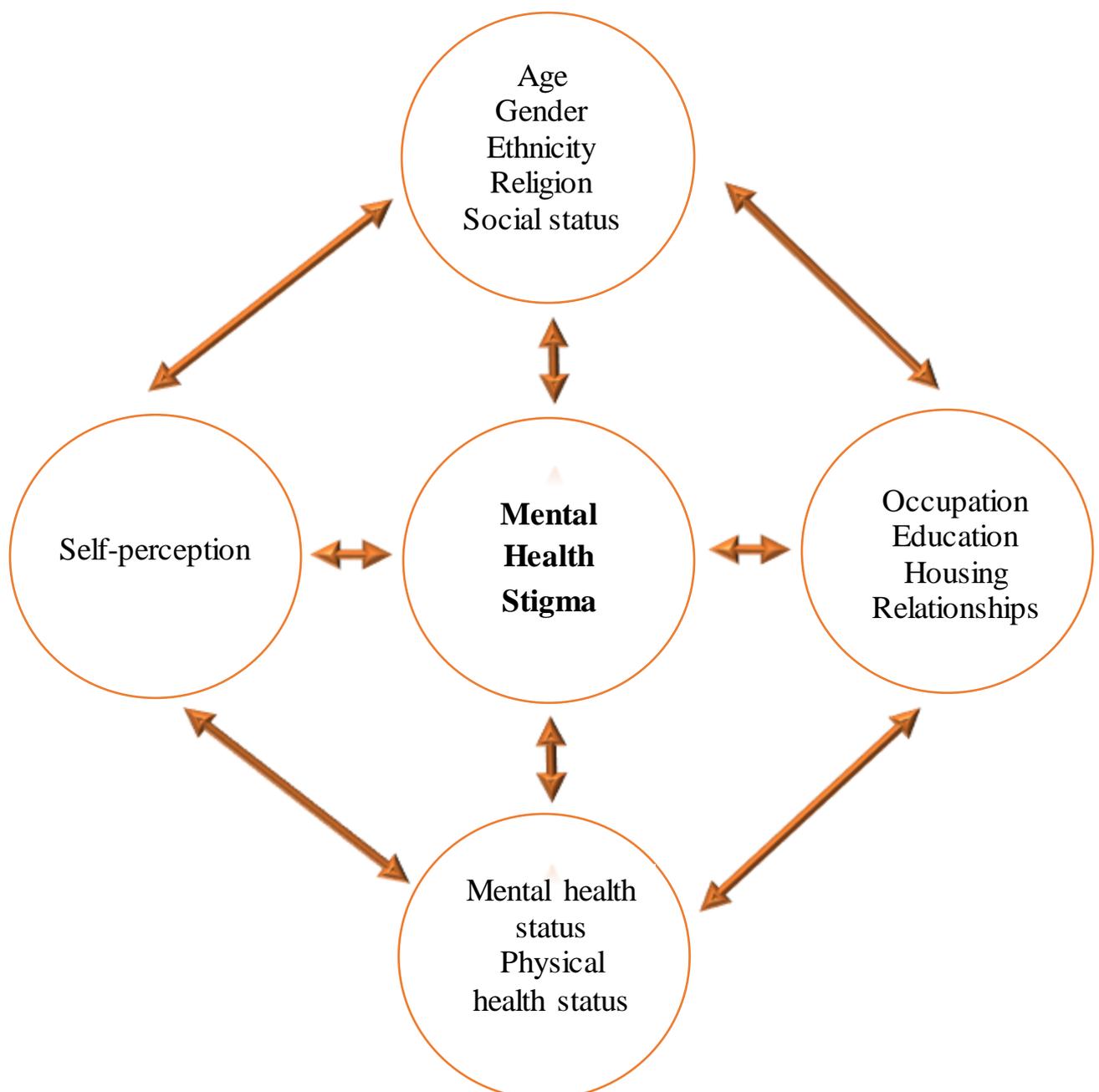
The labels then link this child to an array of undesirable characteristics, which lead to the creation of stereotypes. This means that the stigmatizer or the stigmatized, or both of them, develop thoughts, emotions and behaviours in accordance with these stereotypes.

Stigmatized young people can assume a view of themselves equal to the one that the stigmatizers have towards them, as a reflected consequence:

CHILD OR YOUNG PERSON	STIGMATIZER toward the stigmatised	STIGMATIZED self-perception
THOUGHTS	weak crazy passive worthless aggressive different	hated not accepted/wanted excluded different useless victim
EMOTIONS	fear anger disgust	shame sadness blame
BEHAVIOURS	social distance rejection avoidance neglect hyper-vigilant	Acting exactly as the stigmatizer see him/her alienation social withdrawal

Factors linked with stigma

Many factors in a young person's life can influence and be influenced by mental health stigma. Each factor can act as a moderator between mental health stigma and possible outcomes, such as help-seeking.



Stigma for vulnerable / diverse groups

➤ Children and young people with mental health problems

There is a tendency to look at mental health problems as belonging to the others, while, instead, everyone is likely to experience a degree of mental health problems at some point in their life.

Example:

“Mental health problems don’t belong to me... They are his/her/their problems, not mine!”

Some children and young people are more likely to be stigmatized, because of being considered at the same time vulnerable and diverse.

➤ Children and young people in care

People may think that children are in care because of their own behaviour; assumed to be, for example, aggressive. In reality, children experience significant adversities and trauma before being placed in care.

Examples:

“I should not expect any academic achievement from her...her skills are simply not good enough”

“He is a problem in my classroom space...it’s better to keep him isolated...he is a trouble-maker”

➤ **Homeless**

Homeless children and young people are likely to feel deeply lonely, hopeless, and worthless. Stigma towards this group may lead to avoidance or beliefs that they are lazy or ‘addicts’.

Example:

“She has a choice to go to school or get a job”

➤ **Refugees**

Refugee children and young people have gone through many traumatic experiences such as war conflict and displacement in their countries of origin, during migration, and after arrival to the host country. Stigma towards them presents usually hostile reactions, exclusion and discrimination.

Examples:

“They should have stayed in their countries”

“He should dress and speak the same as the rest of us”

➤ **Offenders**

This group is highly stigmatized by association to violence and crime. Consequently, young offenders are likely to ascribe negative labels to themselves, and so to develop internalized stigma. Offenders are usually subject to discrimination because of fear or belief that they will offend again.

Example:

“He is up to no good, he will never change”

➤ **Ethnicity / Culture / Religion**

Stigma can lead the predominant group to consider other groups as outsiders and with suspicion. Ethnic minorities are especially likely to experience racism.

Example:

“I don’t want this (black) young man in the care home...it would not be safe”

➤ **Living in poverty**

Stigma towards children and young people living in poverty such as in slums, can result in being isolated and rejected, considered as different and problematic. The following examples show two possible thoughts of the stigmatized and of the stigmatizer:

“If I tell my problems to the others, what will they think of me? Maybe they will only laugh at me.

STIGMATIZED

“A thief in the making, where he is coming from”

STIGMATIZER

➤ **Gender differences**

Gender stigma can lead to consider females as not being worthy of the same rights and roles. Stigma can also impact on young people who do not fit into the common ‘male’ / ‘female’ gender norms.

“Girls can’t play football”

“He should toughen up and not look so feminine”

➤ **Disability**

Stigma is often directed towards children and young people with physical and/or learning disabilities. This can be related to lack of understanding of real difficulties which they experience daily. This can be especially challenging when the disability is not visible.

Examples:

“This student is so lazy and not interested in learning anything”

STIGMATIZER

“People are staring at me all the time...I feel so uncomfortable”

STIGMATIZED

➤ **Sensory (visual/hearing) impairment**

Children and young people with sensory impairment can be assumed as unable to function.

Example:

“Just give her some things to do”

Consequences of stigma

➔ The effects of stigma can be even more stressful and damaging than the primary condition itself!

Stigma can thus prevent children and young people from:

- expressing themselves
- reaching their potential
- seeking help
- engaging with mental health interventions
- accessing other psychosocial supports

Consequently, stigmatized children and young people are likely to suffer in silence, and to feel scared and marginalized. They can develop a negative self-perception and lose confidence. In turn, this can seriously affect their quality of life, and their mental health problems can potentially increase in severity, therefore creating a vicious circle that is difficult to break.

Addressing stigma

Stigma is a complex process, which includes verbal (words) and non-verbal (gestures, keeping physical distance, tone of voice) components. Consequently, there is need to intervene at different levels.

In order to tackle stigma, it is essential to spread and enhance:

- ❖ awareness
- ❖ recognition
- ❖ education
- ❖ support

These strategies can start from families, schools and communities.

Tackling stigma should be a priority for all practitioners and carers in contact with children, young people and their families.

If everybody gets adequate education and knowledge regarding mental health, negative attitudes are likely to change...



At first, it is important for the stigmatized child to develop safe and trusting relationships, before opening up and sharing their concerns.

Networking and clear communication between carers, teachers and different agencies can help children assess and engage with different types of psychosocial support.



World Awareness for Children in Trauma (WACIT)

For further information on the activities of the **Word Awareness for Children in Trauma (WACIT)** programme, please contact:

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