

Mental Illness in Academia: Middle School Foundations for Higher Education

There has been a recent, prominent movement within the academic community emphasizing the vital advent for counteractive measures to challenge the stigmatization of students suffering from mental illness within the American educational system. The purpose of this paper is to demonstrate precisely why this stigma necessitates the implementation of age-tailored mental health pedagogical programs from middle-school education to post-secondary education. In order to address the need for such programs, one must first discuss the fundamental barriers inherent in the American educational system for individuals suffering from mental illness.

First off, I will address the academic barriers for students suffering from mental illness within higher education. Given the upsurge of consistent, violent crimes – particularly school shootings –characterized by the media’s lens as ostensibly linked to mental illness, there has been an understandably, and unmistakable renewed attention to the mental health issues surrounding young American students. This attention also includes the concern that this stigmatic barrier may act as a deterrent for young adults that suffer from mental illnesses from pursuing higher education - the majorities of whom do not represent the aforesaid publicized minority, in any capacity.

Epidemiological studies indicate that recent prevalence rates of mental illness are highest, around 39% for young adults from the ages of 15 to 21 years old (Mowbray, 2006).¹ This time span directly parallels to the archetypal years that students attend

¹ Campus mental health services: Recommendations for change. Mowbray, Carol T.; Megivern, Deborah; Mandiberg, James M.; Strauss, Shari; Stein, Catherine H.; Collins, Kim; Kopels, Sandra; Curlin, Caroline; Lett, Robin American Journal of Orthopsychiatry, Vol 76(2), Apr 2006, 226-237.

college. Ergo, many of these students will experience their first psychiatric episode during their college careers. (Id.) Correspondingly, the growth in the number of individuals diagnosed with a mental illness is consistent with national statistics in the fact that each year, one in give U.S. citizens experiences a diagnosable psychiatric disability, which includes “bipolar disorder, schizophrenia, major depressive disorder, eating disorders, and anxiety disorders.”² (National Institute of Mental Health, 2002)

Accordingly, young adults attending college, while coping with their mental illness, face debilitating performance barriers, that may affect vital tools such as: the ability to concentrate, remember important details, screening out distractions, meeting deadlines under pressure, test anxiety, executive functioning, dealing with mental illness stigma, interacting with a group, giving public presentations, and low self-esteem³.

(Collins & Mobray, 2005) Once these students are in college itself, they are exposed to another educational barrier – the programs already in place to accommodate students with mental illness or disabilities.

Although, both the Americans With Disabilities Act (“ADA”), and Section 504 (“Section 504”) of the Rehabilitation Act of 1973 stipulate that educational staff must provide reasonable accommodations to those that have disabilities with respect to their educational programs, these programs often go under-utilized. In order to receive these

² National Institute of Mental Health. (2002). *Mental disorders in America*. NIH Publication No. 99- 4584. Bethesda, MD: Author.

³ Campus mental health services: Recommendations for change. Mowbray, Carol T.; Megivern, Deborah; Mandiberg, James M.; Strauss, Shari; Stein, Catherine H.; Collins, Kim; Kopels, Sandra; Curlin, Caroline; Lett, Robin American Journal of Orthopsychiatry, Vol 76(2), Apr 2006, 227.

services, students are required to disclose their conditions to certain departments of the schools. However, students suffering from mental illness, reasonably, often will not disclose their conditions or seek out college services due to fear of stigma, inequitable treatment, or embarrassment⁴. (Megivern, 2002).

Additionally, analyses from the National Comorbidity Survey, which evaluated a sample of 8,098 respondents, representing ages 15 through 54 years confirm the barrier that individuals with early-onset psychiatric disorders are significantly less likely than others who do not, to enter college.⁵ (Kessler, Foster, Saunder & Stang, 1995) Thereafter, another academic barrier is revealed given that an estimated 86% of individuals who have a psychiatric disorder withdraw from college prior to completion of their degree. (Id.) This means, that an estimated 4.29 million people would have graduated from college had they not experienced an early-onset psychiatric episode (Id.) Young adults do not seem to fare any differently - studies also show that young adults with mental illnesses are more likely to be employed if they have taken classes following high school graduation. (Id.)

The issue then becomes, how to best address the stigma surrounding mental illness amongst students in college and secondary higher education, as well as with, middle school and high school students. It is a reasonable conclusion that a preventative approach aimed to preclude stigmatic development from the very beginning, say, by educating students in middle school and high school about the effects of stigma

⁴ Megivern, D. (2002). Disability Services and College Students with Psychiatric Disabilities. *Journal of Social Work in Disability and Rehabilitation*, 1(3), 25-42.

⁵ Kessler, R.C., Foster, C.L., Saunders, W.B., & Stang, P.E. (1995). Social consequences of psychiatric disorders: 1. Educational attainment. *American Journal of Psychiatry*, 152, 1026-1032.

surrounding mental illness. It is also reasonable to conclude that limiting our efforts to methods like self-disclosing accommodations and fragmented counseling have not and will not combat the stigma that young adults face or care to expose themselves to in higher education. The stigmas surrounding mental health issues amongst adults and children historically have not been best addressed through a broad, all encompassing, blanket-approach amongst these two divergent groups. This is especially true, given that, exposure to stigma is more likely solidified in adults through experience, and also due to psychiatric episodes likely already having occurred amongst adults during college producing a negative view on the resources already available.

Appropriately, studies through the National Institute of Health have advocated for divergent approaches to combat stigma with respect to these distinctive educational-age groups. Not to mention, that the tailored approaches conducted in these studies were also consistently and exceedingly successful. Specifically, research conducted through meta-data analysis from 72 outcome studies in 14 countries, which overall conclude that the most effective strategies to combat stigma in the public sphere include education about mental illness and contact with people who have mental illness⁶. (IIT, Corrigan 2012) The studies revealed that the most effective strategies for adults appeared to be more “contact” based, whereas education seemed to work best among adolescents to combat public stigma. (Id.)

As a logical matter, this tailored approach is understandable, since by targeting these age groups which mainly have not yet reached the age that psychiatric illnesses

⁶ Illinois Institute of Technology, Corrigan, PW, Morris SB, Michaels, PJ, Rafacz JD, Rusch N., *Challenging the Public Stigma of Mental Illness: a Meta-Analysis of Outcome Studies*. 2012 Oct;63(10):963-73. doi: 10.1176/appi.ps.201100529. available at: <http://www.ncbi.nlm.nih.gov/pubmed/23032675>

fully manifest themselves, would better prepare these students, as equals, to understand what is happening, if and when students amongst them do develop symptoms of mental illnesses. In this way, it not only prepares students that may develop a mental illness themselves, but these lesson plans, also, would effectually create a barrier to stigma before it had a chance to form - or if already formed, solidify.

Moreover, in regards to educating middle school and high-school children, there are numerous national organizations that promote this initiative, which have also proven to be exceedingly successful. Organizations like the National Alliance of Mental Health (“NAMI”) have created programs like “Break the Silence” which incorporate easy methods of curriculum integration for schools and teachers, including presentations, and interactive classes and videos, as well as support systems in place for the students involved - all in pursuit to educate young adults about the stigma that surrounds mental illness.⁷

Educational approaches to stigma usually challenge inaccurate stereotypes about mental illnesses, replacing them with factual information. For example, the Substance Abuse and Mental Health Services Administration provides the example: “contrary to the myth that people with mental illnesses are homicidal maniacs; the difference in the rate of homicides by people with serious psychiatric disorders versus the general public is very small.⁸” The benefits of this educational intervention approach are low costs and broad reach. (Id.) Ergo, public schools and national schemes for its implementation would not

⁷ National Alliance for the Mentally Ill, *available at*: <http://www.btslessonplans.org/why.htm> (last visited May 11, 2016).

⁸ Substance Abuse and Mental Health Services Administration (“SAMHSA”): Mental Illness: What a Difference a Friend Makes. *Available at*: www.whatadifference.samhsa.gov.

only be a viable option, but one that would not be dismissed for lack of governmental funding.

Relatedly, there have been various efforts to pass bills addressing the need for increased funding for mental health services and supports within the classroom. For example, the most recent June 16, 2015 bill called the “Mental Health in Schools Act of 2015” was rejected, in form, twice. Its purpose was to “amend the Public Health Service Act, and to revise and extend projects relating to children and violence, in order to provide access to school-based comprehensive mental health programs.”⁹ (Mental Health in Schools Act, 2015).

The issue then becomes, how much stigma of mental illness actually comes into play amongst middle-school children. Many have wondered this same thing, which is why recent studies conducted at the Adolescent Communication Institute included surveys of students from middle school through high school. The testimony of a teenage girl, named Erin, in particular, exemplifies the effect of the stigma surrounding mental illness in middle school. Her statements included having to “grapple with serious depression and anxiety in the seventh grade” and by ninth grade, she was “cutting herself dangerously,” spending several weeks in residential treatment. (Id.) However, the “hostility at school proved to be the hardest part of her struggle.” (Id.)

As with many young adults at this age that suffer from mental illness, these studies also showed that those students who had, “come out” about their mental conditions, had consequently “lost friends rapidly,” and if word of their illnesses spread, “a barrage of verbal attacks marred their days.” (Id.) These taunts effectively have and

⁹ Mental Health in Schools Act of 2015, Bill, submitted as of June 16, 2015. Available at: <https://www.govtrack.us/congress/bills/114/s1588/text>

may continue to deter even children who suffer from mental illness from furthering their education amongst their peers, and, consequently many students finish their education online due to ongoing stigma. (Id.) It is established that stigma of mental illness affects even children enrolled in middle school. Not only that, but young adults in high school make up a largely overlooked population of people who suffer from mental illness and the stigma attached to it. (Id.)

Now, we must then inquire as to the effect such educational programs actually have on these young adults after its implementation. Recent studies conducted by the Adolescent Communication Institute at The Anneberg Public Policy Center discovered, that by educating children to counter stigma, that many of them were “open to change,” because “learning that people could be successfully treated for mental disorders also curbed negative stereotypes.”¹⁰ (Southern Poverty Law Center, 2003) Furthermore, studies conducted by the Illinois Institute of Technology, revealed that both education and contact with those suffering from a mental illness were shown to significantly lessen stigma overall amongst adolescents, with education being significantly more effective. (Corrigan, 2012). This researcher similarly postulated that “this difference could be the result of the effects of adolescents’ beliefs about mental illness not being as strongly developed as adults’ and therefore, adolescents were therefore more likely to be responsive to educational effects.” (Id.)

Besides, the fact that individuals with mental illnesses have education potential has been validated by repeated findings that their median educational level is over twelve

¹⁰ Teaching Tolerance: *A Project of the Southern Poverty Center, Number 45, Fall (2003)*, available at: <http://www.tolerance.org/magazine/number-45-fall-2013/the-shame-game>

years, and further, that 20% to 50% of students suffering from mental illness have some college experience.¹¹ (Collins, Mowbray, 2005) These efforts to reduce stigma are thereby not in vain, by any means. To the contrary, these efforts to combat stigma are evolving and, now, all the more necessary to encourage.

The issue now turns to the most effective approaches to lessen stigma amongst adults, and those in higher education. Although, educational measures were not demonstrated to be as effective as contact, studies have illustrated the destructive effects that underlie misinformed precepts about those with mental illness, even at the collegiate level¹². (Read J, Harre N, 2001) Researchers have identified key factors that work to reduce stigma, emphasizing one misconception in particular. Compound analyses have stressed that individuals who believe that the cause of mental illness is primarily by genes or biology were significantly more likely to behave aggressively toward people with mental illnesses. (Id.)

Likewise, studies also demonstrated that those same persons were also correlated to report higher levels of stigma than individuals who believed that mental illness could be caused through psychosocial factors. (Id.) Still, with respect to the implementation of successful educational intervention – for both adults and children – the research of Corrigan and Penn identifying four associated central factors are held in esteem amongst researchers in their field¹³. (Corrigan P, Penn D, 1999) These factors include the

¹¹ Collins, Mary, PhD; Mowbray, Carol, PhD, *Higher Education and Psychiatric Disabilities: National Survey of Campus Disability Services*. American Journal of Orthopsychiatry, 2005. Vol. 75. No. 2. 304-315.

¹² Read J, Harre N (2001) The Role of Biological and Genetic Causal Beliefs in the Stigmatization of “mental patients”. J Ment Health 10:223-235.

¹³ Corrigan P, Penn D (1999) Lessons from social psychology on discrediting psychiatric stigma. Am Psychol 54:765-776 [Pubmed](#).

following: including personal information about the individual diagnosed with mental illness, directly attacking myths regarding mental illness, increasing empathy through simulations, and including discussions. (Id.)

Extensive research has shown that face-to-face contact with a person suffering from mental illness, and not just a testimony by video-tape, invariably had the greatest effect on stigma. (Corrigan, 2012) Studies have also revealed that this impact was evident for overall impact as well as for “changing attitudes and behavior intentions.” (Id.) However, this leads to the inference that largely publicized videos in order to promote acceptance of those with mental illness will not be as well received as face-to-face interactions. Also, social marketing campaigns usually are not managed by people with mental illness who are targeting key groups at local levels in order to impact meaningful awareness with respect to stigma. Nevertheless, there is comfort in the fact that although face-to-face contact produces a more effective impact on stigma, both types, were discovered to drastically reduce stigma amidst adults. . (Corrigan, 2012).

On the contrary, some may contend that efforts such as protesting may be a way to address stigma on a wider scale. Programs like NAMI’s Stigma-Busters have successfully targeted media, which promotes stigma such as advertisements, news stories, and television shows, which typically connects violence to mental illness. For instance, a NAMI led campaign against the stigmatized drama, “Wonderland” in 2000, led to the American Broadcasting Company to pull its television drama after only two episodes.¹⁴ (NAMI, 2000)

¹⁴ NAMI (2000), available at: <https://www.nami.org/Press-Media/Press-Releases/2000/NAMI-Protests-ABC's-Wonderland-With-Commercial-Spo>

NAMI's Executive Director, Laurie Flynn, asserted, "set up in a big-city psychiatric hospital, Wonderland offers only a very narrow view of our world, involving the most extreme cases" which not only hurt her own daughter, but those in recovery. (Id.) However, as active as protesting methods can be, studies have shown that the protesting approach is not the most impactful with respect to combatting stigma. (Corrigan, 2012) These empirical studies suggested, that the "effect sizes" found in the meta-analysis did not show that protests yielded significant change with respect to stigma, relative to educational and face-to-face contact measures. (Id.)

In sum, as policy-makers, and finders of law, there is one principle of which that resounds throughout our history - that it is our duty to seek equality for others through emphasizing the acceptance of diversity. The purpose of this paper was to demonstrate precisely why stigma necessitates the implementation of age-tailored mental health educational programs from middle-school education to post-secondary education. In this case, the fact that innovative research has now granted us that tailor-made instruction, it is our moral obligation to see to the completion of these countervailing measures - for the ultimate goal of advocating for equality and the acceptance of those suffering from mental illness, in academia.