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Feasibility, acceptability, and initial efficacy of a knowledge-contact program to reduce mental illness stigma and improve mental health literacy in adolescents

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A B S T R A C T

The purpose of this school-based cluster-randomized trial was to determine the initial acceptability, feasibility, and efficacy of an existing community-based intervention, *In Our Own Voice*, in a sample of US adolescent girls aged 13–17 years ($n = 156$). *In Our Own Voice* is a knowledge-contact intervention that provides knowledge about mental illness to improve mental health literacy and facilitates intergroup contact with persons with mental illness as a means to reduce mental illness stigma. This longitudinal study was set in two public high schools located in a southern urban community of the U.S. Outcomes included measures of mental illness stigma and mental health literacy. Findings support the acceptability and feasibility of the intervention for adolescents who enrolled in the study. Findings to support the efficacy of *In Our Own Voice* to reduce stigma and improve mental health literacy are mixed. The intervention did not reduce mental illness stigma or improve mental health literacy at one week follow up. The intervention did not reduce mental illness stigma at 4 and 8 weeks follow up. The intervention did improve mental health literacy at 4 and 8 weeks follow up. Previous studies have assessed the preliminary efficacy *In Our Own Voice* among young adults; rarely has *In Our Own Voice* been investigated longitudinally and with adolescents in the United States. This study provides initial data on the effects of *In Our Own Voice* for this population and can be used to further adapt the intervention for adolescents.
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Introduction

Reducing mental illness stigma and improving mental health literacy are national health objectives that are necessary to enhance the health outcomes of adolescents and future generations of young adults (President's New Freedom Commission on Mental Health, 2003; U.S. Department of Health and Human Services, 1999, 2000). Prior research has confirmed that adolescents report moderate levels of mental illness stigma and low mental health literacy (Chandra & Minkovitz, 2006; Pinto-Foltz, Hines-Martin, & Logsdon, 2010). Adolescents with mental illness fear the discovery of their mental illness by their peers, school personnel, and others in their social network (Moses, 2010). Only 30% of the adolescents with mental illness enter mental health treatment (U.S. Department of Health and Human Services, 1999, 2000). Of the adolescents who enter mental health treatment, high mental illness stigma and low mental health literary are key factors that contribute to premature termination of mental health treatment (Corrigan, 2004; U.S. Department of Health and Human Services 1999, 2000). However, most adolescents will continue to forgo beneficial and life-saving mental health treatment unless barriers to mental health treatment, mental illness stigma and mental health literacy, are addressed (Institute of Medicine, 2002).

Among adolescents in high school, mental health treatment seeking is significantly influenced by the opinions of peers and influential adults in the adolescent's social network (Moses, 2010). Developmental theories, like Erikson's stages of psychosocial development (1980) and Bronfenbrenner's bioecological model (1979), underscore the contributions of peers and influential adults on adolescent help seeking behavior. Within the context of mental illness stigma, Pescosolido, Martin, Lang, and Olafsdottir's (2008) Framework Integrating Normative Influences on Stigma (FINIS) illustrates the multiple levels, beyond the individual, that influence

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mental illness stigma. Studies among adolescents find that adolescents prefer to discuss mental health issues with their peers, but are reluctant to do so because they anticipate negative and stigmatizing responses (Marcell & Halpern-Felsher, 2007; Pinto-Foltz et al., 2010; Wisdom & Agnorl, 2007). Social interactions are necessary for mental illness stigma to occur and the adolescent's social network is influential (Pescosolido & Martin, 2007). Thus, utilizing a universal approach that includes adolescent peers with and without mental illness may effectively promote an inclusive adolescent peer environment that fosters help seeking for mental illness (Crosnoe & McNeely, 2008).

Interventions to reduce mental illness stigma and improve mental health literacy

Intervention studies with adults

Research studies that investigate the efficacy of interventions to reduce mental illness stigma and improve mental health literacy have been conducted with adults (Pinto-Foltz & Logsdon, 2009a). A variety of approaches to improve these constructs have been proposed. Studies that focus on mental illness stigma have been primarily based on Allport's (1954) intergroup contact theory. Intergroup contact theory suggests that contact under optimal conditions—equal status between groups, common goals, intergroup cooperation, and support of laws and authorities —can reduce prejudice. Pettigrew and Tropp's (2006) meta-analysis partially supports Allport's intergroup contact theory. Specifically, contact is essential to reduce prejudice, but not all optimal conditions need to be met to reduce prejudice (Pettigrew & Tropp, 2006).

Mental health literacy is the knowledge and beliefs about mental illness that help individuals recognize, manage, and prevent illness (Jorm et al., 1997). Intervention research in this area is limited, with most studies conducted in settings outside the United States; nevertheless, successful approaches have used narrative advertising and printed mental health information to improve mental health literacy (Chang, 2008; Walker et al., 2010). The majority of research on mental health literacy has been descriptive and involves assessing mental health literacy by the participant's ability to identify mental disorders in vignettes (Coles, Coleman, & Heimberg, 2008; Kelly, Jorm, & Wright, 2007). Thus, the scientific basis for interventions to improve mental health literacy is not well established.

Knowledge-contact is a frequently utilized approach that involves providing knowledge about mental health in conjunction with intergroup contact (or social interaction) with individuals from different groups. Studies with adults that utilize a knowledge-contact approach have produced an immediate reduction in mental illness stigma and improvement in mental health literacy (Corrigan, Larson, Sells, Niessen, & Watson, 2007; Holmes, Corrigan, Williams, Canar, & Kubiak, 1999; Mann & Himelein, 2008). Contact appears to be the essential component to changing stigmatizing attitudes (Pinfold, Thornicroft, Huxley, & Farmer, 2005); we are unaware of any studies that have shown that solely providing knowledge, without contact, is sufficient to improve help seeking behavior.

Intervention studies with children and adolescents

There are roughly a dozen existing interventions in the U.S. designed for children and adolescents to reduce mental illness stigma and improve mental health literacy (Schachter et al., 2008). However, most of these interventions lack an evidence base to support their translation into clinical practice (Schachter et al.). A handful of interventions with elementary and middle school children in the U.S. have been tested. These studies have successfully utilized school-based curriculum and knowledge-contact approaches (DeSocio, Stember, & Schrinsky, 2006; Watson et al., 2004) to reduce stigma and improve mental health literacy. These studies utilize a pre-and post-test design and do not measure the maintenance of effects over an extended time period.

Outside the U.S., there is growing body of intervention studies that aim to reduce mental illness stigma and improve mental health literacy among children and adolescents. These studies have utilized approaches like school-based curriculum, knowledge-contact, multimedia or theatrical drama approaches (Essler, Arthur, & Stickley, 2006; Naylor, Cowie, Walters, Talamelli, & Dawkins, 2009; Pinfold et al., 2003; Roberts et al., 2007; Santor, Poulin, LeBlanc, & Kusumakar, 2007; Tolomiczenko, Goering, & Durbin, 2001). Research conducted abroad supports the efficacy of these interventions and illuminates novel approaches to reduce mental illness stigma and improve mental health literacy among adolescents in U.S. Since mental illness stigma is grounded in social relationships and the environmental context (Pescosolido & Martin, 2007), efficacy of interventions tested in other cultural groups cannot be generalized to American adolescents. In other words, it is unclear if these interventions will replicate an equivalent therapeutic effect among American adolescents because of differences in the cultural influences on mental illness stigma and mental health literacy.

In Our Own Voice intervention

Prior work by Pitman, Noh, and Coleman (2010), Wood and Wahl (2006), and Rusch, Kanter, Angelone, and Ridley (2008), all among older adolescents (college age students) and young adults (graduate students), provide initial evidence for the efficacy for a knowledge-contact intervention called, *In Our Own Voice*. *In Our Own Voice* is administered by the National Alliance on Mental Illness and has theoretical underpinnings from Fischer's narrative paradigm theory (Fisher, 1987) (Pinto-Foltz & Logsdon, 2009b). *In Our Own Voice* incorporates three approaches—narrative storytelling, discussion, and a video presentation—to reduce mental illness stigma and improve mental health literacy (Pinto-Foltz & Logsdon, 2009b). Over 200,000 people (including adolescents) in the U.S. have experienced *In Our Own Voice*; however, the intervention's short- and intermediate-term effects on mental illness stigma and mental health literacy have not been evaluated in high school age adolescents (Pinto-Foltz & Logsdon, 2009b). A detailed synopsis of *In Our Own Voice* is provided by Pinto-Foltz and Logsdon (2009b) and at www.nami.org.

Overview of this study

There are several known interventions to reduce mental illness stigma and improve mental health literacy, but many of these interventions have not been scientifically evaluated for their efficacy. One such intervention is *In Our Own Voice*. We sought to examine this program. The purpose of this study was to examine the feasibly, acceptability, and initial efficacy of *In Our Own Voice* among female adolescents. Given the prior use of *In Our Own Voice* and initial evidence in college age students (Pitman et al., 2010; Rusch et al., 2008; Wood & Wahl, 2006), we hypothesized that *In Our Own Voice* would be highly feasible and acceptable to adolescents. We hypothesized that adolescent participants who received *In Our Own Voice* would have less mental illness stigma and higher mental health literacy immediately (T2, one week after the intervention) and intermediately (T3 and T4, 4 and 8 weeks after the intervention) when compared to adolescent participants who did not receive the intervention.

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