Reducing Internalized Stigma among Veterans with Serious Mental Illness through Ending Self Stigma

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Study Aims

- To assess if participation in the ESS group leads to significant reductions in internalized stigma
- To assess if participation in the ESS group will lead to greater improvements other psychosocial outcomes (i.e., recovery orientation, self-efficacy, sense of belonging)
Recruitment

- Participants were recruited from outpatient mental health programs/clinics at 3 VA Medical Centers

- Eligibility
  - Age 18 to 80
  - Diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder or major depression with psychotic features
  - Receiving mental health services from one of the study sites
Study Procedures

3 Interviews
- Baseline, Post-treatment, 6-month follow-up
- Participants randomized to group after baseline
- Measures: Self-stigma, sense of belongingness, self-efficacy, recovery, quality of life

Qualitative Interview
- A subset of participants were asked to complete a qualitative interview
- Focuses on experiences with stigma/self-stigma, coping strategies, and involvement in the groups
## Treatment Conditions

<table>
<thead>
<tr>
<th>Ending Self Stigma</th>
<th>Health and Wellness</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Held once a week for 9 weeks</td>
<td>• Held once a week for 9 weeks</td>
</tr>
<tr>
<td>• ~ 75-90 minutes in length</td>
<td>• ~ 75-90 minutes in length</td>
</tr>
<tr>
<td>• ~4-8 participants per group</td>
<td>• ~ 4-8 participants per group</td>
</tr>
<tr>
<td>• Content focuses on stigma and self-stigma and tools to combat both</td>
<td>• Content focuses on physical health and wellness; no discussion of stigma</td>
</tr>
<tr>
<td>• Focus on education, skill-building, practice</td>
<td>• Primarily educational</td>
</tr>
<tr>
<td>• Includes in class and home practice</td>
<td>• No in class or home practice</td>
</tr>
<tr>
<td>• Content is personalized to the individual</td>
<td>• Content is general</td>
</tr>
</tbody>
</table>
Health and Wellness Topics

1) Introduction to Health and Wellness
2) Healthy Eating/Nutrition
3) Physical Activity/Exercise
4) Fatigue and Sleep
5) Relaxation
6) Smoking
7) Alcohol/Drug use
8) Medication and Side Effects
9) Review
Participants

• Primarily male (86.7%) with 12+ years of education (92.7%); Average age 53.4 ± 9.2

• 57.7% African-American; 34.1% Caucasian; 5.7% multiple backgrounds; 2.4% other

• 17.3% are currently married or in a long-term relationship; 65.9% had one or more children

• Average age of first receipt of mental health treatment was 29.5 ± 12.1

• Diagnosis
  • 51.2% schizophrenia or schizoaffective disorder
  • 41.5% had a diagnosis of bipolar disorder,
  • 7.3% major depression with psychotic features
# Preliminary Results: Internalized Stigma

<table>
<thead>
<tr>
<th>ISMI</th>
<th>ESS Baseline</th>
<th>Control Baseline</th>
<th>ESS Post</th>
<th>Control Post</th>
<th>Effect Size</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alienation</td>
<td>2.4 ± .6</td>
<td>2.4 ± .7</td>
<td>2.2 ± .6</td>
<td>2.2 ± .7</td>
<td>-.044</td>
<td>.644</td>
</tr>
<tr>
<td>Stereotype Endorsement</td>
<td>1.9 ± .4</td>
<td>1.9 ± .4</td>
<td>1.8 ± .5</td>
<td>1.8 ± .5</td>
<td>-.062</td>
<td>.608</td>
</tr>
<tr>
<td>Discrimination</td>
<td>2.4 ± .6</td>
<td>2.3 ± .5</td>
<td>2.4 ± .6</td>
<td>2.2 ± .6</td>
<td>.227</td>
<td>.061</td>
</tr>
<tr>
<td>Social Withdrawal</td>
<td>2.4 ± .7</td>
<td>2.4 ± .7</td>
<td>2.3 ± .7</td>
<td>2.2 ± .7</td>
<td>.177</td>
<td>.084</td>
</tr>
<tr>
<td>Stigma Resistance</td>
<td>2.0 ± .4</td>
<td>2.1 ± .4</td>
<td>2.0 ± .4</td>
<td>2.0 ± .5</td>
<td>.062</td>
<td>.619</td>
</tr>
<tr>
<td>Total</td>
<td>2.2 ± .4</td>
<td>2.2 ± .4</td>
<td>2.1 ± .4</td>
<td>2.1 ± .5</td>
<td>.089</td>
<td>.392</td>
</tr>
</tbody>
</table>

* a Natural log transformation
  b Square transformation
# Preliminary Results: Internalized Stigma

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<tr>
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<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness</td>
<td>63.7 ± 18.7</td>
<td>61.1 ± 20.1</td>
<td>63.1 ± 18.9</td>
<td>57.7 ± 23.0</td>
<td>.165 a</td>
<td>.165</td>
</tr>
<tr>
<td>Agreement</td>
<td>33.3 ± 16.0</td>
<td>29.6 ± 15.1</td>
<td>29.3 ± 15.7</td>
<td>25.4 ± 12.8</td>
<td>.045 b</td>
<td>.700</td>
</tr>
<tr>
<td>Apply to Self</td>
<td>25.3 ± 13.6</td>
<td>24.5 ± 14.0</td>
<td>23.8 ± 11.9</td>
<td>21.8 ± 12.4</td>
<td>.112 b</td>
<td>.302</td>
</tr>
<tr>
<td>Harm to Self</td>
<td>22.7 ± 13.4</td>
<td>25.0 ± 15.9</td>
<td>20.8 ± 11.7</td>
<td>20.0 ± 12.9</td>
<td>.154 b</td>
<td>.129</td>
</tr>
</tbody>
</table>

a Natural log transformation
b Square transformation
## Preliminary Results: Proximal Outcomes

<table>
<thead>
<tr>
<th></th>
<th>ESS Baseline</th>
<th>Control Baseline</th>
<th>ESS Post</th>
<th>Control Post</th>
<th>Effect Size</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belonging-Psychological Experiences</td>
<td>40.4 ± 5.5</td>
<td>39.7 ± 6.1</td>
<td>39.6 ± 5.8</td>
<td>39.9 ± 5.4</td>
<td>-.093</td>
<td>.310</td>
</tr>
<tr>
<td>Belonging-Antecedents</td>
<td>10.0 ± 3.1</td>
<td>10.2 ± 2.8</td>
<td>10.6 ± 2.8</td>
<td>10.7 ± 2.6</td>
<td>-.051</td>
<td>.606</td>
</tr>
<tr>
<td>Self-Efficacy</td>
<td>3.6 ± .7</td>
<td>3.5 ± .8</td>
<td>3.6 ± .7</td>
<td>3.7 ± .7</td>
<td>-.123 ^a</td>
<td>.187</td>
</tr>
<tr>
<td>Recovery</td>
<td>94.9 ± 18.1</td>
<td>95.7 ± 18.0</td>
<td>96.7 ± 16.4</td>
<td>97.3 ± 18.4</td>
<td>.026</td>
<td>.766</td>
</tr>
</tbody>
</table>

^a Natural log transformation
Possibilities

- ESS may be a good approach for some but not others (e.g. those with high internalized stigma; those not already engaged)
- Factors inherent in the comparison condition which may be addressing aspects of self-stigma (e.g. impact of being in a group)
- Exposure to stigma or self-stigma reduction efforts as part of regular clinical care
- Experiences of stigma and self-stigma may be different between veterans and non-veterans
- Measures we use may miss important aspects of self-stigma for some
Next Steps

- Complete analyses on 6-month follow-up and qualitative interviews
- Examine the effect of group attendance on outcomes
- Explore the effects of potential moderators (e.g. symptoms, diagnosis, length of illness, cognitive insight, etc.)
- Examine the effects of exposure to stigma or self-stigma related discussion as part of regular clinical care
Many thanks to the many people who made this work possible:

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