

Chapter 52

Reducing Stigma in Mental Health Through Digital Storytelling

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ABSTRACT

The authors present the use of digital storytelling with two populations that have been consistently shown to be at increased risk for developing mental health disorders: veterans and firefighters. Despite efforts to increase access to evidence-based mental health programs, stigma remains a major barrier to care. AboutFace and Firefighters Helping Firefighters are two DST resources designed to help recognize the symptoms of posttraumatic stress disorder (PTSD) and related mental health symptoms, and to encourage help-seeking. These web-based video galleries introduce the viewer to 70+ peers who have experienced PTSD and have received formal treatment. These sites use the shared bonds of service to educate and help normalize common reactions that they may have due to the stressful nature of their occupations. Visitors to the site can “meet” peers and hear how mental illness has affected them through unscripted, authentic personal stories and can learn about common symptoms, struggles regarding decisions to seek care, and detailed descriptions of what treatment was like.

DIGITAL STORYTELLING: A PROMISING, SCALABLE APPROACH TO REDUCE MENTAL HEALTH STIGMA

Approximately 1 in 5 adults in the U.S. (43.8 million) will experience a mental health disorder in their lifetime, yet despite the availability of efficacious mental health interventions, fewer than half (45%) of individuals with a mental health problem seek treatment (Han et al., 2015; Hedden et al., 2015). Rates of treatment seeking for Posttraumatic Stress Disorder (PTSD) are similarly low. Several barriers to care have been examined, including financial, knowledge-related, logistical (e.g., transportation, scheduling), and attitudinal-barriers. Stigma consistently has been identified as a key barrier to mental health care (Corrigan, 2004). Feelings of weakness, shame, and fear of discrimination by others are reported reasons for not seeking or engaging in mental health treatment (Corrigan, 2004; Hoge et al., 2004; Kessler et al., 2001). Widely used strategies designed to reduce mental health stigma include training interventions and educational programs that address a range of audiences (e.g., health professionals, first responders, general public) and mass media campaigns (Bahora et al., 2008; Beltran et al., 2007; Corrigan, 2004, 2011). Whereas these have been found to be successful in improving attitudes toward mental health, most of these effects are short-lived (Corrigan and Gelb, 2006). In this chapter, we will provide an overview of how digital storytelling has been used to address mental health stigma and will present two digital-storytelling resources that can serve as a model for researchers seeking to develop and/or improve other web/smartphone-based DST resources to improve relevance, interest, and effectiveness in decreasing stigma.

Research consistently demonstrates that people are most responsive to advice or education when it comes from someone they consider similar to themselves (peer education). Indeed, mental illness stigma reduction has been found most effective when targeted toward specific populations, credible (using people from the targeted population to deliver the message), and when it involves contact with peers who have experienced mental health problems (Corrigan, 2011). More specifically, peers, especially those with the same psychiatric disorder or presentation of symptoms, can provide patients with accurate information (i.e., education) as well as personal contact with a similar peer that, in turn, can challenge perceptions about mental illness. A growing body of evidence supports the effectiveness of peer educators in reducing stigma and improving treatment seeking. For example, peer educators have been shown to improve knowledge, self-efficacy, and behavioral outcomes in people with HIV (Mahat et al., 2011; Medley et al., 2009), reduce drinking in college students (White et al., 2009), and reduce stigma in depressed older adults (Conner et al., 2015). However, this is a growing area of research and there is still much to be learned about the value of peer education in addressing mental health stigma. The National Alliance of Mental Illness program, *In our Own Voice (IOOV)*, is one such program that has shown success in reducing stigmatizing attitudes (Pinto-Foltz, Logsdon, and Myers, 2011). This program involves a 90-minute group interaction led by two facilitators who have successfully managed their mental illness. The group interaction consists of watching education videos, sharing of personal experiences by group facilitators, and open discussion. A major limitation of this, and other existing programs, is that they are delivered in-person, which does not address a number of noted barriers to service use, including transportation, time-commitments, scheduling difficulties, and worries about confidentiality. Moreover, costs associated with training peers and supporting their interactions with the target population limit the scalability of these approaches.

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