

Mental Health Stigma Predicts Treatment Engagement in Youth with First-Episode Psychosis

LeeAnn Akouri-Shan, Kenneth L. Subotnik, Joseph Ventura, Thanh Le, Derek M. Novacek, and Keith H. Nuechterlein

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Background:

Youth with first-episode psychosis (FEP) continue to experience significant barriers to care, despite ongoing advances in early intervention. Studies have demonstrated that approximately 30% of individuals receiving FEP services eventually discontinue treatment prematurely, with stigma being cited as a key barrier to treatment engagement among this population. Youth with FEP frequently endorse high levels of perceived public stigma and discrimination associated with their illness, as well as high levels of internalized mental health stigma, including feelings of shame or disillusionment. They may also be particularly vulnerable to the negative effects of stigma, given the increased emphasis on social acceptance and identity development during adolescence and young adulthood. Exposure to stigma during early psychosis also has increased potential to shape long-term attitudes towards mental health treatment.

As both stigma and treatment engagement represent multidimensional constructs, the current study aimed to examine the effects of three distinct types of stigma on both objective (attendance) and subjective (self-reported motivation for treatment) aspects of engagement over a 6-month treatment period. We hypothesized that higher levels of public and internalized stigma would be associated with poorer treatment engagement (i.e., reduced attendance and motivation), whereas higher levels of stigma resistance would be associated with greater engagement among youth with FEP. We also hypothesized that higher initial levels of stigma would predict poorer treatment engagement over time.

Method:

Individuals with FEP ($n = 82$) were recruited through the UCLA Aftercare Research Program, where they received medication management, case management, and psychotherapy. As part of a 6-month RCT (NCT02823041), each participant was randomly assigned to either: a) a combined intervention of cognitive training (CT) and aerobic exercise, or b) CT and a didactic healthy living group.

Perceived public stigma was measured using the Perceived Devaluation and Discrimination Scale (PDD), internalized stigma was measured using the Internalized Stigma of Mental Illness Inventory (ISMI), and stigma resistance was measured using the Stigma Resistance Scale (SRS). Stigma measures were completed at baseline and 6-month timepoints. Attendance was assessed via the proportion of exercise and/or CT sessions attended over the 6-month period, and motivation for treatment was measured using the Intrinsic Motivation Inventory for Schizophrenia Research.

Results:

Pearson correlations revealed significant associations between baseline PDD and ISMI scores and baseline motivation for CT, as well as exercise attendance over 6 months, with higher levels of stigma being associated with both reduced motivation and attendance. Baseline PDD, but not ISMI scores, predicted CT attendance over 6 months. Baseline PDD and ISMI scores did not appear to predict baseline motivation for exercise, nor motivation for CT or exercise at 6-month follow-up. These non-significant associations may be partly due to limited sample sizes in these analyses (ns ranging from 21 to 54). Baseline SRS scores were not found to be significantly correlated with any of the motivation or attendance measures at any timepoint.

Discussion:

Findings from the current study provide further evidence that different types of mental health stigma can negatively impact treatment engagement in youth with FEP, a population that has historically been difficult to engage in care. Our results suggest that efforts to reduce stigma early in treatment may help improve overall treatment engagement over time.