

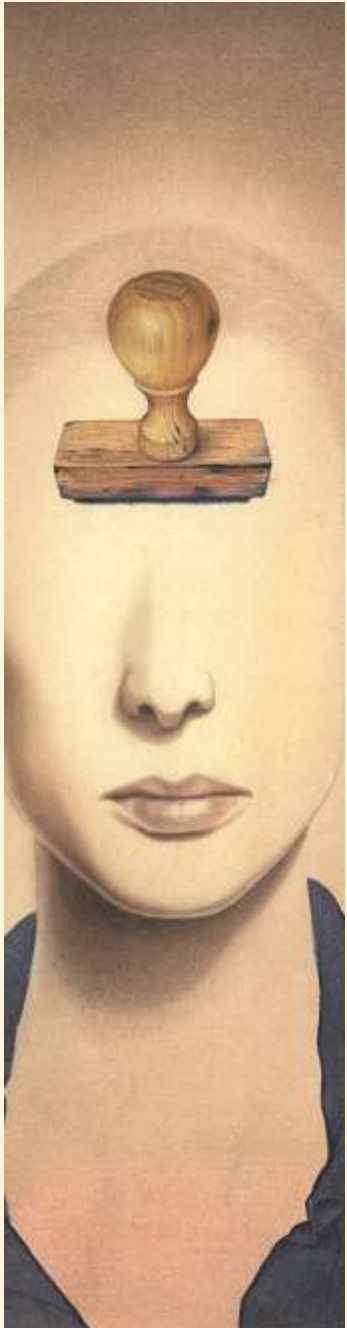
The silent sorrow in psychiatric stigma.

*Adolescents with personality problems
experience a severe burden of stigma.*

Overcoming barriers in mind and society
8th conference - “Together against stigma”

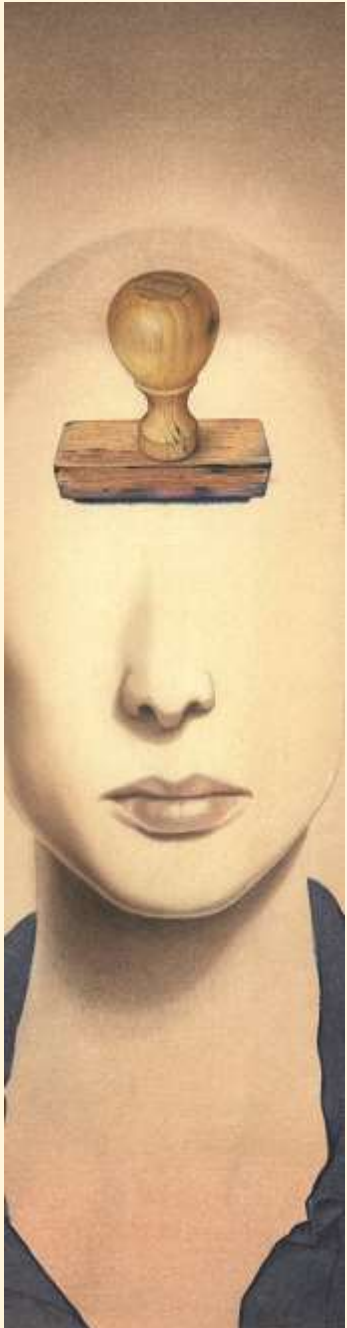
Kirsten Catthoor

Copenhagen 2017, Sept 21



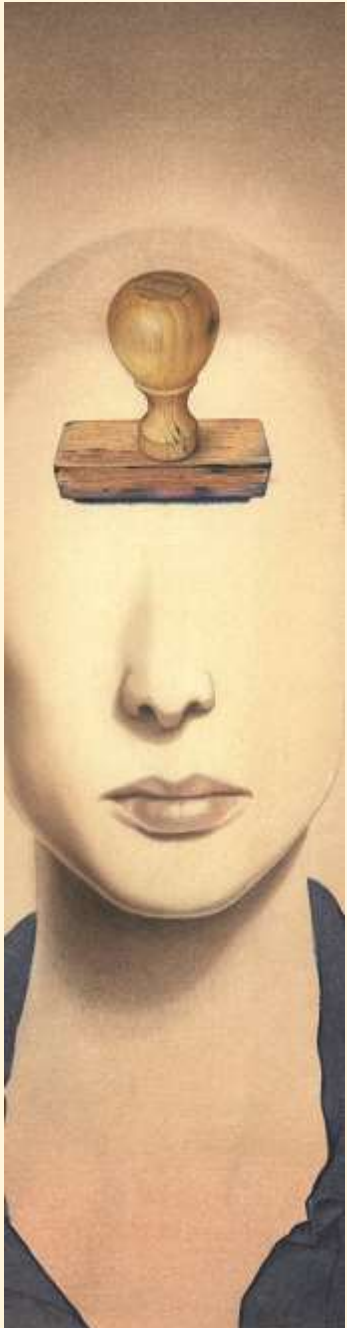
Why stigma-research in adolescents with personality problems?

- PD diagnosis in adolescence is associated with:
 - More suicidal ideation and acts (Westen et al., 2003; Braun-Scharm, 1996)
 - More problems at school and less friends (Westen et al., 2003)
 - More behavioral problems and problems at school (Johnson et al., 2005)
 - Alcohol abuse, smoking and illegal drug abuse (Serman et al., 2002)
 - More sexual partners and high risk sexual contacts (Lavan & Johnson, 2002)
 - More violent acts (assault, burglary, initiating fights, threatening)
 - More MH service use, more medication use (Kasen et al., 2007)



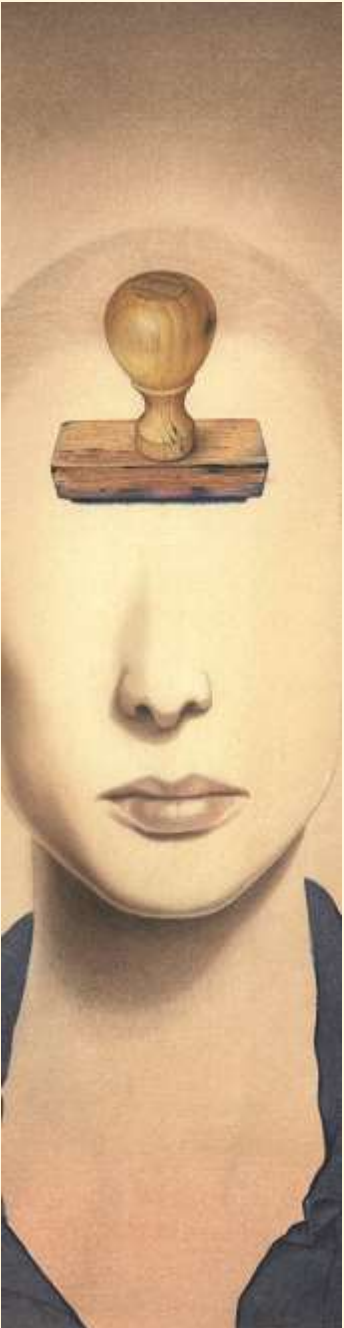
Why stigma-research in adolescents with personality problems?

- PD diagnosis in adolescence predicts:
 - Subsequent failure in school (Johnson et al., 2005)
 - More negative affects, distress, problems in social support, living, mobility, finances and health in adulthood (Chen et al., 2006)
 - More health problems, more problematic social contacts, less psychological wellbeing and more adversities in early adulthood (Chen et al., 2006)
 - More conflicts with family members in early adulthood (Johnson et al., 2004)
 - More depression in early adulthood (Daley et al., 1999)
 - More interpersonal stress in early adulthood (Daley et al., 2006)
 - More relational dysfunctioning in romantic relations (Daley et al., 2000)
 - More anxiety, mood and substance abuse disorders in early adulthood (Johnson et al., 1999)
 - More illegal drugs abuse and crisis intervention (Levy et al., 1999)



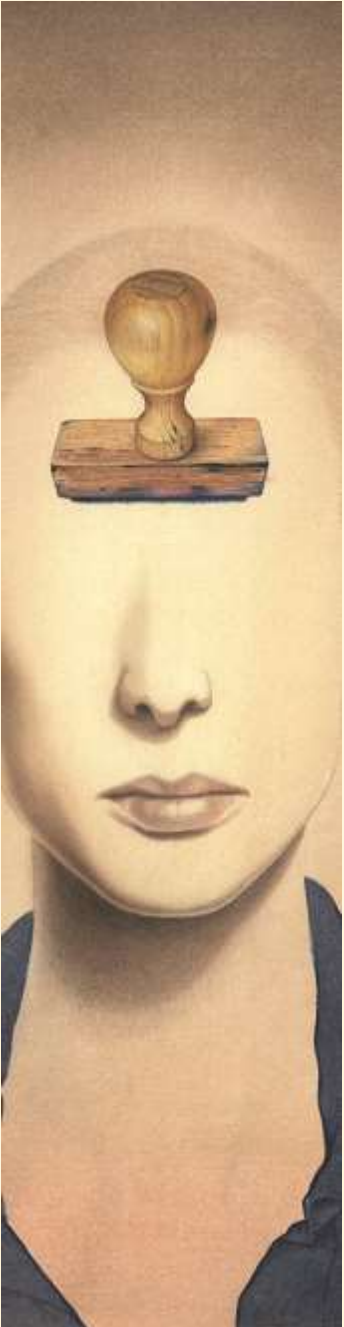
Why stigma-research in adolescents with personality problems?

- CIC-study
 - PD traits decrease with 28% between adolescence and early adulthood (Johnson et al., 2000)
 - Stability is lowest between 14 and 16 yrs (Johnson et al., 2000)
- PD 14,4%
- Cluster A 5,9%
- Cluster B 7,1%
- Cluster C 4,9%



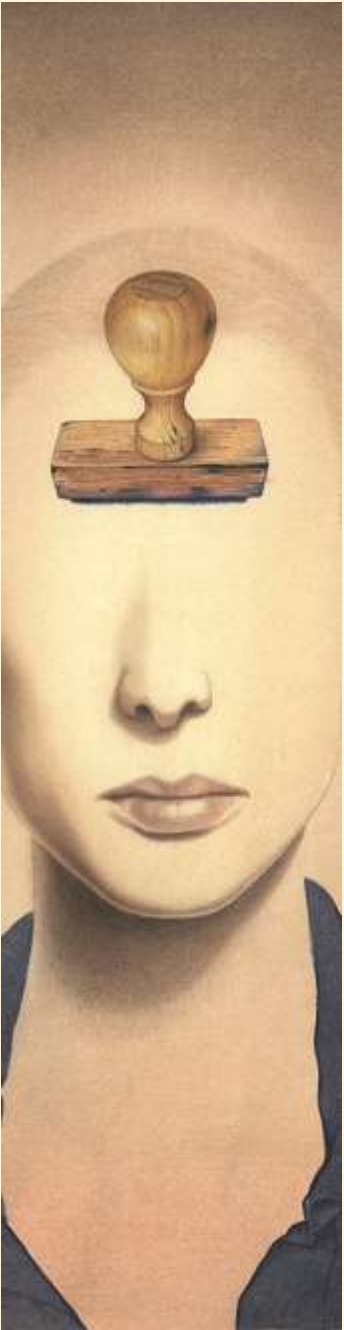
Stigma in adolescents with PD's

- Standard diagnostic assessment:
 - Anxiety Disorders Interview Schedule for DSM-IV Child Version – Child interview (ADIS-C)
 - Section E, G, and H of the Structured Clinical Interview for DSM-IV Axis I disorders (SCID-I)
 - Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II)
- Stigma questionnaires:
 - Stigma Consciousness Questionnaire (SCQ)
 - Perceived Devaluation-Discrimination Questionnaire (PDDQ)



Focus on this research in adolescents

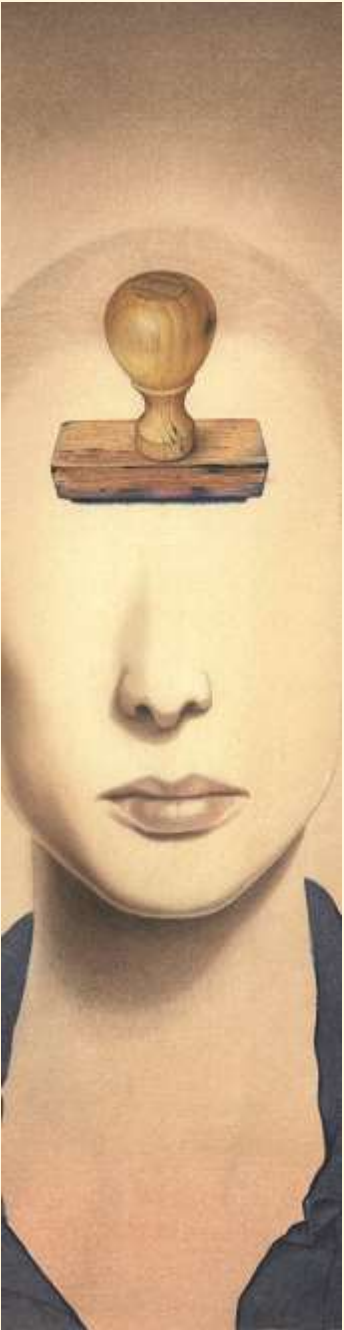
- Suitability of the used psychometric instruments
- Disequilibrium between the number of participating girls and boys
- Disequilibrium in the different diagnostic categories



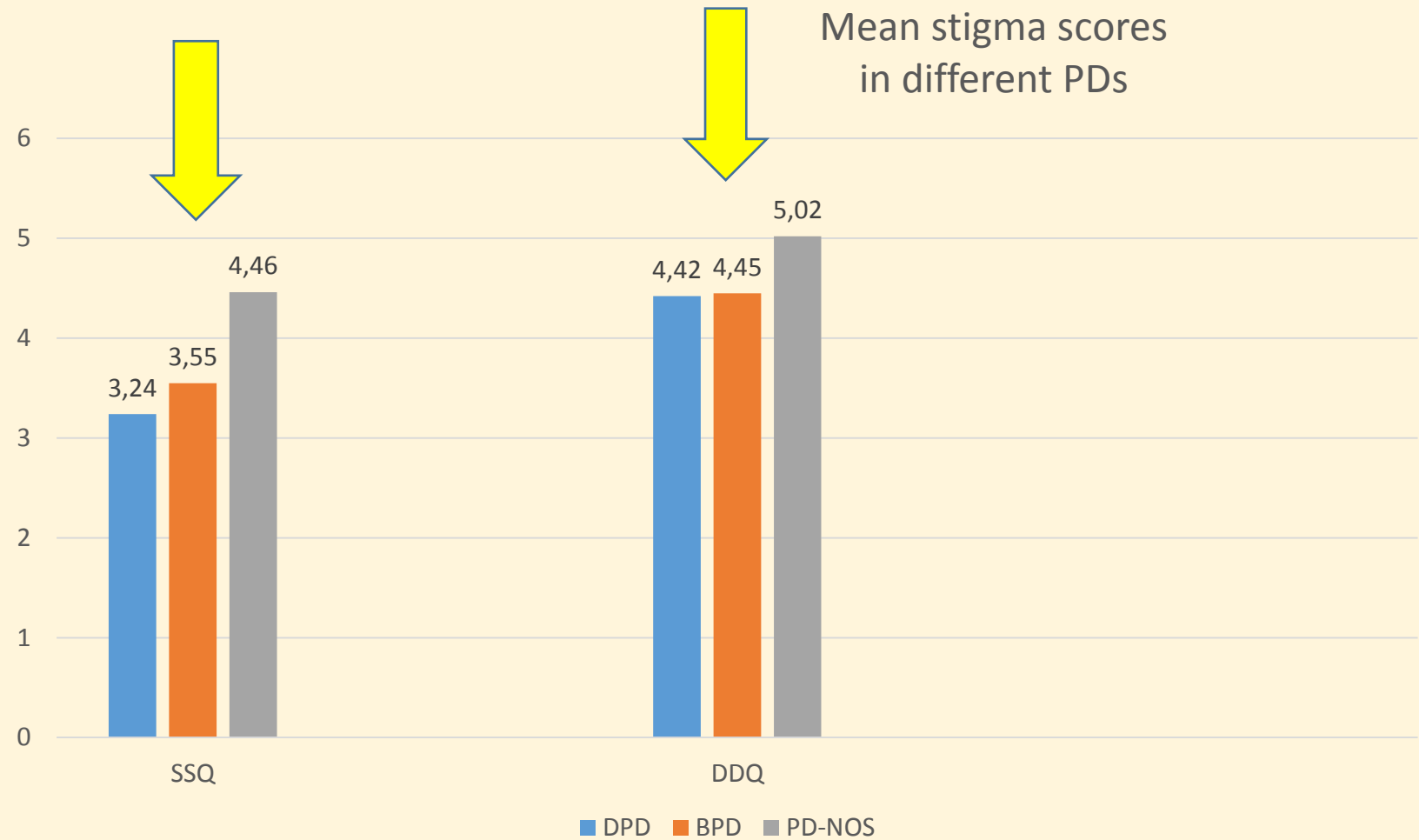
Results

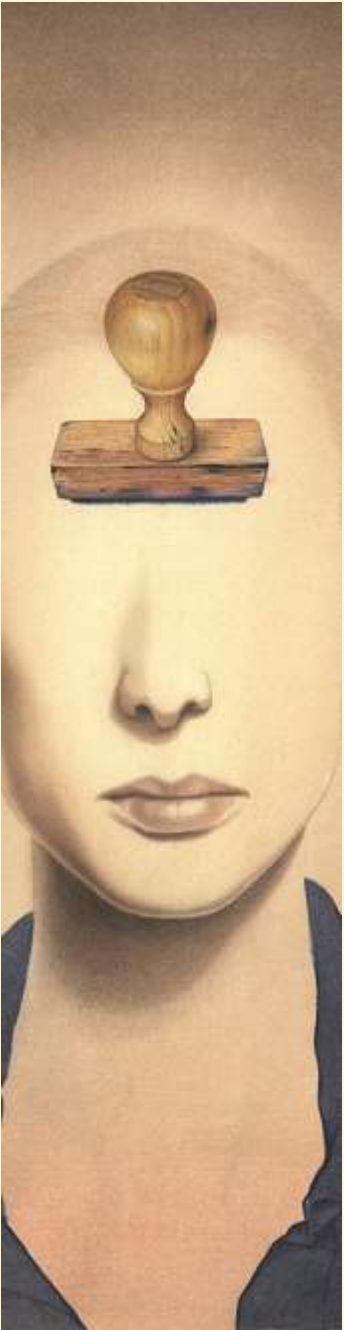


Questionnaire	Patients with PD	Patients without PD	<i>t</i>	<i>p</i>	<i>d</i>
	M (SD) (<i>n</i> = 59-60) ^a	M (SD) (<i>n</i> = 67-68) ^a			
Stigma Consciousness Questionnaire (SCQ)	3.82 (1.08)	4.48 (1.16)	3.337	.001	.59
Perceived Devaluation-Discrimination Questionnaire (PDDQ)	4.61 (.79)	5.05 (.84)	3.046	.003	.54

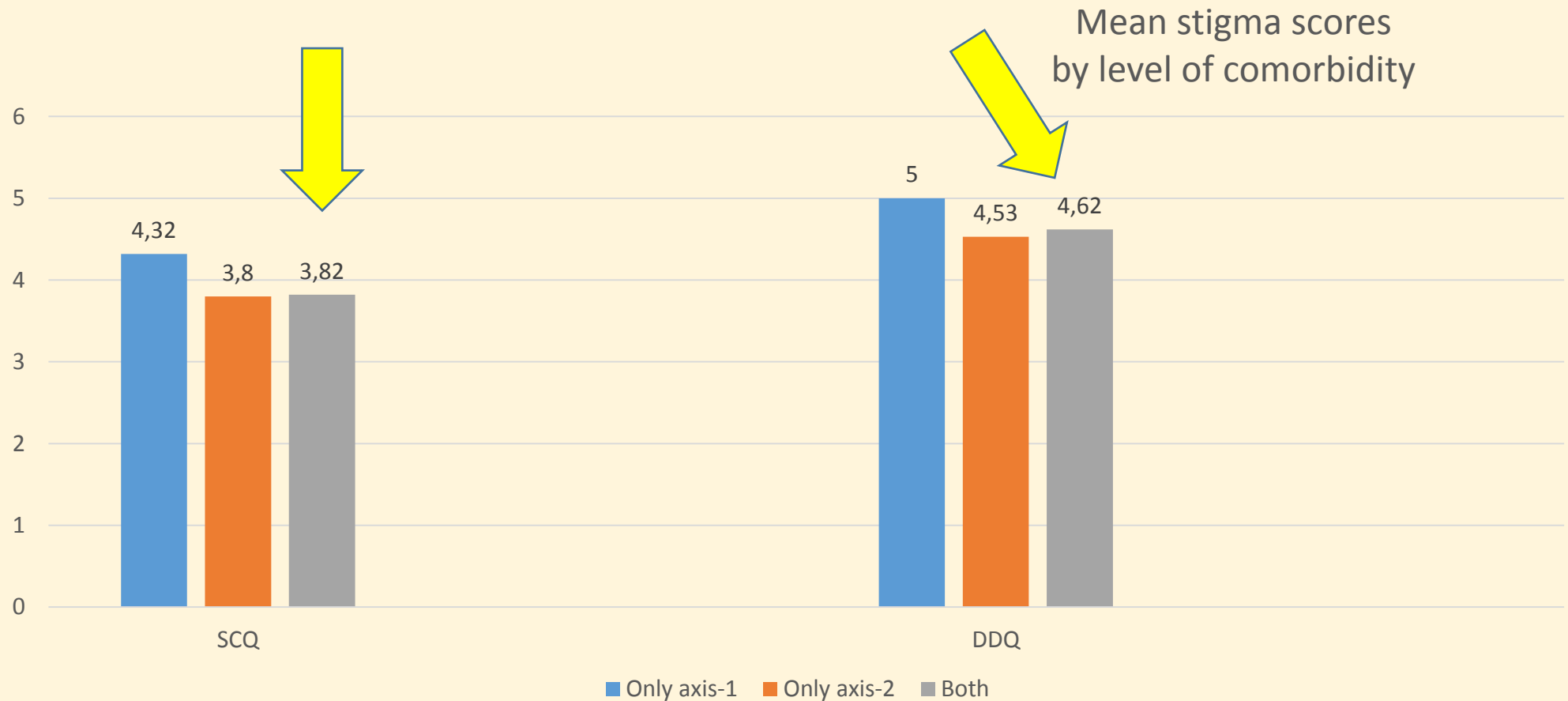


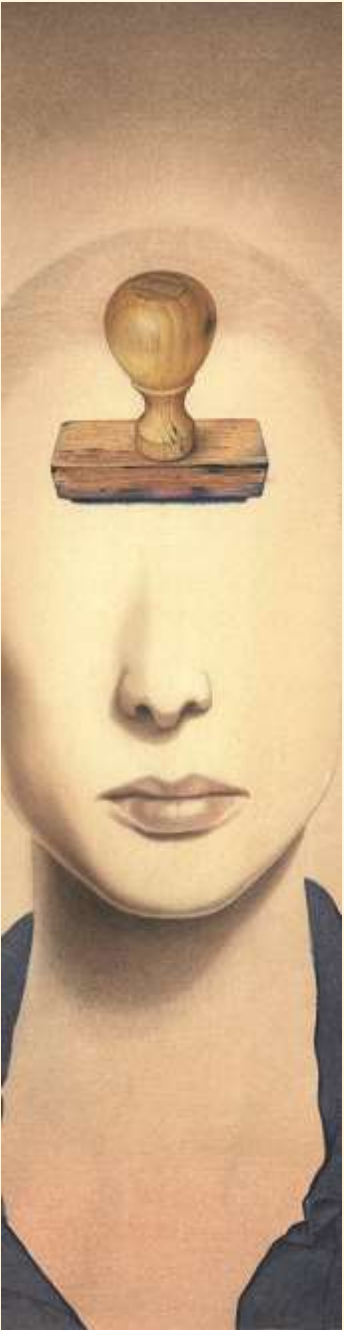
Results





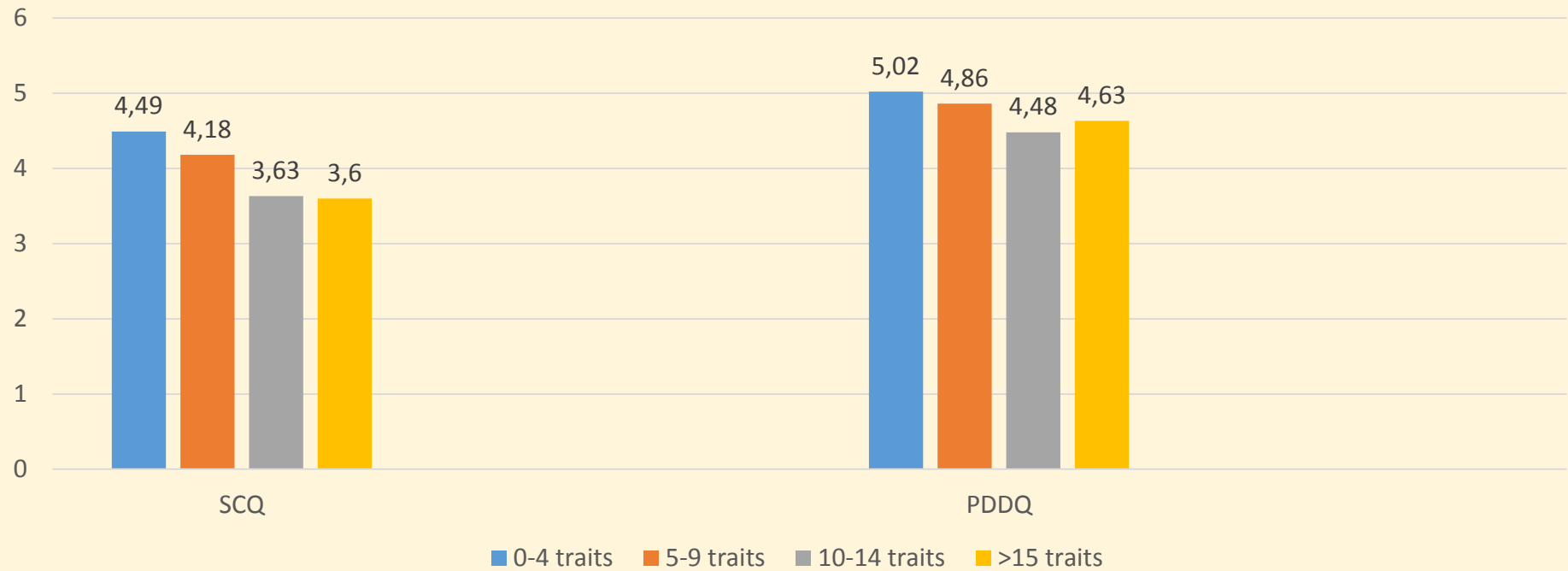
Results



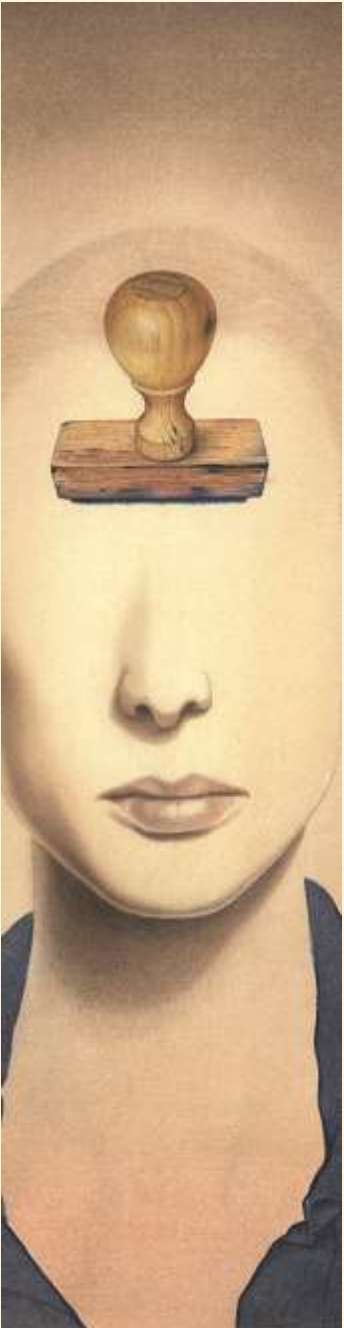


Results

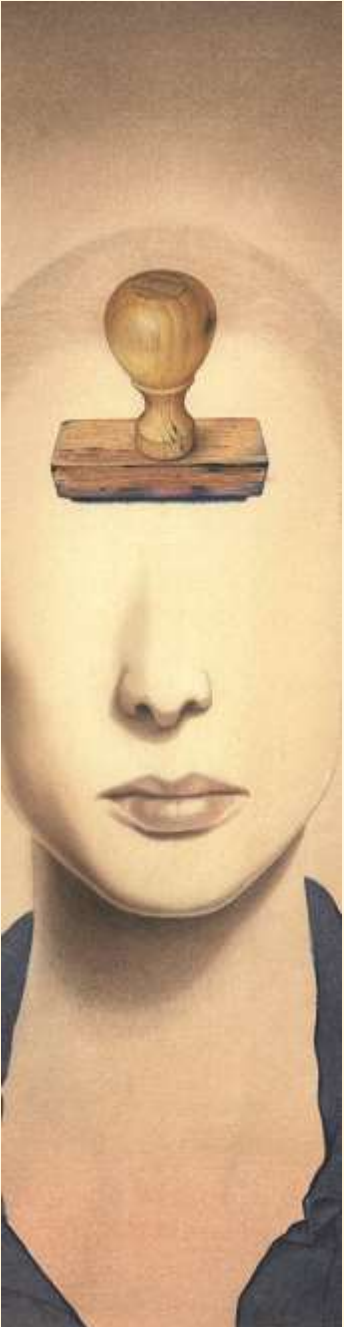
Mean stigma scores
by total number of
personality traits



Explanation of the results



- Lack of unique sense of self
- Longlife patterns of difficulties at home and at school
- Instable interpersonal relationships
- Limited insight in social interactions



Recommendations for future research

- Development-based stigma-research
- Research instruments fit for the target group (children and adolescents, persons with PD)
- Mental health literacy
- Stigma-education in all health trainings, somatic and mental health

