



# Perceived Stigma and Mental Health Sequelae among Youth with Intellectual and Developmental Disabilities



Iulia Mihaila, PhD, Chengshi Shiu, PhD, Katherine Buchholz, PhD, Tracy Gladstone, PhD, Benjamin Van Voorhees, MD, MPH & Kristin Berg, PhD

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# DISCLOSURE



- No conflicts of interest to disclose

# OVERVIEW



- Background
- Study Aims
- Study Sample
- Methods & Findings
- Implications

# BACKGROUND



- Evidence suggests robust associations between perception of stigma and mental health symptomatology
- In adults with intellectual and developmental disabilities (IDD), perceived stigma has been found to be associated with greater psychological distress (Ali et al., 2015)
- In youth with (IDD), the relation between perceived stigma and depression and anxiety is poorly understood



# PRESENT STUDY



- Data presented includes baseline data from on an ongoing two-arm randomized clinical trial – B.E.S.T. study
- B.E.S.T. is testing the efficacy of a stratified behavioral health program in promoting mental health among youth with IDD and compares:
  - Existing care coordination models **vs**



- Existing care coordination models + mental health programming



# STUDY AIMS



- Aim 1: Examine association between perceived stigma and depression in youth with IDD



- Aim 2: Examine association between perceived stigma and anxiety in youth with IDD



# SAMPLE



- 218 youth with IDD
- 15.6% identified as having an intellectual disability

## Demographics:

- Ages 13-21 years,  $M = 16.5$ ,  $SD = 2.3$
- 53.2% male, 43.6% female, 0.9% transgender male, 2.3% non-binary
- 11.9% Black or African American, 63.3% White, non-Hispanic
- 28% Hispanic or Latino



# METHOD



## Key Measures:

- Perceived Stigma in Intellectual and Developmental Disabilities Scale
- Patient Health Questionnaire – Adolescent (PHQA)
- Generalized Anxiety Disorder 7-item Scale (GAD7)

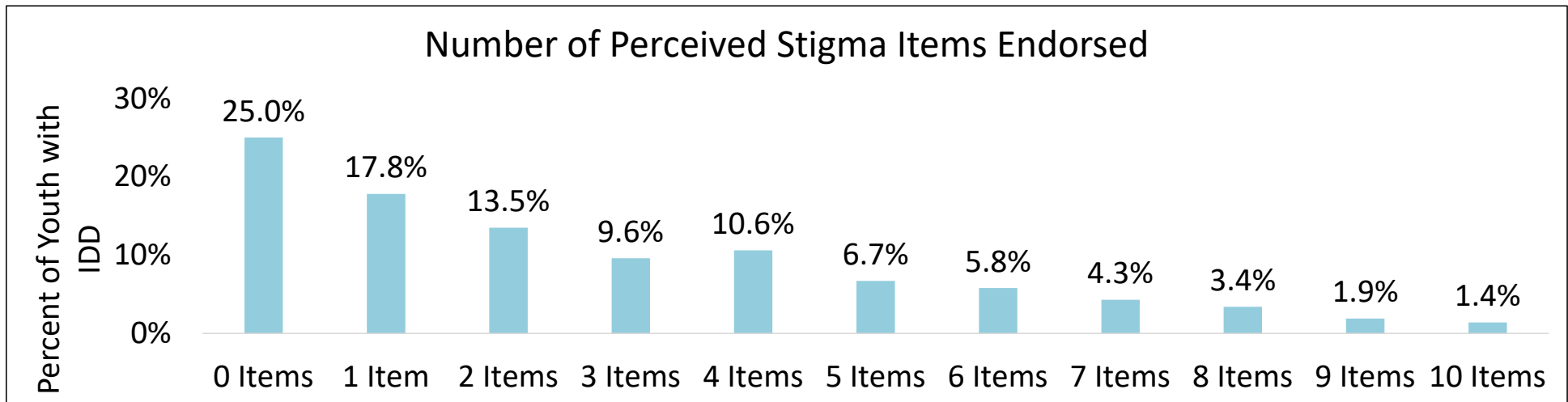
## Analysis Plan:

- Descriptive statistics to examine levels of perceived stigma, depression, and anxiety
- Linear regression models to examine associations between perceived stigma and depression and anxiety

# PERCEIVED STIGMA



- 10-item scale with yes/no response, with higher scores indicating greater perceived stigma
- 75.0% responded yes on at least 1 item, 43.7% on 3 or more items
- Total Score:  $M = 2.7$ ,  $SD = 2.6$ , range: 0-10



# PERCEIVED STIGMA

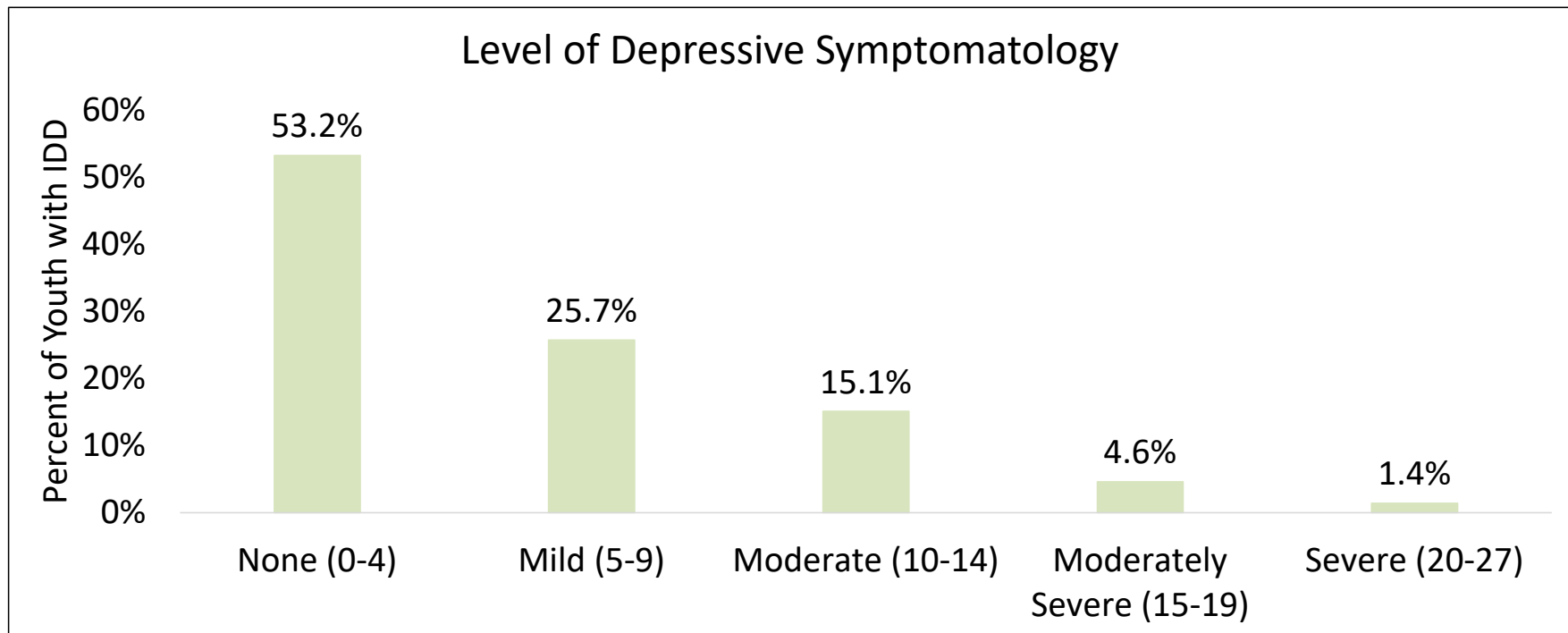


- People talk down to me: 28.0%
- People on the street make fun of me: 9.6%
- People on the street look at me in a funny way: 28.6%
- People laugh at me because of the way I look: 13.9%
- People treat me like a child: 36.7%
- People laugh at me because of the way I talk: 15.0%
- The way people talk to me makes me angry: 29.1%
- People make me feel embarrassed: 33.8%
- I keep away from other people because they are not nice to me: 39.4%
- I worry about the way people act towards me: 40.3%

# DEPRESSIVE SYMPTOMS



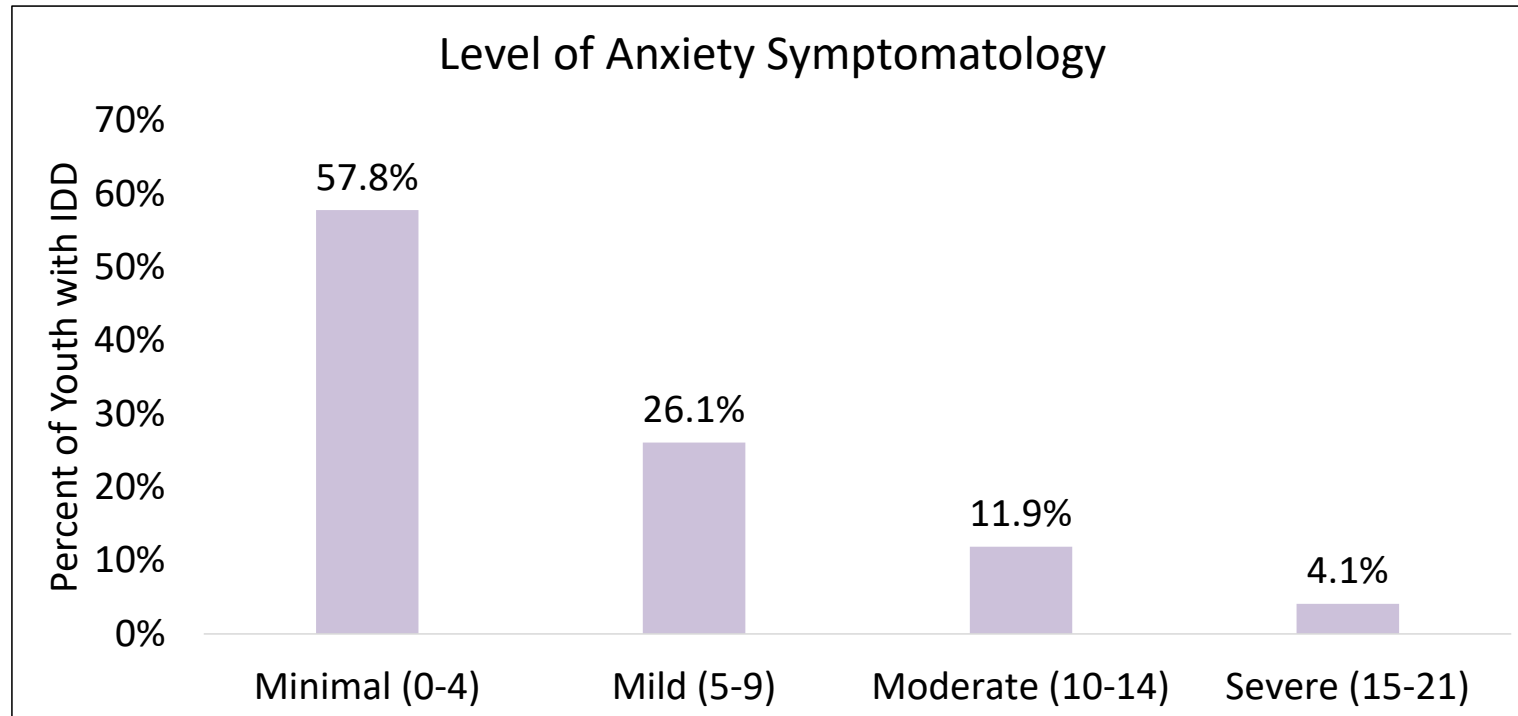
- PHQA Total Score:  $M = 5.61$ ,  $SD = 5.03$ , range: 0-23



# ANXIETY SYMPTOMS



- GAD7 Total Score:  $M = 4.70$ ,  $SD = 4.53$ , range: 0-17



# RESULTS – STIGMA AND DEPRESSION



Perceived stigma was significantly associated with **greater depressive symptomatology**:  $F(4,186) = 13.30, p < .001$

- A 1-unit increase in perceived stigma was associated with a .65-unit increase in depressive symptomatology ( $p < .001$ )
- Intellectual disability was associated with a 1.89 unit increase in depressive symptomatology ( $p = .03$ )
- Model controlled for age, gender, and intellectual disability
- Model accounted for 20.6% of variance in depressive symptomatology

# RESULTS – STIGMA AND ANXIETY



Perceived stigma was significantly associated with **greater anxiety symptomatology**:  $F(4,186) = 15.42, p < .001$

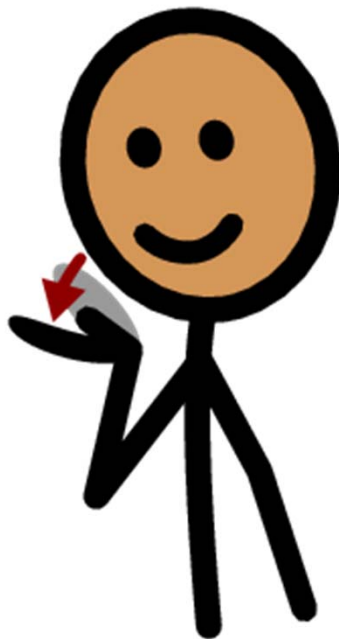
- A 1-unit increase in perceived stigma was associated with a .65-unit increase in anxiety symptomatology ( $p < .001$ )
- Intellectual disability was associated with a 1.98 unit increase in anxiety symptomatology ( $p = .01$ )
- Model controlled for age, gender, and intellectual disability
- Model accounted for 23.3% of variance in anxiety symptomatology

# IMPLICATIONS



- Perceived stigma may be an important risk factor in the mental health of youth with IDD and may contribute to mental health problems in the IDD population
- Stigma should be addressed by services and intervention (e.g., therapy and other mental health programs)
- Addressing the effects of stigma and discrimination may promote mental well-being and improve quality of life for people with IDD
- Community education and intervention may reduce stigma, ableism, and discrimination towards people with IDD and promote inclusion
- Training of healthcare and other service providers to serve people with IDD without stigma is also necessary





# Thank You!

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To learn more about the B.E.S.T. study,  
please contact us by:

**EMAIL ADDRESS**

beststudy@uic.edu

**PHONE NUMBER**

1-833-732-5778

**WEBSITE**

[www.beststudy.info](http://www.beststudy.info)



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