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Article 9

Mental Health Stigma: Impact and Interventions

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Abstract

Research shows that negative stereotyping leads to social stigmatization of those with mental illness resulting in self-stigmatization, lower self-esteem, diminished self-efficacy, and limited access to social support and mental health services for those with mental illness. Few studies have been conducted to identify who is most predisposed to be supportive of those with mental illness and who may be willing to advocate for greater access to services. The purpose of this study is to clarify who is most open to support and advocate for those with mental illness. Responses from a sample of 48 volunteer college students to a researcher-developed survey of attitudes towards mental illness were analyzed to determine which demographic factors were related to more accepting attitudes of those with

mental illness. Results yielded significant main effects for gender F (1, 47) = 5.49, $p < .05$, and for those who have a relative with a mental illness, F (1, 47) = 17.82, $p < .01$. Results suggest that females and relatives of those with mental illness are more accepting and could be targeted to help reduce mental health stigma by advocating for, and serving as allies to, those with mental illnesses.

Keywords: mental illness, advocacy, stigmatization

According to the National Alliance on Mental Illness (2011), one in four adults experience a mental disorder and one in 17 lives with a serious mental illness. Social stigma can be one of the most distressing issues for people with a mental illness. The National Alliance on Mental Illness suggests that stigma erodes confidence that mental disorders are real, treatable health conditions, and the sense of hopelessness it engenders erects "attitudinal, structural and financial barriers to effective treatment and recovery" (National Alliance on Mental Illness, 2011, para. 13) and that it is time to take these barriers down.

Goffman (1963) was one of the first to define the construct of stigma stating that stigma is "an attribute that is deeply discrediting" (p. 3). Jones et al. (1984) added that stigma as an attribute of a person implies that the person possesses undesirable characteristics. Major and O'Brien (2005), agree that "people who are stigmatized have (or are believed to have) an attribute that marks them as different and leads them to be devalued in the eyes of others" (p. 395). Corrigan (2004) notes that stigmas can provide cues that elicit stereotypes and this is how the general public learns about a "marked social group" (p. 615). Stereotypes and the stigma associated with them often result in labels that are harmful to that particular social group. While stereotypes are not always negative in nature and may serve a helpful purpose at times, "difficulties arise when people act on rigid, negative stereotypes in a discriminatory way" (Gray, 2002, p. 72). Similar to racial prejudice, stereotypes permit people to dismiss others more easily and in so doing create and maintain social distance from the stereotyped.

Violent, incompetent, and morally flawed are just a few of the negative stereotypes about those who are mentally ill (Corrigan, 2004). Results from a study conducted by Purvis, Brandt, Rouse, Vera, and Range (1988) indicated that individuals with chronic mental disorders were perceived as more excitable, less friendly, less successful, and less able to function in the community. Additionally, Phelan and Basow (2007) found that labels of mental illness increased perceptions of dangerousness and increased desires for social distancing. In addition, they found that gender significantly influences perceptions of dangerousness and social distance as males with mental illness were perceived as more dangerous.

These negative stereotypes continue to be fueled by the media. Media portrayals of mentally ill persons depict them as dangerous, unsociable, non-conforming, and unpredictable (Byrne, 2000). Day (2003) stated, "studies examining the portrayal of mental illness on television found that crime, especially violent crime, is 10 times more frequent among mentally ill characters than among non-mentally ill characters" (p. 33).

The impact of this negative stereotyping on people with mental illness is multi-dimensional. A review of literature on measurement of mental health stigma (Van Brakel, 2005) revealed that:

> Stigma has a severe impact on individuals and their families, as well as on the effectiveness of public health programs [and that] despite enormous cultural diversity across the world, the areas of life affected are remarkably similar. They include marriage, interpersonal relationships, employment, education, mobility, leisure activities and attendance at social and religious functions. (p. 1)

According to Corrigan (2004), "living in a culture steeped in stigmatizing images, persons with mental illness may accept these notions and suffer diminished self-esteem, self-efficacy, and confidence in one's future" (p. 618). Britt et al. (2008) found that persons with a mental illness do internalize negative public views, believing they are less valued and second guessing their own coping abilities. Public stigma combined with self-stigmatization can also negatively impact the ability of persons with mental illness to gain and maintain employment (Bordieri & Drehmer, 1986; Link, 1982) and increases the likelihood they will be arrested by law enforcement and spend more time incarcerated than those without mental illness (Teplin, 1984).

One of the barriers resulting from this self-stigmatization is the lack of willingness to seek help. Research participants in the study conducted by Sirey et al. (2001) expressed a sense of shame from personal experiences with mental illness and were less likely to be involved in treatment. Andreasen (1984) found that public prejudice prevents persons with a mental illness from receiving the kind of care they need. Results from several studies suggest that persons with mental illness are less likely to receive the same range and depth of insurance benefits compared to those without a mental illness (Druss, Allen, & Bruce, 1998; Druss & Rosenheck, 1998). Martin, Pescosolida, and Tuch (2000) found that not only did fewer than 30% of people with a mental health diagnosis actually seek treatment, approximately 40% who had a serious diagnosis and attempted to get treatment failed to obtain treatment. A large scale study, The National Comorbidity Survey, provided support for these findings, showing that fewer than 40% of respondents with a mental illness received stable treatment (Kessler et al., 2001).

Addressing the stigma of mental illness and its negative effects is essential in providing the mental health care many people need. Day, Edgren, and Eshleman (2007) stated, "public attitudes toward people with mental illness are relevant to the social, psychological, physical, and economic well-being of those affected by mental illness" (p. 2193). When we are able to decrease the prejudice and discrimination against mentally ill persons, we potentially contribute to the formation of a healthier, more informed society that allows people with a mental illness to live the full life they deserve.

In order to address this issue, it is crucial to understand people's perceptions of those with mental illness and who is most open to support and advocate for this group. Although family support can be critical, few studies (Eisner & Johnson, 2008; Quinn, 2007; Zauszniewski, Bekhet, & Suresky, 2010) have explored the level of acceptance among family members. The current study attempts to further explore factors that could contribute to our understanding of who is most open to supporting those with mental illness in social and work environments. It is hypothesized that females have a more accepting attitude of persons with mental illness and that those who have a relative with a mental illness would have a more positive perception of that population.

Method

Participants

Forty-eight students from a mid-western university in the United States agreed to complete a survey about attitudes towards mental illness. Thirty were female and 18 were male. The majority were in-state residents (68%) and undergraduate students (69%). Of those sampled, 48% had a relative with mental illness. European Americans accounted for 79% of the sample, while 11% were from other ethnic groups (5 Asian American, 2 Hispanic American, 1 African American, 1 American Indian, and 1 Arab American).

Procedure

The research design for this study was a within subjects design using a survey method to gather data. The author-developed survey, found in Appendix A, includes nine 10-point modified Likert-scaled questions (1 being a low rating and 10 being a high) addressing mental illness and level of comfort being in the presence of someone with a mental illness. Question choice was based on reviewing assessment instruments used in prior studies (Arboleda-Florez & Sartorius, 2008; Day, 2003; Van Brakel, 2005). While the authors maintained some of the same wording and overall theme of the questions from previous studies, the authors modified them slightly and created new questions to meet location-specific research needs. Demographic information gathered on the survey included: gender, age, in-state resident/non-resident, race, class rank (freshman, sophomore, junior, senior, graduate student, or other), and if the participant had a relative with a mental illness. Researchers set up an information table in the student union and throughout the course of one day solicited students to voluntarily participate in the study and complete the survey. Informed consent was provided in writing and was orally reinforced.

Results

A 2 x 2 within subjects factorial ANOVA was performed on the data collected to determine the demographic factors that contribute to the understanding of who is most open to supporting those with mental illness in social and work environments. The means and standard deviations for the measurement of attitudes as a function of gender, and those who have a relative with a mental illness, are presented in Table 1.

The factorial ANOVA was conducted to evaluate the effects of gender and having a relative with mental illness on attitudes towards mental illness and the interaction of between gender and having a relative with a mental illness. The ANOVA indicated no significant interaction between gender and having a relative with a mental illness on attitudes; F (1, 44) = .01, p = .91. There was a significant main effect of gender on mental health attitudes; F (1, 47) = 5.49, $p < .05$, r=.32, medium effect size. There was also a significant main effect of those who have a relative who has mental illness; F (1, 47) = 17.82, $p < .01$, r= .52, large effect size. The gender effect indicated that females have a more positive attitude towards mental illness than males, and those who have a relative with a mental illness also have a more positive attitude than those who do not.

Table 1

Means and Standard Deviations for Attitudes about Mental Illness by Gender and Categorization of Family Relative who has a Mental Illness (scale of 1-10)

Variable	*n*	*M*	*SD*
Gender			
Male	18	5.13	.89
Female	30	5.77	.93
Total	48	5.53	.96
Relative			
Yes	23	6.05	.92
No	25	5.05	.72
Total	48	5.53	.96

Discussion

It was the goal of this study to further explore attitudes about mental illness in order to provide information that can be used by counseling practitioners to help reduce barriers to mental health treatment. Women and relatives were found to be more accepting towards persons with mental illness, supporting both of the hypotheses developed for this study. It was further found that the greater effect on accepting attitudes toward mental health came from those who have had exposure to a relative with mental illness. This prior exposure helps break down barriers and correct misperceptions and stereotypes as found by Couture & Penn (2003) and Covarrubias and Han (2011).

Further study is needed to determine what factors account for these findings. For example, it would be interesting to further explore what it is about the experience of a closer association with someone with mental illness that builds greater acceptance and decreases the stereotyping and media induced stigmatization of mental illness. What is it in the socialization of females that predisposes them to be more open and accepting? More clearly identifying these factors would provide direction for developing programs or curriculum supplements that could be used in community or university settings to reduce mental health stigma and improve access to services for those with mental illness.

This information does provide mental health advocates with specific populations they can target in their campaign to reduce mental health stigma by identifying who might be more likely to advocate for, and serve as allies to, those with mental illnesses. Active advocacy and education can challenge the stigma related to mental health and potentially decrease the negative effects stigma produces (Eisner & Johnson, 2008). Building a base of support among females as well as those who have relatives with a mental illness, would tap populations who, armed with a positive attitude, could fight mental health stigmas by sharing their personal beliefs and experiences. Activating the potential for advocacy in these two groups may contribute toward the goal of removing mental health stigma and clearing the way for individuals to access mental health

treatment without feeling social pressures that might otherwise prevent them from reaching out.

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Appendix A

Student Mental Health Stigma Survey

Mental health counselors work with individuals, families, and groups to address and treat mental and emotional disorders and to promote mental health. They are trained in a variety of therapeutic techniques used to address issues, including depression, addiction and substance abuse, suicidal impulses, stress, problems with self-esteem, and grief.

Please indicate your response by circling the number that represents your sentiment

1. How willing are you to seek mental health counseling?

Not willing 1----------3----------5----------7----------10 Very willing

2. I would be willing to recommend mental health counseling to a peer.

Not willing 1----------3----------5----------7----------10 Very willing

3. I feel comfortable sitting next to a peer in class who has a mental illness.

Disagree 1----------3----------5----------7----------10 Agree

4. I would feel comfortable dating someone who has a mental illness.

Disagree 1----------3----------5----------7----------10 Agree

5. I feel anxious and uncomfortable around someone who has a mental illness.

Disagree 1----------3----------5----------7----------10 Agree

6. I would find it difficult to trust someone with a mental illness.

Disagree 1----------3----------5----------7----------10 Agree

7. Mental illnesses prevent students from performing their normal academic responsibilities.

Disagree 1----------3----------5----------7----------10 Agree

8. I believe students with mental illness can effectively be treated by university counseling services.

Disagree 1----------3----------5----------7----------10 Agree

9. I believe Laramie is more proactive towards mental health treatment as compared to the rest of Wyoming.

Disagree 1----------3----------5----------7----------10 Agree

10. Yes___ No___ I have a relative who has a mental illness.