

## Study: Mental illness stigma entrenched in American culture; new strategies needed

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A joint study by Indiana University and Columbia University researchers found no change in prejudice and discrimination toward people with serious mental illness or substance abuse problems despite a greater embrace by the public of neurobiological explanations for these illnesses.

The study, published online Sept. 15 in the [American Journal of Psychiatry](#), raises vexing questions about the effectiveness of campaigns designed to improve health literacy. This "disease like any other" approach, supported by medicine and [mental health](#) advocates, had been seen as the primary way to reduce widespread stigma in the United States.

"Prejudice and discrimination in the U.S. aren't moving," said IU [sociologist](#) Bernice Pescosolido, a leading researcher in this area. "In fact, in some cases, it may be increasing. It's time to stand back and rethink our approach."

Stigma, the well-documented reluctance by many to socialize or work with people who have a mental or [substance abuse](#) disorder, is considered a major obstacle to effective treatment for many Americans who experience these devastating illnesses. It can produce discrimination in employment, housing, medical care and [social relationships](#), and negatively impact the quality of life for these individuals, their families and friends.

Funded by the National Institute of Mental Health, the study examined whether American attitudes concerning mental illness have changed during a 10-year period when efforts on many levels and by many groups focused on making Americans aware of the genetic and medical explanations for depression, schizophrenia and substance abuse. While Americans reported more acceptance of these explanations, this did nothing to change prejudice and discrimination, and in some cases, made it worse.

The study involved questions posed to a nationally representative sample of adults as part of the General Social Survey (GSS), a biennial survey that involves face-to-face interviews. Around 1,956 adults in the 1996 and 2006 GSS first listened to a vignette involving a person who had [major depression](#), schizophrenia or alcohol dependency, and then they answered a series of questions.

Some key findings include:

In 2006, 67 percent of the public attributed major depression to neurobiological causes, compared with 54 percent in 1996.

High proportions of respondents supported treatment with overall increases in the proportion endorsing treatment from a doctor, and more specifically from psychiatrists, for treatment of alcohol dependence (79 percent in 2006 compared to 61 percent in 1996) and major depression (85 percent in 2006 compared to 75 percent in 1996).

Holding a belief in neurobiological causes for these disorders increased the likelihood of support for treatment but was generally unrelated to stigma. Where associated, the effect was to increase, not decrease, community rejection of the person described in the vignettes.

Pescosolido said the team's comparative study provides real data for the

first time on whether the "landscape for prejudice for people with mental illness" is changing. It reinforces conversations begun by influential institutions, such as the Carter Center, about the need for a new approach toward combating stigma.

"Often mental health advocates end up singing to the choir," Pescosolido said. "We need to involve groups in each community to talk about these issues which affect nearly every family in American in some way. This is in everyone's interest."

The research article suggests that stigma reduction efforts focus on the person rather than on the disease, and emphasize the abilities and competencies of people with mental health problems. Pescosolido says well-established civic groups -- groups normally not involved with mental health issues -- could be very effective in making people aware of the need for inclusion and the importance of increasing the dignity and rights of citizenship for persons with mental illnesses.

Provided by Indiana University

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