

Ending discrimination against people with mental illness

June 20 2016

One in four Americans will experience a mental health problem or misuse alcohol or drugs at some point in their lives. Yet mental health and substance abuse disorders are among the most highly stigmatized health conditions in the United States, according to a recently released report by the National Academies of Sciences, Engineering and Medicine.

The report recommends that the U.S Department of Health and Human Services, lead a national effort to identify and eliminate policies and practices that discriminate against people with mental and substance disorders.

Beth Angell, an associate professor in Rutgers' School of Social Work, contributed to the report, along with William Holzemer, professor and dean of Rutgers' School of Nursing. Angell conducts research on [mental health services](#) for people with serious mental illnesses, particularly on issues of engagement in and adherence to treatment. Holzemer is an expert in nursing education and HIV/AIDS. His research on living well with HIV/AIDS, including the aspects of [stigma](#), symptoms and quality of life, has earned him international distinction.

Rutgers Today spoke with Angell about the report and about stigma and [mental illness](#).

Why is a national campaign to reduce the stigma

associated with mental illness and substance abuse important now?

Angell: Surveys show that over the past 50 years, public awareness of mental illness and its causes has grown, and yet negative attitudes and images – like dangerousness and incompetence – are as persistent as ever. As a result, people struggling with a psychiatric disorder have the added burden of being turned away by society in arenas like employment, housing and developing friendships. And because the stigma is so pervasive, people who develop mental illness often don't seek help. The consequences of untreated mental illness are enormous – the rising rate of suicide being a prime example – so it is critical that we address the stigma that holds people back from seeking needed help and moving on to live full and productive lives.

Can you give examples of the attitudes and behaviors the report addresses?

Angell: When we think about prejudice and discrimination, our thoughts often center on individual level behaviors – person-on-person discrimination and intolerance. While it is important to fight stigma at the individual level, our report also highlights the importance of other facets of stigma, such as the internalized stigma that people with mental illnesses apply to themselves – which may cause them to isolate or withdraw in anticipation of others' negative responses. Another key form of stigma is structural stigma, which refers to the way in which stigma is threaded into institutions and power structures such as the laws, courts and the health system.

What are some of the most promising strategies that can change this? Have there been successful

campaigns surrounding stigma in other countries?

Angell: Three successful efforts we detail in the report are comprehensive efforts mounted in Canada, Australia and England. The program in England, Time to Change, is particularly notable in its scope and duration – it has been going on for more than seven years and 60 million dollars has been dedicated to it. Time to Change makes use of the best science available about attitude change. It combines public service announcements and other mass media activity that raises awareness with local events that bring together members of the public with people who have lived experience of mental illness for dialogue.

What has been the impact of recent mass shootings on attitudes surrounding mental illness?

Angell: This is a tricky question. On the one hand, the perceived connection between mental illness and mass violence has catalyzed efforts to reform the mental health system. But, it is important to be wary for a couple of reasons. One is that most [mass shootings](#) are not committed by people who have what we consider a serious "treatable" mental illness. Instead, these may be individuals with personality disorder psychopathology that is less easily addressed by the mental health system. For this reason, it is unrealistic to project that mass shootings will be prevented by mental health system reform. The other problem is that when we exaggerate linkage between mental illness and violence in the minds of the public, we further the stigma of mental illness. Having a mental illness may slightly elevate a person's risk of doing something violent, but the increased risk is smaller than many other risk factors, such as substance abuse or living in a dangerous neighborhood. So, promoting mental health system reform by overemphasizing the role of violence is short sighted and could produce a lot of negative consequences for people living with mental illness who

are – statistically speaking – extremely unlikely to do anything violent toward others, and if anything, are more likely to be themselves victims of violence.

Your research involves evaluating the re-entry process for former prisoners with serious mental illness and the lives of former psychiatric patients discharged to the community. What steps is New Jersey taking to eliminate policies and practices that discriminate against people with mental health and substance disorders?

Angell: A criminal record compounds stigma and discrimination. Whereas a person with mental illness might be seen as potentially violent, they are not usually blamed for causing their condition. In contrast, people with criminal histories are seen as culpable in addition to being ostracized socially – and this affects their employment prospects, housing eligibility and even destroys their ties to their home communities. In our prison reentry study, which was conducted in collaboration with other researchers from Temple University, Hunter College and New York University, we found that one of the biggest problems faced by men with mental illness and substance abuse problems being released from prison was that many were unable to receive basic welfare benefits due to a New Jersey law placing a lifetime ban on benefits for those with drug felony convictions. Along with the welfare benefits would have come eligibility for other services, such as shelter, [mental health](#) treatment and [substance abuse](#) treatment. New Jersey lawmakers recently introduced legislation aimed at overturning this lifetime ban, but Gov. Christie vetoed it earlier this year. On the other hand, legislation that protects job applicants from being required to disclose a criminal record when applying for a job was successfully

passed and this represents an important step toward community reintegration.

Provided by Rutgers University

Citation: Ending discrimination against people with mental illness (2016, June 20) retrieved 9 April 2024 from

<https://medicalxpress.com/news/2016-06-discrimination-people-mental-illness.html>

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