

Increasing public support for mental health services without stigmatizing mental illness

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In public-health campaigns to boost support for improvements in the mental health system, messages that link mental illness to violence may be counterproductive, according to a study from researchers at Johns Hopkins Bloomberg School of Public Health.

The researchers asked a nationwide sample of over 1,300 participants to read different versions of a story about a person with mental illness, and then asked whether it increased their willingness to pay more taxes to support improvements in the [mental health](#) system. They found that a version emphasizing barriers to treatment worked as well as a version linking mental illness to violence, but without increasing the perceived stigma of mental illness.

"There has been a longstanding debate in the mental [health](#) advocacy community about the best way to raise public support for improvements to the chronically underfunded public mental health system," says study lead author Emma E. McGinty, Ph.D., an assistant professor of health policy and management and mental health at the Bloomberg School. "Our study suggests that the best strategy is to use non-stigmatizing messages emphasizing systemic barriers to treatment."

The study is published in the April edition of the *Journal of Health Politics, Policy and Law*.

Mental illness accounts for more than \$200 billion out of America's \$3 trillion annual [health care spending](#). Yet the closings of many public mental hospitals in the 1970s and general tightening of state mental health budgets have meant that many people with serious mental illness—including those with psychotic conditions such as schizophrenia and bipolar disorder—are inadequately treated and end up homeless or in prisons. While in a small number of cases the symptoms of mental illness can lead to violent behavior, most people with mental illness are never violent toward other

people and most violence in the United States—between 95 and 97 percent—is not caused by mental illness.

This is the first study to examine whether messages linking mental illness with violence, which have been shown to be stigmatizing in multiple prior research studies, also increase the public's willingness to invest in the mental health system.

"Stigmatizing mental illness is likely to discourage people with mental illness from seeking treatment and to worsen the public's discriminatory attitudes toward the mentally ill—making it harder for them to rent apartments and get jobs, for example," McGinty says.

In the new study, McGinty and colleagues made use of the GfK KnowledgePanel, a nationally representative network of tens of thousands of social science experiment participants, set up under a National Science Foundation-sponsored program. The study compared the responses of 1,326 participants who were randomly assigned to read one of three similar stories about a young man who developed schizophrenia: the first emphasizing barriers to treatment plus the link to violence, the second emphasizing just barriers to treatment, and a third discussing a successful case of treatment and recovery. About a fourth of the participants were assigned to a "control" group and read no story at all.

Participants reading the two stories emphasizing barriers to treatment showed strikingly stronger support—compared to the control group—for improvements to the [mental health care](#) system. When asked, they indicated they were more willing to pay an extra \$50 in annual taxes to improve that system. About 55 percent of the group reading the barriers-to-treatment-plus-link-to-violence story indicated willingness to pay that much; the figure (52 percent) for the group reading the barriers-to-

treatment-only story wasn't significantly different.

"Those two narratives appeared to be equally effective in increasing willingness to pay taxes," McGinty says.

By contrast, only 42 percent of the control group and an insignificantly different 48 percent of the treatment-and-recovery-story group indicated a willingness to pay the extra taxes.

The key difference between the groups reading the barriers-to-treatment and link-to-violence stories was that the latter formed much more pronounced negative attitudes towards mental [illness](#)—suggesting that a link-to-violence narrative would not be the best choice to strengthen support for mental health system improvements.

The size of the study and its use of an established, nationally representative sample of participants also suggests that its results are robust, McGinty says.

She adds that the ideal messaging campaign to increase support for [mental health services](#) would be one that isn't merely neutral in terms of stigmatizing [mental illness](#), but actually reduces that stigma.

"Other studies have shown that a treatment-and-recovery narrative can be stigma-reducing," she says, "so we're now trying to figure out a way to combine elements of that type of narrative with a barriers-to-treatment narrative that increases the willingness to pay for better mental health services."

More information: Emma E. McGinty et al. Communicating about Mental Illness and Violence: Balancing Stigma and Increased Support for Services, *Journal of Health Politics, Policy and Law* (2018). [DOI: 10.1215/03616878-4303507](https://doi.org/10.1215/03616878-4303507)

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