

Missourians' Attitudes Toward Mental Illness
Telephone Survey
Executive Summary

- Results suggest that a majority of Missourians have had some personal experience with mental illness. A large proportion of Missourians sampled reported knowing (64%) or living near (40%) someone with a mental illness at some point in time.
- The findings for help-seeking are promising. Approximately one-fifth reported having suffered from a mental health problem. Almost all (88%) of those who sought treatment felt it was helpful.
- Of those who did not seek help for their illness, the most commonly stated reasons were that they felt they could handle it on their own (68%), treatment was too expensive (61%), or the problem would go away on its own (54%).
- Respondents were most likely to correctly identify major depressive disorder (MDD), depression that occurs in the elderly, and post-traumatic stress syndrome (PTSD). They were least likely to be able to correctly identify bipolar disorder, followed by schizophrenia. Females, more educated respondents, suburban respondents, and those with more personal experience with mental illness were most successful in correctly identifying the mental illnesses described.
- Compared to data from 50 years ago, Missourians are far less likely to define persons with mental illness as psychotic, and less likely to feel that mentally ill people are all dangerous.
- The majority would be willing to associate with persons with a mental disorder. However, they would be much more willing to move next door to or make friends with a person with mental illness than they would be to work closely with or allow that person to marry into their family. Elderly Missourians and higher income males were least accepting of persons with mental illness.
- Of the disorders, schizophrenia was by far the most stigmatized. Respondents viewed persons with schizophrenia as very likely to be violent toward both him or herself and others. Perhaps due to this perception, respondents were least willing to interact with persons with schizophrenia, especially males. Missourians felt violence towards others was unlikely for those with PTSD or elderly depression.
- Those who have known someone with mental illness, or have experienced mental illness themselves, were least likely to believe that the person with mental illness would be violent towards him or herself.
- Perceived causes of mental illness were highly dependent upon the type of mental illness described. Major depression and post-traumatic stress were felt to be most likely caused by stress. Elderly depression was perceived to be a result of stress and the normal response to aging. A chemical imbalance was felt to be the most likely cause of schizophrenia and bipolar disorder, but also important for MDD and elderly depression. Genetics were perceived to be important across all illnesses except PTSD.
- Almost all (93%) respondents felt that mental illness could improve with treatment. Respondents in urban (non-suburban) areas, males, and those with lower educational levels were more likely to believe the illness would improve on its own, and less likely to believe it would improve with treatment.
- Most respondents felt that Medicaid or Medicare should have either primary or secondary responsibility for the cost of mental health treatment.

Results are from a random telephone survey of 1,001 adult Missourians conducted in Summer, 2006 for the Division of Comprehensive Psychiatric Services (CPS), Missouri Department of Mental Health. The survey was developed and analysis conducted by researchers at the Missouri Institute of Mental Health, and administered by researchers at the Health and Behavioral Risk Research Center, both of which are part of the University of Missouri-Columbia.

Summary of Findings

In Summer 2006, a random telephone survey of 1,001 adult Missourians was conducted for the Division of Comprehensive Psychiatric Services (CPS), Missouri Department of Mental Health to learn more about Missourian's attitudes toward persons with mental illness in the State of Missouri with the eventual purpose of developing an statewide anti-stigma campaign. The survey was developed and analysis conducted by researchers at the Missouri Institute of Mental Health, and administered by researchers at the Health and Behavioral Risk Research Center, both of which are part of the University of Missouri-Columbia.

After a comprehensive review of the anti-stigma literature and discussions with key staff with the funding agency, it was determined that the survey should focus upon causes and perceptions of mental illness, comfort levels with associating with persons with mental illness, and familiarity with and treatment of mental illnesses. Researchers used the Mental Health Module of the General Social Survey. The survey focused around five major mental illnesses: schizophrenia, bipolar disorder, major depressive disorder (MDD), Post-Traumatic Stress Disorder (PTSD), and depression among the elderly. Each respondent was read a description of a person with one of these conditions (without naming the illness) and asked a series of questions regarding that person and their illness. Two hundred respondents were asked about schizophrenia, 200 hundred about bipolar disorder, 200 about major depressive disorder (MDD), 200 about elderly depression, and 200 about Post Traumatic Stress Syndrome (PTSD). Because of the need to adequately address their mental health needs, African-Americans were oversampled, with a sample size of 200.

Key Findings

Personal Experience with Mental Illness

- The results suggest that a majority of Missourians have had some personal experience with mental illness. A large proportion of Missourians sampled reported knowing (64%) or living near (40%) someone with a mental illness at some point in time.
- The findings for help-seeking are promising. The results suggest that a large proportion of those who have felt like they had mental illness (73.7%) sought help, and of those that sought help, a large majority believe the treatment helped (88.3%).
 - Still, as promising as those numbers are, approximately one-fourth of those who felt they had a mental health problem did not seek treatment. Main reasons given were because they felt able to handle the problem on their own and that treatment was too expensive. Men were slightly more likely to say they could handle the problem on their own. Those who felt the treatment was too expensive had slightly lower income than those who did not cite expense as a reason for not seeking treatment.

The Causes of Mental Illness

- Education (whether from formal sources or personal experience) seems to be a driving force behind eliminating myths related to mental illness. Respondents with less education and less familiarity with mental illness were least knowledgeable about the causes of mental illness.
- Those in urban or rural were more likely to feel mental illness was a result of a bad character, which is most likely at least partially the result of less education regarding the causes of mental illness in those groups. However, analyses suggest that education does not completely account for the difference. Since analyses indicate that differences in income, ethnicity, and personal experience also do not account for the difference, it is likely the finding reflects a true geographic dissimilarity in attitudes about mental illness.
- Further analyses of older adults' tendency to attribute mental illness to bad character suggested that their opinions were not due to lower educational levels. Instead, their opinions may be the result of generational beliefs about mental illness.
- Why the males in our sample were more likely to attribute mental illness to bad character is unclear. It is possible males also have less education regarding mental illness. This is unlikely, however, since analyses of our sample indicate no gender differences in either formal education or personal experience with mental illness. It seems more likely that our finding may be at least partially attributed to male socialization that encourages males to be tough, independent, and under emotional control (Addis & Mahalik, 2003). Males may see those that fail to express those qualities as weak, or in the case of this sample, having "a bad character."

Recognizing Mental Illness

- As with the causes of mental illness, those better educated, those in suburban areas, and females were better at recognizing the mental disorders, and more likely to recognize them as mental illnesses, not as a result of normal life or physical illness.
- Notably, respondents were more likely to believe that individuals with elderly depression were experiencing normal life, and less likely to believe that individuals with PTSD were experiencing mental illness. These results may reflect a tendency to underestimate those two conditions as mental illnesses, and in the case of elderly depression, misattribute it as the result of the normal aging process.

The Stigma of Mental Illness

- Although respondents in urban and rural have been shown to be less educated about the causes of mental illness, and less able to recognize mental illness, they were less

likely than individuals in suburban areas to stigmatize a mentally ill individual. Stigma is also more common among the elderly and upper income males.

- Perceived dangerousness of the mentally ill is one of the best predictors of mental illness stigma. The results of the survey suggest the perception that the mentally ill are dangerous is pervasive across all regions and demographics. Only those with personal experience with mental illness were less likely to perceive the mentally ill as dangerous.
- Of the disorders, schizophrenia was by far the most stigmatized. Respondents viewed the schizophrenic character as very likely to be violent towards both him or herself and others, and this effect was stronger if the character was male. Respondents were also least willing to interact with the schizophrenic character in all situations.
- PTSD and elderly depression were the least stigmatized mental illnesses. Respondents were unlikely to believe these individuals were violent, and they were more willing to interact with them. Of all the disorders, respondents were most willing to work with the character with PTSD or have him or her marry into their family.
- The lack of stigma for PTSD and elderly depression may be related to respondents' tendency not to view them as mental illnesses. As previously discussed, many respondents felt the elderly depression characters' symptoms were a result of old age, and many also seemed to feel the character with PTSD was not mentally ill, but instead acting normally to stressful circumstances.
- Therefore, considering most respondents did not view the vignette character with PTSD as suffering from "mental illness," the data regarding the schizophrenic individual (who was widely believed to be mentally ill) is most likely the best indicator of respondent attitudes towards individuals with mental illness in general.

Treatment of Mental Illness

- Consistent with the data on mental health stigma, respondents were least likely to believe that schizophrenic individuals were able to make decisions regarding their own treatment, least likely to believe they would improve on their own, and most likely to believe they should be forced into treatment.
 - In contrast, respondents were more likely to feel that individuals with PTSD were able to make their own money and treatment decisions, more likely to believe they would improve on their own, and least likely to believe they should be forced into treatment.

- Lower educated individuals and males were more likely to believe that the character should be forced into treatment, especially if the character was schizophrenic or male. This may have to do with the perceived dangerousness of male mentally ill individuals.
- Finally, lower educated individuals, males, and those in urban areas were less likely to believe the characters' condition would improve with treatment.

Policy Implications

General

- Overall, targeted educational campaigns toward rural and urban individuals, males, older individuals (65 or older), and those with less formal education or less personal experience with mental illness might yield more productive results than a general educational campaign.
- In contrast, stigma messages should be focused towards all demographics, in all areas of the state, particularly those in St. Louis county and Greene county.

Knowledge

- Education appears to be one major driving force behind stigma. On the whole, individuals with more familiarity with and education about those with a mental illness were more accepting of people with a mental illness, perceived them to be less dangerous, and felt they could improve with treatment. These findings suggest that additional education to those less knowledgeable and familiar can help to reduce stigma.

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- The finding that urban and rural respondents were less knowledgeable than suburban residents about mental illness points to the needs for geographic focusing of mental health education campaigns.
- Regarding specific mental illnesses, PTSD is perceived less to be a mental illness and more a normal result of stress. However, PTSD can result from a severe trauma, combined with, in many instances, an existing mental illness, and a lack of support to address the trauma suffered. More education to the general public regarding the link between PTSD and mental illness is recommended.
- Elderly depression is perceived by many to be a normal response to aging, rather than an illness. Depression among the elderly is the result of several factors, including fears of death, repeated loss/bereavement, loneliness and isolation, and the lack of an adequate support system. Perceiving elderly depression to be a normal response may lead to a lack of response on the part of elderly persons who need help and their

families and caretakers. Messages that convey that this is a treatable disease may result in increased well-being for a large segment of Missouri's population.

Stigma

- Education alone is not enough to reduce mental illness stigma. The fact that perceived dangerousness of the mentally ill is one of the best predictors of stigma suggests that while increased education will probably reduce stigma for some people, others will be less influenced by educational campaigns, particularly those who are fearful that the mentally ill will be dangerous. It also suggests that while educational messages should be focused in rural and urban areas, anti-stigma messages should be focused throughout the state.

Education alone is not enough to reduce mental illness stigma.
- Anti-stigma messages suggesting that mental illness is not weak behavior may go a long way towards reducing stigma in males. However, this will have to be suggested in such a way that does not undermine messages that encourage the public to view the mentally ill as less violent.
- Schizophrenia and MDD were most stigmatized; people were least likely to want to interact with them, especially if they were men. Education regarding these of these illnesses, particularly to men, lower educational groups, and those living in urban (not suburban) and rural areas might be a target for anti-stigma campaigning.
 - Some education about the actual rates of suicide/violence among these disorders is recommended. While some persons with schizophrenia can be violent to others, the vast majority are not, while persons with personality disorders and substance abuse problems tend to be far more violent. (Angermeyer, 2000).

Treatment

- Generally, those with more formal education, females, and individuals living in suburban areas were most accepting and optimistic about treatment. Targeted campaigns to lower educated, males, and persons living in urban or rural areas that present information on the effectiveness of treatment is recommended.
- Individuals felt that both physical and mental health care should primarily be paid for by Medicaid or Medicare. This suggests public support for public funding of those with mental illness. Using this information to present to politicians and policy makers regarding mental health care funding is suggested.
- One of the main reasons people didn't seek treatment was because they felt it was too expensive. This reason was slightly more common in lower income respondents.

Therefore, education regarding area mental health resources for those with no health insurance or limited financial means may encourage those who feel they cannot afford treatment to get help.

CONCLUSION

Mental health stigma in Missouri persists despite dramatic improvements in recent years. Data indicate that certain mental illnesses, those that people know less about, are more likely to be stigmatized than more familiar illnesses. People who believe that persons with mental illness are dangerous are most likely not to want to associate with persons with mental illness, particularly those individuals who are less familiar with the illnesses. Furthermore, distinct demographic groups are more stigmatizing than others, with the most stigma generated from males, the elderly, and persons not living in suburban areas. Future policies and actions taken regarding mental illness should address these differences and plan specific strategies that are appropriate to each illness and to the individuals most likely to stigmatize those with mental illness.