Mental illness and socio-economic disadvantage: Attitudes of mental health practitioners

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Background

- Stigma can be seen as the result of prejudice and discrimination (underpinned by negative labelling and stereotypes) directed at a group with devalued characteristics (Corrigan & Rao, 2012)

- Those with mental illness are among the most stigmatised in society (Sartorius, 1998)

- Although the stigma associated with mental illness has been conceptualised in a variety of ways, perceived dangerousness and attributions of blame and responsibility are common themes found to underpin such stigma (e.g. Brockington et al., 1993; Hayward & Bright, 1997; Feldman & Crandall, 2007; Wood et al., 2014)
Aim 1: Dangerousness

- Dangerousness

- Conflicting research results:
  - Evidence to suggest public fear of those with mental illness is on the rise (Corrigan et al., 2005)
  - Public fear increased almost 2.5 times between 1950 and 1996 (Phelan et al., 2000)
  - However, relatively low levels of perceived dangerousness have been observed more recently (Nee & Witt, 2013)

- Therefore aimed to further explore potentially changing levels of perceived dangerousness amongst different mental illnesses and how these interact with factors such as socio-economic background
Despite prevalence of themes of dangerousness in stigma research, scarce research directly examines what dangers are believed to be posed by those with mental illness (Nee & Witt, 2013)

Evidence suggests that perceived dangerousness and subsequent avoidance of those with mental illness is mediated by fear (Corrigan, 2000; Corrigan et al., 2002)

Previous research has asked general questions about the potential for violence by those with mental illness (Pescosolido et al., 2010) and how serious any future offending is likely to be (Nee & Witt, 2013)

This project aimed to explore these issues a little deeper by attempting to explore any perceived differences in propensity towards particular types of crime between different mental illness categories
Aim 3: Responsibility and deservingness

- Responsibility
  - Encompasses both responsibility for causing (or failing to manage) the condition, as well as responsibility for behaviour by people with that condition (Bennett, 1995)

- Present study aimed to explore the issue of perceived responsibility more explicitly across a range of mental health conditions
Aim 3: Responsibility and deservingness

Deservingness

- Perceived deservingness of treatment between different mental health conditions largely overlooked (Thornicroft et al., 2010)
- Limited research suggests some conditions are deemed differentially deserving of treatment by mental health professionals (Feather & Johnstone, 2001)

Important area of further investigation given that those conditions with arguably the most severe physical health implications are considered the least deserving of treatment (Abed & Neira-Munoz, 1990; Skinner et al., 2007)
Aim 4: Familiarity

- General consensus that personal familiarity is associated with more positive attitudes towards those with mental illness, e.g.:
  - Lower perceived dangerousness (Link & Cullen, 1986)
  - Reduced desire for social distance (Jorm & Griffiths, 2008)
  - Greater sympathy, perceived trustworthiness & treatability (Nee & Witt, 2013)
Aim 4: Familiarity

The impact of professional familiarity appears to vary greatly between studies, professions and cultures (Pescosolido et al., 2008), e.g.:

- Professionals more positive than public in UK (Gateshill et al., 2011), Japan (Hori et al., 2011), the US (Smith & Cashwell, 2011) and Switzerland (Lauber et al., 2004)
- Equally stigmatising in Istanbul (Ucok et al., 2004)
- Professionals more negative in Sweden (Nordt et al., 2014)

But little comparable research within the same country, so aimed to build on work assessing professional attitudes towards mental illness in the UK.
Nee & Witt (2013) unprecedented finding:

- Being from a disadvantaged background associated with more negative attitudes than having a mental illness
- Disadvantaged vignette perceived as more dangerous, less trustworthy and less likely to respond to rehabilitation than any of the mental illness vignettes

Present study set out to explore how a disadvantaged background may interact with the stigma of mental illness
Based on methodology of Nee & Witt (2013), aimed to investigate the impact of mental illness on perceived dangerousness (further unpicking this concept), responsibility and deservingness, and how this varied depending on socio-economic background.

Further, impact of familiarity on stigmatising attitudes was examined in relation to personal or professional familiarity.

Findings for each aim will be discussed in turn, along with implications.
Method

- 270 participants (after excluding those with high volumes of missing data and high social desirability scores)

- Of those who disclosed:
  - 109 male, 155 female
  - Average age: 30 (range: 18-72 years)
  - 231 knew someone with a mental illness
  - 59 had own diagnosis of mental illness
  - 160 had a close friend or family member with mental illness
  - 115 had experience of working in mental health
  - 39 had no familiarity with mental illness

- No significant differences observed between participants across conditions in terms of demographic factors (i.e. Age, gender, familiarity)
Method

- Independent groups, online vignette design

- Vignettes adapted from Nee & Witt (2013):

  3 mental illness conditions:
  - Schizophrenia
  - Anxiety & depression
  - Alcohol addiction
  - Information given as to his diagnosis & problematic behaviours that arose during times of deterioration in his condition

  2 levels of socio-economic status:
  - ‘Typical’
  - ‘Disadvantaged’
  - Family background, social support, employment status

- Participants presented with one of six vignettes and then asked questions about the vignettes, mental illness in general and about their familiarity
Findings 1: Dangerousness

- No significant differences in dangerousness

- But:
  - Even highest dangerousness mean fell below the midpoint,
  - All vignettes considered unlikely to be dangerous
Discussion & implications 1: Dangerousness

- Findings are in line with Nee & Witt’s (2013) discovery of generally lenient and accepting attitudes.

- Although sampling limitations (high proportion of personal familiarity) should be borne in mind when considering this outcomes, it may well reflect a positive shift in attitude:
  - ¼ of us will experience mental illness at some point (McManus et al., 2007)
  - ‘Time to change’ and ‘Rethink mental illness campaigns’
Findings 2: Deconstructing dangerousness

- Participants were presented with a list of crimes and asked to rate how likely they believed Sam was to engage in them (7-point Likert-scale).

- Data reduction used to create 3 crime categories, each of which demonstrated good internal consistency:
  - Instrumental acquisitive crimes (fraud, theft, drug dealing, dealing in counterfeit goods; $\alpha=0.78$)
  - Crime against the person (hate crime, physical assault, verbal assault, harassment, stalking, possession of a weapon, dangerous driving, arson; $\alpha=0.85$)
  - Antisociality (police visit, drunk and disorderly, possession of controlled substances, vandalism, criminal damage; $\alpha=0.79$)

- Dummy variables to represent each mental health condition, with typical and disadvantaged socio-economic background combined, to allow for multiple regression.
Findings 2: Deconstructing dangerousness

- Regression model with one predictor produced for instrumental acquisitive crime
  - Weak but significant trend towards perceiving Sam with schizophrenia as particularly unlikely to engage in this crime (2% of variance)

- Regression model with one predictor produced for antisociality
  - Weak but significant trend towards perceiving Sam with alcohol addiction as more likely to engage in antisociality than the other mental health conditions (4% of variance)

- No model produced for crimes against the person
Discussion & implications 2: Deconstructing dangerousness

- Schizophrenia and \downarrow instrumental acquisitive crime
  - Reflective of increased understanding of Schizophrenia?

- Alcohol addiction and antisociality
  - Interpreted in terms of lessening of inhibitors that alcohol evokes?

- But these associations very weak (2 and 4% of variance respectively)
  - Linked to familiarity of sample?
  - Or are conceptions of dangerousness based on an over-arching ‘one-size-fits-all’ approach?
  - Needs replication with more representative sample
Findings 3: Responsibility and deservingness

- No significant differences in responsibility for actions

- None of the vignettes considered particularly responsible for antisocial behaviour
Findings 3: Responsibility and deservingness

- No significant differences in deservingness of treatment

- All vignettes considered either deserving or completely deserving of treatment
Findings lend support to previous findings that when those with mental illness are not considered particularly responsible for their actions, they are considered more deserving of help with their condition (Feather & Johnstone, 2001).

However, lenient sample.... Representative?

May still be important implications for quality of support and treatment received, particularly for those with addictive disorders.
Findings & discussion 4: Familiarity

- No significant effect was found for personal /professional familiarity on attitudes towards mental illness in general.
- No significant effect of personal familiarity on attitudes towards Sam.
- However, those who had worked in mental health expressed significantly more positive attitudes towards Sam than those who had not.
  - Therefore lending some support to previous findings that professionals in the UK hold more positive attitudes than do the public.
Findings 5: Socioeconomic status and stigma

- Participants in all 3 ‘typical background’ conditions perceived Sam in a significantly more positive light than their ‘disadvantaged background’ counterparts.

- But no significant differences between mental health diagnoses within the typical and disadvantaged socio-economic backgrounds.

![Mean attitudes towards Sam (higher scores represent more negative attitudes)](chart.png)
Discussion & implications 5: Socioeconomic status and stigma

- Must consider findings in light of current economic & political background (Garthwaite, 2011; Baumberg et al., 2012)

- Particularly concerning given that many with mental illness do end up marginalised and disadvantaged due to their condition, and many are involved in crime

- Further, poor socio-economic status and associated stigma are associated with onset of depression (Mickelson & Williams, 2008) and psychosis (Stilo et al., 2012)

- Thus suggesting a perpetual cycle in which disadvantage and stigma may generate further difficulties
Conclusions

- Despite leniency, participants still disparaging towards socio-economic disadvantage
  - General public likely to be even more disparaging
  - Need to further examine this ‘triple difficulty’ (i.e. mental illness, socio-economic disadvantage and stigma)

- Is it possible to deconstruct dangerousness according to mental health condition?
  - Could it be based on a narrow, unidirectional stereotype?
  - Further investigation with a more representative sample needed