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Stop the Madness! An Examination of Mental Health Stigma and Proposal to Implement Widespread Efforts for its Reduction

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STOP THE MADNESS! AN EXAMINATION OF MENTAL HEALTH STIGMA AND PROPOSAL TO IMPLEMENT WIDESPREAD EFFORTS FOR ITS REDUCTION

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Many people in the United States are affected by mental health conditions. Mental health stigma is a social problem characterized by negative representation in the media, numerous barriers to obtaining treatment, and feelings of shame for those affected by a mental health disorder. While there is evidence of positive outcomes to some anti-stigma campaigns, there has been a failure for these programs to become widespread, covering all parts of American society. This paper has been created to present recommendations for widespread initiatives at the federal and state level. Recommendations for training and sensitivity programs targeting places of employment and schools, along with alteration of perceptions of people with mental illness in the media have been made. This topic and resulting recommendations may pave the path to reduce the severity and madness of mental health stigma in society.

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INTRODUCTION

The existence of mental health problems or illnesses within society are a reality that most individuals are aware of on some level. Whether it is recognized within the family, social circles, or within the workplace, mental illness is something that exists in all parts of society, all socioeconomic levels, and among all races and ethnic groups. The National Institute of Mental Health reports in 2016, approximately 44.7 million people in the United States over the age of 18 (National Institute of Mental Health, 2017), and 20% of young people between the ages of 13 and 18 experienced some form of mental illness (National Institute on Mental Illness, n.d.). Conditions such as eating disorders, dissociative disorders, sexual disorders, sleeping disorders, personality disorders, and others are among those affecting the lives of individuals and those connected to them in some way.

One of the side effects of having a mental health condition is the recognition that a person is having difficulties that are more extensive than the norm. Often people experiencing psychological problems go about their regular activities and remain unnoticed, however overt displays of internal struggles can lead to fears or judgements about the person. Perpetuation of judgements about these people, through various means, can lead to various types of social stigma.

When viewing mental health as a problem within society, various types of stigma appear. Crowe et al. (2016) and Schnyder, Panczak, Groth and Shultze-Lutter (2017) summarized various types of mental health stigma. While there are some differences in name and how they are described, there are overlapping themes. Both describe a type of self-stigma involving feelings and emotions that result from the need to seek help for mental health problems. The

process of seeking help may itself result in being stigmatized as well. Fears of this, also called anticipated stigma, may be a reason why many do not get the help they need. The stigmatizing views present in the general public is another type of stigma, as is the stigma experienced by being connected to a person with a mental health condition. This may be a friend, intimate partner, or family member (Crowe, et al., 2016 & Schnyder, et al. 2017). While these types of stigma differ from each other, they are all types of stigma experienced. As a result of this, the type of stigma experienced will not be the focus of this paper. Instead the various types of stigma will be viewed as a whole because they encompass the various expressions of stigma in society.

Negative stigma connected with having a mental health problem can have an impact on self-esteem, leading to shame and avoidance of seeking needed help (Warner-Gale, Walker & Tuffrey, 2017). A meta-analysis examining twenty-seven studies revealed that individual perceptions regarding mental health problems and views regarding help seeking for those conditions are linked to the outcome of whether or not a person seeks help for their mental health condition (Schnyder, Panczak, Groth, & Schultze-Lutter, 2017). Therefore, because stigma has an impact on whether a person decides to obtain help for mental health problems, and the number of people who experience some form of mental illness is great, stigma is a serious problem.

When examining various aspects within the concept of stigma in society, Henderson and Gronholm (2018) describe two specific factors, the first is viewing it as a process involving labeling, stereotyping, and discrimination, with a focus on the emotional aspect of the concept of being mentally ill. The second is the attitudes resulting from a lack of knowledge, leading to prejudice and discrimination (Henderson & Gronholm, 2018). The outcomes of both are prejudice stemming from perceptions connected to the status of having a mental health problem.

Breaking down the concept of mental health stigma, it is obvious that negative perceptions exist within society regarding mental illness. According to social constructionists, perception, learning, and social behavior are rooted in communication, which is central to the structure of social reality (Hibbard, 2005). If mental health stigma is in fact a part of social reality, it is easily understood how communication is central to the creation of and solution to negative mental health stigma in society. Since language is a primary component of the creation of mental health stigma, and the perpetuated negative views are woven into society, the application of the social constructionist perspective appears to be quite appropriate for the purposes of this study.

Before examining the problem of mental health stigma and proposing possible large-scale solutions to this problem, defining mental illness is necessary. While there can be many perceptions of what mental illness is or is not, the National Alliance on Mental Illness (2018) defines mental illness as a condition that "affects a person's thinking, feeling or mood", and the National Institute of Mental Health (2017) describes it as "a mental, behavioral, or emotional disorder" that can "vary in impact, ranging from no impairment to mild, moderate, and even severe impairment". For the purposes of this paper, mental illness or mental health problems will be defined as conditions that can affect a person's thoughts, moods, or behaviors, with mild to severe levels of impairment.

The examination of mental health stigma will begin by exploring the prevalence of mental health among various groups of people in society, to obtain an informed understanding of the scope of the problem. Afterwards the ways in which mental health stigma is communicated within society will be viewed. Other barriers to treatment will be considered, and a review of previous programs that have been implemented to reduce the stigma of mental illness will be

done. Afterwards a proposal for widespread implementation of strategic efforts to reduce mental health stigma will be made.

HEADING 2

SCOPE OF MENTAL HEALTH PROBLEMS IN SOCIETY

Before examining mental health stigma in society, the prevalence of mental health conditions within society should be examined. Although there are many different types of mental health conditions, they generally fall within two broad categories, those having any type of mental health problem and those with serious mental illness. People having any severity are included within the first category, but the second type is limited to those having severe mental health difficulties to the extent that there is an impairment in one or more activities of daily living (National Institute of Mental Health, 2017). These distinctions are important for the understanding of the research investigated.

The prevalence and extent of mental health conditions that affect a person's thoughts, moods or behaviors involves different levels severity. The National Institute of Mental Health (2016) reports that approximately 20% of adults in the United States have a mental health condition. Among youth between the ages of 13 and 18, the data is comparable (National Institute on Mental Illness, 2017). The actual number of adults represented by this percentage is around 43.8 million adults. Since the population of children in the United States is around 49.2 million people (United States Census Bureau, 2018), it means the number of children affected by mental health problems is close to 10 million people.

The severity of impairment for people living with mental illness is dependent upon the impact to the individuals' life. Adults having severe levels of impairment consist of 4.2% of all people in the United States but represent approximately 10.4 million people (Center for Behavioral Health Statistics and Quality, 2017). These serious mental health conditions affect daily functioning as noted above (National Institute of Mental Health, 2017). Around half of

chronic mental health conditions have an onset before age 14, and around three quarters begin before the age of 24 (National Alliance on Mental Illness, n.d.).

Since the vast majority of mental health conditions begins before the age of adulthood or early into adulthood, childhood mental health problems are of serious concern. The average time between the beginning of mental health difficulties and treatment is generally between 8 and 10 years (National Alliance on Mental Illness, n.d.). There are serious consequences resulting from untreated mental health conditions among youth. Around 37% of students under the age of 18 who have mental health problems fail to finish school. Teenagers who drop out of school may fail to utilize their time in constructive ways and may end up becoming involved with delinquent behaviors. Among juveniles incarcerated, 70% have mental health conditions (National Alliance on Mental Illness, n.d.b). Serious consequences of mental health conditions among youth are reported widely in the news. Some of these things include suicides among youth, bullying, and violent acts such as school shootings. These things highlight the seriousness of mental health problems among youth.

An examination of the prevalence of mental health conditions revealed some important results. As shown in Table 1, among all age groups it was found that 18.3% of the population has a mental health condition, with 4.2% having serious mental health problems. Of the overall population with mental health conditions, 42.1% receive treatment for mental health problems. Between the ages of 18 and 49 there were a similar amount of mental health difficulties found. There was a difference when looking at serious mental health problems, however. Of those in the 18 to 25 age range, 5.9% had serious mental illness in comparison with those between the ages of 26 to 49 amounting to 5.3% of the population. The age group with the lowest level of mental illness and serious mental health conditions were those over 50 years of age which comprised

18.3% having any type of mental illness and 4.2% having serious mental health problems (Substance Abuse and Mental Health Services Administration, 2017).

Considering that mental health conditions can have serious consequences upon the individual and those having frequent contact, the work and family environment can be affected, therefore receiving treatment is important. Of the percentage of the population with mental health conditions, 43.1% receive treatment. When breaking down the proportion seeking treatment by age though, there were some important differences. Of those between 18 and 25, only 35.1% receive treatment, while 43.1% of those between the age of 26 to 49 do, and of those over the age of 50, 46.8% receive treatment (Substance Abuse and Mental Health Services Administration, 2017). These results indicate that younger adults have higher levels of mental health problems and serious mental health illness but have the lowest level of treatment for these conditions. Those over the age of 50 have the lowest level of mental health problems as well as serious mental health conditions, yet they are the greatest proportion receiving treatment (Substance Abuse and Mental Health Services Administration, 2017). In other words, there are greater mental health needs among the young adult population who also have less propensity for receiving treatment. The implication for the individual as well as friends and families among all groups is potentially serious.

Table 1

Age Group by Mental Illness Category Within the United States Population

	Mental Illness Category		
Age Group	Any Mental Illness	Serious Mental Illness	Receiving Treatment
18-25	22.1%	5.9%	35.1%
26-49	21.1%	5.3%	43.1%
50+	14.5%	2.7%	46.8%
Average	18.3%	4.2%	43.1%

Data obtained from the Substance Abuse and Mental Health Services Administration (2017).

HEADING 3

MENTAL HEALTH STIGMA AS A PROBLEM IN SOCIETY

One of the ways of examining social problems among academics is through the lens of social constructionism. In the social constructionist perspective, it is understood that problems existing in society are considered problems because society itself decides and defines what is a problem. Among the things central to the social constructionist viewpoint is that perceptions and social behavior are directly affected by discourse (Hibbard, 2005). In other words, language influences or creates largely held beliefs and has the capacity to affect how people act and react in society based on those beliefs. Negative stigma associated with mental health difficulties and diagnoses exist because of adverse discourse that has been reinforced within society. The effects of this stigma can be great.

Henderson & Gronholm (2018) indicate that continued exposure to negative socially held beliefs regarding mental health may make efforts to change public perception difficult. Continual reinforcers portrayed within the media are known to be one source of widespread negative stigma. Television programs express the view of people with mental illness as being perpetrators of homicide and are often presented as villains in children's movies. These depictions create negative views of those with mental health problems, instilling fear among adults as well as the youngest members of society (Beachum, 2010). The fear created while watching films portraying people with mental illness in a negative light, resulting perceptions can translate into the desire to avoid people with these conditions. Beachum (2010) noted that television programs and movies also instill cues, unconsciously teaching the viewers how to react to people with mental illness.

The video gaming business in the United States has blossomed into a successful and very profitable form of media entertainment. With this boom, another venue of great influence on the

minds of people has been created. Video games often present characters with mental illness as vile beings in need of elimination (Dickens, 2017). The pervasive images and representations of such stigmatized material can not only reinforce negative perceptions but may also create harm for those affected by mental illness.

For individuals with mental health problems, self-stigma is a problem that can exacerbate their conditions. Issues such as self-blame for not being able to deal with the personal difficulties experienced, along with personal shame and reluctancy to seek help, comprise different aspects of self-stigma among this population (Milner, Law, Mann, Cooper, Witt & LeMotagne, 2017).

Another problem to consider are the effects on people with mental illness resulting from negative contact with police. Negative experiences may result because of officers not believing claims of victimization, or from police calls resulting from behavioral displays inconsistent with social norms, creating fear and calls to the police to bring order. Such events are only likely fuel self-stigmatizing views (Henderson et al., 2013). These things give credence to reports that the stigma experienced is equal to if not worse than the effects of the mental health problem on their life alone (Warner-Gayle, et al., 2017).

In addition to the problems and fears resulting from stigma among those diagnosed with mental illness, there is also fear among many who are struggling with mental health problems who haven't been diagnosed and are not seeking treatment. The fear of a diagnosis that will formally label an individual with a disorder, known as help seeking stigma (Crowe, et al., 2016), may deter many from getting the help they need. An individual who is overwhelmed with stress or grief may feel as though they are experiencing a mental health crisis, however the temporary condition is not the same as having a mental illness. It is important to acknowledge that societal focus on the prevalence of mental health disorders may erroneously consider these people as

having a mental illness (Henderson & Gronholm, 2018). These people may experience the self-stigma people with mental illness experience, however traumatic experiences are common to all people at some point in their lives.

Public perception appears to be the driving force behind mental health stigma. When explaining what mental illness is, however, it must be realized that some mental health conditions are viewed differently than others. Crowe et al. (2016) conducted a study where participants reported the acceptance of anxiety and depression because of their prevalence in society. Portrayals of people with mental health conditions in the media don't seem to include people with those conditions however, instead representations of people with severe mental health conditions seems to be the norm. Perhaps the lack of stigma for anxiety and depression stem from this.

The consequences of stigma aimed towards those having mental health disorders are numerous. Among these consequences is the effect upon the ability to obtain and maintain employment. People with mental health problems have been considered to be less employable by employers than individuals with other types of disabilities. Once employed, there are known to be difficulties with promotion and retention. In addition to this, relationships with other workers because of stigma affect how they are treated on the job as well (Henderson & Gronholm, 2018).

Outside of the workforce there are additional effects to negative stigma. Due to the economic impact on employment, the housing environment may be unsafe or substandard (Henderson & Gromholm, 2018). As touched upon before, negative contact with police may occur. Behavioral problems may result in contact with police who may not be trained or have sufficient knowledge about mental health conditions. This may result in criminalization of the person with mental illness instead of treatment (Legghio & Jaswell, 2015). Victimization of the

person with mental health conditions may occur through the criminal justice system itself. Disbelieving a victim (Henderson & Gronholm, 2018), failure for appointed attorneys to adequately represent the client in court, and through maltreatment by inmates and correctional staff if incarcerated.

Another criminal justice field to be considered as far as stigma is concerned, is the probation and parole system. White, Holloway, Aalsma, Adams, and Salyers (2015) conducted a study on stigma and mental health competency among juvenile probation and parole officers in conjunction with burnout and cynicism. They found that out of 246 officers surveyed, approximately a third revealed having high levels of burnout and cynicism. With higher levels of burnout and cynicism, higher levels of stigma towards people with mental health conditions and lower levels of knowledge about mental illnesses were found (White, et al., 2015). This is of serious concern given that approximately 15% of males and 30% of women arrested have serious mental health conditions (National Alliance on Mental Illness, n.d.a). Once released from jail many continue with probation and have the potential to be under the watchful eye of probation officers who hold stigmatizing views towards people with mental illness.

Professionals in other occupations who have contact with people having mental illness should be viewed regarding the levels of stigma they hold as well. Those working in the mental health professions are expected to have lower levels of bias towards people with mental health conditions by virtue of the knowledge obtained through education and training, as well as through their continued exposure to this population. Zellmann, Madden and Aguiniga (2014) surveyed social work students at a Midwestern university. They found that at some point during their lives, over half had been concerned about whether or not they personally had a mental health problem. Over 2/3 indicated they would be willing to receive treatment, but over a third

said they would not want others to know they were receiving help (Zellmann, Madden & Aguiniga, 2014).

Considering these social work students are future mental health professionals, they should have an understanding of the difficulty their potential clients must experience and should develop a variety of techniques and methods for assisting them. Unfortunately, however, as their levels of education increased in the program, negative perceptions about their future clients did as well. There was an increase in the belief that these clients are unable to obtain meaningful goals, or intelligent enough to work in most occupations (Zellmann, et al., 2014). Having these views may seriously impact the therapeutic relationship and the ability to assist their clients to the fullest capacity.

The impact of stress in connection with mental illness is also important. An examination of gay men in Australia found that individuals having a lower level of education in combination with low levels of support resulted in increased levels of distress (Lyons & Hosking, 2015). While that in itself is concerning, a study conducted in Israel found that clients with mental health conditions who had lower levels of education and high levels of distress resulted in higher levels of negative stigma among therapists. When the therapeutic relationship was examined, it was found that the higher level of stigma reported, the lower the perception of a good working relationship between the client and therapist (Nakash, Nagar & Levav, 2015). These results give rise to the implication that people who have lower levels of education and are in high distress, needing therapeutic support, are possibly not receiving the positive client-therapist relationship needed.

An examination of mental health knowledge and perceptions among male college students of various racial and ethnic groups was conducted by Rafal, Gatto and DeBate (2018).

While there was an overall low level of knowledge, presence of negative beliefs, negative attitudes and stigma towards help seeking, there were also differences among racial and ethnic groups and between undergraduate and graduate students. Graduate students generally had higher levels of knowledge, lower stigmatizing views, and were more willing to seek help for a mental health problem. Among racial and ethnic groups, white students had higher levels of knowledge but had more stigmatizing views and were less likely to seek help than other groups. Asians had more negative views about mental illness than all other groups but reported greater suicidal ideation and less likelihood of seeking treatment for difficulties. One positive finding is that Hispanic males reported the greatest likelihood for seeking treatment for a mental health problem than all other groups (Rafal, Gatto & DeBate, 2018).

A brief review of mental health stigma as a problem in society provided ample evidence of a wide range of problems resulting from negative views regarding this population. Differing levels of stigma towards individuals with mental health problems have been shown to exist based upon the acceptability of the condition (Crowe, et al., 2015, & Henderson & Gronholm, 2018). Fears of having a problem and being labeled with a condition exist among the general population (Crowe, et al., 2016, & Henderson & Gronholm, 2018). Fears of others knowing they have a mental health condition among those aspiring to be social workers as well, present evidence of a lack of desire to receive treatment for mental health problems (Zellmann, et al., 2014). Among those having contact with people in the criminal justice field may experience undesirable contact with law enforcement professionals (Henderson & Gronholm, 2018 and Legghio & Jaswell, 2015), and close to a third of probation and parole officers reportedly have higher levels of stigmatizing views and a low level of knowledge about mental health disorders (White, et al., 2015). There are numerous ways in which the lives of people with mental health conditions are

affected by mental health stigma (Henderson & Gronholm, 2018), and stigmatizing views and knowledge about mental health vary among the populations in society (Rafal, et al., 2018). Finally, one of the most provocative examples of mental health stigma in society is the perpetuation of negative bias presented in the various forms of media (Beachum, 2010). The problem of mental health stigma is diverse and complex. As a result of this, efforts to reduce stigma are an enormous challenge.

HEADING 4

BARRIERS TO OBTAINING MENTAL HEALTH TREATMENT

Although there are a large number of people in the United States living with mental health conditions (National Institute on Mental Illness, 2017) and widespread related stigma is a problem in society (Crowe, et al., 2016), an additional thing to consider are the barriers to receiving treatment. Some basic barriers to be viewed are the things affecting the decision whether or not to obtain treatment and beliefs about treatment itself. In addition to these general barriers are obstacles experienced by sub-populations such as youth, culture and gender. While there is an overlap when explaining the stigma connected with having a mental illness and describing the barriers to receiving treatment, there is a need for understanding and an emphasis on the deterrent factors resulting from stigma.

As mentioned earlier, only around 43.1% of those with mental health conditions receive treatment (Substance Abuse and Mental Health Services Administration, 2017). With this in mind, it is evident that there are internal factors that can be a barrier to receiving treatment. According to Milner et al. (2017), shame, a type of self-stigma, is connected with help-seeking inhibition. Warner-Gale et al. (2017) further states that the impact of stigma affects feelings of self-worth, leading to shame and lack of desire to seek help. Shame can affect self-confidence and affect help-seeking desires as well (Rafal et al., 2018).

Norms are considered to be another type of internal barrier to receiving treatment. With respect to behaviors, norms are typical or accepted behaviors within society (Miriam-Webster, 2018). Rafal et al. (2018) examined normative beliefs regarding mental health issues and help-seeking intentions. It would appear to be expected that negative beliefs regarding mental health conditions would affect the desire to seek treatment if these individuals were experiencing

mental health problems. Within the findings of the Rafal et al. study (2018), perceptions of societal norms which affect personal attitudes towards seeking help were connected with lower help-seeking intentions as well. In other words, negative beliefs regarding mental illness is the only factor hindering help seeking behaviors. Beliefs about what is acceptable in society plays a part in this as well.

Public stigma, or labeling, is another factor affecting an individual regarding their help-seeking desires. Warner-Gale et al. (2017) said that among professionals and within the general public are stigmatizing views towards people with mental health conditions. Schneider et al. (2017) actually viewed public stigma as a specific type of stigma, with its own impact. They conducted a meta-analysis examining mental health stigma and help seeking. Perceived public stigma was found to be connected with negative attitudes and lowered levels of desire towards future help-seeking.

One serious internal barrier to receiving treatment for mental health conditions is the expectation of discrimination (Henderson, Evans-Lacko, & Thornicroft, 2013). Yu, Kowitt, Fisher and Gongying (2018) described discrimination as one of the 3 principal results from mental health stigma. As conveyed earlier, discrimination can be found in places of employment regarding hiring, advancement and retention. It may also occur by public service professionals such as police when reporting crimes and in the social welfare system through housing placement locations and processing of claims (Henderson & Gronholm, 2018). When seeking help, if therapy begins it may not be continued due to discrimination in the therapeutic environment. Negative perceptions about intelligence and abilities (Zellmann, et al., 2014) and stigmatizing views held by professionals (Nakash, et al., 2015), may lead to failure to continue treatment. As noted earlier, clients have reported that discrimination can be worse than the

mental health condition they experience (Warner-Gale, et al., 2017). These negative types of contact within professional relationships or encounters can be very harmful. It is evident that discrimination and perceived discrimination can be a deterrent factor for obtaining or maintaining treatment.

Among the barriers to receiving treatment are factors regarding treatment itself. One of the reasons for the difference between the need for therapy and the proportion of those who receive it are such things as having a limited understanding of symptoms and of the type of services available (Henderson, et al., 2013). A person may recognize they are experiencing psychological problems, but without having knowledge about the symptoms connected with the mental health condition they are experiencing, they may not fully understand the extent of the condition they have or the severity. This may lead to false perceptions regarding the types of treatment, programs, and assistance they need, and what is accessible. Along with this may be a false assumption that a single or short-term treatment will be a sufficient intervention (Henderson, and Gronholm, 2018). Prescribed medications may also be considered sufficient, leading to believe that therapy is unnecessary (Crowe, et al., 2016). This may be quite common.

When considering that half of all mental health conditions begin by age 14 (National Alliance on Mental Illness, n.d.), there are additional barriers to treatment unique to youth affected by mental illness. Stigmatizing views held by parents regarding mental health problems and treatment may be a substantial barrier. Outside of counseling available in schools, professional therapy for mental health conditions for youth are dependent upon parental willingness to help their child receive help. Therefore, increasing knowledge among parents is critical. Counterintuitively, researchers discovered that having strong relationships with peers actually increase help seeking behaviors (Zhao, Young, Breslow, Michel, Flett, & Goldberg,

2015). While this is positive, overprotective parental relationships were found to result in less social attachment and more stigmatizing views towards people with mental health conditions (Zhao, et al., 2015). From this, it can be inferred that having greater attachments to parents and weak relationships with peers may hinder help seeking. Negative views of mental health conditions held by parents may play a part in this. This provides important information to consider when creating intervention strategies.

A vital thing to be aware of is that access to mental health practitioners has been declining. According to the National Council for Behavioral Health (2017), the demand for services has been soaring, and due to the lack of sufficient treatment facilities and providers, a crisis has been created. Many people with mental illness rely on public health programs for receiving treatment as a result of the impact mental health conditions has on employment. The cost of psychiatric care is not fully covered by insurance reimbursement, reducing access to treatment facilities and increasing wait times for obtaining services (National Council for Behavioral Health, 2017). Difficulty in obtaining services and excessive waiting can be a serious deterrent to seeking treatment, and dangerous if a crisis situation is occurring. This is likely to be one of the most severe barriers to receiving treatment.

HEADING 5

ANTI-STIGMA PROGRAMS WITH POSITIVE RESULTS

There are many programs that have been developed to address the problem of mental health stigma. While all of them cannot be addressed here, a few will be presented that provide insight to the success of these programs. Each program reviewed targets different populations of people and reveals things that are less successful as well.

Henderson and Gronholm (2018) pointed out that there are types of stigma that overlap mental health stigma such as unemployment, poverty, and others. Efforts to reduce stigma for one problem cannot universally be applied to all conditions. There are problems unique to mental health stigma that may require adaptations to some anti-stigma programs in order to be effective (Henderson & Gronholm, 2018). As a result, anti-stigma programs specifically dealing with the problem of mental health is focused upon here.

One type of intervention involves direct contact with people with mental health conditions. The goal is to reduce negative views about this population through communication. Another type of inter group contact is extended over time. A population targeted for this type of intervention are those working in health professions. People with mental health conditions have professional relationships with many healthcare providers. They may hold negative perceptions about people with mental health conditions, and an intervention could prove to be necessary (Henderson & Gronholm, 2018).

Training interventions targeting criminal justice professionals have shown to have positive results. A reduction of negative perceptions resulted among these professionals in Sweden, and although the perception of people with mental health conditions as being violent did not change in England, communication with them became more positive (Henderson &

Gronholm, 2018). Journalists, another group targeted for intervention programs, had a program instituted within the workplace through the provision of literature, alteration of policies, and training. These programs showed some success as well (Henderson & Gronholm, 2018).

A meta-analysis of mid to long term effectiveness of anti-stigma efforts in countries with low and middle incomes was conducted. Over 80 intervention studies were reviewed and examined perceptions of discrimination, experienced discrimination, alteration of work or school policy, and discriminatory behavior. While a moderate level of intervention effectiveness in terms of increased knowledge and lowered levels of stigmatizing views was achieved and maintained after 4 weeks, another important finding was discovered. The interventions involving contact with people who have mental health conditions were not shown to be more effective than programs without contact (Mehta, et al., 2015). In other words, the research did not support the belief that social contact is the most effective way to reduce negative attitudes towards mental health problems in medium to long term.

Schools are an excellent location for anti-stigma programs. A program called *Mental Health Matters* involved an anti-stigma prevention program incorporated into a language arts program targeting students in elementary schools. Over a thousand 6th and 7th graders were involved in this program. Increased knowledge about mental health conditions and a reduction of negative views resulted. Students and teachers both had positive views of the program, and the results passed the test of longevity (White, et al., 2015). Another successful school language arts program focusing on increasing mental health knowledge was undertaken by Weisman, Kia-Keating, Lippencott, Taylor, and Zheng (2016).

An African intervention program involving teachers was instituted. Cultural adaptations were made and mental health literacy integration into the curriculum by the educators was the

planned goal for stigma reduction. Pretests and posttests of the training program revealed positive results (Kutcher, et al., 2016). The viability of this type of program over time appears to be quite promising.

One unique study utilized cellular telephone technology in the construction industry in an effort to reduce mental health self-stigma. The focus was to reduce shame, self-blame, and help seeking reluctance. A reduction in these types of stigma occurred but did not reach the level of statistical significance. Those involved with the intervention program indicated feeling that the program was beneficial (Milner, Law, Mann, Cooper, Witt, & LaMontagne, 2018).

As discussed earlier, the portrayal of people with mental health conditions has been negative and widespread in the media. A large-scale intervention program was developed and implemented in England in an attempt to reduce media based mental health stigma. This was a social marketing campaign that ran from 2004 to 2014. Participants recruited to ascertain the effectiveness of the program occurred prior to each segment of the campaign, and more than 10,500 people were recruited through interviews conducted in an online questionnaire (Sampogna, Bakolis, Evans-Lacko, Robinson, Thornicroft & Henderson, 2016).

Results from this media-based marketing campaign revealed an awareness of the campaign, positive attitudes towards mental illness, and higher levels of intended positive behavior. Facebook and Twitter represented the majority of the social media marketing participants within the campaign, which allowed for additional discussion outside of the surveys alone (Sampogna, et al., 2016). *Time to Change*, the name of this campaign, maintains a current website providing education, ideas and opportunities for becoming involved, as well as downloadable posters and leaflets that can be used to increase awareness of mental health issues (Time to Change, 2018).

Another similar social marketing campaign implemented aimed at reducing mental health stigma in California. It was funded by the California Mental Health Services Authority and involved the use of a one-hour documentary entitled *A New State of Mind: Ending the Stigma of Mental Illness*. This documentary was shown on television, at numerous public gatherings, and is available for purchase on a website also created by the California Mental Health Services Authority (Ashwood, Briscombe, Collins, Wong, Eberhart, Cerully, J., . . . Burnam, 2016).). The website provides educational information, numerous personal stories shown through written stories and video clips, as well as promotional material (Each Mind Matters, 2018). A lot of information provided through this website and can provide extensive material to help people dealing with their own mental health problems.

The State of California asked the Rand Corporation to assess the success of its statewide intervention efforts. Their reported findings show multiple benefits as a result of these programs such as an increase in mental health treatment, increases in employment for this population, individual productivity, and opportunities for greater earnings. The cost for the program was considered to be relatively low and the benefits to the state were expected to far outweigh the amount spent due to increases in employment (Ashwood, et al., 2016). Secondary benefits to the state follow a rise in employment such as tax benefits through consumer spending, and profits to businesses leading to the need for additional employees.

HEADING 6

PROPOSED IMPLEMENTATION OF WIDESPREAD MENTAL HEALTH STIGMA REDUCTION PROGRAMS

As discussed earlier, the prevalence of mental health conditions for adults and youth in the United States is approximately 20% (National Institute of Mental Health, 2017 & National Institute on Mental Illness, 2017). There are numerous types of barriers to obtaining mental health treatment sadly, and while numerous types of anti-stigma programs have shown promise for helping to reduce associated stigma, overall stigma still remains. Knowing that there are effective ways to address mental health stigma, the lack of a widespread concerted effort to reduce it is madness!

While programs supported by state government in California (Each Mind Matters, 2018) and by the national government in the United Kingdom (Time to Change, 2018), the federal government in the United States has not created an extensive program or policy at this time. Previous efforts such as the War on Poverty, the War on Crime and the War on Drugs are well known federal social policies, however a War on Mental Health Stigma has not been declared. While Joel Best (1999) stated that declaring war against a social problem generally fails due to the difficulties connected with duration and the inability to declare victory and others, there are other benefits that can result such as the headlines grabbing declaration that the problem is evil and needs to be addressed in a resolute fashion. It can result in the funding of programs and advertising programs to kick start national and state efforts to reduce this social problem. A concerted effort on the national level to dig into the problem of negative media representations can be a good beginning. Funding can help remove numerous barriers to receiving treatment, such as the lack of sufficient resources to help people with mental health problems, and a

shortage of mental health practitioners. This this can be the first step in starting the process of ending the madness of mental health stigma.

Professional training and sensitivity programs can be implemented as a regular part of employment training upon hire and during annual training sessions. State agencies dealing with the public should be required to have information on how to recognize problems that clients may be experiencing so resource information can be provided. Counselors should be required to have competency requirements completed for obtaining and maintaining licensure as well. Other professionals having regular contact with people in crisis such as law enforcement professionals, educators, and medical professionals should be targeted for in depth training likewise.

The educational program implemented in Africa where mental health literacy was integrated into the school curriculum (Kutcher, et al., 2016) can easily be implemented in the United States with appropriate training for educators. Health courses can also teach students ways to help peers in crisis and encourage their friends to seek help without judgment. Parent Teacher Associations and programs for parents can help parents recognize the seriousness of anger, depression and lack of social attachments as well. Fostering a positive school environment where psychosocial well-being in addition to other positive aspects connected with school climate have been found to greater amounts of mental health related knowledge and lower stigmatized beliefs (Townsend, et al., 2018). An inclusion of this concern would be important for educators and administrators to consider.

The effects of media portrayals regarding music, fashion, politics and various other things are well known. News stations, movie producers, politicians, musicians, actors, and various companies are among the beneficiaries of media exposure. Concerted efforts to portray the acceptance of people with mental health conditions, and showing empathy and support for those

experiencing difficulties, can be easily accomplished. People who identify themselves as being gay, lesbian, bisexual or transgender are among those beginning to be considered as not being mentally ill (Burton, 2015). While the current version of International Classification of Diseases classifies homosexuality as a psychological and behavioral disorder (World Health Organization, 2016), the media has come a long way in its portrayal of people who are gay, lesbian, bisexual and transgendered. Numerous television programs, movies and advertisements portray individuals with varied sexual orientations in a positive light in today's world. With this in mind, again it can be asserted that the same efforts for acceptance can be employed for people who have mental health conditions as well.

With the existence of the *Time to Change* (2018) and *Each Mind Matters* (2018) programs that include the use of social media and websites, federal and state programs that cover the entire nation can also be created. Documentaries can be created, and advertisements addressing the need for support and treatment can portray people from various racial and ethnic groups with cultural sensitivity, along with specific groups being targeted such as parents, youth, and professionals.

Finally, one thing that has not been found among the literature that can be implemented is a change in terminology focus. While the terms mental illness, mental health conditions, and mental health problems are used interchangeably, mental health should be simply viewed as a part of overall health. Mental health is indeed a health problem and should be treated as such. If all people were encouraged to have mental health checkups as a part of regular medical care, there is a likelihood that experiencing mental health problems would not be considered shameful or embarrassing. Mental health problems can be compared to any other type of physical ailment. If a person has a kidney problem, heart problem, endocrine disorder, or any other type of

problem, most people seek help. Seeking help for a mental health condition should be as normal as seeking a doctor for any other type of condition. This could go a long way towards reducing mental health stigma.

HEADING 7

DISCUSSION

There is a prevalence of mental health conditions and associated stigma in the United States. Approximately 45 million people over the age of 18 are affected (National Institute of Mental Health, 2017), and an estimated 10 million youth (National Institute on Mental Illness, 2017 & United States Census Bureau, 2018). Although some mental health conditions may have a mild to moderate impact, there are also people who experience severe and disabling mental illness. Considering that around half of chronic mental health conditions have an onset before age 14, and around three quarters begin before the age of 24 (National Alliance on Mental Illness, n.d.), the seriousness of addressing mental health problems and related stigma among youth and early adulthood cannot be overstated.

There are various types of mental health stigma that exist with overlapping themes described by different authors. Among self-stigma are such things as self-blame and shame due to internalized views regarding their mental health condition. The process of seeking help may be emotionally traumatic to a person with a mental health condition. Fears connected with this can be viewed as anticipated stigma. Another type of stigma, public stigma, refers to publicly represented beliefs regarding mental illness (Crowe, et al., 2016 & Schnyder, et al. 2017). These stigmatizing beliefs may be perpetuated by negative portrayals of people with mental health problems in television programs and movies (Beachum, 2010). Friends and family may experience stigma as a result of their connection with a person who has a mental health condition as well (Crowe, et al., 2016).

One of the social problems resulting from stigma is discrimination. Barriers to receiving treatment often involve different types of stigma. It is considered to be one of the primary results

of stigma (Yu, et al., 2018). The expectation of discrimination itself is considered to be a barrier to treatment (Henderson, 2013). Stigmatizing views have been known to exist among professionals such as police, professionals in the healthcare system, and those working in the social welfare system (Henderson, 2018). A reduction to the many barriers hindering treatment seeking, related to stigma, is imperative.

Programs to address the needed changes to reduce stigma need to be created and employed. Federal initiatives need to be implemented to draw attention to the problems, identify it as a social problem, and begin widespread efforts to effect change. Funding at the national and state level along with the use of media advertisements can influence public opinion and help those affected by mental health problems reduce self-stigma connected with their mental health conditions.

As a result of state and federal funding, various types of training and sensitivity programs can be created. People in all places of employment can include mental health literacy as a part of their orientation upon hiring, and those dealing with youth can have special training to deal with crises. Licensed professionals dealing with people face to face can include knowledge about mental health and be required to have competency in this area before being licensed.

Finally, the negative representation of people with mental health conditions in the media can be changed. Concerted efforts can be made in the media by portraying acceptance, support and empathy towards people with mental health conditions. Mental health care and treatment can be and should be viewed as a regular part of health maintenance. By implementing these proposed changes, a great impact can be made that leads to mental health stigma reduction. Perhaps the maddening severity of stigma can then finally end.

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