



The Key

ASSISTANCE REPORT

Focus on VIOLENCE

National Mental Health Consumers' Self-Help Clearinghouse

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The myth that people with psychiatric histories are significantly more violent than the general public leads to fear, prejudice and discrimination against people with mental illnesses. For example, 61 percent of Americans believe people with schizophrenia are likely to be dangerous to others, according to the 2003 report of the President's New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America*. And the 1999 Surgeon General's report – *Mental Health: A Report of the Surgeon General* – revealed that “the perception of people with psychosis as being dangerous is stronger today than in the past.”

These perceptions, perpetuated by the news and entertainment media, continue to have insidious effects on consumers of mental health services. “There’s an underlying tension when some people find out I have bipolar illness,” says Bob Carolla, a mental health consumer and director of NAMI’s StigmaBusters program. “I know on some level there’s a fear that I’ll be unpredictable or violent.”

“The issue of violence can be a difficult one for people with mental illness, as it



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can lead to discrimination in the form of employers who won't hire consumers and landlords who won't rent to them out of the belief that they will be violent,” says Patrick W. Corrigan, Psy.D., principal investigator of the Chicago Consortium for Stigma Research and professor at the Institute of Psychology of the Illinois Institute of Technology in Chicago.

VICTIMS – NOT PERPETRATORS

“The U.S. Surgeon General has stated that the overall contribution of mental disorders to the total level of violence in society is exceptionally small,” says Carolla. “Violent acts are exceptional. They are a sign that something has gone terribly wrong, often within the mental healthcare system or other agencies.”

In fact, research has shown that people with mental illnesses are more routinely victims – not perpetrators – of violent crimes. A 2000 study by researchers at North Carolina State University and Duke University found that people with severe mental illness are two and half times more likely to be attacked, raped or mugged than the general population.

However, the connection between violence and mental illness is hotly debated. “When we look at epidemiological evidence, there’s a body of data that tells us, in fact, that people with mental illness are a bit more dangerous than the rest of the population,” says Corrigan. “The problem is what we do with that information.” What remains unclear is the exact

nature of the relationship between mental illness and violence. One problem is how “violence” is defined and measured in research; police, researchers, statisticians and survivors may have differing definitions. Another is isolating mental illness from other contributing factors. “In these studies, the relationship between mental illness and violence is confounded by many different factors so we don’t know whether it’s mental illness itself or the circumstances that people with mental illness often find themselves in. For example, for many people with mental illness, the only places they can find to live are in poverty-stricken, violent neighborhoods,” says Otto Wahl, Ph.D., stigma researcher, professor of psychology and director of the Graduate Institute of Professional Psychology at the University of Hartford in West Hartford, Conn.

As Corrigan points out, mental illness is not a good predictor of violence. “Factors like gender and youth are much more predictive. Men [without mental illnesses] are about three times more likely to commit a violent act than people with mental illnesses are, while young men are about six times more violent than people with mental illnesses.”

Another known predictor of violence is substance abuse. As mental illness and substance abuse often go hand in hand, substance abuse becomes another confounding factor in research. According to data from the 1998 MacArthur Foundation Violence Risk Assessment Study, people with co-occurring sub-

stance abuse and serious mental illness are five times more likely to be violent than people with mental illness who do not use alcohol or drugs. A consensus statement signed in the 1990s by more than three dozen lawyers, advocates, people with psychiatric histories, and mental health professionals reads in part: “The results of several recent large-scale research projects conclude that only a weak association between mental disorders and violence exists in the community. Serious violence by people with major mental disorders appears concentrated in a small fraction of the total number, and especially in those who use alcohol and other drugs.”

Yet even taking substance abuse into account, it is generally agreed that the numbers of people with mental illness likely to commit a violent act are low. “I do think it’s a mistake to assert that people with mental illnesses are no more violent than the general population; they are slightly more violent but not hugely more,” Wahl says. “Ultimately, when we talk about an increased rate, it’s not a high rate.”

THE ROLE OF THE MEDIA

Experts blame public attitudes about mental illness on the media, in which people with mental illnesses are typically painted with overly broad strokes. “The vast majority of people with mental illnesses are not violent and dangerous; that’s like saying all young men are dangerous,” Wahl says. “But we’ve become afraid in part because of the selective visibility of people with mental illness who have committed violent

acts. What we see in newspaper headlines makes it seem as if the incidence of violence is much greater than it is in reality.”

In 2003, the Elimination of Barriers Initiative – a program of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) – took a “media snapshot” and found that articles in news outlets across in the country over a two-month period linked mental illness to dangerousness, unacceptable behavior, unpredictability and homelessness. Such media coverage perpetuates violent stereotypes, demeans consumers and trivializes mental illness, Carolla says.

“The media represents people with mental illness as dangerous because that’s what sells,” Corrigan says. “When it bleeds, it leads. Recovery is simply not interesting, so what we see are the ‘homicidal maniacs.’”

However, in a 2003 study published in *American Behavioral Scientist*, Wahl found that newspaper coverage of mental health issues actually has improved. In 1989, negative stories about people with mental illness outnumbered positive stories three to one. In 1999, the ratio was two to one. “We’re still seeing far more negative stories than positive ones, but it’s not a deliberate campaign to stigmatize people with mental illness. My experience has been that when you inform people in the media of your concerns, they tend to respond favorably,” Wahl says.

HOW TO FIGHT THE STIGMA AND DISCRIMINATION ASSOCIATED WITH THE MYTH OF VIOLENCE

- **Create more visibility.** “Being visible can be risky but remaining in the shadows simply allows stereotypes to continue,” says Otto Wahl.
- **Initiate more contact** with the public through formal programs like In Our Own Voice or informally through work and school. “Studies have shown that personal contact is the most effective and long-lasting strategy for eliminating stigma. Contact puts a face on mental illness and that changes people’s attitudes,” Wahl says.
- **Speak out against negative imagery** in the media. “The media share the same stereotypes as the rest of the population,” says Wahl. “Pointing out these images is helpful, and a formal campaign can create some economic pressure to change. That’s not always a key element but it doesn’t hurt.”
- **Replace negative imagery with positive imagery.** Call radio and television talk shows and write letters to print publications: share stories of recovery and of people with mental illnesses making a positive impact on the community.
- **Create your own grassroots campaign.** “I often find the most creative stigma-busting work at the local level. People usually figure out what works the best in their own community,” Bob Carolla says.

COMMUNITY RESPONSE

The issue of violence has been divisive in the mental health community.

“Exactly how to respond to this problem is an argument that tends to break apart advocacy groups,” Corrigan says.

Some have focused on aligning public perception with reality. In 2000, the Mental Health Coalition Against Stigma in Hollywood, an ad hoc group of mental health advocacy organizations, helped get ABC-TV to pull the program *Wonderland* from its schedule after only two episodes had been aired. Described by the television network as “a gripping, fast-paced drama about doctors who work in the psychiatric and emergency units at Rivervue Hospital”—apparently based on Bellevue Hospital in New York City—*Wonderland* portrayed extremely violent behavior on the part of people with no relief from their psychotic symptoms.

Recent activities of NAMI’s StigmaBusters – a media watch program that combats harmful portrayals of people with mental illnesses in the news and entertainment media – have focused on the 2006 Virginia Tech tragedy (in which a student killed 32 people before taking his own life) and subsequent legislation that features stigmatizing language. Carolla says the organization receives around 300 reports of stigmatizing incidents a month. “We have to pick our battles very carefully,” he says.

It’s equally important, Carolla says, to reward positive media portrayals of people with mental illnesses: “We give an Outstanding Media award every year to recognize organizations that hit a standard of excellence. The more we support the positive images, the more we reinforce these efforts and help serve the goal of public education.” Other organizations, including Mental Health America, also give media awards for outstanding coverage of mental health issues. Eli Lilly and Company’s Welcome Back Awards include a “destigmatization” category. And SAMHSA has created the Voice Awards, whose goal is to “recognize writers and producers of entertainment programming – television, radio, and film – who have helped give a voice to people with mental health problems by incorpo-

rating dignified, respectful, and accurate portrayals of these people into their scripts, programs, and productions.” The Voice Awards also recognize the efforts of mental health consumer advocates who have helped raise awareness and understanding of mental health issues. In addition, SAMHSA recently awarded 12 National Anti Stigma Campaign state implementation grants.

NAMI is working with the Entertainment Industries Council to create a set of resources for Hollywood writers to more accurately render characters with mental illness. And the Rosalynn Carter Fellowships for Mental Health Journalism provide grants to journalists to study topics related to mental health or mental illnesses. “There is tremendous potential for journalists to improve the public’s understanding of mental health issues and to play a critical role in reducing stigma and discrimination against people with mental illnesses,” says former first lady Rosalynn Carter.

INCREASING CONTACT

Drawing from the gay community’s approach, some advocates recommend attacking stigma through increased visibility. “People might want to think about some kind of coming-out strategy,” Corrigan says. “Of course, we need to be cautious about this, but we can see that there was a concerted effort to make the general population more aware of how big the gay population really is. The mental health community may be much larger – one in five people – and that can really have an impact.”

Increasing contact between individuals with mental illness and the community at large is a related approach to breaking down false and negative images. “One of the things research and clinical experience shows us is that contact with people recovering from mental illness can contradict that stereotype,” Wahl says. With Dr. Amy Wood of George Mason University, Wahl evaluated NAMI’s In Our Own Voice program, which dispatches trained consumer speakers to speak at community gatherings about their experiences with recovery. The results indicated that the program generated substantial changes in attitudes and understanding of mental illness. Other such programs

include Stamp Out Stigma, in California; its founder, Carmen Lee, won the second annual Lifetime Achievement Award presented by SAMHSA’s Voice Awards.

Fighting for better treatment and fighting against stigma don’t have to be mutually exclusive. “We should certainly continue to push for better treatment. If we can treat those mental illnesses successfully and create a wide range of supports for people with mental illnesses, we would better prevent outcomes that have occurred,” Wahl says, adding that improved treatment should involve self-determination. “Greater coercion can create such disaffection and alienation from treatment services that it may increase the risk of people becoming less willing to get treatment on their own. What we need to do is to better engage people in the treatment process.”

RESOURCES

“Violence and Mental Illness: The Facts”

www.samhsa.gov/MentalHealth/understanding_MentalIllness_Factsheet.aspx

In Our Own Voice

http://www.nami.org/template.cfm?section=In_Our_Own_Voice

National Stigma Clearinghouse

www.stigmanet.org

StigmaBusters

www.nami.org/stigma

SAMHSA’s Resource Center to Address Discrimination and Stigma Associated with Mental Illness (ADS Center)

www.stopstigma.samhsa.gov/

Entertainment Industries Council

www.eiconline.org/

Voice Awards

<http://allmentalhealth.samhsa.gov/voiceawards/index.html>

Stamp Out Stigma

www.stampoutstigma.org



The Clearinghouse welcomes all programs in which consumers play a significant role in leadership and operation to apply for inclusion in its Directory of Consumer-Driven Services. The directory, accessible at <http://www.cdsdirectory.org>, is search-

able by location, type of organization, and targeted clientele, and serves as a free resource for consumers, program administrators and researchers.

Apply online at www.cdsdirectory.org/contact, via fax at 215-636-6312, or by phone at 800-553-4KEY (4539). To receive an application by mail, write to info@cdsdirectory.org or NMHCSH Clearinghouse 1211 Chestnut Street, Suite 1100 Philadelphia, PA 19107.

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