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Racial and Ethnic Disparities in Mental Illness Stigma

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Abstract: The present study sought to examine whether racial/ethnic differences exist in stigmatizing attitudes towards people with mental illness among community college students. Multiple regression models were used to investigate racial/ethnic differences in students' perceived dangerousness and desire for segregation from persons with mental illness both before and after participation in an antistigma intervention. At baseline, African Americans and Asians perceived people with mental illness as more dangerous and wanted more segregation than Caucasians, and Latinos perceived people with mental illness as less dangerous and wanted less segregation than Caucasians. Similar patterns emerged postintervention, except that Asians' perceptions changed significantly such that they tended to perceive people with mental illness as least dangerous of all the racial/ethnic groups. These findings suggest that racial/ethnic background may help to shape mental illness stigma, and that targeting antistigma interventions to racial/ethnic background of participants may be helpful.

Key Words: Race, ethnicity, stigma, intervention, mental illness.

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Erving Goffman defined stigma as “the situation of the individual who is disqualified from full social acceptance,” and discussed the concept in terms of a social process, embedded within culture (Goffman, 1963). In the United States, research on mental illness stigma has taken its approach from the fields of sociology and psychology. Social psychological approaches to understanding stigma have discussed the concept in terms of stereotypes, prejudice, and discrimination (Ottati et al., 2005). The negative stereotypes that arise from these attitudes towards persons living with mental illness are stigmatizing, and in turn lead to discriminatory behaviors. Discriminatory behaviors then can intensify the suffering of a person living with mental illness and hinder his or her integration into the community, successful attainment of employment, and attempts to seek and adhere to treatments (Alexander and Link, 2003; Corrigan et al., 2001a,b; Perllick et al., 2001; Sirey et al., 2001). Given the negative consequences of stigma, we aim to explore racial and ethnic influences on mental illness stigma to determine the need for racially/ethnically targeted antistigma interventions.

Diagnoses of mental illness are given based on deviations from sociocultural, or behavioral, norms. Therefore, mental illness is a concept deeply tied to culture, and accordingly, mental illness stigma is likely to vary across cultures. Stigma research within the United States has examined public attitudes about people living with mental illness in terms of perceived dangerousness and desire for segregation from persons living with mental illness. Dangerousness has been studied in terms of a potential to harm others that may be perceived by someone because a person has been diagnosed with a mental illness (Anglin et al., 2006; Whaley, 1997). Segregation has been studied in terms of one's desired avoidance from persons living with mental illness (Corrigan et al., 2001a,b, 2003). Some studies have provided evidence whether racial/ethnic minority groups stigmatize people living with mental illness more or less than majority groups, and the studies conducted have presented divergent findings. In a study of public attitudes towards mental illness, Anglin et al. (2006) found that African Americans were more likely to believe that people living with mental illness were dangerous and susceptible to violent acts (Anglin et al., 2006). Similarly, Whaley (1997) found that Asians and Hispanics were more likely to perceive people with mental illness as dangerous, and that contact with people living with mental illness decreased perceptions of dangerousness for Caucasians but not African Americans (Whaley, 1997). In addition, our own studies of race and mental illness stigma have produced varied results. In 1 study, we found that non-Caucasians were less likely to endorse stigmatizing attitudes towards people with mental illness than Caucasians (Corrigan et al., 2001a,b). In another study, we found that non-Caucasian participants were more likely to endorse stigmatizing attitudes than Caucasians (Corrigan et al., in press). Like other studies in this area, our studies have examined race/ethnicity dichotomously. In addition, few studies have examined racial and ethnic differences in change of stigmatizing attitudes that might take place after participation in antistigma interventions. Clearly, further study of racial/ethnic differences in mental illness stigma would be helpful in determining the need for culturally specific targeted stigma intervention programs.

We investigated whether racial/ethnic differences existed among a diverse group of Chicago area community college students (Caucasian, African American, Latino, Asian) while

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controlling for sex, age, educational level, household income, and marital status. Our study had 2 aims: (a) We investigated whether racial/ethnic differences in attitudes existed before participation in an antisigma intervention; and (b) we explored whether students’ race/ethnicity influenced stigma change after participation in an intervention aimed at reducing mental illness stigma.

METHODS

Data from 2 studies of community college students were combined to analyze racial/ethnic differences on mental illness stigma and change in stigmatizing attitudes. The findings from these studies have been published elsewhere, but did not examine the effects of race/ethnicity (Corrigan et al., 2007; Reinke et al., 2004). Written informed consent was obtained after a complete description of the study was given to the participants. Then, participants provided sociodemographic information, including information on their self-identified racial/ethnic background (Caucasian, African American, Latino, Asian). Data from participants who self-identified as Native American were excluded from these analyses because they were not sufficient in number to analyze in a separate racial/ethnic category. Participants completed the Attribution Questionnaire (AQ) before and after participating in the intervention.

Sample Characteristics

Three hundred and fifty-seven students (20% African American, 28% Latino, 8% Asian) took part in the 2 studies of stigma change. Two hundred and forty-five of these students took part in the intervention groups. Of the entire sample, 69% were women and 85% unmarried. In terms of annual household income, 27% reported an income of $20,000 or less, 30% reported an income of $20,000 to $40,000, 20% reported an income of $40,000 to $60,000, 10% reported an income of $60,000 to $80,000, and 13% reported an income of $80,000 or more. The mean age of the participants was 24 (SD = 8.4), and 26% reported having a high school, 70% some college, and 4% a bachelor’s degree or above level of education. Participants who indicated that they had a high school diploma had just begun their college careers, whereas those who reported having “some college” had completed 1 or more years of college education.

Intervention

In the 2 original studies, students were randomly assigned to participate in 1 of 3 conditions: (a) in vivo contact with a person with mental illness relaying his or her life story (intervention), (b) videotaped contact with a person with mental illness relaying his or her life story (intervention), and (c) a videotaped educational presentation (control). In both studies, the contact intervention decreased stigmatizing attitudes more than the educational presentation (Corrigan et al., 2007; Reinke et al., 2004). For the second aim of our study, we analyzed stigma change only from data on students who participated in the intervention groups.

Measurement of Stigma

The AQ was used to measure attitudes towards mental illness stigma before and after the intervention or presentation was viewed by participants. The AQ is a 27-item questionnaire that first presents a vignette involving a person living with mental illness, and then asks a series of questions measuring factors related to stigma. The questionnaire has demonstrated good psychometric properties, and it has been used in several published studies of stigma change (Corrigan et al., 2002, 2003; Reinke et al., 2004). Consistent with our hypotheses, we analyzed only 2 scores from the AQ subscales: dangerousness and segregation. The subscale scores ranged from 3 to 27, and higher scores meant the responses were more stigmatizing.

Data Analysis

Analyses of covariance (ANCOVA) were used to analyze students’ race/ethnicity and baseline and postintervention scores for perceived dangerousness and segregation. In the first 2 analyses, the 4-level race/ethnicity variable (Caucasian, African-American, Latino, Asian) was analyzed while controlling for students’ age, sex, household income, marital status, and education as covariates, with baseline dangerousness and segregation subscale scores as dependent variables. In the second 2 analyses of responses from students who participated in the intervention, postintervention scores for the dangerousness and segregation subscales were analyzed as dependent variables, with the race/ethnicity variable as the independent variable, while controlling for the baseline subscale scores and sociodemographic variables. Post hoc inferential statistics were used to make pairwise comparisons of the dangerousness and segregation subscale mean scores for African Americans, Latinos, and Asians (Caucasians were the reference group).

RESULTS

Baseline Dangerousness and Segregation

The analyses of baseline dangerousness and segregation subscale scores showed that ANCOVA models of perceived dangerousness ($F(3, 324) = 13.25, p < 0.001$) and segregation ($F(3, 324) = 5.92, p = 0.001$) were significant across racial/ethnic groups. Figures 1A, B depict mean subscale scores, confidence intervals, and pairwise comparison results associated with these analyses. African Americans and Asians perceived people with mental illness as more dangerous than Caucasians, and Latinos perceived people with mental illness as less dangerous than Caucasians. In terms of segregation, African Americans and Asians wanted more segregation from people with mental illness than Caucasians, and Latinos wanted less segregation from people with mental illness than Caucasians.

Education was a significant covariate in the analysis with dangerousness, and age, sex, and education were significant covariates in the analysis with segregation. In both analyses, students with some college education held less stigmatizing attitudes than did students with a high school diploma. In addition, older students and women endorsed less segregation from people with mental illness than younger students and men.
Postintervention Dangerousness and Segregation

Analyses of postintervention subscale scores demonstrated that race/ethnicity influenced stigma change. Figures 2A, B depict the mean scores, confidence intervals, and pairwise comparisons associated with these analyses. The ANCOVA model for postintervention perceived dangerousness was significant across racial/ethnic groups ($F(3, 216) = 5.04, p < 0.01$). After the intervention, African Americans perceived people with mental illness as more dangerous than Caucasians, and Latinos and Asians perceived people with mental illness as less dangerous than Caucasians. A trend appeared across racial/ethnic groups for the ANCOVA model with postintervention segregation ($F(3, 217) = 2.33, p = 0.076$). Postintervention, African Americans wanted more segregation from people with mental illness than Caucasians, and Latinos and Asians wanted less segregation than Caucasians. Education was a significant covariate in the analysis with dangerousness: students with some college education held less stigmatizing attitudes than did students with a high school diploma.

**DISCUSSION AND CONCLUSIONS**

We set out to investigate if students' race/ethnicity influenced baseline stigma and change in stigmatizing attitudes after participation in an antistigma intervention. Our results suggest that before and after participation in antistigma interventions, race/ethnicity influenced attitudes towards people with mental illness.

Findings from the present study are consistent in some ways with studies of mental illness stigma and race/ethnicity conducted by Anglin et al. (2006) and Whaley (1997), which found that African Americans tended to believe that people living with mental illness were dangerous (Anglin et al., 2006; Whaley, 1997). However, these studies either did not examine attitudes of Latinos, or they found evidence suggesting that Latinos and African Americans, analyzed together, held more negative attitudes about mental illness than Caucasians. In a similar manner, our team of researchers previously examined the attitudes of Latinos and African Americans together as a "non-Caucasian" category (Corrigan et al., in press: Corrigan et al., 2001a,b). Thus, the present findings likely diverged from previous findings because we presently examined racial/ethnic groups as separate categories. As a result, we found that African Americans held more and Latinos held fewer negative attitudes about mental illness when compared with Caucasians.

In addition, we investigated race/ethnicity, and its influence on stigma change. Our findings suggest that race/ethnicity also had an impact on change in stigmatizing attitudes, both in terms of perceived dangerousness and segregation. Asian students' attitudes appeared to change most relative to the other racial/ethnic groups studied.

One explanation for racial/ethnic disparities in attitudes toward mental illness is that racial/ethnic minorities may be socialized differently, and form different attitudes about mental illness than Caucasians (Fischer and Shaw, 1999). Research conducted internationally has suggested socialization practices lead to differences in perceived causes of mental illness differ across cultures (Coker, 2005; McCabe andPriebke, 2004; Phillips et al., 2002; Raguram et al., 2004). These conceptualizations about mental illness, sometimes
called explanatory models or lay theories, can lead to stigmatizing attitudes about people living with mental illness (Kleinman and Cohen, 1997; Raguram et al., 1996).

African Americans face multiple stigmas, including those associated with social inequalities and racism (Crandall, 1991; Reidpath and Chan, 2005). In addition, the city of Chicago, like many urban areas, is known for its crime rates and racially segregated neighborhoods. As a result, many African Americans experience the public’s perceived dangerousness and segregation based on their racial background. Thus, another explanation for the present finding is that experiences of racial discrimination may make many African Americans more attuned to concepts of stigma and discrimination than Caucasians and more likely to endorse similar attitudes about people with mental illness. Further research that explores relationships between different types of stigmas (e.g., racial stigma, mental illness stigma) can shed more light on this issue.

We examined the attitudes of community college students because they typically come from more diverse backgrounds and therefore are more representative of the larger population than students from 4-year universities. However, a limitation of our study is that findings based on data from Chicago area college students, who were predominantly unmarried and women, may not be fully generalizable to the larger US population.

Despite these limitations, only a handful of studies conducted within the United States have examined racial/ethnic differences in attitudes towards mental illness, and the present study contributes to the literature in this area. These results suggest that race/ethnicity plays an important role in shaping these attitudes and that amount of stigma change can be influenced by the racial/ethnic background of intervention participants. Thus, targeting anti-stigma interventions to the racial/ethnic background of participants is likely to be helpful. Future studies aimed at further examining racial/ethnic influences on stigma and racially/ethnically targeted interventions can only benefit our understanding of this area.

REFERENCES


