

You will probably have noticed that:

- Groups may have sub groups competing for power and influence
- Different groups may have conflicting or coinciding interests.
- The interests of specific groups may change over time.
- The power and influence of different groups will change over time depending on the prevailing influences at the time.

Attitudes to mental ill health will be influenced by the particular interest we have in mental health at any period in time.

## » Attitudes to Mental Ill Health

As social workers an awareness of our own views and value positions is vital in our work with service users. Let us therefore explore our own attitudes to mental ill health.

### Q ACTIVITY 2: QUESTION

Think back to your childhood and the first messages you received about mental ill health.

Jot down the words and phrases used to describe people with mental health problems.

Take note of the feelings you associate with these messages.

### A ACTIVITY 2: ANSWER

If your memories are like mine you may have remembered:

- Descriptions such as nutter, looney, psycho, madman
- Remember frightening images of the asylum. Perhaps just the name of the asylum held a certain frightening and fascinating mystique. A teacher threatened a friend of mine that if she didn't behave, she would be sent to "Craig Dunain", the local long stay hospital.
- Fear of difference and of behaviour you didn't understand.
- Fear of violence.

- Someone in your family you didn't talk about, or perhaps you referred in whispers to their "nerves".
- Someone you knew well, whose behaviour you just thought of as being "eccentric."
- Pity, shame, embarrassment.

These early messages can be extremely powerful and can shape our attitudes to mental ill health into adulthood, unless we are able to re-evaluate them in the light of new information and experience.

Research suggests that experience has the most potent effect on attitudes. So meeting someone with mental health problems, who clearly poses no threat may influence stereotypical views. Equally the experience of a violent attack on somebody known to the person, is likely to confirm the image of the "dangerous lunatic."

One source of information that contributes to the shaping of attitudes is the media.

## The Media

We have already demonstrated that mental ill health is a contested concept. According to Shulamit Ramon and Monica Savio:

*"Research on media responses to other controversial issues ....indicates that the media invariably engages in myth-making in its attempts to give clarity to phenomena which are unclear and carry ambiguous elements."*

**Ramon (Ed.) 2000, page 210**

Let us examine the nature and consequences of media influence.



### ACTIVITY 3: QUESTION

**"SET FREE TO KILL AGAIN ...How long will it take before another released mental patient takes a human life?"**

**"Incarceration is no substitute for mental health policy."**

- Think about the two headlines above and of your own experience of how mental ill health is portrayed in the media.

- List some things you have noticed about media portrayal of mental ill health?

For example, you may say that, press coverage of mental health tends to be prompted by acts of violence. It is frequently characterised by stereotypical images of people with mental health problems.



### ACTIVITY 3: ANSWER

You may have considered some of the following issues:

- In the tabloid press headlines may sensationalise “dangerous psychopaths”, whereas in the broad sheets, people with mental health problems may be portrayed as helpless and hopeless. Both may come to the same conclusion, albeit couched in different terms e.g. that people with mental health problems should receive compulsory treatment in the community. The tabloids may argue that this is to protect us from “dangerous lunatics”, the broad sheets that it is in the “best interests” of people with mental health problems.
- The nature of mental ill health is seldom questioned. Indeed contested categories such as paedophilia and personality disorder are described with apparent certainty as forms of “mental illness”, despite the fact that even psychiatrists disagree on definitions.
- People choose what to read and watch, usually newspapers or television programmes which tend to reinforce their view of the world. Indeed research shows that the media tends to reinforce existing attitudes to mental health, rather than change them.
- At its best the media have a mission to educate and inform. Balanced reporting and even realistic portrayals of people with mental health problems in television soaps can contribute to people’s understanding and prompt the government to action.
- As the tabloids are read by a significant proportion of the population and politicians are eager to secure and maintain their support, the government can be quick to respond to their demands. In 2000, the government was accused by the Health Select Committee of pandering to media stereotypes. (Department of Health, 2000)

- Negative media reporting can increase mental health problems and social exclusion, according to a recent Mind report ([www.mind.org.uk](http://www.mind.org.uk), 2000.) Service users reported experiencing greater isolation, abuse from neighbours and changed attitudes in friends and neighbours following negative media coverage of mental health issues. However at a recent debate at the Maudsley Hospital all contributors agreed that any reporting of mental health issues is positive as it brings the issues into the open and prompts debate.

So, the media are frequently accused of simplistic and sensational reporting, which elicits disproportionate knee jerk reactions from the government of the day. Indeed a significant proportion of the population get their information from tabloid newspapers, whose emotive headlines do make an impact on people's perceptions.

However the media also have the potential to be a force for the good. Ramon and Savio describe how mental health issues are discussed in a more balanced way in Italy. They suggest that one contributory factor may be that mental health professionals are willing to engage with the media. Here in Britain the contribution of mental health professionals is generally in response to a perceived scandal. BASW has recently admitted that social work tends to present as defensive.

This culture can have knock on effects on practice and therefore on the lives of service users. In mental health a defensive posture may result in admitting someone to hospital on the basis of minimal risk (risk minimisation), rather than engaging with the service user to develop strategies for coping with risk (risk management).

We have talked about the negative stereotyping of people with mental health problems. This is a contributory factor in the stigmatising and exclusion of people with mental health problems from mainstream society.

## ☒ Stigma

In ancient Greece the term stigma referred originally to signs, cut or burned into the body, to advertise and expose something unusual or bad about the moral status of the bearer. Although people with mental health problems do not bear stigmata, they are marked out in society as "other" and are socially excluded from participating in a range of activities and institutions.

For example, people with mental health problems frequently experience discrimination in society as a whole and in the mental health system in particular. Getting a job can prove difficult if someone admits having a mental health problem. People may object to planning permission if a group home is proposed in their neighbourhood. The prevalent use of language such as “loony”, “nutter”, “psycho” and “community care case” reinforces the view that people with mental health problems are “not like us” i.e. not as good as us.

### **The “self-fulfilling prophesy”**

The stigma experienced by people with mental health problems can lead them to internalise these negative stereotypes and therefore to believe that they are indeed less valuable members of the community. Self esteem and confidence can collapse, and with it the ability for example, to hold down a job.

Behaviour seen as acceptable in other people may be interpreted as a sign of “illness” in people who have been labelled as mentally ill. So if some one becomes justifiably angry, their anger may nevertheless be interpreted as a sign of relapse, if they have already been labelled, for example, as a psychopath.

Both of these are examples of the dangers of stigma and its action as a self fulfilling prophesy.

### **Double discrimination**

People already subject to discrimination due to race, gender, age, sexuality or religion are more likely to be diagnosed as having a mental health problem and to have their needs overlooked within the psychiatric system. The impact of discrimination itself may contribute to the development and maintenance of mental health problems. A well documented example of this is that in relation to race and psychiatry.

## **Race and Mental Health**

A number of studies point to the unequal treatment of people from ethnic minorities in the mental health system. (Bhui, 1997; Bhugra & Bhui, 1997; Wilson & Francis, 1997):

- A black person with a mental health problem is more likely to be admitted to hospital than treated in the community.
- African-Caribbean and African patients are twice as likely to be compulsorily admitted to psychiatric hospital.