

NEW ITEMS IN ANNOTATED BIBLIOGRAPHY, VOLUME 3
February 3, 2009

TABLE OF CONTENTS (by topic)	
MEDIA.....	2
MENTAL HEALTH STAFF	6
MESSAGES.....	9
GENERAL PUBLIC	11
CONSUMERS, INTERNALIZED STIGMA	14
ADOLESCENTS/TRANSITION AGE YOUTH.....	16
LAW	16
LESBIAN, GAY, BISEXUAL, TRANSGENDER, OR QUESTIONING	17

MEDIA

Wahl, O., Lefkowitz, J. (1989). Impact of a Television Film on Attitudes Toward Mental Illness. *American Journal of Community Psychology*. 17(4), 521-528.

The possible impact of a prime time television film portraying a mentally ill killer was investigated. Groups of college students were shown the film with and without a film trailer reminding viewers that violence is not characteristic of mentally ill persons. A third group viewed a film not about mental illness. Results support concerns that media depictions add to mental illness stigma and also suggest that corrective information alone may not be sufficient to counteract the stigmatizing impact of such audience-involving mass media portrayals. The target film encouraged harsher attitudes toward mental illness. The influence of the target film seemed not to be mitigated by the information trailer. The trailer information about nonviolence of mentally ill people was not sufficient to contradict the opposite message given within the plot of the film.

Follow-ups to a 1980 public television documentary on deinstitutionalization, "Back Wards to Back Streets," found positive changes in viewer knowledge and attitudes following special screening of the program (Bridge & Medvene, 1981).

The Community Attitudes toward the Mentally Ill (CAMI) questionnaire was developed by S. Taylor and Dear (1981). It yields scores on four factors, as follows: The Authoritarianism factor involves beliefs that there is a clear difference between mentally ill individuals and others and that mentally ill people need hospitalization. The Benevolence factor involves acknowledgement of public responsibility to help mentally ill persons and expression of sympathy toward mental illness. The Social Restrictiveness factor expresses beliefs that mentally ill people are dangerous and to be avoided or restricted. Finally, the Community Mental Health Ideology factor was designed to reflect acceptance of mental health services and mentally ill clients in the community.

Hamill et al. (1980) suggested that a vivid example (such as the dramatic film in the current study) calls up information of a similar nature from memory (such as other portrayals or messages about mentally ill people as violent and dangerous) and leads then to generalizations which are unaffected by statistical information suggesting that the example is atypical. Given that other research has shown that similar presentations of mentally ill characters as violent and dangerous are remarkably frequent, we can expect that the public's views are pulled not just on a one time but on a continuing basis toward such negative views of mental illness.

Eisenhauer, J. (2008). A Visual Culture of Stigma: Critically Examining Representations of Mental Illness. *Art Education*. 13-18.

For Valentines' Day in 2005, The Vermont Teddy Bear Company sparked controversy with its creation of the "Crazy for You" bear. The bear wore a straightjacket with a small heart embroidered on the front. A tag with the words "Commitment Report" came with the bear. This tag stated, "Can't Eat, Can't Sleep, My Heart's Racing, Diagnosis: Crazy for You!" Mental health advocacy groups argued that the bear stigmatized people with mental illnesses and called for the bear to be pulled from the shelves.

Research maintains a common theme: Visual culture is saturate with negative and inaccurate representations of people who have mental illnesses, and these portrayals significantly contribute to the detrimental effects of stigmatization.

The equating of mental illness with beast-like attributes is reflected in Goya's *Casa de Locos* (1812-13) and Sir Charles Bell's *Madman* (1806). Representations of beast-like women emphasized their

loss of femininity often positioning them as possessed and as witches. Both the beast-like male and female depictions reflect a positioning of the person with a mental illness as a violation of nature (Gilman, 1982).

Physiognomy proposed that it was the shape of the nose, eyes, head or frame, the profile of the face, and skin color among other attributes that provided a universal series of visual characteristics through which to identify a person with a mental illness.

Wilson, et al. (1999) examined one week of children's television shows from two channels and they found that 46.1% of the week's episodes contained one or more references to mental illness. The majority of these references were in cartoons (79.7%).

Wahl, et al. (2003) examined the depictions of mental illness in G- and PG-rated films released in 2000-2001. They found that almost one in four of the films had characters identified as having psychiatric disorders and that approximately two thirds of the films contained some reference to mental illness (p. 558).

Lawson and Fouts (2004) examined the prevalence of references to and representations of mental illness in Disney films. In this study they found that 85% of Disney films contained references to mental illness with 21% of the principal characters being referred to as having a mental illness.

Art education can become an important site through which to challenge the issues of stereotypes, prejudice, and discrimination. The following five suggestions are made for art educators: 1) Critically Engaging Preconceptions, 2) Identifying Missed Opportunities, 3) Challenging Language, 4) Contextualizing Issues of Representation, 5) Understanding Stigma.

Dietrich, S., Heider, D., Matshinger, H., Angermeyer, M. (2006). Influence of newspaper reporting on adolescents' attitudes toward people with mental illness. *Social Psychiatry and Psychiatric Epidemiology*. (41), 318-322.

The purpose of this study was to examine the impact of a newspaper article linking mentally ill persons with violent crime and the impact of an article providing factual information about schizophrenia on students' attitudes toward people with mental illness. A total of 167 students aged 13-18 years were randomly assigned one to two articles. A period of 1 week before and 3 weeks after reading the newspaper article, they were asked to complete a self-administered questionnaire for the assessment of their attitudes toward mentally ill people. Respondents who read the article linking mentally ill persons with violent crime displayed an increased likelihood to describe a mentally ill person as dangerous and violent. Conversely, respondents who read the informative article used terms like 'violent' or 'dangerous' less frequently.

According to Hayward and Bright, dangerousness is one of the four main conceptions about mentally ill people, which the stereotype of mental illness is comprised of.

While at baseline, 32% of the students who read the negative article used terms like 'violent' and 'dangerous' to describe a mentally ill person, at follow-up this number increased to 54.7%. Of the students who read the informative article, 26% at baseline and 13% at follow-up used these terms to describe a mentally ill person.

A study from Germany discovered the desire for social distance among adults toward people with schizophrenia increases almost continuously with their TV consumption (Angermeyer et al. in press). Granello and Pauley's study from the US (2000) also revealed that the number was significantly and positively related to intolerance.

McMillan, Ian. Leave it to the service users.

Mr Boardman, a Sainsbury Centre for Mental Health policy advisor, said: "While recovery is already government policy, the reality is that mental health services still focus more on managing people's symptoms than their work, education and family life. Yet these are what matter most to most people.

Tackling stigma.

The report, *Public and media perceptions of risk to general public posed by individuals with mental ill health*, found that around one media item in two concerning people with mental health problems was associated with danger and crime.

A randomized control trial conducted in England, Wales and Australia among 86 people displaying aggressive challenging behavior, found that giving antipsychotic medication was no more effective than giving a placebo.

The charity Mind notes that 41 percent of primary care trusts failed to commission sufficient crisis services for people with serious mental illness, and that 13 percent of independent mental health service providers failed to achieve five or more core national minimum standards

Nairn, R. (2007). Media portrayals of mental illness, or is it madness? A review. *Australian Psychologist*. 42(2), 138-146.

Key elements of the iconography of madness, "dishevelment" and "red-veined staring eyes" (Cross, 2004, p. 199), characterized portrayals of cartoon characters identified as having a mental illness (Wilson et al., 2000).

Several studies noted routine use of generic terms: "mental illness", "mentally ill", "mentally ill", "mental health", "psychiatric patient" in the context of inexplicable violence, suggesting that professional terms are understood as synonyms for madness (Blood & Holland, 2004; Coverdale et al., 2000; Nairn et al., 2001; Wilson et al., 1999a,b).

Consistent with the media assessment that ordinariness lacks dramatic power (Henderson, 1999), there were few positive depictions in fictional materials (Sieff, 2003; Wilson et al., 1999a) that might balance the widespread prototypes of people with mental illness (Henderson, 1996; Rose, 1998, Wilson et al., 1999a,b).

Edney, D. (2004). Mass Media and Mental Illness: A Literature Review. *Canadian Mental Health Association, Ontario*.

Many studies have found a definite connection between negative media portrayals of mental illness and the public's negative attitudes toward people with mental health issues (Coverdale, Nairn, & Claasen, 2002; Cutcliffe & Hannigan, 2001; Diefenbach, 1997; Olstead, 2002; Rose 1998; Wahl, 1995; Wahl & Roth, 1982; Wilson, Nairn, Coverdale, & Panapa, 1999).

One study found that media representations of mental illness are so powerful that they can override people's own personal experiences in relation to how they view mental illness (Philo, 1996, cited in Rose, 1998).

Cutcliffe and Hannigan (2001) cite a 1993 Glasgow University study that conducted a content analysis of 562 newspaper items containing representations of mental health and illness identified within local and national media over the course of one month. The study concluded that 62% of those stories focused on violence toward others in relation to a person with a mental illness. The George Mason University Media Group Study found that 7% of all stories about mental illness included mental health consumers' viewpoints (Wahl, 2001). A newspaper study conducted in Alberta over a three-month period found that the voice of a person with a mental illness was present in only one of the 72 articles evaluated (Hottentot, 2000).

Signorielli (1989, cited in Diefenbach, 1997) found that 72.1% of adult characters depicted as mentally ill in prime-time television drama injured or killed others. Characters with a mental illness were almost 10 times more violent than the general population of other television characters, and 10 to 20 times more violent during a two-week programming sample than real individuals with psychiatric diagnoses in the U.S. population were over an entire year.

One study found that 95-97% of violent episodes in the United States are committed by people with *no* mental illness (Monahan, 1996). There is simply no reliable evidence to support the claim that mental illness alone (without substance abuse) is a significant risk factor for violence (Arboleda-Flórez, Holley, & Crisanti, 1996).

Rose (1998) found that nearly two-thirds of all news stories were examined involving those with psychiatric diagnoses could be classified as "crime news." Yet when news on the whole was examined, only 10% of stories were "crime news," with the other 90% of stories revolving around issues unrelated to crime or violence, such as politics, entertainment, and health.

Olstead (2002) examined Canadian newspaper stories and analyzed representations of mental illness as they relate to violence and class. He found that when the subject was a middle-class person, only 14% of the stories reported details of the behaviors of the person with the mental illness. Rather, the focus was on their high-status occupations, their affiliations with prominent and/or influential families, and their socio-economic privilege. This is in contrast to the reporting style when the subject is poor and has a mental illness. In such cases, 62% of the articles emphasized poverty as a significant factor both in the mental illness and in the behaviors of the mentally ill individual. In 77% of the articles studied by Olstead featuring middle-class persons, the diagnosis named was depression. These stories depicted depression as a disease that imposed itself on the ill person. Conversely, 48% of the articles about poor people highlighted a diagnosis of schizophrenia.

Mind surveyed 515 people suffering from a range of disorders about their feelings regarding media coverage of mental illness. Half of the respondents said that the media coverage had a negative effect on their own mental health, and 34% said this led directly to an increase in their depression and anxiety. A total of 22% of the participants said they felt more withdrawn and isolated as a result of negative media coverage, and 8% said that such press coverage made them feel suicidal. Almost 25% of respondents said that they noticed hostile behavior from their neighbors due to negative newspaper and television reports. A further 11% said they required additional support from mental services due to negative press coverage, and almost 25% of all respondents said they had changed their minds about applying for jobs or volunteer positions due to negative media coverage (BBC News Online: Health, 2000).

According to Wahl (cited in *Healthweek*, 2003), another example of a positive portrayal is the 1997 film *As Good as It Gets*, starring Jack Nicholson. In this film, Nicholson plays a romantic lead who has obsessive-compulsive disorder. The film portrays the symptoms of this disorder and, even more encouragingly, shows the character, with the assistance of therapy and medication, winning the woman of his dreams and learning to live with and control his illness.

MENTAL HEALTH STAFF

Corrigan, P., (2007). How Clinical Diagnosis Might Exacerbate the Stigma of Mental Illness. *Social Work*. 52(1), 31-39.

Research has suggested that many people choose not to pursue mental health services because they do not want to be labeled a “mental patient” or suffer the prejudice and discrimination that the label entails. The problems of many people with psychiatric disability are further hampered by labels and stigma. People with mental illness are frequently unable to obtain good jobs or find suitable housing because of the prejudice of employers and landlords.

People with mental illness who live in a society that widely endorses stigmatizing ideas may internalize these ideas and believe that they are less valued because of their psychiatric disorder. Researchers working at the interface of social work and psychology have framed the stigma process in terms of four cognitive structures: cues, stereotypes, prejudice, and discrimination. Stigmas are typically the marks that, when observed by a majority group member, may lead to prejudice. Hidden stigma is signaled by label or association. Stereotypes as knowledge structures that are learned by most members of a cued social group (Augoustinos, Ahrens, & Innes, 1994; Judd & Park, 1993; Krueger, 1996). Stereotypes are especially efficient means of categorizing information about social groups.

Prejudice, which is fundamentally a cognitive and affective response, leads to discrimination, the behavioral reaction (Crocker, Major, & Steele, 1998). Discriminatory behavior manifests itself as negative action against the out-group. Out-group discrimination includes outright violence and coercion. Out-group discrimination may also appear as avoidance.

Mental health professionals also recognize pitfalls to diagnosis and categorization (APA, 1000); one of the pitfalls is their impact on stigma.

Rather than assign someone to a class of people with similar symptoms, course, and disabilities, dimensional diagnosis seeks to describe a person’s profile of symptoms on a continuum.

Instead of people with mental illness being qualitatively distinct from the “normal” population, mental illness falls on a continuum that includes normalcy. Contact counters the stigma by highlighting people as individuals with complex lives that exceed the narrow descriptions of diagnosis. Professionals tend to interact with people when they are most in need of services, when they are acutely ill. Stigma might be better challenged if professionals round their picture of individuals with mental illness by purposefully interacting with those who have recovered.

Researchers in Vermont and Switzerland followed several hundred adults with severe mental illness for 30 years or more to find out how mental illness affected the long-term course of the disorder (Harding, 1988). Researches discovered that between half to almost two-thirds of the sample no longer required hospitalization, were able to work in some capacity, and lived comfortable with family or friends, they recovered.

Moldovan, V., Attitudes of Mental Health Workers Toward Community Integration of the Persons with Serious and Persistent Mental Illness. *American Journal of Psychiatric Rehabilitation*. (10), 19-30.

This study examined attitudes of mental health professionals toward community integration of the persons with serious and persistent mental illness (SPMI) from three types of agencies – outpatient

psychiatric, residential, and advocacy. The sample consisted of staff members from outpatient psychiatric clinics, agencies providing residential services for SPMI, and agencies advocating on behalf of the mentally ill. Each agency type included line workers, supervisors, and directors. A survey instrument for examining attitudes toward community integration of SPMI was developed. The study produced an important association between attitudes and agency types – mental health workers employed at outpatient psychiatric clinics were found to hold significantly more exclusionary attitudes toward SPMI than the workers at other agency types. The article provides evidence of an association between clinical knowledge and attitudes of mental health workers on community integration of SPMI.

Psychiatric residents' were found to hold negative attitudes toward patients with chronic mental illness (Packer, Predrgast, Wasylenki, Toner, & Ali, 1994).

Regarding explicit attitudes, respondents were asked to rate the importance of "community integration of SPMI" on a five-point scale from "not important" to "very important." Implicit attitudes toward community integration of SPMI were examined using a multi-item scale, which was revised and validated through a discussion with a panel consisting of several experts in the field of mental health.

Workers providing clinical services in the environment of outpatient psychiatric agencies exhibited significantly higher levels of negative implicit attitudes towards integration of SPMI into the larger society.

The difference in attitudes among the three types of agencies may be attributed to theoretical models underlying their services. Advocacy agencies generally subscribe to the social model (Oliver, 1996) that views the predicament of the disable as a result of social oppression. Residential agencies are usually guided by the mission of the rehabilitation model that tresses success and satisfaction of person with disabilities in the environments of their choice with the least amount of professional intrusion (Anthony, 1992). Services at psychiatric clinics are determined by the medical model of disability, emphasizing diagnosis and professional treatment (Brisenden, 1986). Mental health workers at the clinical settings appear to hold more negative implicit attitudes.

Lauber, C., Nordt, C., Braunschweig, C., Rossler, W. (2006). Do mental health professionals stigmatize their patients? *Acta Psychiatrica Scandinavica*. (13), 51-59.

The objective of this study was to assess stereotypes towards people with mental illness among mental health professionals, comparing their view to the Swiss general population and analyzing the influence of demographic factors, profession and work place variables (type of ward, employment time and professional experience). The study was completed using a telephone survey of 1073 subjects. Factor analysis was then used to achieve on-dimensional scales, which were analyzed by regression analysis. Most positive depictions were regarded as less characterizing people with mental illness, whereas most negative descriptions were viewed as more typifying these people. Compared with the Swiss general population, mental health professionals have not consistently less negative or more positive stereotypes against mentally ill people. Of the 22 stereotypes five factors were detected: 'social disturbance', 'dangerousness', 'normal healthy', 'skills' and 'sympathy'. Stereotypes about people with mental illness are influence by the professional background and if at all only slightly affected by gender, age, ward type, participation rate of the hospital, weekly working hours or years of professional experience. The study concludes that mental health professionals must improve their attitudes towards people with mental illness. Different ways, e.g. improving their professional education or their quality of professional contact by regular supervision to prevent burn-out, are discussed.

Stereotypes about people with mental illness are influenced by the professional background and if at all only slightly affected by gender, age, type of ward, participation rate of the workplace, weekly working hours or years of professional experience.

Schulze, B. (2007). Stigma and mental health professionals: A review of the evidence on an intricate relationship. *International Review of Psychiatry*. 19(2), 137-155.

Magliano et al. (2004a) and Magliano et al. (2004b) studied beliefs about schizophrenia among 190 mental health nurses and 110 psychiatrists in a random sample of mental health services in Italy. Results reveal that both professional groups are equally well informed about schizophrenia and had positive treatment expectations. Contrasting these however, 40% of the professionals held it completely or partly true that 'there is little to be done for these patients apart from helping them to live in a peaceful environment' (Magliano et al., 2004b). Only 2% believed in the complete recovery of schizophrenia patients.

A national survey of 2737 Australian mental health professionals revealed that providers tend to be rather negative about treatment outcomes and prognosis of schizophrenia and depression (Caldwell & Jorm, 2001).

A study indicates that professionals hold ambivalent views towards psychotropic medication: while they perceive pharmacotherapy to be helpful for their patients, only 71.4% of psychiatrists and 35% of non-medical professionals would be willing to take anti-psychotics themselves if they were to suffer from schizophrenia (Rettenbacher, Burns, Kemmler, & Fleischhacker, 2004).

In a Swiss study (Lauber et al., 2004; Nordt et al., 2006), professionals consistently judged negative characteristics to be more typical of people with mental illness than positive ones. Psychiatrists held more negative stereotypical views than any other professional group (nurses, other therapists and psychologists).

Psychiatric items appear more frequently in factual and fictional media representations and generally get a bad press compared with other branches of medicine (Lawrie, 2000; Byrne, 2003).

In the media, there is also the frequent suggestion that mental illnesses do not get better with treatment (Wahl, 1995).

The moral panic scenario created by the British media implied that no medial treatment has taken place prior to deinstitutionalization: those leaving the safety within the asylum walls were not only depicted as a danger to the public, but also as now being left to fend for themselves (Cross, 2004), implying that the sort of treatment provided by hospital psychiatrists consisted merely of incarceration and control.

A review of 106 movies also found clinical incompetence as well as professional misconduct in the shape of boundary violations to be typical for the portrayal of psychiatrist and/or therapists (Gharaibeh, 2005).

Psychotropic medication has been found to be depicted as a means of mind control and chemical restraint rather than a helpful intervention (Rosen et al., 1997; Gharaibh, 2005).

A German survey investigated the general population's preferences when it comes to the allocation of healthcare resources. While somatic illnesses like cancer or cardiovascular disease ranked first, depression, schizophrenia and alcoholism were at the bottom of the list (Matschinger & Angermeyer, 2004).

MESSAGES

Corrigan, P., Watson, A. (2004). At Issue: Stop the Stigma: Call Mental Illness a Brain Disease. *Schizophrenia Bulletin*. 30(3), 177-149.

People are less likely to endorse blame, anger and social avoidance toward people with mental illness after they have been educated about how mental illness is a biological disorder that people do not choose (Corrigan et al. 2002).

There is some evidence that suggests that the public views mental illness as a disorder from which people do not recover – that they do not regain productive lives (Weiner et al. 1988; Corrigan et al. 1999). Whether recovery from mental illness is viewed as a naturally occurring phenomenon (Harding and Zahniser 1994), the result of competent treatment (Lieberman and Kopelowica, in press), or a psychological process (Ralph 2000), the public needs to be taught that mental illness is a chronic disease from which people can recover – a disease not unlike diabetes.

Many researchers believe that the stereotype that people with mental illness are violent ranks among the most prejudicial and discriminating of attitudes (Phelan et al. 2000). Unfortunately, there is evidence that biological arguments may actually strengthen dangerousness stereotypes, suggesting that people with mental illness have no control over their behavior and therefore are unpredictable and violent (Read and Law 1999).

Posey, J. (2007). Penn Study: Americans Show Little Tolerance for Mental Health Illness Despite Growing Belief in Genetic Cause. *University of Pennsylvania*. Press Release.

A new study by University of Pennsylvania sociology professor Jason Schnittker shows that, while more Americans believe that mental illness has genetic causes, the nation is no more tolerant of the mentally ill than it was 10 years ago.

His study finds that different genetic arguments have, in fact, become more popular but have very different associations depending on the mental illness being considered.

Read, J., Haslam, N., Sayce, L., Davies E. (2006). Prejudice and schizophrenia: a review of the 'mental illness is an illness like any other' approach. *Acta Psychiatrica Scandinavica*. (114), 303-318.

The public, internationally, continues to prefer psychosocial to biogenetic explanations and treatments for schizophrenia. Biogenetic causal theories and diagnostic labeling as 'illness', are both positively related to perceptions of dangerousness and unpredictability, and to fear and desire for social distance.

Biogenetic causal beliefs and diagnostic labeling by the public are positively related to prejudice, fear and desire for distance. Internationally, the public, including patients and carers, have been quite resilient to attempts to promulgate biogenetic causal beliefs, and continue to prefer psychosocial explanations and treatment. Destigmatization programs may be more effective if they avoid decontextualized biogenetic explanations and terms like 'illness' and 'disease', and increase exposure to the targets of the discrimination and their own various causal explanations.

In the USA, the perception of dangerousness increased between 1950 and 1996 (Phelan, J., Link, B., Stueve, A., Pescosolido B. 2000). The German public's desire for distance from people

diagnosed as 'schizophrenic' increased between 1990 and 2001 (Angermeyer, M., Matschinger, H. 2005).

A survey of over 2000 Australians found that the most likely cause of schizophrenia (94%) was 'day-to-day-problems such as stress, family arguments, difficulties at work or financial difficulties.' 'Problems from childhood such as being badly treated or abused, losing one or both parents when young or coming from a broken home' were rated as a likely cause by 88.5%. Only 59% endorsed 'inherited or genetic' (Jorm, AF., Korten, AE., Rodger, B., et al. 1997).

In a survey of 2118 West Germans and 980 East Germans, the most cited cause of schizophrenia was 'psychosocial stress' (Angermeyer, M., Matschinger, H. 1994). A recent survey of 1596 Japanese found that the most frequently cited cause was 'problems in interpersonal relationships' (Tanaka, G., Inadomi, H., Kikuchi, Y., Ohta, Y. 2005). Similarly, in a survey of South Africans (55% Afrikaans-speaking) 83% stated that schizophrenia was caused by 'psychosocial stress' (difficulties in work or family relationships, stressful life events) while 42.5% thought it was a 'medical disorder' (brain disease, heredity, constitutional weakness) (Hugo, C., Goshoff, D., Traut, A., Zungu-Dirwayi, N., Stein D. 2003).

A recent US study of four stakeholder groups concluded: 'Of the factors consistent with a non-biomedical view of mental illness, consumers, family members, and the general public consistently endorsed these as causes more frequently than did the clinicians' (Van Dorn, R., Swanson, J., Elbogen, E., Swartz, M. 2005). Consumers were the least likely (18%), to cite 'the way he was raised' as a cause.

A study comparing the samples of Germans in 1990 and 2001 found that an endorsement of 'brain disease' had increased from 51% to 70%, and 'heredity' from 41% to 60%. Endorsement of 'broken home' had fallen from 55% to 39%. Nevertheless, in both 1990 and 2001 the most commonly endorsed cause was 'life event' (Angermeyer, M., Matschinger H. 2005).

Four studies have found that challenging biological theories reduces social distance and stereotyping, among both adolescents (Morrison, J., Becker, R., Bourgeois, A. 1979) and young adults (Read, J., Law A. 1999; Morrison, J., Teta C. 1979; Morrison J., Teta D. 1980).

Diagnostic labeling simultaneously increases perceived seriousness of the person's difficulties (Cormack, S., Furnham, A. 1998), lowers evaluations of the person's social skills (Benson, R. 2002) and produces more pessimistic views about recovery (Angermeyer, M., Matschinger, H. 1996).

A public survey in rural Turkey found that 'Interpretation of schizophrenia as a mental illness leads to more negative attitudes and increases the desire for social distance (Razali, S., Kahn, U., Hasanah, C. 1996).

There is strong evidence that viewing psychiatric symptoms as understandable psychological or emotional reactions to life events does reduce fear, distance and discrimination (Read, J., Harre, N., 2001; Read, J., Law, A., 1999; Walker, I., Read, J. 2002; Morrison, J., Becker, R., Bourgeois, A., 1979; Morrison, J., Teta, C., 1979; Morrison, J., Tetat D., 1980; Arkar, H., Eker, D., 1996; Coker, E., 2005; Morrison, J., 1980).

Schnittker, J. 2008. An uncertain revolution: Why the rise of a genetic model of mental illness has not increased tolerance. *Social Science & Medicine*. (67), 1370-1381.

This study attempts to address why tolerance of the mentally ill has not increased, despite the growing popularity of a biomedical view. The key to resolving this paradox lies in understanding how

genetic arguments interact with other beliefs about mental illness, as well as the complex ideational implications of genetic frameworks.

An especially important stereotype for understanding social distance is the perceived dangerousness of the mentally ill.

Between 1990 and 2003, the rate of psychiatric treatment increased in the United States, but the quality of that treatment remained quite low (Kessler et al., 2005).

GENERAL PUBLIC

Kuppin, S., Carpiano, R. (2006) Public Conceptions of Serious Mental Illness and Substance Abuse, Their Causes and Treatments: Findings from the 1996 General Social Survey. *American Journal of Public Health.* (96), 1766-1771.

A recent study that used a small sample of undergraduates suggests that laypersons are more likely to perceive treatment options for depression, including psychiatric medication, as more helpful if causal beliefs are aligned with treatment focus. (Iselin, M., Addis, M. 2003)

All nonbiologically focused treatment options were more popular among the respondents than the biologically focused treatments. Talking with family and friends was advocated by almost 96% of the sample, whereas taking prescription medication was endorsed by less than 60%.

77.4% of the respondents who received the depression vignette felt that a psychiatrist was an appropriate treatment for this condition.

Rankin, J. (2005). Mental Health and Social Inclusion: Mental Health in the Mainstream. *Institute for Public Policy Research.* Working Paper.

Mental health problems are more common than asthma. Up to one in six people suffer from them over the course of their lifetime, while 630,000 people have severe mental health problems at any one time, ranging from schizophrenia to deep depression.

The Sainsbury Centre for Mental Health has set the annual cost of mental illness in the United Kingdom at £77.4 billion, taking into account mortality, increased benefit payments and missed employment opportunities (Social Exclusion Unit 2004a).

Evidence from America suggests that between 60 and 70 percent of people with severe mental illness want to work in competitive employment (Bond et al 2001). However, just 24 percent of people with long-term mental health problems actually do work.

It has been estimated that it would cost £500 million to roll out the Pathways to Work pilot (which covers all disability) on a national scale (Stanley and Maxwell 2004). The pilot is a promising model, because it includes access to a personal adviser, work readiness support and support in employment.

Of a group of service users in touch with Rethink, 10 percent said that better/more personal relationships would be the one thing that would make the most difference to improving their quality of life (Pinfold and Corry 2003a).

Social Link is part of the North London Community Housing Association. It works with clients with severe and enduring mental health problems who are on the Care Programme Approach (CPA). At

any one time, a team of personal advisers offers 150 people floating support in rebuilding structure into their lives. This includes getting people on training courses or helping them find voluntary work activities that relate to their interests.

Resource – The Reading Mental Health Resource Centre – offers its members work opportunities, support and training for paid work, as well as a place to socialize and meet people. There is a deliberately small number of paid staff, so the centre relies on volunteers as well as paid staff to plan and run the service. Resource also aims to make connections with groups who may not ordinarily come into contact with the service, such as Afro-Caribbean people with mental health problems.

The 999 Club offers friendship, help and advice to disadvantaged people in south London. From one building in Deptford, the club offers facilities that are open to the whole community, including a café, as well as dance, exercise and relaxation classes. It also takes referrals from GPs, community mental health teams, hospitals, the police, prisons, courts and other agencies to provide support for people with varying levels of complex needs, such as mental health problems, substance misuse and poverty.

It is estimated that 31 percent of carers for people with mental health problems are involved in caring activities for at least 50 hours a week (Department of Health 2002). Carers may have their own mental health problems, and are more likely than non-carers to experience psychological distress and depression.

Stangheta, P. (2006). Stigma Hurts! Stigma and Discrimination Research Workshop. *The Mood Disorders Society of Canada (MDSC)*. Workshop.

Over \$50 million is provided each year by Canadians for cancer research and for heart and stroke research, compared to perhaps \$5 million for all brain research.

Police know a lot about stigma and must be a part of whatever we do to combat stigma. They are often the first responders in mental health crises.

We need to teach children about empathy, civil behavior and tolerance from an early age; this will eliminate a lot of criminal behavior.

A study published at the University of Sydney indicates that bullying has three times as much impact as sexual abuse on children because it is so common.

Link, B., Phelan, J. (2006). Stigma and its public health implications. *Lancet*. (367), 258-529.

The stress associated with stigma can be particularly difficult for those with disease-associated stigma. Not only are they at risk to develop other stress-related illnesses, but the clinical course of the stigmatized illness itself may be worsened and other outcomes affected, such as the ability to work or lead a normal social life.

Carpenter, S. (2008). Buried Prejudice: The Bigot in Your Brain. *Scientific American Mind*.

According to a 2005 federal report, almost 200,000 hate crimes – 84 percent of them violent – occur in the U.S. every year.

In a 2002 study University of Washington psychologist Anthony G. Greenwald and his colleagues asked 156 people to read the names of four members of two hypothetical teams, Purple and Gold,

then spend 45 seconds memorizing the names of the players on just one team. Next, the participants performed two tasks in which they quickly sorted the names of team members. In one task, they grouped members of one team under the concept “win” and those of the other team under “lose,” and in the other they linked each team with either “self” or “other.” The researchers found that the mere 45 seconds that a person spent thinking about a fictional team made them identify with that team (linking it with “self”) and implicitly view its members as “winners.”

In a 2004 study Ohio State psychologist Wil A. Cunningham and his colleagues measured white people’s brain activity as they viewed a series of white and black faces. The team found that black faces – as compared with white faces – that they flashed for only 30 milliseconds (too quickly for participants to notice them) triggered greater activity in the amygdale, a brain area associated with vigilance and sometimes fear. The effect was most pronounced among people who demonstrated strong implicit racial bias. Provocatively, the same study revealed that when faces were shown for half a second – enough time for participants to consciously process them – black faces instead illicit heightened activity in the prefrontal brain areas associated with detecting internal conflicts and controlling responses, hinting that individuals were consciously trying to suppress their implicit associations.

A 2006 study by Banaji and Harvard graduate student Andrew S. Baron shows that full-fledged implicit racial bias emerges by age six – and never retreats.

In a 2002 study of racial attitudes and nonverbal behavior, psychologist John F. Dovidio, now at Yale University, and his colleagues measured explicit and implicit racial attitudes among 40 white college students. The researchers then asked the white participants to chat with one black and one white person while the researchers videotaped the interaction. Dovidio and his colleagues found that in these interracial interactions, the white participants’ explicit attitudes best predicated the behavior they could easily control, such as the friendliness of their spoken words. Participants’ nonverbal signals, however, such as the amount of eye contact they made, depended on their implicit attitudes.

Corrigan, P., Markowitz, F., Watson, A., Rowan, D., Kubiak, M. (2003). *Journal of Health and Social Behavior*. 44(June), 162-179.

Causal attributions affect beliefs about persons’ responsibility for causing their condition, beliefs which in turn lead to affective reactions, resulting in rejecting responses such as avoidance, coercion, segregation, and withholding help. The effects of perceptions of dangerousness on helping and rejecting responses are unmediated by responsibility beliefs. Much of the dangerousness effects operate by increasing fear, a particularly strong predictor of support for coercive treatment. The results from this study also suggest that familiarity with mental illness reduces discriminatory responses.

Results from the nationally representative General Social Survey showed that more than 40 percent of the respondents agreed that people with schizophrenia should be forced to enter the hospital, take medication, and visit outpatient clinics (Pescosolido et al. 1999).

The number of persons with serious mental illness treated in state hospitals has diminished greatly over the past several decades (Mechanic and Rochefort 1990).

Research has shown that persons are less willing to hire, offer jobs, or rent apartment to those with a mental illness (Aviram and Segal 1973; Bordieri and Drehmer 1986; Farina and Felner 1973; Farina et al. 1974; Link 1982, 1987; Olshansky, Grob, and Ekdahl 1960).

One key study (Reisenzein 1986) that used a sample of college students found that willingness to help a person (either “collapsed on a subway” or “in need of class notes”) was related to perceived controllability. Students who were told that the target person was “dunk” or “skipped class to go to the beach” were less likely to help compared to subjects who were told the persons was “ill” or “had difficulty seeing.”

In research on other groups, Weiner, Perry and Magnusson (1988) found that physical disabilities (e.g., Alzheimer’s disease, blindness, cancer, heart disease, and paraplegia) were perceived as not controllable and therefore elicited little anger, greater pity, and more willingness to help. On the other hand, mental-behavioral conditions (e.g., AIDS, drug abuse, and obesity) were perceived as controllable and elicited anger, little pity, and less willingness to help.

One study found that the label of “former patient” increased the desire for social distance, especially when former patients are believed to be dangerous (Link et al. 1987).

Several studies have found a relationship between believing persons with mental illness are dangerous and fearing them (Angermeyer and Matschinger 1996; Levey and Howells 1995; Link and Cullen 1986; Madianos et al. 1987; Wolff et al. 1996).

Corrigan, P., Bodenhouse, G., Markowitz, F., Newman, L., Rasinski, K., Watson, A. (2003). *Mental Health Services Research*. 5(2), 79-88.

In 2000, the National Institute of Mental Health called for translational research paradigms that seek to expand the conceptual and methodological base of mental health services with knowledge gained from basic behavioral sciences such as cognitive, developmental, and social psychology. The goal of this paper is to enter the discussion of what is translational research by illustrating a services research program of the Chicago Consortium for Stigma Research on mental illness stigma. Our research strives to explain the prejudice and discrimination that some landlords and employers show toward people with mental illness in terms of basic research from social psychology and contextual sociology.

Prominent among social cognitive views is attribution theory. Fundamentally a model of human motivation and emotion, it is based on the assumption that individuals search for causal understanding of everyday life events (Weiner, 1980, 1983, 1985, 1993, 1995).

Research has shown that cultural characteristics and other key demographics of the observer interact with cognition of outgroup members (Triandis, 2000). For example, results of one study suggest that Whites, compared to members of ethnic minorities, report lower perceptions of violence among people with mental illness (Phelan, Link, Stueve, & Pescosolido, 2000). Moreover, increased age and income are associated with a greater degree of social distance/rejection (Link & Cullen 1986; Martin, Pescosolido, & Tuch, 2000; Schnittker 2000).

CONSUMERS, INTERNALIZED STIGMA

Haslam, S., Salvatore, J., Kessler, T., Reicher, S. (2008). How Stereotyping Yourself Contributes to Your Success (or Failure). *Scientific American Mind*.

The roots of many handicaps actually lie in the stereotypes, or preconceptions, that others hold about the groups to which we belong. Any member of a group who is aware that his or her group is considered to be inferior to others is given domain of performance. The sporting performance of a team of long-failing underdogs will tend to live up (or, in fact, down) to its low expectations.

Underperformance is especially common for individuals who are aware that their group is considered inferior to others.

When women perform mathematical tasks after being exposed to the stereotype that they are worse at math than men, they report entertaining more intrusive negative thoughts about their own mathematical ability. That is, they find themselves thinking things such as “These exercises are too difficult for me: and “I am not good at math.” Likewise, a number of studies have indicated that exposing people to negative stereotypes about groups to which they belong increases their anxiety and stress when performing tasks related to that stereotype. Evidence from work by Beilock and others also suggests that such anxieties can use up information-processing resources that are required to carry out the tasks at hand. For example, when people perform complex math tasks, this cognitive burden places heavy demands on working memory, using the brain areas that briefly store and manipulate information. Working in the domain of women’s performance on mathematical tasks, a series of experiments replicated the standard stereotype threat effect: it showed that the effect is more pronounced on tasks that place demands on phonological resources (such as those requiring verbal reasoning).

A meta-analysis study published in 2003 by social psychologist Gregory Walton and Geoffrey Cohen has shown that if people are exposed to stereotypes about the inferiority of an out-group (those who are not part of the individual’s in-group) in a given domain, then their performance is typically elevated – a phenomenon they refer to as stereotype lift.

Under conditions in which broad consensus exists about an in-group’s low status and in which status appears to be stable and legitimate (that is, uncontestable), members of that group often accept and internalize their group’s inferiority on status-defining dimensions (“We are poor at math...”) and seek to achieve a positive in-group identity in other areas (“... but we are more verbally skilled, more sociable, more musical, and so on”).

The success of leaders of emancipatory movements typically derives from their capacity to create a sense of shared social identity that centers on challenges to the stereotypes and received forms of understanding that define their group as inferior.

McNair, B. (2006). “Stigma Hurts.” *Ottawa, Canada*. Presentation.

In a study published by Andrews et al in 1999 it was revealed that 62% of Australians who require treatment for mental health problems do not seek any formal treatment and if they receive any help at all it is via telephone counseling services such as Lifeline. A Lifeline Sydney (unpublished) study in December 2002 revealed in a six week period 72% of their callers meet the criteria for a diagnosis of mental illness.

An unpublished Government funded report prepared in 1997 argued that health care professionals were often the single largest cause of stigma against mentally ill persons seeking care in the health care system.

Depression and anxiety in the Australian workplace are significant events – 6 million lost work day per year, and 12 million days of reduced productivity.

Phelps, A., Scheff, T. (2004). The Challenge of Bonding, Shame and Social Death. *International Center for the Study of Psychiatry and Psychology 2004 Conference, New York City*. Draft Version.

Mental health clients are objectified by predicating exposure on being imperfect, inadequate or deviating from popular opinion. Distanced human beings are vulnerable to manipulation and behavior management, commonly experiencing a “social death sentence” in ordinary interactions. Imposing ‘social death’ renders communication monological, blocking authentic conversation and connections of trust, partnership and cooperation.

Distanced human beings are vulnerable to manipulation and behavior management.

Cunningham, G. (2008). Importance of Friendship Potential in Reducing the Negative Effects of Dissimilarity. *The Journal of Social Psychology*. 148(5), 595-608.

A study examined the influence of friendship potential on perceptions of dissimilarity among person in diverse groups. The author gathered data at the beginning and end of a 15-week semester from 158 college students enrolled in physical activity classes (i.e., basketball and soccer). Structural equation modeling indicated that friendship potential was negatively related to perceptions of deep-level dissimilarity at the beginning of the semester. The relation was moderated by perceptions of such dissimilarity at the beginning of the semester. The author found the perceived dissimilarity to be negatively associated with affective relations to the class. The study found that it is not just the presence of existing friendships, but also the potential to form such bonds that is associated with positive outcomes.

ADOLESCENTS/TRANSITION AGE YOUTH

Sayce, L. (2001). “Social inclusion and mental health.” *Psychiatric Bulletin*. (25), 121-123.

In 1999 the Social Exclusion Unit examined the problem of young people who were neither in work nor education. They found that this group made up 9% of 16-18-year-olds and was served by a fragmented and patchy support system. They recommended a new more integrated ‘personal advisor’ approach to tackle interlocking issues such a school exclusion, literacy and numeracy problems, ill-health young parenthood and joblessness (Social Exclusion Unit 1999). The Social Exclusion Unit defines social exclusion as a combination of interconnecting factors including low income, poor housing, low skills and poor education. “A broader concept than poverty, encompassing not only low material means but the inability to participate effectively in economic, social, political and cultural life, and in some characterizations, alienation and distance from the mainstream society (Duffy 1995).” One major priority is reducing poverty, they also identify the desire for a role (or roles), for more friends and relationships, for less rejections by neighbors, employers and family and more opportunities to be part of mainstream groups and communities (Read & Baker, 1996; Mind, 1999; Sayce, 2000). Sayce conceptualizes social exclusion in relation to mental health service users specifically as the interlocking and mutually compounding problems of impairment, discrimination, diminished social role, lack of economic and social participation and disability. Inclusion may be defined in terms of a virtuous circle of improved rights of access to the social and economic world, new opportunities, recovery of status and meaning and reduced impact of disability.

The Disability Rights Commission started work in April 2000, with a goal of ‘a society where all people with disabilities can participate fully as equal citizens.’ The first legal case supported by the Disability Rights Commission concerned a senior accountant with depression (Kapadia v. London Borough of Lambeth, 2000)

LAW

James, D., Glaze, L. (2006). *Mental Health Problems of Prison and Jail Inmates. US Department of Justice. Bureau of Justice Statistics Special Report.*

At midyear 2005 more than half of all prison and jail inmates had a mental health problem, including 705,600 inmates in State prisons, 78,800 in Federal prisons, and 479,900 in local jails. These estimates represented 56% of State prisoners, 45% of Federal prisoners, and 64% of jail inmates. The findings in this report were based on data from personal interviews with State and Federal prisoners in 2004 and local jail inmates in 2002.

More than two-fifths of State prisoners (43%) and more than half of jail inmates (54%) reported symptoms that met the criteria for mania. About 23% of State prisoners and 30% of jail inmates reported symptoms of major depression. An estimated 15% of State prisoners and 24% of jail inmates reported symptoms that met the criteria for a psychotic disorder.

While jails hold inmates sentenced to short terms (usually less than 1 year), State and Federal prisons hold offenders who typically are convicted and sentenced to serve more than 1 year. In general, because of the longer period of incarceration, prisons provide a greater opportunity for inmates to receive a clinical mental health assessment, diagnosis, and treatment by a mental health profession.

Female inmates had much higher rates of mental health problems than male inmates. An estimated 73% of females in State prisons, compared to 55% of male inmates, had a mental health problem (table 3). In Federal prisons, the rate was 61% of females compared to 44% of males, and in local jails, 75% of females compared to 63% of male inmates.

Inmates who had a mental health problem were more likely than inmates without to have family members who abused drugs or alcohol or both. Among State prisoners, 39% of those who had a mental health problem reported that a parent or guardian had abused alcohol, drugs, or both while they were growing up. In comparison, 25% of State prisoners without a mental problem reported parental abuse of alcohol, drugs, or both.

LESBIAN, GAY, BISEXUAL, TRANSGENDER, OR QUESTIONING

Ragins, B., Singh, R., Cornwell, J. (2007). Making the Invisible Visible: Fear and Disclosure of Sexual Orientation at Work. *Journal of Applied Psychology*. 92(4), 1103-1118.

Using a national sample of 534 gay, lesbian, and bisexual employees, this study examined the antecedents that affect the degree of disclosure of a gay identity at work and, for those who had not disclosed, the factors that influence their fears about full disclosure. Employees reported less fear and more disclosure when they worked in a group that was perceived as supportive and sharing their stigma. Perceptions of past experience with sexual orientation discrimination were related to increased fears but to greater disclosure. For those who had not fully disclosed their stigma, the fears associated with disclosure predicted job attitudes, psychological strain, work environment, and career outcomes. However, actual disclosure was unrelated to these variables.

Existing research has indicated that between 25% and 66% of LGB employees report experiencing sexual orientation discrimination at work (cf. review by Croteau, 1996). LGB workers compose 4% to 17% of the workforce (Gonsiorek & Weinrich, 1991), a larger proportion than many other minority groups (Lubensky, Holland, Wiethoff, & Crosby, 2004).

Woods (1994) reported that virtually all of the 70 gay men interviewed in his study had posed as a heterosexual at some point in their careers to avoid discrimination.

Meyer, I. (2003). Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. *Psychology Bulletin*. 129(5), 674-697.

This study reviews research evidence on the prevalence of mental disorders in lesbians, gay men, and bisexuals (LGB) and shows, using meta-analysis, that LGBs have a higher prevalence of mental disorders than heterosexuals. The author offers a conceptual framework for understanding this excess in prevalence of disorder in terms of minority stress – explaining that stigma, prejudice, and discrimination create a hostile and stressful social environment that causes mental health problems.

One elaboration of social stress theory may be referred to as minority stress to distinguish the excess stress to which individuals from stigmatized social categories are exposed as a result of their social, often a minority, position.

In a probability study of U.S. adults, LGB people were twice as likely as heterosexual people to have experience a life event related to prejudice, such as being fired from a job (Mays & Cochran, 2001). IN a study of LGB adults in Sacramento, CA, approximately 1/5 of the women and ¼ of the men experienced victimization (including sexual assault, physical assault, robbery, and property crime) related to their sexual orientation (Herek et al., 1999).

In a random sample of Massachusetts high schools students, LGB students more often than heterosexual students had property stolen or deliberately damaged (7% to 1%), were threatened or injured with a weapon (6% to 1%), and were in physical fight requiring medical treatment (6% to 2%; Save Schools Coalition of Washington, 1999). A national survey of LGBT youth conducted by the advocacy organization Gay, Lesbian, and Straight Education Network (GLSEN; 1999) reported that those surveyed experienced verbal harassment (61%), sexual harassment (47%), physical harassment (28%), and physical assault (14%). The overwhelming majority of LGBT youth (90%) sometimes or frequently heard homophobic remarks at their schools, with many (37%) reporting hearing these remarks from faculty or school staff (GLSEN, 1999).

SAMSHA ADS Center. (2008). Reducing Stigma and Discrimination among People who are Lesbian, Gay, Bisexual, and Transgender. *U.S. Department of Health and Human Services*. PowerPoint Call.

LGBT people must confront stigma and prejudice based on their sexual orientation or gender identity while also dealing with the societal bias against mental illness. The effects of this double or dual stigma can be particularly harmful (As cited by the National Alliance on Mental Illnesses (NAMI). Double Stigma: GLBT People Living with Mental Illness, http://www.nami.org/TextTemplate.cfm?Section=Fact_Sheets1&Template=/ContentManagement/ContentDisplay.cfm&ContentID=48110).

A study found that GLB groups are about two-and-one-half times more likely than heterosexual men and women o have had a mental disorder, such as those related to mood, anxiety, or substance use, in their lifetime (As cited by the National Alliance on Mental Illnesses (NAMI). Mental Health Issues among Gay, Lesbian, Bisexual, and Transgender (GLBT) People, http://www.nami.org/TextTemplate.cfm?Section=Fact_Sheets1&Template=/ContentManagement/ContentDisplay.cfm&ContentID=54036).

18 million people have a serious mental illness. A reasonable estimate suggests that about 720,000 are LGBT (As cited by the National Alliance on Mental Illnesses (NAMI). Mental Health Issues among Gay, Lesbian, Bisexual, and Transgender (GLBT) People,

http://www.nami.org/TextTemplate.cfm?Section=Fact_Sheets1&Template=/ContentManagement/ContentDisplay.cfm&ContentID=54036).

Corrigan, P., Matthews, A. (2003). Stigma and disclosure: Implications for coming out of the closet. *Journal of Mental Health*. 12(3), 235-248.

Results on one study showed 41% of a sample of lesbians and gay men reported being victims of a bias-related crime and another 9.5% reported and attempted bias crime against them (Herek et al., 1997).

Among sexual minorities, diminished stress that results from coming out leads to better relationships with one's partner (Beals & Peplau, 2001) and improved job satisfaction (Day & Schoenrade, 1997, 2000).

Rosenberg, S., Rosenber, J., Huygen, C., Klein, E. (2005). No Need to Hide: Out of the Closet and Mentally Ill. *Best Practices in Mental Health*. 1(1).

Cochran and Mays (2000) studied suicide symptoms of men with same sex partners and found a higher prevalence of suicide symptoms over their lifetime than men reporting female partners only.

Fergusson, Horwood, and Beautrais (1999) found that by age 21, LGBT individuals were at increased risk for major depression, conduct disorders, substance abuse and/or dependence, suicidal ideation, and suicide attempts. The pattern holds at midlife as well. Cochran, Sullivan, and Mays (2001) found evidence that lesbian, gay, and bisexual respondents to the National Survey of Midlife Development in the United States showed increased risk for psychiatric disorders as compared with heterosexual women and men. Elevated risk for suicide attempts has been found in lesbian, gay, and bisexual-identified youth (Fergusson et al., 1999; Garofalo, Wolf, Wissow, Woods, & Goodman, 1999; Remafedi et al., 1998), homosexually experience youth (Faulkner & Cranston, 1998, Fussell & Joyner, 2001), and homosexually active adults (Cochran & Mays, 2000; Gilman et al., 2001) as compared with heterosexually classified counterparts. Several studies also demonstrate that lesbians and gay men show a greater risk for co morbidity of alcohol and substance abuse (Cochran, Sullivan, & Mays, 2001; Fergusson et al., 1999; Sandfort, de Graaf, Bijl, & Schnabel, 2001).

Warner, J., McKeown, E., Griffin, M., Johnson, K., Ramsay, K., Cort, C., King, M. (2004). Rates and predictors of mental illness in gay men, lesbians and bisexual men and women. *British Journal of Psychiatry*. (185), 479-485.

Between September 2000 and July 2002 the authors undertook a cross-sectional survey of 2430 gay, lesbian, bisexual, transgendered and heterosexual people over the age of 16 years in England and Wales using 'snowball' sampling (Gilbert, 1993). Of the 1249 respondents to questions on experience of acts of hostility or discrimination, 1039 (83%) reported having experienced at least one of the following: damage to property, personal attacks or verbal insults in the past 5 years or insults or bullying at school. Six hundred and ninety (66%) respondents who had experienced discrimination attributed this to their sexuality. Men and women who were bisexual had experienced similar levels of verbal insults, property damage and bullying to those reported by gay and lesbian respondents, but the latter group were more likely than the bisexual respondents to attribute these attacks or insults to their sexuality.

The authors found high rates of planned and actual deliberate self-harm and high levels of psychiatric morbidity as defined by CIS-R score among gay men (42%), lesbians (43%) and bisexual men and women (49%) compared with previous community surveys of (predominantly) heterosexual people. Meltzer et al (1995) and Singleton et al (2000) reported prevalence rates of mental disorder (defined by CIS-R score) of approximately 12% in men and 20% in women.