WORDS WILL NEVER HURT?
Media stigmatisation of people with mental illnesses in the criminal justice context

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Approximately one in four people will experience some form of mental illness during their lives.[1] Despite the prevalence of mental illness, there remains significant stigma attached to it, which may be promulgated by the media and its depictions of people with mental disorders as violent, dangerous, and unpredictable. This stigmatisation may worsen the symptoms of mental illness by inducing shame and treatment avoidance, and may also be a driving force behind the disproportionately high numbers of individuals with mental disorders coming into contact with the criminal justice system and becoming entangled there. This article explores the nature of mental illness stigma and its possible relationship to the excessive numbers of people with mental illnesses receiving convictions and sentences in the criminal justice system rather than compassion and treatment within the mental health system. The article proposes a range of mechanisms for correcting this imbalance by challenging mental illness stigma.

Media stigmatisation of mental illness

The media plays an important role in educating the community about mental illness and, for some, may even be the primary or sole source of information in this regard. Notably, Philo and colleagues have suggested that dramatised depictions of individuals with mental disorders appearing in television shows and movies may have a greater impact upon many recipients than factual newspaper reports or even personal experiences.[2] The images of individuals with mental illnesses captured in fictional television programmes, computer games, and popular films are largely consistent with themes of unpredictability, violence and dangerousness.[3] 'Factual' news reporting on television and in print media compound these fictionalised accounts by portraying people with mental illnesses in a similar light.

Two Australian studies analysed over 12 000 news stories regarding the media's depiction of mental illness. They found that around 30 per cent of the reports bore a sensationalised headline tying together mental disorder and crime; 20 per cent used archaic and offensive terms, such as 'psycho', 'nutter', and 'schizo'; and 16.6 per cent treated all people with mental illnesses alike.[4] A similar study conducted in New Zealand noted that of the 600 news items about mental illness appearing in newspapers in the month of the review, more than 50 per cent portrayed individuals with mental illnesses as dangerous. Indeed, 61 per cent of the reports linked mental illness with danger to others; 47 per cent to criminality; 24 per cent to unpredictability; and 20 per cent with danger to self.[5] Further, Thornicroft has observed 'that between a half and three-quarters of all items about mental illness [in newspapers and television programmes] focus solely on violence'.[6]

Violent and dangerous? Perceptions and realities of people with mental illnesses

Up to 75 per cent of the population consider people with mental illnesses to be dangerous,[7] with a significant proportion believing 'that the public should be better protected from people with mental health problems'.[8] Does this public opinion accurately reflect the level of threat posed by individuals with mental illnesses, or is it simply an erroneous by-product of media propaganda about those who are mentally ill? It would seem the truth lies somewhere in-between these two extremes.

Some commentators argue that news coverage depicting people with mental illnesses as dangerous is simply a reporting of fact.[9] They rely on a sizeable body of research to support this position, which suggests that people with mental illnesses are as much as 15 times more likely than the general population to commit a violent crime.[10] These studies have been condemned on a number of grounds, particularly for broadly generalising that all people with any mental illness are at an increased risk of dangerousness. Despite the criticisms, there is compelling research indicating a clear association between mental disorder and the risk of violent offending, which is greatly enhanced by, or possibly entirely attributable to, a co-morbid history of substance abuse and/or a particular cluster of delusional symptoms underlying a schizophrenic syndrome or other psychotic illness.[11]

While some individuals with mental illnesses do pose a risk of violence above that of members of the general population, the data must be contextualised in a meaningful way. Corrigan and Cooper have done so by comparing numbers of potentially violent individuals on the basis of mental illness, age, and gender. They found that the sample sizes of potentially violent young adults and males were 115 per cent and 292 per cent larger than the mental illness group respectively.[12] Similarly, Coid and colleagues noted hazardous drinking was associated with violence in over half of the violent incidents they analysed, but there was a mere 1.2 per cent correlation with psychosis.[13] Thus:

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not only are there better predictors of violence than mental illness, psychiatric diagnosis will inaccurately identify vast numbers of potentially violent people. These analyses suggest the size of the problem is indeed small and that stressing the violence angle to mental illness represents stigma and not fact.[14]

Consequences of mental illness stigma in the criminal justice context

As a result of the stigma attached to mental illness, affected individuals will often go to great lengths to conceal their conditions and to avoid seeking necessary treatment, which may worsen their illnesses. Further, resources for those in need of community and inpatient care are drastically overstretched. The combined result of these factors is that people who are more properly in need of mental health care — preventative and restorative — are at considerable risk of finding themselves within the criminal justice arena. The first and predominant point of contact for these individuals is the police.

Police officers act as the gatekeepers of the criminal justice and mental health care systems. When police officers are faced with a person who appears mentally ill, and may have committed an offence, they have a number of options. They can arrest the individual, take them for psychiatric assessment, or refer them to appropriate mental health services. It is not yet fully understood what impact the stigma of mental illness has upon police officers' decision-making in relation to the exercise of discretionary powers in such encounters. However, Chappell has suggested that:

> [D]espite the contemporary raising of the consciousness among many police of the nature of mental illness and its impact upon those who suffer from it, there still remains in most societies a deep seated stigma associated with this type of ailment, and an unwillingness to recognise or deal with the discrimination which flows from such stigma. The police typically share the values and norms, whether good or bad, of their fellow citizens.[15]

In short, police officers may believe there is a strong link between dangerousness and mental illness just as a large proportion of the general public does. This misconception may be a driving force in interactions between police officers and individuals with mental illnesses. The same may be true in respect of decision-making by the judiciary and the jury.

Arguably, judicial members and jurors are just as likely as police officers to accept the stereotypical association between mental disorder and dangerousness; believe that people with mental illnesses are responsible for their conditions and could resist certain 'urges' if they tried harder; and adopt the view that horrific crimes committed by people with mental disorders typify the mentally ill. This belief system is thought to be a product of the 'sanist' foundation of the criminal justice system as it relates to issues of mental health and illness.[16] These beliefs may lead to higher rates of conviction for those with mental disorders and be reflected in harsher sentencing.

While it remains unclear whether individuals with mental illnesses are more likely to be arrested than those without, it would appear that upon arrest persons with mental disorders receive and serve out longer sentences. Hartwell reported rates of mental illness among prison inmates as being approximately 16 per cent of all males and 24 per cent of all females incarcerated, which figures are four to five times higher than the levels of mental illness within the general population.[17]

The United States President's New Freedom Commission on Mental Health has aptly observed:

> The people with serious mental illnesses who come in contact with the criminal justice system are typically poor and uninsured, are disproportionately members of minority groups and often are homeless and have co-occurring substance abuse and mental disorders. They cycle in and out of homeless shelters, hospitals and jails, occasionally receiving mental health, substance abuse services, but most likely receiving no services at all. The majority of these individuals has committed misdemeanour crimes and do not belong in the criminal justice system.[18]

Arguably, this phenomenon, which is likewise experienced in Australia, is in large part the product of inadequate funding.[19] Monetary constraints may be a direct reflection of the dearth of public demand for these resources. While mental illness remains stigmatised, it will be impossible for any government to justify allocating a sufficient portion of budgetary reserves to improving treatment measures; the public will not endorse spending for an issue so widely maligned. However, some commentators have argued that rather than changing stigma, it is easier to simply accept its existence and manipulate it for positive gain. Jaffe has stated:

> Laws change for a single reason, in reaction to highly publicized incidences of violence. People care about public safety. I am not saying it is right. I am saying this is the reality...So if you're changing your laws in your state, you have to understand that...It means that you have to take the debate out of the mental health arena and put it in the criminal justice-public safety arena.[20]

11. See for critique and analysis, Patrick Corrigan and Amy Cooper, 'Mental Illness and Dangerousness: Fact or Misperception, and Implications for Stigma' in Patrick Corrigan (ed), *On the Stigma of Mental Illness: Practical Strategies for Research and Social Change* (2005) 165, 167–70.

12. Ibid.

13. Jeremy Coid et al, 'Violence and Psychiatric Morbidity in the National Household Population of Britain: Public Health Implications' (2006) 189(1) *The British Journal of Psychiatry* 12.

14. Corrigan and Cooper, above n 11, 172.

15. Duncan Chappell, 'Policing and Emotionally Disturbed People: Disseminating Knowledge, Removing Stigma and Enhancing Performance' (2008) 40 *Australian Journal of Forensic Sciences* 37, 46.

16. See for detailed review of this and related concepts, Michael Perlin, ' "Half-Wracked Prejudice Leaped Forth": Sanism, Pretextuality, and Why and How Mental Disability Law Developed as it Did' (1999) 10 *Journal of Contemporary Legal Issues* 3.

17. Stephanie Hartwell, 'Triple Stigma: People With Mental Illness and Substance Abuse Problems in the Criminal Justice System' (2004) 15 *Criminal Justice Policy Review* 84, 87.

18. President's (US) New Freedom Commission on Mental Health, *Sub Committee on Criminal Justice: Background Paper* (DHHS Pub No. SMA-04-3880, 2004) (internal citations omitted).

19. Parliament of Australia Senate Select Committee on Mental Health, *A National Approach to Mental Health — From Crisis to Community* (2006), Ch. 4, at [4.26] <aph. gov.au/Senate/Committee/mentalhealth_ctte/report/c04.htm> at 3 May 2009.

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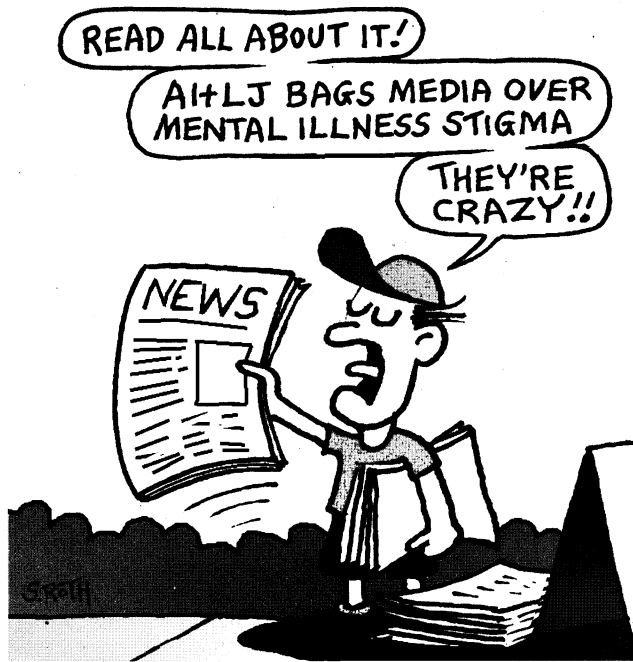
21. Chappell, above n 15, 46.

22. Patrick Corrigan and David Penn, 'Lessons from Social Psychology on Discrediting Psychiatric Stigma' (1999) 54 American Psychologist 765.

23. See Patrick Corrigan and John O'Shaughnessy, 'Changing Mental Illness Stigma as it Exists in the Real World' (2007) 42(2) Australian Psychologist 90.

24. See, eg, David Penn and Patrick Corrigan, 'The Effects of Stereotype Suppression on Psychiatric Stigma' (2002) 55 Schizophrenia Research 269.

25. Corrigan and O'Shaughnessy, above n 23; Amy Watson and Patrick Corrigan, 'Challenging Public Stigma: A Targeted Approach' in P W Corrigan (ed), On the Stigma of Mental Illness: Practical Strategies for Research and Social Change (2005) 281.

26. Stanley McCracken and Patrick Corrigan, 'Staff Development and Mental Health' in Harold Briggs and Tina Rzepnicki (eds), Using Evidence in Social Work Practice: Behavioral Perspectives (2004) 232.

While there may be some truth in this sentiment, it is argued that resigning to this approach merely perpetuates the larger problem of mental illness stigma and only produces short-term gains. What is needed for significant and longstanding improvement in both the mental health and criminal justice sectors is a powerful shift away from archaic, stigmatising, and 'sanist' attitudes toward informed and compassionate ones.

Means of challenging mental illness stigma

There is a growing trend toward targeted training of police officers in relation to understanding and interacting with people with mental illnesses. This occurs both through induction training for new recruits and refresher courses for more seasoned officers. Similar initiatives have been implemented in relation to the Australian judiciary. While these are important inroads to removing the stigma of mental illness and its impact in the context of the criminal justice system, arguably:

> [M]uch of the educative effort now being devoted to train police [and judicial officers] better to understand and deal with mentally ill people could...be applied with equal benefit to the communities in which they reside. Only when a broad segment of a society has such knowledge can it be anticipated that the prejudice and discrimination exhibited towards the mentally ill will truly dissipate.[21]

How might this widespread understanding of mental illness be achieved?

Corrigan and Penn have identified three mechanisms for challenging public stigma about mental illness: protest, education, and contact.[22]

Protest

Protest operates by actively confronting inaccurate and offensive portrayals of mental illness, with the aim of halting media perpetuation of the relevant depictions and the public's acceptance of them. It may involve economic penalties in the form of boycotts and moral cautions against endorsing the inappropriate message.

Protest targets both the media — by admonishing its improper reporting of people with mental illnesses and seeking its desistance of such — and the public — by urging it to reject the prevailing negative stereotypes and misconceptions that exist in respect of mental illness.

Little epidemiological work has been done on the impact of protest as a means of changing mental illness stigma. Anecdotal evidence suggests that protest may successfully alter behaviour. For instance, outcry by mental health consumer advocacy groups led an Australian broadcaster to remove from the air a television show portraying people with mental illnesses as violent and erratic.[23] However, it is uncertain whether protest can induce changes in attitude. Indeed, there are some indications that protest may be counterproductive — by effectively chiding the public about its views and telling people how they should instead think, protest may actually maintain or even strengthen the offensive attitudes held about mental illness.[24] This phenomenon, known as the 'stereotype rebound effect' has been readily observed as occurring in response to attempts to suppress other powerful thoughts.

Education

Education may be achieved in many ways, but is in principle the act of informing the public about the realities of mental illness and addressing the present fallacies. Unlike protest, which essentially does no more than advise the public what it should not be doing or thinking, education operates by offering factual information and contrasting prevailing myths with legitimate truths in respect of mental illness to replace inaccurate information with facts. Education in this context does not seek to make the public at large experts on mental illness. Rather, it is intended to provide sufficient factual data from which the public can draw to challenge existing misconceptions about mental illness.

Education programs are the most popular means of fighting mental illness stigma as they are easy to utilise and disseminate. They have also had fairly reasonable rates of success. In Australia, for example, the impact of educational initiatives by bodies such as Beyond Blue have demystified and increased awareness about mental illnesses, at least in respect of depressive and anxiety disorders and the dementias. Corrigan and colleagues have noted that much empirical research demonstrates that people with a greater knowledge and understanding of mental illness are less likely to endorse stigma and discrimination.[25]

While there is a positive correlation between being informed about mental illness and a disinclination to support mental illness stigma, it is uncertain whether targeted education campaigns actually transform people from ignorant to knowledgeable in respect of mental illness. McCracken and Corrigan have suggested that an individual's non-prejudicial post-education program views might simply reflect those held by him or her at the outset, and that the magnitude and duration of any attitude change produced by educative schemes might be minor.[26] Thus, educational initiatives aimed at

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fighting mental illness stigma might simply be 'preaching to the converted'.

Contact

Arguably the most successful means of lessening public stigma of mental illness is via contact between people with mental illnesses and other members of the community. Contact can occur at arm's length by way of indirect exposure to individuals with mental illnesses, typically well-known celebrities speaking out about their experiences through media such as television. More powerful is direct contact with relatives, friends, neighbours, and co-workers, who are affected by mental illnesses. Ideally, the stigmatised individual with whom others have contact should appear and behave in a manner that moderately disconfirms the stereotypes held in respect of those with mental illnesses. This is because:

> Individuals who highly disconfirm prevailing stereotypes may not be believed or might be considered 'special exceptions', whereas contact with persons who behave in ways consistent with the stereotypes about their group may reinforce stigmatizing attitudes or make them worse.[27]

Data demonstrate that exposure to members of a stigmatised group has consistently yielded positive results in reducing inter-group bias, including in relation to mental illness. Further, contact has a greater influential impact than protest or education, particularly when occurring as part of an anti-stigma regime, and provokes a change not only in behaviour but also in attitude.[28] As prejudices and stereotypes are formed at a very early age, it is desirable for anti-stigma education and contact to occur from childhood, preferably via structured campaigns delivered in the school setting.

Corrigan and O'Shaughnessy have posited that the gains achievable by using contact to reduce mental illness stigma might be significantly enhanced if people with mental illnesses publicly disclose their diagnoses and experiences. They liken such a measure to the 'coming out' movement adopted by homosexuals, and hypothesise similar beneficial outcomes in respect of mental illness.[29]

Conclusion

Although a quarter of the population will suffer from a mental illness at some time and awareness about mental disorders has been growing, there remains a strong stigma attached to mental illness. This may be largely attributable to the inaccurate stereotype-consistent portrayals of individuals with mental illnesses

maintained by the media. While there is only a slight correlation between certain psychiatric conditions and violence, there exists a pervasive public perception of people with mental illnesses as being violent, dangerous, and unpredictable, which mirrors the manner in which such individuals are often depicted.

As a result of mental illness stigma, many people who experience symptoms of mental disorder are disinclined to seek appropriate treatment and, due to shortages in funding, have limited options for care. It may be for reasons such as these that individuals with mental illnesses, and particularly those with acute symptoms, are at greater risk of encountering police officers and receiving and serving out prison sentences when they should instead be provided with treatment.

Challenging mental illness stigma within the community, primarily through education about and contact with people with mental disorders, is an important step toward correcting this imbalance such that those whose illnesses have caused their offending are rehabilitated rather than punished.

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27. Watson and Corrigan, above n 25, 285.

28. See for literature review, Watson and Corrigan, above n 25, 284–5; Corrigan and O'Shaughnessy, above n 23, 92.

29. Corrigan and O'Shaughnessy, above n 23, 92.