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Racial and Ethnic Differences in Mental Illness Stigma in California

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The goal of this report is to identify racial and ethnic groups in California that are more likely to stigmatize those with mental illness. Identifying these groups can help in understanding who is at greatest risk of experiencing stigma within their own communities and with the targeting of stigma reduction efforts. California is one of the most racially and ethnically diverse states in the United States, elevating the importance of testing for any differences in attitudes across these groups. Prior research has found limited evidence of racial differences in mental illness stigma (Pescosolido, 2013). Two studies find Latinos to be more stigmatizing of mental illness than Whites (Kobau et al., 2010; Whaley, 1997); one finds that this is also true of Asian Americans (Whaley, 1997). One study finds greater stigma among African Americans than Whites (Anglin, Link and Phelan, 2006), but two others with much larger samples of African Americans fail to replicate this (Kobau et al., 2010; Whaley, 1997). One additional study tested differences between Whites and non-Whites, also finding no differences (Martin, Pescosolido and Tuch, 2000). All of these studies used large national surveys to study these associations. However, few studies have had sufficient numbers of Latinos or Asian Americans from which to draw reliable conclusions, and most studies have focused on beliefs about dangerousness or other stereotypical beliefs.

In this report, we focus on social distance, a measure of willingness to interact with people experiencing symptoms of mental illness in various situations. It captures only one aspect of stigma, but arguably the one that is most central to the social inclusion of people living with mental illness in California.

Method

We surveyed a probability sample of 2,568 California adults ages 18 and older who were reachable by telephone (landline or cell phone). The purpose of the survey was to assess current levels of mental illness stigma and other mental health constructs in California and provide a baseline for comparison with a similar survey we plan to conduct. We initially interviewed a random sample of 2,001 adults in the spring of 2013, and then surveyed additional African American and Asian American adults in the

summer of 2013 to enhance the diversity of the sample so that racial/ethnic differences could be tested. In total, the sample included 1,014 White, 631 Latino, 401 Asian American, and 360 African American individuals, as well as 108 who identified as another race or multiracial and 54 who declined to report their race or ethnicity. Participants were allowed to choose the language of survey administration, including English, Spanish, Cantonese, Mandarin, Vietnamese, Hmong, and Khmer. A total of 305 Latino individuals completed the survey in Spanish; 254 Asian Americans completed it in an Asian language. We applied a weighting procedure to the data so that the results of the survey approximate those of the adult population of California. However, because our additional sampling of Asian Americans emphasized Chinese and Southeast Asian subgroups, the views of Korean, Filipino, Japanese, or other Asian groups residing in California may not be fully represented.

To measure social distance, we employed three vignettes that describe a person experiencing symptoms of depression, schizophrenia, and posttraumatic stress disorder (PTSD). In prior work, responses to schizophrenia have been more negative than responses to depression and we wanted to tap the full range of positive and negative reactions to mental illness. We included PTSD because of the large amount of media coverage of this condition in recent years and the little that is known about reactions to PTSD in the United States. The depression and schizophrenia vignettes were drawn from the General Social Survey (GSS), a large national survey on a variety of topics, which included the vignettes in two prior years of data collection (Pescosolido, 2013). The vignette describing PTSD was drawn from the Australian National Survey of Mental Health Literacy and Stigma (Reavley and Jorm, 2012). Survey participants were randomly assigned to hear one of the three vignettes. After hearing a vignette, participants were asked three questions about social contact: whether they would be willing to “move next door to,” “spend an evening socializing with,” and “work closely on a job with” the person described. These three social contact situations were drawn from a larger set used in the GSS and chosen to represent diverse kinds of interaction. Because we plan to test for shifts in stigma over time with a subsequent survey, we also selected contact situations

that were not particularly intimate. Response options were: definitely willing, probably willing, probably unwilling, and definitely unwilling.

Below, we report percentages of individuals who described themselves as definitely or probably unwilling to engage in various forms of contact, and test for differences in these percentages by race/ethnicity.

Results

Responses to the three different contact situations (i.e., move next door, spend an evening socializing, working closely) for each of the three symptom sets (i.e., depression, schizophrenia, PTSD) are displayed in Table 1 and key results are highlighted in Figure 1. As the table makes clear, none of the percentages are very close to zero, indicating room for improvement among all groups and in all situations. Nonetheless, there is a great deal of variability, with percentages “unwilling” to have contact ranging from a low of 6 to a high of 53. Thus, stigma reduction might be fruitfully targeted at the groups and situations where unwillingness is greatest.

Overall, Whites express the lowest levels of concern about interacting with individuals with mental illness and Asian Americans the highest, with African Americans and Latinos most closely resembling Whites. However, there were a few exceptions. Latinos scored lowest among the groups on unwillingness to work closely with someone experiencing symptoms of mental illness. Also, racial/ethnic differences were small for the situation involving socializing with a person who is experiencing symptoms of mental illness. Indeed, the racial/ethnic groups were not statistically distinguishable from one another in their reactions to socializing with someone experiencing symptoms of depression

or schizophrenia; they varied much more in their responses to PTSD.

A few additional points are of note. First, Whites express little hesitancy about moving next door to someone with PTSD or depression (6 percent and 7 percent, respectively)—distancing here is minimal. Second, racial/ethnic groups are not very differentiated in response to schizophrenia, with all groups showing elevated negative responses to people with symptoms of this condition. To highlight this, Figure 2 displays responses to the different symptom descriptions after averaging across contact scenarios. On average, 30 percent of African Americans and Latinos, 33 percent of Whites, and 38 percent of Asian Americans were unwilling to interact with individuals with schizophrenia (not statistically significant). In contrast, the figure illustrates that Asian Americans on average had greater unwillingness to interact with individuals with depression and PTSD, compared to other racial/ethnic groups.

To determine whether our results for Latinos might be influenced by acculturation, we tested whether those who participated in English responded differently to the survey than those who were interviewed in Spanish (not displayed in tables). We found very large differences for the question regarding socializing with someone experiencing symptoms of PTSD, with only 7 percent of those interviewed in English expressing unwillingness to do this (a response equivalent to that of non-Latino Whites), while 26 percent of those interviewed in Spanish were unwilling ($p = 0.0001$). Conversely, nearly twice as many English-speaking Latinos (32 percent) as Spanish-speaking Latinos (18 percent) were unwilling to work closely with someone who has symptoms consistent with schizophrenia ($p = 0.02$). There were no differences observed between Asian Americans interviewed in English

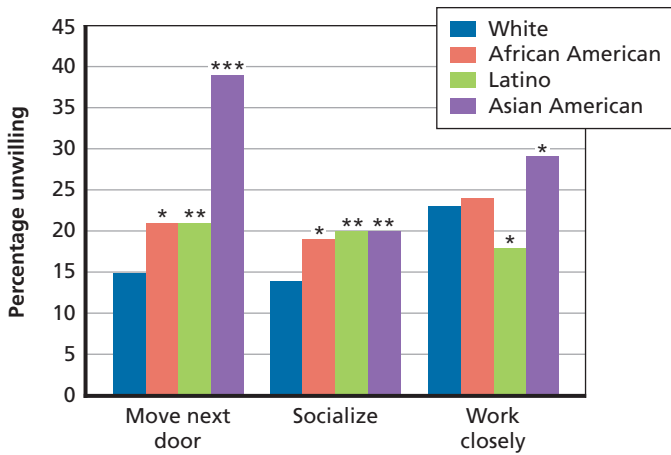
Table 1. Percentage of Individuals Unwilling to Have Contact with Someone Experiencing Mental Illness, by Contact Situation, Symptom Set, and Race/Ethnicity of Respondent

Unwilling to...	White	African American	Latino	Asian American	Significance
<i>Move next door</i>	15	21	21	39	***
Depression	7	17	16	34	***
Schizophrenia	34	26	33	53	***
PTSD	6	20	15	32	***
<i>Spend an evening socializing</i>	14	19	20	20	*
Depression	10	16	13	17	ns
Schizophrenia	24	27	31	25	ns
PTSD	8	16	16	19	**
<i>Start working closely on a job</i>	23	24	18	29	**
Depression	13	14	10	26	**
Schizophrenia	42	39	25	35	***
PTSD	13	22	19	27	**

NOTE: Individuals whose race was specified as something other than those shown and a small number of individuals who did not complete the race or ethnicity items were included in analyses but omitted from the table to simplify presentation.

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

Figure 1.
Percentage of Individuals Unwilling to Have Contact with Someone Experiencing Mental Illness (Depression, Schizophrenia, or PTSD), by Contact Situation and Race/Ethnicity of Respondent



NOTE: *, **, or *** indicates significantly different from White.
 * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

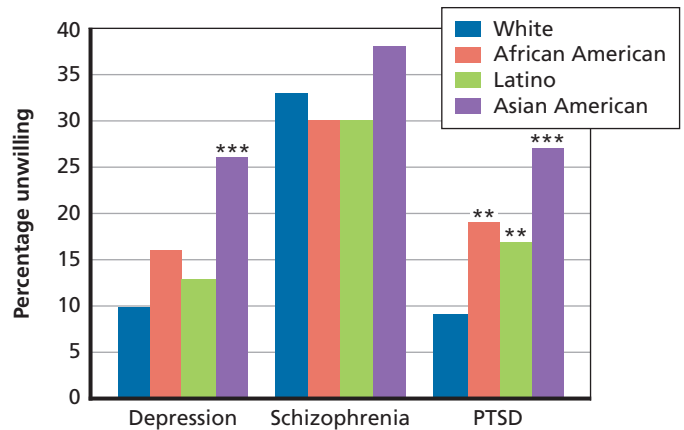
RAND RR684-1

versus another language; all were more unwilling to interact with individuals with mental illness.

Discussion

Our study provides the first clear test of racial/ethnic differences in mental illness stigma that include a large group of Asian American respondents in the sample, and only the second such test with a large group of Latino respondents. Our analysis is also among the first to examine differences specifically in regard to social distance. We find that approximately one in five individuals in California is unwilling to socialize with someone who has symptoms of depression or schizophrenia, and this is the same across all major racial/ethnic groups. In all other situations studied, racial/ethnic differences emerge. Overall, Whites in California are the least stigmatizing of people experiencing mental illness symptoms. African Americans and Latinos are somewhat more stigmatizing, but close to Whites in their attitudes, and Asian Americans express the highest levels of stigma. However, this varies by the specific set of symptoms described and the particular social situation involved. The data also suggest that Latinos who are less acculturated may be less willing to socialize with, but more willing to work with, people experiencing symptoms than their more acculturated counterparts. This pattern was not observed consistently across symptom sets and should be viewed as preliminary. Moreover, our measure of acculturation (interview language) may not capture all dimensions of acculturation relevant to views of mental health and mental illness. It is also possible that there are other differences between the English and Spanish interviews, apart from acculturation of the individuals surveyed, that account for these patterns (e.g., being interviewed by someone from your own culture, differences intro-

Figure 2.
Percentage of Individuals Unwilling to Have Contact with Someone Experiencing Mental Illness Across Three Situations, by Symptom Set and Race/Ethnicity of Respondent



NOTE: *, **, or *** indicates significantly different from White.
 * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

RAND RR684-2

duced by translation). The complexities in results may explain in part why findings regarding racial/ethnic differences have been inconsistent across prior studies. The various racial/ethnic groups respond differently to particular symptom sets depending on the specific social situation involved.

Nonetheless, results indicate fairly clearly that targeting California's stigma reduction efforts toward Asian Americans will be important in addressing levels of stigma overall. According to the 2012 census (<http://quickfacts.census.gov/qfd/states/06000.html>), Asian Americans make up 14 percent of the California population and thus have the power to contribute strongly to the climate for people living with mental illness in the state. This might be done through culturally tailored messages, differentiated outreach, or both. To the extent that Asian Americans serve in gatekeeper roles as landlords, employers, teachers, or healthcare providers, for example, the higher levels of stigma in this group may be of particular import. It may also be the case that Asian Americans in California are more hesitant to seek help when they experience mental distress, given these levels of stigma. We will be exploring these issues in future analyses.

There are a few limitations to our findings. This report presents simple main effects that have not been adjusted for other factors, such as age and gender. Thus, the results should be considered preliminary. Our next step is to conduct more complex analyses that will control for these factors, which may aid in interpreting the results. We also note that findings regarding Asian Americans may not generalize to all Asian American subgroups, and we will be exploring this in next steps as well. Finally, social distance is only one aspect of stigma, and different patterns may emerge across race/ethnicity when beliefs about recovery and dangerousness or other kinds of stigma are examined.

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RAND Health

This research was conducted in RAND Health, a division of the RAND Corporation. A profile of RAND Health, abstracts of its publications, and ordering information can be found at <http://www.rand.org/health>.

CalMHSA

The California Mental Health Services Authority (CalMHSA) is an organization of county governments working to improve mental health outcomes for individuals, families, and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop. 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.

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