



Still Stigmatized? People's Beliefs and Attitudes about Mental Illness and Dangerousness

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Abstract

Those with mental illnesses have long had to face social rejection and isolation. The social stigma that comes with having a mental illness has real consequences on the lives and experiences of those trying to manage mental health conditions. This study looked at people's attitudes and perceptions about those with mental illnesses in regard to dangerousness and potential violent behavior. The findings of this study demonstrated that many people still hold negative attitudes and beliefs about those with mental illnesses and that they are generally not that comfortable being in relationships with them. Schizophrenia, bipolar disorder, drug addiction, and personality disorders were among the most concerning to the participants. Black and Asian respondents had the highest levels of concern and the strongest feelings of potential dangerousness overall. In regard to gender, men felt that those with bipolar disorder were more likely to be dangerous. Both men and women generally felt that drug addiction (substance use disorder) was the most problematic in regard to dangerousness and concerns about being in relationships with these individuals. Schizophrenia was the mental illness most closely associated to violent and unpredictable behaviors. The findings from this study lend further evidence that those with mental illnesses are widely viewed in negative ways and that they are often denied full social acceptance and participation.

Subject Areas

Psychology, Sociology

Keywords

Mental Illness, Dangerousness, Stigma, Public Perception, Beliefs, Attitudes

1. Introduction

What do you think of when you visualize a person with a mental illness? Do you

picture a person talking to himself and acting very bizarre and erratic? Do you imagine a woman with scabs on her face, missing teeth, and marks on her arms from shooting up? The reality is that most people with mental illnesses look and act pretty much like everyone else. There are subtle differences, but one will usually not really notice anything at first glance. There are also more extreme and relatively rare examples whereby people are clearly suffering from severe mental disturbances and are not in touch with reality. There is a wide spectrum when it comes to people's experiences with mental disorders. People are not the same, their disorders are not the same, and their experiences and realities are not the same. With this said, it still appears as though many in the general public still have some pretty stereotypic and limited understandings of what the different mental illnesses are and how they really affect people's lives, thinking, and behaviors. Having a mental illness can also have a significant impact on how others perceive and treat a person. This is a reality that hundreds of millions of people around the world have to deal with on a daily basis. According to the World Health Organization [1], around 450 million people suffer from mental illnesses at any given point in time making this a leading cause of disability worldwide. Mental illness is a serious issue that demands much more attention and focused application.

What does seem to be fairly clear is that those with mental disorders are often treated quite differently from those that do not have a known mental health issue. Those that are dealing with any kind of severe mental health issue are often rejected and prevented from full social participation. This subsequent rejection and poor treatment can often exacerbate their health issues and send them down a darker and more troublesome path than they would have otherwise experienced. Prior studies have demonstrated how this social stigma can have real consequences on people's overall functioning and health [2] [3] [4]. It is important to try and better understand why so many people think in these negative ways about those with mental illnesses and how this way of thinking subsequently influences how they ultimately treat those individuals.

One of the most clear-cut ways in which people are harmed by this negative thinking is in how they are socially isolated from others because they are so often looked at as if they are destined to act violently at some point. Even though most individuals with mental illnesses do not act violently toward others, they are very often seen this way and pushed aside [5] [6]. It is very common for people in the general public to believe that those with mental health disturbances are in some way dangerous [7] [8]. It is the aim of this study to get a better understanding of how people feel and think about those with mental illnesses. The primary purpose is to try and capture what people think about the level of dangerousness that those with mental illnesses may pose. An additional goal is to try and parse out how people feel about different kinds of mental disorders and the different levels of danger that each is perceived to pose. Issues with stigma, negative attitudes, social distancing, and harmful stereotypes will all be addressed in the work. It is hoped that the final product will yield some additional information

and insight that is useful across various academic and professional domains.

2. Literature Review

One of the most problematic issues that those with mental disorders often have to deal with in regard to their interactive experiences has to do with being socially stigmatized. A stigma prevents one from full social acceptance and participation. Stigmas can arise from just about anything that deviates from social norms, values, and behavioral expectations. Even though approximately half of the population will be diagnosed with a mental illness at some point in their lives, people still often seem to be uncomfortable being around these diagnosed individuals and will often distance themselves from them [3] [9] [10]. Some of the main reasons given for this social distancing seem to revolve around the belief that mentally ill individuals are unpredictable and dangerous [11] [12] [13]. Mannarini and Boffo [14] studied the reasons that people will often distance themselves from those with mental illnesses and they found that it fundamentally boils down to negative stereotypes and attitudes that reinforce the belief that these individuals are a potential threat to their safety. Nee and Witt [14] found the same things in their work on people's perceptions toward those with mental illnesses. They concluded that people often have a sense that there is some kind of threat posed to them when they are in the presence of these individuals. This perceived sense of danger often leads to social avoidance and rejection of those with mental illnesses [14] [15] [16].

To better understand where these feelings and attitudes come from, we must look at larger social and cultural forces. One of the main reinforcers of these negative attitudes and perceptions towards those with mental illnesses is the mass media. The media like to portray those with mental disorders as often being prone to violence and erratic behaviors [17] [18]. The media like to sensationalize and play up stories to try and garner higher ratings. They will often exploit horrendous events to accomplish this (e.g., mass shootings, school shootings, serial murder) and seem to give little concern to how it harms wider populations of people that are trying to manage and cope with their existing mental health problems [9] [17] [19]. The media also seems to portray certain kinds of diagnosed individuals as being much more likely to be violent than others, which only serves to reinforce the stigmas and social devaluations that these individuals are already trying to manage [20] [21].

Even though the vast majority of those suffering from mental illnesses are not violent there are some diagnoses that seem to come with higher overall rates of violence than others [22] [23] [24]. Even though mental illness is only associated with around 4% of all of the violent crimes commit each year people still widely believe that those with schizophrenia, bipolar disorder, substance abuse disorder, and psychotic disorders are prone to violence [16] [25] [26]. To get a better sense of this we must look at the prevailing evidence and allow the empirical data to inform us on these matters. According to Araten-Bergman and Werner [27] there are some elevated risks when it comes to dual-diagnoses. For example,

there appears to be an increased risk of violence when people are dealing with co-existing diagnoses involving intellectual disabilities, psychotic disorders, schizophrenia, bipolar disorder, adjustment disorder, conduct disorder, and substance use disorder [16] [25] [27]. Other researchers have found additional clinical disorders to also come with a higher risk of violent behavior, such as with personality disorders (e.g., antisocial and borderline), alcohol addiction, delusional disorder, attention-hyperactivity disorder, and developmental disorders [4] [19] [20].

We must pay attention to the factors that may cause or contribute to a person with a mental illness acting in a dangerous or reckless manner. The research seems to strongly support that the use of drugs and alcohol are often central to any erratic and dangerous behaviors that may be seen in diagnosed individuals [4] [14] [19]. According to Arkowitz and Lilienfeld [25] around one-third of all violent acts committed by patients occur within one year of leaving the hospital and much of this is often attributed to not following the treatment plan (e.g., not taking the prescribed medications). Social rejection and lack of social support are also important factors that seem to contribute to potential acts of violence [2] [10] [16]. Additional factors that need to be better understood with all of this include issues related to unemployment, lack of housing, homelessness, and poverty [18] [19]. These factors are also often associated with being marginalized in one way or another which can further isolate and stigmatize those with mental health disturbances [5] [15] [28].

It is also critical to understand how professionals that work with mentally ill individuals think about them and what their attitudes are towards them. Research has demonstrated that even professional social workers often hold negative attitudes and perceptions about those with mental illnesses [27]. The evidence also seems to indicate that there is a pattern with many social workers where they develop increasingly negative attitudes toward those with certain mental illnesses (e.g., schizophrenia and bipolar disorder) and even develop an increasing fear and sense of anger toward them [18] [24] [27]. Kesic and Thomas [29] found in their research that police officers often have negative attitudes and perceptions toward those with mental disorders. A major reason that this is a concern is because this leads them to be more likely to use force when they are interacting with these individuals. When people view those with mental illnesses to be unpredictable, erratic, and even a threat, they will sometimes act more intolerant or aggressive toward them [23] [29]. Even studies with college students majoring in areas relevant to this topic (e.g., social work, criminology, and psychology) have shown high rates of negative attitudes and beliefs toward those with mental disorders [13] [24]. It appears that lack of education and public misinformation are largely to blame for this ongoing mistrust and stigmatization of those with mental illnesses

In the final review it is clear that those with mental disorders have long faced negative treatment in society. They are often rejected by those close to them. They are also often avoided by both peers and professionals, are often rejected

by potential employers, and are often denied housing by those that fear what they represent [5] [11] [15]. The reality is that the vast majority of individuals suffering from mental health disturbances are not violent or a danger to society [8] [9] [12]. Even with this being the case, many are still socially rejected and cast aside. They are still viewed as being widely unpredictable and they even produce a level of fear in others [13] [18] [27]. Even though there are some factors that do seem to increase one's potential for violent and erratic behavior (e.g., substance abuse, criminogenic thinking, impulsiveness, mania, etc.) these should not be conflated with and linked to everyone that is dealing with a mental illness [16] [19] [25]. Being socially stigmatized can make things much worse for anyone trying to cope with a severe mental illness. It is our duty to better understand this ongoing cultural problem and to do our best to improve the lives of those trying to manage a mental health condition.

3. Methodology

3.1. Research Design

The study employed a quantitative survey instrument to collect the data. Data for the study were collected from April 13, 2018 through June 16, 2018. This was an independent study and not under the purview of any external authority. There was no outside funding provided for this study. Information collected in the survey included specific demographic variables that were deemed to be relevant to the interests of this study (e.g., gender and ethnicity). Demographic information was collected so that group comparisons could be made regarding the respondent's attitudes and beliefs about mental illness and dangerousness. The survey consisted of several "yes/no" questions as well as 9 Likert-type scale items. The scales ranged from 1 to 5, where 1 meant "strongly disagree" and 5 meant "strongly agree. The number 3 was taken as a neutral response whereby the respondents did not a leaning in one direction or the other in regard to that particular item. The survey items essentially asked about their feelings regarding the dangerousness of certain mental illnesses. Seven of the scale items specifically asked about dangerousness and major depression, veterans with PTSD, schizophrenia, bipolar disorder, drug addictions, conduct disorder, and personality disorder. One scale item asked about the relationship between suicide and mental illness. The last scale item asked about concerns that respondents have in regard to being in a relationship with a person with a mental illness. Other items inquired about whether or not they know people with diagnosed mental illnesses, generalized questions about dangerousness, and which mental illnesses they believe are the most dangerous. The survey instrument is relatively brief and can be completed in around two minutes.

3.2. Research Respondents

The final sample consisted of 159 respondents that were all residing in Southern California at the time of study. The bulk of respondents were living in Los An-

geles County. A smaller number of the respondents were residing in Ventura County. The final sample consisted of 100 women (62.9%) and 59 men (37.1%). None of the respondents identified as “other” in regard to gender identity. The majority of the respondents identified as Hispanic ($n = 113$, 71.1%), followed by White ($n = 31$, 19.5%), Asian ($n = 8$, 5.0%), Black ($n = 6$, 3.8%), and Middle Eastern ($n = 1$, 0.6%). None of the respondents identified as Native American. Hispanics make up the majority of the population in Los Angeles County so this is somewhat reflective of the larger population, although the final sample is skewed somewhat in this regard. Whites are the second largest group across the counties from which the data were collected, but the overall percentage is somewhat larger in the actual population. The survey respondents ranged in age from 18 to 72. Respondents for the study were recruited in a nonrandom manner. There was no compensation given for participating in the study and consent was given by the respondent’s willingness to fill out the instrument. All respondents were 18 years of age or older. No minors were asked to fill out the questionnaire. If any respondent had any clarifying questions concerning the items on the instrument they were given clear and complete responses to help them provide the most valid and honest responses.

3.3. Analysis of the Data

Data analysis was conducted via the use of the statistical software program SPSS 24. Complete analyses were run across the categorical variables to highlight the sample’s position and feelings on the various points of interest (e.g., frequencies, mean scores and standard deviations). Group differences were analyzed via the use of various tests of significance (e.g., t -test, Median test, Mann-Whitney U, and Kruskal-Wallis). Multiple symmetrical and directional measures were taken across the scaled items. Measures of association were run across the ordinal scales with both Somers’ delta and gamma. All of the performed tests were set at the standard 0.05 level of significance. Any finding with a probability value that exceeded the set standard of 0.05 was deemed to be statistically insignificant for the purposes of this study. All of the tests performed for this study were two-tailed. All of the questionnaires appeared to be answered in an honest manner. There were no unclear responses given by the respondents and all of the completed surveys were deemed to be valid and useful for the purposes of this investigation. Certain analyses and findings were disregarded in adherence to certain statistical test restrictions. Only statistically significant results that met minimum requirements were examined further and disseminated.

4. Findings of the Study

4.1. Informative Descriptive Statistics

Ninety-nine of the respondents stated that they personally know someone with a diagnosed mental illness (62.3%), whereas 58 stated that they did not (36.5%). Two of the respondents (1.3%) failed to answer this question. When asked if

people with mental illnesses are more likely to be dangerous 75 respondents (47.2%) stated that they are. Thirty-two of the respondents (20.1%) did not feel this way. Fifty-two of the participants (32.7%) were not sure whether mentally ill individuals are or are not more likely to be dangerous. When the respondents were asked which of the mental illnesses they associated with the most violent behavior schizophrenia was the top response. **Table 1** summarizes the descending order at which respondents answered this question about violent behavior.

It should be noted that antisocial personality is a personality disorder so some respondents may have been thinking about this particular personality disorder when they answered this question. It is not clear which specific personality disorder they were referring to. Also, psychopathy/sociopathy are not actual diagnoses according to the current *Diagnostic and Statistical Manual of Mental Disorder* (DSM-5). In clinical practice both of these commonly labeled pathologies would be included under antisocial personality disorder, which would significantly raise the number of respondents that would have stated that this was the most violent mental illness. Only 6 of the respondents (3.8%) were not sure which mental illness they felt was associated with the most violent behavior.

The largest majority of respondents believe that people with drug addictions are dangerous, followed by schizophrenia, veterans with post-traumatic stress disorder, and conduct disorder. **Table 2** summarizes what the respondents feel about each mental illness and views on dangerousness. In regard to suicide and mental illness, the clear majority of respondents believe that when people take their own lives they are most likely suffering from a severe mental illness (75.4%). Only 15 respondents do not believe that suicide is closely associated to mental illness (9.4%). When asked if respondents would be concerned about being in a relationship with a person that has a mental illness 106 stated that this would be a real concern to them (66.6%).

Table 1. Beliefs about mental illnesses and associations to violent behavior.

The most violent behavior is associated with:	Frequency	%
Schizophrenia	79	49.7
Bipolar Disorder	21	13.2
Drug Addiction	11	6.9
PTSD	10	6.3
Personality Disorder	9	5.7
Psychopathy/Sociopathy	8	5.0
Unsure/Unknown	6	3.8
Antisocial Personality	5	3.1
Conduct Disorder	5	3.1
Depression	3	1.9
Dissociative Identity Disorder	1	0.6
Obsessive-Compulsive Disorder	1	0.6

Table 2. Beliefs about people with mental illnesses and dangerousness: selected disorders.

Mental Illness	Are Dangerous	Mean	Standard Deviation
Drug Addiction	74.20%	3.93	0.94
Schizophrenia	54.70%	3.59	0.92
Veterans with PTSD	47.20%	3.33	1.05
Personality Disorder	40.90%	3.25	1.07
Conduct Disorder	39.60%	3.26	0.98
Bipolar Disorder	39.00%	3.21	0.99
Depression	20.10%	1.86	1.08

4.2. Inferential Tests

In regard to how men and women feel about mental illnesses and dangerousness, bipolar disorder was the condition that stood out the most when it came to group differences. The Mann-Whitney U test produced significant results (sig. = 0.015) suggesting that men ($M = 3.46$, $SD = 0.88$), when compared to women ($M = 3.06$, $SD = 1.03$), believe that those with bipolar disorder are generally more dangerous. An independent samples *t*-test also produced significant result regarding bipolar disorder and how men and women feel about dangerousness ($t(157) = 2.48$, $p = 0.014$). In regard to ethnicity there were several group differences found concerning conduct disorder, personality disorder, and depression. Both the median test (sig. = 0.042) and the Kruskal-Wallis test (sig. = 0.029) produced significant result concerning how the respondents felt about conduct disorder and dangerousness. It appears that Black ($M = 4.00$, $SD = 1.55$) and Asian ($M = 4.00$, $SD = 0.92$) respondents are more concerned about conduct disorder and the sense of dangerousness than the other groups in the study. The same two ethnic groups stood out in regard to personality disorders and dangerousness. The median test also produced a significant result (sig. = 0.045) indicating that both Blacks ($M = 4.00$, $SD = 1.55$) and Asians ($M = 3.75$, $SD = 0.87$) have stronger feelings when it comes to those with personality disorders and their propensities to act in dangerous ways. The median test also produced significant result in regard to depression and dangerousness (sig. = 0.049). As a group, Black respondents felt that individuals with depression were more prone to act in dangerous ways. Other tests did not produce significant group results whereas most groups appeared to have had relatively similar feelings regarding most mental illnesses and levels of dangerousness.

4.3. Measures of Association

A number of association tests produced significant and illuminating results. Some of the most important to note seem to revolve around drug addiction. Respondents seem to feel that there was an association between schizophrenia and drug addiction, bipolar disorder and drug addiction, and personality dis-

order and drug addiction. Respondents also seem to be concerned about being in a relationship with those that have schizophrenia, bipolar disorder, and a personality disorder. **Table 3** breaks down some of the ordinal by ordinal measures regarding these particular mental illnesses. These findings would seem to make sense and correlate well with what respondents stated about each of these respective mental illness and beliefs about dangerousness. Schizophrenia, bipolar disorder, drug addiction, and personality disorders (particularly antisocial personality disorder—which includes psychopathy and sociopathy) were among the top ranked when it came to respondents believing that they were generally more prone to acting dangerously and them also being concerned about being in a relationship with these particular types of individuals.

5. General Discussion

The findings of this study support what has been found in numerous other studies looking at people's views and perceptions about mental illness and dangerousness [3] [8] [23] [28]. This study has produced further evidence that those in the general population do tend to have concerns about those with mental illnesses when it comes to their own safety and well-being. When asked if mental illnesses are connected to dangerous behaviors the most common response given by the respondents was that they are. The clear majority of respondents would also be concerned about being in any kind of relationship with a person that was dealing with a mental illness. The respondents did have different views on which mental illnesses would be the most concerning to them and which ones they associate with the most dangerous, and violent, behaviors. Most of the respondents did not see depression, as one example, as being as concerning as bipolar disorder. This meshes with prior studies looking at what people think about mental illnesses and which ones they think are linked to the most dangerous behavior. In these prior studies, depression was generally not viewed as being as threatening or violent as other mental illness [3] [11]. Anxiety disorders are also generally not seen as being as dangerous as many of the other mental illnesses looked at in the current study [3] [10].

Table 3. Directional and symmetric measures of association.

Pairings	Somer's d	Sig.	Gamma	Sig.
Schizophrenia × Drug Addiction	0.257	0.000	0.361	0.000
Schizophrenia × Relationship	0.254	0.000	0.350	0.000
Bipolar Disorder × Drug Addiction	0.343	0.000	0.474	0.000
Bipolar Disorder × Relationship	0.134	0.038	0.184	0.038
Conduct Disorder × Drug Addiction	0.231	0.002	0.323	0.002
Personality Disorder × Drug Addiction	0.236	0.002	0.323	0.002
Personality Disorder × Relationship	0.159	0.014	0.217	0.014

Outside of obsessive-compulsive disorder being mentioned by a single respondent that believes this disorder is closely associated with violent behavior, none of the general anxiety-related disorders were spotlighted at all by the respondents. The disorders that were clearly of the most concern to respondents revolved mostly around psychotic disorders, personality disorders, and substance abuse disorders. Bipolar disorder was also at the top when it came to perceptions about dangerousness and even violent behavior. These findings seem to coalesce with what other researchers have found in their related studies [2] [18] [22]. It was clear that schizophrenia was the top disorder when it comes to how the respondents felt about their own safety and the propensity for violent behavior. Half of the respondents in this study said that schizophrenia is the mental illness most closely associated to violent behavior. The second leading response was bipolar disorder, with only 13.2% of the respondents stating that this was the disorder most closely connected to violence. These findings clearly highlight what people generally feel and think about those with schizophrenia. Other studies have also produced similar results whereby the participants firmly believe that schizophrenia is closely linked to dangerous behaviors and that the participants are not comfortable being around these particular types of individuals [16] [19] [24]. The findings of this study in regard to attitudes and perceptions about bipolar disorder and personality disorders (particularly antisocial personality disorder) are also in line with what has been found in other studies. This study, as well as a number of other outside studies, has widely found that these particular mental illnesses often raise suspicion and concerns about personal safety and potentially dangerous behaviors [20] [22] [24].

Substance use disorder has been shown to be closely connected to risky and even violent behavior among mentally ill populations [6] [8]. The participants in this study also seemed to feel that drug addiction was at the top when it comes to dangerous and violent behavior. In fact, the respondents in this study ranked drug addiction as the most dangerous of all of the mental illnesses. They were even more inclined to feel this way if there was a co-occurrence taking place with schizophrenia, bipolar disorder, conduct disorder, or a personality disorder. These findings also seem to support the wider literature where it has been found that those with mental illnesses that are simultaneously using drugs (or that have a substance use disorder) are significantly more likely to engage in criminal, dangerous, and even violent behaviors [16] [19] [20] [25]. Based on all of the evidence to date it would appear that substance use is the most highly correlated to dangerous and criminal behaviors. This has been widely shown in research looking at rates of recidivism, acts of violence, and use of substances [20] [25] [28]. It is clear that much more attention needs to be given to this larger problem of substance use and addiction that we are currently seeing across the wider population.

It is clear that there are still impactful stigmas attached to mental illness. It is also clear that these stigmas have real effects on the lives and functioning of those that are trying to manage and cope with their psychological and behavioral

issues. Being stigmatized for having a mental illness can prevent one from full acceptance and participation in society. This sense of reductionism often leads these individuals to become more socially isolated, rejected, and devalued [9] [21] [28]. Many in the general population still believe that those with mental illnesses are more unstable, unpredictable, and prone to violent behavior [5] [8] [14]. With this being the case it would only make sense that these individuals would also face additional hardships and prejudices that would exacerbate their problems and only make things worse. This can be seen in relation to discrimination in employment, housing, medical treatment, social relations, police responses, and so forth [7] [12] [15] [23]. These common misperceptions and stereotypes have real consequences on the lives of those dealing with a severe mental disturbance. The media is a major contributor to all of this and they do need to be held more accountable in the ways in which they portray mental illness and the realities of the lives of those dealing with these various psychological disorders [9] [18]. This is a complicated matter that requires widespread cooperation, the dissemination of factual and empirically-based information, and a much broader cultural education on what mental illnesses actually are and how they really affect people's lives.

5.1. Research Limitations and Future Research

The data for this study were collected entirely from people living in Southern California. A study that collects data from a wider participant base may result in somewhat different findings from what was found in the current study. The sample could also use more members from certain social groups, such as Middle Eastern, Native American, working-class, upper-class, etc., to get a broader understanding of any potential ethnic/racial and social class differences. The current study did not collect information on level of education, which also limits the ability to discern how a formal education may play into feelings and attitudes toward those with mental illnesses. Future studies could take a closer look at specific mental illnesses in regard to perceptions of dangerousness and violent behavior. It is clear from this study that people have much stronger feelings and negative views toward certain mental illnesses than they do toward others. Additional studies could also place more of an emphasis on stigma and how people reject and avoid those with certain mental illnesses (e.g., schizophrenia, substance use disorder, antisocial personality disorder, etc.). Future research could help to shed more light on this ongoing social problem.

6. Conclusion

The current study has demonstrated that people still hold somewhat negative views and attitudes toward those with mental illnesses. The data from this study support the wider literature in regard to people generally believing that those with mental illness are more likely to act in dangerous ways and that they pose more of a threat than those that do not have mental illnesses. Certain mental

disorders seem to come with more of a stigma than others, such as can be seen with schizophrenia, personality disorders, and bipolar disorder. People will often try and distance themselves from these particular individuals, which generally leads to further social isolation and psychological and behavioral problems. The social stigma attached to mental illness is real, and it has real effects on the lives of those that are struggling with mental health issues. We need to do better as a society. We need to stop rejecting and avoiding those with mental illnesses. Most are not dangerous, and most are not violent. Only when those trying to manage their mental health problems are given full social acceptance, and when they are also adequately provided with the mental health resources that they need to thrive, will we ever begin to really see these ongoing negative perceptions and misinformed beliefs truly dissipate.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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