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Historically, the study of public attitudes toward mental illness and persons with mental illness has mostly been the domain of mental health professionals—namely psychiatrists, psychologists, psychiatric social workers, academics in those related fields, and psychiatric program directors and administrators.’ This area of research was of finite interest to public opinion analysts, largely because the issue had little political or public resonance until quite recently. Before the late 1960s and early 1970s a period when many patients in mental institutions were deinstitutionalized, the topics of mental health in general and persons with mental illness in particular also were of limited concern to the public. Mental illness was a topic most often treated by individuals and families as a “private matter” that was more or less off-limits to outsiders, except, perhaps, medical professionals and other family members.

Deinstitutionalization and the problems associated with the implementation of community-based mental health care brought mental illness into the public sphere. What had been a very real but mostly hidden social issue had become a more visible social problem confronting a larger public. Lack of planning, social services, psychotropic medicines, medical facilities, and housing for this newly deinstitutionalized population combined to strain the already reduced public and voluntary social and human service delivery networks. The end result was that many of the newly deinstitutionalized ended up homeless and on the streets of America’s cities, becoming a greater part of the American urban landscape and grabbing the attention of the news media.

Other societal changes have contributed to greater public awareness of mental health issues as well. The media, with the creation of magazine and newspaper health and science sections, health-related television programming, and specialty magazines such as Psychology Today, have helped to demystify many psychological and mental health issues for
millions of Americans. New psychotropic medicines have been developed in the past two decades to help persons with mental illness. Also, the stigma associated with seeing a psychiatrist or psychologist has lessened. Americans, in casual conversations with friends, family, and even strangers, are much more likely now than perhaps at any other time in this country’s history to admit that “they are seeing someone” to help sort out emotional or psychological problems. In addition, many employers, recognizing the need for employee mental health care, now have health insurance plans to cover some costs associated with psychiatric care. Finally, the American public has benefited from public education programs conducted by various mental health organizations.

Thus, as the issues of mental illness have become demystified yet more complex, other groups of professionals—journalists, geographers, urban planners, and public opinion analysts—have been attracted to the study of Americans’ attitudes toward issues involving mental health and mental illness. In the summer of 1989 the Robert Wood Johnson Foundation Program on Chronic Mental Illness approached Daniel Yankelovich and DYG, Inc., to conduct a major research project on Americans’ attitudes toward locating housing for people with chronic mental illness in residential neighborhoods.” The foundation recognized that many communities have resisted the location of all types of facilities in various neighborhoods—the “Not-in-My-Back-Yard” (NIMBY) phenomenon. The foundation wanted to provide the nine cities in its program as well as the American public with an in-depth understanding of the resistance to and acceptance of housing facilities for persons with mental illness. The intention was that with a greater understanding of the issues, these nine programs would be better equipped to address and overcome the NIMBY phenomenon.

Moreover, with virtually no recent national opinion data available on Americans’ attitudes toward mental illness, the foundation wanted to explore general public attitudes and perceptions on this important issue. This DataWatch reports some of the major findings from this survey, using descriptive statistics.

The study’s findings are based on a telephone survey of approximately 1,326 Americans, representative of the total population of adults age twenty-one and older. The interviews were conducted between 1 and 11 December 1989. The typical interview required approximately twenty-nine minutes to complete. Interviewers followed a specific selection procedure so that women would comprise 52 percent of the sample and men, 48 percent. In total, approximately 3,016 individuals were contacted to reach the quota of 1,326 completed interviews. This represents a response rate of nearly 44 percent.
Public Perceptions Of Mental Illness

Incidence. According to the survey results, a majority of Americans believe that the number of people with mental illness has increased over the past twenty years (69 percent) and that mental illness is a serious health problem in the United States (89 percent) (Exhibit 1). Forty-five percent of respondents said it is a very serious problem (ranking ahead of mental retardation [28 percent] but behind drug abuse [85 percent], acquired immunodeficiency syndrome [AIDS] [81 percent], alcoholism [73 percent], cancer [69 percent], and heart disease [58 percent]).

An impressive number of Americans report personal experience with mental illness and mental health professionals. Approximately 16 percent of all survey respondents said that they have sought the professional services of a psychiatrist, psychologist, or other mental health professional, and 24 percent said that someone in their family or household has sought professional help. Overall, three in ten survey respondents reported that they or someone in their family has sought the help of a mental health professional at some time in their lives.

Causes. Americans believe that mental illness is caused by physical disturbances (such as a chemical imbalance in the brain) or environmental conditions (such as the stress of daily life or alcoholism/drug abuse); over nine in ten respondents cited these factors as overall causes of mental illness (Exhibit 2). When asked to choose the single most common cause of mental illness, nearly 27 percent named both chemical imbalances in the brain and stress of daily life, and 20 percent cited alcohol or drug abuse.

Knowledge about mental illness. In sum, Americans do not consider themselves well informed about mental illness but do think they should know much more. Only one in four respondents said they are very well informed about mental illness.

Exhibit 1
Americans’ Perceptions Of The Number Of People With Mental Illness Over The Past Twenty Years

<table>
<thead>
<tr>
<th>Survey response</th>
<th>Percent responding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number has increased a lot</td>
<td>41%</td>
</tr>
<tr>
<td>Number has increased a little</td>
<td>28</td>
</tr>
<tr>
<td>Number has stayed the same</td>
<td>19</td>
</tr>
<tr>
<td>Number has decreased a little</td>
<td>4</td>
</tr>
<tr>
<td>Number has decreased a lot</td>
<td>2</td>
</tr>
<tr>
<td>Not sure</td>
<td>6</td>
</tr>
</tbody>
</table>

Note: N = 1,326.
informed about mental illness, and nearly half, fairly well informed. More importantly, one in four said they are not at all well informed about mental illness. Respondents felt better informed about all other health problems we inquired about—alcoholism (47 percent), cancer (43 percent), drug abuse (38 percent), heart disease (37 percent), and AIDS (30 percent)—except mental retardation (24 percent). However, six in ten respondents said, in response to another question, that they should know a good deal more about mental illness.

Sources of information. According to the survey, Americans are more likely to receive information about mental illness from the mass media than from mental health professionals. For example, 87 percent of respondents said that they had seen something about mental illness on television in the past several years. Other sources were newspapers (76 percent), magazines (74 percent), radio (73 percent), family or friends (51 percent), and books (50 percent). Only about three in ten said that they had received information from a mental health professional such as a psychiatrist or psychologist (31 percent) or a physician (29 percent).

Americans may be receiving most of their information about mental illness from the news media, but whether they believe what they hear or see from those sources is another issue. When asked how believable they thought such reports were, only 5 percent of respondents said they were “extremely believable;” 29 percent found them “very believable;” 61 percent said the stories were only “somewhat believable;” and 2 percent, “not at all believable.”
Attitudes toward mental illness. Respondents were also asked to agree or disagree with a series of attitudinal statements about mental illness. These statements covered a wide range of issues, including stigma, the likelihood of becoming mentally ill, and the possibility of cure and medical treatment for persons with mental illness. Despite the apparent knowledge gap that many have about mental illness, the study found that Americans have the following perceptions about mental illness and persons with mental illness (Exhibit 3).

First, Americans do not believe that mental illness affects only a certain group of people. Nearly three out of four respondents agreed with the statement, “Virtually anyone can become mentally ill.” And importantly, despite the relatively high degree of contact with mental health professionals reported earlier, nearly two-thirds of respondents agreed with the statement, “There is still a lot of stigma attached to mental illness.” Also, over six in ten said that it is not easy to recognize someone who once had a serious mental illness; over four in ten agreed with the statement, “Having a mental illness is no different from having any other kind of illness.” (However, nearly three in ten disagreed with this statement, perhaps an indication of some of the stigma associated with having a mental illness.) Fewer than two in ten agreed that most of today’s homeless people are mentally ill; nearly half of all respondents disagreed with that statement.

Survey responses reveal that a majority of Americans agree that maintaining a normal life in the community will help a person with mental illness get better and that with treatment, most people with serious mental illness can get well and return to productive lives. In addition, a plurality of Americans do not agree that mental health facilities should be kept out of residential neighborhoods (although more than two in ten respondents said they should be kept out, and another one in three neither agreed or disagreed with the statement) or that mental illness can never be cured. Furthermore, the vast majority of Americans do not agree that “the best way to handle the mentally ill is to keep them behind locked doors.”

While a plurality of Americans do not perceive persons with mental illness as excessively violent or particularly dangerous, 15–24 percent of respondents, depending on the question asked, were concerned about the potential violence and dangerousness of persons with mental illness.

Finally, we discovered a mixed reaction to the single statement about property values. One in three respondents thought that property values would be harmed if a group home or apartments for people with mental illness were located in a residential neighborhood; about three in ten thought that property values would not be endangered; and over one in
Exhibit 3
Public’s Views On Statements About Mental Illness And People With Mental Illness

<table>
<thead>
<tr>
<th>Survey item</th>
<th>Agree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virtually anyone can become mentally ill</td>
<td>74%</td>
<td>8%</td>
<td>17%</td>
<td>1%</td>
</tr>
<tr>
<td>There is still a lot of stigma attached to mental illness</td>
<td>65</td>
<td>6</td>
<td>26</td>
<td>3</td>
</tr>
<tr>
<td>Most people with serious mental illness can, with treatment, get well and return to productive lives</td>
<td>54</td>
<td>8</td>
<td>37</td>
<td>1</td>
</tr>
<tr>
<td>In most cases, keeping up a normal life in the community will help a person with mental illness get better</td>
<td>53</td>
<td>12</td>
<td>34</td>
<td>1</td>
</tr>
<tr>
<td>The mentally ill are far less of a danger than most people believe</td>
<td>48</td>
<td>15</td>
<td>35</td>
<td>2</td>
</tr>
<tr>
<td>Having a mental illness is no different from having any other kind of illness</td>
<td>43</td>
<td>28</td>
<td>27</td>
<td>2</td>
</tr>
<tr>
<td>Locating a group home or apartments for people with mental illness in residential neighborhoods does not endanger local residents</td>
<td>41</td>
<td>18</td>
<td>39</td>
<td>2</td>
</tr>
<tr>
<td>Locating a group home or apartments for people with mental illness in a residential area will not harm property values</td>
<td>29</td>
<td>33</td>
<td>35</td>
<td>3</td>
</tr>
<tr>
<td>I don’t believe mental illness can ever really be cured</td>
<td>26</td>
<td>46</td>
<td>26</td>
<td>2</td>
</tr>
<tr>
<td>People with chronic mental illness are, by far, more dangerous than the general population</td>
<td>24</td>
<td>34</td>
<td>38</td>
<td>4</td>
</tr>
<tr>
<td>Mental health facilities should be kept out of residential neighborhoods</td>
<td>22</td>
<td>44</td>
<td>33</td>
<td>1</td>
</tr>
<tr>
<td>Even if they seem OK, people with chronic mental illness always have the potential to commit violent acts</td>
<td>21</td>
<td>41</td>
<td>36</td>
<td>2</td>
</tr>
<tr>
<td>Most of the homeless today are, in fact, mentally ill</td>
<td>18</td>
<td>48</td>
<td>31</td>
<td>3</td>
</tr>
<tr>
<td>It is easy to recognize someone who once had a serious mental illness</td>
<td>13</td>
<td>63</td>
<td>22</td>
<td>2</td>
</tr>
<tr>
<td>The best way to handle the mentally ill is to keep them behind locked doors</td>
<td>6</td>
<td>81</td>
<td>11</td>
<td>2</td>
</tr>
</tbody>
</table>

Note: N = 1,326.

a Rating of “5” or “6” on a six-point scale.
b Rating of “1” or “2” on a six-point scale.
c Rating of “3” or “4” on a six-point scale.

three provided responses falling between the belief that “harm” and “no harm” to property values would occur.

The NIMBY Phenomenon

Despite the lack of overwhelmingly negative attitudes about persons with mental illness, Americans are reluctant to welcome a wide variety
of mental health facilities into their communities. In fact, the NIMBY phenomenon may exist as a real barrier to opportunities for people with mental illness. Overall, opposition to the location of any type of facility appears to be somewhat commonplace. For example, 14 percent said that their neighborhood had opposed some type of facility (ranging from a school or hospital to a drug treatment center or garbage dump) in the past five years; half of these indicated that this opposition was successful in stopping plans for locating these facilities in their neighborhood.

Respondents were asked to use a six-point scale to rate the acceptability of eighteen types of facilities (including both mental health and other facilities) that could be placed in their neighborhood (Exhibit 4). Results indicate that all facilities are not perceived similarly and that three distinct tiers of acceptability exist. The first tier consists of several facilities that are most welcome by community residents: a school, a day care center, a nursing home, a hospital, and a medical clinic. Perhaps these are viewed as facilities that would be useful to all neighborhood residents. The second tier is composed of facilities that received a mixed review: a group home for the mentally retarded, a homeless shelter, an alcohol rehabilitation center, and a drug treatment center. These facili-

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**Exhibit 4**

Acceptability Of Neighborhood Facilities

<table>
<thead>
<tr>
<th>Type of neighborhood facility</th>
<th>Would welcome</th>
<th>Would not welcome</th>
<th>Neutral</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>68%</td>
<td>15%</td>
<td>16%</td>
<td>1%</td>
</tr>
<tr>
<td>Day care center</td>
<td>65</td>
<td>12</td>
<td>22</td>
<td>1</td>
</tr>
<tr>
<td>Nursing home for the elderly</td>
<td>63</td>
<td>11</td>
<td>25</td>
<td>1</td>
</tr>
<tr>
<td>Hospital</td>
<td>58</td>
<td>18</td>
<td>23</td>
<td>1</td>
</tr>
<tr>
<td>Medical clinic</td>
<td>57</td>
<td>15</td>
<td>27</td>
<td>1</td>
</tr>
<tr>
<td>Group home for the mentally retarded</td>
<td>45</td>
<td>21</td>
<td>33</td>
<td>1</td>
</tr>
<tr>
<td>Homeless shelter</td>
<td>43</td>
<td>28</td>
<td>28</td>
<td>1</td>
</tr>
<tr>
<td>Alcohol rehabilitation center</td>
<td>42</td>
<td>25</td>
<td>32</td>
<td>1</td>
</tr>
<tr>
<td>Drug treatment center</td>
<td>40</td>
<td>31</td>
<td>28</td>
<td>1</td>
</tr>
<tr>
<td>Shopping mall</td>
<td>36</td>
<td>40</td>
<td>24</td>
<td>1</td>
</tr>
<tr>
<td>Group home for AIDS patients</td>
<td>29</td>
<td>37</td>
<td>33</td>
<td>1</td>
</tr>
<tr>
<td>Factory</td>
<td>24</td>
<td>57</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>Garbage landfill</td>
<td>8</td>
<td>85</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Prison</td>
<td>7</td>
<td>79</td>
<td>14</td>
<td>1</td>
</tr>
</tbody>
</table>


Note: N = 1,326.

\(^{a}\) Rating of “5” or “6” on a six-point scale.

\(^{b}\) Rating of “1” or “2” on a six-point scale.

\(^{c}\) Rating of “3” or “4” on a six-point scale.

\(^{d}\) Acquired immunodeficiency syndrome.
ties may be perceived as serving the needs of a special population while at the same time not posing a threat to neighborhood property values or danger to its inhabitants. The third tier consists of facilities that most residents absolutely do not want in their community: a shopping mall, a group home for people with AIDS, a factory, a garbage landfill, and a prison. Perhaps these facilities are perceived as attracting excess automobile traffic and a potentially dangerous population that is truly unwanted, or posing a serious threat to property values because of environmental damage.

Facilities for people with mental illness are not among the more acceptable facilities. Eight different descriptions of facilities or homes for persons with mental illness were examined in this study, and the ratings for most of these fell at the lower end of the second tier of acceptable facilities (Exhibit 5).

While acceptance and support of locating facilities in neighborhoods vary according to demographic groups, income appears to be an important indicator of opposition. Those opposed to neighborhood facilities are more likely to live in affluent neighborhoods. As noted earlier, over one in ten of all respondents said that their neighborhood had acted to oppose a facility in the past five years. However, over two in ten of those

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**Exhibit 5**

Public's Acceptance Of Neighborhood Mental Health Facilities

<table>
<thead>
<tr>
<th>Type of mental health facility</th>
<th>Percent responding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Would welcome a</td>
</tr>
<tr>
<td>Group home for people with mental illness (n = 642)</td>
<td>37%</td>
</tr>
<tr>
<td>Group home for people with depression (n = 642)</td>
<td>31%</td>
</tr>
<tr>
<td>Outpatient facility for people with emotional problems (n = 684)</td>
<td>31%</td>
</tr>
<tr>
<td>Group home for former mental patients (n = 684)</td>
<td>31%</td>
</tr>
<tr>
<td>Mental health outpatient facility (n = 642)</td>
<td>31%</td>
</tr>
<tr>
<td>Independent apartments for people with mental disabilities (n = 642)</td>
<td>30%</td>
</tr>
<tr>
<td>People who are recuperating from mental illness (n = 684)</td>
<td>27%</td>
</tr>
<tr>
<td>Independent apartments for people with mental illness (n = 684)</td>
<td>27%</td>
</tr>
</tbody>
</table>


*Rating of “5” or “6” on a six-point scale.*

*Rating of “1” or “2” on a six-point scale.*

*Rating of “3” or “4” on a six-point scale.*
with an annual household income of $50,000 and over said that their
neighborhood had been involved in opposing a facility during the past
five years. A similar pattern emerges when the acceptability level of the
facilities is examined: the acceptability of neighborhood facilities de-
creases as income increases. That is, lower (under $15,000 annually) and
moderate ($15,000–$24,999 annually) household income groups are
more accepting than are affluent households (annual household income
of $50,000 or more) of all types of neighborhood facilities.

Furthermore, nearly half of all respondents (48 percent) would not
“welcome” any of the mental health facilities into their neighborhoods.
That is, they would not give a rating of “6” or “5” on the six-point scale
ranging from “would welcome” to “absolutely would not welcome” to
any of the mental health facilities tested. Demographically, these re-
spondents tend to be affluent, male, well-educated, professional, mar-
rried, homeowners, and living in large cities or suburbs. Attitudinally,
“nonwelcomers” of mental health facilities appear to be pessimistic
about the future, fearful of taking chances (risk averse), competitive,
Darwinistic, and less tolerant of different types of lifestyles. Finally, their
beliefs about mental illness are less hopeful than are those of the general
population, “Nonwelcomers” are less likely to believe that anyone can
become mentally ill and that most people with mental illness can get
well and return to productive lives.

Explaining the phenomenon. During the 1960s and 1970s, when
deinstitutionalization of persons diagnosed with chronic mental illness
was both an acceptable practice and social policy, most Americans
embraced a different set of social values than those prevalent in the late
1980s and early 1990s. During the 1960s and 1970s Americans were
more accepting of different lifestyles; values of pluralism, diversity, and
egalitarianism were strongly held during that era, along with the civil
rights of individuals—particularly those of racial minorities, prisoners,
and patients with mental illness. Perhaps most importantly, federal
funds were available to experiment with different types of social and
health-related programs to help the economically and medically disad-
vantaged. In sum, the underlying values structure of the 1960s and 1970s
helped to create a social climate in which Americans were more accept-
ing of and willing to assist (through individual action or via taxation)
those who could not help themselves.

However, beginning in the late 1980s Americans adopted a different
set of social values that reflect changed attitudes and beliefs. First,
Americans began to question a belief that had been central to the
concept of continual social mobility—the belief that economic well-
being for current and future generations is a given. The belief that each
generation will enjoy a higher standard of living than the one before it served as the underpinning for the values revolution of the 1960s and 1970s. By the early 1980s this principle had been replaced by the belief that individual success, based on hard work, self-reliance, mastery, and the willingness to accept risk, was still possible for those who strove for it, but it was not automatic and not necessarily available to everyone.

Furthermore, growing concern among Americans of all economic and social classes about their future economic well-being has increased overall insecurity and contributed to the current NIMBY-like social climate. Along with this declining sense of affluence, Americans have become less concerned about the civil rights of individuals, less tolerant than in the 1960s and 1970s of diverse lifestyles, and more risk averse and pessimistic about community life.

Unless these attitudes soften and the corresponding desire to keep housing for persons with mental illness out of various communities abates, the prospect of allowing persons with mental illness the opportunity to become an accepted part of a neighborhood or community remains tenuous at best.

**Future Research Directions**

This research only touches the surface regarding American attitudes toward mental illness and persons with mental illness. Future research could further examine the underlying attitudes that contribute to the phenomenon of not welcoming mental health facilities and persons with mental illness into neighborhoods. For example, given today’s social climate, to what extent do the public’s perceptions of fear, physical violence, and harm to property values (as well as other factors) contribute to the rejection of persons with mental illness? Does the public have differing perceptions and degrees of tolerance for individuals with different types of mental illness? Does it matter what sex or age the individual is? Who does the public perceive to be persons with mental illness? What role does the news and entertainment media play in shaping public attitudes and contributing to stereotypes about mental illness and persons with mental illness? Further research into these areas could increase the level of understanding about an important social issue with nationwide ramifications.
The views expressed in this DataWatch are solely those of the author, and no official endorsement by The Robert Wood Johnson Foundation, the American Psychiatric Association, the National Institute of Mental Health, or The Pew Charitable Trusts is intended or should be inferred. The author thanks Madelyn Hochstein and Daniel Yankelovich, for their valuable advice; Janis Kupersmidt and L.A. Winokur, for comments on earlier drafts; and Henry Kucera and Marc Spiegler, for their assistance on the exhibits.

NOTES


2. According to data from an August 1988 survey by Riter Research, nearly six in ten Americans (57 percent) who have health insurance said that the coverage they possess provides mental health benefits.

3. Additional research project funding was provided by the American Psychiatric Association, the National Institute of Mental Health, and The Pew Charitable Trusts.

4. Prior to this study, there appear to be only two other publicly released surveys in the late 1970s and 1980s that queried Americans on aspects of mental illness. The first survey, entitled “Family Health in an Era of Stress,” which was conducted in October 1978 by Yankelovich, Skelly, and White for the General Mills Corporation, focused in part on the attitudes and opinions of family members about personal health, mental health, and mental illness, The second survey, entitled “Teenagers at Risk: Adult Perspective,” which was conducted in August 1988 by Riter Research for the National Association of Private Psychiatric Hospitals, mostly focused on American attitudes toward children and teenagers with mental illness.

5. The survey results have been sample-balanced to reflect the proper age, sex, race, income, and geographic region of all individuals age twenty-one and older throughout the United States. In theory, in nineteen cases out of twenty the findings based upon such samples will differ by no more than three percentage points from what would have been obtained by interviewing all individuals age twenty-one and older throughout the country. Two versions of the questionnaire were employed in this study. Questionnaire Versions A and B are identical except for questions 5, 12, and 13. These questions tested different “names” for facilities for persons with mental illness (question 5) and descriptions for persons with mental illness (questions 12 and 13). The two versions were alternated across representative half-samples of respondents. In conducting interviews for the telephone survey, surveyors chose respondents from all U.S. households on the basis of random probability sampling procedures, which took into account unlisted telephone numbers. The sample was stratified according to census regions, states within regions, and cities/towns/rural areas within states.

6. These data are from the DYG SCAN, an annual tracking study of American social values that identifies trends in public lifestyles and values. For further information, contact the author at DYG, Inc., 555 Taxter Road, Suite 475, Elmsford, New York 10523.