Creating and Changing Public Policy to Reduce the Stigma of Mental Illness

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The Carter Center Mental Health Program’s mission to increase access to mental health services began more than 30 years ago and continues to be at the heart of our work. We do everything within our power to create better care and, ultimately, better lives for people with mental illnesses and their families.

One does not work long on mental health issues before recognizing the additional hardships caused by stigma. Problems that we confronted early on continue to this day: poor funding for research and services, especially compared to support for other illnesses that are far less prevalent and disabling; structural forms of discrimination that impede an individual’s progress toward a meaningful life in the community; and widespread, inaccurate, and sensational media depictions that link mental illnesses with violence. The authors of “The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care” examine these issues, with an emphasis on the enormous challenge of changing the attitudes of individuals. At The Carter Center, we are focusing our attention toward creating or changing public policies in order to encourage behavior change with the hope that one day attitudes will follow. Over the years, we have learned that public policy can be an important factor in reducing stigma.

“If health insurance will pay for it, it is OK to have mental illness.” This became our motto during the decades we worked to promote mental health parity—the premise that diseases of the mind and brain should be treated no differently than afflictions of the body. President Carter’s Presidential Commission on Mental Health resulted in the Mental Health Systems Act of 1979, which embedded insurance parity for mental illnesses. Unfortunately, this aspect was never implemented as planned. Thousands of organizations, including The Carter Center, persisted over 30 years, and mental health parity legislation finally passed in 2008. In November 2013, Health and Human Services Secretary Kathleen Sebelius announced the long-awaited parity regulations at our national symposium on mental health policy at The Carter Center. One of the biggest structural forms of stigma, resulting in discrimination against millions of people, finally was eradicated!

As we worked on mental health public policy in recent decades, new and important developments profoundly changed the lives of people living with serious mental illnesses and made possible progress in the fight against stigma. A powerful consumer and family movement brought strength and advocacy to the public policy debate. Among its accomplishments are the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination against people with disabilities, and the Civil Rights of Institutionalized Persons Act of 1980, which protects the rights of individuals who reside in local or state mental health facilities, nursing homes, correctional facilities, and institutions for the developmentally and intellectually disabled. The cause has advanced in the courts as well, especially in the Olmstead Supreme Court decision, which is associated with the ADA and ended some of the structural forms of discrimination that had stood in the way of community living for those with serious mental illnesses. More recently, the emergence of Certified Peer Specialists—a workforce of consumers of behavioral health services—has helped shift our focus from simply stabilizing a condition to bringing about recovery.

In addition, in the 1980s and ‘90s, enormous progress in the research and science of services and treatment yielded evidence of mental health recovery. A diagnosis of mental illness no longer brings the fear of lifelong institutionalization but instead can mean a journey to recovery and a meaningful life in the community. Recovery has become a powerful antidote to stigma.

Despite all of this hard work and progress, however, in our own state of Georgia, over 130 unexplained deaths...
occurred in our state mental hospitals between 2002 and 2006. *The Atlanta Journal-Constitution* published a series of stories about this tragedy. As a result, the Department of Justice investigated and brought against the state of Georgia a civil rights suit and an Olmstead suit that demanded sweeping reforms throughout the system, including the development of an array of community-based crisis services. Over the last several years, The Carter Center has been working closely with the state, behavioral health advocates, and the Department of Justice to build a stronger community mental health system in Georgia. Today, thousands of Georgians with serious mental illnesses have the opportunity for a full life with a spectrum of services and supports available. Once again, public policy and the law have helped overcome stigma and dramatically changed how our mental health system treats people.

Over the past few decades, many human and financial resources have been expended to address system failures and the broader issue of stigma and the resulting discrimination, with some modest gains. Millions of Americans access mental health services each year and, according to the Centers for Disease Control and Prevention’s 2012 report “Attitudes Toward Mental Illness,” the majority of Americans now believe that recovery from mental illnesses is possible with treatment. Sadly, despite this progress, old fears persist, and the belief that mental illnesses lead to unpredictability and violence remains intractable. Violence associated with mental illness is extremely rare, but when it does occur, it is widely publicized via smartphones, tablets, computers, and television. Frequently, failures and gaps in the mental health system are present in these rare cases of violence. These instances solidify the public’s negative perception of mental illnesses.

We remain confident, nonetheless, that there is hope for the future. Critical to our success will be the ability of those who are concerned with mental health to come together at all levels to promote research and services. This issue of *Psychological Science in the Public Interest* makes a strong start in consolidating and disseminating what we now know—that public policy, the law, and media remain our greatest resources to stimulate change and spur action. We also need to build bridges to other fields that connect to mental health, such as public health, primary care, and education. Together, we can create robust systems and services all along the path of recovery and encourage early intervention and access to treatments without fear of labels or diminished opportunities. When that is achieved, we will know that our tireless efforts to eradicate stigma have been successful.

**Declaration of Conflicting Interests**

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