

What Do American Adults Think of Children's Mental Health Problems? Findings and Lessons From the First National Study

Research over the last two decades has documented that the mental health problems of children and adolescents are profoundly under-recognized and under-treated. According to recent estimates, in any given year, one fifth of American children have a mental health disorder and one in twenty will experience severe functional impairment. The President's New Freedom Commission on Mental Health concluded in 2003, "No other illnesses damage so many children so seriously." (p.1)¹ Despite the serious consequences associated with childhood mental health disorders, fewer than one in three children and adolescents with recognizable disorders receive treatment.

Unfortunately, until now, we have had little concrete information about public perceptions of childhood mental health disorders and appropriate treatment. We did not know whether well-described symptom profiles, generally acknowledged to be prototypic of mental health disorders, were viewed as serious by the public; whether members of the public were able to recognize these symptom profiles as mental health issues; or, if they did, whether they attached the label of "mental illness" to them. Similarly, we knew little about what kinds of advice and treatment the public saw as appropriate for the emotional and behavioral challenges children and adolescents confront. Finally, there has been little information about the extent to which the public's reactions are shaped by stigmatizing beliefs.

In 2002, researchers from the Indiana Consortium for Mental Health Services Research designed and field-



ed the National Stigma Study—Children (NSS-C). The NSS-C was explicitly developed to help close the gap in understanding American adults' knowledge and attitudes about children with mental health problems. (See box for more information on the NSS-C.) We used a series of short vignettes to describe children who met clinical criteria for ADHD, depression, and asthma. In addition, we described a child who had some problems of daily living but did not meet criteria for a childhood mental health problem. We used these stories because they are a more effective means of getting at individuals' responses than asking about ADHD or another problem directly. In addition, by only providing the descriptions, we were able to explore whether individuals recognize these behaviors as mental health problems in need of treatment. The analyses of these data, published in a series of peer-reviewed scientific publications, offered insights into what

members of the public think. Do they recognize mental health problems in children? What do they think causes them? What can be done? Will treatment help? What will happen to these children in the medical system and in the community? Here we offer an encapsulated view of American adults' attitudes, beliefs and sentiments.

What Does the Public Know?

Americans can distinguish between mental health problems, physical problems and "daily troubles" (Figure 1). However, the picture is clearer for "daily troubles" and asthma than it is for mental health problems, where respondents often endorsed several of these options at the same time. About half see behaviors that make up the symptoms for ADHD as a "mental illness," though most (80%) see them as normal "ups and downs." Most (over 90%) see asthma as a physical illness. Almost all (close to 100%) see "daily troubles" as the normal ups and downs of life. Figure 1 also shows that the public is more confused by depression. Almost equal numbers say that the behaviors that meet criteria for depression could, in fact, be depression, or they could be a physical illness, or they could be the normal ups and downs of life. This is curious because when asked how serious the situation described is, more respondents (over 83%) say that depression is very serious compared to the other conditions. (About 38% say ADHD is very serious; 58% for asthma; and only 3% for daily troubles.)

Perhaps the most interesting finding was that a substantial group (almost 20%) of the respondents who could correctly identify ADHD rejected the label of “mental illness,” suggesting that we may want to consider language carefully when talking to and about children.

What Causes Mental Health Problems in Children?

Americans tend to see stress as the major factor underlying children’s mental health difficulties (over 85% for ADHD, over 90% for depression), asthma (over 70%) and even their daily troubles (almost 60%). However, many individuals in our study also cited a lack of discipline, child-rearing techniques, and chemical imbalance as causes of ADHD, and reported that genetics, chemical imbalance, and child-rearing are likely underlying causes of depression. Genetics was most commonly seen as the cause of asthma (87%), but child-rearing was most often implicated in “daily troubles” (over 70%).

What Should Be Done?

Most Americans believe that treatment is required for ADHD (over 75%) and depression (almost 90%), but not “daily troubles,” for which almost 80% of our respondents believed that the situation would improve on its own. Curiously, however, more than half (54%) agreed that ADHD would improve with better discipline, while almost as many (over 45%) reported that diet changes would help.

Our respondents suggest that a range of formal and informal “advisors,” including family and friends, teachers, medical doctors, and mental health professionals, should be consulted when mental health problems emerge. The lowest levels of endorsement are found for psychiatrists and hospitals, and then only for situations rated as very serious. In general, if individuals suggest consulting medical or mental health professionals, then they also indicate a willingness to take these professionals’ advice on using medications for the children. However, if family, friends or teachers suggest using medications, respondents are much more skeptical, and the

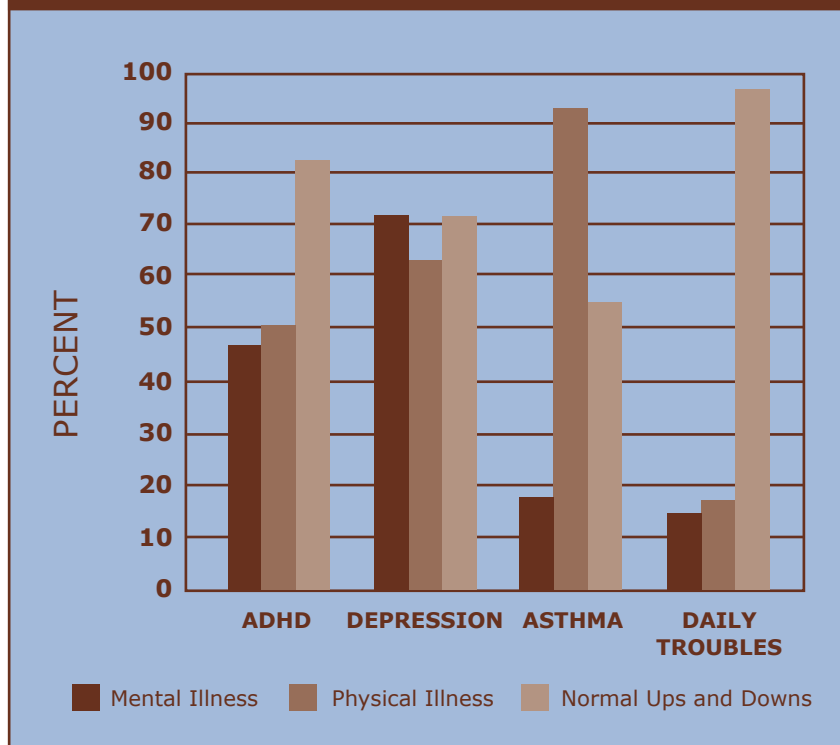
percentage of people willing to accept such advice drops by almost half. So, while members of the public indicate a willingness to consult others, many are circumspect about whose advice they would accept if medication was offered as a solution for depression or ADHD. In general, compared to our studies of public perceptions about psychiatric medications for adult mental health problems, Americans report greater suspicion about the use and efficacy of medications for children and adolescents.

When we asked whether legal means should be invoked to make sure that the child described receives care, a surprisingly large number of respondents (17% ADHD, 35% depression, 41% asthma, 7% daily troubles) supported coerced visits to a doctor. However, the highest levels of support for forced care were reported for asthma, suggesting that more than stigma may underlie the public’s response. Rather, it appears that when there are known effective treatments, and perhaps in the face of a failure of responsible parenting, the public believes that the children must receive care.

Are There Stigmatizing Effects of Mental Health Problems for Children?

The plain answer is yes. Almost a quarter of our respondents indicated that they would not want their child to befriend the child with ADHD, and even more said so for depression (almost 30%). In fact, across four social situations (e.g., having the child as a neighbor, or as their child’s classmate), the highest levels of rejection were consistently reported for the child with ADHD and depression. For these conditions, roughly one of every five Americans reported an unwillingness to interact with the child. In particular, the finding that more Americans see children with depression as dangerous than view depressed adults as dangerous signals the possible influence of media reports of school shootings and other events surrounding violence in adolescence. In fact, while we know that most adults with serious mental illness are no more dangerous than their neighbors, the research on violence, children and mental health problems

FIGURE 1. HOW RESPONDENTS CATEGORIZE VIGNETTE CHILD’S PROBLEMS



is thin and inconclusive.

The good news is that the levels of prejudice toward children that we see here are relatively low as compared to the much higher levels we have seen in our studies of attitudes toward adults with mental illness. Perhaps more importantly, many of our respondents believe that if children receive mental health treatment, it will have a positive impact on their lives. However, most respondents also believe that seeking treatment can not be kept confidential, and children who are known to have had treatment will be rejected in the community. Fewer respondents believe that the parents will be seen as failures if their children have mental health problems. Nevertheless, most report concern about the potential stigma that their children might encounter if they were to receive mental health treatment.

Why Do We Care What the Public Thinks?

Research tells us that individuals rarely make decisions about health care on their own. They consult family and friends, neighbors thought to have some relevant expertise, and those in positions of authority (e.g., bosses and teachers). Understanding the larger context in which parents and children/adolescents experience mental health problems, receive advice, and decide to seek or avoid treatment is an important first step in addressing the problem of the underutilization of mental health services.

This first study of public knowledge of and attitudes toward children with mental health problems suggests both opportunities and challenges. Overall, it appears that Americans can tell the difference between normal childhood variations in behavior, physical health problems like asthma, and mental health challenges like ADHD and depression. It is sobering, however, that Americans appear to stigmatize children's mental health conditions, particularly depression. Compared to children with asthma or daily troubles, the public sees children with depression and ADHD as much more likely to pose a danger to self and others. But overall the public sees depression as more serious, more in

need of treatment, and more problematic even than ADHD.

References

1. New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America: Final report*. Rockville, MD: New Freedom Commission on Mental Health.

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WHAT IS THE GSS AND WHERE CAN I GET MORE INFORMATION ON THE NSS-C AND OTHER STUDIES?

The NSS-C was fielded as part of the 2002 General Social Survey (GSS) administered by the National Opinion Research Center (NORC) at the University of Chicago. The GSS is one of the premier monitors of American public opinion that has been fielded since 1972. To ensure that the Americans who participate make up a nationally representative group, the GSS uses a stratified, multistage area probability sample of clusters of U.S. households. The GSS trains interviewers to visit the selected American households and conduct face-to-face interviews. The 2002 GSS included 2,765 non-institutionalized adults living in the contiguous U.S. and was conducted between February and June of 2002. Technically, the GSS segment that makes up the NSS-C is referred to as the "Children's Mental Health Module." It included 55 separate questions and occupied 15 minutes on one of the two samples of the 2002 survey for a total of 1,393 individuals who answered NSS-C questions. The response rate for the 2002 GSS was 70 percent.

Primary funding for the Children's Mental Health Module was provided by the National Science Foundation to the General Social Survey, Eli Lilly & Co., the Indiana Consortium for Mental Health Services Research, and the College of Arts and Sciences at Indiana University-Bloomington.

To see the full public report, *American's Views of Children With Mental Health Problems*, as well as the list of scientific publications on which this summary is based, go to

www.indiana.edu/~icmhsr/

or contact the

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The website also contains basic information from other studies on public beliefs about psychoactive medication for children; public knowledge and beliefs about the stigma attached to adult mental health problems, and public expectations of medical and mental health care.