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Person-first language reduces stigma and increases perceptions of responsibility

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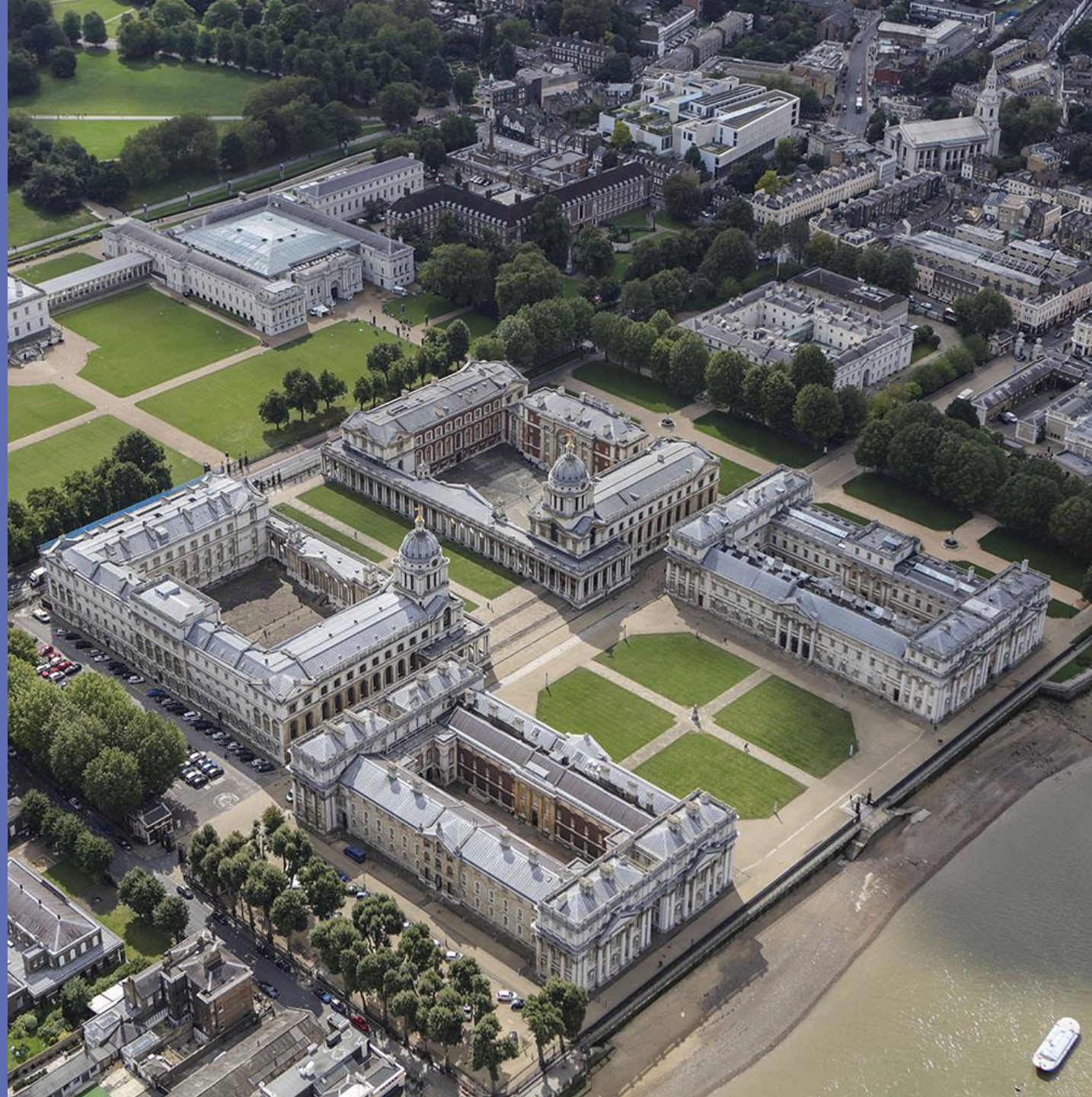

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Take home messages:

- Language use influences attitudes towards forensic mental health patients in the UK general public
- Using person-first language:
  - lowers perceptions of risk
  - lowers desire for social distance
  - increases perceptions of responsibility
- 'forensic mental health patient' and 'mentally disordered offender' linked to the same levels of stigma and may carry the similar associations

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Today

- ‘Words have power. They have the power to teach, the power to wound, the power to shape the way people think, feel, and act toward one and another.’
  - Wahl, 1998 p 149

- Stigma and person-first language
- Studies of PFL and attitudes
- Our study

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Stigma

- An “attribute that is deeply discrediting” (Goffman, 1963)
- Process
  - Defining/labelling -> stereotyping -> prejudice -> discrimination (Link and Phelan, 2001)
- Self, public and structural
- Negative outcomes of stigma:
  - Social exclusion, employment, accommodation
  - Internalised stigma
  - Treatment engagement
  - Lack of resourcing/attention from policy makers

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Forensic mental

How to tackle stigma?

- Attitudes changes over time
  - Gender identity, sexuality, 'childhood', HIV/AIDS treatment, MI
  - Top down – bottom up
- Interventions:
  - Education
  - Interactions with PWLE
  - Listening to narratives of PWLE
  - Reduce stigmatic attitudes and improve p-s interactions, client reported engagement up to 9/12 months, improved knowledge (Bielenberg et al., 2021)

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Labelling and mental health

- Language around mental illness confusing
- School children asked: 'What sorts of words or phrases might you use to describe someone who experiences mental health problems?'
- They produced 250 different labels…
- (Rose et al. 2007)

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Use of person-first language

- Person with schizophrenia, not 'schizophrenic'
- Foregrounds dignity and respect
- Helps people see uniqueness, abilities, needs and strengths of each person
- Aim to lessen public and self-stigma and improve treatment engagement, recovery, and participation in the community
- Born of disability rights movement in 1970s

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Use of person-first language

- Not all groups prefer this approach:
- The National Federation of the Blind (US) 1993:
  - ‘Blind person’ shows respect for blind people; it does not sugar coat the condition or deny the actual disability
- ‘Mad Pride’ reclaimed by some; that some should be proud of Mad identity and reverse negativity around mental ill health

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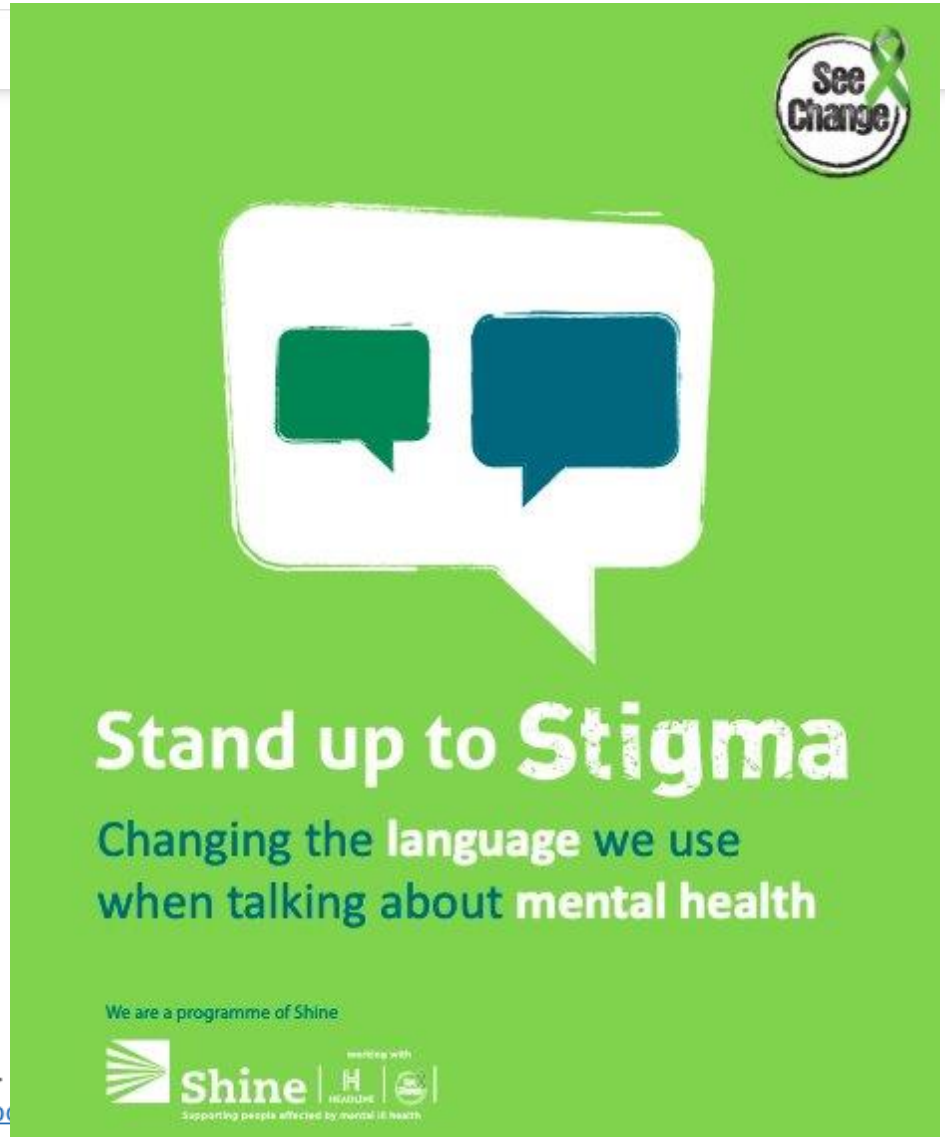
Global adopti



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Does language use make a real-world difference? Study 1 – Kelly et al., 2010a

- Web-based survey, n=314, convenience sample recruited through hospital in the US; mainly white and female
- “Two individuals are actively using drugs and alcohol. One is a **substance abuser** and **one has a substance use disorder**. The following questions ask you to compare these two individuals.”
- "Which of these two individuals is more likely to benefit from inpatient care?”

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Does language use make a real-world difference? Study 1 – Kelly et al., 2010a

- 'Substance abuser' = perceived as engaging in wilful misconduct, a greater social threat, and more deserving of punishment
- 'PWSUD' = more in need of treatment; more likely seen as uncontrollable biological causes and should be exonerated

Does language use make a real-world difference? Study 2 – Kelly et al., 2010b

- Vignette study, N=516 recruited at health conference; highly educated sample; randomised into ‘abuser’ or ‘SUD’ conditions

“Substance Abuser”

Mr. Williams is a substance abuser and is attending a treatment program through the cou
of the program Mr. Williams is required to remain abstinent from alcohol and other dru
been compliant with program requirements, until one month ago, when he was found to
positive urine toxicology screens which revealed drug use and a breathalyzer read
revealed alcohol consumption. Within the past month there was a further urine toxicol
revealing drug use. Mr. Williams has been a substance abuser for the past few years. He
his appointment with the judge to determine his status.

“Substance Use Disorder”

Mr. Williams has a substance use disorder and is attending a treatment program through

His problem is caused by the way in which he was raised
Mr. Williams could have avoided using alcohol and drugs
I would be willing to have Mr. Williams as an employee
I would be willing to have Mr. Williams as a close friend

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Does language use make a real-world difference? Study 2 – Kelly et al., 2010b

- No differences on social threat or victim-treatment scales
- 'Substance abuser' was more personally culpable and should be punished
- ‘Abuser’ linked to perceptions of internal control over drug use and actions
- Findings not replicated in Martinelli et al. (2020)
  - Social distance, differences bt vignettes too subtle?

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So, how about forensic mental health patients?

- Aim: does language use affect attitudes towards FMHP in UK general public?
- Online survey 'Prolific', paid
- Randomised:
  - 1) mentally disordered offender, 2) forensic mental health patient, 3) person working towards recovery using forensic mental health services
- Why these terms?
  - Acknowledge disadvantages of labels

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So, how about forensic mental health patients?

"The term 'Forensic Mental Health Patient' is used in this study. This term refers to someone in the criminal justice system who is receiving treatment for mental health needs. This might include treatment offered in police custody, prison, psychiatric hospitals, approved premises, or in community out-patient settings."

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So, how about forensic mental health patients?

- What did we measure?
- Predictors:
  - demographics, interactions with others with MI and with others in the CJS, own experiences with MI, own conviction, own victimisation, hostility to ethnic minority groups
- Outcomes:
  - social distance (5), ATMIO (negative stereotypes 10, rehabilitation and compassion 5, risk 5, responsibility 3)
- ANCOVAs, Bootstrapped
- Data OA

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Who was included in the analysis?

- Nationally representative based on: age, gender, ethnicity
- Recruited n=668
- Screener Q removed n=196, 29%
- Screen passers: Older, female, in work, less likely to be a student
- N= 472 took part (MDO n= 151, FMHP n=147, PFL n=174)
  - (no sig differences on age, gender, student status, ethnicity, employment status)

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Messy findings...

	Social Distance			ATMIO Negative stereotypes			ATMIO Rehab and compassion1			ATMIO Risk			ATMIO responsibility		
	adj. R2 = .217			adj. R2 = .161			adj. R2 = .157			adj. R2 = .173			adj. R2 = .078		
	F	n2	sig.	F	n2	sig.	F	n2	sig.	F	n2	sig.	F	n2	sig.
Intercept	249.839	0.395	<.001	20.405	0.051	<.001	56.05	0.128	<.001	3.954	0.01	0.047	5.742	0.015	0.017
Age	0.309	0.001	0.579	2.17	0.006	0.142	5.499	0.014	0.02	0.355	0.001	0.551	2.484	0.006	0.116
Gender	1.382	0.004	0.241	0.387	0.001	0.534	2.307	0.006	0.13	**5.632**	**0.015**	**0.018**	2.056	0.005	0.152
Ethnicity	1.775	0.005	0.183	3.248	0.008	0.072	**4.982**	**0.013**	**0.026**	**4.081**	**0.011**	**0.044**	0.071	0	0.79
Racism	**18.199**	**0.045**	**<.001**	**18.152**	**0.045**	**<.001**	**12.036**	**0.031**	**<.001**	**11.946**	**0.03**	**<.001**	**9.547**	**0.024**	**0.002**
Interactions with others with MI	**25.418**	**0.062**	**<.001**	**29.01**	**0.071**	**<.001**	**23.381**	**0.058**	**<.001**	**25.552**	**0.063**	**<.001**	**13.873**	**0.035**	**<.001**
Interactions with others in CJS	**13.756**	**0.035**	**<.001**	**4.858**	**0.013**	**0.028**	3.597	0.009	0.059	**9.805**	**0.025**	**0.002**	0.057	0	0.811
Personal history MI	0.158	0	0.691	0.332	0.001	0.565	2	0.005	0.158	0.789	0.002	0.375	1.071	0.003	0.301
Personal CJ conviction	0.122	0	0.727	0.078	0	0.781	0.592	0.002	0.442	0.183	0	0.669	0.261	0.001	0.61
Language condition	**13.746**	**0.067**	**<.001**	0.008	0	0.992	1.104	0.006	0.333	**4.694**	**0.024**	**0.01**	**5.617**	**0.029**	**0.004**

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Headline findings

- Language use significantly affected attitudes:
  - PFL lower social distance to this group (medium effect)
  - PFL less likely to see this group as risky (small-medium effect)
  - PFL more likely to see this group as responsible (small-medium effect)
  - On all these, PFL significantly lower than FMHP & MDO
  - No difference between MDO and FMHP

  - PFL = person first language, MDO = mentally disorder offender, FMHP = forensic mental health patient

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Headline findings

- Language use did not significantly affect:
  - Negative stereotypes
  - Rehabilitation and compassion

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Headline findings

- Covariates predicted the following attitudes:
  - Age = nothing
  - Gender = risk
  - Ethnicity = risk
  - Racism = all
  - Interactions with others with MI = all
  - Interactions with others in CJS = social distance, negative stereotypes, risk
  - Personal history MI = nothing
  - Personal CJ conviction = nothing

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So, what to take from this?

- Language does (did) influence attitudes
- Using person-first language:
  - lowers perceptions of risk
  - lowers desire for social distance
  - increases perceptions of responsibility
- Greater responsibility linked with desire to punish but fits within recovery paradigm and rights-based approaches
- No difference between MDO and FMHP on any outcome… both 'passive' or less willing to change due to lower responsibility/agency?

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So, what to take from this?

- Change practice and policy documents where language is static/generalised?
- Review documents in Lambeth council, London
- Run further studies:
  - to test professed behaviours
  - explore different diagnoses
  - Qualitatively explore findings with patients
- Look out for OA data!

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Thanks!

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