A Handbook for the Study of Mental Health
Second Edition
Social Contexts, Theories, and Systems

The second edition of *A Handbook for the Study of Mental Health: Social Contexts, Theories, and Systems* provides a comprehensive review of the sociology of mental health, with chapters written by leading scholars and researchers. The volume presents an overview of historical, social, and institutional frameworks for understanding mental health and illness. Part I examines social factors that shape psychiatric diagnosis and the measurement of mental health and illness, the theories that explain the definition and treatment of mental disorders, and cultural variability in mental health. Part II investigates effects of social context on mental health and illness. Individual chapters consider the role of social statuses, including class, gender, race, and age. Several chapters focus on the critical role played by stress, marriage, work, and social support, with a concluding chapter focusing on terrorism. Part III focuses on the organization, delivery, and evaluation of mental health services, including a discussion of the criminalization of mental illness, the mental health challenges posed by HIV, and the importance of stigma in meeting the mental health needs of individuals. *A Handbook for the Study of Mental Health* is a key resource that will be useful to both undergraduates and graduate students studying mental health and illness from any number of disciplines.

Teresa L. Scheid is Professor of Sociology and serves on the faculty for doctoral programs in public policy, organization science, and health services research at the University of North Carolina at Charlotte. She has published widely on the organization and delivery of mental health care services with a focus on the work of mental health care providers. This work is reflected in her book, *Tie a Knot and Hang On: Providing Mental Health Care in a Turbulent Environment* (2004). Professor Scheid’s current work has expanded to examine the mental health consequences of HIV.

Tony N. Brown is Associate Professor of Sociology and holds secondary appointments in Psychology and Human Development, and Human and Organizational Development at Vanderbilt University. He also serves on the faculty of the Program in African American and Diaspora Studies; the Developmental Psychopathology Research Training Program; the Center for Medicine, Health, and Society; and the Center for Evaluation and Program Improvement. His research interests include the mental health impact of race-related stressors, racial identity, ethnic/race socialization, the conceptualization of mental health, and psychiatric epidemiology. In recent work, he examines the psychological costs of racism for Blacks as well as the mental health benefits that some Whites receive because of racism.
We dedicate this volume to James R. Greenley, who devoted his personal and professional life to the improvement of mental health services.
Contents

Contributors xi
Foreword by David Mechanic xv
Preface xix

Part I Approaches to Mental Health and Illness: Conflicting Definitions and Emphases 1

Teresa L. Scheid and Tony N. Brown

1 An Overview of Sociological Perspectives on the Definitions, Causes, and Responses to Mental Health and Illness 6
Allan V. Horwitz

2 The Measurement of Mental Disorder 20
Jerome C. Wakefield and Mark F. Schmitz

3 The Prevalence of Mental Illness 46
Ronald C. Kessler

4 Biological Theories of Psychiatric Disorders: A Sociological Approach 64
Sharon Schwartz and Cheryl Corcoran

5 Psychological Approaches to Mental Illness 89
Christopher Peterson

6 Sociological Approaches to Mental Illness 106
Peggy A. Thoits

7 Viewing Mental Health from the Complete State Paradigm 125
Corey L. M. Keyes and Barret Michalec

8 Mental Health Systems in a Cross-Cultural Context 135
Harriet P. Lefley
## Part II The Social Context of Mental Health and Illness

**Tony N. Brown and Teresa L. Scheid**

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Authors</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Stressors, Stress, and Distress</td>
<td>Blair Wheaton and Shirin Montazer</td>
<td>171</td>
</tr>
<tr>
<td>10</td>
<td>Social Support and Mental Health</td>
<td>R. Jay Turner and Robyn Lewis Brown</td>
<td>200</td>
</tr>
<tr>
<td>11</td>
<td>Work and Unemployment as Stressors</td>
<td>Mary Clare Lennon and Laura Limonic</td>
<td>213</td>
</tr>
<tr>
<td>12</td>
<td>Socioeconomic Stratification and Mental Disorder</td>
<td>William W. Eaton, Carles Muntaner, and Jaime C. Sapag</td>
<td>226</td>
</tr>
<tr>
<td>13</td>
<td>Gender and Mental Health: Do Men and Women Have Different Amounts or Types of Problems?</td>
<td>Sarah Rosenfield and Dena Smith</td>
<td>256</td>
</tr>
<tr>
<td>14</td>
<td>Race and Mental Health: Patterns and Challenges</td>
<td>David R. Williams, Manuela Costa, and Jacinta P. Leavell</td>
<td>268</td>
</tr>
<tr>
<td>15</td>
<td>African American Women and Mental Well-Being: The Triangulation of Race, Gender, and Socioeconomic Status</td>
<td>Verna M. Keith and Diane R. Brown</td>
<td>291</td>
</tr>
<tr>
<td>16</td>
<td>Marital Status and Mental Health</td>
<td>Kristi Williams, Adrianne Frech, and Daniel L. Carlson</td>
<td>306</td>
</tr>
<tr>
<td>17</td>
<td>Stress and Distress in Childhood and Adolescence</td>
<td>Elizabeth G. Menaghan</td>
<td>321</td>
</tr>
<tr>
<td>18</td>
<td>Psychopathology and Risky Sexual Behaviors among Black Adolescents</td>
<td>Cleopatra Howard Caldwell and Ebony Sandusky</td>
<td>334</td>
</tr>
<tr>
<td>19</td>
<td>Well-Being across the Life Course</td>
<td>John Mirowsky and Catherine E. Ross</td>
<td>361</td>
</tr>
<tr>
<td>20</td>
<td>Mental Health and Terrorism</td>
<td>Robert J. Johnson and Stevan E. Hohfoll</td>
<td>384</td>
</tr>
</tbody>
</table>

## Part III Mental Health Systems and Policy

**Teresa L. Scheid and Tony N. Brown**

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Authors</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Understanding the Context and Dynamic Social Processes of Mental Health Treatment</td>
<td>Bernice A. Pescosolido and Carol A. Boyer</td>
<td>420</td>
</tr>
<tr>
<td>22</td>
<td>Cultural Diversity and Mental Health Treatment</td>
<td>Emily Walton, Kateri Berasi, David T. Takeuchi, and Edwina S. Uehara</td>
<td>439</td>
</tr>
</tbody>
</table>
### Contents

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>The Mental Health Consumers/Survivors Movement in the United States</td>
<td>461</td>
</tr>
<tr>
<td></td>
<td>Athena McLean</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Mental Illness and the Criminal Justice System</td>
<td>478</td>
</tr>
<tr>
<td></td>
<td>Virginia Aldigé Hiday and Padraic J. Burns</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Mental Health Care in Organizations and Systems</td>
<td>499</td>
</tr>
<tr>
<td></td>
<td>Michael Polgar</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Integrating Service Delivery Systems for Persons with a Severe Mental Illness</td>
<td>510</td>
</tr>
<tr>
<td></td>
<td>Gary S. Cuddeback and Joseph P. Morrissey</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Consequences of Managed Care for Mental Health Providers</td>
<td>529</td>
</tr>
<tr>
<td></td>
<td>Teresa L. Scheid</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Mental Health and the Changing Context of HIV</td>
<td>548</td>
</tr>
<tr>
<td></td>
<td>James Walkup and Stephen Crystal</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Labeling and Stigma</td>
<td>571</td>
</tr>
<tr>
<td></td>
<td>Bruce G. Link and Jo C. Phelan</td>
<td></td>
</tr>
</tbody>
</table>

**References** 589

**Index** 707
Contributors

Kateri Berasi, EdM
Graduate Student
Teachers College
Columbia University

Carol A. Boyer, PhD
Associate Director, Institute for Health, Health Care Policy, and Aging Research
Rutgers, The State University of New Jersey

Diane R. Brown, PhD
Professor
Health Education and Behavioral Science
Institute for the Elimination of Health Disparities
UMDNJ-School of Public Health

Robyn Lewis Brown, MS
Doctoral Candidate, Department of Sociology
Florida State University

Tony N. Brown, PhD
Associate Professor of Sociology
Faculty Head of Hank Ingram House, The Commons
Research Fellow, Vanderbilt Center for Nashville Studies
Vanderbilt University

Padraic J. Burns, MA
Doctoral Candidate, Department of Sociology
North Carolina State University

Cleopatra Howard Caldwell, PhD
Associate Professor
Department of Health Behavior and Health Education
School of Public Health
University of Michigan, Ann Arbor

Daniel L. Carlson, MA
Doctoral Candidate, Department of Sociology
The Ohio State University

Cheryl Corcoran, MD
Florence Irving Assistant Professor of Clinical Psychiatry
Columbia University and Director Center of Prevention and Evaluation
New York Psychiatric Institute

Manuela Costa, MPH
Doctoral Candidate, Department of Society, Human Development, and Health
Harvard School of Public Health

Stephen Crystal, PhD
Director, Center for Pharmacotherapy, Chronic Disease Management and Outcomes and Center for Education and Research on Mental Health Therapeutics
Research Professor and Chair, Division on Aging
Contributors

Associate Institute Director for Health Services Research, Institute on Health, Health Care Policy, and Aging Research, Rutgers, The State University of New Jersey

Gary S. Cuddeback, PhD
Assistant Professor of Social Work Research Fellow, Cecil G. Sheps Center for Health Services Research University of North Carolina at Chapel Hill

William W. Eaton, PhD
Sylvia and Harold Halpert Professor and Chair, Department of Mental Health, Johns Hopkins Bloomberg School of Public Health

Adrienne Frech, PhD
Postdoctoral Fellow, Rice University

Virginia Aldigé Hiday, PhD
Professor, Department of Sociology and Anthropology, North Carolina State University

Stevan E. Hobfoll, PhD
The Judd and Marjorie Weinberg Presidential Professor and Chair, Rush University Medical Center

Allan V. Horwitz, PhD
Professor of Sociology and Dean of Social and Behavioral Sciences, School of Arts and Sciences, Rutgers, The State University of New Jersey

Robert J. Johnson, PhD
Professor and Chairperson, Department of Sociology, University of Miami

Verna M. Keith, PhD
Professor, Department of Sociology, Center for Demography and Population Health, Florida State University

Ronald C. Kessler, PhD
Professor, Department of Health Care Policy, Harvard Medical School

Corey L. M. Keyes, PhD
Associate Professor, Department of Sociology, Emory University

Jacinta P. Leavell, PhD
Associate Professor, School of Dentistry, Meharry Medical College

Harriet P. Lefley, PhD
Professor, Department of Psychiatry and Behavioral Sciences, University of Miami Miller School of Medicine

Mary Clare Lennon, PhD
Professor, PhD Program in Sociology, The Graduate Center, City University of New York

Laura Limonic, MA
The Graduate Center, City University of New York

Bruce G. Link, PhD
Professor, Epidemiology and Sociomedical Sciences, School of Public Health, Columbia University

Athena McLean, PhD
Professor of Anthropology, Department of Sociology, Anthropology and Social Work, Central Michigan University

David Mechanic, PhD
Director and Rene Dubos University Professor, Institute for Health, Health Care Policy, and Aging Research, Rutgers, The State University of New Jersey
Contributors

Elizabeth G. Menaghan, PhD
Professor, Department of Sociology
The Ohio State University

Barret Michalec, PhD
Assistant Professor, Department of Sociology
University of Delaware

John Mirowsky, PhD
Professor, Department of Sociology and Population Research Center
University of Texas

Shirin Montazer
Doctoral Candidate
Department of Sociology
University of Toronto

Joseph P. Morrissey, PhD
Professor of Health Policy, Management, and Psychiatry
Deputy Director, Cecil G. Sheps Center for Health Services
University of North Carolina at Chapel Hill

Carles Muntaner, PhD
Psychiatry and Addictions Nursing Research Chair
Social Equity and Health Section, Social Policy and Prevention Department
Center for Addictions and Mental Health and
Professor of Nursing, Public Health and Psychiatry
University of Toronto

Bernice A. Pescosolido, PhD
Professor, Department of Sociology and Consortium for Mental Health Services Research and
Director, Indiana Consortium for Mental Health Services Research
Indiana University-Bloomington

Christopher Peterson, PhD
Professor, Department of Psychiatry
University of Michigan

Jo C. Phelan, PhD
Associate Professor of Sociomedical Sciences

School of Public Health
Columbia University

Michael Polgar, PhD
Department of Sociology
Penn State University

Sarah Rosenfield, PhD
Department of Sociology
Institute for Health, Health Care Policy, and Aging Research
Rutgers, The State University of New Jersey

Catherine E. Ross
Professor, Department of Sociology and Population Research Center
University of Texas, Austin

Ebony Sandusky, MPH
Doctoral Student, Department of Health Behavior and Health Education
School of Public Health
University of Michigan, Ann Arbor

Jaime C. Sapag, MD, MPH
Special Advisor, Office of International Health
Centre for Addiction and Mental Health
Ontario, Canada

Teresa L. Scheid, PhD
Professor, Department of Sociology
University of North Carolina at Charlotte

Mark F. Schmitz, PhD
Associate Professor, School of Social Administration
Temple University

Sharon Schwartz, PhD
Professor of Clinical Epidemiology
Mailman School of Public Health
Columbia University

Dena Smith, MA
Doctoral Student, Department of Sociology
xiv Contributors

Rutgers, The State University of New Jersey

David T. Takeuchi, PhD
Professor, Department of Sociology and Social Work
University of Washington

Peggy A. Thoits, PhD
Professor
Department of Sociology
Indiana University

R. Jay Turner, PhD
Marie E. Coward Professor of Sociology and Epidemiology
Professor of Psychology
Florida State University

Edwina S. Uehara, PhD
Professor
Department of Sociology
University of Washington

Jerome C. Wakefield, PhD, DSW
University Professor, Silver School of Social Work and Department of Psychiatry, School of Medicine
New York University

James Walkup, PhD
Graduate School of Applied and Professional Psychology and Institute for Health, Health Care Policy, and Aging Research
Rutgers, The State University of New Jersey

Emily Walton
Department of Sociology
University of Washington

Blair Wheaton, PhD
Professor and Chair, Department of Sociology
University of Toronto

David R. Williams, PhD
Florence and Laura Norman Professor of Public Health
Professor of African and African American Studies and of Sociology
Staff Director, RWJF Commission to Build a Healthier America
Harvard School of Public Health

Kristi Williams, PhD
Associate Professor, Department of Sociology
The Ohio State University
Foreword

The National Institute of Mental Health (NIMH), established at the end of World War II, had an important influence on the growth of medical sociology and especially on social research in mental health. Its first director, Robert Felix, sought to include the social sciences as basic sciences for the study of mental health issues and problems. He strongly supported PhD training and extramural research and contributed to the growth of sociology, anthropology, and psychology as disciplinary areas. The fact that initially public support for sociology largely came through NIMH rather than other disease-oriented institutes explains the dominance of mental health concerns within the development of medical sociology. With increasing numbers of sociologists trained in NIMH programs, medical sociology became one of the largest and most active sections of the American Sociological Association (ASA). Felix was committed to bringing a public health perspective to the study and treatment of persons with mental illness, a viewpoint that began to erode during the Reagan administration when politics forced NIMH into a more insular disease perspective. The public health view has now again gained some traction on the nation’s health agenda, with a renewed interest in social determinants of health and socioeconomic and ethnic/racial disparities.

In earlier decades, training programs encompassed broad areas of social psychology, social organization, and social methodology; this breadth encouraged the wide range of substantive interests and theoretical and methodological approaches exhibited in this Handbook. NIMH predoctoral and postdoctoral awards supported my training in the 1950s, and probably many, if not most, of the contributors to this Handbook had similar support during their disciplinary training. I have been involved for almost 50 years in running such training programs at the University of Wisconsin and Rutgers University; in the earlier decades these programs had a strong focus on promoting and expanding knowledge and methods in the basic areas of the discipline. Many of those who participated in these and related programs have contributed importantly not only to mental health but also to their disciplines. Programs funded today are much more focused on problem areas and...
interdisciplinary efforts, but it remains essential for researchers to be strongly involved with the conceptual, theoretical, and methodological advances in their disciplines if they are to be effective partners in interdisciplinary collaborations.

This Handbook nicely informs readers on conceptual, substantive, and policy aspects of mental health. A core issue that engages every aspect of mental health research and practice is the conceptualization of mental health itself: Is it seen most usefully in terms of discrete disorders or in terms of continua of affect and function? There is some resurgence of interest in conceptualizing positive mental health as well, although determining the role of culture and values in framing what is seen as positive remains a difficult challenge. As the mental health field prepares to introduce version V of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), many groups have intense interest in its structure and content. Whatever one might think of DSM, it will continue to have an important role in reimbursement arrangements, disability determinations, legal contests, and the promotion and marketing of drugs and other therapies. We clearly need a reliable classificatory basis for research, for treatment assessment, and for communication, but absence of a theoretical basis for DSM entities and disagreements about its inclusiveness leave much room for controversy and debate. It remains uncertain whether social understanding is enhanced more by a focus on discrete disorders as defined by DSM or whether we might benefit more by attention to dimensional conceptualizations and inquiries. Both are important and respond to different purposes and needs, but it is clear that the balance among approaches requires reexamination.

The excesses of pharmaceutical marketing, its role in expanding concepts of disorder, and its influence on drug research and professional education have done a great deal to undermine trust in psychiatric research results and psychiatric expertise. Selective publication of drug trials in research funded and controlled by pharmaceutical companies has cast suspicion on the validity of psychiatric knowledge and effectiveness claims. There is now a considerable backlash against many of the marketing and funding practices of these large companies and much greater skepticism among educators, editors of major journals, and the media. Social research has been an important antidote to this negative pattern and has contributed importantly to revealing and understanding these patterns of professional and commercial self-interest and how they have helped shape trends in the mental health sector.

The substance of mental health inquiry is very much focused on the study of developmental processes across the life course and the influence on those processes of social stratification and important social institutions such as the family, the labor market, and work. Social and epidemiological surveys have become the core tools for many of these studies that seek to understand human development and social behavior across age cohorts and historical periods while being sensitive to the crucial way in which biological predispositions interact with social context.
Foreword

and the environment. Surveys have become larger, technically more sophisticated and longitudinal in scope, and the ability to link varying sources of data makes it increasingly possible to examine causal ideas with more credibility. Randomized studies remain the “gold standard” because social selection is so powerful and pervasive and difficult to discount, but increasingly, natural experiments, longitudinal databases, and the use of instrumental variables and sophisticated multivariate approaches make causal interpretations more convincing in the typical instance in which randomization is not feasible or ethical.

We value knowledge and understanding for their own sake, but most of us study mental health issues and are supported by research agencies because of the expectation that enhanced knowledge will improve people’s lives. The American health system, even more its mental health system, is dysfunctional and in shambles. Dealing effectively with serious mental illness involves many sectors from general medicine to the criminal justice system, but there is little effective coordination or integration. Some of what we already know has been implemented in a constructive way, but far too much of what we have learned remains to be applied. Whether we are concerned with broad social determinants such as extreme poverty, child abuse and neglect, inferior schooling, and stigmatization on the one hand or the lack of access to mental health services and a lack of appropriate balance in treatment among medication, supportive care, and rehabilitative services on the other, there remains a great gap between what we know and what gets done. Some positive changes have occurred, such as the growing acceptance of mental health as an important aspect of health, the move to greater health insurance parity, more coverage for serious mental illness in public programs such as Medicaid, and more accessibility to treatment and trained mental health professionals. But as this *Handbook* makes clear, the social determinants of mental health problems and their management will continue to remain challenging for scientists, professionals, and policy makers.

David Mechanic
Rutgers University
We are pleased to edit the second edition of *A Handbook for the Study of Mental Health*. We worked hard to bring it out on roughly the 10-year anniversary of the first edition, which is still widely used in many classrooms and by many researchers. Allan V. Horwitz was the senior editor on the first edition, and he suggested Tony N. Brown as someone who would be most instrumental in rethinking the second edition. As a consequence, we have included a number of new chapters that target emerging areas of research. We are especially pleased to have a chapter on subjective well-being to augment the theories presented in Part I. In Part II we have added several chapters that focus on mental health among minority groups: one chapter on Black adolescents and a second on the intersection of race, socioeconomic status, and gender. Part II also includes a new chapter on marriage and another on mental health and terrorism. Part III includes two new chapters on organizations and mental health care providers.

We want to thank everyone who worked so hard to update and extend their chapters, as well as those who wrote new material for the volume. We owe much to the students who handled many of the more tedious details in putting the *Handbook* together: Radhi Gosai at University of North Carolina-Charlotte, who merged the references, and Whitney Laster and Nakia Collins at Vanderbilt University, who took on the indexing. Ed Parsons at Cambridge University Press was patient and always available for any question and has been a pleasure to work with. As with the first edition, proceeds from this volume benefit the American Sociological Association Section on Mental Health.