Abstract

Comparing self-reports to administrative records, we find that survey respondents are significantly more likely to under-report mental illnesses compared to other health conditions. This behavior is consistent with the existence of stigma of mental illnesses. We show that stigma can play a role in determining health-seeking behavior.

Introduction

The fear of being stigmatized or socially sanctioned and disgraced governs many aspects of human behavior. In many cases, the fear of stigma does not result in actual behavior change but rather leads individuals to simply hide certain behaviors or actions (for example, smoking in secrecy). This is in line with the definition of stigma in the seminal work on the topic by Goffman (1963).

We show the existence and consequences of stigma in an important area of public health concern: mental health.[1] We compare survey self-reports on diagnoses and mental health drug use to administrative data on prescription drug use in a sample of more than 250,000 individuals. While there could be various drivers for the differences between survey self-reports and administrative data, our leading explanation is that if mental illnesses were not stigmatized, the difference between self-reported survey responses and objective administrative records should be statistically similar to other diseases. While a large literature in psychology and psychiatry has examined the existence of stigma in mental health (see examples in Corrigan (2000)) the approach of using *relative* misreporting of mental health in a heterogeneous sample of about a quarter of a million individuals, is novel.[2] Our work also complements a recent set of papers that focus on stigma in the case of Human Immunodeficiency Virus (HIV) Thornton (2008), Derksen et al. (2017), Hoffmann et al. (2014), Ngatia (2016) and papers that match self-reported health measures to administrative health records (see Harlow and Linet (1989), Baker et al. (2004), and Johnston et al. (2009)). These papers however, do not focus on mental health reporting. Hence, while it may be intuitive and

taken for granted that there is stigma in mental health, empirically documenting its existence using a large administrative database is novel.

Section snippets

Methods and data

For the empirical analysis, we use a unique data set from Australia. The 45 and Up Study is a survey of more than 250,000 individuals 45 years of age or older residing in New South Wales (NSW), the most populous state of Australia. The survey, with the consent of all the participants, is linked to the individuals' administrative health records, including prescription drugs and doctor visits. We use the data covering the period of 2007–2010 (233,081 observations). Panel A of Appendix Table B.1

Results

Table 1 presents the estimated under-reporting rates of mental disorders and other conditions. Panel A of Table 1 shows that 36.5% of people observed using depression drugs in the administrative data do not report that they have been diagnosed with either depression or anxiety. The average under-reporting rate of all other diagnoses is substantially lower at 17%. Diabetes has the lowest under-reporting rate (11%). Panel B of Table 1 reports the under-reporting rates of prescription drugs. The

Concluding remarks

Conditional on taking prescription medication, we find that individuals are significantly more likely to under-report mental health ailments, compared to other conditions. We interpret the additional misreporting in mental health conditions as evidence of the stigma of mental health. Our interpretation of misreporting as evidence of stigma is based on a broad definition of stigma. Since we only observe

individual agents' reporting choices, we are unable to separate misreporting directly due to