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**Beliefs about mental illness are related to self-management and outcomes: A meta-analysis.**

Improving how clients self-manage (SM) their mental health is a primary goal of therapy. However, relatively little is known about how individuals SM their mental health. The Common-Sense Model of Self-Regulation (CSM) theorizes that people develop an understanding of their mental health, termed illness perceptions (IP), and use their IP to guide their SM, ultimately influencing health outcomes. The goal of this meta-analysis was to quantify the associations between IP, mental health outcomes and self-management (SM). This information is needed to understand if IP should be incorporated into mental health treatment. As predicted by the CSM, we hypothesized that threat-related IP (i.e., perceiving that their mental illness will have greater consequences, more mental health symptoms [termed identity], will last a long time [termed timeline], and cause emotional distress [termed emotional representations] will predict worse SM and outcomes. We hypothesized that greater understanding [termed coherence] and control perceptions would be related to more positive SM and better health outcomes.

**Methods:** Web of Science, MEDLINE via PubMed, and PsycINFO via Ovid, Google, and Google Scholar were searched for studies that examined the relations between IP, SM strategies, and health outcomes among adults with a mental illness. Outcomes of symptoms severity and quality of life (QOL) were evaluated.

**Results:** Twenty-six studies, including twenty-nine unique samples, met inclusion criteria (*N* = 3,096). Samples included people with mood, anxiety, schizophrenia spectrum, substance use, and eating disorders. The meta-analysis revealed that IP were related to SM strategies and outcomes. Worse SM, such as lower engagement with treatment, was predicted by greater consequences (ρ = -0.30), identity (ρ = -0.31), timeline (ρ = -0.18), and emotional representation (ρ = -0.48). Better SM was predicted by better coherence (ρ = -0.37) and personal control (ρ = 0.19). Worse symptoms and lower QOL were predicted by more consequences (ρ = 0.43; ρ = -0.37, respectively), identity (ρ = 0.42; ρ = -0.31, respectively), timeline (ρ = 0.34, ρ = -0.26, respectively), and emotional representation (ρ = 0.43; ρ = -0.33, respectively). Fewer symptoms and higher QOL was predicted by greater coherence (ρ = 0.17; ρ = -0.26, respectively) and personal control (ρ = -0.31; ρ = 0.33, respectively). A small negative association was found between SM and symptom severity (ρ = -0.16), such that less SM was related with more symptoms.

**Discussion:** Results are consistent with the CSM. Illness perceptions, particularly consequence, identity, timeline, and emotional representation beliefs are related to worse SM and health outcomes including greater symptoms and lower QOL. Greater coherence and personal control beliefs were related to better SM and health outcomes including lower symptoms and better QOL. The relationship between SM and health outcomes was smaller than the relationship of IP to either SM or health outcomes, suggesting that the pathways between IP and outcomes are not fully elucidated. The findings suggest that clients’ perspectives of their mental illness may be a key to improving outcomes and therapists should consider being responsive to clients’ perceptions about their mental illness.