

Mental Health, Stigma, and Millennials

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Abstract

The present research investigated whether stigma against people with a mental health disorder continues to exist in the Millennial-aged population. Although there has been an increased awareness of mental illnesses today, we predicted that college students would continue to stigmatize people with mental health disorders. Participants were randomly assigned to view photos of individuals paired with a label describing a mental disorder, or view the same individuals without the labels. Participants then completed a stigma questionnaire to measure their perceptions of the individuals. Consistent with our prediction, results indicated that those who viewed the pictures with the labels indicated greater stigma than those who viewed the pictures without the labels. Our findings suggest that stigma of individuals with mental health disorders still exists in the Millennial population. Future studies should measure stigma of specific mental disorders to explore how perceptions might differ.

Mental Health, Stigma, and Millennials

Stigma and mental health go hand in hand. If a person has a psychiatric disorder and it is known publicly, that person is singled out, labeled and treated differently solely because of that disorder. Stigma alone makes having a mental health disorder difficult. In 2005, out of 10,000 adults with a mental illness who were surveyed, only about 41% reported that they attempted to seek treatment for their disorder (Thornicraft, Rose, & Kassam, 2007, p. 115). That fear of being labeled and stigmatized caused almost half of the people surveyed to not seek help with their disorder. According to Corrigan (2004), “stigma is one of several reasons why people make such choices; namely, social-cognitive process motivate people to avoid the label of mental illness that results when people are associated with mental health care” (p. 614).

Our study investigated labeling pictures of individuals and seeing how that directly impacts the participant’s perceived stigma towards the individual. We predicted that labeled pictures would result in stigma against the individuals in the picture; labels describing mental disorders should incite substantial stigma: “the general public seems to infer mental illness from four cues: psychiatric symptoms, social-skills deficits, physical appearance, and labels” (Corrigan, 2004, p. 615). These labels are attained in one of two ways: one person telling another (e.g. a nurse or doctor informing someone that this individual is mentally ill) or by association (seeing a person coming out of a mental hospital and assuming they have something mentally wrong with them; Corrigan, 2004, p. 615). We also believe that the college population of younger aged Millennials will not have dealt much or have been exposed to others with mental illness in their lives; therefore, we believe they will be much more likely to stereotype and mark the people with labels into an entire social group of “mentally ill.”

Shedding light on mental illness should be important because stigmatizing and labeling individuals impacts their lives in extremely negative ways. Stigma alone can hurt individuals suffering from mental illness by impacting their ability to gain housing, employment, maintain relationships, and their quality of life and their perceptions of themselves in general (Haqanee, Lou, & Lalonde, 2014, p.146). Increasing awareness of mental health disorders should help to reduce stigma by gaining more information of the illness itself. If this stigma were reduced with more awareness, then the people suffering from mental health issues may be more likely to seek treatment or get assistance with their problems without the fear of being branded with a mental disorder.

“Since 1990, however, there has been no change in the stigma attached to mental illness, and in some cases, a worsening of attitudes has been formed” (Haqanee et al., 2014, p. 145). The goal in our study is to try and take a step forward to change stigma attached to mental illness. Closing the social gap between stigma and mental health is critical to make the quality of life better for the people affected with mental illnesses. If Millennials, or anyone in general, wishes to stay uninformed and keep creating that stigma that lead to stereotypes, and marking people with mental illness into an ostracized social group, the problem is never going to get better, only worse. Increasing this awareness will also lead to better understanding for everyone, including those who work in the mental health field. “...not surprisingly, the single biggest factor that lead to stopping contact with mental health services...is dissatisfaction with the care received” (Thornicraft, et al., 2007, p. 119). The increased understanding and knowledge about this stigma would in turn, directly help people receiving mental health care since the quality of care would consequently go up. Better treatment in facilities would lead to more visits from the people afflicted when they feel it is necessary to seek help. Less stigma towards people with mental

health would also cut down on the worry that others will label those them by association (e.g. a person being recognized as exiting a psychiatric hospital and automatically being labeled as “crazy” or “psychotic” by an observer).

In the end we believe this is a step in the right direction to increase awareness about mental health and to reduce stigma and stereotypes of afflicted individuals. Cutting down on this stigma will help to promote equality among all individuals, as well as bolstering the quality of life of individuals with mental illnesses. This reduced stigma could also directly improve the quality of care individuals receive in psychiatric facilities, and fewer individuals would refuse to seek care for fear of being labeled. To investigate whether people with mental disorders are still being stigmatized, the present study investigated perceptions of a Millennial population regarding individuals who are described with a mental illness. Even though there have been strides in educating the public by presenting accurate information about mental disorders, we predicted that stigma of those with a mental illness still exists.

Method

Participants

Participants for this research project included 10 male and 24 female undergraduate students attending Angelo State University located in San Angelo, Texas. Ages ranged from 18 to 26 ($M = 19.68$, $SD = 2.10$). Participants were recruited via Angelo State University’s SONA system research program online. Participants signed up for an available timeslot and were assigned to a time and room on the date they chose. Participants were awarded 0.5 research credits for completing the study. Participants identified as 2.9% Native American or American Indian, 23.5% Asian/Pacific Islander, 8.8% Black or African American/not of Hispanic origin,

32.4% White or Caucasian/not of Hispanic origin, 26.5% Hispanic or Latino, and 5.9% as “other.”

Design and Procedure

The design for this study was a between-subjects design since there are two different groups being tested - the control group and the experimental group. We believed that this design was better because it would give less of a chance for the participant to guess the hypothesis. If we had gone with a within-Ss design, we believed that having the same participants having both pictures without labels and with labels would be able to connect the labels with the questions on the questionnaires. With the between-Ss design the participants had less time to connect the labels to the questionnaires and were able to be divided into a control group and an experimental group.

The stimuli used for this study were pictures retrieved from the Google search engine with search setting specifically finding pictures that were labeled for reuse. There were a total of 10 pictures. Pictures were in color and were roughly the same size and focal point. The control group received a packet of the 10 pictures. The experimental group received the same packet of pictures with captions underneath each photo that described a particular mental illness. An example caption from one of the pictures is “*constant worry, restlessness, trouble with concentration and thinking.*” This particular caption was aimed at the diagnoses of ADHD (Attention deficit/hyperactive disorder). Please see Appendix for photo stimuli and labels.

The questionnaire included a total of 12 items per page, which were created by our group members. These questions were based on a 7-point Likert scale, the scale ranged from 1 = Not at All to 7 = Almost Always. Six of the questions are reverse coded. We felt that including this many reverse coded questions would help us to determine if the participant was paying attention

to the questions or just circling to finish as fast as possible. A few questions from the scale itself are, *“I would feel comfortable living next to this person,”* *“I would feel uncomfortable having this person as a co-worker,”* and *“this person would be able to hold a steady job.”* Please see Appendix for the entire questionnaire. The demographics sheet asked participants to circle the number that best described their race and gender. Finally, the participant was told to write their age in a blank space at the end of the sheet.

After all participants arrived, the door was shut and the participants were thanked for coming and asked to turn off their cell phones in order to prevent distractions to themselves and other participants around them. Participants were then handed out an informed consent page to which they were given a few minutes to look it over and sign if they still agreed to proceed with the study. After consents were collected participants were randomly assigned into either the experimental group or the control group and were informed that they would receive a packet of pictures along with questionnaires for each one of the pictures. After the participants were finished with their entire packet, they were instructed to put the whole packet together in a manila envelope on a desk up front in order to avoid direct contact with the raw data from the participant to the researcher. After they turned in the pictures and questionnaires, participants were instructed to fill out a demographics sheet and also informed that they may pick a debriefing sheet if they so desired. The debriefing sheet had information regarding the experiment they participated in and provided a few scholarly articles participants could read if they wanted more information about the experiment. The debriefing sheet also had all of the contact info for the faculty advisor of this research project as well as the chair of the Institutional Review Board (IRB) in case participants had any questions or concerns. After participants turned

in the demographics sheet and picked up the debriefing sheet, they were again thanked for their time before they exited the room.

Results

Our hypothesis was that participants would stigmatize people labeled with mental health disorders more than people with no label. Lower scores (less comfort with the person) indicated more stigma towards the individual, whereas a higher score (more comfort with the person) indicated less stigma. Questions that were reverse-coded had their values inversed so that lower scores would indicate more stigma and higher scores indicate the opposite. This created variable (stigma) contained the mean of all questions on the questionnaires. The new variable “stigma” was the dependent variable, and the condition (control or experimental) was the independent variable. An independent samples t-test was used to compare the variable “stigma” and the group (labels vs. no labels). There was a significant difference between conditions. Participants who were exposed to the images of people that included labels rated the people with significantly more stigma ($M = 3.94$, $SD = .45$) compared to the participants who rated the people without a label ($M = 4.45$, $SD = .49$), $t(32) = -3.16$, $p = .003$, $d = 1.28$. Therefore, this data supports our hypothesis.

Discussion

Our hypothesis was that people would rate pictures with mental health labels as less “trustworthy” than pictures without labels. This rating of “trustworthiness” is what would be defined as stigma (lower “trustworthiness” = more stigma). After testing our participants, we found our results to confirm our hypothesis. The experimental group with labels rated the pictures lower overall than the control group that had pictures without labels (lower scores = more stigma). This can suggest that stigma is still strong, especially among the Millennial

population. Our research is consistent with research done by Haqanee (2014) that investigated prejudiced attitudes of people diagnosed with schizophrenia compared to attitudes of people diagnosed with Parkinson's disease or alcoholism. They found that there was a very significant difference in stigma towards people with schizophrenia as compared to both the somatic disorder (Parkinson's) and alcoholism. People that had schizophrenia were stigmatized more than the other two disorders.

This research contributes to the field of psychology by showing that stigma is still very much prevalent in the younger generations. While the upcoming generations of people have become more gender tolerant, perceptions towards mental health is still extremely negative. If our group were to repeat this study more somatic disorders should be included to compare them to the psychological disorders. This could confirm that participants were projecting stigma onto those with specifically mental health disorders, or it could show that labels in general can induce stigma no matter what type of disorder was attached to it. A bigger sample could have been more beneficial as well. A bigger sample would be more representative of the entire population and could provide more of an insight on the college population as a whole. Limiting this study to the college population could have also complicated results, as a more diverse population could have provided a very different outcome. As people age they tend to be exposed to different types of situations and encounter more people who have mental illnesses. This could put them in either a positive mindset towards mental illness or could set them in a very negative mindset that would make them more likely stigmatize an individual with a mental disorder.

Future research could investigate different races and how they view stigma of mental illness. Different races and cultures may view mental health in a different light. One may view mental disorders not as an affliction but something more akin to somatic disorders such that

individuals cannot help that they have a mental disorder. A person who specifically thinks this way would most likely rate individuals labeled with a mental disorder with fewer stigmas than someone who did not adopt this mindset. Different age comparisons could also have different impacts, and a study that solely looked at stigma between younger populations versus older populations could provide very different results. Older individuals have had more time and exposure to mental illness and may have more of an ingrained opinion towards those with mental illness. Future research could also look at whether the participants viewed these mental health disorders as the afflicted person's biology (it's in their DNA and cannot be helped) or if it is something the person should be able to control.

Biology versus control can play a large role in how people view individuals with mental health disorders. For instance, someone with a biology mindset would likely be more sympathetic towards people with a mental illness and see them in the same light that they would see those with Parkinson's disease or Lou Gehrig's disease: it is contained in their DNA and they simply cannot help having the disease. On the other hand, a person with a more control-type mindset would likely see individuals with a mental disorder as "lazy," in the sense that they just don't want to try to keep the disorder controlled, and that if they simply "tried harder" they would be "normal." A control-type mindset includes negative viewpoints towards those with mental disorders, which carries consequences for those who are suffering. For example, imagine someone struggling with depression confides in a close friend that he was thinking of seeking professional help. His friend, who has a control-type mindset, tells him to simply "get over it" and "just cheer up, you're not depressed." Statements such as these are one reason why it can take individuals so long to seek treatment for mental illnesses. In fact, a study by Thornicraft et al. (2007) found that individuals with mood disorders wait an average of eight years before

seeking help, and those with anxiety disorders average nine years before seeking help (p. 114). People who are suffering from mental illness should not be scared to seek help for fear of being stigmatized. This fear even extends to our soldiers that serve this country: “even in battle-hardened soldiers stigma is a powerful factor...most of the unwell soldiers (60-77%) did not seek mental health care, largely related to concerns about possible stigmatization” (Thornicroft et al., 2007, p. 116). The armed forces are arguably one of the most respected groups in this country, and even they are fearful of being stigmatized for post-traumatic stress disorder (PTSD). Reducing this stigma and raising awareness about mental health is absolutely necessary.

Working towards more understanding of disorders and mental health in general is the first step. With knowledge comes understanding, and understanding a disorder instead of being fearful of the unknown is the goal. Most people get their information of mental disorders from sources like the news or unreliable online websites. It is safe to conclude that most of these “mass media” reports are containing criminal activity in nature, or severe psychotic episodes. To perceive a mental illness in an extremely negative viewpoint can take little more than receiving false or doctored information from a source of “authority” (i.e. a trusted news program, magazine article, radio show, etc.). For example, if a news broadcast depicts a schizophrenic person as being out of touch with reality and running in the streets naked until he is apprehended, this paints a very negative label for all people who are schizophrenic. Viewers of the news program are now more likely to label all schizophrenics as “delusional” and out of touch with reality, when in actuality schizophrenia is like most other disorders and has a sliding scale on severity. When a person with schizophrenia is on routine medications and/or receiving therapy to manage their disorder, an observer may not be able to differentiate that individual from a “normal” person. According to Thornicroft et al. (2007), people lack knowledge and either have

a little knowledge that is mixed or totally incorrect knowledge regarding mentally ill individuals. This leads to those people having a “cautious attitude” when it comes to those mentally ill individuals (p. 114).

The end goal with this project is to show that stigma still exists in the present. People as a whole need to work together to change the face of mental illness to the same perception people have of somatic disorders such as Parkinson’s or Lou Gehrig’s disease; they cannot help that they are sick and should not be treated differently. Once people gain this new way of thinking, the entire mental health field could considerably improve reputation wise. People would not think twice to get help for intense stomach pain, constant migraines or chest pain. Mental illness should be regarded the same way - simply ignoring the problem is not going to make it go away. People are not fearful of stigma for having hypertension or insomnia, and hopefully in the future people will be as willing to go seek help for anxiety and other similar mental health problems as these people with physical problems do.

References

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Appendix

Photographs with labels were shown to participants randomly assigned to the experimental group. Participants in the control group were shown only the pictures (without the labels).



Persistently depressed mood, loss of interest in activities, trouble sleeping, bouts of crying



Constant worry, restlessness, trouble with concentration and thinking.



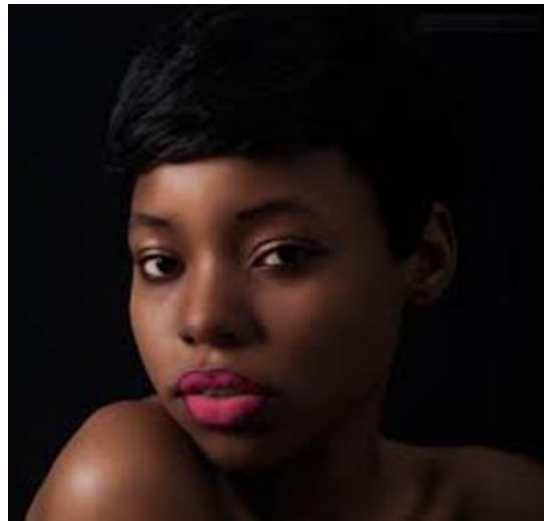
Pattern of ongoing instability in moods, behavior and self-image. Often times impulsive actions and unstable relationships



Chronic impairment in the way this person thinks, feels and acts. Has difficulty distinguishing between what is real and imaginary. Withdrawn and has difficulty expressing normal emotions in social situations



Longstanding feelings of inadequacy, extreme sensitivity to what others think, feeling of social inability and will seek to avoid work, school, or any social activity



Extremely low body weight, illogical fear of gaining weight, distorted perception of self-image and body



Always on guard, belief that others are constantly trying to harm, demean or threaten. Marked distrust of other people and difficulty forming close relationships



Symptoms of pain, neurological problems, gastrointestinal complaints that are not traceable to any physical cause



Hyperactivity, impulsivity, forgetfulness, short attention span, boredom



Unusual shifts in mood, energy, activity levels, and ability to carry out daily tasks. These symptoms create changes in mood that can alternate between depressive lows and manic highs.

Instructions: Using a scale of 1 – 7, please circle a number to indicate your response.

1. I would feel comfortable living next to this person

Not at All 1 2 3 4 5 6 7 **Almost Always**

2. I would trust this person to take care of my child

Not at All 1 2 3 4 5 6 7 **Almost Always**

3. I would trust this person to clean my home

Not at All 1 2 3 4 5 6 7 **Almost Always**

4. I would feel uncomfortable having this person as a coworker

Not at All 1 2 3 4 5 6 7 **Almost Always**

5. This person would be unable to make good life decisions

Not at All 1 2 3 4 5 6 7 **Almost Always**

6. This person would be able to hold a steady job

Not at All 1 2 3 4 5 6 7 **Almost Always**

7. This person's emotions are unstable

Not at All 1 2 3 4 5 6 7 **Almost Always**

8. This person has trouble keeping promises

Not at All 1 2 3 4 5 6 7 **Almost Always**

9. This person always gets to appointments on time

Not at All 1 2 3 4 5 6 7 **Almost Always**

10. This person is unorganized

Not at All 1 2 3 4 5 6 7 **Almost Always**

11. This person can maintain positive personal relationships

Not at All 1 2 3 4 5 6 7 **Almost Always**

12. I would feel uncomfortable around this person

Not at All 1 2 3 4 5 6 7 **Almost Always**