



# Predictors of Mental Illness Stigma among College Students



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## Introduction

- Commonly held stereotypes about people with mental illness include beliefs that they are dangerous, incompetent, and responsible for the onset and continuation of their disorders (Corrigan, Watson, & Ottati, 2003). The stigmatization of mental illness is believed to play a major role in the inequitable outcomes in educational, occupational, and interpersonal settings that individuals with mental illness experience (Corrigan & Kleinlein, 2005; Phelan, Lucas, Ridgeway, & Taylor, 2013).
- The purpose of the current research is to evaluate a model of mental illness stigma that replicates and extends previous findings, and that incorporates measures of demographic variables, social contact, and worldview (politics, social dominance) to predict stigmatization and discrimination of individuals with mental illness.
- Hypotheses**
  - College students' education level and coursework taken would predict levels of familiarity and meaningful interpersonal contact with mental illness individuals.
  - Familiarity and meaningful interpersonal contact with individuals with mental illness would predict levels of explicit stigma, which in turn would predict discrimination toward individuals with mental illness.
  - Social dominance, meritocracy, and political beliefs were hypothesized to predict mental illness stigma and discrimination

## Methods

### Participants

- N = 269 participants (79.2% Female; 93.2% Caucasian, 5.6% Asian/Asian American; mean age = 20) completed all measures.
- Four participants were excluded for failing attention checks.

### Procedure

- Participants accessed an online Qualtrics survey through SONA that included 188 items (i.e., 160 Scale items, 22 Demographics, 5 Attention Checks, and 1 Follow-up Invitation).

### Measures

- Empathy Scales (2)**
  - Turner, S. (2007). 16-items,  $\alpha = .77$   
o e.g., *I get very angry when I see someone being ill-treated*
  - Davis, M. H. (1980). 14-items,  $\alpha = .83$   
o e.g., *I have tender, concerned feelings for people less fortunate than me*
- Anxiety/Intergroup Anxiety Scales (2)**
  - Greenland, K., Xenias, D., & Maio, G. (2012). 17-items,  $\alpha = .90$   
o e.g., *I would not be worried about him/her thinking that I was prejudiced*
  - Day, M. N., Edgren, K., & Eshleman, A. (2007). 7-items,  $\alpha = .91$   
o e.g., *I feel anxious and uncomfortable when I'm around someone with a mental illness*
- Explicit Stigma (2)**
  - Day, M. N., Edgren, K., & Eshleman, A. (2007). 21-items,  $\alpha = .70$   
o e.g., *There are effective medications for mental illnesses that allow people to return to normal and productive lives*
  - Kobau, R., DiLoirio, C., Chapman, D., Delvecchio, P. & SAMHSA/CDC Mental Illness Panel Members. (2010). 4-items,  $\alpha = .77$   
o e.g., *I believe a person with mental illness is a danger to others*
- Discrimination (2)**
  - Link, B. G., Cullen, F. T., Frank, J., & Wozniak, F. (1987). 10-items,  $\alpha = .91$   
o e.g., *I would willingly accept a former mental patient as a close friend*
  - Skitka, L. J. & Tetlock, P. E. (1993). 6 choices, 1-item.
- Social Dominance & Meritocracy (2; 1 each)**
  - McCoy, S. K., & Major, B. (2007). 4-items,  $\alpha = .75$   
o e.g., *Most people who don't get ahead should not blame the system; they really have only themselves to blame*
  - Sidanius, J., & Pratto, F. (1999). 16-items,  $\alpha = .92$   
o e.g., *We should strive to make incomes as equal as possible*

## Methods

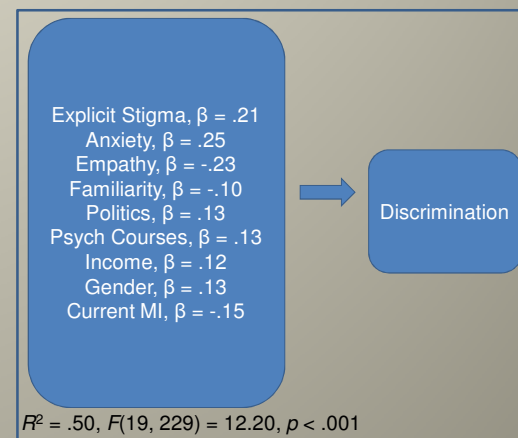
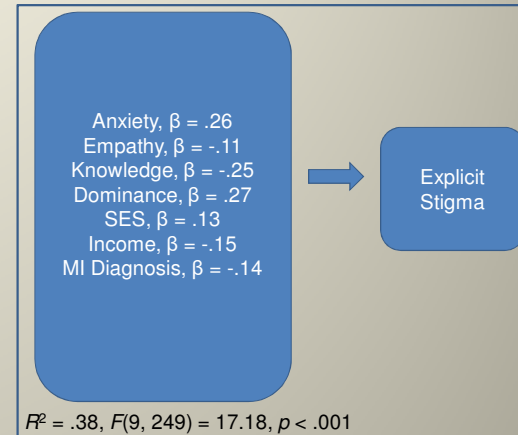
### Measures

- Familiarity and Intergroup Contact (2)**
    - Holmes, E. P., Corrigan, P. W., Williams, P., Canar, J., & Kubiak, M. (1999). 11-items,  $\alpha = .70$   
o e.g., *I have watched a movie or television show in which a character depicted a person with mental illness*
    - Ruck, M. D., Park, H., Killen, M., & Crystal, D. S. (2011). 6-items,  $\alpha = .90$   
o e.g., *How many students in your school do you know have mental illness*
  - Knowledge (2)**
    - Canadian Mental Health Association and Mental Health.gov True/False assessments of mental illness knowledge.
    - http://www.cmha.ca/mental\_health/myths-about-mental-illness/ 11-items,  $\alpha = .60$   
o e.g., *Mental illnesses are real illnesses*
    - https://www.mentalhealth.gov/basics/myths-facts/ 10-items,  $\alpha = .51$   
o e.g., *Mental health problems don't affect me*
  - Social Desirability (1)**
    - Hays, R. D., Hayashi, T., & Stewart, A. L. (1989). 5-Items,  $\alpha = .57$   
o e.g., *I am always courteous even to people who are disagreeable*
  - Attention Check:** 5-items to evaluate attention to survey.
- To finish, participants completed a number of demographic items and then were debriefed.
- Demographics** – 22 Items: Age, Sex/Gender, Sexual Orientation, Race/Ethnicity, SES, year and student status, major(s)/minor(s), # courses in disciplines, SES, 3-item political ideology ( $\alpha = .93$ ), 3-item mental illness history.
  - Invitation to in-lab Follow-Up Study: 1-item with box for email address entry. Allowed to leave blank and proceed.

## Analysis Strategy

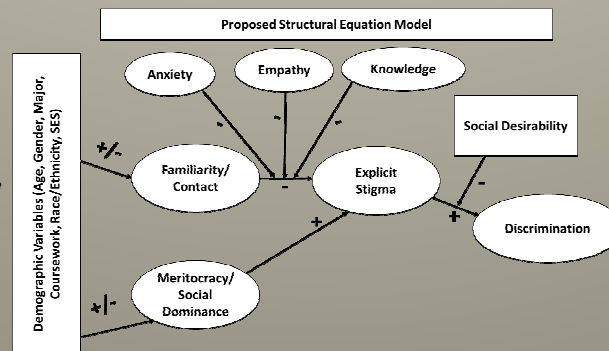
- We conducted a power analysis for our planned Structural Equation Model (SEM), with 8 latent and 17 observed variables. To achieve 80% power to detect a medium size effect at  $p = .05$ , we would need a minimum of 377 participants. As such, we are not yet able to evaluate the SEM.
- We report on a series of multiple regressions intended to evaluate our key hypotheses regarding the variables that predict stigma and discrimination. A power analysis indicated that our sample size of 269 exceeds that required to detect medium effect sizes at  $p = .05$  with 90% power with up to 19 predictors.

## Results



## Conclusion and Future Directions

- Although our current sample size did not permit SEM analysis, the results of our multiple regression models provide some initial support for the validity of our model. However, multiple regression does not allow for an evaluation of sequential direct and indirect effects that we hypothesized to be relevant to understanding mental illness stigma.
- We intend to conduct a replication to ensure adequate sample size. Additionally, we will explore a key pathway that includes measures of implicit stigma through the use of Implicit Association Tests (IATs).
- To our knowledge, this is the first study to consider such a comprehensive array of variables that have been found to be predictive of mental illness stigma. The significant variables in our models suggest possible strategies towards mental illness interventions.



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