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Examining Stigma Against Mental Health Victims Among Public Health Administration Students

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Running Head: STIGMA OF MENTAL HEALTH

Investigating Stigma Among Public Administration Students

BY

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SUBMITTED IN PARTIAL FULFILLMENT OF REQUIREMENTS FOR THE DEGREE OF
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ABSTRACT

More than 16 million young adults attend colleges and universities in the United States. Approximately 75% of all mental health disorders are onset by 24 years old, of which most college students fall in that age range. There is extensive literature that illustrates there are various barriers—which include stereotypes, negative attitudes, and discrimination—that exist when it comes to mental health stigma.

The purpose of this study is to discuss some of the factors associated with mental health stigma as well as to assess whether there is stigma among Pace University MPA graduate students. Additionally, this study highlighted recommendations to implement and/or improve on-campus stigma reduction campaigns.

The findings revealed the need to establish future productive mental health awareness activities is essential in order to reduce mental health stigma. This could eventually lead to increased help-seeking behaviors among college students and reduced fear of mental health disorders due to associated stigmas.

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INTRODUCTON

More than 450 million people worldwide suffer from mental disorders. The National Alliance on Mental Illness (NAMI) states that one in five people worldwide will have a mental or neurological disorder at some point in their lives. In the United States, one in four—approximately 61.5 million Americans—experience a mental illness in a given year (NAMI). The World Health Organization (WHO) defines mental health as, “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” The WHO also reports that mental health concerns represent 10 percent of the global burden of disease. Mental health is just as important as physical health even though it is still undermined by many. Mental health problems are certainly a major concern because if left untreated, they could lead to worsening medical conditions.

Approximately 60 percent of adults, and almost one-half of youth ages 8 to 15 with a mental illness receive no mental health services (NAMI, 2013). Mental illnesses can affect any persons regardless of age, race, religion or income, yet many individuals who could benefit from mental health services never choose to seek help (NAMI, 2013). Even with the improved quality and effectiveness of mental health services available today, various barriers continue to prevent the proper treatment and care of many mental disorders. Some of these barriers include: fear, privacy, access, lack of knowledge,

affordability, etc. The number one reason, however, is the perceived stigma associated with mental health.

There are various definitions of “stigma” throughout the literature on mental health. Stigma, by general dictionary definition is *a mark of disgrace or infamy; a stain or reproach, as on one's reputation* (dictionary.com). In terms of mental health, several definitions of stigma will be used in this study, which will be defined later on. These negative attitudes are what make it challenging for individuals to seek out mental health services. The 1999 Surgeon General’s Report on Mental Health acknowledges that “fear of stigmatization deters individuals from (a) acknowledging their illness, (b) seeking help, and (c) remaining in treatment, thus creating unnecessary suffering” (p. 117).

Eisenberg et. al, (2009) explains a conceptual framework that describes the basic steps when seeking care for health problems. Commonly, individuals experience a health problem, recognize the need for professional help, evaluate the costs and benefits of getting care, and take action to receive treatment. However, attitudes and beliefs relating to mental illness and treatment have a greater influence on an individual’s tendency to sense a need for help. Furthermore, making mental health services seem trivial.

This study will attempt to examine and assess the levels of perceived personal and public stigma among the population of MPA graduate students at Pace University. Pace University is a private, liberal arts university located in the New York Metropolitan Area. There are approximately 12,772 students enrolled in bachelor’s, master’s, and doctoral

programs throughout six schools and three campuses: New York City, Pleasantville, and White Plains. The population for this study is Pace MPA graduate students. Based on the 2013/2014 school year, the student enrollment is approximately 150 students. There will be a focus on identifying specific rationale behind various stigmas associated with mental health. Furthermore, this study will attempt to gauge mental health stigma among MPA graduate students at Pace University. The study will attempt to answer the following questions about MPA students and mental health stigma:

- i. What is the level of perceived public stigma regarding mental health among Pace University MPA students?
- ii. What is the level of personal stigma regarding mental health among Pace University MPA students?
- iii. Do the levels vary among different demographic levels (i.e. gender and race)?

LITERATURE REVIEW

Stigma

Stigma is a worldwide phenomenon among individuals dealing with mental health disorders. Mental health stigma could simply be defined as a cognitive-behavioral process, which can be manifested in numerous ways (Pasupuleti, 2013). There is no one concise definition for stigma found throughout the literature in context of mental health, but there are several definite variations of stigma that are recurring:

- *Public stigma* can be described as what the general population collectively holds as negative beliefs and attitudes about mental illness and to which degree they discriminate against those with mental disorders (Lally et. al, 2013). Negative stereotypes and prejudices are main factors of public stigma, which include such statements as, “people with mental illnesses are dangerous and unreliable” (Eisenberg et. al, 2009).
- *Perceived public stigma* relates to the extent of which an individual perceives the public to hold stigmatizing attitudes towards those who may suffer from mental illness (Lally et. al, 2013).
- *Personal stigma* (aka self-stigma) is thought of as each individual’s own prejudices and stigmatizing attitudes towards those with mental illness, which eventually leads to public stigma (Lally et. al, 2013). Self-stigma can have an effect on a person’s self-esteem or self-efficacy which can

result in underachievement and/or avoiding independence altogether (Pasupuleti, 2013).

- *Label avoidance* is when individuals who are suffering from mental disorders do not seek the proper treatment so they will not be labeled as mentally ill. In turn, they are evading the prejudices and discrimination associated with public and self-stigma (Pasupuleti, 2013).
- *Internalized stigma* result from when an individual who is affected by a mental disorder begins to convey negative social conceptions to themselves (Lally et. al, 2013).

Corrigan (2004), states “stigma yields 2 kinds of harm that may impede treatment participation: It diminishes self-esteem and robs people of social opportunities” (p. 614). Even with these various definitions of stigma, however, there have been conflicting findings about the effects of stigma in regard to help-seeking behavior for those with mental disorders (Lally et. al, 2013). There are four significant factors of the stigma process in terms of social-cognitive behavior—cues (knowledge that the general public learns about), stereotypes (collectively agreed upon views about a particular group), prejudice (endorsing negative stereotypes and generating negative emotional reactions), and discrimination (negative action against the out-group, most frequently avoidance) (Corrigan, 2004).

Stigma & college students

The transition from high school to college can be a very exciting time for many students. However, it can also be stressful and overwhelming for others. It has been estimated that roughly 75% of lifetime mental disorders are onset by the age of 24, which makes the college population especially vulnerable (NAMI, 2013). Colleges and universities provide a distinct opportunity to identify, prevent, and treat mental disorders because it is where students spend majority of their time; likewise, these campuses often incorporate students' residences, social networks, and many other services (Eisenberg et al, 2009). Less than 25 percent of college-aged population with mental disorders received any kind of treatment in the past year (Lally et al., 2013). As per Eisenberg et. al (2009), college students should be a special focus for mental health policy because they represent a large portion of the individuals who are at an age when mental disorders may first onset, which if not treated properly could have lasting implications. According to a 2012 study done by NAMI, university counseling center director's report that 21 percent of counseling center students demonstrate severe mental health issues, while another 40 percent exhibit mild mental health concerns. Furthermore, 19 percent of directors report the availability of psychiatric services on their campus was inadequate (College students, 2013). In an American College Health Association report released in 2011, anxiety was the top pressing concern among college students (41.6 percent), followed by depression (36.4 percent) and relationship problems (35.8 percent). Data released by the National Alliance on Mental Illness states that:

Colleges across the country have reported large increases in enrollment. At the same time, college counseling centers have also observed an increase in the prevalence and severity of mental health issues experienced by students...overall, 40 percent of students with diagnosable mental health conditions did not seek help and 50 percent of them did not access mental health services and supports either (Learn about the issue, 2013).

Over time, there has been a significant increase of racial and ethnic minority students on college campuses. With that, in relation to mental health, come different sets of challenges for mental health counselors. As per Davidson et. al, (2004) it appears unlikely that the counseling needs of racial and ethnic minority students will be sufficiently addressed on university and college campuses. It is well documented that historically minorities tend to underutilize counseling services compared to their counterparts. With this ever changing demographic, it is particularly imperative that university and college counseling centers are able to better understand the needs of traditionally under-served and under-represented populations (Davidson et. al, 2004).

Pasupuleti (2013) stated, “research indicates that mental health care disparities among ethnic minorities is prevalent and they are a pressing issue to address” (p. 2). In a 2009 study done by Esienberg et. al, it was found that certain types of students show lower help-seeking behaviors, included were: “male, younger, Asian, international, more religious, or from a poor family” (p. 535). Some factors that influence racial and ethnic

minority help-seeking behaviors are racism, discrimination, social class, and more. Additionally, members of these groups are thought to be at a greater risk for psychological problems due to certain stressors including racism, prejudice, lower socioeconomic status, under-education, and acculturation which contribute to underutilizing counseling services (Davidson et. al, 2004).

Since there has been a rise in mental health issues among college students, the demand for college and university counseling centers have sharply increased over the recent years. Many cultural factors could contribute to this increase such as divorce, family dysfunction, instability, poor parenting skills, poor frustration tolerance, violence, alcohol and sex, and poor interpersonal attachments (Kitzrow, 2003). The growing demand for counseling services could reflect the problems and pressures that exist in contemporary America culture which might correlate with the changing demographic of the present-day college student population (Kitzrow, 2003).

In her doctoral dissertation, Hanrahan (2008), listed seven signs of stigma:

1. Negative depictions of mental illnesses in the media
2. Stigmatizing language used by clients and their families
3. Lack of participation among all family members in treatment
4. Resistance to mental illness label and reluctance to engage in treatment or take psychiatric medications
5. Secrecy about treatment
6. Direct statements of differential treatments by family, peers, school
7. Negative self-statement made by children or adolescents

In summary, the literature review has illustrated several definitions of stigma in regards to mental illness. Additionally, the literature review reveals the multitude of barriers that impact college students when they are faced with evaluating possible mental health treatment. This research will focus on and highlight two forms of the aforementioned types of stigma: perceived public stigma and personal stigma. Furthermore, this research will assess the levels of public and personal stigma amid MPA graduate students at Pace University.

METHODOLOGY

This study will be using an applied research method. After studying the literature about mental health and the possible contributing factors for stigma, this research will be conducted at one institution, Pace University and will focus on graduate Master of Public Administration (MPA) students. This study will examine perceived public stigma as well as personal stigma among students in the MPA program. The study will analyze the answers to the following questions about Pace University MPA graduate students and provide recommendations:

- i. What is the level of perceived public stigma regarding mental health among Pace University MPA students?
- ii. What is the level of personal stigma regarding mental health among Pace University MPA students?
- iii. Do the levels vary among different demographic levels (i.e. gender and race)?

By conducting this research, the goal is that there could be valuable insight attained about mental health stigma and better opportunities for future health promotion/education of mental health on college campuses. The significance of this study is to determine if stigma is truly a factor that prevents college students from seeking help for mental health issues at Pace University.

Research Design

For this study, data will be collected on a volunteer basis using the survey method. The survey will target MPA graduate students at Pace University to gauge mental illness perceptions, both public and personal. The survey will be divided into two parts. This first part of the survey will intend to gauge perceived public stigma by using the Likert-Scale format with five possible answers:

- Strongly agree
- Agree
- No Opinion
- Disagree
- Strongly Disagree

The second part of the survey, will attempt to gauge personal stigma. There will be four specific questioned asked that will be referred to accepting behavior.

- I would willingly accept a person who has received mental health treatment as a close friend.
- I believe that a person who has received mental health treatment is just as trustworthy as the average citizen.
- I would think less of a person who has received mental health treatment.
- I would be reluctant to date a man/woman who has received mental health treatment.

Participants will be given a brief explanation of the purpose of the survey and will be informed of anonymity. The survey will begin with collection of standard demographic information, which will aid in future analysis:

- Gender
- Race

Limitations

Due to timeframe constraints of this study, the researcher will assemble questionnaires via the internet through SurveyMonkey.com. The survey will be “open” for a one-week period from March 26th to April 2nd for those who wish to contribute. It is anticipated that there will be limitations with obtaining high response rates. Additionally, the researcher is basing research strictly off a miniscule population of just MPA graduate students at one university. Furthermore, a major bias in the researcher’s study is that she is a current MPA graduate student at Pace University.

This study could benefit future research by highlighting the areas of stigma within the population. This analysis could be the foundation for a larger study that could be used in other departments and/or university-wide.

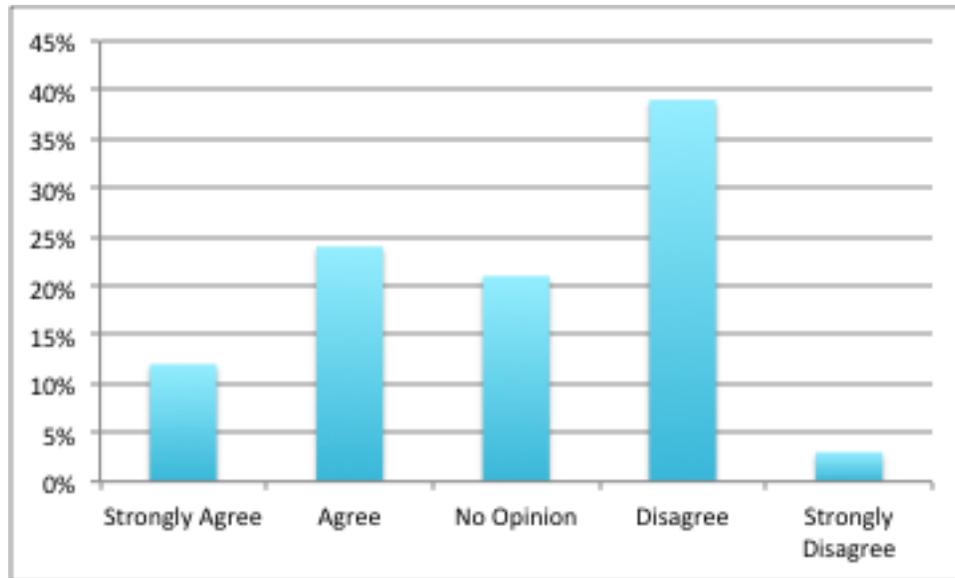
FINDINGS

In order to assess the various levels of mental health stigma among MPA graduate students, a survey link was sent out via student email to Pace University graduate Public Administration students. It is estimation that around 150 students received the survey, of which only thirty-three (33) surveys were returned.

The first phase of this research questionnaire (Appendix A) was to determine the views on perceived public stigma. The second phase of the survey was to determine opinions on personal stigma. Lastly, the final phase of the survey was general demographic questions.

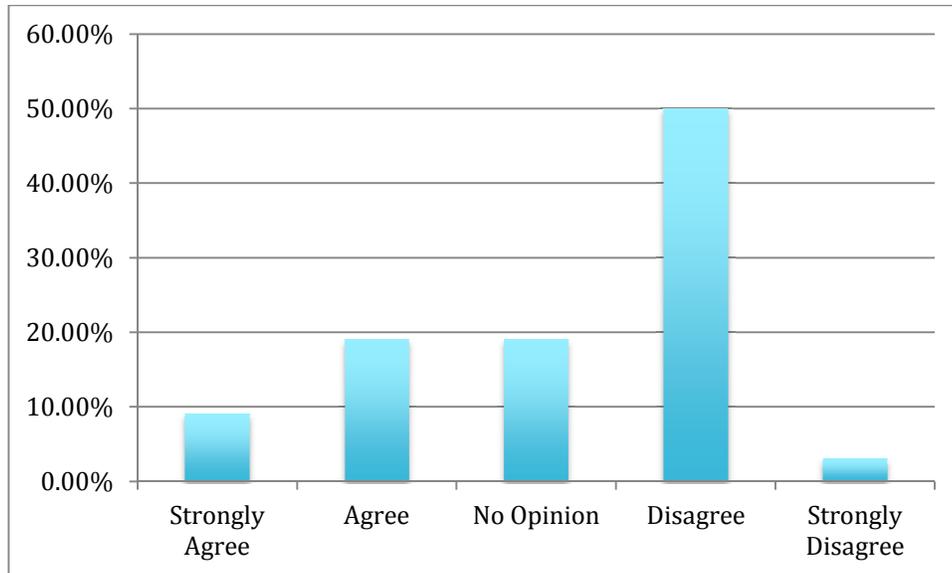
The respondents were asked to select answers on a Likert-scale ranging from strongly agree to strongly disagree regarding their opinions of whether they believed most people would willingly accept a person who has received mental health treatment as a close friend, explained in Figure 1. Thirty-nine (39) percent of students selected disagree.

Figure 1. Most people would willingly accept a person who has received mental health treatment as a close friend.



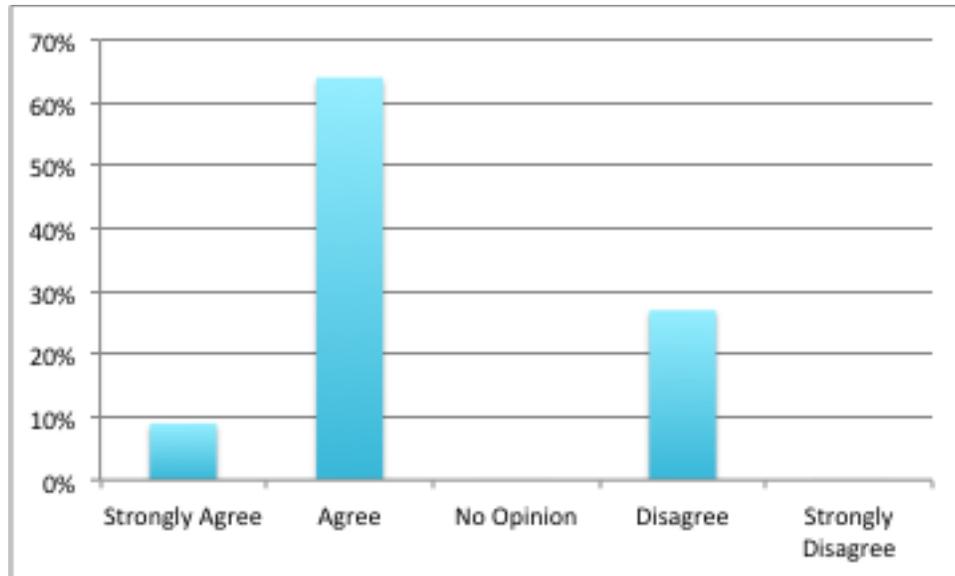
The second question in the questionnaire (Figure 2) asked if most people believed a person who had received mental health treatment are just as intelligent as the average person. Fifty (50) percent chose disagree as their response.

Figure 2. Most people believe that a person who has received mental health treatment is just as intelligent as the average person.



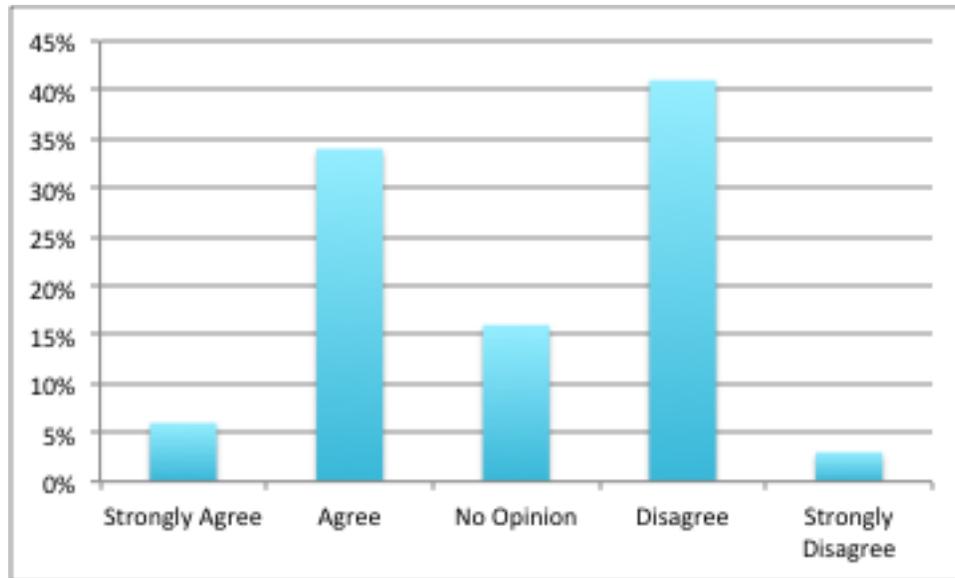
When asking if most people would think less of a person who has received mental health treatment, overwhelming sixty-four (64) percent of students chose agreed as shown below in Figure 3.

Figure 3. Most people would think less of a person who has received mental health treatment.



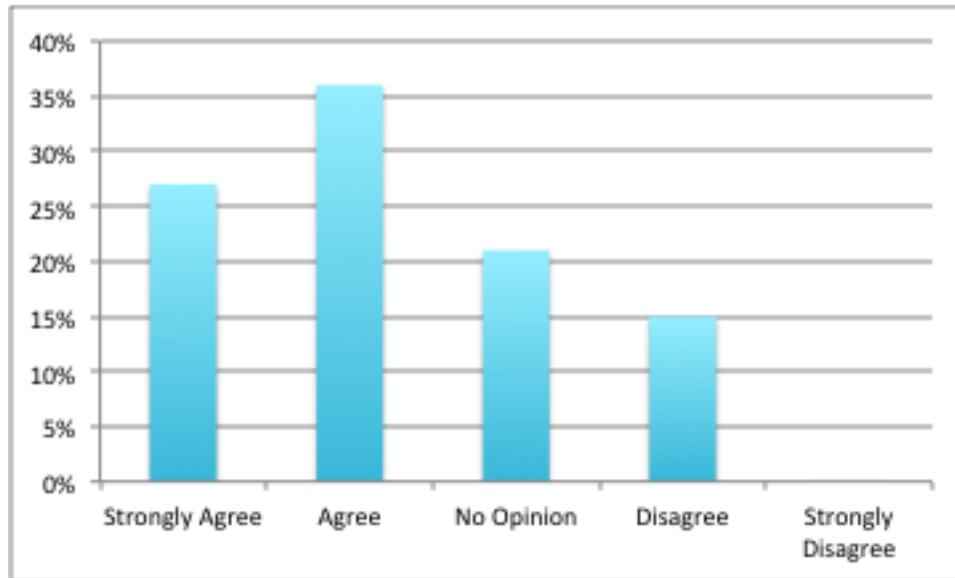
In the final question relating to perceived-public stigma (Figure 4), respondents were asked if most people in their community would treat a person who has received mental health treatment the same as they would treat anyone else, there was a clear divide as to 34% of students chose agree as their response whereas 41% selected disagree.

Figure 4. Most people in my community would treat a person who has received mental health treatment just as they would treat anyone else.



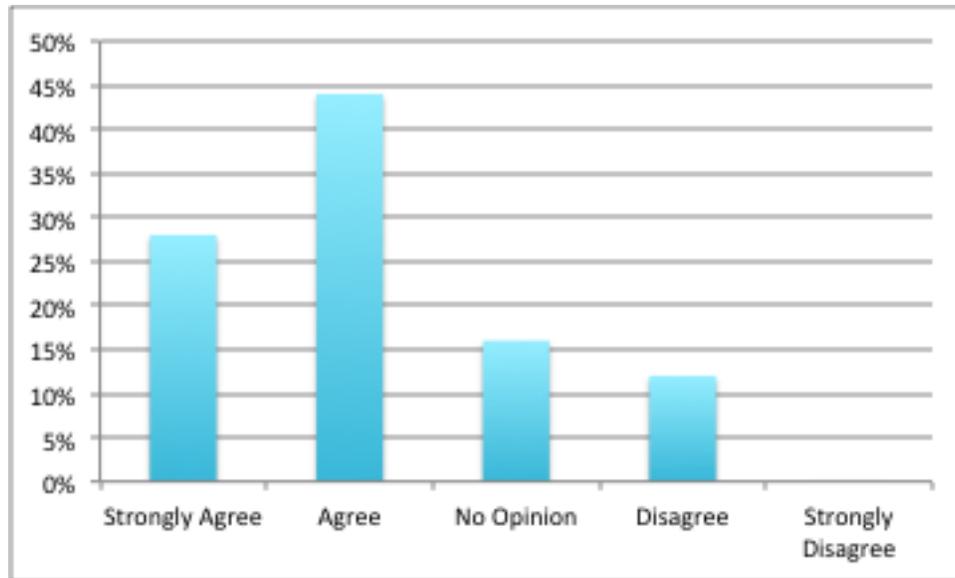
Moving on to the questions that assessed levels of personal stigma, the next question asked was if they themselves would willingly accept a person who has received mental health treatment as a close friend (Figure 5). Overall, sixty-three (63) percent of students agreed with the statement.

Figure 5. I would willingly accept a person who has received mental health treatment as a close friend.



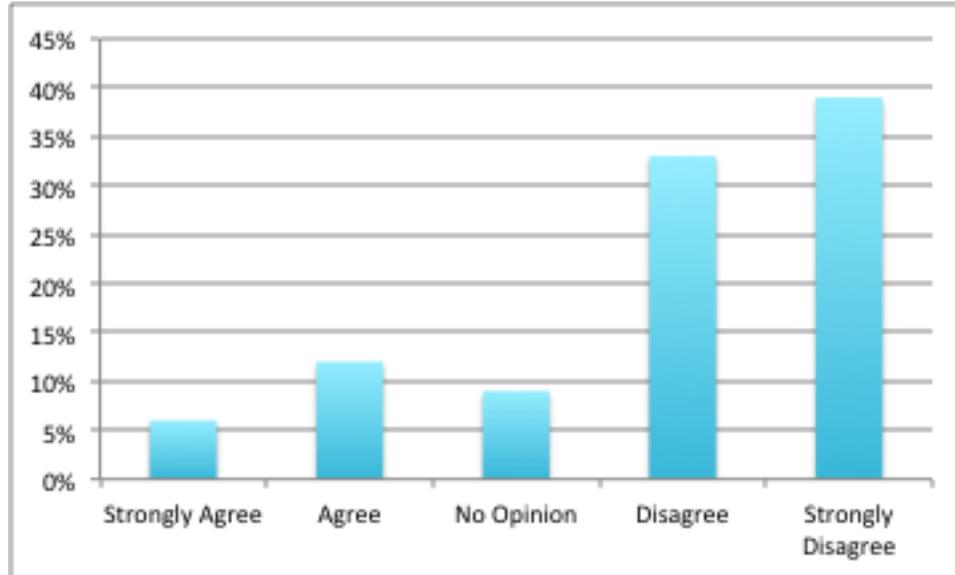
Next, respondents were asked if they believed a person who has received mental health treatment is just as trustworthy as the average person, shown in Figure 6. Most students say they agree with the statement—seventy-two (72) percent.

Figure 6. I believe that a person who has received mental health treatment is just as trustworthy as the average citizen.



In Figure 7 it was asked if respondents would think less of a person who has received mental health treatment, the majority of students (72%) disagreed with the statement.

Figure 7. I would think less of a person who has received mental health treatment.



The final personal stigma associated question on the questionnaire asked if students would be reluctant to date a man or woman who has received mental health treatment. Figure 8 shows that thirty-three (33) percent of respondents selected agree, however twenty-one (21) percent selected disagree.

Figure 8. I would be reluctant to date a man/woman who has received mental health treatment.

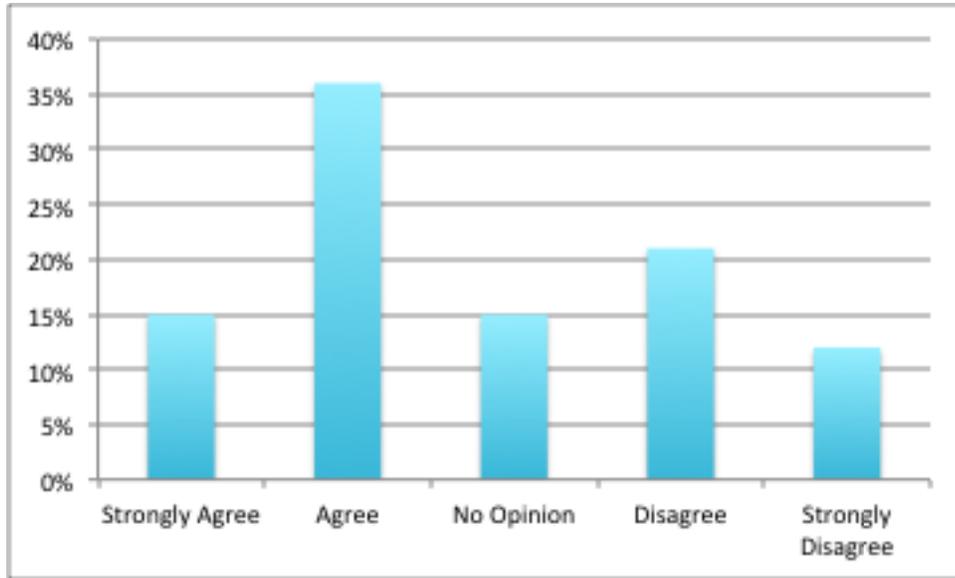
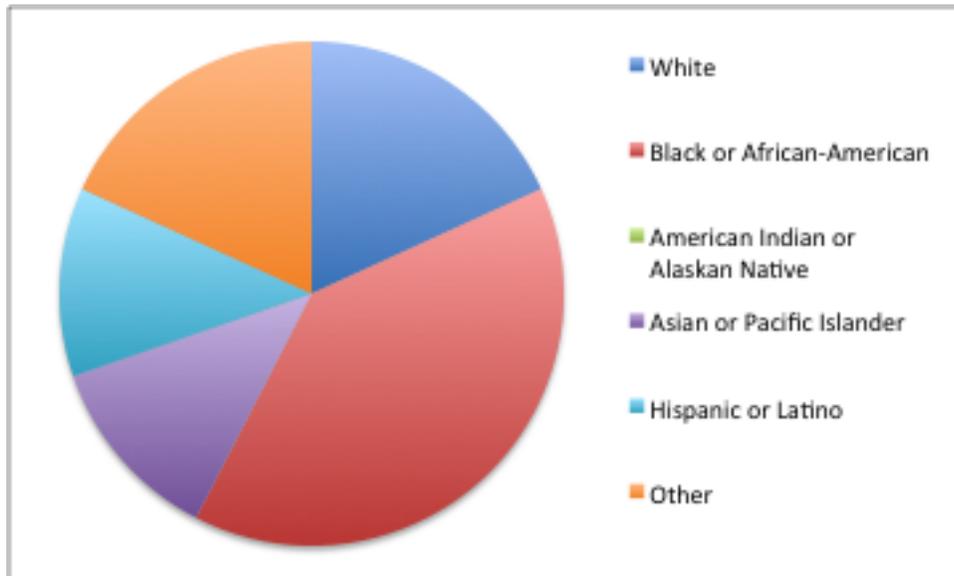


Figure 9 illustrates the demographic racial background of the respondents.

Figure 9. What is your race?



Furthermore, another demographic question (not shown) regarding gender was asked and seventy-nine (79) percent of respondents were female and twenty-one (21) percent were male.

DATA ANALYSIS

The objective of this research study is to evaluate personal and perceived public stigma among Pace University MPA students. This assessment is intended to provide suggestions on possible strategies for stigma awareness promotion and/or mental health education on the university campus. The findings will be assessed utilizing the three research questions:

- i. What is the level of perceived public stigma regarding mental health among Pace University MPA students?
- ii. What is the level of personal stigma regarding mental health among Pace University MPA students?
- iii. Do the levels vary among different demographic levels (i.e. gender and race)?

Key Points of the Analysis

In this population of MPA students, the mean level of perceived public stigma was 3.175 and the mean of personal stigma was 2.4. Perceived public stigma levels were higher than personal stigma levels in this small study, an outcome that has been reflected in former observational studies—Lally et al., and Eisenberg et al. This deviation may suggest that MPA students have more lenient views of how they themselves actually perceive those with mental illnesses rather than how the public perceives others with mental illnesses.

The outcomes in this study show that there is definitely room to enhance or improve stigma awareness programs on campus. As per Eisenberg et. al, (2009), “college

students have special significance for mental health policy as they represent a large population of people who are at an age when mental disorders have first onset.” The findings show that 42 percent of students believe that most people would not willingly accept a person who has received mental health treatment as a close friend.

RECOMMENDATIONS

This study, while very limited, tremendously confirmed that there is a need to establish stigma reduction campaigns in order to increase awareness of mental health stigma. A particular focus should be on personal stigma due to the finding that 21% of the study respondents had no opinion on whether they would willingly accept a person who has received mental health treatment as a close friend, another 51% of students surveyed stated they would be reluctant to date a man/women who has received mental health treatment.

The Substance Abuse & Mental Health Services Administration (SAMHSA), which is under the Department of Health and Human Services, has posted numerous recommendations of how to generate mental health awareness on campuses. All college and universities, including Pace University, could benefit from these recommendations, which include:

- *Add signage to high traffic areas*—typically student centers and dormitories are ideal places to display signs and informative materials.
- *Incorporate mental health into Freshman Orientation*—new students tend to experience the most stress and anxiety so getting a speaker to discuss mental health issues or distributing brochures is a great way to implement awareness.
- *Offer free mental health screenings*—by working with your school's counseling services to conduct voluntary screenings is another way to promote further knowledge and awareness among students.

- *Show a movie*—a movie night is a wonderful way to initiate a healthy conversation about many mental health issues. Movie suggestions include: *Girl, Interrupted*; *A Beautiful Mind*; *Frankie and Alice*; *Ordinary People*; and *Shine*.
- *Organize a run/walk*—this is a great way to engage the entire student population. Coming together for a good cause can motivate students to come together and raise more awareness.

The literature review indicated “college campuses may be most effective if they are targeted and tailored to the attitudes and behaviors of specific student populations.” (Eisenberg et. al, 2009). Moreover, it still remains a challenge for some colleges and universities to successfully implement stigma reduction campaigns. Campus leaders may want to adhere to the aforementioned examples as a means to begin this kind of initiative.

CONCLUSION

It is a known fact that discriminatory behaviors, along with negative attitudes and beliefs associated with mental health stigma have been linked to reasons why many people do not seek proper treatment and support. An absence of knowledge and unawareness could be contributing factors to stigma hence there is ample opportunity for on-campus stigma reduction campaigns, not only for Pace University MPA students, but all university students nationwide.

Theoretically, mental health and stigma promotion have the potential to eliminate the countless types of stigmas that exist. Increasing positive mental health campaigns across campus can greatly help stigma reduction. By reducing stigmas associated with mental health, it could lead to an increase of students no longer being reluctant to pursue treatment if they believe they need it.

Furthermore, these findings indicate that stigmatizing attitudes do exist within this college population and stigma reduction efforts should be tailored accordingly. There is no quick fix for completely reducing stigma amongst today's college students, or anyone else for that matter, but measures can be taken to address these critical issues. However, it will be up to colleges and universities to implement, promote, and continually encourage mental health awareness activities on their campuses if they want real change in the future.

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APPENDICIES

Appendix A.

MPA Stigma Survey (to be distributed to MPA students)

Please indicate whether you agree or disagree with the following statements. All answers are confidential.

1. Most people would willingly accept a person who has received mental health treatment as a close friend.

Strongly Agree Agree No Opinion Disagree Strongly Disagree

2. Most people believe that a person who has received mental health treatment is just as intelligent as the average person.

Strongly Agree Agree No Opinion Disagree Strongly Disagree

3. Most people believe that a person who has received mental health treatment is just as trustworthy as the average citizen.

Strongly Agree Agree No Opinion Disagree Strongly Disagree

4. Most people in my community would treat a person who has received mental health treatment just as they would treat anyone else.

Strongly Agree Agree No Opinion Disagree Strongly Disagree

5. I would willingly accept a person who has received mental health treatment as a close friend.

Strongly Agree Agree No Opinion Disagree Strongly Disagree

6. I believe that a person who has received mental health treatment is just as trustworthy as the average citizen.

Strongly Agree Agree No Opinion Disagree Strongly Disagree

7. I would think less of a person who has received mental health treatment. *

Strongly Agree Agree No Opinion Disagree Strongly Disagree

8. I would be reluctant to date a man/woman who has received mental health treatment. *

Strongly Agree Agree No Opinion Disagree Strongly Disagree

Please circle the most appropriate answer.

9. What is your gender?

Male

Female

10. What is your race?

a. White

b. Hispanic or Latino

c. Black or African American

d. Native American or American Indian

e. Asian / Pacific Islander

f. Other

All items are answered from: Strongly Agree—1; Agree—2; No opinion—3; Disagree—4; Strongly Disagree—5. Items with a * are reverse scored, i.e. 'Strongly agree' corresponds to 5 points instead of 1 point.