ATTITUDES TOWARD MENTAL ILLNESS AND HELP-SEEKING BEHAVIORS IN COLLEGE STUDENTS

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INSPIRATIONS FOR THIS STUDY

- Interest in mental health.
- Personal experiences with people suffering from mental illness.
- Feeling the societal stigma and recognizing it as a barrier to treatment.
- Wanting in some way to advocate for this oppressed population during my career at UNH.
IMPORTANCE OF THE STUDY

- Existing social stigma
- College-age group a vulnerable population.
- Stigma is a substantial barrier to seeking help for mental health issues.
- Finding out levels of stigma at UNH will help tell us if more programs to combat stigma and increase utilization of mental health resources are needed on campus.
FOCUS OF THE STUDY

- To explore the level of stigma towards people with mental illness.
- To explore the level of engagement in help-seeking behaviors.
- To explore how level of stigma and help-seeking change in relation to demographics.
**METHODS**

- Paper survey using a likert-type scale
- Combination of self-designed questions and questions used in previous studies.
- Email contacted 26 professors from various areas of study: 5 participated.
- Administered the survey in person.
- A convenience sample of 258 surveys were collected.
SURVEY

- The survey included 27 questions on:
  - Demographics: years in school, age, sex, ethnicity, college and major.
  - Likelihood to stigmatize people with mental illness.
  - Likelihood to seek help for mental health issues.
  - Level of experience with mental illness.

DATA ANALYSIS

- The data were analyzed using quantitative methodologies through the computer program SPSS.
FINDINGS: DEMOGRAPHICS

Year in School

- Freshman: 16%
- Sophomore: 24%
- Junior: 15%
- Senior: 45%

Age

- 17-19: 28%
- 20-22: 66%
- 23-25: 4%
- 26+: 2%
**Findings: Demographics**

**Ethnicity**
- Asian: 1.6%
- African American: 1.2%
- Caucasian: 94.1%
- Hispanic: 2%
- American Indian: 0.4%
- Other: 0.8%

**Sex**
- Male: 69%
- Female: 31%
**Findings: Demographics**

**College**

- CEPS: 1%
- CHHS: 35%
- COLA: 30%
- COLSA: 9%
- WSBE: 16%
- Multiple Degrees: 9%

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**Findings: Stigma**

- I would accept an individual diagnosed with a mental illness as a close friend.
- I would be afraid to live with an individual diagnosed with a mental illness.
- Having been mentally ill carries with it a burden of shame.
- I believe that individuals diagnosed with a mental illness are just as intelligent as the average individual.
**FINDINGS: STIGMA**

I Would be Reluctant to Date an Individual Diagnosed with a Mental Illness

Mental Illness Can Often be Attributed to Personal Character Flaws
**FINDINGS:**

**HELP-SEEKING**

- **I Would Feel Uneasy Going to a Psychiatrist because of What Some People Would Think**

- **Strongly Disagree**
- **Neutral**
- **Strongly Agree**

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*Generally, participants supported help-seeking for mental health issues.*
**Findings: Level of Experience With Mental Illness**

I Have Been Diagnosed with a Mental Illness

- In Agreement: 16.4%
- Not in Agreement: 83.6%

I Have Experienced a Mental Illness but was not Diagnosed

- In Agreement: 23.4%
- Not in Agreement: 76.6%
# Chi-Square Analysis

<table>
<thead>
<tr>
<th>Age</th>
<th>Not in Agreement</th>
<th>Agreement</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-19</td>
<td>63 (90%)</td>
<td>7 (10%)</td>
<td>70</td>
</tr>
<tr>
<td>20-22</td>
<td>158 (93%)</td>
<td>12 (7%)</td>
<td>170</td>
</tr>
<tr>
<td>23-25</td>
<td>6 (67%)</td>
<td>3 (33%)</td>
<td>9</td>
</tr>
<tr>
<td>26+</td>
<td>3 (75%)</td>
<td>1 (25%)</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>230</td>
<td>23</td>
<td>253</td>
</tr>
</tbody>
</table>

Asymp. Sig. (2-Sided): 0.036
LIMITATIONS

- Small sample size.
- Convenience sample vs. representative sample, not able to generalize to the entire UNH population.
- Courses include disciplines where acceptance/tolerance is expected.
- No way of knowing how much social desirability affected the results; participants answering the way they think they should.
IMPLICATIONS

- Generally positive results, immediate action to combat stigma not necessary.
- Reflects positively on classes surveyed, mostly CHHS, showing proper tolerance education.
- Some negative results towards mental illness: shows a need for more advocacy of those afflicted with mental illness and more knowledge for those who aren’t.
FUTURE RESEARCH

- Take social desirability more into consideration, ask questions that are not as obviously looking for stigma and help-seeking.
- Larger and more representative sample size.