

# Effects of Perceived Stigma from College Friends on Students Utilizing Mental Health Services

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## *Abstract*

This paper explores the relationship between perceived stigma from friends and the use of mental health services. By reviewing six peer-reviewed articles it was hypothesized that there would be a negative correlation between the number of Virginia Commonwealth University's Psychology 317 students who perceive that their friends had negative thoughts towards mental health services and the likelihood that those individuals would partake in mental health services. A convenience sample (N= 96) was taken from Dr. Cobb's Psychology 317 class. A correlation was conducted using IBM SPSS Statistics 22. The results showed that there was a significant and weak positive correlation between the two variables,  $r(94) = 0.292$ ,  $p = 0.004$ . Meaning, as the number of number of friends who used mental health services increased, the number of students who use mental health services would increase as well. Additionally, if people lack friends who use mental health services, they will be less likely to use mental health services offered to them. Through this research school officials can try increasing the number of people being educated on mental illnesses. As a result, the incidence of mental health stigma could be reduced and the number of people using mental health services may increase.

*Keywords:* perceived stigma, mental health services, mental illness, college, friends

## *Effects of Perceived Stigma from College Friends on Students Utilizing Mental Health Services*

Mental illness can affect people of all ages. According to the World Health Organization (2001) about 1 in every 4 people in the world will suffer from a mental illness or defect some time throughout their lives. Mental illnesses can be so severe that they impair an individual's ability to function throughout their daily life, but many can be quite manageable. Mental illnesses tend to arise at different points in one's life but the occurrence of it is dependent upon the specific disorder ("Psychopathology"). Examples of mental illness include schizophrenia, depression, dyslexia, Alzheimer's, and anxiety. Many individuals may have experiences with acute episodes of the symptoms associated with many mental illnesses, but it's the severity of the episodes that make them debilitating ("Psychopathology"). While some mental illnesses may be extremely debilitating, through past and current treatments techniques or studies, many individuals have been able to cope with their illness and live fully functional lives ("Psychopathology"). However, over the years a stigma has been created around mental illnesses and those suffering from them. The stigma and stereotyping imposed by the public on these individuals can pose many detrimental effects such as discrimination or excess stress that may worsen the disorder (Pedersen and Paves 143). In addition, the severity of the imposed stigma is dependent on cultural norms and expectations, geographical areas, and the types of relationships individuals have with those reflecting negative attitudes towards mental illnesses. In this particular study, the focus was on the relationship between perceived stigma from college friends on the topic of mental health services and an individual's use of mental health services.

The prevalence of mental illness can vary based on the environment, so it's important to

look into these mental health disparities. In a study completed by Breslau, Marshall, Pincus, and Brown, the main objective was to see if there were differences in the mental illness rates in the city compared to those in rural areas (51). The variables of interest were the prevalence of major depression and other mental illnesses across the level of urbanization in different areas of the US (50). There were 116,459 participants ranging from the age 12 to 17 and adults 18 and older (52). Breslau et al. hypothesized that there would be an increase in the prevalence of mental illnesses the more urban an area was (50). The authors used the SUDAAN statistical software to conclude that there wasn't any relationship in prevalence in mental illness and urbanization for adults (52). However, there was a slightly higher prevalence of mental illnesses in small metropolitan areas and semi-rural areas (53). Being in a small metropolitan area such as Richmond, it is important to look at how the higher prevalence rates of mental illness are perceived by others.

This next study focuses on perceptions of mental illnesses. In a study completed by Dolphin and Hennessy researchers set out to understand how adolescents perceive their peers who suffer from depression in hopes to reduce the occurrence of exclusion and stigmatization (295). The variables of interest in the above study were any causal attributions, perceived responsibility, social acceptance, and emotional reactions (295). Researchers wanted to see if there were any relationships among them (296). To do so, researchers obtained a sample of 401 students ranging from 14.75 to 17.08 years of age and used a structural equations model to assess their results (297). Dolphin and Hennessy hypothesized that any depressive actions or behavior thought to be uncontrollable would be sympathized with and result in the acceptance of said individuals by their peers (296). Overall, Dolphin and Hennessy's study revealed that adolescents will not exclude or stigmatize peers sought to be suffering an uncontrollable form of mental illness (298). Although Dolphin and Hennessy explained that there appeared to be a low rate of public stigma amongst peers, perceived public stigma is a completely separate issue in itself.

The following article takes it one step further, observing how perceived public stigma affects individuals suffering from mental illness. According to Pedersen and Paves, the negative perceptions and views the public has towards individuals suffering from a mental illness significantly affects the number of young adults who will seek help from mental health services (143). The variables of interest in this study were perceived public stigma and its relation to individuals' personal stigma attitudes (143). In this study, researchers had their participants fill out surveys that asked about symptoms of mental illness, personal experience and feelings toward treatment, and personal stigma and perceived public stigma (144). Pedersen and Paves hypothesized that Asian males, with negative attitudes towards mental illness treatment, who have not had personal experience with mental illnesses and the treatment of them will perceive higher levels of public stigma (144). The authors also hypothesized that similar groups would report similar levels of personal public stigma, those suffering from mental illnesses will be more likely to report higher levels of perceived public stigma but lower levels of personal stigma, and those participants would be more likely to perceive higher levels of maltreatment if they sought out mental illness treatment (144). An IBM SPSS statistic was used to calculate descriptive and regression analyses in this study (145). Pedersen and Paves concluded that individuals reported higher levels of perceived public stigma compared to personal stigma, especially in women suffering from mental illness (145). The study also showed that feelings of personal stigma were associated with negative attitudes towards treatment, male gender, Asian ethnicity, and perceived public stigma (146).

As if perceived public stigma were not detrimental enough, the media only further elicits negative feelings of personal stigma. Another study examined the media portrayals of psychol-

ogists, people suffering from psychological illnesses, and those who seek treatment for their illness (Maier, Gentile, Vogel, and Kaplan 239). The authors looked at how the media portrayals of these characters influenced self-stigma (239). In the first study the authors hypothesized that perceptions of people seeking treatment, people with mental illnesses, and psychologists would contribute to self-stigmatic feelings (243). The first study consisted of 108 participants, the authors used a ten item scale, Self-Stigma of Seeking Help (SSOSH), to measure self-stigma, and a correlation was conducted (243). The first study concluded that perceptions of psychologists and people partaking in therapy predicted self-stigma (245). Additionally, the authors noted that perceptions of people suffering from a mental illness in the media incidentally swayed self-stigma (246). The second study looked at the influential role the media held as an informational source (247). This study hypothesized that media portrayals of people with mental illnesses, psychologist, and people seeking treatment would influence real-life perceptions of these individuals which would then influence self-stigma (246). The study consisted of 327 participants and the Self-Stigma of Seeking Help (SSOSH) and measures were the same as those in study 1 stigma (247). The results further confirmed the media's role in influencing self-stigma corresponding to real-life perceptions (252). Since public and personal stigma can be very damaging, it is important that individuals suffering from mental illness find ways to escape these stigmatic effects.

The following study examines how coping mechanisms can be helpful to those with mental illnesses. Ilic and colleagues studied how individuals were affected or coped with public stigma in relation to their mental illnesses (464). The variables of interest in this study were the consequences of ten identity management strategies and the influence of those strategies on the occurrence of public stigma experiences (464). A longitudinal study was done using a two wave panel of people suffering from mental illnesses (468). Ilic et al. hypothesized that humor helped the mental health of those suffering from a mental illness, selective temporal downward comparisons won't have an effect on the number of stigma experiences but will help mental health, positive in-group stereotyping won't affect stigma but helps well-being, the use of a normalization strategy won't reduce the occurrence of stigmatized experiences, and many more (468). Ilic et al. used an IMS scale to quantify the results of their questionnaires (468) and concluded that selective disclosure and information seeking strategies were helpful in managing stigmatic experiences and the effects they had on the individual's identity and that overcompensation and withdrawal led to a decrease in mental health (475).

Mental illnesses are prevalent in every society. Being in Richmond, a small metropolitan area, the prevalence of mental illnesses is more likely due to its urbanization (Breslau et al. 53). Therefore the number of students suffering from a mental illness or coming in contact with someone with a mental illness is far more likely to occur at Virginia Commonwealth University than other schools like George Mason University for example. Additionally, while adolescents appear sympathetic to peers suffering from a mental illness (Dolphin and Hennessy), the portrayals of mental illness in the media inflict a higher rate of self-stigmatization on those with a mental illness (Maier et al. 239). Due to the media's infliction of self-stigma and perceived public stigma, individuals with a mental illness are less likely to seek treatment (Pedersen and Paves 143); however, people with mental illnesses tend to develop coping mechanisms that usually suffice for the time being (Ilic et al. 475). How this particular study differs from those in the past is that it addresses the relationship between two variables that have not been given much insight into in the past. Previous studies have failed to look into the relationship between perceived stigma from college friends on the topic of mental health services and an individual's use of mental health services. There hasn't been research done that focuses solely on college students

or college campuses. As a result, it is hypothesized that there would be a negative correlation between the number of Virginia Commonwealth University's Psychology 317 students who perceive that their friends had negative thoughts towards mental health services and the likelihood that those individuals would partake in mental health services offered to them.

### *Methods*

#### *Participants*

The population of interest was all Virginia Commonwealth University psychology students; however the sample was derived from all lab sections of Dr. Cobb's Psychology 317 class. The study enlisted a sample of about 96 participants, each differing in age, gender, and race or ethnicity. A convenience sample was used to recruit participants, and the participants were chosen depending on whether or not they showed up to the registered Psychology 317 lab section on the first day of class.

#### *Materials and Procedure*

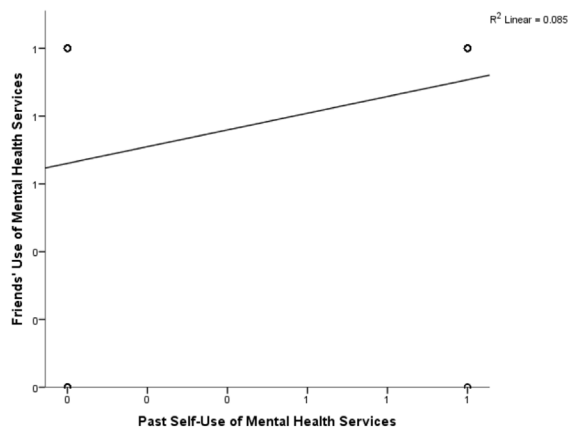
The variables of interest in this study were perceived stigma and an individual's use of mental health services. Perceived stigma was operationally defined as the number of response indicating that friends don't use mental health services offered. A person's use of mental health services was operationally defined as number of responses indicating that they have used mental health services in the past. An online survey like the Stigma Scale for Receiving Psychological Help was used to receive responses (Komiya, Good, and Sherrod 139). The Stigma Scale for Receiving Psychological Help tested how open a person was emotionally and their thoughts about seeking help from mental health services (139). The test also measured how stigmatizing an individual perceived it would be to partake in mental health treatments (140). Participants were allotted time during their lab period to take the computer-based survey. The study consisted of informed consent and participants were debriefed. The survey consisted of forced choice questions. There were 13 items on the survey that asked various questions such as, "That you know of, have any of your friends ever used behavioral or mental health services in the past?" Participants were able to answer questions of that sort using a dichotomous format (i.e., yes or no). A correlational design was used to determine if a relationship existed between perceived stigma of college friends about the use of mental health services and one's use of mental health services. From the beginning, participants were instructed to answer the anonymous survey truthfully and to the best of their ability. Once participants were finished, they were instructed to submit their completed survey. The data collection lasted about a week and IBM SPSS Statistics 22 software was used to perform a statistical analysis on the data received. The data was organized and checked by two lab instructors. Both variables of interest, perceived stigma and one's use of mental health services, were measured using a nominal scale.

#### *Results*

To maintain anonymity, participants weren't required to specify their gender. Consequently, the results are gender-free. The first variable of interest, the number of Psychology 317 students who perceived that their friends had negative thoughts towards mental health services, was operationally defined by the number of response indicating friend's use of mental health services. Likewise, the second variable of interest, the number of students who partake in mental health services, was operationally defined by the number of participants indicating that they have used mental health services in the past. Of the sample (N= 96), when asked about previous self-use of mental health services, the majority of the sample indicated that they did not have a

history of mental health service use. The sample had a frequency of 53% responding with no and a frequency of 43% responding with yes. When asked about perceived friend use of mental health services, a frequency of 22% of participants indicated that their friends did not use mental health services while a frequency of 74% reported that their friends did.

Using a Pearson correlation with an alpha level of 0.05, it was hypothesized that the number of Psych 317 students who perceived that their friends had negative thoughts towards mental health services ( $M = 0.77$ ,  $SD = 0.423$ ) would be negatively correlated with the number of students who were likely to partake in mental health services, according to their past use ( $M = 0.45$ ,  $SD = 0.50$ ). The results showed that there was a significant and weak positive correlation between the two variables,  $r(94) = 0.292$ ,  $p = 0.004$ . These results indicate that as the number of friends who used mental health services increased, the number of students who use mental health services would increase as well. These results can be seen in Figure 1. In conclusion, these results did not support the hypothesis.



**Figure 1:** Scatterplot of friends' use of mental health services in relation to past self-use of mental health services

researchers in this study incorrectly assumed that students would not have friends who used mental health services due to the popular belief that people don't readily disclose having a mental illness. However, due to this misconception that the friends of these participants did not participate in mental health services, the initial hypothesis was not directly supported by the results obtained. The results showed that while participants did not typically use mental health services offered to them, a high percentage of them had friends who did. As a result, it can be inferred that friends of these participants did not have negative perceptions towards those with mental illness or those who use mental health services offered to them. In addition, the presence of a positive correlation between the variables past self-use of mental health services and friends' use of mental health services indicates that people would be more likely to use mental health services if their friends used mental health services. Along those same lines, if people lack friends who use mental health services, they will be less likely to use mental health services offered to them.

Compared to previous research, the study conducted generated similar results. Similar to the results found by Breslau et al., since this particular study was conducted on a semi-urban campus, it made sense why the results reported a higher percentage of participants having friends who used mental health services. Moreover, the results of this particular study were in congruence with the study completed by Dolphin and Hennessy. Dolphin and Hennessy concluded that students tend to be more sympathetic to peers suffering from a serious mental illness (295). The study that was specifically conducted had results that reflected the same phe-

### Discussion

Overall, this study set out to determine whether or not perceived stigma from friends concerning those who use mental health services would affect whether or not a person would take part in mental health services. Initially, it was hypothesized that a negative correlation between the number of Virginia Commonwealth University's Psychology 317 students who perceive that their friends had negative thoughts towards mental health services and the likelihood that those individuals would partake in mental health services offered to them. Re-

nomenon. Finally, the results of this study were along the same lines of the results in a study conducted by Villatoro, Morales, and Mays. Although the study focused on Latino individuals, the results showed that an individual's use of mental health services was heavily dependent on the direction given by friends or family (Villatoro, Morales, and Mays 353) Once again, these results show that one's use of mental health services was correlated with their friends use of mental health services. In this study, because participants report having friends who used mental health services, it was inferred that these friends did not have negative perceptions of those who used mental health services. While the hypothesis of this study wasn't directly supported, the results still pertain to aspects of the original hypothesis. It was hypothesized that higher reports of perceiving that friends had negative thoughts towards mental health services would negatively correlate with a person's use of mental health services. Meaning that as the number of friends who had negative thought about mental health services increased, the number of students using those mental health services would decrease. Since the study didn't specifically look at the number of participants reporting their friends as having negative perceptions of mental health services, it was a bit hard to directly connect the results with the original hypothesis. However, it can be argued from the results obtained that as the number of friends using mental health services decreases so will the number of participants using mental health services. Overall, these results show that the actions and opinions of friends are very influential when it comes to people using mental health services.

Still, this research was not executed perfectly, and it has many limitations; therefore, the results should be interpreted with reservations. Because this research was only able to survey the students present on the first day of the Psychology 317 lab, the generalizability of the results is limited. The study didn't look into how age, gender, or race affected the results. The study also lacked randomness in its sample, so it wasn't an accurate representation of the entire population. There may have also been confounding variables within the study. For example, because the sample only included in Dr. Cobb's Psychology 317 classes, the participants may have been educated on the matter of stigma prior to the study. As a result participants would've been more accepting to mental health services than other non-psychology students. Along those same lines, the sample may have consisted of students who have mental illnesses making them more sympathetic to the topic of stigma.

In the future, it would be advisable for researchers to look at how specific characteristics of the population, such as age or gender, play a role. Being a part of a younger generation, it is likely that perceptions towards mental health have evolved to become more accepting. Therefore, it would be interesting for future research to look at how levels of stigma change across decades through either a longitudinal study or a cross-sectional study using cohorts of the same college class level. Future research should also use better recruiting techniques when obtaining a sample so that the sample will have more variations. Future research could also look at creating an experiment to test causation between perceived stigma and use of mental health services. Finally, rather than using mostly dichotomous answers, like yes or no, researchers should pose questions that allow participants to give numerical response as to how many friends have used mental health services.

Nonetheless, this research may still be useful in the field of mental health. The original intention of this study was to give insight on how college students perceive mental illness and how that affects their likelihood of participating in mental health services. Using these results, school administration can put seminars in place that not only educate students and families on mental illnesses, but also educate people on what mental health services each school. By increasing the number of people being educated on the matter, the incidence of mental health stigma could be reduced and the number of people using mental health services may increase. Because hu-

mans are social creatures, it is important that the effect people have on one another does not go overlooked. Being aware of the social implications could help reduce the incidence of bullying amongst peers with a mental illness. Sticking to the college populations, it would be helpful if a course on mental health or mental health stigma was added to the core curriculum of every major. By doing so, students of all educational backgrounds will have the opportunity to be more cultured and socially aware when it comes to the topic of mental health.

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