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Proposed Capstone Project:

Portrayals and Impacts of Mental Health Dialogue in Young Adult Media

April 9th, 2019

# Purpose/Rationale

The U.S. has gone through many changes, and it has impacted how we deal with specific topics, like mental health and our young adult population. Previously, books for teenagers were relatively light-hearted. We can see that in the fact that Nancy Drew (1930 - 2003) solved mysteries, and The Babysitters Club (1986-1999) tackled being picked on at school. When you look at the content contained in some of the best-selling young adult novels in the last five years, you can see the change. *The Hunger Games* (2008) deals with children and teenagers fighting to the death for the enjoyment of the upper class*. The Fault in Our Stars* (2012)is the story of terminally ill star-crossed teenagers, where both young people die at the end. Though there is currently no academic research for this trend in depth, Nielson reported that 80% of all the young adult (YA) books that are selling are being bought by adults.  We now have young adult fiction books, like *The Hate U Give* (2017) dealing with racial crime winning awards and getting film adaptions. *Thirteen Reasons Why* (2007), a young adult novel dealing with rape, and suicide was recently adapted into Netflix TV show with incredibly high viewer ratings.

This proposal focuses on both media studies and health communication. The research concentrates on mental health, and the potential and actual impacts that media portraying mental health has on young adults. I am investigating the potential changes in attitudes towards mental health among the young adults, as well potential behavioral intention changes by looking at clips from population media dealing with mental health. This study is based on an established theory of Para-Social Relationship as well as the theory of Identification to build a foundation for understanding mental health and being able to communicate about it more effectively.

The effect of creating an imagined bond is what para-social relationship theory deals with. These can include admirations for celebrities, sports players, or fictional characters (Hartmann, Stuke, & Daschmann, 2008; Banks & Bowman, 2016). These relationships develop after the viewing, reading, or playing of the media with the consumer somehow relates to the character or celebrity (Rosaen & Dibble, 2016). As the participant follows the journey of the main character, they begin to feel like the character is their friend. They start to think of them as a real person, and their relationship will make the emotional impact of the novel much deeper. In using the proven research that individuals who know someone personally affected by illness were more willing to participate in a discussion, para-social relationship theory can turn fiction characters into someone the young adult felt a personal connection with. For this study, we are looking to tie the research done in health communication about the improvement in attitudes towards mental health by studying viewers who watched either positive or negative mental health interactions. I believe that by watching the interactions in selected clips, the participant will reflect a change in their attitudes and perceptions of mental health and display behavioral intentions which suggest that they would be more willing to seek help if the need arises. The objective of this study is understanding the impact of media about a sensitive health topic and does that impact improve the reader's attitudes about communicating about that topic in real life. I will be looking at different clips and seeing how these clips influence the population. By relying on previous research in the area, I believe there are strong connections that could impact people’s attitudes about mental health and associated communication without the individual completely realizing it.

# Review of Relevant Literature

This project focuses on the impact and change on the attitudes of the target audience of young adults (18+) on mental health and potential behavioral intentions. This study is based on previous studies that have shown that individuals who have family or friends going through a health crisis gain skills to understand and communicate about those skills more effectively in their own lives and with other people. The effects of parasocial relationships have been studied for many genres such as romance novels, reality television, and sports, but not much in media related to mental health. Horton and Wohl (1956) were the first to use the terms "parasocial interactions" (PSI) and "parasocial relationships" (PSR). Horton and Wohl focused mainly on television of the time and how viewers build relationships with the television personality. (Horton and Wohl 1956). Eyal & Cohen (2006) also looked at the impact when we have characters leave shows we love, or when beloved characters die, tying into the theory of Parasocial Breakup. They found that the more connection that the viewer perceived with the character, the stronger the emotional reaction when they were written off the show. Burnett and Beto (2000) looked at parasocial relationships in the concept on romance novels and found that some female readers struggled to maintain their real-life relationships because they were comparing them to fictional romances. The readers began to build a strong enough connection to the male romantic lead in the novel to take that character off of the page and into their relationship. But parasocial only goes so far to describe why these mediums are so impactful. Identification theory also plays a hand how our young people absorb media. Cohen (2001) really defined identification as, “an imaginative process through which an audience member assumes the identity, goals, and perspective of a character. Identification is hypothesized to be promoted by technical production features and audience and character attributes and is expected to increase involvement with messages and decrease the chances of critical interpretation” (p. \_). This means that if you watch a movie with a main character who has the goal of understanding her best friend’s mental illness, then you may take that same goal of understanding into your own life, which would affect your health, and your health communication with others.

### Effect on Viewer’s Health

Although we have a theoretical framework for why people would begin to change because of media, we have to look at concrete examples of how media has impacted the viewer’s health. This research study considers the proposition that the impact of the media clips will change the viewers perceptions of mental health by the end of the study. Media has been proven to have an impact on viewers. Brodie, et. al. (2001) did a study on the potential for communicating important health information through entertainment media. He found that there was a high potential for successful transmission of health information that comes from well written sections of entertainment media, but this can also lead to potential misinformation if done incorrectly. But mainstream media shows like ER would get a wide range of viewers, which improves the positive potential of that health information. Black and Barnes (2015) looked critically at award-winning drama

Thirteen Reasons Why is one of the digital mediums I chose for this study because it has triggered an uptick of research into why the show effective viewers so dramatically. Campo and Bridge (2018) explored the impact of this show, looking for positives, amidst the backlash of negative publicity the show was getting for the dramatic portrayal of suicide. This research came from a medical perspective but reasoned that more researchers need to cross disciplinary lines to study the impact of popular media on suicide and violent behaviors and look at the best practices to avoid harm to the audience. Ayers, et. al. (2017) also discussed Thirteen Reasons Why, and the spike in internet searches related to suicide. Though this young adult television program raised the awareness for suicide in general, there was a huge rise in suicidal ideation. The authors push for media to be researched for potential health related impact before releasing. Our society is faced with a population of individuals who do not have the needed skills to communicate effectively about their mental health and wellbeing according to Gullivan et al. (2010).

### Reducing Health Communication Barriers

In order to make the changes I expect; the media needs to contain a way to break down the barriers to health communication. As Mitchell, et. al. (2017) discussed, 35% of young adults in the U.K, dealing with emotional or mental health difficulties did not seek any formal or informal help. The perceived stigma, difficulty expressing concerns and accessing help, alongside a preference for self-reliance showed up as major barriers to getting the help they needed. Of these barriers, stigma is one of the largest, and has been focused on for a bulk of research. O'Connor, et. al (2014) found similar reasons that U.S young adults do no seek help, and that stigma was number one on the list. Showing media portrayals where the stigma did not affect the outcome of a mental health conversation could potentially be very impactful for these young adults.

### Impact of Young Adult Books

There has already been a great deal of research on the impact of different types of media on an audience. When we narrow the lens to focus on media that is directly intended to reach young adults, we find little research. This study focuses on media interpretations of young adult novels because I believe these books have a large emotional impact. Vezzali, et. al. (2014) was one of the first pieces of research on young adult books that inspired the basic concepts for this study. This fMRI study tested a group of participants who had read Harry Potter while growing up. The research illustrated that these books created empathy in those who read them over a period of time. Empathy is a key concept in successful health communication, so if one book could have this impact others could as well. Kokesh and Sternadori (2015) looked at how young adult fiction impacts the concept of identity construction in young adults. What the reader pulls from the book can help them define who they are. We begin to use identification theory to find ourselves in these characters. It happens in books, and it also happens in television shows. But these books, and media, can influence what we accept as truth. Malo-Juvera (2014) looked at the impact of a specific young adult book, Speak, on the acceptance of different rape myths. This book specifically deals with a high school student dealing with the after-effects of being raped the summer before. The study applies this book to an educational lesson plan to help students recognize the rape myths and begin to understand the situation on a deeper level. Finally, Wolk (2009) looks at young adult literature and the ability to use these complex novels to teach the concept of social responsibility to a younger generation. The research that Wolk did shows that many young adult books can be brought into the classroom to teach lessons to young adults that can impact the future of our society, and teaches our students about racism, social responsibility, and civic engagement. If that’s the case, then books, and their digital media counterparts, should be able to affect the viewers perceptions of mental health, and their behaviors towards mental health.

# Research Orientation

As someone who actively consumes young adult media, I have noticed that mental health is generally portrayed in two different ways. Either the character is accepted for their struggles (such as in Perks of Being a Wallflower (2012) when three friends discuss their struggles, and find acceptance and understanding for each other) or they are misunderstood and written off (as found in *Thirteen Reasons Why* (2017) when the main character seeks help from a guidance counselor, only to be dismissed and ignored). I believe that these presentations influence how the viewers look at the topic of mental health. For this research, I will be looking to prove the assumptions I have. I hope to discover that the way mental health conversations are portrayed in young adult media directly influence the way viewers look at mental health, as well that their behavioral intentions towards help seeking activities.

# Statement of Research Questions

For this project I will conduct on an applied research proposal with a pilot study, examining the connection between the content consumed by the individual and their attitudes towards mental health and hypothetical health situations. This research could potentially inform a more extensive project on this same topic. For this study, we are looking at a specific question to guide our analysis. What is the impact watching a clip about a sensitive health topic discussed in a positive or negative light, and does that impact improve the young adult's attitudes about communicating without hesitation or prejudice about health concerns once they are done viewing? The overall purpose of this project is to investigate the impact of media on a younger adult population, and how certain media portrayals impact the viewer and what their attitudes are when they hear about mental health, depression, and suicide or are faced with someone dealing with it. The research questions for this project are as follows:

**Research Questions:**

1)What is the impact of mental health communication in selections from relevant films, controlling for type of interaction, on a young adult audience**?**

2) Does the type of selection (film clip) impact the young adult’s attitude towards communicating about and dealing with health concerns afterwards?

# Methodology

For this proposal, there will be a pilot study with college-age students for accessibility purposes. There will be two different groups. I will use random assignment to choose which group the participants will be put into. One group will be watching specific media clips that are considered positive, for example, conversations that are taken seriously, clips that involve individuals getting help for mental illness and clips that show resolution or positive outcome. The other group will be viewing clips which are considered negative, for example, clips that make light of mental illness, clips that involve the character not getting the help they seek, and graphic portals of mental health consequences. We will see if how mental health is presented determines how the attitudes of the group change. The questions will be the same for both groups in order to allow us to compare the two groups together, but since we are using random sample, we don’t need to a pre or posttest for the group, we will just do short surveys after each clip, and one final test to measure attitude and behaviors intentions for the pilot participants. The media we will be using will be TV series and movies – specifically, *Thirteen Reasons Why* (2017), based on the book by Jay Asher, and *Perks of Being a Wallflower* (2012), based on the book by Stephen Chbosky. Both of these television shows and movies deal explicitly with mental health and focuses on young adult protagonists. I think these three will be a good reflection of what current books and media are showing as they are covering the past 15 years of literature and media.

We will be using two different established measure scales for this research in order to ensure that the questions will be focused on the correct items. As a manipulation check, I will run a T-Test on each of the questions to make sure I am testing the perceptions of mental health, as well as their behavioral indicators, as well as using established methods that have previously used to test the same concepts as I am investigating. Please see the proposed survey in Appendix III, where I have used questions from both established measures as well as added a few additional questions that relate to the same topic and follow the same model. I am also including gender descriptive statistics in the survey such as age, gender, and race to get a better profile of the respondents, as well as to make sure all responses that are used are over 18. The goal is to administer the pilot study in a computer lab, where students can view the clip on the main projector screen and then answer the survey via SurveyMonkey on the computer in front of them once the 3 clips are over.

The first established measure I will be using is Mental Illness Stigma Scale (Day, et. al, 2007). The full questionnaire can be viewed in Appendix 1. We will be using selected questions from this survey, but not the descriptions of mental illnesses that are provided. The questions we will be using from Day’s scale will correspond with our goal to find out what the viewers think of mental illness after viewing all of the clips. For example, we will be including question 2, which reads, I don’t think that it is possible to have a normal relationship with someone with [a mental illness]. This question, and the other questions in the same category, relate to the concept of Relationship Disruption, but will also reflect on the individual’s perceptions of people with mental illness. We will also be using all the questions that address anxiety towards mental illness and those who are dealing with it, and a few of the questions related to visibility and treatability. The next established measure I will be using is Eisenberg et. al.’s adapted Discrimination Devaluation (D-D) Scale which you can view in Appendix II. This scale was adjusted to look at mental health stigma and help-seeking behaviors. I will pull questions from both established measures, as well as add a few additional questions of my own creation that match the style of the established measures. The questions will be given to the students in the pilot study in order to test their willingness to seek help, as well as their perceived level of stigma of mental health after watching the various clips. The questions will be randomized so that individuals do not get them in the same order.

# Anticipated Findings

My goal is to use survey responses to assess the impact of these items, and to see if there is a greater impact when the media is positive or negative, as well as if there's a more significant impact after watching all of the clips. When viewing these, I will be able to infer about the impact of watching the complete movie or TV show and potentially apply this concept to book passages and the effect of reading a full book. I hypothesize that the results will positively show that both have an impact, but that visual media will most likely be more impactful. The goal will be to provide that there is a link and to use that link to do additional research on how especially novels impact the attitudes and communication ability overall. In the future, I would like to extend this study with book passages, or full stories in place of media clips to directly see how reading impacts the audience and their attitudes.

In terms of implications, I would hope that . . .

# Expected Conclusion

In this study, my hope is to find a link between how this media is portrayed and how our perceptions of mental health change. If these movies, and potentially books, could reframe our communication surrounding health in general, then there would be a strong argument to be made to bring these more modern texts into the high school and college classroom to prepare our younger adults for a more productive, open, future regarding their health in all aspects.

If the media that our young adult population is consuming impacts their attitudes and behaviors, then it is critical we understand it. Having a more balanced, open and communicative young adult population could positively impact their mental health and help us reduce the suicide rate for their age and beyond. There is a lack of research in this area, but if these mediums can be used to help our younger population understand mental health and feel better equipped to handle it in their own life, as well as the lives of their friends and family then it is essential.

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# Appendix I

**Mental Health Stigma Scale**

**Day’s Mental Illness Stigma Scale**

Factors are noted at the end of each item. Brackets indicate where illness names can be interchanged to present various mental illness conditions.

Please indicate the extent to which you agree or disagree with the statements listed below using the following scale:

1 2 3 4 5 6 7

Completely disagree Completely agree

\_\_\_\_ 1. There are effective medications for [mental illnesses] that allow people to return to normal and productive lives. (Treatability)

\_\_\_\_ 2. I don’t think that it is possible to have a normal relationship with someone with [a mental illness]. (Relationship Disruption)

\_\_\_\_ 3. I would find it difficult to trust someone with [a mental illness]. (Relationship Disruption)

\_\_\_\_ 4. People with [mental illnesses] tend to neglect their appearance. (Hygiene)

\_\_\_\_ 5. It would be difficult to have a close meaningful relationship with someone with [a mental illness]. (Relationship Disruption)

\_\_\_\_ 6. I feel anxious and uncomfortable when I’m around someone with [a mental illness]. (Anxiety)

\_\_\_\_ 7. It is easy for me to recognize the symptoms of [mental illnesses]. (Visibility)

\_\_\_\_ 8. There are no effective treatments for [mental illnesses]. (Treatability; reverse-scored)

\_\_\_\_ 9. I probably wouldn’t know that someone has [a mental illness] unless I was told. (Visibility; reverse-scored)

\_\_\_\_10. A close relationship with someone with [a mental illness] would be like living on an emotional roller coaster. (Relationship Disruption)

\_\_\_\_11. There is little that can be done to control the symptoms of [mental illness]. (Treatability; reverse-scored)

\_\_\_\_12. I think that a personal relationship with someone with [a mental illness] would be too demanding. (Relationship Disruption)

\_\_\_\_13. Once someone develops [a mental illness], he or she will never be able to fully recover from it. (Recovery; reverse-scored)

\_\_\_\_14. People with [mental illnesses] ignore their hygiene, such as bathing and using deodorant. (Hygiene)

\_\_\_\_15. [Mental illnesses] prevent people from having normal relationships with others. (Relationship Disruption)

\_\_\_\_16. I tend to feel anxious and nervous when I am around someone with [a mental illness]. (Anxiety)

\_\_\_\_17. When talking with someone with [a mental illness], I worry that I might say something that will upset him or her. (Anxiety)

\_\_\_\_18. I can tell that someone has [a mental illness] by the way he or she acts. (Visibility)

\_\_\_\_19. People with [mental illnesses] do not groom themselves properly. (Hygiene)

\_\_\_\_20. People with [mental illnesses] will remain ill for the rest of their lives. (Recovery; reverse-scored)

\_\_\_\_21. I don’t think that I can really relax and be myself when I’m around someone with [a mental illness]. (Anxiety)

\_\_\_\_22. When I am around someone with [a mental illness] I worry that he or she might harm me physically. (Anxiety)

\_\_\_\_23. Psychiatrists and psychologists have the knowledge and skills needed to effectively treat [mental illnesses]. (Professional Efficacy)

\_\_\_\_24. I would feel unsure about what to say or do if I were around someone with [a mental illness]. (Anxiety)

\_\_\_\_25. I feel nervous and uneasy when I’m near someone with [a mental illness]. (Anxiety)

\_\_\_\_26. I can tell that someone has [a mental illness] by the way he or she talks. (Visibility)

\_\_\_\_27. People with [mental illnesses] need to take better care of their grooming (bathe, clean teeth, use deodorant). (Hygiene)

\_\_\_\_28. Mental health professionals, such as psychiatrists and psychologists, can provide effective treatments for [mental illnesses]. (Professional Efficacy)

**Appendix II**

**Perceived public stigma**

Please indicate whether you agree or disagree with the following statements.

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

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

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

4. Most people would accept someone who has fully recovered from a mental illness as a teacher of young children in a public school.

5. Most people feel that receiving mental health treatment is a sign of personal failure.\*

6. Most people would not hire someone who has received mental health treatment to take care of their children, even if he or she had been well for some time.\*

7. Most people think less of a person who has received mental health treatment.\*

8. Most employers will hire someone who has received mental health treatment if he or she is qualified for the job.

9. Most employers will pass over the application of someone who has received mental health treatment in favor of another applicant.\*

10. Most people in my community would treat someone who has received mental health treatment just as they would treat anyone.

11. Most young adults would be reluctant to date someone who has been hospitalized for a serious mental disorder.\*

12. Once they know a person has received mental health treatment, most people will take that person’s opinions less seriously.\*

**Personal stigma**

Please indicate whether you agree or disagree with the following statements.

1. I would willingly accept someone who has received mental health treatment as a close friend.

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

3. I believe that someone who has received mental health treatment is just as trustworthy as the average person.

Note: Answer choices for each item are: 0 = strongly agree, 1 = agree, 2 = somewhat agree, 3 = somewhat disagree, 4 = disagree, 5 = strongly disagree.

Items were adapted from the Discrimination-Devaluation scale developed by Link, et. al.

Items with a ‘\*’ are reverse-scored—i.e., “Strongly agree” corresponds to 5 points instead of 0 points, and so on.

To balance out potential effects of question ordering, participants were randomized such that they had a 50 percent chance of being asked the perceived stigma items before the personal stigma items, and a 50 percent chance of the reverse

# Appendix III

**Proposed Survey Questions**

**Please select your age:**

Under 18

18

19

20

21

22

23 or older

**Please specify your ethnicity:**

White.

Hispanic or Latino.

Black or African American.

Native American or American Indian.

Asian / Pacific Islander.

Other.

**Please specify your gender:**

Male

Female

Other

**Please indicate whether you agree or disagree with the following statements.**

1. Most people would willingly accept someone who has received mental health treatment as a close friend.
2. Most people believe that a person who has received mental health treatment is just as intelligent as the average person.
3. Most people believe that someone who has received mental health treatment is just as trustworthy as the average person.
4. Most people feel that receiving mental health treatment is a sign of personal failure.\*
5. Most people think less of a person who has received mental health treatment.\*
6. Most young adults would be reluctant to date someone who has been hospitalized for a serious mental disorder.\*
7. Once they know a person has received mental health treatment, most people will take that person’s opinions less seriously.\*
8. I would willingly accept someone who has received mental health treatment as a close friend.
9. I would think less of a person who has received mental health treatment.\*
10. I believe that someone who has received mental health treatment is just as trustworthy as the average person.
11. I believe that seeking help for mental illness is acceptable behavior
12. If I was dealing with a mental illness, I would see professional help.

**Please indicate the extent to which you agree or disagree with the statements listed below using the following scale:**

1 2 3 4 5 6 7

Completely disagree Completely agree

1. Mental health professionals, such as psychiatrists and psychologists, can provide effective treatments for mental illnesses.
2. I don’t think that it is possible to have a normal relationship with someone with a mental illness.
3. I would find it difficult to trust someone with a mental illness.
4. I would not feel comfortable talking to someone with a mental illness.
5. I feel anxious and uncomfortable when I’m around someone with a mental illness.
6. When talking with someone with a mental illness, I worry that I might say something that will upset him or her.
7. If I had a mental illness, I would feel comfortable confiding in someone I trusted.
8. People with mental illnesses will remain ill for the rest of their lives
9. When I am around someone with a mental illness, I worry that he or she might harm me, or themselves, physically.
10. I would feel unsure about what to say or do if I were around someone with a mental illness.
11. Psychiatrists and psychologists have the knowledge and skills needed to effectively treat mental illnesses.