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Exploring GenZ's Attitudes About Mental Illness: Are They More Accepting?

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EXPLORING GENZ'S ATTITUDES ABOUT MENTAL ILLNESS:
ARE THEY MORE ACCEPTING?

by

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A thesis submitted in partial fulfillment of the requirements
for the Honors in the Major Program in Psychology
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ABSTRACT

It is assumed that stigmas surrounding mental illnesses have begun to lessen over time. Generation Z seems to be the most accepting of neurodivergent individuals and people with mental illnesses (Bethune, 2019). However, existing literature suggests that college students continue to have negative attitudes toward mental illnesses, which could lead to a refusal of mental health services, unsafe social environments, and self-medication (Phelan & Basow, 2007). To further investigate GenZ's stigmas toward mental illness, this study assesses college students' attitudes toward various mental health diagnoses including Depression, Anxiety, Attention Deficit-Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), and Eating Disorders. Specifically, perceptions related to factors such as relationship disruption, visibility, anxiety, and professional efficacy will be investigated. After reviewing situational vignettes depicting peers with diagnoses and the *Diagnostic and Statistical Manual Fifth Edition* definitions of these diagnoses, participants' attitudes were assessed using an adapted version of Day's Mental Illness Stigma Scale, and additional questions regarding participants' attitudes. Previous studies found prevalent stigmas amongst college students regarding ASD and eating disorders. Students may hold more positive attitudes toward anxiety, depression, and ADHD than eating disorders and ASD. This research helps to address the conflicting claims about GenZ's attitudes about mental disorders and explore the stigma of mental illnesses among college students. Mean comparisons between each level of both conditions, study limitations, and future directions are discussed.

TABLE OF CONTENTS

ABSTRACT	I
LIST OF FIGURES	IV
INTRODUCTION	1
METHODS	6
PARTICIPANTS	6
MATERIALS	6
PROCEDURES	8
RESULTS	9
DISCUSSION	13
REFERENCES	31
APPENDIX A: VIGNETTES	15
APPENDIX B: VIGNETTE SCALE	19
APPENDIX C: DEFINITIONS	21
APPENDIX D: DAY’S MENTAL ILLNESS STIGMA SCALE (MODIFIED)	25
APPENDIX E: DEMOGRAPHIC QUESTIONNAIRE	27

LIST OF FIGURES

FIGURE 1: VIGNETTE CONDITION PAIRED SAMPLES TEST.....	9
FIGURE 2: DEFINITION CONDITION PAIRED SAMPLES TEST	10
FIGURE 3: VIGNETTE CONDITION GENDER ANOVA	11
FIGURE 4: DEFINITION CONDITION GENDER ANOVA.....	11
FIGURE 5: VIGNETTE CONDITION POLITICAL ANOVA.....	12
FIGURE 6: DEFINITION CONDITION POLITICAL ANOVA.....	12

INTRODUCTION

According to the American College Health Association National College Health Assessment from (2021), over 50% of college students reported having symptoms of moderate to severe psychological distress. This is a drastic increase from the 7.3% of college students that reported symptoms of severe psychological distress during the American College Health Association National College Health Assessment from Spring 2001. Although symptoms of psychological distress have increased drastically, less than 30% of undergraduate students seek mental health services to aid with these symptoms (American College Health Association, 2001, 2021).

Stigma surrounding mental health diagnoses are still active and present in the undergraduate community. Existing literature suggests that college students continue to have negative attitudes toward mental illnesses, which could lead to a refusal of mental health services, unsafe social environments for those with mental illnesses, and self-medication (Phelan & Basow, 2007). These negative attitudes make it more difficult for students to feel understood and less likely to seek mental health services. A study conducted in both the United States and Canada (Jagdeo, Cox, Stein, & Sareen, 2009) found that almost half of the participants from both countries reported that they would feel embarrassed if the close people in their life found out about their use of mental health services.

Day et al., (2007) conducted two separate studies regarding the stigma surrounding mental illness. The first study developed a Likert-type scale used to assess the public's attitudes toward individuals with mental illnesses. This scale is used in the present study. Their second study measured beliefs about people with mental health diagnoses from the perspective of those

with and without mental illnesses. Each group (people with mental illnesses and people without mental illnesses) completed the scale both from their perspective and from the perspective of the people from the other group. The people with mental illnesses assumed that there was a greater stigma from the other group than was reported by the sample without mental illnesses. This suggests that the mental health stigmas that exist are perceived to be even greater by those that are being stigmatized.

Certain demographic factors predict attitudes towards mental health diagnoses. Ionta and Scherman (2007) found that male undergraduate students report more negative attitudes towards people with mental illnesses than female undergraduate students. Furthermore, studies show that Democrats are more supportive of government spending on mental health than their Republican or Independent counterparts (Barry & McGinty, 2014). People who identify as more liberal on the political spectrum tend to have more positive attitudes toward people with mental illnesses.

Matthews et al. (2015) set out to study college students' attitudes toward peers with autism spectrum disorder (ASD). Their study used vignettes depicting characters displaying behaviors characteristic of ASD. Participants were assigned to either the labeling condition or the no label condition. Participants in the labeling condition read a vignette that indicated a diagnosis of ASD, whereas those in the no label condition received the same vignette without the indication of a diagnosis. Participants in the labeling condition had more positive attitudes toward the peer depicted in the vignette than students in the no label condition. These results indicate that students might have more positive attitudes toward people with a known, identified ASD diagnosis. That is, when the behaviors another person exhibits are placed in the context of a specific disorder, less stigma emerges because individuals better understand the behavior. This could also mean that in an undergraduate setting, such as a classroom or dorm, students are more

likely to have negative attitudes towards peers exhibiting behaviors characteristic of ASD when they do not have knowledge of the peer's ASD diagnosis.

Geerling and Saunders (2015) examined college students' perceptions of individuals with anorexia nervosa (AN) as compared to individuals with major depressive disorder (MDD). Participants were randomly assigned to read one of four vignettes depicting a female with either mild MDD, severe MDD, mild AN, or severe AN. AN was perceived more negatively than MDD in many areas such as vanity, self-responsibility, and feelings of anger. However, AN was perceived more positively in terms of imitation and admiration. These findings indicate the complex nature of the stigma surrounding diagnoses such as anorexia nervosa.

The present study investigates college students' attitudes toward various mental health diagnoses, including Depression, Anxiety, Attention Deficit-Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), and Eating Disorders. Attitudes are assessed through the factors of relationship disruption, visibility, anxiety, and professional efficacy. Participants were asked to read situational vignettes depicting peers with these diagnoses and also to read *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (DSM-5) definitions of each diagnosis. Participants' attitudes were assessed following each.

For the purposes of this study, all five mental illnesses were defined according to the DSM-5 diagnostic criteria for each disorder (American Psychiatric Association, 2013). According to the DSM-5, depressive disorders generally include "the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function" (Paragraph 2). Anxiety disorders involve disorders that "share features of excessive fear and anxiety and related behavioral disturbances" (Paragraph 2). Attention Deficit-Hyperactivity Disorder (ADHD) is marked by "a persistent pattern of

inattention and/or hyperactivity-impulsivity that interferes with functioning or development” (Paragraph 2). Within the DSM-5, autism spectrum disorder (ASD) is characterized by both deficits in social interaction and communication across multiple settings, as well as restricted, repetitive behaviors or interests. Finally, eating disorders are “characterized by a persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning” (Paragraph 2).

Attitudes toward each mental illness were explored in relation to each other and demographic factors such as gender and political affiliation. The hypotheses were as follows:

Hypothesis 1: Students will have more positive attitudes toward anxiety, depression, and ADHD than eating disorders and autism spectrum disorder.

Hypothesis 2: Females will have more positive attitudes toward all mental health diagnoses than males.

Hypothesis 3: People who identify as more liberal on the political spectrum will have more positive attitudes towards all mental health diagnoses than their conservative or moderate peers.

The existence of negative attitudes amongst certain groups of people and towards specific disorders could indicate a risk for unsafe social environments, refusal of mental health services, and self-medication. This research may enhance understanding of attitudes and stigma of mental illnesses on college campuses and provide university staff and clinicians with additional insight into the experiences of students who have an eating disorder or ASD. The results of this study

contribute towards efforts to abolish stigma and provide better care and education for people who have these diagnoses.

METHODS

Participants

There were 276 current University of Central Florida undergraduate students who participated in this study. Of the 276 responses, 249 were considered valid responses and included in analysis. The 27 responses that were considered invalid were responses that were incomplete or taken in an exceptionally short period of time. Of the valid participants, 67.9% were female, 27.7% were male, 2.8% were non-binary, and 1.6% chose not to answer. Demographic survey items revealed that 74.7% of the participants indicated to be White, 12.9% indicated to be Black or African American, 0.8% indicated to be American Indian or Alaskan Native, 12.4% indicated to be Asian, 2.4% indicated to be Native Hawaiian or Pacific Islander, 4.0% chose 'Other', and 1.6% chose not to answer when asked about their race. Participants were also asked about their political affiliation on a 5-point Likert scale from strongly conservative to strongly liberal. When responding to this item, 3.6% of the participants indicated that they were strongly conservative, 16.5% are somewhat conservative, 26.9% indicated that they were not conservative or liberal, 33.3% are somewhat liberal, and 19.7% are strongly liberal.

Materials

Vignettes and Scale. Each participant read the same five vignettes that depict each of the five mental health diagnoses examined in this study. After reading each vignette, participants answered four questions about each scenario. Vignettes are included in Appendix A. The scale

that followed each vignette is included in Appendix B and utilizes a 5-point Likert Scale from *Strongly disagree* to *Strongly agree*. An example of an item on this scale is, “*I would feel uncomfortable having this person as a roommate.*”

Definitions. Each participant read the same five definitions that described each of the five mental health diagnoses examined in this study. These definitions are included in Appendix C.

Day’s Mental Illness Stigma Scale. Immediately following each definition, participants answered the same eight questions about each definition. These eight questions are a modified version of Day’s Mental Illness Stigma Scale. The questions gauged students’ opinions on relationship disruption, visibility, anxiety, and professional efficacy as it related to each diagnosis. Items were rated on a 5-point Likert Scale from *Strongly disagree* to *Strongly agree*. This modified scale is included in Appendix D. (Day, Edgren, & Eshleman, 2007) Examples of items on this scale are

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

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

Demographic Questionnaire. Background information was collected at the end of the survey. Information included age, sex, placement based on credit hours, race, affiliation with the Armed Forces, campus involvement, political affiliation, and past mental health diagnoses. This scale is included in Appendix E.

Procedures

Participants were informed that they were going to take part in a research study regarding their attitudes toward various mental health diagnoses. The study was only available online and could be accessed anywhere on any device with internet connection during the time the study was active. The participants were given a general overview of the study and the procedures and then indicated consent by clicking “Yes, I consent”. The participants were then asked if they were over the age of 18 and if they are part of the UCF community. If “no” was selected for either of these questions, they were immediately taken to the end of the study. Participants who answered “yes” to all gate-keeper questions then read each of the five vignettes that correspond to each diagnosis studied in this project. After reading each vignette, participants answered the four-question vignette scale that is scored on a 5-point Likert scale to indicate the degree to which they agree with each statement. Additionally, participants were asked to read each of the five definitions that correspond to each of the five diagnoses. After reading each definition, participants were instructed to complete the modified version of Day’s Mental Illness Stigma Scale. Participants then completed the demographic scale. At the conclusion of the survey, participants received a debriefing statement indicating the full scope of the study and all mental health resources that may be helpful after completing the survey. The participants then received SONA credit for completing the survey.

RESULTS

To test the first hypothesis that students will have more positive attitudes toward anxiety, depression, and ADHD than eating disorders and autism spectrum disorder, a paired-samples t-test was run to compare the means of each of the five scales within each condition.

In the vignette condition, six of the ten comparisons were statistically significant. There was more stigma toward depression ($M=11.84$, $SD=1.86$) than anxiety ($M=9.63$, $SD=2.69$) ($t(248) = 11.04$, $p < .001$). There was more stigma toward depression than ASD ($M=9.92$, $SD=3.06$) ($t(248) = 9.21$, $p < .001$). There was less stigma toward anxiety than ADHD ($M=11.49$, $SD=3.08$) ($t(248) = -9.89$, $p < .001$). There was less stigma toward anxiety than eating disorders ($M=11.76$, $SD=3.09$) ($t(248) = -9.69$, $p < .001$). There was more stigma toward ADHD than ASD ($t(248) = 6.43$, $p < .001$). There was less stigma toward ASD than eating disorders ($t(248) = -8.35$, $p < .001$).

Figure 1: Vignette Condition Paired Samples Test

		Paired Differences							Significance	
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	One-Sided p	Two-Sided p
					Lower	Upper				
Pair 1	DEPV_TOTAL - ANXV_TOTAL	2.21285	3.16210	.20039	1.81817	2.60753	11.043	248	<.001	<.001
Pair 2	DEPV_TOTAL - ADHDV_TOTAL	.34538	3.54140	.22443	-.09664	.78741	1.539	248	.063	.125
Pair 3	DEPV_TOTAL - ASDV_TOTAL	1.91968	3.28756	.20834	1.50934	2.33002	9.214	248	<.001	<.001
Pair 4	DEPV_TOTAL - EDV_TOTAL	.07631	3.23137	.20478	-.32702	.47963	.373	248	.355	.710
Pair 5	ANXV_TOTAL - ADHDV_TOTAL	-1.86747	2.97884	.18878	-2.23928	-1.49566	-9.892	248	<.001	<.001
Pair 6	ANXV_TOTAL - ASDV_TOTAL	-.29317	3.37543	.21391	-.71448	.12814	-1.371	248	.086	.172
Pair 7	ANXV_TOTAL - EDV_TOTAL	-2.13655	3.47999	.22054	-2.57091	-1.70219	-9.688	248	<.001	<.001
Pair 8	ADHDV_TOTAL - ASDV_TOTAL	1.57430	3.86406	.24487	1.09200	2.05660	6.429	248	<.001	<.001
Pair 9	ADHDV_TOTAL - EDV_TOTAL	-.26908	3.78077	.23960	-.74098	.20283	-1.123	248	.131	.263
Pair 10	ASDV_TOTAL - EDV_TOTAL	-1.84337	3.48203	.22066	-2.27799	-1.40876	-8.354	248	<.001	<.001

In the definition condition, seven of the ten comparisons were statistically significant. There was more stigma toward depression ($M=24.83$, $SD=4.21$) than anxiety ($M=23.17$, $SD=4.48$) ($t(248) = 6.06$, $p < .001$). There was more stigma toward depression than ADHD ($M=21.05$, $SD=4.22$) ($t(248) = 13.59$, $p < .001$). There was more stigma toward depression than ASD ($M=23.11$, $SD=5.59$) ($t(248) = 5.24$, $p < .001$). There was more stigma toward depression than eating disorders ($M=23.18$, $SD=5.21$) ($t(248) = 5.21$, $p < .001$). There was more stigma toward anxiety than ADHD ($t(248) = 7.39$, $p < .001$). There was less stigma toward ADHD than ASD ($t(248) = -6.30$, $p < .001$). There was less stigma toward ADHD than eating disorders ($t(248) = -6.02$, $p < .001$).

Figure 2: Definition Condition Paired Samples Test

		Paired Differences							Significance	
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	One-Sided p	Two-Sided p
					Lower	Upper				
Pair 1	DEPD_TOTAL - ANXD_TOTAL	1.65863	4.32173	.27388	1.11921	2.19806	6.056	248	<.001	<.001
Pair 2	DEPD_TOTAL - ADHDD_TOTAL	3.77510	4.38353	.27779	3.22796	4.32224	13.590	248	<.001	<.001
Pair 3	DEPD_TOTAL - ASDD_TOTAL	1.71888	5.17996	.32827	1.07233	2.36542	5.236	248	<.001	<.001
Pair 4	DEPD_TOTAL - EDD_TOTAL	1.64257	4.97623	.31536	1.02145	2.26369	5.209	248	<.001	<.001
Pair 5	ANXD_TOTAL - ADHDD_TOTAL	2.11647	4.52485	.28675	1.55169	2.68124	7.381	248	<.001	<.001
Pair 6	ANXD_TOTAL - ASDD_TOTAL	.06024	5.60605	.35527	-.63949	.75997	.170	248	.433	.865
Pair 7	ANXD_TOTAL - EDD_TOTAL	-.01606	5.00884	.31742	-.64125	.60912	-.051	248	.480	.960
Pair 8	ADHDD_TOTAL - ASDD_TOTAL	-2.05622	5.14829	.32626	-2.69882	-1.41363	-6.302	248	<.001	<.001
Pair 9	ADHDD_TOTAL - EDD_TOTAL	-2.13253	5.58823	.35414	-2.83004	-1.43503	-6.022	248	<.001	<.001
Pair 10	ASDD_TOTAL - EDD_TOTAL	-.07631	6.40865	.40613	-.87621	.72360	-.188	248	.426	.851

To test the second hypothesis that females will have more positive attitudes toward all mental health diagnoses than males, a one-way ANOVA was conducted to compare the mean stigma scores for each mental health diagnosis with gender as a factor. No statistically significant mean differences were found in either condition.

Figure 3: Vignette Condition Gender ANOVA

		ANOVA				
		Sum of Squares	df	Mean Square	F	Sig.
DEPV_TOTAL	Between Groups	17.876	3	5.959	1.747	.158
	Within Groups	835.698	245	3.411		
	Total	853.574	248			
ANXV_TOTAL	Between Groups	23.527	3	7.842	1.083	.357
	Within Groups	1774.739	245	7.244		
	Total	1798.265	248			
ADHDV_TOTAL	Between Groups	44.816	3	14.939	1.588	.193
	Within Groups	2305.425	245	9.410		
	Total	2350.241	248			
ASDV_TOTAL	Between Groups	75.433	3	25.144	2.747	.044
	Within Groups	2242.961	245	9.155		
	Total	2318.394	248			
EDV_TOTAL	Between Groups	20.520	3	6.840	.714	.545
	Within Groups	2348.500	245	9.586		
	Total	2369.020	248			

Figure 4: Definition Condition Gender ANOVA

		ANOVA				
		Sum of Squares	df	Mean Square	F	Sig.
DEPD_TOTAL	Between Groups	15.337	3	5.112	.286	.835
	Within Groups	4376.237	245	17.862		
	Total	4391.574	248			
ANXD_TOTAL	Between Groups	12.619	3	4.206	.208	.891
	Within Groups	4956.296	245	20.230		
	Total	4968.916	248			
ADHDD_TOTAL	Between Groups	65.629	3	21.876	1.231	.299
	Within Groups	4352.692	245	17.766		
	Total	4418.321	248			
ASDD_TOTAL	Between Groups	215.394	3	71.798	2.337	.074
	Within Groups	7526.679	245	30.721		
	Total	7742.072	248			
EDD_TOTAL	Between Groups	73.704	3	24.568	.903	.440
	Within Groups	6667.799	245	27.216		
	Total	6741.502	248			

To test the third hypothesis that people who identify as more liberal on the political spectrum have more positive attitudes towards all mental health diagnoses than their conservative or moderate peers, a one-way ANOVA was conducted to compare the mean stigma

scores for each mental health diagnosis with political affiliation as a factor. No statistically significant mean differences were found in either condition.

Figure 5: Vignette Condition Political ANOVA

		ANOVA				
		Sum of Squares	df	Mean Square	F	Sig.
DEPV_TOTAL	Between Groups	16.344	4	4.086	1.191	.315
	Within Groups	837.231	244	3.431		
	Total	853.574	248			
ANXV_TOTAL	Between Groups	32.724	4	8.181	1.131	.343
	Within Groups	1765.541	244	7.236		
	Total	1798.265	248			
ADHDV_TOTAL	Between Groups	45.607	4	11.402	1.207	.308
	Within Groups	2304.634	244	9.445		
	Total	2350.241	248			
ASDV_TOTAL	Between Groups	30.395	4	7.599	.810	.520
	Within Groups	2287.998	244	9.377		
	Total	2318.394	248			
EDV_TOTAL	Between Groups	22.504	4	5.626	.585	.674
	Within Groups	2346.516	244	9.617		
	Total	2369.020	248			

Figure 6: Definition Condition Political ANOVA

		ANOVA				
		Sum of Squares	df	Mean Square	F	Sig.
DEPD_TOTAL	Between Groups	50.523	4	12.631	.710	.586
	Within Groups	4341.051	244	17.791		
	Total	4391.574	248			
ANXD_TOTAL	Between Groups	116.332	4	29.083	1.462	.214
	Within Groups	4852.583	244	19.888		
	Total	4968.916	248			
ADHDD_TOTAL	Between Groups	63.063	4	15.766	.883	.475
	Within Groups	4355.258	244	17.849		
	Total	4418.321	248			
ASDD_TOTAL	Between Groups	312.555	4	78.139	2.566	.039
	Within Groups	7429.517	244	30.449		
	Total	7742.072	248			
EDD_TOTAL	Between Groups	29.727	4	7.432	.270	.897
	Within Groups	6711.775	244	27.507		
	Total	6741.502	248			

DISCUSSION

It was hypothesized that students would hold more positive attitudes toward depression, anxiety, and ADHD than ASD and eating disorders. Results showed minimal support for these hypotheses. Data supported the hypothesis that anxiety was less stigmatized than eating disorders in both conditions and that ADHD was less stigmatized than ASD in the definition condition. Results did not support hypotheses that anxiety is less stigmatized than ASD in both conditions and that ADHD is less stigmatized than eating disorders in the vignette condition.

Relationships that were opposite of the hypothesized comparison were also found. Not only was it not supported that depression was less stigmatized than ASD and eating disorders, but the opposite was found. Further, in the vignette condition, the hypothesis that ADHD would be less stigmatized than ASD was not supported, and the opposite was found. In the definition condition, the hypothesis that ADHD would be less stigmatized than eating disorders was not supported, and the opposite was found.

It was also hypothesized that females would have more positive attitudes toward all mental health diagnoses than males. No statistically significant difference was found between males and females. Although this study did not find gender difference in mental health stigma, gender as a predictor of mental health stigma has been supported in previous literature. The negative results in the current study could be a result of the skewed sample demographics. This sample was 68% female which is not representative of GenZ as a whole and could be a significant limitation to the generalizability of these findings. Increasing sample size and having a more balanced gender representation could possibly yield significant findings along this dimension.

Finally, it was hypothesized that people who identify as more liberal on the political spectrum would have more positive attitudes towards all mental health diagnoses than their conservative or moderate peers. No statistically significant results were found to support this hypothesis. Again, increasing the sample size for this study could yield significant results when looking at political affiliation differences in mental health stigma.

These findings could be the result of the sample used to collect this data. Because of the nature of this research, most of the participants were recruited through psychology classes. Many students likely had a previous understanding of these mental illnesses, and their psychology education could have affected their natural bias towards some of the more uncommon mental illnesses such as ASD and eating disorders. This limitation could be avoided in future research if there was a more educational diverse sample.

In future research studies, it would be interesting to analyze the difference in stigma between different majors. Most of the participants included in this study were likely psychology students and had prior education on mental illness. Studying these biases with more majors represented in the sample and using major as a possible correlation with bias would give a unique insight into the variability of bias across college campuses. Additionally, further research could explore the correlation between a person's stigma and their preexisting mental health diagnoses. Although this analysis was not done within the present study, using the data from the questions regarding any previous mental health diagnoses would allow for this exploration.

APPENDIX A: VIGNETTES

Depression Vignette

Within the past 2 months, your acquaintance has changed in his nature. As opposed to previously, he is down and sad without being able to make out a concrete reason for his feeling low. He appears serious and worried. There is nothing anymore that will make him laugh. He hardly ever talks, and if he says something, he speaks in a low tone of voice about the worries he has with regard to his future. Your acquaintance feels useless and has the impression to do everything wrong. All attempts to cheer him up have failed. He lost all interest in things and is not motivated to do anything. He complains of often waking up in the middle of the night and not being able to get back to sleep. Already in the morning, he feels exhausted and without energy. He says that he encounters difficulty in concentrating on his job. In contrast with previous times, everything takes him very long. He hardly manages his workload. (Angermeyer, Matschinger, & Corrigan, 2004)

Anxiety Vignette

Your acquaintance works slowly in the classroom and as a result often has to take her work home to complete. She seems to procrastinate often. This is partly due to her excessive fear of making mistakes and oversensitivity to criticism, as she feels a need to do "perfect" work. She generally finishes her work and gets good grades, but it takes her much longer than her peers. In general, she is a person who tends to withdraw and keep things to herself. (Headley & Campbell, 2011)

ADHD Vignette

Your acquaintance has a long history of being easily distracted by extraneous stimuli, has problems keeping his attention focused, fails to pay attention to details, and makes

careless mistakes in his schoolwork. In addition to being easily distracted, he has a tendency to blurt out answers before questions have been completed, has a difficult time waiting his turn, and often interrupts others. Compounding these problems is the fact that he often forgets to complete daily activities and loses things necessary for various assignments (e.g., pencils, books, homework, etc.). In one-to-one situations he can be frustrating to work with since he often does not seem to listen when spoken to directly and has a difficult time organizing himself in tasks and activities. He also seems to always be "on the go," frequently fidgets, and talks excessively. (Curtis, Pisecco, Hamilton, & Moore, 2006)

ASD Vignette

Your peer is a good student, getting mostly B's and some A's in his classes. He has a weakness in sports, as he has poor coordination and trouble understanding what others expect him to do. Michael doesn't have many friends and prefers to be on his own than with other people. He spends most of his time researching his favorite subject, dinosaurs. Michael will spend hours reading everything he can find about dinosaurs, and he has very detailed knowledge about them. Although he tries to avoid talking with others, if he does, he often talks about dinosaurs. His conversations with others tend to be one-sided and he speaks quickly and without inflection or making eye contact. Michael does best when his day is predictable and becomes very distressed if his day does not follow the same schedule. (Ohan, Ellefson, & Corrigan, 2015)

Eating Disorders Vignette

Upon starting college, your peer was unhappy with the size and shape of her body, so she joined a fitness program at the gym and started running regularly. Through these efforts,

she gradually began to lose weight. She then started to “diet”, avoiding all fatty foods, not eating between meals, and trying to eat set portions of “healthy foods” each day.

However, she has found it difficult to control her eating. While able to restrict her dietary intake during the day, later on she is often unable to stop eating. She may binge eat, for example, on an apple, two slices of cheesecake, a bag of cookies, a jam sandwich and three glasses of milk, all in one sitting. To prevent gaining weight, she makes herself vomit after these episodes of binge eating. As a result, the relationship between her and her friends and parents has become strained and her grades at school have started to slip.

(Murakami, Essayli, & Latner, 2016)

APPENDIX B: VIGNETTE SCALE

I think it is possible to have a normal relationship with the person described in this scenario.

I think the person described in this scenario might have a mental health condition.

I would feel uncomfortable having this person as a classmate.

I would feel uncomfortable having this person as a roommate.

APPENDIX C: DEFINITIONS

Depression definition

Depression is an illness with symptoms that include feelings of sadness and gloom. People with depression lose pleasure and interest in their usual activities, such as work, friends, and hobbies. A loss or increase in appetite and a lack of interest in sex can often occur. People with depression might cry for long periods of time, listen to sad music, watch sad movies, or sleep for days on end. Some might even lose interest in living altogether and entertain thoughts of suicide. People with depression might become less active and might even move and talk more slowly. Other common symptoms of depression include feelings of guilt, inadequacy, helplessness, and hopelessness about the future. (Day, Edgren, & Eshleman, 2007)

Anxiety Definition

Anxiety is the presence of excessive anxiety and worry about a variety of topics, events, or activities. Worry occurs more often than not for at least six months and is clearly excessive. The worry is experienced as very challenging to control. People who have anxiety can also experience edginess or restlessness, tiring easily, impaired concentration or feeling as though the mind goes blank, irritability, increased muscle aches or soreness, or difficulty sleeping. (Deborah R. Glasofer, 2021)

ADHD Definition

ADHD is characterized by a persistent pattern of inattention and/or hyperactivity/impulsivity that interferes with functioning or development. The symptoms relating to inattention could be making careless mistakes/lacking attention to detail, difficulty sustaining attention, failing to follow through on tasks and instructions, exhibiting poor organization and being easily distracted. If a person with ADHD is

experiencing symptoms of hyperactivity, these could take the form of fidgeting or squirming in their seat; experiencing feelings of restlessness; having difficulty engaging in quiet, leisurely activities; talking excessively; blurting out answers; having difficulty waiting their turn; or interrupting/intruding on others. (*Dsm-5® diagnostic criteria*, n.d.)

ASD Definition

Autism Spectrum Disorder (ASD) is a mental health condition characterized by deficits in social communication and interaction as well as restricted, repetitive patterns of behavior, interests, or activities. The deficits in social interaction can range from social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions. People with ASD may also have abnormalities with eye contact, body language, and facial expressions. They also might experience deficits in developing, maintaining, and understand relationships. Repetitive patterns of behavior could take the form of stereotyped or repetitive motor movements, use of objects, or speech; insistence on sameness in daily patterns, behaviors or schedules; or highly restricted, fixated interests that are abnormal in intensity or focus (Centers for Disease Control and Prevention, 2020).

Eating Disorders Definition

Eating disorders are behavioral conditions characterized by severe and persistent disturbance in eating behaviors and associated distressing thoughts and emotions. They can be very serious conditions affecting physical, psychological and social function. Types of eating disorders include anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant restrictive food intake disorder, other specified feeding and eating

disorder, pica and rumination disorder. Some symptoms of eating disorders include self-starvation and weight loss resulting in low weight for height and age; losing weight primarily by dieting, fasting or excessively exercising; binge eating and/or purging behaviors; low appetite and lack of interest in eating or food; or extreme food avoidance based on sensory characteristics of foods e.g. texture, appearance, color, smell (What are eating disorders?, n.d.).

APPENDIX D: DAY'S MENTAL ILLNESS STIGMA SCALE (MODIFIED)

1. I don't think that it is possible to have a normal relationship with someone with [a mental illness]. (Relationship Disruption)
2. I probably wouldn't know that someone has [a mental illness] unless I was told. (Visibility; reverse-scored)
3. It is easy for me to recognize the symptoms of [mental illnesses]. (Visibility)
4. I think that a personal relationship with someone with [a mental illness] would be too demanding. (Relationship Disruption)
5. A close relationship with someone with [a mental illness] would be like living on an emotional roller coaster. (Relationship Disruption)
6. [Mental illnesses] prevents people from having normal relationships with others. (Relationship Disruption)
7. I don't think that I can really relax and be myself when I'm around someone with [a mental illness]. (Anxiety)
8. Mental health professionals, such as psychiatrists and psychologists, can provide effective treatments for [mental illnesses]. (Professional Efficacy)

APPENDIX E: DEMOGRAPHIC QUESTIONNAIRE

How old are you? _____

What is your sex?

Male

Female

Non-Binary

Prefer not to answer

Based on credit hours, I am a:

Freshman (0-30 credit hours)

Sophomore (30-60 credit hours)

Junior (60-90 credit hours)

Senior (90-120 credit hours)

120??? LOL! I am so over I may as well move in.

Non-degree seeking student

Choose one or more races that you consider yourself to be:

White

Black or African American

American Indian or Alaska native

Asian

Native Hawaiian or Pacific Islander

Other _____

Prefer not to answer

Are you Spanish, Hispanic, or Latinx or none of these?

Yes

None of these

Is English the primary language currently spoken in your home?

Yes

No

Did you transfer to UCF?

Yes

No

Are you the first person in your family that has gone to college?

- Yes
- No

Are you currently serving in the Armed Forces?

- Yes
- No

Are you a Veteran who has served on active duty in the US Armed Forces?

- Yes
- No

What is your marital status?

- Single, never married
- Married
- Separated
- Divorced
- Widowed

Which statement best describes your current employment status?

- Currently not employed
- Work part-time 0-20 hours average per week
- Work 25-40 hours average per week
- Work more than 40 hours per week
- Prefer not to answer

What type of organizations are you currently involved with or plan to get involved with on campus or in your local community? (Select all that apply)

- UCF Athletics / NCAA
- Intramural Sports
- Greek
- Academic and Professional Organizations
- Religious groups
- Volunteer and service-related activities
- Multicultural Activities
- Other _____
- None, I'm not a joiner

Here is a 5-point scale on which the political views that people might hold are arranged from extremely conservative to extremely liberal. Where would you place yourself on this scale?

- Strongly liberal
- Somewhat liberal
- Neither liberal nor conservative
- Somewhat conservative

Strongly conservative

Did you vote in the 2020 election?

Yes

No

Who did you vote for in the 2020 national election?

Biden

Trump

Third Party candidate

No one

Have you ever been diagnosed with a mental health condition?

Yes

No

At what age were you diagnosed? _____

Did you receive treatment for this mental health condition? (i.e., therapy, medication, etc.)

Yes

No

What mental health condition were you diagnosed with? _____

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