

Mental illness stigma: does one's experience or contact with mental illness change one's willingness to befriend the mentally ill?

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Introduction

Objectives: To identify the relationship of people's friendliness toward the mentally ill with whether they have experience with mental illness or whether they know someone with a mental illness.

- Some people can become unfriendly upon knowing others' mental health condition. A lot of research suggested that the stigma attached to mental illness is based on the misunderstanding of what mental illnesses are like. Therefore, I wonder if increased knowledge with mental disorders (or experience with mental disorders) make people friendlier.

Research Hypotheses: It was assumed that people who personally have/had a mental disorder or know someone that has/had a mental disorder are more willing to be befriended by people with mental illness, and the two factors should be independent of each other (i.e. no interaction between the two variables).

Methods

Data Collection: Sample subjects come from random undergraduate student on UT campus and students who live in my building (on the intersection of 24th and San Antonio St.) 287 survey responses was obtained. The response of people disagreed to participate in this study was removed. Final sample size was 263.

Measures: For friendliness towards the mentally ill, people are asked to rate their willingness to be friend with someone with a mental disorder on a scale of 1-10. For experience and contact with mental illness, people simply need to answer yes or no.

Analysis Method: An ANOVA model was run in in R studio using R version 3.5.2 (2018-12-20).

Descriptives

Response Variable:

Table 1 – Friendliness toward the mentally ill (n=263)

	Median	IQR
Friendliness	7	3

Explanatory Variables:

Table 2 – Experience with mental illness (n=263)

	No	Yes
Experience	217	45

Table 3 – Contact with people with mental illness (n=263)

	No	Yes
Contact	86	176

Results

Results table:

Table 4 – Model Results

	Sum of Squares	F value	P-value
Experience	46.3	10.613	0.001
Contact	19.7	4.523	0.034
Interaction	6.68	1.533	0.217

Adjust R square = 6.82%

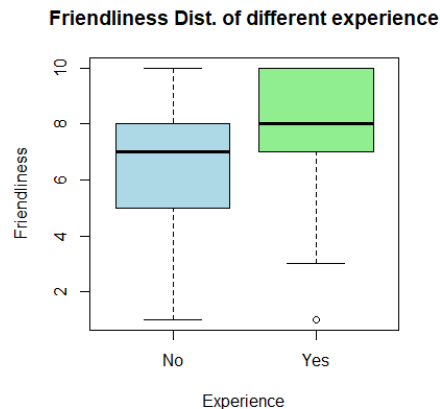


According to the test results, there is not a significant interaction among the two variables ($F = 1.53$, $p\text{-value} = 0.217$). Both contact and experience have a significant effect on Friendliness. But contact and experience does not have an interaction in terms of affecting people's friendliness toward the mentally ill.

Assumptions

- Random Sample and Independent observations
 - When collecting data from people who live in the same building as me, it is assumed that housing decision has nothing to do with confounding variables such as gender, race, or religion. However, rent price does have something to do with the financial level of the student which may be a potential confounding variable (fortunately, the place provides different floor plans from not very expensive to extremely expensive). Therefore, data from random people on campus was also collected.

- The groups appear to be negatively skewed – failed assumption (see graph)



- Equal variance among all group – checked by Levene's test (Friendliness vs. Experience: $F = 0.40$, $p\text{-value} = 0.52$; Friendliness vs. Contact: $F = 1.34$, $p\text{-value} = 0.25$)

Discussion

Interpretation: The result matched our hypotheses in terms of both main effects and interaction. According to the ANOVA model, people who have experience with mental illnesses are friendlier to people who do not ($F = 10.61, p < 0.05$), and people who know someone that has experience with mental illnesses (the contact variable) are also friendlier to people who do not ($F = 4.52, p < 0.05$). There is no interaction between having experience with mental illnesses or people who know someone that has experience with mental illnesses ($F = 1.53, p > 0.05$). Since there are only two groups for each variable, no post-hoc analysis is needed.

Limitations:

- Although I tried to randomize my sample, there is still a convenient sampling issue. Besides that, there is also a volunteer bias. People have refused to fill out the survey, and there is no way data can be forcibly collected from them.
- The data is negatively skewed for each group, which failed the normal distribution assumption.
- People who choose to seek help and obtain a mental health diagnosis are most likely already have a less stigmatizing attitude toward mental illness. Besides that, people with mental illness will probably only disclose their mental health condition to someone they consider understanding enough and have a less stigmatizing attitude toward mental illness.

Implications and Future Research:

It confirms similar studies that was done with the past, which shows that exposure to mental illness (either self-experience or knowing someone with one) help with reducing the stigma of mental illness. The research can be expanded in several different directions. For example, the question can be more specified, and scores can be obtained for different types of mental illness, or just for psychosis and neurosis. Besides that, what people think of the mentally ill (e.g. Are the dangerous to others? Is it treatable? Are the symptoms the person's fault?) is also a potential topic of investigation to identify the kind of misunderstandings or perceptions that lead to rejection of the mentally ill.

Personally, if I would conduct this study again, I would narrow the study to only a type of mental illness to make it more specific, and perhaps provide a scenario or symptom to give the respondents a clearer sense as to what does the “mentally ill” means. The term mental illness is very generalized and contains a broad range of illness and symptoms. By doing making the question more specific and provide more information about the illness, I can obtain the friendliness score specific to a mental illness and get a more accurate score.

References:

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