The Effect of Information and Prior Contact on Attitudes Towards Mental Illness

AMANDA HAHN
Communicated by : Dr. Catherine Borshuk
Department of Psychology

ABSTRACT

This study investigated whether participants given information about mental illness would have less negative attitudes towards the mentally ill than those given no information. Eighty introductory psychology students were randomly assigned to one of two conditions. One condition read an article giving facts of mental illness and the other an article on exercise. In both conditions people were measured on their attitudes towards the mentally ill. Prior contact with a person with mental illness was also assessed. Results found that participants given information on mental illness had significantly less negative attitudes towards the mentally ill. It was also found that prior contact was not a determinant in attitude differences towards the mentally ill.

The purpose of this study is to find ways that help correct ignorance and faulty thinking about the mentally ill, so people will have less negative attitudes towards these individuals. If people are given accurate information about mental illness, which may lead to less negative attitudes, the mentally ill will be able to have a better quality of life. For example, they may have higher levels of self-esteem, better relationships with others, and be able to get jobs and rent apartments. This study has two hypotheses:

1. People who are presented with accurate information on mental illness will show less negative attitudes towards individuals with mental illness than people who are given no information about mental illness.

2. People who have had prior contact with individuals with mental illness will show less negative attitudes towards these individuals.

Many people have negative or prejudiced attitudes towards mentally ill individuals. These attitudes may arise due to the lack of accurate information about mental illness or the lack of contact with individuals with mental illness. A previous study researched the impact of education or information on people's attitudes towards the mentally ill. The study found that those who have more knowledge about mental illness are less likely to endorse negative or stigmatizing attitudes (Corrigan, River, et al., 2001). Research has also found that a lack of familiarity is associated with prejudiced and negative attitudes about those with mental illness (Corrigan, Green, Lundin, Kubiak, & Penn, 2001).

Prior research has shown when participants are given accurate information about mental illness, they have less negative attitudes and feel less fear towards these individuals (Penn et al., 1994; Penn et al., 1999; Corrigan, River et al., 2001). The mentally ill are labeled as "different" and are viewed negatively by others, which can have several implications (Penn et al., 1994). Stigmatization can lower a person's self-esteem, contribute to disrupted family relationships, and affect employability. Research by Penn et al. (1994) was done to see what type of information would be best in reducing negative and stigmatizing attitudes towards schizophrenia. The researchers found that participants who received more information on post-treatment living arrangements for schizophrenics had fewer stigmatizing attitudes. Participants who were informed of the current living conditions of the subjects, for instance that they were living at home, had less negative or stigmatizing attitudes towards these mentally ill individuals.

Negative attitudes toward the mentally ill may create barriers to both recovery and full integration into the community. A study was done to identify what information on schizophrenia and other mental illnesses would reduce the feelings of being in danger by individuals with these illnesses (Penn et al., 1999). The results showed that participants who were given information about the prevalence rates of violent behavior with schizophrenia and other mental illnesses rated these individuals as less dangerous.

Social stigma and negative attitudes can effect the quality of life for people with mental illness. For example, individuals with mental illness are less likely to be hired for jobs or leased apartments. A research study was done to show the different effects that education, contact, and protest have on stigmatizing attitudes or on attributions about schizophrenia and other mental illnesses (Corrigan, River, et al., 2001). Findings of this study suggest that education had a positive effect on attitudes towards individuals with psychiatric disabilities. For example, participants who were in the education condition were more willing to admit that the mentally ill benefit from therapy and have the potential to recover. Those in the contact condition showed improved attitudes towards the depression and psychosis groups. The participants in the protest condition yielded no

significant attitude changes towards individuals with psychiatric disabilities.

Research has also shown that people who have had prior contact with the mentally ill will have less stigmatizing or negative attitudes towards people with mental illness. In one study, Penn et al. (1994) had participants complete a demographic questionnaire to find out if they knew anyone with a mental illness, and they concluded that those with prior contact perceived the mentally ill as less dangerous. Participants completed a demographic questionnaire in another study that asked if they knew someone with a mental illness (Penn et al., 1999). The results showed that participants with previous contact rated individuals with mental illness as less dangerous.

Corrigan, Green, et al. (2001) assessed familiarity of the mentally ill using the Level of Contact Report, in which participants would check the most intimate situations. For example, the least intimate situation would be, "I have never observed a person that I was aware of that had a serious mental illness". Familiarity was defined as knowledge of and experience with mental illness. They concluded that individuals more familiar with mental illness are less likely to have stigmatizing or prejudiced attitudes towards people with mental illnesses. The level of Contact Report was used in another study in which they found that people who are familiar with mental illness are less likely to believe that individuals with a mental illness are dangerous (Corrigan, Edwards, Green, Diwan, & Penn, 2001).

Method

Participants

Eighty introductory psychology students from Indiana University of South Bend (IUSB) and the Indiana University Elkhart Center participated in this study. They each received extra credit for their participation.

Measures

The participants were randomly assigned to either the experimental or control condition. Participants in the experimental condition read an article entitled "Mental Illness," which included excerpts from popular articles written by advocates of the mentally ill (Carter, 1998; "Myths" 1999; "Stigma" 2001). These articles defined what mental illness was and then discussed five categories of mental illness, including anxiety and mood disorders, schizophrenia, dementias, and eating disorders. Some statistics of mental illness were presented, and famous people who have mental illness were discussed. The stimulus articles expressed that people with mental illness can lead normal lives such as going to school, working, and living at home. The articles explain the stigmatization and negative attitudes that go along with mental illness and the myths that have occurred. For example, many people fear those with mental illness because they think these people are violent. This myth as well as others was discussed and replaced by the facts. Some common questions concerning mental illness were answered, such as "Are people born with mental illness?" Lastly, some suggestions were given to help decrease negative attitudes that coincide with mental illness. The control condition read an article entitled "What is Pilates?" which had nothing to do with mental illness (Siler, 2000).

The dependent variable was measured through a questionnaire regarding attitudes towards mental illness. The scale was a modified version of the questionnaire, Opinions about Mental Illness in Chinese Community (OMICC) (Ng & Chan, 2000). The OMICC scale had 33 items that formed 6 factors. The items were constructed from the Opinion of Mental Illness (OMI) scale and a small survey with health professionals. The OMICC scale had yielded a Cronbach's Alpha of 0.87. This modified version had a total of 34 items that could also be broken up into the same six factors or subscales (Refer to Appendix A). The six subscales were:

1. Separatism, identified by items that emphasize the uniqueness of people with mental illness and keeping them away at a safe distance;
2. Stereotyping, characterized by items that define people with mental illness in a certain behavioral pattern and mental ability
3. Restrictiveness, defined by items that hold an uncertain view on the rights of people with mental illness;
4. Benevolence, identified by items related to kindness towards people with a mental illness;
5. Pessimistic prediction, identified as the view that people with mental illness are unlikely to improve and how society treats them is not optimistic;
6. Stigmatization, identified by items that perceive mental illness as shameful, and it should be hidden.

For each item, the participants responded on a 5-point Likert scale (1 = totally disagree to 5 = totally agree).

After the participants were given the attitude scale, both the experimental and control groups answered the question of whether they have had prior contact with someone with a mental illness. They could respond in one of three ways: yes, no, or not sure.

Procedure

The participants were randomly chosen to read one of the two articles. They were given an instruction sheet that told them to read the article they were given and not to worry about memorizing the information, but to read it to get a full understanding of what it was saying. They were told to take their time, that there was no rush. When they were finished, they were given the attitude scale for mental illness. They were told "there are no right or wrong answers; it is just your opinion." When they finished the attitude scale, they had to answer the question of whether they have had prior contact with someone with a mental illness. Each participant spent about 15 to 25 minutes to complete the study. The researcher tested the participants at IUSB in groups in a conference room. The participants at Indiana University Elkhart Center were given the testing material by a professor and were told to return the material when completed.

Results

Some items on the modified OMICC scale had to be re-coded so the higher number reflected the least negative response. The 34 items on this scale yielded a Cronbach's Alpha of 0.87, showing high internal consistency among scale items. A reliability analysis was run on each subscale as well. Aside from stigmatization, the alpha levels ranged from adequate to excellent, with restrictiveness yielding the highest score of 0.79, showing high internal consistency. The Cronbach's Alpha for each subscale can be found in Table 1.

Table 1 : Mean Attitudes for the Experimental and Control Groups and Alpha Levels for Each Factor

	Condition	n	M	SD	Cronbach's α
Benevolence	Experimental	40	1.70	0.49	0.64
	Control	40	2.01	0.53	0.64
Separatism	Experimental	40	1.91	0.42	0.74
	Control	40	2.31	0.47	0.74
Stereotyping	Experimental	40	2.00	0.49	0.73
	Control	40	2.44	0.84	0.73
Restrictiveness	Experimental	40	1.41	0.44	0.79
	Control	40	2.13	0.84	0.79
Pessimistic	Experimental	40	2.90	0.69	0.58
	Control	40	3.23	0.73	0.58
Stigmatization	Experimental	40	1.57	0.41	0.39
	Control	40	1.74	0.57	0.39

Note: Attitudes were measured on a 5-point Likert scale.

Legend:
n - Number of participants
M - Mean (arithmetic average)
SD - Standard deviation
Cronbach's α - Consistency among scale items

The mean scores for the experimental and control groups are also listed in Table 1. All six subscales showed a lower mean score for the experimental group, reflecting less negative attitudes toward people with mental illness. Each of the 34 scale items showed a lower mean score for the experimental group, once again reflecting less negative attitudes towards people with mental illness.

An independent samples t-test was performed on each of the six subscales. Bonferonni's criterion for multiple t-tests was used, with p being significant at the $p < 0.0083$ levels. The differences in means for four of the six subscales, benevolence, separatism, stereotyping, and restrictiveness were statistically significant.

Table 2
Independent Samples T-Test for the Six Factors

	t	*df*	p
Benevolence	-2.72	78	.008
Separatism	-3.96	78	.000
Stereotyping	-2.88	78	.005
Restrictiveness	-4.72	78	.000
Pessimistic	-2.08	78	.040
Stigmatization	-1.58	78	.119

Legend:
t - Computed value of t-test
df - Degrees of freedom
p - Probability

This shows that the experimental group that received the reading on mental illness expressed significantly less negative attitudes on all of these subscales. The only subscales not statistically significant in the difference of the means were stigmatization and pessimistic prediction. A one-way analysis of variance (ANOVA) was run to test the three conditions of prior contact, yes, no, and not sure, to determine if prior contact influenced the participants' attitudes towards the mentally ill. Results showed that prior contact was not a determinant in participants having less negative attitudes towards the mentally ill, $F(2, 77) = 2.61$, $p > 0.05$ (Refer to Tables 3 and 4).

Discussion

The results supported the hypothesis that participants who were given accurate information and educated about mental illness had less negative attitudes towards people with mental illness than those not given information. Therefore, the results also supported the prediction that the participants in the control group, who did not read information on mental illness, had more negative attitudes towards people with mental illness. The hypothesis that participants with prior contact with someone with a mental illness would have less negative attitudes was not supported. The majority of the participants reported having prior contact with someone with a mental illness, which did not allow for an adequate comparison between those familiar and those unfamiliar with the issue.

Table 3

Mean Difference of Prior Contact Conditions with the Mentally Ill

	n	M	SD
Not Sure	12	2.25	0.38
Yes	64	2.08	0.44
No	4	2.52	0.29
Total	80	2.13	0.43

Legend:
n - Number of participants
M - Mean (arithmetic average)
SD - Standard deviation

Table 4
Analysis of Variance on Prior Contact Conditions

Sources	SS	df	MS	F	p
Between groups	0.945	2	0.48	2.61	0.080
Within groups	13.95	77	0.18		
Total	14.89	79			

Legend:
SS - Sum of squares
df - Degrees of freedom
MS - Mean square
F - Fisher's F ratio
p - Probability

Previous research findings are consistent with findings from this study, suggesting that when people are educated about the mentally ill they show less negative attitudes towards the mentally ill (Corrigan, Edwards, et al., 2001). Other researchers have found similar results, that individuals who are more familiar with mental illness, through school learning, are less likely to endorse prejudicial attitudes towards the mentally ill (Corrigan, Green, et al., 2001).

From these results, it can be suggested that if the public became more aware of mental illness they might have less negative attitudes towards the mentally ill. The effect might mean an improvement in the lives of the mentally ill, such as higher levels of self- esteem, better relationships with others, and a better chance of obtaining jobs and apartments.

This study has its limitations, most of which involve sampling issues. Participants in this study consisted of a fairly small number of college students. Therefore, the results of this study may not be representative of the U.S. population. A larger sample may have allowed for more variation among participants level of prior contact with the mentally ill. This study did not find out how participants in the control group defined mental illness, which might have had an effect on the results.

Future research might consider using a more representative sample, and may attempt to find out the level of knowledge a person has about mental illness before their attitudes are measured. Studies could be done that measure participants' attitudes before and after completing the assigned condition and see what conditions produce the less negative attitudes. Also, research could be done to see whether people who have gained knowledge about the mentally ill and have shown less negative attitudes, will continue to endorse these less negative attitudes months or years later. Instead of asking participants if they have had prior contact with someone with a mental illness, a more specific question could be asked such as, "Do you have a close family member or friend that has a mental illness?"

This study has shown how people can have less negative attitudes towards the mentally ill. The four factors, separatism, stereotyping, restrictiveness, and benevolence were all affected by presentation of accurate information on mental illness. Specifically, in the current research, people who were educated about mental illness demonstrated less harsh attitudes towards individuals with mental illness. People were more accepting of the mentally ill and expressed less need to be separated from them. They held fewer stereotypes such as disagreeing with the statement that people with mental illness have a lower I.Q. They supported the rights of people with mental illness by believing they can recover and lead normal lives. Lastly, people who were presented with accurate information expressed more benevolence; they believed in expressing tolerance and support for the mentally ill in all situations.

Appendix A

Attitude Scale for Mental Illness

(A modified version of the questionnaire, Opinions about Mental Illness in the Chinese Community (OMICC) (Ng & Chan, 2000)).

Legend for Questionnaire:
S - Separatism
St - Stereotyping
R - Restrictiveness
B - Benevolence
P - Pessimistic prediction
Stig - Stigmatization

1. (S) People with mental illness have unpredictable behavior.

(a) Totally disagree
(b) Almost totally disagree
(c) Sometimes agree
(d) Almost totally agree
(e) Totally agree

2. (S) If people become mentally ill once, they will easily become ill again.

(a) Totally disagree
(b) Almost totally disagree
(c) Sometimes agree
(d) Almost totally agree
(e) Totally agree

3. (S) If a mental health facility is set up in my street or community, I will move out of the community.

(a) Totally disagree
(b) Almost totally disagree
(c) Sometimes agree
(d) Almost totally agree
(e) Totally agree

4. (S) Even after a person with mental illness is treated, I would still be afraid to be around them.

(a) Totally disagree
(b) Almost totally disagree
(c) Sometimes agree
(d) Almost totally agree
(e) Totally agree

5. (S) Mental patients and other patients should not be treated in the same hospital.

(a) Totally disagree
(b) Almost totally disagree
(c) Sometimes agree
(d) Almost totally agree
(e) Totally agree

6. (S) When a spouse is mentally ill, the law should allow for the other spouse to file for divorce.

(a) Totally disagree
(b) Almost totally disagree
(c) Sometimes agree
(d) Almost totally agree
(e) Totally agree

7. (S) People with mental illness tend to be violent.

(a) Totally disagree
(b) Almost totally disagree
(c) Sometimes agree
(d) Almost totally agree
(e) Totally agree

8. (S) People with mental illness are dangerous.

(a) Totally disagree
(b) Almost totally disagree
(c) Sometimes agree
(d) Almost totally agree
(e) Totally agree

9. (S) People with mental illness should be feared.

(a) Totally disagree
(b) Almost totally disagree
(c) Sometimes agree
(d) Almost totally agree
(e) Totally agree

10. (St) It is easy to identify those who have a mental illness.

(a) Totally disagree
(b) Almost totally disagree
(c) Sometimes agree
(d) Almost totally agree
(e) Totally agree

11. (St) You can easily tell who has a mental illness by the characteristics of their behavior.

(a) Totally disagree
(b) Almost totally disagree
(c) Sometimes agree
(d) Almost totally agree
(e) Totally agree

12. (St) People with mental illness have a lower I.Q.

(a) Totally disagree
(b) Almost totally disagree
(c) Sometimes agree
(d) Almost totally agree
(e) Totally agree

13. (St) All people with mental illness have some strange behavior.

(a) Totally disagree
(b) Almost totally disagree
(c) Sometimes agree
(d) Almost totally agree

(e) Totally agree

14. (R) It is not appropriate for a person with mental illness to get married.

    (a) Totally disagree
    (b) Almost totally disagree
    (c) Sometimes agree
    (d) Almost totally agree
    (e) Totally agree

15. (R) Those who have a mental illness cannot fully recover.

    (a) Totally disagree
    (b) Almost totally disagree
    (c) Sometimes agree
    (d) Almost totally agree
    (e) Totally agree

16. (R) Those who are mentally ill should not have children.

    (a) Totally disagree
    (b) Almost totally disagree
    (c) Sometimes agree
    (d) Almost totally agree
    (e) Totally agree

17. (R) There is no future for people with mental illness.

    (a) Totally disagree
    (b) Almost totally disagree
    (c) Sometimes agree
    (d) Almost totally agree
    (e) Totally agree

18. (B) People with mental illness can hold a job.

    (a) Totally disagree
    (b) Almost totally disagree
    (c) Sometimes agree
    (d) Almost totally agree
    (e) Totally agree

19. (B) The care and support of family and friends can help people with mental illness to get rehabilitated.

    (a) Totally disagree
    (b) Almost totally disagree
    (c) Sometimes agree
    (d) Almost totally agree
    (e) Totally agree

20. (B) Corporations and the community (including the government) should offer jobs to people with mental illness.

    (a) Totally disagree
    (b) Almost totally disagree
    (c) Sometimes agree
    (d) Almost totally agree
    (e) Totally agree

21. (B) After a person is treated for mental illness they can return to their former job position.

    (a) Totally disagree
    (b) Almost totally disagree
    (c) Sometimes agree
    (d) Almost totally agree
    (e) Totally agree

22. (B) The best way to help those with a mental illness to recover is to let them stay in the community and live a normal life.

    (a) Totally disagree
    (b) Almost totally disagree
    (c) Sometimes agree
    (d) Almost totally agree
    (e) Totally agree

23. (B) After people with mental illness are treated and rehabilitated, we still should not make friends with them.

    (a) Totally disagree
    (b) Almost totally disagree
    (c) Sometimes agree
    (d) Almost totally agree
    (e) Totally agree

24. (S) After people with mental illness are treated, they are still more dangerous than normal people.

    (a) Totally disagree
    (b) Almost totally disagree
    (c) Sometimes agree
    (d) Almost totally agree
    (e) Totally agree

25. (B) It is possible for everyone to have a mental illness.

    (a) Totally disagree
    (b) Almost totally disagree
    (c) Sometimes agree
    (d) Almost totally agree

(e) Totally agree

26. (B) We should not laugh at the mentally ill even though they act strangely.

(a) Totally disagree
(b) Almost totally disagree
(c) Sometimes agree
(d) Almost totally agree
(e) Totally agree

27. (P) It is harder for those who have a mental illness to receive the same pay for the same job.

(a) Totally disagree
(b) Almost totally disagree
(c) Sometimes agree
(d) Almost totally agree
(e) Totally agree

28. (P) After treatment it will be difficult for the mentally ill to return to the community.

(a) Totally disagree
(b) Almost totally disagree
(c) Sometimes agree
(d) Almost totally agree
(e) Totally agree

29. (P) People are prejudiced towards those with mental illness.

(a) Totally disagree
(b) Almost totally disagree
(c) Sometimes agree
(d) Almost totally agree
(e) Totally agree

30. (P) It is hard to have good friends if you have a mental illness.

(a) Totally disagree
(b) Almost totally disagree
(c) Sometimes agree
(d) Almost totally agree
(e) Totally agree

31. (Stig) It is seldom for people who are successful at work to have a mental illness.

(a) Totally disagree
(b) Almost totally disagree
(c) Sometimes agree
(d) Almost totally agree
(e) Totally agree

32. (Stig) It is shameful to have a mental illness.

(a) Totally disagree
(b) Almost totally disagree
(c) Sometimes agree
(d) Almost totally agree
(e) Totally agree

33. (Stig) Mental illness is a punishment for doing some bad things.

(a) Totally disagree
(b) Almost totally disagree
(c) Sometimes agree
(d) Almost totally agree
(e) Totally agree

34. (Stig) I suggest that those who have a mental illness do not tell anyone about their illness.

(a) Totally disagree
(b) Almost totally disagree
(c) Sometimes agree
(d) Almost totally agree
(e) Totally agree

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Amanda Hahn will be graduating on May 7, 2002 with a Bachelor of Arts in Psychology. She plans to continue her education at Valparaiso University in the Master of Arts Clinical Mental Health Counseling Program. She wrote this research paper for P421, *Laboratory in Social Psychology.* Her professor for this class was Catherine Borshuk. The topic of mental illness interests her because she works with patients who are mentally ill, at a mental health hospital called Behavioral Health Care of Northern Indiana.