

# Attitudes Toward Psychiatric Disorders and Related Stimuli Among College Students

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## Abstract

We examined how college students of different majors perceive psychiatric disorders and the related stimuli of psychiatric hospitals, medication and therapy. Participants included 155 students majoring in the areas of Arts & Sciences, Nursing, Business, and Education. Results demonstrated that a psychiatric disorder-related educational background was related to higher comfort interacting with those with psychiatric disorders and increased perception of therapy as an effective treatment.

## Introduction

- People with psychiatric disorders have continued to be unfairly categorized in our modern society. It has been suggested that having a psychiatric disorder can expose an individual to unwanted negative thoughts and discrimination, even if they have previously been treated (Link, 1987).
- Boysen and Vogel (2008) found that preexisting attitudes affected stigma when an educational intervention was implemented among college students. Educational intervention increased the positivity of already positive attitudes toward psychiatric disorders, while prior negative attitudes increased in negativity after the intervention.
- We sought to add to the mental health stigma literature by directly examining college student perceptions of psychiatric hospitals and psychiatric disorder treatments in relation to academic coursework background.

## Method

- One hundred fifty-five Holy Family University students were surveyed. The average age of participants was  $M=21.78$  years old, with most of the participants being female (78.7%;  $n=122$ ).
- The sample included 29 psychology students (18.7% of the sample), with the other participants coming from many different academic areas. Nursing was the most common major represented (41.3%;  $n=64$ ).
- Participants completed a questionnaire designed to evaluate their comfort with and attitudes toward individuals with psychiatric disorders, psychiatric hospitals, and medication and therapy as treatment options for schizophrenia, bipolar disorder, and panic disorder.

Table 1. Means and Standard Deviations for Significant Differences

	Had Psychiatric Disorder Coursework	Did Not Have Psychiatric Disorder Course Work
Comfort with Volunteering at Psychiatric Hospital <sup>1</sup>	3.80 (1.06)	3.28 (1.22)
Comfort with Interacting with Person Currently Being Treated at Psychiatric Hospital <sup>1</sup>	3.74 (1.05)	2.94 (1.22)
Comfort with Interacting with Person Being Treated with Therapy for Panic Disorder <sup>1</sup>	3.83 (.93)	3.48 (1.04)
Comfort with Interacting with Person Being Treated with Medication for Panic Disorder <sup>1</sup>	3.83 (.94)	3.43 (.98)
Comfort with Interacting with Person Being Treated with Therapy for Bipolar Disorder <sup>1</sup>	3.51 (.97)	3.20 (.92)
Comfort with Interacting with Person Being Treated with Medication for Bipolar Disorder <sup>1</sup>	3.68 (.93)	3.29 (.93)
Willingness to Befriend Someone with Previous Psychiatric Disorder <sup>2</sup>	4.99 (.95)	4.51 (1.13)
Belief that Someone with a Previous Psychiatric Disorder is as Trustworthy <sup>2</sup>	4.69 (1.06)	4.29 (1.16)
Belief that Someone with a Previous Psychiatric Disorder is as Intelligent <sup>2</sup>	5.14 (.87)	4.70 (1.09)

<sup>1</sup>Comfort Scale: 1=Extremely Uncomfortable to 5=Extremely Comfortable.

<sup>2</sup>Discrimination-Devaluation Measure (Link, 1987): 1=Strongly Disagree to 6=Strongly Agree.

## Results

- Students with psychiatric disorder-related coursework did not demonstrate significant differences in comfort with interacting with individuals receiving treatment for schizophrenia (therapy,  $t(147)=-.057$ ,  $p=.954$ ; or medication,  $t(147)=1.970$ ,  $p=.051$ ).
- Likewise, there was not a significant difference in willingness to date a person with a previous psychiatric disorder,  $t(146)=1.178$ ,  $p=.241$ .

## Results

Students with psychiatric disorder-related coursework indicated:

- More comfort with volunteering,  $t(132)=2.717$ ,  $p=.007$ , and interacting with a patient being treated at a psychiatric hospital,  $t(147)=4.267$ ,  $p<.001$ .
- More comfort interacting with a person being treated with therapy,  $t(147)=2.157$ ,  $p=.033$ , or medication,  $t(147)=2.483$ ,  $p=.014$ , for panic disorder.
- More comfort interacting with a person being treated with therapy,  $t(147)=1.995$ ,  $p=.048$ , or medication,  $t(147)=2.535$ ,  $p=.012$ , for bipolar disorder.
- Increased willingness to befriend,  $t(133)=2.781$ ,  $p=.006$ , belief in trustworthiness,  $t(146)=2.152$ ,  $p=.033$ , and belief in intelligence,  $t(129)=2.710$ ,  $p=.008$ , regarding a person with a previous psychiatric disorder.
- Students who specifically took Abnormal Psychology considered therapy to be a significantly more effective treatment for panic disorder than those without the course,  $t(148)=2.571$ ,  $p=.011$ .

## Discussion

- The goal of the current study was to raise awareness to attitudes of college students regarding mental illness stigma.
- Based on the results described, there is indication that having coursework that discusses psychiatric disorders may be related to student attitudes.
- Practical applications may be implemented based on these findings, such as colleges providing resources and information to students to raise awareness of mental illness in society.

### References

- Boysen, G. A., & Vogel, D. L. (2008). Education and mental health stigma: The effects of attribution, biased assimilation, and attitude polarization. *Journal of Social and Clinical Psychology, 27*, 447-470.
- Link, B. G. (1987). Understanding labeling effects in the area of mental disorders: An assessment of the effects of expectations of rejection. *American Sociological Review, 52*, 96-112.