2018

Potential Biases and Social Stigmas Toward Mental Health on Georgia Southern's Campus

Brandi N. Hawkins
Georgia Southern University

Potential Biases and Social Stigmas
Toward Mental Health on Georgia Southern's Campus

An Honors Thesis submitted in partial fulfillment of the requirements for Honors in the *School of Nursing, College of Health and Human Sciences*

By
Brandi Hawkins

Under the mentorship of *Dr. Pamela Worrell-Carlisle, PhD, CHPN, MA, RN*

ABSTRACT

Aims: The purpose of this study is to examine the potential biases and social stigmas toward mental health on Georgia Southern's campus. The research questions explored are as follows: (1) Are there mental health biases on campus? (2) Are there any differences between college, class status, marital status, race, age, or gender in terms of mental health bias? (3) Do students feel as though there are available resources on campus? (4) Do students feel comfortable reaching out for help?

Methods: Data was collected from 350 undergraduate students over the age of 18 via a Likert-style questionnaire. The questionnaire consisted of a total of 27 questions.

Results: 94% of participants desired an ability to make an online counseling appointment in a secure manner; 67.4% of participants did not believe that the media accurately represented mental illness; and 64.6% of participants would be more inclined to seek help for a mental illness if friends or family were more accepting.

Conclusions: According to the study, it is evident that campus resources could be more accessible to students. It is also evident that students are more inclined to reach out for help and utilize resources if they feel more accepted by their friends or family.

Keywords: mental illness, college students, stigma, counseling services

Thesis Mentor: _____
Dr. Pamela Worrell-Carlisle, PhD, CHPN, MA, RN

Honors Director: _____
Dr. Steven Engel, PhD

April 2018
School of Nursing
University Honors Program
Georgia Southern University

Potential Biases and Social Stigmas

Toward Mental Health on Georgia Southern's Campus

Research reveals that there are negative attitudes towards individuals with mental illness among the general population. With this being so, the National Institute of Mental Health (NIMH) states that 1 in every 5 adults suffers from a diagnosed mental disorder in a given year (Phelan & Basow, 2007). Approximately 75% of mental illness disorders have an initial occurrence before or at the age of 24, which is roughly when most individuals are in college (Eisenberg, Downs, Golberstein, & Zivin, 2009). When nearly 50% of youth in the United States attend some variation of college, it is important to note that colleges could be a huge resource for individuals with mental illness if it is identified early (Eisenberg et al., 2009). Still, even with some college resources, there is evidence that students do not receive the help they need, and it is likely attributed to the negative stigma that surrounds mental illness (Gruttadaro & Crudo, 2012). The major focuses of this study include determining what college students' attitudes and beliefs are about mental illness as well as what can be done to help these students receive the resources and help they need. If this could be determined, then necessary steps could be taken to address these attitudes and beliefs.

Review of Literature

The review will focus on key concepts such as what types of stigmas exist, how stigmas differ between different mental illness diagnoses, how violence is associated with mental illness, what resources are currently available, and what interventions are recommended. Upon discussion of these, it is noted what research has been consistent among studies, what research is contradicting between studies, and what research seems

to be absent. Discover, including Galileo, offered through Georgia Southern University is largely used as the database to search for peer-reviewed journal articles surrounding the topic and question at hand. In addition, Google is used at times to look up websites ending in .org, .gov, and .edu. Key words that were searched include: mental illness, college students, stigma, resources, and diagnoses. Colleges throughout the United States have been reporting large increases in the prevalence and severity of mental health conditions experienced by students, and stigma is considered to be one of the greatest obstacles to students receiving help (Gruttadaro & Crudo, 2012; Meier, Csiernik, Warner, & Forchuk, 2015). Therefore, the purpose of this literature review is to discuss existing research on the topic of mental illness biases among college students, particularly with the hopes of looking into future interventions that could be used on college campuses to improve attitudes and help-seeking behavior of those who need it.

Types of Stigmas

The stigma towards mental illness has even been identified by national policy makers as a barrier to receiving needed help and resources (Wood, Birtel, Alsawy, Pyle, & Morrison, 2014). This stigma can been defined as "a feeling of being negatively differentiated owing to a particular condition, group membership or state in life" (Meier et al., 2015, pg. 213). It is important to note that there is no single cause of stigma but that it has multiple interconnecting sources stemming from people's misconceptions about those who live with mental illness (Meier et al., 2015). The main types of stigma include public stigma, perceived public stigma, personal stigma, and self-stigma (Meier et al., 2015). For the purposes of this literature review, public stigma and perceived public stigma will be combined and discussed in comparison to the combined personal and self-

stigma. As noted by Eisenberg et al. (2009), "concepts of stigma often develop sequentially once public stigma is present" (pg.523). An individual will recognize this public stigma and what he or she may make of this public stigma is the perceived public stigma. With this perceived public stigma, an individual will form and determine his or her own personal attitudes and beliefs, which is coined as personal stigma (Eisenberg et al., 2009). How this individual applies this personal stigma to himself or herself is then known as self-stigma (Eisenberg et al., 2009). Personal stigma may or may not be the same as the public or the perceived public stigma, and it is the personal stigma that ultimately determines whether an individual will apply stigmatizing attitudes to the self (Eisenberg et al., 2009).

Public & Perceived Public Stigma. The first types of stigmas to discuss are public and perceived-public stigma. Wood et al. (2014) discusses how these stigmas are comprised of negative attitudes commonly referred to as prejudice and stereotypes. It is the prejudice and stereotypes that discriminates against individuals with mental illness (Wood et al., 2014). Because human beings are known to internalize these things, it can hinder individuals from receiving services and help due to the fear or embarrassment of being criticized or discriminated against (Eisenberg et al., 2009; Wood et al., 2014). In a study conducted by Eisenberg et al. (2009), many respondents reported high perceived public stigma and low personal stigma, but no respondents reported the opposite. This supports that the idea that public and perceived public stigma influences an individual's personal and self-stigma.

Personal & Self-Stigma. As mentioned above, individuals are known to internalize stigma (Meier et. al., 2015). This type of stigma refers to the personal shame,

withdrawal, and loss of self-esteem that individuals may feel as a result from hearing or seeing the negative attitudes of the public and perceived public stigma (Meier et al., 2015). Withdrawal is important to note as Al-Naggar (2013) notes that often those with mental illness will face a sequential effect of social isolation, social distancing, unemployment, homelessness, and then institutionalization. If an individual himself holds a similar negative view as the perceived public view, then it will likely hinder that individual from receiving help (Eisenberg et. al, 2009). This is because that person would have to acknowledge that he or she has a mental health issue and reaching out for help, in his or her own held view, would cause a decrease in his or her own self-esteem (Eisenberg et al., 2009). In fact, it was found that 77.2% of respondents in 2014 and over 52.8% of respondents in 1976 agree to the statement: 'mental illness harms the reputation more than a physical disease', meaning that there are more people who believe mental illness to be more shameful than other physical illnesses (Mirnezami, Jacobsson, & Edin-Liljegren, 2016; Al-Naggar, 2013). As noted by Meier et al. (2015) in their research study, individuals with higher self-stigma were less likely to tell friends of their mental illness, felt that their mental illness did not make them stronger, and thought that having a mental illness made life more unfair (Meier et al., 2015). Therefore, a higher personal stigma is associated with a decrease in help-seeking behavior among both adults and adolescents (Eisenberg et al., 2009).

Diagnostic Category Differences and Violence

Extensive evidence across studies show that certain mental health diagnoses are viewed more negatively than others (Wood et al., 2015). A study conducted by Wood et al. (2015) shows that public perceptions vary across different diagnoses with the general

public viewing some diagnoses as being more dangerous, more impulsive, and more to blame. For example, individuals diagnosed with schizophrenia have a higher stigma associated with them due to the public belief that these individuals are more dangerous and unpredictable than other individuals with mental illness (Wood et al., 2015). In fact, Meier et al. (2015) found in their study that approximately 70% of respondents viewed individuals with schizophrenia, alcoholism, or drug addiction as more dangerous (Meier et al.2015). Meier et al. (2015) also found that 45% of respondents found depression to also be unpredictable with 20% of respondents labeling individuals with depression as dangerous. This is important, because according to Gruttadaro & Crudo (2012), 27% of respondents were diagnosed with depression, and the American Psychological Association (APA) (2013) found in their survey 36.4% of respondents had depression. This contributes to roughly over a quarter of individuals with mental illness as having depression. However, it should be noted that patient blame was attributed more to anxiety and depression over schizophrenia (Wood et al., 2015). Furthermore, it was found that the general public exaggerates the correlation between mental illness and violence, and it overestimates the risk of personal harm from an individual with mental illness (Meier et al., 2015). Findings of Frailing's (2016) studies correlate in that his respondents were more likely to expect violence if an individual was characterized as mentally ill. In addition, those labeled 'criminally insane mental patients' were rated more likely to be dangerous over those just labeled 'mentally ill' (Frailing, 2016). Schizophrenia still persists as being the most significantly associated with negative stereotypes as well as the least likely to recover (Wood et al., 2015). Many researchers believe that the connection

that people place between certain mental illness and violence stems from the media, as it often portrays individuals with mental illness unrealistically (Meier et al., 2015).

Resources and Interventions

As noted earlier, the majority of individuals in the United States do not receive proper help and resources despite the availability of mental health facilities and resources (Eisenberg et al., 2009). Particularly in the college population, it is important to reduce any barriers that exist to seeking help and resources. Mental health conditions occur early in life, during the time many individuals are in college, and it is well-known that when these conditions go untreated, it can negatively impact academic, occupational, health, and social aspects in a person's life (Eisenberg et al., 2009). Early recognition of mental illnesses of individuals, like any other illness, means the earlier the treatment can take place. Early and effective treatment can have substantial long-term benefits (Eisenberg et al., 2009). It is important to incorporate early identification of any condition because depending on the diagnostic category, certain resources may be more effective than others at treating and increasing mental well-being (Gruttadaro & Crudo, 2012). According to the APA (2013), 41.6% of college students seek help for anxiety, 36.4% seek help for depression, and 35.8% seek help for relationship problems. In addition, of those students, 24.5% take psychotropic medications, yet 1/5 of counseling directors state that services are inadequate (APA, 2013). Colleges have the opportunity to identify, prevent, and treat mental disorders because campuses often encompass many aspects of a student's life, including academic, social, and sometimes health realms (Eisenberg et al., 2009).

A particular concern in terms of college students with mental illness is the dropout rate. In a survey conducted by Gruttdaro and Crudo (2012), there were 64% of respondents who stated that they were no longer attending college due to a mental health related reason. In this same survey by Gruttadaro and Crudo (2012), college students with mental illness gave feedback that "receiving accommodations (e.g., tutoring, books on tape, lower course loads, help with communicating their needs to professors or online classes), accessing mental health services and supports on campus to help them address mental health issues impacting their academic performance, connecting with mental health providers earlier, having peer-run support groups available, getting assistance with medical bills and transportation, managing side effects of medications, and getting support from family and friends" would have helped them to stay in school (pg. 8). Many students also may have concerns disclosing their mental illness, may be unaware of resources available, and may feel that the school does not know how to accommodate his or her mental illness (Gruttadaro & Crudo, 2012).

In Gruttadaro and Crudo's (2012) survey report, students noted that walk-in health centers, individual counseling, and crisis services were the highest rated services that provide support for success in college. Students also highly recommended online appointment scheduling as well as easily-accessible information on how to support friends (Gruttadaro & Crudo, 2012). Other important tips offered by the National Alliance of Mental Illness (NAMI) include being aware of unique needs such as student veterans or LGBTQ students, encouraging student organizations similar to NAMI on campus, providing mental health training for the entire campus community, and checking in on students after receiving access to care and resources (Gruttadaro & Crudo, 2012).

Frailing (2016) supports that classroom and clinical education, even just a semester-long class, is among one of the best ways to improve attitudes and combat stigma towards mental illness. Other studies have suggested combining education with actual face-to-face contact with individuals with mental illness within schools and school programs, using Internet-based cognitive behavioral therapy programs aimed to educate and reduce stigma, or hosting public campaigns aimed towards educating the population (Eisenberg et al., 2009). Social contact with individuals with mental illness have shown to decrease stigmatizing attitudes. In addition, aiming efforts towards Internet-based interventions could show of benefit as so many college-aged individuals frequently use the Internet and social media (Eisenberg et al., 2009).

Study Aims

This study aims to examine the potential biases and social stigmas toward mental health on Georgia Southern's campus. The research questions explored are as follows: (1) Are there mental health biases on the campus? (2) Are there any differences between college, class status, marital status, race, age, or gender in terms of mental health bias? (3) Do students feel as though there are available resources on campus? (4) Do students feel comfortable reaching out for help?

Methods

This is a cross-sectional study that investigates the presence of social stigmas towards mental health in the college population. It gathered quantitative data through a Likert-style questionnaire related to mental health stigma. The data received was analyzed with the Statistical Package for the Social Sciences (SPSS) software, where the

questionnaire responses were coded numerically and scored in order to provide statistical results to be analyzed.

Participants

There was a total of 350 participants in this study. The inclusion criteria consisted only of participants being 18 years of age or older and being an student at Georgia Southern University. The study was open to all students regardless of major or college, and the following colleges represented in the survey are as follows: College of Engineering and Information Technology, College of Business Administration, College of Education, College of Health and Human Sciences, College of Liberal Arts and Social Sciences, College of Science and Mathematics, and College of Public Health. No participants were a part of the College of Graduate Studies.

Ethical Consideration

Before beginning this research, approval from the Georgia Southern University Institutional Review Board was obtained. Privacy of participants and confidentiality of survey answers was protected. No names or identifying information was taken from participants, and every participant was asked to voluntarily complete the survey. Passive consent was obtained from students when they agreed to complete the survey, with the option to terminate their participation in the survey by stopping the completion of the survey.

Materials and Procedure

Previous research helped to shape the questions asked within this study's survey. This helped to ensure that the most accurate and reliable data related to mental health

biases was collected. The questionnaire created for this survey derived questions #1-8, #10, #12-17, and #19-20 from the Opening Minds Scale for Health Care Providers (OMS-HC), created by the Mental Health Commission of Canada. Permission was obtained in order to do this. The focus of this study's questionnaire was directed towards college students at Georgia Southern University. There were six multiple-choice style demographic questions in order to gain a better understanding of the participants' background. In addition, there are twenty-one Likert-style questions that involve a rating scale format from strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, and strongly agree. For each of the demographic questions a score was assigned to categorize the information. A score was also associated with each of the Likert-style questions, where strongly disagree was a one and strongly agree a five. The total scores could then be calculated for participants in the rating scale questions where certain score results could indicate the presence of bias.

Regarding the procedure of how the survey was distributed, permission from professors was needed to contact and distribute the survey to students. All participants were informed of the aim of the study to determine if they would like to participate. All participants were informed of the potential of the survey to cause discomfort as some of the questions are personal in nature. Students were told that they were welcome to step out of the room or raise their hand if there was an issue. They were also told of the mental health resources that exist on campus if they needed further assistance. Students who did not wish to participate were told to hold on to their survey copy and to then turn in the blank copy when the surveys were collected from everyone. This helped to protect the identity of any individual who felt uncomfortable or did not wish to participate in the

survey. The survey was then distributed to all students in the class. Approximately 10-15 minutes was given to complete the survey, to which the surveys were all collected. These surveys were placed in a large, brown paper envelope until time for analysis.

Results

Data was analyzed using the IBM Statistical Package for the Social Sciences (SPSS) 21 software, where the questionnaire responses were coded numerically and scored in order to provide statistical results to be analyzed. All participants were students over 18 years of age. The participants were 28% male and 72% female, with no individuals identifying as "other" for gender. The majority of participants, approximately 91.7%, were 18-22 years of age. The following are the percentages of each class status: 14% freshman, 34.3% sophomore, 31.4% junior, 18.9% senior, and 1.4% other. Out of the 350 students surveyed, 7.4% were from the College of Engineering and Technology, 9.4% were from the College of Business Administration, 0.9% were from the College of Education, 48% were from the College of Health and Human Sciences, 28% were from the College of Liberal Arts and Social Sciences, 4.3% were from the College of Science and Mathematics, and 2% were from the College of Public Health. Demographic information can be found in Table 1 of Appendix A.

Upon analyzing the data, it was clear that students sought more convenient ways of obtaining a counseling appointment, such as a secure online format as opposed to having to call or make an appointment in person. When asked if students thought there should be a way to make a counseling appointment online in a secure manner, 94% of participants either somewhat agreed or strongly agreed with the statement, seen in Table 2 of Appendix B. This could help more individuals receive care if they needed to. This is

also more helpful for students who have anxiety about walking in or calling the counseling center to make an appointment.

Georgia Southern University students, unlike the general population represented by other literature, do not generally believe the media to accurately portray mental illness. In fact, 67.4% of participants did not believe that the media accurately represented mental illness. This is a large percentage, and it is promising. This could mean that more education is being provided to the rising generation. It could mean that Georgia Southern University has effective education and awareness raising campaigns. However, it is still important to note that just over 30% of participants either agreed or had no preference on the statement. This is concerning as many of the participants who chose 'neither agree nor disagree' may not have the confidence or the knowledge to say that the media is inaccurate. Furthermore, almost 10% of participants are influenced by the media and believe it to be accurate. This information can be found in Table 2 of Appendix B. Existing literature notes how when individuals obtain their information from inaccurate sources such as the media, it can attribute to increased levels of stigma. It is important to continue accurate education on campus in order to promote a decrease in stigma and thus, hopefully an increase in mental health help-seeking behavior.

The following statement was assessed in the research study: "I would see myself as weak if I had a mental illness and could not fix it myself." Upon analysis, 9.2% of men strongly agreed to the statement while only 6% of female agreed to the statement. Refer to Table 3 in Appendix B. In addition, Table 4 of Appendix B notes that 10.2% of men agreed with the statement "I would be reluctant to seek help if I had a mental illness" while only 6.7% of females agreed with the statement. This difference between genders

could signify stigma. Men may feel as though they need to be strong and therefore are weak if they cannot cope with mental illness on their own. The difference is slight, so it could simply be a result of the gap in numbers of participants, as there were far more female participants than male. More research would need to be conducted in order to better understand possible links between mental health stigma and gender, gender roles, or gender stereotypes.

In the study, it was concluded that 64.6% of participants would be more inclined to seek help for a mental illness if friends or family were more accepting. Refer to Table 5 of Appendix B. This could indicate that students, if they perceived others close to them had a more positive view of mental illness, may have a more positive view themselves. This refers back to the public stigma, perceived public stigma, personal stigma, and self-stigma. Students are likely to have less self-stigma if they perceive others close to them to have less stigma as well. In that way, students are less likely to feel shame and are more inclined to reach out for help and utilize resources. This supports other research conducted in the literature.

Strengths and Limitations

It needs to be understood that strengths and limitations of the study can influence the validity and significance of the results. A major strength of this study was that there was a relatively even distribution of each of the class statuses, including freshman, sophomore, junior, and senior. This allowed for comparison between the class statuses to be more reputable when looking at the awareness or presence of bias. However, there are limitations of this study mainly related to the subjective nature of the survey. There is the chance of dishonesty or individuals swaying their answers to fit the objective of the

study. Every college was intended to be equally represented in the survey, however at the conclusion of the survey, there were many more participants from the College of Health and Human Sciences as well as the College of Liberal Arts and Social Sciences in comparison to that of the other colleges. Also, students at only one university in the Southeast United States were surveyed, removing the ability to generalize results across all universities in the United States. In the end, the results provided reliable data, but the subjective nature of the survey responses possibly weakened the validity of responses analyzed in the data collection.

Conclusion and Recommendations

Based on the results, the bias that exists on the campus of Georgia Southern University is far less than that which other literature suggests. However, it is evident that students still would like the ease of making online counseling appointments. Students need to be aware of stigma and evaluate the possibility of their own stigma towards mental illness. It is essential that college students everywhere, not just students at Georgia Southern University, need to become aware and make attempts to alleviate stigma. By doing so, the overall quality of services received by individuals could improve, highlighting the importance of this study. For future studies, it is recommended to expand research to other universities as well as students present at the graduate level.

Georgia Southern University is a strong example of a university with students who are generally less biased than the general population. It would be ideal to set an example for other universities in order to help promote effective counseling resources, mental health directed student organizations, and student support groups for those struggling with mental illness. This could help to prevent individuals from dropping out

of college as well as help individuals to prevent mental illness, identify mental illness, and treat mental illness.

References

Al-Naggar, R. A. (2013). Attitudes towards persons with mental illness among university students. *ASEAN Journal of Psychiatry*, 14(1), 1-10.

American Psychological Association. (2013, June). College students' mental health is a growing concern, survey finds. Retrieved from http://www.apa.org/monitor/2013/06/college-students.aspx

Eisenberg, D., Downs, M. F., Golberstein, E., & Zivin, K. (2009). Stigma and help seeking for mental health among college students. *Medical Care Research and Review*, (5), 522. doi:10.1177/1077558709335173

Frailing, K., & Slate, R. (2016). Changing students' perceptions of people with mental illness. *Applied Psychology In Criminal Justice*, *12*(1), 54-70.

Gruttadaro, D., & Crudo, D. (2012) College students speak: a survey report on mental health. Arlington, VA: NAMI, the National Alliance on Mental Illness.

Meier, A., Csiernik, R., Warner, L., & Forchuk, C. (2015). The stigma scale: a Canadian perspective. *Social Work Research*, 39(4), 213-222. doi:10.1093/swr/svv028

Mirnezami, H. F., Jacobsson, L., & Edin-Liljegren, A. (2016). Changes in attitudes towards mental disorders and psychiatric treatment 1976–2014 in a Swedish population. *Nordic Journal of Psychiatry*, *70*(1), 38-44. doi:10.3109/08039488.2015.1046916

Phelan, J. E., & Basow, S. A. (2007). College students' attitudes toward mental illness: an examination of the stigma process. *Journal of Applied Social Psychology, 37*(12), 2877-2902. doi:10.1111/j.1559-1816.2007.00286.x

Wood, L., Birtel, M., Alsawy, S., Pyle, M., & Morrison, A. (2014). Public perceptions of stigma towards people with schizophrenia, depression, and anxiety. *Psychiatry Research, 220*604-608. doi:10.1016/j.psychres.2014.07.012

Appendix A: Demographics

Table 1: Demographics		Count	Table N %
Gender	Male	98	28.0%
	Female	252	72.0%
	Other	0	0.0%
Age	18-22	321	91.7%
	23-27	24	6.9%
	28-32	3	0.9%
	33+	2	0.6%
Race	White/ Caucasian American	240	68.6%
	Black/ African American	86	24.6%
	Native American/ Alaskan Native	0	0.0%
	Asian American	5	1.4%
	Native Hawaiian/ Pacific Islander	4	1.1%
	Other	15	4.3%
Marital Status	Married	3	0.9%
	Widowed	1	0.3%
	Divorced	3	0.9%
	Separated	1	0.3%
	Never Married	342	97.7%
Class	Freshman	49	14.0%
	Sophomore	120	34.3%
	Junior	110	31.4%
	Senior	66	18.9%
	Other	5	1.4%
College	College of Engineering and Information Technology	26	7.4%
	College of Business	33	9.4%
	College of Education	3	0.9%
	College of Health and Human Sciences	168	48.0%
	College of Liberal Arts	98	28.0%
	College of Science and Mathematics	15	4.3%
	College of Public Health	7	2.0%
	College of Graduate Studies	0	0.0%

Appendix B: Analysis Tables

Table 1:

There should be a way to make a counseling appointment online in a secure manner.									
Strongly Disagree		Somewhat Disagree		Neither Agree nor Disagree		Somwhat Agree		Strongly Agree	
Count	Table N %	Count	Table N %	Count	Table N %	Count	Table N %	Count	Table N %
2	0.6%	2	0.6%	17	4.9%	77	22.0%	252	72.0%

Table 2:

The media (e.g. movies, television, radio, social media, etc.) generally accurately depicts mental illness.									
Strongly Disagree		Somewhat Disagree		Neither Agree nor Disagree		Somwhat Agree		Strongly Agree	
Count	Table N %	Count	Table N %	Count	Table N %	Count	Table N %	Count	Table N %
98	28.0%	138	39.4%	77	22.0%	31	8.9%	6	1.7%

Table 3:

			I would see myself as weak if I had a mental illness and could not fix it myself.					Total
			Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somwhat Agree	Strongly Agree	
Gender	Male	Count	21	20	19	29	9	98
		% within Gender	21.4%	20.4%	19.4%	29.6%	9.2%	100.0%
	Female	Count	65	65	26	81	15	252
		% within Gender	25.8%	25.8%	10.3%	32.1%	6.0%	100.0%
Total		Count	86	85	45	110	24	350
		% within Gender	24.6%	24.3%	12.9%	31.4%	6.9%	100.0%

Table 4:

			I would be reluctant to seek help if I had a mental illness.					Total
			Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somwhat Agree	Strongly Agree	
Gender	Male	Count	19	23	21	25	10	98
		% within Gender	19.4%	23.5%	21.4%	25.5%	10.2%	100.0%
	Female	Count	57	84	38	56	17	252
		% within Gender	22.6%	33.3%	15.1%	22.2%	6.7%	100.0%
Total		Count	76	107	59	81	27	350
		% within Gender	21.7%	30.6%	16.9%	23.1%	7.7%	100.0%

Table 5:

I would be more inclined to seek help for a mental illness if my friends and family were more accepting.									
Strongly Disagree		Somewhat Disagree		Neither Agree nor Disagree		Somwhat Agree		Strongly Agree	
Count	Table N %	Count	Table N %	Count	Table N %	Count	Table N %	Count	Table N %
14	4.0%	24	6.9%	86	24.6%	122	34.9%	104	29.7%