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Start the Conversation: Teaching High School Students Mental Illness and Stigma

Maria Espinoza

A Capstone project for the Bachelor of Arts in Human Development and Family Studies

Start the Conversation: Teaching High School Students Mental Illness and Stigma

There is an information gap among adolescents regarding mental health knowledge. In order to reduce stigma of mental illness and promote help seeking, there is a need to inform adolescents about mental health as part of overall health, maintaining their mental health, and what to do for themselves and for others who may be affected by issues of depression and anxiety. I created a two-day lesson on mental health that consists of mental illness information, what is stigma, how to reduce mental health stigma, and methods to advocate for better mental health for 11 high school participants from San Benito High School in Hollister, California.

**Need Statement**

Adolescent often fail to receive mental health awareness and education, which is a concern because the age of onset for many mental illnesses emerge in late childhood and early adolescence (Gore et al.,2011). Transitioning into adolescence is a dramatic developmental change in brain formation and functioning. Puberty itself is a risk factor that can contribute to the onset of mental health illnesses (Chandra & Minkovitz, 2007). In addition, adolescents' increased sensitivity and cognitive ability can leave adolescents vulnerable to developing mental illnesses. Due to the prevalence of mental illnesses, and particularly during adolescence, mental health education should be conducted in schools in order to help diminish stigma around mental illnesses and increase help-seeking behavior (Ester, Cooker, & Ittenbach, 1998)

Studies have found that adolescents, in particular, have negative views towards people with mental illnesses (Rose et al., 2007). Adolescents view mentally ill people as "psycho," "violent," and "attention seekers" (Rose et al., 2007). The stigma towards mental illness affects

adolescents' willingness to seek help because adolescents do not want to be labeled as "crazy" (Wisdom Clarke, & Green, 2006). Chandra and Minkovitza (2007) found that adolescents who had limited or inaccurate mental health information had negative stigmas towards people with mental health issues. Lack of education, media, and family perception are factors that contribute to the stigmatization around mental illness (Klin & Lemish, 2008; Corrigan & Miller, 2004). Individuals who are not educated about mental illnesses are influenced by the media and its negative portrayal of mental illness (Wahl, 2003). Adolescents should be given accurate information about mental illnesses and not be influenced by unreliable sources that can send out inaccurate messages.

An information gap exists about mental illnesses among adolescents due to the lack of knowledge and exposure. Coles and colleagues explored adolescents' knowledge on depression and social anxiety disorders and found that only 1% of adolescents identified social phobia as a social anxiety disorder (Coles et al., 2015). Furthermore, Chandra and Minkovits (2007) explored how mental health knowledge among 8th graders was inconsistent and found that adolescents did not have an accurate depiction of what mental health is or what it looks like. Many of the participants reported that they believed that their peers who had some type of mental health issue were in special education classes. Furthermore, some participants indicated that they did not know how to differentiate mental illness and mental retardation and thought they were in the same category. Given that 8th graders are moving through puberty, they may encounter more mental health issues themselves and with friends; therefore, they would benefit from a less stigmatizing view of mental health.

One of the barriers for seeking help and early recognition is due to the stigma around mental health illnesses and treatments (Dias et al., 2018). Adolescents are quick to cut out relationships with people who have mental illnesses because things become "awkward" or because they do not have the appropriate knowledge to know how to support people with mental health issues (Chandra & Minkovitz, 2007). Adolescents who have mental health disorders reported that they were ignored by their peers and were harmed by thrown objects (Moses, 2010). The ostracizing of people with mental illnesses can make an individual feel abnormal and reject diagnosis and treatment due to the constant desire to be normal (Wisdom, Clarke, & Green 2006). In Wisdom and colleagues' (2006) study, adolescents reported that they placed little importance of the depressive symptoms that they were experiencing. As a consequence, the adolescents in the study rejected their diagnosis and perceived help seeking as a sign of weakness. The effects of stigma are drastic and can inhibit seeking help in order to avoid being labeled (Corrigan, 2004).

Adolescents may hold stereotypes and lack understanding around mental illnesses; therefore, I created a two-day lesson around mental health and stigma that will be administered to 15-18-year-old participants at San Benito High School. Lack of mental health education and stigmatization is not only a barrier to seeking help, but also inhibits adolescents' ability to support and understand peers with mental health illnesses. The lessons will provide adolescents informative activities that can help increase mental health literacy and reduce stigma.

## Theory Application

According to Kohlberg, moral development is a process that occurs throughout one's development. During adolescence, adolescents develop the ability to construct their values into

their moral thinking. Kohlberg's moral development theory places early adolescents' morality in the conventional level, where moral reasoning.is based on conforming to societal rules. In stage three in the conventional level, adolescents' behavior is reflected upon social approval. At stage four, adolescents' morality is based on the belief that rules and laws should be followed for the purpose of maintain social order (McLeod, 2013). Given that adolescents' moral thinking is at the conventional level, they may follow the general thinking of society that those individuals who have a mental illness as "crazy." Consequently, adolescents may seek to socially distance themselves from people who have a mental illness (Bulanda, Bruhn, Johnson, & Zentmyer 2014). Social distancing can be due to the possibility of being embarrassed to be around someone who has a mental illness. Because adolescents' conventional moral thinking is based on social acceptance and societal conformity, and they have limited knowledge around mental illnesses, my lessons will push participants to transition their thinking into the higher level of Kohlberg's moral development, post-conventional morality. Individuals at the post-conventional thinking strive for protection of human rights and universal justice. For those with mental illness, human rights and universal justice might be perceived as a goal for adolescents. My lessons and activities will include perspective taking in order for participants to think more post-conventionally about mental illness, their own stigma, and how to make changes in their thinking.

<div align="center">Consideration of Diversity</div>

My project will be taking place at San Benito High School's Academic Focus Time (AFT). Academic Focus Time is when students go to an assigned classroom to work on homework. The participants ethnic identity reflects that of San Benito High School. According to

the data provided by the Education Data Partnership (Ed-Data, 2018), San Benito High School is 0.1 Native Hawaiian or Pacific Islander, 0.3% American Indian or Alaskan Native, 0.5% Black or African American, 1.3 Filipino, 1.5% Asian, 23.3% White, 71% Hispanic or Latino, and 0.8% two or more races. In addition, the data indicates that 12% of students are English learners. My content and activities will be delivered in English; therefore, participants must understand English in order to comprehend the information being delivered and perform the activities. In addition, I expect my participants to reflect the ethnic diversity of the school.  My content may lead participants to not wanting to disclose information because some participants who do have mental illnesses might not want to discuss sensitive personal information.  However, no specific disclosing activities are expected and discussion of resources for support will occur. The content being delivered is focused on general mental illness information, which then excludes information about treatable mental illnesses and mental illnesses that require more interventions. So, students themselves may confuse more treatable conditions as stigmatizing. 53.7% of students are economically disadvantaged, yet, my content excludes the link between socioeconomic and the lack of mental health resources that are in Hollister, which may exclude some participants who are aware of their own mental illness or those of others.

<div align="center">Learning Outcomes</div>

I intend to provide a two-day, 30-minute lessons to sophomores and seniors enrolled at San Benito High School.

By the end of my project, participants….

1. Will identify at least one strategy to reduce mental health stigma.

2. Will describe one consequence of mental health stigma

3. Will increase their positive attitudes towards individuals with mental illness.

## Method

**Day 1**

Before beginning my lesson, I briefly introduced myself and the purpose of my project to the participants. After I introduced myself, I began my presentation by asking the 11 participants the question "Do you know the definition of mental illness." See Appendix A. Participants did not engage; therefore, I asked the participants to talk to the person close to them to develop a common definition of what is mental illness. I gave participants 5 minutes to discuss. After 5 minutes, I called on participants on what their partner discussed. After their responses, I gave them a general definition of what is mental illness. Before continuing the lesson, I gave the participants 5 minutes to fill a pre-survey that measured their social distance attitudes towards individual with a mental illness and fill out a sentence about how common mental illnesses are among adolescents. See Appendix B. After the participants completed the survey, I collected them and transitioned back to the lesson. I asked the participants to identify which celebrities have a mental illness. After the participants gave me their answers, I exposed the answers on which celebrities have a mental illness. After the celebrities were shown, I asked the participants where do they think mental illnesses come from. I listed their answers on the whiteboard. After I listed their responses, I continued with the rest of the lesson. After I ended the first portion of the lesson, I informed the students that I will be coming back the following week.

**Day 2**

Before transitioning to the lesson, I gave a brief summary on what was discussed on day one. After the recap, I began by asking the six participants that came back why people stigmatize

individuals with a mental illness. I then displayed and read a scenario and then asked the participants if the scenario demonstrated a form of stigma. After the discussion, I asked the participants if they knew what stigma meant. After the participants responded, I defined stigma and the stigma around mental illness. I then asked the participants on what they thought were the consequences that stigma has on people's lives. After the participants responded, I then moved on to discussing the effects that stigma has on a person's everyday life. I moved on to talking about strategies to reduce the mental illness stigma. After presenting the strategies, I informed the participants that they will be applying the strategies in a activity. I first passed out a sheet of paper that included the strategies that I discussed in my lesson. See Appendix C. Then I passed another sheet of paper that included three scenarios. See Appendix D. I explained to the participants that they will identify the stigma within each scenario and what strategy can be used to reduce the stigma. I asked the participants to get into two groups of three. Once the participants finished, I went over what they have discussed. I collected the participants worksheets and then moved forward to the lesson. I finished up the lesson by talking about how students can support the mental health of others and themselves. I gave the participants a post-survey at the end of my lesson. See Appendix E. After finishing the lesson, I thanked the participants for being involved in my project.

**Results**

Learning outcome 1 was that participants would identify at least one strategy to reduce mental health stigma. Based on the participants' scenario activity, 4 out of the 6 participants were able to identify at least one strategy to reduce stigma. See Table 1 for details. I believe that learning outcome 1 was met because some participants identified what the stigma was in the

scenarios given and some participants were able to identify more than one strategy to reduce stigma. See Appendix F for two participants scenario activity responses. Based on student's responses, there were common stigma reduction strategies described: educating one's self, listen to experience and speaking up. In scenario one, three participants identified listening to someone's experience as a stigma reduction strategy and an additional participant identified speaking up against stigma as a stigma reducing strategy. In scenario two, two participants identified educating one's self as a stigma reduction strategy while two other participants identified listening to experience. In scenario three, three participants identified educating yourself as a strategy and two other participants identified listening to experience as an approach to reduce stigma. All the participants who completed the stigma scenario worksheet did a great job in identifying the stigma being shown in the scenarios and fully comprehended how to apply stigma reducing strategies in life situations.

Learning outcome 2 was that participants will describe one consequence of mental health stigma. In the post-survey, participants were given the question "when people hold stigma towards individuals with mental illnesses, what is 1 possible consequence people with mental illnesses face." All 6 participants answered the question with at least one consequence of mental illness stigma. For instance, two participants recognized that stigma can lead to inhibiting one's recovery. Two additional participants recognized that stigma can inhibit help seeking and the other two participants mentioned that stigma can cause internal conflict. See Table 2 for the participants list of mental health stigma consequences. I believed that learning outcome 2 was fully meet because not only did all six participants identify one consequence of mental health stigma, they were also invested enough to apply other concepts such as lack of confidence into

their answers. This pattern of responding shows that that they extended their understanding beyond on what I discussed in my lessons.

Learning outcome 3 was that participants will positively increase their attitudes towards people with mental illness. This learning outcome was fully meet because participants' attitudes towards mental illnesses shifted positively. An indicator of the success of the outcome was shown in participants' average pre and post survey scores on the measure of social distance. See Table 3. The average score of the 11 participants pre survey was 2.8, and after my project, the average score of the 6 remaining participants was 3.4. Additionally, when analyzing participants' response to each question, there is indication of attitude change. For instance, the average of participants in the pre-survey indicated that they somewhat disagree to having children with a person who has a mental illness. After my project, the average of the participants responded to somewhat agreeing to having children with a person who has a mental illness. The change in answers shows that with an increase in awareness and education about mental illness can help shape adolescents' conventional thinking into positive post-conventional thinking. The average scores of the participants shifted dramatically, which indicates that learning outcome three was met. The increase in positive attitudes towards individuals with mental illnesses can help decrease stigma and increase adolescent help seeking.

## Discussion

I believe this project was successful. Despite the participants not being entirely engaged by not sharing out their thoughts, I did call on participants and got them to share out their answers and participate in the questions I was asking them. On the second day, participants were more engaged. The participants readily shouted out their answers, collaborated with their

partners during the scenario activity, and engaged in discussion. Furthermore, my project demonstrated success due to all of my three learning outcomes being meet. Participants were able to identify stigma reduction strategies, describe the consequences of mental health stigma, and increase positive attitudes towards people who have mental illnesses.

Because the participants are in Kohlberg's conventional stage of morality, I believe that the project helped the participants start to transition towards post-conventional moral thinking. For instance, before the project, participants' attitudes towards mental illness were conventional. Majority of the students scored in the range of somewhat disagreeing in marrying someone with a mental illness and after the project, in the pre-survey, participants would somewhat agree towards marrying someone with a mental illness. This shows that their thinking shifted towards more post-conventional thinking. In addition, I helped raise awareness of the plight of those with mental illness. When discussing about the consequences of mental health stigma, participants seemed surprised that a person with a mental illness could have difficulties finding employment and housing.

As for diversity, my project did not include everyone. I only had one male on the first day of the project, but on the second day, only females were present. Due to the lack of diversity in gender, there might be a response difference due the difference in attitudes that males and females hold towards mental illness. It would have been ideal for having a mixed group of participants in order to see the difference in attitudes between males and females. Additionally, given that girls experience more anxiety and depression, the female participants would have been more open to talking about mental health. Furthermore, on the first day, there were mainly Latinos, but, on the second day, 4 out of the 6 participants were Caucasian. There might be some

different cultural attitudes among culturally diverse participants that were not addressed in the presentation and need to be included as part of the discussion on how there is a cultural component among attitudes towards mental illness. The topics discussed are also possibly sensitive for participants who have direct experience with mental illnesses and may have refrained from fully participating; therefore, it is important to create an inclusive and safe environment for participants who have experience with mental illness.

If I had to do my project over again, I wish I would have had more time to engage with the participants and get comfortable with each other since the topic of mental illness is a topic that requires a safe and comfortable place for discussion. Additionally, more time could have allowed me to explain my information at a slower pace. I went through my information quickly, and this speed could have had an impact on how the students retained the information. I would have also re-explained the activities and questions to students or checked in with students if they understood the questions being asked of them. Based on the results, some students showed that they did not understand the question; therefore, clarification of the worksheets and the questions could have helped with better outcomes. Consistency of the lessons is a change I would definitely make. Due to only giving my lessons once a week, participants could have easily forgotten the material they learned. Other than more time and clarification, I believe that the participants were able to think more post-conventionally about mental illnesses and increased their insight on mental illness and stigma.

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*Table 1*

*Participants' inclusion of a stigma-reducing strategy to the scenarios*

| ID | Scenario 1 | Scenario 2 | Scenario 3 | Percent Included Reduction Strategy | |
|----|-----------|-----------|-----------|-----------|---|
| 1 | Yes | Yes | No | 67% | |
| 3 | Yes | Yes | Yes | 100% | |
| 4 | Yes | Yes | Yes | 100% | |
| 6 | Yes | Yes | Yes | 100% | |
| | | | | **92%** | **Average Percent Included** |

*Table 2*

*List of responses of what participants indicated as a consequence of mental health stigma*

| |
|---|
| Being a relationship with someone on stigma can severely harm them as a person or their outlook on life and could potentially set them back in a progress towards recovery. |
| When people don't show what they are going through, they rather keep it to their selfs. |
| For it to get worse. That is always a risk when you stigmatize or belittle someones mental illness. |
| That they will not seek the help they need and people will treat them differently based on their mental illness. |
| To create more problems with that person. It dehumanizes them and makes them feel even worse. |
| Someone who does not have much confidence in a relationship. |

*Table 3*

*Participants' pre and post survey response*

Pre Survey

| ID | Q1* | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 4 | 4 | 4 | 4 | 4 | 4 | 1 | 4.0 | 4 | 4 | 4 |
| 2 | 4 | 4 | 2 | 4 | 2 | 4 | 1 | 2.0 | 4 | 3 | 2 |
| 3 | 4 | 1 | 4 | 4 | 4 | 4 | 1 | 4.0 | 4 | 4 | 2 |
| 4 | 4 | 1 | 3 | 4 | 2 | 4 | 1 | 3.0 | 4 | 4 | 1 |
| 5 | 4 | 1 | 3 | 1 | 2 | 4 | 1 | 2.0 | 4 | 3 | 1 |
| 6 | 2 | 4 | 3 | 1 | 1 | 4 | 1 | 3.0 | 3 | 2 | 4 |
| 7 | 4 | 4 | 3 | 4 | 1 | 1 | 4 | 2.0 | 4 | 4 | 2 |
| 8 | 4 | 1 | 3 | 1 | 2 | 4 | 4 | 2.0 | 4 | 3 | 1 |
| 9 | 4 | 1 | 3 | 1 | 3 | 4 | 1 | 3.0 | 3 | 3 | 4 |
| 10 | 3 | 4 | 2 | 1 | 1 | 1 | 4 | 1.0 | 3 | 2 | 4 |
| 11 | 3 | 1 | 2 | 4 | 2 | 2 | 1 | 1.0 | 3 | 3 | 1 |
| Average | **3.6** | **2.4** | **2.9** | **2.6** | **2.2** | **3.3** | **1.8** | **2.5** | **3.6** | **3.2** | **2.4** |

Post Survey

| ID | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 2 | 3 | 1 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 1 |
| 3 | 4 | 1 | 4 | 4 | 4 | 4 | 1 | 4 | 4 | 4 | 1 |
| 4 | 4 | 1 | 3 | 4 | 2 | 4 | 1 | 3 | 4 | 4 | 1 |
| 5 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 1 |
| 6 | 4 | 4 | 3 | 4 | 3 | 4 | 4 | 3 | 4 | 4 | 1 |
| Average | **3.8** | **2.5** | **3.5** | **3.8** | **3.5** | **4** | **3** | **3.7** | **4** | **4** | **1.5** |

Difference between Post Survey and Pre-Survey

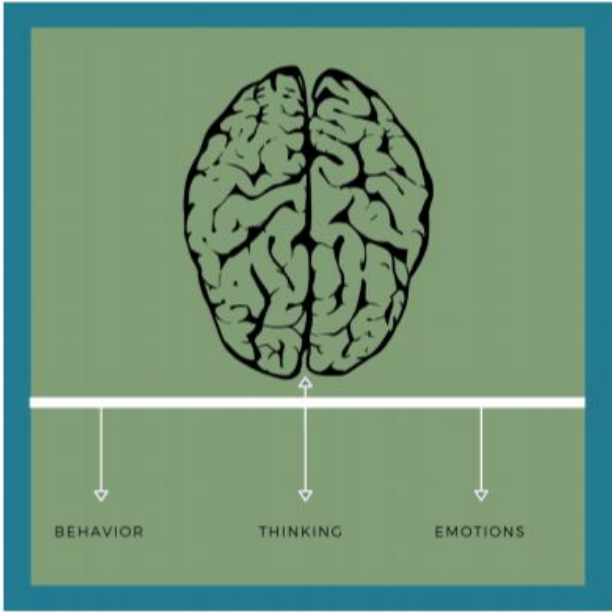| Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 |
|---|---|---|---|---|---|---|---|---|---|---|
| 0.2 | 0.1 | 0.6 | 1.2 | 1.3 | 0.7 | 1.2 | 1.2 | 0.4 | 0.8 | -0.9 |

*note: Scale used 1= strongly disagree, 2=somewhat disagree, 3= somewhat agree, 4= strongly agree

*Appendix A*
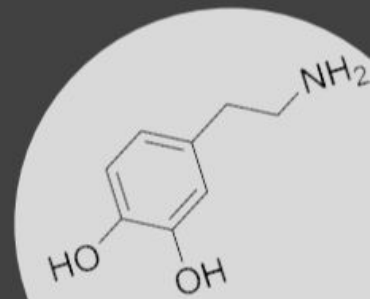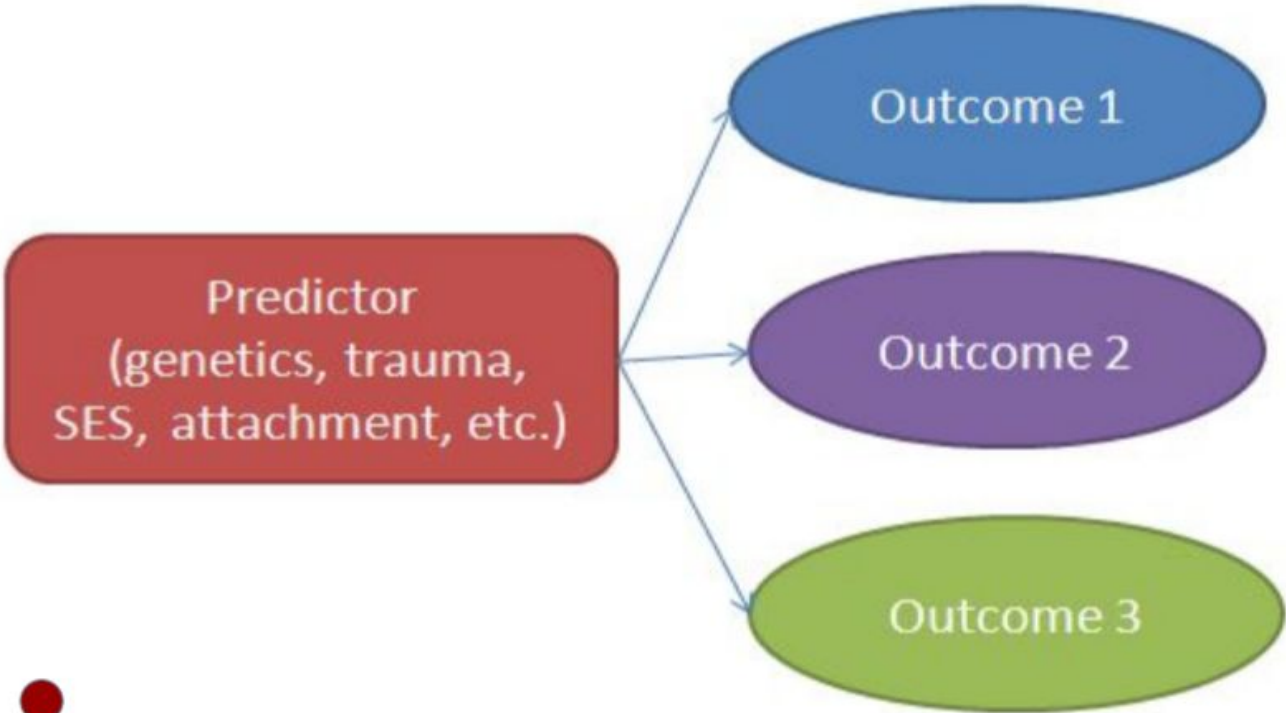
*Powerpoint on mental illness*
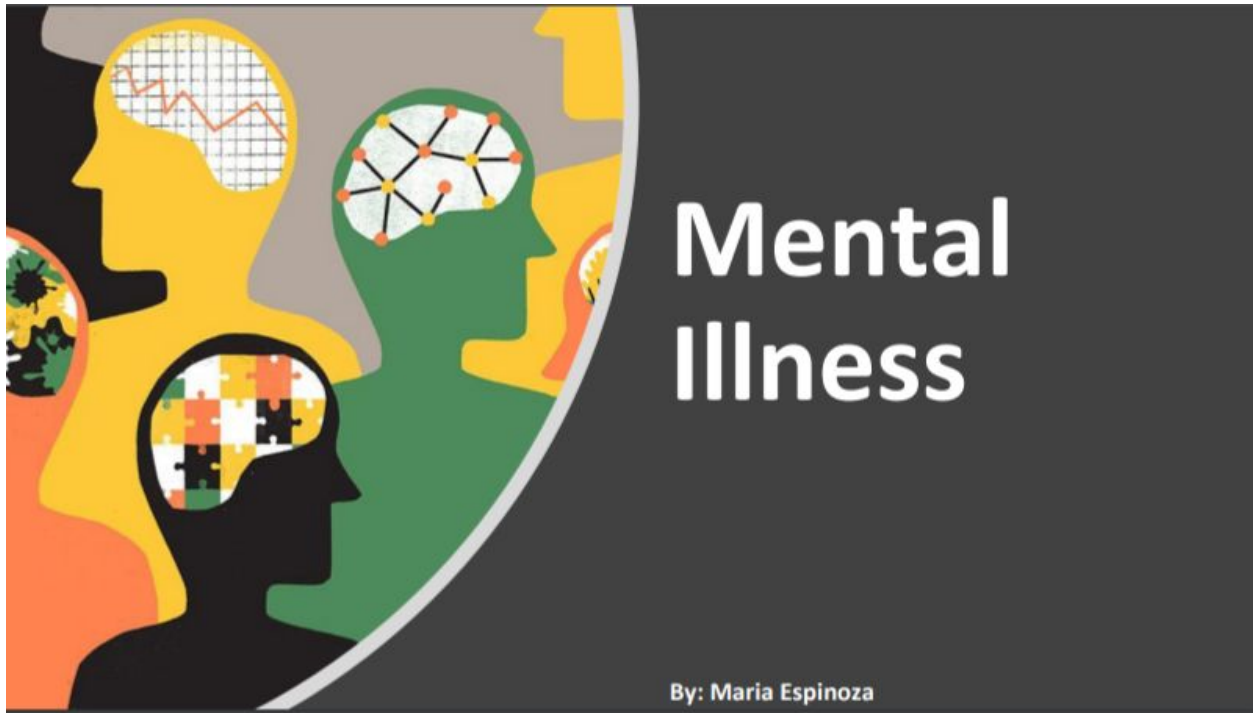
# Common Mental Illnesses

- Depression:
- Anxiety:
- Eating disorders
- Schizophrenia
- OCD

BEHAVIOR          THINKING          EMOTIONS
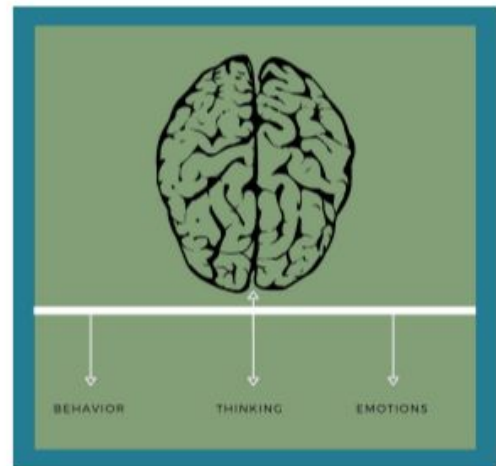
# Can mental Illness symptoms be controlled?

## Scenarios

Alex, who is 18 and experiences panic attacks, is in the football varsity team. Alex was excited to play his first home game. Once it was time to step onto the field, Alex felt a strong pressure on his chest. Alex then found it harder to breath. Occasionally, before every game he experiences the same pressure on his chest and feelings of suffocation. Due to Alex's panic attacks, Alex's football coach started benching him frequently.

What are the Effects

1. Your coworker/friend Brittney has been struggling with anorexia and lost a lot of weight. The manager at the American Apparel store that you work at stopped giving Brittney shifts at work because he says that Brittney does not look healthy enough to sell clothes.

2. Jorge got in a traumatizing car accident. Now Jorge has PTSD. He sometimes leaves his science class because it gets too loud. Every time Jorge leaves class, his teacher gives him Saturday school.

3. Marisol and Jacob are in a relationship with each other. Marisol has depression and sometimes cuts herself off from Jacob and stops texting him. Jacob does not like this and ends up breaking up with Marisol.

## Supporting Good Mental Health For Others

HELP AND SUPPORT

- Ask the individual who has a mental illness on how you can support
- Supporting through Keeping social contact
- Helping talking through difficult situations, but also allowing individuals to have independence (ex. Helping someone how to respond to an angry text).
- Listen
- Tell an adult/professional

## Supporting Good Mental Health For Yourself

- Surround yourself with supportive people
- Take a break
- Simplify difficult task by breaking down into manageable steps. (depression & anxiety)
- Cognitive approach- What's the worst that can happen? What's the best that could happen? What's most realistic or likely?
- Tell an adult/professional

*Appendix B*

*Pre-survey for learning outcome 1*

**Please answer the questions below based on how you would respond when interacting with people who have a mental illness.**

|  | Strongly Disagree | Somewhat Disagree | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 1. I would willingly accept a former mental patient as a close friend. | 1 | 2 | 3 | 4 |
| 2. I believe that people with mental illnesses are dangerous. | 1 | 2 | 3 | 4 |
| 3. I would date someone who has a mental illness. | 1 | 2 | 3 | 4 |
| 4. I would be afraid to talk to someone with a mental illness. | 1 | 2 | 3 | 4 |
| 5. I will marry someone with a mental illness. | 1 | 2 | 3 | 4 |
| 6. I believe that people with a mental illness are not trustworthy as other people. | 1 | 2 | 3 | 4 |
| 7. I believe that people with a mental illness are not as good as other people at taking care of themselves. | 1 | 2 | 3 | 4 |
| 8. I would have children with a person who has a mental illness. | 1 | 2 | 3 | 4 |
| 9. I will feel comfortable introducing someone with a mental illness to my friends. | 1 | 2 | 3 | 4 |
| 10. I will be okay if my sibling dates someone with a mental illness. | 1 | 2 | 3 | 4 |
| 11. I can tell when someone has a mental illness. | 1 | 2 | 3 | 4 |

**How common are mental illnesses?**

Approximately _____ out of 10 youth aged 13-18 experience a severe mental disorder at some point during their life.

*Appendix C*

*Reducing stigma strategies*

## Reducing Stigma-What Works?

There is no simple or single strategy to eliminate the stigma associated with mental illness, but some positive steps can be taken.

### Watch Your Language

Make sure you are not using language or comments that stigmatize people with mental illness. For instance, avoid language such as "crazy," or "psycho."

### Educate Yourself

If you are well-informed about mental illness, you will be able to evaluate and resist the inaccurate negative stereotypes that you come across. Resources are available online to help educate you on diffrent mental illnesses and their symptoms.

### Listen to Experiences

Consider aksing someone with a metal illness about thier experience. People with a metal illness can describe what they find stigmatizing, how stigma affects their lives and how they would like to be viewed and treated.

### Speak Out

When someone you know misuses a psychiatric term (such as schizophrenia), let them know and educate them about the correct meaning. When someone says something negative about a person with a mental illness, tells a joke that ridicules mental illness, or makes disrespectful comments about mental illness, let them know that it is hurtful and that you find such comments offensive and unacceptable.

*Appendix D*

*Stigma Scenarios for learning outcome 2*



1. Your coworker/friend Brittney has been struggling with anorexia and lost a lot of weight. The manager at the American Apparel store that you work at stopped giving Brittney shifts at work because he says that Brittney does not look healthy enough to sell clothes.

2. Jorge got in a traumatizing car accident. Now Jorge has PTSD. He sometimes leaves his science class because it gets too loud. Every time Jorge leaves class, his teacher gives him Saturday school.

3. Marisol and Jacob are in a relationship with each other. Marisol has depression and sometimes cuts herself off from Jacob and stops texting him. Jacob does not like this and ends up breaking up with Marisol.

*Appendix E*

*Post-survey for learning outcome 3*

**Please answer the questions below based on how you would respond when interacting with people who have a mental illness.**

|  | Strongly Disagree | Somewhat Disagree | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| 1. I would willingly accept a former mental patient as a close friend. | 1 | 2 | 3 | 4 |
| 2. I believe that people with mental illnesses are dangerous. | 1 | 2 | 3 | 4 |
| 3. I would date someone who has a mental illness. | 1 | 2 | 3 | 4 |
| 4. I would be afraid to talk to someone with a mental illness. | 1 | 2 | 3 | 4 |
| 5. I will marry someone with a mental illness. | 1 | 2 | 3 | 4 |
| 6. I believe that people with a mental illness are not trustworthy as other people. | 1 | 2 | 3 | 4 |
| 7. I believe that people with a mental illness are not as good as other people at taking care of themselves. | 1 | 2 | 3 | 4 |
| 8. I would have children with a person who has a mental illness. | 1 | 2 | 3 | 4 |
| 9. I will feel comfortable introducing someone with a mental illness to my friends. | 1 | 2 | 3 | 4 |
| 10. I will be okay if my sibling dates someone with a mental illness. | 1 | 2 | 3 | 4 |
| 11. I can tell when someone has a mental illness. | 1 | 2 | 3 | 4 |

**What have you learned?**
**Directions:**
Complete the following questions:

Approximately _____ out 10 youth aged 13-18 experience a severe mental disorder at some point during their life.

**Directions:**

**Complete the following question with your response regarding the consequences of stigma.**

When people hold stigma towards individuals with mental illnesses, one possible consequence for the person with a mental illness is…

Appendix F

*Participants scenario activity responses*

1. Your coworker/friend Brittney has been struggling with anorexia and lost a lot of weight. The manager at the American Apparel store that you work at stopped giving Brittney shifts at work because he says that Brittney does not look healthy enough to sell clothes.

↳ She is healthy enough as to sell ~~that en es~~ clothes, and if her manager sees changes in her weight he should ask if shes o.k.

2. Jorge got in a traumatizing car accident. Now Jorge has PTSD. He sometimes leaves his science class because it gets too loud. Every time Jorge leaves class, his teacher gives him Saturday school.

↳ ask his teacher to maintain a quieter level in the classroom + explain his absence in important and ~~not~~ necessary.

3. Marisol and Jacob are in a relationship with each other. Marisol has depression and sometimes cuts herself off from Jacob and stops texting him. Jacob does not like this and ends up breaking up with Marisol.

↳ he should know about her mental illness and understand that she needs time fore these situations. She is not to blame, ~~her~~ her mental illness causes these actions.

IIIII. Jacob does not like this and ends up breaking up

1. discriminating when they are unaware of the situation. The manager should reach out to her or contact family. I don't think he should take away her work time.

2. The teacher should be informed about the student's issues and accomidate accordingly.

3. If they are in a relationship, Jacob should be aware & understanding of Marisol's depression.