

Effects of ethnicity on American children's attitudes about mental illness

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Abstract

To investigate the relationship between race/ethnicity and stigmatization of mental illness among American children, this study recruited 37 participants ages 9 to 11. With a parent's consent, participants read two short stories about hypothetical classmates exhibiting signs of a mental illness and filled out a questionnaire measuring levels of stigma using a Likert scale. Parents filled out a demographic questionnaire, listing the child's race/ethnicity and his or her exposure to mental illness within the immediate family. Analyses on this sample indicated that mean stigma scores were statistically significantly greater for the 24 participants belonging to a minority group (M=3.25, SD=0.62) than for the 13 European Americans (M=2.75, SD=0.5, $t(37)=2.52$, $p<.05$). These results highlight the need for culturally specific strategies for combatting mental health stigma among American children.

Introduction

- Stigma refers to the misconception belonging to a society that portrays a particular attribute associated with an individual as undesirable, ultimately discrediting that individual (Goffman, 1963).
- Approximately 44.7 million adults in the United States experience mental illness in a given year. Yet in 2016, only 43% of those adults suffering from a mental health condition received mental health services, largely a result of mental health stigma (SAMHSA, 2017).
- Half of all chronic mental illness begins by age 14, three-quarters by age 24 (Kessler, Chiu, Demler, & Walters, 2005).
- Prevalence rates of mental disorders vary significantly between different racial and ethnic groups, possibly a result of differential diagnoses and underutilization of mental health services among minority groups (Asnaani, Richey, Dimalite, Hinton, & Hoffman, 2010).
- Adults reporting two or more races were most likely to use mental health services (17.1%), followed by white adults (16.6%), American Indian or Alaska Native adults (15.6%), black adults (8.6%), Hispanic adults (7.3%), and finally Asian adults (4.9%) (SAMHSA, 2015).

Research Question

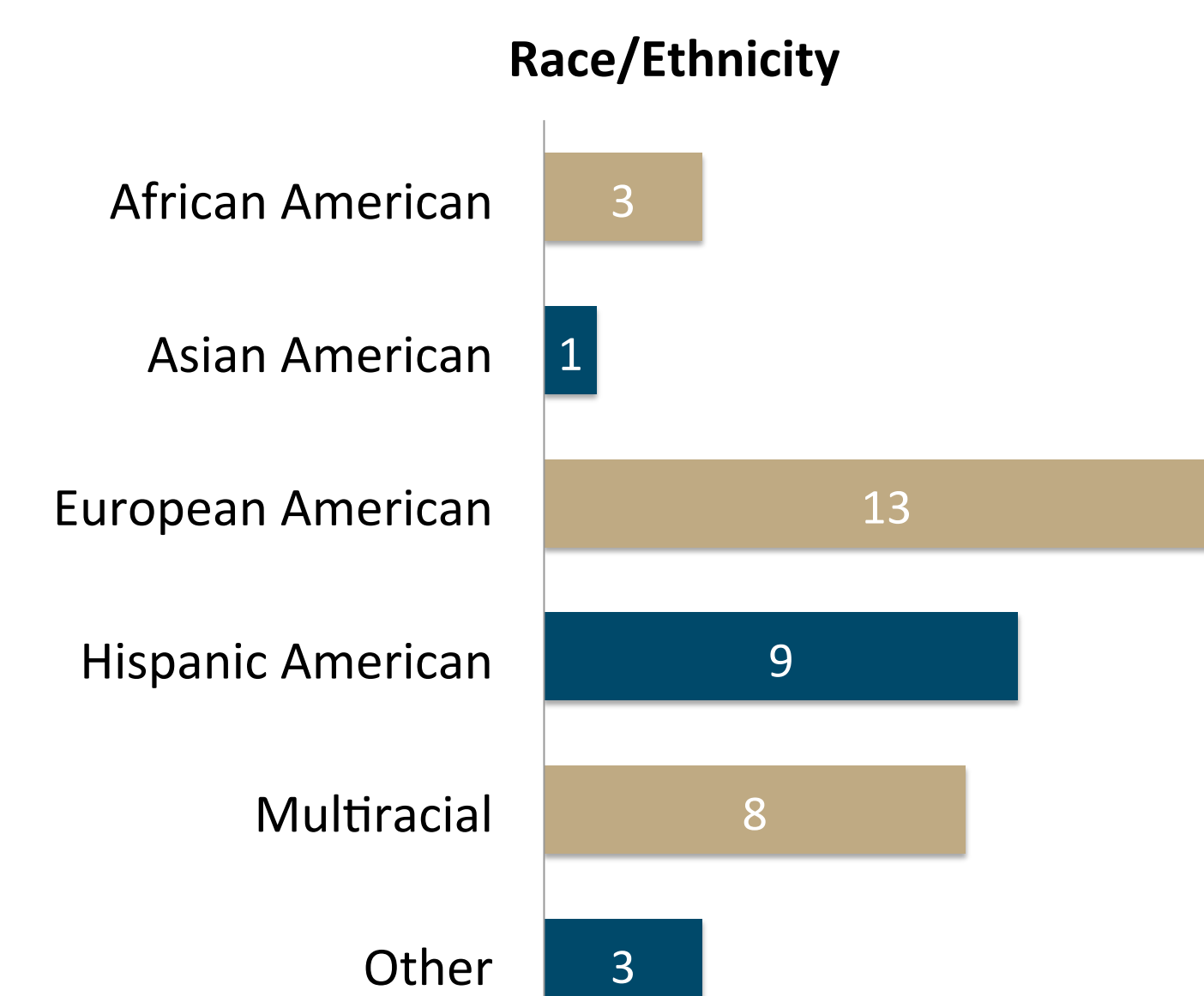
Do implicit cultural differences reflected by race/ethnicity impact the attitudes that American children form about mental illness?

Method

- 37 male and female participants ages 9-11 were recruited from YMCAs, community centers, and extracurricular programs in Washington, D.C. and Massachusetts.
- Parents gave consent for child's participation and filled out a demographic questionnaire.
- Participants received verbal instructions regarding the use of the Likert scale, including a practice question.
- Participants read two vignettes of children with gender neutral names, one exhibiting signs of depression (internalizing disorder) and one exhibiting signs of conduct disorder (externalizing disorder).
- The order of vignettes was counterbalanced among participants.
- The questionnaire was adapted from The Mental Health Commission of Canada's Youth Opinions Survey and adjusted to a 3rd grade reading level (MHCC, 2013).
- Questions measured implicit stereotyped attributions (controllability, recovery, violence/unpredictability) and social tolerance (social responsibility, social distancing).

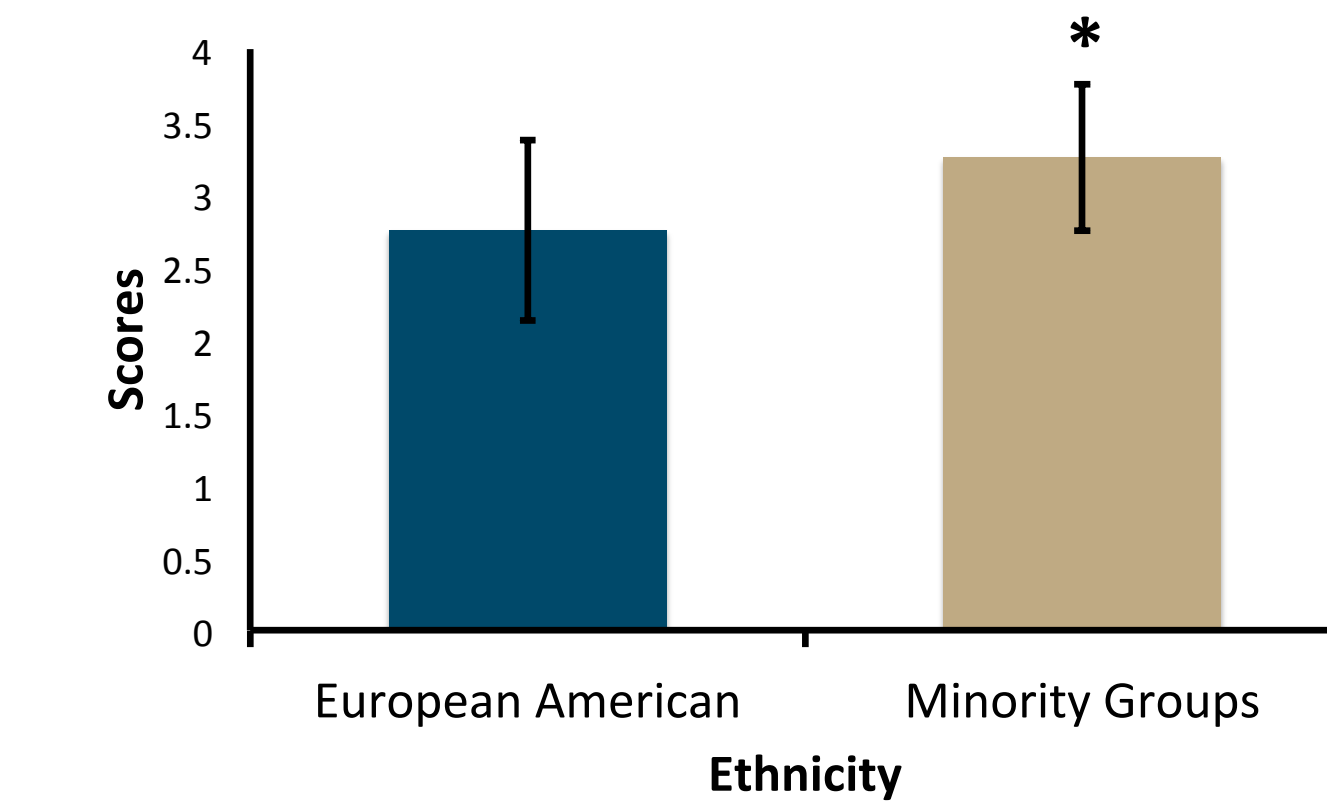
	😊	🙂	😐	😞	😢
Alex could stop acting that way if Alex wanted to.					
I would try to avoid someone like Sam.					

Sample Demographics

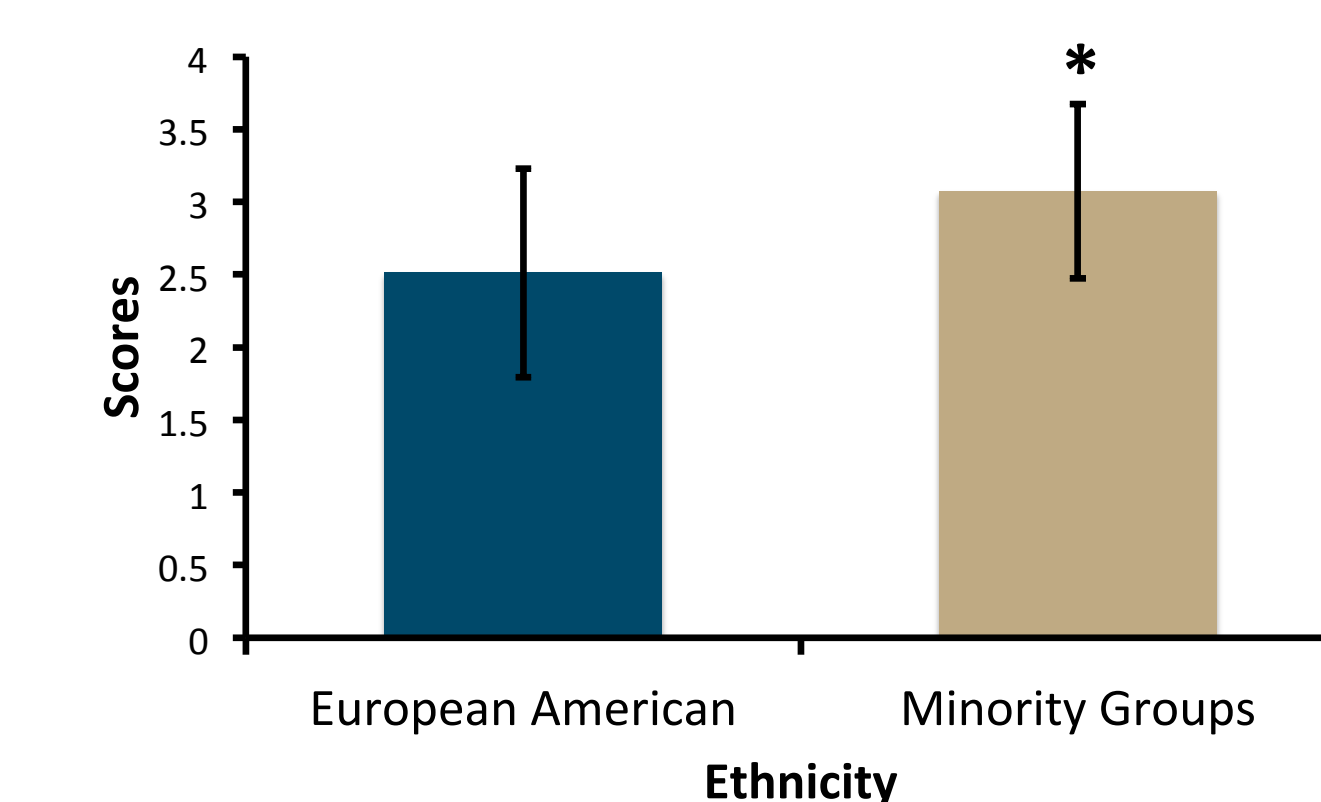


Results

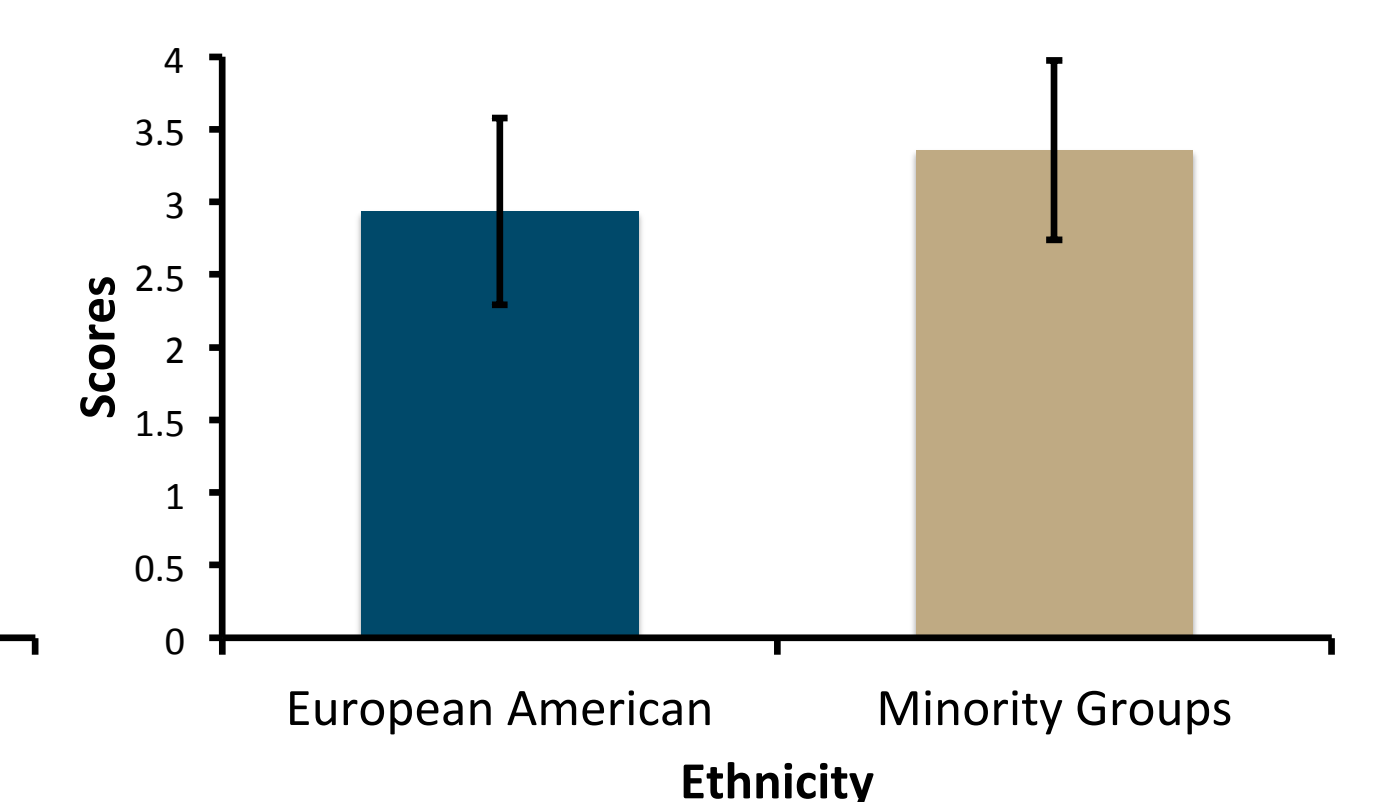
* $p<.05$
Average Overall Stigma Scores



Average Social Tolerance Scores



Average Stereotyped Attributions Scores



Discussion

- Results were in alignment with the previous literature that reflects a difference between the ways in which various ethnic and racial groups stigmatize mental illness.
- Only 4 participants had personal exposure to mental illness, preventing analyses regarding the effect of contact with mental illness on stigma scores.
- Limitations of this study include the small sample size, possible social desirability response bias, potential misunderstanding of the Likert scale, and the lack of control across the variety of recruitment locations.
- These initial results could be applied to future studies examining the stigmatization of hypothetical classmates with mental disorders other than depression and conduct disorder, or to studies attempting to further analyze the underlying reasons for stigmatization differences.
- Ultimately, the results of this study highlight the need for culturally specific strategies for combatting the stigma associated with mental illness found in the homes and schools of American children.

References