

Perception of Mental Illness Stigma in Millennials Compared to Baby Boomers

Kaelyn Rachall

Department of Psychology

Louisiana State University at Alexandria

Alexandria, LA 71302

krachall001@lsua.edu

Abstract

The National Institute of Mental Health estimates 19% of all adults in the United States suffer from mental illness. An individual's knowledge about mental illness is one factor that influences the perception of stigma. This study examined the difference in internal stigma perceived by Baby Boomers and Millennials. For this study, the Self-Stigma of Seeking Psychology Help (SSOSH) scale was used to assess the level of internal stigma felt by participants. Social media was used to direct participants to the survey. A total of 60 participants were included in the study. The data was analyzed using a one-tailed t-test to determine if there is a significant difference in internal stigma perceived between the two generations. The results showed that Millennials felt a significantly higher level of self-stigma related to seeking mental health services than Baby Boomers. Additional analysis determined that males felt a higher level of self-stigma than females related to seeking mental health services.

Keywords: stigma, self-stigma, seeking psychological help

Perception of Mental Illness Stigma in Millennials Versus Baby Boomers

Mental illness in the United States affects a large part of the population. The National Institute of Mental Health estimates 46.4 million adults suffered from a mental illness in 2017 (The National Institute of Mental Health [NIMH], 2019). That number represents almost 19% of all adults in the United States. (NIMH, 2019). An estimated 25.8% of adults aged 18-25, 22.2% of adults aged 26-19, and 13.8% of adults aged 50 and up have a mental illness (NIMH, 2019). It is important to look at the differences in the rates of diagnosis in the different age groups and investigate what factors contribute to the different rates.

Stigma is defined as "a mark, a stain or a blemish" (Mental Health Stigma, 2019, What is Mental Health Stigma?, para. 1). There has been a stigma associated with mental illness in the general public as far back as the Middle Ages. Overton and Medina (2008) stated that in the Middle Ages mental illness was considered an example of the weakness of humankind (Overton, Medina, 2008). Overton and Medina further stated that those "people with mental illnesses were jailed as criminals." (Overton, Medina, 2008) The stigma of mental illness still exists. People refer to others as "bipolar" or "psychotic" in casual conversations with derogatory meaning. People with mental health diagnoses are referred to as "dangerous" or "crazy". Lack of education or understanding about mental illness leads people to use these terms in a non-clinical setting in reference to negative behaviors. Individuals with mental illness often internalize the stigma associated with their diagnosis. According to Overton and Medina, "Negative connotations and false assumptions connected with mental illness may be as harmful as the disease itself" (Overton, Medina, 2008). Stigma may cause patients to shy away from seeking help or following treatment

plans. According to Avera, 87% of patients in a study on the stigma of mental illness reported experiencing discrimination based on their mental disorder, and 92% reported anticipating discrimination due to the perceived stigma associated with mental illness (Avera, 2017). The perception that they would be discriminated against has been shown to lead to lower self-esteem, failure to seek treatment, withdrawal from social situations, alcohol and drug abuse and even suicide (“How Does Stigma”, 2019).

The stigma of mental illness can lead to discrimination. Everyday activities that the average person takes for granted become difficult for the individual with mental illness simply due to the stigma associated with that diagnosis. A few examples of discrimination experienced by individuals with mental illness are “lack of employment opportunities; limitations on finding adequate shelter; barriers to obtaining treatment services” (Overton, Medina, 2008).

People’s perceptions are affected by their life experiences. Baby boomers and Millennials’ life experiences are very different. According to Michael Dimock of Pew Research Center, Baby Boomers are those born between 1946 and 1964 and Millennials are those born between 1981 and 1996 (Dimock, 2019). Baby boomers grew up with the Cold War, the Civil Rights Movement, and the Vietnam War. Millennials grew up with the 9/11 terrorist attacks, a virtual explosion of technological advancements, and the explosion of social media. All of these life experiences impact the way an individual views life. This paper will examine the difference in how baby boomers and millennials view mental illness.

Purpose of the Study

Research Question (RQ): Is there a significant difference in the internal stigma perceived by Baby Boomers versus Millennials?

Hypothesis

H₁: Baby Boomers have a higher level of internal stigma about seeking mental health services than Millennials.

H₀: Baby Boomers do not have a higher level of internal stigma about seeking mental health services than Millennials

Definition of Terms

Stigma - The negative reaction the general population has to people with mental illness.

Self-Stigma - Negative feelings individuals with mental illness feel against self.

Millennials - Individuals born from 1981 to 1996

Baby Boomers - Individuals born from 1946 to 1964

Literature Review

The following literature reviews perceptions of mental illness across different generations. These studies suggest differences in how individuals view mental illness and the likelihood of seeking treatment. The following articles were selected based on relevance.

Avera (2017) studied the ability of Baby Boomers, Generation X and Millennials to identify mental illness. She included information about the individual’s educational experience with mental illness and personal contact with mental illness. Two hundred fifty individuals between the ages of 18 and 74 participated in the on-line survey addressing nine different mental

illnesses. She found Baby Boomers' knowledge of mental illness was significantly less than other generations, but she did not find a relationship between accurate knowledge and education of mental illness.

Simmons, Jones and Bradley (2017) studied the relationship between knowledge of mental health and attitude change. They studied 39 university students (18 male and 21 female) from a university in the West Midlands. They assessed participant's knowledge and stigma using The Mental Health Knowledge Schedule (MAKS), Community Attitudes toward the Mentally Ill (CAMI) and the Opinion about Mental Illness (OMI) scales. Participants were tested before and after being provided information about mental illness. The test scores were then combined to give an overall score. The levels of stigma found in the post-test were significantly less than those found in the pre-test indicating that knowledge and education about mental health can reduce the stigma.

Conner, et al (2010) studied how mental health stigma affected treatment-seeking behavior in different races differently. They looked at two different aspects of stigma—public stigma and internalized stigma. There were 248 participants over the age of 60. Participants (African American and White) were surveyed by telephone. They found older adults were not likely to seek treatment due to a perception of public stigma. On the Internalized Stigma of Mental Illness Scale (ISMI) Whites had a mean score of 2.10 and African Americans had a mean score of 2.18 (Connor, et. al., 2010). This slightly higher mean score indicates that African Americans have a higher internalized stigma, which implies that they had a negative attitude toward their own mental health needs. This led to older African Americans being slightly less likely than their White counterparts to seek treatment.

St-Onge and Lemyre (2017) analyzed the scales used to assess teacher's attitudes about mental health. The existing scale utilized the Mental Illness Awareness Survey. It consists of 3 separate scales: The Confidence scale, The Fear and Social Distance scale, and the Mental Health Disorders (MHD) Familiarity scale. Three new scales were also used: The Teacher's Perception of Measures Offered by Adapted and Psychosocial Services scale, The Measures Offered by Teachers to Help Students with MHDs scale and the teachers' Needs scale. They also looked at the correlation between teachers' negative attitudes and services offered to students by the teachers. Two hundred thirty-two teachers in Canada responded to the questionnaire that included six different scales. Four variables were found to have a positive impact on the teacher's attitude toward students with mental illness. Confidence in one's ability to convince a student to seek help improved attitude. The second and third variables dealt with a teacher's familiarity with mental health disease and their knowledge and understanding of mental health disease. The final significant variable looked at the teacher's perception of the accommodations offered to students. Positive findings in these areas all led to positive attitudes toward students with mental health needs.

The engagement in mental health treatment of patients with serious mental illness was analyzed by Hack, Brown, Drapalski and Lucksted (2019). Hack et al studied the patient's experiences with mental health stigma, discrimination and the patients' own internalized stigma. One hundred sixty-seven adults with serious mental illness were included in the study. Engagement was assessed by their primary healthcare providers using the Service Engagement Scale. They found no correlation between treatment engagement and stigma or discrimination experiences. When looking at the experience of stigma, those with a higher level of education were found to have greater treatment engagement. Internalized stigma was associated with poor treatment engagement.

Forbes, Crome, Sunderland and Wuthrich (2016) examined patients' perceived need for

treatment in order to understand if seeking treatment is different across age groups due to the perceived need for treatment, belief that treatment needs will be met, and/or perceived barriers to treatment. They used a National Mental Health survey in Australia and included all participants who could potentially benefit from mental health services. A total of 5733 participants were included in the study. Older adults were found to be the least likely to feel a need for mental health services. Those older adults who perceived a need for services felt their needs were met more often than younger participants. There was not a difference found across age groups in relation to barriers.

These studies suggest a definite perception of stigma associated with mental illness. The stigma is found across age groups. The degree of education about mental illness was found to affect the degree of stigma perceived. The correlation between education about mental illness and the degree of stigma perceived supports the need for more research in this area.

Methods

Participants

All individuals included in this study participated voluntarily. Participants were recruited through Facebook and e-mail to participate in the on-line questionnaire. Individuals not identified as Baby Boomers or Millennials were excluded from the study. No other exclusion criterion was used.

Materials

Informed Consent. A basic overview and purpose of the study was provided on the consent. The risks and benefits of the study were also included in the informed consent (Appendix A). Participants were asked to check the box to indicate informed consent to participate in the study.

Demographics. Participants were asked to provide gender, race and age (Appendix B).

The Self-Stigma of Seeking Psychology Help (SSOSH). scale was used for this study to determine the self-stigma felt by participants (Appendix C). A 5-point Likert scale was used to rate ten questions about the individual's feelings about seeking psychological help. The participant ranks their feelings from strongly disagree (1) to strongly agree (5). Questions two, four, five, seven, and nine are reverse scored due to the wording of the questions. The scale was developed by the Iowa State University Department of Psychology for research purposes (Vogel, Wade and Haake, 2006).

Design and Procedure

A link to the questionnaire was posted on Facebook with a request for users to share the link. Once the link was opened, the user read the informed consent and then indicated their consent by clicking yes. Once the consent was completed, the participant provided their demographic information. Finally, the participant answered the survey questions of the SSOSH scale. Once completed, the survey was submitted to the researcher for examination. Participants did not have access to their individual results.

Results

This current study examined the following research question. **RQ:** Is there a difference in the internal stigma perceived by Baby Boomers versus Millennials? **H₁:** Baby Boomers have a higher level of internal stigma about seeking mental health services than Millennials. **H₀:** Baby Boomers do not have a higher level of internal stigma about seeking mental health services than Millennials.

Descriptive Statistics

A total of 106 individuals responded to the survey. Of the 106 participants, 46 were removed because they were not in the Baby Boomer or Millennial age group. This left a total of 60 participants in the study. Millennials made up 52% of the participants ($n=31$), Baby Boomers made up 48% of the participants ($n=29$) (Figure 1). Females made up 85% of the participants ($n=51$) while males made up 15% of the participants ($n=9$). All participants in the study were identified as Caucasians.

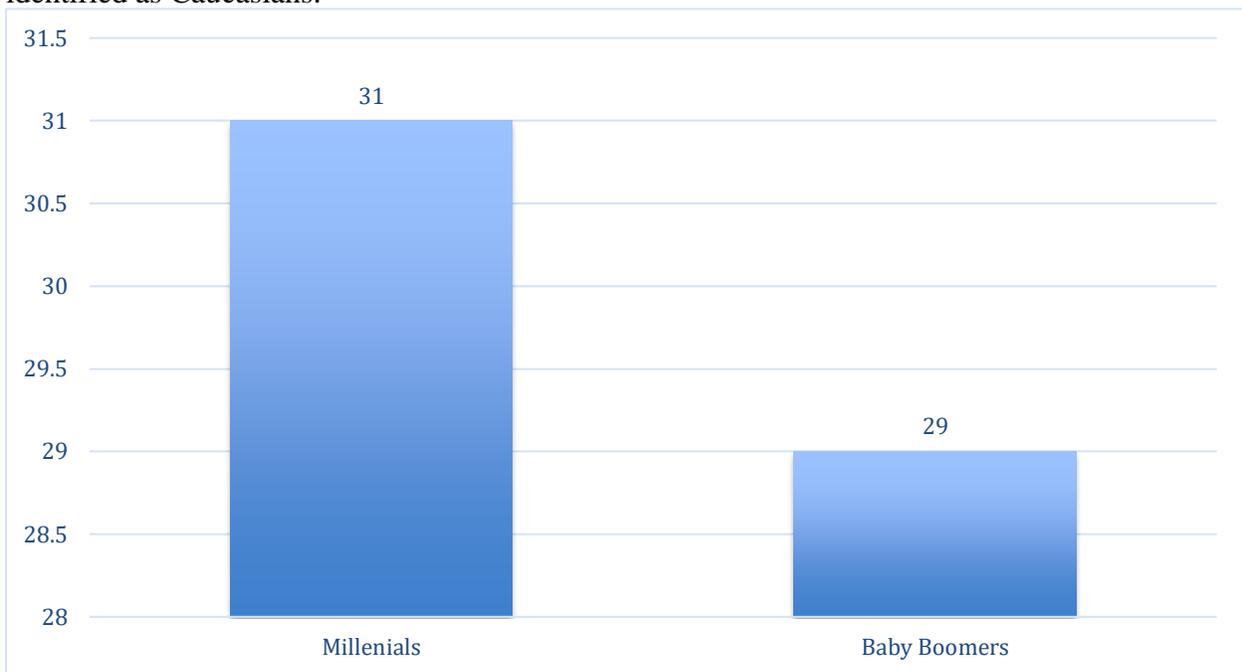


Figure 1. Participants by generation used in the study.

The Millennials mean score was $M = 23.4$, $SD = 9.1$ on the SSOSH questionnaire. The Baby Boomers' mean score was $M = 19.6$, $SD = 6.8$ (Figure 2). The females' mean SSOSH score was $M = 20.8$, $SD = 8.4$. The males' mean score was $M = 26.4$, $SD = 6.2$ using the same scale (Figure 3).

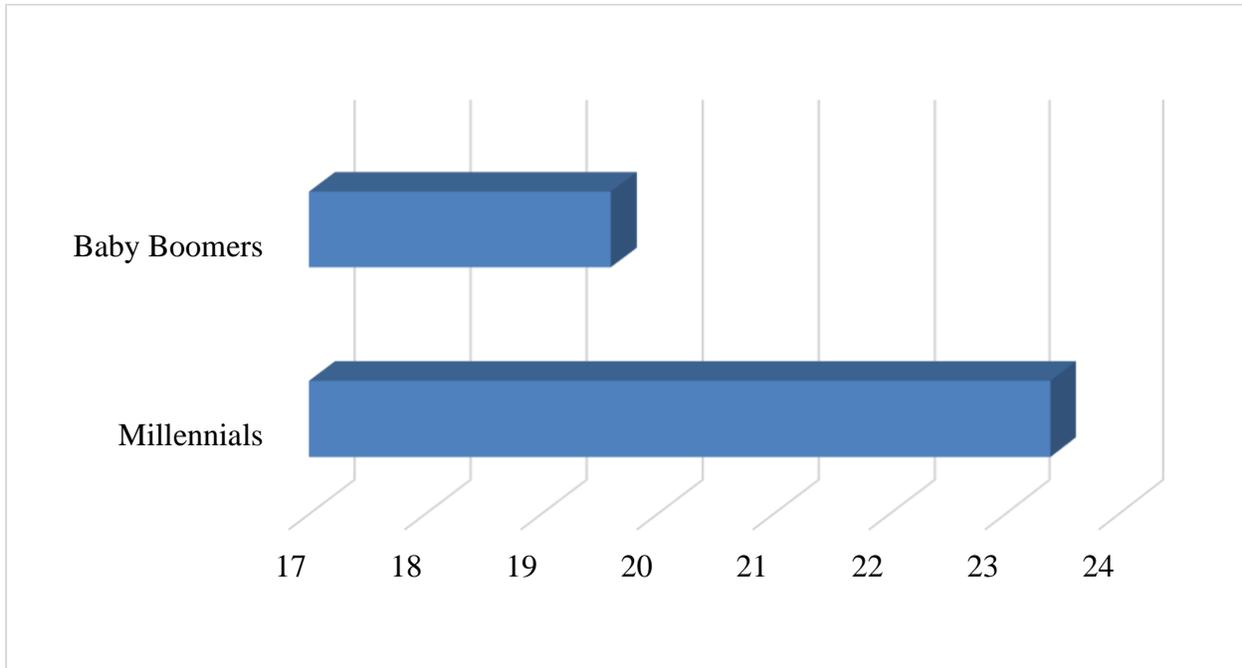


Figure 2. SSOSH mean score by generation.

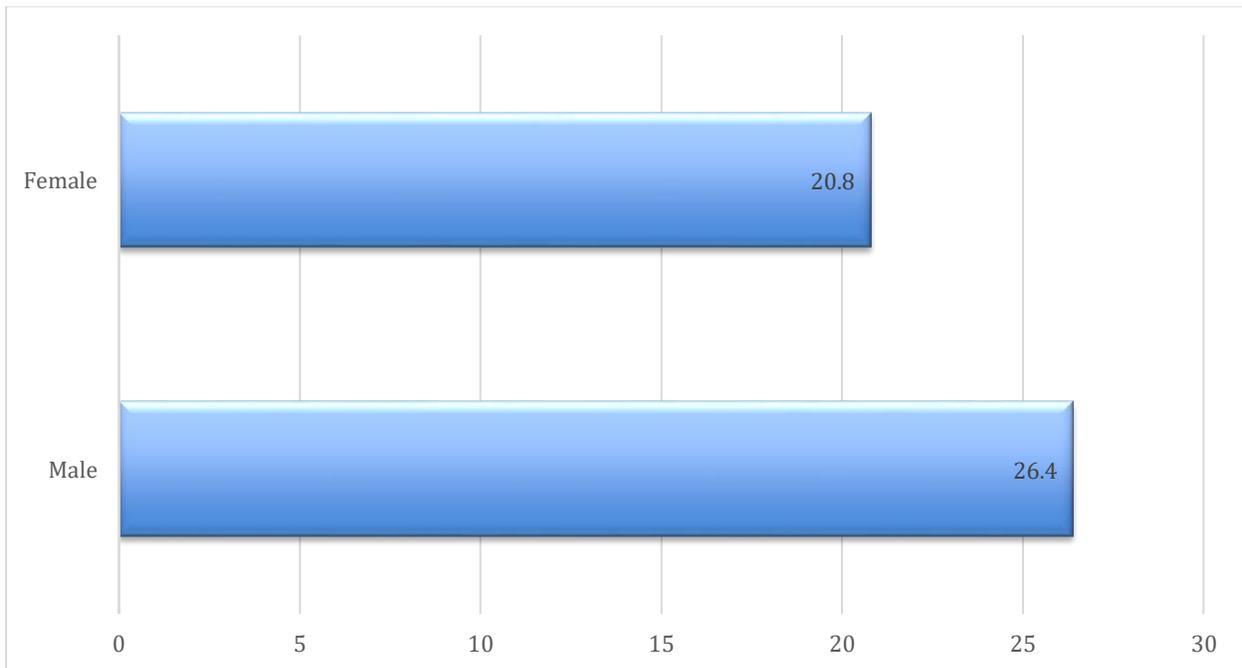


Figure 3. SSOSH mean score by gender.

Analysis of the Research Question

A one-tailed t-test was run to determine if the difference in the mean scores of Millennials and Baby Boomers was statistically significant. The t-test was run assuming equal variance at $p < 0.05$.

This test determined there was a statistically significant difference between the generations' scores, $t(58) = 1.9$, $p = .03$. The difference was significantly different, but the hypothesis was rejected because the Millennials had a higher SSOSH score than the Baby Boomers. The null hypothesis was not rejected.

Additional Analysis

A one-tailed t-test was also run comparing the scores of males and females using the SSOSH test. The test was run assuming equal variance at $p < 0.05$. The test determined that there was a statistically significant difference between the scores of males and females, $t(58) = -1.9$, $p = 0.03$.

Discussion

This study compared the self-stigma felt by Millennials and Baby Boomers in relation to seeking mental health services. After analyzing the data, Millennials were found to feel more self-stigma than Baby Boomers. This was opposite of the original hypothesis. This supported the study of Forbes, Crome, Sunderland and Wuthrich (2016) who found that while older adults felt less need for mental health services, the older adults who felt the need for services did not have issues with seeking mental health services.

While the study did not support the original hypothesis, several factors could affect the stigma felt by Millennials. Millennials often feel as though society views them as weak. Seeking mental health services may be seen as proving that societal view to be correct. Millennials are also in a time in their life where they are building careers. They may fear that seeking help will be seen as a weakness in the business world. On the other hand, Baby Boomers have many more life experiences that may lead to a more open view of seeking help.

Limitations

This study is limited by having only white participants. This allows deduction to be made about white individuals, but deductions about the population in general cannot be made. The study is also limited by the small number of participants. While statistically significant results were found, a larger number of participants would be preferred. Participants had to be gathered using social media platforms because of the COVID-19 pandemic. This limited the number of participants, races of participants, and cultural backgrounds. In addition, participants' experience with seeking mental health services were not assessed which may have a significant impact on stigma.

Future Research

The SSOSH Scale (Vogel et al, 2006) could be used in other studies in this field. It would be interesting to compare the results of different races or compare the genders within specific ethnic groups. Also, as indicated, this study was limited by the small number of participants. A repeat of this same study with a larger, wider range of participants would be helpful. Another interesting area of study in this field would be including the level of education or knowledge of mental illness of the participants in the demographics. Self-stigma about seeking mental health services may be affected by the individuals' knowledge and familiarity with mental health disorders. Generation Z was not allowed to be included because the majority of this generation is under the age of 18. It

would be very interesting to see where that generation falls on this scale as compared to Baby Boomers and Millennials.

Conclusions

While the study did not support the original hypothesis, several factors could affect the stigma felt by Millennials. Millennials often may feel as though society views them as weak. Seeking mental health services may be seen as proving that societal view to be correct. If Millennials feel more internalized stigma, they may be less likely to seek out mental health treatment. Millennials are also in a time in their life where they are building careers. They may fear that seeking help will be seen as a weakness in the business world. On the other hand, Baby Boomers have many more life experiences that may lead to a more open view of seeking help.

List of abbreviations

SSOSH, Self-Stigma of Seeking Psychology Help
NIMH, National Institute of Mental Health
MAKS, Mental Health Knowledge Schedule
CAMI, Community Attitudes towards the Mentally Ill
OMI, Opinion about Mental Illness
ISMI, Internalized Stigma of Mental Illness Scale

References

- Avera, A. M. (2017). Differences in mental health education across baby boomers, generation X, and millennials. Retrieved from <https://digitalcommons.georgiasouthern.edu/honors-theses/294/>
- Conner, K. O., Copeland, V. C., Grote, N. K., Koeske, G., Rosen, D., Reynolds, C. F., & Brown, C. (2010). Mental health treatment seeking among older adults with depression: The impact of stigma and race. *The American Journal of Geriatric Psychiatry, 18*(6), 531–543. doi: 10.1097/jgp.0b013e3181cc0366.
- Dimock, M. (2019, January 17). Defining generations: Where Millennials end and Generation Z begins. Retrieved from <https://www.pewresearch.org/fact-tank/2019/01/17/where-millennials-end-and-generation-z-begins/>
- Forbes, M., Crome, E., Sunderland, M., & Wuthrich, V. (2016). Perceived needs for mental health care and barriers to treatment across age groups. *Aging & Mental Health, 21*(10), 1072–1078. doi: 10.1080/13607863.2016.1193121.
- Hack, S. M., Muralidharan, A., Brown, C. H., Drapalski, A. L., & Lucksted, A. A. (2019). Stigma and discrimination as correlates of mental health treatment engagement among adults with serious mental illness. *Psychiatric Rehabilitation Journal*. doi: 10.1037/prj0000385.
- Mental health stigma. (2019). Retrieved from <http://www.healthdirect.gov.au/mental-health-stigma>
- National Institute of Mental Health (2019). *Mental Illness*. Retrieved from <http://www.nimh.nih.gov/>
- Overton, S. L., & Medina, S. L. (2008). The Stigma of mental illness. Retrieved from <https://onlinelibrary.wiley.com/doi/abs/10.1002/j.1556-6678.2008.tb00491.x>
- Simmons, L., Jones, T., & Bradley, E. (2017). Reducing mental health stigma: The relationship between knowledge and attitude change. *European Journal of Mental Health, 12*(1), 25–40. doi: 10.5708/ejmh.12.2017.1.2.
- St-Onge, M., & Lemyre, A. (2017). Assessing teachers' attitudes towards students with mental health disorders in 16 post-secondary institutions in Quebec. *International Journal of Disability, Development and Education, 65*(4), 459–474. doi: 10.1080/1034912x.2017.1406068.
- Vogel, D., Wade, N. and Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology, 53*(3), 325-337. doi: 10.1037/0022-0167.53.3.325.

Appendix A

Informed Consent

The purpose of this study is to examine the stigma associated with seeking mental health services. The study is conducted by Kaelyn Rachall under the supervision of Dr. Sandra Gilliland. This study is a course requirement for Psychology 3017/4017 at Louisiana State University at Alexandria. The survey will take approximately five minutes to complete. There is little to no risk associated with participation in this study, however, some individuals may experience mild psychological discomfort. When at any point you wish to discontinue the survey, you may do so with no associated penalty. All information collected in this study will remain confidential. If you wish to continue with the survey, please check the box below. If you do not wish to participate, discontinue the survey at this time.

I have read the informed consent and agree to participate in the study.

Appendix B Demographic Information

Race/Ethnicity

- White
- Hispanic
- African American
- Native American
- Asian/Pacific Islander
- Other

Age

- (Under 23)
- (23-38)
- (39-54)
- (55-73)
- (Over 73)

Gender

- Male
- Female
- Prefer not to identify

Appendix C

INSTRUCTIONS: People at times find that they face problems that they consider seeking help for. This can bring up reactions about what seeking help would mean. Please use the 5-point scale to rate the degree to which each item describes how you might react in this situation.

1 = Strongly Disagree 2 = Disagree 3 = Agree & Disagree Equally 4 = Agree 5 = Strongly Agree

1. I would feel inadequate if I went to a therapist for psychological help.
2. My self-confidence would NOT be threatened if I sought professional help.
3. Seeking psychological help would make me feel less intelligent.
4. My self-esteem would increase if I talked to a therapist.
5. My view of myself would not change just because I made the choice to see a therapist.
6. It would make me feel inferior to ask a therapist for help.
7. I would feel okay about myself if I made the choice to seek professional help.
8. If I went to a therapist, I would be less satisfied with myself.
9. My self-confidence would remain the same if I sought professional help for a problem I could not solve.
10. I would feel worse about myself if I could not solve my own problems.