



THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL

# Stigma *free* Carolina

REDEFINING MENTAL HEALTH

THE ROYSTER  
SOCIETY OF FELLOWS



## Stigma Free Carolina 2014: Addressing Stigma Towards Mental Illness at UNC-Chapel Hill

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### **Executive Summary**

Mental illness in the contemporary society is a concern that is more pervasive than previously thought. In the United States (US), approximately 1 in 5 individuals report having a mental illness of any kind, and 1 in 17 report having a severe and persistent mental illness. Generally, symptoms first appear during the late teenage years—a phenomenon with a variety of socio-demographic stimuli. One such factor is engagement in higher education. In the 2014 Healthy Minds Study Survey conducted at University of North Carolina – Chapel Hill, approximately 45% of all students surveyed (n = 885) indicated that they “needed help for emotional or mental health problems” and approximately 1 in 3 screened positive for a diagnosis of mental illness. Despite this high prevalence, only half of students with positive screening of depression and anxiety reported utilizing any mental health therapy/counseling or medication. One factor that likely influences healthcare service utilization among people with mental illness is stigma. Indeed, half of the students surveyed indicated that they think, “Most people think less of a person who has received mental health treatment.”

To address the high levels of stigma, the Stigma Free Carolina (SFC) campaign was devised. The campaign emerged through collaborations with various university offices and student organizations. The campaign was formalized during the summer of 2014 and implemented during Fall semester of 2014, running from September 12<sup>th</sup> to October 11<sup>th</sup>. The campaign/intervention consisted of mass media strategies, mental health education training sessions, and a panel event with several subject-matter experts. The effect of the campaign was evaluated using online surveys, which were conducted at three time-points using random samples from university students. Results indicate that those who were aware of the SFC campaign reported significantly lower levels of personal stigma and greater knowledge about UNC mental health resources than those who were unfamiliar with the SFC campaign. Fortunately, these two outcomes were among the primary aims or targets of the campaign. No significant differences on the measures of stigma between the three waves of the survey were found; however, this finding is influenced by the fact that the majority of students who took the survey (70%) were not aware of the campaign and, thus, were not exposed to the intervention.

The University of North Carolina at Chapel Hill is one of the nation’s premier educational institutions and, we believe, all students here should experience an environment that is conducive to their mental health, allowing them to reach desired levels of educational and extra-curricular success. Moving forward, we advocate conducting the campaign on an annual basis. As an educational institution, UNC experiences great flux in the student pool as cohorts of students arrive and depart. By continuing the SFC campaign, together we aim to work towards a “Stigma Free Carolina.”



## Background & Significance

Nearly half of all Americans will warrant a mental disorder diagnosis at some point in their lives, and three-fourths of these mental health issues will emerge by age 24 (Kessler et al., 2005). As many American youth and young adults pursue postsecondary education, academic settings have become an important site for mental health diagnosis, treatment, and research (e.g., Eisenberg, Downs, Golberstein, & Zivin, 2009). Indeed, recent surveys (Figure 1) at UNC-Chapel Hill indicated that a) 1 in 3 respondents (35%) screened positive for a mental illness diagnosis, b) reports of depression increased by 34% between 2014 and 2007 (i.e., 13.4 to 18%), and c) 47% of students perceived needing help for mental or emotional problems (Eisenberg, 2007, 2014). Despite the high prevalence, many students do not access required health care services in a timely manner. Only 52% of those with a positive depression or anxiety screen reported receiving any medication or therapy. Importantly, mental health issues in early life have been linked to negative social, occupational, academic, and health outcomes (Breslau, Lane, Sampson, & Kessler, 2008; Kessler et al., 2005). Thus, efforts to address and ameliorate low healthcare utilization rates among students at UNC-Chapel Hill are warranted.

Although there may be numerous possible explanations for this phenomenon, we focus on two well-accepted hypotheses that explain the gap between the proportion of students reporting mental/emotional health needs and the number of students who actually access services:

- 1) Students' perceived public stigma and personal stigma serve to impede their pursuit or use of mental health services.
- 2) Many students are unaware of the mental health resources that are available to them, or they lack important knowledge surrounding mental health issues and methods for treatment.

## Mental Health Stigma

Influence of stigma towards mental illness on treatment or help-seeking behaviors among youth and young adults has been well documented (Collins, Wong, Cerully, Schultz, & Eberhart, 2012; Eisenberg et al., 2009; Yamaguchi, Mino, & Uddin, 2011). Of particular importance to our project aims are the concepts of *perceived public stigma* and *personal stigma*. The former is defined as one's perception of public stigma—the aggregate of each individual's stereotypes and prejudices within a given community, culture, or region (Corrigan, 2004). The latter is defined as one's own personal stereotypical views or prejudices toward mental health issues (Corrigan & Watson, 2002).

Recent surveys at UNC-Chapel Hill provide evidence for these two forms of stigma. Specifically, in 2014, 7% of students agreed with the statement, "*I would think less of someone who has received mental health treatment*," 50% of students agreed with the statement, "*Most people would think less of someone who has received mental health treatment*," 13% of students agreed with the statement, "*I feel that receiving mental health treatment is a sign of personal failure*," and 53% agreed with the statement, "*Most people feel that receiving mental health treatment is a sign of personal failure*" (Eisenberg, 2014). These figures represent considerable levels of personal stigma and perceived public stigma—factors that may partially explain why students who report needing mental/emotional health treatment are forgoing appropriate services,



even when such services are readily available. Despite the presence of various services on campus, such as Counseling and Psychological Services (CAPS) and Student Wellness, the rate of service utilization is lower than expected.

### **Mental Health Services and Knowledge**

In 2014, almost one in 3 students at UNC-Chapel Hill reported ever being diagnosed with a mental health disorder. However, as acknowledged earlier, many don't access services. There seems to be a significant discrepancy between the number of students who could benefit from available care and the number of students actually accessing care. This discrepancy represents, along with the influence of stigma attached to mental health concerns, that students might be unaware of available services. As shown in Figure 3, survey data also appears to indicate a lack of knowledge pertaining to mental health issues and methods for treatment, which influenced help-seeking behaviors in 2010. Through personal communications with university officials and available evidence, it is clear that resources for mental health treatment are ubiquitous at UNC-Chapel Hill. However, additional collaborative efforts among mental health service agencies (i.e., inter-agency collaboration) may produce better service utilization outcomes than independent efforts (i.e., intra-agency efforts). Beginning in 2014, we engaged with various stakeholders and agencies on campus to build inter-agency collaboration, with the goal of reducing stigma, improving service advertisement/accessibility, and enhancing student awareness/education. We also aimed to adapt/implement, and evaluate evidence-based methods for reducing mental health stigma within the UNC-Chapel Hill community (refer to Collins et al., 2012; Yamaguchi et al., 2011).

### **Intervention strategies**

Efforts to reduce stigma in UNC-Chapel Hill community began under the leadership of students from the Royster Society of Fellows. We established contacts with various university stakeholders, and during the summer of 2014, the Committee For Striking Stigma emerged. The committee included more than 30 individuals/leaders from more than 15 university offices or organizations. Some of the offices or organizations are The Graduate School, CAPS, Office of Student Affairs, Rethink Psychiatric Illness, Graduate and Professional Student Federation, and Active Minds (refer to Appendix – 1 for a list of collaborators).

Regular committee meetings were held during the summer of 2014 and Stigma Free Carolina (SFC) as an official campaign emerged through these meetings. The meetings were held to garner ideas and constructive feedback to help shape campaign events and protocols.

***Stigma Free Carolina 2014 Campaign:*** The committee decided to have a month-long campaign starting from September 12<sup>th</sup> and ending on October 11<sup>th</sup>. The dates were chosen such that the campaign would end during Mental Health Awareness Week (October 5<sup>th</sup> – October 11<sup>th</sup>). The committee chose to have at least 2 events or intervention strategies during each week of the campaign month (Appendix – 2 event flyer). Through continuous feedback from the committee and reference to evidence-based strategies, the following components of the campaign or the intervention were developed (all events were free to attend for students and the general public):



1. *Education-based interventions*: Participants of educational interventions are provided with educational material or information regarding causes of mental health concerns, its treatment, and experiences of individuals living with such concerns (Collins et al., 2012). Such educational interventions are provided to address negative attitudes towards individuals with mental health concerns and lack of general knowledge pertaining to mental health concerns. These interventions are typically 1 to 4 hours long, and can target a variety of individuals, some of whom may or may not be stakeholders in a community (such as employers or teachers). There is some support for its short-term effects (Corrigan & Penn, 1999). However, less empirical support exists for its long-term effects (Corrigan & Gelb, 2006).

SFC partnered with Rethink Psychiatric Illness, an established student organization, to provide four educational trainings during the campaign period. The trainings were provided in 2 formats: (a) a two-hour long brief format, and (b) a four-hour, more in-depth, format. Both formats included a break for 15-30 minutes during which refreshments were provided to the participants. Each training was attended by at least 10 individuals.

2. *Mass media strategies*: Mass media strategies expose individuals to educational messages regarding causes of mental health concerns, its treatment, and its outlook or prevalence in society or the targeted local community. The messages aim to reduce stigma toward mental health and mental health treatment. Messages can be delivered through multi-media outlets such as television ads or through simple infographics shared via the internet. These strategies are targeted to address the overall attitude of a community towards mental health concerns. Evidence suggests that such initiatives can have short-term effects. However, less evidence exists with respect to long-term effects (Collins et al., 2012).

During the campaign, various infographics (Appendix – 3) highlighting facts about mental illness, stigma, and healthcare resources were placed across campus. Furthermore, student volunteers were present at various university events, such as student and family orientations, where information about the campaign was distributed. We also hosted a themed meal at Top of Lenoir dining hall as the opening event for the campaign. During this event we distributed event flyers, infographics, and merchandise (i.e. pens, buttons, magnets, wristbands) with the SFC logo and website. We also engaged students in a quiz game where questions about mental health knowledge were asked. More than 1500 students attended the themed meal (Appendix – 4). Infographics were also distributed at various university events and placed at various locations throughout the campaign.

3. *Panel of expert speakers*: During the last week of the campaign a panel of expert speakers was organized. More than 100 students and university officials, including Steven Matson, Dean of The Graduate School, attended the panel. The panel aimed to discuss the influence of stigma on people with mental illness. Speakers of the panel included:

Martha Brock - Advocate for Disability Rights

Bruce Cairns - Faculty Chair, UNC

Debra Dihoff - Executive Director, NAMI-NC

Barbara Smith - Clinical Assistant Professor, School of Social Work, UNC

Maureen Windle - Assoc. Director, Counseling & Psychological Services, UNC

The panel was moderated by Dr. Sue Estroff, professor of social medicine (Appendix – 5).



4. *Interactive Theatre Carolina Workshop*: We collaborated with Interactive Theatre Carolina to host a theatre workshop focused on the experiences of students with mental illness. The workshop provided an opportunity to understand and discuss perceptions of mental health in a more open and personable environment. The event was attended by approximately 10 students and lasted two hours.

### Program Evaluation

Cross-sectional and longitudinal surveys were conducted to assess the influence of campaign components on student attitudes and knowledge about mental illness and mental health resources (Appendix – 6). Surveys were conducted at three time points: (a) two weeks before, (b) two weeks after, and (c) one month after the campaign (Table – 1). From the full population of students at the university, unique random samples of 300 students were chosen at all three time points. In addition, a randomly selected longitudinal sample 300 students were followed across all three time points and encouraged to complete the survey at each time point. All surveys were conducted online via Qualtrics and distributed electronically.

Table 1

|              |   |
|--------------|---|
| Time point 1 | Random Sample 1 + Longitudinal Sample 1 |
| Time point 2 | Random Sample 2 + Longitudinal Sample 1 |
| Time point 3 | Random Sample 3 + Longitudinal Sample 1 |

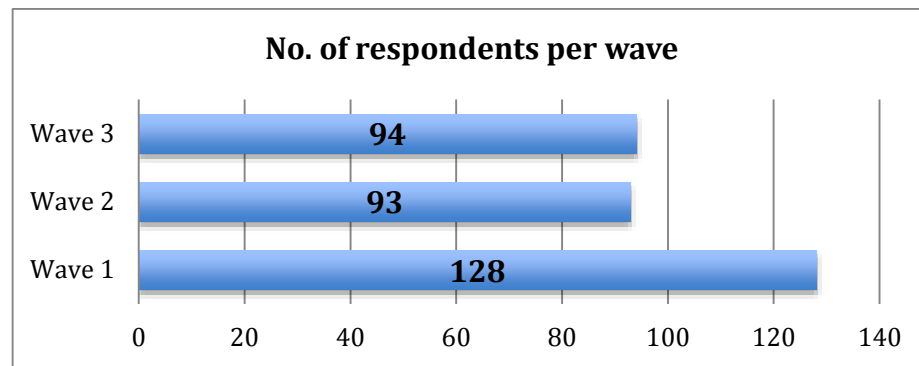
**Measures:** A survey comprising of 38 questions was used to evaluate the program, its coverage, and its effects. The survey consisted of questions measuring both personal and public stigma, adopted from previous Healthy Minds Study surveys (Eisenberg et al., 2007). The survey also collected socio-demographic information (e.g. age, race/ethnicity, student status). Respondents were also asked to self-report about receiving a diagnosis of any mental health concern in the past. All the information was collected anonymously.

### Results

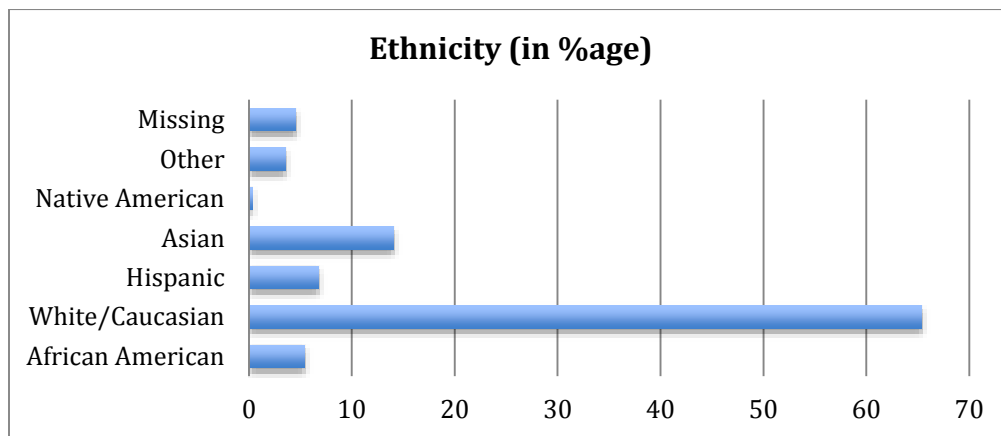
The survey data were examined using univariate and multivariable statistical analyses. The results from the analyses are shown below.

1. **Demographical analyses:**

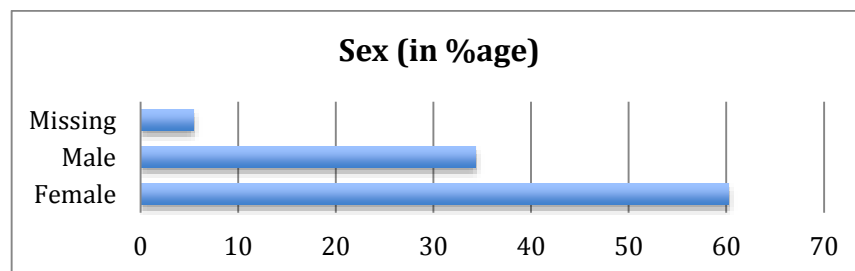
- a. Number of respondents per wave: Over 120 student respondents completed the survey during wave 1. However, during both waves 2 and 3, response rates were almost 25% lower than at wave 1. In total 315 students completed the survey, representing a response rate of approximately 26%.



- b. Ethnicity: The majority (65%) of survey participants described themselves as being “White/Caucasian.” The second largest group (14%) described themselves as being “Asian.”

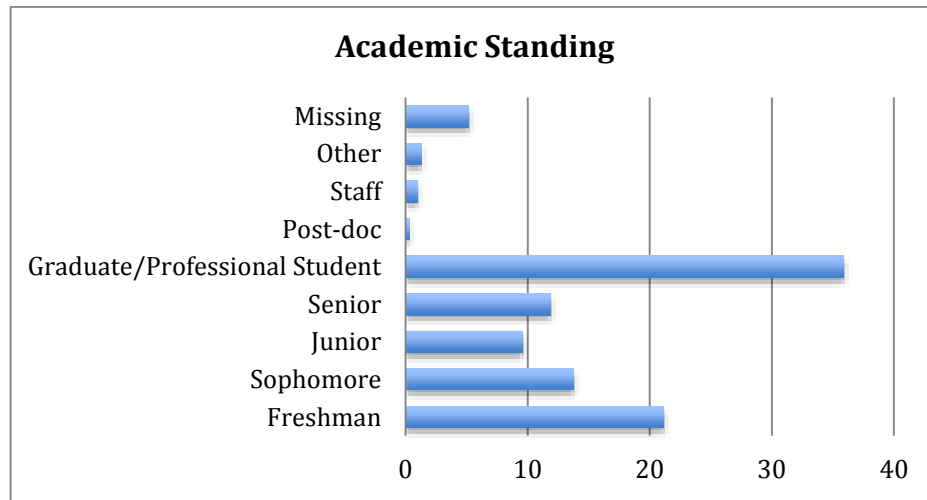


- c. Gender: About 60% of the survey respondents were female.

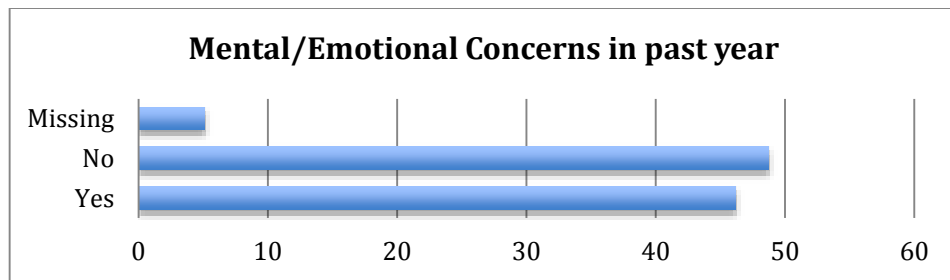


- d. Academic standing: Most (i.e., 56%) of the survey respondents were undergraduate students, whereas graduate and professional students accounted for 36% of all survey respondents. This constellation of undergraduate and graduate/professional students is similar to that found in the Health Minds Study.

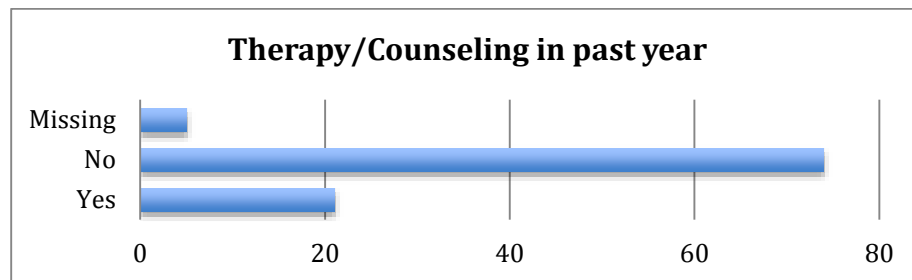




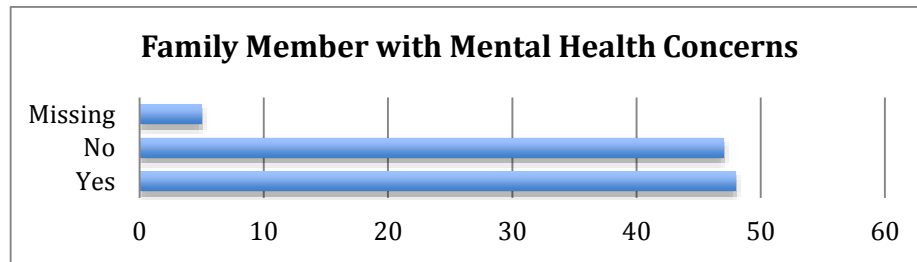
- e. Mental or emotional health concerns during past year: Slightly less than half of the respondents (46.2%) reported “yes” when asked if they thought they needed help for mental or emotional concerns during the past year.



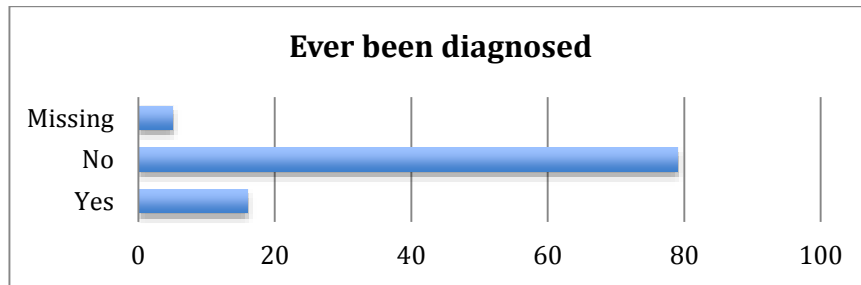
- f. Therapy or counseling in past year: Almost 1 in 5 (21.2%) students reported using therapy or counseling services for mental health concerns during the past year.



- g. Family members with mental health concerns: Almost half of the respondents (48.4%) reported having a family member with mental health concerns.

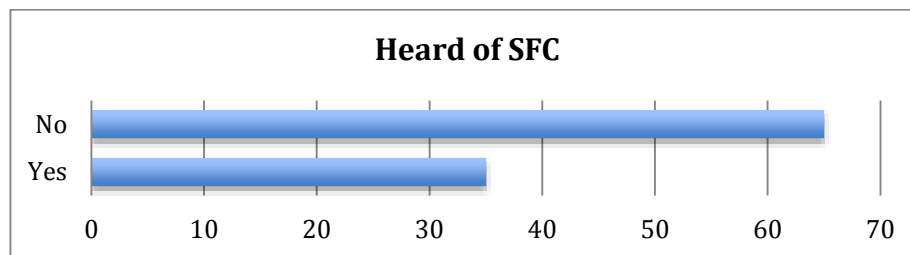


- h. Ever been diagnosed with a mental health concern: Almost 16% of the respondents reported being diagnosed with a mental health concern.



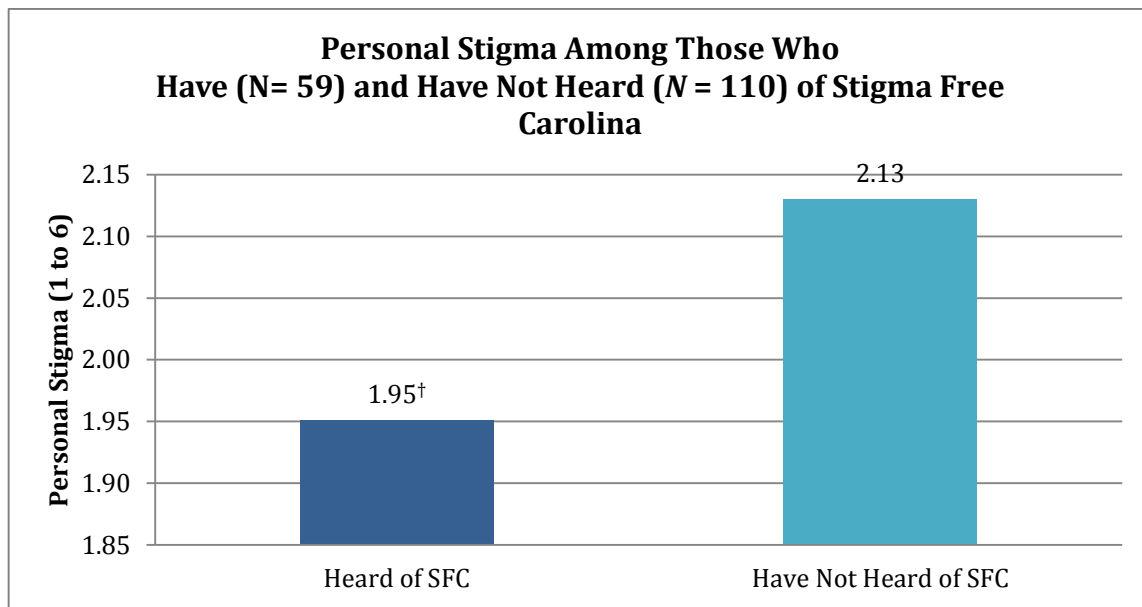
2. **Ever heard of Stigma Free Carolina:**

During waves 2 and 3, respondents were asked if they had ever heard of the SFC Campaign. More than one-third of respondents (35%) reported “yes” to the question. This question was posed for two reasons: (a) to assess coverage of the campaign among students, (b) to determine whether familiarity with the campaign influenced stigma and awareness of mental health resources.



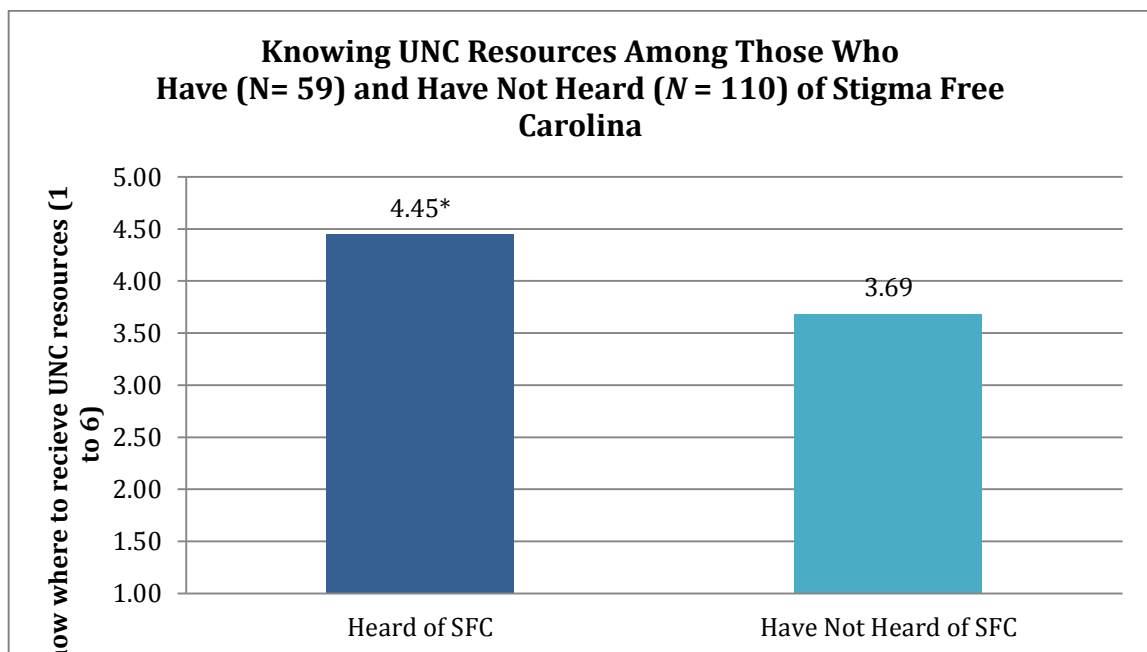
3. **Stigma and mental health knowledge findings:**

- a. Personal stigma: Student who had heard of the SFC campaign reported significantly lower levels of personal stigma as compared to student who were not aware of the campaign. The analysis was adjusted to account for past use of services and past diagnosis of a psychological disorder.



Note: <sup>†</sup>Mean difference was significant at the  $p \leq .10$  level. Response options for personal stigma ranged from 1 = strongly disagree, to 6 = strongly agree and higher values indicated more personal stigma.

- b. Knowledge of resources: Respondents who had heard of the SFC campaign reported significantly higher levels of knowledge about mental health resources as compared to student who were not aware of it. The analysis was adjusted to account for past use of services and past diagnosis of psychological disorder.



Note: \*Mean difference was found to be significant at the  $p \leq .001$  level. Response options for knowing where to receive UNC mental health resources ranged from 1 =



strongly disagree, to 6 = strongly agree and higher values indicated higher knowledge of mental health resources at UNC-Chapel Hill.

- c. Wave based difference: Significant differences in levels of personal or public perceived stigma across waves would indicate change over time. Importantly, the campaign took place between wave 1 and wave 2. This fact, combined with the fact that only 35% of the survey respondents at waves 2 and 3 indicated they had heard of the SFC campaign, made it unlikely that we would find significant reductions in stigma over time (as noted, in a sample of 187 participants (in Wave 2 and 3) only 59 students were aware of the campaign). Indeed, we found no statistically significant difference of levels of personal and public stigma across waves (i.e., time).

### Discussion

As indicated by the Healthy Minds Study, it appears that levels of perceived public stigma are notably high within the UNC-Chapel Hill community. It is acknowledged that plentiful resources exist to address the needs of individuals with mental health concerns. However, with stigma likely influencing health care service utilization, a limited number of individuals who require such services seem to access them. To address the issue of stigma, the SFC campaign and this evaluative project was conducted. The ultimate goal was to promote good mental health of all UNC community members, to link students with existing mental health resources, and to help create and sustain an environmental climate marked by compassion, empathy, unity, comfort, and support.

The influence of the intervention was evaluated using a survey that included socio-demographic questions and measures of personal and public perceived stigma. No differences based on socio-demographic variables were found with respect to the measures of perceived public or personal stigma. We did find, however, that hearing about or participating in the SFC campaign may have been associated with lower levels of personal stigma and higher levels of knowledge about mental health resources on UNC campus. Measures of perceived public stigma did not differ significantly on the basis of being aware about the campaign. Findings support, in part, the efficacy of the SFC campaign and its ability to realize organizational goals. No significant differences on the measures of stigma and mental health knowledge during waves 2 and 3 (compared to wave 1) can be viewed as a potential limited intervention effect. However, a limited number of survey participants reporting being exposed to the intervention. Moving forward, the SFC campaign and any program evaluation efforts would benefit from more far-reaching implementation and advertisement efforts, as well as additional funding to support the collection of longitudinal data and larger samples.

We note other positive outcome associated with the SFC campaign. For example, as a result of the campaign, we were able to establish collaborations with major university offices and student organizations to address stigma towards mental illness—a considerable feat. We were also able to form the Mental Health Advocacy Group on campus that includes leaders from various student organizations that advocate and promote mental health on campus. This group is already collaboratively planning events for Mental Health Awareness Week during October 2015. Moreover, coverage of the campaign, however small, received considerable attention from the media outlets on campus, such as the Daily Tar Heel and the University Gazette. This marks



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the first time a graduate student led initiative about mental health has received such attention in the UNC-Chapel Hill community.

## Conclusion

Based on our evaluative findings, and because student cohorts come and go each year, we intend to continue the SFC campaign during future academic years in order to address stigma towards mental illness and help ensure that students are knowledgeable about mental health resources on UNC campus. Like every educational institution, the success and well-being of students represent the integrity and pride of UNC-Chapel Hill community. To ensure that every student has the opportunity to reach their full potential, irrespective of their mental health concerns, we will continue promoting a “Stigma Free Carolina”.



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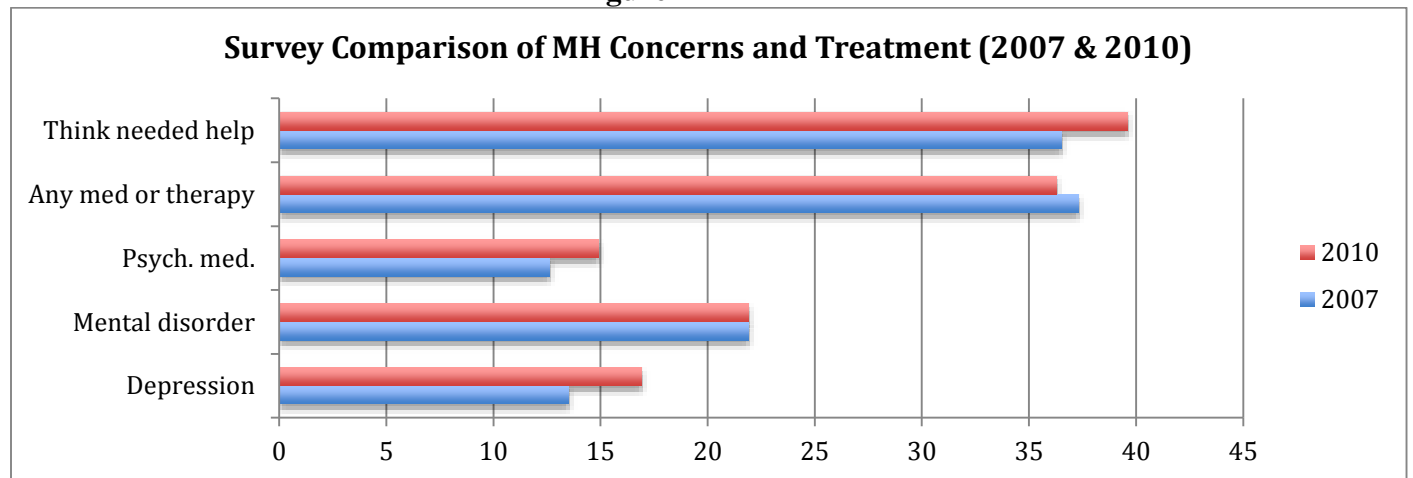
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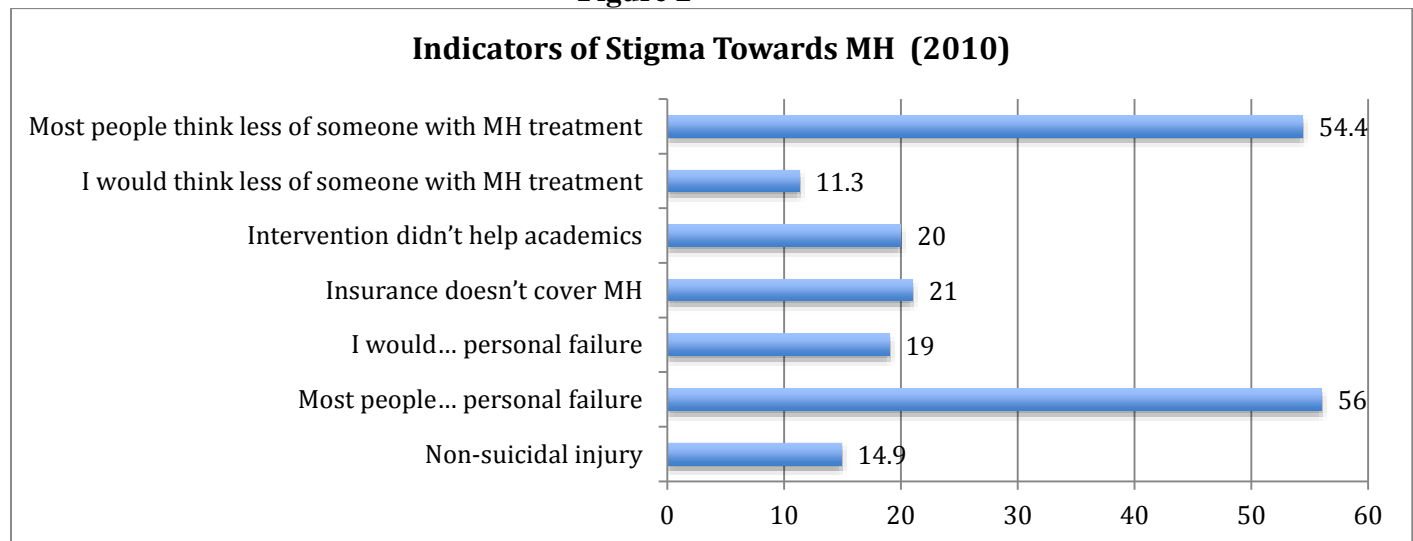
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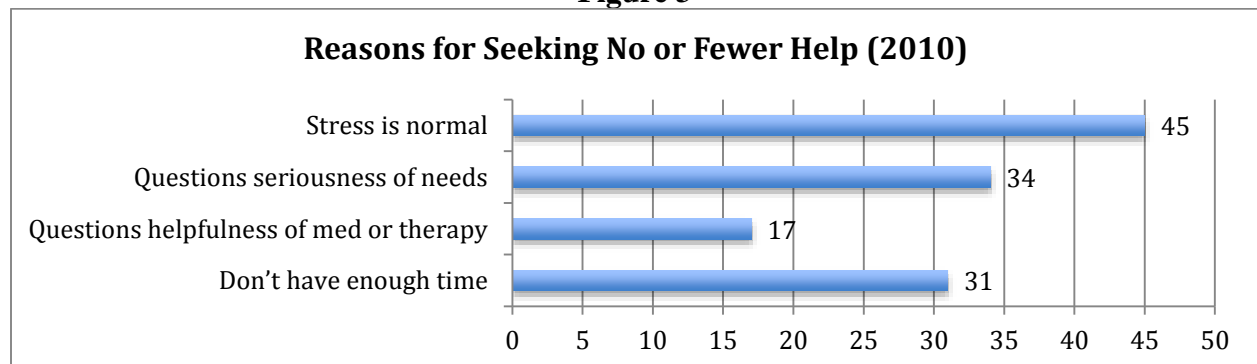
**Figure 1**



**Figure 2**



**Figure 3**







## Appendix – 1: Stakeholders List

| Stigma Free Carolina Stakeholders/Collaborators |            |   |
|---|------------|---|
| Last Name                                       | First Name | Position  |
| Bhardwaj  | Kiran      | 2013-2014 GPSF President, Royster Fellow  |
| Brazile   | Kyle       | Senior Assistant Director of Admissions for Enrollment  |
| Burtaine  | Amy        | Interactive Theatre Carolina Outreach Coordinator   |
| Cairns  | Bruce      | Faculty Chair   |
| Coleman   | Yolanda    | Assistant Director of Office of Undergraduate Admissions  |
| Darnell   | Dan        | Psychologist at CAPS  |
| Dawson  | Alice      | Senior Assistant Dean - Academic Advising   |
| Estroff   | Sue        | Professor, Social Medicine  |
| Frumkin   | Madelyn    | Project Dinah, Co-chair   |
| Gauthier  | Amy        | Associate Director of Housing and Residential Education   |
| Gorsuch   | John       | UNC Student Stores, Store Director  |
| Gowrishankar                                    | Deepthi    | Co-President of Active Minds at Carolina  |
| Heyward   | Daniel     | Carolina Dining Services, Marketing Coordinator   |
| Hinton  | Jacob      | Carolina Veterans Organization President  |
| Hoeflich  | Sandra     | Associate Dean for Interdisciplinary Education, Fellowships and Communication - Graduate School |
| Jensen  | Todd       | Royster Fellow, Graduate Student  |
| Jones   | Dawna      | Student Assistance Coordinator - Office of the Dean of Students                                 |
| Kulkarni  | Manasi     | Graduate Student and Student Health Co-Chair, GPSF  |
| Lerea   | Leslie     | Associate Dean for Student Affairs - Graduate School  |
| Matson  | Steve      | Dean of the Graduate School   |
| McKay   | Kyle       | Marketing & Events Manager - UNC Student Stores   |
| Olson   | Jennifer   | Fellowship Programs Coordinator - Graduate School   |
| Pace  | Nelson     | Royster Fellow, Graduate Student  |
| Papajcik  | Brian      | Assistant Dean of Students - Office of the Dean of Students                                     |
| Patel   | Shaily     | Royster Fellow, Graduate Student  |
| Polston   | Patsy      | Student Government Co-President - UNC Gillings School of Global Public Health                   |
| Prinstein                                       | Mitch      | John Van Seters Distinguished Professor of Psychology and Director of Clinical Psychology       |
| Powell  | Andrew     | Student Body President  |
| Sahay   | Kashika    | Royster Fellow, Graduate Student  |
| Saine   | Deb        | Communications and Interdisciplinary Program Manager - Graduate School                          |
| Sellers   | Sam        | Royster Fellow, Graduate Student  |
| Sims Evans                                      | Charletta  | Assistant Dean of Students Affairs - UNC Gillings School of Global                              |



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|           |         |  |
|-----------|---------|--|
|           |         | Public Health  |
| Smith     | Bebe    | Clinical Assistant Professor, UNC School fo Social Work      |
| Swankie   | Taylor  | Co-Chair: Rethink Psychiatric Illness, Undergraduate Student |
| Tomar     | Nikhil  | Royster Fellow, Graduate Student                             |
| Underhill | Rachell | Web and Information Manager - Graduate School                |
| Villemain | Kyle    | Student Body Vice President                                  |
| Windle    | Maureen | Associate Director of CAPS                                   |



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## Appendix – 2: Event Flyer

# Stigma *free* Carolina

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INVITES  
YOU TO

### EVENTS

All events are free

|   |   |
|---|---|
| <b>Rethink: Psychiatric Illness training</b>                                  | <b>Sept 20, Sat. 12-4pm</b><br>Rm. 2423, Student Union                |
| <b>Mental Health 101*</b>   | <b>Sept 25, Thurs. 5-7pm</b><br>Rm. 3408, Student Union               |
| <b>Rethink: Psychiatric Illness training</b>                                  | <b>Oct 4, Sat. 2-6pm</b><br>Rm. 2423, Student Union                   |
| <b>Expert Panel:<br/>Stigma Free Carolina -<br/>Redefining Mental Health*</b> | <b>Oct 6, Mon. 5:30-7pm</b><br>Chancellor's Ballroom,<br>Carolina Inn |
| <b>Interactive Theatre Carolina<br/>Workshop*</b>                             | <b>Oct 7, Tues. 6-7:30pm</b><br>Rm. 3203, Student Union               |
| <b>Mental Health 101*</b>   | <b>Oct 9, Thurs. 6-8pm</b><br>Rm. 3408, Student Union                 |

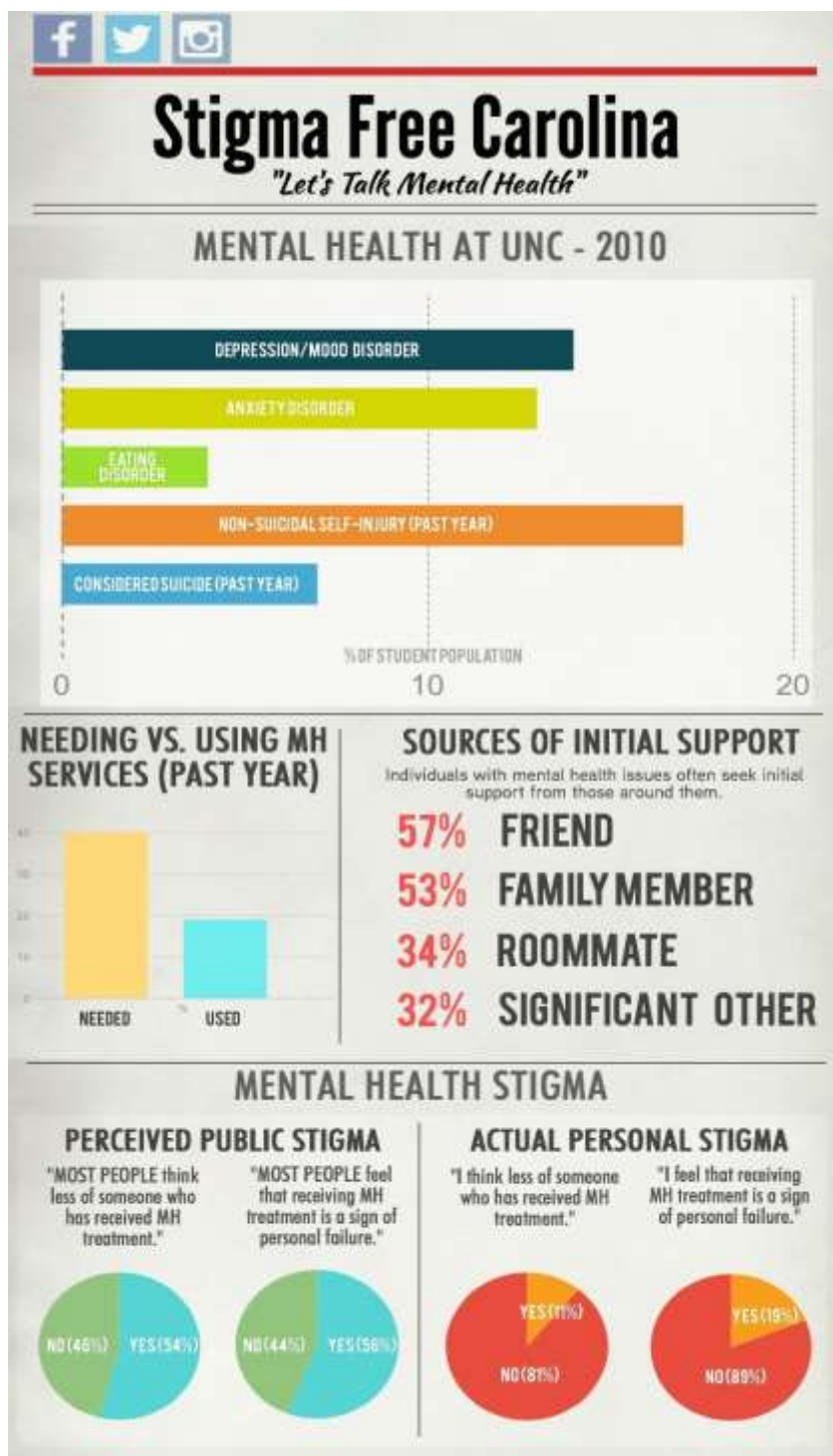
\*Refreshments served

Stigma Free Carolina is a UNC community campaign aimed at reducing stigma towards mental health concerns and treatment.

**STIGMAFREE.UNC.EDU**      **#StigmaFreeCarolina**



## Appendix – 3: Infographics







THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL

# Stigma *free* Carolina

REDEFINING MENTAL HEALTH

THE ROYSTER  
SOCIETY OF FELLOWS

## Appendix – 4: Themed Meal Photographs





THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL

# Stigma *free* Carolina

REDEFINING MENTAL HEALTH

THE ROYSTER  
SOCIETY OF FELLOWS

## Appendix – 5: Panel Photographs





## **Appendix – 6: Survey**

Q1- Consent form and agreement to participate

Q2- Age

Q3- Race/ethnicity

1. African American
2. White/Caucasian
3. Hispanic
4. Asian
5. Native American
6. Other

Q4- International Student?

1. Yes
2. No

Q5- Biological Sex

1. Male
2. Female
3. Other

Q6- Sexual Orientation

1. Homosexual
2. Heterosexual
3. Bisexual
4. Other

Q7- What is your current academic/occupational status?

1. Freshman
2. Sophomore
3. Junior
4. Senior
5. Graduate/Professional Student
6. Post-doc
7. Staff
8. Faculty
9. Other

Q8- Do you currently or have you ever served in the military?

1. Yes
2. No

Q9- Which of the following best describes your current relationship status?

1. Single, never married
2. In a serious relationships, but not living together
3. Cohabiting/living with partner
4. Married, first marriage



5. Married, but separated
6. Divorced
7. Remarried
8. Widowed

Q10- How often do you attend religious services?

1. Weekly
2. At least monthly
3. Several times a year
4. Once or twice a year or less
5. Never

Q11- Finances

1. It's a financial struggle
2. It's tight but I'm doing fine
3. Finances aren't really a problem

Q12- Does your insurance cover mental health treatment?

1. Yes
2. No
3. Not sure
4. I do not have health insurance

Q13- In the past year, did you ever think you needed help for mental/emotional concerns

1. Yes
2. No

Q14- Have you ever been diagnosed with a mental disorder?

1. Yes
2. No

Q15- What type of disorders? Check all that apply.

1. Depression
2. Anxiety
3. Bipolar
4. Eating disorder
5. Post-traumatic stress disorder
6. Substance use disorder
7. Other

Q16- In the past year, did you use any medications for mental health concerns?

1. Yes
2. No

Q17- In the past year, did you receive therapy or counseling services for mental health concerns?

1. Yes
2. No





Q18- Do you have any family members who had or have mental health concerns?

1. Yes
2. No

Q20- ...would willingly accept someone who has received mental health treatment as a close friend. (I/most people)

1. Strongly disagree
2. Disagree
3. Somewhat disagree
4. Somewhat agree
5. Agree
6. Strongly agree

Q21- ...feel that receiving mental health treatment is a sign of personal failure. (I/most people)

1. Strongly disagree
2. Disagree
3. Somewhat disagree
4. Somewhat agree
5. Agree
6. Strongly agree

Q22- ...think less of a person who has received mental health treatment. (I/most people)

1. Strongly disagree
2. Disagree
3. Somewhat disagree
4. Somewhat agree
5. Agree
6. Strongly agree

Q23- ...would hire someone who has received mental health treatment if he or she is qualified for the job. (I/most people)

1. Strongly disagree
2. Disagree
3. Somewhat disagree
4. Somewhat agree
5. Agree
6. Strongly agree

Q24- ...would treat someone who has received mental health treatment the same as anyone. (I/most people)

1. Strongly disagree
2. Disagree
3. Somewhat disagree
4. Somewhat agree
5. Agree
6. Strongly agree



Q25-...would be reluctant to date someone who has received mental health treatment. (I/most people)

1. Strongly disagree
2. Disagree
3. Somewhat disagree
4. Somewhat agree
5. Agree
6. Strongly agree

Q26- ...would take someone's opinion less seriously once he or she disclose they have received mental health treatment. (I/most people)

1. Strongly disagree
2. Disagree
3. Somewhat disagree
4. Somewhat agree
5. Agree
6. Strongly agree

Q27- ...would not be embarrassed of a family member with a mental health concern. (I/most people)

1. Strongly disagree
2. Disagree
3. Somewhat disagree
4. Somewhat agree
5. Agree
6. Strongly agree

Q28- At UNC, students are less likely to interact with those experiencing mental health concerns or those receiving mental health treatment.

Q29-I know where to receive mental health services at UNC.

1. Strongly disagree
2. Disagree
3. Somewhat disagree
4. Somewhat agree
5. Agree
6. Strongly agree

Q30-I question the seriousness of my mental healthcare needs.

1. Strongly disagree
2. Disagree
3. Somewhat disagree
4. Somewhat agree
5. Agree
6. Strongly agree

Q31-I question whether medication or therapy is helpful with respect to mental health.

1. Strongly disagree
2. Disagree



3. Somewhat disagree
4. Somewhat agree
5. Agree
6. Strongly agree

Q32-If needed, I would be willing to use campus mental health services (CAPS, Student Wellness, etc.).

1. Strongly disagree
2. Disagree
3. Somewhat disagree
4. Somewhat agree
5. Agree
6. Strongly agree

Q33-I would not use mental health services if it meant others would think less of me.

1. Strongly disagree
2. Disagree
3. Somewhat disagree
4. Somewhat agree
5. Agree
6. Strongly agree

Q34-Indicate below the severity level at which you would want to pursue/access services for a mental health concern.

1. Not severe at all
- 5 Moderately severe
- 10 Extremely severe

Q35- What percentage of people with serious mental health concerns are dangerous in their lifetime?

1. 3%
2. 5%
3. 10%
4. 15%

Q53- Have you heard of Stigma Free Carolina?

1. Yes
2. No

Q50- Did you participate in any Stigma Free Carolina campaign activities?

1. Yes
2. No

Q52- Which activities did you participate in? Select all that apply

1. Education session (Rethink psychiatric illness training or mental health 101)
2. Expert panel discussion
3. Photography campaign
4. Exposed to social media/infographics by SFC



THE UNIVERSITY  
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# Stigma *free* Carolina

REDEFINING MENTAL HEALTH



Q36- If you won \$20, knowing that you might need \$10 later that day, how much money would you be willing to donate for an immediate social cause (such as providing food/clothing to a homeless or donating to your favorite charity)?

1. \$0
2. \$5
3. \$10
4. \$15
5. \$20