Stigma Free Carolina 2015: Addressing Stigma towards Mental Illness at UNC-Chapel Hill

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University of North Carolina at Chapel Hill
Royster Society of Fellows

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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 factors. One such factor is engagement in higher education. In the 2014 Stigma Free Carolina survey conducted at the University of North Carolina at Chapel Hill, approximately 46% of all students surveyed (n = 315) indicated that they "needed help for emotional or mental health problems" and approximately 1 in 5 reported being diagnosed with a mental health concern. Despite such high prevalence, only a fifth of all students surveyed reported utilizing any mental health therapy/counseling or medication. One factor that is likely to hinder healthcare service utilization among individuals with mental illness is stigma. Indeed, 30% 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 continued for the 2015 academic year. The campaign emerged through past collaborations with various university offices and student organizations. The campaign was formalized during the summer of 2015 and implemented during the Fall 2015 semester, running from September 12th to October 11th. The campaign/intervention consisted of a mass media campaign, themed meals through campus dining and a panel event with several subject-matter experts. The effect of the campaign was evaluated using online surveys (N=604 students), 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.** These two outcomes were among the primary aims 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 half of the students surveyed were not aware of the campaign and, thus, were not exposed to the intervention, resulting in a small sample size to detect differences in outcomes by survey wave.

The University of North Carolina at Chapel Hill is one of the nation's premier educational institutions and, we believe, all students here can and 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 again emphasize conducting the campaign on an annual basis. As an educational institution, UNC experiences great fluctuation in the student population as cohorts of students arrive and depart. By continuing the SFC campaign together, we are working toward 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) 20-33% respondents screened positive for or reported having a mental illness diagnosis, b) reports of depression increased by 34% between 2014 and 2007 (i.e., 13.4 to 18%), and c) 46% of students perceived needing help for mental or emotional problems (Eisenberg, 2007, 2014; Stigma Free Carolina, 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, consistent efforts to address and ameliorate low healthcare utilization rates among students at UNC-Chapel Hill are warranted.

Although there may be several 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, 6% of students agreed with the statement, "*I* would think less of someone who has received mental health treatment," almost 1 in 3 (37)% of students agreed with the statement, "*Most people* would think less of someone who has received mental health treatment," 12% of students agreed with the statement, "*I* feel that receiving mental health treatment is a sign of personal failure," and 30% agreed with the statement, "*Most people* feel that receiving mental health treatment is a sign of personal failure" (Stigma Free Carolina, 2014; Figure 2). These

statistics depict 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, service utilization is lower than expected.

Mental Health Services and Knowledge

In 2014, almost 20-33% students at UNC-Chapel Hill screened positive or reported being diagnosed with a mental health concern. Further, almost half of the student respondents (46%) thought they needed help for their mental health. Yet, as acknowledged earlier, many do not 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, recent survey data indicates a lack of knowledge pertaining to mental health concerns and methods for treatment among a sizeable portion of students (27%), which influenced help-seeking behaviors in 2014. Through personal communications with university officials and available evidence, it is clear that extensive resources for mental health treatment are present 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). Continuing our past collaborations from 2014, in 2015, we engaged with various stakeholders and agencies on campus to strengthen inter-agency collaboration, with the goal of reducing stigma, improving service advertisement/accessibility, and enhancing student awareness/education. In congruence with the past 2014 campaign, we aimed to adapt, implement, and then 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, through which the Committee For Striking Stigma emerged. The committee presently includes more than 40 individuals/leaders from more than 25 university offices, organizations, or departments. Some of the offices or organizations are The Graduate School, CAPS, Office of Student Affairs, NAMI-UNC, Graduate and Professional Student Federation, Student Government, Gillings School of Global Public Health, and Active Minds at UNC (refer to Appendix – 1 for a list of collaborators over the past academic year).

A committee meeting was held during the summer of 2015 and Stigma Free Carolina (SFC) team presented findings from the 2014 campaign and sought feedback to inform the 2015 campaign. The meeting was held to garner ideas and constructive feedback to help inform the campaign events and protocols.

Stigma Free Carolina 2015 Campaign: As in the past campaign, we decided to conduct a month-long campaign starting from September 12th and ending on October 11th. The dates were chosen such that the campaign would end during Mental Health Awareness Week (October 5th – October 11th). The committee chose to have at least 1 event or intervention strategy 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. *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 two themed meals at Top of Lenoir dining hall and The Beach Café 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 2000 students attended the themed meal events (Appendix – 4). Infographics were also distributed at various university events and placed at various locations throughout the campaign.

2. *Panel of expert speakers*: During the last week of the campaign a panel event of expert speakers was organized. More than 70 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:

Dawn Dreyer - Filmmaker, Bipolar Girl Rules the World and Other Stories
Karen Dunn - Executive Director, Club Nova Inc.
Mitch Prinstein - John Van Seters Distinguished Professor of Psychology and Neuroscience, Director of Clinical Psychology, UNC-Chapel Hill
Maureen Windle - Associate Director and Clinical Director of Counseling and Psychological Services, UNC-Chapel Hill

The panel was moderated by **Dr. Sue Estroff**, Professor of social medicine.

Program Evaluation

Cross-sectional surveys were conducted to assess the influence of campaign components on student attitudes and knowledge about mental illness and mental health resources (Appendix – 5). Surveys were conducted at three time points or waves: (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 1000 students were chosen at each of the three time points. All surveys were conducted online via Qualtrics and distributed electronically. Ethics

approval from the UNC Institutional Review Board was obtained prior to conducting this survey research.

Table 1

Time point 1	Random Sample 1
Time point 2	Random Sample 2
Time point 3	Random Sample 3

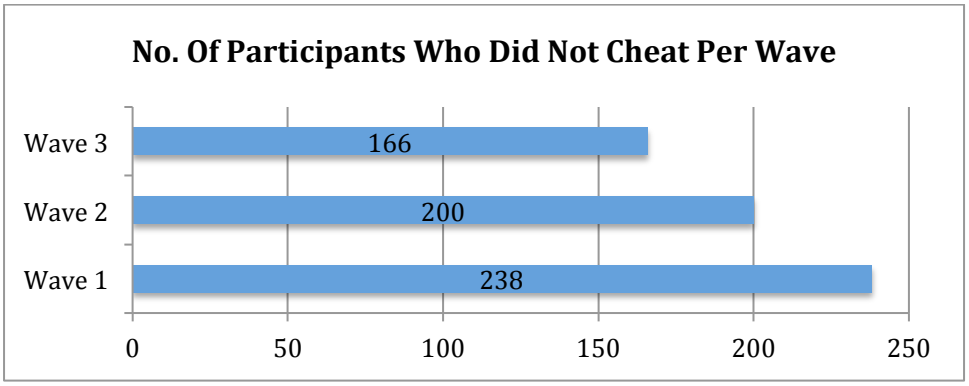
Measures: A survey comprised of 38 questions was used to evaluate the program, its coverage, and its effects. The survey consisted of questions measuring both personal and public stigma, adopted from previous Healthy Minds Study surveys (Eisenberg et al., 2007). Additional evidenced-based measures of stigma were also used (Cooper, Corrigan, & Watson, 2003). The survey also collected socio-demographic information (e.g. age, race/ethnicity, student status). Respondents were asked to self-report about receiving a diagnosis of any mental health concern in the past. All the information was collected anonymously.

Results

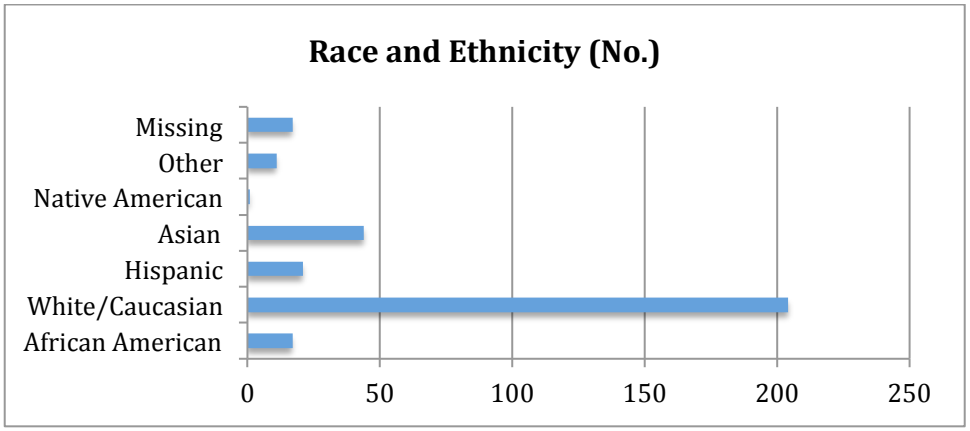
The survey data were examined using univariate and multivariable statistical analyses. The results from the analyses are shown below.

1. ***Demographical analyses*:**

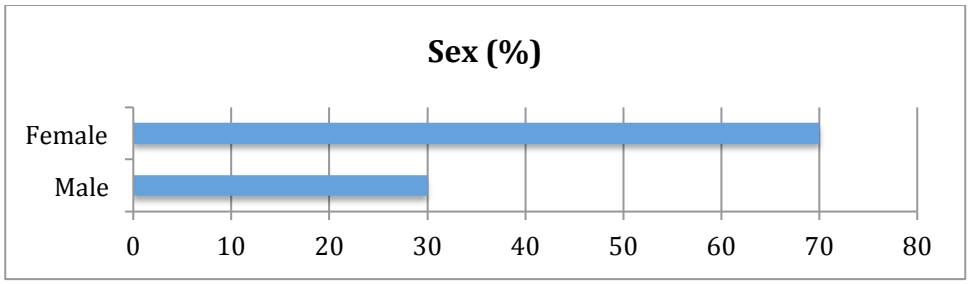
   a. Number of respondents per wave: In total, 916 students (out of 3000) completed the survey across three waves, representing a response rate of 30.5%. However, using the embedded "cheater" questions in the survey (Appendix – 5), 34% of the respondents might have been disingenuous or responded haphazardly to survey items. We decided to exclude these data, representing potentially invalid or unreliable responses. Thirty-four (3.7%) respondents had only a few missing responses, and given modern recommendations for missing data handling, information from these respondents were included in the analyses. Thus, for our analysis, data from 604 (66%) students were used. Response rates for three waves of the survey ranged from 16.6-23.8%.



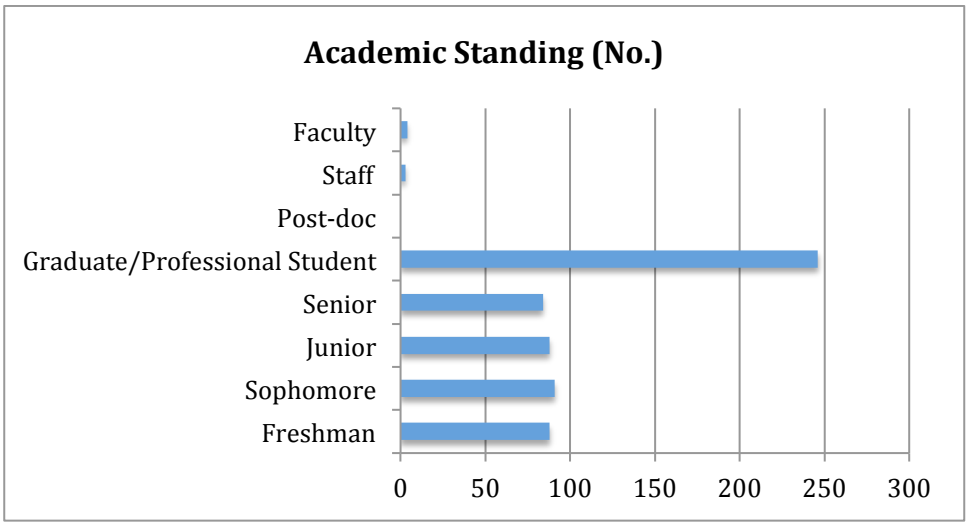
b. Race and Ethnicity: The majority (65%) of survey participants described themselves as being White/Caucasian. The second largest group (14%) described themselves as Asian.



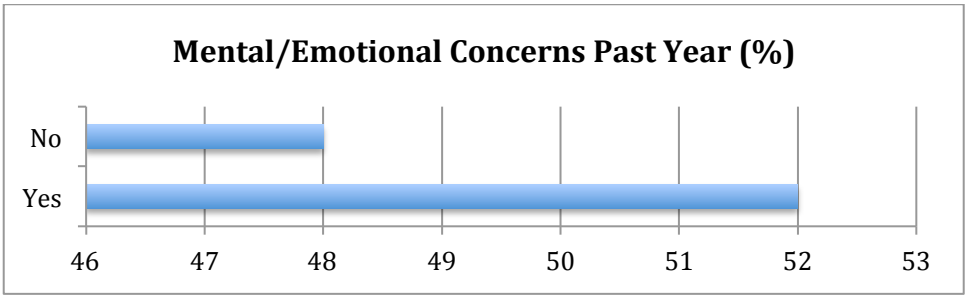
c. Biological Sex: The majority of respondents were female (about 70%).



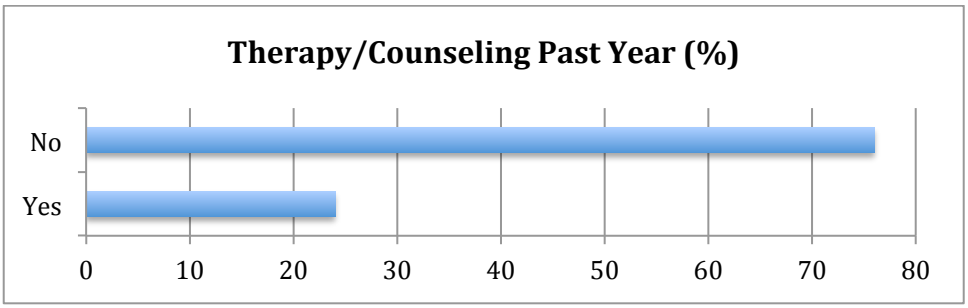
d. Academic standing: Most (i.e., 58%) of the survey respondents were undergraduate students, whereas graduate and professional students accounted for 40% of all survey respondents. This constellation of undergraduate and graduate/professional students is similar to that found in the Health Minds Study.



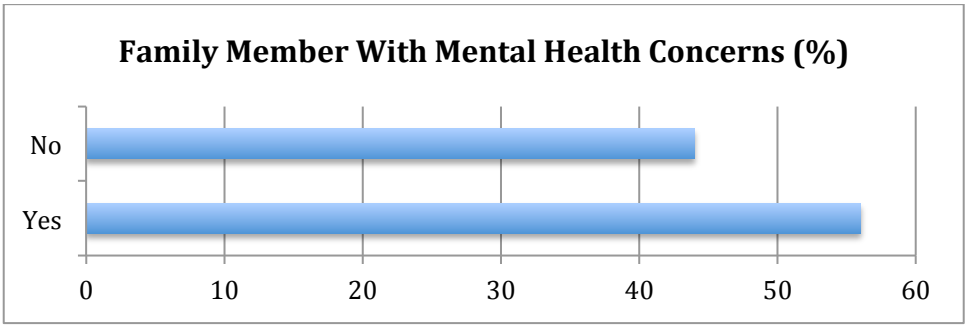
e. Mental or emotional health concerns during past year: Slightly more than half of the respondents (52%) reported "Yes" when asked if they thought they needed help for mental or emotional concerns during the past year.



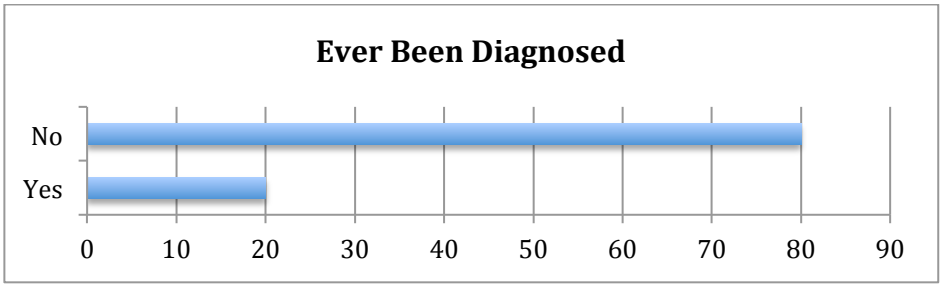
f. Therapy or counseling in past year: Almost 1 in 4 (24%) students reported using therapy or counseling services for mental health concerns during the past year.



g. Family members with mental health concerns: More than half of the respondents (56 %) reported having a family member with mental health concerns.

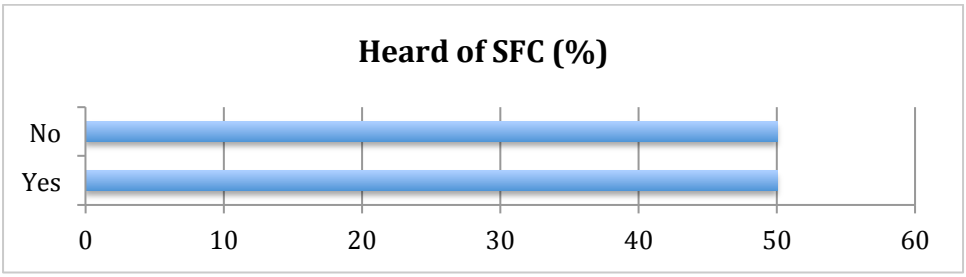


h. Ever been diagnosed with a mental health concern: Almost 1 in 5 students (20%) of the respondents reported being diagnosed with a mental health concern in the past.



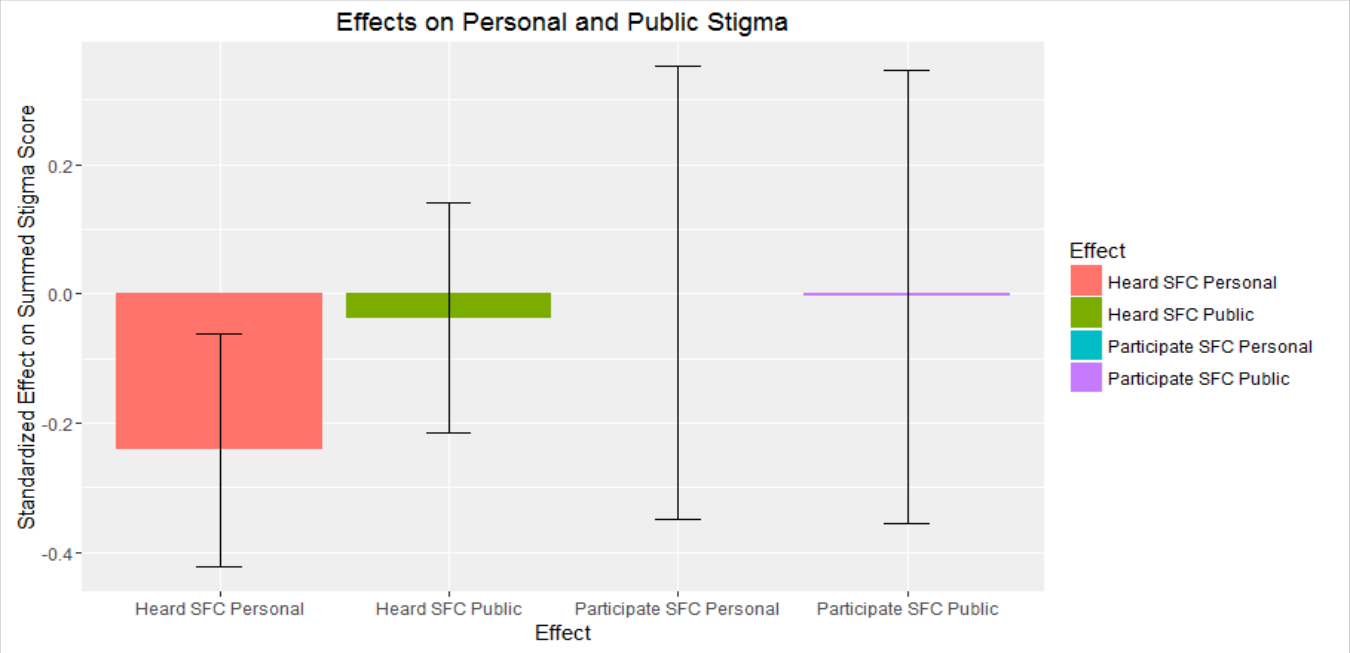
2. ***Ever heard of Stigma Free Carolina:***

During waves 2 and 3, respondents were asked if they had ever heard of the SFC Campaign. Half of the respondents (50%) 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.



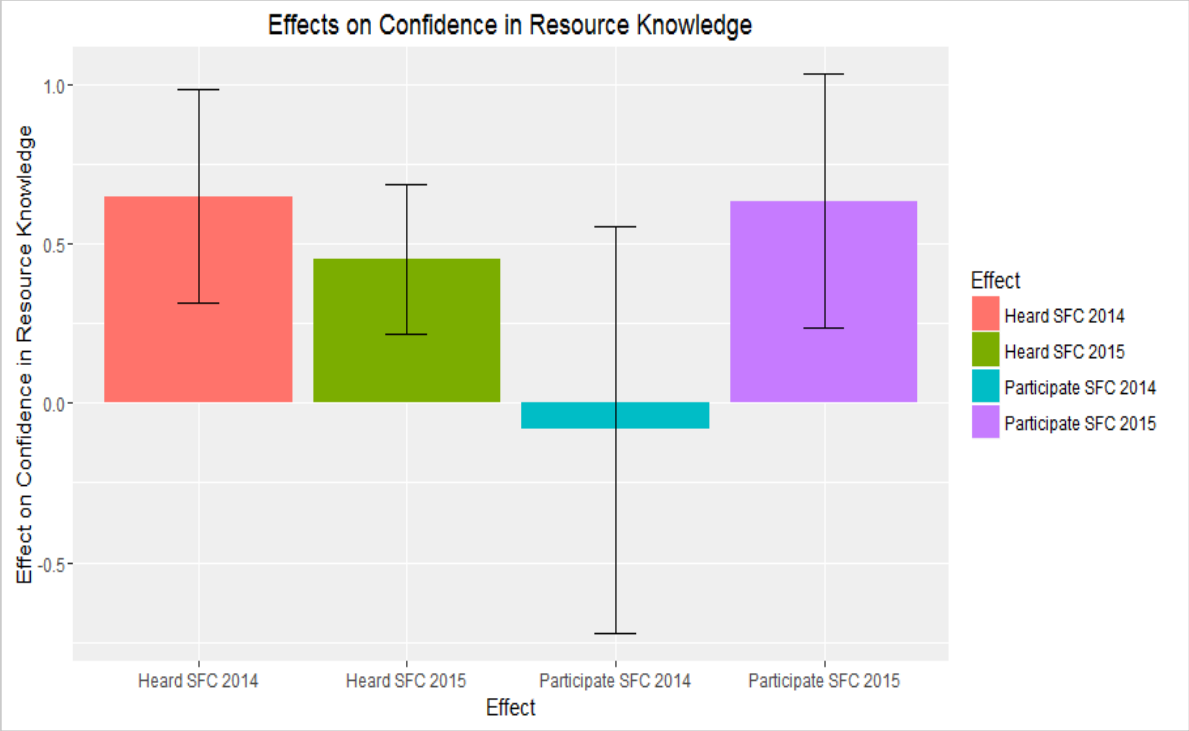
3. ***Stigma and mental health knowledge findings***:

   a. Personal stigma: Students who had heard about SFC reported significantly lower levels of personal stigma as compared to students who were not aware of the campaign ($p = 0.045$). Due to sample size limitations, we were unable to tell where direct participation in the campaign influenced stigma levels as evidenced by wide confidence intervals in the last two effect columns. The statistical analysis was adjusted for a number of variables, including students having heard of other campaigns, student status, sex, and past diagnosis.



Note: 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 confidence regarding knowledge about campus mental health resources compared to students who were not aware of the campaign (p = 0.024). The analysis was adjusted for past use of services and past diagnosis of psychological disorder.



Note: 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. The effects reported for this outcome are standardized.

c. Wave based difference: As people were randomly assigned to condition, significant differences in levels of personal or public perceived stigma across waves would indicate change over time at the level of the campus. Importantly, the campaign took place between wave 1 and wave 2. This fact, combined with the fact that only half 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. Indeed, we found no statistically significant difference of levels of personal and public stigma across waves (i.e., time). Moreover, it should be noted that three distinct samples were recruited throughout the campaign instead of following one sample across three time points, which makes it impossible to detect changes at the level of an individual (or student) unit.

Discussion

As indicated by the Healthy Minds Study and the Stigma Free Carolina research, 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. **As noted, more than 50% of survey respondents indicated that they needed help for mental/emotional health concerns; however, only 24% of students reported accessing care.** To address the issue of stigma, the SFC campaign and this evaluative project was continued. The ultimate goal is 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 being aware of the SFC campaign was associated with lower levels of personal stigma and higher levels of confidence regarding 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 providing incentives for larger samples.

We note other positive outcomes associated with the SFC 2015 campaign as well. For example, as a result of the campaign, we were able to strengthen collaborations with major university offices, student organizations, and community-based organizations to address stigma towards mental illness—a considerable achievement. Leaders from our team were also able to participate in various the Mental Health Advocacy Groups to promote mental health awareness on campus and in the community, such as Mental Health Task Force (on-campus) and Healthy Carolinians of Orange County (off-campus). Our group is now collaboratively planning events for the Stigma Free Carolina 2016 campaign. 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 the first time a graduate student led initiative about mental health has continued to receive such attention in the UNC-Chapel Hill community.**

We would also like to highlight that **more than half of the students reported having a family member with mental health concerns**. This statistic highlights the pervasiveness of mental health concerns in the lives of many UNC-Chapel Hill students. **With the high prevalence of mental health concerns among students, their peers, and their family members, we advocate establishing new resources or strengthening the existing ones to include mental health education to assist one's peers or family members.** Although the campaign is geared specifically towards UNC-Chapel Hill students, we feel students' mental

well-being can be positively influenced if they are provided with knowledge and tools to assist their care-givers and peers. The University can actively assist in this regard by providing evidence-based mental health education, such as Mental Health First Aid, to incoming and existing students. Noting such need, the Stigma Free Carolina leadership team is currently pursuing the idea to develop an online mental health education module that can employs easily accessible platforms to provide effective and efficient mental health education to accommodate the limited time of students to participate. We note that feasible mental-health education strategies can be developed through active university support and collaboration between various university- and community-based organizations and departments.

Conclusion

Based on our evaluative findings and due to the nature of the student cohorts that 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 student 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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Figure 1

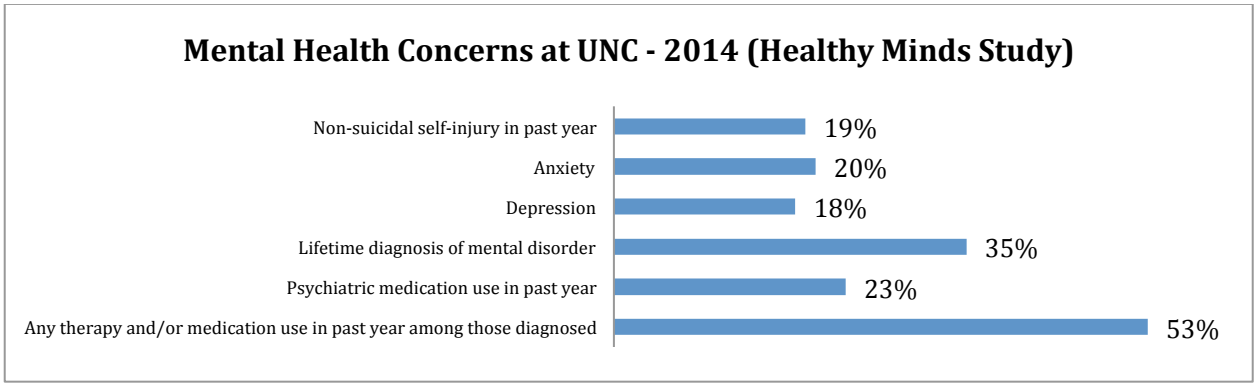


Figure 2

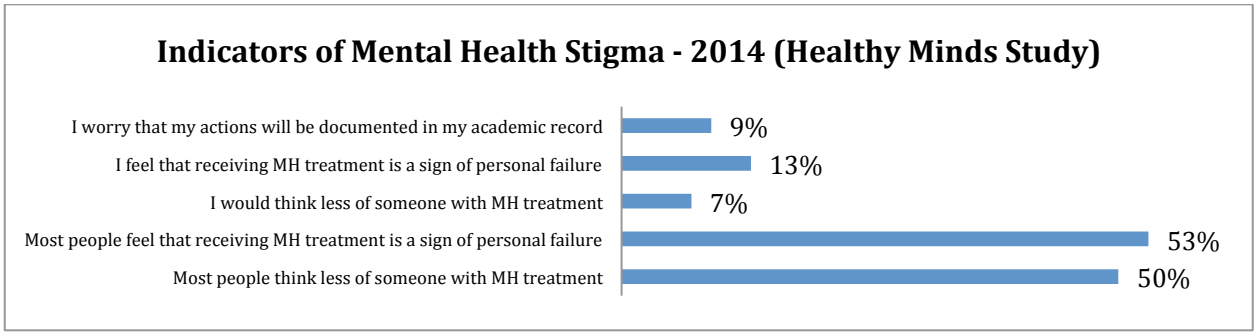
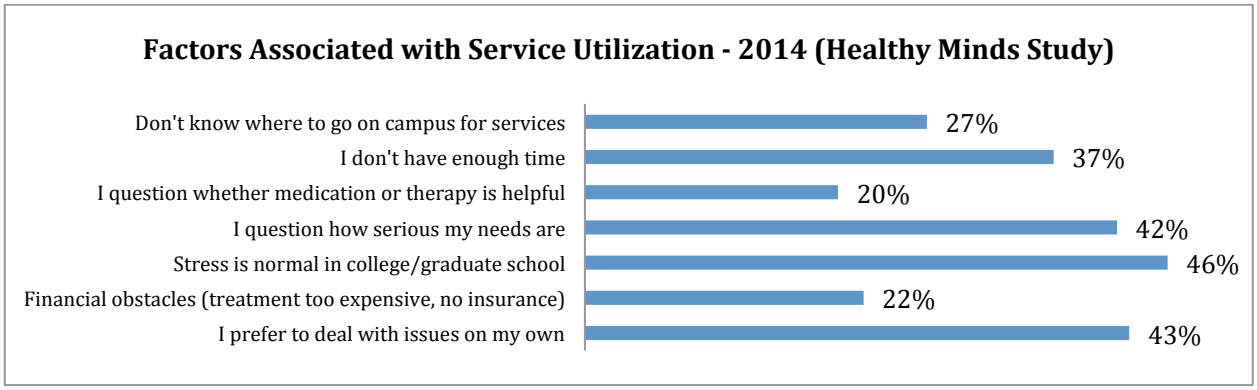


Figure 3



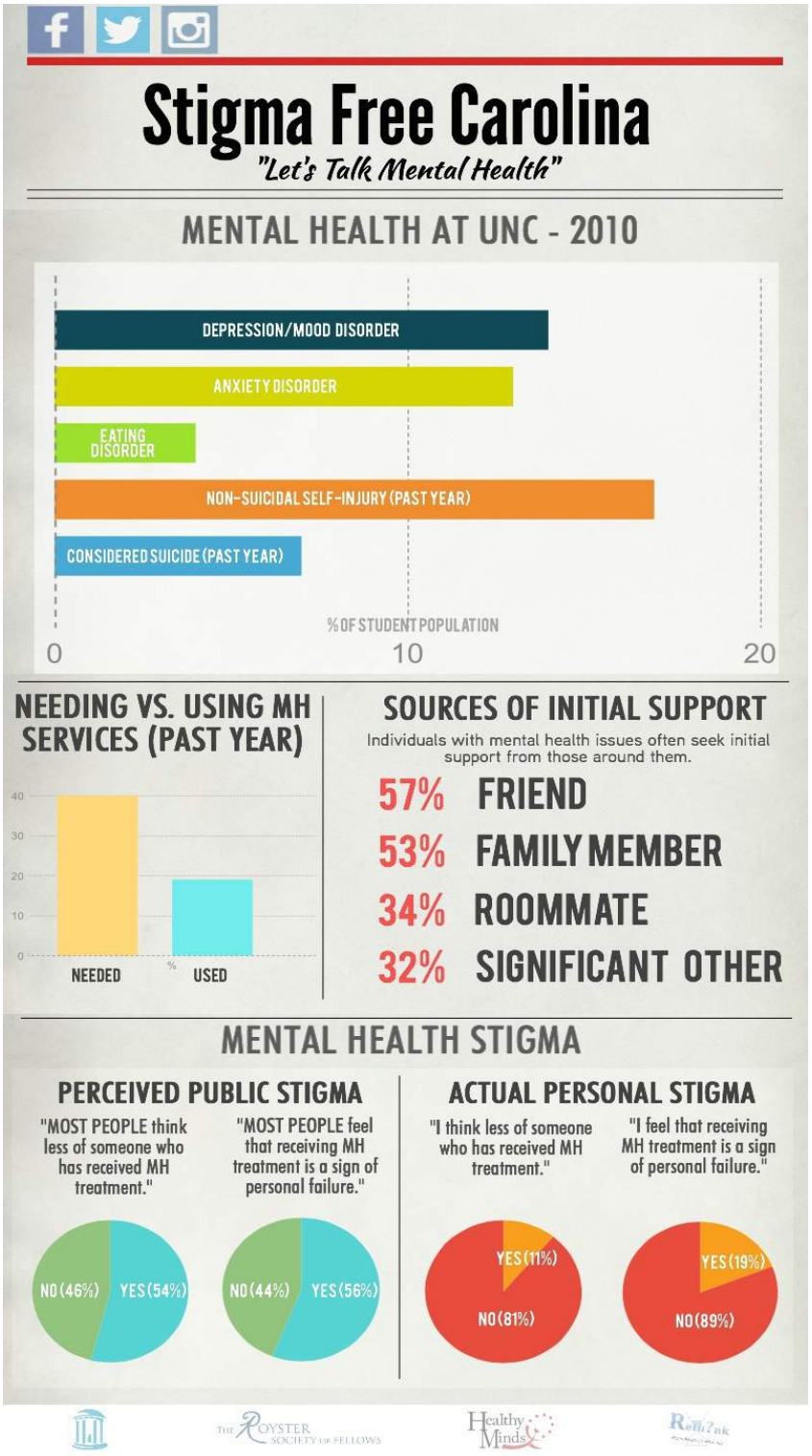
Appendix – 1: 2015-2016 Stakeholders List

Stigma Free Carolina Stakeholders/Collaborators		
Last Name	**First Name**	**Position**
Bhardwaj	Kiran	2013-2014 GPSF President, Royster Fellow
Bohley	Tara	Clinical Assistant Professor/Program Coordinator Behavioral Healthcare Resource Program, Mental Health First Aid
Brazile	Kyle	Senior Assistant Director of Admissions for Enrollment
Burtaine	Amy	Interactive Theatre Carolina Outreach Coordinator
Cairns	Bruce	UNC-Chapel Hill Faculty Chair
Canter	Courtney	Medical (MD) student, SFC Events Manager
Cole	Meredith	UNC-NAMI, Co-founder and Treasurer
Coleman	Yolanda	Assistant Director of Office of Undergraduate Admissions
Darnell	Dan	Retired Psychologist, previously at CAPS and collaborator on the Health Minds Study
Dawson	Alice	Senior Assistant Dean - Academic Advising
Dreyer	Dawn	Creator of Bipolar Girl Video Series; Founder and Director, Cracked Window Studios
Dunn	Karen	Executive Director, Club Nova Inc. Carrboro, NC
Edwards	Harry	UNC Student Government – Chief of Staff, Undergraduate student15
Estroff	Sue	Professor, Social Medicine
Fajardo	Susana	MPH student, SFC Director of Social Media
Gauthier	Amy	Associate Director of Housing and Residential Education
Gorsuch	John	UNC Student Stores, Store Director
Gowrishankar	Deepthi	Active Minds at Carolina Co-President, Undergraduate student
Hartsock	Jeremiah	SFC Volunteer Coordinator, Undergraduate student
Heyward	Daniel	Carolina Dining Services, Marketing Coordinator
Hoeflich	Sandra	Associate Dean for Interdisciplinary Education, Fellowships and Communication - Graduate School
Hunt	Rowan	Rethink: Psychiatric Illness, Co-Chair
Jensen	Todd	Royster Fellow, Social Work PhD Student, SFC Co-Founder
Jiang	Alice	Pharmacy (PharmD) student, SFC Director of Community Partnerships
Jones	Dawna	Student Assistance Coordinator - Office of the Dean of Students
Kendrick	Celeste	UNC-NAMI, Co-founder and President
Kulkarni	Manasi	Graduate Student and Student Health Co-Chair, GPSF
Leck	Sarah	Embody Carolina, Co-Chair, Undergraduate student
Lerea	Leslie	Associate Dean for Student Affairs – UNC Graduate School
Linz	Brandon	2015-2016 GPSF President, Graduate student
Markiewitz	Nathan	Royster Fellow, Quantitative Psychology PhD student, SFC Research

		Methodologist
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, Epidemiology PhD student, SFC Co-Founder
Papajcik	Brian	Assistant Dean of Students - Office of the Dean of Students
Patel	Shaily	Royster Fellow, Religious Studies PhD student
Patel	Shruti	Active Minds at Carolina, co-President
Prinstein	Mitch	John Van Seters Distinguished Professor of Psychology and Director of Clinical Psychology
Sahay	Kashika	Royster Fellow, Maternal and Child Health PhD Student
Saine	Deb	Communications and Interdisciplinary Program Manager - Graduate School
Scronce	Gabrielle	Royster Fellow, Human Movement Science PhD Student, SFC Director of Communications
Sellers	Sam	Royster Fellow, Ecology PhD student
Sims Evans	Charletta	Assistant Dean of Students Affairs - UNC Gillings School of Global Public Health
Smith	Bebe	Clinical Assistant Professor, UNC School of Social Work
Summers	Houston	UNC Student Body President, Undergraduate student
Swankie	Taylor	Past Co-Chair and founding member: Rethink Psychiatric Illness.
Tomar	Nikhil	Royster Fellow, Occupation Science PhD student, SFC Co-Founder
Underhill	Rachell	Web and Information Manager – UNC Graduate School
Windle	Maureen	Associate Director and Clinical Director of CAPS

Appendix – 2: Event Flyer

Appendix – 3: Infographics



Appendix – 4: Themed Meal Photographs

Appendix – 5: Survey

Stigma Free Carolina - 2015 Post 1

Q1 Consent Form IRB Study # 14-1586 Selecting "Agree" indicates you: 1) Have read the above information 2) Voluntarily agree to participate. 3) Are 18 years old or older. If you do not wish to participate in the survey, please select "Disagree."

- ❍ Agree (1)
- ❍ Disagree (2)

If Disagree Is Selected, Then Skip To End of Survey

Q2 How old are you?
_____ Age in years (1)

Q3 What is your race/ethnicity? (Mark all that apply)

- ❑ African American (10)
- ❑ White/Caucasian (11)
- ❑ Hispanic (12)
- ❑ Asian (13)
- ❑ Native American (14)
- ❑ Other (15) _____

Q4 Are you an international student?

- ❍ Yes (1)
- ❍ No (2)

Q5 What is your biological sex?

- ❍ Male (1)
- ❍ Female (2)
- ❍ Other (3)

Q6 What is your sexual orientation?

- ❍ Homosexual (1)
- ❍ Heterosexual (2)
- ❍ Bisexual (3)
- ❍ Other (4)

Q7 What is your current academic/occupational status?
- ❍ Freshman (1)
- ❍ Sophomore (2)
- ❍ Junior (3)
- ❍ Senior (4)
- ❍ Graduate/Professional Student (5)
- ❍ Post-doc (6)
- ❍ Staff (7)
- ❍ Faculty (8)
- ❍ Other (9) _____

Q8 Do you currently, or have you ever, served in the military?
- ❍ Yes (1)
- ❍ No (2)

Q9 Which of the following best describes your current relationship status?
- ❍ Single, never married (1)
- ❍ In a serious relationships, but not living together (2)
- ❍ Cohabiting/living with partner (3)
- ❍ Married, first marriage (4)
- ❍ Married, but separated (5)
- ❍ Divorced (6)
- ❍ Remarried (7)
- ❍ Widowed (8)

Q10 How often do you attend religious services?
- ❍ Weekly (1)
- ❍ At least monthly (2)
- ❍ Several times a year (3)
- ❍ Once or twice a year or less (4)
- ❍ Never (5)

Q11 Which of the following best describes your current financial situation?
- ❍ It's a financial struggle (1)
- ❍ It's tight, but I'm doing fine (2)
- ❍ Finances aren't really a problem (3)

Q71 Please choose very happy to continue.
- ❍ Very unhappy (1)
- ❍ Somewhat unhappy (2)
- ❍ Neither happy nor unhappy (3)
- ❍ Somewhat happy (4)
- ❍ Very happy (5)

Q12 Does your health insurance cover mental health treatment?
- ❍ Yes (1)
- ❍ No (2)
- ❍ Not sure (3)
- ❍ I do not have health insurance (4)

Q13 In the past year, did you ever think you needed help for mental/emotional concerns?
- ❍ Yes (1)
- ❍ No (2)

Q14 Have you ever been diagnosed with a mental disorder?
- ❍ Yes (1)
- ❍ No (2)

Answer If Have you ever been diagnosed with a mental disorder? Yes Is Selected

Q15 What type of diagnosis? Check all that apply.
- ❑ Depression (1)
- ❑ Anxiety (2)
- ❑ Bipolar (3)
- ❑ Eating disorder (5)
- ❑ Post traumatic stress disorder (6)
- ❑ Substance use disorder (7)
- ❑ Other (please specify) (4) _____

Q16 In the past year, did you use any medications for mental health concerns?
- ❍ Yes (1)
- ❍ No (2)

Q17 In the past year, did you receive therapy or counseling services for mental health concerns?
- ❍ Yes (1)
- ❍ No (2)

Q18 Do you have any family members who had or have mental health concerns?
- ❍ Yes (1)
- ❍ No (2)

Q19 For the following questions, please indicate the extent to which you agree or disagree as it pertains to a) yourself, and b) most people.

Q20 …would willingly accept someone who has received mental health treatment as a close friend.

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Somewhat Agree (4)	Agree (5)	Strongly Agree (6)
I (1)	❍	❍	❍	❍	❍	❍
Most people (2)	❍	❍	❍	❍	❍	❍

Q21 …feel that receiving mental health treatment is a sign of personal failure.

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Somewhat Agree (4)	Agree (5)	Strongly Agree (6)
I (1)	❍	❍	❍	❍	❍	❍
Most people (2)	❍	❍	❍	❍	❍	❍

Q22 …think less of a person who has received mental health treatment.

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Somewhat Agree (4)	Agree (5)	Strongly Agree (6)
I (1)	❍	❍	❍	❍	❍	❍
Most people (2)	❍	❍	❍	❍	❍	❍

Q23 …would hire someone who has received mental health treatment if he or she is qualified for the job.

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Somewhat Agree (4)	Agree (5)	Strongly Agree (6)
I (1)	❍	❍	❍	❍	❍	❍
Most people (2)	❍	❍	❍	❍	❍	❍

Q24 …would treat someone who has received mental health treatment the same as anyone.

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Somewhat Agree (4)	Agree (5)	Strongly Agree (6)
I (1)	❍	❍	❍	❍	❍	❍
Most people (2)	❍	❍	❍	❍	❍	❍

Q25 …would be reluctant to date someone who has received mental health treatment.

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Somewhat Agree (4)	Agree (5)	Strongly Agree (6)
I (1)	❍	❍	❍	❍	❍	❍
Most people (2)	❍	❍	❍	❍	❍	❍

Q26 ...would take someone's opinion less seriously once he or she disclose they have received mental health treatment.

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Somewhat Agree (4)	Agree (5)	Strongly Agree (6)
I (1)	❍	❍	❍	❍	❍	❍
Most people (2)	❍	❍	❍	❍	❍	❍

Q27 ...would not be embarrassed of a family member with a mental health concern.

	Strongly disagree (1)	Disagree (2)	Somewhat Disagree (3)	Somewhat Agree (4)	Agree (5)	Strongly Agree (6)
I (1)	❍	❍	❍	❍	❍	❍
Most people (2)	❍	❍	❍	❍	❍	❍

Q74 ...should choose Somewhat Agree for both of these responses to continue.

	Strongly disagree (1)	Disagree (2)	Somewhat Disagree (3)	Somewhat Agree (4)	Agree (5)	Strongly Agree (6)
I (1)	❍	❍	❍	❍	❍	❍
Most people (2)	❍	❍	❍	❍	❍	❍

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

- ❍ Strongly Disagree (1)
- ❍ Disagree (2)
- ❍ Somewhat Disagree (3)
- ❍ Somewhat Agree (4)
- ❍ Agree (5)
- ❍ Strongly Agree (6)

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

- ❍ Strongly Disagree (1)
- ❍ Disagree (2)
- ❍ Somewhat Disagree (3)
- ❍ Somewhat Agree (4)
- ❍ Agree (5)
- ❍ Strongly Agree (6)

Q30 I question the seriousness of my mental healthcare needs.
- ❍ Strongly Disagree (1)
- ❍ Disagree (2)
- ❍ Somewhat Disagree (3)
- ❍ Somewhat Agree (4)
- ❍ Agree (5)
- ❍ Strongly Agree (6)

Q31 I question whether medication or therapy is helpful with respect to mental health.
- ❍ Strongly Disagree (1)
- ❍ Disagree (2)
- ❍ Somewhat Disagree (3)
- ❍ Somewhat Agree (4)
- ❍ Agree (5)
- ❍ Strongly Agree (6)

Q32 If needed, I would be willing to use campus mental health services (CAPS, Student Wellness, etc.).
- ❍ Strongly Disagree (1)
- ❍ Disagree (2)
- ❍ Somewhat Disagree (3)
- ❍ Somewhat Agree (4)
- ❍ Agree (5)
- ❍ Strongly Agree (6)

Q33 I would not use mental health services if it meant others would think less of me.
- ❍ Strongly Disagree (1)
- ❍ Disagree (2)
- ❍ Somewhat Disagree (3)
- ❍ Somewhat Agree (4)
- ❍ Agree (5)
- ❍ Strongly Agree (6)

Q34 How severe would your mental health concerns have to be for you to pursue/access services?
_____ Level of severity (1)

Q65 Please read the following statement about a man named Harry.Harry is a 30 year-old single man with schizophrenia. Sometimes he hears voices and becomes upset. He lives alone in an apartment and works as a clerk at a large law firm. He has been hospitalized six times because of his illness.Select the number of the best answer to each question.

Q54 I would feel pity for Harry.
- 1 None at all (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 Very Much (9)

Q56 How dangerous would you feel Harry is?
- 1 Not at all (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 Very Much (9)

Q58 How scared of Harry would you feel?
- 1 Not at all (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 Very Much (9)

Q59 I would think that it was Harry's own fault that he is in the present condition.
- 1 Not at all (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 Very Much (9)

Q60 I think it would be best for Harry's community if he were put away in a psychiatric hospital.
- 1 Not at all (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 Very Much (9)

Q61 How angry would you feel at Harry?
- 1 Not at all (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 Very Much (9)

Q62 How likely is it that you would help Harry?
- 1 Definitely would help (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 Definitely would not help (9)

Q63 I would try to stay away from Harry.
- 1 Not at all (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 Very Much (9)

Q64 How much do you agree that Harry should be forced into treatment with his doctor even if he does not want to?
- 1 Not at all (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 Very Much (9)

Q72 Please choose Very Much to continue.
- 1 Not at all (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 Very Much (9)

Q66 Please review the following statement about a man named Harry.Harry is a 30 year-old single man with schizophrenia. Sometimes he hears voices and becomes upset. He lives alone in an apartment and works as a clerk at a large law firm. He has been hospitalized six times because of his illness.Now answer each of the following questions. Please indicate under the X where Harry falls on each of these scales.

Q67 HARRY IS:
- NOT SIMILAR TO ME X (1)
- X (2)
- X (3)
- X (4)
- X (5)
- X (6)
- X (7)
- X (8)
- SIMILAR TO ME X (9)

Q69 HARRY IS:
- UNLIKE ME X (1)
- X (2)
- X (3)
- X (4)
- X (5)
- X (6)
- X (7)
- X (8)
- LIKE ME X (9)

Q70 HARRY IS:
- ❍ NOT COMPARABLE TO ME X (1)
- ❍ X (2)
- ❍ X (3)
- ❍ X (4)
- ❍ X (5)
- ❍ X (6)
- ❍ X (7)
- ❍ X (8)
- ❍ COMPARABLE TO ME X (9)

Q75 Have you heard about or participated/attended in events by any of the following student organizations.

	I have heard about it (1)	I have participated/attended in one or more of their events (2)
Active Minds (1)	❑	❑
Embody Carolina (3)	❑	❑
NAMI-UNC (4)	❑	❑
Rethink: Psychiatric Illness (5)	❑	❑
Stigma Free Carolina (6)	❑	❑
Project Dinah (7)	❑	❑

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)?
- ❍ $0 (1)
- ❍ $5 (2)
- ❍ $10 (3)
- ❍ $15 (4)
- ❍ $20 (5)

Q37 Please indicate the extent to which you believe the following statements to be true.
_____ I often have tender feelings towards people (strangers) when they seem to be in need. (1)
_____ I would rather engage in actions that help others (strangers) than engage in actions that are solely beneficial to me. (2)

Q38 Please enter your email id (you can include your non-UNC email id) if you would like to be entered into a drawing for Apple iPad Mini and receive information regarding collecting the

UNC Student Stores discount voucher. Please note that this information is NOT linked with your survey responses. Your responses will remain anonymous to the investigators.

- Email id (1) _____
- I'm not interested in receiving any incentives. (2)