Mental health stigma; attitudes, help-seeking, identity & empathy, how they relate to mental health problems.

Submitted in partial fulfilment of the requirements of the Bachelor of Arts degree

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Contents:

I would like to thank my supervisor, Pauline Hyland, who guided me throughout this thesis, offering me her great support and encouragement.

I would like to acknowledge the extensive support my family and friends; they have given me throughout this entire process, especially my parents. Throughout the year, you were all there to keep me calm, and provide the inspiration to keep going. It would not have been possible without you all.

I would like to sincerely thank my partner, Mr. Alan Byrne, who was more than supportive throughout this whole process, for always being there for me and encouraging me as much as possible.

And finally, to anyone who reads this thesis, I hope it can offer a clearer picture of stigma surrounding mental illness and encourage continuous research in the field.

Abstract:

The aim of the current study was to investigate age and gender differences in attitudes towards mental illness and willingness to seek professional help, it will also look at empathy and identity and their link with attitudes towards mental illness and seeking professional help. This was a quantitative study that used both convenience and snowball sampling of 142 participants, 62 males and 80 females, all were in full-time education. Participants were administered Attitudes Towards Mental Illness ,Attitudes towards seeking professional psychological help, The Multi-Dimensional Emotional Empathy Scale and the About Me questionnaire. The results indicate that there was a significant difference between the ages in relation to attitudes towards mental illness ($t(139) = -3.73$, $p = .000$).

Introduction

Mental health stigma; attitudes, identity, empathy, help-seeking behaviour relating to mental health problems.

In recent times much research has been carried out around the issue of stigma forwards mental illness. Mental Health Ireland (MHI) (MHI, 2013), the Health Service Executive (HSE) (HSE, 2013) and the National Suicide Research Foundation (NCRF) (National Suicide Foundation, 2014) are examples of such research conducted in the area. Mental health is described by Mental Health Ireland as three main points; how we feel about ourselves, how we feel about others and how we are able to meet the demands of everyday life (Mental Health Ireland, 2014). Mental health is an essential part of health and well-being, as shown in the definition of health in the Constitution of the World Health Organization (WHO, 2006). Attitudes towards mental health treatment and illness may differ by age, gender, race or any other demographic variables. Stigma regarding mental health and mental health problems is a highly topical issue within society at this present time. If a person has poor mental health it might lead them to develop a mental illness (MHI, 2013). Ten percent of people will encounter mental health issues in their lives (Mental Health Ireland, 2014). Mental health problems have a catalogue of symptoms and a wide range of problems. Examples of mental illness are schizophrenia and depression. The issue of mental health and raising awareness for promoting positive mental health is very apparent in everyday life. Stigma is defined as

> "A sign of disgrace or discredit, which sets a person apart from others. The stigma of mental illness, although more often related to context than to a person's appearance, remains a powerful negative attribute in all social relations." (Byrne, 2014).

Stigma can have negative and potentially fatal consequences on the mentally ill (Byrne, 2014). People are sometimes too embarrassed or ashamed to talk about how they are feeling. Globally, around 70% of those suffering from a mental illness receive no treatment from health care professionals, one of the reasons this happens is due to prejudice towards mental

illness (Henderson, Evans-Lacko, & Thornicroft. 2013). As a result there has been a lot of research carried out about attitudes towards mental illness. The focus of this study is to address the gaps, which were found throughout the review of previous literature in regards to age differences, gender differences, identity and help seeking. This study aims to address these gaps within the literature and to investigate how these variables may influence stigma towards the mentally ill. It was these gaps that lead the researcher to research this topic with regards to these variables. This study will aim to investigate attitudes towards mental illness comparing not only gender but also age; secondary school students and college students. This study will also look at help seeking, gender differences, identity and empathy.

History of mental illness & impact of stigma on mental illness

Treatment for patients of mental illness in Ireland has a long and discreditable history, although it has improved dramatically in the past few years. Often mental illness was referred to as a disease. In the beginning it was thought that patients suffering with mental illness were possessed by evil spirits and treatments were quite severe, they included drilling holes into the skull to release these evil spirits (Fitzpatrick, 2013). Other treatments included starvation, bathing in boiling water and being beaten. People were often institutionalised and the key thrown away (Fitzpatrick, 2013). With this kind of history it is easy to see how there is so much stigma surrounding mental illness. Stigma may have been passed down from generations and with this history it is understandable (Fitzpatrick, 2013). Especially in Ireland where in the past treatment of patients with mental health problems was truly reprehensible (Fitzpatrick, 2013). The HSE conducted a study in 2007 and it found that one third of participants would find it difficult to talk to someone who suffered from a mental illness (Attitudes & Awareness, 2007). For anyone experiencing discrimination, this has a huge

impact on that person's self-esteem and confidence. Ireland has a huge issue with self-harm and suicide. A high numbers of cases of deliberate self-harm are accounted for every year in hospitals A&E sections (HSE, 2007). Of those aged between 5 to 24 year olds, deaths by suicide were at 13.9 per 100,000 of the population in 2010 (The Journal, 2013). It is crucial that people, especially young people talk to someone if they are feeling down or even just want a chat. Everybody is susceptible to mental illness at any point in their lives. Statistics show that one in four people will experience some sort of mental illness in their lives (MHI, 2014). One suffering from a mental illness can experience stigma from the public as a whole or often times they can self-stigmatise. Self-stigma has been described as having four hierarchical processes, 1) people need to be aware of the stereotype which is similar to that of public stigma (for example, 'people who have a mental illness are to blame for it themselves'). 2) Then agreeing with this perceived stereotype (yes, they are all to blame for their illness). 3) Apply these thoughts to themselves (I am to blame for being this way, I am weak). 4) Then be damaged by reduced self-esteem levels (I am a useless person because I am weak) (Corrigan, Powell, and Rüsch, 2012). In the HSE's 2007 publication Awareness and Attitudes it was reported that people of a higher social status showed higher concerns that they would be viewed differently in their employment setting and by their friends and colleagues, if they were diagnosed with a mental health illness.

Age & Gender Differences

All over the world there is growing evidence that people stigmatize mental illness, much more so than physical health (Al-Naggar. 2013). The following study was carried out to find out the attitudes towards mental illness of university students. Al-Naggar, (2013) carried out a study comparing management students and science students. They had a total of 279

participants, the majority were female, single and over the age of 20 (Al-Naggar. 2013). The majority of participants in this study showed to have a moderate to good attitude towards mental illness. This study showed that females had a more positive attitude towards mental illness as opposed to males (Al-Naggar. 2013). Siu, Chow, Lam, Chan, Tang & Chui, carried out a study in 2012 that looked at attitudes and understanding mental illness. They had a sample size of 1035 subjects. In general, the participants' acceptance of mental illness was overall quite good (Siu et al. 2012). Results showed that regular contacts with patients with mental illness were associated with better knowledge and better acceptance of mental illness (Siu et al. 2012). They found that younger participants aged 15 to 19 years had a lower level of knowledge about mental health problems compared with other age-groups (Siu et al. 2012). Connery & Davidson carried out a study in 2006 to look at attitudes towards depression with regards to age and gender. Previous studies show that older adults have less positive attitudes towards depression compared to younger adults. As mentioned, males also have a more negative attitude towards depression and mental illness. Connery & Davidson (2006) looked at two age groups, over 65 and under 65. They also looked at both males and females. One hundred and thirty-two older adults and one hundred and ninety younger adults completed questionnaires, all of the participants were non-acutely ill medical outpatients. Fifty-four percent of the sample was female and 41% over 65 years of age (Connery & Davidson. 2006). Results of this study showed that there were significant differences in attitudes to depression between older and younger adults and between males and females, like that with the findings of previous research. Males had more negative attitudes towards those with depression (Connery & Davidson. 2006). Connery & Davidson (2006) suggested for more educational campaigns to be put in place to create awareness for depression and to concentrate on targeting the older adults and males. As these were the two groups that showed the more negative attitudes towards depression. Furthermore, Kobau and Zack (2007,

2009) examined age and gender in relation to attitudes towards mental illness, asking participants how much did they agree with the following statement 'treatment can help people live normal lives'. They found that in general women agreed more with the statement than men. They also found that the older age group, 55 years and older, agreed more with the statement than the younger age group of 18 to 24 year olds (Kobau and Zack, 2007, 2009). An Irish study by Doherty and O'Doherty (2010) reported that 63% of females were willing to discuss problems with their GP compared to just 54% of males. There were 486 deaths by suicide in 2010. When broken down into gender 386 were male and 100 were female. Men, aged between 35 and 44 were the most vulnerable group to suicide (Corcoran, Reilly, Salim, Brennan, Keeley & Perry, 2004). Both men and women, but especially men need to be encouraged to speak about how they are feeling and be reassured that it is ok to speak out. Family and friends play a crucial part in helping a person seek professional help and they need to be encouraging when doing so.

Willingness to seek Psychological Help

Help-seeking is a term that is used to refer to the behaviour of actively seeking help from other people (Life Line, 2014). It is about interacting with other people to gain help in terms of understanding, advice, information, treatment, and general support in response to a problem or upsetting experience. A study that was carried out in 2012 showed that males who have greater gender role conflict (GRC) tend to show a drive for masculinity (DM) and have higher body image concerns (Shepherd & Rickard. 2012). Those males with higher levels of GRC tend to show negative attitudes towards help-seeking behaviour. Research also showed that those males with higher levels of GRC show a more stigmatising attitude towards mental illness and help-seeking behaviour. Shepherd & Rickard (2012) carried out a study involving

176 male undergraduate students and tested for levels of GRC and DM. They were tested on the following variables; self-stigma regarding mental health problems, intention to seek help, self-stigma of seeking help, attitudes, and concrete barriers to seeking help (Shepherd & Rickard. 2012). The results of this study found that GRC is positively correlated with DM and negatively correlated with help-seeking behaviours (Shepherd & Rickard. 2012). Results also showed that GRC mediates the relationship between DM and intentions to seek help, therefore explaining why men with body image concerns may be less likely to seek and avail of help (Shepherd & Rickard. 2012). The findings of this study support previous research in showing that males are less likely to seek and avail of help (Shepherd & Rickard. 2012). As this study showed males that had higher levels of GRC were less likely to ask for help a possible explanation for this is perhaps they would be too embarrassed to admit that they were suffering in case it ruined their idea of masculinity (Shepherd & Rickard. 2012). Other research also shows that men report a low willingness to seek professional compared to that of women (Gonzalez, Alegría, Prihoda, Copeland & Zeber, 2011). Research has also been carried out into attitudes towards mental illness looking at gender differences (Gonzalez et al. 2011). This study showed that if by promoting help-seeking for mental health problems, can that result in improved treatment rates? Gonzalez et al. (2011) investigated the influence of interactions between attitudes towards age and treatment, ethnicity/race, gender and education for both general medical care and specialty care. The researchers used cross-sectional data from the 2001-2003 National Comorbidity Survey Replication (Gonzalez et al. 2011). They used multivariable models adjusted for their sampling design to analyse data. They were also controlled for the relevant clinical and socio-demographic factors (Gonzalez et al. 2011). Results showed that greater comfort talking to a professional was associated with greater past-year specialty care, this was apparent with all demographic groups. The reported willingness to see professional help was associated with general level of medical care, this

was also apparent across all demographic groups. However, when it came to looking at speciality care there was a much sturdier association for men compared to women. This research suggests the significance of understanding demographic differences in relevant attitudes and possible guidelines for marketing campaigns. Another study carried out by Oliver, Pearson, Coe & Gunnell, (2005) looked at investigating patterns of lay and professional help-seeking behaviour in both men and woman aged between 16 to 64 years of age. They looked at this in relation to severity of symptoms and socio-demographic variables (Oliver et al. 2005). This study looked at a sample of participants from Somerset, England, and asked them to complete a questionnaire. They had a response rate of 76%. Only 28% of participants who showed very high scores on the general health questionnaire had sought help from their doctor but most (78%) had sought some form of help (Oliver et al. 2005). Young people, males and those living in wealthy areas were found to be the least likely to seek help (Oliver et al. 2005). This study, along with previous research showed the importance of promoting and encouraging help-seeking behaviour, particularly in young people and especially males. This may lead to an increase to improvements with mental health and wellbeing within the young population (Oliver et al. 2005). Furthermore, men generally have a more negative attitude towards mental illness and talking about it (MHI, 2013). Help-seeking is a form of coping that relies on other people, and is therefore often based on social relationships and interpersonal skills (Life Line. 2014).

Identity

As a lot of people feel embarrassed or ashamed of what people will think if they were diagnosed with a mental illness it is understandable that identity plays a vital part in attitudes and help-seeking behaviour. Identity is defined as "to prove or recognise as being a certain

person or thing; determine the identity of" (Collins Dictionary, pg.767, 1998). Previous research has not examined identity in relation to mental health, however, identity has been looked at with regards to courage, motivation, work and learning to name but a few. The current study will look further into identity as there is not much research into this section. Identity is a very strong aspect to all of us. Identity is not just what you know; it is also how you know. People are not born with an identity; it is something that develops over time (Dombeck, & Wells-Moran, 2006). Young children have simple identities (Dombeck, & Wells-Moran, 2006). They see things in an overly simple, normally self-serving manner (Dombeck, & Wells-Moran, 2006). As people grow older they grow wiser, they identify themselves with other people, places and things in progressively sophisticated way (Dombeck, & Wells-Moran, 2006). The more a person grows the more they start to grow out of this initial selfishness. A young child may see his/her mother as a person that exists only to take care of her, but an older child will often start to appreciate that her mother has needs of her own, and start acting more maturely and sensibly towards their mother (Dombeck, & Wells-Moran, 2006). How you see yourself might play a crucial role in how willing you are to seek help and an attitude toward mental illness and this study aims to investigate this. This study also aims to investigate the role of identity in mental health.

Empathy

Empathy is defined as "The power of understanding and imaginatively entering into another person's feelings" (Collins Dictionary, pg. 507. 1998). The ability to empathize makes it possible for us to learn and act responsibility. It also enables us to act compassionately towards others. Empathy allows us to connect and reach out with others and feel for them (Hunter, 2014). It is a crucial need for humans as it has an intrinsic evolutionary and

neurological basis for development (Hunter, 2014). Sometimes life events interrupt this progression from selfishness to thoughtfulness and people's identities stop growing (Dombeck. & Wells-Moran, 2006). This might lead to someone having a bad attitude towards mental illness or not be willing to seek help (Dombeck. & Wells-Moran, 2006). Empathy is usually thought of as how well you can put yourself in someone else's shoes, feel what they are feeling and sense their emotions (Hunter, 2014). Empathy refers to a wide variety of experiences. Empathy has deep roots in one's brain and body and has progressed throughout the years (Greater Good, 2014). Having the ability to empathise with someone may have a positive correlation with a positive attitude towards mental health. If a person is able to feel for how another person is feeling then they might not be quick too judge and might not hold a bad stigma towards that issue (Skills you need, 2014). There is a lack of research that looks at empathy and its possible link with attitudes towards mental illness. This study will look at these two variables and see if there is any influence between the two. Therefore, the possible link between stigma towards mental illness and empathy will be examined in this current study.

Aim of Research

As mentioned previously, the aim of this study is to investigate the gender and age differences in the stigma towards mental illness and how gender and age differences of help-seeking behaviour and its relationship to mental illness. It will also look at the gender differences with empathy and identity and their relationship towards mental illness. A cross-sectional questionnaire design will be used to attain results to advance the understanding of the issue that is attitudes towards mental health. The literature that exists regarding the stigma of mental illness seems to show that males are less likely to be open about it as opposed to

females (Doherty and O'Doherty, 2010). The literature that exists already in this area is quite scarce, especially in relation to identity and mental health and how stigmatizing ages are towards mental illness. Thus the purpose of this study is to investigate the lack research and understanding available with age and identity in relation to attitudes towards mental illness. It is hoped that the findings of this research will add to literature that already exists and may contribute to mental health awareness schemes in Ireland.

Hypotheses:

Hypothesis 1: It is hypothesised that there will be a significant difference between age and attitudes towards mental health.

Hypothesis 2: It is hypothesised that there will be a significant difference between gender and attitudes towards mental health.

Hypothesis 3: It is hypothesised that there will be a significant relationship between attitudes towards mental health and help seeking.

Hypothesis 4: It is hypothesised that there will be a significant relationship between attitudes towards mental health and empathy.

Hypothesis 5: It is hypothesised that there will be a significant relationship between identity and attitudes towards seeking professional help.

Methodology

Design:

The current study was a cross correlation, between subjects and quantitative design. It is hypothesised that there will be a significant difference between age and attitudes towards mental health. The second hypothesis is that there will be a significant difference between gender and attitudes towards mental health. The third hypothesis is that there will be a significant relationship between attitudes towards mental health and help seeking. The forth hypothesis is that there will be a significant relationship between attitudes towards mental health and empathy. The final hypothesis is that there will be a significant relationship between identity and attitudes towards seeking professional help. The independent variables are age and gender. The dependent variable is attitudes towards mental health. The predictor variables are attitudes towards mental health and identity. The criterion variables are attitudes towards seeking professional help and empathy. The only demographic variables that were used were age and gender.

Participants:

There were 142 participants in total for this study. All participants were in full time education and either in secondary school or college. There were sixty-two males (43.7%) in this study and eighty females (56.3%). The participants varied in age. For respecting the participant's privacy, the ages were categorised into two distinct categories. The two categories were as follows, thirteen to eighteen and nineteen plus. In the thirteen to eighteen category there was eighty-eight respondents (62%) out of that fifty were male and thirty-eight were female. In the nineteen plus category there were fifty-four respondents (38%) out of that twelve were male and forty-two were female. The under eighteen sample was attained through a local secondary school. The over eighteen sample was gained through a mixture of convince and

snowball sampling. The URL link for the online questionnaire was posted over Facebook and email and friends were asked to pass it on to those appropriate. All permissions were granted.

Materials:

This study involved the use of an online questionnaire, Google Docs, and also used pen and paper questionnaires. A statistical package, SPSS version 21, was used to input data and carry out statistical tests on the data. The following measures were used to test the hypothesis. The first measure used was the Attitudes towards mental illness scale by Cates, Burton and Woolley (2005). This seeks to measure a person's attitude towards those with mental illness. This measure seeks to measure a person's understanding about mental illness and their stigmatizing attitude towards it. The questionnaire has eleven items. The participants were asked to respond to statements such as "It is easy to recognise someone who once had a mental illness" on a Likert scale from one (strongly disagree) to four (strongly agree). The answers were summed, and a high score on this questionnaire reflected a more positive attitude towards mental illness. This is a reliable and valid scale, the Cronbach's Alpha for this scale was .71. The next measure used was the Attitudes towards seeking professional psychological help by Fischer, & Farina (1995). This questionnaire is a shortened version of Fischer and Turner's twenty nine item scale for measuring attitudes towards seeking psychological help. This questionnaire is used to investigate the participant's attitude towards seeking help for mental illness. The questionnaire has ten items. Participants were again asked to rate statements such as "If I believed I was having a mental breakdown, my first inclination would be to get professional attention" on a Likert scale from one (strongly disagree) to four (strongly agree). Some of the questions were reverse coded and then computed together to find an overall attitude towards seeking-help score. The higher the score, the more positive the attitude towards seeking professional help. This is also a reliable

and valid scale as Cronbach's Alpha for this scale was .76. The Multi-Dimensional Emotional Empathy Scale by Caruso & Mayer (1998) was the next scale used. This is a thirty item long scale and participants are asked to give their responses on questions such as "It's easy for me to get carried away by other people's emotions" on a five point Likert scale, one (strongly disagree) and five (strongly agree). Some of these questions had to be reverse coded. Then all the scores were added and sub scores of suffering, positive sharing, responsive crying, emotional attention, feel for others and emotional contagion were found. The mean of these sub scales let to a General Empathy scale. The Cronbach's Alpha for this scale was .88 so it showed that this is a valid and reliable scale. The final questionnaire used for this research was the About Me questionnaire. It contains thirty-one items and is designed to measure three broad psychological constructs, social identity, attitudes towards school and general self-worth. Participants are asked to give their responses to questions like "I like being at school more than doing anything else" on a five point Likert scale, one (strongly disagree) and five (strongly agree). The mean of the sub scores, which were identification with peers, identification with family, identification with school, academic effort, academic competence, academic importance and general self-worth were found and averaged to give scores. The Cronbach's Alpha for this scale was .90 so it showed that this is a valid and reliable scale.

Procedure:

Ethical Considerations:

Ethical considerations were considered to this study from the design stage of the research process. Prior to commencing this research project permission was sought and granted from the ethics committee at DBS. A detailed research proposal was submitted to the committee.

Protecting Participants:

Participants were made aware that their participant to this study was completely voluntary and that they could withdraw at any time whilst completing the questionnaire. A questionnaire (Appendix A) along with a cover letter (Appendix B) outlined contact details of the researcher, supervisor and appropriate helplines for those who wanted additional information or needed the appropriate help. This allowed participants to make an informed decision as to whether they wanted to take part in this study or not. For those participants under eighteen a permission letter (Appendix C) was made up for their parents/guardians to grant permission to their child taking part in the study.

Confidentiality and Anonymity:

Research participants were assured that the confidentiality of material would be maintained and that the anonymities of individual participants would be protected and disguised in any subsequent reporting of the data. All questionnaires were stored in a locked drawer in the researcher's home and only the main researcher had access to them, also the supervisor, on request, had access to them. Data will be destroyed on completion of the study. The participants were informed based on keeping the questionnaires confidential, they were not to write their name on any part of the questionnaire. As the focus of this study was under eighteens and over nineteens, the participants were sought from a local secondary school and

friends, friends of friends and classmates of the researcher. The local principal was approached to ask for permission to use pupils from that school for the study. Upon consent, a date was set and permission letters were given out to first, second, fourth and fifth year students for their parents/guardians to sign and give permission for them to participate. When the permission letters were all handed back another date was then set for students to fill out and complete the questionnaires. As for the rest of the questionnaires, they were given out through convenience and snowball sampling methods. Participants were asked to fill out a questionnaire online. The questionnaire consisted of eighty two items in total. The questionnaire also included demographic questions such as age, gender and type of education (secondary or college). Alongside these there were questions regarding any relation participants have with a person/persons who has had/have a mental illness. There was an open ended question for participants to fill out to get their opinion on what the terms mental health and mental illness mean to them. The participants filled out the demographic and open ended questions first followed by the attitudes towards mental illness scale. They then filled out the attitudes towards seeking professional help scale, the multi-dimensional emotional empathy scale and lastly the about me scale. The questionnaire took approximately ten minutes to complete and there were no incentives for completing this study.

Results

The hypotheses of this current study were as follows; It is hypothesised that there will be a significant difference between age and attitudes towards mental illness. It is hypothesised that there will be a significant difference between gender and attitudes towards mental illness. It is hypothesised that there will be a significant relationship between attitudes towards mental illness and help seeking. It is hypothesised that there will be a significant relationship between attitudes towards mental illness and empathy. It is hypothesised that there will be a significant relationship between identity and seeking professional help.

In total, there was one hundred and forty two participants', sixty-two of which were female and eighty of which were male. As this questionnaire included open ended questions to try and see what exposure or experience they had to people/relatives/friends with a mental illness. Questions were asked of the participants to determine whether they had any family or professional colleagues with mental illness, for the purpose to measure their exposure to it. The following table explains how many participants have had exposure to people with mental illness.

Does anyone in your immediate family have/had a mental illness?		
	Frequency	Percent
Yes	34	23.9
No	108	76.1
Total	142	100

Do you have any close friends who have a mental illness?		
	Frequency	Percent
Yes	46	32.4
No	96	67.6
Total	142	100

Have you ever worked with or been closely associated in some way to someone with a mental illness?		
	Frequency	Percent
Yes	66	46.5
No	76	53.5
Total	142	100

Participants were also asked to briefly explain what the terms 'mental illness' and 'mental health' mean to them. Responses were interesting, some participants had a good understanding into what these terms meant. For example, participant 29, when asked to explain the term mental illness wrote 'A person who is suffering from a mental or psychiatric illness i.e. depression, schizophrenia, dementia'. However some participants didn't know what terms mean, especially mental health. For example, when asked to explain the term mental health participant 111 said 'harming yourself and it's not healthy'.

Hypothesis 1, the effect of age on attitudes towards the mental illness:

In relation to the first hypothesis it looked to see if there was a significant difference between age and attitude towards mental illness. A t-test was conducted, Over eighteen (mean = 35.44, SD = 3.89) were found to have higher attitudes towards mental illness than under eighteen (mean = 32.36, SD = 5.25). The 95% confidence limits show that the population mean difference of the variables lies somewhere between -4.72 and -1.45. An independent samples t-test found that there was a statistically significant difference between attitudes towards mental illness and age ($t(139) = -3.73$, $p = .000$). Therefore the null can be rejected.

Table 1:

Descriptive statistics of the attitudes towards mental illness levels across age groups:

Age of participant	N	Mean	Std. Deviation
Under 18	46.5	32.36	5.25
Over 18	53.5	35.44	3.89

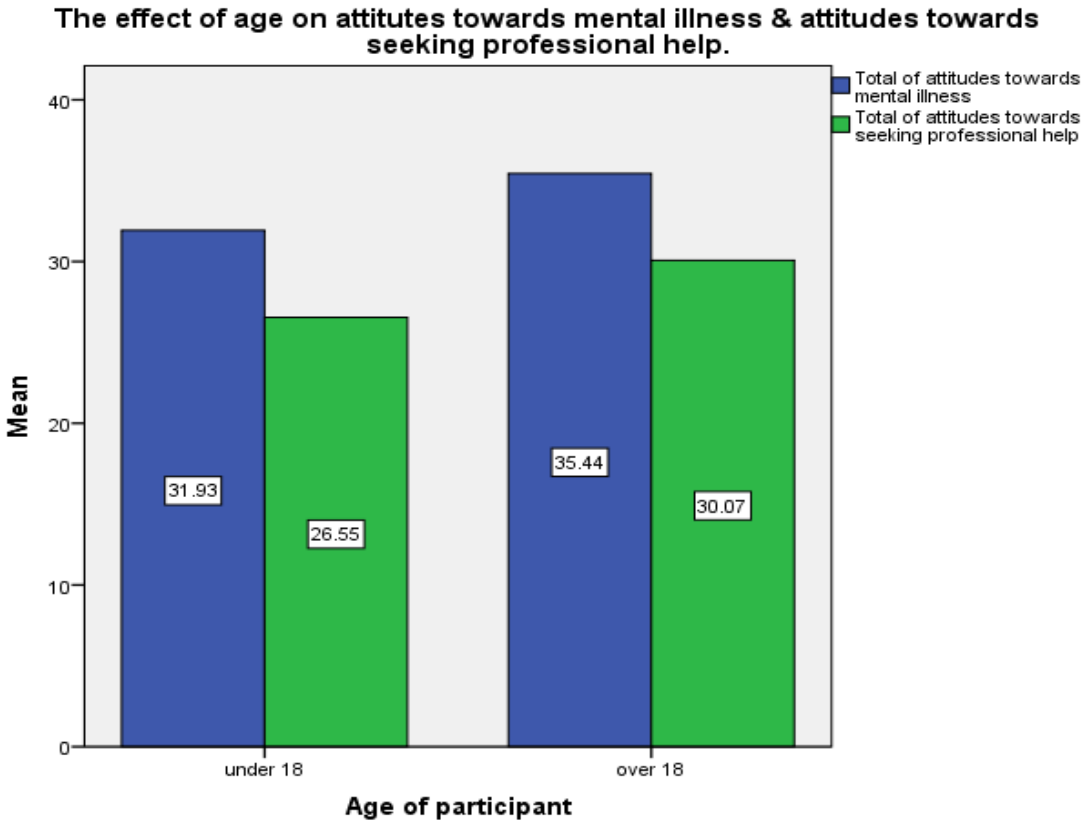
The results clearly show that there was a difference within the two age groups in attitudes towards mental illness. These results reflect the hypothesised results, and showed that the over eighteen sample had a more positive attitude towards mental illness compared to the under eighteen sample.

Another t-test was carried out to see if there were any differences with age and help seeking. A t-test was conducted, Over eighteen (mean = 30.07, SD = 5.05) were found to have higher attitudes towards seeking professional help than under eighteen (mean = 26.57, SD = 4.20). The 95% confidence limits show that the population mean difference of the variables lies somewhere between -5.05 and -1.95. An independent samples t-test found that there was a statistically significant difference between attitudes towards seeking professional help and age ($t(140) = -4.46$, $p = .000$). Therefore the null can be rejected.

Table 2:

The effect of age on attitudes towards seeking professional help:

Age of participant	N	Mean	Std. Deviation
Under 18	88	26.57	4.20
Over 18	54	30.07	5.05



<u>Hypothesis 2</u>, the effect of gender and attitudes towards mental illness:

In relation to the second hypothesis it looked at seeing if there will be a significant difference between gender and attitudes towards mental health. A t-test was conducted females (mean = 34.15, SD = 4.19) were found to have higher attitudes towards mental illness than males (mean = 32.74, SD = 5.81). The 95% confidence limits show that the population mean difference of the variables lies somewhere between -3.08 and .255. An independent samples t-test found that there was no statistically significant difference attitudes towards mental illness and gender (t(139) = -1.97, p = .096). Therefore the null can be accepted.

The results show that there was no difference between gender and attitudes towards mental illness. These results reflect the hypothesised results, and did show that the female sample

had a more positive attitude towards mental illness compared to the male sample, however, they were not significantly so.

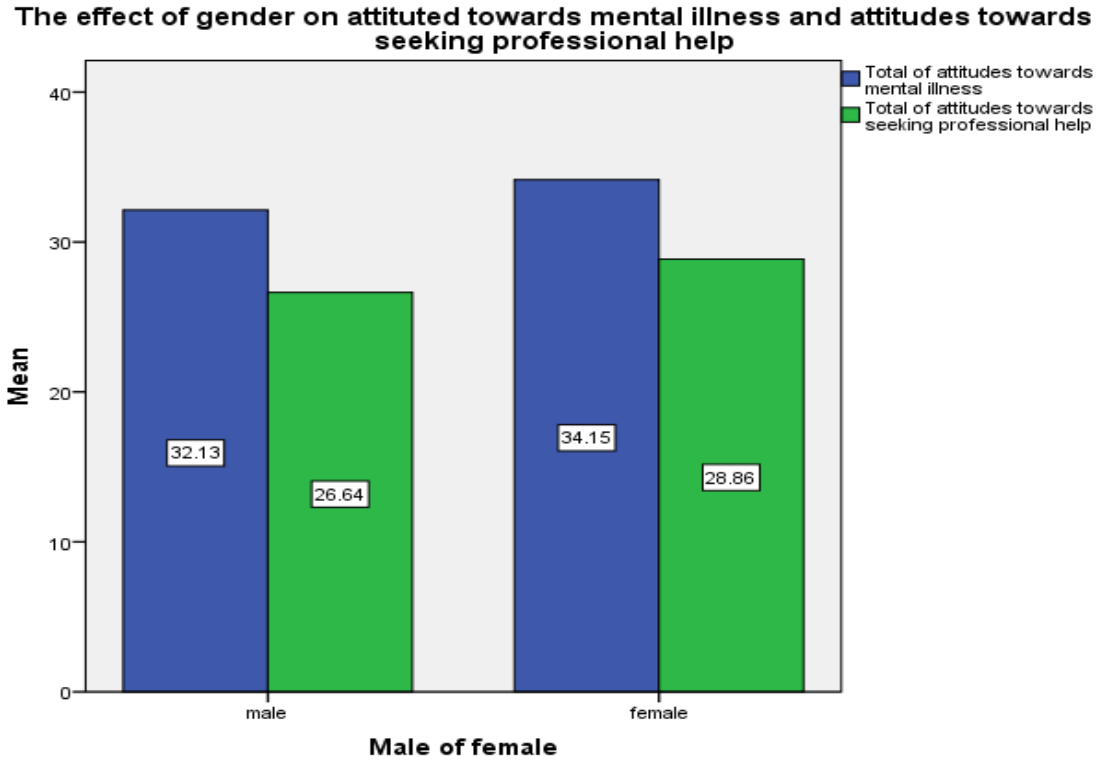
An additional test was carried out to see if there was significant difference between gender and attitudes towards seeking professional help. A t-test was conducted females (mean = 28.86, SD = 5.00) were found to have higher attitudes towards seeking professional help than males (mean = 26.66, SD = 4.34). The 95% confidence limits show that the population mean difference of the variables lies somewhere between -3.78 and .619. An independent samples t-test found that there was a statistically significant difference attitudes towards seeking professional help and gender ($t(140) = -2.75$, $p = .007$). Therefore the null can be rejected.

Table 3:

Descriptive statistics of the attitudes towards mental illness levels across gender,

Gender of participant	N	Mean	Std. Deviation
Male	62	26.66	4.34
Female	80	28.86	5.00

The results clearly show that there was a significant difference between gender and attitudes towards seeking professional help. These results reflect the hypothesised results, and did show that the female sample had a more positive attitude towards seeking professional help compared to the male sample.



<u>Hypothesis 3,</u> the effect of attitudes towards mental illness and help seeking:

In relation to the third hypothesis this looked to see if there will be a significant relationship between attitudes towards mental health and help seeking. The mean scores for attitudes towards mental illness was 33.54 (SD = 4.99) and for attitudes towards help seeking was 27.90 (SD = 4.84). A Pearson correlation coefficient found that there was a strong positive significant relationship between attitudes towards mental illness and help seeking ($r (140) = 0.23$, $p < .01$). Therefore the null hypothesis is rejected. This relationship can account for 5.29% of variation of scores.

Table 4:

The effect of attitudes towards mental illness on help seeking:

	Mean	Std. Deviation	N
Total of attitudes towards mental illness	33.54	4.99	141
Total of attitudes towards seeking professional help	27.90	4.84	142

It is clear from these results that there is a link between attitudes towards mental illness and attitudes towards seeking professional help. This shows that the higher the attitude towards mental illness the more willing one is to seek professional help.

Hypothesis 4, the effect of empathy and attitudes towards mental illness:

In relation to the forth hypothesis this looked to see if there will be a significant relationship between attitudes towards mental health and empathy. The mean scores for attitudes towards mental illness was 33.54 (SD = 4.99) and for empathy was 15.73 (SD = 2.23). A Pearson correlation coefficient found that there was a strong positive significant relationship between attitudes towards mental illness and empathy ($r (141) = 0.18$, $p < .05$). Therefore the null hypothesis is rejected. This relationship can account for 3.24% of variation of scores.

Table 5:

The effect of attitudes towards mental illness on empathy:

	Mean	Std. Deviation	N
Total of attitudes towards mental illness	33.54	4.99	141
Total of empathy subscales	15.73	2.31	142

It is clear from these results that there is a link between attitudes towards mental illness and empathy. This shows that the higher the attitude towards mental illness the higher ones empathy levels are.

Hypothesis 5, the effect of attitudes towards seeking professional help and identity:

In relation to the fifth hypothesis this looked to see whether there will be a significant relationship between identity and attitudes towards seeking professional help. As the scale used only measured sub-scales of aspects of identity, various tests were carried out to see if any of the sub-scales had a significant relationship with attitudes towards seeking professional help. The first test looked at attitudes towards seeking professional help and identification with peers. The mean scores for attitudes towards seeking professional help were 27.90 (SD = 4.84) and identification with peers 14.99 (SD= 2.82). A Pearson correlation coefficient found that there was no significant relationship between attitudes towards seeking professional help and identification with peers ($r (142) = 0.98$, $p > .01$). Therefore the null hypothesis is accepted.

The second test looked at attitudes towards seeking professional help and identification with family. The mean scores for attitudes towards seeking professional help were 27.90 (SD = 4.84) and identification with family 13.91 (SD= 5.58). A Pearson correlation coefficient found that there was no significant relationship between attitudes towards seeking professional help and identification with family ($r (142) = 0.80$, $p > .01$). Therefore the null hypothesis is accepted.

The third test looked at attitudes towards seeking professional help and identification with school. The mean scores for attitudes towards seeking professional help were 27.90 (SD = 4.84) and identification with school 23.55 (SD= 6.17). A Pearson correlation coefficient found that there was a strong positive significant relationship between attitudes towards seeking professional help and identification with school ($r (142) = 0.40$, $p < .01$). Therefore the null hypothesis is rejected. This relationship can account for 16% of variation of scores.

Table 6:

The effect of attitudes towards seeking professional help on identification with school:

	Mean	**Std. Deviation**	**N**
Total of attitudes towards seeking professional help	27.90	4.84	142
Total of identification with school	23.55	6.17	142

The forth test looked at attitudes towards seeking professional help and academic effort. The mean scores for attitudes towards seeking professional help were 27.90 (SD = 4.84) and academic effort 14.35 (SD= 3.33). A Pearson correlation coefficient found that there was a strong positive significant relationship between attitudes towards seeking professional help

and academic effort (r (142) = 0.26, p < .01). Therefore the null hypothesis is rejected. This relationship can account for 6.76% of variation of scores.

Table 7:

The effect of attitudes towards seeking professional help on academic effort:

	Mean	Std. Deviation	N
Total of attitudes towards seeking professional help	27.90	4.84	142
Academic effort	14.35	3.33	142

The fifth test looked at attitudes towards seeking professional help and academic competence. The mean scores for attitudes towards seeking professional help were 27.90 (SD = 4.84) and academic competence 14.08 (SD= 3.18). A Pearson correlation coefficient found that there was a strong positive significant relationship between attitudes towards seeking professional help and academic competence (r (142) = 0.21, p < .05). Therefore the null hypothesis is rejected. This relationship can account for 4.41% of variation of scores.

The sixth test looked at attitudes towards seeking professional help and academic importance. The mean scores for attitudes towards seeking professional help were 27.90 (SD = 4.84) and academic importance 17.35 (SD= 2.50). A Pearson correlation coefficient found that there was a strong positive significant relationship between attitudes towards seeking professional help and academic importance (r (142) = 0.24, p < .01). Therefore the null hypothesis is rejected. This relationship can account for 5.76% of variation of scores.

The seventh test looked at attitudes towards seeking professional help and general self-worth. The mean scores for attitudes towards seeking professional help were 27.90 (SD = 4.84) and

general self-worth 19.46 (SD= 3.47). A Pearson correlation coefficient found that there was a strong positive significant relationship between attitudes towards seeking professional help and general self-worth (r (142) = 0.25, p < .01). Therefore the null hypothesis is rejected. This relationship can account for 6.25% of variation of scores.

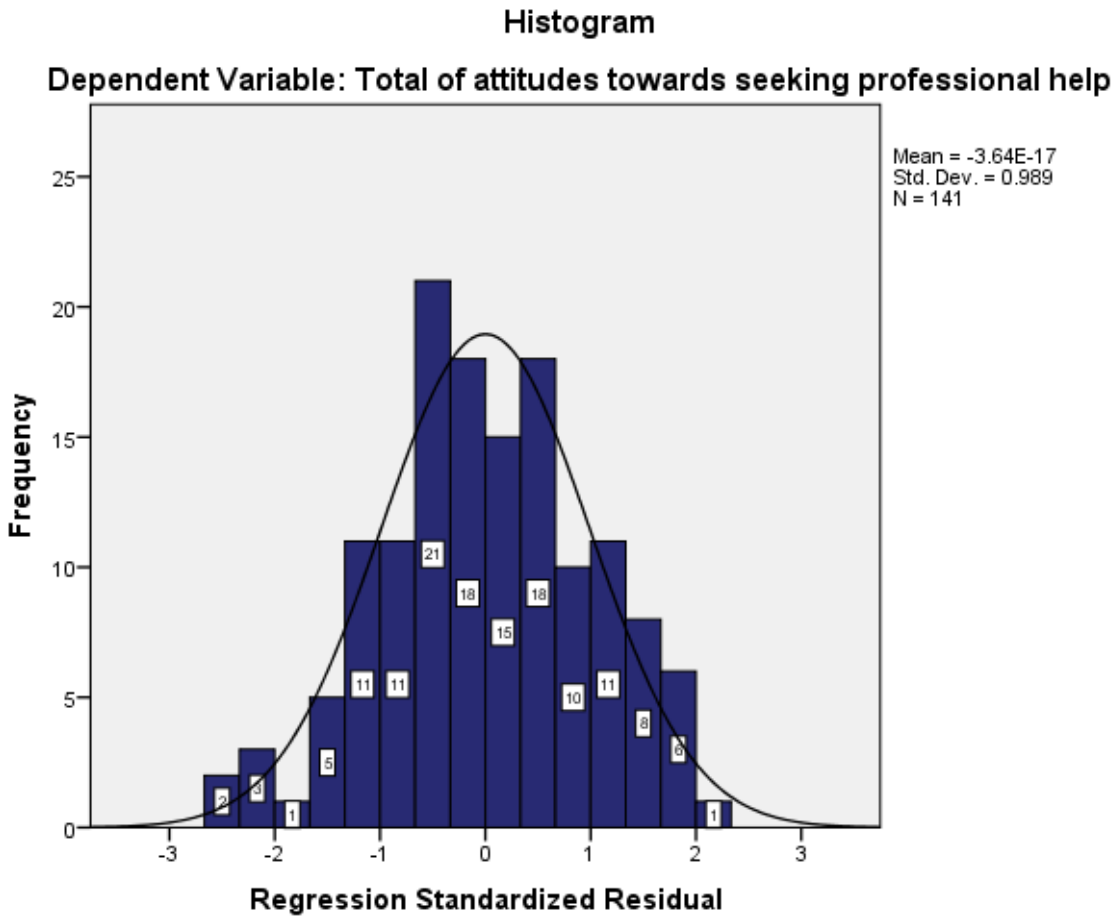
Table 8:

The effect of attitudes towards seeking professional help on general self-worth:

	Mean	**Std. Deviation**	**N**
Total of attitudes towards seeking professional help	27.90	4.84	142
General self-worth	19.46	3.47	142

Further tests using multiple regression was used based on previous finding using the appropriate variables. Multiple regression was used to test whether identification with school, attitudes towards mental illness and empathy predicted attitudes towards seeking professional help. The results of the regression indicated that the three predictors explained 22% of the variance (R^2=.22, F(3,137)= 14.49, p < .001). It was found that identification with school significantly predicted attitudes towards seeking professional help (β=.29, p= .001, 95% CI = .102 & .361) as did attitudes towards mental illness (β= .16, p= .034, 95% CI = .014 & .350) as did levels of empathy (β= .20, p= .015, 95% CI = .086 & .789).

This further analysis showed that identification with school, attitudes towards mental illness and empathy significantly predicted attitudes towards seeking professional help.



Further analysis:

Further tests were carried out to see if there was a significant difference between having someone in your close family with a mental illness and attitudes towards mental illness. Another t-test was carried out to see if there were any differences with having an immediate family who has a mental illness and attitudes towards mental illness. A t-test was conducted, those who had an immediate family member with a mental illness (mean = 35.00, SD = 4.81) were found to have higher attitudes towards mental illness than those who didn't have any immediate family members with a mental illness (mean = 32.73, SD = 4.08). The 95% confidence limits show that the population mean difference of the variables lies somewhere between .608 and 3.93. An independent samples t-test found that there was a statistically significant difference between having an immediate family member with a mental illness and attitudes towards mental illness ($t(139) = 2.70$, $p = .008$). Therefore the null can be rejected.

Another t-test was carried out to see if there were any differences with having a close friend who has a mental illness and attitudes towards mental illness. A t-test was conducted, those who had a close friend with a mental illness (mean = 34.61, SD = 4.71) were found to have higher attitudes towards mental illness than those who didn't have any close friends with mental illness' (mean = 32.63, SD = 4.06). The 95% confidence limits show that the population mean difference of the variables lies somewhere between .456 and 3.49. An independent samples t-test found that there was a statistically significant difference between having a close friend with a mental illness and attitudes towards mental illness ($t(139) = 2.57$, $p = .01$). Therefore the null can be rejected.

The last t-test that was carried out was to see if there were any differences with having worked with or been closely associated in some way to someone with a mental illness and attitudes towards mental illness. A t-test was conducted, those who had worked with or been closely associated in some way to someone with a mental illness (mean = 34.46, SD = 4.45) were found to have higher attitudes towards mental illness than those who have never worked with or been closely associated to someone with a mental illness (mean = 32.26, SD = 4.04). The 95% confidence limits show that the population mean difference of the variables lies somewhere between .782 and 361. An independent samples t-test found that there was a statistically significant difference between working with or being closely associated with someone with a mental illness and attitudes towards mental illness ($t(139) = 3.06$, $p = .003$). Therefore the null can be rejected.

Discussion

The aim of this study was to investigate five hypothesis, that there will be a difference between age and attitudes towards mental health, there will be a difference between gender and attitudes towards mental health, that there will be a relationship between attitudes towards mental health and help seeking, there will be a relationship between attitudes towards mental health and empathy and there will be a relationship between identity and attitudes towards seeking professional help. This was to be achieved by providing a quantitative review of the relationship among measures of Attitudes Towards Mental Illness (Cates, Burton and Woolley, 2005), Attitudes towards seeking professional psychological help (Fischer, & Farina, 1995), The Multi-Dimensional Emotional Empathy Scale (Caruso & Mayer,1998) and the About Me questionnaire (Maras, 2012) for both under eighteen and over eighteen participants. The scales that were employed for this study were accompanied by two optional qualitative questions at the start of the questionnaire. The questions asked the willing participant to briefly describe mental illness and mental health in their own words. The variable's that much research doesn't exist on was identity and empathy and the researcher wanted to look into these variables. Furthermore, there is plenty of research available which links the rest of the variables that provided a foundation for the hypothesis that have been adopted. Following on from this, the other demographic variables that were used for this study included: age, gender and knowing someone with a mental illness. The purpose of having the variables chosen along with an optional qualitative question was in order gain a better insight into the opinions and attitudes held towards the mentally ill. The above hypotheses went through a series of analysis to statistically test for the accuracy of the above hypotheses.

The responses to the open ended questions showed that most participants had an understanding of what the term 'mental illness' meant but not what the term 'mental health'

meant. This shows that awareness needs to be created for people to learn about mental illness and their mental health. Therefore reducing the stigma attached to it.

The results of this study, mostly agree with findings of other studies. In relation to the first hypothesis, it looked to see if there was a difference in age and attitudes towards mental illness. Results showed that there was a significant difference, that over eighteens had a higher, more positive attitude towards mental illness compared to that of under eighteens. This agreed with the findings of Siu et. al, 2012, they found that younger participants aged 15 to 19 years had a lower level of knowledge about mental health problems compared with other age-groups, therefore had a more negative attitude towards mental illness (Siu et al. 2012). Their findings correspond to that of this study as the under eighteen sample had a more negative attitude towards mental illness. The results of this study also correspond with that of Kobau and Zack (2007, 2009), they too also found that the younger population had a more negative view of mental illness compared to that of the older population. However, these findings did not agree with other findings. Connery & Davidson, 2006, found that older adults had a more negative attitude towards mental illness compared to that of younger adults. Tests were also carried out to see if there was a significant difference between age and attitudes seeking professional help. This study found significant results, that those over eighteen were more likely to seek professional help as opposed to those under eighteen. These results are also apparent in Oliver, et al. 2005. They showed that their younger sample were less likely to seek professional help compared to their older sample.

In relation to the second hypothesis, tests were carried out to see if there would be a difference between gender and attitudes towards mental health. This research found no statistically significant result between these two variables. This went against the findings of

most previous research. Previous research found that females tend to have a more positive attitude towards mental illness than males (Connery, 2006. Al-Naggar, 2013. Kobau & Zack, 2007). Results of this study could have been due to the lack of male participants, there were sixty-two males in this study and eighty females. However, it could also show that attitudes towards mental illness are now changing and males are becoming less prejudice towards mental illness. Another test was carried out to see if there was a significant difference with gender and attitudes towards seeking professional help. Results did show that females were more likely to seek professional help than males. These findings support findings of previous research. Doherty & O'Doherty found that overall females were more likely to seek help as opposed to males. Other research also shows that men report a low willingness to seek professional compared to that of women (Gonzalez, Alegría, Prihoda, Copeland & Zeber, 2011, Shepard & Rickard, 2012). By looking at the findings of these two hypotheses it is easy to see that males overall tend to have a more negative attitudes towards mental illness and attitudes towards seeking professional help. It is not difficult to see how problems may arise within the younger males who would be less independent and very proud, as mentioned in Shepherd & Rickard, 2012 and therefore less likely to seek out for help.

The third hypothesis looked at seeing if there was a relationship between attitudes towards mental health and help seeking. Results showed a significant relationship between these variables. The higher ones attitudes towards mental illness the more likely one would be to seek professional help. These results prove interesting as they show that if a person has a more positive attitude towards mental illness they will potentially seek professional as opposed to those who hold a more negative view of mental illness.

The forth hypothesis looked seeing if there will be a relationship between attitudes towards mental health and empathy. This study found significant results, this shows that the higher the attitude towards mental illness the higher ones empathy levels are. As mentioned previously, there is not much research on empathy and attitudes towards mental illness. Although it was interesting that significant results were found. This study could potentially be used as a base to lead onto further study to explore the possible link between empathy and attitudes towards mental illness.

The last hypothesis this study looked at was seeing if there would be a relationship between identity and willingness to seek psychological help. As the scale used to examine identity was made up of subscales various aspects of identity were looked at. For the subscale identification with peers, there was no significant result found. The second part of this test looked at attitudes towards seeking professional help and identification with family, there was also no significant result found. This shows within this sample that attitudes were not influenced by their identification with their peers or identification with their family. For the next test, attitudes towards seeking professional help and identification with school were examined. Results showed that there was a significant relationship between these two variables. This shows that the higher the higher the attitude towards seeking professional help the higher the identification with school. The next test few looked at attitudes towards seeking professional help and academic effort, academic competence and academic importance. All of these tests found significant results. This shows that the higher one was willing to seek professional help the higher the academic effort, academic competence and academic importance. The last subscale that was analysed was attitudes towards seeking professional help and general self-worth. This test showed significant results, this suggests that the higher the willingness to seek professional help the higher the general self-worth. The

possible link between willingness and attitudes towards seeking professional help and identity showed strong results. Some subscales were found not to be significant but most were found to be significant. Further research looking into identity and help-seeking would be interesting and advisable based on the findings of this study.

Weakness & Strengths:

There was a certain weakness attached to this study, as it only looked at full-time college and secondary school students. If a different sample was used then perhaps different results might be found. There was also a slight gender imbalance, this could have influenced results. As one of the hypothesis of this study looked at gender differences and the findings of this study went against findings of previous research, the gender imbalance could have affected these results. There could have been aspects of nervousness, not completely understanding the questions asked or elements of boredom due to the amount of questions asked. Within this study the above factors are relevant, within the factor of not understanding the questions, some of the 1st year participants expressed concern over the wording and phrasing of the questions in the questionnaires. There was also, of course, the issue of concern over confidentiality. In knowing some of the participants personally, there might have been a certain fear of judgement. There was cross-contamination within this study as friends of friends were passing the link on for the questionnaire to be completed. This could have resulted in people being told what the content of the questionnaire was before they completed it. With using a sample of secondary school students it was very time consuming to hand out permission slips and get them back off of parents/guardians. Participation was also very hard to get. Most students brought back their permission slips and completed questionnaires but it was a very time consuming process. Communication between the researcher and the school could have been vastly improved and response time too.

This study did have strengths too. It had a wide range of participants in age, it had a good sample size and an overall good response rate. This study found interesting results that could potentially be used for future research.

Future Research:

As said previously there is a gap in the literature regarding identity and attitudes towards mental illness and empathy and attitudes towards mental illness. There needs to be a greater exploration between these variables in how they interconnect and affect each other. A larger study may be required, using not only full time students, to further analyse the relationship between age and gender and the stigma of mental illness, examining the factors that may affect stigma of mental illness, such as identity, fear and empathy. Such a study may provide a more comprehensive explanation as to why the different variables relate to stigma towards mental illness.

Applications of this study:

The results of this study show some applications that could be applied to increase willingness to seek help and attitudes towards mental illness. In general there are very limited services that people can avail of with regards to mental illness, this is also apparent in Wicklow, where this sample was mostly gained from. This study shows that males were less likely to seek help. An intervention could be put in place that encourages males to seek help and increase awareness for positive promotion of mental illness. Perhaps this would reduce some stigma and encourage people to talk about mental illness. The limited access to services may directly affect the younger participants in seeking help. These resources need to be more accessible, especially for the young and males. It is important to reach out to males and try to change the social norm of keeping ones problems to one's self.

Conclusion:

In conclusion, this study found that there was difference in the attitudes held by different age groups. The negative attitudes were held by the younger age groups and this fitted in with previous research. Results also showed that there was a gender difference in attitudes towards seeking professional help. Showing females were more likely to seek professional help. This too agreed with previous research. This study also looked at the relationship between seeking help and attitudes towards mental illness and significant results were found. The other variables looked at were empathy and identity. Results showed that there was a relationship between these variables and attitudes towards mental illness. Overall this study's results partially agreed with the previous literature, but there needs to be more research carried out looking at willingness to seek help, empathy and identity and their links with attitudes towards mental illness.

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Appendix A

Did you return a permission letter from your parents/guardians?

Yes No

What age are you?

_____

Please indicate your sex;

Male Female

Does anyone in your immediate family have a mental illness? (Please include yourself)

Yes No

Do you have any close friends who have a mental illness?

Yes No

Have you ever worked with or been closely associated in some way (personally or professionally) to a person with mental

Yes No

Please use the space below to briefly explain what the term mental illness and mental health mean to you;

Mental illness

_____
_____
_____

Mental health;

_____
_____
_____

Using the scale below, please circle the relevant answer beside each statement
SD = strongly disagree, D = disagree, A= agree, SA = strongly agree

1. Most patients in mental hospitals are not dangerous.	SD D A SA
2. It is easy to recognise someone who once had a mental illness.	SD D A SA
3. We cannot expect to understand the bizarre behaviour of mentally ill persons.	SD D A SA
4. Mentally ill people are not intelligent.	SD D A SA
5. Most mentally ill persons haven't the ability to tell right from wrong.	SD D A SA
6. Most mentally ill people don't care how they look.	SD D A SA
7. Most people have mental and emotional problems.	SD D A SA
8. Mental illness is nothing to be ashamed of.	SD D A SA
9. Mentally ill people are ruled by their emotions; normal people are ruled by their reason.	SD D A SA
10. A mentally ill person is in no position to make decisions about even everyday living problems.	SD D A SA
11. There is nothing about mentally ill people that makes it easy to tell them from normal people	SD D A SA

To what extent do you agree or disagree with the statements below: 1 = strongly disagree, 2 = disagree, 3 = agree, and 4 = strongly agree

1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.	1 2 3 4
2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.	1 2 3 4
3. If I were experiencing a serious emotional crisis at this point in my life. I would be confident that I could find relief in psychotherapy.	1 2 3 4
4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears *without* resorting to professional help.	1 2 3 4
5. I would want to get psychological help if I were worried or upset for a long period of time.	1 2 3 4
6. I might want to have psychological counselling in the future.	1 2 3 4
7. A person with an emotional problem is not likely to solve it alone; he or she *is* likely to solve it with professional help.	1 2 3 4
8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.	1 2 3 4
9. A person should work out his or her own problems; getting psychological counselling would be a last resort.	1 2 3 4
10. Personal and emotional troubles, like many things, tend to work out by themselves.	1 2 3 4

To what extent do you agree or disagree with the statements below: 1 = strongly disagree, 2 = disagree, 3 = not sure, 4= agree, and 5 = strongly agree

I feel like crying when watching a sad movie.	1 2 3 4 5
Certain pieces of music can really move me	1 2 3 4 5
Seeing a hurt animal by the side of the road is very upsetting.	1 2 3 4 5
I don't give others' feelings much thought.	1 2 3 4 5
It makes me happy when I see people being nice to each other	1 2 3 4 5
The suffering of others deeply disturbs me.	1 2 3 4 5
I always try to tune in to the feelings of those around me.	1 2 3 4 5
I get very upset when I see a young child who is being treated meanly.	1 2 3 4 5
Too much is made of the suffering of pets or animals.	1 2 3 4 5
If someone is upset I get upset, too.	1 2 3 4 5
When I'm with other people who are laughing I join in.	1 2 3 4 5
It makes me mad to see someone treated unjustly.	1 2 3 4 5
I rarely take notice when people treat each other warmly.	1 2 3 4 5
I feel happy when I see people laughing and enjoying themselves.	1 2 3 4 5
It's easy for me to get carried away by other people's emotions.	1 2 3 4 5
My feelings are my own and don't reflect how others feel.	1 2 3 4 5
If a crowd gets excited about something so do I.	1 2 3 4 5
I feel good when I help someone out or do something nice for someone.	1 2 3 4 5
I feel deeply for others.	1 2 3 4 5
I don't cry easily.	1 2 3 4 5
I feel other people's pain.	1 2 3 4 5
Seeing other people smile makes me smile.	1 2 3 4 5
Being around happy people makes me feel happy, too.	1 2 3 4 5
TV or news stories about injured or sick children greatly upset me.	1 2 3 4 5
I cry at sad parts of the books I read.	1 2 3 4 5
Being around people who are depressed brings my mood down.	1 2 3 4 5
I find it annoying when people cry in public.	1 2 3 4 5
It hurts to see another person in pain.	1 2 3 4 5
I get a warm feeling for someone if I see them helping another person.	1 2 3 4 5
I feel other people's joy.	1 2 3 4 5

Using the scale below, please circle the relevant answer beside each statement
SD = strongly disagree, D = disagree N = Neither agree/disagree, A= agree, SA = strongly agree

1. I like being with my friends more than doing anything else.	SD D N A SA
2. I like doing the same things as my friends.	SD D N A SA
3 I like hanging around with my friends.	SD D N A SA
4 My friends are very similar to me.	SD D N A SA
5. I like doing things on my own at home more than doing anything else.	SD D N A SA
6 I like doing the same things as my family.	SD D N A SA
7 I like being with my family.	SD D N A SA
8 My family are very similar to me.	SD D N A SA
9. I like being at school more than doing anything else.	SD D N A SA
10. I like doing the same things as other students in my school.	SD D N A SA
11. I like being at school.	SD D N A SA
12. Students in my school are very similar to me.	SD D N A SA
13. I love going to this school.	SD D N A SA
14. My friends think that it is great that I go to this school.	SD D N A SA
15. My family think that it is great that I go to this school.	SD D N A SA
16. Most of my teachers think that it is great that I go to this school.	SD D N A SA
17. I work very hard at school.	SD D N A SA
18. I put in a lot of effort and try very hard at school.	SD D N A SA
19. I finish all of the work that I start at school.	SD D N A SA
20. I like doing most schoolwork.	SD D N A SA
21. My schoolwork is of a very good standard.	SD D N A SA
22. My friends think that my schoolwork is good.	SD D N A SA
23. My family think that my schoolwork is good.	SD D N A SA
24. Most of my teachers think that my schoolwork is of a very good standard.	SD D N A SA
25. I think it is a waste of time working had at school.	SD D N A SA
26. I want to do well at school.	SD D N A SA
27. My want family want me to do well at school.	SD D N A SA
28. My friends think it is important to do well at school.	SD D N A SA
29. I am very happy being the person I am.	SD D N A SA
30. I like the way that I look.	SD D N A SA
31. Most of my teachers like me a lot.	SD D N A SA
32. My friends like me a lot.	SD D N A SA
33. My family like me a lot.	SD D N A SA

Appendix B

My name is Rebecca Egan and I am conducting research in the Department of Psychology of DBS that explores attitudes to mental illness. This research is being conducted as part of my final year project and will be submitted for examination.

You are invited to take part in this study and participation involves completing the attached anonymous survey. If any of the questions do raise difficult feelings for you, contact information for support services are included at the bottom of this page.

Participation is completely voluntary and so you are not obliged to take part.

Participation is anonymous and confidential. Thus responses cannot be attributed to any one participant. For this reason, it will not be possible to withdraw from participation after the questionnaire has been collected.

The questionnaires will be securely stored and data from the questionnaires will be transferred from the paper record to electronic format and stored on a password protected computer.

Thank you for taking the time to complete this survey,
If you have been affected by any of the questions please feel free to contact the following;

Samaritans 1850 60 90 90

Aware 1890 303 302

Teen-line Ireland 1800 833 634

If you have any questions regarding this study please feel free to contact me on the following or my supervisor

<u>Please remove and take this page away with you and hand back your completed questionnaires.</u>

Appendix C

Dear Parent/Guardian,

My name is Rebecca Egan and I am a 3rd year psychology student of Dublin Business School. As part of my final year I am conducting a survey on attitudes. Your child is invited to take part in my final year project. Your child will be asked to complete a questionnaire.

All information provided will remain confidential and will only be reported as group data with no identifying information. All data, including questionnaires will be kept in a secure location and only those directly involved with the research will have access to them. After the research is completed, the questionnaires will be destroyed. Participation in this research study is voluntary. Your child will have the right to withdraw at any time during the questionnaire or refuse to participate entirely without prejudice or discrimination.

If you have any questions regarding this study, you may contact me at
or
Thank you,
Kind regards,
Rebecca Egan.

I the undersigned approve/give permission for my son or daughter to take part in this study.

Signature: _____ Date: _____

Childs name: _____