

**College Students Attitudes Towards Mental Illness in
Relation to Gender, Self-Compassion & Satisfaction with Life**

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A b s t r a c t

Prominent researchers within the arena of mental health such as D. Eker, (1989), assert that lay people have their own definitions of mental illness and possess certain attitudes towards those they recognise as mentally ill, therefore, giving rise to stigmatising attitudes. The study provided a quantitative review of the relationships between attitudes towards mental illness and that of gender, Self-Compassion and Satisfaction with Life. The present study examined the attitudes held by psychology students (*n=60*) and law students (*n=40*) towards the mentally ill. No significant differences were observed for male and female participants in relation to their attitudes towards mental illness. Findings and limitations of this research are discussed with suggestions for future research proposed.

1. Introduction

1.1 - What is Mental Illness:

Psychological distress has been found to provide some benefit to human functioning according to studies conducted in the area. Without the heightened awareness and sensitivity that psychological distress brings to a social situation and life experiences the general public may find themselves risking their lives at one extreme and under performing at the other. However, psychological distress can topple over into what is termed as a mental disorder and can occur at various points throughout an individual's life. According to Stein et al. (2010), a "mental disorder" may be defined as a "behavioural or psychological syndrome or pattern that occurs in an individual" (P. 1759). Following this, the National Alliance on Mental Illness (NAMI) describe mental illness as a "medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others, and daily functioning". The libertarian humanist Thomas Szas further described the term "mental illness" as a form of social control, a subjective concept which is used to label those who do not conform to the norms. As early as 400 B.C. up to present day times both "mental disorder" and "mental illness" are still nebulous terms which have proven to be difficult to define. While there is much controversy in establishing a universal definition for "mental illness" or "mental disorder" Manning (2001) exclaims that the process of classification is "fundamental to any science" (p.77). Therefore, many mental health professionals often distinguish between "severe mental illness" and other mild forms of mental illness. Henceforth, Individuals with schizophrenia and manic depressive disorder experience **psychotic** symptoms, those who suffer from stress, anxiety and mild forms of

depression experience **neurotic** symptoms. Those with problem that stem from injuries affecting the brain e.g. Alzheimer's disease are referred to as **organic** in origin. Henceforth, the field of mental health has made many advances particularly since the 1980's but not without facing many challenges or tasks along the way. Although the exact cause of mental illness still remains unknown, it has become clear through research that many of these conditions are caused by a combination of genetic, biological, psychological and environmental factors. Research within the arena of mental health continues to be important which provides one of the main reasons for this study.

1.2 - The possible causes of mental illness:

All over the world, there is an increasing awareness of mental ill health as significant cause of morbidity. Furthermore, public attitudes towards persons with mental illness may have improved over the years (Bhugra, 1989; Skinner, Berry, Griffith, & Byers, 1995), but research indicates that members of the public continue to maintain fear towards persons with mental illness, blame them for their illness, and underestimate their chances of recovery (Corrigan et al., 2000; Levey & Howells, 1994). These attitudes contribute to self-stigma and shame experienced by persons with mental illness, decreasing the likelihood that they will seek mental health care (Corrigan, 2004). According to Byrne (2001), while there has been improvements in people's perceptions of the mentally ill due to public education campaigns, two identical UK public opinion surveys reported only little change over the last 10 years. Over 80% endorsed the statement that "most people are embarrassed by mentally ill persons" and about 30% agreeing that "I am embarrassed by mentally ill people". However, in an article

by Corrigan and Watson they claimed that there is some support for the hypothesis that people are less likely to endorse blame, anger, and social avoidance toward people with mental illness after they have been educated about how mental illness is a biological disorder that people do not choose (Corrigan et al. 2002; 2004). It emphasises genetic factors, neurotransmitter-related chemical imbalances, and medical conditions. The biological explanation for mental illness may reduce anger and blame held by members of the general public but it implies a fundamental difference for those with mental illnesses, that they are unable to function properly, hence, it further excludes them from the rest of society. In contrast to the biological arguments, psychosocial explanations of mental illness and mental disorders have been reported to improve the perceptions and images held by the general public and reduce fear (Morrison et al. 1979; Morrison and Teta 1979, 1980; Read and Law, 1999). This argument focuses on environmental stressors and causal agencies which encompasses the theories posited by Freud (1914), Erikson (1950), Rodgers (1959), and others. The arguments here imply psychodynamic theories, clinical structures, trauma-related factors, sociocultural factors, and alcohol and substance abuse. While there are many theories put forward for the purpose of explaining the causes of mental illness along with the general public's reaction to the proposed factors. One major cause of stigma surrounding mental illness is labelling and the effect it has not only on those already diagnosed with a mental health problem but also on individuals who fear seeking a diagnosis because of the stigma associated with the label.

1.3 - Stigma and Labelling:

The general public have their own definitions and stereotypes as to what mental illness is and, moreover, hold certain attitudes towards those they recognise as mentally ill (Eker, 1989). Tudor (1996), noted that the history of mental illness is one of exclusion, separation, distinctiveness and otherness. The stigma and discrimination that is associated with mental illness adds to the experiences of isolation, exclusion, and distress. Furthermore, Socall & Holtgraves (1992), suggest that according to the labelling theory negative stereotypes play an important role in the aetiology of mental disorders and this can give rise to stigmatizing attitudes. Goffman (1993), postulated three types of stigmas, the first being the experience of a mental illness, secondly, a physical deformity and thirdly, an association with a particular race, religion, and belief. Henceforth, stigma of mental illness is associating negative qualities with having that mental illness, resulting in that individual being viewed negatively by others and even by themselves. In a study by the American Sociological Association (2004), the theory of labelling in regards to mental illness, was concluded to be “consistent supporting the prediction that the likelihood of social rejection increases after others gain knowledge of an individual’s status as a mental patient”. Moreover, the main reason for researchers investigating the public’s attitudes regarding mental illness is to determine how negative these attitudes are and gain insight into casual agencies.

1.4 - Mental Health Surveys in Ireland:

An article published by the Irish Medical Times on the 10th September, 2010, stated that according to the World Health Organisation, stigma, and the discrimination involved with it, is the “single most important barrier” facing those with mental health and behavioural problems and that the World Health Organisation, the World Psychiatry Association and the World Association of Social Psychiatry have identified

stigma as a key public health issue. In 2006, the National Disability Authority conducted a study on public attitudes to disability, which highlighted that 32% of individuals surveyed believed employers would be willing to employ someone with a physical disability but only 7% believed an employer would want to employ someone with a mental health disability. Following this, the “See Change” campaign commissioned a national survey on “public attitudes towards mental health problems” in 2010. The report emphasised that with 1 in 4 people due to experience a mental health problem at some point during their life, only 11% of Irish people interviewed were aware of this statistic with 19% of Irish people believing that it was 1 in 50 people who will experience a mental health problem at some point during their life . The report also claimed that 57% of those surveyed would not want others to know if they were diagnosed with a mental health problem, with 27% stating they would delay seeking help for fear of someone knowing about it. Furthermore, 18-24 year old males reported that 29% would delay seeking help, 9% would not seek psychological help, and 53% would not know what to do to help someone with a mental health symptom. These research statistics thus, provide another basis for this study which intends to focus on college students attitudes towards mental illness. Furthermore, the aforementioned statistical findings along with the role of stigma and labelling posits a serious challenge for researchers. Prominent figures within the field of mental health frequently state that in order for there to be a decline in the negative attitudes held towards those who suffer from a mental health disorder the general public must receive more in depth knowledge and education regarding the spectrum of mental illness.

1.5 - Measuring Attitudes to Mental Illness:

The topic of mental illness has always been an important area to investigate among mental health professionals as every society holds its own unique perception of mental illness. Since the 1950's major studies in this field have been carried out, with leading researchers having to deal with the fact that the public do not view mental illness as an illness like any other. In order for experimenters and researchers to educate the public they had to investigate why people held those negative attitudes and opinions. Nunnally (1961), began an extensive 6 year investigation to see what the public knew and felt about mental illness with variables of sex, age, education, income, and religion. Nunnally reported that "as is commonly suspected, the mentally ill are regarded with fear, distrust, and dislike by the general public" (p.46). It was noted that these "bad" attitudes were not held because of existing information but because of the lack of information, even the younger and better educated held slightly less derogatory attitudes but essentially the attitudes were negative. Nunnally's study reveals that the negative attitudes regarding mental illness appear to be passed down from one generation to the next. This study further reiterates the point of needing to educate the layman. Furthermore, Whatley's study (1956), consisted of a measurement scale describing minimal and intimate social involvement with psychiatric patients. This study investigated public attitudes towards individuals who had been discharged from a psychiatric hospital. Results yielded positive and non-stigmatising attitudes regarding social contact with the discharged psychiatric patients. However, there is a methodological error within this study. The positive results obtained from the study were due to participants being under the notion that the discharged psychiatric patients would never interfere or disrupt the participant's day-to-day life. Henceforth, lack of education appears to be one of the roots causes involved in negative attitudes

accompanied with limited understanding and contact with mentally ill persons. Whatley's study highlights that some researchers needed to become more educated and informed about the mentally ill before investigating the general public's attitude. Furthermore, the experiment revealed an element of naivety regarding both the researchers and the participants. Moreover, Cross-sectional studies have shown that individuals are less likely to maintain stigmatising attitudes with the implementation and development of educational programmes and factual knowledge about mental illness (Link & Cullen 1986; Link et al. 1987; Brockington et al. 1993). In two related studies, Keane (1990, 1991), examined how an 8-week course on general psychiatry affected and influenced the attitudes of nursing and medical students. Cohen & Struenings (1962), Opinions about Mental Illness Questionnaire (OMI) was administered to participants with results showing significant improvements for nursing students on the authoritarianism scale of the OMI questionnaire (Keane, 1991) and medical students showing significant improvements on the benevolence scale (Keane, 1990). These studies demonstrate that people are less likely to endorse knowledge structures in the face of contrary information and that education challenges the misconceptions that support negative attitudes, stigma, and stereotyping. The present study intends to investigate the attitudes held by psychology students and law students in relation to mental illness. While both academic fields differ in course curriculum respectively, both fields are centred around human behaviour patterns.

1.6 - Are the researchers any different compared to the layman?

Research by Angermeyer & Matschinger (1999) found that the public was still not properly informed when it came to the topic of mental health. Their research investigation revealed that the general public still associated schizophrenia with

Dissociative Identity Disorder (DID). Furthermore, Angermeyer & Matschinger (2001), showed that labelling had had an effect on how people with schizophrenia were viewed with negative attitudes endorsing schizophrenics as “dangerous”, however, labelling had no impact on public attitudes towards people with major depression. Moreover, most studies show that people frame a picture about mental illness and mentally ill patients in their minds which guide their behaviours, Servais & Saunders (2007), asked Clinical Psychologists to rate themselves in terms of effectiveness, understanding abilities, safety, worthiness, desirability, and similarity of persons with moderate depression, borderline features, and schizophrenia. Results from this study found that the psychologists viewed these individuals differently with respect to the descriptive characteristics. Therefore, suggesting that psychologists disidentify, the process of characterising persons with mental illness as easily recognisable and different from “normal” individuals while characterising oneself as normal, or distance themselves from persons with personality or psychotic conditions. However, clinical psychologists play a major role in the provision of mental health services (Bureau of Labour statistics, 2004-2005), but the attitudes held by psychologists from varying disciplines regarding mental illness have not been evaluated to the same extent as the attitudes held by psychiatrist and social workers. Henceforth, this provides another reason for the present study which investigates that attitudes of undergraduate psychology students.

1.7 - Educating the Public:

In a review of research in this area conducted since 1980, Wahl et al. (2002), noted that most of those concerned with the problem of mental illness stigma believe that the negative attitudes expressed by adults have their roots in early childhood. Wahl

found that most studies provided evidence of negative attitudes towards mental illness in the earliest of age groups studied. This is consistent with the most common finding among the majority of mental health studies where individuals display limited knowledge and a lack of education about mental illness where perceptions and attitudes are passed down. Henceforth, education and factual knowledge pertaining to the aetiology and nature of mental disorders are important for a change in attitude to occur (Song et al., 2005). Holmes et al. (1999), investigated the effectiveness of short-term education programmes in changing societal attitudes about mental illness. The results appeared to be quite ambiguous. Participants who enrolled in either a general psychology course or a course on severe mental illness were administered the OMI questionnaire before beginning the course and on completion. The experiment involved 83 participants completing a pre-test regarding knowledge about mental illness and their own contact with the mentally ill. The study revealed that those individuals with more pre-education and contact with the mentally ill were less likely to endorse benevolent attitudes after completing the education programme and individuals with more intimate contact showed less improvement in attitudes about social restrictiveness. The study claims that the results obtained could be due to a “ceiling effect”. Whereby, the attitudes held by those who engage with the mentally may not be improved as they already demonstrate comprehending and positive attitudes. However, results for the participants who did not engage with the mentally ill revealed significant improvements especially for the subsections Benevolence and Social Restiveness. Furthermore, Watson et al. (2004), investigated the attitudes towards the mentally ill among 1,500 middle school children. The results from the investigation were consistent with findings from other studies, the students demonstrated a slight comprehension towards mental illness as a problem of the brain

with both biological and psychosocial causes; however, they appeared to lack understanding and knowledge about treatments and overall were “not sure” about many aspects of mental illness. Watson et al. (2004), also found that students did not endorse negative attitudes about mental illness at baseline with significant improvements reported at the post-test regarding knowledge and attitudes and suggesting that educational programmes either brief or long can be an effective intervention to increase awareness, knowledge, and attitudes about mental illness. The study highlights not only the positive effects that education can have towards mental illness but also that young generations must be informed and educated so as to avoid stigmatizing and stereotyping attitudes in the future. Furthermore, combining education with contact with a person with mental illness can enhance the effect of an intervention (Corrigan et al., 2002). Farina (1998), revealed that individuals are reluctant to come out with definite responses when probed about the topic of mental health. This is believed to be linked with limited knowledge about the area of mental health. Furthermore, exposure to and contact with psychiatric patients can produce favourable and comprehending attitudes. Pandey et al. (2008), reported that psychiatric ward attendants scored higher in the domains of Social Restrictiveness and Community Mental Health Ideology on the Community Attitudes Towards Mental Illness questionnaire (CAMI) than the general attendants in regards to psychiatric illnesses. Among the socio-demographic variables, older age, higher education and longer contact hours with the mentally ill predicted more favourable attitudes. Moreover, the present study will also administer the Community Attitudes Towards Mental Illness questionnaire to willing participants. Therefore, One of the hypothesis is to investigate whether knowing and/or volunteering with the mentally ill predict more favourable

attitudes towards mental ill health. Thus, contributing to the literature within the field of mental health.

1.8 - College Students and Mental Illness:

Every section of society holds its own unique perception about mental illness, particularly the younger generation and college-going students. College has remained the best place to develop comprehensive and effective mental health programmes, due to the attitudes and values of college-going students greatly influencing society (Mahto, R. K., et al. 2009). Moreover, research studies which have investigated the attitudes of individuals enrolled in academic programmes which have an emphasis on psychological well-being have revealed more favourable and comprehending attitudes. Eker (1989), compared first year Psychology students, Science students, and Medical students to investigate whether psychology students held more positive attitudes towards mental patients. The results conveyed that Psychology and Medical students held similar attitudes and highlighted that the presence of such tendencies at the beginning of university education supports the view that individuals with certain traits and characteristics will end up working within the fields of psychology and medicine or in closely related fields. This research is consistent with a study carried out by Penny, Kasar, & Sinay, (2000), who looked at occupational therapy students attitudes towards mental illness, where there has been a concerning decline in occupational therapy practitioners involvement in mental health settings. The findings revealed that the initial attitudes of the participants towards the mentally ill were less favourable compared to their attitudes towards individuals with physical difficulties. However, participant scores on the OMI questionnaire after undertaking coursework pertaining to

the topic of mental disorders reflected more favourable and positive attitudes. This indicated that the participants viewed persons with mental illness as less dangerous, needing fewer restrictions, and having a biological illness that they did not cause. Henceforth, this is consistent with the findings of Keane (1991) in the nursing literature of student attitude changes after course work. Furthermore, It is also consistent with Corrigan et al (2002; 2004) and the biological explanation of mental illness. It supports the hypothesis of a less hostile and more favourable outlook on mental illness when it is seen as a disorder which people do not choose or cause. Therefore, the present study will also investigate the differences in attitudes between psychology students and law students regarding favourableness and flexibility towards the mentally ill. While there are a variety of instruments available for measuring attitudes to mental health such as the Emotional Reaction to Mental Illness (Angermeyer & Matschinger, 1996) or The General Attribution Questionnaire (Corrigan et al., 2001a, 2001b, 2002, 2004). The aim of such instruments is to assess the intentions, dimensions, emotions, and reactions of individuals towards the mentally ill and hence, provide a clearer insight into the attitudes held by the laymen and the expert.

1.9 - Instruments For Measuring Attitudes to Mental Health:

The field of mental health has some of the oldest instruments available for measuring stigma related attitudes, these assessments have emphasis on general public attitudes towards those with mental illness. Furthermore, one of the earliest scales includes the Opinions about Mental Illness (OMI) questionnaire (Cohen & Struening 1962; Struening & Cohen 1963). This 51-item questionnaire had good construct validity and internal consistency to which Taylor and Dear further developed the OMI. They added a

subscale to measure Community Mental Health Ideology and created the “Community Attitudes to Mental Illness” (CAMI) scale. Taylor & Dear (1981), tested the CAMI scale on a neighbourhood in Toronto, Canada, assessing the communities attitudes towards mental health facilities. The Toronto study demonstrates the strength, direction, and consistency of the four scales and provides strong evidence for the predictive validity of all four scales. Following this, Cotton (2004) conducted a study that examined 138 police officers attitudes towards mental illness using the CAMI scale. The scores on the CAMI indicated that the officers surveyed did not display high levels of authoritarianism or social restrictive attitudes towards those with mental illness. It could be argued that the scores obtained are partly due to the “hands-on “ experience that law enforcement officers have with the mentally ill. Henceforth, Cotton’s study supports the hypothesis put forward by Penny, Kasar, and Sinay, (2000). This states that practical fieldwork experience along with idealistic coursework should develop more flexible and comprehending attitudes toward the mentally ill. Furthermore, the study also highlighted that the CAMI scale is both a valid and reliable tool for measuring attitudes. Additionally, the present study will employ the Community Attitudes towards Mental Illness (CAMI) scale. Similar to Cotton’s investigation, this study will look at the attitudinal dimensions of willing participants in relation to the subsections on the CAMI scale: Authoritarianism, Benevolence, Social Restrictiveness, and Community Mental Health Ideology. Further to this, investigations conducted around or in the arena of mental health may also include the use of other variables. By and large, the use of other variables within a research study allows for trends and issues to become more apparent while contributing to the literature within that field.

1.10 - Variables and Studies Relating to Mental Health:

The area of mental health research is one of continuous growth and development. Investigative studies employ variables such as Religion, Hopefulness, Empathy, Self-Efficacy, Locus of Control, Self-Esteem, Happiness, Self-Compassion, Satisfaction With Life, and others. By incorporating a variety variables within a study, a better insight into the attitudes held by both those who suffer from mental ill health and by those who possess stereotyping views may be obtained. Henceforth, results that are obtained from research investigations may be used to decrease the psychological stress experienced by suffers of mental illnesses and further educate the public. This is supported by Gaertner et al. (1996), where social psychological research on stereotyping has shown that members of the public who have more contact with representatives of a minority group are more likely to endorse positive attitudes. Further support is provided by Corrigan and Penn's (1999) study, where citizens who have more contact with individuals with schizophrenia are more likely to have positive attitudes about psychiatric disability. Mehrabain (2000), suggested that those who display empathy towards others feel more connected with others and experience a positive affect as a result of placing emphasis on others. This is supported by Tkack's (2006) experimental study, which found that those who reported higher levels of subjective well-being systematically displayed empathy to others. Moreover, Bland & Darlington (2009), argued that Hopefulness appears to central to any family coping with the impact of mental illness and those who are diagnosed with a mental illness also. Furthermore, This study intends to look at Gender, Satisfaction With Life and Self-Compassion among participating college students in order to assess the attitudes held by students towards the mentally ill. This study will employ the Self-Compassion short-form scale (SCS-SF) as one of its variables. One of the main reasons for the

inclusion of this scale is that most of the empirical research on self-compassion has been conducted using college students (Neff, 2003b). Self-compassion has been described as being touched by and open to one's suffering, not avoiding or disconnecting from it (Neff, 2003a). Further to this, self-compassion appears to serve as an emotional regulator that can transform negative emotions and thoughts into self-acceptance. Therefore, it can be argued that this decreases depression and anxiety which can in turn improve satisfaction with life (Neff, 2003b; Gilbert & Proctor, 2006; Neff, Kirkpatrick, & Rude, 2007; Neff, Rude, & Kirkpatrick, 2007). This highlights that the variables intended for this investigation have underpinnings which link one with the other. A study by Yu-Wen Ying (2009), examined the impact of self-compassion on mental health as mediated by competence in social work students. The results of the study found that there was over identification directly and indirectly as mediated by decreased coherence which affected depressive symptom levels. The study claims that the more support received by social work students from the faculty and an introduction to self-care methods would enhance student well-being. Furthermore, satisfaction with life has also been conceptualised as a key indicator of well-being. Life satisfaction has been defined as a person's subjective, global evaluation of the positivity of her/his life as a whole or with specific life domains (Diener, Suh, Lucas, & Smith, 1999). Scores on the Satisfaction with Life Scale (SWLS) have been shown to correlate with measures of mental health and to be predictive of future behaviours such as suicide attempts (Pavot & Diener, 2008). Henceforth, providing the primary reason for the use of this variable within the present study. Research has revealed that individuals set a standard which they deem to be appropriate for living their lives (Diener, Emmons, Larson, and Griffin, 1985). Moreover, A study by Dubey and Agarwal (2007), explored coping strategies which lead to greater satisfaction with life.

Their sample was comprised of 180 chronically ill cancer patients, heart patients, and patients with combined diabetes and heart disease. The results of the study found that the use of effective coping strategies e.g. relaxation techniques, support network, regular exercise, and goal setting promoted greater satisfaction with life as a whole, both for present and future satisfaction with life. Thus, increasing psychological well-being and life style. Following this, Heady et al., (1991), reported on four psychological well-being dimensions: life satisfaction, positive affect, anxiety and depression. The study reported a strong correlation between satisfaction with life and one distress variable in particular, depression. A person is unlikely to be both satisfied with life and depressed, but may be satisfied and anxious. Lyubomirsky et al., (2006), investigated methods for processing negative events. They looked at writing, talking aloud or privately thinking. Results of the study found that those who thought privately about negative events saw reductions in their satisfaction with life. On the other hand, those who wrote or talked about negative events showed improved mental health, satisfaction with life and social functioning. The final variable considered for this study is gender and the differences in attitudes held among men and women regarding mental health. Gender is one factor which may influence mental health with respect to illness incidence, prognosis, morbidity, and mortality. In general, women tend to have more diffuse views of illness and tend to be more aware of symptoms than men (Verbrugge, 1982). Men tend to be less aware of health problems and are more likely to delay seeking help (Verbrugge, 1980). Furthermore, Cotton et al., (2006) conducted a study on mental health regarding gender influence. The study found that female respondents were significantly more likely to correctly identify depression in the vignette as compared to male respondents. The study also reported that male respondents were more likely to endorse the use of alcohol as a way of

dealing with mental health problems. This highlights a major problem in relation to seeking help, particularly in young males. This study is consistent with a study carried out by Savrun et al., (2007), where female participants were found to be more perceptive towards identifying mental illness. The study reports that female participants appeared to demonstrate less stigmatising attitudes across all the scales which were assessed e.g. “Dangerousness Scale”, “Characteristics Scale” and “Skill Assessment Scale”. The results of this study may be due to females maintaining positive attitudes regarding treatability of mental illnesses and would further support Cotton et al (2006) finding that women are more likely to seek help before men. Therefore, it is the aim of the present study to use the variables of Self-Compassion, Satisfaction With Life and Gender to assess the attitudes of college students in relation to mental illness. There is much support for the aforementioned variables within the field of mental health and hence, this study will employ these variable alongside the Community Attitudes Towards Mental Illness scale. Therefore contributing to the literature within the fields of Social Psychology and Mental Health.

1.11 - The objective of this Study:

The aforementioned literature and research demonstrates mixed attitudes and opinions towards those with mental illnesses which stems back over a long period of time. Following this, most research supports a lack of education about the various aspects of mental illness with a strong emphasis placed on educating young generations in order to alleviate negativity and pessimism associated with mental health disorders. There is much research readily available on the topics of mental disorders, mental

health and mental illness. However, there is limited research available dealing with the students attitudes towards mental illness, hence the purpose of this study. It is the aim of this study to investigate the attitudes held by Psychology students and Law students in relation to Gender, Self-Compassion, and Satisfaction with Life. The field of psychology was selected as the nature of psychology is about investigating behaviour patterns and attempting to gain better insight into casual agencies and factors, whereas Law is about regulating behaviours. The two academic fields are interconnected with Law playing a major role in the Rights and Restrictions of mentally ill persons and developing and implementing laws such The Mental Health Act 1983 and The National Health Service and Community Care Act 1990, both which assure the safety and appropriate treatment of an individual diagnosed with a mental health disorder. However, the field of law has been chosen as a one of the representatives in the present study sample because mental health law has received little attention in scholarly legal forums and mental health forums. Therefore, this study will assess the attitudes held by individuals enrolled in either a psychology programme or law programme with respect to Gender, self-Compassion and Satisfaction with life. The Community Attitudes Towards Mental Illness scale (CAMI) was used to measure the opinions of willing participants from both academic fields along with the Self-Compassion scale, short-form (SCS-SF) and the Satisfaction with Life Scale (SWLS). The overall goal of the study is to provide a further insight into the attitudes held among individuals within a field that has relevance to mental health welfare.

Overall the results and finding from this investigation should contribute to the literature within all respective fields. The main research hypothesis for this study are:

- 1) The first research objective hypothesis is to first explore the differences between the criterion variable, attitudes towards mental illness and the two groups, psychology and law students. It was hypothesised that there would be a significant difference in mental health attitudes held among psychology students and law students with respect to the subscales of the Community Attitudes Towards Mental Illness scale.
- 2) The second research objective hypothesis is to investigate the differences between those who report knowing someone with a mental illness and those who report not knowing someone with a mental illness. It was hypothesised that there would be a significant difference in the attitudes towards mental illness held among those who know someone with a mental illness and those who do not know someone.
- 3) The third research objective hypothesis is to investigate an association between the criterion variable, attitudes towards mental illness and the predictor variable, gender. It was hypothesised that there would be a significant difference in the attitudes held among male and female participants in relation to the subscales of the Community Attitudes Towards Mental Illness (CAMI) scale.
- 4) The fourth research objective hypothesis is to explore the association between the criterion variable, attitudes towards mental illness and tow of the predictor variable, Self-Compassion and Satisfaction with Life. It was hypothesized that there would be a significant positive correlation among those who report high levels of Satisfaction with Life and Self-Compassion in relation to the subscales of the Community Attitudes Towards Mental Illness.

2. Methods

The present study intends to investigate a sample group (N = 100) consisting of participants from the academic fields of psychology and law. The willing participants will be administered a questionnaire investigating their attitudes towards the mentally ill. The procedures and results accumulated from this study will be reported accordingly.

2.1 - Participants:

A sample population of 100 undergraduate students enrolled at an urban college comprised this study. The participants consisted of psychology students (n=60) and law students (n=40), where all participants were obtained by means of convenience. Psychology students accounted for 60% of the data collected along with law students accounting for 40% of the data collected. In relation to age categories, 48% of the sample group were aged between 25-34, 35% were aged between 18-24, and 17% were aged between 34-55. The female participants accounted for 63% of the sample while male participants accounted for 37% of the sample.

2.2 - Materials:

The CAMI scale (Taylor & Dear, 1981), a standardised tool which measures community attitudes towards mental illness, The Self-Compassion scale- short form (Raes, F., Pommier, E., Neff, K.D., & Van Gucht, D., 2003), A scale that that evaluates an individual's mindful awareness, belief in common humanity, and self-kindness and The Satisfaction with Life Scale (Diener, E., Emmons, R.A., Larson, R.J., & Griffin, S., 1985), a scale developed to assess satisfaction with people's lives as a whole. In addition,

there was demographic questions which included: age range, gender, volunteer/work with the mentally ill, and knowing someone with a mental illness. Furthermore, an optional qualitative question was featured at the end of the questionnaire asking participants “in your own words, briefly define mental illness”.

The “Community Attitudes to Mental Illness” (CAMI) has 40 items covering 4 subscales with factor A- Authoritarianism: this is the belief that persons with mental illness are different, inferior, and require coercive authoritarian handling, higher scores for *Authoritarianism* scale denotes more coercive attitudes towards mental health consumers. Factor B- Benevolence: this represents a more moral paternalistic attitude towards persons with mental illness, who are viewed as childlike in nature, higher scores on the *Benevolence* scale indicate an optimistic view towards those with mental illness. Factor C- Social Restrictiveness: this signifies a belief that persons with mental illness are a threat to the community and must have restrictions placed on them, high scores on the Social Restrictiveness scale reflect fear of the mentally ill. Factor D- Community Mental Health Ideology: which looks at individual and community responses to mental health facilities, high scores on the Community Mental Health Ideology indicate an accepting attitude towards mental health clients. The participants response is indicated on the CAMI 5-point likert scale ranging from “strongly disagree” (scored as 1) to “strongly agree” (scored as 5). The Community attitudes towards mental illness was used to assess the attitudes of adults with mental illness (CAMI; Taylor & Dear, 1981). With that sample, the internal consistency for the CAMI subsection was apparent: Community Mental Health Ideology $\alpha = .86$, Social Restrictiveness $\alpha = .80$, Benevolence $\alpha = .81$, and Authoritarianism $\alpha = .62$.

The Self-Compassion scale - short form is made up 6 subscales which totals 12 items, on a 5-point likert scale ranging from “almost never” (scored as 1) to “almost always” (scored as 5). The positive subscales are: two-item Mindfulness subscales, two-item Common Humanity subscale, and two-item Self-Kindness subscale. The negative subscales are: two-item Overidentification subscale, two-item Isolation subscale, and the two-item Self-Judgement subscale. Higher scores reflect greater endorsement. In Neff’s original study of the development and validation of a scale to measure Self-Compassion, the study revealed clear internal consistency which was as follows: $\alpha = .75$ for mindfulness, $\alpha = .76$ for common humanity, $\alpha = .84$ for self kindness, $\alpha = .78$ for overidentification, $\alpha = .74$ for isolation, and $\alpha = .81$ for self-judgment (Neff, 2003b).

The Satisfaction with Life is a general construct of subjective well-being, it is a global measure of satisfaction with life. A 7-point likert scale is employed ranging from “strongly disagree” (scored as 1) to “strongly agree” (scored as 7). The scale maintains favourable psychometric properties with an internal consistency of $\alpha = .87$ (Diener, E. Et al., 1985).

2.3 - Design:

This is a mixed method design, survey questionnaire with one optional question at the end. The Criterion Variable (CV): The attitudes towards those with mental illness and the Predictive variable (PV): Gender, Self-Compassion, and Satisfaction with Life.

2.4 - Procedure:

Approval for the study was obtained from the Review Board of the researcher's college. Participants were recruited with a standard informed consent form; all responses were confidential and anonymous. Each group of participants were administered the questionnaire (*see appendix*) which took an average of 12-15 minutes to complete. Once all the respondents had completed the questionnaire they received a debrief, a time to ask any questions or express opinions about the study. It was taken into consideration that due to the sensitivity of the topic mental illness, they may have been individuals who were uncomfortable to ask a question and so the telephone number for the Samaritans, Aware, Pieta House were featured on the very last page of the questionnaire. The statistical package for Psychology, SPSS/PASW (v. 18) software, was used to analyse the data and test the null hypotheses.

3. Results

3.1 - The Sample:

The present investigation obtained a sample of 100 participants, 37% of the respondents were male ($n = 37$) and the other 63% respondents were female ($n = 67$). In relation to the age range of the sample, 17% of the participants were aged between 34-55+, 48% of the participants were aged between 25-34, and 35% of the participants were aged between 18-24. Table 1 shows other demographic and related data.

Table 1. Demographic and other related data of the participants

Gender, %	
Male	37%
female	63%
Age, %	
18-24	35%
25-34	48%
35-55+	17%
People who have Volunteered, %	
Yes	35%
No	65%
Know someone with a Mental Illness, %	
Yes	76%
No	23%
Psychology Students or Law Student, %	
Psychology students	61%
Law students	39%

Participants Satisfaction with life levels were assessed ($M = 23.03$, $SD = 7.073$) as part of gaining a better insight into the opinions held towards those with mental illness. 96% of Participants further reported on their Self-Compassion Levels ($M = 2.99$, $SD = .448$).

3.2 - Hypothesis 1:

Table 2. Attitudinal differences between psychology and law students on the CAMI subscales

Subscales	Groups	Mean	SD	<i>t</i>	<i>df</i>	<i>p</i>
Authoritarianism	Psych.	2.20	.553	-2.31	89	.024
	Law	2.48	.590			
Benevolence	Psych.	3.96	.443	1.81	61.9	.075
	Law	3.75	.638			
Social Restrictiveness	Psych.	2.17	.455	.522	59.9	.603
	Law	2.11	.646			
Community Mental Health Ideology	Psych.	3.76	.530	2.01	61.7	.048
	Law.	3.48	.743			

Note: p is significant at .05 level.

Psych. = Psychology

In regards to the first aim of the study, A two-tailed Independent samples t-test was used to ascertain significant differences between the mental health attitudes held by psychology and law students with respect to the Community Attitude Towards Mental Illness (CAMI) subscales. Normal distribution was checked as part of the preliminary analyses. Homogeneity of variance was observed for only for the Authoritarianism subscale and not observed for the subscales Benevolence, Social Restrictiveness, and Community Mental Health Ideology (*see Table 2*).

The results of the t-test analyses found that psychology and law students were not observed to significantly differ with respect to the CAMI subscales of Benevolence ($t = 1.81$; $df = 61.9$; $p > .05$, 2-tailed) and Social Restrictiveness ($t = .522$; $df = 59.9$; $p > .05$, 2-tailed). This result suggests that both psychology participants and law participants do not see the need for social distance to be put between the public and the mentally ill.

However, significant differences were observed for Authoritarianism subscale ($t = -2.31$; $df = 89$; $p < .05$, 2-tailed), examination of the means shows that law students displayed significantly higher levels of Authoritarianism. This indicates that the law participants maintain a slightly stronger belief in the intuitionism of the mentally ill. Significant differences were also observed for the Community Mental Health Ideology subscale ($t = 2.01$; $df = 61.7$; $p < .05$, 2-tailed), examination of the means shows that psychology students displayed significantly higher levels of Community Mental Health Ideology. This result indicates that psychology students endorse the belief of deinstitutionalisation of the mentally ill for integrative community support.

Therefore, the t-test partially accepts the null hypothesis. As no significant differences were observed for psychology and law students with respect to the CAMI subscales of Benevolence and Social Restrictiveness. The t-test confirms that the two groups differ with respect to the CAMI subscales of Authoritarianism and Community Mental Health Ideology.

3.3 - Hypothesis 2:

Table 3. Participants who either know someone with a mental illness or do not know some with a mental illness and the CAMI subscales.

Subscales	Know	Mean	SD	t	df	p
Authoritarianism	Yes	2.22	.557	-2.80	89	.006
	No	2.62	.569			
Benevolence	Yes	3.92	.519	1.53	95	.129
	No	3.72	.593			
Social Restrictiveness	Yes	2.09	.540	-2.18	96	.031
	No	2.36	.464			
Community Mental Health Ideology	Yes	3.73	.649	2.52	93	.014
	No	3.35	.498			

Note: p is significant at .05 level.

As table 3 indicates the results from the second hypothesis, a two-tailed independent samples t-test revealed that there was a significant difference between those who know someone with a mental illness over participants who do not know someone. The study checked for normal distribution. Homogeneity of variance was observed for all subscales with normal distribution observed. The significant differences reported are indicated by the subscales Authoritarianism ($t = -2.80$; $df = 89$; $p < .05$, 2-tailed), Social Restrictiveness ($t = -2.18$; $df = 96$; $p < .05$, 2-tailed) and Community Mental Health Ideology ($t = 2.52$; $df = 93$; $p < .05$, 2-tailed). Examination of the means (*see table 3*) suggest that individuals who know someone with a mental illness do not support the notion of unwarranted institutionalising nor do they desire an abnormal amount of distance from the mentally ill or view them as a serious threat. The results further indicate that participants who know someone with a mental illness support the idea of the mentally ill living within their community.

However, there was no significant difference found for the subsection Benevolence ($t = 1.53$; $df = 95$; $p > .05$, 2-tailed). This would suggest that for individuals who do know

someone with a mental illness and who do not know someone that there is a need for advocacy on both parts regarding the welfare of the mentally ill.

Therefore, the t-test rejects the null hypothesis and confirms a difference between the two groups with respect to the CAMI subscales for Authoritarianism, Social Restrictiveness and Community Mental Health Ideology. However, the t-test accepts the null hypothesis of no significant difference observed for Benevolence.

3.4 - Hypothesis 3:

Table 4. Gender differences on the CAMI subscales.

Subscales	Gender	Mean	SD	t	df	p
Authoritarianism	Male	2.30	.596	-.085	89	.933
	Female	2.31	.577			
Benevolence	Male	3.88	.560	-.012	96	.990
	Female	3.88	.526			
Social Restrictiveness	Male	2.08	.587	-.928	97	.356
	Female	2.18	.502			
Community Mental Health Ideology	Male	3.64	.654	.076	93	.940
	Female	3.65	.630			

Note: p is significant at .05 level

In relation to the third aim of the study, it was hypothesised that there would be a significant difference between the predictive variable gender and the criterion variable attitudes towards mental illness. For this, a two-tailed independent samples t-test was

conducted in order to determine any significant gender differences. Normal distribution was checked along with homogeneity was observed for all subscales.

The results of the t-test analyses found that males and females were not observed to significantly differ with respect to the CAMI subscales of Authoritarianism ($t = -0.85$; $df = 89$; $p > .05$, 2-tailed), Benevolence ($t = -0.12$; $df = 96$; $p > .05$, 2-tailed), Social Restrictiveness ($t = -.928$; $df = 97$; $p > .05$, 2-tailed) and Community Mental Health Ideology ($t = -.076$; $df = 93$; $p > .05$, 2-tailed).

Therefore, the t-test accepts the null hypothesis of no significant differences between male and female participants.

3.5 – Hypothesis 4:

Table 5. Correlation between Satisfaction with Life, Self-Compassion, and the CAMI subscales.

	1	2	3	4	5	6
1 – SWL						
2 - SC	.232*					
3 - Auth.	.058	.103				
4 - Ben.	-.064	-.115	-.615**			
5 – S.R.	-.008	.090	.387**	..321**		
6 – CMHI	.111	.020	-.651**	.548**	-.403**	

* p significant at .05 level.
 ** p significant at .01 level.

Note: SWL = Satisfaction With Life, SC = Self-Compassion
 Auth. = Authoritarian, Ben. = Benevolence
 S. R. = Social Restrictiveness
 CMHI = Community Mental Health Ideology

In regards to the fourth aim of the study, a two-tailed Pearson product-moment correlation was used to explore the fourth hypothesis. It was hypothesised that there would be a significant correlation between the criterion variable attitudes towards mental illness and the predictor variables Self-compassion and Satisfaction with life. a weak significant positive correlation was observed for Satisfaction with Life and Self-Compassion ($r = .232, p < .05, 2\text{-tailed}$). This indicates that high levels of Satisfaction With Life can be paired with high levels of Self-Compassion.

However, results regarding Satisfaction with Life and the CAMI subscales found that Authoritarianism ($r = .058, p > .05, 2\text{-tailed}$) was a non-significant relationship, Benevolence ($r = -.064, > .05, 2\text{-tailed}$) was a negative non-significant relationship, Social Restrictiveness ($r = -.008, p > .05, 2\text{-tailed}$) was a non-significant negative zero relationship, and Community mental health Ideology ($r = .111, p > .05, 2\text{-tailed}$) was a non-significant relationship. There was no significant positive correlation observed for Satisfaction with life and the CAMI subscales.

Furthermore, results regarding Self-Compassion and the CAMI subscales found that Authoritarianism ($r = .103, p > .05, 2\text{-tailed}$) was a non-significant relationship, Benevolence ($r = -.115, p > .05, 2\text{-tailed}$) was a non-significant negative relationship, Social Restrictiveness ($r = .090, p > .05, 2\text{-tailed}$) was a non-significant relationship and Community mental health Ideology ($r = .020, p > .05, 2\text{-tailed}$) was a non-significant relationship. There was no significant positive correlations observed for Self-Compassion and the CAMI subscales.

Based on the results the hypothesis of an association between the criterion variable and the predictor variable is untenable.

Qualitative question – “In your own words, briefly define mental illness?”

Another focus of the study was to explore the opinions of the sample group without the limitation of having a question with a likert scale. This was achieved by placing an optional question at the end of the questionnaire, - “In your own words, briefly describe mental illness?”. Of the entire sample group ($N = 100$), 36% of respondents offered an answer. 19% of the respondents were psychology students and 17% of the respondents were law students. Three main themes evolved when reviewing the responses. Firstly, 28 of the respondents claimed that people do not know enough about mental illnesses. Secondly, 4 respondents stated that there are major misconceptions regarding people who are mentally ill and that the media has had a role to play with that. Thirdly, 6 of the respondents claimed that doctors offer medication far too quickly with some having immense side-effects.

4. Discussion

4.1 – Results

The purpose of this study was to investigate the attitudes held among college students towards those with a mental illness. This was to be achieved by providing a quantitative review of the relationship among measures of Community Attitudes Towards Mental Illness (CAMI, Taylor & Dear, 1981), Satisfaction with Life (SWL, Diener et al., 1985) and Self-Compassion (SCS-sh, Neff et al., 2003) for both psychology students and law students. The scales that were employed for this study were accompanied by the optional qualitative question at the end of the questionnaire. The question asked the willing participant to briefly describe mental illness in their own words. Furthermore, there is an abundance of research available which links each of the variables that provided a foundation for the hypothesis that have been adopted. Following this, the other demographic variables employed for this study included: age, gender, knowing someone with a mental illness and those who have volunteered. The purpose of having such variable along with an optional qualitative question was in order gain a better insight into the opinions and attitudes held towards the mentally ill.

The first research objective was to first explore the difference between the criterion variable, attitudes towards mental illness and the two sample groups, psychology and law students using the Community Attitudes Towards Mental Illness (CAMI) scale. A two-tailed independent samples t-test was used to explore the differences in attitudes to mental health with regard to the CAMI subscales. A significant difference was

observed for the Authoritarianism subscale ($t = -2.31$; $df = 89$; $p < .05$, 2-tailed), examination of the means shows that law students ($M = 2.48$, $SD = .590$) displayed significantly higher levels of Authoritarianism. A significant difference was also observed for the Community Mental Health Ideology subscale ($t = 2.01$; $df = 61.7$; $p < .05$, 2-tailed), examination of the means shows that psychology students ($M = 3.76$, $SD = .530$) displayed significantly higher levels of Community Mental Health Ideology. However, significant differences were not observed for Benevolence ($t = 1.81$; $df = 61.9$; $p > .05$, 2-tailed) and Social Restrictiveness ($t = .522$; $df = 59.9$; $p > .05$, 2-tailed).

The findings for the first hypothesis which relate to the differences in mental health attitudes among the two sample groups were partially accepted and consistent with the literature. Research has suggested that individuals who are more informed about the area of mental health and who are more exposed to the field have been shown to have higher scores on the Social Restrictiveness and the Community Mental Health Ideology subscales of CAMI (Pandey et al., 2008). Furthermore, results found that psychology students had lower levels of Authoritarianism compared to law students. This is consistent with Keane's (1991) study which found a significant improvement in the opinions of medical students and nursing students on the OMI (Cohen & Streuning, 1962) subscales Authoritarianism and Benevolence after a 8-week course on general psychiatry. However, there were inconsistencies with the literature as there were no differences observed on the Social Restrictiveness subscale as was found in Pandey's (2008) study or the Benevolence Subscale as was found in Keane's (1991) study. This would suggest that law students hold an optimistic view towards the mentally ill and do not feel the need for the mentally to be isolated from the rest of society like Tudor (1996) had suggested.

The second hypothesis explored the differences in attitudes towards mental health among those who know someone with a mental illness against those who do not know someone with a mental illness. A two-tailed independent samples t-test revealed that there was a significant difference between those who know someone with a mental illness over participants who do not know someone. Significant differences reported are indicated by the subscales Authoritarianism ($t = -2.80$; $df = 89$; $p < .05$, 2-tailed), Social Restrictiveness ($t = -2.18$; $df = 96$; $p < .05$, 2-tailed) and Community Mental Health Ideology ($t = 2.52$; $df = 93$; $p < .05$, 2-tailed). However, there was no significant difference found for the subsection Benevolence ($t = 1.53$; $df = 95$; $p > .05$, 2-tailed).

The findings for the second hypothesis was found to be significant with the previous literature. As previously mentioned, Pandey (2008) reported that the more exposure to mentally ill individuals and the more contact hours that people have with the mentally ill population can predict more favourable attitudes. Corrigan et al. (2002) noted that with the combination of education regarding mental health and contact with the mentally ill this can enhance the effect of an intervention, thus, reducing negative attitudes. This is also consistent with Cotton's (2004) study which reported low levels of Authoritarianism among police officers due to much exposure with the mentally ill population. There was no significant difference observed for the subscale of Benevolence in relation to those who know someone with a mental illness and those who do not. This finding supports the claims that individuals are less likely to maintain stigmatising attitudes with the implementation and development of educational programmes and factual knowledge about mental illness (Link & Cullen 1986; Link et al. 1987; Brockington et al. 1993).

The third research objective was to explore the relationship between the criterion variable, attitudes towards mental illness and the predictor variable, gender. It was hypothesised that there would be a significant difference between the attitudes among male and female participants. A two-tailed independent samples t-test was used to determine any significant differences. The results of the t-test analyses found that males and females were not observed to significantly differ with respect to the CAMI subscales of Authoritarianism ($t = -0.85$; $df = 89$; $p > .05$, 2-tailed), Benevolence ($t = -0.12$; $df = 96$; $p > .05$, 2-tailed), Social Restrictiveness ($t = -.928$; $df = 97$; $p > .05$, 2-tailed) and Community Mental Health Ideology ($t = -.076$; $df = 93$; $p > .05$, 2-tailed). Therefore, the study accepted the null hypothesis.

This finding is inconsistent with the previous literature. Verbrugge (1980) noted that women tend to be more perceptive towards identifying symptoms than men while men are more likely to delay seeking help. Furthermore, Savrun et al. (2007) reported in their study that women are more perceptive towards identifying mental illness. The study also found that females had less stigmatising attitudes than men across all the scales used within the research investigation. However, the results from the current study challenge the previous literature as participants from both academic fields learn about mental illness at some point through their academic programme. Close examination of the means reveals that male and female participants obtained the same means for Benevolence ($M = 3.88$). This would suggest that male and female participants who comprised this sample maintain the same levels of optimism towards the mentally ill. This would support the postulation by Penny et al. (2000), that the implementation of idealistic coursework should develop more flexible and comprehending attitudes towards the mentally ill. This is also consistent with Watson et al. (2004) investigation where it was noted that educational programmes either brief

or long can be an effective intervention in increasing awareness, knowledge, and attitudes towards mental illness.

The fourth research hypothesis explores the relationship between the criterion variable, attitudes towards mental illness and two predictor variables, Self-Compassion and Satisfaction with Life. It was hypothesised that there would be a significant positive correlation among those who reported high levels of Satisfaction with Life and Self-Compassion in relation to the subscales of the Community Attitudes Towards Mental Illness.

a two-tailed Pearson product-moment correlation was used to explore the fourth hypothesis. A weak significant positive correlation was observed for the levels of Satisfaction with Life and Self-Compassion ($r = .232, p < .05, 2\text{-tailed}$) that were reported. However, results regarding Satisfaction with Life and the CAMI subscales found that Authoritarianism ($r = .058, p > .05, 2\text{-tailed}$) was a non-significant relationship, Benevolence ($r = -.064, > .05, 2\text{-tailed}$) was a negative non-significant relationship, Social Restrictiveness ($r = -.008, p > .05, 2\text{-tailed}$) was a non-significant negative zero relationship, and Community mental health Ideology ($r = .111, p > .05, 2\text{-tailed}$) was a non-significant relationship. There was no significant positive correlation observed for Satisfaction with life and the CAMI subscales.

Furthermore, results regarding Self-Compassion and the CAMI subscales found that Authoritarianism ($r = .103, p > .05, 2\text{-tailed}$) was a non-significant relationship, Benevolence ($r = -.115, p > .05, 2\text{-tailed}$) was a non-significant negative relationship, Social Restrictiveness ($r = .090, p > .05, 2\text{-tailed}$) was a non-significant relationship and Community mental health Ideology ($r = .020, p > .05, 2\text{-tailed}$) was a non-significant

relationship. There was no significant positive correlations observed for Self-Compassion and the CAMI subscales. A multiple regression analysis was not run as the correlation was not found to be significant for both Self-Compassion and Satisfaction with Life.

The aforementioned results were found to be inconsistent with the literature. A possible cause for this finding could have been the variables employed even with Self-Compassion and Satisfaction with Life correlating positively together. The independent variables Self-Compassion and Satisfaction with Life place emphasis on the psychological well-being of oneself. As Neff (2003b) noted that Self-Compassion is not about self-evaluation or evaluating others, it is about self-care. However, Neff does not state that it is also about care for others. Henceforth, this did not positively correlate with attitudes towards mental illness. Similarly, Diener & Williams (1993) claimed that the Satisfaction with Life scale was developed to measure satisfaction with one's life as a whole. Therefore, this independent variable relates to one's own well-being and whole satisfaction while not relating to that of others. Therefore, the two predictor variables Self-Compassion and Satisfaction with Life were observed to be weak predictors of attitudes towards the mentally ill among the sample group. Variables such as Hopefulness and Empathy perhaps would have correlated more significantly with attitudes towards mental illness. These variables look at the individuals self-reported levels and that of how it applies to others. Bland & Darlington (2009) claim that Hopefulness can provide positive expectations and realism to both families who have to cope with the impact of mental illness and for the individual diagnosed with a mental illness. Likewise, Mehrabain (2000), claimed that those who report high levels of empathy may also enjoy bringing others happiness and positive feelings. This is supported by Tkach's (2006) findings. Therefore, high

levels of hope and empathy may correlate better with attitudes towards mental health. While the results of the Pearson correlation test remain ambiguous, another possible reason for these results could be that only 35% of the sample have had voluntary experience. This supports Corrigan and Penn's (1999) study, where citizens who have more contact with individuals with schizophrenia are more likely to have positive attitudes about psychiatric disability.

4.2 – Limitations

Future studies may test if the relationships found here are replicable in different cultural contexts. This study used correlational and t-test models hence, the results described relationships along with potential predictors of attitudes towards mental illness. However, it did not explore the casual factors of Self-Compassion and Satisfaction with life. Furthermore, future studies may also include a brief talk or lecture as it has been continuously noted that more education leads to more favourable attitudes regarding mental health. As the area of mental ill health is one that requires continued research, anti-stigma interventions are more likely to be successful if they focus on one specific disorder rather than on “mental illness” in general. Mental health investigations should focus on bringing beliefs about public perception in line with personal beliefs . Future studies may also consider using a wider range of variables such as quality of life, happiness, Empathy or hopefulness. Moreover, studies which intend on investigating attitudes towards mental health may perhaps employ an alternative questionnaire such as the General Health Questionnaire (Flanagan, 1978).

4.3 – Conclusion

In conclusion, the study found that knowing someone with a mental illness while studying within an academic field that has emphasis relating to psychological well-being yields more comprehending and favourable attitudes. Conversely, the present study reported no difference in the attitudes among male and female participants suggesting that male participants within this sample are just as perceptive and aware as the female participants in relation to their attitudes towards mental health. Furthermore, law students were found to have favourable attitudes towards the mentally ill. This result also suggests that law participants do not support the idea of isolating the mentally ill from society. Psychology students on the other hand, were found to be open to the idea of having mental health facilities within their neighbourhood and would not object to having someone with a mental illness as their neighbour. Moreover, the predictor variables Self-Compassion and Satisfaction with Life were not observed to strongly correlate with the criterion variable, attitudes towards mental illness. This could be due to both predictor variables focusing on oneself and not necessarily on attitudes towards mental illness. The results of the study support the argument that education along with practical field work experience may enhance intervention and lead to more favourable and comprehending attitudes. The three themes which evolved from the optional qualitative question indicated that firstly, people need to become more informed and educated about mental health. Secondly, the media have a hand to play in the negative images surrounding the mentally ill when it could be used to enhance interventions and decrease stigma. Thirdly, that doctors prescribe medication too quickly with high risk side-effects. The aforementioned themes represent three major issues within the arena of mental health and provide further areas for investigation. With more research conducted within the

area of mental illness the greater the chance for interventions reducing stigma and stereotyping attitudes towards those with a mental health disorder. Henceforth, increasing psychological well-being of those with a mental illness and producing less stigmatising and more favourable attitudes towards the mentally ill.

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6. Appendix

2. Section A

1. Gender

Male

Female

2. AGE

18 – 24

25 – 34

34 – 55

55 +

3. Have you ever volunteered/worked with an individual/s who has a mental illness?

YES

NO

4. Do you know anyone with a mental illness?

YES

NO

5. Please indicate field of study

Psychology

Law

3. Section B

Please note:

1) SD = Strongly Disagree, 2) D = Disagree, 3) NA nor ND = Neither Agree nor Disagree, 4) A = Agree, and 5) SA = Strongly Agree.

Please circle the answer that best represents your opinion

1. The mentally ill should not be given any responsibility

1) SD 2) D 3) NA nor ND 4) A 5) SA

2. The mentally ill should be isolated from the rest of the community

1) SD 2) D 3) NA nor ND 4) A 5) SA

3. A woman would be foolish to marry a man who had suffered from a mental illness, even though he seems fully recovered

1) SD 2) D 3) NA nor ND 4) A 5) SA

4. I would not want to live next door to someone who had been mentally ill

1) SD 2) D 3) NA nor ND 4) A 5) SA

5. Anyone with a history of mental problems should be excluded from taking public office

1) SD 2) D 3) NA nor ND 4) A 5) SA

6. The mentally ill should not be denied their rights

1) SD 2) D 3) NA nor ND 4) A 5) SA

7. Mental patients should be encouraged to assume the responsibilities of normal life

1) SD 2) D 3) NA nor ND 4) A 5) SA

8. No one has the right to exclude the mentally ill from their neighbourhood

1) SD 2) D 3) NA nor ND 4) A 5) SA

9. The mentally ill are far less danger than most people suppose

1) SD 2) D 3) NA nor ND 4) A 5) SA

10. most women who were once patients in a mental hospital can be trusted as babysitters

1) SD 2) D 3) NA nor ND 4) A 5) SA

11. One of the main causes of mental illness is a lack of self-discipline and will power

1) SD 2) D 3) NA nor ND 4) A 5) SA

12. The best way to handle the mentally ill is to keep them behind locked doors

1) SD 2) D 3) NA nor ND 4) A 5) SA

13. There is something about the mentally ill that makes it easy to tell them from normal people

1) SD 2) D 3) NA nor ND 4) A 5) SA

14. As soon as a person shows person shows signs of mental disturbances, he should be hospitalized

1) SD 2) D 3) NA nor ND 4) A 5) SA

15. Mental patients need the same kind of control and discipline as a young child

- 1) SD 2) D 3) NA nor ND 4) A 5) SA

16. Mental illness is an illness like any other

- 1) SD 2) D 3) NA nor ND 4) A 5) SA

17. The mentally ill should not be treated as outcasts from society

- 1) SD 2) D 3) NA nor ND 4) A 5) SA

18. Less emphasis should be placed on protecting the public from the mentally ill

- 1) SD 2) D 3) NA nor ND 4) A 5) SA

19. Mental hospitals are an outdated means of treating the mentally ill

- 1) SD 2) D 3) NA nor ND 4) A 5) SA

20. Virtually anyone can become mentally ill

- 1) SD 2) D 3) NA nor ND 4) A 5) SA

21. The mentally ill for too long have been the subject of ridicule

- 1) SD 2) D 3) NA nor ND 4) A 5) SA

22. More tax money should be spent on the care and treatment of the mentally ill

- 1) SD 2) D 3) NA nor ND 4) A 5) SA

23. We need to adopt a far more tolerant attitude toward the mentally ill in our society

- 1) SD 2) D 3) NA nor ND 4) A 5) SA

24. Our mental hospitals seem more like prisons than like places where the mentally ill can be cared for

- 1) SD 2) D 3) NA nor ND 4) A 5) SA

25. The mentally ill don't deserve our sympathy

- 1) SD 2) D 3) NA nor ND 4) A 5) SA

26. The mentally ill are a burden on society

- 1) SD 2) D 3) NA nor ND 4) A 5) SA

27. Increased spending on mental health services is a waste of tax euro

- 1) SD 2) D 3) NA nor ND 4) A 5) SA

28. There are sufficient existing services for the mentally ill

- 1) SD 2) D 3) NA nor ND 4) A 5) SA

29. It is best to avoid any one who has mental problems

- 1) SD 2) D 3) NA nor ND 4) A 5) SA

30. We have a responsibility to provide the best possible care for the mentally ill

- 1) SD 2) D 3) NA nor ND 4) A 5) SA

31. Residents should accept the location of mental health facilities in their neighbourhood to serve the needs of the local community

- 1) SD 2) D 3) NA nor ND 4) A 5) SA

32. The best therapy for many mental patients is to be part of a normal community

- 1) SD 2) D 3) NA nor ND 4) A 5) SA

33. As far as possible, mental health services should be provided through community based facilities

1) SD 2) D 3) NA nor ND 4) A 5) SA

34. Locating mental health services in residential neighbourhoods does not endanger local residents

1) SD 2) D 3) NA nor ND 4) A 5) SA

35. Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services

1) SD 2) D 3) NA nor ND 4) A 5) SA

36. Mental health facilities should be kept out of residential neighbourhoods

1) SD 2) D 3) NA nor ND 4) A 5) SA

37. Local residents have a good reason to resist the location of mental health services in their neighbourhood

1) SD 2) D 3) NA nor ND 4) A 5) SA

38. Having mental patients living within residential neighbourhoods might be good therapy but the risks to residents are too great

1) SD 2) D 3) NA nor ND 4) A 5) SA

39. It is frightening to think of people with mental problems living in residential neighbourhoods

1) SD 2) D 3) NA nor ND 4) A 5) SA

40. Locating mental health facilities in a residential area downgrades the neighbourhood

1) SD 2) D 3) NA nor ND 4) A 5) SA

4. Section C

Please note:

Q 1 - 5

1) SD = Strongly Disagree, 2) D = Disagree, 3) SLD = Slightly Disagree, 4) NA nor ND = Neither Agree nor Disagree, 5) SLA = Slightly Agree, 6) A = Agree 7) SA = Strongly Agree.

Q 6 - 17

1) AN = Almost Never 2) N = Never 3) NA nor ND = Neither Agree Nor Disagree 4) A = Agree 5) AA = Almost Always

Please choose the statement that best represents your opinion.

1. In most ways my life is close to my ideal

1) SD 2) D 3) SLD 4) NA nor ND 5) SLA 6) A 7) SA

2. The conditions of my life are excellent

1) SD 2) D 3) SLD 4) NA nor ND 5) SLA 6) A 7) SA

3. I am satisfied with life

1) SD 2) D 3) SLD 4) NA nor ND 5) SLA 6) A 7) SA

4. So far I have gotten the important things I want in life

1) SD 2) D 3) SLD 4) NA nor ND 5) SLA 6) A 7) SA

5. If I could live my life over, I would change almost nothing

1) SD 2) D 3) SLD 4) NA nor ND 5) SLA 6) A 7) SA

6. When I fail at something important to me I become consumed by feelings of inadequacy

2) AN 2) N 3) NA nor ND 4) A 5) AA

7. I try to be understanding patient towards those aspects of my personality I don't like

1) AN 2) N 3) NA nor ND 4) A 5) AA

8. When something painful happens I try to take a balance view of the situation

1) AN 2) N 3) NA nor ND 4) A 5) AA

9. When I am feeling down, I tend to feel like most other people are happier than I am

1) AN 2) N 3) NA nor ND 4) A 5) AA

10. I try to see my failings as part of the human condition

1) AN 2) N 3) NA nor ND 4) A 5) AA

11. When I am going through a very hard time, I give myself the caring and tenderness I need

1) AN 2) N 3) NA nor ND 4) A 5) AA

12. When something upsets me I try to keep my emotions in balance

1) AN 2) N 3) NA nor ND 4) A 5) AA

13. When I fail at something that's important to me, I tend to feel alone in my failure

- 1) AN 2) N 3) NA nor ND 4) A 5) AA

14. When I am feeling down I tend to obsess and fixate on everything that's wrong

- 1) AN 2) N 3) NA nor ND 4) A 5) AA

15. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people

- 1) AN 2) N 3) NA nor ND 4) A 5) AA

16. I'm disapproving and judgemental about my own flaws and inadequacies

- 1) AN 2) N 3) NA nor ND 4) A 5) AA

17. I'm intolerant and impatient towards those aspects of my personality I don't like

- 1) AN 2) N 3) NA nor ND 4) A 5) AA

Optional Question: In your own words, briefly define mental illness?

5.THANK YOU

THANK YOU for taking time in completing the questionnaire.

If any of the statements have caused an effect or an impact and you wish to talk to someone about it, here are numbers of organisations that may be able to help:

- **AWARE: loCall – 1890 303 302**
- **Samaritans: 1850 60 90 90**
- **Pieta House: +353016010000**

Thank You Once Again.

Dear Participant:

I would like to enlist your help. I am an undergraduate student in Psychology at Dublin Business School. I am conducting a questionnaire on attitudes towards mental illness among Psychology students and Law students as part of my research thesis.

The questionnaire will require you to give your opinion on the statements relating to mental illness. The questionnaire will take 10-15 minutes to complete. There are no right or wrong answers, your answers will be kept anonymous, and your name is NOT required to be put on the questionnaire. Only group answers will be documented on, not individual answers. You have the right to withdraw at any time and you do not have to answer any of the questions you do not wish to. Your help with this research is strictly voluntary.

If you are in agreement to fill out the questionnaire, please answer the questions below as accurately as possible by ticking the box beside the answer that best represents your opinion.

Thank you for taking time in assisting me with in this research.

Sincerely,

Daniel Sheridan.