Time to Change? A Qualitative Thematic Analysis Exploring Younger People's Attitudes and Awareness of Mental Illness.

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ABSTRACT

This study explored young adults' attitudes and awareness of mental illness. It is well documented in previous research that stigmatising attitudes are prevalent within young adults, who are incidentally the most vulnerable to developing mental illness. This research utilised a qualitative method for data collection. Semi-structured interviews were undertaken in a variety of settings. Photo and video elicitation techniques were employed to the six participants interviewed. The sample consisted of males and females within the age range of 18-25. Data was analysed using thematic analysis, from which four central themes were developed; 'Media Influences', 'Spotlight on Severe Mental Illness', 'Individualised Experiences of Mental Illness' and 'Lying About a Mental Illness'. Findings demonstrated an awareness of mental health and implications of negative stigmatising attitudes. Whilst an awareness existed into the benefits of familiarity with people who have mental illness, attitudes were contrasting. Participants were confused as to whether people with mental illness were violent, as often suggested within the media. The authenticity of mental illness came into question, with some sceptical as to whether people who opened up about their experiences were doing so for attention. Future exploration is needed to increase insight of attitudes, effectively informing mental health campaigns.

KEY WORDS:	MENTAL ILLNESS	ATTITUDES	AWARENESS	QUALITATIVE	THEMATIC ANALYSIS

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Mental illness is an increasingly prevalent issue within modern day society (Loya et al., 2010). Statistics on recent trends regarding mental health in England report that one in six adults have symptoms consistent with common mental disorders (McManus et al., 2016). Whilst rates of mental illness have remained steady for the male population, for women they have continued to increase with one in five experiencing symptoms (McManus et al., 2016). Resulting trends indicate a long-term increase in adults experiencing severe symptoms of mental disorders (Hamdi and Iacono, 2013). This could explain why suicide has been found to be the 'second leading cause of death among 15-29 year old's globally' (World Health Organization, 2014:3). This highlights the importance of continued research in this area. Mental illness stigma occurs prominently in most societies and cultures around the world (Angermeyer and Dietrich, 2006). Research suggests negative attitudes and a lack of awareness into these life limiting illnesses have a direct effect on not only help-seeking behaviours, but also the fundamental right to have the same opportunities in life as those who do not experience a mental illness (Lauber et al., 2004; Gonzalez et al., 2005). Understanding the foundations behind the attitudes and levels of awareness people hold could help inform policies and campaigns (Hinshaw and Cicchetti, 2000). Subsequently, they would be better equipped to tackle this global issue, with the goal of improving the lives of those suffering from psychological distress (Jorm, 2011).

Mental Illness

Historically, what we now accept to be symptoms of mental illness were often viewed culturally as something more sinister. For instance, as the result of possession by the devil (Porter, 2002). Even in more recent years it has been found that people in China still believe mental illness to be caused by the presence of ghosts or immoral thoughts (Fan, 1999). However, contemporarily the most widely accepted definition of mental disorders is that they are defined by a significant disturbance to a person's thoughts, emotions and behaviours (American Psychiatric Association, 2013). Research states that up to 20% of the global adult population have the symptoms concurrent to be diagnosed with a mental disorder such as; depression, bipolar disorder and schizophrenia (Kessler et al., 2001). This percentage often comes as a surprise to the public, as the lack of physical symptoms present in many mental illnesses means they are often hidden to all those apart from the person experiencing the illness themselves (Corrigan and O'Shaugnessy, 2007). Whilst somatic symptoms may not be apparent in these illnesses, a lesser quality of life is often experienced, as individuals with mental illness have weaker interpersonal relationships (Gordon et al., 2004). They may find it increasingly difficult to find employment and when they do, have lower income and less opportunity for progression (van der Sanden et al., 2016).

Seeking treatment, whether that be in therapy or with pharmacotherapy for symptoms, has been found to be essential for young adults in improving quality of life whilst living with a mental health condition (Slade, 2010). However, not all young adults are willing to access help, with studies suggesting fearing the reactions of family and friends is one of the central barriers to pursuing treatment (Dinos et al., 2004; Russell and Taylor, 2014; Collins et al., 2014). The fear of perceived negative attitudes towards the disclosure of mental illness could be a result of inaccurate misrepresentations of people with mental illness as aggressive or impulsive (Ewalds-Kvist et al., 2012).

These misrepresentations often originate in the media and in other forms of social and cultural mediums (Anagnostopoulos and Hantzi, 2011).

Attitudes and Stigma

Despite an increase in mental health campaigns, negative attitudes towards adults with mental illness have worsened in Western countries, especially in terms of attitudes towards illnesses considered to be of increased severity i.e. Schizophrenia (Schomerus et al., 2015). Anagnostopoulos and Hantzi (2011) conducted a survey in which most respondents suggested they would not share a room with someone that had schizophrenia. Whilst research comments on a steady decline in attitudes, Nee and Witt (2013) state that attitudes can vary considerably based on the illness presented. Attitudes towards depression and anxiety may be more positive than that of bipolar disorder or schizophrenia (Corrigan, 1998). When studying negative attitudes of mental illness, the concept of stigma is frequently mentioned (Wang et al., 2012). Stigma can be defined as attitudes and beliefs, which in terms of mental illness would be observing it as a disadvantageous and weakening trait for someone to have, resulting in negative behaviours and discrimination towards the individual (Kobau et al., 2010). The theoretical framework underpinning stigma is broad with psychologists disagreeing on the constructs influencing its occurrence in society (Pescosolido et al., 2008). Thornicroft (2006) suggested stigma encompasses three core elements of; problems with knowledge (ignorance), problems with attitudes (prejudice) leading to problems with behaviour (discrimination). Whereas (Link and Phelan, 2001) identified four components of stigma; identifying and labelling differences, associating differences with undesirable characteristics, the separation that occurs between ‘us’ and ‘them’ and that person then experiencing the resulting discrimination.

Stigma is further distinguished by categorising stigma into self, structural and public stigma (Corrigan and O'Shaugnessy, 2007). Structural stigma transpires when certain opportunities for those with mental illness are restricted by various public institutions (Corrigan et al., 2004). Self-stigma occurs when the discriminatory views of others are internalised by the individual experiencing them, and then turned into the attitudes they hold for themselves (Rüsch et al., 2005). Self-stigma is denoted as predominantly a negative experience (Corrigan and Watson, 2006). However, it has been argued by researchers to sometimes empower those with mental illness, as in particular cases stigma against the self is not present in individuals experiencing public stigma (Dinos et al., 2004). Rüsch et al. (2005) suggests this may occur when people with mental disorders are active within groups that help others with mental illness, enabling the individual to feel like mental illness is a positive part of their identity. Public stigma is arguably the category of stigma which has the most detrimental consequences on individuals (Anagnostopoulos and Hantzi, 2011). The effects of stigma are not isolated to reduced help-seeking alone, experiencing discrimination has also been found to increase symptoms of mental illness and coexisting physical illnesses (Chapman et al., 2005). Labelling theory suggests public stigma is attributed to negative effects as a result of characteristics associated with having the label of mental illness (Loya et al., 2010). The labelling of mental illness has often been associated with improved help-seeking behaviour (Angermeyer and Matschinger, 2003). However, this is contradicted by research stating that the stigma that comes with a label dissuades individuals from pursuing the treatment they need (Link et al., 1991). Therefore, it could be understood that addressing ways to reduce public stigma is of paramount

importance for improving views still held by a large majority of society (Rüsch et al., 2005).

Awareness

There are several existing methods which can be utilized with the goal of increasing awareness of mental illness and decreasing stigmatizing attitudes (Corrigan et al., 2001). Increased knowledge of what mental illness is and its impact, has been found to be important for behavioural change (Teng et al., 2017). The importance of improved knowledge is highlighted by research suggesting 50% of people are confused as to what the term mental illness truly means (Ewalds-Kvist et al., 2012). Teng et al. (2017) found that young adults struggled to define and differentiate between mental illness and mental health. Educational methods of reducing stigma have often focused on biological aetiology, with the hope of reducing the attitude that those with mental disorders have control over and are to blame for their illness (Phelan et al., 2011). However, this approach has sometimes resulted in the opposite of reduced stigma, as people begin to believe those with disorders are almost of a different species (Mehta and Farina, 1997). This has the consequence of furthered social distance between people, reinforcing negative attitudes (Rüsch et al., 2005).

Research has discovered that the formation of attitudes and personal values primarily occurs in late adolescence and young adulthood (Russell and Taylor, 2014). Reflecting on the theory of planned behaviour, young adults' attitudes will predict whether they intend to engage in behaviour (Ajzen, 1991). In terms of mental illness, negative attitudes towards seeking treatment will decrease the number of young adults that consider treatment as they fear the social implications (Yap et al., 2010). This has been found to be the case in current society, with young adults reporting that they would be less likely than any other age group to seek help for psychological distress (Wright et al., 2011). People within the age group of 18-24 have the highest rates of mental disorders and suicide attempts (Gonzalez et al., 2005). Therefore, it is suggested that focusing anti-stigma campaigns on this vulnerable age range will be the most effective in terms of long-term attitude and behaviour changes which filter throughout society (Schomerus et al., 2015). Consequently, stigma is not only reduced but those in need of help recognise the benefits of doing so (O'Connor et al., 2014).

Young adults are often found to have the most negative attitudes towards those with mental illnesses (Gonzalez et al., 2005). A study conducted with students observed their beliefs that other students who disclosed their mental illness could be lying about their symptoms (Teng et al., 2017). This attitude could reflect a lack of knowledge concerning the often absence of somatic symptoms in mental disorders (Shefer et al., 2014). Stigma is increased for mental illness compared to physical (Rüsch et al., 2005), possibly because of its lack of outward visibility to others (Mullins and Preyde, 2013). Thus, evidence suggests campaigns focusing on contact effects between young adults and those with mental illness are successful (Angermeyer et al., 2009), maybe more so than education alone (Corrigan and O'Shaugnessy, 2007). Increased familiarity reduces uncertainty about symptoms and behaviour therefore lessening negative and discriminatory attitudes (Couture and Penn, 2003).

The Present Study

Overall, whilst a large amount of research exists on the stigma of mental illness, the majority of this has a strong emphasis on more severe mental illnesses such as bipolar

disorder and schizophrenia (Kobau et al., 2010). As stigma towards these illnesses is well documented, research could benefit from looking at attitudes more generally to gain a holistic understanding of opinions (Papadopoulos et al., 2012). Research also tends to focus on quantitative methods, with a large amount of data collected from surveys and questionnaires (Liggins and Hatcher, 2005). These lack the detail of individual responses, which is important when understanding personal values and attitudes (Kobau et al., 2010). Furthermore, mental health campaigns have begun to target young adults with their anti-stigma and educational messages (Collins et al., 2014). Therefore, it is essential to study the views of people within this age range, particularly with their increased vulnerability to experiences of mental illness (Gonzalez et al., 2005). Thus, the present study will address the gap in the research, by utilising a qualitative research method of interviews to build upon previous research concerning attitudes and knowledge of mental illness. It will aim to explore in detail the levels of awareness young adults hold, not only regarding mental disorders but considering awareness of what stigma itself involves. To accomplish these aims, this study will consider the following research question:

How do young adults define and perceive their attitudes and levels of awareness towards mental health issues?

Methodology

Design

A qualitative research method was chosen for this study. Previous quantitative research has been able to measure attitudes through data collected from questionnaires but lacks detail and the richness of description (Kobau et al., 2010). It is difficult to ascertain the true attitudes of people when quantitative measures are used (Castleberry and Nolen, 2018). Utilising qualitative methods allows for an exploration of individual opinion and experience, which is beneficial when understanding the construction of attitudes and levels of awareness people hold (Castleberry and Nolen, 2018). Semi-structured interviews were chosen as the preferred technique of data collection. As the research focuses on the attitudes of others, it is important participants are comfortable with the interviewer, so they feel they can disclose their experiences (Silverman, 2011). Therefore, semi-structured interviews are useful, as the conversational style of interviewing puts the participant at ease (Dinos et al., 2004). The flexibility of the method allows for the interviewer to discuss interesting responses which can then be explored in further depth (Teng et al., 2017).

In terms of the interview schedule open-ended questions were used. This included; To begin with what would you say your general feelings towards mental health are? Questions such as this are beneficial, as their broadness allows for participants to interpret them in their own way, meaning responses are not restricted (King and Horrocks, 2010). The interview schedule was not followed precisely, to allow for interesting avenues of response to be followed (Creswell, 2002). Photo and video elicitation were utilised as people are increasingly exposed to mental health campaigns targeting stigma (Sampogna et al., 2017). Therefore, presenting participants with a mental health campaign could replicate real-world situations in which participants would come into contact with campaigns, which is one of this methods' benefits (Clark-Ibáñez, 2004). Furthermore, photo and video elicitation has been found to be advantageous when used in qualitative interviews, as it is found to

trigger memories which can increase reflections on attitudes and promote richer responses (Meo, 2010). Responses prompted by data such as video elicitation add depth to the discussion and stimulate related beliefs (Kwasnicka et al., 2015).

Participants

Participants were recruited through opportunity and snowball sampling, promoting convenience to those willing to take part. The inclusion criteria of participants being that they would be between the ages of 18-25. Anyone outside of this age range was not considered for the interview. The age range was chosen based upon previous research suggesting this age group held the most negative attitudes towards mental illness yet had the highest vulnerability to psychiatric disorders (Gonzalez et al., 2005). Therefore, exploring this age range and the disparity of attitudes was perceived to be of greater importance for the present research. Six participants were chosen to participate in the interviews, two males and four females. All of which were known to the researcher. A smaller sample size was favourable, as it was not only effective in terms of time but also allowed for greater attention to be paid to each participant resulting in richer data.

Table 1
Participants information

Participants name (pseudonym)	Age
Rosie	20
Melissa	21
Grace	19
Neve	22
Noah	25
Mason	23

Procedure

Before the interview took place, participants were given an information sheet to read which detailed what would happen in the interview. They were given a consent form which had a checklist they were requested to sign and told that they could ask any questions they may have about the research. Semi-structured interviews were arranged for each participant via email, these were then conducted in a location that felt safe and comfortable to the participant. The setting can have a significant influence on the responses of participants (King and Horrocks, 2010). Although the comfort of participants was important, to ensure the safety of the researcher all interviews took place in a public setting. Interviews lasted between thirty to forty minutes, all of which were recorded using a smartphone device. An interview schedule was adhered to which detailed ten questions focusing the topics of discussion, two of these questions used photo and video elicitation methods. After the interview had finished, participants were given a verbal debrief which explained why the study was being carried out.

Ethical Considerations

The research received approval from an ethics reviewer at Manchester Metropolitan University before it was undertaken. Ethical requirements were informed by the British Psychological Society's ethical guidelines (British Psychological Society, 2018). All

participants were given an information sheet which included what was expected from them, how their data would be used and managed and their right to withdraw. The time period being up until two weeks after data was collected, before it was analysed. In the event of participants experiencing emotional distress because of the interview, the information sheet provided contact details of the researcher, supervisor and organisations they could approach i.e. mental health charities. Informed consent was obtained from all participants by providing them with a consent form. To protect anonymity, pseudonyms were given to each participant when the interviews were transcribed, therefore any direct quotes used would have a pseudonym attached. To protect confidentiality, all data collected was stored electronically on a password protected computer file, only accessible to the researcher. After transcription all interview recordings were deleted.

Data Analysis

Interviews were transcribed verbatim. Thematic analysis was chosen as the most applicable method for the data collected. Thematic analysis is a method for identifying and commenting upon patterns which develop within data (Braun and Clarke, 2006). Using the thematical analysis framework proposed by Braun and Clarke (2006) there are six sequential steps to consider when utilising this method; familiarising yourself with data, creation of initial codes, searching for themes, evaluating proposed themes, defining themes and then producing the report. This method was utilised because of its potential for flexibility when unexpected patterns are discovered (Teng et al., 2017). Previous qualitative research on mental illness attitudes comments on its usefulness for revealing individual perceptions (Harper and Thompson, 2011). It is also useful when dealing with large amounts of data collected from interviews, as the process allows for patterns to be summarised across all the data (Braun and Clarke, 2006).

Analysis

Four central themes were identified during thematic analysis. The themes generated include; ‘Media Influences’, ‘Spotlight on Severe Mental Illness’, ‘Individualised Experiences of Mental Illness’ and ‘Lying About a Mental Illness’. The present themes encompass the topic and allow for comprehensive exploration into the perceived attitudes and awareness of mental health issues amongst the young adults included.

Media Influences

Participants commented on contrasting views which the media displayed. Some comments remarked on the increase in media outlets and celebrities talking about mental health issues. However, the over-arching consensus amongst participants was that the media could be damaging in terms of the messages it conveys to young adults.

Juxtaposed media views.

Opposing views elicited by the media were remarked upon frequently by participants. Grace comments on the negative way in which illnesses such as depression are made to sound as if they should be promoted and encouraged on the social media platform.

‘But I think the media doesn’t portray it well, like Instagram on my feed it will come up like memes especially they take the mick out of people instead. It's like they promote mental illness cause they're like if you have depression follow this account it’ll make you more depressed’. (Grace, line: 57-60)

The statement that following an account will make you more depressed could incite self-stigmatising views, as people feel their illness is being undermined (Corrigan and Watson, 2006). Neve and Melissa make further comment on the contradictory views in which the media depict.

'Social media campaigns like mental health awareness day are important and a lot more celebrities or aspirational people are talking about it but then there's still people on social media that make fun of people'. (Neve, line: 54-56)

'Social media is not necessarily always good, sometimes I think it almost romanticises them...But then there can be really great tv shows or movies which shows the real side of the illness like it's not fake or kind of just played up to make it entertaining'. (Melissa, line: 146-152)

The positive side of media is presented in that there is seen to be tv shows and films which increase awareness. This could be beneficial for increasing knowledge of the symptoms of mental illness. However, these comments echo Grace's in that the positive messages do not outweigh the perception of harmful attitudes towards mental illnesses presented.

Violent behaviour among the mentally ill.

The media is seen as impactful in inciting negative attitudes in young adults, regarding people with mental illness acting in an aggressive or violent manner. The following quotes illuminate how the media has affected their views:

'I don't think the media like the news helps at all with that because if someone attacks someone the first thing they talk about is mental illness... it's just kind of saying all people with mental illnesses are violent even though I know they're not violent you still get anxious when you see someone acting differently because you think what if they attack me'. (Neve, line: 85-90)

'A lot of people think they commit a lot of violent crimes and I just don't believe that at times, but I understand why some do because they do show violent behaviours'. (Grace, line: 9-11)

Participants comment on their awareness that those with mental illness may not be as 'dangerous' (Rosie, line: 21) as the media suggests. However, as a result of labelling, attitudes form to evoke anxious responses when presented with a person with mental illness. This implies that the media influences beliefs and may increase public-stigma by embellishing the role that mental illness plays in violent offences (Ewalds-Kvist et al., 2012).

Spotlight on Severe Mental Illness

When talking about stigma there was a clear focus from participants on severe mental disorders i.e. schizophrenia. This suggests that views of mental illness may in part, be guided on the severity of the illness in question. Neve and Rosie both use schizophrenia when talking about attitudes and stereotypes.

'I think people with more serious mental illnesses such as schizophrenia are a lot more scared to tell people they have it because they immediately think they're scary and unpredictable'. (Neve, line: 94-96)

'You might stereotypically think that… I can't think of an example but… actually you might think someone with schizophrenia is really dangerous but actually that's a stereotype'. (Rosie, line: 13-14)

The stigma attached to the diagnosis of schizophrenia is prominent, this could be a product of the negative traits associated to the illness being labelled (Loya et al., 2010). Grace furthers this discussion, suggesting the differences between attitudes towards depression and schizophrenia are large:

'Especially the severe ones like not like the less ones cause there's a big difference in which…like depression, people won't be like oh go away, they'll try and include them cause they know it, but people with schizophrenia a lot of people are scared around them because we don't know how they'll act out…Cause mental illness you can't tell when people have it'. (Grace, line: 18-24)

The perception that people with depression are treated with more empathy than those with schizophrenia, shows an awareness of stigma associated with more severe mental disorders. The present insight into the disparity between both illnesses is interesting considering they are both categorised as mental health issues.

Individualised Experiences of Mental Illness

The apparent importance of individual experience in relation to understanding what mental illness is, was of prominence for most of the participants.

Contact with those facing mental illness.

Familiarity with people that have experiences of mental illness was deemed to be beneficial for increased understanding. Noah remarks on the positive effects of having contact and experiences with people with mental health problems:

'I just think because of her foster kids it put me into contact with it and I think sometimes people don't have views because they don't see it in front of their eyes. You need to have a physical thing in front of you to understand what it is instead of just reading about it in a book or hearing about it on the news'. (Noah, line: 40-43)

Contact is determined to be an important factor for initiating consideration of mental illness. The physicality of interacting with a person who has those experiences is seen to be more impactful then engaging with media coverage of mental illness. A lack of understanding is furthered in the following quotes:

'I get why people assume stuff like that though because if you don't have personal experiences then why would you know'. (Mason, line: 80-81)

'I think to a point people will never really understand it unless they know someone that has one or they've experienced it themselves'. (Rosie, line: 156-157)

Comparative to Noah's observation, Mason and Rosie's comments suggest the absence of personal experiences make understanding it seem unreasonable. This suggests that no amount of knowledge of mental disorders will compare to the depth of understanding that those who experience it themselves have.

Difficult personal disclosures.

Whilst personal experience was seen to be advantageous when trying to understand mental illness, it is also seen as a negative trait to have personal knowledge, as suggested with the subsequent responses:

'I think it's too personal to tell people but then it shouldn't be. If people speak about it then more people will know'. (Grace, line: 44-45)

'Verbalising something that is very personal is a big thing'. (Rosie, line: 51)

It emerged that topics thought to be intimate and personal should not be spoken about and that it would be a big deal to express individual experience. The lack of physical symptoms, as present with physical illness are believed to increase the difficulty in disclosing symptoms.

Lying About a Mental Illness

There was a clear perception of deception when it came to the disclosure of mental illness. This perception was either commented on from the perspective of the participant themselves, or from witnessing others talking about their mental illness:

'It's a negative connotation like mental illness isn't real…I think cause it is in the news right now you get people that crave attention that will lie about stuff… but you know 99% of people probably wouldn't lie but there's always one that takes advantage'. (Noah, line: 62-64*)*

Noah suggests that people may lie about having a mental illness to gain attention. The suggestion that people take advantage of empathy received from others may reflect why people feel they cannot tell others their issues, in fear of negative and questioning responses. Mason and Grace add to the perceived dishonesty and comment on mental illnesses becoming a trend:

'I guess some people are scared of making these illnesses too popular because then it can kind of become a trend'. (Mason, line: 90-91)

'why the hell is everyone doing it like it's weird but then when you look at it it's like are they actually doing it for a reason or is it just popular? It's weird for a mental illness to be popular'. (Grace, line: 123-125)

It is evident from responses that there is an element of confusion in terms of how mental illness could become popular. The observed trend of mental disorders could reflect an increased general awareness about the subject.

Discussion

The present studies focal objective was to explore how young adults define and perceive their levels of attitudes and awareness towards mental illness. The

importance of study and comprehension in terms of attitudes in the young adult population is apparent in the high rates of mental illness experienced by people of this age. This is paired with their perceived inherent negativity towards those struggling with these disorders. Based upon the aims of this qualitative research, thematic analysis of interviews illuminated four central themes; 'Media Influences', 'Spotlight on Severe Mental Illness', 'Individualised Experiences of Mental Illness' and 'Lying About a Mental Illness'. Through participants responses a number of points for discussion developed. Consistent with literature concerning mental illness stigma, responses suggested the positive role that contact with those suffering from mental illness could have. However, some participants were unconvinced that mental illness could be fully understood by anyone other than those who have mental illness themselves. Furthermore, the media was found to be both a positive and negative force for stigma, particularly in the cases of severe mental illness. The most notable subject, in its contrast to previous research, was that of a clear awareness of mental illness and how detrimental stigma can be within society. However, whilst positive attitudes were present, it was worthy of mention that conflicting stigmatising opinions of the authenticity of mental illness were also apparent in the same participants responses.

Participants viewed contact with those with mental illness to be essential to the development of positive attitudes towards mental illness. Research on interventions to reduce stigma have similarly found familiarity with mental illness to be important for positive attitude change which remains over time (Corrigan and O'Shaugnessy, 2007; Angermeyer et al., 2009). Furthermore, contact was viewed to be of increased importance compared to other forms of education including from the media or news. Whilst this has been found to be the case in some research (Corrigan and O'Shaugnessy, 2007; Chan et al., 2009), specific studies on contact effects in young adults have not come to the same conclusion, suggesting contact could increase stigmatising attitudes (Wong et al., 2017). The physicality of interaction was seen to improve attitudes, which is delineated in research as confusion about the lack of somatic symptoms is diminished through familiarity (Corrigan et al., 2012). However, some participants commented on the lack of scope for understanding regardless of contact, unless they themselves experienced distressing symptoms. This reinforces the stigma associated to the absence of physical symptoms in mental illness compared to physical illness (Mullins and Preyde, 2013).

In terms of media influences, participants responses were largely consistent with research regarding the negative impact that different media platforms can have on attitudes (Anagnostopoulos and Hantzi, 2011). Social media was viewed as mostly detrimental to stigma, the frequency of discriminating posts against those with mental disorders was mentioned. Research delineates that the media perpetuates negative attitudes through the embellishment and distortion of mental disorders (Ewalds-Kvist et al., 2012). It was interesting that participants mentioned the negative influence of the trivialisation of mental illness. Consistent research suggests that trivialising mental disorders shows a lack of education regarding the meaning of disorders and their severity (Pavelko and Myrick, 2016; Robinson et al., 2018). Resulting in those with these symptoms feeling their experiences are not worthy enough of help (Li et al., 2018). However, the participants awareness of trivialisation suggests knowledge of its negative effects, which is not as frequently reported within research on stigma (Henderson et al., 2016). In all the interviews participants commented that whilst the media was largely harmful, there were some positive messages that would be helpful

in educating people in a factual way. Selected television shows were regarded as useful for challenging stereotypes of mental illness. Previous research suggests that entertainment education strategies are effective when accurate portrayals of mental illness are represented (Ritterfeld and Jin, 2006). These approaches dismiss incorrect knowledge resulting in a shift towards more positive attitudes and behaviours (Ritterfeld and Jin, 2006).

The media was also indicated by participants to elicit views suggesting those with mental disorders were violent and dangerous. Whilst an awareness existed that these views were a misrepresentation or stereotype, participants remarked that they were still anxious about the behaviour of people with mental illness. Past research states this view results from the media's predominant focus on apparent mental illness in those that commit crimes such as mass shootings (Nee and Witt, 2013; Ross et al., 2018). Participants anxiety could reflect that the media encompasses a considerable amount of the knowledge people have on mental illness, consequently affecting attitudes (Chan and Yanos, 2018). Contrastingly, research has found that positive media portrayals of mental illness from media outlets are shared more often than negative (Ross et al., 2018). However, as this present research would suggest, this does not necessarily mean views are positive, more that social norms may be being adhered to in terms of social media (Betton et al., 2015). When commenting on perceptions of violence and stigma in general, more severe illnesses such as schizophrenia were often referred to. This is consistent with past research signifying that attitudes are more negative towards those with schizophrenia compared to other mental illnesses (Nee and Witt, 2013), and that these attitudes are not improving regardless of increased campaigns aimed at challenging stigma (Schomerus et al., 2015).

One of the more unanticipated conclusions within this research was the increased levels of awareness concerning mental illness and stigma that all the participants held. Participants delineated that they knew the stereotypes and stigmatising attitudes which existed within society regarding mental illness. These findings deviate from past research suggesting that attitudes about mental illness continue to worsen amongst young adults in recent years (Schomerus et al., 2015). Conversely, there was still confusion amongst participants concerning the definition of mental illness, with a number of responses suggesting some individuals may be lying about the authenticity of their illness to gain attention. This demonstrates a conflict which individuals have between both positive and negative attitudes towards mental illness. Research on these contrasting views suggests positive attitudes are often conveyed whilst talking about mental illness on a conceptual level (Teng et al., 2017). However, when spoken about in relation to the self or those the individual has interpersonal relationships with, responses become more negative and sceptical (Teng et al., 2017). Papadopoulos et al. (2012) states amplified negative views towards others with mental illness could be due to an individualistic western society in which the priority is the self and not to defend others.

Limitations and future research

There are some limitations which exist in relation to the present research. All participants were current university students. Whilst this is not on the surface a limitation, the university in which they study focuses on the student's enhancement in knowledge and the importance of their own well-being and mental health. This could

influence the responses of participants in that their exposure towards mental health knowledge is more positive because of their university environment (Martin, 2010). However, this enhanced sense of well-being may just reflect a changing societal view of mental health. Future research could benefit from exploring participants outside of a university setting to determine if, and how responses differ.

The age range of participants was focused on those between the ages of 18-25. Research suggests that this age range is an important one to explore (Collins et al., 2014). However, stigmatising attitudes exist prominently within all age ranges and anti-stigma campaigns often look to target larger populations (Clement et al., 2010). Therefore, potential studies may consider using participants from a wider age range to determine whether attitudes are similar. Furthermore, a methodological limitation exists with a familiarity occurring between the researcher and participants as they were known to each other. This could influence responses in the interview in that the participants looks to give answers deemed to be socially desirable (Choy, 2014). Future research could use quantitative measures including questionnaires to minimise this limitation, though the richness of individual opinion would then be lost which is deemed important when exploring attitudes (Castleberry and Nolen, 2018).

Future exploration into attitudes and awareness of mental illness could focus more on how exposure to mental health campaigns positively or negatively impacts previously held attitudes. This would be beneficial, as increased insight into attitudes builds upon previous findings and could inform education-based mental health campaigns and interventions. Consequently, campaigns would be more effective in targeting an audience and positively influencing societal attitudes.

Conclusion

The present analysis demonstrated that attitudes towards mental illness amongst young adult participants are conflicting. Whilst positive attitudes exist, past research is supported in that there was confusion and scepticism about the authenticity of mental illness symptoms, and whether the medias representation of those with mental disorders as dangerous was accurate. A clear awareness into the negative impact of stigmatising attitudes was present in responses. This indicates that future research should focus on how educational mental health campaigns can effectively continue to dispel confusion. Thus, improving stigmatising views which are increasingly detrimental to those that live with a mental illness.

Reflexive Analysis

It is important to be reflexive when undertaking qualitative research. The researcher can influence the study at all stages, including the methodological process and findings. Therefore, exploring researcher biases is essential for understanding the impact it can have on the study (Willig, 2013).

Firstly, as a Psychology student I have an educational bias towards certain opinions of mental health. Furthermore, as someone with a personal interest in mental illness and the stigmatising attitudes that people have, I hold personal beliefs about discrimination and the negative emotions people experience as a result. This may have impacted how I interpreted the experiences and opinions of participants. To overcome this, I made a conscious effort to only ask open-ended questions within the

interview, so as not to lead participants into feeling they must respond in a socially desirable way.

I had never conducted an interview concerning the attitudes of others before the present research, therefore I was unsure what to expect before interviewing participants. I was surprised that participants felt they could disclose personal topics related to their attitudes during the interview. I was not prepared for this and feel this was evident within the analysis. Sometimes I did not want to further question their experiences, in case they felt uncomfortable talking about them in greater detail. I feel further experience in qualitative interviews would help improve my skills regarding personal disclosures.

Finally, I had never conducted a thematic analysis to the level required for this present research. With a larger number of participants, I was nervous when presented with large amounts of data. I was aware errors can occur within qualitative methods and wanted to ensure I accurately developed themes. Therefore, I aimed to be meticulous when carrying out my chosen method of analysis to reduce the chance of these inaccuracies transpiring.

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