

January 2020

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Recommended Citation

Walker-Tjepkes, Iris (2020) "The General Population's Understanding of Mental Illness," *Psychology Research Methods Journals*: Vol. 1 : Iss. 22 , Article 3.

Available at: https://digitalcommons.lindenwood.edu/psych_journals/vol1/iss22/3


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The General Population's Understanding of Mental Illness

Iris Walker-Tjepkes[†]

Objective: The goal of this study was to show to what extent people understand different mental illnesses and what ideas they have about mental illnesses are right or wrong. The study also attempted to compare differences in responses for different names of the same disorders. The mental illnesses examined were major depressive disorder (MDD), dissociative identity disorder (DID), post-traumatic stress disorder (PTSD), and schizophrenia. **Method:** Participants (N = 80) took a Qualtrics survey that asked questions about different mental illnesses. Each disorder had open response questions regarding the criteria for that disorder. For each disorder, there was no prior information about that disorder given to affect the response, meaning that none of the responses should have been influenced by any information in the survey. Content analysis was used to analyze the responses and determine which responses were correct or incorrect as criteria and whether responses changed based on different names for the same disorder. **Results:** A variety of answers were given on the survey including both correct and incorrect responses. The correct answers helped provide a basis that people understand some characteristics of mental illnesses. There were some differences shown in responses for different names of the same disorder which were mostly shown by incorrect responses. **Conclusion:** Although there is a very basic understanding of each mental illness, this understanding is minimal and people must be further educated on mental illnesses with an emphasis on the criteria people missed most often.

The purpose of this study was to see how well the general public understands different mental illnesses. The mental illnesses in question are major depressive disorder (MDD), dissociative identity disorder (DID), post-traumatic stress disorder (PTSD), and schizophrenia. Many studies have focused on mental health literacy, the understanding of different mental health issues, but none of these studies asked participants to just list what they thought about mental illnesses from memory. Studies typically either gave options for answers or focused more on stigma rather than just asking their participants their thoughts on the subject. The present study asked participants purely what they think about disorders from memory which can give a different insight into how people view mental illnesses.

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Multiple studies have looked into different attitudes and stigma towards people with different mental illnesses (Holzinger et al., 2012; Ponizovsky et al., 2003; Smith et al., 2011). Stigma regarding different mental illnesses is important in showing how people feel about different mental illnesses. Schizophrenia tended to be the least understood of mental illnesses and has been found to have a lot of misinformation and stigma surrounding it (Smith et al., 2011). Stigma can often be a good indicator of how people think about people with different mental illnesses, but it doesn't necessarily help explain what people are thinking about the mental illnesses themselves.

Ponizovsky et al. (2003) looked into how different school principals viewed different mental illnesses and found that almost a third of the respondents did not know what caused depression and about a quarter of them did not view depression as a mental disorder at all. This study shows important insights into how people view depression and how depression is often misunderstood. With similar results regarding understanding, other studies have found that while there is a high rate of people with mental illnesses, relatively few people have a good understanding of these mental illnesses (Lam, 2014; Lauber et al., 2003). Again, depression specifically was found to not be recognized as a mental illness when participants were given a vignette of someone with depression and asked whether they were in crisis or had an illness (Lauber et al., 2003).

Furnham and Wineslaus (2011) looked specifically at the understanding of personality disorders, including schizotypal disorders. In their study they gave participants ten vignettes of different personality disorders and asked them to label whether the person had a psychological problem or not, and if they did have a psychological problem, what problem they thought it was. Their main finding was that participants would typically not label the vignettes as showing a

psychological problem, and if they did recognize that the description exemplified a psychological problem, they would often give an incorrect answer as to what the problem was. This study involved open response questions, but instead of using the open response questions to assess the participants' thoughts about disorders, they used the open response to see what disorders the participants would label different vignettes.

Gorczynski et al. (2017) focused on looking at the understanding of mental illnesses with a population of university students. They found that the students who understood the disorders the best were those who were the most likely to seek help. This goes to show it is important to make sure people understand different illnesses so they can better understand when they, or their friends, should seek help. In order to better educate people on mental illnesses though, it must first be assessed what people don't know about mental illnesses.

It has been established that there is a lack of understanding of psychological disorders, but it is not necessarily known what aspects of disorders people are misunderstanding. People lack understanding of personality disorders (Furnham & Wincelous, 2011), but it is unknown what characteristics of personality disorders people have wrong. Depression was not recognized by a decent amount of people (Ponizovsky et al., 2003), but it is unknown what specific aspects of depression participants did not recognize.

In order to better understand what people were not understanding about mental illnesses, the present study used open-response questions to better assess what specific criteria people would answer either correctly or incorrectly for different mental illnesses. It was expected that participants would understand at least some aspects of each mental illness. It was also expected that participants would give some incorrect answers for each mental illness and they would give different responses based on different names of the same disorder. The present study included

questions regarding depression and schizophrenia which were disorders often misunderstood in previous literature. An important reason to better understand people's knowledge of mental illnesses was to be able to better inform people based on what they didn't know or what they answered incorrectly about on the survey. The use of open response questions was important in order to acquire a response from participants that wasn't affected by stock options. It was important to have responses that accurately reflected the thoughts of the participants without making them choose answers based on recognition.

Method

Participants

The inclusion criterion for participants was to be 18 years old or older. Anyone who took the survey but did not have any responses for any of the open response questions were excluded from the data. There were three respondents who only responded to a couple of the disorders, but they were still included as participants since they responded to at least one of the open response questions. Of those who were included in the data ($N=80$), there were 27 men, 52 women, and 1 person who chose the "other" category. Of the five age categories, 62 (77.5%) were between 18 and 29 years old, 4 (5%) were between 30 and 39 years old, 8 (10%) were between 40 and 49 years old, 3 (3.8%) were between 50 and 59 years old, and 3 (3.8%) were 60 years old and up. Of the 80 participants, 48 (60%) had not taken any psychology course related to psychological disorders, 28 (35%) had, and 4 (5%) were unsure. Regarding race and ethnicity, 2 (2.5%) were African American/Black, 68 (85%) were European American/White, 2 (2.5%) were Asian, 6 (7.5%) were Hispanic/Latinx, 1 (1.3%) was Native American, and 1 (1.3%) selected "other."

The survey was posted on Instagram, Twitter, and Facebook. Anyone with the link was able to take the survey but the instructions clarified that it was only for people 18 years old and

older. The goal was to get at least 100 participants and the survey ended up having 106 respondents but only 80 who qualified as participants. There was no compensation for taking the survey. The survey and research project were approved by and met the ethical standards of both the Lindenwood University Psychology Program Scientific Review Committee and Institutional Review Board.

Materials

The survey was made with Qualtrics and all of the questions were originally written. The survey started with the consent form and the four demographic questions regarding gender, age, race/ethnicity, and whether the participant had ever taken a college course regarding psychological disorders or not. The questions after the demographics referred to different psychological disorders. The different disorders were major depressive disorder (MDD), which also had questions about depression, dissociative identity disorder (DID), which also had questions about multiple/split personality disorder, post-traumatic stress disorder (PTSD), and schizophrenia. Each individual disorder had a question asking whether the participant had ever heard of it before, and if they said yes it would be followed up by open response question asking the participants to list what they thought the criteria were for that disorder. Each disorder also had its own multiple choice question(s) asking more specific questions of the disorder, such as asking how long the symptoms would have to last in order to diagnose the disorder (see Appendix). The DSM-5 was used to determine what the criteria were for each disorder. Taking the survey required either a computer or a phone and the survey could be taken in any location that the participant had an internet connection and had access to the link through either Instagram, Twitter, or Facebook.

Measures

The survey's main purpose was to see the general population's understanding of different psychological disorders by testing what criteria people would give for different psychological disorders and whether they would give correct criteria or not. The criteria for each disorder from the DSM-5 were used to determine which responses were correct and which were not. Another measure from the survey was people's incorrect thoughts about different psychological disorders which could be seen by what criteria people were giving that were wrong. One other measure was how well people knew disorders based on different names of the same disorder, and whether different names for the same disorder would change how they responded. This was measured based on whether people would answer differently for different names of the same disorder, and if so, how the answers changed.

Design

The survey had seven blocks of questions. A block of questions is just a certain amount of questions that are put together for organizational sake and to be able to manipulate the order of the questions shown in the most preferable way for the experiment. The questions inside each individual block were always shown in the same order they were listed on the survey (see Appendix). The order of the questions inside each block was important to make sure the participants were not influenced by other questions regarding that disorder when they answered the open response questions. The block that was always shown first on the survey was the consent block which has the information and consent form. In order to be able to take the rest of the survey, the participants needed to select the option "I verify that I am at least 18 years of age and consent to take this survey." If anyone were to not select this option, they would be sent to the end of the survey and were therefore unable to answer any of the other questions. The second

block of questions was the demographic block which contained questions regarding gender, age, race/ethnicity, and history with classes regarding psychological disorders.

For the four blocks following the demographics, each was designated as a different psychological disorder. The order of these four blocks was randomized as to counteract any error from participant fatigue. This means that the order in which participants answered questions for each individual disorder was random. This randomization was also set on Qualtrics to be evenly presented as to make sure each disorder was shown first and last about the same amount of times so the data could be as reliable as possible.

Both MDD and DID had multiple names on the survey. To be able to see both whether people recognize different names for the same disorder and whether people have different responses for the same disorder based on different names, the order of the questions pertaining to the different names was important. MDD is often referred to as depression, and DID has been called multiple personality disorder and split personality disorder. Because MDD and DID are the clinical terms whereas depression and multiple/split personality disorder tend to be the more common or well-known terms, the clinical terms were always asked about first in their blocks. This was done to test whether people truly knew what the clinical terms were before the more common terms were given and whether they thought the clinical terms were different from the more common terms.

Analysis

Content analysis was used to organize the responses and assess whether they were correct as criteria or not. Content analysis was also used to compare responses for disorders with multiple names and to analyze the most common incorrect responses.

Results

The main hypothesis was that the general population would know at least basic characteristics for each disorder. Operationally defined, this would mean that at least half of the respondents gave correct answers for each disorder. The other hypotheses were that participants would give different answers for different names of the same disorder, and that participants would give responses for criteria that would be incorrect.

For MDD, 64 participants (80%) said they had heard of the disorder and 16 (20%) said they had not. Of those who said they had heard of MDD, 76 (95%) gave a response. Of those who responded, 56 (98.1%) gave at least one correct symptom. For depression, all 80 participants said they had heard of depression before and 76 (95%) of them gave a response. Of respondents, 63 (82.9%) got at least one symptom correct.

There were nine symptoms that counted as criteria for MDD and depression. The different criteria accepted as correct were feeling sad or depressed, a lack of pleasure from activities, a change in weight or appetite, a change in sleep, slowed movements, fatigue, feeling worthless or inappropriately guilty, indecisiveness or the decreased ability to think or concentrate, and thoughts or attempts of death or suicide. Participants did not have to respond in the exact wording in order for the response to count as one of the criteria.

For both MDD and depression, the symptom that was answered correctly the most was feeling sad or depressed with 31 (50.8%) of those who responded for MDD and 32 (42.1%) of those who responded for depression. Of the nine criteria, the average amount of criteria answered correctly was 1.95 for MDD, ranging from 0 to 6 criteria correct, and 1.85 for depression, ranging from 0 to 5 criteria correct.

The most common incorrect answer for MDD was responding with some period of time that the symptoms had to last in order for a person to have MDD that was longer than what is true. Of respondents, 14 (12.5%) gave this response, whereas only 2 (2.6%) respondents gave that answer for depression. The most common incorrect answer given for depression was the response that being unmotivated was a criterion for depression. Of respondents for depression, 17 (22.4%) gave this response and it was given by slightly fewer respondents for MDD with 8 (12.5%) responses. An interesting difference in responses between MDD and depression was that some mention of brain chemical was given by 6 (7.9%) participants for depression but only 1 (1.5%) participant for MDD. This isn't a large difference but it is interesting that more people would give that response for depression and not MDD. The amount of responses for the other criteria are shown in Table 1. The percentage of responses for each of the criteria was relatively the same for MDD and depression with slight differences.

For the multiple-choice question regarding how long symptoms for MDD/Depression have to last to be diagnosed, 11 participants (13.9%) correctly answered two weeks. The most common response was "Unsure" with 34 (43%) participants and 33 (31.8%) participants responded a length of time longer than two weeks.

For DID, 54 participants (67.5%) said they had heard of the disorder and 25 (31.3%) said they had not. Of those who said they had heard of the disorder, only 51 (94.4%) responded. The main symptom of DID and multiple/split personality disorder is having multiple personalities, but the DSM-5 also includes ways to tell if a person has multiple personalities. Although multiple personalities is the only criteria, if a person failed to mention multiple personalities but gave at least one of the traits that can show multiple personalities, they were counted as answering correctly. Of those who responded, 31 (60.8%) responded correctly that DID is

multiple personalities or gave at least one trait that shows a person has multiple personalities. For multiple/split personality disorder, 73 participants (91.3%) said they had heard of multiple/split personality disorder and 5 (6.3%) said they had not. Of those who said they had heard of multiple/split personality disorder, 67 (91.8%) gave a response. Of the respondents, 58 (86.6%) answered correctly with either multiple personalities or a trait that shows a person had multiple personalities.

The most common incorrect answer for both DID and multiple/split personality disorder was some mention of trauma. Although trauma is an aspect of DID, the DSM-5 does not list it as a criterion for having DID. Of respondents, 6 (11.8%) gave this response for DID and 5 (7.5%) gave this response for multiple/split personality disorder. An interesting difference in responses between DID and multiple/split personality disorder was schizophrenia or schizophrenia symptoms were given by 5 (9.8%) participants for DID but no participants for multiple/split personality disorder. Another interesting difference was that some sort of mention of triggers was given by 3 (4.5%) respondents for multiple/split personality disorder, but no respondents gave that answer for DID.

For the multiple-choice question regarding whether hallucinations were a criterion for DID/ Multiple/Split Personality Disorder, 27 participants (36%) correctly answered no whereas 16 (21.3%) said yes and 32 (42.7%) said they were unsure.

For PTSD, 77 participants (96.25%) said they had heard of the disorder and 2 (2.5%) said they had not. Of those who said they had heard of the disorder, 76 (98.7%) gave a response. In the DSM-5 there are a lot of criteria that can count for PTSD, but they're separated into five different categories. For the analysis of PTSD the criteria were those five categories and any mention of a symptom that would be in one of those categories counted towards that criteria.

These criteria were exposure to a traumatic event, symptoms (such as flashbacks or anxiety), avoidance symptoms, negative mood or cognition, and a change in arousal or reactivity. Of those who responded, 76 (100%) answered at least one correct symptom. The average amount of criteria correct was 1.97 ranging from 1 to 4 criteria correct. The most common response given was giving a response that fell into the symptoms category which was given by 61 (80.3%) of the respondents. The amount of other responses given for PTSD can be seen in Table 2.

There were many different wrong answers given, but most of them were individual answers rather than multiple people giving the same type of incorrect response. The most common response given that didn't count as a criteria were examples of PTSD. Although these aren't particularly wrong answers for PTSD, they were incorrect for the question since the question just asked for criteria of PTSD. Of the respondents, 5 (6.6%) gave an example of PTSD.

For the multiple-choice question asking participants to select all that applied that were listed as possible criteria for developing PTSD, 75 (98.7%) of respondents selected sexual violence, 64 (84.2%) selected death, 43 (56.6%) selected embarrassment, 76 (100%) selected serious injury, and 76 (100%) selected war. The only incorrect answers were embarrassment and war, and every participant answered at least one of them. Although war has death in it which can cause PTSD, war itself is not listed in the criteria for PTSD which is why it is a wrong answer. For the multiple-choice question regarding whether everyone with PTSD has flashbacks, 53 participants (73.7%) answered correctly and said no whereas 6 (7.9%) said yes and 17 (22.4%) said they were unsure.

For schizophrenia, 78 (97.5%) participants said they had heard of it and 2 (2.5%) said they had not. Of those who said they had heard of schizophrenia, 74 (94.9%) gave a response. There were five symptoms that counted as criteria for schizophrenia. These criteria were

delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, and negative symptoms. Of respondents, 61 (82.4%) got at least one symptom right and respondents answered on average 1.19 criteria correct, ranging from 0 to 3 correct criteria. The criteria that respondents answered correctly the most often was hallucinations with 52 (70.3%) giving it as a response. The amount of responses given for the other criteria of schizophrenia can be seen in Table 3.

The most common responses given that were incorrect were mentions of mania and responses involving multiple personalities. Of respondents, 6 (8.1%) mentioned mania and 4 (5.4%) mentioned multiple personalities. For the multiple-choice question regarding whether having multiple personalities was a criterion for Schizophrenia, 38 participants (48.7%) correctly answered no, 15 (19.2%) answered yes, and 25 (32.1%) responded they were unsure.

When asked at the end of the survey whether the participants knew anyone with any of the disorders involved in the survey, 68 (88.3%) said they did, 4 (5.2%) said they did not, and 5 (6.5%) said they were unsure.

Discussion

The hypothesis that participants would understand basic features of each mental illness was partially supported. For each mental illness, respondents averaged more than one criterion correct. This shows a basic understanding of these mental illnesses, but considering MDD/depression had nine criteria and PTSD and Schizophrenia had five criteria, averaging around one or two criteria correct is less than 50% accuracy. Regarding the multiple-choice questions, there was only one question in which at least half of respondents answered correctly, that question being whether everyone with PTSD has flashbacks. This shows an even further lack of understanding of these mental illnesses. Technically there was a very basic understanding

shown from the open responses, but the results from the open response and multiple-choice questions show a clear need for further education regarding mental illnesses.

Another hypothesis was that people would give incorrect answers for each of the mental illnesses. This was supported because each mental illness did have responses that were not correct as criteria. There were also some incorrect answers that were given more often than others, which suggests that these are relatively common misconceptions. Although only a small percentage of respondents for each disorder said the same incorrect answer, the fact that multiple people responded with those answers supports the idea that there are many people with the same incorrect ideas about certain mental illnesses. It is also possible that with a larger population there could be a higher percentage of these misconceptions.

The last hypothesis was that participants would give different answers for different names of the same disorder. This hypothesis was supported because for both MDD/depression and DID/multiple/split personality disorder, different answers were given. For MDD and depression, there was not a noticeably large difference in the correct criteria given as seen in Table 1. The percentages of respondents that answered each criterion correctly for MDD and depression are all within five percent for each criterion. The main differences were seen in the incorrect answers. Long periods of time were mentioned more often for MDD than depression by about ten percent. This is an interesting difference because it infers that MDD is a more serious illness than depression since it has to last longer.

For DID and multiple/split personality disorder, there was about a 20% difference in the amount of respondents that answered the single criterion of multiple personalities correctly, with respondents answering correctly more often with the name multiple/split personality disorder rather than DID. This difference most likely comes from the fact that multiple personalities was

in the title of one and not the other, but it is still an important difference to bring attention to. Regarding the differences of incorrect responses for DID and multiple/split personality disorder, the main difference was that people tended to associate DID with schizophrenia and people had a tendency to associate multiple/split personality with triggers. It was even more interesting that although schizophrenia was associated with DID, no one gave schizophrenia or symptoms of schizophrenia as a response for multiple/split personality disorder. It's curious why schizophrenia would be associated with the newer name of DID but not the older, more common name, but it still shows a misconception of what DID is. Again, both of these incorrect answers were only given by small percentages of the respondents, but it still shows a common misconception or belief.

One issue with this study was that there were only 80 participants included in the data. Unfortunately this is not a very large population and the data is therefore not as representative as it otherwise could have been. Another limitation of the study was the ability to accurately label responses as correct or incorrect for criteria. Although the DSM-5 was used to define the criteria that were used, all the variation in responses made categorizing difficult which increased the chance of measurement error. The criteria in the DSM-5 can also be interpreted differently by different people which can complicate matters even more. Another limitation came from the multiple-choice questions used for PTSD. Unfortunately, the question regarding criteria for developing PTSD did not seem to be clear enough on the fact that the survey was looking for official criteria. For the PTSD question regarding flashbacks, the wording included the word "everyone" which was a mistake because the answer to most questions with definitive questions are "no." Future studies may want to consider rephrasing these questions in order to more accurately represent the knowledge of the participants.

If this study is to be replicated in the future, adding other mental illnesses or switching out some of the mental illnesses may be beneficial. Some of the responses received from the survey indicate that bipolar disorder specifically may be a disorder that people have misconceptions about, so adding bipolar disorder, possibly with manic depressive disorder as a second name, may be helpful.

One use of the information found in this study is to use the criteria that respondents answered less often as a basis for teaching the disorder in the future. Clearly people know less about these criteria so they should be given special attention in the future so people can better understand these mental illnesses and be more aware of the symptoms in themselves and those around them.

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Table 1*Responses for MDD and Depression Criteria*

Criteria	MDD		Depression	
	<i>n</i>	%	<i>n</i>	%
Feeling sad or depressed	31	50.8	32	42.1
Lack of pleasure from activities	16	26.2	24	31.6
weight/appetite +/-	13	21.3	18	23.7
sleep change	13	21.3	18	23.7
slowed movements	0	0	0	0
Fatigue	18	29.5	23	30.3
feeling worthless or inappropriately guilty	4	6.6	7	9.2
Indecisiveness or the decreased ability to think or concentrate	3	4.9	0	0
thoughts/attempts of death/suicide	18	29.5	17	22.4

Table 2*Responses for PTSD Criteria*

Criteria	PTSD	
	<i>n</i>	%
Exposure to a Traumatic Event	46	60.5
Symptoms	61	80.3
Avoidance Symptoms	5	6.6
Negative Mood or Cognition	21	27.6
Change in Arousal or Reactivity	17	22.3

Table 3*Responses for Schizophrenia Criteria*

Criteria	Schizophrenia	
	<i>n</i>	%
Delusions	25	33.8
Hallucinations	52	70.3
Disorganized Speech	3	4.1
Grossly Disorganized or Catatonic Behavior	3	4.1
Negative Symptoms	4	5.4

Appendix

Survey

A Survey of the General Population's Knowledge of Mental Illnesses

Survey Flow

Standard: Consent (1 Question)

Standard: Demographics (4 Questions)

BlockRandomizer: 4 - Evenly Present Elements

Block: Major Depressive Disorder/Depression (5 Questions)

Standard: DID/ Multiple/Split Personality Disorder (5 Questions)

Standard: PTSD (4 Questions)

Standard: Schizophrenia (3 Questions)

Standard: Relation (1 Question)

Page Break

Start of Block: Consent

Q1 Survey Research Information Sheet

You are being asked to participate in a survey conducted by Iris Walker-Tjepkes at Lindenwood University under the guidance of Dr. Michiko Nohara-LeClair. We are doing this study to gather information regarding the general public's knowledge of mental illnesses. You will be asked different questions regarding Major Depressive Disorder, Schizophrenia, Dissociative Identity Disorder, and Posttraumatic Stress Disorder. It will take about 15 to 20 minutes to complete this survey. Your participation is voluntary. You may choose not to participate or withdraw at any time by simply not completing the survey or closing the browser window. There are no risks from participating in this project. We will not collect any information that may identify you. There are no direct benefits for you participating in this study. **WHO CAN I CONTACT WITH QUESTIONS?** If you have concerns or complaints about this project, please use the following contact information: Iris Walker-Tjepkes iw900@lindenwood.edu Dr. Nohara-

LeClair mnohara-leclair@lindenwood.edu If you have questions about your rights as a participant or concerns about the project and wish to talk to someone outside the research team, you can contact Michael Leary (Director - Institutional Review Board) at 636-949-4730 or mleary@lindenwood.edu. You can withdraw from this study at any time by simply closing the browser window. Please feel free to print a copy of this information sheet.

- I verify that I am at least 18 years of age and consent to take this survey (1)
- I do not consent to take this survey and/or I am younger than 18 years of age (2)

Skip To: End of Survey If Survey Research Information Sheet You are being asked to participate in a survey conducted by... != I verify that I am at least 18 years of age and consent to take this survey

End of Block: Consent

Start of Block: Demographics

Q2 What is your gender?

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

Q3 What is your age?

- 10-17 (1)
- 18-29 (2)
- 30-39 (3)
- 40-49 (4)
- 50-59 (5)
- 60+ (6)

Skip To: End of Survey If What is your age? = 10-17

Q4 Have you ever taken a class relating to different psychological disorders, such as an abnormal psychology class?

- Yes (1)
 - No (2)
 - Unsure (3)
-

Q5 What is your race/ethnicity?

- African American/Black (1)
- European American/White (2)
- Asian (3)
- Hispanic/Latinx (4)
- Native American (5)
- Pacific Islander/Hawaiian (6)
- Other (7)

End of Block: Demographics

Start of Block: Major Depressive Disorder/Depression

Q6 Have you ever heard of Major Depressive Disorder?

- Yes (1)
- No (2)

Display This Question:

If Have you ever heard of Major Depressive Disorder? = Yes

Q7 What do you think the criteria are for a person to be diagnosed with Major Depressive Disorder?

Q8 Sometimes Major Depressive Disorder is referred to as depression. Have you heard of Depression?

Yes (1)

No (2)

Display This Question:

If Sometimes Major Depressive Disorder is referred to as depression. Have you heard of Depression? = Yes

Q9 What do you think the criteria are for a person to have Depression?

Display This Question:

If Have you ever heard of Major Depressive Disorder? = Yes

Or Sometimes Major Depressive Disorder is referred to as depression. Have you heard of Depression? = Yes

Q10 How long do the symptoms of Major Depressive Disorder/Depression have to last in order to be diagnosed?

- One week (1)
- Two weeks (2)
- Four weeks (3)
- Six weeks (4)
- Unsure (5)

End of Block: Major Depressive Disorder/Depression

Start of Block: DID/ Multiple/Split Personality Disorder

Q11 Have you ever heard of Dissociative Identity Disorder (DID)?

- Yes (1)
- No (2)

Display This Question:

If Have you ever heard of Dissociative Identity Disorder (DID)? = Yes

Q12 What do you think the criteria are for a person to be diagnosed with Dissociative Identity Disorder?

Q13 Dissociative Identity Disorder (DID) was formerly known as Multiple/Split Personality Disorder. Have you heard of Multiple/Split Personality Disorder?

Yes (1)

No (2)

Display This Question:

If Dissociative Identity Disorder (DID) was formerly known as Multiple/Split Personality Disorder. H... = Yes

Q14 What do you think the criteria are for a person to have Multiple/Split Personality Disorder?

Display This Question:

If Have you ever heard of Dissociative Identity Disorder (DID)? = Yes

Or Dissociative Identity Disorder (DID) was formerly known as Multiple/Split Personality Disorder. H... = Yes

Q15 Are hallucinations one of the criteria to have DID/ Multiple/Split Personality Disorder?

Yes (1)

No (2)

Unsure (3)

End of Block: DID/ Multiple/Split Personality Disorder

Start of Block: PTSD

Q16 Have you ever heard of Post Traumatic Stress Disorder (PTSD)?

Yes (1)

No (2)

Display This Question:

If Have you ever heard of Post Traumatic Stress Disorder (PTSD)? = Yes

Q17 What do you think the criteria are to be diagnosed with Post Traumatic Stress Disorder?

Display This Question:

If Have you ever heard of Post Traumatic Stress Disorder (PTSD)? = Yes



Q18 Which of these are listed as the possible criteria for developing PTSD? (select all that apply)

Sexual violence (1)

Death (2)

Embarrassment (3)

Serious injury (4)

War (5)

Display This Question:

If Have you ever heard of Post Traumatic Stress Disorder (PTSD)? = Yes

Q19 Does everyone with PTSD have flashbacks?

Yes (1)

No (2)

Unsure (3)

End of Block: PTSD

Start of Block: Schizophrenia

Q20 Have you ever heard of Schizophrenia?

Yes (1)

No (2)

Display This Question:

If Have you ever heard of Schizophrenia? = Yes

Q21 What do you think the criteria are for someone to be diagnosed with Schizophrenia?

Display This Question:

If Have you ever heard of Schizophrenia? = Yes

Q22 Is having multiple personalities a criterion for a Schizophrenia diagnosis?

- Yes (1)
- No (2)
- Unsure (3)

End of Block: Schizophrenia

Start of Block: Relation

Q23 Do you know anyone who has one of these disorders (Major Depressive Disorder/Depression, Schizophrenia, PTSD, or DID/ Split/Multiple Personality Disorder)

- Yes (1)
- No (2)
- Unsure (3)

End of Block: Relation
