

# Social Distance, Psychotropic Medication, & Mental Illness Exposure

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## Background

- Social distance measures how willing one is to associate with an individual (Link et al., 1987).
- Research shows high levels of social distance towards depressed individuals and that exposure to mental illness can mitigate social distance (Amarasuriya et al., 2015).
- Although antidepressants are common (Pratt et al., 2011), social distance research has not been extended to antidepressants.

## Research Questions

- Is social distance associated with an individual's depression diagnosis and/or antidepressant treatment regimen?
- Does previous exposure to mental illness predict social distance towards individuals who are depressed or depressed and taking antidepressants?

## Method

- This research (Study Number: STUDY00003332) was approved by the Pennsylvania State University Institutional Review Board.
- 425 undergraduate students, on average 19 years of age ( $SD=2.91$ ), and 78% Caucasian, were recruited from undergraduate psychology classes.
- Participants were randomly assigned to read one of three vignettes
  - Control** – The participant meets an acquaintance, Sam, and discovers they share similar hobbies.
  - Diagnosed** - The participant meets an acquaintance, Sam, and discovers they share similar hobbies. Sam discloses a depression diagnosis.
  - Diagnosed with Medication** - The participant meets an acquaintance, Sam, and discovers they share similar hobbies. Sam discloses a depression diagnosis and antidepressant prescription.
- Participants completed the Social Distance Scale (Link et al., 1987) specific to Sam
  - Higher scores indicate less willingness to associate with Sam
- Participants reported their previous exposure to mental illness
  - Five categories – Personal, family, friends, significant others, coworkers and classmates.
  - Scores ranged from 0 (no exposure) to 5 (exposure in all categories).

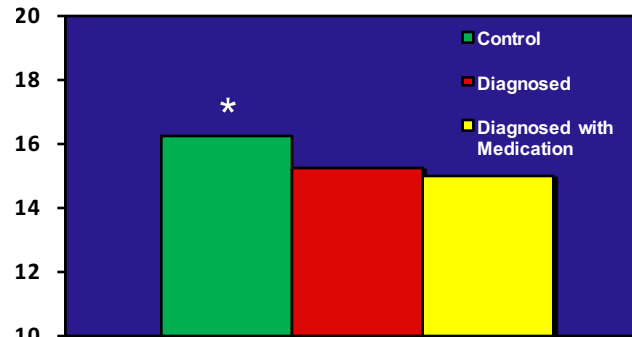


Figure 1. Differences in mean reported social distance comparing vignette groups.  
\*  $p < .05$ .

## Results

- Participants reported significantly more social distance ( $F_{(2,412)} = 5.60, p = .004$ ) towards Sam in the control condition,  $M = 16.24, SD = 3.24$ , than in the experimental conditions, diagnosed,  $M = 15.25, SD = 3.20$ , diagnosed with medication,  $M = 14.98, SD = 3.39$  (Figure 1).
- Greater social distance was associated with greater mental illness exposure,  $r = -.33, p < .001$ , being older,  $r = .15, p = .009$ , and being female,  $r = .23, p < .001$  (see Table 1).
- Prior exposure to mental illness was shown to account for 10% of the variance in social distance scores,  $F_{(4,274)} = 8.52, p < .001$  (see Table 2).

Variable	1	2	3	4
Age	–			
Gender	.08	–		
Social Distance	-.03	-.08	–	
Prior Exposure to Mental Illness	.15**	.23***	-.33***	–

Table 1. Correlations between demographic variables, social distance, and prior exposure to mental illness.  
\*\*  $p < .05$  \*\*\*  $p < .001$

Variable	B	SE B	$\beta$
Gender	-.02	.13	.00
Age	-.02	.40	.03
Experimental Group	.15	.38	.02
Prior Exposure to Mental Illness	-.71	.13	-.33***
R <sup>2</sup>	.10		
F	8.52***		

Table 2. Final model of stepwise multiple regression predicting social by gender, age, experimental group, and prior exposure to mental illness.  
\*\*\*  $p < .001$ .

## Discussion

- These results show that greater social distance may not be associated with depression diagnosis or psychotropic medication.
- Greater social distance may instead be the result of little exposure to mental illness, supporting findings that mental illness exposure reduces social distance (Amarasuriya et al., 2015).
  - Highlights exposure to mental illness as an intervention to reduce stigmatizing attitudes towards individuals with depression.
- **Limitations:**
  - This study was conducted with a relatively homogeneous sample
  - The vignette portrayed someone distant from the participant
- **Future Research:**
  - Utilize representative sample to identify any cohort or ethnic effects.
  - Portray a person close to the participant (parent or sibling) since participant's attitudes may vary by familiarity to an individual.

## References

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- Pratt, L., Brody, D., & Gu, Q. (2011). Antidepressant use in persons aged 12 and over: United States, 2005-2008. *NCHS Data Brief, 76*, 1-8.