

Appendix: Attitudes Toward Persons With Mental Illness Scale (ATPMIS)

The three dimensions measured by the ATPMIS (rejection based on perceived increasing threat posed by more intimate contact, rejection based on perceived lack of competence and trustworthiness, and rejection based on severity of illness indicated by having been hospitalized.) are subject to contradiction by evidence of competence in behavioral action (see references 16–18 in the main article). Self-stigma researchers have not found a correlation between assessed self-efficacy and self-esteem and “stereotype agreement” (that is, support of negative stereotypes toward others who have mental illness by people with mental illness) (see reference 26 in the main article and the reference below). Therefore, these researchers have theorized that stereotype agreement is not an indication of internalized stigma or self-stigma. However, ATPMIS scores were significantly correlated with patient self-efficacy scores (correlations between .28 and .48), indicating that as attitude scores improved so did self-efficacy (see reference 25 in the main article). ATPMIS scores were unrelated to self-esteem. Self-efficacy, or confidence in one’s ability to perform, is at the root of stereotypes focused on behavioral interactions; self-efficacy does not require self-esteem or pride in performance. ATPMIS agreement with a competence-based stereotype is associated with a lack of confidence in ability to perform social roles, and thus seems a reasonable measure of internalized self-stigma.

Corrigan PW, Watson AC, Barr L: The self-stigma of mental illness: Implications for self-esteem and Self-efficacy. Journal of Social and Clinical Psychology 25:875–884, 2006

Scale Score Computation

Answers Coded 1 “Strongly Agree” to 6 “Strongly Disagree”.

Total score possible is 108. Items 5, 6, 7, and 8 are reverse coded in the summation.

Mean substitution followed in total score computation with a minimum of 9 answered items.

Item Content:

1. I would willingly accept a former mental patient as a close friend.
2. I believe that being in a mental hospital says nothing about how intelligent a person is.
3. I believe that being in a mental hospital says nothing about how trustworthy a person is.
4. I would accept a fully recovered former mental patient as a teacher of young children in a public school.
5. I feel that entering a mental hospital is a sign of failure.
6. I think less of a person who has been in a mental hospital.
7. I would be reluctant to date someone who has been hospitalized for a serious mental disorder

8. Once I know a person was in a mental hospital, I take his or her opinions less seriously.
9. I would be willing to have a former patient as a member in my favorite club or organization.
10. If I owned the house or an apartment next door to where I lived, I would be willing to rent to an ex-patient.
11. I would be willing to work with an ex-patient as a partner in a project at school or in the neighborhood.
12. I would be willing to work in a regular job with an ex-patient.
13. If I owned a small store and had a job available for which there were several applications, all of whom had equal qualifications, except that one was an ex-patient, I would hire the ex-patient.
14. If I had a room to rent in my house, I would be willing to rent it to an ex-patient.
15. All other factors being equal, if I were working for an ex-patient, I would think he or she would be a good boss.
16. I would be willing to allow my child to marry an ex-patient
17. If two people were running for office and appeared to be equally qualified, except that one was an ex-patient, I would probably vote for him or her.
18. If an ex-patient lived next door and I needed a babysitter, I would ask him or her to babysit.

The table below shows a traditional dichotomous presentation of five ATPMIS items where the literature allows for comparison of this study's baseline attitudes with previous research (Segal SP, Kotler PL, Holschuh J: *Attitudes of sheltered care residents toward others with mental illness. Hospital and Community Psychiatry 42:1138–1143, 1991*).

Table 2: Percentages of persons in various samples who responded positively to questions about social acceptance of persons with mental illness.

Question	General Population ^A	Former Patients ^A	SHA/CHHA Trial Patients	BSR-COSP/CMHA-trial Patients
If two people were running for office and appeared to be equally qualified, except that one was an ex-patient, I would probably vote for him or her.	–	48%	66%	95%
I would be willing to allow my child to marry an ex-patient.	31%	57%	75%	67%
If an ex-patient lived next door and I needed a babysitter, I would ask him or her to babysit.	32%	47%	54%	79%
If I had a room to rent in my house, I would be willing to rent it to an ex-patient.	55%	67%	92%	91%
I would be willing to work in a regular job with an ex-patient.	82%	75%	99%	94%
Would you be will to have him or her as a member of your favorite club organization?	79%	81%	95%	91%

^A Taken from Segal et al. 1991, where general population agreements are summarized and the former patient population are or had been psychiatric patient residents of residential care facilities.