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Presented at the 12th DLSU Arts Congress  
De La Salle University, Manila, Philippines  
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was found that one of the reasons why college students avoid counseling is because of their worries over what other people think of them. This suggests how stigma influences people's decisions to seek help.

Stigma, as defined by the World Health Organization (2001) is "a mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society." There is a lot of stigma in mental health. For instance, the mentally ill are believed to be dangerous and unpredictable (Eisenberg, Golberstein & Hunt, 2009), despite evidences that such is not always the case (Andrews & Wilding, 2004). People with mental disorders are also believed to be capable of 'snapping out of it' instead of being seen as someone who has a medical condition (Reavley & Jorm, 2011). Being weak in character is another stigmatizing belief on people with mental illness particularly those who have depression or schizophrenia (Amasuriya, Jorm, Reavley & McKinnon, 2015). Furthermore, bringing shame to the family has also been attached to mental illness and has been observed more among Asians as compared to

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not sick' and 'Dangerous/unpredictable'. This is supported by Boerema, et al.(2016), however instead of two, a three-





The study made use of the depression vignette in the Mental Health Literacy by A.F. Jorm (2000) that was used as stimulus in the larger study conducted among Filipino college freshmen. Permission was previously sought from the author (A.F. Jorm) through email in utilizing the Mental Health Literacy instrument among Filipino college students (Please see Appendix A). The vignette depicted several symptoms of depression that are found in the Diagnostic and Statistical Manual of Mental Disorders or DSM-5.

The second part of the larger Philippine study was a modified version of the Depression Stigma Scale (Griffiths, 2008) from which data from this current research was extracted. Permission from the author was also obtained through email (Please see Appendix B). The modified stigma scale was designed to measure Filipino college students' attitudes towards mental illness.

It comprised of 14 items, seven under personal stigma and seven under perceived stigma. Same scale was repeated on the second set of seven (7) items indicating personal beliefs and perceived people's beliefs. Two items from the original scale ('...would not employ someone who has...' and 'would not vote for a politician...') were removed as they were inapplicable to the college population making the current items as 14. Below is the list of items that were retained:

Personal stigma

1. "...can snap out of it"
2. "... sign of personal weakness"
3. "...not a real medical condition"
4. "... are dangerous"
5. "... best to avoid..."
6. "...are unpre to

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Figure 1:

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negative attitude thereby perceived public stigma as a label was used in the current study.

Item numbers 1 to 5 loaded under personal stigma with labels as weak-not-sick and dangerous-undesirable from the original measure. The same label for the items

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had a problem like M*.			
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The result indicates that the personal and perceived stigma measure composed of 11 items measuring perceived stigma with 6 items (item



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unpredictability is not identified to be part of the measurement structure and the factor is named as Dangerous-Undesirable.

Perceived stigma scale is a unitary dimension in the current study. The result is different from the Australian study (Yap, MacKinnon, Reavley & Jorm, 2014) in which there is a 2-factor structure in their perceived stigma scale. Dutch study by Boerema, et al., 2016 noted that they cannot confirm the factor structure of perceived

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