



GENZ AND MILLENNIALS: ATTITUDE AND BEHAVIOUR TOWARDS MENTAL ILLNESS

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Abstract

This paper explores the attitudes and behaviours of Generation Z and Millennials towards people with mental illness. A convenient sample of 119 people was gathered from Lovely Professional University, Phagwara, India with the age range of 11-27 (59.7%) and 28-43 (40.3%). There were 58 males (48.7%) and 61 females (51.3%). The sample constitutes 59 Millennials (49.6%) and 60 GenZ (50.4%) participants from the generation cohort. The tools used in the study to gather adequate data were *Community Attitude towards Mental Illness* (CAMI) by Taylor & Dear (1981) and *Reported and Intended Behaviour* (RIBS) by Evans Lacko et al (2011). Statistical tools such as mean, standard deviation and correlation were used to derive a conclusion. The data obtained revealed that GenZ can be seen as having a slightly more kind and inclusive attitude towards people with mental illness rather than Millennials. As for behaviour, they are more likely to interact with people with mental illness than Millennials. A significant positive correlation was found between the intended behaviour of participants and Benevolence ($r = .499$, $p < .01$) and Community Mental Health Ideology ($r = .642$, $p < .01$) subsets of attitude. Overall, all the hypotheses were accepted.

Keywords: Attitude, Behaviour, Mental Illness, GenZ, Millennials, GenY

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INTRODUCTION

Over the years, there has been a lot of advancement in the world of mental health. Unfortunately, the stigma that surrounds mental illness is still quite evident. Stigma about mental illness refers to a negative attitude or behaviour against an individual because they have a certain mental health condition (Caddell, 2022). A lot of misconceptions may stem from a lack of information that is fed to people. It can lead to discrimination and stigmatisation of people with mental disorders that can make them feel isolated, rejected or judged (Gouvernement du Québec, 2021).

For this research, we have two generational cohorts- GenZ and Millennials. Millennials are those born between 1981 and 1996, whereas Generation Z refers to people born between 1997 and 2012 (Beresford Research). They have been influenced by the rapid advancements which have shaped their aspirations, expectations and concerns for the future differently (Adecco, 2015). Further, we take into consideration their attitudes and behaviour towards people with mental disorders. Attitude refers to a person's overall evaluation or assessment of a particular thing or concept. It can be favourable or unfavourable, depending on the situation (Eagly and Chaiken, 1993). It can influence a person's perception, beliefs, and emotions towards a particular object or situation. These dominant attitudes could imperceptibly direct our behaviour (Ferguson et al, 2005). Meanwhile, behaviour refers to a person's responses or activities as a result of certain stimuli. It is a reaction to events that are taking place which could be internal such as emotions and thoughts or external i.e., the surrounding area, which includes other people (NSW Government, n.d). The characteristics of the individual and the situation have the most effects on behaviour (Fatima, 2022).

Mental disorders, also known as psychiatric disorders, refer to a broad category of problems that affect an individual's thoughts, feelings, and behaviours. They include a clinically significant disturbance in a person's thoughts, behaviour, or emotion regulation (WHO, 2022). Mental disorders result in a drastic effect on an individual's ability to function in their daily lives, including their work, school, and social relationships. Research is showing that most of these disorders are caused by a mix of biological, environmental, and psychological variables, even if the exact origin of the majority of mental illnesses is unknown (WebMD, 2023). They are

often diagnosed through a process of clinical evaluation and assessment, which may include medical tests, psychological evaluations, and interviews with the individual and their family members. Some common types of these disorders include mood disorders, anxiety disorders, disorders of personality, and even schizophrenia. These conditions can manifest in a variety of ways, with symptoms ranging from mild to severe. Nonetheless, a lot of stigmas revolve around these disorders. Another research (Santucci, 2021) tries to identify why recent generations such as Millennials and GenZ are exhibiting an increase in the levels of depression. An analysis of the pre-existing literature on depression reveals the youngest age group (18-34) was found to have the highest rate of major depressive episodes in developed countries (Kessler, 2010).

The prevalence of mental illness is significant. According to WHO, at some point in their life, almost 1 in 4 people worldwide shall experience mental or neurological illnesses. In the United States, the National Institute of Mental Health (NIMH) estimates that nearly 1 in 5 adults experience mental illness in any given year. Reducing stigma and advancing mental health literacy is essential for increasing mental health outcomes and the quality of life for those who live with mental disease considering the high prevalence rates of mental illnesses. It is important to recognise mental illness as a legitimate health condition and provide support and resources for those affected. Attitude and behaviour towards mental illness can have a significant impact on the individual's mental health outcomes, as well as their willingness to seek help and engage in treatment.

People's attitudes and ideas about mental illnesses influence how they interact with, aid a person with mental illness, and support them (Kobau et al, 2012). Hence, stigma and misconceptions surrounding mental illness can prevent individuals from seeking the help and support they need. Not only this, but it can also mean how you interact and living conditions with those whom you perceive to be having a mental illness. A helpful and receptive behaviour, such as hiring a person with a mental disorder, results from displaying a positive attitude. In contrast, negative views lead to avoidance, social marginalisation, and discrimination (Kobau, 2012).

Both attitude and behaviour towards mental illness can be influenced by various factors, including

personal experiences, cultural beliefs, societal norms, and access to mental health resources. Research shows that even the term "mental illness" and behaviour suggestive of mental illness will have an impact on how the general public feels about those who are mentally ill (Nieradzik & Cochrane, 1985). Understanding the attitudes and behaviours towards mental illness can help identify potential barriers to seeking help and developing targeted interventions to improve mental health outcomes. When we look at the times these generations have grown up in comparison to the previous generation (Generation X, born between 1965 to 1980), Some people refer to millennials as the "anxious generation." This is because Millennials reported more stress and anxiety than any other generation in 2015, according to research from the American Psychological Association. The study also revealed that the top three stressors for Millennials were work, personal safety, and financial worries.

According to a 2015 study by American University, Millennials were exposed to stories about anxiety, depression, eating disorders, and suicide as children and are therefore more accepting of people who have mental illnesses. The likelihood of Millennials discussing mental health is higher than that of their parents or grandparents. The stigma associated with mental illness is starting to fade as more people speak out (NAMI, 2019). When we talk about the attitudes and behaviour of GenZ and Millennials towards mental illness, it is crucial that we look at what these generations are going through and experiencing first. Those born between 1997 and 2012, known as Generation Z, are growing up at a time of rising stress and anxiety (The Annie E. Casey Foundation, 2023). Over 90% of Gen Z adults reported feeling down or sad (58%) or having no motivation, interest, energy (55%). Only 50% of GenZs believe they manage their stress well enough (Bethune, 2019). Grelle et al. (2023) carried out research to determine whether there were any generational differences in experienced symptoms, related pandemic concerns, and maladaptive coping strategies. Self-reporting revealed that members of the Gen Z and Millennial generations experienced more adverse results related to anxiety, loneliness, and other negative characteristics.

Rizvii and Ilyaz (2022) examine the various levels of loneliness, multidimensional perfectionism, depression, and anxiety among Millennials and post-Millennials, as well as investigate the relationship between these elements. Those aged

15 to 64 are suffering from mental health concerns at around three times the rate of the general population. There has been a considerable increase in the reporting of worsening mental health among Millennials and Gen Z owing to loneliness, depression, anxiety, and burnout. Unfortunately, this is also giving rise to indulging in unhealthy behaviour such as alcohol consumption, smoking, vaping and non-medical drugs among the GenZ and Millennials. A few areas that are severely affected are substance abuse, a sedentary lifestyle and an increased dependency on social media. (VOS Health, 2022). Millennials and GenZ are more likely to indulge in substance use to deal with the everyday stress that they are facing.

With increasing awareness of mental health, along comes rising concern regarding the subject. A review of several studies has shown that both the generations, GenZ and Millennials are facing multiple mental health issues and several factors that weigh in. The younger generations stand higher when it comes to literacy regarding mental health. Hence, they are quick to identify and recognize signs related to mental illnesses (Baral, 2022). A report by Sapien Labs in 2022 examined global patterns in mental well-being among various age groups beginning at the age of 18. In earlier times young people, who were formerly the most cheerful and content, now suffer from poor mental health, and the difference is significant (Lucchesi, 2022). The findings showed that young individuals evaluated their fear, anxiety, negative thinking, and propensity for withdrawing as seven or higher. Srivastava and Pachauri (2023) seek to discover the elements that impact the mental health of Generation Y and Z due to the widespread use of technology, as well as to assess the factors affecting mental health in both generations concerning demographic data, particularly gender and age group. It states that there are no significant differences in regard to demographic data such as age and gender when it comes to affecting mental health. Irrespective of awareness, GenZ and Millennials still face problems when asking for help when it comes to their mental health. Kemp and Porter (2022) look at how stigma and ethnicity impact a young individual's chances of seeking professional help for a mental health illness.

Despite the increased awareness and mental health literacy, there is a significant stigma still prevalent in society. This has been showcased in this research by Manescu et al. (2020) where it has been found that even people from well-developed

countries report a low rate of help-seeking, which is severe. Results also suggest that knowing someone else with a mental health problem seems to have a positive impact on asking for professional help and treatment. Moreover, it is irrespective of any effect of a personal history of a mental health problem or of attitudes towards mental illness, which is consistent with one study on Australian youth conducted by Yap et al., (2012). The barrier to seeking treatment that is mentioned in the research by Manescu et al. is also supported by Deloitte's GenZ and Millennial Survey (2022). GenZ population shows that they still do not feel so comfortable sharing their mental health issues. Stigma remains a persistent challenge among them as they are still hesitant to use the support that is available to them. Overall, a majority of the pre-existing literature revolves around the stigma associated with mental illness, the attitude of generations in terms of mental illness, seeking help or treatment for mental health problems and mental health literacy and its effects.

Aims and Objectives:

This research aims to fulfil the following objectives-

1. To investigate the attitude of GenZ and Millennials towards Mental Illness.
2. To explore the intended behaviour of GenZ and Millennials towards Mental Illness.
3. To identify if there is a significant difference between the attitudes and behaviour of GenZ and Millennials towards Mental Illness based on the generation's differences and gender.
4. To investigate if people who know someone with a mental illness have a positive attitude.

Hypotheses:

Through this research, we aim to test the following hypotheses-

1. GenZ is likely to have a significantly positive attitude towards mental illness.
2. Women tend to have a more positive attitude towards mental illness than men.
3. People living or working with mentally ill individuals are likely to have a more positive attitude towards them.

METHODOLOGY

The study was conducted to obtain data regarding the following variables: *attitude* and *reported and intended behaviour* towards mental illness. The sample comprises of 119 people (58 males and 61 females). The method used to obtain data was convenience sampling. This particular method was chosen because we required an almost equal

number of individuals belonging to the GenZ and Millennial groups (59 Millennials and 60 GenZ). Only individuals between the ages of 15 to 43 were selected.

Inclusion criteria of the participants:

- Male and female
- Millennials (1981-1996) and GenZ (1997-2012)

Exclusion criteria of the participants:

- Participants who were not born from 1981 to 2012 or those not belonging to Generation Z (GenZ) and Generation Y (Millennials) were not selected.

Tools:

The study implemented 2 scales to assess attitude –

Community Attitude towards Mental Illness (CAMI) and behaviour- Reported and Intended Behaviour (RIBS).

1. The Community Attitudes Towards Mental Illness (CAMI) Scale measures the attitudes of members of the general public towards people with mental illness. The scale was developed in the early 1990s by Taylor and Dear (1981) and has since been widely used in research studies around the world. The CAMI Scale consists of 40 items, which are grouped into four subscales:

- *Authoritarianism* is based on the belief that people with mental illness should be controlled or restricted.
- *Benevolence* is based on sympathy and kindness towards people with mental illness.
- *Social Restrictiveness* is based on the belief that people with mental illness should be isolated or excluded from society.
- *Community Mental Health Ideology* is based on community-based mental health services and the inclusion of people who are experiencing any mental distress in the community.

2. The Reported and Intended Behaviour Scale (RIBS) by Evans-Lacko et al (2011) is designed to assess past, current, and intended behaviours as they relate to mental distress and discrimination. It comprises two subscales: 1. the reported behaviour subscale, which assesses past or present interaction with people with experience of mental distress 2. the intended behaviour subscale, which assesses intentions to interact with people with experience of mental distress. The range of possible RIBS scores is 4 to 20, and higher

scores are linked to a greater intention to connect with those who are experiencing mental distress.

Procedure

The data was collected through printed forms that were distributed throughout the university as per convenience. Participants were informed about the guidelines they had to keep in mind while filling out the form, their consent was obtained and the respective data was collected. Participants were assured that their data shall remain completely confidential and will be only limited to the researcher and their supervisor. Their participation was completely voluntary.

RESULT

The study was carried out to study the attitude and behaviour of Millennials (GenY) and Generation

Z (GenZ) towards people with mental illness. Along with the attitude, even the reported and intended behaviour was noted. Mean differences were observed to explore the difference between GenZ and Millennials in their attitude and behaviour towards the mentally ill. Independent sample t-test has been used to check the relation of attitude and behaviour in context with the two generations, gender and the age of respondents. Correlation analysis has been carried out to assess the association between the subsets of attitude with the intended behaviour. Further, the findings have been explained in detail.

Table 1: Description of the respondents according to their Generation, Gender and Age.

Category	Frequency	Percent
Generation		
GenZ	60	50.4
Millennials	59	49.6
Gender		
Male	58	48.7
Female	61	51.3
Age		
11-27	71	59.7
28-43	48	40.3
Total	119	

Table 1 represents the frequency distribution and the percentage of the respondents based on their Generation, Gender and Age. Out of a total of 119 participants, an almost equal distribution of respondents was observed. 59 respondents (49.6%) belonged to the GenZ category whereas 60 (50.4%) respondents belonged to the Millennials category. Further, 58 respondents

(48.7%) were males whereas 61 (51.3) respondents were females. As for age, 71 respondents (59.7%) belonged to the 11-27 group. Meanwhile, 48 respondents (40.3%) respondents fell in the 28-43 category. Despite their generations, the age category has a varying number when compared to generation due to differences in the birth months.

Table 2: Mean Differences in Attitude towards Mental Illness based on the Generational Differences (GenZ and Millennials).

	Generation	N	Mean	Std. Deviation
Authoritarianism	Millennials	59	13.339	3.4170
	GenZ	60	13.367	3.7821
Benevolence	Millennials	59	19.644	2.6377
	GenZ	60	20.483	2.7770
Social Restrictiveness	Millennials	59	11.085	3.7291
	GenZ	60	10.533	3.8685
Community Mental Health Ideology	Millennials	59	18.525	3.2608
	GenZ	60	19.550	2.5870

Table 2 represents four subsets of Attitude towards Mental Illness that are Authoritarianism, Benevolence, Social Restrictiveness and Community Mental Health Ideology. For Authoritarianism, the mean difference is almost equal for Millennials (13.339) and GenZ (13.367).

The Benevolence mean is slightly higher for GenZ (20.483) than Millennials (19.644). Social Restrictiveness lies slightly higher for Millennials (11.085) than GenZ (10.533). Community Mental Health Ideology sits higher for GenZ (19.550) than Millennials (18.525).

Table 3: Mean Differences between Millennials and GenZ based on the Reported and Intended Behaviour Scale.

Category	RIBS	
	N	Mean
Millennials	59	14.6
GenZ	60	15.7

Table 3 represents the Mean score of Millennials (14.6) and GenZ (15.7) when it comes to the Reported and Intended Behaviour Scale score. GenZ stands slightly higher when it comes to Intended behaviour towards the mentally ill.

The initial four questions for RIBS are solely for reporting behaviour or instances that involved any interaction with the mentally ill. These statements are not supposed to be scored. The following details represent the responses to these four questions.

Out of 119 people, 47 people (39.5%) are currently living with or have lived with someone who has a mental illness. 68 people (57.1%) are not currently living or have lived with someone with a mental illness. Whereas, 4 people (3.4%) people don't know if they are currently living or have lived with someone with a mental illness. When asked about work, 47 people (39.5%) are currently working with or have worked with

someone who has a mental illness. 65 people (54.6%) are not currently working with or have worked with someone with a mental illness. Whereas, 7 people (5.9%) people don't know if they are currently working with or have worked with someone with a mental illness. As for the neighbourhood, 54 people (45.4) currently have, or ever had, a neighbour with a mental health problem. 23 people (44.5%) do not currently have, or ever had, a neighbour with a mental health problem. Whereas, 12 people (10.1%) people don't know if they currently have, or ever had, a neighbour with a mental health problem.

If we look at close friends, 63 people (52.9%) currently have, or have had, a close friend with a mental health problem. 50 people (42%) do not currently have, or have had, a close friend with a mental health problem. Whereas, 6 people (5%) people don't know if they currently have, or have had, a close friend with a mental health problem.

Table 4: Mean Differences in Attitude towards Mental Illness (4 subsets) based on the Gender of the respondents.

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Authoritarianism	Male	58	14.259	3.5519	.4664
	Female	61	12.492	3.4381	.4402
Benevolence	Male	58	19.552	3.0618	.4020
	Female	61	20.557	2.2915	.2934
Social Restrictiveness	Male	58	11.845	3.8471	.5051
	Female	61	9.820	3.4953	.4475
Community Mental Health Ideology	Male	58	18.500	3.2781	.4304
	Female	61	19.557	2.5724	.3294

From Table 4, we can observe that a total of 58 males and 61 females participated in this study. Following are their mean scores based on the four subsets of Attitude towards Mental Illness. Under Authoritarianism, males slightly have a higher mean (14.259) than females (12.492). Females

have a slightly higher mean (20.557) for Benevolence than males (19.552). Social restrictiveness stands higher for males (11.842) than females (9.820) and Community Mental Health Ideology reports a higher mean for females (19.557) than males (18.550).

Furthermore, we derived information from the RIBS Scale regarding respondents who are currently living, have lived, working, have worked, had a neighbour or a close friend who had a mental illness. 13 respondents out of 119 (10.92%) answered 'Yes' to all these questions

with a mean of 16.53. 20 respondents (16%) answered 'No' to all of those questions with a mean of 14.5. Respondents who had an interaction with people with a mental illness portray a higher mean for positive intended behaviour than respondents who had no interaction.

Table 5: Relationship between subsets of Attitude and Intended Behaviour

Attitude Subsets		Intended Behaviour
Authoritarianism	Pearson Correlation	-.394**
	Sig. (2-tailed)	.000
	N	119
Benevolence	Pearson Correlation	.499**
	Sig. (2-tailed)	.000
	N	119
Social Restrictiveness	Pearson Correlation	-.600**
	Sig. (2-tailed)	.000
	N	119
Community Mental Health Ideology	Pearson Correlation	.642**
	Sig. (2-tailed)	.000
	N	119
Intended Behaviour	Pearson Correlation	1
	Sig. (2-tailed)	
	N	119

**. Correlation is significant at the 0.01 level (2-tailed).

In Table 5, there is a depiction of the correlation matrix using Pearson Product Moment Correlation to assess bivariate relationship among subsets of attitude and intended behavior. We can observe that Authoritarianism and Intended Behaviour are significantly negatively correlated ($r = -.394$, $p < .01$). Benevolence and Intended Behaviour are significantly positively correlated ($r = .499$, $p < .01$). Social Restrictiveness and Intended behaviour have a significantly negative correlation ($r = -.600$, $p < .01$), whereas Community Mental Health Ideology is significantly positively correlated with Intended Behaviour ($r = .642$, $p < .01$).

DISCUSSION

The current study aims to explore the attitude and behaviour of Generation Z (GenZ) and Millennials (Generation Y) towards people with mental illness. From the above results, we can observe that GenZ scored slightly higher on facets such as Benevolence and Community Mental Health Ideology than Millennials (see Table 2). This portrays that GenZ is more likely to be sympathetic and kind towards people with mental illness and understand how they deserve to belong within a community. Through this, our Hypothesis 1 has been proven correct and accepted. Millennials have scored slightly higher on

Authoritarianism and Social Restrictiveness than GenZ depicting slightly less positive attitude towards the mentally ill (see Table 2). For Reported and Intended Behaviour, GenZ has depicted a slightly higher mean than Millennials portraying their increased willingness to interact with the mentally ill (see Table 3). Males have scored slightly higher on subsets such as Authoritarianism and Social Restrictiveness than females. Females show a higher score on subsets of Benevolence and Community Mental Health Ideology (see Table 4). Therefore, our Hypothesis 2 has been proven correct and accepted. Lastly, our Hypothesis 3 also stands correct where participants who have a connection with mentally ill have a higher score on the intended behaviour scale depicting positive ideation rather than people who have had no interaction with the mentally ill. This is also backed by research that states that interpersonal interactions with people who have mental illnesses can foster receptive attitudes, alter views, and lessen preconceived notions about these people (Hackler, 2011). Further, Pearson Product Moment Correlation was conducted to assess the significant relationship between subsets of attitude and Intended Behaviour. Here, Authoritarianism and Social Restrictiveness are significantly negatively correlated with Intended Behaviour whereas Benevolence and Community

Mental Health Ideology and Intended Behaviour are positively correlated (see Table 5).

CONCLUSION

To conclude, the study intended to find out the attitude and behaviour of GenZ and Millennials towards the mentally ill. GenZ and males can be seen as slightly more benevolent and accepting of the presence of the mentally ill in the community than Millennials and males. Based on the outcome, the results of this study have confirmed all the hypotheses stated above. Also, benevolence and community mental health ideology can be seen as significantly positively correlated with intended behaviour.

LIMITATIONS

GenZ were easier to gather rather than Millennials due to availability as well as readiness. The 48 statements felt a little too much for a few of the respondents to complete. This might affect their willingness to fill the form seriously to the end. Also, since this was a self-report measure, there might be some bias or likeliness that the respondent will portray themselves in good light.

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